

**Refugee Nutrition Information System (RNIS), No. 38 – Report on the
Nutrition Situation of Refugees and Displaced Populations**

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HIGHLIGHTS

Eritrea The situation in Eritrea is precarious as a result of the continuing effect of an ongoing drought that is threatening food security at the country level. The country is also still suffering the effects of the war with Ethiopia and much work needs to be done to reintegrate fighters and rehabilitate much of the land and infrastructure in war affected areas. This has left a great deal of people acutely vulnerable and suffering from

chronic food insecurity. It is concerning to note that humanitarian activities remains acutely under funded.

Somalia The overall humanitarian situation in Somali continues to be very bleak despite a relatively good *Gu* rainfall. The greatest impediment to the humanitarian situation remains the ongoing conflict, particularly in the south of the country, with the region of Gedo being particularly badly affected. The insecurity is making vital access to effected populations extremely difficult and population needs are deemed to critical.

Sudan The overall humanitarian situation in Sudan is extremely poor as a result of an upsurge in violence which has continued to cause population displacement and has constrained the ability of the humanitarian community to address the increased needs of vulnerable populations. It is alarming to note that access is proving most difficult in areas where the needs appear to be the greatest and people should be considered to be at greatly elevated risk.

West African Region The ongoing peace process in Sierra Leone has led to the opening up of most of the country and helped to improve the humanitarian situation. Many people have resettled or returned from both neighbouring countries and IDP camps and the immediate future is encouraging. However, an upsurge in violence in Liberia is resulting in a stream of refugees entering Sierra Leone and Guinea and there is considerable concern that this will put pressure on already strained resources and serve to destabilise the region.

Burundi The humanitarian situation remains extremely precarious and, despite the ongoing peace negotiations, the reporting period has seen an upsurge in violence and armed clashes between the government and rebel groups. The clashes continue to result in displacement and have seriously affected humanitarian access to affected populations, with areas in the south and east of the country being worst affected. Despite the ongoing violence, the voluntary assisted repatriation process from Tanzania is going ahead.

Uganda After a period of relative calm, the reporting period has seen an upsurge of violence in the northern Kigum and Gulu districts. This has resulted in fresh waves of displacement and has halted the tentative plans for return of IDPs to their places of origin. The situation continues to be calm in the west of the country and plans for large scale return are going ahead. The situation in Katakwi also appears to be calmer and there has been a reduction in the number of IDPs living in camps.

Angola The humanitarian situation in Angola is critical despite the apparent success of the peace process, which has greatly improved the security situation and allowed humanitarian agencies to access previously inaccessible areas. As agencies assess the situation in the new areas the full scale of crisis is becoming apparent and rates of both malnutrition and mortality are being found to be many times greater than accepted emergency thresholds. Despite the peace, needs are likely to remain high for many months to come.

Afghanistan The overall situation within Afghanistan remains extremely precarious with continuing drought conditions and an apparent increase in insecurity, despite the creation of a fully functioning Afghan government. Acute food insecurity continues to be a problem in many areas of the country and humanitarian needs will remain high for some time. In general, the nutrition situation is not critical, reflecting the robustness of current coping mechanisms and the magnitude of assistance that has been supplied. However, it is likely that there will be a seasonal increase in malnutrition over the summer months in line with the diarrhoeal season.

Table 1

Risk Factors Affecting Nutrition in Selected Situations

Situations in the table below are classed into five categories (row 1) relating to prevalence and or risk of malnutrition (I–very high risk/prevalence, II–high risk/prevalence, III–moderate risk/prevalence, IV–not at elevated risk/prevalence, V–unknown risk/prevalence, for further explanation see inside of the back page). The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care (rows 2 – 4, and also Figure 1 at back of report) and the constraints limiting humanitarian response (rows 5–8). These categories are summations of the causes of malnutrition and the humanitarian response, but should not be used in isolation to prescribe the necessary response.

Factor	IDPs in Angola	War displaced	IDPs in Sierra	IDPs in Liberia	IDPs in Burundi	IDPs in North	IDPs in Bahr al	IDPs in North
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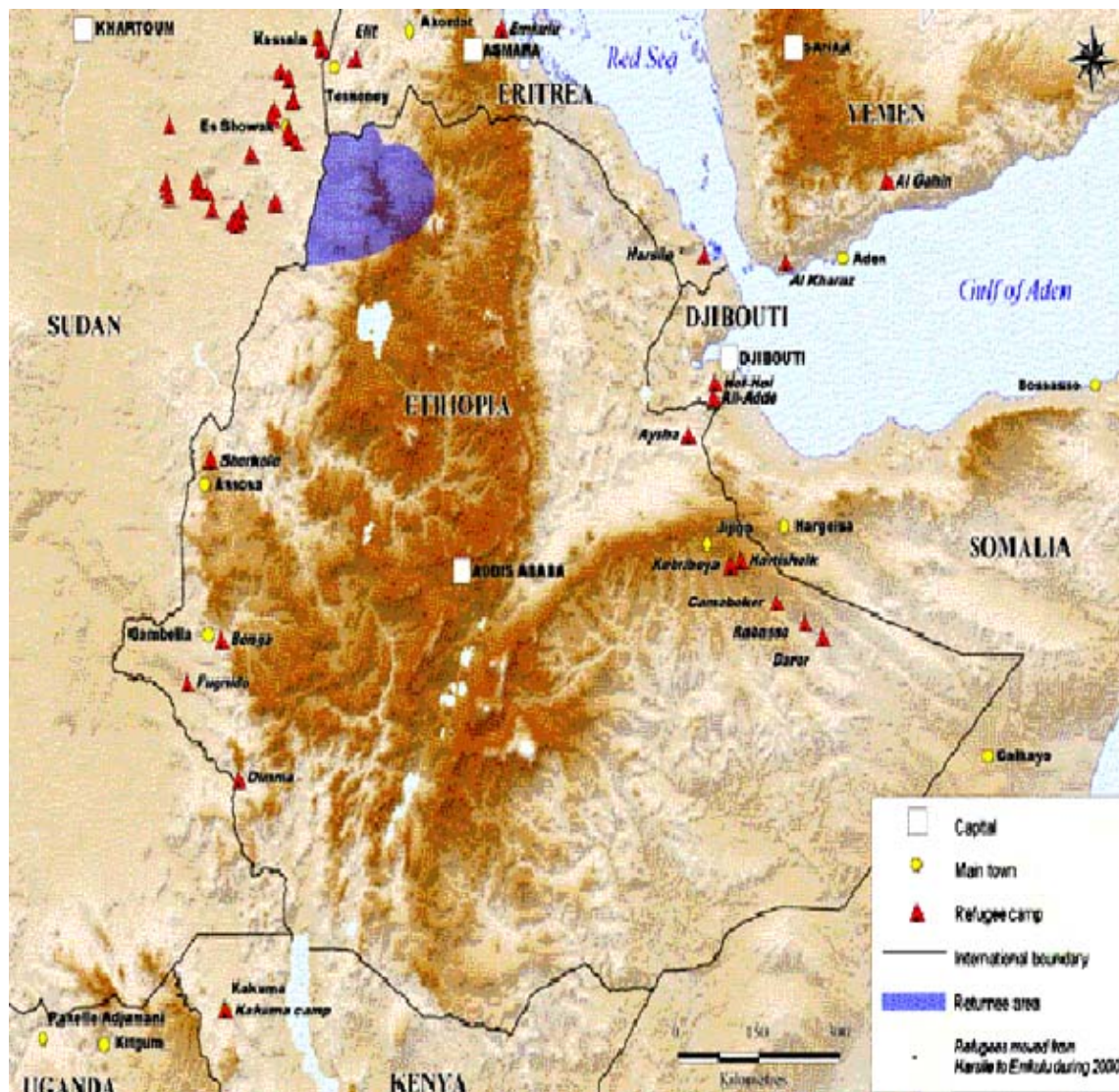
		in Eritrea	Leone			Afganistan	Ghaza	Uganda
1. Nutritional risk category	I	II	III	II	II	II	I	II
2. Public Health Environment (water, shelter, overcrowding, access to health services)	X	X	O	X	X	X	X	X
3. Social & Care Environment (Social organisations and networks, Women's role, status and rights)	X	X	O	X	X	X	X	X
4. Food Security	X	X	O	X	O	X	X	X
5. Accessibility to population	X	O	✓	X	O	O	X	O
6. General resources								
– food (gen stocks)	X	O	O	X	X	X	X	X_
– non-food	X	O	O	X	X	X	X	X
7. Personnel*	X	O	O	X	X	✓	X	X
8. Information	X	O	O	X	O	O	X	X

✓ Adequate O Mixed X Problem

? ✓ Don't know, but probably adequate ? X Don't know, but probably inadequate

* This refers to both adequate presence and training of NGOs and local staff where security allows

SUB-SAHARIAN AFRICA – GREATER HORN OF AFRICA



Eritrea

The situation in Eritrea continues to be of concern and it is estimated that up to 1.3 million people, including war and drought affected populations, deportees and returning refugees, remain vulnerable as a result of both drought and the affects of the recent war with Ethiopia. The drought and recent conflict have both had a remarkably heavy toll on livelihoods within the country and, although there has been a general improvement in the humanitarian situation, the number of people in need of assistance remains high.

The overall humanitarian situation has undergone some improvement and has been greatly helped by the long awaited decision on the exact location of the border separating Eritrea and Ethiopia on 13 April 2002 (UNOCHA 29/04/02). The two countries have both announced their acceptance of the decision and it is hoped that this marks a very positive development that will allow the continuation of vital work to demobilise and reintegrate soldiers, clear areas of unexploded ordinance (UXO) and mines, and rehabilitate the infrastructure destroyed during the war.

The border agreement has not been without its set backs and, on 27 April 2002, Ethiopia closed the border to the UN peace keeping mission over what Ethiopia claimed were violations of its rights when the UN force brought journalists in to view a contested village. The border was subsequently reopened and the improved security has seen the return of many people to their places of origin. However, the number of people considered to be vulnerable still remains high and some of the most badly affected areas of the country remain Gash Barka, Debub, North and South Red Sea States and Anseba, where it is estimated that 529,400 vulnerable people are still suffering from drought (WFP 10/05/02). There are also approximately 57,200 people internally displaced, who have not been able to return to their areas of origin, largely as a result of mines and UXOs and lack of infrastructure. There are also more than 13,000 people in camps who were

expelled from Ethiopia.

Table of Vulnerable groups receiving food aid
(UN 2002)

Number of IDPs in camps	50,239
Number of IDPs in host communities	14,199
Number of IDPs outside camps	9,311
Total number of IDPs	73,749
Expellees/deportees	13,694
Total number of drought affected persons	524,098
Total number of refugees expected to return from Sudan in 2002	90,000
Number of refugees in Eritrea	1,922
Total number of food aid beneficiaries in 2002	800,000

It is concerning to note that there has been a very poor response to the UN's Consolidated Inter-Agency Appeal (CAP) for 2002, which has left the food pipeline available for the war and drought affected beneficiaries at its lowest level since the current emergency began in 1999 (FEWS 31/05/01). It is estimated that only 17.2 % of the appeal has been met (UNOCHA 10/06/02) and in March 2002 food distributions were cut by 50 % to cover only those deemed most acutely in need of assistance (FEWS 31/05/02). This is particularly concerning because the summer period from June to September represents the annual hunger season before the next harvest in mid October.

War affected displaced

The war with Ethiopia has had a huge impact on the livelihoods of many and those that remain most affected are those still in displaced camps in various areas of the country. Whilst many have been able to return to their areas of origin, many areas along or close to the border region are still very heavily affected with a very high amount of mines and UXOs which continue to exclude people from potentially fertile farming areas. The result is a group of people, estimated at approximately 50,000, who are still living in camps in areas in Gash Barka and the Red Sea states, who have lost their livelihoods and have been unable to secure them again. As a result, they are dependent on external assistance for their subsistence needs. The RNIS has not received any nutrition reports over the reporting period but notes with concern that the last survey (see RNIS 36 and 37) appeared to indicate a decline in the nutritional status of under-five children in war displaced camps in the Gash Barka region. This is particularly concerning as the previous surveys had indicated a relatively stable and non-critical situation. The continuation of ration cuts and the present hunger season gives cause for concern for these groups.

Drought affected displaced

Up to 529,400 people are considered vulnerable as a result of the chronic effects of a region wide drought in 1999 and 2000. The most affected zones are those of Anseba and the North and South Red Sea zones. The situation has been exacerbated by a poor rainfall distribution in early March and late April 2002 and in June FEWS announced that the Azmera rain season, from March to May, had failed. As a result the long cycle crops, which are normally planted during this period, will probably fail. This represents the second year of failure for the Azmera (minor) rainy season and it is expected that this will adversely impact on livestock health because the rains are an important source of feed and water for livestock. This will certainly have a negative impact on food security for many in Eritrea and, although the RNIS has not received any recent nutrition surveys on drought affected populations, they are considered to be at risk of further nutritional decline.

Returnees

Eritrea has suffered from a series of wars and natural disasters and the refugee caseload in neighbouring countries such as Sudan is one of the oldest in Africa. Since the peace with Ethiopia and the prospects of a

secure future for the country, a programme of voluntary assisted returns has been implemented by UNHCR. This programme has been targeted specifically at the 147,000 camp based refugees in about 23 camps in Sudan (UNHCR 11/06/02). At the beginning of July it was announced that 50,000 had returned and many more are expected to do so this year (ICC 02/07/02). The number of returnees is increasing and this is largely a result of a decision by UNHCR to no longer consider the long-term Eritrean refugees in Sudan as eligible for refugee status (UNHCR 08/05/02). This has important implications for the remaining refugees in camps in Sudan, who must now decide whether they will return or apply to stay in Sudan. The returnees are receiving a return package to help them re-establish themselves and many are returning to areas such as Golujk, south of Tesseney, which is a region considered to be particularly fertile and good for farming (UNOCHA 27/05/02). The RNIS has not received any nutritional information on this group but it is not thought to be critical.

Overall

The situation in Eritrea is precarious as a result of the continuing affect of an ongoing drought that is threatening food security at the country level. The country is also still suffering the effects of the war with Ethiopia and much work needs to be done to reintegrate fighters and rehabilitate much of the land and infrastructure in war affected areas. This has left a great deal of people acutely vulnerable and suffering from chronic food insecurity. It is therefore concerning to note that the humanitarian programmes, specifically designed to facilitate the country to get back on its feet, are so under funded and it is clear that this will have an effect on the overall humanitarian situation.

Recommendations

From the RNIS

- Urgently provide funding to the UN CAP appeal to ensure an adequate food pipeline for vulnerable population groups.
- Closely monitor the nutrition and food situation amongst the IDP communities, particularly during the hunger season from June to September.

Ethiopia

The humanitarian situation in Ethiopia remains extremely mixed, with some areas of acute needs and others where the situation is relatively stable. The worst affected zones remain Amhara, Tigray, Afar, Oromiya and the Somali region and it is estimated that over 5 million people require assistance.

The reporting period has seen the development of the short *Belg/Gu* rain season and the start of the *Meher* season. In general, the rains have been average to below average and there is concern for badly affected pastoralist areas such as Afar where poor rains have come on top of successive years of drought conditions. Other badly affected areas are Oromiya and the north of Somali zone. The overriding critical factor for many areas is the chronic food insecurity that will not be alleviated by one or two years of good rains. The country has suffered from intermittent droughts and conflict for the last decade and beyond and this has resulted in the destruction of livelihoods for many people dependent on their livestock and/or crops. Various assessment missions have indicated that the current problems are less to do with the deficiencies of the current rains and more to do with the accumulated deficits of past years. As a result, people have been stripped of their ability to cope with renewed crises and their reliance on external humanitarian assistance has grown (UN-EUE 30/04/02).

Table of Population in Need of Relief in 2002

(FEWS 14/02/02)

Region	Number of Beneficiaries	Percentage	Population in Need as % of Rural Population
Tigray	917,200	17.7	26.8
Afar	225,400	4.3	20.3

Amhara	1,724,800	33.3	11.0
Oromiya	1,051,400	20.3	5.0
Somali	894,800	17.3	28.9
Benishangul– Gumuz	9,000	0.2	1.7
SNNP	303,300	5.9	2.5
Gambela	32,800	0.6	19.7
Harari	13,000	0.3	20.0
Dire Dawa	10,000	0.2	10.5
TOTAL	5,181,700	100	9.2

The overall crop production in the country has also been affected by the limited use of improved seeds and fertilizer this year. This is largely because many farmers were encouraged to take out loans for these agricultural inputs but the years of poor rain have left them unable to repay loans and unable to purchase further inputs. This has been exacerbated by the poor price of grains on the market, meaning that farmer's returns are often insufficient to cover their costs (FEWS 16/05/02). Pastoralists have also been badly affected by the poor availability of pasture and water sources, which has led to poor livestock condition and affected their price on the market. As a direct result, there has been a significant drop in purchasing power in both pastoral and farming communities that will affect the accessibility of food stocks.

Given the continuing needs in the country, it is concerning to note that the 2002 UN Consolidated Interagency funding appeal remains under funded and has prompted the DPPC to reduce the planned monthly general food ration from 15 Kg to 12.5 Kg. At best this will prolong the recovery time of affected populations and, in the worst case scenario, it will lead to the further erosion of assets and a deterioration in nutritional status (FEWS 16/05/02). The recurrent cycle of drought and malnutrition has prompted calls for a shift away from purely emergency response to longer-term development commitments that seek to address the root causes of food and livelihood insecurity. This involves addressing the numerous structural deficiencies that exist, such as water availability, health and education.

Refugees

Ethiopia has two main refugee populations of 84,000 Sudanese in the west and 67,000 Somalis in the east. The situation of the refugees remains very mixed and, in general, there is a high dependency on food assistance. The Sudanese community is likely to remain relatively static given the ongoing conflict in Sudan but there have been substantial returns of Somalis from the camps of Hartisheik, Kebribeyah, Camaboker, Rabasso and Aisha. Ethiopian authorities are expecting up to 35,000 refugees to be repatriated during the first half of 2002 (AFP 25/05/02). The RNIS does not have any recent nutritional information from this group but they must be considered to be extremely vulnerable as a result of their dependence on food assistance and the ongoing food insecurity in the Somali region.

War displaced population in Tigray and Afar

The war between Ethiopia and Eritrea in 1998 resulted in the large-scale displacement of people from the Tigray and Afar region who suffered the destruction of their homes and livelihoods. Many have been able to return to their areas of origin with the signed peace accords as the threat of further conflict diminishes. The presence of large amounts of mines and unexploded ordinance (UXO) continues to pose a threat to returnees, but work is ongoing to clear areas and ensure the safety of pastoralists and farmers who require unhampered access to their land.

The situation has been complicated in recent months by the continuation of drought conditions, particularly in Afar. Afar is acknowledged to be one of the driest places on earth and there are reports of serious shortages in water and pasture despite receiving near adequate rain from March to April. This is having a serious impact on the food security of the population in the area and has resulted in the out migration of pastoralists. The situation is concerning for those displaced and affected by the war, particularly the estimated 40 % of households headed by women who have lost their husbands due to war and famine (UNOCHA 11/06/02). The RNIS has not received any recent nutritional information on this group.

Somali region, Eastern Ethiopia

The Somali Regional State, known as Region 5, is one of the largest areas in Ethiopia and remains one of the worst affected. The official population of the area is 3.4 million people and up to 85 % of them are pastoralists who rely entirely on their cattle for their livelihoods. The drought of 2000 was a catastrophe because it resulted in huge livestock deaths and left much of the population struggling to cope even with the improved situation.

The *Gu* rain season in the Somali region has generally been good for pasture and livestock this year but the humanitarian outlook remains extremely bleak due to the chronic erosion of livelihoods and the constant food insecurity suffered as a result. This has highlighted the enormous need for long-term development commitment to the area rather than just emergency response programmes.

UNICEF, in conjunction with the Mother and Child Development Organisation (MCDO) and other partners, conducted two surveys in the displaced camps of Fafan and Hartisheik in February and March 2002. The survey in Fafan IDP camp found an estimated prevalence of acute malnutrition of 28.4 % (W/Ht < - 2 Z scores and/or oedema), which included 3.4 % severe malnutrition (W/Ht < - 3 Z scores and/or oedema). The survey also estimated that the under-five mortality rate was 4/10,000/day (UNICEF/MCDO 10/02/02). The results are alarming because they are above emergency thresholds and indicative of a serious situation with unacceptably high rates of acute malnutrition and mortality. It is also concerning to note that the nutritional situation appears to have deteriorated since the last survey in October 2001. The main factor in the deterioration has been the lack of regular general food distributions, with a reported lack of any distribution from October to December. Some food had been made available for distribution but had still not been distributed in February 2002 due to disagreements with the local administration (UNICEF/MCDO 10/02/02).

The second survey was conducted in Hartisheik camp and it was noted that the under-five population represented less than the expected 17 % of the population, prompting speculations that the total camp population may have been over estimated. There were also a high number of aged people present in the camp, representing a significant vulnerable population. The survey was conducted on all the under-fives and indicated a rate of acute malnutrition of 26.6 % (W/Ht < -2 Z scores and/or oedema) including 2.2 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). The survey also showed that the CMR was 0.15/10,000/day and the under-five mortality was 1.6/10,000/day (UNICEF/MCDO 05/03/02). The results once again point to an alarming situation with the malnutrition rates well above emergency thresholds, although the mortality rates are within emergency limits. The high rates of acute malnutrition have been attributed directly to the poor provision of general food rations. The last distribution before the survey was in October 2001. This is a result of a dispute with the local administration responsible for the distribution, which insist that the food should also go to the local population. Without a proper resolution, all food remains undistributed. The presence of selective feeding programmes has prevented a high infant mortality but the poor water and sanitation conditions in the camp present a considerable risk to further deteriorations in the nutrition situation. (UNICEF/MCDO 05/03/02).

Overall

The continuation of acute needs in many parts of the country despite the occurrence of an average rain season has served to highlight the acute food and livelihood security of much of the population. The situation is precarious in various parts of the country, in particular the Afar and the Somali region (category II) and the displaced in the Somali region remain acutely vulnerable (category II). The situation is unlikely to improve without further long-term development commitment to affected areas.

Recommendations

The RNIS notes that these recommendations are not new and have been repeated in past surveys in the camps. If they are not implemented then the unacceptably high rate of malnutrition and disease WILL continue.

From the UNICEF/MCDO surveys in Fafan and Hartisheik IDP camps, Feb/March 2002

- Distribute a regular, monthly and nutritionally adequate general ration, targeting the IDPs as a priority.
- The DPPB should take responsibility for the distribution of food to IDPs.

- Implement a blanket distribution of CSB and oil to all under-five children in the camp for at least 3–6 months.
- Continue the weekly Supplementary Feeding Programme and maintain the Therapeutic Feeding Centre.
- Improve health care facilities in the camp, including vaccination.
- Ensure the provision of adequate safe drinking water and improve sanitation facilities.

Kenya

The current humanitarian situation in Kenya has seen improvements over the past couple of years, although the frequency of drought and the presence of inter ethnic fighting has left many areas of the country acutely food insecure and vulnerable to further crises. The food security prospects appear relatively good in most arable areas of the country and the areas of greatest concern remain the northern pastoralist regions, particularly Mandera and Turkana, where rates of malnutrition are reported to be particularly high.

The humanitarian response is suffering from budgetary constraints, which continue to threaten the food pipeline, and reductions in food rations have been reported. WFP have announced that there is a food deficit of 5,000 MT until the end of 2002 (WFP 24/05/02) and there is an urgent need for new pledges to ensure that the needs of refugees in the Kakuma and Dadaab camps are met.

Refugees

Kenya has a large refugee population of around 220,000 people, mostly from Somalia and Sudan. The government policy has been to house the refugees in two large camps in the northeast and northwest of the country. Kakuma camp, in the northwest, is home to approximately 83,000 people and Dadaab, in the northeast, to over 130,000. The camps are located in intensely arid zones, where they are generally not allowed to settle outside the camp or conduct business activities. This has created an almost total dependence on humanitarian assistance. The inability to develop their own coping mechanisms and their dependency on food aid is particularly concerning given the current problems with providing funding. This has prompted the International Rescue Committee (IRC), who oversee the activities in Kakuma camp, to highlight the issue to the US senate. The last survey to be conducted (see RNIS 36 and 37) indicated a prevalence of acute malnutrition well above emergency thresholds, and more commonly associated with acute nutritional emergencies and not with a population in a stable camp environment (IRC 04/06/02). The situation has not improved and has been attributed to the cut backs in the general ration which have been necessitated by funding problems for WFP. WFP have announced that they have been forced to reduce the food ration from the recommended 2100 Kcal to 1600 Kcal and that, unless further funding was forthcoming, further reductions were inevitable.

Fighting in the Gedo town of Bulowaha, bordering the Kenyan Mandera district, has resulted in the influx of close to 10,000 Somalis. Approximately 5,000 returned to Somalia but the remainder are located a mere 500 m from the border and have remained largely inaccessible to humanitarian workers. The situation in Gedo, with regards to both security and the humanitarian situation, is extremely serious and many of the remaining refugees are reported to be in extremely poor shape. Up to 80 % of the refugees are reported to be women and children and there are very little available food and medical supplies. There has been considerable concern over the future of the refugees because the Kenyan government has been very reluctant to either repatriate them or move them to one of the designated refugee camps. Many refugees have been hesitant to relocate within Kenya because they anticipate returning as soon as the situation in Gedo improves. The RNIS does not have any nutrition information on this group but they are considered to be extremely vulnerable.

Overall

The overall situation in Kenya is showing signs of improvement although the chronic food and livelihood insecurity of some areas, particularly the northern pastoral regions, means that areas of acute need do still exist. The refugee population is considered to be at considerable risk (category II) of further nutritional decline if the food pipeline situation does not improve. There is also concern over the fate of recent Somali refugees in the Mandera district who should be considered at elevated risk of malnutrition.

Recommendations

From the RNIS

- Ensure that funding is made available to the PRRO to ensure that refugees dependent on food assistance receive an adequate general ration.
- Ensure that distributed food is adequately fortified with micronutrients.

Somalia

Somalia continues to have one of the worst humanitarian outlooks in the world and has been a "complex emergency" for over eleven years. The protracted emergency has its roots in a combination of recurrent periods of devastating drought that have hugely affected the livelihoods of much of the population, and intense insecurity brought about by regular inter-clan fighting and the lack of a centralised government. These factors have led to the destruction of the economy, infrastructure and livelihoods and have routinely prevented the provision of social services throughout the country. The result has been a greatly impoverished nation suffering from chronic food insecurity and levels of acute malnutrition that are amongst the highest in the world.

Current humanitarian situation

Somalia has received a good Gu rainfall that has seen an improved crop outlook and the replenishment of vital water and pasture sources. However, despite the relatively good rainfall and the positive implications it could have for food security, the greatest impediment, currently, to the improvement of the humanitarian situation remains the chronic cycle of insecurity in the country. Conflict in various parts of the country, particularly in areas of the northern and southern regions, has resulted in displacement and constrained the ability of the population to implement coping strategies. The conflict is a result of inter-clan rivalries and opposition between the Transitional National Government (TNG) in Mogadishu and rival opposition groups. Insecurity has resulted in the suspension of aid agency activities and the evacuation of personnel, often from areas where the humanitarian needs are greatest. Staff from UN agencies, the EU and international NGOs were all evacuated from the northern Punt-land region in May 2002 due to fighting between the past and present presidents of the region (UNOCHA 22/05/02). In April 2002, a senior member of the Gedo Health Consortium was killed by crossfire in Bulo Hawa and access to the area was further constrained by the mining of roads to the area (UNICEF 29/05/02). There have also been repeated reports of kidnappings of humanitarian aid agency staff. On 28 April 2002 a UNDP staff member was kidnapped in Mogadishu, prompting the suspension of all UN activities. The situation in northern Gedo, particularly around the town of Bulo Hawa, is particularly serious, as the renewed conflict, starting in late March 2002, has compounded the existing critical humanitarian situation due to consecutive years of drought. This has resulted in a population that is heavily dependent on humanitarian assistance to meet the majority of its subsistence needs.

Conflict and drought have contributed to the appalling economic conditions seen in Somalia. Other factors that have served to increase the severity of the current situation are the ongoing livestock ban on Somali livestock imposed by the Gulf States who represent the largest importers of livestock. Livestock have traditionally been a major source of revenue for the country and pastoralists have traditionally relied on this important form of cash as one of their chief livelihood activities. As a result, the ban continues to have important adverse affects on pastoral communities. Another blow to the economy has been the shutting down of the primary remittance firm in the country, Al Barakat, due to its alleged links with the Al Qaeda terror network. Remittances have traditionally played an essential role in the economy and have helped to support beleaguered coping strategies in many areas. The combined shocks to the economy have resulted in the continued devaluation of the Somali shilling. This has combined with rises in the cost of imported commodities to further reduce the purchasing power of impoverished groups and thus hamper access to essential food sources (FSAU 05/02).

The effects of the current situation have left many people, already chronically food insecure from years of drought and conflict, extremely vulnerable and increasingly dependent on external assistance. It is currently estimated that there are 500,000 people in need of emergency relief assistance, with the situation for 200,000 people in the Gedo region deemed extremely critical (FSAU 01/07/02).

Southern Regions

Gedo

The situation, particularly in the north, continues to be considered critical. Key features of the crisis have been the failure of water and pasture sources and the upsurge in conflict that has constrained the already overburdened coping mechanisms and prevented humanitarian access to those in need. The drought in the area is entering its third year and has resulted in people turning to more and more extreme coping strategies including the movement of livestock to distant areas where they have become inaccessible to those left behind. The situation has deteriorated as a result of low wages in urban areas and the general erosion of social support systems, which have traditionally been important sources of help for impoverished people (FSAU 07/02).

Conflict has been common in the area for some time but became wide scale in March 2002, and is centred on the northern town of Bulo Hawa. Large numbers of people have been displaced into the Madera district of northern Kenya and into Ethiopia, as well as within Somalia. The already critical humanitarian situation was made worse by the lack of access to the area by the humanitarian community due to fighting and the presence of land mines on roads to key areas. For three months, all humanitarian operations, as well as the ability to import foodstuffs from other areas of the country, have been interrupted. Some food distributions took place in late June 2002 in Elwak, Bulo Hawa and a few parts of Dolow, but it is important to note that there has been no distribution in the critical area of Luuq for the third consecutive month (FSAU 07/02). The RNIS does not have any recent nutritional information from Gedo but the situation is known to be critical. Much of the population relied on food assistance prior to the upsurge in conflict and the absence of any form of assistance for more than three months substantially increases the likelihood that the nutrition situation has deteriorated considerably.

Bay and Bakool

The prospects for the upcoming harvest are mixed with some areas of Bay receiving adequate rains whilst areas of Bakool have been affected by poor rainfall. Bakool represents the area of greatest concern with reports of poor livestock condition as a result of poor water and pasture. As a result, livestock movement has been reported. The FSAU report that a nutrition survey was conducted in May 2002 in Berdaale district in the Bay region. The district was identified as vulnerable as a result of particularly poor Gu and Deyr rain seasons in 2001, which led to crop failures. The survey indicated that prevalences of acute malnutrition were well above emergency thresholds and indicated a deterioration of the nutrition situation compared with results from a similar survey in 2000. The reasons for the high rates are thought to be poor food security and high incidences of communicable disease.

Mogadishu

The RNIS has not received any recent nutritional information on the displaced in Mogadishu but the situation is deemed to be of concern as a result of the general poor economy and impoverishment within the country. This has led to a poor food security outlook in many areas, but in particular urban environments where lack of employment opportunities have had a severe impact on all population groups, particularly vulnerable groups such as the displaced.

Northern Regions

Somaliland

President Mohamed Ibrahim Egal of Somaliland died at the beginning of May 2002, however the transition of power to his successor has been peaceful. The self claimed state has suffered from the drought of recent years and has been particularly affected by the livestock ban from the Gulf States. However, the relative peace and stability of the region has allowed robust coping to take place and indications are that the situation is not critical, certainly in comparison to other areas of the country. In May 2002, the Ministry of Health and Labour (MoHL), with FSAU and UNICEF, conducted a nutrition survey in the Sahil region of Somaliland. This area includes some of the most populated zones of the region, including the port and capital of Berbera. The survey, as reported by the FSAU, indicates that the prevalence of acute malnutrition was moderately high and just above the emergency threshold of 10 %. The survey also noted that the presence of childhood disease was relatively low and that the main cause of observed malnutrition was poor food security due to the drought and the economic effects of the livestock ban. It was also noted that some child-care practices, most notably breast-feeding, were less than optimal (FSAU 05/02).

MoHL, FSAU and UNICEF conducted a second survey in May 2002 in Haud of Hargeisa. The crop prospects for the area are considered bad as a result of poor rains and the livestock ban has severely affected livestock activity, which is the main livelihood activity in the area. There have also been increases in the price of cereals due to the closure of the refugee camps in Ethiopia that traditionally have provided a source of cheap cereals. The survey indicated that the prevalence of acute malnutrition is not raised above emergency thresholds. This is a result of generally good coping opportunities in the area and the resultant adequate food security. This has undoubtedly been helped by the lack of conflict in the area (FSAU 07/02).

Puntland

The situation in Puntland is poor as a result of on-going fighting in the area. Fighting resumed on 6 May 2002 between the former president and his successor and this has resulted in displacement and the evacuation of aid staff after the 9 May 2002 announcement that they were not welcome in Puntland (UN OCHA 22/05/02). Staff were subsequently welcomed back into the area but the security situation remains poor. The RNIS does not have any recent nutrition information on the region but the situation is assumed to be poor.

Overall

The humanitarian situation in Somalia continues to be extremely precarious, with the region of Gedo being of particular concern due to ongoing insecurity and the inability of aid agencies to access populations in critical need (category I).

Recommendations

From the RNIS

- Address issues of water and food availability as matters of priority.
- Facilitate humanitarian access to affected populations where possible.

Sudan

Sudan has a long history of natural disaster and civil conflict, which have resulted in the displacement of over 4 million people. Much of the displacement has taken place in the south of the country and is a direct consequence of conflict between the government and southern rebel groups such as the Sudanese People's Liberation Army (SPLA). This conflict, punctuated by periods of intense drought, has systematically driven people from their lands, destroyed their livelihoods and constrained coping strategies, resulting in a population that has come to rely heavily on the provision of humanitarian assistance.

The current humanitarian situation is extremely poor, as the reporting period has coincided with the main dry season fighting period, which has seen an enormous increase in the level of military activity. The fighting has involved the extensive use of aerial bombing and the targeting of civilian populations and, as a result, there has been a great deal of renewed population displacement. This is particularly concerning because it has occurred at a time when people would normally be preparing land for cultivation and it is inevitable that this will have further adverse affects on the food security of many people. The areas that appear worst affected are the western and central Upper Nile regions and areas of the Bahr al Ghazal where there has been an observed deterioration in the humanitarian situation and increasing levels of acute malnutrition. This trend is expected to worsen further during the annual hunger season, which started in June.

The physical size and inaccessibility of much of the affected areas means that it is extremely difficult to calculate how many people are currently affected by the crisis. However, WFP estimated in their annual needs assessment that there are in excess of 1.5 million in need of emergency food assistance in southern Sudan alone (WFP/SCF 10/01). This number is likely to have increased as a result of the scale of upsurge in conflict and the reports of displacement. Given the scale of the current needs, it is alarming to note that at the end of May 2002 the UN appeal for Sudan had only received 18 % of its requested funding, leaving a shortfall of 223 million US dollars (UNOCHA 31/05/02). The shortfall comes at a time when the needs appear to be growing enormously and there is very real concern over the continuation of life saving support to populations in need.

Humanitarian access

Humanitarian access has always been a problem in Sudan, however the reporting period has seen access deteriorate, particularly to key affected regions in the western Upper Nile, or Unity State and to areas in Bahr al Ghazal. Due to the physical size of much of the south, the humanitarian community has relied on air transportation to supply much needed supplies to populations. The government of Sudan (GoS) has traditionally issued permission for aircraft to access individual sites. The reporting period has seen an increase in the number of sites that have been banned from humanitarian access and at the beginning of April 2002 there were 40 locations in southern Sudan that were not accessible to flights or general humanitarian access due to "security reasons". This effectively prevented 1.7 million people from receiving humanitarian assistance. On 16 May 2002, the GoS announced that there was a ban on all flights to the entire western Upper Nile area (UN OCHA 24/05/02), which is one of the areas most affected by the conflict and also most sensitive to the government due to the lucrative oil fields in the area. The implications of the denial of access are extremely alarming because they affect so many people by preventing them from receiving life saving humanitarian assistance. It is particularly concerning to note that the scale of the current flight denials, at a time when there is increased military action by both sides in the conflict and has led to widespread civilian displacement, mirrors the same pattern of events which led to the humanitarian catastrophe in the Bahr al Ghazal in 1998.

South Sudan, non-GoS controlled areas

(OLS Southern Sector)

The humanitarian situation in south Sudan has worsened overall compared to last year as a result of the continued conflict in the already desperately food insecure areas such as western and central Upper Nile and areas of Bahr al Ghazal. In areas where there is no fighting the food security situation is relatively good as a result of reasonable rain and harvests. However, most areas have been affected by the current round of fighting and have either received IDPs or have suffered from disruptions in trade and livelihoods.

Aweil counties

The Aweil counties have tended to suffer insecurity due to their proximity to the train track that supplies the government held enclave of Wau town with the north. Recent surveys have indicated that the situation is extremely precarious with high levels of acute malnutrition. The RNIS has received reports of a recent nutrition survey by Teafund, following up on a survey conducted in November 2001 (see RNIS 36 and 36). The survey indicates that there has been no real change in the nutritional status of the population in the last 6 months, with acute malnutrition estimated at over 20 % (Personal communication). The consistently high prevalence of acute malnutrition is very concerning and certainly indicative of a very poor situation. The report attributes the causes of malnutrition predominantly to public health problems and a lack of community awareness of malnutrition. The outlook for the future is extremely mixed as the area is now in the seasonal hunger period and there is some time before the next harvest. As a result vulnerability is expected to remain high.

Equatoria

The RNIS has not received any recent nutritional information from Equatoria but the situation is assumed to be very poor as a result of ongoing fighting between the Ugandan army and the Lord's Resistance Army (LRA), which has based itself in Equatoria. The reporting period has seen the continuation of the campaign by the Government of Uganda to hunt down the LRA and prevent its incursions into northern Uganda. The fighting has resulted in large-scale displacement of population and the disruption of normal trade and livelihood activities. Areas particularly affected have been the Torit and Lainya areas in Yei. The food security situation for the displaced from Raga living in Tambura (Western Equatoria) has improved as they have been able to access the local economy through the sale of labour during the cash-cropping season (FEWS 12/06/02).

Jongolei

The situation in Bieh state is still considered to be extremely poor and surveys conducted in Akobo and Nyandit in February 2002 indicated a very poor situation. MSF conducted a survey at the end of May 2002 in the Dirror district, close to Akobo. The population is largely nomadic and people rely on their cattle as their chief livelihood activity. The area has been particularly badly affected by a mass exodus of population in 2001 to follow a "prophet", who was subsequently killed in January 2002. Crucially, the exodus occurred during the main cropping period and people have faced this season without anything, including their cattle, which were raided whilst they were away. As a result, the population has been surviving mostly on wild foods such as

laloup and is extremely food insecure. The survey showed an estimated prevalence of acute malnutrition of 39.9 % (W/Ht < -2 Z scores and/or oedema), which included 9.8 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema) (MSF 05/02). The survey also indicated that the CMR was 1.1/10,000/day and the under-five mortality was 2.2/10,000/day. Both the nutrition and mortality results indicate that the situation is extremely serious. The prevalence of malnutrition is four times that which defines an emergency and it is doubly alarming to note that one third of the children who were not yet severely malnourished were imminently at risk of becoming so. The survey also indicates that the mortality figures are likely to be greatly underestimated, as people did not like to talk about the dead. The results demand immediate action to prevent further loss of life.

Upper Nile

The Upper Nile region remains acutely insecure from fighting over the oil reserves in the area, and has been extremely difficult to access for humanitarian agencies. The RNIS does not have any recent nutritional surveys from the area but reports indicate that rates of malnutrition remain extremely high and well above what are considered to be emergency thresholds. This indicates a population in extreme distress and, with the current hunger season and ongoing conflict, it is likely that there will be further deteriorations in the nutritional status of the populations in the area, which will inevitably impact on rates of both morbidity and mortality.

South Sudan, GoS controlled areas

(OLS Northern Sector)

Many of the GoS controlled areas have been at the epicentre of the upsurge in conflict and the populations remain very heavily affected with very poor food security and vulnerable to further nutritional insults.

Wau

Wau town is located 800 Km southwest of Khartoum and has been a GoS enclave for the past 18 years. The town remains extremely isolated and dependent on supplies by air and from a government supply train once a year. The town is still viewed in the area as a refuge in case of serious insecurity and the camps continue to accommodate new IDPs. ACF conducted a series of surveys in three of the IDP camps (Eastern Bank, Marial Agieth and Bar Yar). The IDPs are all mainly pastoralist in origin but have mostly lost their cattle and now concentrate on agriculture. However, the WFP annual needs assessment calculated that they would suffer an overall food deficit of over 80 % for 2002. The survey took place in February and March of 2002, before the beginning of the hunger season. The results of the three surveys can be seen in the table below and indicate that the levels of acute malnutrition are above emergency thresholds and offer cause for concern (ACF 03/02).

Table showing the results of the ACF survey in Wau IDP camps Feb/March 2002

Acute Malnutrition			
	W/Ht < -2 Z scores and/or oedema	W/Ht < -3 Z scores and/or oedema	Under-Five Mortality Rate/10,000/day
East Bank	18.4	1.6	1.06
Marial Agieth	14.3	2	0.7
Bar Yar	15.7	2	Not measured

It is also important to note that the prevalence of malnutrition marks a significant decline from surveys done in 2000. The camps are served with basic amenities but there is evidently a high burden of chronic disease, poor sanitation and grinding poverty without the opportunity to develop sustainable strategies of coping or to restart livelihood activities. It is particularly important to note that the population was traditionally accustomed to having access to milk and milk products from their livestock, which are no longer available to them. The surveys indicate that the IDPs are at considerable risk and highly dependent on the support offered to them by humanitarian agencies.

Juba town

Juba town is a government enclave in Bahr al Jebel State. The last mass wave of internal displacement to Juba was in 1998 and the town and its surroundings have been quiet for the past couple of years. The food security of the town is largely dependent on external supply by barge or by plane and WFP is providing targeted food distribution to the vulnerable groups of the IDP population. ACF conducted surveys in the town and surrounds in December 2001 (ACF 12/01). The surveys indicate that the situation was not critical, with all indicators below emergency thresholds (see table below)

Table showing results from ACF survey in Juba town and surrounds December 2001

Acute Malnutrition			
	W/Ht < -2 Z scores and/or oedema	W/Ht < -3 Z scores and/or oedema	Under-Five Mortality Rate/10,000/day
Juba town	8.9	1	1.05
Juba surrounds	8.2	0.8	0.44

The greatest problem facing the IDPs and other residents of the town is that of the poor economy and lack of employment opportunities. The conflict continues to disrupt trade routes and many of the IDPs remain extremely dependent on external assistance.

Unity State

Unity state is currently one of the most insecure states in Sudan and has also suffered extensively from GoS flight bans. It is bordered by West Kordofan, Bahr al Ghazal and Upper Nile States. The state has been massively affected by the fighting between GoS forces and the SPLA who are fighting for control over the lucrative oil reserves in the area. The insecurity has increasingly made the populations of the area unable to sell their labour to the oil fields, which until recently had provided a very important source of income. Many people have suffered displacement and have moved to towns such as Rob Kona and Bentiu, where they are largely dependent on external assistance. ACF conducted surveys in the towns in April 2002 and the results (see table below) indicate that the nutrition situation is extremely alarming, with the prevalence of acute malnutrition double the emergency threshold. It is particularly concerning to note that the survey was conducted before the beginning of the hunger season and it is reasonable to expect that the nutritional situation will deteriorate further with the coming of the rains, as will various communicable diseases (ACF 04/02).

Table of results from ACF surveys in Bentiu and Rob Kona, April 2002

Acute Malnutrition			
	W/Ht < -2 Z scores and/or oedema	W/Ht < -3 Z scores and/or oedema	Under-Five Mortality Rate/10,000/day
Bentiu	21	2.1	1.3
Rob Kona	24.3	3	0.97

Overall

The overall humanitarian situation in Sudan is extremely poor as a result of an upsurge in violence, which has continued to result in population displacement and has constrained the ability of the humanitarian community to address the increased needs of vulnerable populations. It is alarming to note that access is proving most difficult in areas where the needs appear to be the greatest and people should be considered to be at greatly elevated risk (category I).

Recommendations

From the RNIS

- Facilitate access to critically vulnerable populations.
- Urgently provide food distributions to populations in need.

From the ACF survey in Juba town and surrounds, December 2001

- Continue regular nutritional surveillance.
- Maintain feeding centres in order to have a crisis response capacity.
- Conduct education on infant feeding and child-care.

From the ACF survey in Wau IDP camps, March 2002

- Conduct a food security and nutritional causal analysis in the camps.
- Improve the referral system in the camps.
- Provide timely, adequate general food rations.
- Develop agricultural programmes to decrease dependency on food aid.

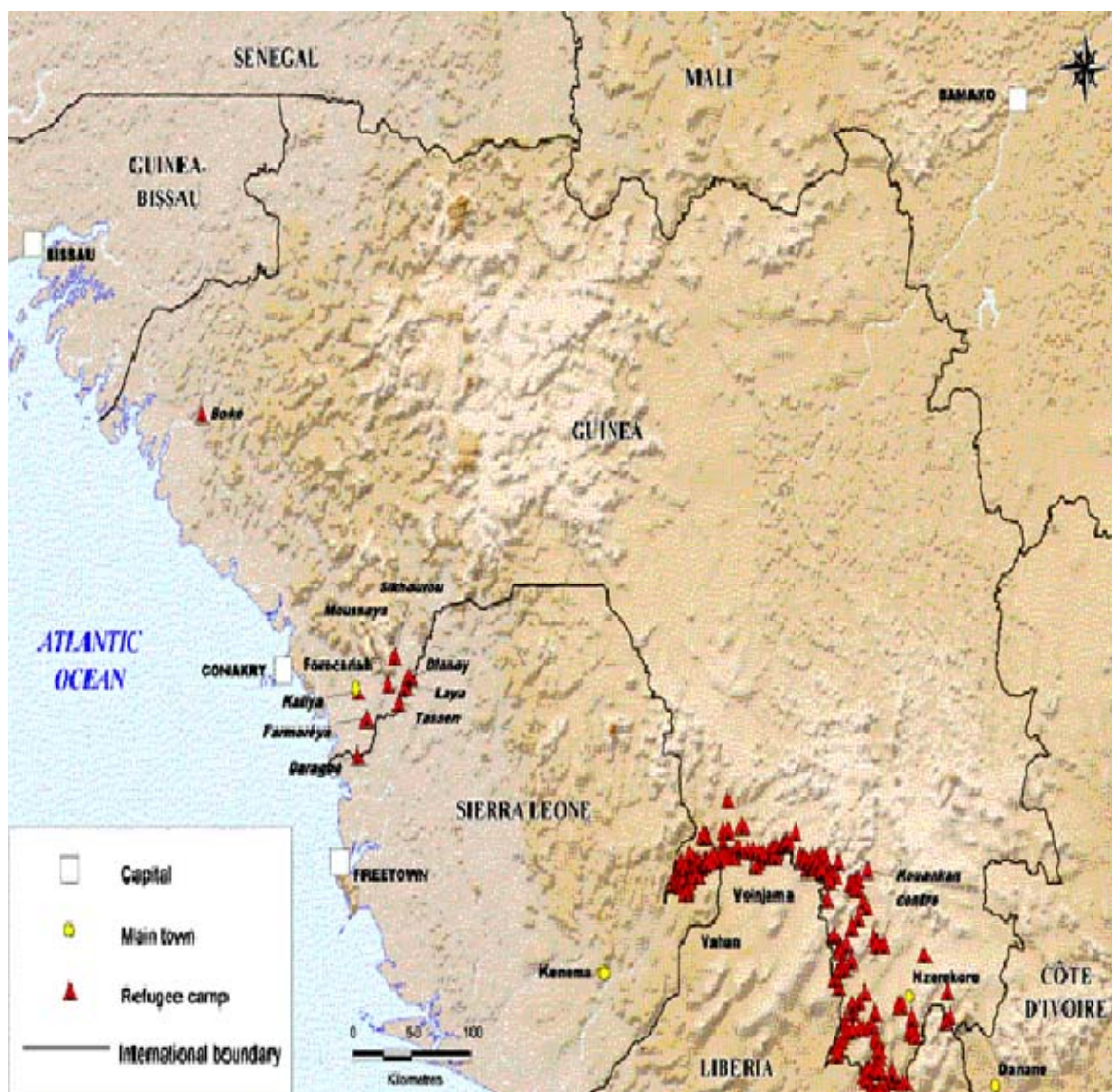
From the ACF survey in Unity state, April 2002

- Continue selective feeding programmes.
- Ensure timely arrival of monthly general food distributions.
- Implement water and sanitation activities.
- Reinforce the analysis of the food security situation, including post distribution monitoring and population movement, to ensure adequate response capacity.

From the MSF survey in Dirror district, Bieh state, Jonglei, May 2002

- Implement immediate Therapeutic and Selective Feeding programmes.
- Implement blanket feeding programme for all under-fives.
- Advocate for increased food ration.

WEST AFRICAN REGION



The West African, or Mano River, region has suffered a series of civil wars throughout the 1990s, with the worst affected countries being Liberia and Sierra Leone. One of the greatest effects of the conflict has been the displacement of large numbers of the regions population, particularly to relatively stable countries such as Guinea. In 2001 UNOCHA estimated that over one million of the regions 15 million inhabitants was either an IDP or a refugee. The peace process in Sierra Leone has continued prompting the return of thousands of refugees from neighbouring countries, however the overall regional security situation is precarious as a result of an upsurge in conflict in Liberia that continues to displace people within the country and into neighbouring countries.

Table showing numbers of IDPs and refugees in West African Region (USAID 12/06/02)

	IDPs	Refugees	Total
Guinea	200,000 –	170,000	370,000 –
	250,000		420,000
Liberia	78,000	55,000	133,000
Sierra Leone	31,000	25,000	56,000
Total	762,000	250,000	1,012,000

Guinea

Guinea has traditionally been relatively stable in a region marked by successive civil conflicts. As a result, it has been the destination for many refugees seeking a haven from conflict. The security of the country was disrupted in 2000 as a result of incursions from armed groups from Sierra Leone, mostly in the Gueckedou area and around Macenta and N'Zerekore. The attacks occurred in areas where there were large amounts of refugees and resulted in widespread loss of life, destruction of property and mass displacements of both the existing refugee communities and local populations. The international response was to move the refugees inland and away from the border areas. The majority moved to the new camps but some have stayed near the borders and currently receive no assistance. There have been no further reports of conflict or tension within Guinea itself but the reporting period has seen the arrival of large amounts of new refugees from Liberia.

The funding for the Consolidated Interagency Appeal (CAP) has been extremely poor and is currently only 30 % funded. This continues to have very adverse affects on the ability of the humanitarian community to respond to the needs of the refugees in Guinea and is of particular concern because the number of Liberians arriving in Guinea has increased dramatically and is placing further pressures on the limited resources.

Refugees

The majority of refugees are currently hosted in the Albadaria and Dabola regions in Upper Guinea but there are also refugee camps in Macenta and N'Zerekore in the Forest region, close to the Liberian border. Ongoing violence in Liberia has forced over 13,000 new refugees to flee into Guinea in the last month, more than tripling the number of new arrivals since the beginning of the year (UNICEF 03/07/02). Approximately 7,000 Liberians entered the country on 13 June 2002 alone (UNICEF 17/06/02) and it is estimated that 80 % are women and children. It is also reported that significant numbers of Liberian refugees could still arrive in the country and humanitarian agencies are making contingency plans. The majority of the new refugees are staying in the N'Zerekore region. In order to cope with the new influx, the government of Guinea has approved the creation of a new refugee camp at a location called Laine, 60 Km north east of N'Zerekore. However the latest reports indicate that local authorities have suspended the setting up of the camp. The RNIS does not have any nutritional information on the new refugees but they are assumed to be in poor condition with some having travelled for many days to reach the border.

The continued peace in Sierra Leone has continued to prompt the return of refugees from Guinea. The process has been facilitated by the opening of the Pamelap–Kambia axis in March, which has allowed many to travel overland across the Guinea–Sierra Leonean border, which until recently had not been possible. In May 2002, UNHCR estimated that 30,000 Sierra Leoneans had returned home since the start of 2002 (USAID 12/06/02). As a result, the camp population of Sierra Leoneans has fallen and it is currently estimated that about 43,000 Sierra Leoneans remain within Guinea.

Overall

The situation in Guinea remains calm but there is concern over the number of refugees currently arriving from Liberia, which threaten to overwhelm the resources and capacity of the humanitarian community. They should be considered extremely vulnerable (category II). The remaining refugee community is stable and is not considered to be at elevated risk (category III). Refugee returns to Sierra Leone are ongoing and this is resulting in a dramatic decrease in the number of registered camp refugees.

Recommendations

From the RNIS

- Support the UN Consolidated Appeal.
- Establish a new camp for newly arrived Liberian refugees.
- Continue nutritional surveillance.

Liberia

The humanitarian situation in Liberia continues to be extremely serious. The country is still suffering the effects of a crippling ten-year civil war, which ended in 1997. The war left the country in ruins and it remains one of the most impoverished countries in the world. There is very little access to any form of basic health

care and it is estimated that 85 % of Liberians are unemployed due to the collapse of the economy and, as a result, 76 % of the entire population live below the poverty line and live on one dollar a day. A further 52 % of that group are categorised as living in absolute poverty, surviving on less than 50 cents a day. The poor economic outlook has also resulted in a general increase in the price of essential goods and increased the vulnerability of large sections of the population. The economic outlook has been further affected by the imposition of UN sanctions because of the government's support of rebel groups in neighbouring countries.

The deplorable state of the country's infrastructure and the lack of economic opportunities have created enormous vulnerabilities for much of the population. These have been exacerbated over the course of 2002 as a result of conflict between government forces and those of the rebel opposition group Liberians United for Reconciliation and Democracy (LURD). The fighting has been centred around the northern areas of the country, particularly in Lofa and Grand Cape mount counties, and has moved even closer to the capital Monrovia, prompting the announcement of a state of national emergency in February 2002. The fighting has continued to escalate over the reporting period and has resulted in mass displacements, with people fleeing both within the country and across the borders, in large numbers to Guinea and Sierra Leone.

The current situation

The humanitarian situation has continued to deteriorate dramatically as a result of an escalation of fighting during the month of May 2002. The fighting, which had been concentrated in Lofa county, spread to Bong and Bomi counties causing massive population movement to Ganta, Bomi, Grand Bassa and Margibi counties (UNICEF29/05/02). Fighting in and around the city of Gbarnga in Bong County resulted in the displacement of up to 70,000 people, including 30,000 IDPs from pre-existing camps, and up to 40,000 of the local population (UNOCHA 16/05/02). Humanitarian agencies estimate that there are now over 110,000 registered IDPs in the country with more continuing to be displaced. (UNOCHA 31/05/02).

An area of great concern has been the Sinje IDP and refugee camps in the north west of the country, close to the Sierra Leonean border. Sinje has been host to approximately 24,000 people, including 11,000 Sierra Leonean refugees, and the area has been the scene of frequent insecurity for some months. As a result of the insecurity, the camps have been cut off from humanitarian access for over a month and concern has been building over the fate of the camp inhabitants. The camp itself was attacked on 20 June 2002 and, although some of the affected population have arrived in camps in Monrovia, the fate of many is not known. The area has been suffering heavy rain and the condition of those who have fled to the bush is almost certainly deteriorating (UNHCR 12/07/02). There have also been increasing reports of large numbers of Liberians leaving the country to Sierra Leone and Guinea and this trend is continuing. It is estimated that over 30,000 have fled the country this year alone.

The fighting has had a huge and negative impact on the economy of the country and has driven up the prices of essential basic commodities, further deteriorating people's ability to access food sources. Humanitarian sources have also expressed concern that the current insecurity could impact negatively on the mid term food security of the country because the current planting season is being severely disrupted (UNOCHA 06/06/02). The fighting has left many increasingly unable to cope with the deteriorating situation and there is a great need for external assistance to ensure that the basic needs of the population are met. Given the increasing needs within the country, it is alarming to note that the UN Consolidated Interagency Appeal is only 22 % funded and requires further donor commitment.

Bong County

ACF conducted a food security assessment in May 2002 in the town of Tota in Salala district. The town has remained free of security incidents but has been hosting a large IDP population from surrounding areas and, in particular, from the attacks on Gbarnga. The assessment indicated that farming activities are ongoing but are seriously curtailed by the ongoing insecurity. The availability of food in the markets is good but it is not available to IDPs and to the majority of the local population. Since most of western Liberia has been effected by insecurity, which has traditionally supplied the capital with much of its food requirements, the central regions are under increased pressure to supply food. As a result, available food sources are bought by traders from Monrovia and shipped straight to the capital.

The major constraint faced by IDPs is the lack of cash with which they can purchase food. One of the main sources of cash is through casual work but this is becoming increasingly scarce due to the large number of people available. Wild food sources are increasingly limited and the increasing number of IDPs means that residents are increasingly unable to support them. Many of the IDPs interviewed indicated that they had already resorted to erosive coping strategies such as the selling of personal items and key assets and more

than half indicated that begging had been their main source of food the previous day (ACF 05/02). The main concerns from the assessment were that both food availability and accessibility were extremely poor and that there were indications of more desperate coping strategies employed by IDPs. The assessment also indicated that there was increasing evidence of poor nutritional status although no data exists. The IDPs must be considered to be extremely vulnerable and further deteriorations in their situation can be expected unless the overall security situation improves dramatically in the near future.

Overall

Liberia is suffering from a dramatic deterioration in the humanitarian situation as a result of ongoing fighting between the government and rebel troops. The fighting comes on top of years of past conflict that have left the country in ruins and the population at large hugely impoverished. Assessments of the current food security situation indicate that it is extremely poor and that people are turning to increasingly unsustainable strategies to meet their basic subsistence needs. IDPs and refugees in the country should be assumed to be extremely vulnerable (category II).

Recommendations

From the RNIS

- Support the Interagency appeal.
- Negotiate access to areas.

From the ACF food security assessment in Bong county, May 2002

- Establish facilities for the treatment of malnutrition.
- Consider important security implications of assistance, as it appears to be drawing people in large numbers to specific locations.
- Implement regular and adequate food distributions.

Sierra Leone

Sierra Leone has and is still suffering the effects of more than a decade of civil war that has left much of the country in ruins, destroyed the economy, resulted in the mass displacement of population, both within the country and as refugees in the region, and left many people in positions of extreme poverty and with limited ability to cope. The internal conflict has created a disastrous humanitarian situation, with Sierra Leone situated at the very bottom of the Human Development Index chart and its people amongst the poorest on earth.

The current outlook is greatly improved as a result of an ongoing peace process that has resulted in the official end of the war and the mass disarmament and demobilisation of the various warring parties. It is estimated that in total, in excess of 72,500 combatants, including 6,845 children, were demobilised (UNICEF 29/05/02). The peace process, and the stability that it has brought to the country, has been greatly facilitated by the presence of the largest UN peace-keeping force in world, the UN Mission in Sierra Leone (UNMASIL), which consists of 17,500 troops. The UN troops have played a vital role in overseeing the disarmament process in all areas of the country, ensuring the safe return of IDPs and Sierra Leonean refugees to their areas of origin.

An indication of just how far the peace process has come was given on 14 May 2002, when presidential elections were held with an estimated national voter turn out of 80 %. The elections were won by president Ahmad Tejan Kabbah with 70.6 % of the vote and were remarkable for their apparent transparency and peacefulness (UNOCHA 31/05/02). This bodes well for the ongoing internal stability of the country and paves the way for the essential tasks of reconstruction and rehabilitation that are now essential for the development and the general well being of the country and its population.

Humanitarian Situation

The humanitarian situation has continued to improve over the reporting period as a result of a generally good internal security situation. This has been greatly assisted by the presence of UN-MASIL troops and the

injection of 2 billion US dollars. However, the UN has announced that the peacekeepers will be downsized significantly from December 2002, although there are currently no details as to how many troops will be withdrawn (UNOCHA 28/06/02). Some observers have warned that although the situation is currently extremely encouraging in terms of internal stability, the potential for deterioration in the overall situation exists. This is a result of underlying ethnic tensions in the country and the need to address the enormous human rights violations that took place during the civil war. The high number of demobilised militias is also cause for concern because, although they have received assistance, it is often woefully late and inadequate. Many are reported to be disillusioned with the lack of employment opportunities and there is real concern that there could be a return to violence if the re-integration process is not speeded up to provide suitable livelihood opportunities (ICG 15/07/02).

The ongoing internal stability has meant that all areas of the country have now opened up to both humanitarian agencies and the government. This has allowed essential humanitarian assistance to reach areas that have been inaccessible for years. The findings of many assessment missions indicate that fighting has destroyed much of the infrastructure and that the rebuilding and rehabilitation of basic infrastructure is essential. However, the overall food security situation in the country looks promising as a result of both the good security and an agricultural recovery. There are estimated to be 32,000 IDPs throughout the Bo and Kenema districts as well as approximately 23,000 IDPs in Freetown camps (UNOCHA 31/05/02). The number of IDPs in camps has continued to fall as many have returned to their areas of origin. Resettlement was briefly stopped over the period of the election but resumed on 4 June 2002 in the formerly inaccessible areas of Kono and Tonkolili (UNICEF 10/06/02). The greatest challenge to the current humanitarian situation is the continued need to provide support to the large number of returning IDPs and refugees, all of whom require assistance to support them whilst they establish sustainable livelihood activities in previously war ravaged areas.

There is cause for considerable concern with the upsurge in conflict within neighbouring Liberia. The reporting period has seen the continuation of fighting between the Liberian army and rebels. The escalation in the fighting has been particularly focused in the north and west of the country and has forced tens of thousands of people to flee the instability and seek refuge in neighbouring countries. Sierra Leone has received some of the highest numbers of Liberians and the greatly increased return of Sierra Leonean refugees from camps near the Liberian capital. It is estimated that 17,000 Liberian refugees and close to 8,000 returnees have crossed the border into Kailahun and Pujehun districts, during June 2002 alone (UNOCHA 01/07/02). The problem for the ongoing humanitarian situation is that the vastly increased numbers of refugees and returnees is placing a huge strain on the humanitarian system and is threatening to side track the ongoing efforts to reintegrate tens of thousands of IDPs and returnees from other countries. There is considerable concern that the arrival of so many refugees and the close proximity of the conflict in neighbouring Liberia could potentially destabilise what is still a very fragile situation within Sierra Leone. The border areas are already considered to be very unstable and local media have reported that Liberian army and rebels have raided across the border in search of food (UNOCHA 02/07/02).

Northern Province

The good security in the country has seen a continued improvement in the general humanitarian situation in the northern province. All districts have been assessed and are now safe for returnees. Thousands have returned to Koindugu and Bombali, particularly from the camps in the Port Loko area, as well as from camps in the west. Work is ongoing to reconstruct basic infrastructure to ensure that returnees have access to basic amenities such as health care facilities and schools. The RNIS does not have any recent nutritional information from the province but the situation is not deemed to be critical at this time.

Western Province

The western province, particularly around the capital of Freetown, has traditionally been the site of many displacement camps. The current good humanitarian outlook has had a very positive effect on the situation on IDPs and returnees, many of who have returned to their places of origin. The beginning of June 2002 saw the start of a programme to resettle in excess of 12,000 IDPs from western camps to the eastern districts of Kono and Tonkolili. A further 3,640 IDPs were resettled in the Mile 91 area and there are more than 20,000 waiting to be resettled in the Kono, Tonkolili and Bombali districts (UNOCHA 31/05/02). The RNIS does not have any recent nutritional information from the area but the population is not deemed to be at high risk and reports indicate that there is an overall improvement in the economic outlook, particularly in the capital Freetown. This is likely to have a beneficial impact on employment opportunities and on food prices and should improve the general food security outlook for many.

Southern and Eastern Provinces

The security situation in the southern and eastern provinces has remained good and the general humanitarian outlook is extremely positive. However, there is considerable concern over the up-surge in violence in Liberia and the large number of refugees that are being driven across the border as a result. The conflict and the refugees represent a considerable threat to the humanitarian situation as their numbers place increasing strain on existing resources. There is also concern that armed elements could enter the country with the refugees and could provoke direct conflict between Sierra Leone and Liberia.

It is estimated that 17,000 Liberians have entered the country in June 2002 alone (UNOCHA 01/07/02) and are being sent to six camps in Gerihun, Jimmi Bagbo, Bandajuma Sowa, Jembe, Taiama and Gondama. The influx of refugees increased enormously with the attacks on the Sinje refugee camp in Liberia, close to the Sierra Leonean border, on 20 June 2002. The attack drove thousands into Sierra Leone and threatens to push many more to seek refuge. The majority of the new arrivals are in extremely poor condition, with agencies reporting that malnutrition amongst children is visible, although the RNIS has not received any direct nutrition reports on this population group. Many are being housed, temporarily, in the Zimmi way station and there is increasing pressure to open new camps to accommodate the increasing number of refugees. UNO-CHA has reported that they have developed a contingency plan for 50,000 refugees in February 2002 and that the current situation in Liberia has prompted the development of contingency plans for up to 125,000 Liberian refugees (UNOCHA 01/07/02). Present activities centre on the development of Gondama and the creation of two new sites at Mano Junction and Tobunda for an additional 39,000 people (UNOCHA 01/07/02).

Kailahun

Kailahun has traditionally been one of the most insecure areas of Sierra Leone but has remained conflict free over the reporting period. The area contains a large local population that has been struggling to absorb around 45,000 former Sierra Leonean refugees who have returned over the preceding months. The largest threat to the stability of the district and the humanitarian situation is the influx of Liberian refugees. The refugee influx is straining the already stretched resources of the area and the need for continued assistance is crucial. The RNIS does not have any recent nutrition reports from this area

Kenema

Traditionally, Kenema has been one of the districts most affected by the conflict in Sierra Leone. However, a marked improvement in the security situation has allowed the rehabilitation of vital infrastructure, the development of agricultural activities and the development of coping strategies. Nutrition surveys in the area over the past couple of years have indicated significant improvements in the situation of IDPs with prevalence of acute malnutrition falling below emergency thresholds (see RNIS 36 and 37). The entire district is estimated to contain approximately 418,000 people, with the regional town of Kenema containing about 25,000 IDPs in three camps (Goal 05/02). Goal conducted a nutrition survey in Kenema district in May 2002 that revealed an estimated prevalence of acute malnutrition of 5.7 % (W/Ht < -2 Z scores and/or oedema) including 0.8 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). Mortality rates were also estimated and Crude Mortality was 1.15/10,000/day and under-five mortality was 1.96/10,000/day. The estimated malnutrition indicates that the nutritional situation is not critical with prevalences below emergency thresholds and very much in line with recent past surveys. The mortality rates give more cause for concern with the CMR being above the emergency cut off and under-five mortality fractionally below. However, the survey explains that the recall period is 12 months and that it is possible that poor recall, including people who died more than 12 months ago, has artificially elevated the mortality (Goal 05/02). In general, the survey indicates a situation that is well within control and that has remained stable for some time.

Overall

The overall humanitarian outlook in Sierra Leone has continued to improve over the reporting period with more and more people able to return to their places of origin as a result of the cessation of violence within the country. The majority of local populations, displaced and newly returned, appear to have benefited from the security and are deemed to be at reduced risk (category III). The one point of concern is for the large number of Liberian refugees who have been driven to seek refuge in Sierra Leone. Reports indicate that they are arriving in very poor condition and in great need of assistance and should be considered to be at greatly elevated risk (category II).

Recommendations

From the Goal nutrition survey in Kenema distrct, May 2002

- Continue the monitoring of the nutrition situation via regular nutrition surveys.
- Follow up of the high mortality rates should be conducted.
- Routine vaccination coverage should be improved.

GREAT LAKES REGION

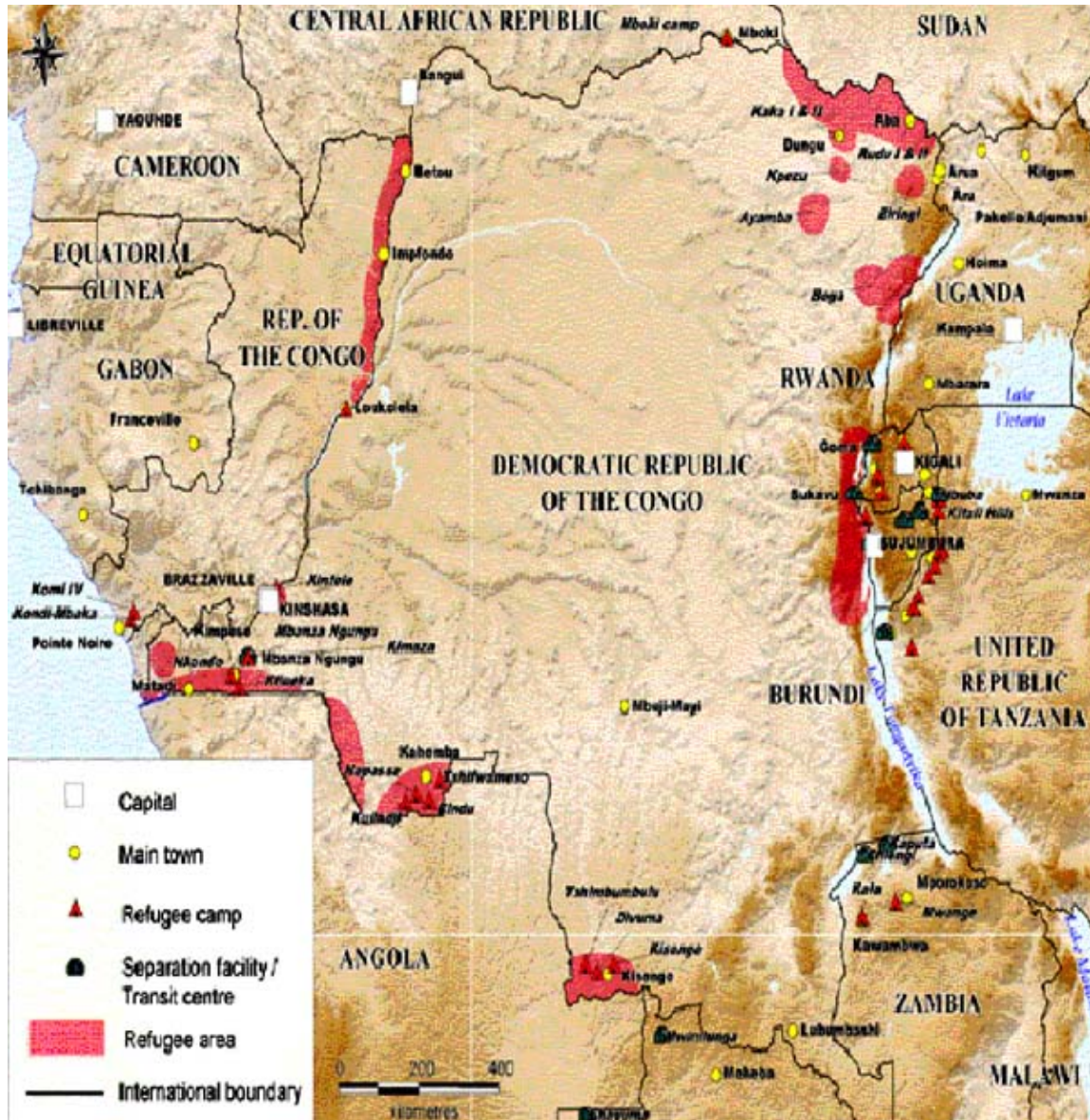


Table showing the affected populations in the Great Lakes region

Country	IDPs	Refugees	Total Affected Populations
Burundi	432,818	28,800	461,618
DRC	2,045,000	361,720	2,406,720
Tanzania	N/A	543,145	543,145
Uganda	535,107	175,819	710,926
Total	3,012,925	1,143,418	4,156,343

Burundi

Burundi has been suffering the effects of an ethnic war that has resulted in the deaths of over 250,000 people. The war has largely been a conflict between Hutu rebels and the mainly Tutsi dominated army. Approximately 85 % of Burundi's population is Hutu and violence broke out in 1993 when the Tutsi dominated army assassinated the president, a Hutu, who was freely elected in country-wide elections. The resulting violence has resulted in massive internal displacement and has driven hundreds of thousands more Burundians to seek refuge outside of the country. In July 2002 it was estimated that 387,469 people were internally displaced in 226 official displaced camps (UNICEF 17/07/02). It is estimated that a further 845,000 have fled the country, mostly to Tanzania, where approximately 357,000 are currently in camps (RI 15/05/02).

In August 2000, various political parties from Burundi came together in Arusha, Tanzania, and signed a widely feted peace accords. The accords provided the framework for the establishment of a 3-year transitional government, led for the first 18 months by a Tutsi and for the second 18 months by a Hutu. The accords also laid the foundations for ethnically balanced armed forces. The first tenure of the transitional government began in November 2001 and was accompanied by great expectations for peace in the country. However, the much anticipated cease fire of hostilities has not occurred because the two main rebel groups; the Force pour la Defense de la Democratie (FDD) and the Force Nationales de Liberations (FNL), were not signatories of the Arusha accords. Peace negotiations have taken place, but the failure to bring about a cease-fire has resulted in continued violence, continued displacement and a continuation of the stark humanitarian situation.

The humanitarian situation

Despite the creation of a transitional government in November 2001, fighting has been ongoing and the humanitarian situation continues to be bleak in many areas of the country as a result. The continued insecurity repeatedly drives people from their lands and livelihoods and continuously erodes their ability to cope with the deteriorating situation. WFP has estimated that 634,643 people, or 9 % of the total population, from all 17 provinces will require emergency assistance between June and December 2002 (WFP 21/06/02). The conflict is characterised by repeated displacement and the looting of food and belongings and the general terrorising of the civilian population. Fighting has escalated from March 2002 in Burundi's western Bujumbura Rural Province and there are reports of insecurity and open conflict in many areas of the country, particularly in the east and southeast. Continuing military operations have displaced 84,000 people in Bujumbura Rural since January 2002 and fighting in the area is continuing. A further 40,000 were displaced from Kibuye, southeast of Bujumbura and 32,000 in Ruyigi, eastern Burundi (UNOCHA 30/05/02; USAID 20/06/02). The fighting and general poor security in many areas is continuing to hamper humanitarian access to areas most affected by the violence. This includes IDPs in the 226 registered IDP settlements, as well as many more displaced, non-displaced and refugees, who are all affected by the ongoing situation. The UN have indicated that up to 1 million people within the country depend on humanitarian aid in Burundi and without considerable advances in the peace process, including the vital cease fire, the needs and dependency on humanitarian assistance will remain high.

The overall food security situation has improved when compared to the disastrous harvests and high burden of disease experienced a couple of years ago. However, many households remain extremely vulnerable and are increasingly unable to access their farming land through actual insecurity or fear of being attacked. Areas of particular concern are Cankuzo, Ruyigi, Rutana, Makamba and Bujumbura Rural province, as well as all areas bordering the Kibira forest (USAID 20/06/02). The needs of the many vulnerable groups are being addressed by WFP, who are providing regular food distributions with most families receiving a ration of maize, pulses and cooking oil. The current nutritional situation in the country is thought to be precarious, however needs are extremely varied with rates of malnutrition being high in some areas and reduced in others. The incidence of malnutrition has dropped since the high rates seen in 2000 and it has been noted that there continues to be a drop in the number of people attending both supplementary and therapeutic feeding centres in the country. The security situation undoubtedly plays a very significant role in the current level of humanitarian needs in differing areas.

The reporting period has seen the return of thousands of Burundian refugees from neighbouring Tanzania. There are over half a million registered Burundian refugees in Tanzania, the vast majority of them in camps close to the Burundian border. The presence of so many refugees has been a source of discomfort for the Tanzanian government for some time and has led to considerable friction with the authorities in Burundi. An agreement between UNHCR and the governments of Tanzania and Burundi established a framework for assisted repatriations and the reporting period has seen large numbers of Burundians, many of whom have been resident in Tanzania for some time, register for repatriation. It is estimated that 80,000 refugees have registered for repatriation and that over 16,000 have actually joined UNHCR convoys and gone home.

(UNOCHA 08/07/02). The majority of returnees are going to Muyinga in the north where there is an existing IDP population of 15,954 people in 17 sites (UNICEF 17/07/02). The assisted repatriations have been to the relatively secure northern regions, but many of the refugees are hoping to return to areas such as Rutana and Ruyigi in the south where the security situation is still very poor. There have been some reports of returns to Ruyigi, but UNHCR have stated that these returns were spontaneous. The greatest problem for the future of the returns remains insecurity. However, questions have also been raised over what the majority will return to, as the destroyed infrastructure, including health, schooling and housing as well as a lack of agricultural land, will make life very difficult for returnees. As the security situation appears to worsen there are indications that refugees who had previously signed up for repatriation are dropping out of the process and there is an overriding air of "wait and see" for many of the refugees. Without significant improvements to the security situation it seems unlikely that repatriation will continue as it was initially anticipated.

Bujumbura Rural

The security situation in Bujumbura Rural continues to be extremely volatile with continued fighting between government troops and rebels. Bujumbura Rural has been the scene of fierce fighting for many years as rebels have launched repeated attacks on or near the capital Bujumbura. Recent fighting has included a June 22 clash between the government and Hutu rebels that resulted in significant displacement and, as a result, UNOCHA have reported that over 20,000 people are in need of food and other assistance (UNOCHA 04/07/02). There has also been mass displacement from Ruziba, south of the capital, with an estimated 15,000 people affected (AFP 30/06/02). The fighting has resulted in 18,363 officially registered IDPs in 13 sites but many more exist in the province (UNICEF 17/06/02). The fighting appears set to continue and will restrict access to affected populations as well as preventing access to land and livelihood activities. There have also been reports of a cholera out-break in the Bujumbura Mairie region with up to 100 cases identified. This illustrates the vulnerability of people to communicable disease and is indicative of the generally poor water and sanitation conditions of many settlements in the area. The RNIS does not have any recent nutritional information from the area but the population is assumed to be extremely vulnerable.

Karuzi

The province of Karuzi has been badly affected in the past by insecurity, disease and high rates of acute malnutrition. The security situation continues to be volatile and the situation in the province is generally poor as a result of its relative geographic isolation, the destruction of existing infrastructure and the presence of an estimated 9,131 IDPs in 11 sites (UNICEF 17/07/02). There are likely to be many more IDPs in the area living outside of the camps with host communities. Recent nutrition surveys in the province have shown an improvement in the general nutritional situation. In March 2002 MSF-B conducted a survey to assess the prevalence of acute malnutrition. The survey indicated that there was an estimated prevalence of acute malnutrition of 4.2 % (W/Ht < -2 Z scores and/or oedema), which included 0.4 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). The survey also estimated mortality and indicated that the CMR was 0.7/10,000/day and the under-five mortality 1.8/10,000/day (MSF-B 03/02). The results indicate that the situation is not critical, with the prevalence of malnutrition falling well within emergency thresholds. It is also important to note that the situation appears to have remained stable since the last survey in September 2001. The mortality rates are also below normal thresholds, however they do appear elevated from expected baseline levels and indicate a problem of poor public health. The survey attributes the stability of the malnutrition rate to the relatively good economic situation in the province, which has aided accessibility to food sources and the good availability of food. The situation has also been helped by favourable climatic conditions for agriculture and the good and timely delivery of humanitarian aid. It is also noted that the incidence of malaria has dropped significantly since the out-break of a couple of years ago (MSF-B 03/02).

Overall

The humanitarian situation remains extremely precarious and, despite the ongoing peace negotiations, the reporting period has seen an upsurge in violence and armed clashes between the government and rebel groups. The clashes continue to result in displacement and have seriously affected humanitarian access to affected populations with areas in the south and east of the country being worst affected. IDPs should be considered to be extremely vulnerable (category II) and the situation has the potential for further deterioration unless a cease-fire can be negotiated.

Recommendations

From the MSF-B survey in Karuzi, March 2002

- Continue follow up for selective feeding programmes.
- Continue general food distributions to affected populations.
- Continue the seed distributions and seed protection rations.
- Closely follow the malaria situation in the region.

Democratic Republic of Congo (DRC)

The humanitarian situation in DRC continues to be extremely precarious despite the ongoing peace process and the signing of a peace agreement between the Kinshasa regime and the Movement for the Liberation of Congo (MLC) in April 2002. The country is suffering from years of instability that has drawn in a number of neighbouring countries and resulted in a hugely complex protracted emergency. The emergency has resulted in the displacement of millions of people and irrevocably disrupted and destroyed the livelihoods of millions more.

For some time, the country has been split largely into three separate areas. The first area is in the west and is controlled by the Kinshasa government with the support of Angola, Zimbabwe and Namibia. The second is in the north in the provinces of Equateur and parts of Orientale and is controlled by the Movement for the Liberation of Congo. The third region is in the east of the country in the provinces of the Kivus, Maniema and parts of Orientale and Katanga. It is controlled by the Congolese Rally for Democracy (RCD–Goma) and supported by Rwanda. Numerous opposing forces in each area, which has meant that open conflict is almost continuous, further complicate the situation.

The latest developments have been an agreement between the Kinshasa government and the MLC to end hostilities and establish a transitional government that would share control over approximately 70 % of the country. There have been some disagreements over the implementation of the agreement and, in particular, the control of the armed forces (UNOCHA 09/07/02) but in general the agreement appears to be holding. Much more concerning for the humanitarian situation is the failure of the third groups, the RCD–Goma, to sign the agreement and their stated opposition to it. As a result, conflict has continued unabated in the eastern part of the country, which remains the worst affected region.

War displaced populations

The war in DRC has resulted in the displacement of millions of people and last official estimates indicated that there are in excess of 2.2 million displaced throughout the country. However it remains extremely difficult to ascertain numbers with any precision because of the vastness of the country and the lack of access to so many of the worst affected areas. Many of the displaced are in hiding from further violence and are located deep within forest areas where it is difficult to verify numbers. The reporting period has seen the continuation of mass displacement, particularly in the eastern regions of the country, and the numbers continue to increase. It is also estimated that there are approximately 365,025 refugees from Angola, Sudan, Rwanda, Central African Republic, Burundi and Uganda scattered throughout the country (USAID 02/05/02).

Humanitarian situation

The humanitarian situation across the country continues to be extremely poor despite the ongoing peace process. The reporting period has seen the continuation of fighting, particularly in the east of the country. Ultimately the humanitarian context is largely shaped by the years of conflict that have left the country in ruins, destroying infrastructure and the economy. Almost 2.3 million people have been displaced from their land and livelihoods and less than half of this number have access to assistance due to the inability of aid agencies to access the most needy populations.

The fighting in both urban and rural areas continues to displace populations, destroy infrastructure and restrict access to basic amenities such as health and education. There has also been a very profound and negative impact on the food security of the country. This is a result of both food availability and of poor access to food sources. Food availability has been affected by the restriction of access to agricultural land, which has had the effect of substantially reducing typical harvest yields. For those who are able to farm, the insecurity has effectively destroyed traditional markets, providing a further disincentive to produce surplus. For example the east was the traditional supplier of food to Kinshasa in the west and this market is no longer available. As a result, the price of food items has risen, particularly in urban markets. The collapse of the economy and of most livelihood systems has left much of the population impoverished and the rate of unemployment is extremely high. This has severely affected people's purchasing power and left many struggling to meet even

the most basic of needs and many have little or no access to health care or education. Various studies and surveys have indicated the severity of the situation and shown that common humanitarian indicators such as malnutrition and mortality rates are unacceptably high (USAID 02/05/02)

Key features of the current humanitarian situation have been the continuation of violence in the east with reports indicating that fighting has been particularly fierce in South Kivu province where there are estimated to be 435,000 IDPs. The ongoing violence and insecurity has restricted humanitarian access to many of the worst affected areas and as a result distributions of essential food rations have been disrupted as well as the provision of medical care. The peace negotiations have been ongoing and the MLC leader is expected to take up the position of prime minister in Kinshasa, but has not done so to date. On a regional level, there has been a significant agreement between Kinshasa and Rwanda to ensure the withdrawal of Rwandan troops from DRC. The agreement is seen as a significant development in the conflict in the east and it is hoped that it will bring greater stability to the area (BBC 22/07/02).

The low level of funding received through the 2002 UN Consolidated Annual Appeal is a cause for concern, particularly given the high needs in the country. Of the 194 million US dollars requested only 42 million or 21 % has been pledged to date (UNSC 05/06/02).

Western Region

The western region has remained under the control of the Kinshasa government but has been very badly affected by the ongoing hostilities in the country. The city of Kinshasa once relied on the fertile agricultural regions in the east for food and agricultural products but the conflict has cut off the traditional trade routes and meant that the city has to rely increasingly on the provinces of Bandundu and Bas-Congo. Food that is available is of a very high price and is often beyond the means of a population impoverished by high rates of unemployment and a collapsed economy. A recent report by FAO in Kinshasa has shown that there are significant levels of food insecurity, with much of the poor in densely populated areas of the city, eating woefully inadequate amounts. The report found that the average daily calorie intake was estimated to be 1,381 Kcals, which represents a shortfall of 40 % from internationally accepted norms. This is extremely alarming as such low levels of food intake, coupled with an extremely poor public health environment and lack of access to health services, makes the likelihood of nutritional decline and its associated morbidity and mortality increasingly likely. The report suggests that the primary reason for the poor intake is the lack of purchasing power of many households. The report also estimates that the average daily expenditure on food is 29 cents a day. The results are corroborated by the huge rates of unemployment in the city. The situation has been further exacerbated by the difficulty of transporting food due to the poor transportation infrastructure and lack of serviceable vehicles (UNOCHA 19/07/02). The RNIS does not have any recent nutritional information from Kinshasa or other areas in the West but the situation is assumed to be extremely poor.

Northern Region

Equateur

Equateur has an estimated 85,000 IDPs scattered throughout the province and has been badly affected by the presence of the front line that divided the province between the rebel MLC and the Kinshasa government. Recent nutrition and mortality surveys show a clear correlation between the severity of the situation and proximity to the front line and it is hoped that the power sharing agreement between the government and the MLC will bring an end to much of the violence in the province and allow people to begin to rebuild their lives. However, in the short term the situation looks set to be extremely poor due to the high level of grinding poverty and chronic food insecurity. The RNIS does not have any recent nutrition information for this region.

Orientale

The situation in the northeastern province of Orientale is characterised by severe insecurity, with as many as 250,000 people displaced, although the true figure is likely to be far larger. In mid May 2002 there was an uprising in the town of Kisangani that brought about a fresh outbreak of violence that resulted in the death of over 200 people, many through summary execution. The violence mirrors a similar event in the city in 2000 where up to 1,200 people were killed (Amnesty International 12/06/02). Reports indicate that an uneasy calm has returned to the city but the situation remains extremely volatile and indicative of how easily extreme violence can break out. It is the underlying tensions, even without direct conflict, that are preventing many people from returning to their land or restarting livelihood activities. There have also been reports of continued violence in the Ituri district around the town of Bunia, where the presence of various rebel groups and members of the Ugandan military have complicated ethnic tensions. The fighting has resulted in continued

displacement. The RNIS does not have any recent nutritional information for these areas but the situation is assumed to be extremely precarious.

Southern and Eastern DRC

The situation in southern and eastern DRC remains extremely precarious largely as a result of continued insecurity in many areas. The region contains the majority of the country's IDPs and the reporting period has seen large scale displacement of population and the inability of the humanitarian community to reach those most in need. Nutrition surveys from the region have repeatedly shown very high rates of acute malnutrition and mortality reports have shown that rates of mortality have been huge, indicating a desperately poor and highly protracted humanitarian disaster.

Kasai Orientale Province

Kasai Orientale has had the front line running through it for some years and has been affected by the ongoing insecurity. However, the front line has been fairly static for the last few years and many areas remain fairly secure. MDM conducted a nutrition survey in June 2002 in Tshofa zone, which is situated 140 Km from the front line area. However the zone has been more or less an enclave for some time, cut off by the front line and the lack of roads to the east. The area suffers from chronic food insecurity and there were reports of a large measles epidemic earlier in the year. The survey indicated that there was an estimated prevalence of acute malnutrition of 12.2 % (W/Ht < -2 Z scores and/or oedema), which included 2.7 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). Mortality rates were also measured and crude mortality was estimated at 1.1/10,000/day and under-five mortality at 3.3/10,000/day. The prevalence of malnutrition is elevated above emergency thresholds and gives cause for alarm. The poor situation is further corroborated by the mortality rates, which are all above emergency thresholds, particularly for the under-five population. The reasons given for the poor situation are the poor food security of the area and the very high rate of morbidity. The survey showed that 75 % of all children interviewed had experienced an episode of sickness during the two weeks prior to the survey and the measles outbreak is also probably responsible for high child mortality. It is also important to note that the survey occurred before the annual hunger season, which means that people will be going into the hunger season in poor condition. It can be assumed that the nutritional status of the population will drop further as the hunger season progresses (MDM 06/02; Valid International/SC-UK 15/05/02).

North and South Kivu

The situation in the Kivus remains one of the most serious in DRC with an estimated 1,195,111 IDPs. Fighting has been reported to be raging between Rwandan army troops and dissident Banyamulenge forces in the Minembwe/Itnombwe plateau and reports indicate that upwards of 40,000 people have been newly displaced (UNOCHA 02/07/02). ACF-USA conducted a nutrition survey in Shabunda zone in February 2002 that revealed rates of acute malnutrition of above 20 %, including high levels of severe malnutrition. Much of the severe malnutrition was made up of oedematous nutrition or Kwashiorkor, which is an extremely serious form of malnutrition. The survey also revealed very high mortality rates that were greatly above emergency thresholds. The data indicates an extremely serious situation and is probably replicated in other areas of the Kivus and the eastern region. The main reason for the very poor situation is the ongoing insecurity, which has served to isolate the area from external assistance as well as ensuring that the population is unable to access food sources and health care (ACF-USA 02/02).

SC-UK and Valid International conducted a nutrition survey in the Kyondo Health Zone of North Kivu in May 2002. North Kivu is suffering from a chronic nutritional emergency as a result of pro-longed displacement, isolation, lack of market outlets, severed food lines, price increases and greatly reduced purchasing power (SC-UK/Valid International 05/02). Kyondo Health Zone has only become accessible to the humanitarian community since January 2002 and there were reports of high rates of acute malnutrition. The survey revealed an estimated prevalence of acute malnutrition of 3.3 % (W/Ht < -2 Z scores and/or oedema) including 2.5 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). It is important to note that the rate of nutritional oedema, although low, was very high relative to the wasting. This is a feature of the area. The survey also indicated an estimated crude mortality rate of 0.3/10,000/day and an under-five mortality rate of 0.7/10,000/day. Both the rate of malnutrition and mortality were significantly below emergency thresholds and came as a surprise to the survey team. The low rates are explained by the great improvement in the security situation in the area, which has enabled many people to return to farming activities. It was also noted that the markets in the area appeared to be lively with items from all over the zone as well as further afield from places such as Goma and Butembo. It was also noted that the zone was well served by medical services, largely as a result of a highly capable local health officer. This has led to a very progressive and well supplied health

infrastructure and it was particularly noted that the rates of child vaccination were close to 100 % (SC-UK/Valid International 05/02). The zone is a great example that security provides the back-drop for reconstruction of livelihoods and that well targeted and implemented health systems are possible. The results of the survey clearly indicate that Kyondo is currently not undergoing an acute emergency and that there is hope in other areas that the catastrophic health indicators can be reversed.

Overall

The situation in DRC remains extremely poor, despite some apparent advances in peace negotiations. The years of conflict and insecurity continue to take their toll on the civilian population, who are increasingly struggling to cope with the desperately poor economic outlook and chronic food insecurity. There appears to be some hope of a cessation of violence in some areas of the country but the eastern parts remain desperately insecure and suffer some of the worst humanitarian outlooks. The enormous numbers of IDPs are extremely vulnerable (category I) and require continued assistance to meet the very basic of subsistence needs.

Recommendations

From the RNIS

- Negotiate access to affected populations through support of MONUC.

From the ACF-USA survey in Shabunda, South Kivu, February 2002

- Establish a regular system of general food distribution.
- Open selective feeding centres.
- Implement an anti measles vaccination campaign.
- Conduct training for health personnel.

From the MDM-B survey in Tshofa Health Zone, June 2002

- Establish selective feeding centres for children under the age of five.
- Conduct education on public health and sanitation.
- Conduct training for existing health staff in the health system.

Tanzania

Tanzania is host to the largest refugee population in Africa. Although the country has never been directly involved in the conflict that has affected many countries in the Great Lakes region, it has provided an important safe haven for refugees from neighbouring countries. There are currently estimated to be 512,004 refugees in a selection of camps in the Kigoma and Ngara regions of Western Tanzania. The majority of refugees in the camps are from Burundi, many of them Hutu, fleeing the ongoing violence in the country. UNHCR have estimated that as many as 353,000 Burundian refugees are currently resident in camps, with the remainder being from DRC, Rwanda and Somalia.

The sheer number of refugees has placed a great deal of pressure on the Tanzanian government and there have been increasingly greater calls for them to be repatriated. The presence of the refugees has also been a cause of contention between the Tanzanian and Burundian governments and the Burundian government has accused Tanzania of harbouring and even supporting rebels, a fact that the Tanzanians have stringently denied. In May 2002, the Tanzanian and Burundian governments signed a tripartite agreement with UNHCR to assist a voluntary repatriation of Burundian refugees. The timing of the agreement has been questioned given that insecurity is still such a problem in Burundi, however UNHCR is only assisting returns to the northern provinces in Burundi, which are substantially more secure than those in the south and east. However, the vast majority of those registering are in Karago, Nduta and Mtendeli camps in the Kigoma Region and wish to return to the southern provinces where they are originally from. UNHCR have estimated that from 31 June to 14 July 2002, over 17,200 Burundian refugees were repatriated and a further 87,100 people have registered for repatriation (WFP 19/07/02).

Given the ongoing violence in the Burundi, it is surprising that there have been such a high number of people registering for assisted return. Many factors have contributed to this, including the increasing restrictions

placed on the refugees within the camps. There have been recent moves by the Tanzanian government to ban refugees from moving out of the camps and there has been a noticeable build up of police around the camp areas. This is making life extremely difficult for camp inhabitants who are increasingly unable to conduct any form of livelihood activities such as seeking work on neighbouring farms. This is serving to increase the dependency that people have on humanitarian assistance and offers no opportunity to supplement diets with alternative food sources. A problem of particular concern is that of sourcing fuel for cooking. Refugees have traditionally gathered wood from around the camp, which has denuded much of the surrounding area. As a result, people are forced to walk from 20–40 Km to find dead wood but if found out of the camp they can face imprisonment and deportation. There are reports that some refugees are selling their rations to local Tanzanians in exchange for fire wood (UNOCHA 08/05/02). This has prompted some refugees to conclude that it is better to leave under a voluntary assisted programme than wait until an increasingly hostile host country forcibly repatriates them. However, it is interesting to note that the numbers of people actually turning up for the repatriation convoys is dwindling despite the large numbers of people registered. The pressure to repatriate is growing, both from the Tanzanian and Burundian governments, and there has been some talk of repatriation taking place within six months (UNOCHA 08/07/02).

There has been no recent nutrition survey in the camps but the most recent data has shown that the situation is stable and well below emergency thresholds. This is probably a result of the regular food distribution, which includes a 100 % ration for all beneficiaries, although it is important to note that Corn Soya Blend (CSB), a fortified blended food, is only being distributed at a 60 % ration. The provision of health services to the refugees is also good with routine vaccinations and access to routine primary health care and good water and sanitation. This has gone a long way towards ensuring the stability of the situation.

Overall

The reporting period has seen a great many people registering for assisted voluntary repatriation, however the ongoing violence in Burundi is making it extremely difficult for many to return to their areas of origin. There is evidence of greater restrictions on the refugees in the camps, particularly in terms of forbidding them to move outside camp perimeters. This is serving to increase dependency on external assistance. The health and nutrition situation in the camps appears to be stable (category III).

Recommendations

From the RNIS

- Continue the full general food ration and increase the amount of fortified food available to refugees.
- Ensure that conditions are safe for repatriation in Burundi before further repatriation continues.

Uganda

Uganda has suffered a series of separate civil conflicts in various parts of the country. These conflicts have resulted in large displacement of population, many of whom have been grouped together in "protected" villages. The displacement has left the IDPs without access to their homes or land and has systematically disrupted livelihoods and household economies. This has come on top of a situation where almost 44 % of the country's 21 million people live in absolute poverty, classified as below 50 cents a day (UNICEF 29/05/02). The result has been a population with high vulnerability to acute food insecurity and a heavy reliance on external assistance to meet their basic subsistence needs. The worst affected areas have traditionally been the northern region where the Lord's Resistance Army (LRA) has waged a persistent war on the civilian population and in the west, where the Allied Democratic Front (ADF) have been active.

The reporting period has seen an upsurge in LRA activity in the north of the country. The month of June 2002 has seen numerous attacks on IDPs, refugees and local populations that have resulted in the burning of displaced camps and further fresh waves of displacement as people choose to flee the violence. The upsurge in insecurity comes after an extended period of security that resulted in a marked improvement in the overall humanitarian situation and left many IDPs and agencies alike talking of the possibility of wide scale returns. As a result, the new wave of violence has come as a considerable blow to the area and looks set to significantly deteriorate the humanitarian situation. The Ugandan government has taken advantage of the reestablishment of full diplomatic ties with Sudan, which were severed in 1995, to mount a campaign called

"Operation Iron Fist" in South Sudan, against LRA strongholds. Traditionally the Sudanese government has offered significant support to the LRA in answer to support given to Sudanese rebels, the SPLA. The agreement, signed on 27 April 2002, has seen a considerable thawing in relations between the two governments and has allowed for the implementation of the anti-LRA operation within Sudan (UNOCHA 03/05/02). It was initially hoped that the campaign would remove the threat of the LRA for good and allow the IDPs in the north to return home and restart their lives. However, the upsurge in insecurity from the LRA is being taken as evidence that the campaign is not having the desired effect and that the LRA are trying to send a clear message to the Ugandan government that political negotiations should take place.

Latest estimates on the number of people considered to be vulnerable and in need of humanitarian assistance indicate that there are 859,166. This number includes 187,683 refugees and 660,373 IDPs situated in the north, west and east of the country.

IDPs in Northern Uganda

After a period of relative stability in the northern area of the country, the reporting period has seen an upsurge in violent attacks by the LRA rebels. The attacks have been directed towards destabilising the area and sowing fear in the populations and have resulted in ambushes along roads as well as attacks on towns, villages and on refugee and displaced settlements. Many of these attacks have resulted in the abduction of people, the looting of food and other belongings and the burning of huts. On 5 July 2002 rebels attacked Alero IDP settlement and burnt the houses and instructed people to leave the camps. As a result, there was a large exodus of people who fled without food and basic domestic necessities. Many IDPs are trying to make their ways to towns that are perceived as being safer than the so-called "protected" villages (UNOCHA 06/02). The attacks and the renewed displacement is placing considerable strain on existing relief and development work in the area and many NGOs are reported to have halted their work due to the poor security situation. WFP has been having severe difficulties in continuing much needed food distributions to people in camps as a direct result of the current poor security situation in the north. The security problems have resulted in the suspension of food aid to tens of thousands of people, although it has been reported that distributions were able to start again as a result of the redeployment of the Ugandan army in the area. It is particularly worrying to note that most of the 500,000 people in the north who receive food aid had developed a high degree of independence and were supplying 70 % of their own food prior to the attacks. However, they no longer have access to their gardens and suddenly find themselves dependent on food aid to meet their food requirements. This will involve a considerable mobilisation of new resources to meet the increased needs (UNOCHA 16/07/02). As a result, the IDPs in areas such as Kitgum and Gulu, which number around 506,440, should be considered to be extremely vulnerable and require continued assistance, particularly as the traditional hunger season is approaching when availability and access to food usually decreases.

IDPs in Eastern Uganda

The Katakwi district in northeast Uganda has suffered from intense raiding by Karimojong warriors over the past five years. Raiding is a traditional feature of this area of Uganda but the proliferation of small arms has meant that the raids have grown bigger and more deadly and have not stopped at the stealing of cattle but often involve wide scale looting, the burning of property, and the destruction of crops. The effect of the raiding has been displacement as people have fled the devastation left in their villages. However, the humanitarian situation has been exacerbated by the destruction of food supplies and the inability of the displaced to access their land. This has led to wide spread dependency on external assistance and the development of large displacement camps, which often suffer from poor public health environments.

The raiding was particularly fierce in 2000 and resulted in the displacement of in excess of 85,000 people, which corresponded to approximately 30 % of the district's population (FEWS 17/06/02). The reporting period has seen significant improvements in the situation for many of the IDPs and there are reports of fewer attacks and the beginning of returns. It is currently estimated that there are about 75,000 people in camps with up to 10 % having returned home already. District authorities also report that households are able to access their land and grow crops, which is having a beneficial effect on household food stocks and the general food security of the area. The Ugandan government committed itself to disarming the Karamojong, who have been behind the attacks, and have found the process to be more difficult than originally thought. The Karamojong are fiercely independent and have not welcomed the disarmament attempts. There have been reports of clashes between the Ugandan army and the Jie, who are one of the Karamojong ethnic groups in Moroto and Kotido. The disarmament has yielded about 9,800 firearms, which represents approximately a quarter of the 40,000 expected. However, it is believed that the focus on disarmament may have prevented further raiding into the Kitakwi region (UNOCHA 21/05/02).

The RNIS does not have any recent nutritional information from the group but the last report indicated that the prevalence of acute malnutrition was not elevated above emergency thresholds. However, it was noted that the general health conditions in the camps were extremely poor and contributing to an unacceptably high mortality rate. The camps are now reported to be much cleaner, with good disposal of waste and improved water and sanitation. There has also been a marked improvement in the delivery of health care largely as a result of work done by various agencies.

IDPs in Western Uganda

The western regions have continued to enjoy good security as the threat of the ADF appears to have been significantly lessened. The areas with most IDPs, namely Kasesse, Kabarole, Bundibugyo, Kyenjonjo and Kamwenge lie beneath the Rwenzori mountains, which provide a natural barrier between DRC and Uganda. However, the Rwenzoris have also provided a hiding place for ADF rebels who were waging a war ostensibly against the government but which were targeted at the local population. The attacks drove tens of thousands into "protected" villages and prevented people accessing their valuable agricultural land. As a result, the local economy collapsed and people were left with a very high degree of dependence on humanitarian assistance. The Ugandan army led a large-scale operation against the rebels in 2000 and since that time the security situation has improved markedly. As a result, many people have started to return to their homes or have made serious provision to do so. The latest estimation exercise indicated that there were about 87,000 IDPs in camps in Bundibugyo. However, it is reported that the number of people returning home has increased, markedly leaving about 47,000 IDPs actually living in camps (UNOCHA 06/02). The IDPs who remain in camps do so largely because of uncertainty over the security situation or because they are waiting for the right moment when the raw materials to rebuild houses will be available. There is also a group who have established lucrative livelihood activities in the camps and who are unlikely to leave, meaning that the camps will become rural trading centres (UNOCHA 06/02).

The improved security has also meant that IDPs are much more self-reliant and are meeting 80 % of their food needs themselves. The areas of the west are extremely fertile and it is possible to get three crops a year, including lucrative cash crops such as vanilla, coffee and cocoa. As a result, WFP stopped general food distributions in Bundibugyo on 5 July 2002. Instead, a three-month ration will be distributed to IDPs who return to their homes. The RNIS does not have any recent nutritional information from this group but it is not thought to be critical.

Refugees

There are currently estimated to be 187,683 refugees in Uganda from Burundi, DRC and Rwanda, although the majority come from Sudan. The number of refugees has continued to increase largely as a result of fresh influxes from Sudan as a result of the ongoing war in the south. The increase in insecurity in the northern regions is having a profound affect on the refugee community and there have been repeated reports of attacks on refugee camps. On 8 July 2002, LRA rebels attacked Maaji refugee settlement in Adjumani district, resulting in the killing of a soldier and refugees and the burning of houses. UNHCR have reported that many of the 11,000 Sudanese refugees who were in the camp have fled and headed towards the town of Adjumani, carrying their belongings with them (UNHCR 10/07/02). The insecurity has prevented some humanitarian agencies from accessing vulnerable populations and it is expected that the humanitarian situation is likely to deteriorate if the insecurity persists. The RNIS does not have any recent nutritional information from this group but they are considered to be highly vulnerable

Overall

The re-emergence of insecurity in the north has dealt a considerable blow to the prospects of mass returns of IDPs. It has also resulted in decreased access to affected populations by the humanitarian community and has also prevented livelihood activities. As a result, the IDPs in the north are at considerable risk in a declining humanitarian situation (category II). The situation in the east and the west is greatly improved (category III) as a result of a generally good security situation, which has allowed many to begin to return home and restart livelihood activities, particularly in the western regions.

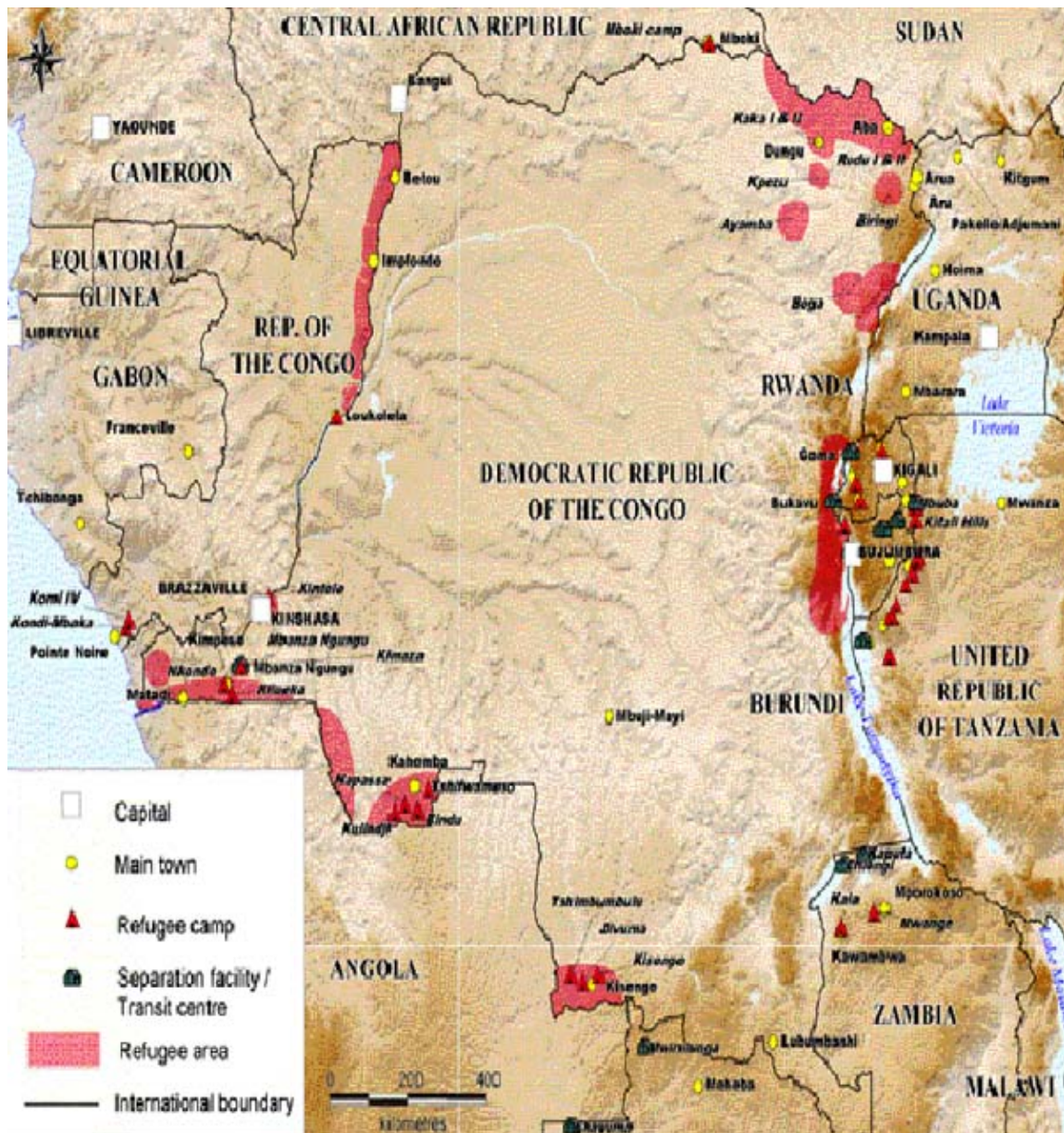
Recommendations

From the RNIS

- Provide support in the form of seeds and tools and food for IDPs seeking to return to their homes.

- Ensure an adequate general ration to IDPs who are no longer able to access their normal food sources.

SOUTHERN AFRICA



Angola

Angola currently has one of the worst humanitarian outlooks in the world. The country has been suffering from a protracted conflict between the government and forces of the National Union for the Total Independence of Angola (UNITA), that has gone on for almost 30 years. The conflict has resulted in the massive displacement of population, largely as a result of direct tactics on behalf of both the government and UNITA. The continued displacement and the acute insecurity in most of the country has systematically prevented people from accessing their land and being able to practice farming. The situation has been further exacerbated by the collapse of the economy in many areas and the abysmal state of the infrastructure. The result has been a great degree of vulnerability and catastrophic humanitarian conditions.

The situation in Angola took a dramatic turn in February 2002 with the death of the UNITA leader, Jonas Savimbi. With the death of Savimbi, UNITA appear to have lost the will to continue the conflict and a cease

fire was duly announced, unilaterally, by both UNITA and the government in March 2002 and a Memorandum of Understanding agreement signed in April 2002. The MOU called for the full implementation of the Lusaka peace accords of 1994, which made provision for the full demobilisation and reintegration of UNITA soldiers, originally estimated to number around 50,000 with a further 300,000 family dependants. The peace agreement appears to be holding and critically has allowed access to the huge areas of the country that had been totally inaccessible to the humanitarian community, which has revealed the true extent of the extraordinarily serious humanitarian disaster in the country.

The humanitarian situation

The sudden peace process and the cessation of violence between the warring parties has brought about unprecedented changes to the Angolan context. Until 1 April 2002, 80 % of the country was totally inaccessible to humanitarian agencies and, as new areas become accessible and are investigated, the full extent of the humanitarian crisis is becoming apparent. It is estimated that over 4.3 million people from a total population of approximately 12 million, are displaced, with 1,340,000 being officially registered in various camps around the country. The case load of IDPs grew significantly in the months leading up to the April peace agreement and UNOCHA estimate that between November 2001 and March 2002, 50,000 people were displaced a month (UNOCHA 18/06/02). The humanitarian community was serving the emergency needs of around 1.9 million people at the time of the peace agreement in April 2002 and this number has grown considerably since April, with current UN estimates indicating that there are now 3 million people being targeted for assistance, or about one quarter of the country's population (UNSC 17/07/02).

A key feature of the current situation is the emergence of particular groups of vulnerable people. The first is the old case load of IDPs that are located in the areas formerly accessible to humanitarian agencies, many of them in and directly around provincial capitals. Many of these are long term IDPs and many, although largely dependant on aid, have established a variety of coping mechanisms. The second group is those, largely IDPs, who live in the newly accessible areas. The reporting period has seen major efforts to reach these new areas and there are confirmed reports of up-wards of 800,000 highly vulnerable people in these areas. Rapid assessments have shown that the humanitarian situation is critical, with the most affected areas being those with the worst history of insecurity and where agricultural fields were destroyed during military operations. This resulted in large amounts of people being in a desperately impoverished condition and suffering from desperately poor food insecurity (UNOCHA 18/06/02). The third group with critical needs is the demobilised UNITA soldiers and their family attendants, which number 82,185 and 220,264 people respectively (USAID 12/06/02). The official policy regarding the UNITA troops and their families has been to quarter them in 34 Family Reception Areas (FRAs) locate throughout the country. The condition of many of the UNITA in the camps is extremely poor as they have been living for years deep in the country and have suffered from the effects of the sanctions imposed on UNITA by the international community. Despite promises by the Angolan government that they had the capacity to address the needs of those demobilising, the response appears to have been slow and woefully inadequate. Concern has been expressed that without urgent assistance the ex soldiers will tire of waiting and return to their weapons once more as a way of obtaining desperately needed food (UNOCHA 19/07/02). The fourth group consists of returning refugees and IDPs who have and will chose to permanently resettle or go back to their areas of origin. UNOCHA estimates that up to 500,000 IDPs and 80,000 refugees could resettle or return by the end of this year (UNOCHA 18/06/02; 24/06/02). Returns are likely to increase substantially in the future as areas become suitable for returns to take place. This will decrease the case load, which is nevertheless likely to remain high for the immediate future.

With increased access to areas, the humanitarian community has been able to conduct more and more assessments in the newly opened areas and it is becoming clear that the situation is extremely serious in many areas. Some of the worst affected areas identified thus far are Bie, Huambo, Huila, Kuando Kubango, Kuanza Norte, Lunda Sul and Uige Provinces (UNOCHA 24/06/02). Assessments have routinely shown that people are arriving in distribution centres in desperately poor condition after literally years without sufficient access to adequate food or health services. As a result levels of malnutrition and mortality rates have been found to be significantly above established emergency thresholds and indicative of a truly desperate situation. The needs, particularly of the newly accessible populations, have been found to be critical and people are dying in large numbers.

The ability of the humanitarian community to address the critical needs is still constrained by a mixture of factors. The security situation is hugely improved as a result of the cease fire and the demobilisation of UNITA troops suggests that a return to war is not likely. However, much of the country remains very heavily mined and this continues to have an impact on humanitarian assistance by leaving large areas insecure. The provinces of Bie, Huila, Huambo, Lunda Sul, Bengo, Kuando Kubango and Kwanza Norte are particularly badly effected. The mine threat is hampering attempts to move aid around the country to areas with high

needs. The 30 year war has also rendered the road and transportation network largely impassable, leaving 40–50 % of all humanitarian assistance efforts relying on air transport. However, the poor state of many of the airstrips has limited the size and number of aircraft that can use them (USAID 12/06/02). This is having the effect of greatly increasing the cost of delivering aid to much of the country.

Given the current severity of the situation, the increase in beneficiary numbers and the greatly increased humanitarian needs, it is alarming to note that the UN Consolidated Inter–Agency Appeal (CAP) has so far met with a very poor response from the international donor community, despite the emergency having been branded as the worst crisis in the world at present. As of 1 July 2002, only one third of the CAP target of 232,768,666 US dollars had been met. WFP have also announced on 19 July 2002 that they had received less than 10 % of their required budget and are facing critical pipeline breaks in December. This is extremely concerning and is likely to result in the reduction of rations to vulnerable populations that are in dire need of assistance.

Bie Province

The situation in Bie province continues to be extremely critical. The number of displaced in the established centres of Kuito and Camacupa is close to 200,000 people and IDP numbers continue to increase. WFP announced that another 19,000 people arrived in Camacupa, Kuito and Kunhinga at the beginning of May 2002 (WFP 03/03/02). Many of the new arrivals are reported to be in extremely poor condition and MSF have opened up another Therapeutic Feeding Centre (TFC) in response (WFP 10/05/02). Rates of malnutrition in the camps are reported to be high but stable as a result of the great humanitarian response. However, it is concerning to note that there are reports of another outbreak of pellagra, a deficiency of niacin. The area has suffered pellagra outbreaks for the past few years, which is highly indicative of the poor quality diet that is being consumed by IDPs. Pellagra is associated with increased morbidity, and ultimately mortality, and an improvement to the general ration is urgently required.

The peace agreement has allowed humanitarian agencies to access other areas in the province and assessments have revealed very acute needs. MSF conducted a rapid assessment in Chitembo and Cuemba that revealed a prevalence of acute malnutrition that was significantly above emergency thresholds and rates of mortality that were up to 3 times higher than emergency thresholds. The assessments resulted in the initial transportation of more than 45 malnourished children to TFCs in Kuito and concluded that the humanitarian community was a year too late (MSF 14/06/02). Other areas of concern are Gamba, M'Dele and Nharea, where assessments have indicated very serious situations. Bie also has a UNITA FRA at Ndele and assessments have indicated that the number of cases of malnutrition is on the rise, even after the arrival of emergency aid (UNOCHA 02/07/02). The number of returnees has also increased as a result of the improved situation and WFP has reported that 19,500 have returned to Cuemba, with a further 10,000 returning home from Kuito and Camacup (WFP 21/06/02). Despite the increased access to areas in Bie, the security situation remains precarious, as was highlighted by the recent detonation of a mine by a WFP truck on the road from Kuito to Ndele. The road has subsequently been closed for further assessment but this incident indicates the dangers still present in the area. The RNIS has not received any recent full survey reports but rapid assessments continue to indicate that the overall situation is extremely precarious.

Benguela Province

The situation in Benguela remains mixed. Humanitarian agencies have remained active in areas with long standing IDP populations but the delivery of aid has been difficult as a result of poor roads and the destruction of important bridges, such as that over the river Cavaco, which links Lobito to the main town of Benguela. The good security of the area has meant that there are four Family Reception Areas (FRAs) with more than 30,000 UNITA soldiers and family members. ACF–SP conducted nutritional surveys of the displaced and non displaced populations in the municipality of Ganda in June 2002, as follow up to previous surveys in the area (see the table below for data).

Table of ACF–SP survey in Ganda, Benguela Province

	Residents	IDPs
Acute malnutrition < –2 Z scores +– oedema	6	9
Severe < –3 Z scores +– oedema	0.6	0.7
CMR	0.9	1.25

< 5 mortality	2.1	2.98
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The surveys indicated that the prevalence of acute malnutrition are below emergency thresholds and have not significantly changed since the last survey conducted in November 2001 (see RNIS 36/37). However, it is concerning to note that the mortality rates are slightly above emergency thresholds, suggesting that the humanitarian situation is far from under control. The results also compare to those from the previous survey and suggest that the real problem for both the IDPs and the resident population is a health problem.

Huila Province

The humanitarian situation in Huila province is extremely poor with over 170,000 IDPs in various camps and towns. There are reports of new IDPs arriving and the improved security has allowed access to increasing numbers of places such as Bunjei, Chipindo and Galangue. Bunjei, as reported in RNIS 36/37, has an extremely poor humanitarian situation with assessments indicating extraordinarily high rates of both malnutrition and mortality. There are currently estimated to be in excess of 15,000 IDPs and a further 22,000 local people in the town and more are reportedly arriving (ASA 01/05/02). Chipindo camp has an estimated 18,000 IDPs with another 10,000 expected when food is available (WFP 17/05/02). The situation is again extremely poor with many children currently registered in selective feeding programmes. WFP has been conducting food distributions to the population in these areas but has been hampered by the very poor roads which are slowing down the delivery of aid. The town of Galangue, 47 Km to the south of Bunjei, was assessed in May 2002 and has revealed rates of mortality as high as 5 times the emergency thresholds, and many of the dead are children under the age of five. Assessments have also revealed very high rates of acute malnutrition and indicate the extent of the critical needs of the IDP population.

Caconda

Caconda is 240 Km from the provincial capital of Huila province, Lubango. The town is on a major transit route from the north to the south and has received a large number of displaced over the years. Until very recently, the town had a security perimeter around it of 10 km, which severely restricted the movement of both the residents and the IDPs and severely restricted access to farm land. The town contains about 20,471 and the displaced camps 25,195 (ACF-SP 05/02). ACF-SP conducted a nutrition survey amongst both the resident and the IDP population (see table below for data). The surveys show that there is a significant difference between the estimated acute malnutrition amongst the resident and IDP populations. The estimated prevalence amongst the resident population lies below emergency thresholds whilst that of the IDP population lies above the emergency threshold. However, it should be noted that there is no significant difference between the observed prevalence of severe malnutrition. The estimated mortality rates are all above emergency thresholds with that of the under-five IDP population being 4 times the emergency threshold (ACF-SP 05/02). The results indicate a precarious situation, particularly vis a vis the mortality rates, although the survey makes the point that the situation appears to have improved since the last surveys were conducted at the beginning of the year (see RNIS 36/37).

Table of ACF-SP survey in Caconda, Huila Province

	Residents	IDPs
Acute malnutrition < -2 Z scores +/- oedema	7.7	16.6
Severe < -3 Z scores +/- oedema	2.2	3.4
CMR	1.1	3.03
< 5 mortality	2.75	8.04

The situation remains alarming but the survey explains the improvement as being a result of a decrease in the number of displaced arriving in the area and that IDPs are now being resettled in camps, relieving some of the overcrowding. There has also been an increase in the coverage of food aid. However, it is also noted that the purchasing power of IDPs is extremely poor and that the price of staples is beyond the reach of most IDP families (ACF-SP 05/02). It is also noted that for the past two years the harvests have been too poor to maintain household food security, which has substantially increased dependence on humanitarian food distributions.

Kuando Kubango Province

The situation in Kuando Kubango province is extremely mixed with large differences between some of the long term IDP populations and some of the newly accessible areas. Assessments in the Mavinga area, which lies 300 Km from the town of Menongue, have revealed a very poor humanitarian situation as a result of a prolonged period of isolation, poor access to water and no previous access to aid. Accessing the region has proved extremely difficult as roads between Menongue and Mavinga have been heavily mined. The only way of reaching the town has been by aircraft. The assessments have revealed a population, including IDPs, of about 64,700 people (WFP 19/07/02) and levels of malnutrition greatly elevated from emergency thresholds. This has resulted in many people being admitted to TFCs and WFP establishing an urgently required general food distribution to meet the critical needs of the population. It is likely that this mirrors other sites in the province that are yet to be accessed.

Kuito, Kuanavale

Kuito Kuanavale is on the road from Menongue to Mavinga and historically has been extremely isolated and insecure. The situation has changed considerably as a result of the peace accord and the reporting period has seen no reports of insecurity in the area. The reported population of the area is 26,395 (ACF-SP 06/02). The town contains a sizeable IDP population with many coming from Mavinga, however the good security situation has meant that there has been a considerable drop in the number of new arrivals to the town. ACF-SP conducted a survey in the town in June 2002 and showed an estimated prevalence of acute malnutrition of 5.5 % (W/Ht < -2 Z scores and/oedema), which included 1.3 % of severe malnutrition (W/Ht < -3 Z scores and/oedema). The Crude Mortality Rate was 0.94/10,000/day and the under-five mortality was 2.36/10,000/day (ACF-SP 06/02). The results indicate that the nutrition situation is under control, with prevalence being under emergency thresholds, and has remained stable when compared to past surveys. However, the mortality rates are cause for concern. The CMR is fractionally under the emergency threshold of 1/10,000/day and the under-five mortality is over the emergency threshold of 2/10,000/day. These rates indicate that there is cause for concern and that the humanitarian situation is far from being acceptable. The survey indicates that one of the chief problems in the town is the very poor access to safe water and to adequate sanitation. This greatly increases the risk of disease transmission and may go some way towards explaining the high observed mortality. The survey also notes that the harvest has been poor, resulting in inadequate food stocks, and that the coverage of food aid is poor with the ration being below recommended levels. The situation remains precarious and although the new found security will hopefully allow the situation to improve, the possibility of a deterioration must not be overlooked.

Overall

The reporting period has seen the consolidation of the peace accords. There have been almost no reports of insecurity and the likelihood of a return to war would appear to be small. The main groups of concern are the new IDPs who are growing in numbers as previously inaccessible areas are opening up to humanitarian organisations. They are considered to be extremely vulnerable (category I) and very high rates of mortality and malnutrition have been observed. Other groups of concern are the demobilised UNITA soldiers and their family attendants who are in very poor condition (category I). The needs of the old IDP community are very mixed with some areas of high needs and others where the needs are less, however they still remain extremely vulnerable (category II).

Recommendations

From the ACF-SP survey in Ganda, Benguela Province, June 2002

- Continue the General Food Distribution to the IDPs and to the vulnerable groups from the resident population.
- Improve access to medical services.
- Conduct health education programmes focusing on primary health care and public health.
- Improve anti-malarial programmes in the area.
- Improve access to water and sanitation facilities.

From the ACF-SP survey from Caconda, Huila Province, May 2002

- Increase routine vaccination services.
- Increase the amount of trained health staff from the MoH.
- Screen all new IDPs for health and nutrition status.
- Increase access to water and sanitation facilities.
- Distribute urgently needed agricultural inputs.

From the ACF–SP survey in Kuito Kuanavale, Kuando Kubango Province, June 2002

- Improve nutritional screening of children under five.
- Improve access to water and sanitation facilities.
- Promote food security through the dissemination of agricultural inputs.
- Reinforce health education programmes.

ASIA – SELECTED SITUATIONS

Afghanistan Region

Afghanistan continues to be a major complex emergency. Years of conflict in the country, coupled with frequent environmental disasters, have resulted in chronic social and economic hardship that have seen much of the population increasingly struggling to cope with the situation. This chronic emergency has been further exacerbated by three years of drought that has resulted in the almost complete failure of much of the country's rain fed agriculture and the degradation of vital water resources. The years of insecurity and impoverishment have led to the internal displacement of many Afghans unable to cope in their places of origin, with many moving from rural areas to the urban provincial capitals in the hope of being able to secure employment and assistance. Many have also sought assistance outside of the country in neighbouring Pakistan and Iran, where they constitute the world's largest refugee community at an estimated 3.6 million people.

The already desperate situation came to a head as a result of the September 11 th terrorist attacks on the United States and the subsequent military action within Afghanistan against the Taliban and Al Qaeda network. This resulted in the evacuation of aid agencies from the country and a dramatic increase in the number of internally displaced, which exceeded one million people. The fall of the Taliban regime in November 2001 opened up much of the country and a massive humanitarian intervention was implemented to provide emergency food and assistance for up to nine million people.

Recent events

The overall situation within Afghanistan has stabilised significantly over the duration of 2002, with particular strides in the political process of defining the future Afghan government. An interim Afghan Administration was created in December 2001, which governed the country until the convening of the Loya Jirga from 10 – 16 June 2002. The Loya Jirga brought together representatives from all over Afghanistan to form a nationally endorsed government, with Hamid Karzai voted in as head of state by an overwhelming majority (UNOCHA 14/06/02). Despite various tensions prior to the Loya Jirga, the outcome is extremely positive and bodes well for continued development of a stable political environment. It is hoped that the new government will oversee the regeneration of the country's infrastructure and economy, both of which are essential for the mitigation of the current crisis.

Humanitarian situation

The humanitarian situation in Afghanistan continues to be extremely precarious. The effects of years of conflict and the recent three years of drought have resulted in the destruction of the country's infrastructure and economy and have destroyed the livelihoods of much of the population. As a direct result, much of the population suffers from impoverishment and reports from across the country indicate that emergency needs remain extremely high. It is clear that many people have all but exhausted traditional coping mechanisms and are relying on non-sustainable coping strategies and on external assistance to meet the most basic of subsistence needs.

Humanitarian needs are expected to remain extremely high over the coming months and it has been suggested that the drought crisis could continue for a further 12–18 months (Feinstein 05/02), requiring continued humanitarian efforts. The period from April to July is seen as particularly critical as it is the pre-harvest hunger season when food stocks are normally at their lowest point, which is particularly concerning given the poor harvests of the past few years. As a result, the overall emergency food needs are at their highest during this period, with an estimated nine million people requiring assistance (WFP 03/05/02). The humanitarian response to these needs has been considerable, however it is worrying to note that the humanitarian appeal remains considerably under funded. WFP have estimated that they will require 544,000 MT of food for their current nine month operation from April to December 2002 and have recently reported that they face a shortfall of 175,000 MT, or 102 million US dollars (WFP 28/06/02). This has already resulted in some of WFP's sub offices reporting pipeline breaks since early May 2002. The degree of under-funding and the projected pipeline breaks have worrying implications for the future of some programmes such as the Food for Asset Creation (FoodAC), Food For Work (FFW) and Food for Education. It is also concerning to note that the funding shortfalls are likely to affect key programmes designed to help with the reintegration of newly returned Afghans.

The situation has been made more difficult for the humanitarian community by the much greater than expected rate of return of IDPs and of refugees from neighbouring countries. Original planning figures estimated that up to 800,000 refugees would return during 2002, however this number was superseded in the first 15 weeks of the programme. At the end of June 2002, UNHCR estimated that 1,109,394 refugees had returned from neighbouring countries and it is now estimated that up to 2 million may return during the year (UNHCR 29/06/02). It is also estimated that there are still approximately 920,000 IDPs in various parts of the country. This is placing enormous strain on the already stretched resources and it has been suggested that rations, which make up a part of the essential return package for returnees, will be cut by up to a third of the intended amount (WFP 30/06/02). As a result, there is considerable concern over what will happen to people returning to areas with very little in the way of resources, infrastructure and essential livelihood opportunities, who will remain heavily dependent on external assistance.

Despite the improvements in security in the country, Afghanistan is still in a state of emergency and many areas of the country remain extremely insecure, which serves to hamper agency activities and humanitarian access. There has been a considerable rise in factional fighting, particularly in the northern regions of the country in the city of Mazar-I-Sharif and the surrounding districts of Sar-e-Pul and Sholgara. Much of the fighting has been between various warlords over control of key areas, and whilst the UN has served a key role in negotiating cease-fires, it has limited authority to enforce them (HRW 07/05/02). It is also alarming to note that rising insecurity in many areas has also resulted in increases in direct attacks on humanitarian aid workers and Afghan civilians, threatening the continued delivery of humanitarian aid. The attacks have included armed robbery, firing on clearly marked UN and NGO vehicles and the gang rape of a female NGO worker on 8 June 2002 (HRW 27/06/02). In some areas, notably in the north, this has resulted in the withdrawal of aid staff, the suspension of aid programmes and the complete withdrawal of at least one NGO from the country. The insecurity also severely threatens the fragile peace in the country, increases the possibility of more people being displaced, preventing returns of the population to their areas of origin, and could also serve to undermine the authority of the new government. The fragility of the current humanitarian situation coupled with the poor economic outlook and the number of people returning to the country could also serve to provoke further insecurity.

Food Insecurity

The food security situation in the country remains extremely poor. A pattern of general impoverishment within the population as a whole is emerging as a result of the drought and general degradation of livelihood activities. Numerous food security analyses have indicated that the traditionally robust coping mechanisms are breaking down and that nearly all medium and poor households suffer food insecurity, with land less and female headed households being the most vulnerable (WFP 05/02). In rain fed areas, those most affected by the drought, people are almost totally reliant on food aid. This reliance decreases slightly in the irrigated villages but the general lack of labour opportunities in all areas undermines people's ability to purchase food (WFP 05/02). Indebtedness, a normal coping mechanism for many, is now widespread and many people are increasingly unable to repay debts or to take out new loans. As a result they are being forced to turn to increasingly untenable coping mechanisms involving the sale of essential livelihood assets such as land and livestock. This has very profound implications for people's ability to restart livelihood activities in the near future. There are also widespread reports of people reducing their dietary intake and turning increasingly to wild "famine" foods in a bid to feed themselves and their families (AFSU/VAM 25/04/02; 05/05/02). The current state of indebtedness is concerning as many are unable to repay debts and this is thought to be one of the reasons for IDPs to become displaced whilst also preventing some from returning to their areas of origin

Given the widespread food insecurity and the resultant emergency needs, it is surprising to note that there does not appear to be a greatly elevated prevalence of acute malnutrition in the population. However, there does appear to be a serious problem of chronic malnutrition, indicative of the long-term nature of the nutritional insult in Afghanistan. There is also increasing evidence of widespread micronutrient deficiency, which is of considerable public health concern as it contributes to increased morbidity and mortality. It is also important to stress that Afghanistan is entering the summer diarrhoea season, which has been clearly demonstrated to correlate very closely to increased levels of malnutrition in the under-five population (see RNIS 32 and 33) (ACF-UK 30/04/02). The current drought and scarcity of potable water sources has exacerbated the problem of diarrhoea and WHO estimates that between 20–40 % of all child deaths are due to diarrhoea (WHO 26/05/02). It is therefore likely that there will be an increase in rates of malnutrition over the summer period.

Central Afghanistan

The situation in the central highlands continues to be of great concern. A series of WFP rapid assessments have indicated that food insecurity is prevalent in many areas and reliance on external assistance is extremely high. The assessments indicate that people in many of the central regions have traditionally relied on their own agriculture and livestock as their main mode of livelihood. Surplus production was often sold, as were traditional handicrafts. The drought and conflict have resulted in the wide scale loss of harvests, livestock and essential assets and as a result most families now rely heavily on the need for cash to meet subsistence needs. Most income is now generated through labour and many men have left the area in search of work in order to provide for their families. This has left many landless and female-headed households who appear particularly vulnerable to further livelihood insecurity (AFSU/VAM 05/05/02).

Humanitarian organisations have been implementing various emergency programmes in the area, including the distribution of emergency rations. The period between April and July is particularly critical as it lies in the hunger season prior to the harvest in August. In general the security situation has been relatively stable but there have been various incidences of attacks on NGOs over the past three months and this has hampered the delivery of assistance in some instances (UNAMA 30/04/02).

Kabul

Since the ousting of the Taliban regime, Kabul has been the hub of humanitarian activities within Afghanistan. However, it remains heavily affected by years of war within the country and suffers from an economy that lies in ruins. The southern and western quarters of the city have been particularly affected and lie largely in ruins. The establishment of the new Afghan government is an encouraging step in the rebuilding of both the city and the country at large. Security in the city and its surrounding area has been tense, with reports of various attacks on the city itself, possibly by parties attempting to destabilise the fledgling administration and government. One of the greatest challenges ahead is the regeneration of the economy, which has been reduced to small traders and scattered market stalls. Industry is non-existent and much of the population remains unemployed. The enormous number of displaced and returnees are also serving to put additional pressure on the city's already over stretched resources. In particular, the issue of water has been highlighted as being especially important, with much of the city suffering from vastly inadequate access to potable water. This is particularly concerning as past data has clearly demonstrated a clear correlation between diarrhoea, particularly during the summer months, and an increase in malnutrition (ACF 30/04/02). The RNIS does not have any recent nutrition surveys from the city but the situation is assumed to be poor and a rise in malnutrition over the summer period can be expected.

Shomali Plains and the Panjsheer Valley

The Shomali Plains and Panjsheer Valley have been at the centre of some of the fiercest fighting in Afghanistan. The area was, for a long time, a front line area between the Taliban and Northern Alliance and the various offensives resulted in the displacement of vast numbers of people. The conflict and displacement severely affected what was once a highly fertile area of the country, however the presence of large numbers of land mines continues to prevent access to some of the fertile farming land.

The area is much more accessible than previously and it now takes two hours to reach Kabul, whereas before it took at least 12 hours. The area is less drought-affected than other regions but the level of destruction and the large amount of land mines mean that many families find it difficult to meet their basic needs. ACF conducted a nutrition survey in the area during March and April 2002. The survey followed standard cluster

survey methodology to measure children under the age of five years and found an estimated prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 10.5 %, including 1.6 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema) (see table below).

Acute malnutrition rates (in Z-scores), from ACF survey in Panjsheer–Shamali

	Acute	Severe
August 2000	18.2 (14.8–22.2)	2.8 (1.5–4.9)
March 2001	8.3 (6.0–11.4)	1.8 (0.8–3.6)
March/April 2002	10.5 (7.7–13.3)	1.6 (0.5–2.7)

The survey also measured maternal malnutrition and showed that a significant proportion of mothers are at risk of acute malnutrition to the degree that they may not be adequately nourished to support a healthy pregnancy (ACF 04/02). In particular, the survey noted 50.9 % of mothers surveyed were observed to have visible signs of goitre, indicative of Iodine Deficiency Disorder (IDD). This is extremely worrying as IDD has very severe implications for maternal health and for fetal development and it is noted with concern that the prevalence amongst the surveyed population indicates a problem of very significant public health concern (ACF 04/02). The survey also measured mortality rates and estimated that the Crude Mortality Rate (CMR) was 0.43/10,000/day and the under-five mortality was 1.1/10,000/day. The results of the survey indicate that there has been little change in nutritional status since March 2001 but, whilst prevalences are not alarming, they are close to emergency thresholds and will require careful surveillance, particularly as the survey linked high rates of childhood illness to malnutrition. It was noted with some concern that rates of diarrhoea are likely to increase over the summer period and with it rates of malnutrition.

Northern Afghanistan

Northern Afghanistan has been one of the worst affected areas of the country. Both the conflict and drought have taken a considerable toll on livelihoods in the area and decimated food production. As a result, many people remain extremely food insecure and, unable to support themselves in their places of origin, have resorted to distress migration to urban areas in search of charity and employment opportunities.

There has been a considerable humanitarian response to the crisis in the area, with agencies addressing both food and non-food needs of needy populations. The area has always been prone to insecurity as a result of factional fighting, however, it is concerning to note that the past three months have seen a deterioration in the overall security situation as a result of a security vacuum. Much of the insecurity has been around the town of Mazar–I–Sharif and surrounding areas, and is a result of conflict between various warlords. The insecurity has disrupted aid programmes and resulted in the withdrawal of some aid agencies in light of various incidents and attacks on the aid community. As a result of the insecurity, UNHCR has also suspended some of its return activities to parts of the north (IRIN 02/07/02).

Mazar–I–Sharif

Mazar is the main city in northern Afghanistan and the second largest city in the country. The city has been target of much in-migration from surrounding areas hit hard by conflict and drought. As a result, there is a substantial IDP community in and around Mazar that began arriving from February 2001. The last survey to be conducted in the town was in November 2000 (see RNIS 32 and 33), which showed low levels of acute malnutrition. Access to the city had been difficult until earlier this year when ACF under-took a nutrition survey in March 2002. The survey indicated a prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 2.9 % including 0.4 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). The results indicate that the nutrition situation is under control with levels being well below emergency cut-offs. The results are similar to those of November 2000 (ACF 03/02). The survey also measured mortality and estimated that the CMR was 0.2/10,000/day and the under-five mortality was 0.7/10,000/day. The mortality is also well within emergency thresholds and indicates that the overall health situation is under control. Given the poor food security outlook for many in the area and the dependency on humanitarian assistance, the low levels of acute malnutrition are surprising. However, the city has received a great deal of assistance and there is an increase in the number and variety of imported goods in the city, indicating an improvement in the overall economy. It is important to note that the survey took place before the summer, which is associated with a

seasonal rise in diarrhoea and malnutrition, and it can be expected that rates of malnutrition will increase during the summer period.

Sar-e-Pol

The population of Sar-e-Pol is regarded as acutely food insecure as a result of drought. This has resulted in many families being forced to turn to ever more extreme methods of coping with the lack of food and employment opportunities. Access to cash for food purchase has become increasingly necessary and increasingly difficult and has led to families selling all or part of their assets to survive. In general the coping mechanisms in the area appear to be very strong and have allowed many to "cope", albeit at the very edge of their ability. However, people's ability to cope is stretched to the very maximum. Many have traditionally relied on systems of charity and borrowing but, as the entire population now feels the effects of the past years, access to this traditional redistribution network is also becoming more and more difficult. As a last resort many have been forced to move from their areas of origin in order to meet their subsistence needs.

The situation has been exacerbated by recent reports of violence and factional fighting that has continued to displace people and has prevented others from returning. It is certainly difficult to see how the situation can improve without considerable long-term input to rebuild people's livelihoods and to ensure that the security situation remains stable. Recent nutrition surveys have indicated a poor nutritional situation in the area. In March 2002, ACF conducted a further survey in Sang Charak district of Sar-e-Pol that showed an estimated prevalence of malnutrition of 3.6 % (W/Ht < -2 Z scores and/or oedema), including 0.6 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema) (ACF 30/03/02). The low levels of acute malnutrition are surprising given the extent of the food crisis in the area, the dependency on food aid and the findings of previous surveys and assessments in the area. However, the results appear to be born out by the mortality rates from the survey, which estimated CMR as 0.55/10,000/day and under-five mortality as 1.31/10,000/day. These both remain below emergency thresholds. The survey points to a number of factors including the very strong coping strategies practised in the area. The survey also points out that the last full nutrition survey, showing a poor situation, was conducted in August 2001, during the period when diarrhoeal morbidity is at its highest. There is a large seasonal variation in nutrition rates strongly linked to diarrhoea. It is likely that the poor food security of the area and the inevitable summer increase in malnutrition will lead to an increase in malnutrition rates over the summer.

Western Afghanistan

The situation in Western Afghanistan remains extremely precarious largely as a result of drought and insecurity. Many of the small-scale farmers in the area have been particularly badly affected and the emergency needs of both non-displaced and displaced populations are high. UNICEF and CDC recently conducted a nutrition survey in Maslakh camp, near Hirat, which has seen unprecedented numbers of people seeking shelter and assistance over the past few years. This number has grown enormously over the past year and today Maslakh is the largest IDP camp in Asia and Europe (UNICEF/CDC 04/02). The survey indicated that the estimated prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) was 2.9 % including 1.2 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). These prevalences are extremely low, particularly given the current situation, and in fact are not significantly different from the standard reference population (UNICEF/CDC 04/02). The survey also measured mortality and found that the crude mortality rate over the previous four months was 1.5/10,000/day and the under-five mortality was 6.1/10,000/day. The mortality figures are extremely alarming as they are above emergency thresholds and, in the case of the under five mortality, very greatly so. The main causes of death were determined to be watery diarrhoea and pneumonia, with malnutrition reported to be an aggravating factor among 51.4 % of the total deaths and 46.9 % of the under-five mortality (UNICEF/CDC 04/02).

The very high under-five mortality rate could be masking a more serious nutritional crisis in the under-five population, however other information on the nutritional situation in the camp would seem to indicate that malnutrition is not a widespread problem. The prevalence of micronutrient deficiencies was deemed not to be a problem of public health importance and the prevalence in women of reproductive age was also not seen to be greatly elevated. The main cause of both morbidity and mortality seems to be preventable communicable diseases, which would indicate that the camp suffers from an extremely poor public health environment (UNICEF/CDC 04/02). This is particularly concerning given the upcoming diarrhoeal season.

Southern Afghanistan

Almost one half of Afghanistan's IDPs live in Southern Afghanistan, with the majority being drought displaced. A large proportion of these come from the Ethnic Kuchi population, traditionally nomadic pastoralists whose

livelihoods have been decimated by the drought and conflict. Many of the IDPs and returnees are concentrated in camps in the south of Kandahar province. This includes about 40,000 people waiting in the Cha-man 'no man's land' area, hoping to cross into Pakistan. They have been refused entry and it is hoped that they will be relocated to about 10 community-based settlements in Kandahar province (WFP 31/05/02). There are also estimated to be about 44,000 IDPs in five camps at Spin Boldak. The situation in the Spin Boldak camps is currently uncertain due to the withdrawal of the main NGOs from the camp. The UNHCR has stepped in for a period but suffers from its own funding constraints. The hope is that many of the camp residents will return to their areas of origin but many feel currently unable to do so as a result of continuing insecurity and loss of livelihoods. It has also been noted that there is considerable persecution of ethnic Pashtuns, which make up the majority of the IDPs in the south, and they are unlikely to return until it is clear that they are able to do so safely (UNHCR 26/06/02). The RNIS has not received any recent nutritional reports on the area but the nutrition situation is thought to be precarious.

The Iranian government finally closed the two IDP camps of Mekaki and Mile 46 in Nimruz province on 8 May 2002. The camps had been just one kilometre inside the border with Iran and were established because Iran would not open its borders to Afghans seeking refugee status. At their height, the camps housed approximately 10,500 people. The IDPs have since returned to their places of origin.

Afghan refugees in Pakistan

Years of conflict and drought have driven many Afghans to seek refuge in Pakistan in search of food and employment. This led to a total caseload of in excess of 2 million Afghan refugees in the country. Some of these refugees are based in various camps in the North West Frontier Province (NWFP), particularly around Peshawar, as well as in Balochistan. Many more are dispersed around the country in various cities living independently or with urban host families.

The recent military action within Afghanistan resulted in further influxes of people into the country and UNHCR estimated that upwards of 250,000 people entered the country in the period after 11 September 2001. However, dramatic changes in the situation in Afghanistan have led to an unprecedented return of both old and new refugees. It is currently estimated that 1,038,000 refugees have been officially assisted to return since the beginning of 2002, with a further 180,000 returning spontaneously (USAID 03/07/02). As of 1 June 2002, UNHCR reported that there were 271,062 refugees in camps, with 146,735 in the Balochistan area and 124,062 in the NWFP.

MSF conducted a nutrition survey in the Roghani refugee camp in the Chaman area of Pakistan, close to the Afghan border. The camp is one of 5 camps opened in November 2001 and was officially closed in December 2001 when capacity had been reached with a total population of 17,112. The survey estimated that there was a prevalence of acute malnutrition (W/Ht <-2 Z scores and/or oedema) of 7.1 % including 1 % of severe malnutrition (W/Ht <-3 Z scores and/or oedema). This prevalence is not indicative of a major nutritional problem in the camp and is comparable to other surveys done in Afghanistan at around the same time. The needs of the population within the camp were relatively well catered for and refugees received a regular and adequate food ration of 2428 Kcal along with essential non-food items, access to medical care and water and sanitation. The CMR was estimated to be 0.35/10,000/day and the under-five mortality 0.68/10,000/day. Both these mortality rates are below emergency thresholds and reinforce the impression that the situation within the camp remains under control (MSF-H 12/01/02).

Further nutritional surveys were recently conducted by UNICEF/UNHCR/PDH in April and May 2002 in the camps and urban areas in the NWFP. The NWFP has sheltered a large number of Afghan refugees since at least 1978 and it was expected that in excess of 600,000 new refugees would enter the region after 11 September 2001. However, it was estimated that 138,000 had crossed the border by late December 2001 (UNICEF/UNHCR/PDH 05/02). A total of nine new camps were erected in response to the new influx and to house relocated "old" refugees. The first survey assessed refugees living in camps and estimated that the prevalence of acute malnutrition was 4.7% (W/Ht <-2 Z scores and/or oedema) including 0.7 % severe malnutrition (W/Ht <-3 Z scores and/or oedema). CMR was estimated at 0.27/10,000/day and under-five mortality at 0.61/10,000/day. Both the prevalence of acute malnutrition and the mortality rate are not greatly elevated and do not indicate a particularly concerning situation. However, it is important to note that the refugees remain largely dependent on food aid and food purchase as they have no access to land for cultivation or livestock. Wage labour was the most common form of income generating activity and this has proven to be extremely seasonal.

The next survey was conducted amongst refugees in urban communities and estimated that the prevalence of acute malnutrition was 7.7 % (W/Ht <-2 Z scores and/or oedema) including 1.3 % of severe malnutrition

(W/Ht < -3 Z scores and/or oedema) (UNICEF/UNHCR/PDH 05/02). The CMR was 0.21/10,000/day and the under-five mortality was 0.55/10,000/day. Again, the prevalence of malnutrition and the mortality are not above emergency thresholds. In general, the urban communities can be assumed to have slightly greater prospects for income generation. The surveys indicated that the incidence of diarrhoeal disease was high in the study population and that there was a problem of inadequate feeding practices that was directly linked to cases of malnutrition in young children. The overall conclusion from both surveys is that the level of malnutrition was not unusually high for the time of year and was unlikely to deteriorate in the near future (UNICEF/UNHCR/PDH 05/02).

Overall

The overall situation within Afghanistan remains extremely precarious with continuing drought conditions and an apparent increase in insecurity, despite the creation of a fully functioning Afghan government. Acute food insecurity continues to be a problem in many areas of the country and humanitarian needs will remain high for some time. IDPs and non-displaced populations, as well as returning refugees, are considered to be acutely vulnerable (category II). In general the nutrition situation is not critical, reflecting the robustness of current coping mechanisms and the magnitude of assistance that has been supplied. However, it is likely that there will be a seasonal increase in malnutrition over the summer months in line with the diarrhoeal season. As a result, the situation requires careful monitoring.

Recommendations

From the UNICEF/UNHCR/PDH survey of refugees living in camps and urban host communities in NWFP of Pakistan May 2000

- Conduct a Knowledge, Attitude and Practice (KAP) study on breast-feeding and weaning to address inadequate infant feeding practices.
- Implement essential water and sanitation activities to address issues of poor hygiene in the camps.
- Strengthen the existing nutritional surveillance programme, including the continuation of growth monitoring beyond one year of age.

From the ACF survey in the Panjshir valley and Shomali Plains, April 2002

- Strengthen the referral system between clinics and feeding centres through staff training.
- Improve the outreach programmes and health screening for remote households.
- Implement a distribution of iodised salt.

From the UNICEF nutrition survey in Maslakh camp, Herat, April 2002

- Further investigations are needed into the prevalence of diarrhoea and ARI.
- All wheat flour distributed should be fortified with iron.
- Adequate preventive and curative health services should be available and accessible in areas of return of IDPs.
- There is a need for better mortality and morbidity surveillance.

From the ACF survey in Sang Chark district, Sar-I-Pul Province, March 2002

- Conduct training for midwives and TBAs and on health and hygiene promotion.
- Introduce a nutritional surveillance system in health centres.
- Improve water and sanitation infrastructure in health centres.
- Distribute wheat seed for the coming October planting season.

From the ACF survey in Mazar city, March 2002

- Continue monitoring of the nutrition situation, particularly with the onset of the diarrhoeal season.

- Improve the use of maternal and child health services, in particular for per-natal care, immunisation and the treatment of childhood disease.
- Introduce Cash for Work or Food for Work activities targeted at vulnerable families.
- Improve the water and sanitation infrastructure.

LISTINGS OF SOURCES FOR JULY 2002 RNIS REPORT 38

ACF	12/01	Nutrition survey Juba town and surroundings, Bahr al Jebel
ACF-USA	02/02	Evaluation Nutritionnelle, Zone de Santé de Shabunda, Sud Kivu
ACF	19/02/02	Tripartite assessment conducted in Sang Charak and Gosfandi districts, Sar-I-Pul Province, Afghanistan
ACF	03/02	Anthropometric Nutrition Survey, Mazar city, Afghanistan
ACF	03/02	Nutrition anthropometric surveys in Eastern Bank, Bar Yar, Marial Agieth camps in Wau town, Bahr al Ghazal, Sudan
ACF	30/03/02	Nutritional Anthropometric Survey, Sang Charak District, Sar-I-Pul Province, Afghanistan
ACF	04/02	Nutrition survey, Panjsheer valley and Shomali plains, Afghanistan
ACF	04/02	Nutrition survey in Rob Kona and Bentiu, Unity State, Sudan
ACF-UK	30/04/02	Afghanistan Oct 01-April 02: Six months after the fall of the Taliban: an analysis of Afghanistan's humanitarian situation
ACF-SP	05/02	Nutrition survey report from Caconda, Huila Province, Angola
ACF	05/02	Food Security Assessment, Totota, Bong county, Liberia
ACF-SP	06/02	Nutrition survey in Kuito Kuanavale, Kuando Kubango Province, Angola
AFP	25/05/02	Ethiopia repatriates 1,400 Somali refugees
AFP	30/06/02	Burundi: Five civilians killed in clashes south of Bujumbura
AFSU/VAM	25/04/02	Rapid Assessment of Behsud District of Wardak Province
AFSU/VAM	05/05/02	Rapid Assessment of Yakaw Lang District of Bamyán Province
Action for South Africa	01/05/02	Angola Peace Monitor Issue No. 8, Vol VIII
Amnesty International	12/06/02	DR Congo: Kisangani killings – victims need justice now
BBC	22/07/02	Warning for DR Congo peace deal
FAO	06/02	Vulnerable Livelihood Systems in Afghanistan: Herat and Badakhshan
Feinstein International Famine Centre	05/02	Quat-e-Pool "A Cash Famine". Food Insecurity in Afghanistan 1999-2002
FEWS	16/05/02	Ethiopia FEWS report for May
FEWS	31/05/02	FEWS Eritrea Food Security Update
FEWS	12/06/02	Southern Sudan Food Security Update
FEWS	17/06/02	FEWS Uganda Food Security Update

FSAU	05/02	Monthly Food Security Report
FSAU	01/07/02	Gedo Flash Report
FSAU	07/02	Nutrition Update
Goal	05/02	Findings of a nutrition survey, Kenema district, Sierra Leone
HRW	07/05/02	Afghanistan: Rise in factional fighting threatens fragile peace
HRW	27/06/02	Afghanistan: Escalating attacks on aid workers and civilians
ICC	02/07/02	ICC Humanitarian Update
ICG	15/07/02	Sierra Leone after elections: Politics as usual?
IRC	04/06/02	Food supplies dwindle at Kenya refugee camp; IRC raises concern in Washington
IRIN	02/07/02	Afghanistan: UNHCR suspends returns to parts of the north
MDM-B	06/02	Enquete Nutritionelle, Zone de santé de Tshofa, Kasai Orientale, DRC
MSF-H	12/01/02	Nutrition and Health survey report, Roghani camp, Chaman, Pakistan
MSF	05/02	Nutritional and retrospective mortality survey, Dirror district, Bieh state, Jongo- lei
MSF-B	03/02	Enquete nutritionnelle, Province de Karuzi, Burundi
MSF-H	03/05/02	Field trip report to Gulran and Kushk-e-Kohna,
MSF	14/06/02	Angola: International Sit Rep
Personal communication	09/07/02	Nutrition status trends 2 nd quarter of 2002. WFP field officer
Refugee International	15/05/02	NGO statement on the protection of Burundian refugees in Tanzania
SC-UK/Valid International	05/02	Nutrition survey report, Kyondo Health Zone, North Kivu Province, DRC
UNAMA	30/04/02	Afghanistan humanitarian update 01-30 April 2002
UNAMA	31/05/02	Afghanistan humanitarian update 01-31 May 2002
UNICEF/CDC	04/02	Nutrition and Health Survey, Maslakh IDP Camp, Hirat, Afghanistan
UNICEF/MCDO	06/02/02	Nutrition survey Fafan IDP camp, Ethiopia
UNICEF/MCDO	05/03/02	Nutrition survey, Hartisheik IDP camp, Jijiga Zone, SNRS, Ethiopia
UNICEF/UNHCR/PDH	05/02	Nutrition surveys of Afghan refugees living in old camps and urban host communities
UNICEF	29/05/02	UNICEF Humanitarian Action: Liberia Donor Update
UNICEF	29/05/02	UNICEF Humanitarian Action: Sierra Leone Donor Update
UNICEF	29/05/02	UNICEF Humanitarian Action: Somalia Donor Update
UNICEF	29/05/02	UNICEF Humanitarian Action: Uganda Donor Update
UNICEF	10/06/02	UNICEF Sierra Leone situation report
UNICEF	17/06/02	UNICEF Guinea situation report

UNICEF	03/07/02	UNICEF Guinea donor update
UNICEF	17/07/02	Number of Internally Displaced Persons in Burundi, July 2002
UN-EUE	30/04/02	Good rains do not compensate for chronic food insecurity
UNHCR	07/05/02	UNHCR briefing notes: Afghanistan
UNHCR	08/05/02	UNHCR declares cessation of refugee status for Eritreans
UNHCR	11/06/02	UNHCR Eritrea info Bulletin No 5, June 2002
UNHCR	26/06/02	Feature: Aid drying up in Afghanistan's Spin Boldak region
UNHCR	29/06/02	UNHCR Afghanistan at a glance
UNHCR	10/07/02	UNHCR condemns rebel attack on refugee settlement in Uganda
UNHCR	12/07/02	UNHCR briefing notes: Liberia, Chechnya, Uganda and Zimbabwe
UNOCHA	29/04/02	Ethiopia: Border closed to UN peacekeepers
UNOCHA	03/05/02	Uganda–Sudan: Focus on agreement to re-establish full diplomatic ties
UNOCHA	08/05/02	Tanzania: Burundi/Tanzania: IRIN special report on returning Burundian refugees
UNOCHA	16/05/02	OCHA Liberia Weekly Situational Report
UNOCHA	21/05/02	Uganda: Disarmament exercise leads to clashes in Karamoja
UNOCHA	22/05/02	Somalia: Aid agencies welcome, says Puntland
UNOCHA	24/05/02	Access denial threatens to worsen humanitarian crisis
UNOCHA	27/05/02	Eritrea: Returns happy to be home after years away
UNOCHA	30/05/02	Burundi: Some 32,000 displaced people without relief aid
UNOCHA	31/05/02	Liberia: Sporadic fighting reported
UNOCHA	31/05/02	Sierra Leone: Humanitarian situation report
UNOCHA	31/05/02	OCHA Sudan Humanitarian Update May 2002
UNOCHA	06/02	Humanitarian Update Uganda Volume IV, Issue VI
UNOCHA	06/06/02	Liberia: Sinje camps still inaccessible
UNOCHA	10/06/02	Eritrea: WFP warns of food shortages
UNOCHA	11/06/02	Ethiopia: "Voluntary resettlement" in Badme
UNOCHA	14/06/02	Afghanistan: Loya Jirga overcomes divisions, endorses Karzai
UNOCHA	18/06/02	Angola: Interview with Kamel Morjane, UNHCR Assistant High Commissioner
UNOCHA	18/06/02	UN bridging request: Humanitarian operations in Angola
UNOCHA	24/06/02	OCHA Angola Update on Humanitarian Activities as of 24 June, 2002
UNOCHA	28/06/02	Sierra Leone: UN to downsize troop presence from December
UNOCHA	01/07/02	Urgent needs for emergency response to influx of Liberian refugees
UNOCHA	02/07/02	Angola: focus on progress in demobilisation process

UNOCHA	02/07/02	DRC: Humanitarian crisis on Minembwe/Itombwe Plateau
UNOCHA	02/07/02	Sierra Leone: IRIN focus on security threats
UNOCHA	04/07/02	Burundi: 4,000 families in Kabezi in need of food
UNOCHA	08/07/02	Burundi–Tanzania: Dwindling numbers of refugees opting for repatriation
UNOCHA	09/07/02	DRC: Talks on transitional government stall over army
UNOCHA	16/07/02	Uganda: WFP resumes food distributions in north
UNOCHA	19/07/02	UNITA calls for more aid to avert crisis
UNOCHA	19/07/02	DRC: UN Food agency finds significant food insecurity in areas of Kinshasa
UNSC	05/06/02	Eleventh report of the Secretary–General on the UN Organisation Mission in DR Congo
USAID	02/05/02	Democratic Republic of the Congo – Complex Emergency Sit Rep # 1
USAID	12/06/02	Angola Complex Emergency Situation Report #2
USAID	12/06/02	Mano River Countries Complex Emergency Situation Report # 3
USAID	20/06/02	Burundi – Complex Emergency Situation Report # 2
USAID	03/07/02	Central Asia Region. Complex Emergency Report # 38
UNSC	17/07/02	Response to Angola’s serious humanitarian crisis must be shared by international community, Angolan authorities, Under Secretary–General tells Council
Valid International/SC–UK	15/05/02	Rapid assessment report, Tshofa Health Zone, Kasai Orientale Province
WFP/SCF	10/01	The Annual Needs Assessment Report 2001–2
WFP	26/04/02	WFP Emergency Report No 17
WFP	05/02	Overview of WFP Rapid Emergency Food Needs Assessments (REFNAs)
WFP	03/05/02	WFP Emergency Report No 18
WFP	10/05/02	WFP Emergency Report No 19
WFP	17/05/02	WFP Emergency Report No 20
WFP	24/05/02	WFP Emergency Report No 21
WFP	02/05/02	New hunger crisis threatens Afghanistan
WFP	31/05/02	WFP Emergency Report No 22
WFP	07/06/02	WFP Emergency Report No 23
WFP	14/06/02	WFP Emergency Report No 24
WFP	21/06/02	WFP Emergency Report No 25
WFP	28/06/02	WFP Emergency Report No 26
WFP	19/07/02	WFP Emergency Report No 29
WFP	30/06/02	WFP Afghanistan: Talking points

ABBREVIATIONS USED IN THE TEXT

AAH–UK	Action Against Hunger UK
ACF–F	Action Contre la Faim France
ACF–USA	Action Against Hunger USA
ACF–SP	Action Against Hunger Spain
AI	Amnesty International
BEG	Bahr El Ghazal
BMI	Body Mass Index
CAD	Children's Aid Direct
CMR	Crude Mortality Rate
CRS	Catholic Relief Service
DRC	Democratic Republic of Congo
FAO	Food & Agricultural Organization of the United Nations
FEWS	Famine Early Warning System
FSAU	Food Security Assessment for Somalia
ICRC	International Committee of Red Cross
IDP	Internally Displaced Person
IRIN	Integrated Regional Information Network (of DHA)
IRIN–WA	Integrated Regional Information Network for West Africa (of DHA)
IRIN–SA	Integrated Regional Information Network for Southern Africa (of DHA)
MSF–B	Medecins Sans Frontieres – Belgium
MSF–CH	Medecins Sans Frontieres – Switzerland
MSF–F	Medecins Sans Frontieres – France
MSF–H	Medecins Sans Frontieres – Holland
MSF–S	Medecins Sans Frontieres – Spain
MOH	Ministry of Health
MUAC	Mid–upper arm circumference
NGO	Non–governmental Organisation
OA	Oxfors Analytica
OCHA	Office for the Co–ordination of Humanitarian Assistance
OLS	Operation Lifeline Sudan
RI	Refugees International
RoC	Republic of Congo (Congo–Brazzaville)

SCF–UK	Save the Children Fund – US
SCF–US	Save the Children Fund – US
UNDPI	United Nations Department of Public Information
UNHCHR	United Nations High Commissioner for Human Rights
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children’s Emergency Fund
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WHM	World Harvest Mission

TABLES AND FIGURES

Information Available on Total Refugee/Returnees/Displaced Populations requiring assistance
(as of April 2002).

Please note that these are best estimates at the time of going to press

Situation		Population Numbers						Nutr Stat*	Comme
		Condition				Total	Change from Jul–01		
		I: V. High Risk	II: High Risk	III: Mod Risk	IV: Not Critical	V: Unknown			
Sub-Saharan Africa									
1. Angola			2,700,000	1,590,000			4,290,000	1,190,000	det. Situation re extremely precarious many altho access has improved
2. Great Lakes Region									
	Burundi	90,000	130,000	155,000			375,000	86,109	imp. IDPs and returnees r at high risk many areas country
	E Dem Rep of Congo	990,000	932,000	300,720	184,000		2,406,720	71,721	det. IDPs atv. h in worst war–affecte areas. Othe high to mod Refs. no ch
	Tanzania		4,700	507,304			512,004	31,141	imp. Refs. at hig due to cut i rations.

										Dro not
3. Eritrea		33,749	40,000			73,749		imp.	Ma dis retu mir rain con ins	
4. Ethiopia		40,000	102,000			142,000	−334,000	imp.	Ma hav Re V. s dro pop sho	
5. Kenya			215,000			215,000	−1,390	sta	Re hei due Situ dro pop sho	
6. Liberia/Sierra Leone Region										
Liberia	30,000	45,000	50,000			125,000	0	sta	Ins inc affe and thro cou	
Sierra Leone	20,000	120,000	217,090			357,090	−357,910	imp.	Hu situ imp res and Ma IDP	
Guinea–Conakry	7,000	100,000	120,000			227,000	463,000	imp.	Ma Gu rep Sie Lib	
7. Somalia	200,000	180,000	120,000			500,000	143,000	det.	Situ Nor are isv.	
8. S. Sudan	412,386	1,800,000	833,223	99,320		3,144,929	168,000	det.	IDP Eq Bal hig due Oth	
9. Uganda		262,733	250,865	197,328		710,926	−288,249	imp.	IDP risk	

									critical.
10. Zambia			251,254	15,000		266,254	41,254	stat.	Refs. at mo due to fund problems. I not critical.
Total	1,749,386	6,348,182	4,752,456	495,648		13,345,672	386,475		
Asia/Europe (Selected Situations)									
11. Afghanistan Region	3,400,000	4,100,000				7,500,000	3,900,000	det.	Extensive o and conflict induced displaceme within the c and to neighbourin areas

I. High Prev – Those reported with high prevalences of malnutrition (where available >20% wasting) and/or micronutrient deficiency diseases and sharply elevated mortality (x3 normal)

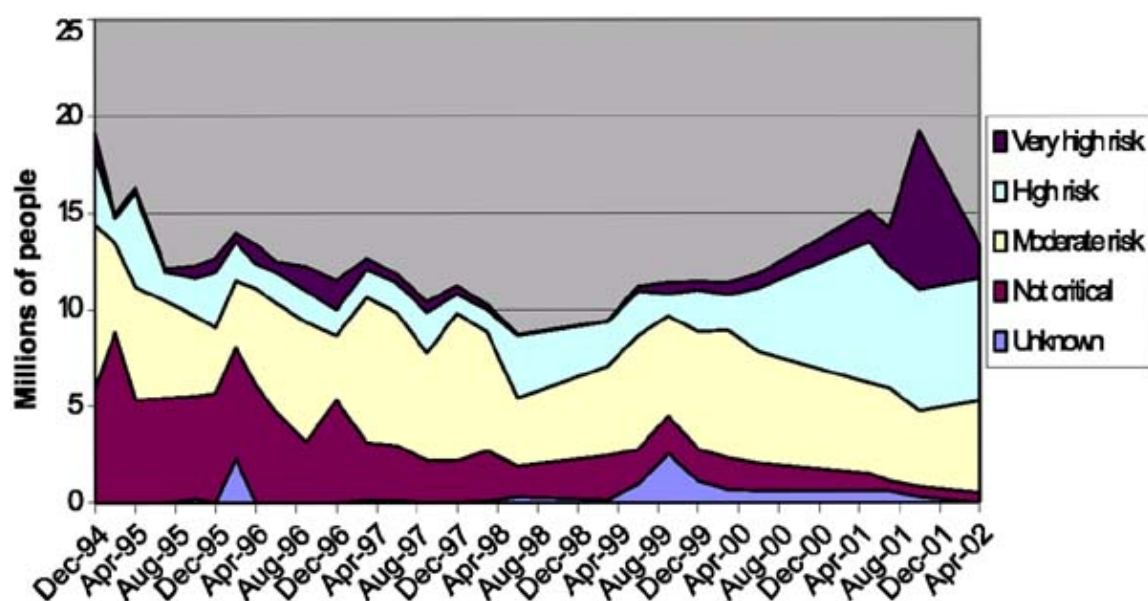
II: High Risk – Population at high risk, limited data available, population likely to contain pockets of malnutrition (e.g. wasting).

III: Mod Risk – Population at moderate risk, may be data available, pockets of malnutrition may exist.

IV: Not Critical – Probably not at heightened nutritional risk.

V: Unknown – No information on nutritional status available.

**Indicates status of nutritional situation. Imp = improving; det = deteriorating; sta = stationary (i.e. no change) =*



The number of refugees, returnees and IDPs in Sub-Saharan Africa and their nutritional risk over time

RESULTS OF SURVEYS QUOTED IN JULY 2002 RNIS # 38

Survey Area	Survey conducted by	Date			Oedema		
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			% Wasted**	% Severely Wasted**		Crude Mortality (/10,000/day)	Under Mortality (/10,000/day)
The Greater Horn of Africa							
ETHIOPIA							
Fafan IDP camp	UNICEF/MCDO	10/02/02	28.4	3.4	–	–	4
Hartisheik IDP camp	UNICEF/MCDO/RHB/DPPB	05/03/02	26.6	2.2	0.2	0.15	1.6
SUDAN							
Juba town	ACF	12/01	8.9	1	0.2	–	1.0
Juba surroundings	ACF	12/01	8.2	0.8	0.1	–	0.4
Eastern Bank camp, Wau	ACF	03/02	18.4	1.6	0	–	1.0
Marial Agieth camp, Wau	ACF	03/02	14.3	2	0	–	0.7
Bar Yar camp, Wau	ACF	03/02	15.7	2	0	–	0
Bentiu town, Unity State	ACF	04/02	21	2.1	0.1	–	1.3
Rob Kona town, Unity State	ACF	04/02	24.3	3	0.1	–	0.9
Dirror district, Bieh State, Jonglei	MSF	05/02	39.9	9.8	–	1.1	2.2
West African Region							
SIERRA LEONE							
Kenema District	Goal	05/02	5.7	0.8	0.2	1.15	1.9
The Great Lakes Region							
BURUNDI							
Karuzi	MSF–B	03/02	3.8	0.4	–	0.7	1.8
DRC							
Tshofa, Kasai Oriental	MDM	06/02	12.2	2.7	1.6	1.1	3.3
	SCF–UK/Valid International	05/02	3.3	2.5	2.1	0.3	0.7

Kyondo, North Kivu							
Southern African							
Region							
ANGOLA							
Cuito Cuanavale,	ACF–SP	06/02	5.5	1.3	0.3	0.94	2.36
Quando Cubango Province							
Ganda, Benguela Province, Residents	ACF–SP	06/02	6	0.6	0.1	0.9	2.1
Ganda, Benguela Province, Displaced	ACF–SP	06/02	9	0.7	0.2	1.25	2.98
Caconda, Huila Province, Residents	ACF–SP	05/02	7.7	2.2		1.1	2.75
Caconda, Huila Province, Displaced	ACF–SP	05/02	16.6	3.4		3.03	8.04
Afghan Area							
Panjsheer Valley, Shomali Plains	ACF	04/02	10.5	1.6	0.4	0.43	1.1
Maslakh camp, Hirat	UNICEF/CDC	04/02	2.9	1.2	–	1.5	6.02
Sang Charak district, Sar–e–Pul	ACF	03/02	3.6	0.6	0	0.55	1.31
Mazar City	ACF	03/02	2.9	0.4	0.1	0.2	0.7
Camp refugees, NWFP Pakistan	UNICEF, UNHCR, PDH	05/02	4.7	0.7	0	0.27	0.61
Non camp refugees, NWFP, Pakistan	UNICEF, UNHCR, PDH	05/02	7.7	1..3	0	0.21	0.55
Roghani camp, Chaman,	MSF	12/01/02	7.1	1	–	0.35	0.68

Pakistan							
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*Oedema is included in this figure

**wt/ht unless specified; cut-off = n.s. means not specified but usually -2z scores wt/ht for wasting and -3z scores for severe wasting.

MUAC unless specified cut-off for wasting is <125 mm and <110 mm for severe wasting.

NOTE: see box on back cover for guidance in interpretation of indicators.

Notes on nutritional assessments in the text

The Greater Horn Region

Ethiopia

Fafan IDP camp The survey was conducted by UNICEF/MCDO in February 2002. A random systematic sampling methodology was used to measure 384 children between 65–110 cm. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 28.4 % (95 % C.I. 23.9–33.3) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 3.4% (95 % C.I. 1.4–7.4). Crude mortality was not estimated but under-five mortality was estimated as 4/10,000/day retrospectively over the previous month. The survey also estimated that 96 % of children had been vaccinated for measles.

Hartisheik IDP camp The survey was conducted by UNICEF/MCDO/RHB/DPPB in March 2002. An exhaustive sampling methodology was used to measure 402 children between 65–110 cm. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 26.6 % and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 2.2 %. Crude mortality was estimated as 0.15/10,000/day and under-five mortality was estimated as 1.6/10,000/day retrospectively over the previous month. The survey also estimated that 93 % of children had been vaccinated for measles.

Sudan

Juba town The survey was conducted by ACF in December 2001. A two-stage cluster sampling methodology of 30 clusters was used to measure 986 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 8.9 % (95% C.I. 6.6–11.9) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 1 % (95% C.I. 0.3–2.5). Under-five mortality was estimated as 1.05/10,000/day retrospectively over the previous three months. The survey also estimated that 69.4 % of children had been vaccinated for measles with 44.9% determined from vaccination cards and 24.5 % from mother/carer report.

Juba surroundings The survey was conducted by ACF in December 2001. A two-stage cluster sampling methodology of 30 clusters was used to measure 983 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 8.2 % (95% C.I. 6–11.2) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 0.8 % (95% C.I. 0.2–2.2). Under-five mortality was estimated as 0.44/10,000/day retrospectively over the previous three months. The survey also estimated that 56.2 % of children had been vaccinated for measles with 16.4 % determined from vaccination cards and 39.8 % from mother/carer report.

Wau IDP camps The surveys were conducted by ACF in February and March 2002. An exhaustive survey methodology was used to measure all children under the age of five in each of the three camps. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) for Eastern Bank, Marial Agieth and Bar Yar camps was 18.4 %, 14.3 % and 15.7 % respectively and included 1.6 %, 2 % and 2 % of severe acute (defined as <-3 z scores weight for height and/or oedema). Under-five mortality was found to be 1.06/10,000/day and 0.7/10,000/day in Eastern Bank and Marial Agieth, but no deaths were recorded over the previous 3 months in Bar Yar camp. The survey also noted that 57.2 %, 72.9 % and 70.2 % of the children in the 3 camps had been vaccinated for measles.

Bentiu town The survey was conducted by ACF in April 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 21 % (95% C.I. 17.3–25.2) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 2.1 % (95% C.I. 1–4.1). Under-five mortality was estimated as 1.3/10,000/day retrospectively over the previous three months. The survey also estimated that 81.7 % of children had been vaccinated for measles with 44.4 % determined from vaccination cards and 37.3 % from mother/carer report.

Rob Kona town The survey was conducted by ACF in April 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 24.3 % (95% C.I. 20.4–28.7) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 3 % (95% C.I. 1.7–5.2). Under-five mortality was estimated as 0.97/10,000/day retrospectively over the previous three months. The survey also estimated that 75.5 % of children had been vaccinated for measles with 40.2% determined from vaccination cards and 35.3 % from mother/carer report.

Dirror District, Jonglei The survey was conducted by MSF in May 2002. A two-stage cluster sampling methodology of 30 clusters of 20 children was used to measure 622 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 39.9 % (95% C.I. 34.4–45.4) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 9.8 % (95% C.I. 6.7–12.9). Crude Mortality was estimated at 1.1/10,000/day and under-five mortality was estimated at 2.2/10,000/day retrospectively over the previous four months.

West Africa Region

Sierra Leone

Kenema district The survey was conducted by Goal in May 2002. A two-stage cluster sampling methodology of 30 clusters of 32 children was used to measure 960 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 5.7 % (95% C. I. 4.4–6.7) including 0.8 % (95% C.I. 0.4–1.8) of severe acute (defined as <-3 z scores weight for height and/or oedema). Crude Mortality was estimated at 1.15/10,000/day and under-five mortality was estimated at 1.96/10,000/day retrospectively over the previous twelve months.

The Great Lakes Region

Burundi

Karuzi The survey was conducted by MSF–B in March 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 905 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 3.8 % (95% C.I. 2.1–5.4) including 0.4 % (95% C.I. 0–0.9) of severe acute (defined as <-3 z scores weight for height and/or oedema). Crude Mortality was estimated at 0.7 (95% C.I. 0.4–1)/10,000/day and under-five mortality was estimated at 1.8 (95% C.I. 0.9–2.7)/10,000/day retrospectively over the previous twelve months. The coverage of measles vaccination was estimated at 77.6 % including 36 % from vaccination cards and 41.6 from mother/carer report.

Democratic Republic of the Congo

Tshofa, Kasai Oriental The survey was conducted by MDM in June 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 902 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 12.2 % (95% C. I. 9.3–15.5) including 2.7 % (95% C.I. 1.3–4) of severe acute (defined as <-3 z scores weight for height and/or oedema). Crude Mortality was estimated at 1.1/10,000/day and under-five mortality was estimated at 3.3/10,000/day retrospectively over the previous six months.

Kyondo, North Kivu The survey was conducted by SCF–UK/Valid International in May 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 910 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 3.3 % (95% C.I. 1.9–5.5) including 2.5 % (95% C.I. 1.3–4.6) of severe acute (defined as <-3 z scores weight for height and/or oedema). Crude Mortality was estimated at 0.3/10,000/day and under-five mortality was estimated at 0.7/10,000/day retrospectively over the previous three months. The coverage of measles

vaccination was estimated at 97.9 % including 91.9 % from vaccination card.

Southern Africa

Angola

Cuito Cuanavale The survey was conducted by ACF–SP in June 2002. A two–stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 5.5 % (95% C.I. 4.1–7.3) including 1.3 % (95% C.I. 0.7–2.4) of severe acute (defined as <-3 z scores weight for height and/or oedema). Crude Mortality was estimated at 0.94/10,000/day and under–five mortality was estimated at 2.36/10,000/day retrospectively over the previous three months. The coverage of measles vaccination was estimated at 64.2 % including 28.9 % from vaccination card and 35.3 from mother/carer report.

Ganda, Benguela, Residents The survey was conducted by ACF–SP in June 2002. A two–stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 6 % (95% C.I. 4–8.8) including 0.6 % (95% C.I. 0.1–2) of severe acute (defined as <-3 z scores weight for height and/or oedema). Crude Mortality was estimated at 0.9/10,000/day and under–five mortality was estimated at 2.1/10,000/day retrospectively over the previous three months. The coverage of measles vaccination was estimated at 80.5 % including 37.6 % from vaccination card and 43 from mother/carer report.

Ganda, Benguela, Displaced The survey was conducted by ACF–SP in June 2002. A two–stage cluster sampling methodology of 24 clusters of 14 children was used to measure 413 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 9 % (95% C.I. 5.5–14) including 0.7 % (95% C.I. 0–3.5) of severe acute (defined as <-3 z scores weight for height and/or oedema). Crude Mortality was estimated at 1.24/10,000/day and under–five mortality was estimated at 2.98/10,000/day retrospectively over the previous three months. The coverage of measles vaccination was estimated at 62.7 % including 27.6 % from vaccination card and 35.1 from mother/carer report.

Caconda, Huila, Displaced The survey was conducted by ACF–SP in May 2002. A two–stage cluster sampling methodology of 30 clusters of 30 children was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 7.7 % (95% C.I. 5.4–10.7) including 2.2 % (95% C.I. 1.1–4.2) of severe acute (defined as <-3 z scores weight for height and/or oedema). Crude Mortality was estimated at 1.1/10,000/day and under–five mortality was estimated at 2.75/10,000/day retrospectively over the previous three months. The coverage of measles vaccination was estimated at 85.1 % including 76.9 % from vaccination card and 8.2 from mother/carer report.

Caconda, Huila, Displaced The survey was conducted by ACF–SP in May 2002. A two–stage cluster sampling methodology of 30 clusters of 30 children was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 16.6 % (95% C.I. 13.3–20.5) including 3.4 % (95% C.I. 2–5.7) of severe acute (defined as <-3 z scores weight for height and/or oedema). Crude Mortality was estimated at 3.03/10,000/day and under–five mortality was estimated at 8.04/10,000/day retrospectively over the previous three months. The coverage of measles vaccination was estimated at 73.4 % including 60.1 % from vaccination card and 13.3 from mother/carer report.

Afghanistan Area

Afghanistan

Panjsheer Valley, Shomali Plains The survey was conducted by ACF in April 2002 and was limited to the southern part of the Panjsheer valley and northern Shomali plains. A two–stage cluster sampling methodology of 30 clusters was used to measure 929 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 10.5 % (95% C.I. 7.7–13.3) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.6 % (95% C. I. 0.5–2.7). Crude mortality was estimated to be 0.43/10,000/day and under–five mortality was estimated as 1.1/10,000/day retrospectively over the previous four months. The survey also estimated that 85.7% of children had been vaccinated for measles with 8.7 % determined from vaccination cards and 77 % from mother/carer report.

Maslakh camp, Hirat The survey was conducted by UNICEF/CDC in April 2002. A random systematic sampling methodology was used to measure 178 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 2.9 % (95% C.I. 0.4–5.4) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.2 % (95% C. I. 0–2.8). Crude mortality was estimated to be 1.5/10,000/day and under-five mortality was estimated as 6.02/10,000/day retrospectively over the previous four months. The survey also estimated that 61.9 % of children had been vaccinated for measles, determined from mother/carer report.

Sang Charak, Sar-e-Pul The survey was conducted by ACF in March 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 968 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 3.6 % (95% C. I. 2.2–5.8) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 0.6 % (95% C.I. 0.1–2.0). Crude mortality was estimated to be 0.55/10,000/day and under-five mortality was estimated as 1.31/10,000/day retrospectively over the previous three months. The survey also estimated that 82% of children had been vaccinated for measles with 5.2 % determined from vaccination cards and 76.8 % from mother/carer report.

Mazar city The survey was conducted by ACF in March 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 941 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 2.9% (95% C.I. 1.4–4.4) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 0.4 % (95% C. I. 0–1) Crude mortality was estimated to be 0.2/10,000/day and under-five mortality was estimated as 0.7/10,000/day retrospectively over the previous three months. The survey also estimated that 84.7 % of children had been vaccinated for measles with 38 % determined from vaccination cards and 46.7 % from mother/carer report.

Pakistan

Camp refugees, NWFP The survey was conducted by UNICEF/UNHCR/PDH in April 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 906 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 4.7 % (95% C.I. 2.8–6.6) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 0.7 % (95% C.I. 0–1.5). Crude mortality was estimated to be 0.27/10,000/day and under-five mortality was estimated as 0.61/10,000/day retrospectively over the previous four months.

Urban refugees, host communities, Peshawar The survey was conducted by UNICEF/UNHCR/PDH in May 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 923 children between 6–59 months. Clusters were randomly selected but as population data was not available PPS sampling was not used. High socio-economic areas were not sampled. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 7.7 % (95% C.I. 5.3–10.1) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.3 % (95% C.I. 0.3–2.3). Crude mortality was estimated to be 0.21/10,000/day and under-five mortality was estimated as 0.551/10,000/day retrospectively over the previous four months.

Roghani camp, Chaman The survey was conducted by MSF in January 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 901 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated as 7.1 % (95% C. I. 5.5–8.8) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 1 % (95% C.I. 0.4–1.6). Crude mortality was estimated to be 0.35/10,000/day and under-five mortality was estimated as 0.68/10,000/day retrospectively over the previous four months. Measles vaccination coverage was estimated to be 94.7 % including 69.5 % with vaccination card and 25.2 % from mother/carer report.

Notes

The RNIS coordinator, Brian Jones, is leaving and will be replaced by Claudine Prudhon.

The 38th issue of the RNIS provides updates on selected emergency contexts around the globe. The focus is predominantly Sub-Saharan Africa and this reflects the greater amount of nutritional information from emergency contexts that is currently available for this region. Some previously covered countries have not been covered in this issue. This is because the RNIS has, for some time, been unable to source new information on the nutrition or food security situation of emergency affected populations in these contexts.

Detailed information on the surveys used in each RNIS issue is to be found in an annex at the back of the publication. The data comes from a variety of UN and NGO sources and the RNIS is very grateful for the information it receives and would like to encourage agencies to send data, where available, as regularly as possible to accscn@who.int

The RNIS would also like to reiterate that it is mandated to provide information on the nutrition situation of refugees and displaced populations only. The RNIS cannot report the complexities of natural disasters such as the Horn of Africa drought. However, very extensive information is available on this and other natural and human made emergencies and can be accessed from the internet at <http://www.reliefweb.int>

Various country specific information is also available, and the RNIS would like to draw people's attention to reports by the UNDP Emergencies Unit for Ethiopia at <http://www.telecom.net.et/~undp-eue/> There is also the Food Security Analysis Unit for Somalia which produces regular 'Nutrition Updates', containing very detailed area specific data and analysis. To receive these reports please contact Noreen Prendiville at noreen.prendiville@fsau.or.k



Map of Africa

Seasonality in Sub-Saharan Africa*

Angola Coastal area desert, SW semi-arid, rest of country: rains Sept–April

Burundi Three crop seasons: Sept–Jan, Feb–Jun., and Jul–Aug.

CAR Rains March–Nov

Djibouti Arid Climate

Ethiopia Two rainy seasons February to May and June to October

Kenya N–E is semi–arid to arid, Central and SW rains: March–May and Nov–Dec.

Liberia Rains March–Nov

Mozambique Coast is semi–arid, rest wet–dry. Harvest May

Rwanda Rains Feb–May with Aug. harvest and Sept–Nov with Jan harvest

Sierra Leone Rains March–Oct.

Somalia Two seasons: April to August (harvest) and October to January/February (harvest)

Sudan Rains April–Oct.

North Rains begin May/June

South Rains begin March/April

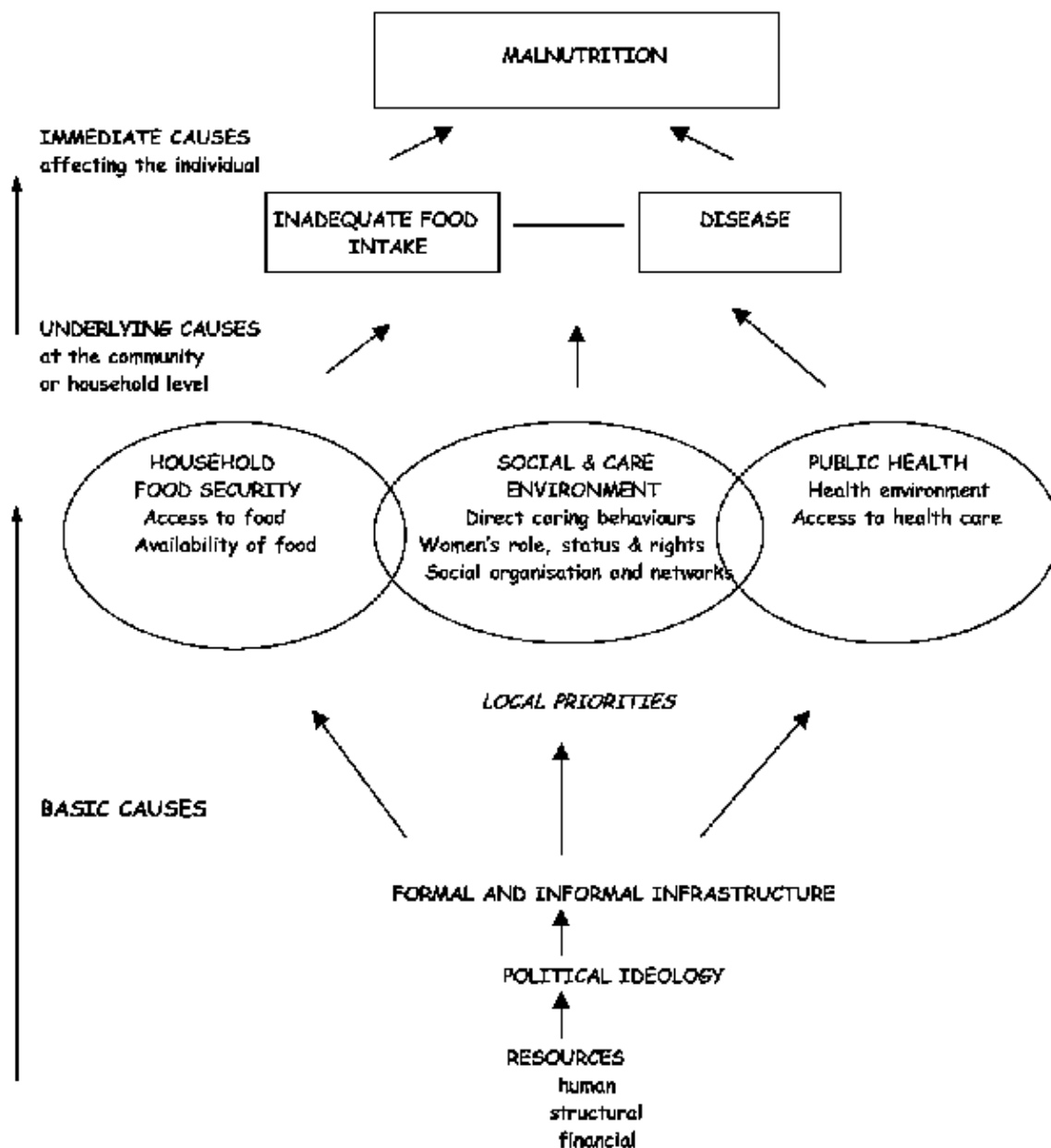
Togo Two rainy seasons in S, one in N. Harvest August

Uganda Rains Mar–Oct.

Zaire Tropical climate. Harvest in N: November; in S January

*SOURCES:

FAO, "Food Supply Situation and Crop Prospects in Sub–Saharan Africa", Special Report; No 4/5,



The SPHERE Project Conceptual Model of the causes of malnutrition in emergencies (draft, adapted from UNICEF)

Note: the Sphere project is an initiative to improve the quality of humanitarian assistance and to enhance accountability of the humanitarian system, through the production of globally applicable minimum standards. The humanitarian Charter is at the core of the Sphere project – it reaffirms what is already known from international humanitarian law and human rights treaties. The charter makes explicit links to the defined levels of service delivery set out in the five core sectors: water supply and sanitation; nutrition; food aid; shelter and site planning; and health services. Together, the Charter and Minimum Standards offer an operational framework for accountability in humanitarian response – a common set of criteria for programme monitoring; a benchmark from which to make some judgement about the effectiveness of work; and, probably most importantly, a benchmark for use in advocacy to enhance levels of services. To obtain more information on the Sphere project at <http://www.sphereproject.org> or email: sphere@ifrc.org

Statement by the SCN at its 29th Session

Nutrition in Conflict and Crisis

15 March 2002

We, the SCN, recognize that the humanitarian imperative in complex emergencies is all too often frustrated and undermined by the politicization of humanitarian assistance, including food aid allocations.

Further, as a result of narrowing diplomatic, political and economic engagement with marginalized countries, donor priorities have moved away from funding longer term development needs to a concentration on disaster relief. This has created a situation where humanitarian assistance is forced to focus on life saving activities and meeting immediate emergency needs, not in addressing the root causes of hunger and chronic food insecurity. As a result, emergency humanitarian agencies are faced with the double burden of chronic and acute needs.

There are major disparities in international emergency response. “Forgotten” emergencies, those in low profile areas, suffer from a lack of international agency presence, under-resourcing and minimal media coverage. This is clearly linked to the politicization of humanitarian aid and is a major problem of the international aid system that needs to be urgently addressed.

It is now recognized that nutritional outcomes are a result of complex interactions between physiological, socio-economic, cultural and political determinants of malnutrition. However, this is not always reflected in the policies guiding the allocation of resources, and operational practice, of the international community and national governments.

Furthermore, although the current conceptual framework promotes multisectoral interventions, many agencies find it difficult to cover all sectors and there is an increasing tendency towards agency specialization. Although specialization can improve effectiveness of humanitarian intervention, it can also create gaps in intervention capacity and often means that some of the emergency needs of a population are missed. This problem could be resolved through more clearly defined MOUs between agencies.

We, the SCN, recommend the following actions:

1. There is a need for greater resources to be put towards the implementation of longer term more sustainable programmes that promote food security and actively seek to reduce vulnerability and risk of future disaster.
2. Food aid resources should be part of a more flexible system of response to nutrition crises. In addition, more resources should be made available for non food costs required to support nutrition programmes, such as health, water, and sanitation activities, and to promote recovery.
3. The scarcity of resources for humanitarian interventions often requires that aid is targeted to the groups considered most vulnerable. However, vulnerability is often defined using pre-existing assumptions (e.g. women, children, and female headed households), which may or may not hold true within a particular context. It is imperative that vulnerability and population needs be accurately assessed, and assistance allocated accordingly.
4. Food and nutrition interventions in conflict situations require more careful analysis of all the potential impacts (positive and negative) of delivering humanitarian assistance and should seek to maximize good and minimize harm.
5. There is an urgent need for all actors to be engaged in rigorous debates on the complexities of aid in crisis situations. This debate is particularly important between policy-makers and technicians and should be furthered by a careful analysis of the politicization of humanitarian assistance, and particularly of food aid.

The UNS/SCN¹, which is the focal point for harmonizing policies in nutrition in the UN system, issues these reports on the nutrition of refugees and displaced people with the intention of raising awareness and facilitating action to improve the situation. This system was started on the recommendation of the SCN's working group on Nutrition of Refugees and Displaced People, by the SCN in February 1993. Based on suggestions made by the working group and the results of a survey of RNIS readers, the Reports on the Nutrition Situation of Refugees and Displaced People will be published every three months, with updates on rapidly changing situations on an 'as needed' basis between full reports.

Information is obtained from a wide range of collaborating agencies, both UN and NGO (see list of sources). The overall picture gives context and information which separate reports cannot provide by themselves. The information available is mainly about nutrition, health, and survival in refugee and displaced populations. It is organised by "situation" because problems often cross national boundaries. We aim to cover internally displaced populations as well as refugees. The system is aimed at the most nutritionally vulnerable people in the world – those forced to migrate – and the problems of those displaced may be similar whether or not they cross national boundaries. Definitions used are given in the box on the next page. The sections entitled "Priorities and recommendations" are intended to highlight the most pressing humanitarian needs. The recommendations are often put forward by agencies or individuals directly involved in assessments or humanitarian response programmes in the specific areas.

The tables and figures at the end of the report provide a quick overview. Table 1 gives an estimate of the total refugee/displaced/returnee population, broken down by 'risk' category. Situations are classed into five categories relating to risk and/or prevalence of malnutrition. The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care, and the constraints limiting humanitarian response. These categories are summations of the causes of malnutrition and the humanitarian response:

- Populations in *category I* – the population is currently in a critical situation; they either have a *very high risk* of malnutrition or surveys have reported a very high prevalence of malnutrition and/or elevated mortality rates.
- Populations in *category II* are currently at *high risk* of becoming malnourished or have a high prevalence of malnutrition.
- Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there may be pockets of high malnutrition in a given area.
- Populations in *category IV* are not at elevated nutritional risk.
- The risk of malnutrition among populations in *category V* is not known.

These risk categories should not be used in isolation to prescribe the necessary response.

In table 2, refugee and displaced populations are classified by country of origin and country of asylum. Internally displaced populations are identified along the diagonal line, which may also include some returnees. Figure I shows the trends over time in total numbers and risk categories for sub-Saharan Africa. Annex I summarises the survey results used in this report

INDICATORS

WASTING is defined $< -2S$ Z scores wt/ht, or sometimes $< 80\%$, wt/ht by NCHS standards, usually in children of 6–59 months. For guidance in interpretation, prevalences of around 5–10% are usual in African populations in non-drought periods. A prevalence $> 10\%$ is considered an alert and a prevalence of over 15% is considered serious. A 20% prevalence of wasting is undoubtedly high, although these figures should be interpreted with the context.

SEVERE WASTING can be defined as below $-3SDs$ (or about 70%). Any significant prevalence of severe wasting is unusual and indicates heightened risk. (When "wasting" and "severe wasting" are reported in the text, wasting includes severe – e.g. total percent less than $-2SDs$, not percent between $-2SDs$ and $-3SDs$.)

STUNTING is defined as less than $-2SDs$ height-for-age by NCHS standards, usually in children aged 6–59 months.

SEVERE STUNTING is defined as less than $-3SDs$ height-for-age by NCHS standards, usually in children aged 6–59 months. (When "stunting" and "severe stunting" are reported in the text, stunting includes severe – e.g. total percent less than $-2SDs$, not percent between $-2SDs$ and $-3SDs$.)

BMI (wt/ht²) is a measure of chronic undernutrition in adults. We have taken BMI<18.5 as an indication of mild chronic undernutrition, and BMI<16 as an indication of severe chronic undernutrition in adults aged less than 60 years (WHO, 1995). The BMI of different populations should not be compared without standardising for body shape. (See July 2000 RNIS supplement on measuring adult nutritional status).

MUAC (cm) is a measure of energy deficiency in both adults and children. In children, equivalent cut-offs to -2SDs and -3SDs of wt/ht for arm circumference are about 12.0 to 12.5 cms, and 11.0 to 11.5 cms. In adults, MUAC<22 cm in women and <23 cm in men may be indicative of a poor nutritional status. BMI and MUAC are sometimes used in conjunction to classify adult nutritional status (James et al, 1994). Acute adult undernutrition may be diagnosed using MUAC. A MUAC<18.5 may be indicative of acute undernutrition and MUAC<16 of severe acute malnutrition. (See July 2000 RNIS supplement on measuring adult nutritional status).

OEDEMA is the key clinical sign of kwashiorkor, a severe form of protein-energy malnutrition, carrying a very high mortality risk in young children. It should be diagnosed as bilateral *pitting* oedema, usually on the upper surface of the foot. Where oedema is noted in the text, it means kwashiorkor. Any prevalence detected is cause for concern.

ACUTE MALNUTRITION is the prevalence of wasting (Weight for Height) <-2 Z scores and/or oedema.

CHRONIC MALNUTRITION is the prevalence of stunting (**Height for age**)

A CRUDE MORTALITY RATE in a normal population in a developed or developing country is around 10/1,000/year which is equivalent to 0.27/10,000/day (or 8/10,000/month). Mortality rates are given here as "times normal", i.e. as multiple of 0.27/10,000/day. [CDC has proposed that above 1/10,000/day is a very serious situation and above 2/10,000/day is an emergency out of control.] Under-five mortality rates (U5MR) are increasingly reported. The average U5MR for Sub-Saharan Africa is 175/1,000 live births, equivalent to 1.4/10,000 children/day and for South Asia the U5MR is 0.7/10,000/day (in 1995, see UNICEF, 1997, p.98).

FOOD DISTRIBUTED is usually estimated as dietary energy made available, as an average figure in kcals/person/day. This divides the total food energy distributed by population irrespective of age/gender (kcals being derived from known composition of foods); note that this population estimate is often very uncertain. The adequacy of this average figure can be roughly assessed by comparison with the calculated average requirement for the population (although this ignores maldistribution), itself determined by four parameters: demographic composition, activity level to be supported, body weights of the population, and environmental temperature; an allowance for regaining body weight lost by prior malnutrition is sometimes included (see Schofield and Mason 1994 for more on this subject). For a healthy population with a demographic composition typical of Africa, under normal nutritional conditions, and environmental temperature of 20 °C, the average requirement is estimated as 1,950–2,210 kcals/person/day for light activity (1.55 BMR). Raised mortality is observed to be associated with kcal availability of less than 1,500 kcals/person/day (ACC/SCN, 1994, p81).

INDICATORS AND CUT-OFFS INDICATING SERIOUS PROBLEMS are levels of wasting above 20%, crude mortality rates in excess of 1/10,000/day (about four times normal – especially if still rising), and/or significant levels of micronutrient deficiency disease. Food rations significantly less than the average requirements as described above for a population wholly dependent on food aid would also indicate an emergency.

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