

**Refugee Nutrition Information System (RNIS), No. 39 – Report on the  
Nutrition Situation of Refugees and Displaced Populations**



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# Refugee Nutrition Information System (RNIS), No. 39 – Report on the Nutrition Situation of Refugees and Displaced Populations

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This report was compiled by Claudine Prudhon of the UNS/SCN Secretariat Sarah Philpot assisted in the editing

The chairman of the UNS/SCN is Catherine Bertini

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If you have information to contribute to forthcoming reports, or would like to request back issues of the *Reports on the Nutrition Situation of Refugees and Displaced Populations (RNIS)*, please contact:

Claudine Prudhon, RNIS Coordinator, UNS/Standing Committee on Nutrition  
20, avenue Appia, 1211 Geneva 27, SWITZERLAND  
Tel: +(41-22) 791.04.56, Fax: +(41-22) 798.88.91,  
Email: scn@who.int Web: <http://unsystem.org/scn>

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## HIGHLIGHTS

### Post conflict situations

**Angola** Despite 60 % of the country still remaining unreachable, more and more areas have become accessible and people have moved closer to places where humanitarian aid can be provided, leading to a rise in the number of people requiring assistance. Although the situation seems to have improved in some areas, the nutrition situation in newly accessible locations has usually been found to be critical, as well as in the Quartering and Family Areas, where former UNITA soldiers and their families are being settled. Needs are huge both in terms of emergency programmes to provide basic services, but also in terms of de-mining, infrastructure rehabilitation, and support for population resettlement. It is of great concern that humanitarian activities remain acutely under funded.

**Afghanistan** The return of 1.8 m refugees was far higher than expected and exceeds both the capacities of the humanitarian agencies and the funding available to handle the needs. The majority of returnees has settled in the cities, particularly Kabul, and apparently has both poor living conditions and poor nutritional status. The situation may worsen further over winter.

## On-going conflicts

**Sudan** The humanitarian situation is desperate in some areas of Southern Sudan, particularly in Upper Nile and Jongley regions, with very high rates of malnutrition, morbidity and mortality. Access of humanitarian aid to the population is constantly hampered.

**Democratic Republic of Congo** Despite the signing of peace accords with Rwanda and Uganda, the situation remains very tense. The millions of IDPs are still facing extremely difficult living conditions and the insecurity continues to constraint humanitarian access.

## Upsurge in violence

**Uganda** The worsening security situation in Northern Uganda has led to the displacement of about 30,000 Sudanese refugees and of thousands of residents. It has also prevented cultivation, hence made people totally dependent on food aid. The delivery of the food aid itself has been problematic due to attacks on the convoys. Both continued assessment of population needs and programme implementation are threatened by the volatile security situation.

**West Africa** Humanitarian needs remain high. Although the situation in Sierra Leone remains stable, returnees face difficult conditions when resettling, and particularly women headed households. The upsurge in violence in Liberia has forced thousands of people to move into camps, especially in the suburbs of Monrovia, or to cross the borders into Sierra Leone or Guinea. The destabilisation of Ivory Coast has also displaced thousands of Ivorians and will further worsen the situation of the whole region.

## FAITS MAJEURS

### Situations d'après conflits

**Angola** Bien que 60% du territoire reste inaccessible, les agences humanitaires ont pu atteindre de nouvelles zones et une partie de la population a pu se déplacer vers les zones où l'aide humanitaire est dispensée. Ceci a conduit à une augmentation importante des besoins. Alors que la situation de certaines populations semble s'être améliorée, des situations dramatiques ont bien souvent été découvertes dans les zones nouvellement accessibles, ainsi que dans les «Quartering and Family Areas», regroupant les anciens soldats de l'UNITA et leurs familles. Les besoins humanitaires sont immenses, autant en terme de programmes d'urgence, que de programmes à plus long terme, comme le déminage, la réhabilitation d'infrastructures et la réinsertion des populations. Les actions humanitaires sont pourtant très insuffisamment financées.

**Afghanistan** Le retour de 1,8 millions de réfugiés a été bien plus important que les prévisions et a dépassé la capacité des agences humanitaires ainsi que les ressources budgétaires allouées. La majorité des réfugiés revenus en Afghanistan se sont installés dans les villes, et en particulier à Kaboul, où ils semblent connaître des conditions de vie précaires et ont un statut nutritionnel peu satisfaisant. Il est possible que la situation se dégrade encore durant l'hiver.

### Conflits de long terme

**Soudan** La situation humanitaire est désespérée dans certaines zones du sud du Soudan, en particulier dans les régions de Jongley et Upper Nile, où des taux très importants de malnutrition ont été mis en évidence. L'accès à la population est d'autre part constamment entravé.

**République Démocratique du Congo** Malgré la signature d'accords de paix avec le Rwanda et l'Ouganda, la situation reste très tendue. Les millions de personnes déplacées subissent toujours des conditions de vie extrêmement difficiles et l'insécurité continue d'entraver l'aide humanitaire.

### Regains de violence

**Ouganda** La dégradation des conditions de sécurité dans le nord du pays a conduit au déplacement de 30 000 réfugiés soudanais ainsi que de milliers d'Ougandais. L'insécurité a d'autre part empêché la population de cultiver et la rendue totalement dépendante de l'aide alimentaire. L'acheminement de cette aide a lui-même été rendu difficile par l'attaque des convois. L'évaluation des besoins des populations ainsi que la mise en place de programmes sont constamment menacées par l'insécurité.

**Afrique de l'Ouest** Les besoins humanitaires restent importants. La situation en Sierra Leone reste stable, mais les populations retournant à leurs domiciles connaissent des conditions de réinstallation difficiles, particulièrement les femmes seules. Le regain de violence au Liberia a conduit des milliers de personnes à fuir et à s'installer dans des camps, en particulier dans les faubourgs de Monrovia, ou à traverser la frontière avec la Sierra Leone ou la Guinée. La déstabilisation de la Côte d'Ivoire a également conduit au déplacement de milliers d'ivoiriens et risque d'entraîner une dégradation de la situation dans toute la région.

**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	ANGOLA Quartering Family Areas	SOUTH SUDAN War displaced	SUDAN Eritrean refugees	SOMALIA War affected and IDPs	SOMALIA Somaliland–Puntland Returnees	AFGHANISTAN Returnees	R CO ID
1. Nutritional risk category	I	I	II/III	I	II	II	
2. Public Health Environment (water, shelter, overcrowding, access	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	
4. Food Security	X	X	O	X	X	O	
5. Accessibility to population	O	X	?	X	O	?	
6. General resources							
– food (gen stocks)	X	X	O	X	?X	O	
– non–food	X	X	O	X	?X	O	
7. Personnel*	?X	X	?O	X	?O	?O	?

8. Information	O	O	O	O	X	O	O
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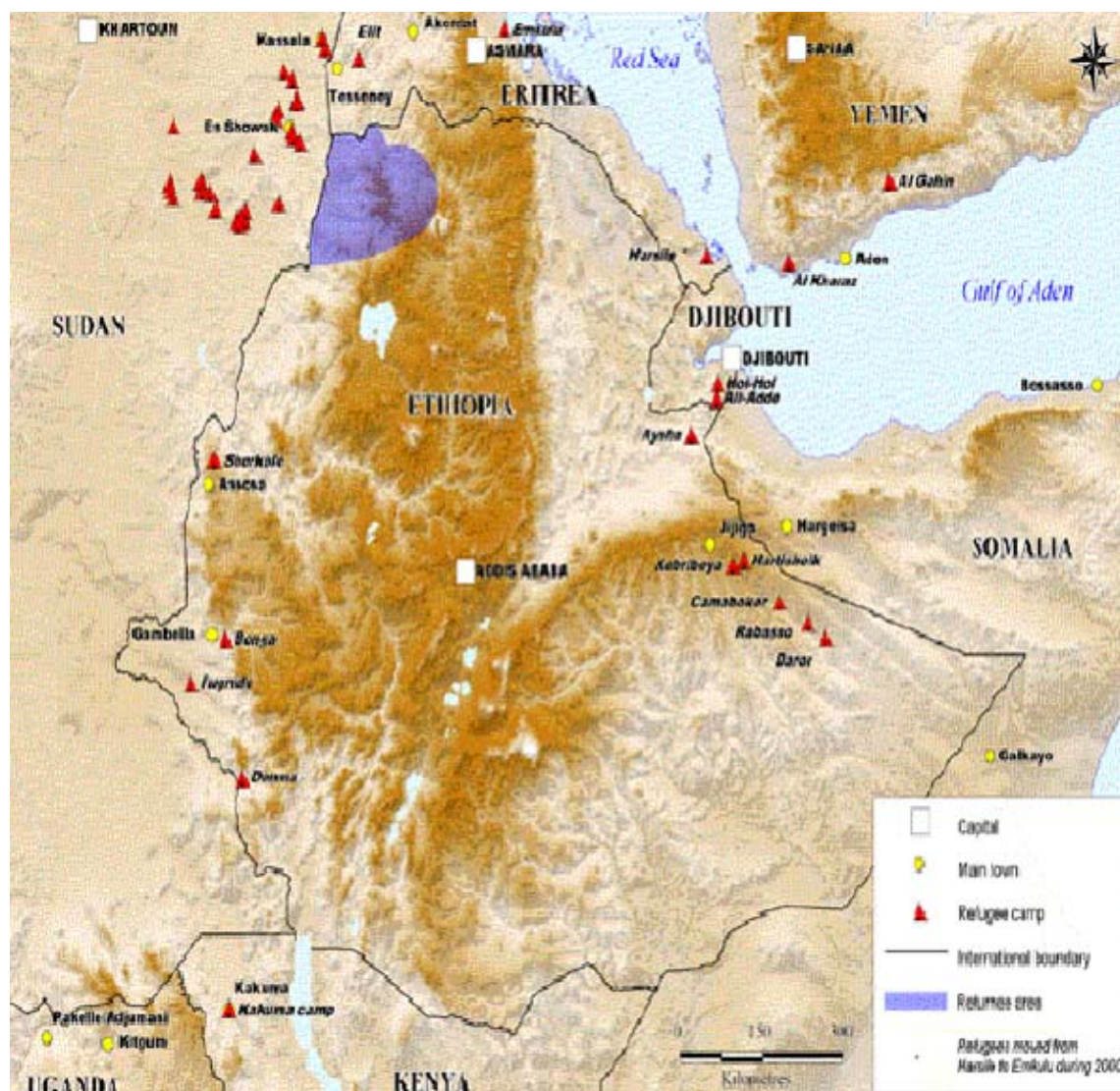
?Adequate O Mixed X Problem

?? 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

## GREATER HORN OF AFRICA

### SUB-SAHARAN AFRICA



GREATER HORN REGION

### Eritrea

### Refugee repatriation

It is estimated that there are about 355,000 Eritrean refugees in Sudan (see table), most of whom come from the Gash Barka region. There have been 51,683 repatriations since May 2001, mainly to the Gash Barka region (UNHCR, 10/09/02). No information on the conditions of returned refugees has been made available to RNIS. Automatic refugee status granted to Eritreans will expire at the end of 2002. UNHCR has assessed that there are no longer grounds for Eritreans to remain as refugees since the war and drought have both ended.



Repatriation will continue and screening for Eritreans who wish to claim refugee status, because of a fear of persecution, will begin (AFP, 12/09/02).

#### Eritrean refugees in Sudan (UNHCR, 10/09/02)

	Number
Camp-based receiving assistance	147,000
Registered urban-based receiving assistance	13,000
Estimated urban-based receiving limited assistance	195,000
<b>Total</b>	<b>355,000</b>

#### Internally displaced persons

There are an estimated 60,000 displaced persons living in camps as a result of deportation from Ethiopia or because unexploded mines prevent them from returning home (ECHO, 18/07/02). No recent information on the nutrition of this population is available to RNIS.

#### Drought

The government recently launched an appeal for humanitarian assistance. It is anticipated that the cereal harvest will be reduced by 84%. Crops planted in the spring cultivation season (March–May) have dried up as a result of poor rainfall. The June–September rains were delayed by about six weeks, causing a significant drop (37%) in planting surface. The estimated requirement for food aid is more than 400,000 MTs of cereals, beans and oil (ICC, 28/08/02).

#### Erithrée

Environ 355 000 Erythréens sont actuellement réfugiés au Soudan. Leur statut automatique de réfugiés expirera à la fin de l'année 2002, le HCR estimant que la situation en Erythrée ne nécessite plus l'expatriation. 51 683 Erythréens ont déjà été rapatriés depuis mai 2001, la plupart sont retournés dans la région de Gar Barka. De plus, l'Erythrée compte 60 000 déplacés internes. RNIS n'a pas reçu de récentes informations nutritionnelles concernant ces populations.

L'Erythrée est d'autre part touchée par la sécheresse et la quantité d'aide alimentaire nécessaire est estimée à 400 000 tonnes.

#### Ethiopia

Ethiopia is facing a new drought and the government estimates that 5.8 million people will require food aid (OCHA, 30/08/02).

#### Drought

The failure of the February–May *Belg* rainy season (also called *Sugum* in Afar and *Gu* in the Somali regions) and the late start of the June–September *Meher* rainy season (also called *Karam* in Afar and the Somali regions) led to serious food deficits in some parts of Ethiopia.

**The affected regions are Afar, the eastern parts of the Oromoya lowlands, several areas of Southern Nations and Nationalities People's Region and the northern part of the Somali region** (WFP, 02/08/02). Since July, 142,196 MTs (including part of the government contribution of 45,000 MTs) have been allocated and distributed. 173,970 MTs will be needed for the September–December period, of which 70,387 MTs are available (OCHA, 30/08/02). WFP is experiencing a food shortage and is therefore distributing reduced rations (WFP, 23/08/02).

#### Somali region

Drought particularly affects the Fik and Shinile zones. North Jijiga also experienced poor rains. Rains were near normal in the rest of the Somali region. Nevertheless, the poorest, including IDPs, will not benefit fully

from the rain because of a very low asset base. They will largely need support (FS/EW, 07/02).

## **Afar region**

Veterinary experts and the Bureau of Agriculture have estimated that livestock deaths have been 14% in the Afar region, with cattle deaths as high as 44%. The most affected areas are zone 3 and 5 (UNDP/EUE, 13/09/02).

A nutrition survey was undertaken by GOAL in August 2002 in the rural area of zone 3 of Afar (GOAL, 08/02), where 90% of the population are pastoralists.

**The survey showed that 17.9% of the children were acutely malnourished, including 2.9% with severe malnutrition.** Only one child presented oedema.

Interviewed people reported having lost 70% of their livestock in the previous four weeks, and one half declared having sold livestock in the same period, despite low market prices, which were reduced by about 30% compared to the previous year. The use of wild food has increased from about 10% in a normal year to 35 %.

Food aid was received by 74 % of the surveyed households. The ongoing food distribution system seems to be inadequate: only 30% of the population are targeted for food distribution, however food is shared among all the population. This results in lower rations per family. Moreover, some families get as little as 7.5 kg and others as much as 100 kg per month. In addition to food insecurity, health facilities and immunization rates are the lowest in the country. Measles immunization as assessed in this survey was 17.6%.

A nutritional assessment was also undertaken by ACF in zone 1 of Afar in Ayssaita and Afambo woredas (ACF, 07/02). The assessment consists of an exhaustive survey of children under-five in seven villages. These are mainly agro-pastoralist villages, considered as particularly vulnerable during a previous assessment. **The assessment showed very high rates of malnutrition; 32.4 % of the children were acutely malnourished, including 4.1% with severe malnutrition.** Although this assessment is not representative of the entire area, it shows that at least some villages are already highly affected. A nutrition causal analysis found that food insecurity was prevalent in the area (see figure): food is available but very high prices make it unaffordable for a large part of the population. Moreover, the provision of food aid is impaired by lack of transportation and access difficulties to this remote area. Poor health and sanitation are also factors that contribute to and compound the malnutrition.

## **Internally Displaced Persons**

There are 90,000 IDPs in the Somali region, as a consequence of conflicts or the 1999/2000 drought. They are particularly affected. They need basic services such as food and water but also longer-term initiatives to improve their situation (FS/EW, 07/02). The IDPs in the Afar region will be at great risk, already being one of the most vulnerable groups.

It has also been reported that about 17,000 IDPs who were settled in 11 camps near Addis Abeba have been asked by the government to move. They came from Eritrea before its independence and they haven't received any help for sometime. Despite being given money by the government as compensation for moving, some of the IDPs who had moved out returned to the camps. They were too frightened to live on the streets once they had spent the compensation money. The Ethiopian Human Rights council has condemned the decision to close the camps (IRIN, 12/09/02).

## **Refugees**

Somali refugees continue to be repatriated from the Somali region. It is estimated that since January, about 11,000 refugees have been repatriated from Ethiopia leading to the closure of four refugee camps (UNHCR, 15-07-02).

The RNIS does not have any recent nutritional information for the remaining Somali refugees or the Sudanese refugees in the west of Ethiopia. However, it is likely that the refugees will also be affected by the drought.

**Overall The situation of the drought-affected population, in a context of structural poverty, is assumed to be at high risk (category II).**

## **Recommendations and priorities**

### *From the GOAL survey in Afar, zone 3*

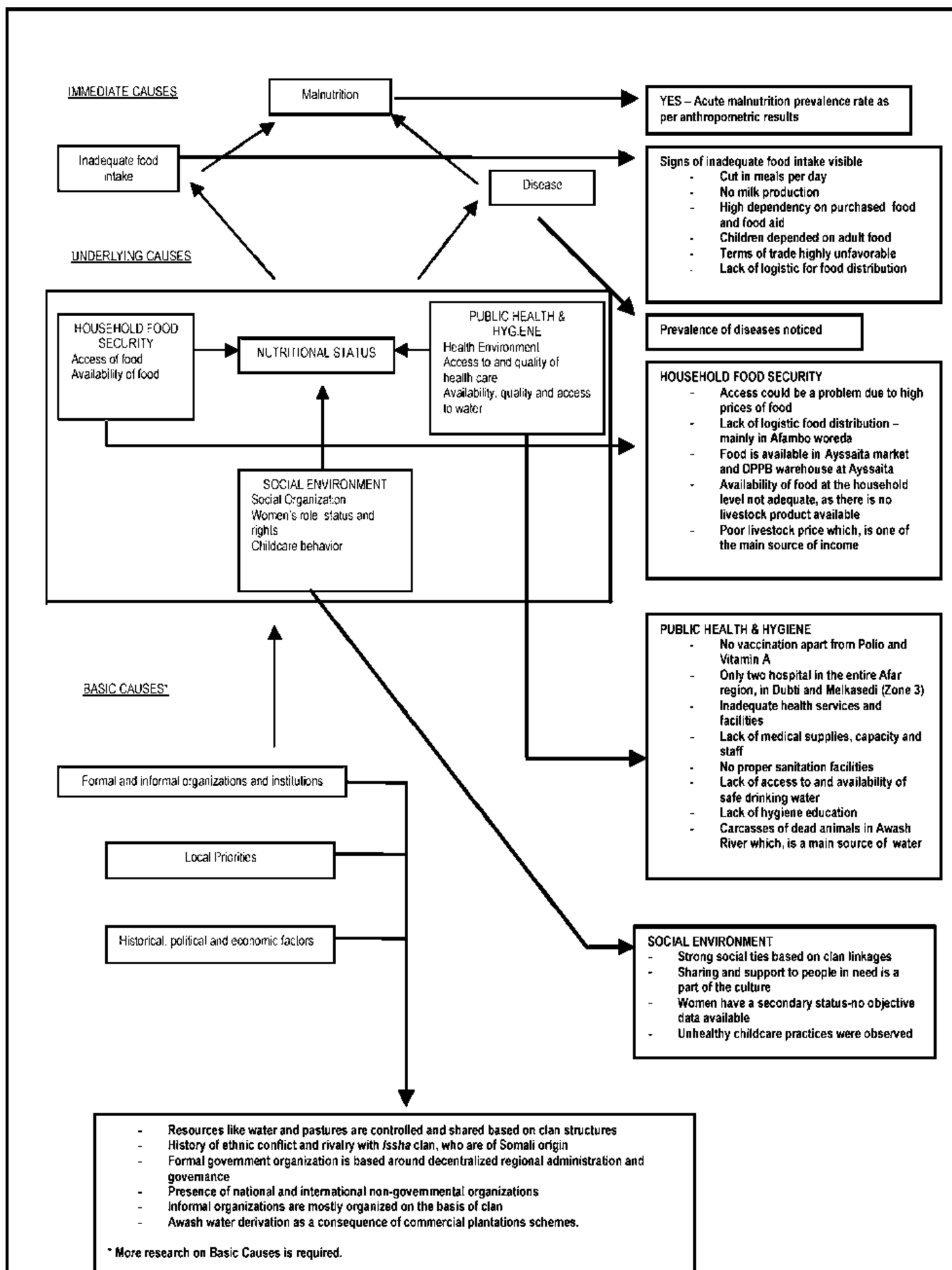
- Improve the general ration to meet the basic requirements of all the population
- Conduct a measles and vitamin A campaign
- Implement blanket supplementary food distribution for under-five children, pregnant and lactating women and elderly
- Improve environmental sanitation
- Put in place mobile health facilities

### *From the ACF assessment in Afar zone 1*

- Ensure delivery of food aid to these areas
- Allocate more supplementary food
- Explore the possibility to implement a feeding programme
- Continue provision of water supply
- Remove dead animals from water points

### *From the RNIS*

- Insure short-term food security of the affected population by effective food distribution
- Development of long-term programmes, such as animal health and feeding programmes, aiming at stopping asset depletion and improving livelihood of the population



Underling causes of malnutrition, Afar, zone1, ACF, 07/02

## **Ethiopie**

L’Ethiopie est de nouveau frappée par la sécheresse; les régions les plus touchées sont l’Afar, l’est de l’Oromaya, le nord de la région Somalie et différentes zones de la région SNNPR. 173 970 tonnes d’aide alimentaire seront nécessaires pour couvrir les besoins jusqu’en décembre 2002. Les quantités allouées au PAM sont pour l’instant insuffisantes.

Deux enquêtes réalisées dans la région de l’Afar mettent en évidence une situation nutritionnelle préoccupante. L’enquête de GOAL, en août 2002, dans la zone 3 de l’Afar, montre un taux de malnutrition aiguë de 17,9 %, incluant 2,9 % de malnutrition sévère. La distribution alimentaire semble inadéquate, certaines familles ayant reçu 7,5 Kg de céréales alors que d’autres en recevaient 100 Kg. L’enquête d’AcF dans 7 villages de la zone 1 de l’Afar, déterminés préalablement comme particulièrement vulnérables, montre un taux de malnutrition aiguë de 32,4%, incluant 4,1 % de malnutrition sévère. Cette enquête, réalisée en juillet 2002 n’est pas représentative de toute la zone mais met néanmoins en évidence le fait que certains villages soient déjà gravement touchés. L’insécurité alimentaire est la principale cause de malnutrition.

La situation des populations affectées par la sécheresse est considérée comme extrêmement précaire (catégorie II). Les priorités sont d’assurer à ces populations une alimentation adéquate par une distribution de nourriture ainsi que de continuer ou de mettre en place des actions à plus long terme visant à améliorer les moyens d’existence de ces populations. Il serait d’autre part souhaitable que des programmes de réhabilitation nutritionnelle soient mis en place.

Les 90 000 déplacés de la région Somalie n’ont pas un accès adéquat à l’alimentation ou à l’eau. Le rapatriement des réfugiés somaliens continue; quatre camps les abritant ont été fermés.

## **Kenya**

### **Refugees**

More than 200,000 refugees, mostly from Somalia and Sudan are still located in two huge camps: Dadaab and Kakuma. For a number of reasons, including restricted movement from the camps and environmental hostility, the refugees rely totally on food aid distribution. High rates of malnutrition and micronutrient deficiencies have been reported for years as documented by RNIS. This is mostly attributed to inadequate food rations both in quantity and quality, because of a shortage in the food pipeline. This has led IRC recently to raise the issue of Kakuma camp before the US senate (IRC, 06/02). Distribution of non-food items was also reported to be inadequate leading refugees to sell food to buy wood for cooking, for example. IRC was also concerned about the decrease in donor contribution to the management of the camp. The IRC testimony has perhaps had an impact: WFP have reported that due to additional donations, they will be able to provide almost full rations to refugees until January 2003. However, more food is needed for the period January–June 2003. A joint assessment mission is planned by UNHCR, WFP, Government of Kenya and potential donors at the end of September 2002 (WFP, 30/08/02).

There have been reports of increased tension and antipathy towards the refugee community. In the districts where Kakuma and Dadaab camps are located and as elections are approaching, some politicians are using the case against the refugees as part of their electoral campaign (JRS, 31/07/02). Also, some forced repatriation of Somali refugees from Mandera has been reported. (OCHA, 18–07–02).

### **Drought affected population**

Having begun in March 2000, the Kenya drought relief EMOP is now being phased out, following an assessment mission which reported a significant improvement in the food security of the affected population. However, some pastoral and agro-pastoral areas in Eastern province are still in need of some form of relief intervention (WFP, 09/08/02). A final general food distribution took place mid-September. The food for work programme will be on-going until the food pipeline is depleted (WFP, 30/08/02).

### **Flood affected population**

About 50 people were killed and 150,000 displaced by floods occurring in May (Xinhua, 13/05/02). The most affected provinces were Nyanza, Coast, Western and North Eastern provinces. This was followed by an

outbreak of malaria in the Nyanza and Rift Valley province claiming over 500 lives in June and July (IFRC, 28/08/02). Food and non-food items have been provided by the Kenyan Red Cross Society.

## **Overall The nutrition situation of refugees in Kenya is still of concern (category II).**

### **Recommendations and priorities**

*From the RNIS*

- Continuous support in both food and non-food items is required for refugees
- Refugee situation needs to be closely monitored

#### **Kenya**

Le Kenya accueille toujours plus de 200 000 réfugiés dans deux principaux camps, Dadaab et Kakuma. Pour différentes raisons comme la restriction de leur mouvement à l'extérieur des camps et la rudesse de l'environnement, ces réfugiés sont totalement dépendants de l'aide alimentaire. Leur situation nutritionnelle est inadéquate depuis de nombreuses années; ceci est en particulier attribué à l'insuffisance de l'aide apportée à ces populations. Cette situation a conduit l'ONG IRC à alerter le congrès américain à propos des conditions de vie précaires de ces populations. Il semble que cela ait eu un certain impact, le PAM ayant reçu de nouvelles donations et ayant réussi à augmenter les rations alimentaires. Ces réfugiés sont néanmoins toujours considérés à risque (catégorie II). Le soutien à ces populations en terme de nourriture et de matériel de base doit continuer et être amélioré.

Le programme du PAM en faveur des populations kenyanes affectées par la sécheresse est en cours d'arrêt, la situation de ces populations s'étant améliorée. Certaines provinces de l'Est auront néanmoins toujours besoin de support. 150,000 personnes ont été déplacées au mois de mai à la suite d'inondations, en particulier dans l'ouest et le nord-est du pays.

#### **Somalia**

In key locations throughout Somalia, factional armed conflict is again on the rise to levels not seen in years, particularly in Bay region, Gedo region, Mogadishu and Puntland. This affects the population both directly and by impairing humanitarian interventions. The Somali reconciliation conference has been postponed for months now (OCHA, 11/09/02). The UN Security Council has approved a resolution to tighten the ten year old arms embargo. Recent economic shocks are further worsening the situation including inflation and reduced purchasing power as a result of the printing of a new currency; closure of the main remittance company on November 2001; and a ban on livestock imports by the Gulf states since 2000 (IFCN, 08/02). These have all contributed to a further deterioration of household food security. High rates of malnutrition have been recorded, especially in Southern Somalia where rates are often above 15% even after a good agricultural season.

The *Gu* rainfall has been good in most parts of Somalia, except for Northern Gedo, parts of the Hiran and Bakool regions, and parts of Somaliland and Puntland.

The UN appeal for 2002 is only 40% funded as of August 2002 (UN resident co-ordinator, 22/08/02).

#### **Refugee repatriation**

Repatriation of refugees from Ethiopia and Djibouti, mainly towards Somaliland, is on going. It is estimated that since January, about 11,000 refugees have been repatriated from Ethiopia, leading to the closure of four refugee camps in Ethiopia. 14,000 refugees in Djibouti are also already registered for repatriation (UNHCR, 15/07/02).

#### **Southern regions**

##### **Hiran**

Part of the Hiran region is considered highly vulnerable as a result of poor 2002 *Gu* season following two successive below normal rains since the 2001 *Gu* season. The prospect for the 2002 *Gu* harvest is 85–90 %

lower than normal (FSAU/N, 09/02).

### **Beletweyne district**

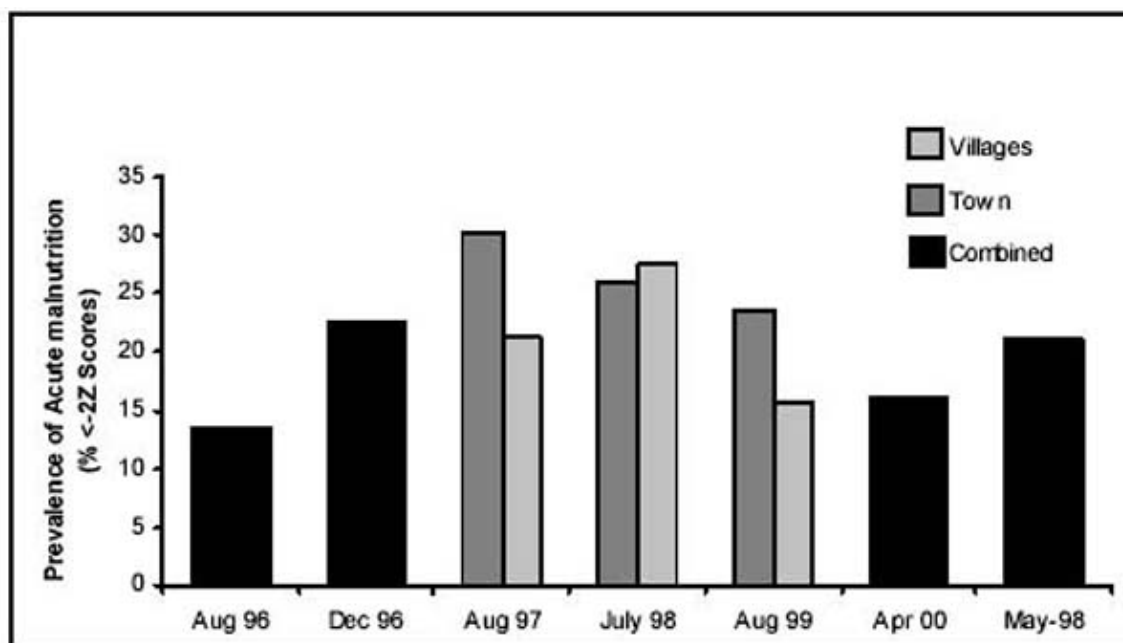
Beletweyne is one of the districts of the Hiran region currently exposed to food insecurity. The poor *Gu* rainfall has limited production in the rain-fed areas, while high fuel prices have prevented adequate irrigation in riverine areas. Animal out-migration was also observed, decreasing milk availability (FSAU/FS, 08/02).

Following high levels of malnutrition recorded through MCH growth monitoring, a nutritional survey was conducted in Beletweyne district in May 2002 (UNICEF, 06/02). The children surveyed were from pastoralist or agro-pastoralist groups (27%), farming groups (27%), and urban groups (53 %). Only 1.7% of the children were from displaced families. The survey revealed high rates of acute malnutrition; **21 % of the 6 to 59 months old children being malnourished, of which 2.7 % were severely malnourished**. Only 52% of the children had been vaccinated against measles.

A further nutrition assessment in Belet Weyne town, which has one half of the district's population, was undertaken in September 2002 and confirmed the poor nutrition situation. Of 589 children screened, 24.7% presented malnutrition (MUAC < 12.5 cm and/or oedema) including 5.4% severely malnourished (MUAC < 11 cm and/or oedema) (FSAU/N, 09/02).

Trends (see graph) in the prevalence of malnutrition show that malnutrition has remained high since 1996, with peaks in 1997 and 1998, probably due to the 1997 floods. Successive bad rainy seasons and the recent economic shocks have further weakened the population and the recurrent insecurity has worsened the situation. The underlying causes of malnutrition seem to be multi-sectoral including food insecurity, inadequate access to safe water, and poor child feeding practices (FSAU/N, 08/02).

Primary health care is still provided although nutrition interventions were halted in April 2001. A nutrition programme including supplementary feeding for malnourished children and food rations for their families, as well as a Therapeutic Feeding Centre, is intended for October. Medium to long term interventions have also been identified including improving water and health services and sustaining livestock (FSAU/N, 09/02). The current food for work programme will continue. Given the high level of malnutrition and the poor household food security, a larger food distribution should be considered, particularly if the forthcoming *Deyr* season fails.



**Prevalence of acute malnutrition among 6–59 month olds in Bet Weyne, Hiran, Somalia**

### **Bay region**

Baidoa saw the onset of insecurity in July, leading to the displacement of population throughout the Bay and Bakool regions, and the suspension of humanitarian activities in both Bay and Bakool (WFP 02/08/02). By mid-August, the situation was reported to be quieter but the displaced populations had not returned at that stage.

### **Berdaale district**

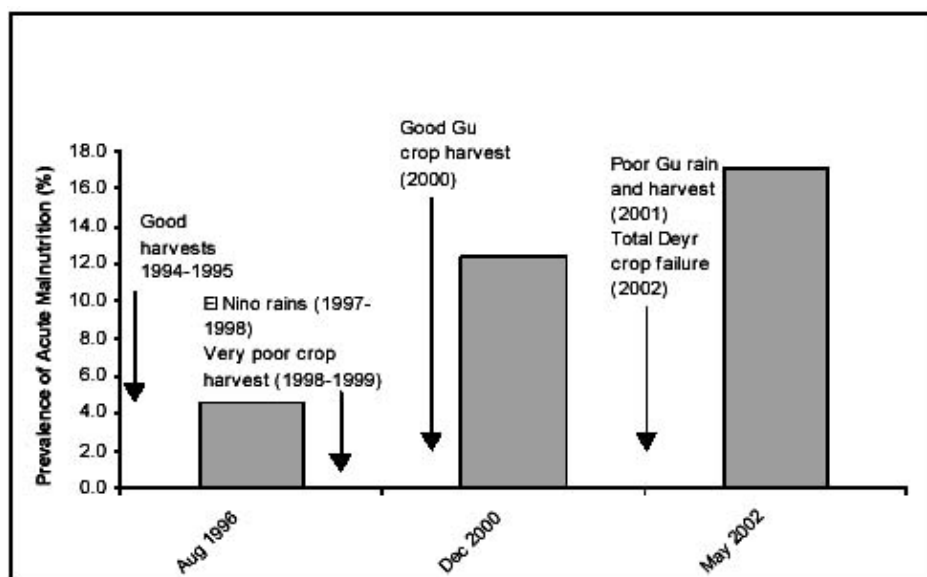
The food economy groups in Berdaale district are primarily agro–pastoral (50%) and agricultural (30%).

A nutritional survey undertaken by IMC/FSAU/UNICEF in May 2002 in Berdaale district revealed poor nutritional status with a **prevalence of acute malnutrition of 17.1%, including 3.5 % severe malnutrition** (IMC/FSAU/UNICEF, 05/02). The nutritional situation in this high potential agricultural area has been deteriorating since 1996 (see graph), particularly as the affected population is dependant on crops for 50–60 % of their food and 15 % of their income. The prevalence of malnutrition has increased four fold since 1996 when the nutrition situation was good, with a prevalence of malnutrition of 4.6%. At the time of the survey, the population had no food stocks and their income power was generally low. Even if casual work was available for farm labourers, payment rates were low. There was a high reliance on wild food. The *Gu* rains have however been generally good, which has improved both the condition of livestock and milk availability, and the *Gu* harvest is expected to be normal.

A relatively high prevalence of disease, and poor sanitary conditions have also been reported.

MCH activities are running. Supplementary feeding was provided through MCH from August 1999 until January 2002, when it was halted after food looting. Following the results of this nutritional survey, supplementary feeding resumed in July 2002, combined with family ration distribution to households with malnourished children, but due to security problems the family food rations were not distributed in all sites in July and August (FSAU/N, 09/02). The implementation of a multi–partner TFC is currently being negotiated (FSAU/N, 07/02).

It is hoped that the resumption of the nutritional activities will help the population cope until the next harvest. The population is vulnerable due to years of asset depletion, poor rates of payment and labour opportunities, and an inability to improve farming potential due to lack of resources. Even if the 2002 *Gu* harvest is good, livelihood will need to be further strengthened.



**Prevalence of acute malnutrition among 6–59 month olds in Berdaale district, Bay, Somalia**

### **North Gedo**

North Gedo is also experiencing a poor *Gu* season. In addition, the prevailing insecurity over the past months has contributed to a deterioration of the situation. WFP resumed its distribution, which had been halted since April in Garbahary and Burdhubo districts (WFP, 30/08/02).

### **Luuq district**

Although the RNIS has not received any recent nutritional information on the population in Luuq district, the situation is presumed to be of concern. Although the security conditions have improved since a cease–fire agreement, the presence of landmines is limiting aid access. No food distribution has been possible for the last four months, despite the population being highly dependent on food aid. Food aid had accounted for 35% of their food energy requirements up until March (FSAU/FS, 08/02). Insecurity prevented planting in rain fed



areas during the *Gu* season, and irrigation has been limited as a result of high fuel prices and pumps having been dismantled due to fear of looting. Population displacements have been reported to El Bonn and neighbouring areas in search of work (FSAU/FS, 08/02). The population of Luuq district remains of serious concern.

### ***Belet Hawa***

RNIS 36/37 reported a catastrophic situation in December 2001, i.e. 37.1 % acute malnutrition including 8.3% severe malnutrition. General food distribution and nutritional activities were then implemented. The onset of violence in March 2002 resulted in the displacement of thousands of people into other parts of Somalia and into the Mandera district of Kenya. The situation of the refugees arriving in Kenya has been reported to be extremely serious. About 2,300 were resettled to Dadaab camps in Kenya in mid June 2002 (IFCN, 07/08/02). Three thousand refugees returned to Belet Hawa in July. There has been concern about possible forced repatriation (OCHA, 18/07/02). These returnees are highly dependent on food aid. Humanitarian operations resumed in June, including food distribution, and supplementary and therapeutic feeding. The MCHs reported that 20%–30% of attending children were acutely malnourished (FSAU/N, 08/02). TFC and SFCs are operating in the zone.

### **Mogadishu**

Because of recent economic shocks, and the intensification of fighting since the Transitional National Government was appointed, the situation of Mogadishu's population has probably worsened, particularly for displaced people. Income opportunities are very limited and the prevailing insecurity and looting further impairs the population's ability to cope. Food prices were reported to have increased in June and July due to insecurity in Baidoa, the main food producing area in Somalia (IRIN, 26/08/02). In addition, sanitary conditions for displaced people are generally far from adequate (FSAU/N 08/02).

A rapid assessment conducted at the end of June in five IDP camps showed that of the 487 children screened (exhaustive screening of all children in the camps), **39% had a MUAC < 12.5 cm and/or oedema (considered as malnourished) including 7.1% having a MUAC < 11 cm and/or oedema (considered as severely malnourished)** (FSAU/N, 08/02). These results confirm the high vulnerability of IDPs in Mogadishu. A nutritional survey conducted in accessible IDP camps in June 2000 by ACF, had revealed that 16.1% of the children had a MUAC < 12.5 cm including 1.9% with MUAC < 11 cm (ACF-F, 06/00). Even though the two assessments are not directly comparable because they were not undertaken in the same population, the trend of nutritional status seems to confirm a deterioration. ACF TFCs are currently treating about 250 severely malnourished children. Anyway, high levels of insecurity have prevented the implementation of adequate humanitarian activities.

### **Northern regions**

#### **Somaliland**

Somaliland remains stable and is planning to hold presidential elections in January 2003 (IRIN, 20–26/07/02). Repatriation of refugees from Ethiopia and Djibouti is ongoing.

#### ***Sahil region***

Sahil region, like the rest of Somaliland, has suffered from the impact of the ban on the importation of Somali livestock. The region is mostly composed of pastoralists with an urban group of residents of Berbera and Sheikh town. A nutritional survey undertaken by FSAU/MOHL/UNICEF in May 2002 revealed **a prevalence of malnutrition of 11.8% including 2% of severe malnutrition** (FSAU/MOHL/UNICEF, 05/02).

The most vulnerable population appears to be drought affected residents of coastal areas who have migrated into highlands, the returnees from refugee camps, and the urban poor. On the contrary, populations normally living in the mountains appeared better off.

#### ***Sanag region***

Many areas of Sanag region are experiencing food insecurity due to consecutive poor rainfalls. The region is essentially pastoral, and herds have been particularly affected by the drought with a rise in camel and cow deaths and very poor milk production. About 70% of poor pastoralists have been reported to eat only one or two meals per day instead of the normal three (FSAU/FS, 09/02). The region has also received many

displaced people due to the insecurity prevailing in some areas of Puntland. A nutrition survey conducted by UNICEF in May 2002 reported 13.7 % acute malnutrition including 5% severe (UNICEF, 05/02). The incidence of oedema among children was very high: 3.3%. The main coping strategies used were borrowing, and sale of more livestock.

The measles vaccination coverage was only 19.2 %. The nutrition survey results do not show an alarming situation, but the high prevalence of oedema is of concern.

## **Puntland**

Puntland is still experiencing heavy fighting in the main towns of Garowe and Bossasso. In addition, poor *Gu* rainfall has affected pasture and water availability. This has particularly affected the mostly pastoral areas of eastern Sanag, NE Sool, South and North Nugal away from the Nugal river, NE Mudug and South Bari, leading to poor pasture and livestock migration (FSAU/FS, 08/02). The poor, who are unable to migrate readily are the most affected.

## **Sool plateau**

About 25,000 persons, particularly the poor pastoralists, are reported to be increasingly food insecure, and will require assistance until the rainy season in October–November. Milk availability has fallen to 50% of baseline levels while wage rates are only 70% of normal. Reproduction rates of livestock have decreased considerably (FSAU/FS, 09/02).

However, a MUAC screening carried out in July 2002 in the Sool plateau (excepting the Bari region for security reasons) showed that **6.3% of the children had a MUAC < 12.5 cm and/or oedema, including 0.4% of children with a MUAC < 11 cm and/or oedema** (FSAU/N, 08/02). Higher rates had previously been reported in Bari region in May 2002, 17 % of the children presented a MUAC < 12.5 cm and/or oedema (FSAU/N, 09/02).

## **Focus on displaced and returnees**

A study undertaken by UNCU/UN–OCHA, highlighted the vulnerability of the IDPs in Somalia and of returnees living in the peri–urban camps of North Somalia (UNCU/OCHA, 2002). These populations experience very poor access to basic services and employment opportunities. For example, a comparison between residents and IDPs/returnees in Hargeisa showed that while only 7% of the residents were categorised as destitute, the proportion was 50% for the IDPs/returnees. The average daily income of residents was 36% higher than the daily income of IDPs/returnees, who had to rely more on their own resources as fewer of them receive remittances. Begging was a significant source of income for about 9% of the IDPs/returnees in Hargeisa camps, while in Burao and Yirowe camps in Togdheer region, 91% of the displaced from the South were reported to depend mostly on begging because they didn't have access to casual work.

An IDP camp on the outskirts of Bossaso with about 400 families was totally destroyed by fire at the beginning of September. Humanitarian organisations have expressed their concern at the lack of permanent settlement for IDPs in the Puntland. IDPs themselves have cited insecurity of land tenure as one of their major problems. The Sahil nutritional survey (see above) confirms **the high vulnerability of IDPs/returnees. They are three times more at risk of malnutrition than the resident population.**

The status of IDPs/returnees is of major concern as repatriation from Ethiopia and Djibouti to North Somalia continues.

**Overall** The situation of populations in areas affected by both drought and insecurity is very precarious, and access remains difficult (category I). In addition, some populations are facing food insecurity due to poor *Gu* rainfall (category II). Urban IDPs are also considered to be at high risk due to economic shocks that affect their opportunities of finding adequate incomes as well as their access to basic services (category I). Returnees also experience poor living conditions and this is a major concern as large–scale repatriation continues. Their nutrition situation is however not yet known (category V).

## **Recommendations and priorities**

### **Bellet Weyne**

*From the UNICEF survey*

- Resume SFP in MCH and expand it throughout the district (due to start in October)
- Introduce nutrition education
- Increase access to improved drinking water

*From the FSAU*

- Medium–long term intervention aimed at improving water, health services and livestock

*From the RNIS*

- Strengthen the food security of this population by expanding the food distribution in the event of any factors tending to prevent recovery in the *Deyr* season.

### **Luuq district**

*From the FSAU*

- resumption of supplementary feeding in the district
- increased commitment to ensure successful delivery of the essential food aid, especially if the *Deyr* season fails.

### **Belet Hawa**

- continue the provision of food aid, and therapeutic and supplementary food for malnourished children

### **Sool plateau**

- Strengthen incomes of the population at least until the next rainy season
- Provide water
- Do not encourage in migration

### **Sanag region**

*From the UNICEF survey*

- Undertake further investigations on oedema cases and respond accordingly
- Establish four health centres and mobile EPI teams
- Administer selective feeding for the malnourished children
- Monitor the nutrition status of the under–fives
- Lobby WFP to expand food for work projects

### **IDPs returnees**

*From the RNIS*

- Improve the overall settlement of the population and provide basic services
- Improve income opportunities
- Design a comprehensive plan for returnee integration
- Assess the nutrition status

## **Somalie**

La Somalie est toujours en proie à différents conflits armés. De plus, elle a été touchée par de nombreux chocs économiques comme l'interdiction des importations de bétail par les états du Golf, la fermeture de la principale agence de transfert de fonds et l'inflation due à l'introduction d'une nouvelle monnaie.

Les pluies ont néanmoins été satisfaisantes dans l'ensemble du pays, excepté dans le nord de la région de Gedo, et dans certaines zones du Puntland et du Somaliland.

Les régions du sud sont les plus touchées par l'insécurité et les problèmes économiques.

Une enquête menée par l'UNICEF en mai 2002 dans le district de Bellet Weyne, situé dans la région de l'Hiran a révélé un taux de malnutrition aiguë de 21%, dont 2,7% de malnutrition sévère. La situation nutritionnelle dans cette région est précaire depuis 1996 (voir graphique) (catégorie II). Les déterminants de la malnutrition semblent multiples: insécurité alimentaire, conditions d'hygiène insuffisantes, alimentation de l'enfant insatisfaisante. Différentes actions nutritionnelles devraient être mises en place à partir d'octobre 2002: centres de nutrition thérapeutique et supplémentaire, distribution de rations alimentaires aux familles d'enfants malnourris. La mise en place d'actions à plus long terme telles que l'amélioration de l'approvisionnement en eau, du système de santé et de l'état du bétail représente aussi une priorité.

Dans le district de Berdale, dans la région de Bay, une enquête réalisée en mai 2002 a mis en évidence des taux assez élevés de malnutrition, 4 fois plus élevés qu'en 1996 (voir graphique) (catégorie II). Cette zone a pourtant un potentiel agricole important. Suite aux résultats de cette enquête, les activités nutritionnelles dans la zone ont repris.

La situation humanitaire de la population dans le nord de la région de Gedo est toujours très précaire (catégorie I). L'insécurité a réduit les potentialités de culture pendant la saison des pluies et a freiné les actions humanitaires.

Une évaluation nutritionnelle, mesurant le PB des enfants de 6 à 59 mois, réalisée dans 5 camps de déplacés à Mogadishu par la FSAU, a montré que 39% des enfants pouvaient être considérés comme malnourris (PB < 12,5 cm et/ou présence d'œdèmes) dont 7,1 % pouvant être considérés comme sévèrement malnourris (PB < 11 cm et/ou présence d'œdèmes). Il semble que la situation nutritionnelle de ces enfants se soit dégradée par rapport à l'année 2000. Ces populations sont considérées comme très précaires (catégorie I).

Les régions Nord de la Somalie, comprenant le Somaliland et le Puntland semblent moins affectées, même si la situation n'est pas parfaite. La prévalence de la malnutrition dans la région de Sahil, dans le Somaliland en mai 2002 était d'environ 12%, comprenant 2% de malnutrition sévère. Dans la région de Sanag, en mai 2002, la prévalence de la malnutrition était de 13,7% dont 3,3% de malnutrition sévère.

Une étude menée par UNCU/OCHA a montré l'importante précarité des populations déplacées et rapatriées d'Ethiopie dans le nord de la Somalie. Beaucoup ont du mal à avoir accès à des sources de revenus et leurs besoins de base en santé, hygiène et alimentation ne sont pas couverts (catégorie I). L'accès aux services de base pour ces populations doit être renforcé ainsi que les opportunités de travail.

## **Sudan**

Despite peace talks between the Government of Sudan and Southern factions, the security and humanitarian situations remain very precarious. A peace protocol was signed at the end of July between the combatants, agreeing to a six year period of autonomy for the South followed by a referendum to decide if Southern Sudan will remain part of Sudan (AFP, 09/08/02). A second round of negotiations took place in August on a comprehensive cease-fire, reform of the central administration and oil wealth sharing but were abruptly discontinued by the GoS following the capture of the garrison town of Torit by SPLA (BBC News, 04/09/02). The Khartoum government has stated they will return to the negotiations only if SPLA agrees to a full cease-fire and pulls out of Torit (AFP, 18/09/02).

Access to the population has been denied, especially in Western Upper Nile (USAID, 14/08/02). In August, WFP could not have access to 66,500 intended beneficiaries in Western Upper Nile (WFP, 13/09/02). UN agencies in Khartoum and representatives of donor missions called for free access to the population (European Union, 14/08/02). In addition, the WFP pipeline is reported to be low (FEWS, 08/02).

### **GoS controlled areas**

#### **Western Upper Nile (Unity state)**

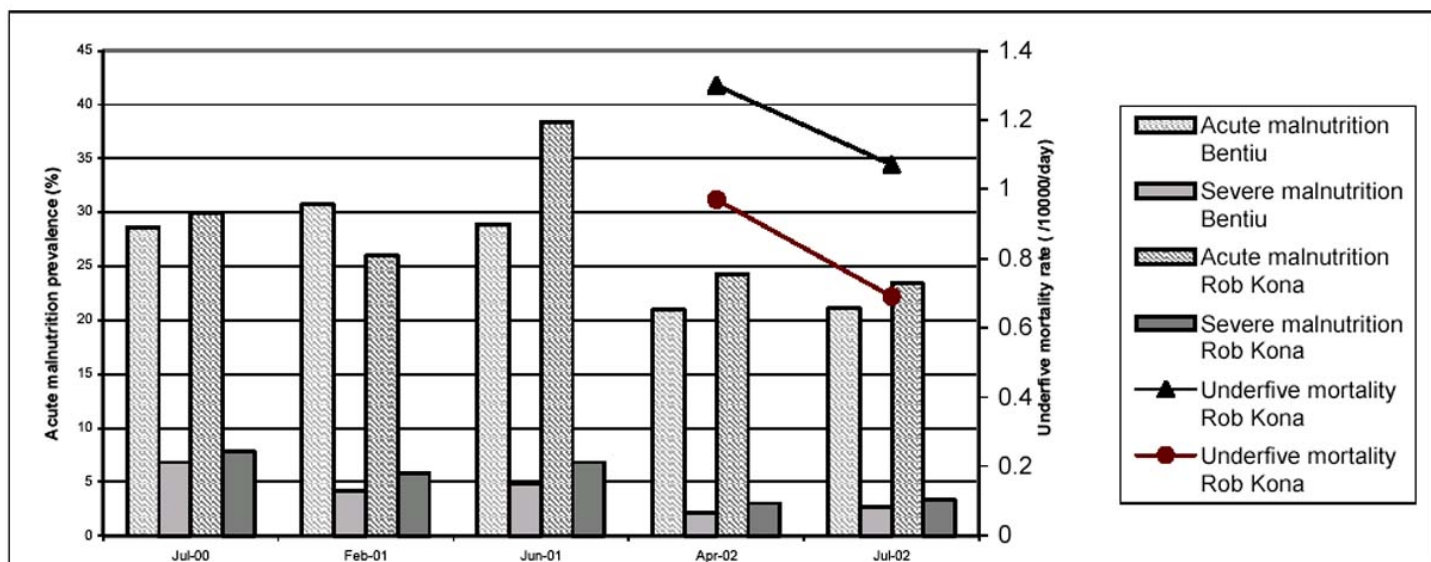
The oil-rich Western Upper Nile area was badly affected by insecurity, with GoS trying to push civilians out of the area. It has been reported that at least 100,000 have been displaced from Mayom into Bahr El Gazal and at least 300 people killed (AFP, 30/07/02). The population fleeing into Bahr El Gazal and Lakes region are

expected to have serious problems of food security with cereals reaching high prices during the hunger period. However, some have been able to move with their cattle (FEWS, 08/02).

In addition to insecurity and decreased access to the population, rainfall was below average, which could significantly reduce crop yields for the remaining population (FEWS, 08/02).

### ***Bentiu and Robkona areas***

In July 2002, ACF conducted two nutritional surveys, in Rob Kona and Bentiu areas, in collaboration with Care and the Sudanese Red Crescent (ACF-F, 07/02). The surveys revealed very high rates of acute malnutrition: above 20%, even though lower than last year at the same period, when levels of malnutrition were dramatically high, particularly in Rob Kona (see graph). The under-five mortality rates seem under control, near or below 1/10000/day and seem to have slightly decreased since the last survey in April 2002 (see graph). The population of Bentiu and Rob Kona have been experiencing displacement, restricted access to land, and cattle looting since 1999 due to insecurity. Access to food is very restricted for this population; the crop yields in September do not last longer than two or three months. For those who don't have stable work with the government or an oil company, the main source of income is the collection and sale of firewood, grass, or charcoal. Due to restricted access, food distribution was very patchy during the first semester of 2002 but it seems to have improved since June 2002. In addition, the water and sanitation situation seems to be of concern. Therapeutic and supplementary nutritional programs are in place, as well as some health facilities.



**Prevalence of acute malnutrition and mortality rate, underfive children, Bentiu and Rob Kona, Unity State, Sudan**

### **OLS southern Sector**

#### **Upper Nile**

### ***Phou and Leech states***

AAH-USA has conducted several surveys since the beginning of the year in Phou and Leech states. Food security is considered to be critical because of the delay in rains and planting, which will probably lead to a delayed crop season, due end September instead of August (FEWS, 08/02). The 2001 crop yield was badly affected by floods, and insecurity has led to destruction of homes and crops in Old Fangak at the beginning of the year. The traditional fishing activity during the rainy season was hampered by the lack of fishing nets. A lack of seeds at the planting season has been reported.

Malnutrition rates are very worrying, particularly in Atar and Old Fangak district where they are above 30% (see table). The nutrition situation in Old Fangak district has deteriorated since the same period last year when the acute malnutrition rate was 20.4 % (16.8 – 24.6), compared to 30.3 % (16 – 34.9) this year. Measles vaccination coverage was very low, ranging from 0.5 to 8%. In addition, very high rates of mortality have been reported in Atar and Mareang district (see table). In Mareang district, about 40% of the under-five year deaths

have been attributed to measles, while in Atar, simple and bloody diarrhoea contributed to more than 40% of pre-school deaths (see table). The humanitarian situation may be considered catastrophic in those districts. The health situation is very serious as is demonstrated by the low vaccination coverage and high mortality rates. Water and sanitation are also reported to be very precarious. In addition, the food security situation is of concern. WFP is targeting between 20 and 30 % of the population with a 25% to 50 % ration. The ration is planned to be increased to 50% until the next harvest.

#### Results of nutrition and mortality surveys conducted by AAH–USA in Upper Nile, Sudan, 2002

	Date	Acute malnutrition % (95 % CI)	Severe acute malnutrition % (95 % CI)	Oedema (%)	CMR /10000/day	Underfive MR /10000/day	MVC <sup>1</sup> (%)
<b>Phou state</b>							
Attar district	04–02	31.0 (26.7–35.6)	6.2 (4.2–9.0)	0.8	3.5	6.0	8.0
Old Fangak district	04–02	30.3 (26.0–34.9)	5.7 (3.8–8.4)	0.9	1.1	2.2	0.5
Mareang district	05–02	23.1 (19.1–27.7)	4.7 (2.9–7.5)	0.2	6.7	9.2	1.0
<b>Leech state</b>							
Nyal district	02–02	16.4 (12.9–20.1)	1.6 (0.5–3.1)	0.2	0.4	0.7	–

<sup>1</sup> Measles vaccination coverage according to mother statement

#### Causes of under-five mortality; two surveys by AAH–USA, Upper Nile Sudan, 2002

	Atar district, Phou state	Mareang district, Phou state,
Date	04–02	05–02
Underfive MR (/10000/day)	6.0	9.2
<b>Cause of deaths (%)</b>		
Simple diarrhoea	<b>27.8</b>	<b>12.2</b>
Bloody diarrhoea	<b>14.4</b>	<b>17.3</b>
Measles	13.3	<b>38.4</b>
Malnutrition	<b>14.4</b>	2.9
Respiratory infection	10	2.9
Fever	<b>16.7</b>	<b>21.5</b>

#### **Ruweng County**

Ruweng County also seems at high risk of food shortage. Last year's crops failed due to insecurity. The planting was also altered this year due to poor weather and insufficient seeds and tools; only 30% of the population had some seeds (MSF, 07/02). An inter-agency rapid assessment in Pagol in Ruweng county done on 77 preschool children showed that 26.1 % presented with acute malnutrition (weight–height < –2 Z–score and/or oedema) while 3.9% with severe acute malnutrition. Although some food security and health interventions are in place, these are not sufficient in coverage and secondly they face huge constraints because of population scattering, insecurity and restricted access.

#### **Jongley**

#### **Bieh state**

Bieh state is particularly exposed to insecurity with factional fighting and cattle raiding; the population has been dependant on food aid since 1999. The renewal of fighting in July prevented humanitarian action and then poor rainfall led to immature crops wilting. Replanting could not take place because of lack of seeds. The food security situation will probably not improved within the next year (FEWS, 08/02).

A survey conducted by AAH–USA in July 2002 in Nyirol district showed extremely high rates of 6–59 month–old child malnutrition and both under–five and crude mortality rates (see table). In addition, 12% of the mothers presented a MUAC below 185 mm, considered as malnourished and 50.3 % presented a MUAC between 185 and 219 mm, considered as at risk of malnutrition. No food was available in Lankien market and the WFP food distribution did not take place in May and June because of insecurity. Normal food distribution is a 50% ration. WFP planned to increase the ration to 75% from July until the harvest. However, due to poor weather conditions, the harvest will probably be very low. The health situation appears to be very poor, with only 14% measles vaccination coverage. The major cause of death has been reported to be bloody diarrhoea, accounting for 37% of all deaths, followed by malnutrition.

#### South Bor county

An AAH–USA nutrition survey carried out in May 2002 in Padak revealed **an acute malnutrition rate of more than 35 %, including about 7% severe malnutrition** (see table). On the other hand, under–five and crude mortality rates seem to be low. The area has experienced relative stability and a significant number of the displaced in Eastern Equatoria have returned home. Although Bor county was considered food secure by the ANA 2001/2002, it was observed at the time of the survey, that households have exhausted their cereal reserves and that little grain was available on the market. WFP distribution only targets returnees with a 50% ration and it seems that not all returnees were registered. Population burden, due to movements like IDP return and the arrival of the Murle population when the situation stabilised in the district, is given as a potential reason for the increased food insecurity. On the other hand, measles vaccination coverage is of 82 %.

#### Results of nutrition and mortality surveys conducted by AAH–USA in Upper Nile, Sudan, 2002

	Date	Acute malnutrition % (95% CI)	Severe acute malnutrition % (95% CI)	Oedema (%)	CMR /1000/day	Underfive MR /10000/day	MVC <sup>1</sup> (%)
Lankien and Pultruk parishes, Nyirol district,	07–02	28.4 (24.3–33.0)	4.3 (2.7–6.8)	0.8	7.2	15.0	14.8
Padak, Bor district	05–02	37.7 (33.1–42.4)	6.6 (4.5–9.4)	0.6	0.6	1.7	81.2

<sup>1</sup> Measles vaccination coverage according to mother statement

#### Lakes

##### *Tonj*

Although Tonj is generally considered food secure, higher rates of malnutrition were reported in April 2002 (15 % acute malnutrition, including 2.1 % severe) than in June 2001 (7.9 %, including 0.9% severe) and June 1999 (10.5 % acute malnutrition including 0.7 % severe) (MSFI, 07/02). This higher rate of malnutrition may be partly due to the influx of IDPs from West Upper Nile.

#### Bahr El Gazal

*Gogrial* and *Wau* are considered to be of concern, partly due to the recent arrival of IDPs from West Upper Nile. It is estimated that Wau has about 9,000 IDP household in the government controlled area while Gogrial has seen an influx of 50,000 people between July and August (FEWS, 08/02). They will not be able to crop anything this year and will be food insecure for at least one year. Insecurity in Gogrial county also prevented planting. Flight denial exacerbated the situation (MSFI, 07/02).

#### Eastern Equatoria

Torit is considered at risk because of the fighting and hampered food delivery because of bombing. The region hosted about 6,000–7,000 IDPs (FEWS, 08/02). RNIS has no recent information on the nutrition status of the population.

### **Southern Blue Nile**

Southern Blue Nile is an SPLA-held area in northern Sudan. Following a large offensive of the GoS in May and June on the town of Geizan, it is estimated that about 12,000 people were displaced in the surrounding area in Kurmuk county. They are living with the resident population. They have lost all their belongings. A further 12,000 previously displaced people in Belatuna camps and surrounds are also considered at risk due to adverse crop seasons in past years. The IDPs are in great need of food and non-food items (ACT, 12/08/02).

### **Eritrean refugees in eastern states**

Although repatriation of Eritrean refugees has begun with about 50,000 having been repatriated, about 91,000 still remain in camps.

Surveys were carried out in March 2002 by UNHCR and COR in 14 camps essentially hosting refugees from Eritrea, in Kassala, Gedaref, Gezira and Sennar states (UNHCR, 03/02).

In some camps, refugees have been allocated land, while others have been depending on wages earned on nearby farms, and lastly some have been relying only on food distribution. The rates of acute malnutrition vary from 5.4 % to 15.8% (see table). It seems that rates of malnutrition were not associated with the household food source. It can be noted, however, that the lowest rate of malnutrition is found in a land-based camp, while the highest rate is found in a reception camp. Malnutrition seems under control in three of the land-based camps, while in the other land-based, wage-based and reception camps, levels of malnutrition exceeded 10%. EPI coverage is generally adequate, as well as vitamin A supplementation, apart for one camp. Delayed food distribution, as well as half rations for all refugees instead of the full ration for refugees in reception camps, was reported for the months of January and February. The April–June period is reported as one of the most difficult by the refugees because there are fewer job opportunities and less food accessibility. However, June to October is also considered at risk, because it is the hunger gap period and because of the high morbidity rate over this period. MCH growth monitoring reports higher numbers of malnourished children during those months. WFP warned about the shortage of food they already face and which will be intensified if they do not receive further funding. They have already been obliged to cut the ration by half (WFP, 24/09/02). This less than normal food distribution will further undermine the nutritional status of the population.

The crude mortality rates for May and June 2002 were 0.26 and 0.31/10000/day and the under-five mortality rates seem average at 1.16 and 1.48/10000/day (UNHCR, 07/02).

**Overall The humanitarian situation is desperate in Southern Sudan with very high levels of malnutrition, morbidity and mortality (category I). Some of the refugees are also experiencing bad conditions (category II), whilst the situation for others seemed under control but is still highly dependant on food aid pipeline (category III).**

### **Acute malnutrition, Eritrean refugee camps, Sudan, UNHCR/COR, 03/2002**

<b>Camp</b>	<b>Camp category<sup>1</sup></b>	<b>Acute malnutrition % (95% CI)</b>	<b>Severe malnutrition % (95% CI)</b>	<b>Fully vaccinated %</b>	<b>Vit A Coverage %</b>
UmAli	LB	5.4	0	63	65
Mafaza	LB	5.8	1.2	75	82
Aburakham	LB	7.5	0.3	95	94
Abuda	LB	9.5	0.7	89	98
UmSagata	LB	10.4 (8.6–12.7)	1.4 (0.8–2.5)	82	82
Karkora	LB	12.9 (10.8–15.3)	0.7 (0.3–1.5)	88	92



Hawata	LB	13.2	0.94	92	84
Fau 5	WB	9.0	0.7	66	0
Kilo 26	WB	9.8 (8.0–12.0)	0.8 (0.3–1.7)	93	91
Girba	WB	10.2 (8.3–12.6)	1.2 (0.6–2.3)	94	92
Wad Hileaw	WB	10.2	2.2	91	88
Suki	WB	11.3	1.8	91	95
Wad	R	10.1 (8.3–12.4) <sup>6</sup>	0.7 (0.3–1.5)	93	96
Sherifey					
Shagarab	R	15.8 (13.5–18.4)	1.3 (0.7–2.4)	94.6	99.7

<sup>1</sup> LB = land based: refugees provided with land

WB = wage based: refugee access labor opportunity in nearby farms

R = reception: refugees depend on donation only

## Recommendations and priorities

### Southern Sudan

*From the RNIS*

- Advocate for full access to the population in need
- Provide adequate food distribution, longer term food security programmes, health, water and nutrition services to the population

### Refugees

*From the UNHCR/COR survey*

- Provide full rations to all refugees in the April–September period
- Improve food production in the land based camps
- Consider blanket supplementary food distribution for children under three years old during June–September
- Monitor the situation

*From the RNIS*

- Support WFP funding to ensure an adequate food distribution

### Soudan

Malgré des négociations en cours entre le gouvernement de Karthoum et les factions du Sud, la situation sécuritaire et humanitaire reste très incertaine dans certaines zones du Soudan. L'accès à certaines populations a été empêché, en particulier dans l'ouest de la région de l'Upper Nile.

Cette région a aussi été particulièrement touchée par l'insécurité et par le vol de bétail, entraînant de nombreux déplacements. Deux enquêtes réalisées dans cette zone à Robkona et Bentiu en juillet 2002 ont montré des taux de malnutrition excédant 20% (voir graphique). En raison de problèmes d'accès, les distributions alimentaires avaient été très réduites durant le 1er trimestre 2002. Il semble qu'elles se soient améliorées par la suite. Des actions nutritionnelles et des centres de santé sont en place.

Dans la région de l'Upper Nile, non contrôlée par les forces gouvernementales, plusieurs enquêtes ont montré une situation nutritionnelle alarmante (voir tableau), ainsi que des taux de mortalité très élevés dans

certaines zones (voir tableau). Les conditions de vie de ces populations sont effroyables, que ce soit d'un point de vue de la sécurité alimentaire, de l'hygiène ou de l'accès aux soins (catégorie I).

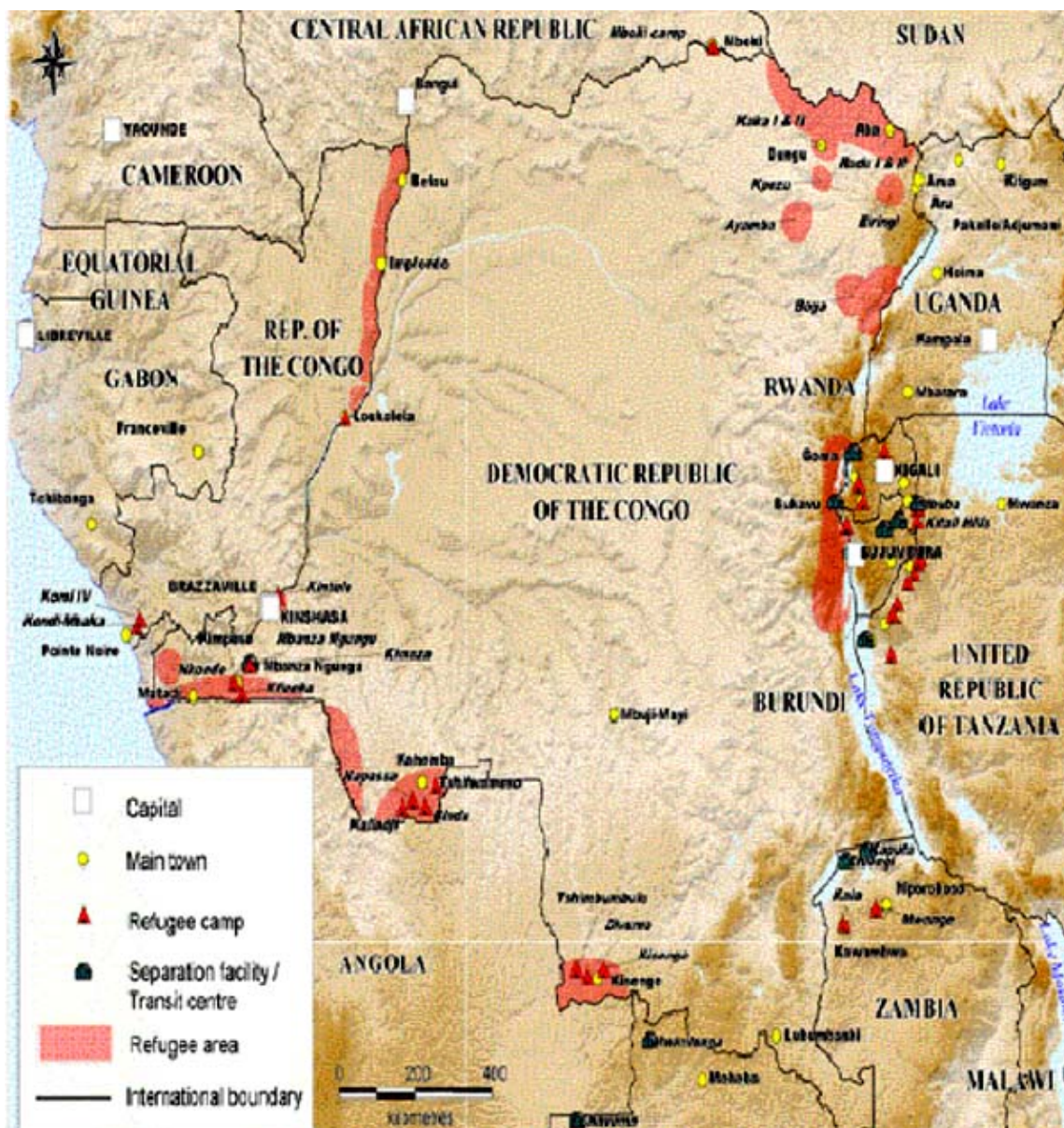
De même, dans les zones de Bieh et de Bor (voir tableau), dans la région de Jongley, des taux très importants de malnutrition et de mortalité ont été mis en évidence (catégorie I).

Certaines zones de la région du Bahr El Gazal sont elles aussi considérées comme présentant des risques importants, en particulier à cause de l'afflux de nombreux déplacés en provenance de l'Upper Nile.

L'accès aux populations dans le besoin doit pouvoir être garanti et les actions humanitaires dans tous les domaines doivent pouvoir être améliorées.

Environ 90 000 réfugiés Erythréens vivent dans des camps au Soudan. Des enquêtes nutritionnelles ont été réalisées en mars 2002 dans 14 de ces camps, situés à l'est du pays. Ces enquêtes révèlent des taux de malnutrition variant d'un camp à l'autre, la situation nutritionnelle étant satisfaisante dans certains camps (catégorie III) mais moins bonne dans d'autres camps (catégorie II)(voir tableau). Le PAM rapporte d'autre part une pénurie de nourriture, l'obligeant à diminuer les rations alimentaires. Cette enquête recommande une augmentation des rations alimentaires durant la période d'avril à septembre, considérée comme la plus difficile pour les populations, ainsi qu'une amélioration de la production agricole pour les réfugiés ayant accès à la terre.

## **WEST AFRICA**



**WEST AFRICAN REGION**

West Africa is experiencing renewed crisis. The new onset of violence in Liberia further displaced thousands of people to the interior of the country or in neighbouring countries. Others are simply seeking refuge in the bush near their homes. Ivory Coast is also currently experiencing trouble. Although Sierra Leone is at peace, reconstruction is difficult.

There is concern for the populations of Liberia and Sierra Leone, with regard to living conditions and protection. MSF expressed their concern about the lack of basic services for returnees to Sierra Leone and stated that people's basic rights are not protected when resettled (MSF, 24/09/02). Widowed or separated women face special difficulties in claiming their properties and are still experiencing violence (USCR, 26/07/02).

In Guinea, sexual exploitation in refugee camps continues despite some programmes having been put in place. This issue needs to be better addressed (USCR, 26/07/02).

In Liberia, there have been reports of harassment of the population and people have been prevented from crossing the borders to neighbouring countries, or being obliged to pay (MSF, 24/09/02; USCR, 26/07/02).

There is a great need to address these problems which returnees and the civilian population are facing for some years.

#### **Estimated number of refugees and returnees, August 2002**

	<b>Liberian refugees</b>	<b>Sierra Leonan refugees</b>	<b>Sierra Leonan repatriated by UNHCR</b>
Ivory Coast	132,600	2,000	
Guinea	47,000 in camps	43,000 in camps	18,000
	60,000 in towns		
Sierra Leone	33,600		
Liberia		30,000	30,900

### **Afrique de l'Ouest**

L'Afrique de l'Ouest est en proie à de nouvelles crises. Alors que la Sierra Leone est en paix, le Liberia connaît un regain de violence depuis le début de l'année et la Côte d'Ivoire est déstabilisée par une opposition armée. La situation des populations d'Afrique de l'Ouest est inquiétante. MSF a dénoncé les conditions de réinstallation des populations de Sierra Leone à leur retour d'exil. Les femmes sont les plus vulnérables car elles ont du mal à récupérer leurs propriétés et sont victimes de violence. De même, l'exploitation sexuelle continue dans les camps de réfugiés en Guinée, bien qu'elle ait été dénoncée. Les problèmes auxquels font face ces populations doivent être urgemment résolus.

### **Ivory Coast**

Ivory Coast is experiencing troubles following a mutiny by soldiers on the 19<sup>th</sup> September 2002. At the beginning of October, soldiers controlled two major towns in the North of the country, including Buake, the second largest town of the country and some smaller towns (BBCNews, 02/10/02). Army reprisals, as they were looking for rebels, targeted an area in the suburbs of Abidjan hosting many migrants; houses were burned. About 6,000 Ivorians, immigrants and refugees are reported to be homeless (UNHCR, 02/10/02). They were looking for shelter and were in need of food and adequate sanitation (IFRC, 24/09/02). The Ivorian representatives called for cessation of attacks on migrant; they also blamed foreign countries for helping the rebels (BBCNews, 22/09/02).

In a country exposed to economic crisis, there has been increasing resentment against migrants and migrants' descendants. There is a fear that this may degenerate into a civil conflict involving ethnic/political and religious groups.

### **Refugees**

Since the beginning of the fighting in Liberia and Sierra Leone, Ivory Coast has hosted thousands of refugees. Unlike many other countries, where the refugees are settled in camps, in Ivory Coast they are settled in the host community in a 500–km–long and 50 km–wide stretch of land bordering Liberia. The area is designated as Zone d'Accueil des Réfugiés (ZAR). Only one camp had been settled in 1995 (Nicla camp). Refugees are registered in the Danane transit centre at their arrival. At the end of 2001, it was estimated that the area counted about 120,000, mostly Liberian, refugees. Refugees from Sierra Leone are estimated at around 2,000 (UNHCR, 24/05/02). Although the government of the Ivory Coast wants the integration of refugees, refugees themselves have reported harassment when travelling and restricted access to land and work (RI, 24/07/02). From the beginning of 2002 until July 2002, UNHCR had registered 15,560 new Liberian refugees in Ivory Coast, of which 3,800 were settled in Nicla camp. WFP is providing food assistance for the refugees in Nicla camp and Danane transit centre (WFP, 19/07/02).

The mortality rate has been reported to be 0.03/10000/day in Nicla camp. In Danane transit centre, a rate of malnutrition of 7.8% with no case of severe malnutrition has been reported. (The source and methodology of this assessment was not reported.) (WFP, 21/06/02).

Two hundred refugees from Sierra Leone and Liberia have sought assistance from UNHCR after their homes were burnt in Abidjan (see above) (UNHCR, 24/09/02). The impact of the current crisis on the refugee situation in ZAR is unknown at the time this issue was completed.

### **Recommendation and priorities**

- Monitor the situation of the migrants and refugees and provide additional relief if needed

## Côte d'Ivoire

Une mutinerie a vu le jour en Côte d'Ivoire mi-Septembre. Les mutins tiennent le nord du pays dont Buake, la 2eme ville du pays. Cherchant des rebelles, l'armée s'est attaquée à un quartier des faubourgs d'Abidjan, habité essentiellement par des immigrés. 6 000 Ivoiriens, immigrés et réfugiés sont sans domicile, après que leurs maisons aient été brûlées.

La Côte d'Ivoire accueille d'autre part environ 200 000 réfugiés essentiellement Libériens, mais aussi Sierra Léonais. La plupart vivent intégrés à la communauté ivoirienne dans une zone située près de la frontière libérienne, la Zone d'Accueil des Réfugiés (ZAR). Environ 15 000 nouveaux réfugiés libériens sont arrivés en Côte d'Ivoire depuis le début de l'année.

## Guinea

### Refugees

Guinea hosts a large number of Sierra Leonan and Liberian refugees, comprising 47,000 Liberian refugees and 43,000 Sierra Leonans in seven camps and one transit centre and more than 60,000 Liberian living in towns along the Liberian border (UNHCR, 07/08/02). The past months have seen some refugee movement. Sierra Leonans have been repatriated while new arrivals from Liberia have been registered as a result of the onset of fighting in Liberia (see table).

### Refugee influx (OCHA, 26/07/02)

	Liberian refugees arrival	Sierra Leonan refugees repatriation
January	914	1,878
February	490	1,728
March	2,290	2,975
April	2,456	5,255
May	6,814	2,195
June	400	3,899
July	5,447	0
<b>Total</b>	<b>22,811</b>	<b>17,930</b>

Camps are overcrowded, particularly Kouankan and Kola camps, near Nzerekore, where most of the new refugees have been transferred from the border (UNHCR, 07/08/02). A new site near Laine in Nzerekore has been opened and will host about 6,000 refugees (WFP, 13/09/02). The new influx of arrivals has some impact on the host communities and refugees (OCHA, 26/07/02). There has been a decline in the sanitary conditions of the camps, a deterioration in the basic standard of living among the host population, and increased hostility between refugees and host communities. Sexual exploitation in the camps seems to continue, although sensitization programmes have been implemented. So far, UNHCR has received only 10% of the US\$ 3 million required to address the problem (USCR, 07/02).

### Internally Displaced Persons

Insecurity in 2000, particularly in the Parrot's Beak area, as well as the 2001 floods in Upper Guinea have led to the displacement of thousands of Guineans, who had been integrated with resident populations to a large extent. The number of IDPs has been highly controversial. A census conducted at the beginning of the year identified a total of 82,000 IDPs (OCHA, 26/07/02). No recent nutrition information has been made available to RNIS for this group.

### Macenta prefecture

A nutrition survey was carried out in the rural and urban areas of Macenta prefecture by ACH in March 2002 (ACH, 03/02); 2.1% of the surveyed families were refugees and 1.5% were displaced. The survey revealed that 8.0% of the surveyed children suffered from acute malnutrition including 0.9% presenting severe acute malnutrition; only one child presented oedema. Measles vaccination coverage was reported to be 37.8%, according to the card and 74.5% if the mother's history was added. The crude and under-five mortality rates were both 1.4/10000/day. The nutrition situation of this population is average and may be improved.

**Overall The situation of the refugees seems to have deteriorated, partly due to the influx of new arrivals. The issue of sexual exploitation has to be addressed urgently.**

### **Recommendations and priorities**

- Support the arrival of the new refugees
- Increase the funds and programmes to address sexual exploitation

#### **Guinée**

La Guinée accueille environ 47 000 réfugiés libériens et 43 000 réfugiés sierra léonais dans 7 camps et 60 000 Libériens vivant en ville le long de la frontière. Le rapatriement des réfugiés sierra léonais est en cours, alors que de nouveaux réfugiés libériens arrivent.

Bien qu'un nouveau camp ait été récemment aménagé, les camps existants sont surchargés conduisant à une détérioration des conditions sanitaires et des conditions de vie générales des réfugiés. L'exploitation sexuelle continue, le HCR n'a reçu que 10% des fonds requis pour endiguer ce problème. L'accueil des nouveaux réfugiés ainsi que les programmes de lutte contre l'exploitation sexuelle doivent être soutenus.

Une enquête nutritionnelle dans la préfecture de Macenta a révélé une prévalence de malnutrition aiguë d'environ 8% incluant 0,9% de malnutrition sévère. L'échantillon de cette enquête comprenait environ 3% de réfugiés et de déplacés.

#### **Liberia**

The onset of fighting between the Liberians United for Reconciliation and Democracy (LURD) and the army, since the beginning of the year, has seen an increasing number of people fleeing insecurity, especially in May and June 2002. Since then, the influx has decreased. The Northern area has been the most affected by conflict. In mid September the Liberian president Charles Taylor lifted the state of emergency he had imposed in February because of reduced danger from rebels (BBCNews, 14/09/02). He also stated that he is categorically against foreign peacekeeping forces in Liberia (OCHA, 17/09/02).

#### **Internally displaced people**

It is estimated that there are about 196,000 IDPs. More than 50% are located in six camps in Montserrado county, in Monrovia suburb, the others being located in Bong county (Cari 1 and 2, Totota), Margibi county (Kakata), Nimba county (Ganta) and Gran Bassa county (Buchanan) (WHO, 31/08/02).

In addition to people in camps, some have sought refuge in towns, particularly in Monrovia where they are living with relatives or in abandoned buildings. Nevertheless, they are increasingly going to live in the camps where they receive some help (OCHA, 13/09/02).

A MOH/WHO joint assessment mission in IDP camps in Montserrado county carried out at the end of August 2002 reported insufficient chlorination of water and poor health care with lack of 24 hour health services, poor nutrition, no epidemiological surveillance and uncoordinated routine immunization services (WHO, 31/08/02). ACF reported a large increase in admissions to TFCs and SFCs in Montserrado county, particularly in the months of May and June.

An outbreak of cholera has been reported, with 661 cases in Montserado county (WHO, 13/09/02).

Due to delay in food arrivals, less than the full food ration has been delivered for some time to IDPs and refugees. The delivery of a full ration resumed in September. WFP is distributing food to 126,500 displaced persons and refugees (OCHA, 05/09/02).

## Northern area

A mission was conducted in early September in Tubnamburg; nearly all the population had fled from here following attacks. Tubnamburg was recently retaken by the government. About 6,000 people came back to the town after living in the bush. They are able to get food from abandoned farms. However, the situation still needs to be closely monitored (WFP, 13/09/02).

## Bong county

A survey of the new arrivals from Lofa county was conducted in July in Cari 1 and 2 transit shelter by ACF (ACF, 07/02). Those questioned reported they had survived on wild food in the bush near their villages for up to four months. As the insecurity and the harassment increased, they decided to flee. They arrived without any food items or belongings because of insecurity on the road. It seems that the new IDPs have not been registered to receive WFP ration yet.

During the hunger gap, from May to August, host populations as well as previously displaced persons and new IDPs are using the same coping mechanisms: consuming wild food and cassava. The burden of new IDPs is increasing further and putting additional pressure on food supply. In addition, food availability in the markets was very poor and prices were extremely high.

There were very few sources of income. The only day jobs available were weeding on resident farms. An IDP could only get a contract for two days a week and the salary was very low; only one third of normal rates.

A nutritional assessment using MUAC measurement showed that of 579 children measured (both new and old IDPs), 2.2% presented a MUAC of less than 11 cm, 7.8 % presented a MUAC between 11 cm and 12 cm, and a further 7.6 % presented a MUAC between 12 cm and 12.5 cm. This indicates an average situation.

Water supply was reported to be adequate, however, sanitation was insufficient. The situation of the IDPs will probably not improve rapidly as farming activities have been disrupted by insecurity in Bong county with the crop calendar delayed for one month, planting surface reduced and farms abandoned for a while.

## Refugees

No new information has been obtained regarding the refugee situation. However, the refugee population, which was further displaced as a result of insecurity, is considered to experience the same poor living conditions as the displaced.

**Overall The situation of displaced, refugee and resident population in affected areas is of concern (category II).**

## Recommendations and priorities

- Improve the conditions of the camps receiving new arrivals
- Monitor the situation of the resident population in affected areas

### Liberia

Le renouveau des violences entre le LURD et l'armée a engendré un déplacement important de population, en particulier en mai et juin. Le nombre de personnes déplacées à l'intérieur du pays est estimé à 96 000, dont plus de la moitié vivent dans le comté du Montserrado, aux alentours de la capitale, Monrovia. Les conditions d'accueil de ces camps laissent à désirer, des actions visant à les améliorer sont souhaitables.

Une enquête de sécurité alimentaire chez les nouveaux arrivés dans un camp du comté de Bong a montré que ceux-ci arrivaient totalement démunis, après avoir passé parfois plusieurs mois dans la brousse. Une évaluation, incluant ancien et nouveaux déplacés, a montré que 7,6 % des enfants présentaient un périmètre brachial entre 12 et 12,5 cm, 7,8 % entre 11 cm et 12 cm et enfin 2,2% avaient un périmètre brachial de moins de 11 cm ou présentaient des dèmes.

Les réfugiés sierra léonais ont eux aussi dû se déplacer en raison des combats. La situation des déplacés, des réfugiés et populations résidentes dans les zones affectées par les combats est préoccupante (catégorie II).

## Sierra Leone

The overall situation within the country remains stable, whereas the border area with Liberia is still insecure. Six chiefdoms of Kailahun district have been declared safe for repatriation in August, whilst two (Malama and Kissi Teng) remain unsafe (OCHA, 31/08/02). President Kabbah asked UN forces to stay longer than late September. He is concerned about the destabilisation of the whole country, which could result from the on-going fighting in Liberia. He is also concerned that security will deteriorate when a war-crimes tribunal begins next year (OCHA, 10-09-02). The UN mission mandate has been extended for six months (UNSC, 24/09/02). The Sierra Leone government seeks to boost the economy in the country. The President pronounced a ban on illegal diamond mining in order to assure total control of diamond sales (AFP, 29/08/02). Diamond exploitation was one of the major causes of the civil war in the country.

### Refugees, returnees and IDPs

Repatriation of Sierra Leonan refugees continues. Repatriation from Guinea resumed mid-August following a 40 day interruption due to a shortage of trucks (UNHCR, 16/08/02). Sierra Leonan refugees were also repatriated by boat from Liberia. It is estimated that 30,888 Sierra Leonans have been repatriated by UNHCR from Liberia this year and more than 18,000 from Guinea. More than that have spontaneously returned. UNHCR temporarily suspended repatriation procedures at the beginning of September as not many people seemed to want to return (UNHCR, 10/09/02). 270 from the 2,000 who sought refuge in Nigeria have expressed a willingness to be repatriated. The unaccompanied and separated minors, many of whom were born in Liberia, constitute a special issue (IRIN 20-26/07/02).

Liberian refugees continue to enter Sierra Leone but the flow is less than in previous months. As of August, 33,576 Liberian refugees were registered (see table).

### Numbers of registered Liberian refugees in Sierra Leone, (OCHA, 31/08/02)

Location	Registered population
Bandajuma	4,814
Taiama	6,383
Jimmi/Bagbo	6,048
Gondama	3,267
Jembe	6,401
Gerihun	6,663
<b>Total</b>	<b>33,576</b>

Some refugees have been relocated from the Liberian border into camps in Bo and Kenema (OCHA, 31/08/02).

The government wants to reclaim government land and asked 10,000 IDPs in the Clay Factory camp near Freetown to move within three months. IDPs want more discussion for proper planning and more time to prepare the move (PANA, 18/08/02).

### Resettlement and re-integration of the returnees

The last returnees from a transit area in Bari have been resettled to their home in eastern Kono and Kailahun district (IRIN, 10-16/08/02). Relocation of returnees from the Freetown camps continues (OCHA, 31/08/02). There is deep concern about the living conditions of resettled returnees, particularly in the most war-affected districts of Kono and Kailahun, where in some areas more than 70% of homes have been destroyed. According to USCR, some homes are occupied by squatters. Women on their own face particular obstacles to re-integration; they have difficulties reclaiming property, which traditionally belongs to men. They also experience violence. During the war 72% had experienced human rights abuses and more than 50% were victims of sexual violence. There is a call for new programmes especially for women, to help them both



psychologically and materially (USCR, 19/07/02).

#### **Tonkolili district**

A nutritional survey was carried out by ACF in February 2002 in Tonkolili district in the Northern part of Sierra Leone (ACF, 02/02). People began to come back to Tonkolili district from March 2001. Three main food economy zones coexist in the district: the gold-based zone in the northeast, the agricultural and livestock subsistence in the north and trading in the south. The survey revealed a dramatic improvement in the nutritional situation since October 1997 (see table), the last previous survey in this district, which was thereafter inaccessible for security reasons. Although Tonkolili was one of the most affected districts during the war, the nutritional situation now seems under control. The measles vaccination coverage, however, is low with only 27.5 % coverage confirmed by card and 66.9 % when also taking into account mother's statement. Health structures re-opened gradually and are supported by NGOs but the district is still not totally covered for health and water facilities. However, a high number of returnees is still expected and the situation has to be carefully monitored.

#### **Malnutrition rate, Tonkolili district, Sierra Leone (ACF, 02/02)**

	<b>October 1997</b>	<b>February 2002</b>
Acute malnutrition (95 % CI)	18.9 % (15.4 23)	5.6 % (3.7 8.3)
Severe acute malnutrition (95 % CI)	3.1 % (1.7 5.3)	0.6 % (0.1–2.0)

#### **Kenema district**

##### ***Internally displaced old people***

A survey was undertaken by Help Age International in Kenema district, Nongowa chiefdom, on vulnerable internally displaced elderly (Helpage, 02/02). The survey targeted the most vulnerable (see annex), and is not representative of the entire population of the elderly. Those surveyed were aged 70 to 85 years. Among them, 80 % presented a BMI < 18.5, defined as malnourished, which included 46 % with a BMI < 16, defined as severe Chronic Energy Deficiency; 78 % presented a MUAC < 22 cm. Main food sources were relief food (41%), wood selling (27%) and gardening (8%). This pattern was completely different from that of 1990, defined as a normal year, when the major food sources were farming (57 %) and cash crop sales (24 %). The use of the available food also changed, 54 % of the food being eaten at the time of the survey versus 38 % before the war. Slightly more food is sold than before and only 3% of food is stored compared to 18% before war. The major income sources are wood selling (48%), relief items (25%), begging (9%) and gardening (8%). Before the war, the major sources of income were farming and cash crops (69%) followed by trading (10 %) and livestock (8%). This survey, even if only targeted on the most vulnerable of the elderly shows a poor nutritional status and reflects the change in the food security situation after ten years of war.

##### ***Resettlers***

A joint assessment mission was carried out by UNOCHA, NaCSA and Africare in Dama, Koya and Gaura chiefdoms in August 2002. There were 6,000 IDPs who had resettled at that time, increasing the local population by 90% (OCHA, 31/08/02). According to former IDPs, they are struggling more for water or school fees for their children than previously. However, some reported enhanced well being, compared to when they lived in the camp.

#### **Kailahun district**

Kailahun district is hosting both refugees from Liberia as well as Sierra Leonean returnees from Guinea and Liberia. A food security survey was carried out by ACF in May 2002 in Kissi Tenge, Kissi Tongi, Kissi Kama and Luawa chiefdoms (ACF, 05/02). At the time of the survey, these areas had not been declared safe. Housing, water and sanitation facilities and health facilities had been destroyed.

##### ***Liberian refugees***

Refugees are settled either in camps (Buedu, 1,268 people; Kailahun, 250 people) or in communities in temporary shelters. Most of refugees prefer to stay in the Northern area, because they are closer to home; they are waiting for relatives; they share the culture and language of the host population and they can cultivate fields. The newly-arrived refugees reports to have come with very few belongings, and with no food

or seeds. Initially, they were provided with food and shelter by the host community on their arrival. However, this has not been the case for some time because the food stock of the host community has been exhausted. Both refugees and host communities rely on wild food. About 70 % of the refugees in camps are considered poor, whilst 20 % are considered as middle-income and 10% as better off. Wealth was mostly related to the number of people in the family (the largest families are poorer), the land cultivated (poor families have less land) and time of arrival; the newly-arrived being more vulnerable. Refugee income-generating schemes are numerous: palm fruit and kola nut harvesting and processing, collection of pepper bushes, farming, labouring for residents, casual labour, wood selling, stick collection for reconstruction and water collection. They are in competition with returnees for jobs.

### **Sierra Leonean returnees**

Sierra Leonean returnees came back both from Guinea and Liberia, some because of the recent insecurity in Liberia. Returnees from Guinea have been able to come back with some food, unlike those from Liberia. The middle-income and better-off returnees from Liberia have been supported in terms of food and housing material by their families who had remained in Sierra Leone. They were also able to come back with some belongings. The poorest, including female headed households, came without anything. Most of the interviewed households spontaneously returned and did not receive any food assistance. The food sources varied (see table).

#### **Food sources of Sierra Leonean returnees in Kailahun district (ACF, 05/02)**

	<b>Poor</b>		<b>Middle</b>		<b>Better-off</b>	
	<b>From Liberia</b>	<b>From Guinea</b>	<b>From Liberia</b>	<b>From Guinea</b>	<b>From Liberia</b>	<b>From Guinea</b>
Own crop (%)	0	20	0	20	0	30
Wild food (%)	25	25	20	10	10	5
Exchange/labour (%)	20	30	0	0	0	0
Purchase (%)	15	15	40	40	40	50
Kinship (%)	10	10	20	20	30	5
Food aid (%)	10	10	10	10	10	10
Loan (%)	20		10		10	

Sources of income were much the same as for Liberian refugees but also included petty trading. The better-off households coming from Guinea also received remittances from relatives in Guinea or other countries. This represented about 30% of their income.

Having seeds for plantation was one of the major issues for the returnees. The major source of seeds for the poorest households was labour exchange, followed by loans, family support and humanitarian aid. Middle-income households also mostly relied on labour exchange and loans, while the better-off were supported by loans and family support.

Depending on the date of their arrival, returnees face different problems. Returnees who arrived before January 2002 were able to cultivate different sorts of crops such as rice, cassava, groundnuts and vegetables. They have to share with newly-arrived members, which reduces food security in the long term and makes difficult to save seeds.

Those who came in April missed the registration for seed distribution. They had to borrow seeds and will have to reimburse these from their harvest.

People who came in April–August will mostly depend on relief food and casual work.

### **Kono district**

Kono district has been one of the districts most affected by the war. Since the war ended, farming, cash crop

plantation, trading and diamond mining have resumed. About 90% of the structures were destroyed during the war, including health facilities. Water and sanitation facilities are almost non-existent. Of the resettled community, 60% came from Guinea, 30% from Bo/Kenema and 10% from bush camps within Kono district. ACF carried out a food security survey in the district in May 2002 (ACF, 05/02)

The returnees have the same sources of income as before the war but they are carrying them out on a smaller scale because of a lack of means: farmers don't have enough crops, diamond miners lost their equipment, cash crop farmers lost their marketing network. The majority of those who returned at the beginning of the year have been able to plant several crops and have also been involved in several kinds of income-generating activities.

The others did not plant upland rice (normally in May-June) because of a lack of seeds or late returns. They plan to plant swamp rice in September, obtaining seeds from relief or using their incomes. The large cacao and coffee plantations have suffered from the war and it will need some time to have yields similar to those before the war. The palm oil harvest from April to June is one of the major sources of income for returnees. Seeds were obtained mostly from purchase or labour exchange, followed by loans and humanitarian aid. The sources of income for the poor are mostly the sale of vegetables and bush crops. For others it is contract labour, wood selling and palm oil processing. Middle-income households derive their income mostly from palm oil processing and small trading, whilst the better-off rely on palm oil processing for 70%. Returnees mostly depend on purchasing their food (see table).

#### **Source of food, returnees, Kono district (ACF, 05/02)**

	<b>Poor</b>	<b>Middle</b>	<b>Better-off</b>
Purchase (%)	35	50	65
Loan (%)	25	20	15
Gift (%)	20	15	5
Humanitarian aid (%)	10	10	10
Bush harvest (%)	10	5	5

**Overall Returnees are facing difficult conditions in districts particularly affected by war. They lack basic services and infrastructure such as shelter, health care, water and sanitation. They are, however, considered at moderate risk of malnutrition (category III). The situation of the new Liberian refugees is unknown (category V).**

#### **Recommendations and priorities**

##### *From the inter-agency assessment in Kenema district*

- Support existing and resettling households with seeds and tools.
- Continue efforts to re-unify families
- Enhance the provision of basic services such as health, education and agriculture
- Raise protection issues to combat and alleviate the abuse many have suffered.

##### *From the ACF food security survey in Kailahun district*

- Food aid and rice seed distribution are not recommended along the border with Liberia because it could increase the risk of looting
- Short season seeds (cassava, vegetables) should be distributed in non-border areas
- Ensure registration of unassisted spontaneous returnees
- Follow-up of the food security situation.

##### *From the ACF food security survey in Kono district*

- Provide food and non-food assistance to spontaneous resettling households
- Distribute food for agriculture

- Distribution seeds and tools according to the planting seasons
- Ensure registration of unassisted spontaneous return
- Rehabilitate or construct water, sanitation and health facilities
- Undertake a nutrition survey

#### *From the RNIS*

- Ensure basic services access to the population
- Strengthen livelihood of the returnees
- Provide particular attention to female headed households

#### **Sierra Leone**

Le mandat des forces de maintien de la paix a été prolongé de 6 mois. Le rapatriement des réfugiés sierra léonais continue, environ 31 000 d'entre eux ayant été rapatriés du Libéria, et 18 000 de Guinée par le HCR, un nombre encore plus important étant revenu spontanément. 30 000 Libériens sont actuellement réfugiés en Sierra Leone, dont un nouvel afflux depuis le début de l'année 2002.

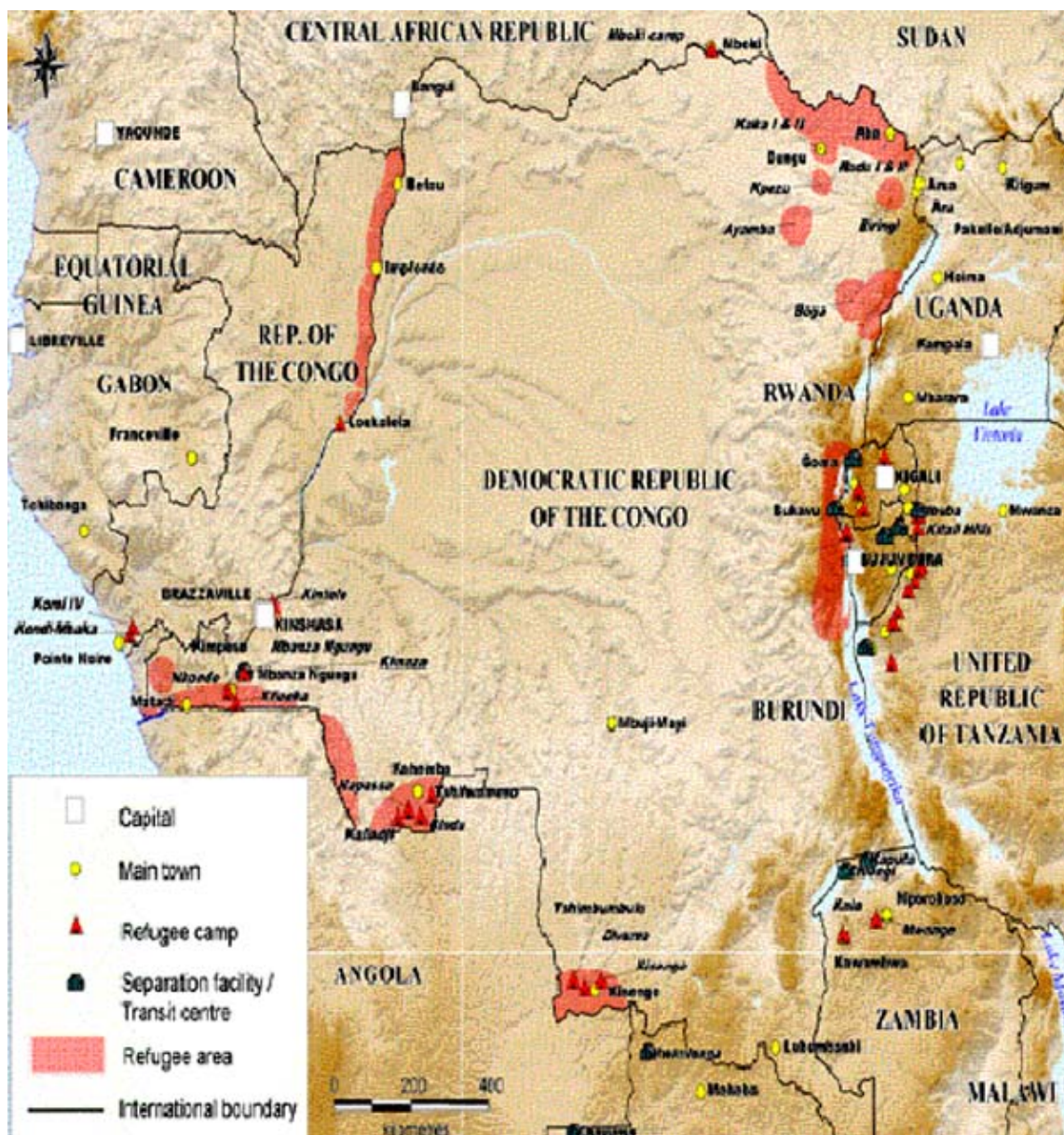
Une enquête nutritionnelle a été menée en février 2002 dans le district de Tonkolili par AcF. Les taux de malnutrition y étaient assez faibles: 5,6% de malnutrition aiguë, incluant 0,6 % de malnutrition sévère, montrant une nette amélioration depuis la dernière enquête réalisée en octobre 1997.

Néanmoins, de nombreuses personnes sont en train de se réinstaller dans le district et la situation doit être suivie de près.

Helpage a réalisé une enquête chez les plus vulnérables des personnes âgées déplacées. Cette enquête même si elle n'est pas représentative de toute la population âgée déplacée a révélé que 80% des personnes de l'échantillon présentaient un BMI inférieur à 18,5: il s'agit donc d'une situation très précaire pour cette population vulnérable qui vit essentiellement de vente de bois, d'aide alimentaire et de mendicité.

Les districts de Kailahun et de Kono ont été parmi les plus touchés par la guerre qui a causé la destruction d'un grand nombre de bâtiment et de maisons. De nombreux Sierra Léonais qui avaient fui s'y sont réinstallés. Il est urgent de mettre en place dans ces districts des infrastructures garantissant l'accès des populations aux services de base, avec une attention particulière pour les femmes seules, connaissant le plus de freins à leur réintégration. De nombreux Libériens trouvent aussi refuge dans le district de Kailahun, frontalier avec le Liberia. Bien que la situation nutritionnelle de ces réfugiés ne soit pas précisément connue, ils sont considérés comme à risque.

## **GREAT LAKES**



**GREAT LAKES REGION**

## **Burundi**

The security situation remains volatile with insecurity in several provinces as well as attacks in Bujumbura. One hundred and eighty three people, many civilians, were killed in Gitega on the 9<sup>th</sup> of September (AFP, 17/09/02). The involvement of the army is unclear (AFP, 19/09/02; OCHA, 20/09/02). Peace talks between the government and the main faction of Hutu rebels, the Forces for the Defence of Democracy" (FDD) began in Tanzania on the 12<sup>th</sup> of August 2002 and are continuing, but there has been no tangible progress so far (AFP, 11/09/02). Attacks have also led to population displacements, sometimes for only short periods. Populations are in any case disrupted by these continued attacks, which often ruin property and prevent cultivation. WFP will distribute seed protection rations in the provinces particularly affected by insecurity, together with seeds and tools provided by FAO (WFP, 20/09/02).

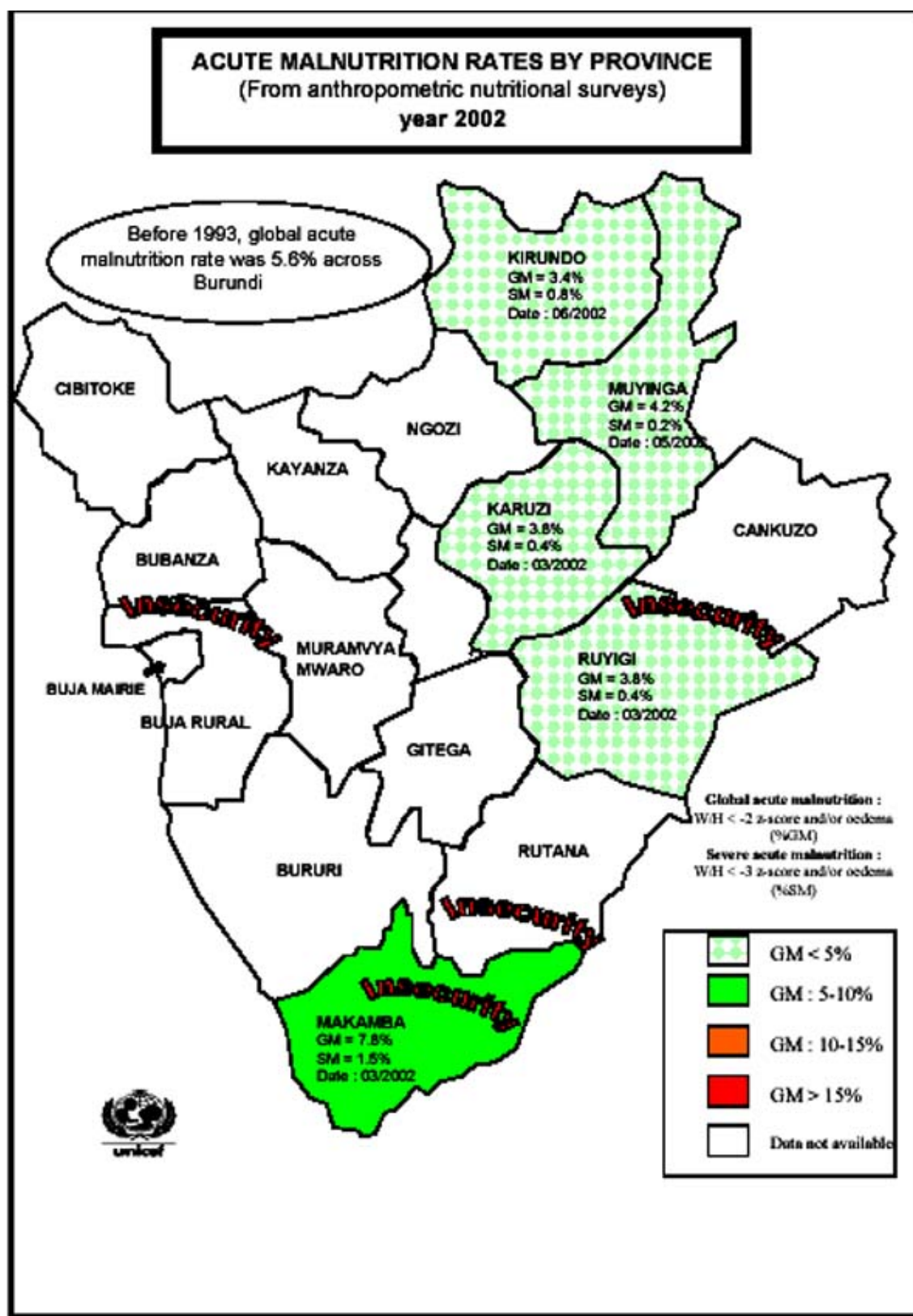
The recurrence of attacks has also seen a new influx of about 3,000 Burundian refugees into Tanzania, in September. There have been reports of the army preventing refugees crossing the border (OCHA, 20/09/02).

Repatriation of refugees from Tanzania into Burundi is still continuing with an estimated 24,650 facilitated repatriations and 18,000 spontaneous returns, but this has decreased within the recent weeks, possibly due to the upsurge of violence (UNHCR, 20/09/02).

## **Nutrition and food security situation**

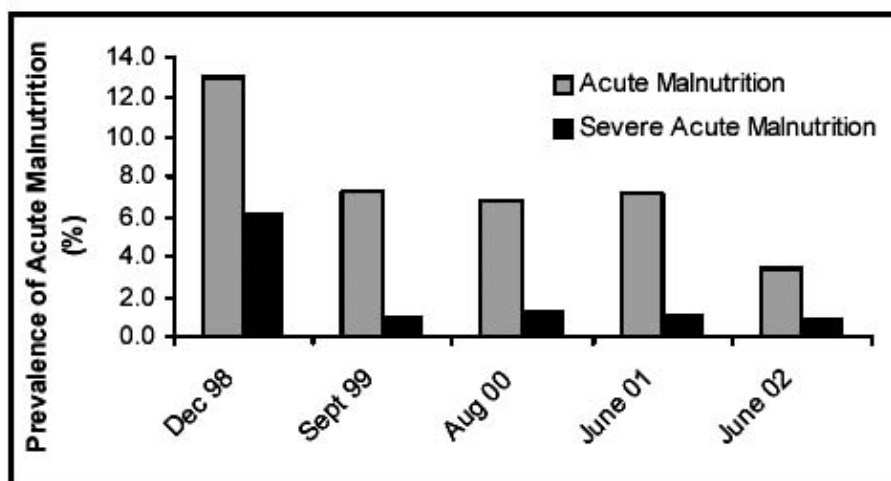


The results of the nutritional surveys carried out since the beginning of the year in 5 provinces show low rates of malnutrition except in Makamba province. This province hosts the highest number of displaced (see map).

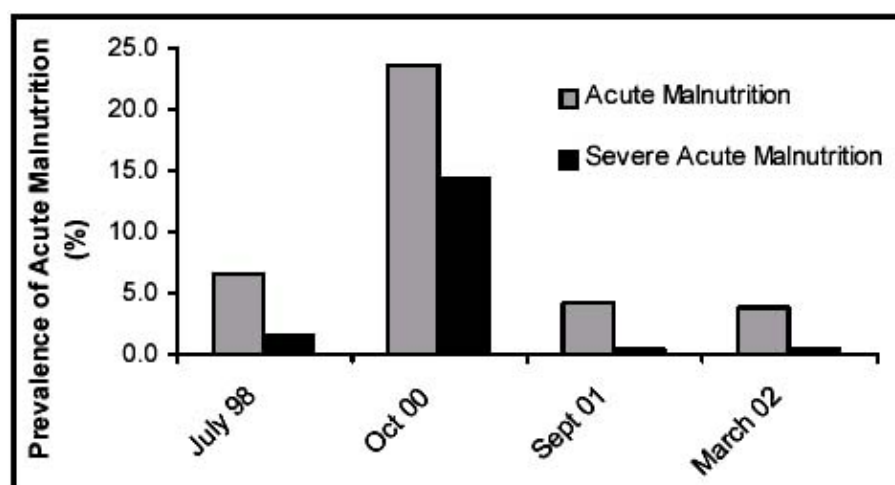


**Acute malnutrition prevalence, Burundi, 2002 (UNICEF Burundi)**

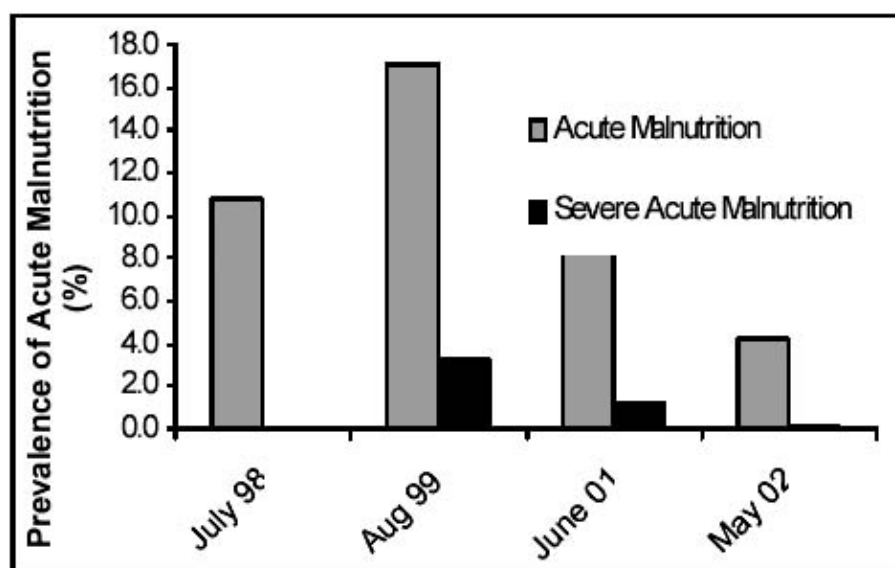
In the provinces where previous data is available, rates of malnutrition are far lower this year than in the previous years (see graphs). The process of transferring the nutritional activities to the MOH has begun in some of the provinces. It is hoped that the on going fighting will not lead to a repeat rise in malnutrition rates.



Malnutrition prevalence among 6–59 month olds children, Kirundi province, Burundi



Malnutrition prevalence among 6–59 month olds children, Karuzi province, Burundi



Malnutrition prevalence among 6–59 month olds children, Muyinga province, Burundi

A food security assessment was conducted in Ruyigi province in June 2002 by AcF. The acute malnutrition rate estimated through a survey in March 2002 was of 3.8%. The province received a lot of returnees, mainly spontaneous returnees (an estimated 5,500 from January to August) because the area is considered insecure by UNHCR. These refugees receive no help from UNHCR for either repatriation or when returned (UNHCR, 22/08/02). The survey reported that the vulnerable population presents the following criteria: no livestock, poor access to highlands and swamps and low fertility of lands and agricultural wages as an important source of income.

The crop production of the poorest lasts only for one to two months, and is compensated for by a higher consumption of tubers. Health access is very poor due to lack of means.

### **Disease outbreak**

There have been outbreaks of cholera and meningitis in the past months. The cholera outbreak has spread into Bujumbura (591 cases), Bubanza (46 cases) and Cibitoke (157 cases) (WHO, 29/08/02). The number of cases decreased in September.

A meningitis epidemic has been declared in the provinces of Muyinga, Kirundo, Ngozi and Ruyigi, and some cases have been reported in Cankuzo province. A vaccination campaign will take place in the affected provinces (WHO, 12/09/02).

**Overall The nutrition situation seems to be under control (category IV), apart from the displaced, who are still at risk (category II).**

### **Recommendations and priorities**

From The AcF survey in Ruyigi

- Support agricultural production of the vulnerable families through groupements.

From the RNIS

- Monitor the situation of new IDPs

### **Burundi**

Les conditions de sécurité restent volatiles, bien que des négociations de paix soient toujours en cours. Les populations souffrent des fréquentes attaques qui détruisent leurs biens, les empêchent de cultiver et les forcent à fuir. L'insécurité a conduit environ 3 000 Burundais à se réfugier en Tanzanie au mois de septembre. D'un autre côté, le rapatriement des réfugiés burundais, de Tanzanie vers les zones calmes du pays, continue.

Les résultats d'enquêtes nutritionnelles réalisées depuis le début de l'année montrent des taux de malnutrition peu élevés, à part dans la province de Makamba, qui compte le plus de déplacés (voir carte). La tendance, pour les provinces où des données antérieures sont disponibles, montre une diminution de la malnutrition au cours des années (voir graphiques). La situation nutritionnelle semble sous contrôle (catégorie III), à part pour les populations déplacées, toujours à risque (catégorie II).

Il serait à espérer que l'insécurité actuelle ne conduise pas à une nouvelle dégradation de la situation.

### **Democratic Republic of Congo**

Peace accords were signed at the end of July between DRC and Rwanda, aimed at withdrawing Rwandan forces and disarming the ex-FAR and In-terahamwe factions (Reuters, 30/07/02). Peace agreements were also signed between DRC and Uganda in early September (BBC, 09/09/02). Ugandan and Rwandan forces are currently withdrawing from RDC and 2,000 Rwandan Hutu ex combatants have been disarmed (OCHA, 26/09/02). Nevertheless, the security situation remains very tense in various parts of Congo with on-going displacement of populations and lack of access by humanitarian organisations to a significant number of people.

### **Internally Displaced Persons**

The number of IDPs is extremely difficult to estimate because of widespread and frequent displacements due to fighting as well as access difficulties. However, OCHA estimates that as of July 2002, there were about 2 m people displaced throughout RDC. In 1996 the number of IDPs was estimated to be only 400,000, clearly the situation has worsened over the past several years. IDPs are mostly located in North Kivu, South Kivu and Orientale provinces. Most of the IDPs are living near relatives or in the bush.



## Repatriation of Refugees from Rwanda

About 8,000 Congolese refugees previously settled in Gihembe camp in Byumba prefecture and at Kiziba in Kibuye prefecture have been repatriated by the Rwandan government to the Masisi region of Congo. UNHCR has expressed its concern about forced repatriation (UNHCR, 05/09/02). As of 17 September, it seems that the repatriation has slowed (UNHCR, 17/09/02). Despite some refugees saying they were willing to be repatriated, others claim they were forcibly returned. There were also reports of intimidation by local security forces stating it was time for the refugees to return home. The refugees who left hurriedly were only able to carry out few of their belongings (UNHCR, 17/09/02). The returnees are settled in Kitchanga, 80 km north of Goma, in an old tea factory. A UNHCR mission indicated that the sanitary situation was very poor with only three latrines for 8,000 people and a lack of potable water (UNHCR, 17/09/02). On the other hand, the Rassemblement Congolais pour la Démocratie (RCD) stated they had provided food and tools to the returnees (OCHA, 12/09/02). There are reports that direct access to the returnees is being prevented (OCHA, 19/09/02).

## Nutrition and health situation

No recent survey reports have been made available to RNIS. WFP reported a troubling nutrition situation in the city of Kindu in Maniema. People were being prevented from going out of the town which was surrounded by the Mayi-Mayi forces (WFP, 30/08/02). The nutritional situation was also reportedly poor in Zongo in Equateur province (WFP, 26/07/02). WFP recommended that a nutritional survey be undertaken in Kindu, as well as support provided to feeding programmes (OCHA, 31/08/02). A TFC opened by AAH-USA in Shabunda in South Kivu, received more than 100 patients in the first month.

Recent fighting in Bunia, North Kivu, has led to a new humanitarian crisis. Food and non-food aid is being supplied now the situation in the town is more secure although it is still tense. A cholera outbreak, due to poor water supplies after the piped water was cut off has been reported continuing since August (MEDAIR, 06/09/02).

In Katanga, a cholera outbreak is still on going with 368 new cases in the week of 19–25 August 2002 (OCHA, 31/08/02). In addition the province of Katanga will probably be affected by the drought in Southern Africa because the province has been importing about 80 % of the staple food and 90% of the seeds from Southern Africa countries. It seems that there is already food shortage. Distribution of cassava seeds and cuttings is therefore needed in addition to on going food security programs (OCHA, 31/08/02; AFP, 20/09/02).

**Overall The situation of millions of IDPs is thought to be still very poor (category I). In addition, forcibly repatriated refugees from Rwanda seem to lack basic services and are considered at risk (category II).**

## Recommendations and priorities

- Ensure full access to the people repatriated from Rwanda and more globally to the RDC population
- Provide basic services and food to IDP and repatriated
- Prevent the degradation of the situation in Katanga area

### République Démocratique du Congo

Des accords de paix ont été signés entre la RDC et le Rwanda d'une part et entre la RDC et l'Ouganda d'autre part, conduisant au retrait progressif de RDC des troupes rwandaises et ougandaises. La situation reste néanmoins très tendue dans plusieurs zones du pays entraînant le déplacement de nombreuses populations et limitant l'accès des organismes humanitaires. Bien que le nombre de déplacés soit difficile à estimer, le chiffre de deux millions est avancé. Leur situation est probablement toujours très précaire (catégorie I). L'accès à ces populations devrait être garanti afin qu'elles puissent bénéficier de l'aide humanitaire.

Environ 8 000 congolais réfugiés au Rwanda ont été rapatriés. Il semble qu'ils aient subi des pressions les incitant au départ. Après leur rapatriement au Congo, leurs conditions de vie étaient insatisfaisantes.

## United Republic of Tanzania

Tanzania hosts more than 500,000 refugees in Kigoma, Kibondo, Kasulu and Ngara districts. The refugees are mainly from Burundi but also from DRC and Rwanda. Tanzania is in the process of formulating a new refugee policy in order that all refugees are repatriated home in the shortest time possible (Xinhua, 26/07/02).

Repatriation of Rwandan and Burundian refugees is ongoing with 1,951 Rwandans repatriated since the beginning of 2002 (WFP, 09/08/02). About 24,000 Burundian refugees have also been repatriated by UNHCR while another 17,600 have spontaneously returned (OCHA, 08/09/02).

Meanwhile, the deterioration of security conditions in the eastern and southern eastern provinces of Burundi has caused an increase in new arrivals and prevented repatriation to those areas. In the month of September, 3,000 Burundian refugees arrived in Tanzania, a 10 fold increase from August. They were reported to be either previously displaced in Burundi or former refugees. The total number repatriated also decreased from 1,500 per week a few months ago to about 350 per week (UNHCR, 01/10/02). New arrivals of Congolese refugees have also been reported (WFP, 30/08/02).

Except for pulses and CSB which were sometimes distributed at respectively 80% and 60%, WFP reported providing 100% of the ration regularly to the refugee population (WFP, 09/08/02; WFP, 04/10/02).

The average crude mortality rate and under-five mortality rate for the camps of western Tanzania were 0.33/10000/day and 0.75/10000/day respectively in July 2002 (UNHCR, 07/02). The under-five mortality rate was noticeably higher in some of the camps, the highest being in Lugufu 2. This camp, receiving new arrivals, had a rate of 1.91/10000/day. There were 490 patients in therapeutic feeding centres at the end of the month and 2,735 in supplementary feeding centres (UNHCR, 07/02).

An outbreak of meningococcal disease is spreading in the Great Lakes area. A vaccination campaign was completed on the 23<sup>rd</sup> of September for both the camp and resident populations of Kibondo district. A vaccination campaign was also scheduled for the end of September in Ngara and Kasulu (WHO, 02/10/02).

**Overall The situation of refugees seems to continue to be under control (category IV), although new arrivals experienced higher risks of death.**

### Tanzanie

La Tanzanie abrite environ 500 000 réfugiés, essentiellement burundais mais aussi rwandais et congolais. Les taux de mortalité juvéniles, dans les camps de l'ouest de la Tanzanie, étaient de 0,75/10000/jour au mois de juillet 2002, mais plus élevés dans le camp recevant les nouveaux arrivants (1,91/10000/jour).

## Uganda

Uganda has experienced an upsurge in violence in the past months, especially in the northern part of the country, following the implementation of an anti Lord's Resistance Army (LRA) campaign within Sudan. The LRA has increased their attacks on refugee and IDP camps, and resident populations, as well as humanitarian convoys. Insecurity hampered efforts to deliver assistance to the affected populations. The LRA issued a statement demanding all NGOs and UN organisations cease operations and leave Northern Uganda by August 14<sup>th</sup> (IRC, 08/08/02). Relief agencies nevertheless continued operations despite scaling back on staff and assets (AFP, 16/08/02).

Meanwhile in the western part of the country, nearly all the IDPs returned home as security stabilised.

### Northern Uganda

#### Refugee settlements

The LRA attacked the refugee camp of Acholi-Pii at the beginning of August, and more than 60 refugees were killed. Abductions, and looting of the camp warehouse were also reported. The 24,000 refugees settled in Acholi-Pii fled following the attack. Most of them were unable to save any belongings. They were temporarily accommodated in a transit camp in Kiryondongo. 8,000 of them have since been further transferred to the existing Kyangwali site, already hosting 6,800 Congolese refugees. Negotiations are

underway to relocate those remaining (UNHCR, 30/08/02). Food, medical assistance and non food items have been provided (UNHCR, 09/08/02).

Maaji refugee settlement was also attacked at the beginning of September, leading to the displacement of 6,000 more refugees, who sought temporary shelter in buildings around the settlement (UNHCR, 13/09/02).

### ***Impevi refugee settlements***

The District Director of Health Services for Arua local government conducted a survey in the Impevi refugee settlements in June 2002 (DDHS 06/02). **The survey showed a prevalence of acute malnutrition of 9.0 %; 0.9 % of the children were severely malnourished, including 0.4 % of oedematous children.** The situation appears not to be critical. Other survey results previously available to RNIS were from AcF in May and October 1998 (RNIS 26). These surveys estimated the prevalence of acute malnutrition at respectively 5.8 % (3.9 – 8.5) and 5.4 % (3.6 – 7.9), including respectively 0.4 % (0 – 1.8) and 1 % (0.4 – 2.5) severe acute malnutrition. The prevalence of acute malnutrition has slightly increased since 1998.

The survey also reported that mortality surveillance through the community and the health facilities showed low mortality rates. Refugees have been allocated agricultural plots but the fertility of the soil is poor. WFP is providing a full food distribution for the new arrivals and a one-half ration for the earlier arrivals. The drought has affected the agricultural activities, and this may partially explain the slight increase in acute malnutrition. Severely malnourished children are treated at Kuluva hospital.

### ***Rhinocamp***

Rhinocamp hosts about 24,000 refugees, mainly from Sudan. The nutritional survey undertaken by the District Director of Health Services Arua district for Arua local government in May 2002 estimated the prevalence of acute malnutrition at 5.6 % (3.7 – 9.3) including 0.1% (0 – 2.4) of severe acute malnutrition (DDHS, 05/02). No oedema was recorded. The nutritional situation in Rhino-camp has been stable since 1998 (see graph below). A variety of nutritional interventions are undertaken in the camps, such as growth monitoring. Treatment of the severely malnourished children is in Kuluva hospital.

### **IDPs in Northern Uganda**

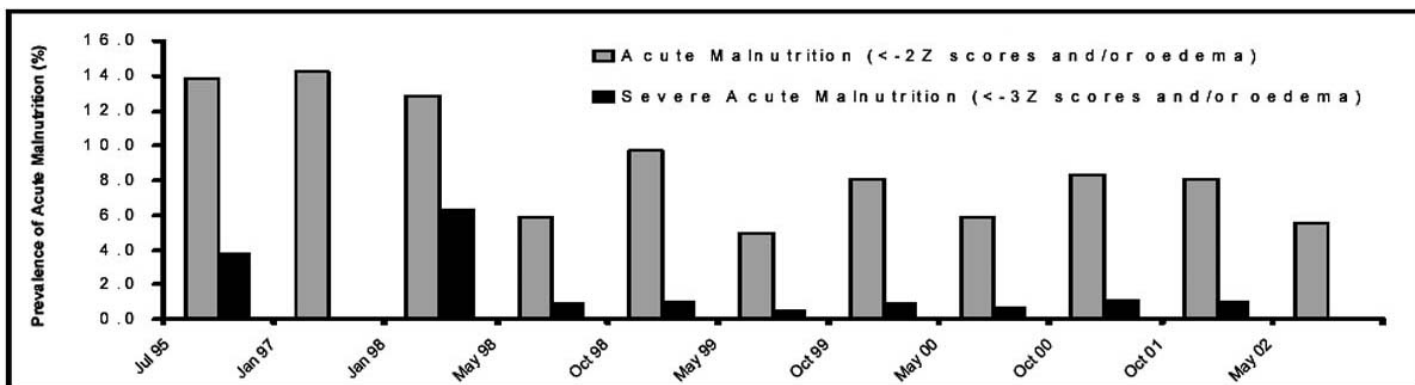
Attacks have intensified during recent months in the districts of Gulu, Kitgum and Pader. The situation is more precarious now than it has been over the last 5–6 years. More than 20 out of the 38 displaced camps have been attacked. Houses have been burned, and women and children abducted (WFP, 09/08/02). WFP estimated that 522,000 IDPs were in need of food aid in July 2002.

Because of the insecurity, tens of thousands of people are estimated to be seeking refuge in the main towns of Kitgum and Gulu, particularly at night. Estimates of the numbers displaced are difficult to make however due to the insecurity and because people seek refuge only at night. Lacor hospital in Gulu hosts large numbers of displaced. Water and sanitation facilities have been implemented.

The Ugandan army has ordered 100,000 people in the districts of Gulu, Pader and Kitgum to leave their homes and move closer to camps protected by the army (BBCNews, 03/10/02).

WFP resumed food distribution to IDPs in the camps in mid July, with enhanced military escorts. They are also providing weekly food distributions for the in-transit IDPs in towns. (WFP, 23/08/02). Because they were able to cultivate, people were on 30% rations before the attacks, but will now require the full distribution (FEWS, 25/07/02). Distributions are also carried out for the resident population affected by drought and attacks in eastern Kitgum and Pader (WFP, 09/08/02) although the WFP distribution was disrupted in Kitgum district following an attack on a food convoy (WFP, 20/09/02).

Insecurity prevented IDPs accessing fields. They will probably lose the current harvest and be unable to plant for the smaller second harvest. They will be highly dependent on the food distribution until the next harvest in August 2003 (WFP, 23/08/02).



**Prevalence of Acute Malnutrition among 6 – 59 Month Olds in Rhino Camp, Uganda**

### Eastern Uganda

Many of the displaced in the Katakwi district (about 85,000 people) continue to live in protected settlements, after displacements caused by intense raiding by Karimjong warriors over the past five years. Despite the disarmament operation in Karamoja, for the first time in over a year a camp was attacked in Okoboi and 140 head of cattle were stolen (OCHA, 15/08/02).

The population is reported to be moderately food secure, confirmed by the results of the last nutrition survey available to RNIS. This showed levels of acute malnutrition far below the emergency threshold (RNIS 37/38). Very dry conditions since May 2002 have curtailed millet and sorghum cultivation and it is estimated that the harvest will be 60% of normal. Nonetheless, the situation was not as bad due to the availability of cassava and sweet potatoes (FEWS, 25/07/02). The situation will have to be carefully monitored as the combination of drought and raids may affect IDP food security.

### IDPs in Western Uganda

The large-scale operation against the Allied Democratic Forces (ADF) rebels launched in 2000 has greatly improved the security situation in Western Uganda. Combined with the improved relationship between Uganda and Sudan, and reduced support for rebels in Congo, the Ugandan government believes that Western Uganda is safely secured (OCHA, 29/05/02).

Almost all the IDPs in Western Uganda had returned home as of August 2002. Even in May 2002, it was estimated that 90% of the displaced in Kasese and Kabarole had returned home, with only 500 remaining in camps (OCHA, 29/05/02). The remainder of the IDPs, settled in the district of Bundibugyo, returned home during the first week of August and were provided with a three month resettlement food package. Following this they will receive assistance through food for assets and school feeding (WFP, 27/09/02). There is concern about the resettled IDPs as the infrastructure in their original locations seems far from adequate and the presence of landmines. Humanitarian agencies are concerned that the government takes into account the development of these areas (OCHA, 29/05/02).

**Overall The attacks on the camps in Northern Uganda have led to new population displacements which will probably impair population food security for the next 12 months (category II). The refugee situation in Arua district in Northern Uganda seems under control, if not destabilised by insecurity (category III). The situation of the refugees who fled from the Acholli-Pii and Maaji refugee camps has to be carefully monitored. IDPs in Western Uganda have been resettled but their nutrition situation is unknown (category V).**

### Recommendations and priorities

*From the DDHS surveys in Impevi and Rhino camps*

- Continue surveillance and screening to identify malnourished cases
- Continue food distribution
- Strengthen agricultural activities to reduce food insecurity, by providing improved seeds and agricultural education

*From the RNIS*

- Monitor the situation of IDPs in Northern Uganda and provide adequate support

## **Uganda**

Un regain de violence a de nouveau ravagé le nord de l'Ouganda. Le LRA a attaqué de nombreux camps de réfugiés et de déplacés ainsi que des villes et des villages. 30 000 réfugiés soudanais ont fui et doivent être réinstallés dans d'autres camps. De même, de nombreux Ougandais viennent trouver refuge dans les villes, principalement la nuit. Les déplacés qui auparavant pouvaient cultiver et ne recevaient qu'une ration alimentaire couvrant 30% de leurs besoins journaliers, sont désormais totalement dépendants de l'aide alimentaire. L'aide humanitaire est elle-même rendue difficile par l'insécurité. Les populations touchées par l'insécurité sont considérées comme à risque (catégorie II).

Des enquêtes nutritionnelles réalisées dans 2 camps de réfugiés soudanais dans le district d'Arua, montrent une situation nutritionnelle moyenne à satisfaisante (voir graphique). Les deux enquêtes recommandent que la production agricole des réfugiés puisse être améliorée.

A l'est du pays, dans le district de Katakwi, 85 000 personnes déplacées vivent toujours dans des camps protégés, de peur d'attaques de la part des Karamojongs. Ces populations subissent d'autre part les conséquences de la sécheresse.

L'ouest de l'Ouganda connaît par contre une stabilisation des conditions de sécurité. La plupart des déplacés sont désormais retournés chez eux et ont reçu une ration alimentaire d'accompagnement au retour mais les infrastructures restent insuffisantes.

## **SOUTHERN AFRICA**

### **Angola**

The situation in Angola is causing great concern amongst the humanitarian community. The almost complete destruction of infrastructure in certain areas caused by the 27 years of war is a major constraint to assisting the population. The destruction of health facilities and other basic infrastructure such as running water has created a large number of people in need of assistance when there is a lack of funds.

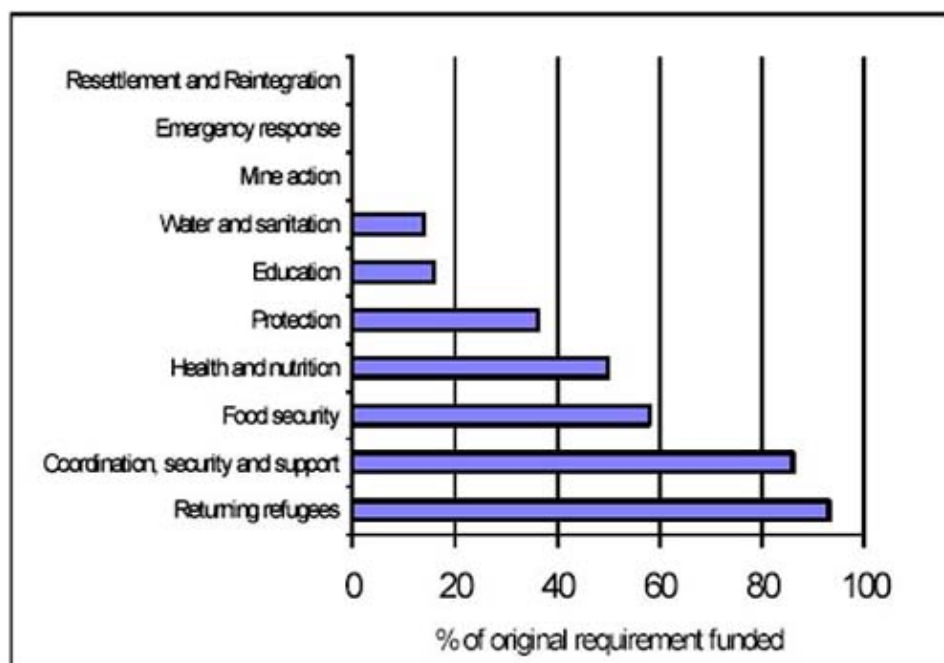
Since April 2002, when the war ended, more and more areas have become accessible and people have moved closer to places where humanitarian aid can be provided, leading to a rise in the population requiring assistance. Rapid assessments have been conducted in 28 locations in 12 provinces (OCHA, 09/02). About 60% of the country however remains unreachable due to landmines and poor infrastructure (OCHA, 09/02). Access to basic services is hampered by the poor condition of roads and airstrips, and very large numbers of landmines. Difficulties in accessing populations are even worse during the rainy season, which began in September. Needs are enormous, including infrastructure rehabilitation, de-mining, strengthening livelihoods, and emergency programmes to cover basic needs (OXFAM, 29/07/02; MSF, 05/08/02; IRIN, 02/08/02). An overall improvement in the situation can not be foreseen for at least 12–18 months by which time a majority of the displaced people and refugees should be resettled, the infrastructure should be repaired, and de-mining be undertaken. A successful agricultural season will also be required before the situation may improve significantly (OCHA, 28/08/02).

However, there have been improvement in some areas. Out of the 25 accessible areas where malnutrition rates were high in July, the situation improved in 14, although it remained precarious in other areas (OCHA, 26/09/02).

### **Funding**

Operations in Angola remain largely under funded. In August 2002, it was estimated that the 2002 appeal by UN agencies and NGOs only helped generate 47% of the required funding. Moreover, there are large funding discrepancies between sectors (see figure) (OCHA, 09/02). WFP's needs were only 26% funded as of October 2002 (WFP, 01/10/02). Although the government of Angola has pledged US\$ 140 M for Quartering and Family Areas, and resettlement for 2002, there are concerns that it is insufficiently committed to helping

its people in need, particularly given the country's US\$ 9 billion GDP (RI, 13/08/02).



**Funding gaps, Angola 1<sup>st</sup> semester 2002 (from UNOCHA, 09/02)**

### **IDP and refugee movements**

It is estimated there are currently about 4.3 m IDPs in Angola, a significant rise since April 2002. However, only 1.3 m are registered by humanitarian organisations. There are an estimated 100,000 separated children throughout the country (USAID, 14/08/02). According to different sources, the estimated number of IDPs resettled in their area of origin varies between 300,000 and 450,000. The majority of them have returned to either Bengo, Bie, Hambo, or Malanje. About 90% of the IDPs have returned to their home land without receiving any form of assistance. The areas where they are resettling lack basic infrastructure, and humanitarian agencies are unable to cover all the needs (OCHA, 26/09/02).

WFP reported that returnees were receiving no help at the returnee transit point at Luau in Mexico Province, where basic services are urgently needed (WFP, 11/10/02).

Before the end of hostilities the number of refugees was estimated at about 470,000, scattered between Zambia, the DRC, Namibia and Congo. UNHCR is planning to provide repatriation assistance from early 2003. From February to August this year, about 9,500 refugees spontaneously returning from the DRC, were registered by UNHCR. More have probably returned without being registered. The influx of returnees seems to have decreased recently with only 650 returning in August compared to 1,500 per month in the previous months. UNHCR also registered 4,500 spontaneous returnees from Zambia, with a further 8,500 estimated non-registered (UNHCR, 13/08/02).

### **Food security situation**

An overall cereal deficit of 468,000 Mts is expected for 2002–2003 despite a 22% increase in maize production and a 64% increase in cassava production because of better rain (SADC, 28/07/02).

The number of people in need of food distribution has grown from 1.3 to 1.9 M. WFP has begun to distribute food to the 41 Quartering and Family Area (QFA) settlements which together cater for about 300,000 former UNITA soldiers and their families although the government should have normally supplied them until October (WFP, 10/09/02). WFP has suspended its distribution programme in Huila, Cunene and in a central province of Malange because of landmines (OCHA, 13/09/02). Additionally, although it was planned to deliver a three month stock to populations in remote areas inaccessible during the rainy season, WFP's pipeline was insufficient to achieve this (WFP, 10/09/02).

### **Nutrition situation**

With the increased ability of both humanitarian agencies and the population to move around the country, several pockets of extreme poverty have been identified. The number of TFCs increased from 20 in March to 50 in June (UNSC, 15/08/02). The QFAs seem particularly at risk.

## **Kuando Kubango Province**

### ***Mavinga***

MSF first obtained access to Mavinga in June 2002. About 7,000 people were living in Mavinga town while a further 40,000 were gathered in two QFAs. The local infrastructure had almost entirely been destroyed. MSF reported a very high rate of malnutrition in Matungo QFA with 25% acute malnutrition, including 8.9% severe, in a nutrition survey undertaken in July 2002. In Mavinga town, the rate of malnutrition was 12.4% including 5.6% with severe malnutrition (MSF, 08/08/02). As of September 2002, the situation remained highly precarious. About 10,000 people had come into Mavinga town from the QFAs where they were receiving no food. The water situation in the town was also very poor with no potable water available and cases of shigellosis were reported. Food supplies were also far from sufficient (MSF, 11/09/02).

## **Huambo Province**

### ***Bailundo***

A nutrition survey carried out by Epicentre in June 2002 in Chiteta QFA revealed a malnutrition rate of 18%, including 5.9% severe malnutrition. The crude mortality rate and under-five mortality rate, over the past six months were respectively 2.5/10000/day and 5.7/10000/day, showing a very precarious situation (MSF, 01/07/02).

## **Moxico Province**

### ***Luena***

MSF-B in collaboration with GOAL and MINSA carried out two nutritional surveys in Luena. One survey included Muacanhica and Muachimbo IDP camps and the transit centre; the other was done in Chicala Quartering and Family Area. Before the cease-fire agreement, Luena was a government-controlled area, which has received many displaced, particularly since January 2002. The Angolan Army has been bringing them from other parts of the province at the rate of about 1,500 persons a month, making the proper settlement of the IDPs difficult to ensure. A further three QFAs have been implemented in the area since the beginning of April.

The results of the nutritional and retrospective mortality surveys are shown in the table below. In July 2002, the rates of malnutrition and mortality in the QFAs were far above the emergency threshold, whilst the nutritional status in the camps was slightly better but still of concern. The population in both areas surveyed had very high death rates, particularly before their arrival in the settlements. Although the mortality rates then dropped somewhat they remained elevated. It was noticed that very few cases with oedema were recorded during the survey although 40 % of the new admissions to TFCs in June 2002 had oedema.

In the IDP camps, new arrivals were receiving a 90 % ration for one month and then were given the same ration as the IDPs who had arrived earlier (70 % ration). About 5 % of the families reported having received no food. Although attempting some agricultural activities, the population is still almost totally reliant on food distribution. Cases of bloody diarrhoea resulting from poor access to safe drinking water and poor sanitation were also reported.

At the time of the survey, humanitarian organisations were only able to access Chicala QFA for the previous few weeks. Food was provided by the Angolan government (99 % of the families reported to have received food). WFP also started to give additional food to mothers and children at the end of June. Sanitary conditions seemed to be poor, and the health facilities lacked essential drugs.

The measles vaccination coverage in both places was below the 85 % necessary to avoid measles outbreaks.

### **Results of two nutritional surveys in Luena, Moxico province, Angola, MSF-B, July 2002**

Survey Area					

	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)**	% Oedema	Crude Mortality (/10,000/day) (95% CI)	Under 5 Mortality (/10,000/day) (95% CI)
Chicala QFA	17.2 (14.4–20)	2.5 (0.1–4.1)	0.2	3.0 (2.4–3.5) <sup>a</sup>	6.8 (4.9–8.7) <sup>a</sup>
				4.6 (3.6–5.7) <sup>b</sup>	10.6 (6.7–14.4) <sup>b</sup>
				1.6 (1.0–2.3) <sup>c</sup>	4.0 (2.4–5.5) <sup>c</sup>
Muacanhica, Muahimbo, and transit centre	9.4 (5.4–13.4)	1.4 (0.5–2.3)	0.2	3.6 (2.7–4.6) <sup>a</sup>	6.0 (4.5–7.6) <sup>a</sup>
				7.2 (5.3–9.1) <sup>b</sup>	9.4 (5.3–13.3) <sup>b</sup>
				2.9 (2.1–3.7) <sup>c</sup>	5.4 (3.7–7.1) <sup>c</sup>

a Deaths recorded from 22–02–2002 to 26–06–2002

b Deaths recorded from 22–02–2002 to 17–04–2002 or to the date of arrival in the camps, corresponding to the period prior to their arrival at the quartering and family areas or camps

c Deaths recorded from 26–06–2002 to 18–08–2002, corresponding to the period after their arrival at the quartering and family areas or camps

**Overall Populations in the newly accessible areas, and in the QFAs are both at high risk (category I). The situation may worsen further during the rainy season, when access is hampered. Needs are huge both in terms of emergency programmes to provide basic services, but also in terms of de-mining, infrastructure rehabilitation, and support for population resettlement.**

### Recommendations and priorities

*From the MSF–B survey in Luena*

Quartering and Family Areas:

- Continue the food distribution
- Increase measles vaccination coverage
- Provide support to health facilities

IDP camps:

- Continue the food distribution,
- Distribute seeds and tools for planting
- Increase measles vaccination coverage

*From the RNIS*

- Support NGOs and United Nations funding
- Support both emergency and longer term programmes

### Angola

La situation en Angola est très préoccupante. Le pays a subi de très importants dommages structurels durant la guerre et est infesté de mines anti-personnelles, rendant l'accès difficile aux populations dans le besoin. Environ 60% du territoire reste inaccessible. Dans les zones où les agences humanitaires ont pu récemment accéder, des situations dramatiques ont bien souvent été découvertes. Durant la saison des pluies devant débuter en septembre, l'accès aux populations sera rendu encore plus difficile. Les opérations



humanitaires sont de plus insuffisamment financées. L'appel de fonds pour 2002 n'était financé qu'à hauteur de 47% en août 2002. Le PAM n'a reçu que 26% des fonds nécessaires. De plus, certains secteurs de l'aide sont peu ou pas financés.

Le nombre de personnes déplacées en Angola est estimé à 4,3 millions. Environ 300 000 à 400 000 seraient retournées dans leurs zones d'origine, la plupart sans aucune assistance. Des 470 000 réfugiés, essentiellement en Zambie et en RDC, on estime que plus de 30 000 seraient revenus en Angola.

L'accès à de nouvelles zones a décuplé les besoins humanitaires. Le nombre de centre de nutrition est passé de 20 en mars 2002 à 50 en juin. Les populations des «Quartering and Family Areas» (QFA) regroupant les anciens soldats de l'UNITA et leurs familles, semblent particulièrement à risque.

Une enquête nutritionnelle menée par MSF dans un QFA de la zone de Mavinga en juillet 2002 a révélé un taux de malnutrition de 25%, incluant 9% de malnutrition sévère. Dans la ville, le taux de malnutrition était de 12.4%, incluant 5.6% de malnutrition sévère. A Bailundo, une enquête réalisée dans un QFA a montré un taux de malnutrition de 17.2 % incluant 2.5% de malnutrition sévère. Le taux de malnutrition était légèrement inférieur dans les camps de déplacés: 9.4% dont 1.4% de malnutrition sévère. Des taux de mortalités très élevés ont d'autre part été constatés lors de ces enquêtes.

La situation des populations dans les zones nouvellement accessibles est désastreuse, de même que celle des populations des QFAs (catégorie I). Il est urgent que des fonds soient débloqués pour financer les programmes d'urgence mais aussi des actions à plus longs termes permettant d'améliorer les infrastructures et de réinsérer la population dans son environnement.

## ASIA SELECTED REGIONS

### ASIA – SELECTED SITUATIONS

#### Afghanistan Region

The security situation remains unstable. The new government, which came to power in June 2002, is facing armed opposition from warlords in different areas. Tensions have been particularly high in the south-east where there has been fighting between government-backed forces and those of warlord Padsha Khan Zardan, and also in Samangan province in the north, controlled by warlords Abdulrashid Dostam and Ahmad Kahn (AFP, 03/10/02). A bomb attack in Kabul city caused more than 20 deaths and about 100 injured (WFP, 13/09/02) and there was an assassination attempt on the Afghan president (Reuters, 05/09/02).

The number of returnees has been far larger than expected. The humanitarian agencies have neither the capacities nor sufficient funding to provide the requisite assistance to returnees.

#### IDP and refugee movements

As of August 2002, an estimated 1.8 m refugees returned to Afghanistan, mainly from Pakistan and Iran. Another 600,000 displaced people were estimated to have relocated again within the country by the same date (see table). The number of returnees from Pakistan has markedly diminished over the past few months: 115,000 returnees were registered in September, compared to 196,000 in August and 412,000 in May (UNHCR, 10/09/02; OCHA, 03/10/02). Several explanations have been suggested for the decreasing numbers of returnees, which include the prospect of a cold winter ahead. Refugees themselves have expressed fears of finding living conditions in Afghanistan difficult including lack of job opportunities, insufficient infrastructure and basic services, and insecurity (OCHA, 03/10/02). Additionally, it seems that some of the refugees who have only recently returned to Kabul may have plans to return to Pakistan over the winter, or to move south to Jalalabad where it is warmer (OCHA, 19/09/02).

#### IDP and refugee returns (USAID, 16/08/02)

	IDPs (IOM)	REFUGEES (UNHCR)
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		<b>Pakistan</b>	<b>Iran</b>	<b>Central Asian states</b>
Voluntary	218,286	1,370,000	136,000	
assisted				10,000
Spontaneous	400,000	200,000	61,000	
Remaining	858,500			
August 2002				

Despite the tripartite agreement signed between Iran, Afghanistan and UNHCR stipulating that repatriation must be voluntary, Iran is putting increasing pressure on Afghan refugees to leave (PHR, 08/08/02). Iran also expelled 12,000 Afghans considered to be living illegally in the country because they did not have refugee papers and has urged UNHCR to speed the repatriation of the 2 m who remain (AFP, 12/09/02). It has also been reported that 3,704 Afghan refugees were deported from Iran in the first three weeks of September, double the number in August (Reuters, 04/10/02).

Most of the refugees returning to Afghanistan have moved to the central or northern regions (UNHCR, 17/09/02). Many returnees are resettling to the cities, mainly Kabul, even if they are not originally from there, on the presumption that it may be easier to find jobs in the city than in the country (Eurasianet, 21/09/02). It has also been suggested that while refugees, the returnees experienced an urban lifestyle and hence would be more likely to be attracted to settling in cities rather than in the country on their return.

### **Concerns about IDP and refugee relocation**

The number of returnees has been far larger than expected, leading to a shortage of funds for implementation of humanitarian programmes. UNHCR has been obliged to suspend distribution of non-food items to returnees and to cut its shelter programme by half (UNHCR, 09/08/02), despite shelter needs being particularly important (UNHCR, 27/09/02). WFP is also facing a funding shortfall of about 22% compared to requirements (WFP, 04/10/02).

The relocation of an estimated 56,000 people, who have settled at the Pakistan border because they are denied entry into Pakistan raises concerns among the humanitarian community. Most of those refused entry are either Pashtuns fleeing ethnic persecution or Kuchi nomads who have lost their herds. UNHCR has started to relocate them to a new settlement, Zhare Dasht, about 30 km from Kandahar in the south of Afghanistan. MSF is concerned that these people who were seeking asylum should have had the right to be registered and transferred to the official refugee camps in Pakistan (MSF, 27/08/02). ACF is also concerned about the appropriateness of the chosen settlement area because it is situated in an isolated desert area, where income sources are limited (ACF, 30/08/02).

### **Food security and nutrition situation**

FAO/WFP has released their crop and food supply assessment for 2002/2003 (FAO/WFP, 16/08/02). Due to improved precipitation, cereal production markedly improved in 2002 compared to previous years of drought, and is estimated to be 82% up on last year and equal to 1998 production. All the regions were doing well apart from the southern region, which is still exposed to drought.

Livestock loss has however been very high; it is estimated that livestock numbers may have declined by over 60% since 1998 (see table). The condition of the livestock is reported to be far better this year than last, and trade in livestock is near normal.

### **Remaining livestock by province (from FAO/WFP, 16/08/02)**

<b>Province</b>	<b>Livestock in 2002, % of 1997–1998</b>	
	<b>Cattle</b>	<b>Sheep and goats</b>
Balkh	12.8	16.2
Juzjan	14	27

Saripol	30	27
Faryab	12.7	15.8
Average	16.3	20.9

It is estimated that 467,725 MTs of food aid will be required for 2002/3, with 6 m people dependent on food assistance. This includes 3.3 m persons affected by natural disaster and conflict, 1.2 m returnees, 400,000 IDPs and nearly 350,000 urban poor (see table).

Priorities for geographical and social group targeting have been defined as:

- High altitude mountainous areas, where the sedentary population have lost livestock
- Populations that have lost their sources of agricultural income, such as those previously dependent on irrigation systems that are no longer functioning and groups whose perennial crops have been destroyed.
- Remote mountainous areas where food for work activities will help open up the areas
- IDPs and returnees
- Families that have lost one or more essential earners during the conflict and families that take care of a large number of relatives
- Kuchi people, whose main source of income is still derived from livestock

#### **Estimated food aid requirement (FAO/WFP, 16/08/02)**

<b>Programme Activity</b>	<b>Beneficiaries</b>	<b>Estimated cereal requirement (Mtonnes)</b>
Relief to vulnerable population	3,143,000	235,725
Relief contingency reserve		60,000
Assistance to returnees	1,200,000	32,000
Assistance to IDPs	400,000	32,000
Assistance to nomads	200,000	16,000
Assistance to vulnerable urban population	350,000	42,000
Food for education	590,000	50,000
<b>Total</b>	<b>5,883,000</b>	<b>467,725</b>

#### **Northern Shamali plains and Southern Pansheer valley, Parwan and Kapisa provinces**

A nutrition survey undertaken in April 2002 by ACF revealed a significant prevalence of malnutrition: 10.5%, including 1.6 % with severe malnutrition (RNIS 38). A food security survey was carried out in the region during June–July 2002 (ACF, 06/02).

The area is comprised of various food economy zones:

- The fertile and densely populated Shamali plains where people used to rely on exports of fresh and dried fruits (mainly grapes) as well as on employment in local factories
- The hilly outskirts of the Shamali plains, mainly rain-fed agriculture with some livestock
- The mountainous, scarcely populated zones, with a mainly pastoralist population.

About 35% of the surveyed population were returnees, either former refugees or IDPs. This region has been particularly affected by war. Most of the region was under the control of the Northern Alliance and therefore very isolated from the rest of the country. The frontline also passed through the grape-growing areas of the

Shamali plains.

Sources of income for the population have changed significantly over the past 20 years, as a consequence of both Russian occupation and the civil war. Two major factories which employed thousands of people were destroyed during the Russian occupation. The civil war hampered grape exports and led to the complete destruction of the irrigation systems.

Food and non-food prices were two to six times higher during the war than now. As a consequence, people were obliged to go into debts and sell assets. Almost all households interviewed reported they had contracted debts to pay for food or emigration, and two-third reported to have sold assets.

Although the entire region is suffering from food insecurity, the three most affected areas are:

- the former frontline zone as a result of the destruction of housing and irrigation schemes
- the Shotul valley, which has not yet recovered from herd losses, and has no access to alternative income sources
- the hilly outskirts still suffering from drought

The survey also showed that the most difficult period for food security is the end of winter and during spring. People exhausted their food stocks, daily wage labour is scarce, cereal prices are high. People who do not have their own fuel sources have to spent a significant amount of money on firewood during winter.

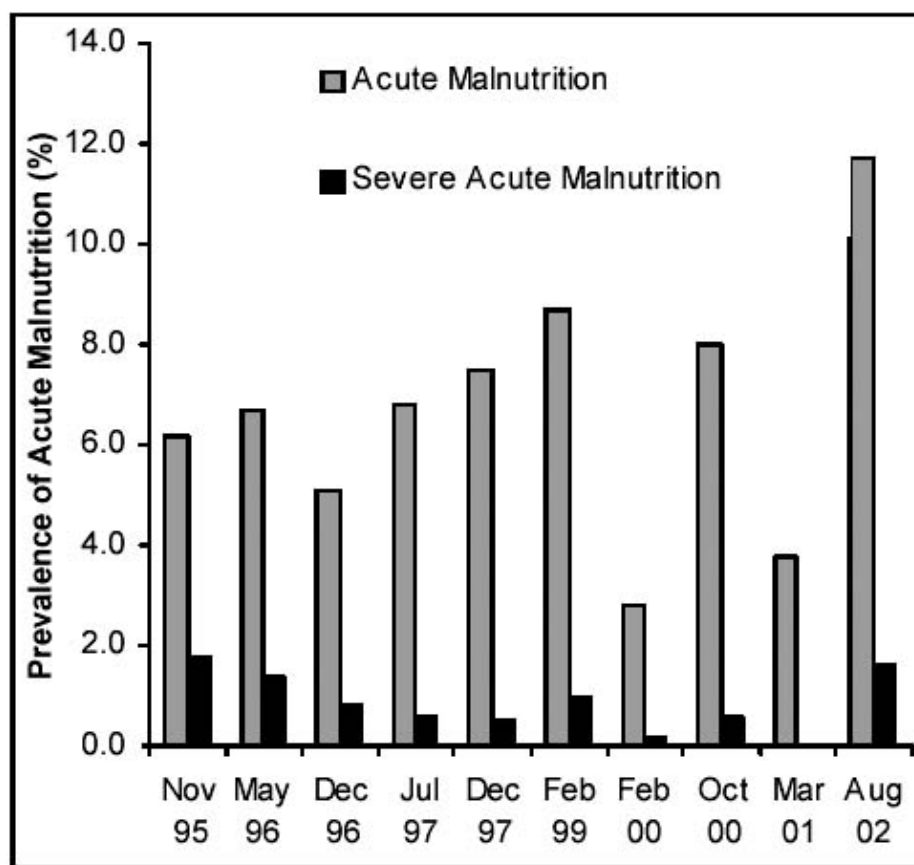
### **Kabul city**

A nutrition survey undertaken in August 2002 by ACF (excluding the rural areas surrounding the centre) showed the highest rate of malnutrition recorded in the city since 1995, 11.7 % acute malnutrition, including 1.6 % severe malnutrition (ACF, 08/02) (see graph). This can be explained, firstly, by a high prevalence of acute diarrhoea. The survey was undertaken during the summer. Secondly, there is widespread poverty in Kabul. A market survey showed that cost of food and non-food items increased by 30% in 2002. Housing costs also rose due to a higher demand. People live in poorer housing, sanitation has deteriorated, and less than half the population have access to safe water.

The survey also showed high numbers of returnees in Kabul City with 18% of the children surveyed being from newly arrived families.

Mortality rates however seemed under control, with a crude mortality rate of 0.21/10000/day and an underfive rate of 0.47/10000/day. The measles vaccination coverage was better than the previous year with 86.3 % of children vaccinated as measured by cards or mothers reports.

A screening exercise in the returnee centre of Pol e Charkhi showed that about 20% of the children had W-H < - 2 Z-scores (ACF, 30/08/02). However, this was difficult to explain, because the malnutrition rate among refugee children in Pakistan was reported to be far below this (RNIS 36/37, RNIS 38). Nevertheless, the results indicate the situation of returnees in Kabul City is still of concern.



Acute malnutrition among 6–59 month olds in Kabul city, Afghanistan

#### **Qaisar and Almar districts, Faryab Province**

MSF–B carried out a nutritional survey in July 2002 in two districts of Faryab Province (MSF–B, 07/02). The survey was undertaken just after the wheat harvest, which was reported to be good, and showed a low rate of malnutrition of 6.3 % including 1.3 % with severe malnutrition (in August 2001, the malnutrition rate was estimated at 9%). Faryab Province has high agricultural potential and is prosperous in normal times, but is one of the most drought affected areas. The drought has led to loss of assets and livestock. About 70% of the families reported having a current debt. In addition, many poor families are unable to cultivate in 2002 because of a lack of seeds and tools. About 85% of the interviewed families had access to the general distribution of food carried out at the end of 2001 and early 2002, but only 60% received both of the intended distributions.

Mortality rates were reported to be high, with a crude mortality rate of 1.5/10000/day and an under five mortality rate of 4/10000/day. Measles vaccination coverage was 87.7% according to the card or the mother's statement.

#### **Pastoralists**

There are estimated to be about two million pastoralists in Afghanistan. They have been severely affected by drought and war, and have lost significant portions of their herds. Livelihoods have changed significantly, depending on what assets remain and coping mechanisms. If they still possess livestock or are able to find other income activities in their previous grazing areas, they have remained there. In other cases, they have moved nearer to cities to find casual labour, or if coping strategies have been exhausted, they become reliant on charity or begging in cities, villages or IDP camps (AFSU/VAM, 08/02). The conclusions of the survey undertaken by AFSU/VAM provides numerous recommendations regarding interventions, which could benefit the different Kuchi groups and those interested are encouraged to read the full document (AFSU/VAM, 08/02).

#### **Micro–nutrient deficiencies**

Several outbreaks of scurvy were observed last winter. Various studies show that diets were deficient in fresh or dried fruits and vegetables during winter. In two villages of Ghor Province, a survey undertaken by WHO revealed that although wild green leaves, plants, and fruits are eaten during spring and summer months, there is little access to vitamin C–rich foods during the winter due to poor availability in the market. Also, growing

vegetables is not widely practised, and not feasible during winter. A few farmers who have returned from Iran have introduced tuber and vegetable cultivation. Others prefer to cultivate the main wheat crop instead of vegetables due to scarce resources (land, water and time) (WHO, 05/02).

In the Shamali plain, the ACF food security survey reported that only 25% of the population could afford to buy fresh vegetables or fruits during winter, and indeed only 8% had sufficient dry vegetables for winter. The majority of families experienced a gap in fruit and vegetables supply: 17% experienced a three month gap, 17% a six month gap and 33% a nine month gap (ACF, 06/02). MOPH/UNICEF intends to begin an emergency vitamin C distribution from November in the North, North–East and in other isolated areas (MOPH/UNICEF, 09/02).

### **Iodine deficiency**

Most of the population does not have access to iodized salt (MOPH/UNICEF, 09/02). Several surveys have reported high goitre prevalence and low iodized salt consumption (see table).

#### **Goitre prevalence and iodized salt consumption (MOPH/UNICEF, 09/02)**

<b>Survey</b>	<b>Goitre prevalence (%)</b>	<b>Percentage of house–holds consuming iodized salt</b>
Bagdhis, UNICEF, 03/02	–	2.4
Jawjzan, GOAL, 05/02	10.3 %	3.1
Kabul, ACF, 08/02	5.4 %	5.9
Panshir district, ACF, 08/02	63.7 %	1.0

### **Reports of paralysis**

In the North and West of the country cases of acute paralysis, sometimes leading to death, have been reported. These are thought to be either poliomyelitis, or due to the consumption of badly prepared wild foods (MOPH/UNICEF, 09/02). An investigation into similar cases in the west of the country had suggested that these may be attributable to cyanide exposure resulting from improper cooking of a wild plant which is eaten only at the time of high food scarcity. This plant is a starchy white tuber referred to as *tartran* (ENN, 31/08/02).

### **Refugees in Pakistan**

Before repatriation, refugees living in urban areas of Pakistan constituted about 50% of the refugee population. About 75 % of refugees who have returned to Afghanistan are from this group. Consequently the percentage of refugees in Pakistan still living in urban areas is now only about 27%, while the percentages for those living in long–term refugee settlements, and those settled in the new camps in the frontier region now represent 63 and 10%, respectively (UNHCR, 10/09/02).

The crude mortality and under five mortality rates of refugees in NWFP remains low, 0.2/10000/day and 0.5/10000/day respectively (UNHCR, 06/02).

**Overall Returnees, particularly when resettling in Kabul, experience poor living conditions and their nutritional status is troubling (category II). The situation may worsen further this wintertime. The overall population, particularly in remote areas, is still at high risk of micro–nutrient deficiencies.**

### **Recommendations and priorities**

*From the ACF survey in Shamali plains*

- Develop short term labour intensive work projects to enable people to re–capitalize

*From the WHO survey of vitamin C deficiency*

- Short–term strategies

- Fortify food aid with micro–nutrients
- Implement targeted vitamin C distribution
- Mid and long term strategies
  - Encourage the production and consumption of vegetables and tubers
  - Encourage the preservation of fruits, vegetables, and other suitable wild foods for consumption during the lean season

#### *From the RNIS*

- Carefully monitor the situation of the returnees, particularly in cities
- Strengthen programmes targeted the returnees, particularly in cities, with a special focus on:
  - Proper housing and sanitation conditions
  - Fuel access during winter time
  - Food access through food distribution and income generating activities

### **Afghanistan**

La situation sécuritaire reste instable avec de nombreux combats sporadiques entre les forces gouvernementales et certains seigneurs de guerre. De plus, un attentat à Kaboul a fait plus de 20 morts et une centaine de blessés et le président afghan a essayé une tentative de meurtre.

Environ 1,8 millions de réfugiés sont retournés en Afghanistan, principalement du Pakistan (voir tableau), excédant grandement les estimations faites par les agences humanitaires. La plupart des réfugiés reviennent en ville et particulièrement à Kaboul, même s'ils n'en sont pas originaires. Cet afflux rend difficile la prise en charge de ces populations et les rapatriés vivent souvent dans des conditions difficiles, qui risquent de se dégrader encore durant l'hiver. L'évaluation des récoltes et des besoins alimentaires pour 2002–2003, réalisée par le PAM et la FAO, estime les besoins en céréales à 467 725 tonnes devant bénéficier à environ 6 millions de personnes (voir tableau). Les récoltes de 2002 ont généralement été bien meilleures que celles de l'année passée. Il semble par contre que jusqu'à 60% du bétail ait été décimé pendant les années de sécheresse. Une enquête nutritionnelle à Kaboul a révélé un taux de malnutrition de 11,7 %, incluant 1,6 % de malnutrition sévère, le taux le plus élevé jamais constaté à Kaboul depuis 1995 (voir graphique). Plusieurs facteurs peuvent expliquer ce phénomène. D'abord, cette enquête a été réalisée au mois d'août, période où les diarrhées sont les plus fréquentes. De plus, les conditions de vie à Kaboul semblent défavorables, avec une augmentation du coût de la vie de 30% depuis le début de l'année, incluant une augmentation du coût du logement. Une évaluation au centre d'accueil des rapatriés à Kaboul a d'autre part montré que 20% des enfants mesurés étaient malnourris; ceci est difficile à expliquer car les taux de malnutrition des populations réfugiées au Pakistan étaient plutôt faibles. La situation des populations rapatriées, en particulier à Kaboul, est préoccupante (catégorie II). Les programmes visant à améliorer leurs conditions de vie, doivent rapidement être renforcés, surtout durant l'hiver. D'un autre côté, une enquête nutritionnelle réalisée en juillet, après la récolte de blé, dans la province de Faryab, a révélé une prévalence de malnutrition aiguë assez faible, de 6,3 % dont 1,3 % de malnutrition sévère. Par contre, les taux de mortalité étaient assez élevés.

De nombreuses déficiences en micro–nutriments ont aussi été mises en évidence, en particulier des carences en iode (voir tableau) et vitamine C. Des campagnes de distribution de vitamine C dans les zones isolées seront mises en place durant l'hiver.

## **LISTINGS OF SOURCES**

### **GREATER HORN OF AFRICA**

<b>Eritrea</b>		
AFP	12/09/02	UN to begin screening Eritreans in Sudan for refugee status

ECHO	18/07/02	Commission allocates Euro 1.75 million in humanitarian aid for Eritrea.
ICC	28/08/02	An appeal for urgent humanitarian assistance in Eritrea.
UNHCR	10/09/02	Eritrea info bulletin n° 7
<b>Ethiopia</b>		
AcF	07/02	Nutritional assessment suggests prevalence of acute malnutrition in Ayssaita and Afambo woredas of zone 1, Afar national regional state, Ethiopia
GOAL	08/02	Assessment of zone 3, Afar region, Ethiopia
IRIN	12/09/02	Ethiopia: feature government orders evacuation of camps near Addis.
OCHA	30/08/02	Government of Ethiopia/UN: joint flash appeal for assistance to combat drought food shortage
FS/EW	07/02	Quarterly food security update, Somali region, Ethiopia
UNDP/EUE 13/09/02		Relief bulletin: weekly humanitarian highlights in Ethiopia
UNHCR	15/07/02	UNHCR starts refugee repatriation from Djibouti to Somaliland.
WFP	02/08/02	WFP Emergency report
WFP	23/08/02	WFP Emergency report
<b>Kenya</b>		
IFRC	28/08/02	Kenya flood appeal n° 14/02 operation update n° 2
IRC	06/02	Testimony before US Senate
JRS	31/07/02	JRS dispatches
OCHA	18/07/02	Somalia: refugees forcibly returned
WFP	09/08/02	WFP Emergency report
WFP	30/08/02	WFP Emergency report
Xinhua	13/05/02	Flood death toll up to 68 in Kenya
<b>Somalia</b>		
AcF–F	06/00	Anthropometric survey in the IDP camps in Mogadishu, Somalia
IMC/FSAU 05/02/UNICEF		Nutrition survey, Berdaale district, Bay region, Somalia
FSAU/ MOHL/UNICEF	05/02	Nutrition survey, Sahil region, Somaliland
FSAU/FS	08/02	Food security update



FSAU/FS	09/02	Food security update
FSAU/N	07/02	Nutrition update
FSAU/N	08/02	Nutrition update
FSAU/N	09/02	Nutrition update
IFCN	08/02	Nexus of early warning system
IRIN	20–26/07/02	IRIN–HOA Weekly Round–up 98
IRIN	26/08/02	Somalia: decline in livestock reproduction
OCHA	18/07/02	Somalia: refugees forcibly returned
OCHA	11/09/02	Somalia: New date set for talks
UNCU/OCHA	2002	Internally displaced persons: Combined report on Somalia
UNHCR	15/07/02	UNHCR starts refugee repatriation from Djibouti to Somaliland.
UNICEF	05/02	Sanaag nutrition survey report, May 2002
UNICEF	06/02	Nutrition survey report, Belledweyne district, Hiran region, Somalia
UN Resident coordinator	28/08/02	UN concerned about humanitarian access in Somalia
WFP	02/08/02	WFP emergency report n° 31
WFP	30/08/02	WFP emergency report n° 35
<b>Sudan</b>		
AcF–F	07/02	Nutritional anthropometric surveys, summary report, Rob Kona, Bentiu, Unity State, 8–15 July 2002
AAH–USA	02/02	Nutritional anthropometric survey, children under 5 years old, Nyal district, southern Leech state.
AAH–USA	04/02	Nutritional anthropometric survey, children under 5 years old, Old Fangak district, upper Nile, Phou state.
AAH–USA	04/02	Nutritional anthropometric survey, children under 5 years old, Atar district, Up per Nile, Phou state.
AAH–USA	05/02	Nutritional anthropometric survey, children under 5 years old, Mareang district, Phou state.
AAH–USA	05/02	Nutritional anthropometric survey, children under 5 years old, Padak (Athoac region) South Bor county, Jonglei.
AAH–USA	07/02	Nutritional anthropometric survey, children under 5 years old, Lankien and Pultruk parishes, Nyirol district, Bieh state.
ACT	12/08/02	ACT appeal Sudan, southern Blue Nile: Kurmuk– assistance to IDPs and host community
AFP	30/07/02	Sudan government attack kills up 300, tens of thousands displaced: rebel
AFP	09/08/02	Sudan peace protocol attempt to freeze de facto secession: Karthoum.
AFP	18/09/02	Khartoum insists on full ceasefire as condition for talks with rebels

BBC News	04/09/02	Sudan braces more fighting
European Union	14/08/02	Declaration by the Presidency on behalf of the EU with an urgent call for unimpeded humanitarian access in Sudan.
FEWS	08/02	Southern Sudan update
MSF I	07/02	Update of the South Sudan crisis, July 2002
UNHCR	03/02	Nutrition survey report for the camp based refugees in Eastern Sudan
UNHCR	07/02	May–June medical report
USAID	14/08/02	Sudan, complex emergency situation report # 5
WFP	13/09/02	WFP Emergency report n° 37
WFP	24/09/02	Lack of funds could force WFP to suspend assistance to Eritrean refugees in Sudan

## WEST AFRICA

USCR	26/07/02	Upheaval in Liberia/repatriation to Sierra Leone: findings and recommendations
MSF	24/09/02	Populations affected by war in the Mano River region of West Africa: issues of protection
<b>Ivory Coast</b>		
BBCNews	22/09/02	Ivorians told to stop migrant attacks
BBCNEWS	02/10/02	Mediators to meet Ivorian rebels
IFRC	24/09/02	Côte d'Ivoire: humanitarian situation deteriorates in Abidjan
RI	24/07/02	Refugee voices: permanent refugee from Liberia
UNHCR	24/05/02	UNHCR conducts census of refugees in Côte d'Ivoire
UNHCR	24/09/02	UNHCR briefing notes
UNHCR	02/10/02	Feature: homeless again as refugees flee burning shanty towns in Côte d'Ivoire
WFP	21/06/02	WFP emergency report
WFP	19/07/02	WFP emergency report
<b>Guinea</b>		
ACH	03/02	Enquête nutritionnelle, Préfecture de Macenta
OCHA	26/07/02	Guinea humanitarian situation report n°6, june–july 2002
UNHCR	07/08/02	Guinea moves Liberia's new refugees into camps further inland.
USCR	07/02	Upheaval in Liberia/repatriation to Sierra Leone: findings and recommendations.
WFP	13/09/02	WFP emergency report

<b>Liberia</b>		
AcF	17/07/02	Rapid follow-up of the new arrivals food security situation, transit shelters in Cari 1 & 2.
BBCNews	14/09/02	Liberia ends state of emergency
OCHA	05/09/02	Liberia: IDPs and refugees back to full food rations
OCHA	13/09/02	Liberia: WFP concerned over the lack of access
OCHA	17/09/02	Liberia: Taylor says no to foreign peacekeepers
WFP	13/09/02	WFP emergency report
WHO	31/08/02	WHO Liberia situation report n° 6
WHO	13/09/02	Disease outbreaks reported: cholera in Liberia
<b>Sierra Leone</b>		
AcF-F	05/02	Rapid food security assessment, Kono district, Sierra Leone
AcF-F	05/02	Rapid food security assessment, Kailahun district, Sierra Leone
AcF-F	02/02	Anthropometric nutrition survey, Tonkolili district,
AFP	29/08/02	Sierra Leone government seeks to step up control of diamond mining.
HELPAGE	02/02	Assessment of the nutritional status, food security, socio-economic and care for older people in Kenema district, Sierra Leone.
IRIN	20-26/07/02	West Africa weekly round-up
IRIN	10-16/08/02	West Africa weekly round-up
OCHA	31/08/02	Sierra Leone: humanitarian situation report 01-31 August 2002
OCHA	10/09/02	President Kabbah wants UN force to stay longer.
OCHA	03/10/02	Côte d'Ivoire: Critical shortage of food, water, medicine in Bouake.
PANA	18/08/02	Displaced Sierra Leonans served notice to quit camp.
UNHCR	16/08/02	UNHCR briefing notes
UNHCR	10/09/02	UNHCR temporarily halts repatriation of Sierra Leone refugees.
UNSC	24/09/02	Security council extends mandate of UN Mission in Sierra Leone for 6 months, beginning 30 Sep; Resolution 1436 (2002) adopted
USCR	19/07/02	Sierra Leonean refugee women and the challenge of reintegration.
USCR	26/07/02	Upheaval in Liberia/repatriation to Sierra Leone: findings and recommendations.

#### **GREAT LAKES REGION**

AcF	07/02	Enquête de sécurité alimentaire, Ruyigi province.
AFP	11/09/02	Burundi peace talks to resume early next week

AFP	17/09/02	Burundi gunmen massacre 183 people: rights official
AFP	19/09/02	Burundi army admits massacres, still blames rebels
OCHA	20/09/02	Burundi: Army denies responsibility for Gitega massacre
OCHA	20/09/02	Burundi: refugees accuse army of blocking escape to Tanzania
UNHCR	22/08/02	Burundi: UNHCR says government now understands repatriation regime
UNHCR	20/09/02	UNHCR briefing notes
WFP	20/09/02	WFP Emergency report n° 38
WHO	29/08/02	Disease outbreaks reported: cholera in Burundi–update 29/02/02
WHO	12/09/02	Disease outbreaks reported: meningococcal disease in the Great Lakes area (Burundi, Rwanda, Tanzania) update 2
<b>Congo</b>		
AFP	20/09/02	Parts of Congo hit by southern Africa food crisis: UN
BBC	09/09/02	Uganda and DRC make peace
MEDAIR	06/09/02	Cholera epidemic in Bunia Medair in the front line
OCHA	31/08/02	RDC: rapport hebdomadaire sur la situation humanitaire
OCHA	12/09/02	DRC: Rebels helping returnees
OCHA	19/09/02	DRC: Direct access to returnees from Rwanda prevented
OCHA	26/09/02	DRC: 67 former Rwandan combatants to go home
Reuters	30/07/02	Congo, Rwanda sign pact to end devastating war
UNHCR	05/09/02	Stop forcing Congolese refugees home, UNHCR urges Rwanda
UNHCR	17/09/02	Rwanda: pace of involuntary returns to DRC slows down
WFP	26/07/02	Emergency report
WFP	30/08/02	Emergency report n°35
<b>Tanzania</b>		
OCHA	08/09/02	Burundi situation report 1–8/09/02
UNHCR	07/02	Health and nutrition monthly report, July 2002
UNHCR	01/10/02	UNHCR briefing notes
WFP	09/08/02	WFP Emergency report n° 32
WFP	30/08/02	WFP Emergency report n° 35
WFP	04/10/02	WFP Emergency report n° 40
WHO	02/10/02	Disease outbreak reported: meningococcal disease in the Great Lakes area up date 3
Xinhua	26/07/02	Tanzania formulates new refugee policy.

<b>Uganda</b>		
ADEO	10/01	Nutritional and measles vaccination coverage survey in Palorinya refugee settlements of Moyo district
AFP	16/08/02	Relief agencies in Uganda to continue operations despite rebel orders to quit.
DDHS Arua	05/02	Nutrition anthropometric survey report, Rhinocamp, Uganda
DDHS Arua	06/02	Nutrition anthropometric survey report, Impevi, Uganda
FEWS	25/07/02	FEWS Uganda food security update
IRC	08/08/02	Ugandan rebels issue ultimatum for release of IRC aid workers
OCHA	29/05/02	Uganda: special report on displacement in the West
OCHA	15/08/02	Uganda: Karamojong attack IDP camp in the east.
UNHCR	09/08/02	UNHCR briefing notes: Uganda, Sierra Leone
UNHCR	30/08/02	UNHCR briefing notes: Uganda, Guinea
WFP	09/08/02	WFP emergency report n° 32
WFP	23/08/02	WFP emergency report n° 34

#### **SOUTHERN AFRICA**

<b>Angola</b>		
IRIN	02/08/02	IRIN weekly round-up 82
MSF	01/07/02	Urgence en Angola, une enquête nutritionnelle et de mortalité rétrospective confirme la gravité de la famine
MSF	05/08/02	Survival of thousands of Angolans constantly threatened
MSF	08/08/02	MSF surveys in Mavinga show depth of ongoing malnutrition crisis in pockets of Angola
MSF	11/09/02	Forgotten people in Mavinga
OCHA	28/08/02	Angola update on humanitarian activities as of 20 August 2002
OCHA	13/09/02	Angola: poor roads and landmines hamper aid delivery
OCHA	09/02	Angola, consolidated appeal 2002, a mid-term review
OCHA	26/09/02	OCHA Angola update on humanitarian activities as of 26 September 2002
OXFAM	29/07/02	Urgent aid needed in Angola before the rainy season
Refugees International	13/08/02	Angola: poor people in a rich government's country
UNHCR	13/08/02	Angola: Spontaneous returns from DRC slowing
UNSC	15/08/02	Security Council authorizes establishment of UN mission in Angola: resolution 1433
USAID	14/08/02	Angola complex emergency situation report # 3

WFP	10/09/02	Angola: slow funding as needs rise
WFP	01/10/02	WFP stretched for resources to assist increasing number of Angolans in need
WFP	11/10/02	WFP emergency report n° 41

#### ASIA SELECTED REGIONS

<b>Afghanistan</b>		
AcF	06/02	Food security assessment northern Shamali plains/Southern Panjsheer valley, Afghanistan.
AcF	08/02	Nutrition anthropometric survey, summary report, Kabul city, Afghanistan
ACF	30/08/02	Afghanistan/Kandahar: Action contre la Faim dénonce les conditions de réinstallation des déplacés
AFP	12/09/02	Iran urges UN to speed up Afghan repatriation
AFP	03/10/02	Conflict continues in northern Afghanistan despite UN efforts
AFSU/ VAM unit of WFP	08/02	Pastoralist vulnerability study VAM unit of WFP
ENN	31/08/02	Field Exchange Aug 2002: Suspected toxic ingestion outbreak in central Afghanistan
FAO/WFP	16/08/02	FAO/WFP crop and food supply assessment mission to Afghanistan
MOPH/ UNICEF	09/02	Minutes of nutrition co-ordination meeting # 4
MSF-B	07/02	Nutritional survey Faryab province Afghanistan
MSF	27/08/02	Relocation back to Afghanistan starts for Afghan refugees in Pakistan
OCHA	19/09/02	Afghanistan: UN want to prevent refugees returning to Pakistan and Iran
OCHA	03/10/02	Afghanistan: repatriation continues to slow
Physicians for human rights	08/08/02	Iran coerces Afghan refugees to return Afghanistan.
Reuters	05/09/02	Afghan president Hamid Karzai survived an apparent assassination attempt
Reuters	04/10/02	Afghan refugees and UN say Iran deports them illegally
UNHCR	06/02	NWFP, analysis report, June 2002
UNHCR	09/08/02	UNHCR Afghanistan update n° 64
UNHCR	10/09/02	UNHCR Afghanistan Humanitarian update n° 65
UNHCR	17/09/02	UNHCR briefing notes
UNHCR	27/09/02	UNHCR briefing notes
WFP 1	3/09/02	WFP Emergency Report n° 37
WFP	04/10/02	WFP Emergency report n° 40
WHO	05/02	Rapid assessment on dietary intake, food cooking, preparation and preservation practices as related to micronutrients in two villages of the district of Tai wara, Ghor province

#### Abbreviations used in the text

AAH–UK	Action Against Hunger UK
ACF–F	Action Contre la Faim France
AAH–USA	Action Against Hunger USA
ACH–S	Action Contra El Hambre Spain
AI	Amnesty International
BEG	Bahr El Ghazal
BMI	Body Mass Index
CAD	Children’s Aid Direct
CMR	Crude Mortality Rate
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	Oxfords 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

## NUTRITIONAL ASSESSMENTS

### RESULTS OF SURVEYS QUOTED IN OCTOBER 2002 RNIS # 39

Survey Area	Population	Survey conducted by	Date	% Acute Malnutrition* (95% CI)**	% Severe Acute Malnutrition* (95% CI)**	% Oedema	Crude Mortality (/10,000/day) (95% CI)**	Un
<b>THE GREATER HORN OF AFRICA</b>								
<b>ETHIOPIA</b>								
Zone 3, Afar region, Ethiopia	Pastoral (urban excluded)	GOAL	08-02	17.9 (15.5-20.6)	2.9 (1.9-4.3)	0.1	0.66	3
<b>SOMALIA</b>								
Beledweyne district, Hiran region	Resident, IDPs	UNICEF/IMC/FSAU/	05-02	21.0 (18.4-23.8)	2.7 (1.7-4)	-	-	
Berdaale district, Bay region	Residents	IMC/FSAU/UNICEF	05-02	17.1 (14.8-19.8)	3.5 (2.5-5.0)	0.9	-	
Sahil region, Somaliland	Residents, returnees/IDP	FSAU7MOH L/UNICEF	05-02	11.8 (9.8-14.1)	2 (1.2-3.2)	0.4	-	
Sanag region, Somaliland	Residents/IDP	UNICEF	05-02	13.7	5	3.3	-	
<b>SUDAN</b>								
Bentiu town, Unity State	Residents, IDPs	ACF/Care/Sudanese Red Crescen	07-02	21.1 (17.4-25.3)	2.7 (1.4-4.8)	-	-	1
Rob Kona town, Unity State,	Residents, IDPs	ACF/Care/Sudanese Red Crescent	07-02	23.4(19.6-27.8)	3.3(1.9-5.6)	-	-	0
Attar district, Phou state, Upper Nile	Residents, displaced	AHA-USA	04-02	31.0 (26.7-35.6)	6.2 (4.2-9.0)	0.8	3.5	



Mareang district, Phou state, Upper Nile	Residents, displaced	AHA–USA	05–02	23.1 (19.1–27.7)	4.7 (2.9–7.5)	0.2	6.7
Old Fangak district, Phou state, Upper Nile	Residents, displaced	AHA–USA	04–02	30.3 (26.0–34.9)	5.7 (3.8–8.4)	0.9	1.1
Nyal district, Leech state, Upper Nile	Residents, displaced	AHA–USA	02–02	16.4 (12.9–20.1)	1.6 (0.5–3.1)	0.2	0.41
Lankien and Pultruk parishes, Nyirol district, Bieh State, Jonglei	Residents, displaced	AHA–USA	07–02	28.4 (24.3–33.0)	4.3 (2.7–6.8)	0.8	7.2
Padak, Bor district, Jonglei	Residents, displace	AHA–USA	05–02	37.7 (33.1–42.4)	6.6 (4.5–9.4)	0.6	0.6
<b>Eritrean refugee camps</b>							
Girba	Refugees	UNHCR/COR	03–02	10.2 (8.3–12.6)	1.2 (0.6–2.3)	–	–
Kilo 26	Refugees	UNHCR/COR	03–02	9.8 (8.0–12.0)	0.8 (0.3–1.7)	–	–
Wad Sherifey	Refugees	UNHCR/COR	03–02	10.2 (8.3–12.4)	0.7 (0.3–1.5)	–	–
Karkora	Refugees	UNHCR/COR	03–02	12.9 (10.8–15.3)	0.7 (0.3–1.5)	–	–
Abuda	Refugees	UNHCR/COR	03–02	9.5	0.7	–	–
Fau 5	Refugees	UNHCR/COR	03–02	9	0.7	–	–
Wad Hileaw	Refugees	UNHCR/COR	03–02	10.2	2.2	–	–
Shagarab	Refugees	UNHCR/COR	03–02	15.8 (13.5–18.4)	1.3 (0.7–2.4)	–	–
Suki	Refugees	UNHCR/COR	03–02	11.3	1.8	–	–
Aburakham	Refugees	UNHCR/COR	03–02	7.5	0.3	–	–
UmAli	Refugees	UNHCR/COR	03–02	5.4	0	–	–
Hawata	Refugees	UNHCR/COR	03–02	13.2	0.94	–	–
Mafaza	Refugees	UNHCR/COR	03–02	5.8	1.2	–	–
UmSagata	Refugees	UNHCR/COR	03–02	10.4 (8.6–12.7)	1.4 (0.8–2.5)	–	–
<b>WEST AFRICA</b>							
<b>SIERRA LEONE</b>							
Tonkolili District	Residents + returnees	AcF France	02–02	5.6 (3.7–8.3)	0.6 (0.1–2.0)	0.1	–
<b>GUINEA</b>							
<b>Macentas, prefecture</b>	Resident refugees,	Action contra la Hambre	03–02	8.4 (6.2–11.4)	0.9 (0.3–2.3)	0.1	1.4

	IDPs							
<b>THE GREAT LAKES REGION</b>								
<b>UGANDA</b>								
Rhinocamp, Arua district	Sudanese refugees	DDHS Arua	05-02	5.6 (3.7–9.3)	0.1 (0–2.4)	0	–	
Impevi refugee settlements, Arua district	Sudanese refugee	DDHS Arua	06-02	9	0.9	0.4	–	
<b>SOUTHERN AFRICAN REGION</b>								
<b>ANGOLA</b>								
Chicala, quatering and family area, Luena, Moxico province	UNITA demobilised soldiers and families	MSF-B/ MINSA7 GOAL	06-02	17.2 (14.4–20)	2.5 (0.1–4.1)	0.2	3.0 (2.4–3.5) <sup>a</sup>	6.8 (4.0–10.0)
							4.6 (3.6–5.7) <sup>b</sup>	10.0 (6.7–13.3)
							1.6 (1.0–2.3) <sup>c</sup>	4.0 (2.0–6.0)
Muacanhica, and Muahimbo camps transit centre, Luena, Moxico province	Internal Displaced People	MSF-B/ MINSA7 GOAL	06-02	9.4 (5.4–13.4)	1.4 (0.5–2.3)	0.2	3.6 (2.7–4.6) <sup>a</sup>	6.0 (4.0–8.0)
							7.2 (5.3–9.1) <sup>b</sup>	15.3 (10.0–20.6)
							2.9 (2.1–3.7) <sup>c</sup>	5.4 (3.0–7.8)
<b>ASIA</b>								
<b>AFGHANISTAN</b>								
Qaisar and Almar districts, Fayab province	residents	MSF-B	07-02	6.3 (4.4–8.1)	1.3 (0.5–2.1)	0.5	1.5 (1.0–2.0)	4 (2–6)
Kabul city	Residents, IDPs, returnees	ACF-F	08-02	11.7 (9.9–15.1)	1.6 (0.7–3.3)	–	0.21	0

\*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; Oedema is included in this figure

\*\* If not mentioned, because not available from the survey report # Measles vaccination coverage for children aged 9–59 months

a Deaths recorded from 22-02-2002 to 26-06-2002

b Deaths recorded from 22-02-2002 to 17-04-2002 or to the date of arrival in the camps, corresponding to the period prior their arrival at the quatering and family areas or camps

c Deaths recorded from 18–08–2002 to 26–06–2002, corresponding to the period after their arrival at the quartering and family areas or camps

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

## Notes on nutritional assessments in the text

### The Greater Horn Region

#### Ethiopia

**AFAR, Zone 3** The survey was conducted by GOAL in August 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. The survey also estimated measles immunisation coverage, crude and under-five mortality within the past 3 months, occurrence of diseases 15 days prior the survey, coverage of relief food and a variety of food security indicators.

**AFAR, Zone 1** An exhaustive survey was conducted by AcF in 7 villages in 2 Kebele (Alasebolo and Gehertuna Hamitole kebele), which were previously reported to be the most affected in the zone.

#### Somalia

**Beletweyne district, Hiran region** The survey was conducted by UNICEF/FSAU/IMC/SRCS in May 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 905 children between 6–59 months. The survey also estimated measles immunisation coverage, vitamin A supplementation coverage, occurrence of diseases 15 days prior the survey, origin of the family, female headed household, food economy group, under-five feeding practices, sources of food and income, water and sanitation status and main source of medical treatment.

**Berdaale district, Bay region** The survey was conducted by UNICEF/FSAU/IMC in May 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 911 children between 6–59 months. The survey also estimated measles immunisation coverage, vitamin A supplementation coverage, occurrence of diseases 15 days prior the survey, origin of the family, under-five feeding practices, sources of food and income, coping strategies, water and sanitation status and main source of medical treatment.

**Sahil region, Somaliland** The survey was conducted by FSAU/MOHL/UNICEF in May 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 906 children between 6–59 months. The survey also estimated measles immunisation coverage, vitamin A supplementation coverage, occurrence of diseases 15 days prior the survey, origin of the family, under-five feeding practices, sources of food and income, coping strategies, water and sanitation status and main source of medical treatment.

**Sanag region** The survey was conducted by UNICEF in May 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. The survey also estimated measles immunisation coverage, vitamin A supplementation coverage, occurrence of diseases 15 days prior the survey, sources of food and income, coping strategies, water and sanitation status and main source of medical treatment.

#### Sudan

**Bentiu town** The survey was conducted by ACF in collaboration with Care and the Sudanese Red Crescent, in July 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. Under five mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage.

**Rob Kona town** The survey was conducted by ACF in collaboration with Care and the Sudanese Red Crescent in July 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. Under five mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage.

**Nyal district, Leech state** The survey was conducted by ACF–USA in February 2002. A two-stage cluster sampling methodology of 30 clusters was used. The sample only included villages of more than 20 households and situated within a 4 hours walk from the centre of the parish. 900 children between 6–59

months were measured. Under five and crude mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage and mother's nutritional status by measuring MUAC.

**Old Fangak district, Phou state** The survey was conducted by ACF–USA in April 2002. A two–stage cluster sampling methodology of 30 clusters was used. The sample only included villages situated within a 4 hours walk from the centre of the parish. 899 children between 6–59 months were measured. Under five and crude mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage and mother's nutritional status by measuring MUAC.

**Atar district, Phou state** The survey was conducted by ACF–USA in April 2002. A two–stage cluster sampling methodology of 30 clusters was used. The sample only included villages situated within a 4 hours walk from the centre of the parish. 899 children between 6–59 months were measured. Under five and crude mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage and mother's nutritional status by measuring MUAC.

**Mareang district, Phou state** The survey was conducted by ACF–USA in May 2002. A two–stage cluster sampling methodology of 30 clusters was used. The sample only included villages situated within a 4 hours walk from the centre of the parish. 805 children between 6–59 months were measured. Under five and crude mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage and mother's nutritional status by measuring MUAC.

**Padak (Athoac region), South Bor County** The survey was conducted by ACF–USA in May 2002. A two–stage cluster sampling methodology of 30 clusters was used. 900 children between 6–59 months were measured. Under five and crude mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage and mother's nutritional status by measuring MUAC.

**Lankien and Pultruk parishes, Nyirol district, Bieh state** The survey was conducted by ACF–USA in July 2002. A two–stage cluster sampling methodology of 30 clusters was used. The sample only included villages situated within a 3 and ½ hours walk from Lankien. 899 children between 6–59 months were measured. Under five and crude mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage and mother's nutritional status by measuring MUAC.

**Eritrean refugee camps, Eastern Sudan** Fourteen surveys were carried out by UNHCR and COR in March 2002. When the population camp was less than 5000, exhaustive surveys were carried out, otherwise cluster sampling methodology of 30 clusters was used (see table). EPI coverage and vitamin A coverage were also estimated.

Camp	Type of sample	Sample size
Girba	Cluster	811
Kilo 26	Cluster	900
Wad Sherifey	Cluster	896
Karkora	Cluster	900
Abuda	Exhaustive	273
Fau 5	Exhaustive	155
Wad Hileaw	Exhaustive	186
Shagarab	Cluster	900
Suki	Exhaustive	222
Aburakham	Exhaustive	308

UmAli	Exhaustive	111
Hawata	Exhaustive	213
Mafaza	Exhaustive	87
UmSagata	Cluster	900

## West Africa Region

### Sierra Leone

**Tonkolili district** The survey was conducted by AcF in February 2002. A two-stage cluster sampling methodology of 30 clusters of 30 children was used to measure 900 children between 6–59 months. The measles vaccination coverage was also estimated for children 9 to 59 months old.

**Kenema district** The survey was conducted by HAI in February 200 on older people in Ningowa chiefdom. This survey is not representative of the general status elderly as 200 older people were selected because of their vulnerability defined by fulfilling at least one of the following criteria: Suffering from severe malnutrition (visible); low physical strength; traumatised; poor health; lacking resources and basic livelihoods; supporting and caring for war-orphans and/or young children; aged above 50 years without a career'; using walking sticks/crutches (immobility); displaced/returnees; rape victims that have had no medical attention; isolated older persons; disabled isolated older persons who have significant threats to their basic needs of health, food, and water.

### Guinea

**Macenta prefecture** The survey was conducted by ACH in March 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 1006 children between 6–59 months. Under five and crude mortality rates were estimated retrospectively over the previous three months by the current household census method. The measles vaccination coverage was also estimated for children 9 to 59 months old.

## The Great Lakes region

### Uganda

**Rhinocamp, Arua district** (Sudanese refugee settlements) The survey was conducted by the District Director for Health Services for Arua local government in May 2002. 764 children between 6–59 months were measured. 42 settlements were visited, the number of children measured in each settlement was proportionate to the total number of under-five children in all the 42 settlements. The coverage of measles vaccination was also estimated.

**Impevi camp, Arua district** (Sudanese refugee settlements) The survey was conducted by the District Director for Health Services for Arua local government in June 2002. An exhaustive survey methodology was used to measure all children between 6–59 months in the settlements.

556 children were surveyed. The coverage of measles vaccination was also estimated.

**Palorinya camps, Moyo district** (Sudanese refugee settlements) The survey was conducted by African Development and Emergency Organisation (ADEO) in October 2001. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. The coverage of measles vaccination was also estimated.

### Angola

**Chicala quatering and family area, Luena, Moxico province** The survey was conducted by MSF-B/MINSA/GOAL in June 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 593 children between 6–59 months. Crude and under five mortality was estimated retrospectively over the previous 4 months (since Jonas Savimbi death on the 22 of February 2002) by the current household census method. Mortality results were further desagregated to compare mortality rates before and after arrival in the QFA. The coverage of measles vaccination was also estimated.

**Muacanhica, Muachimbo camps and transit centre, Luena, Moxico province** The survey was conducted by MSF–B/MINSA/GOAL in June 2002. A two–stage cluster sampling methodology of 30 clusters was used to measure 637 children between 6–59 months. Crude and under five mortality was estimated retrospectively over the previous 4 months (since Savimbi death on the 22 of February 2002) by the current household census method. Mortality results were further desagregated to compare mortality rates before and after arrival in the camps. The coverage of measles vaccination was also estimated.

## **Afghanistan area**

### **Afghanistan**

**Qaisar and Almar district, Faryab province** The survey was conducted by MSF–B in July 2002. Some villages were discarded from the sampling frame because of insecurity. A two–stage cluster sampling methodology of 30 clusters was used to measure 911 children between 6–59 months. Crude and under five mortality was estimated retrospectively over the previous 4 months by the current household census method. The survey also estimated measles vaccination coverage and various food security indicators.

**Kabul city** The survey was conducted by ACF in August 2002. A two–stage cluster sampling methodology of 30 clusters was used to measure 954 children between 6–59 months. A sampling methodology of 30 clusters was used to measure 911 children between 6–59 months. Crude and under five mortality was estimated retrospectively over the previous 3 months by the current household census method. The survey also estimated measles vaccination coverage.

### **Notes**

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.

The table and the figure in which an estimate of the total refugee/displaced/returnee population broken down by risk category, included in previous RNIS issues have been discontinued due to uncertainties about number estimates, particularly for IDPs, and to difficulties in comparing trends, as reports in different RNIS bulletins inevitably often do not cover quite the same situations or over readily comparable time periods.

French summaries have been included. The references there are to the tables, graphs and figures included in the English core text.

La description détaillée des résultats et de la méthodologie des enquêtes utilisées dans le bulletin sont décrites à la fin de la publication. Les données proviennent de différentes ONG et organisations des Nations Unies.

Le tableau et la figure qui, dans les bulletins précédents donnaient une estimation du nombre de personnes par catégorie de risque, ne sont plus mentionnés en raison de l'incertitude des chiffres de population, en particulier pour les personnes déplacées et de la difficulté de comparer des tendances entre les bulletins qui ne couvrent pas forcément exactement les mêmes situations ou les mêmes périodes.

Des résumés en français ont été inclus au bulletin, se référant aux tableaux, graphiques et figures inclus dans le texte principal en anglais.

### **Information**

An inter–agency initiative to improve the monitoring, reporting and evaluation of humanitarian interventions, through nutrition and mortality surveys, has been developed (SMART project). The overall objective is to improve the technical quality of nutrition and mortality data in emergencies through development of standardised survey methodologies and improving the capacity of organisations involved to carry out, analyse, interpret and report on survey findings. More information can be accessed from the Internet at [www.smartindicators.org](http://www.smartindicators.org).

Une initiative interagence a été développée afin d'améliorer la surveillance, le compte–rendu et l'évaluation des interventions humanitaires à partir des enquêtes nutritionnelles et de mortalité (projet SMART). L'objectif de ce projet est d'améliorer la qualité technique des données nutritionnelles et de mortalité dans les situations d'urgence humanitaire, par le développement d'une méthodologie standardisée et



Map of Africa

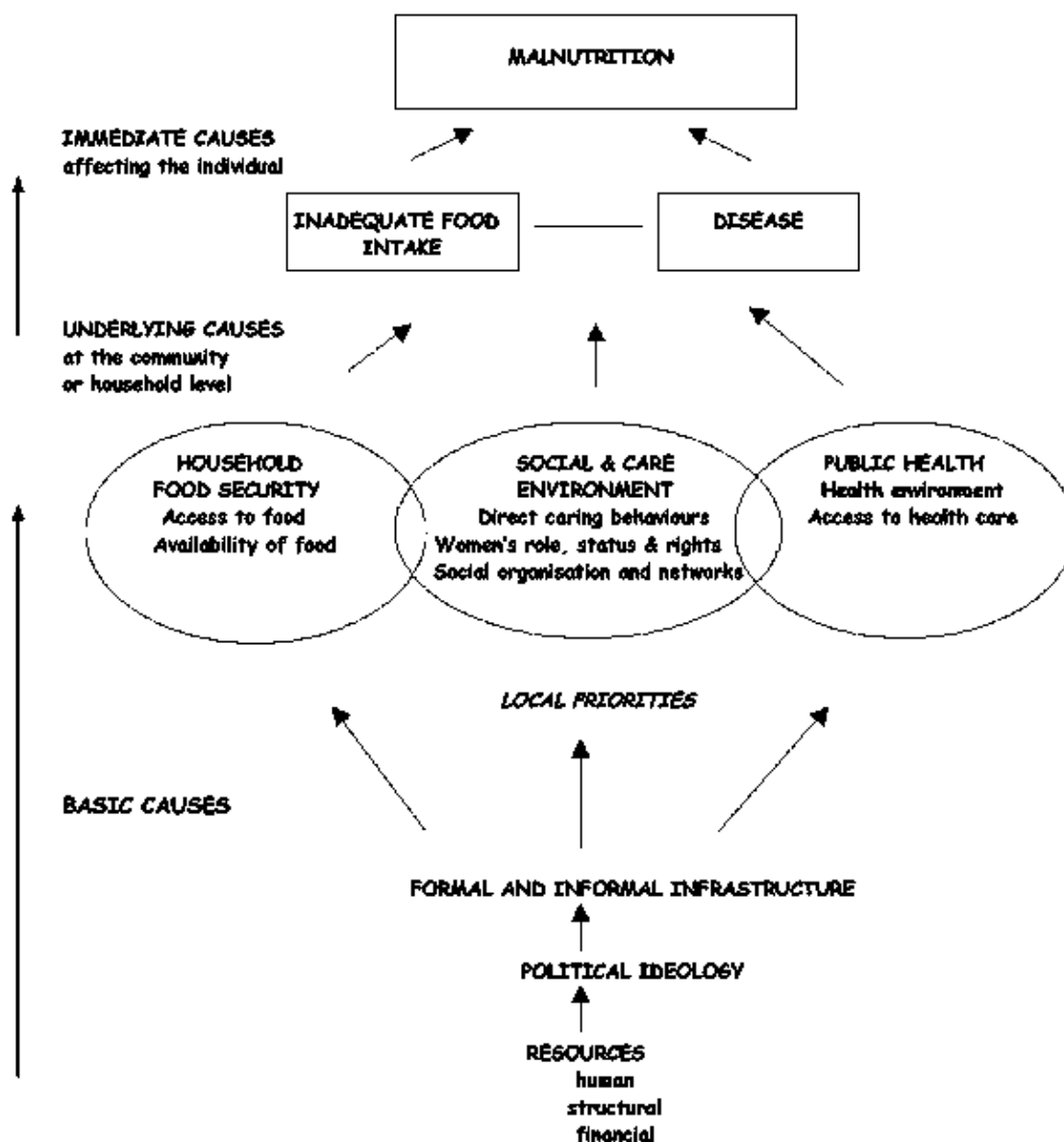
### Seasonality in Sub-Saharan Africa\*

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 re-affirms 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](mailto:sphere@ifrc.org)

The UNS/SCN<sup>1</sup>, 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. After a break of some months this is a combined thirty-second and thirty third publication of a regular series of reports. 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.

<sup>1</sup> UN/SCN, c/o World Health Organization, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland. Telephone: (41-22)791.04.56, Fax (41-22)798.88.91, Email [scn@who.ch](mailto:scn@who.ch), Website: <http://www.unsystem.org/scn/>

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. Detailed information on the surveys used in each RNIS issue is to be found in an annex at the back of the publication. 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.

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 maybe 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.

### **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/ht<sup>2</sup>) 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 *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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