

**Refugee Nutrition Information System (RNIS), No. 40 – Report on the  
Nutrition Situation of Refugees and Displaced Populations**



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# Refugee Nutrition Information System (RNIS), No. 40 – Report on the Nutrition Situation of Refugees and Displaced Populations



United Nations  
Sub-Committee on Nutrition

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## Nutrition situation throughout 2002

<sup>1</sup> According to the information which have been made available to RNIS

**Kenya** The nutritional situation of the Sudanese and Somali long-term refugees in Kenya is still of concern, although many have been settled in the camps for years.

**Somalia** Due to economic shocks, poor crop production, and insecurity, the nutrition situation in parts of southern Somalia, especially in the Gedo region has remained highly precarious. Some populations in Somaliland also face nutrition situations of concern. The nutrition situation of the IDPs, especially in the main towns, was very poor.

**Sudan** The nutrition situation was extremely poor in many areas of Southern Sudan. However, it is expected that the increased access to populations following an agreement between SPLA, the government of Karthoum, and the United Nations, at the end of 2002, might help improve the situation of the population.

**Sierra Leone** 2002 was the beginning of reconstruction in Sierra Leone. The nutrition situation of Sierra Leonans seemed to be under-control. The nutrition situation of the new wave of Liberian refugees which arrived in the first half of 2002 was precarious as of August 2002.

**Burundi** Except in the areas where there were many displaced, the nutrition situation was under-control and better than in previous years. However, renewed fighting since mid-2002, and a poor harvest and rainy season in late 2002, lead to fears of a renewed crisis.

**Tanzania** Long-term refugees in Tanzania continue to maintain good nutrition status in 2002.

**Angola** Dramatic nutrition situations have appeared as access to previously inaccessible areas has been made possible by the signing of the peace agreement between the government of Angola and UNITA in April 2002. By the end of the year the situation had improved in many areas, but was still precarious.

**Afghanistan** The humanitarian situation continued to be of concern in Afghanistan in 2002 due to the consequence of the war, the mass return of some two million refugees, and the prevailing drought over the previous years, all of which have weakened the population's food security. The nutrition situation was not critical however except in the Shamali plain and Pansheer valley, both of which suffered acutely from the war, and in Kabul city, where many of returnees have settled. In these areas, the nutrition situation was precarious.

## Situation nutritionnelle en 2002

<sup>1</sup> Selon les informations rendues disponibles à RNIS

**Kenya** La situation nutritionnelle des réfugiés somaliens et soudanais au Kenya est toujours préoccupante bien que ces derniers soient installés au Kenya depuis de nombreuses années.

**Somalie** En raison de chocs économiques, de mauvaises récoltes et de l'insécurité, la situation nutri-tionnelle reste très précaire dans le sud de la Somalie, particulièrement dans la région de Gedo. Certaines populations du Somaliland connaissent aussi une situation préoccupante. La situation nutritionnelle des dé-placés, particulièrement dans les villes, était également très précaire.

**Soudan** La situation nutritionnelle était extrêmement mauvaise dans de nombreuses zones du sud du Soudan. Cependant, on pourrait espérer que l'accord signé à la fin de l'année 2002 entre le gouvernement de Karthoum, le SPLA et les Nations Unies, garantissant un accès illimité aux populations, permettra d'améliorer leur situation.

**Sierra Leone** L'année 2002 a été une année de reconstruction pour la Sierra Leone. La situation nutri-tionnelle des populations semble avoir été assez bonne durant cette année. Par contre, la situation nutri-tionnelle d'une nouvelle vague de réfugiés libériens, arrivés au premier trimestre 2002, était préoccu-pante.

**Burundi** A part dans les zones où de nombreuses personnes étaient déplacées, la situation nutrition-nelle a été plutôt bonne et meilleure que les années précédentes. Cependant, un regain de violence depuis mi-2002, ainsi que de mauvaises récoltes et saison des pluies à la fin de l'année, laissent craindre un re-nouveau de la crise.

**Tanzanie** La situation nutritionnelle des réfugiés en Tanzanie est restée bonne en 2002.

**Angola** Des situations nutritionnelles dramatiques avaient été découvertes, après que certaines zones soient devenues accessibles à la suite de l'accord de paix signé entre le gouvernement angolais et l'UNITA en avril 2002. A la fin de l'année, la situation s'était améliorée dans de nombreuses zones, mais restait précaire.

**Afghanistan** La situation humanitaire est restée préoccupante en Afghanistan en 2002, en rai-son des conséquences de la guerre civile, de la sécheresse ayant sévi les années précédentes, et du retour de quelques deux millions de réfugiés. La situation nutritionnelle n'était cependant pas critique, à part dans la plaine de Shamali et la vallée du Pansheer, qui avaient beaucoup souffert de la guerre, et dans ville de Kaboul, où de nombreux réfugiés s'étaient installés à leur retour. La situation nutritionnelle était pré-occupante dans ces zones.

## 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 at the end of the report). The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care (rows 2 4) 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.

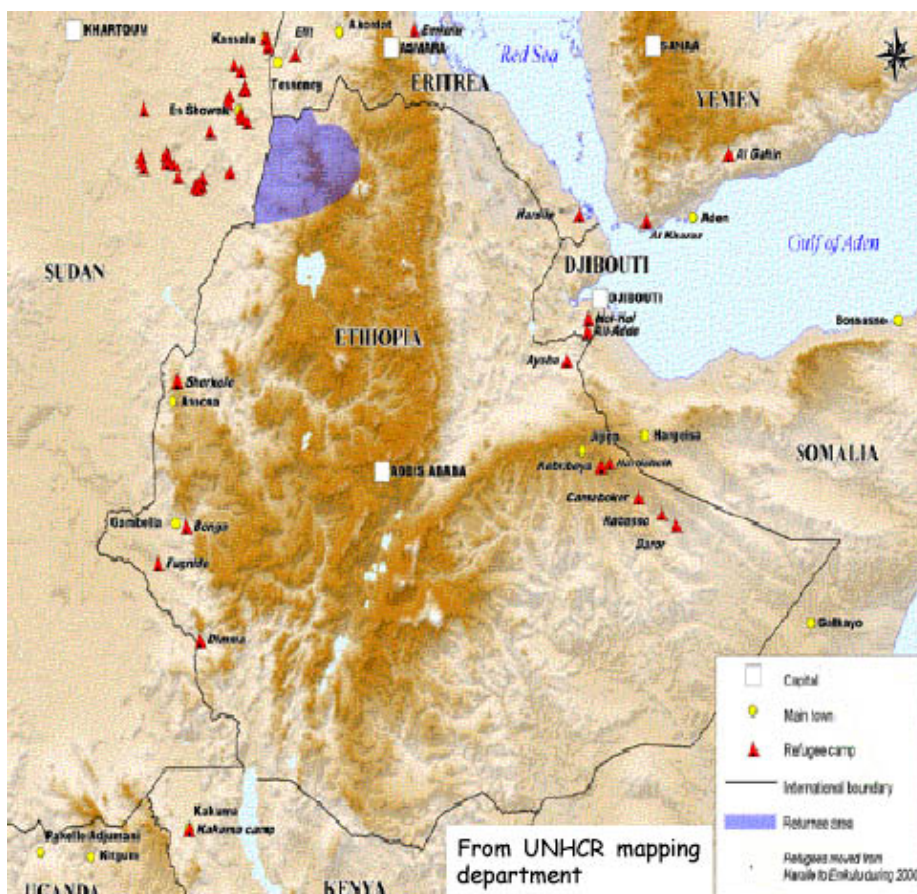
Factor	TANZANIA Refugees	KENYA Refugees	ALGERIA Western Sahrawi	SUDAN Eritrean refugees	AFGHANISTAN IDPs in Spin Boldak camp	AFGHANISTAN Northern Shamali plain	SOUTH SUDAN War affected
1. Nutritional risk category	IV	II/III	III	II	III	II	I
2. Public Health Environment (water, shelter, overcrowding, access to health	✓	✓	O	O	O	O	X

services)							
3. Social & Care Environment (Social organisations and networks, Women s role, status and rights)	?O	?O	?O	?O	?O	?O	X
4. Food Security	✓✓	O	O	X	O	X	X
5. Accessibility to population	✓✓	✓✓	✓✓	✓✓	O	O	X
6. General resources							
– food (gen stocks)	✓✓	O	O	?O	O	?O	X
– non–food	✓✓	O	O	?O	O	?O	X
7. Personnel*	✓✓	?	?O	?O	?O	?O	X
8. Information	✓✓	O	O	O	O	✓✓✓	O

✓✓ Adequate O Mixed X Problem  
 ?✓✓ Don t know, but probably adequate ?X Don t know, but probably inadequate  
 ?O Don t know, but probably mixed

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

## Greater horn region: Sub-Saharan Africa



From UNHCR mapping department

## Eritrea

### Refugees

The Eritrean Relief and Refugee Commission expressed its concern about the future of thousands of Eritrean refugees in Sudan. Despite an on-going repatriation scheme and the fact that the refugees have been settled in Kassala region for years, the government of Karthoum would still prefer to relocate them further inland (ICC, 29/10/02). UNHCR stated they were unaware of this situation (OCHA, 01/11/02).

### Drought

The FAO/WFP crop and food supply assessment has estimated that 1.04 m vulnerable people will require 140,000 MTs of food aid in 2003 (FAO/ WFP, 03/10/02).

The spring rainy season (*Azmera* rains, March–June) almost totally failed in key agricultural areas and the main rains (*Kremti* rains, June–September) were delayed by more than one month. It is anticipated that crop production will be only about 40% of the average for the previous ten years, the lowest level since independence. All regions are affected but Gash Barka and Debub, the bread basket regions, will suffer the biggest lost in absolute terms (see table).

### Cereal production in 2002 compared to average (1993–2001), Eritrea (FAO/WFP, 03/10/02)

Regions	Cereal production		
	2002 ('000 MTs)	Average (1993–2001) ('000 MTs)	2002 (% average)
North Red Sea	5.5	18.7	29.4



<b>Southern Red Sea</b>	0.1	0.5	20.0
<b>Anseba</b>	4.4	14.2	31.0
<b>Maekel</b>	12.8	20.7	61.8
<b>Debub</b>	29.7	61.0	48.7
<b>Gash Barka</b>	21.8	76.8	28.4
<b>Total</b>	<b>74.3</b>	<b>191.9</b>	<b>38.7</b>

High livestock mortality rates (10–20%) were reported in most areas, as a result of depletion of available pasture and crop residues since April. However, in most areas, the remaining livestock has recovered since August, when the *Kremti* rains began, except in Southern and Northern Red Sea regions where poor summer rains occurred. The absence of young men, who have enrolled in National Service, is also limiting the most common coping mechanism, i.e. casual labour.

It is estimated that emergency food aid will be required at least until the next harvest in November/December 2003. A shortage of seeds for the next planting season will also probably occur as a result of the poor harvest in 2002.

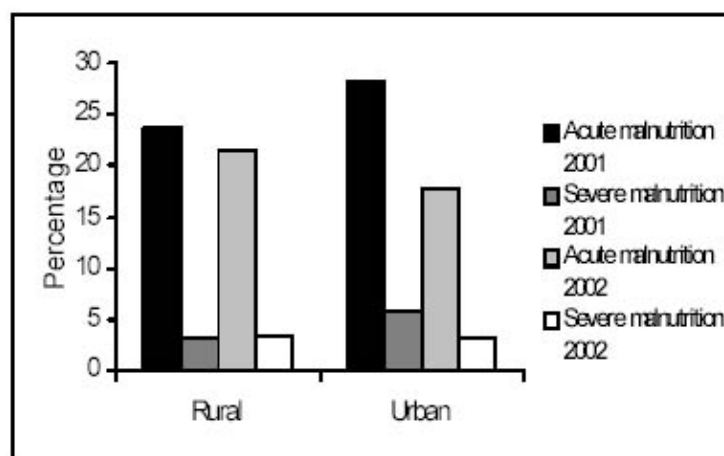
### Northern and Southern Red Sea Regions

Two nutritional surveys were undertaken by MOH/DIA in August 2002 in urban and rural areas of Northern and Southern Red Sea Regions (MOH/DIA, 08/02). A high prevalence of acute malnutrition was found (see table); no oedema was recorded.

#### Acute malnutrition, Northern and Southern Red Sea regions, Eritrea, MOH/DIA, August 2002

	Urban	Rural
<b>Acute malnutrition (%)</b>	17.8%	21.4
<b>Severe acute malnutrition (%)</b>	3.1	3.4

Rates of malnutrition seem to have declined in urban areas since the last survey, which was done in September–December 2001, whilst they remain at the same level in rural areas (see graph).



**Acute malnutrition, Northern and Southern Red Sea state, Eritrea**

The Southern Red Sea region has particularly suffered from economic shocks since the war between Eritrea and Ethiopia in 1998. The port of Assab, which was the focus of major economic activity of the region, is currently almost unused. Pastoralists can no longer freely move to Ethiopia in search of pasture because of the closure of the border. Food aid has been distributed in both regions in 2002, for six months out of 12 in Northern Red Sea Region and for eight months out of 12 in Southern Red Sea Region. Given the current drought conditions, the nutritional status of the population may further worsen, unless additional action is undertaken to strengthen the food security of the population.

### Anseba region

A nutrition survey was conducted by Concern in three sub-zones (Hagaz, Asmat and Habero) of Anseba region in November 2002 (Concern, 11/02). Agriculture and pastoralism are the main economic activities of the region, which has experienced drought for the last four years. **The prevalence of malnutrition was 14.7%, which included 1.5% severe malnutrition; 0.4% of the children surveyed had oedema.** The prevalence of malnutrition seemed to be similar to that recorded in Hagaz and Asmat sub-zones, in December 2001. Results of previous surveys, carried out in 2001 and 2002, showed that malnutrition rates are higher in summer months. In the current survey, the Asmat sub-zone seemed to be the most vulnerable. 95.7% of the children were vaccinated against measles, including 84.7% confirmed by cards.

Various indicators have also been assessed during the survey (see table) by interviewing 770 families.

The prevalence of malnutrition in the area is of concern. It may further increase in the coming months, because of seasonal variations, and because of the current drought.

#### **Various socio-economic indicators, Anseba zone, Ethiopia, November 2002 (Concern, 11/02)**

	Percent of households
Food aid received in the month prior to the survey	98
Main source of food	Produce, bought and food aid: 35 Bought and food aid: 31 Produce and food aid: 24
Number of meals consumed in the day prior to the survey	1 meal: 12 meals: 303 meals: 69
Households who reported to grow crops	64
Households who reported to own livestock	68
Main source of income in the 2 months prior to the survey	Military family allowance: 32 Sale of land and livestock produce: 30 Temporary/casual employment: 18
Absence of the head of household	36
Location of the absent head of household	National service: 89 Working in another part of the sub-zone or in another sub-zone: 8
Remittance by the absent head of household in the form of money	93
Main source of water	Bore Hole: 54 Well: 31 River: 12
Main method of disposing faeces, urine and garbage/ rubbish	Open field: 90
Relationship of the main care-giver to the child	Mother: 98
Breast-feeding of the child	96

**Overall According to available data, the nutrition situation in some areas is very precarious (category I/II). It may worsen further because of the current drought.**

#### **Recommendations and priorities**

*From the MOH/DIA survey in Northern and Southern Red Sea*

- Continue food aid distribution
- Ensure a balanced full food ration

- Distribute supplementary food to children under five
- Support the initiative of the Ministry of Health to establish treatment of severe malnutrition in referral hospitals
- Carry out a nutrition survey in six months

*From the Concern survey in Anseba region*

- Continue supplementary feeding
- Improve households' access to water and sanitation facilities
- Implement health promotion sessions
- Diversify food ration, with oil and pulses distributed together with cereals

### Erythrée

L'Erythrée subit actuellement une sécheresse importante; la production agricole ne représenterait cette année que 40% de la moyenne de la production des dix dernières années. Toutes les régions sont affectées (voir tableau). On pense que des distributions alimentaires seront nécessaires au moins jusqu'en Novembre/Décembre 2003. La condition du bétail, qui s'était dégradée à la suite des faibles pluies de mars à juin, s'est améliorée avec les pluies d'août dans la plupart des régions, excepté dans les régions Nord et Sud de la Mer Rouge. Des enquêtes nutritionnelles réalisées en zone urbaine et rurale dans ces deux régions en août 2002 ont montré des taux de malnutrition élevés (voir tableau). Dans la zone d'Anseba, une enquête nutritionnelle a montré une prévalence de malnutrition de 14,7%, incluant 1,5% de malnutrition sévère. La situation nutritionnelle de ces populations est précaire (catégorie I/II) et risque de se détériorer en raison de la sécheresse actuelle.

Les distributions alimentaires doivent être poursuivies. Les programmes nutritionnels doivent être mis en place dans les régions Nord et Sud de la Mer Rouge et poursuivis dans la région d'Anseba.

### Ethiopia

It becomes more and more apparent that the current drought will have a major impact on some populations. The FAO/WFP crop and food supply assessment, carried out in November 2002, estimated that national cereal and pulse production would be about 25% down from 2001 and 21% down from the average of the previous five years. Some 11.3 m people will be in need of food aid, which will amount to 1.44 m MTs.

Whilst grain prices were very low in the first semester of 2002, they increased sharply thereafter and were 25% to 85% higher (depending on the cereal type) in October 2002 than at the same time the previous year (FAO/WFP, 30/12/02).

In previously identified crisis areas (Afar, eastern parts of Oromiya, several areas of Southern Nations and Nationalities People's Region, and part of Somali region), food aid delivery and harvest have increased food availability. However, other areas of concern have been further identified, such as parts of Arsi zone, Oromiya region (FEWS, 11/11/02). Migrations have already been registered as a result of the drought. Some 20,000 people from East and West Hararghe and Arsi zones have settled in Bale National Park. Their living conditions seem far from adequate (UNDP, 01/11/02). Drought also stimulated ethnic clashes over scarce water resources, particularly in Afar region (OCHA, 08/11/02). However, unseasonable rains fell in central Ethiopia in December 2002. It seems that the rains were not largely used for cultivation but that they certainly had a positive impact on pasture and water availability (WFP, 03/01/02).

Food aid availability and delivery were inadequate during the first half of 2002; distributions ranged from 12% to 54% of monthly requirements. However, distributions have improved over the past months: 67% of the requirements were covered in June, 97% in August and about 80% in September (FEWS, 11/11/02). Food aid

pledges to WFP have been received from several donors and NGOs also received resources for food aid programmes (WFP, 22/11/02).

The current Ethiopian humanitarian crisis appears to be a consequence of structural weaknesses exacerbated by drought. According to some agencies, drought could be better coped with if farming methods were improved, food distribution freed from governmental control and stocks built up during good harvests (Alertnet, 15/11/02).

Land tenure is a highly controversial issue. The current policy is that government-owned lands are allocated to farmers. Plot sizes are too small to enable minimum food production. According to the Ethiopian Economic Association, efforts to increase productivity have largely failed. They advocate a mixture of state, private and communal land holdings, and for increase in plot sizes (OCHA, 07/11/02).

Moreover, the UN's Emergencies Unit for Ethiopia has called for the abolition of collective punishment imposed on farmers who can not repay seed or fertiliser debts. This practice is detrimental to production (OCHA, 30/10/02).

In addition, the two last years grain prices were highly depressed, which led to low producer incentives and therefore reduced the farmers' ability to purchase agricultural inputs (FAO/WFP, 30/12/02). Livestock deaths, poor performance of cash crops such as coffee and *khat* and low employment opportunities further compound the situation in some areas (FEWS, 13/12/02).

### East Harerghe

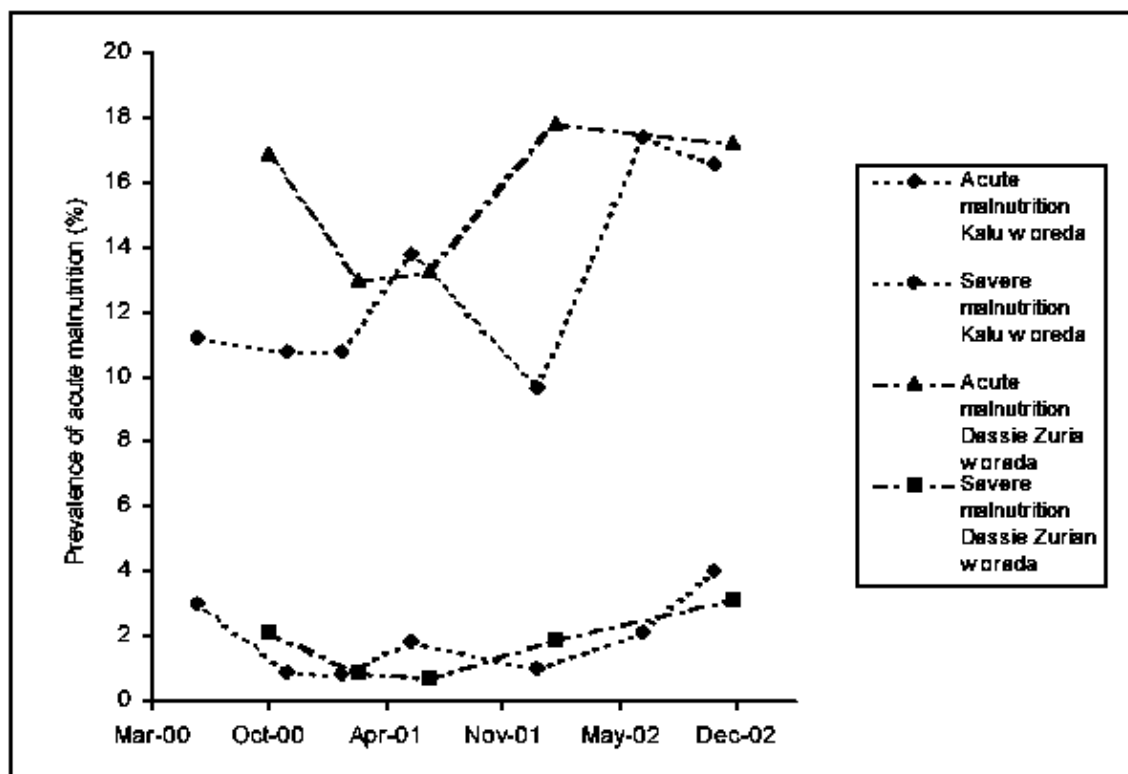
SCF-UK carried out a nutrition survey in Golo Oda and Meyu Muluke woreda, East Harerghe zone, in October 2002 (SCF-UK, 10/02). **The survey showed that 15.0 % of the children were acutely malnourished, including 1.1% with severe malnutrition.** The households surveyed were from agro-pastoralist groups (49.3%), agriculturalist groups (43%) and pastoralist groups (7.7%). The region has suffered a four-year rain failure. It is expected that the actual drought will further aggravate the food security situation. At the time of the survey, 70% of the villages were expecting a complete harvest failure. Condition of livestock was reported to be good/medium by 58% of the households and poor/very poor by 42% of the households. Crude Mortality Rate and under-five mortality rate were respectively 0.62/10000/day and 1.81/10000/day. Measles vaccination coverage, according to mother's statements, was only 4.6%. Health care facilities were also reported to be very limited.

Measles vaccination and vitamin A supplementation campaign were implemented in West and East Harerghe in December 2002 (EUE, 27/12/02).

### South Wollo

Two surveys were conducted by Concern in Kalu woreda and Dessie Zuria woreda, South Wollo, Am-hara region, in November and December 2002 (Concern, 11/02; Concern, 12/02). *Belg* and *Meher* rainy seasons have been erratic and led to poor harvests. The results of the surveys are of concern (see table); the percentage of oedematous children was significant in both surveys.

The nutrition situation seems to have deteriorated since mid 2002 in both areas (see graph). The current surveys were conducted at the beginning of the *Meher* harvest but did not show any impact of the harvest on the children's nutritional status.



Acute malnutrition, South Wollo, Ethiopia

Both woreda have difficult topography, which hampers access to markets and services. In Kalu woreda, the majority of farmers are *Meher* dependent (*Meher* harvest is due in November–December). Although 50,100 out of the 232,000 woreda population should have been receiving food aid from DPPC from March 2002 until October 2002, distribution was interrupted in May and June because of logistical problems. It was planned that only 3,180 beneficiaries were to receive food distribution in the last quarter of 2002. Only 40% of the population reported to have got food from their own production for the previous month, compared to 80% in November 2000. About 25% of the households interviewed reported eating only two meals per day, instead of the normal three, compared to only 7% in January 2002.

The population of Dessie Zuria is chronically food insecure because of long-term problems of degraded grazing and cultivation areas. Most of the farmers are either *Belg* dependent or *Belg Meher* mixed dependent. Some 100,000 people have been identified as beneficiaries for food distribution in 2003. At the time of the survey, half of the population relied on their own production for food sources, compared to 70% in August 2002. As a consequence of livestock feed shortage, farmers were selling livestock, which represents one of the farmers' most important assets, at a low price.

#### Malnutrition and mortality rates, South Wollo, Ethiopia, Nov–Dec 2002 (Concern, 11–12/02)

	Acute Malnutrition (%)	Severe acute malnutrition (%)	Oedema (%)	< 5 mortality rate (/10000/day)	Crude mortality rate (/10000/day)
Kalu woreda	16.6	4.0	3.3	1.68	0.6
Dessie Zuria woreda	17.2	3.1	1.8	1.67	0.56

#### Afar region

Following a nutrition assessment, which showed a very precarious situation in seven villages considered as particularly vulnerable in Ayssaita and Afambo woreda in Afar, zone 1, in July 2002, ACF undertook a larger assessment in the area. Some 604 children (75 to 110 cm tall) were screened in five kebele in Ayssaita woreda, two Kebele in As-sambo woreda and eight kebele in Dubti area in October 2002 (ACF, 10/02).

The results showed that few children presented a low MUAC (see table); presence of oedema was not assessed. However, the survey also revealed that household food security was precarious, especially

because of livestock losses as a consequence of poor rains. In addition health care and water sources were inadequate. Implementation of food distribution and supplementary feeding programmes is planned.

#### **Results of MUAC assessment, Afar region, zone 1, October 2002 (ACF, 10/02)**

Woreda	Number of children	MUAC < 110 mm	MUAC ? 110 mm & < 120 mm	MUAC ? 120 mm & < 125 mm	MUAC ? 125 mm & < 135 mm
Ayssaita	182	2 (1.1%)	7 (3.8%)	8 (4.4%)	54 (29%)
Afambo	101	1 (1%)	1 (1%)	2 (2%)	19 (18%)
Dubti	321	1 (0.3%)	1 (0.3%)	2 (0.6%)	77 (24%)

#### **Refugees**

Repatriation of Somali refugees continues from the camps in Somali region to Somaliland. Six of eight refugee camps have been closed and nearly 30,000 refugees have been repatriated since the beginning of 2002, halving the Somali refugee caseload in Ethiopia (UNHCR, 25/10/02; UNHCR, 05/11/02).

In Western Ethiopia, where 85,000 Sudanese refugees are settled in camps, ethnic clashes erupted between refugee communities in Fugnido camp. Forty-one refugees were killed and several houses were looted (OCHA, 12/12/02).

**Overall The nutrition situation in the areas currently affected by drought is of concern (category II). The food security will not improved in these areas at least until the next *belg* season which will start in March 2003.**

#### **Recommendations and priorities**

*From the SCF–UK survey in East Harerghe*

##### **Short term**

- Increase relief assistance at least until March next year for pastoralists, at least to end of 2003 for the others
- Properly target the general ration and meet the minimum standards
- Implement a targeted supplementary food distribution
- Build the capacity of local health facilities to treat severe malnutrition
- Strengthen health facilities

##### **Long term**

- Implement irrigation projects to ensure grazing and access to water availability for livestock
- Promote irrigation projects that help to plant food and cash crops
- Consider implementing income diversification projects

*From the Concern surveys in South Wollo*

- Improve the allocation of employment generating schemes food
- Implement targeted supplementary feeding

- Investigate setting up community therapeutic care
- Discuss with local authorities about support needs in the areas of emergency health, agricultural inputs and livestock interventions
- Further investigate and develop a long-term strategy to improve food-security
- Carried out a nutritional survey in three months' time

*From the AcF survey in Afar, zone 1*

- Improve the general food distribution
- Improve primary health care and vaccination coverage
- Consolidate animal health and feeding pro-grammes

*From the RNIS*

- Consider providing seeds for the next *Belg* season (February–March 2003) in relevant areas

## **Ethiopie**

La sécheresse qui sévit actuellement en Ethiopie devrait entraîner une perte de production agri-cole d'environ 25% en 2002 par rapport à l'année 2001. Plus d'un million de tonnes d'aide alimen-taire devant bénéficier à environ 11 millions de personnes, seraient nécessaires en 2003. La crise actuelle semble être la conséquence de faiblesses structurelles, en particulier au niveau foncier et agricole, exacerbées par la sécheresse. Une en-quête menée dans la région d'Hareghe Est a mon-tré une prévalence de malnutrition aiguë de 15%, incluant 1% de malnutrition sévère (catégorie II). Dans la région du Wollo Sud, deux enquêtes ont révélé des prévalences assez élevées de malnutrition aiguë (catégorie II) (voir tableau). La situation nutritionnelle semble s'être dégradée par rapport à l'année 2001 (voir graphique) et ne s'améliorera pas avant le début de la prochaine saison des pluies en mars 2003.

A la suite d'une évaluation de la situation nutri-tionnelle qui avait montré une situation préoccu-pante en juillet 2002 dans quelques villages de la zone 1 de l'Afar, une évaluation a été conduite sur une zone plus large. Elle n'a pas mis en évi-dence de situation nutritionnelle grave.

## **Kenya**

### **Refugees**

Kenya hosts some 200,000 refugees, mostly from Sudan and Somalia. Kakuma camp is located in Turkana district, north-western Kenya, near the Sudan border and three camps are located in Garissa district, east Kenya, near the Somalia border.

### **Kakuma camp**

The camp was established in 1992 for Sudanese refugees fleeing conflict in the Upper Nile. In 1998, Kakuma II was opened, primarily to accommodate Somali refugees who were transferred from camps in Mombassa, which were closed. In 1999, Kakuma III was opened for more Sudanese fleeing from the war.

In September 2002, the population of Kakuma camp was estimated at around 66,000, of which 80.5% were Sudanese, 15% Somali, 3% Ethiopian and the rest from the Great Lakes region.

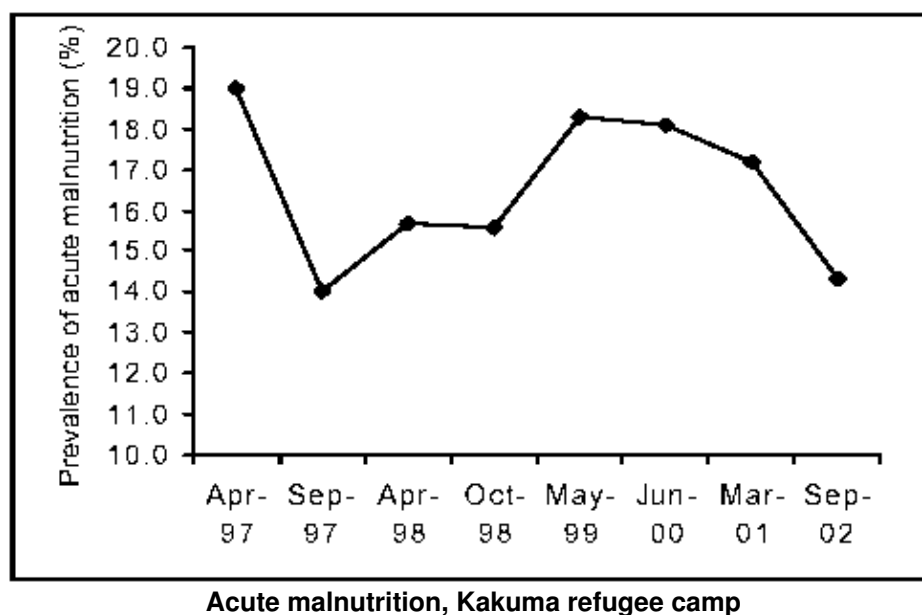
Refugees experience harsh living conditions and face many constraints: they are settled in a dry-hot area, they are prevented from moving freely out of the camp, and the resident population is hostile to them as they see them as competitor for scarce resources. These factors have made the majority of the refugees almost

totally reliant on relief aid, although some are able to access income-generating activities.

A nutritional survey was carried out by IRC in Ka-kuma refugee camp in September 2002 (IRC/UNHCR/LWF, 09/02). About 2% of the households interviewed were Burundian, 4% were Ethiopian, 15 % were Somali and the majority (79%) was from Sudan.

**The survey revealed that 14.3 % of the children surveyed were acutely malnourished, including 1.3 % severely malnourished;** 0.4 % of the children had oedema. However, when expressed as percentage of the median, the acute malnutrition rate fell to 6.3%, including 0.1% severe malnutrition, which is not considered to be critical. The discrepancy may be partly explained by the fact that a significant number of children were borderline cases (with a weight-height index slightly lower than -2 Z-scores) and therefore were classified as malnourished when Z-score was used but not when percentage of the median was used.

Levels of acute malnutrition have remained stable, between 14% and 19%, since 1997 (see graph).



Food aid appeared to be the main source of food. According to the survey results, about 50% of the refugees consumed only food from the general distribution (the day prior to the survey), about 25% of the refugees ate food from the general distribution together with food from other sources, 20% consumed food borrowed or given by relatives and 5 % consumed only food purchased from the market.

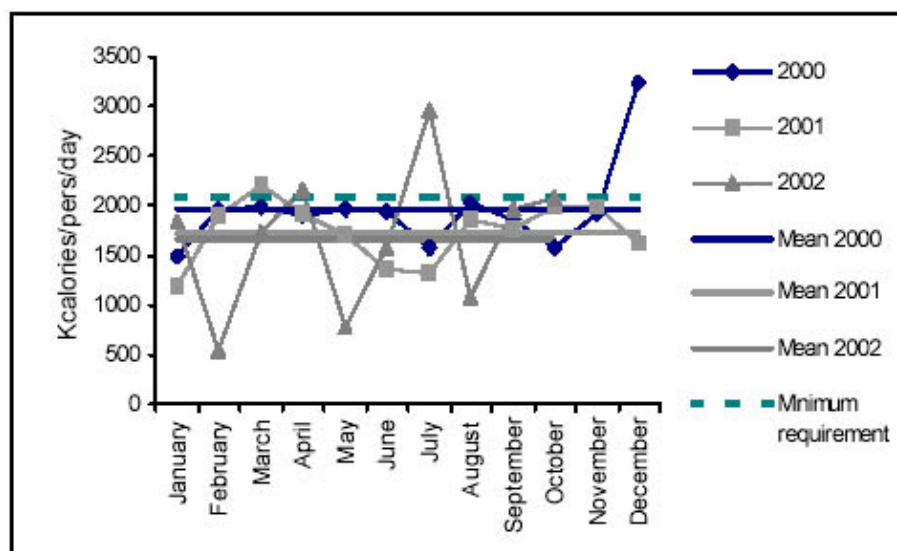
These results seem to be in line with a food security assessment done in September 1999. According to this assessment, the poor group (35–45% of the refugees) has very little access to incomes. The less poor group (15–20%) is able to get some incentives from small business. The middle incentive group (30–40%) and the better-off (15%) are comprised of traders and higher incentive earners, as well as those who receive remittances. They often support a wide range of people.

Food distribution is scheduled on a bi-monthly basis and is intended to be a full ration of 2,100 Kcal/pers/day. However, the amounts of food distributed have been irregular and were equivalent on average to 1,960 Kcal/pers/day in 2000, 1,730 Kcal/pers/day in 2001 and 1,670 Kcal/pers/day in 2002 (see graph). During the first half of 2002, the average Corn Soya Blend (CSB) distribution, which is intended to supplement the ration in micro-nutrients, was 17 g/pers/day instead of the planned 40 g/pers/day. For the poorest who can not access incomes, the food ration is not only the main source of food but also a significant way to get cash to buy basic items such as firewood or soap, when they are not provided in sufficient quantity by relief agencies. Measles vaccination coverage was good with 50.8% coverage confirmed by card and 91.9% when also taking mothers' statements into account. About 80% of the children surveyed received vitamin A. Most of the families got water from taps, but hygiene practices seemed inadequate, as well as the children's feeding practices.

The average prevalence of malnutrition observed in the camp may be related to multi-sectoral causes, such as inadequate food and non-food item distribution to the poorest, and poor hygiene and feeding practices. The funding shortfall that UNHCR is currently facing may further undermine refugee living conditions. UNHCR will be obliged to reduce to a third the amount of firewood which was distributed to refugees, who will need to sell part of their food ration to buy wood, or to risk being beaten or raped when collecting wood in surrounding



private land (UNHCR, 14/11/02).

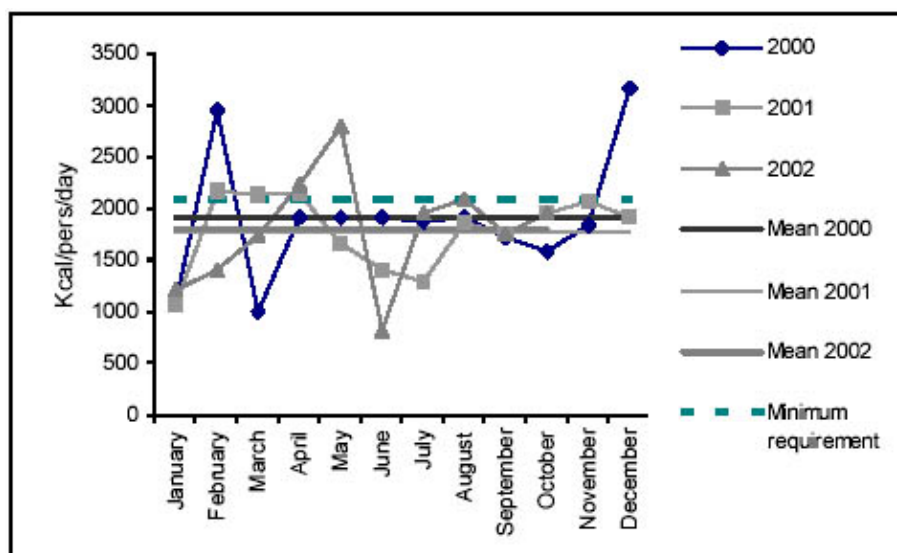


Food distribution, Kakuma refugee camp (WFP Kenya, 11/02)

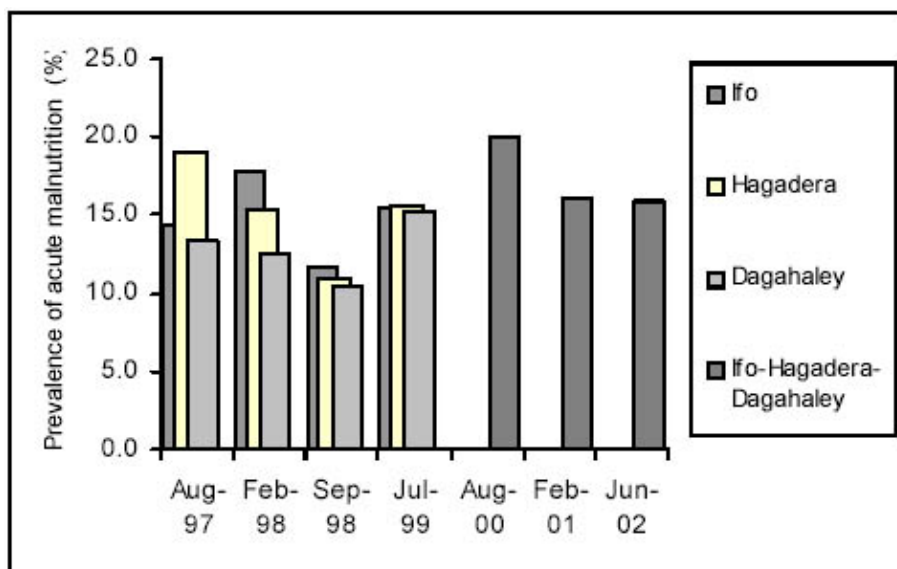
### Dadaab camps

The three refugee camps around Dadaab town in Garissa district; Ifo, Dagahaley and Hagadera, were established in 1991 and 1992 following an influx of refugees fleeing fighting in the middle/ lower Juba and Gedo regions of Somalia. In June 2002, the population was estimated at around 130,000 refugees; about 37,000 in Da-gahaley, 48,000 in Hagadera and 45,000 in Ifo. MSF-B undertook a nutrition survey in Dadaab camps in June 2002 (MSF-B, 06/02). **The prevalence of acute malnutrition among 6–59 month-old children was 15.0 %, including 2.1% severe malnutrition; 1.2 % of the children had oedema.** Malnutrition rates have remained high since 1997 (see graph).

The amount of food distributed has not been more regular in Dadaab camps than in Kakuma camp. The average of food distributed was 1900 Kcal/kg/day in 2000 and fell to 1800 Kcal/pers/ day in 2001 and 2002 (see graph).



Food distribution, Dadaab refugee camps (WFP Kenya, 11/02)



Acute malnutrition, Dadaab camps

**Overall** The current nutrition situation of the refugees in Kenya can not be considered acceptable (category II/III). Refugees, especially the poorest, are highly dependent on external aid. The funding shortfall UNHCR is currently facing, as well as the food shortfall WFP is expecting from February, may worsen the situation.

### Recommendations and priorities

*From the IRC survey in Kakuma camp*

- Continue feeding programmes and improve coverage
- Ensure supplementation of vitamins and mineral through clinics and/or home visits
- Lobby to increase the food ration distribution in order to meet the basic nutritional requirements and to allow refugees to exchange part of the food from the general ration to micro-nutrient rich food
- Ensure the provision of non-food items in sufficient quantities
- Implement a comprehensive monitoring system of the nutritional status of the population

*From the MSF-B survey in Dadaab camps*

- Ensure a full food ration distribution
- Monitor the nutrition status of the population

### Kenya

Le Kenya abrite environ 200 000 réfugiés, essentiellement originaires du Soudan et de Somalie. Le camp de Kakuma, situé dans le district du Turkana, au nord-ouest du Kenya, regroupe environ 66 000 réfugiés; la plupart des autres réfugiés sont installés dans trois camps près de la ville de Dadaab, dans le district de Garissa, à l'est du pays.

Une enquête nutritionnelle réalisée dans le camp de Kakuma, en septembre 2002, a montré un taux de malnutrition aiguë de 14,3%, incluant 1,3% de malnutrition sévère. Les taux de malnutrition sont restés stables dans ce camp depuis 1997 (voir graphique). Bien que certains réfugiés parviennent à obtenir des revenus, la plupart sont très dépendants de l'aide humanitaire, ne pouvant ni sortir librement du camp ni cultiver la terre aride de cette région. L'aide alimentaire représente la seule source de nourriture pour la

moitié des ré-fugiés. La distribution d aide alimentaire par le PAM a été en moyenne de 1670 Kcal/pers/jour en 2002, c est à dire inférieure à la ration de 2100 Kcal/pers/jour qui était prévue.

Le taux de malnutrition observé dans le camp peut être dû à différents facteurs, comme la distribution insuffisante d aide alimentaire et non-alimentaire aux plus pauvres, ou des pratiques inadéquates quant à l hygiène et à l alimentation des jeunes enfants.

Une enquête nutritionnelle réalisée dans les camps près de Dadaab en août 2002, a montré que 15% des enfants souffraient de malnutrition aiguë, dont 2.1% de malnutrition sévère. Là encore, la situation nutritionnelle est restée stable depuis 1997 et la distribution alimentaire a été en moyenne de 1800 Kcal/pers/jour en 2002, inférieure aux 2100 Kcal/pers/jour recommandées.

La situation nutritionnelle dans les camps de ré-fugiés au Kenya n est pas satisfaisante (catégorie II/III), et pourrait se détériorer à la suite de défauts de financement du UNHCR et du PAM. La plupart des réfugiés étant fortement dépendants de l aide humanitaire, et en particulier les plus pauvres, il est essentiel que celle-ci soit dispensée en qualité et en quantité suffisantes.

## Somalia

The Somali reconciliation conference began in El-doret, Kenya, on 15 October 2002. The conference is attended by representatives of the Transitional National Government (TNG), 20 armed factions, which control different parts of Somalia, the regional administration of Puntland and civil society groups. The first positive result of the talks was the signing of a temporary cease-fire on 27 October (OCHA, 28/10/02). The agreement also stipulated the commitment of all the parties to the establishment of a national federal government and to the improvement of the safety of aid workers (AFP, 27/10/02). On the 3<sup>rd</sup> of December, a ceasefire agreement was also signed between the TNG and five prominent Mogadishu-based factions to end fighting in the Somali capital (OCHA, 03/12/02). However, despite the truce, clashes continue to be reported.

Warlords and the TNG have made a joint appeal to the governments of the United States, United Kingdom, Saudi Arabia and the United Arab Emirates for an end to the freeze of the assets of the Barakaat bank. The bank was closed in November 2001 as a result of allegations of links with terrorist organisations. The freezing of the bank's assets has had a huge impact on economic activities in Somalia (BBCNews, 12/11/02).

## Somaliland

Following the conclusions of a nutrition survey done in Sanag region in May 2002 (see RNIS 39), four health centres and mobile teams have been set up. Nutrition screening, high energy biscuit distribution to malnourished children, micronutrient supplementation and immunization have been implemented (UNICEF, 11/10/02).

A nutrition assessment was carried out in December 2002 in the Coastal Belt of Awdal and Sahil regions, in permanent villages and temporary pastoral settlements (FSAU/N, 01/03). The region has experienced poor rains over the last three years, which has had a major impact on this pastoral area. The results of the MUAC assessment showed that a significant number of children in the temporary settlements were affected, whilst the situation was better in the permanent villages (see table).

### Results of MUAC assessment, Coastal Belt of Awdal and Sahil region, Somaliland, December 2002 (FSAU/N, 01/03)

	Number of children	MUAC <sup>1</sup> < 110 mm	MUAC < 125 mm	MUAC ? 125 mm & < 135 mm
Permanent villages	360	5 (1.4%)	30 (8.3%)	88 (24.4%)
Temporary settlements	153	6 (3.9%)	54 (35.3%)	21 (13.7%)

<sup>1</sup> No oedema were detected

The inhabitants of the permanent villages had better access to water and trading opportunities than the ones living in the temporary shelters. The region suffers from chronic water and food insecurity, which needs to be tackled through long term interventions: these have not been effectively implemented so far.

In the weeks following the survey, heavy *Hais* rains were recorded, which may lead to improvements in the food security of the population, but may also be detrimental if they were too heavy.

## Puntland

**A nutrition survey carried out in Bari region in September 2002, showed a prevalence of acute malnutrition of 12.6%, including 2.1% severe malnutrition** (FSAU/N, 10/02). This mostly pastoral region is sparsely populated and has been experiencing repeated rain failure up to the last *Deyr* rainy season, in October 2002. Access to health services was also reported to be poor. Despite these facts, the population seemed to still have some ways of coping with the situation: the nutrition situation was not dramatic.

An integrated supplementary feeding programme was initiated in Bosaso MCH. After screening at the MCH, 34 IDP malnourished children were enrolled in the feeding programme (UNICEF, 14/11/02).

## Southern Somalia

### *Gu* cereal production and *Deyr* rainy season performance

The *Gu* harvest contributes on average 70% of the annual cereal crop yields in southern Somalia. The good *Gu* season in most parts of Somalia has led to an increase of 30% in crop production compared to the post-war average. However, a below average harvest occurred in Northern Gedo, Hiran, Bakool, Lower Juba and Togdher (see table).

### *Gu* cereal production, southern Somalia, November 2002 (FSAU/FS, 11/02)

Regions	2002 crop harvest as a % of 1995–2001 average
Hiran	–89%
Bakool	–65%
Gedo	–53%
Lower Juba	–15%
Middle Juba	–6%
Middle Shabelle	+26%
Bay	+47%
Lower Shabelle	+55%
Total	+28%

On the other hand, the *Deyr* rainfall (October–November) has been good in Hiran, Bakool and Gedo and will mitigate the effect of the low *Gu* crop production in these regions. Access to food and income-generating activities have increased, which will benefit especially the poorest (FSAU/FS, 12/02).

## North Gedo

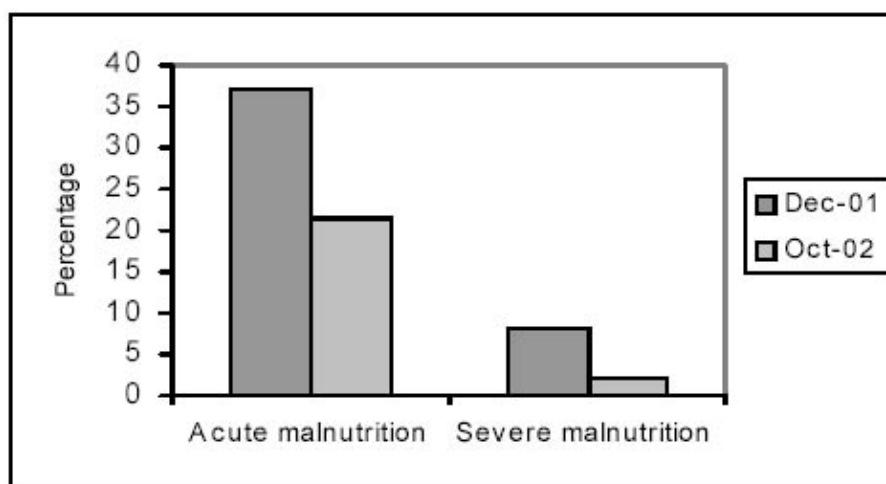
### *Belet Hawa*

North Gedo is one of the most affected areas of Somalia. This region has experienced recurrent droughts over the past three years and a high level of civil unrest, which has prevented implementation of adequate relief aid. People have been obliged to sell household assets to survive (FSAU/FS, 10/02).

A nutrition survey was carried out by FSAU/GHC/ CARE in Belet Hawa district in October 2002 (FSAU/N, 11/02). **The results showed a prevalence of acute malnutrition of 21.5 %, which included 2.2% severe malnutrition.** This level is still high, although it has decreased since the last nutrition survey done in

December 2001 (see graph). The survey results suggested that children from agro–pastoralist groups were the most affected.

The enhancement of relief aid in the region since the beginning of 2002 has probably played a significant role in the improvement of the situation. Food distribution has been extended to all women of child–bearing age, instead of only targeting vulnerable groups. Food rations were also diversified, with oil and lentils distributed together with sorghum. In addition, the Gedo Health Consortium has established supplementary and therapeutic feeding programmes. Health care seemed to have improved also. About 70% of the children surveyed were vaccinated against measles in October 2002, compared to 43% in December 2001 and disease prevalence was also lower in October 2002 than in December 2001. However, because of limited food availability and widespread insecurity, the population was still experiencing poor living conditions. Their main sources of food were food aid and purchases, whilst the major sources of income were casual work and selling of bush products. In addition, the volatile security situation has hampered humanitarian action; as a result of insecurity, Care was obliged to delay food distribution in October 2002 (UNCI, 24/10/02).



Acute manutrition, Belet Hawa district, Somalia

### Hiran

Following poor *Deyr* rainfall in 2001 and *Gu* season in 2002, part of Hiran region is considered highly vulnerable. A nutrition survey carried out in Bellet Weyne district in May 2002 revealed a high malnutrition prevalence (see RNIS 39). MUAC assessments were subsequently conducted in Buloburti and Jalalaqsi districts in October 2002, on 570 and 400 6–59 month–old children respectively. The results showed that the nutrition situation was serious in Jalalaqsi but slightly better in Buloburti, though also of concern (see table) (FSAU/N, 10/02). However, heavy rainfall has been recorded in Bellet Weyne district, which will regenerate pasture and enable farmers to plant their crops. It is expected that the food security situation will improve, although the two most vulnerable groups (agro–pastoralists and riverine farmers) will still face difficulties (FSAU/FS, 10/02).

### Middle Juba

Middle Juba received good 2002 *Gu* rainfall, except in some areas of Western Jilib. MUAC assessments have been conducted in some villages along the Juba river, which had experienced a very poor harvest. The poor people seemed particularly affected; they had lost their usual sources of food and income (cash crops and farm labour). They were also unable to fish in the Juba river because they lacked fishing nets. The very poor appeared to be mostly reliant on wild food. The results of the MUAC assessment revealed a situation of concern (see table). During October, SRCS/ICRC distributed seeds, food for seeds protection and fishing kits (FSAU/N, 10/02).

### Results of MUAC assessments, Somalia, September–October 2002 (FSAU/N, 10/02)

Region	MUAC < 11 cm and/or oedema	MUAC < 12.5 cm and/or oedema	MUAC ? 12.5 & < 13.5
Hiran			

Jalalaqsi district	4.2 %	23.3 %	29.3 %
Buloburti district	3.0 %	13.6 %	21.2 %
<b>Middle Juba</b>			
Villages along Juba river	2.8 %	14.8 %	19 %
<b>Lower Juba</b>			
IDPs in Kismayo	2.2 %	13.3%	23.2%

#### **Lower Juba**

#### ***IDPs in Kismayo town***

Many IDPs, who fled insecurity in 1992/1993, are settled in Kismayo town, in about 20 camps. An Inadequate water supply and poor sanitation conditions appear to be major problems in the camps. The production of charcoal and its exportation through the port of Kismayo generates some income opportunities for the IDPs. Their main sources of income are casual work (including being loaders at the port) and bush product collection (charcoal production).

A MUAC screening was undertaken by the FSAU in four IDP camps, in November 2002; 181 children were screened (FSAU/N, 12/02). The results showed that a significant proportion of the children were malnourished (see table). However, when compared to the nutrition situation of IDP children in Mogadishu (see RNIS 39), the IDP children in Kismayo seem to have a better nutritional status.

**Overall The different nutrition assessments performed in southern Somalia revealed nutrition situations which varied from precarious (category II) to very poor (category I), even if the good Deyr rainfall in some areas may temporarily improve food security. The nutrition situation of the children residing in temporary shelters in the Coastal Belt of Somaliland region is of concern (category II).**

#### **Recommendations and priorities**

*From the FSAU/GHC/CARE survey in Belet Hawa*

- Continue to provide adequate food distribution and selective feeding
- Continue to support health, livestock and water sectors
- Provide access to income generating activities
- Improve access to the population

*From the FSAU assessment in the Coastal Belt of Somaliland*

- Implement targeted general food distribution in small temporary settlements for a period of three months
- Implement decentralised supplementary feeding programmes
- Rehabilitate Karurre borehole (on-going)
- Expand immunization services
- Promote longer term interventions to address water and food insecurity

#### **Somalie**

La récolte de la dernière saison *Gu*, qui repré-sente environ 70% de la production annuelle de céréales, a été généralement bonne et est de 30% supérieure à la moyenne des récoltes depuis le début de la guerre (voir tableau). Certaines ré-gions ont néanmoins connu une mauvaise saison agricole *Gu* (voir tableau), en

partie contrebalan—cée par une bonne saison des pluies *Deyr* dans les régions d Hiran, Gedo et Bakool.

Une enquête nutritionnelle réalisée dans l une des zones les plus touchées par l insécurité et les sécheresses récurrentes, le district de Belet Hawa, dans la région de Gedo, a montré une prévalence de malnutrition aiguë de 21.5%, dont 2.2% de malnutrition sévère. La situation nutritionnelle reste très précaire (catégorie I), bien qu elle se soit améliorée depuis la dernière enquête réalisée en Décembre 2001 (voir figure). Le renforcement de l aide humanitaire pourrait en partie expliquer cette amélioration.

Des évaluations de la situation nutritionnelle utilisant le périmètre brachial, dans diverses zones des régions d Hiran et de Middle Juba, ainsi que chez les déplacés dans la ville de Kismayo, ont montré des situations nutritionnelles de préoccupantes (catégorie II) à très précaires (catégorie I) (voir tableau). De même, dans les zones d'Aw-dal et Sahil, au Somaliland, la situation nutritionnelle des enfants de familles pastorales habitant des campements temporaires est précaire (catégorie II).

## Sudan

Peace talks were resumed in mid-October, after they had been halted as a result of the Sudan People's Liberation Movement/Army (SPLM/A) taking of the garrison town of Torit, which was later regained by Karthoum troops. A cease-fire agreement was signed between the government of Karthoum and the SPLM/A on the 15 October 2002, and was further expanded by mid-November until 31 March 2003 (OCHA, 28/10/02; OCHA, 19/11/02). Negotiations on wealth and power sharing did not reach specific agreement before they broke off in mid-November. They were intended to resume in January (OCHA, 19/11/02).

On 26 October, both parties also signed an historic agreement with the United Nations system, allowing unimpeded humanitarian access to populations (OCHA, 28/10/02). Respect for this agreement would greatly help to provide relief to thousands of people in need. WFP estimates that improved access would enable it to provide aid to an additional 585,000 people (UNNS, 29/10/02). Denying flights by the government of Karthoum has prevented access to populations in need over the past years. In October, flights were denied to 61 locations in southern Sudan (OCHA, 14/11/02). Subsequent to the signing of the agreements, security and delivery of food aid have greatly improved over the reporting period. No objections to the November/December delivery plans were raised by GOS or SPLM. The Sabat River Corridor in Upper Nile was accessed for the first time in three years. WFP distributed 600 MTs of food to over 88,000 beneficiaries. A very significant improvement to access was also noted in western Upper Nile (OCHA, 23/12/02). In Leech area, WFP has been able to reach an additional 200,000 beneficiaries (FEWS, 20/12/02).

## Food security situation

The FAO/WFP crop and food supply assessment, conducted in November 2002, forecast a 30% decline in cereal production compared to last year. Livestock and pasture conditions were estimated to be stable in most parts of the country and it is expected that the lifting of the ban, by several countries, on imports of livestock from Sudan will improve pastoralist incomes. About 230,000 MTs of food will be needed to assist about 3.5 m people. Agricultural inputs will also be needed for the next agricultural season, beginning in April/May in the south and June/July in the north (FAO/WFP, 24/12/02).

Preliminary findings of the WFP-led Annual Needs Assessment also indicated lower than usual crop production in southern Sudan due to erratic rainfalls and insecurity (FEWS, 27/11/02). Although some areas will be food secure, others will face serious food deficits (see tables). Recent deterioration of the situation has occurred particularly in Latjor, Pibor and Torit, where 85% of the population were previously food secure. In the most affected areas, more than half of the population will be in need of food aid at least until the next harvest in September 2003.

## Food insecurity in southern Sudan (FEWS, 27/11/02)

	Food secure areas with surplus food	Food secure areas	Areas with pocket of food insecurity	Areas of moderate food insecurity	Areas of moderate to high food insecurity
Bar El Gazal		Wau	Twic	Aweil East	Gogrial, Aweil West
Jongley			Bor		Bieh, Pibor

Lakes			Tonj, Rumbek/		
			Cuibet,		
Western Equatoria	Tambura, Yambio, Maridi, Mundri				
Eastern Equatoria	Yei		Budi	Kapoeta	Torit
Upper Nile				Phou, Shilluk	Ruweng, north part of Leech, Latjor

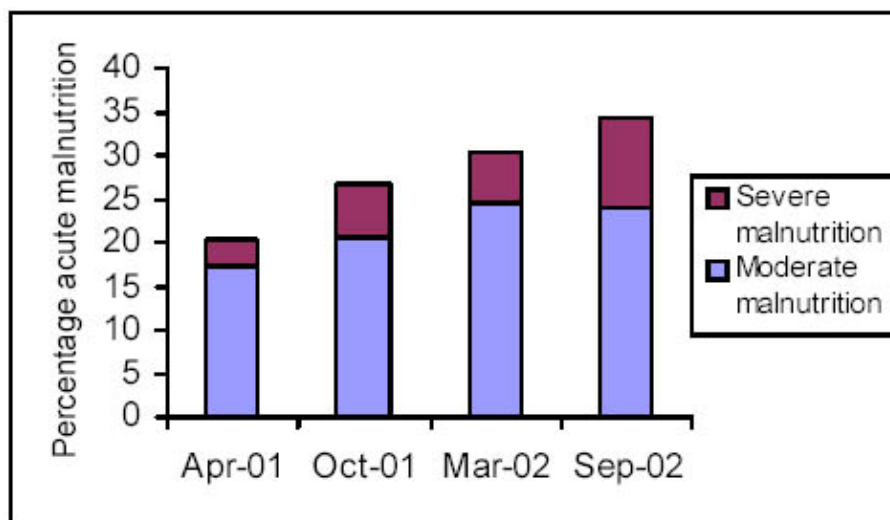
**Main causes of food insecurity and estimated affected population in the most food insecure areas, southern Sudan (FEWS, 27/11/02; FEWS, 28/11/02)**

	Main causes	Estimated affected population
Gogrial	Civil insecurity, displacement, erratic rains	65 % of the population
Ruweng and northern Leech	Civil insecurity	At least 40–50% of the population
Aweil West	Civil insecurity Lack of seeds	At least 40–45% of the farming population who lacked of seeds, 19,000 people who have returned from northern Sudan
Pibor	Erratic rains, lack of seeds	30–35 % of the crop dependant population 45 % of the pastor– alists
Bieh	Civil insecurity, erratic rains	60–65% of the population
Torit	Civil insecurity	At least 25% of the population who did not cultivate
Latjor	Civil insecurity, displacement, restricted access to the main town and market, erratic rains, lack of seeds	25% of the popula– tion who lacked seeds, including 5–10% of the popula– tion which were dis– placed

**Upper Nile**

A nutrition survey was carried out by AAH–USA in Old Fangak district, Phou state, Upper Nile, in September 2002 (AAH–US, 09/02). This was the fourth nutrition survey carried out in the area. The survey showed very high rates of malnutrition: **31.4% of the children were acutely malnourished, including 10.2% severely malnourished.** The trend over the past two years shows a regular increase in the prevalence of malnutrition (see graph). This is in line with the increasing food insecurity over the past two years (FEWS, 27/11/02). Unless there is an enhancement of relief activities, the situation in the area will probably not improve. About 40% of the population is expected to be food insecure in 2003 (FEWS, 27/11/02).





**Acute malnutrition, Old Fangak district, Phou state, Upper Nile, Sudan**

Under-five mortality rate (4.0/10000/day) was also higher than in the previous survey done in April 2002 (2.2/10000/day). Major causes of deaths were bloody and simple diarrhoea, malnutrition and measles, which reflect the poor water, sanitation and health conditions in the area. Due to a low admission rate, the therapeutic feeding centre was closed; supplementary feeding programme was ongoing.

### **Jongley**

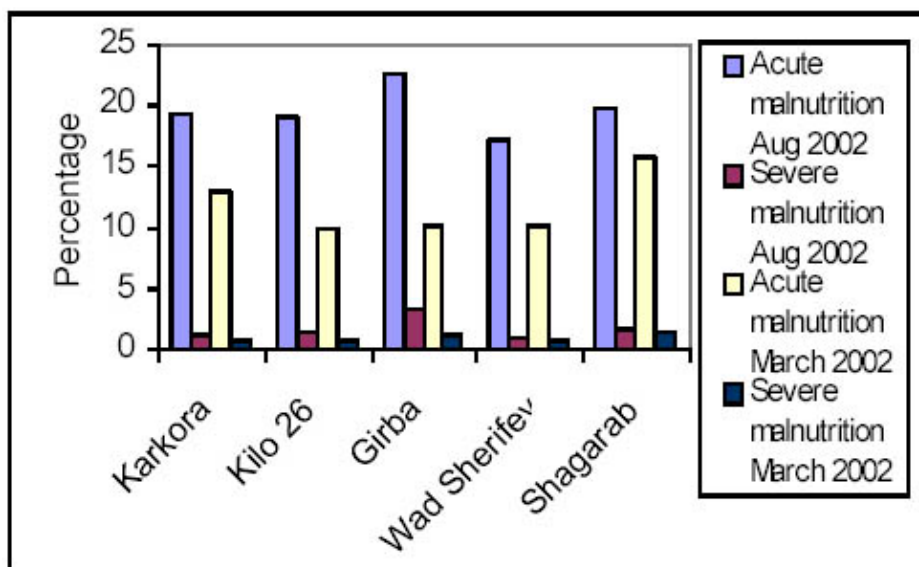
The harvest was expected to be less than 60–70% of normal harvest in south Bor county, due to drought (OCHA, 14/11/02). In Dirror district, Bieh state, MSF reported an improvement of the nutrition situation. In October 2002, a survey showed a prevalence of acute malnutrition of 20%, which included 2% severe malnutrition, compared to a prevalence of 40%, which included 10% severe in May 2002. MSF was in the process of closing the feeding centres (MSF, 18/11/02).

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

UNHCR, in collaboration with COR, undertook a nutritional survey in five of the Eritrean refugee camps located in eastern states in August 2002 (UNHCR/COR, 08/02). A previous survey had been done in March 2002 (see RNIS 39). The present survey revealed high rates of malnutrition (see table). The prevalence of malnutrition has almost doubled in all of the camps since March 2002, except in Shagarab camp, where the prevalence of malnutrition was already high in March 2002 (see graph). Wad Sherifey and Shaga-rab camps are reception camps where people are totally dependent on food aid, whilst refugees in Kilo 26 and Girba have access to labour opportunities on nearby farms, and refugees in Karkora have been provided with land. Different contributing factors may explain the increase in malnutrition rates. The period from April to June is considered by refugees as the hardest, because of fewer job opportunities, hot weather and the scarcity of food and green vegetables. The rainy season begins in June and corresponds to an increase in morbidity and to the hunger gap. Under five mortality surveillance revealed that mortality was twice as high in July and August than in June. Moreover, WFP food distribution was irregular, with delays up to one or more months. MCH growth monitoring also shows the highest rates of malnutrition from June to September.

### **Acute malnutrition, Eritrean refugee camps, Sudan, UNHCR/COR, 08/2002**

Camp	Acute malnutrition (%)	Severe malnutrition (%)
Karkora	19.4	1.2
Kilo 26	19.2	1.4
Girba	22.6	3.3
Wad Sherifey	17.2	1
Shagarab	19.7	1.7



Acute malnutrition, Eritrean refugee camps, Sudan

Overall The affected population in southern Sudan is still at high risk (category I). It seems, however, that access to the population has greatly improved over the last two months. Should the access continue to increase, it is expected that the situation may improve. Eri-trean refugees in eastern Sudan faced difficult living conditions during the summer months (category II).

### Recommendations and priorities

*From the FEWS*

#### Short term

- Mobilize sufficient food aid to ensure steady deliveries to avoid break in the pipeline
- Ensure unhampered delivery of food aid
- Carry out regular nutrition surveys in the most affected areas
- Incorporate or strengthen food security monitoring within all aid agencies workplans

#### Long term

- Renew efforts to promote innovative, culturally acceptable and locally sustainable crop production

*From the AAH-US survey in Upper Nile*

- Continue WFP distribution
- Support households with fishing equipment
- Continue supplementary feeding programmes
- Improve health care delivery
- Carry out continuous EPI
- Improve water and sanitation situation

*From the UNHCR survey in Eritrean refugee camps*

- Consider blanket supplementary feeding to under-three year-olds from July to September
- Extend the full ration distribution to all refugees until September, instead of the current April-June period

- Ensure regular food distribution
- Intensify malnutrition surveillance and referral to nutrition centres
- Better address hygiene and sanitation issues at camp level

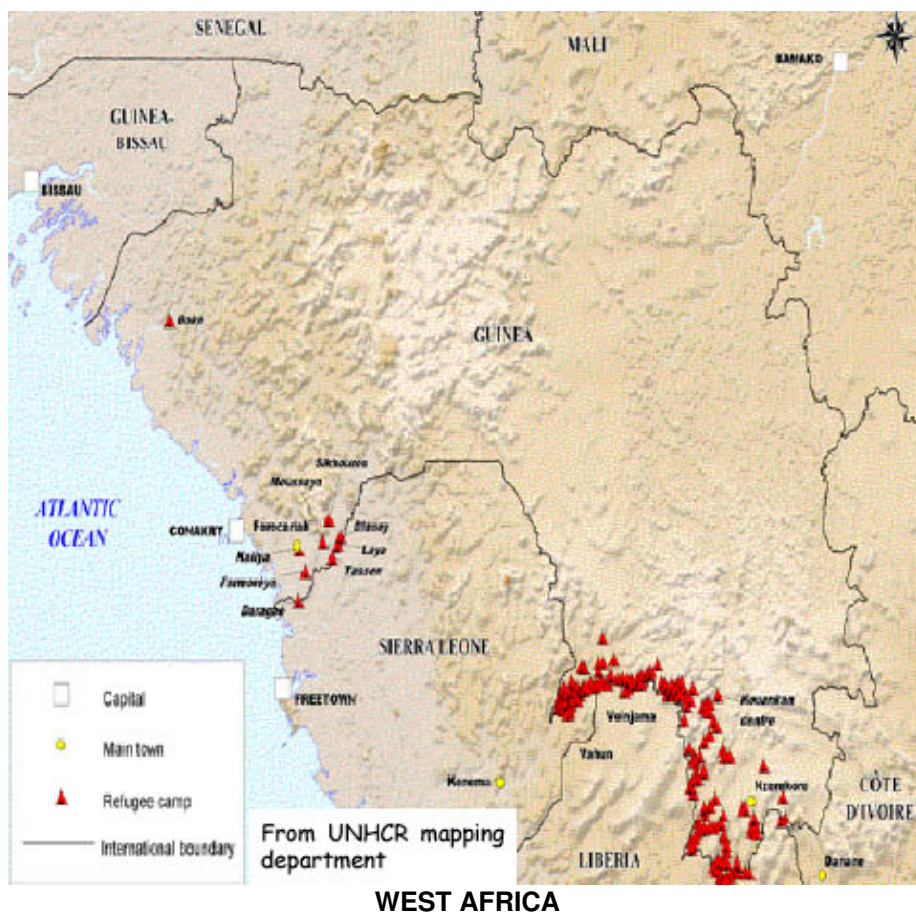
## **Soudan**

Une conférence de paix entre le gouvernement de Karthoum et le SPLA qui contrôle le Sud du pays, a abouti à une série d'accords importants. Un cessez le feu s'étendant jusqu'en mars 2003 a été signé entre les deux parties. D'autre part, un accord entre le gouvernement de Karthoum, le SPLA et les Nations Unies, garantissant un accès illimité aux populations a été conclu. Il semble que ces accords aient permis une meilleure couverture de la distribution alimentaire; en particulier, 88 000 personnes ont pu bénéficier de distributions dans le corridor de la rivière Sabat, dans la région de l'Upper Nile pour la première fois de puis trois ans.

En terme de sécurité alimentaire, il est prévu une diminution de 30% des récoltes en 2003 par rapport à l'année 2002. Dans la partie sud du pays, certaines zones devraient subir de graves défis alimentaires, en raison de l'insécurité, de mauvaises pluies ou d'un manque de semences, alors que d'autres ne devraient pas avoir de problèmes particuliers (voir tableaux). Une enquête nutritionnelle dans le district de Old Fangak, dans la région de l'Upper Nile, réalisée en septembre 2002, a montré une prévalence de malnutrition extrêmement élevée: 31.4% des enfants étaient malnourris, dont 10% sévèrement (catégorie I). Les taux de mortalité étaient également très élevés. La situation nutritionnelle se dégrade régulièrement dans cette zone depuis deux ans (voir graphique).

Une enquête réalisée dans les camps de réfugiés érythréens, situés à l'Est du Soudan, a montré des taux de malnutrition préoccupants (catégorie II) et plus élevés qu'en mars 2002 (voir graphique). Les recommandations de l'enquête incluent la distribution d'une ration alimentaire complète plutôt que partielle, pendant les mois d'avril à septembre, où les réfugiés sont les plus vulnérables.

## **West Africa**



From UNHCR mapping department

## Ivory Coast

Following a coup attempt on 19 September 2002, a cease-fire agreement was signed at the end of October between the government, which controls the south of the country, and the Ivory Coast Patriotic Movement (MPCI), which controls the north. At the end of November 2002, two new rebel groups, the Movement for Justice and Peace (MJP) and the Far West Ivory Coast People's Movement (MPIGO), began fighting in the west (AFP, 15/01/03). The presence of Liberian soldiers in their ranks has been reported (Reuters, 02/12/02). As of mid-January, the three rebel groups were controlling about half of Ivory Coast territory. French troops have been deployed along the front line. Although several clashes between the French troops and the rebels have since been reported on the western front line, a truce was signed by the MPCI and MPIGO in mid January 2003, and the three rebel movements, the government of Ivory Coast and the political opposition have also entered peace talks, brokered by France (Reuters, 15/01/03). At the time this report was written, peace talks were on-going. Human rights abuses and violence against civilians by all parties have been denounced (Reuters, 19/12/02; ICRC, 19/12/02).

## Population movements

The conflict has led to major displacements. About 1.1 m Ivorians have probably been displaced. The first wave of violence in the north led to the displacement of an estimated 600,000 people, whilst the fighting in the west caused the displacement of about a further 500,000 people (OCHA, 10/01/03). Most of the IDPs are settled with relatives which renders accurate estimations difficult.

Shantytowns, which host many migrants and refugees, have continued to be razed by government troops. Thirteen shantytowns have reportedly been razed in Abidjan, displacing 40,000 people (UNHCR, 19/11/02). Many of the displaced families were reported now to be living in a precarious condition although some of them have taken refuge with friends or relatives. UNHCR was caring for 1,000 displaced refugees in Abidjan (UNHCR, 19/11/02). Sierra Leonean refugees have asked to return home but UNHCR was unsure of being able to facilitate returns, due to funding shortfalls.

Fear of persecution has also caused thousands of migrants to flee to their homelands. About 35,000 Burkinabe out of the 2.5 m settled in the country (OCHA, 04/01/03), plus thousands of Nigerians (Reuters, 12/11/02), Malians (PANA, 15/11/02), Guineans, and people from other nationalities, have already fled.

In addition, the Liberian refugees who had been mostly settled in western Ivory Coast have returned en mass to their country (see table). Most of them returned under their own means; UNHCR has begun to help with repatriations since mid-January 2003. Massive influxes of Ivorians into Liberia, and to a lesser extent into Guinea, have also been reported (see table). UNHCR has expressed fears for the fate of several thousands Liberian refugees who are still settled in western Ivory Coast, particularly those who are afraid to return to Liberia because of their ethnicity. About 5,000 are estimated to be settled in Nicla camp, near Guiglo. UNHCR has however, not yet succeeded in moving them to a safer location (UNHCR, 17/01/03).

#### Population movement, Ivory Coast, as of mid-January 2003

	Country of asylum	
Country of origin	Guinea <sup>1</sup>	Liberia <sup>2</sup>
Ivory Coast	2,000	21,000
Liberia		38,000
Guinea	40,000	
Other West	3,450	3,000
African countries		

<sup>1</sup> OCHA, 14/01/03

<sup>2</sup> UNHCR, 14/01/03

#### Humanitarian situation

Although access to the populations in central and northern rebel-held area has been unimpeded, access to western areas has seemed more difficult (OCHA, 04/01/03). The most pressing humanitarian needs are in the health sector, which lacks medicines, equipment and health staff, especially in rebel-controlled areas (OCHA, 04/01/03). Food insecurity will worsen in the coming months as reserves will be exhausted, and the next harvest, expected in March 2003, may be disrupted. Many people have lost their sources of income because of the insecurity. As IDPs are mostly settled with relatives, assistance should be provided to both refugees and host populations. WFP food distributions in January and February 2003 were intended to reach 61,200 beneficiaries in Buake, 34,600 in Yamousoukro and 5,300 in Nicla camp (WFP, 10/01/03).

The ongoing conflict has had a major impact on the economy of the whole sub-region. Ivory Coast accounted for 40% of the gross domestic product of West Africa; millions of migrants from neighbour-ing countries were dependent on job opportunities in Ivory Coast. The loss from cash crops in the northern region is estimated so far at about 300 millions Euros/Dollars. In addition, neighbouring countries can no longer use the port of Abidjan; they are obliged to use more distant ports which had led to an increase in the cost of transportation. Prices in the whole region seem to have increased dramatically since September 2002 (AFP, 15/01/03).

#### Côte d'Ivoire

Alors que le mouvement de rébellion qui avait vu le jour mi-septembre et contrôlait une grande partie du pays avait signé un accord de paix avec le gouvernement à la fin du mois d'octobre, deux nouveaux mouvements de rébellion se sont engagés dans des combats dans l'ouest du pays, à la fin du mois de novembre. Ceci a entraîné un déplacement massif des milliers de réfugiés libériens qui étaient installés dans cette zone. Environ 38 000 seraient retournés au Libéria en quelques semaines. De même, de nombreux ivoiriens ont fui vers les pays voisins, dont environ 20 000 vers le Liberia et 2 000 vers la Guinée. Des milliers de migrants installés en Côte d'Ivoire sont retournés dans leur pays d'origine, par peur de persécutions. Le nombre d'Ivoiriens s'étant déplacés à l'intérieur du pays est estimé à environ 1 million, la plupart ont trouvé refuge chez des proches. L'accès aux populations semble être adéquat dans le nord du pays alors qu'il est plus difficile dans l'ouest. Les besoins humanitaires les plus pressants sont dans le

domaine médical, mais la sécurité alimentaire des populations risque de se dégrader rapidement. Une conférence de paix se tient actuellement en France.

## Guinea

Guinea hosts about 100,000 refugees, mainly from Liberia and Sierra Leone. Repatriation of Sierra Leonean refugees has been suspended at least to the end of the year because of financial constraints (UNHCR, 12/11/02). Due to the civil war devastating Ivory Coast, some 40,000 Guineans are estimated to have crossed back into Guinea over the last two months; 2,000 Ivorians and 3,450 of other nationalities also have sought refuge in Guinea (OCHA, 04/01/03).

The presence of unidentified armed elements in Kouankan camp has raised concern about the security of the refugees (OCHA, 01/10/02). Refugees settled in Kuankan camp will be relocated to the Kissidougou area (UNICEF, 12/12/02). It seems that all camps throughout Guinea are overcrowded, with far more refugees than their capacities should allow.

Following a report which indicated evidence of "extensive" sexual exploitation of refugee children in Liberia, Guinea and Sierra Leone, which involved workers of NGOs and UN agencies, at the beginning of 2002 (UNHCR, 26/02/02), the Office of Internal Oversight Services of the United Nations conducted an investigation into this matter. The investigation did not confirm the allegation of widespread sexual exploitation, but it confirmed that sexual exploitation is a significant issue and urged humanitarian agencies to pursue corrective action (UN, 22/10/02).

## Guekedou Prefecture

According to different estimates, Guekedou prefecture was hosting 150,000 to 260,000 refugees, before an outbreak of violence which occurred from September 2000 to March 2001 (see RNIS 32/33) and led to the displacement of both refugees and host populations. Most of the refugees were relocated into camps further inside the country. However, it was estimated that about 20,000 refugees preferred to return to the area where they settled in villages. The majority of the Guineans also returned except in Guekedou town and in villages near the Liberian border. Although there is no precise figure, it is estimated that the number of refugees who remain in the area has decreased. No specific relief is provided to the refugees.

ACH-S undertook a nutrition survey in Guekedou prefecture in September 2002. About 73% of the population derived their major sources of food from their own crops, whilst 24 % relied on purchase. **The results showed that 7.9% of the children were acutely malnourished, including 0.7% severely malnourished.** These results are very similar to the ones of a survey done in March 2002 (8.2% acute malnutrition, 0.3% severe acute malnutrition) (see RNIS 36/37). However, the 2002 malnutrition rates were higher than the malnutrition rates in the same region in July 2000 when the prevalence of acute malnutrition was respectively 4.2% for the host population and 2.6% for the refugee population (see RNIS 31). Although the prevalence of malnutrition found in July 2002 was average, the nutrition situation of this population has deteriorated significantly between 2000 and 2002.

## Priorities and recommendations

*From the ACH-S survey in Guekedou prefecture*

- Continue distribution of seeds and tools
- Continue the implementation of the nutrition programme
- Reinforce vaccination and public health awareness

## Guinée

La Guinée abrite environ 100 000 réfugiés. A la suite de la guerre civile en Côte d'Ivoire, environ 40 000 Guinéens seraient retournés dans leur pays. Deux milles Ivoiriens et 3 500 personnes originaires d'au-tres pays d'Afrique de l'Ouest auraient aussi fui la côte d'Ivoire vers la Guinée.



Selon diverses estimations, entre 150 000 et 260 000 réfugiés étaient établis dans la préfecture de Guéckédou avant qu'une période d'insécurité à la fin de l'année 2000 ne les force à fuir, ainsi que la population locale. Une partie de ces réfugiés (environ 20 000) serait ensuite retournée dans cette région, ainsi que la majorité de la population locale. Une enquête réalisée dans cette préfecture a montré une prévalence de malnutrition sévère aiguë de 8,2%, incluant 0,3% de malnutrition sévère. Ce taux est beaucoup plus élevé qu'en Juillet 2000, où la prévalence de la malnutrition était de 4,2% dans la population locale et 2,6% chez les réfugiés.

## Liberia

Fighting between the Liberians United for Reconciliation and Democracy (LURD) troops and the government forces continues in northern Liberia (OCHA, 30/11/02). The number of Liberians, who have crossed the border into Sierra Leone, has decreased over the last months; no entry was recorded at the end of December.

Following an upsurge in violence in western Ivory Coast, many Liberian refugees and Ivorians sought refuge in Liberia. Between mid-November 2002 and mid-January 2003, UNHCR recorded 62,000 new arrivals in Liberia from Ivory Coast, of whom 38,000 were Liberians, 21,000 Ivorians and 3,000 were from other West African countries. Liberian returnees were transported back to their areas of origin as far as possible; people originating from areas where the security situation did not allow resettlement were directed to Totota IDP camp in Bong county. The majority of Ivorians were settled in villages near the border; the others were gathered in transit centres. UNHCR was discussing with the Liberian authorities the possibility of establishing new camps for Ivorians (UNHCR, 14/01/03).

## Internally Displaced Persons

IRC conducted an assessment in five camps in Montserrado county and six camps in Bong county in July 2002 (IRC, 07/02). MUAC was used to assess the nutrition situation; oedema were not recorded, which might have led to an underestimation of the nutritional problems. The nutrition situation seemed average, but requires attention, especially in Montserrado county (see table). Mortality rates were very high in both locations, and especially in Montserrado county, where they were twice as high as the emergency threshold.

## Survey results, IDP camps, Liberia, July 2002 (GOAL, 07/02)

	Montserrado County	Bong County
Number of children surveyed	756	348
MUAC < 110 mm	1.8 %	0 %
MUAC < 125 mm	10.7 %	6.3 %
MUAC ? 125 & < 135	4.3 %	8.3 %
Vaccination proved by card	39 %	54 %
CMR (/10000/day)	3.0	1.5
< 5 MR (/10000/day)	8.2	4.2

Poor sanitation services, as the rainy season started, may have played a major role in the high mortality rates; cholera cases were diagnosed at the same time the survey was done. Curative primary health services were considered adequate, but gaps at the community health level have been identified. Major food aid distribution problems identified were delays in the monthly food distribution, fraud, and difficulties in accessing food aid: newly arrived IDPs had to wait until the forthcoming distribution and IDPs in temporary shelters had no access to food. These issues seemed to have been raised by WFP. Shelter building was also identified as an issue of concern: IDPs faced difficulties to access land and building materials.

**Overall The situation of IDPs, returnees and newly-created refugees in Liberia is of concern (category II). The large new influx of vulnerable people, adding further to the already high number of IDPs and refugees, will be a difficult challenge for humanitarian agencies to respond to.**

## Recommendations and priorities

- Increase the number of latrines and improve their maintenance
- Increase safe drinking water availability and regularly monitor water quality at all sources
- Conduct anthropometric and food basket surveys
- Implement a measles vaccination campaign
- Strengthen the standardization of health information
- Strengthen the night health referral system

### **Libéria**

L'insécurité prévaut toujours dans le nord du Libéria. De plus, à la suite de la guerre civile en Côte d'Ivoire, environ 62 000 personnes ont trouvé refuge au Libéria, dont 38 000 Libériens réfugiés en Côte d'Ivoire, 21 000 Ivoiriens et 3 000 personnes originaires d'autres pays d'Afrique de l'Ouest. Les Libériens sont, si possible, rapatriés dans leurs régions d'origine ou s'installent dans des camps de déplacés déjà existants. Les réfugiés ivoiriens se sont pour la plupart installés dans des villages frontaliers avec la Côte d'Ivoire. D'autres vivent pour le moment dans des camps de transit.

Une évaluation nutritionnelle conduite en juillet 2002 dans les camps de déplacés, avant le nouvel afflux de population, avait montré une situation nutritionnelle moyenne (voir tableau), mais un taux de mortalité élevé. La situation des populations déplacées et réfugiées depuis plusieurs mois, ainsi que des populations nouvellement arrivées, est considérée comme à risque (catégorie

### **Sierra Leone**

The government of Sierra Leone has released a national strategy plan for 2002–2003. The plan has four main components: restoration of state authority, rebuilding communities, peace building and human rights, and restoration of the economy. The rebuilding of the community component includes IDP and returnee resettlement. Resettlement of some 10,000 remaining IDPs should be achieved by the end of 2002, while it is expected that 50,000 returnees will be repatriated and resettled in 2003.

Regarding the health system, the government's objective is that all community health centres and community health posts are rehabilitated and functional, that every district has a functional hospital, that the number of medical doctors outside of the western area is increased, and that the full immunization coverage is at least 60%. In 2002, 221 Peripheral Health Units were made functional, bringing the total number of PHU to 86% of the pre-war number. Two districts did not have a functional hospital. Full immunization coverage was low (34%) and maternal mortality rate had not decreased. A shortfall of qualified health staff outside of Freetown was one of the major problems of the health system. Access to PHU was worst in Kailahun, Kono, Bombali, Koinadugu and Kambia districts.

Access to safe drinking water and sanitation will also be increased, especially in Kailahun, Kono, Bombali and Tonkolili, which have particularly low levels of access.

Shelter destruction levels are highest in Kono, Kailahun, Pujehun, Kenema and Tonkolili districts. Of the 340,000 houses which have been destroyed during the war, the government's objective is to have at least 20,000 houses reconstructed. Agriculture will also be revitalised with the objective of reducing by half the need for food aid in 2004 (GSL, 28/10/02).

### **Refugees**

A UNHCR funding shortfall has highly compromised the ability to cope with the needs of the growing numbers of Liberian refugees. Only essential food, water and health services could be provided. It seems that due to inadequate living conditions in camps, a growing number of Liberians returned home (OCHA, 31/10/02). No



major influx has been reported over the last months.

Nutrition surveys were undertaken by ACF-F in the refugee camps in Bo, Pujehun and Moyamba districts in August 2002 (ACF-F, 08/02). The results showed that the nutrition situation was of concern in most of the camps, and especially in Jimmi camp, whilst it was better in Taiama camp (see table). Under-five and crude mortality rates were, however, under control (see table).

#### **Results of nutrition and mortality surveys in refugee camps in Bo, Pujehun and Moyamba districts (ACF-F, 08/02)**

<b>Camps</b>	<b>Acute malnutrition</b>	<b>Severe acute malnutrition</b>	<b>Under-five MR (/10000/</b>	<b>CMR (/10000/ day)</b>
<b>Jimmi</b>	22.2	2.4	1.16	0.52
<b>Bandajuma</b>	14.5	3.5	1.4	0.48
<b>Gondama</b>	10.1	2.9	1.02	0.27
<b>Gerihun</b>	12.7	1.9	0.77	0.17
<b>Jembah</b>	9.8	0.7	0.83	0.41
<b>Taiama</b>	6.6	0.4	0.31	0.12

A therapeutic feeding centre was operating in Bo hospital. Following the survey, supplementary feeding has been implemented in all the camps but Taiama (WFP, 06/12/02).

Repatriation of Sierra Leonean refugees from Guinea has been suspended at least to the end of the year, due to financial constraints (UNHCR, 12/11/02).

#### **Internally Displaced Persons**

As of October 2002, a total of 12,800 registered IDPs remained to be resettled; 3,800 were in the western area and sought return to Kailahun and M91; 9,000 were in Tonkolili district and will return to Makeni, Magburaka and Koidu. A further 4,000 have not yet been registered for return (OCHA, 31/10/02).

**Overall The nutrition situation of the Liberian refugees in south Sierra Leone was precarious in August 2002 (category II/III). However, it is hoped that stabilization in the number of refugees has allowed an improvement in their living conditions since that time.**

#### **Recommendations and priorities**

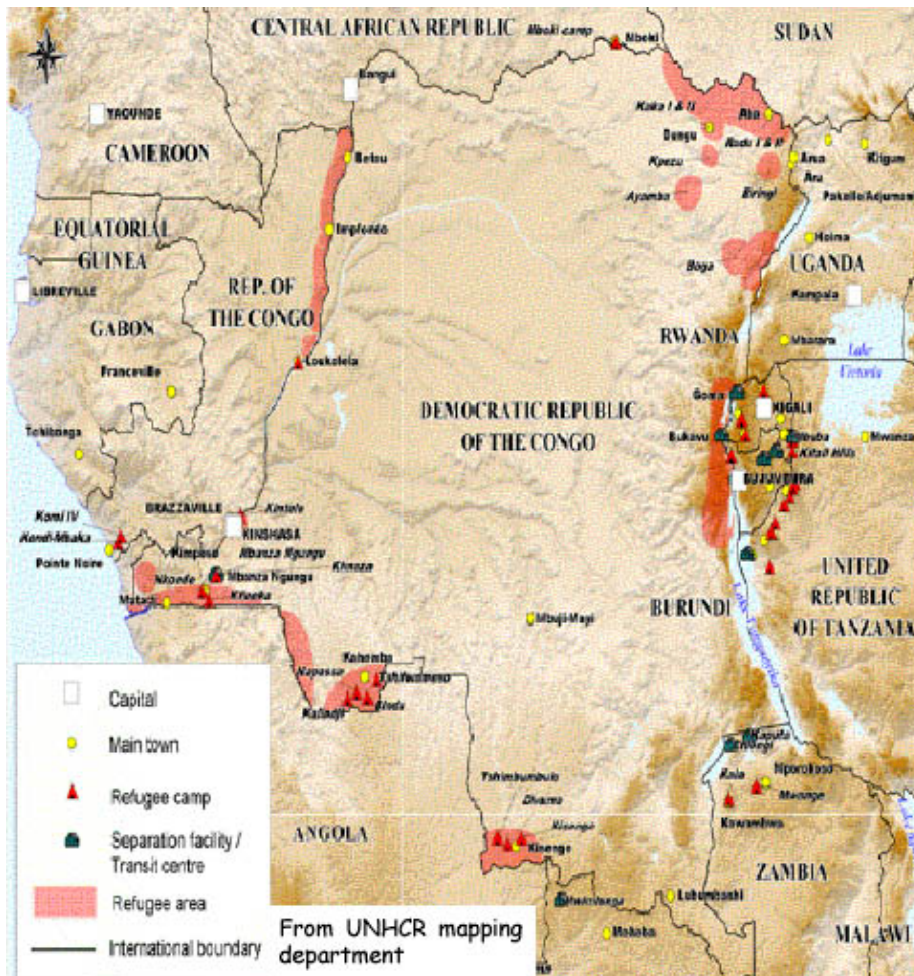
*From the ACF-F survey in refugee camps*

- Strengthen/implement nutrition surveillance system in the camps
- Implement supplementary feeding
- Improve the capacity of Bo hospital to treat severely malnourished cases
- Implement a follow-up survey early 2003

#### **Sierra Leone**

Le flux de réfugiés en provenance du Liberia s'est fortement ralenti ces derniers mois. Des enquêtes réalisées dans les camps de réfugiés des districts de Bo, Pujehun et Moyamba en Août 2002, ont montré des taux de malnutrition assez élevés (catégorie II/III) dans pratiquement tous les camps (voir tableau). Par contre, les taux de mortalité restaient inférieurs au seuil de gravité. Depuis, un programme de nutrition supplémentaire a été initié dans les camps, et l'on peut penser que la stabilisation du nombre de réfugiés a permis d'améliorer leur situation.

## Great lakes region



**GREAT LAKES REGION**

From UNHCR mapping department

### Burundi

A cease-fire agreement was signed on the third of December between the Burundi government and the FDD (Forces for Defence of Democracy), one of the two main rebel groups (Reuters, 03/12/02). However, the other main remaining force, the FNL (Forces of National Liberation) did not participate in the peace talks. Despite the truce, clashes continue to be reported.

### Refugees, returnees, displaced persons

As of 31 December 2002, UNHCR estimated that a total of 52,853 Burundians have returned to Burundi from Tanzania, which includes 31,421 facilitated returns and 21,432 spontaneous returns (OCHA, 12/01/03). Because of an upsurge in violence, returns have dropped dramatically over the past weeks. In addition, the number of Burundians who fled to Tanzania has greatly increased. Some 17,000 Burundians entered Tanzania in October 2002 (AFP, 14/11/02), compared to 3,000 in September (RNIS 39).

Following renewed fighting in Uvira area in the Democratic Republic of Congo since mid-October, thousands of Congolese have sought refuge in Burundi. About 12,000 were registered at the end of October and a new wave of about 9,000 arrived at the end of 2002 and the beginning of 2003. Refugees first settled near the volatile border area, in Gatumba and Bujumbura rural provinces. UNHCR began to move them to newly-developed camps; as of mid-January, 3,000 were settled in Cishemeye camp, in Cibitoke province and 2,400 were settled in Gasorwe camp in Muyinga province (UNHCR, 07/01/03). It seems that far more Congolese were prevented from crossing Burundi's border.

## Disease outbreak

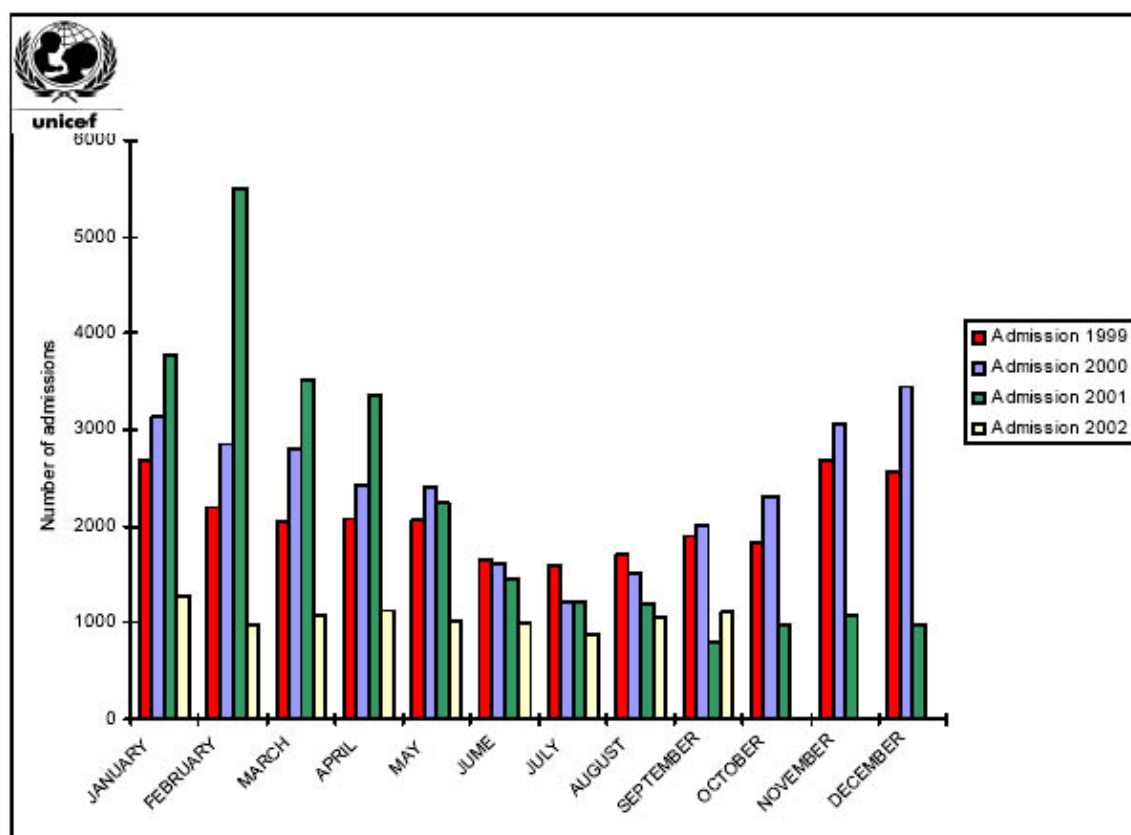
No new cases of cholera were diagnosed during the second week of October (OCHA, 31/10/02). About 1,100 cases of meningitis and 257 deaths were reported in October 2002. Northern and central provinces were particularly affected. A vaccination campaign has been launched in northeastern Burundi (MSF, 25/10/02).

A malaria epidemic has been declared in Gitega and Ngozi provinces (MSF, 05/12/02).

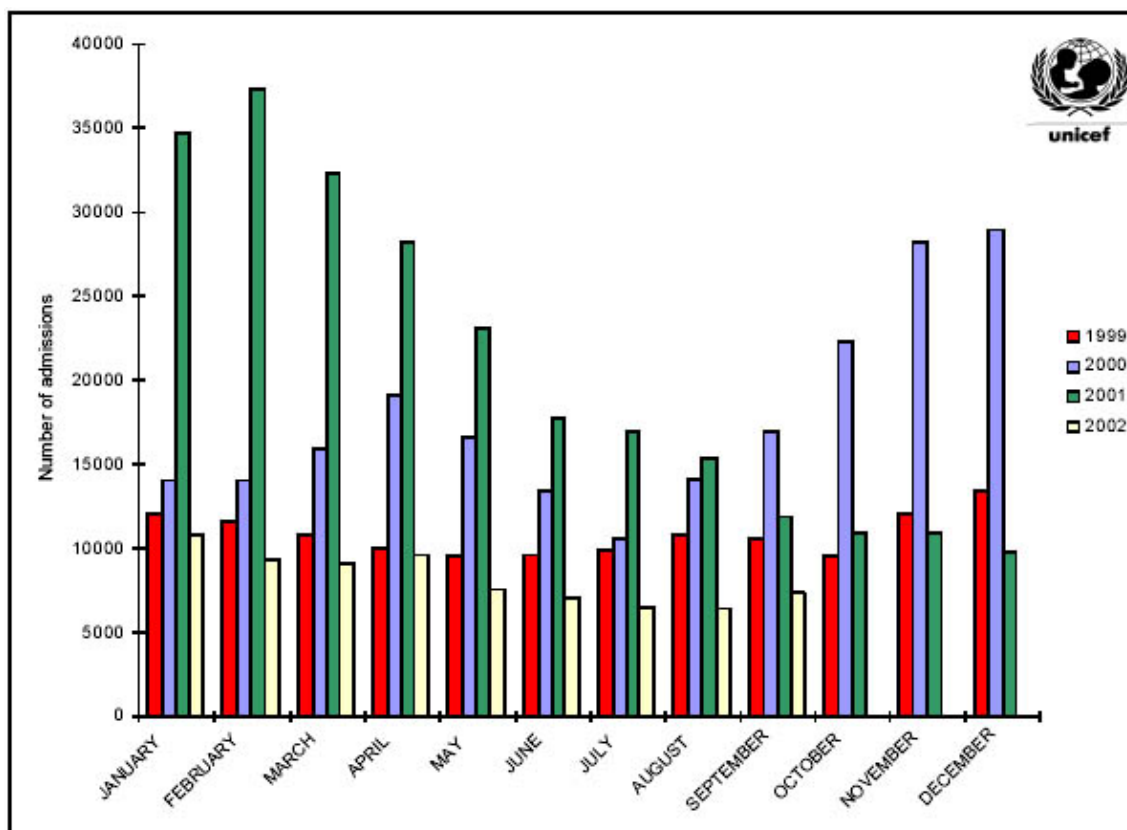
## Food security and nutrition situation

A two-month delay in rains for the 2003 A crop season (September/October–January) and the poor 2002 C harvest (September) is putting pressure on the food security of the population, at least until February 2003. Fighting and inflation are further compounding the situation (SAP–SSA, 11/02). It is estimated that the number of people in need of food aid could rise from 580,000 to 1.2 m (WFP, 02/12/02).

History of admissions to feeding centres shows that admissions were significantly lower in 2002 than in previous years, especially than in 2000 and 2001 (see graph). However, the number of admissions has been reported to have increased since October 2002.



Admissions to Therapeutic Feeding Centres, Burundi (UNICEF Burundi)



**Admissions to Supplementary Feeding Centres, Burundi (UNICEF Burundi)**

**Overall The current food security situation in Burundi seems to be very precarious. Close monitoring and food aid should be provided in order to prevent any significant deterioration of the nutrition status.**

#### **Burundi**

Environ 50 000 réfugiés burundais en Tanzanie se-raient retournés dans leur pays en 2002. Par ail-leurs, le nombre de burundais ayant fui vers la Tan-zanie a augmenté en raison de l'insécurité crois-sante. Environ 20 000 personnes en provenance de RDC ont aussi trouvé refuge au Burundi dans les derniers mois de l'année 2002. La sécurité alimen-taire des populations burundaises risque de se dé-grader dans les mois à venir, à la suite de mauvai-ses récoltes en septembre et d'une saison des pluies insatisfaisante dans les derniers mois de l'année. Pourtant, le nombre d'admissions dans les centres de nutrition avait été bien inférieur en 2002 que dans les années précédentes. Il est ce-pendant à craindre que la dégradation de la sécured'alimentaire ainsi que l'exacerbation de l'insécurité ne provoquent une nouvelle crise.

#### **Democratic Republic of Congo**

Peace talks between the government and the two main rebel groups, the Congolese Liberation Movement (MLC) and the Congolese Rally for Democracy (RCD) resumed in South Africa at the end of October 2002. On the 17 December, all parties reached an agreement to end the four- year war. They agreed to set up a government of national unity. President Kabila will keep his function until elections are held in two years' time. Four vice-presidents, who will represent the government, the two rebel groups and the unarmed opposition, will be designated. Ministries will be distributed among the different parties (AFP, 17/12/02). However, renewed violence has spread in eastern DRC.

The Security Council has expanded to 8,700 the number of military personnel of the United Nation Organisation Mission in the DRC (MONUC) (UNSC, 04/12/02).

Following the withdrawal of Rwandan and Ugandan troupes (which were backing rebel groups) as part of the peace agreement signed with those countries, Zimbabwe, Angola and Namibia, which were supporting the Kinshasa government, announced a final pull-out of forces at the end of October 2002 (OCHA, 25/10/02).

## Upsurge in displacement

The withdrawal of Rwandan and Ugandan forces has led to an upsurge of fighting in north-eastern Congo.

In Inturi region, at least 500,000 people were displaced due to renewed fighting between Lendu and Hema communities (OCHA, 06/11/02). Over 5,000 people have crossed the border with Uganda (Xinhua, 23/10/02). The issue of ethnic cleansing has also raised concern (HRW, 31/10/02).

About 35,000 people were reported to have fled from Makeke town into Beni town on 31 December 2002 (MSF, 04/01/03). They are only a small part of hundreds of thousands who might be displaced in the region (MSF, 04/01/03, OCHA, 08/01/03). Extreme violence against the population has been reported (MSF, 04/01/03). However, a cease-fire agreement was reached on 31 December 2002 between the three factions which fight in the area. They also agreed to guarantee freedom of movement to the civil population and humanitarian organisations. MONUC will deploy military observers to the area (UNNS, 31/12/02).

The crisis affecting the northern town of Bunia continues. A cholera outbreak has been on –going since August and a humanitarian flight has been denied access (OCHA, 18/10/02).

In South-Kivu, the Mayi-Mayi forces took the town of Uvira, formerly controlled by the RCD, in mid-October. The town was recaptured by the RCD one week later. This led to the displacement of an estimated 60,000 people, of whom about 17,000 crossed the border with Burundi and 500 sought refuge in Tanzania (OCHA, 23/10/02). It seems that some 20,000 returned to Uvira after they were not permitted to enter Burundi (OCHA, 22/10/02). Despite the truce, a new upsurge in violence in the area at the end of December led to a new displacement of the population, of which 9,000 entered Burundi (UNHCR, 07/01/03).

Thousands of people have fled from Orientale Province to Eringeti area, northern Kivu (Tear Fund, 11/12/02).

In Katanga Province, 75,000 people were displaced by fighting between government troops and the Mayi-Mayi (22/11/02).

## Maniema province

Before the war, Maniema Province was considered as the breadbasket of Congo. The region has been cut from the rest of the country since the Kindu-Lubumbashi railroad was closed four years ago. Furthermore, in the months of August-September only, Kosongo area, southern Maniema, suffered from 15 attacks. Several villages have been burned or looted. Some 131,000 people, including 77,000 IDPs, are considered to be in need of humanitarian aid. A survey done by Concern in four sub-health zones of Kazongo health zone, showed a prevalence of acute malnutrition of 11.7%, including a high 3.8% rate of severe malnutrition. The rate of acute malnutrition was reported to have doubled since the last survey conducted in February 2002 (OCHA, 22/11/02).

## Refugees

Forcible repatriation of Tutsi Congolese refugees from Rwanda (RNIS 39) appears to have ceased (OCHA, 25/10/02). The previously repatriated, who are settled in Kitchanga transit camp, are in great need of food and non-food aid (WFP, 07/11/02).

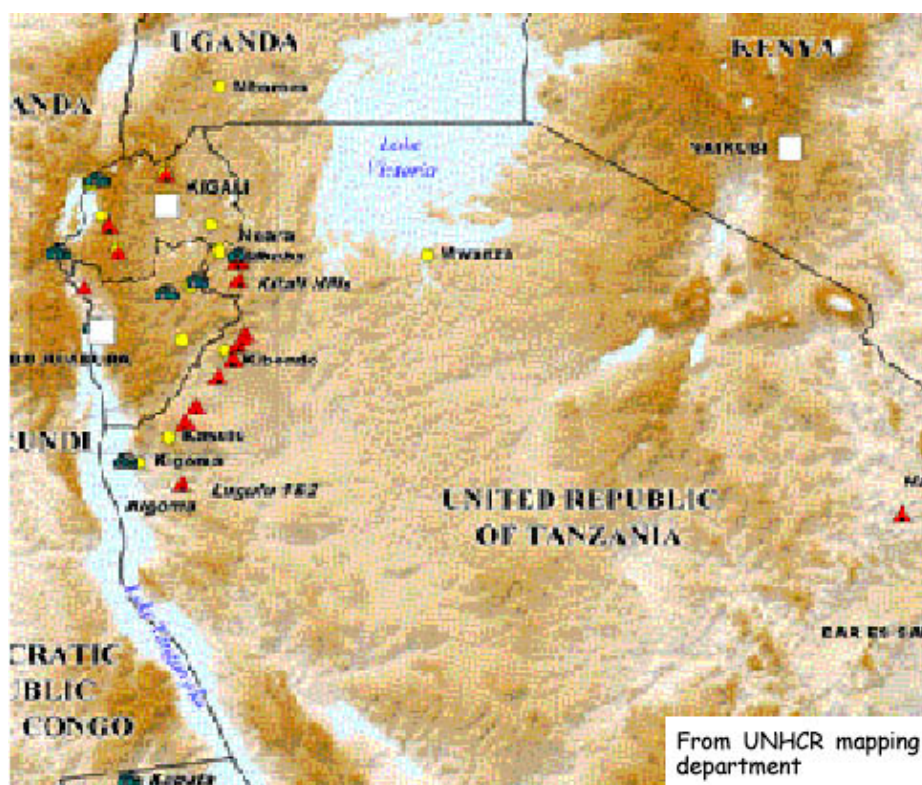
**Overall Although few nutrition data are available, the affected population in northeastern DRC, and especially the IDPs, are considered to be at high risk of malnutrition (category I). If the cease-fire agreement proves to be effective, access to the population may improve and desperate humanitarian situations may be discovered.**

### République Démocratique du Congo

L'insécurité s'est fortement aggravée ces derniers mois dans le nord-est du pays. Une violence ex-trême envers les populations a été dénoncée. Des dizaines de milliers de congolais se sont déplacés dans la région, d'autres ont fui vers le Burundi ou la Tanzanie. Les déplacés sont très difficiles à atteindre par les agences humanitaires et sont probablement dans une situation très difficile (catégorie I).



## Tanzania



Tanzania

From UNHCR mapping department

Tanzania hosts more than 500,000 refugees, mainly from Burundi and to a lesser extent, from DRC and Rwanda. The political and military conflicts in the Great Lakes region continue to cause refugees to enter the country. Some 17,000 Burundians entered Tanzania in October 2002 (AFP, 14/11/02), compared to 3,000 in September (RNIS 39). There has also been an increase in refugees entering Tanzania from eastern DRC.

UNHCR announced that repatriation of Rwandan refugees from Tanzania was concluded at the end of 2002. About 23,500 Rwandan refugees have been repatriated in 2002, of whom 19,000 have been repatriated in November and December 2002 (AFP, 02/01/03). However, Refugee International expressed its concern about this repatriation movement (RI, 13/01/03). It appears that the repatriation was less than fully voluntary. According to RI, the plan was set up too quickly. A review of the refugees unwilling to repatriate was not implemented before the repatriation deadline. Furthermore, at the beginning of the repatriation plan, the reception of the repatriated refugees in Rwanda was inadequate. Some Rwandan refugees, unwilling to repatriate, spread out in Tanzania or went to another country. It seems that 3,000 Rwandan refugees have fled from Tanzania to Uganda (Xinhua, 18/12/02).

### Acute malnutrition, refugee camps in western Tanzania, July 2002 (UNHCR, 07/02)

Camp	Acute Malnutrition (%)	Severe acute malnutrition (%)
Lugufu I	3.5	1.4
Lugufu II	3.8	1.1
Mtabila I & II	3.2	0.8
Muyovozi	2.9	0.7
Nyarugusu	2.9	0.6
Mkugwa	3.3	0.3
Nduta	3.0	0.5

<b>Kanembwa</b>	2.2	0.4
<b>Mtendeli</b>	3.0	0.9
<b>Karago</b>	3.3	0.6
<b>Kitali</b>	3.2	1.0
<b>Lukole A &amp; B</b>	3.3	0.6

Burundian returns have dropped dramatically over the past weeks because of an upsurge in violence in Burundi. The Tanzanian government has reiterated its opposition to refugee integration (Xinhua, 21/10/02).

### **Nutrition status of the refugees**

A nutritional survey was undertaken by UNHCR, in collaboration with their partners, in July 2002 (UNHCR, 07/02). Eleven refugee camps in western Tanzania, which host almost all the refugees settled in the country, were surveyed. People are almost entirely reliant on relief aid because they cannot engage in agricultural activities and are not allowed to move beyond the 4 km perimeter of their camps. It seems that some refugees are able to cultivate home-gardens.

The nutrition situation of the refugees was under control (see table). It has remained stable over the past three years. Vitamin A supplementation coverage varied from 82% to 98%. Crude and under-five mortality rates, recorded through routine surveillance, have remained stable since the beginning of the year: CMR were around 0.3/1000/month and under-five mortality rates varied slightly between 0.8 and 1.2/1000/month. There were no reports of particular health or water and sanitation problems in the camps. WFP food distributions were adequate in the first semester of 2002 (see graph). However, WFP distributed only 72% of the cereal ration in December 2002 because of a cereal shortage. WFP has also warned that the cereal pipeline may be empty from February 2003, unless new contributions are made (WFP, 13/12/02). Disruption of food distributions in previous years had a disastrous effect on refugee health and mortality; a 50% ration cut obliged refugees to sell their mosquito nets in order to buy food, which led to an increase in mortality.

**Overall The nutrition situation of the refugees in western Tanzania is under control (category IV). Adequate relief aid supply has to be continued.**

### **Recommendations and priorities**

*From the UNHCR survey*

- Maintain stable public health environment
- Ensure that the international community provides adequate food basket
- Strengthen infant feeding programme

#### **Tanzanie**

Plus de 500,000 personnes, essentiellement en provenance du Burundi, mais aussi de la République Démocratique du Congo, sont actuellement réfugiées en Tanzanie. En raison d'un regain de violence au Burundi, le nombre de Burundais entrant en Tanzanie a récemment augmenté, alors qu'inversement les rapatriements ont fortement diminués. Le rapatriement des réfugiés rwandais a été accéléré durant les mois de novembre et décembre 2002, concluant ainsi le mouvement de rapatriement. Il semble cependant que le rapatriement n'ait pas été opéré dans les meilleures conditions. Quelques milliers de réfugiés rwandais se seraient dispersés en Tanzanie ou se seraient déplacés vers d'autres pays de peur d'être rapatriés.

Selon des enquêtes réalisées en Juillet 2002, la situation nutritionnelle est satisfaisante (catégorie IV) dans les 11 camps situés à l'Ouest de la Tanzanie et rassemblant la plupart des réfugiés (voir tableau). L'aide alimentaire y avait été adéquate durant le premier semestre 2002 et aucun problème spécifique de santé, d'approvisionnement en eau ou d'hygiène n'avait été notifié. Les réfugiés étant fortement dépendants de l'aide humanitaire, celle-ci doit continuer à être dispensée de façon adéquate.

## Uganda

Karthoum has agreed to indefinitely extend the right of Uganda to implement anti-LRA (Lord's Resistance Army) operations within Sudan (AFP, 21/11/02).

The LRA has pursued attacks against civilian populations and humanitarian convoys in the districts of Gulu, Kitgum and Pader, where there are an estimated 750,000 IDPs in 41 camps (WFP, 10/02). The Ugandan government policy of regrouping people into protected camps also raised concern. It seems that security is not guaranteed in the camps and that basic services are not adequately provided for (HRW, 29/10/02). This policy also prevents people from cultivating and makes them totally dependent on food aid (RI, 22/10/02). FEWS reported that only 25% crop cultivation has been completed in northern Uganda (FEWS, 14/10/02). January's harvest, which usually covers food for the first semester of the year will probably be almost non-existent (WFP, 10/12/02). In Gulu district, agricultural activities were restricted to two kilometres outside of the camps; limited production of cassava, potatoes, beans and rice has been reported. IDPs relied on brewing of local drinks, casual labour and assistance from relatives as sources of income (WFP, 10/02).

The prevailing insecurity renders access to IDPs almost impossible outside the main towns; WFP delivers food aid under heavy military escorts. Food delivery was hampered by insecurity and pipeline breaks. WFP was obliged to reduce the food ration by 30% in October 2002 and anticipated a 40% cut in January 2003 (WFP, 20/12/02).

The conflict has also recently extended into neighbouring Lira and Adjumani districts. Some 42,000 people have been reported to have fled their homes into Lira town in September. The influx of IDPs has more than doubled the town's population. A few of them were able to access their fields to harvest (FEWS, 14/10/02).

### Eastern Uganda

Poor rainfalls have affected crop performance and have resulted in a poor harvest, estimated at 60 to 65 % of normal. However, most of the households had cultivated cassava, helping them to meet their food needs, and food stocks have been reported to be adequate in most households until next harvest. There are pockets of food insecurity, which include Usuk and Kaplebyong counties, in Katakwi district, where about 85,000 people are displaced in protected camps for fear of Karamojong raiding (FEWS, 14/10/02). Market crop prices have increased since August but remain affordable for the majority of the population (FEWS, 14/10/02).

### Refugees

Some 7,000 refugees from Ituri area, RDC, sought refuge in western Uganda. They moved with some goods and herds. They are currently settled among the host community (OCHA, 18/12/02).

In addition, some 3,000 Rwandan refugees, formerly settled in Tanzania arrived in Uganda in fear of being repatriated from Tanzania (Xinhua, 18/12/02).

**Overall The situation of IDPs in northern Uganda is still very precarious (category II).**

#### Ouganda

Le sort des quelques 750 000 déplacés répartis dans 41 camps dans les districts de Gulu, Kitgum et Pader, au nord de l'Ouganda, est toujours préoccupant (catégorie II). L'accès à ces populations est très difficile. WFP distribue néanmoins une aide alimentaire sous protection armée, mais fait face à des ruptures de stock.

## Southern Africa

### Angola

Delivery of humanitarian aid has been greatly hampered over the reporting period. The rainy season exacerbated the already poor transport conditions, which were due to the inadequate road infrastructure and



presence of landmines. Food aid air drops were planned in order to reach inaccessible areas, where 40,000 people were isolated (OCHA, 10/01/03).

As of December 2002, WFP estimated that between 2.1 and 2.4 m people might be in need of food aid until the next harvest in April/May 2002, but warned that a pipeline break might occur due to a lack of funds (WFP, 19/12/02). Seeds and tools were distributed to at least 300,000 families throughout the country before the 2002 September/October sowing season (FAO, 02/12/02).

### **IDP and refugee movements**

As of December 2002, it was estimated that about 2.8 m people remained displaced, including 290,000 who settled in camps or transit centres, whilst between April and November 2002, 1.1 m returned to their areas of origin. Only 15% returned under an organised plan. It is estimated that only 30% returned to areas where living conditions were in accordance with the preconditions that should be met during the resettlement and return process, as defined by the An-golan government (OCHA, 19/12/02).

About 39,000 ex-UNITA soldiers and family members were moved from the Quatering and Family Areas, where they were settled, to their areas of origin. It was intended that they be given land, the equivalent of US\$ 100 and basic items such as blankets, seeds and tools. Some may also benefit from training. The World Bank is to provide Angola with US\$ 100 m over three years to help with the re-integration programme (OCHA, 22/10/02). About 425,000 ex-UNITA soldiers and family members still remain in the QFAs (OCHA, 19/12/02). The fate of former rebel combatants will be a key factor in national stability.

It seems that about 86,000 Angolan refugees spontaneously returned between January and November 2002; 61,300 have been registered (OCHA, 19/12/02). Organised repatriation by UNHCR will only begin at the end of the rainy season, in May/ June 2003 (UNHCR, 15/11/02).

### **Nutrition situation**

Living conditions have stabilised in all except four of the 14 areas where acute needs were found during rapid assessment of critical needs (USAID, 31/10/02). MSF also reported that living conditions have generally improved over the past weeks, except in Mavinga, and in Huambo in Huila Provinces. Measles outbreaks and improving the coverage of measles vaccinations were particularly challenging (MSF, 13/11/02).

A joint rapid assessment in Cassongue, Kuanza Sul province, found a serious situation which required urgent humanitarian interventions (WFP, 31/10/02). World Vision also reported high malnutrition rates in newly accessible areas in Huambo and Huila provinces (WV, 21/11/02).

On the other hand, COSV reported a 60% reduction in malnutrition rates since July 2002, in Fazenda Santa Cruz and Mimbota, Bengo province (WFP, 10/01/03). Admissions to therapeutic and supplementary feeding centres have also decreased in Luena, Moxico province, probably as a result of development of income-generating activities and distribution of seed protection rations. MSF-B was planning to hand over the treatment of malnutrition to Luena central hospital (WFP, 25/10/02).

### **Luanda Norte**

A nutrition survey was carried out by MSF-H in Cumbulo QFA, Xa-Muteba municipality, Luanda Norte Province, in October 2002 (MSF-H, 10/02). The camp hosted approximately 5,000 people. **The prevalence of acute malnutrition was 3.9 %, including 0.9% of severe malnutrition**, which indicated a satisfactory nutrition situation. However, the under-five mortality rate was very high at 5.5/10,000/day.

### *Kuando Kubango*

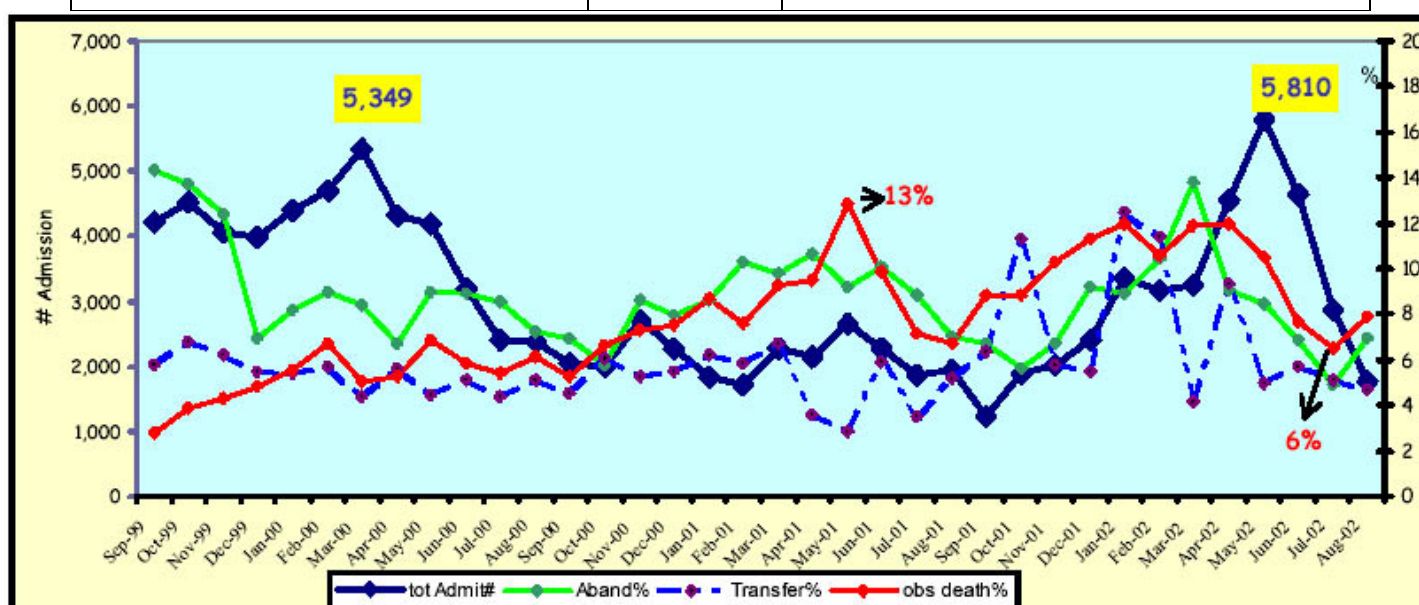
Two nutrition surveys were carried out by MSF-CH/Epicentre in Mavinga Town and in Matungo and Capembe Quatering and Family Area (QFA), Kuando Kubango province, in November 2002 (MSF-CH, 11/02). Although the prevalence of malnutrition was average, the crude and under-five mortality rates were of concern, especially in Mavinga town (see table).

Fever/malaria and diarrhoea were the two main causes of deaths. Measles vaccination coverage was good in the QFAs, but low in Mavinga town (see table). Most of the households surveyed in Mavinga town arrived in August and September 2002, whilst the population of QFAs arrived mostly in May and June 2002. The nutrition situation has improved notably since the last survey done in July 2002, when the prevalence of acute

malnutrition was above 25% in the QFAs and above 12% in Mavinga town, both including high levels of severe malnutrition (see RNIS 39). MSF-CH has been running supplementary and therapeutic feeding centres.

**Result of two surveys, Mavinga area, Kuando Ku-bango province, Angola, November 2002 (MSF-CH/ Epicentre, 11/02)**

	Mavinga town	Matungo and Capembe Quatering and Family Areas
Acute malnutrition	7.9 %	5.9 %
Severe acute malnutrition	1.7 %	1.6 %
Crude mortality rate	1.4/10000/day	1.0/10000/day
< 5 mortality rate	3.4/10000/day	2.3/10000/day
Measles vaccination coverage proved by card	33 %	89.6%



**Admissions and outcomes in therapeutic feeding centres, Angola, September 1999 – August 2002 (MOH/ UNICEF Angola, 10/02)**

*Trend in admission to therapeutic and supplementary feeding centres*

The trend in admission to therapeutic feeding centres throughout Angola shows that the number of admissions in May 2002 was the highest recorded since the end of 1999 (see graph). The number of admissions rose from January 2002 until May 2002 and decreased thereafter. This pattern may be explained by different factors. At the beginning of 2002, population displacement increased as a result of renewed fighting and because of the Angolan army policy to move people within controlled areas. Following the April agreement between UNITA and the Angolan government, wider access to the population was possible. Improved humanitarian aid delivery may explain the drop in admissions since June 2002. The trend in admissions saw the same pattern in Hambo, Bie, Huila, Benguela, and Malanje. The highest number of admissions was reported in Bieh and Huambo Provinces, in May 2002.

**Overall** The nutrition situation seems to have greatly improved in some areas of Angola, probably because of the efforts to deliver massive humanitarian aid, but mortality rates remained high. People are still highly dependent on relief aid, which needs to continue to be delivered. Rehabilitation of infrastructure and de-mining are also crucial for the country reconstruction.

**Recommendations and priorities**

*From the MSF/Epicentre survey in Mavinga*

- Improve access to quality health services
- Urgently carry out a measles vaccination campaign in Mavinga town
- Implement and support active mortality and morbidity surveillance
- Improve access to potable water
- Continue existing nutrition programmes
- Monitor the general food distribution
- Update the population figures of Mavinga

*From the MSF–H survey in Cumbulo QFA*

- Implement curative and preventive health care
- Implement and support active mortality and morbidity surveillance

## **Angola**

La saison des pluies a grandement affecté l'accès aux populations.

Environ 86 000 réfugiés angolais seraient retour-nés spontanément en Angola, alors que le plan de rapatriement organisé par l'UNHCR ne devrait dé-buter qu'au second semestre 2003. Environ 2,8 millions d'angolais seraient toujours déplacés à tra-vers le pays alors qu'un million seraient retournés chez eux. Les ex-soldats de l'UNITA et leurs fa-milles, qui avaient été regroupés dans des camps, sont progressivement réintégrés dans leurs zones d'origine.

La situation nutritionnelle s'est fortement amélio-rée durant ces derniers mois, bien qu'elle soit encore précaire dans certaines zones. Différentes enquêtes réalisées dans des camps regroupant les ex-soldats de l'UNITA et leurs familles, ont mon-tré une situation nutritionnelle moyenne, mais des taux de mortalité élevés (voir tableau). Le nombre d'admissions dans les centres de nutrition a forte-ment décliné depuis le mois de mai, où il était le plus important de ces dernières années (voir graphique).

## **WESTERN SAHRAWI IN ALGERIA**

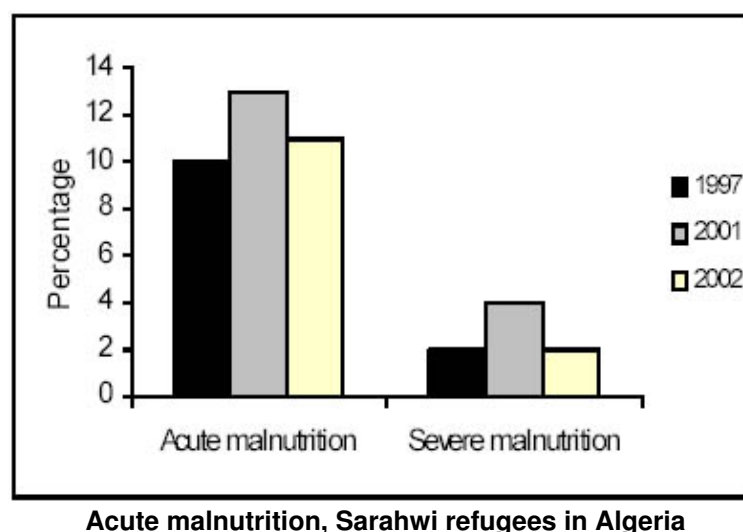
Western Sahara is a former Spanish colony which was subsequently annexed by Morocco and Mauritania in 1975–1976. The Sahrawi Polisario Liberation Front declared the Sahrawi Arab Democratic Republic (SADR) and formed a government in exile. In 1979, Mauritania abandoned its territorial claim but fighting between Morocco and the Poli-sario Front continued until 1991, when a UN sponsored peace plan was adopted. The peace process included a referendum in which the country's inhabitants must choose whether Western Sahara would integrate with Morocco or be independent. However, the referendum has not yet been implemented, because of a deadlock over who is eligible to vote (Oneworld, 12/02).

By late 1975, thousands of people had fled annexed territories to camps in the east of the region. After the camps had been bombarded with napalm, people moved further to south-west Algeria, near the oasis town of Tindouf.

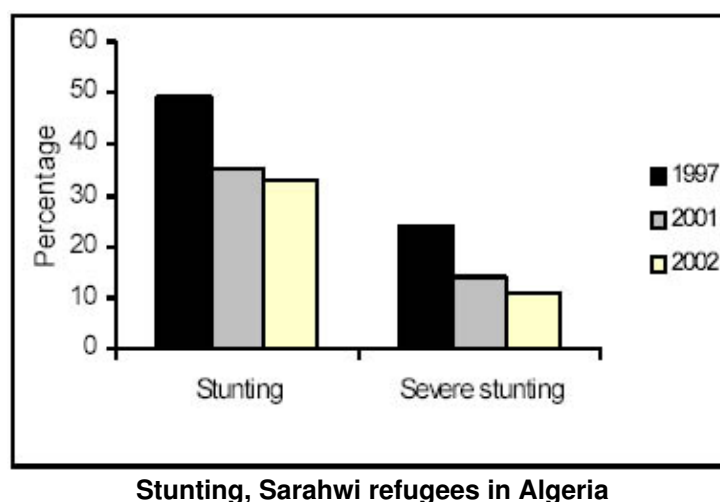
Some 155,000 to 165,000 people, according to different estimates, mainly women, children and the elderly, are settled in four camps in this isolated desert area. The camps are administered by SADR ministries. Isolation and the environmental hostility of the area makes humanitarian aid difficult to deliver and impedes refugee self-sufficiency. Major food providers are WFP and ECHO. WFP often experiences lapses of contributions; in June 2002 refugees only received cereals as oil and pulses were not available (AFROL, 08/06/02). WFP also fears severe food shortfall from September 2002 (WFP, 08/02). Despite diet diversification activities (poultry, livestock and horticultural projects) and income- generating activities having been put in place, it is thought that the refugees are highly dependent on food aid. However, no food security assessment has been undertaken.

Inadequate water supply and poor water quality appear to be two of the main problems in the camps (USCR, 2002). UNHCR had to postpone improvement in water delivery because of a funding shortfall (AFROL, 24/10/02).

A survey was undertaken in September 2002 in the refugee camps, with the aim of assessing under-five anthropometric status and micronutrient deficiencies (ICH/UNHCR/WFP/MOH, 09/02). **Preliminary results indicate an average nutrition situation: 10.6 % of the children were acutely malnourished, including 2.2 % severely malnourished.** The prevalence of malnutrition has remained stable since 1997 (see graph).



Stunting was present in 32.8% of the children (95% CI: 29.7–36.1), including 11.2% (95% CI: 9.2–13.5) severe stunting. After a significant improvement between 1997 and 2001, probably partly due to distribution of micronutrient enriched food, stunting has remained stable (see graph).



According to vaccination cards, measles vaccination coverage of 12–23 month–old children was 66.7%, but was higher for BCG (78.6%) and DPT (77.0%).

Adult anthropometry was not assessed in this survey, but the 2001 survey reported that about 60% of the women of reproductive age were overweight (BMI > 25) (CISP/UNHCR/INRAN, 12/01). Final results of the 2002 survey will be reported in the next RNIS issue, including micronutrient status and diet pattern.

**Overall The nutrition situation of Sahrawi refugee children seems average (category III) but could deteriorate if refugees were highly dependent on food aid and that food aid were to be disrupted by pipeline breaks. Analyses of food security and underlying causes of malnutrition need to be undertaken to better understand the overall nutrition situation of the refugees.**

#### Réfugiés du Sahara Occidental en Algérie

Le Sahara Occidental, ancienne colonie Espagnole, a été annexé par le Maroc et la Mauritanie dans les années 1975–76. Il s'en est suivi une fuite de la population, d'abord vers des camps à l'est du pays, puis vers le sud-ouest de l'Algérie, après que les camps aient été bombardés au napalm. La Mauritanie a par la suite abandonné ces prétentions territoriales et un plan de paix a été adopté par le Front Polisario

Sahraoui et le Maroc, mais n'a toujours pas débouché sur un accord concret.

Environ 155 000 à 165 000 réfugiés sahraouis vi-vent depuis le milieu des années 70 dans quatre camps près de l'oasis de Tindouf, en Algérie. Bien que des activités génératrices de revenus aient été mises en place, les réfugiés sont considérés comme fortement dépendants de l'aide internationale, mais aucune enquête ne l'a prouvé. L'approvisionnement en eau de qualité est l'un des problèmes majeurs dans les camps. Selon une enquête nutritionnelle réalisée en Septembre 2002, la prévalence de la malnutrition aiguë était de 10,6%, incluant 2,2% de malnutrition sévère, soit une situation nutritionnelle moyenne (catégorie III). Cette situation pourrait se détériorer si les réfugiés s'avèrent être fortement dépendants de l'aide alimentaire et si celle-ci venait à être perturbée. Une enquête de sécurité alimentaire devrait être entreprise pour mieux connaître les sources de nourriture et de revenus des réfugiés.

## **ASIA – SELECTED SITUATIONS**

### **Afghanistan Region**

Ethnic divides have continued to run deep in Afghanistan over the past months. Attacks against personnel from humanitarian agencies have also been reported.

Fighting erupted once again in eastern Afghanistan between government troops and Padsha Kahn forces (AFP, 17/10/02). On the other hand, the three main factions in northern Afghanistan reached an agreement, which stipulated that police should be based in the cities and fighters should be disarmed (Reuters, 28/10/02). However, attempts to disarm the fighters have failed (Reuters, 16/11/02).

Northern Afghanistan remains plagued by factional and ethnic rivalries. Refugees are reluctant to return to the North, and some people continue to flee (AFP, 20/10/02). It seems that return has been achieved safely in some areas whilst in others return was prevented by human rights issues (UNAMA, 17/10/02). A body has been set up by Afghan authorities and UN agencies to address this problem. A survey of the camps in the western province of Kandahar, where those newly displaced from the north have recently arrived, revealed that the ethnic Pashtun were obliged by commanders of local fighting forces to leave their area (DPA, 20/10/02).

Violence and repression in western Afghanistan have been documented by Human Rights Watch. These include political intimidation, arrests, beating, torture and denial of the rights to freedom of expression. According to the report, members of the Pashtun community are specially targeted. HRW advocates reinforcement of human rights monitoring and protection, and an expanded presence of international peace keepers (HRW, 05/11/02). Ethnic unrest against the nomadic Gujur has also been reported in north-eastern Afghanistan, including physical violence, house burning and restricted access to markets (AFP, 31/10/02).

The United Nations Security Council approved a one-year extension of the international force in Kabul (OCHA, 28/11/02).

The Interim Administration of Afghanistan has presented a working draft of the National Development Framework at the Implementation Group meeting, which brought together the government, donors, multilateral and NGO partners. Six priority national projects have been defined: National Solidarity and Emergency Public Works Programmes; Education and Infrastructure Project; Urban Infrastructure Project; Water Resource Investment Project; National Governance Infrastructure Project; and Transport Project. Allocations for human capital and social protection, physical infrastructure, and trade, investment, and rule of law/ security will be at the percentage ratio of 45:35:20 respectively (IAA, 12/10/02). President Karsai also called for a shift from humanitarian assistance through NGOs and the UN to reconstruction through state structures (UNAMA, 17/10/02).

The Asian Development Bank approved, for the first time since 1979, a loan for US\$ 150 millions equivalent (ADB, 04/12/02).

### **Refugee and IDP movements**

Since March this year, 1.8 m people have been repatriated to Afghanistan. The number of repatriates has dropped since August 2002 because of the prospect of a cold winter ahead (see table).

#### **Assisted returns since March 2002, Afghanistan (UNHCR, 03/01/03)**

	Number
March	122,000
April	298,000
May	413,000
June	292,000
July	303,000
August	197,000
September	107,000
October	49,000
November	15,000
December (as at 24 Dec)	7,000

It is estimated that 1.5 m people returned from Pakistan, 261,000 from Iran and 10,000 from Central Asia (UNHCR, 03/01/03). Four million Afghans remain outside the country.

UNHCR registered an increasing number of Afghans crossing back to Pakistan: 215 families were registered during the first week of October, compared to 100 in late August. This rise may be a consequence of hard living conditions returnees faced (USAID, 31/10/02). According to another source, 300,000 might have returned to Pakistan (DPA, 12/12/02).

According to UNHCR estimates, about 724,000 Afghans are still displaced throughout the country, which include 413,000 IDPs in the South, 124,000 in the Centre, 51,000 in the North, 70,000 in the East and 66,000 in the West (UNHCR, 03/01/03). Throughout 2002, 250,000 IDPs returned to their areas of origin under an assisted plan, whilst 200,000 returned on their own (UNHCR, 03/01/03).

New displacements to Kabul for economic reasons have been reported from the drought-affected province of Bamiyan (USAID, 31/10/02).

#### **Winter plan**

A special plan, which includes food, shelter, and non-food items components has been designed to assist vulnerable populations during winter (UNAMA, 28/10/02). Vulnerable populations have been identified as:

- Indigenous people and reintegrated returnees who lives in isolated areas due to snow or other physical obstacles
- Returnees and IDPs who lack their own means
- Urban groups who live outdoors, in dilapidated public buildings, or in derelict houses
- The Kuchi nomads

Food beneficiaries will include 1.3 m people living in rural areas, 200,000 people living in urban areas and 200,000 newly displaced and returnees (see table). Depending on needs, between 72,000 and 500,000 people will be targeted with different shelter and non-food items (see table).

As of mid-January, the winter programme had started but had not been fully implemented (OCHA, 19/12/02). However, WFP had delivered 92% of the food requirements to areas inaccessible during the winter (WFP, 18/11/02).

## Winter programme beneficiaries (UNAMA, 28/10/02)

Type of programme	Beneficiaries	Number of people
Food	Isolated rural populations(including returnees and IDPs) Vulnerable returnees and IDPs in accessible areas Vulnerable population in Ur- ban centres	1,700,000
Shelter/Non food items	Returnees and displaced Urban destitute cases Extremely vulnerable cases (handicapped, elderly)	72,000–500,00
The Kuchi	The Kuchis nomads	300,000–400,000

### Health

An outbreak of whooping cough has killed at least 61 children in Badakhshan province (AFP, 31/10/02). A UNICEF/CDC survey, carried out in Kabul, Lagh-man, Kandahar and Badakhshan Provinces showed a very high rate of maternal mortality (1,600 maternal death/100,000 live birth). Maternal mortality accounted for half of all deaths among women aged 15 to 49. In addition, the survey revealed that when the mother dies, a new-born infant has only a one in four chance of surviving until its first birthday. Maternal mortality rates varied substantially by region and between urban and rural areas. UNICEF/CDC recommended the establishment of health care services in remote areas, increased access to quality antenatal care, efforts to increase women's use of such services, and training of birth attendants, nurses and midwives (UNICEF, 06/11/02).

### IDPs and refugees settled at the southern border with Pakistan

After being denied entry into Pakistan, about 50,000 people have settled in camps at the Pakistan border, in Spin Boldak district in the Afghan side and in Chaman area in the Pakistan side. An increase in the number of children's deaths because of cold weather has been reported in these camps (RFE, 06/12/02). Assistance to the Chaman area is made difficult by the status of the camp, defined as a "waiting area", when Pakistan refused to admit more refugees after February 2002. Aid agencies cannot provide refugees any assistance for long term stay. They were authorized to provide blankets but not stoves to heat tents (UNHCR, 09/12/02). People living in those camps are reluctant to relocate to Zarhe Dasht camp near Kandahar, although since mid-August, some 14,000 have been moved there (UNHCR, 05/11/02).

#### *IDPS in Spin Boldak district, Kandahar province*

A survey was undertaken by MSF-H in the five IDP camps of Spin Boldak district in September 2002 (MSF-H, 09/02). The prevalence of acute malnutrition was under control: **5.4% of the children surveyed were acutely malnourished, which included 0.3% with severe malnutrition; no children had oedema.** The measles vaccination coverage was 69.2%, according to mother's statement and vaccination cards. It seems that there is a lot of business in the area and that therefore IDPs may find job opportunities. WFP general food distribution was on-going but each family received the same quantity whatever the family size. The water supply was not sufficient and sanitary conditions were not acceptable.

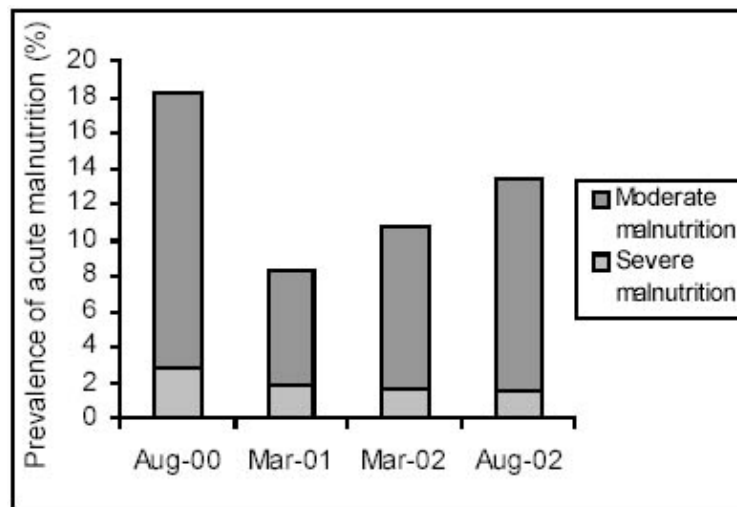
#### *Refugees in Chaman area, Pakistan*

MSF-H undertook a nutrition survey in Landi Ka-rez refugee camp, Chaman, in July 2002 (MSF-H, 07/02). The camp was opened in December 2001 and the last influx of people was in April 2002. The results showed an average nutrition situation: **the prevalence of acute malnutrition was 7.8%, including 1.9% severe malnutrition; 0.5% of the children had oedema.** Refugees had few alternative sources of food and income other than relief aid. Regular food distribution was on-going and the water supply seemed to be sufficient, whilst hygiene practices were inadequate. Routine mortality surveillance indicated that mortality rates remained within an acceptable range.

### Central Afghanistan

Refugee International raised awareness about the fate of returnees, especially in Kabul city. They recommend that donors accelerate shelter and cash and food for work projects, ensure that the national winter preparedness plan is fully financed and implemented and pursue emergency assistance at least for one year (RI, 04/12/02).

A nutrition survey in northern Shamali plain, southern Pansheer, carried out in August 2002 showed a rate of malnutrition of concern: **13.8% of the 6–59 month–old children were acutely malnourished, which included 1.7% severely malnourished** (ACF–F, 08/02). The nutrition situation was better than in August 2000 and has remained stable since March 2001 (see graph).



**Acute malnutrition, Northern Shamali plains and Southern Pansheer valley, Parwan and Kapisa provinces, Afghanistan**

The slightly higher prevalence of malnutrition observed in August 2002 could be partly explained by the higher prevalence of diarrhoea during summer. Some 7% of the families surveyed were returnees; it does not seem that they were more affected by malnutrition than the resident population.

According to a food security survey done in the area in July 2002 (see RNIS 39), the population of the region, which was cut from the rest of the country during the war, has suffered severely from the conflict. Most of the families sold assets and contracted debts during the war and much of the infrastructure, such as irrigation systems, and even households have been destroyed in the frontline area. Water and sanitation were also a big issue. However, house reconstruction has begun. About 19,000 houses have been reconstructed in the Shamali plain. However, an additional 26,000 still need to be reconstructed (OCHA, 19/12/02).

Crude and under-five mortality over the past three months were respectively 0.68/10000/day and 1.19/10000/day, reported to be far less than in August 2000. This fact was partly explained by a better access to health services, mostly provided by NGOs.

Visible goitre affected a very high percentage (64%) of the women surveyed. Measles vaccination coverage was 11.9% according to vaccination cards and 84.1% when mothers' statement was also taking into account.

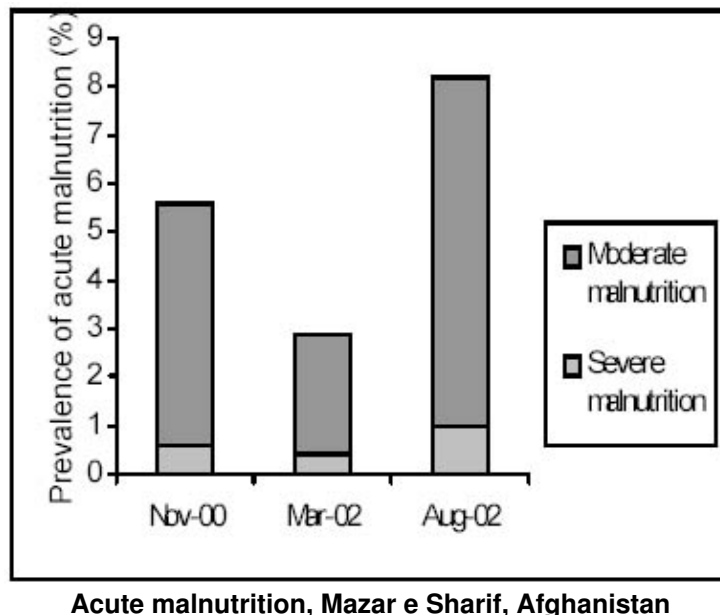
The prevalence of malnutrition in the area is among the highest recorded in Afghanistan, from the nutrition surveys which were made available to RNIS in 2002.

## **Northern Afghanistan**

### *Mazar-e-Sharif*

Mazar is the main city in northern Afghanistan. The city has seen a large influx of people from surrounding areas hit hard by conflict and drought in 2000–2001. As of August 2002, IDP camps were almost empty but a significant number of IDPs had settled in houses. A survey was undertaken by ACF–F in early September 2002 (ACF–F, 09/02). About 6% of the households surveyed were displaced and 7% were returnees. **The prevalence of acute malnutrition was 7.2%, which included 1.0% of severe malnutrition**; this was higher than in March 2002 (see graph).





This fact was largely attributed to the extremely poor sanitation situation in the city, and an increase in the prevalence of diarrhoeal diseases during summer.

Crude and under-five mortality rates were under-control and have remained in the same range since 2000. Measles vaccination coverage was 90.6%, according to vaccination cards and mothers' statement.

Visible goitre was recorded in 3.1% of the women surveyed.

#### *Sar E Pul province*

A nutrition survey was carried out by ACF-F in Sang Sharak district, Sar E Pul province in September 2002 (ACF-F, 09/02). The prevalence of malnutrition was average, whilst the under-five mortality rate was above the acceptable threshold (see table).

#### **Acute malnutrition and mortality, Sang Charak district, Sar e Pul province, Afghanistan, September 2002 (ACF-F, 09/02)**

Acute malnutrition	7.0 %
Severe acute malnutrition	0.7 %
Crude mortality rate	0.4/10000/day
< 5 mortality rate	1.21/10000/day

Most of the children surveyed were from resident households. The prevalence of malnutrition was twice as high in the current survey than in March 2002, although confidence intervals overlapped. The increase in the rate of malnutrition was primarily attributed to high malaria and diar-rhoea exposure during the summer. Several food distribution projects were implemented in the district throughout 2002. Some 14% of the mothers had visible goitre.

#### *Samangan and Jwazjan provinces*

Two nutrition surveys were undertaken by GOAL in Samangan and Jwazdan provinces in mid 2002 (GOAL, 04/02; GOAL, 06/02). The surveys targeted 0-59 months old children; the results are therefore not directly comparable with other surveys. However, the results indicated low levels of malnutrition, especially in Jawzjan province. Crude and under-five mortality rates were respectively 0.3/10000/day and 1.01/10000/day in Samangan province, and 0.28/10000/day and 0.76/10000/day in Jwazjan province. The measles vaccination coverage for children 12-59 months, according to mother's statement was 63% in Samangan province and 75% in Jwaajan province. In both provinces, about 70% of the households reported to have received relief food since October 2001. 3% and 10% of the women showed physical signs of goitre in Samangan and Jwazjan provinces respectively.

## Western Afghanistan

### *Shadaye camp, Herat city*

A MUAC assessment was carried out by MSF–H in Shadayee IDP camp in October 2002 (MSF–H, 10/02). At the time of the survey, the population of the camp was estimated at 16,500. All the children between 6 and 59 months old were surveyed. The results showed that a significant number of children had a low MUAC (see table).

### **Results of MUAC assessment, Shaidayee IDP camp, September 2002 (MSF–H, 09/02)**

Number of children	MUAC <sup>1</sup> < 11 cm	MUAC < 12.5 cm
1685	0.7%	16.2%

<sup>1</sup> Presence of oedema was not assessed

About 200 families were interviewed regarding food security issues. About 80% of the families interviewed reported that at least one of the family members was involved in an income-generating activity. However, half of the families also reported having sold assets to buy food in the four weeks prior to the survey. General food distribution was on-going. Water supply seemed adequate whilst sanitation was poor. The main reason for staying in the camp was that people had nothing left in their villages (41%).

**Overall The nutrition situation seemed mixed. Whilst the situation is under-control in some regions where nutrition surveys have been done (category III), the nutrition situation was not satisfactory in Shamali plain and in some of the IDP/refugee settlements (category II). Winter is challenging, especially for the returnees.**

### **Recommendations and priorities**

#### *From the MSF survey in Spin Boldak IDP camps*

- Improve sanitation in the camps
- Implement food ration distribution according to family size
- Consider health intervention in IIRO and WALMY camps
- Address the vaccination coverage issue

#### *From the MSF–H survey in Landi Karez refugee camp, Chaman district, Pakistan*

- Implement food distribution survey
- Continue the treatment of severe malnutrition through the Basic Health Unit
- Strengthen community basic health education

#### *From the MSF assessment in Shaidayee camp*

- Continue the food distribution
- Implement distribution of non-food items, such as blankets, clothes
- Organise repair of damaged shelters
- Improve maintenance of the latrines
- Implement a comprehensive survey about conditions of return of the IDPs

#### *From the ACF survey in Sang Charak district*

- Strengthen health services
- Implement malaria prevention
- Increase access to iodised salt

- Continue TFC and SFC programmes
- Improve access to water in relevant areas
- Address the issue of goitre and cretinism

## Afghanistan

Des incidents de sécurité se produisent toujours en Afghanistan. Dans certaines régions, des persécutions ethniques forcent des populations à fuir ou les empêchent de se réinstaller; environ 724 000 personnes seraient toujours déplacées. Depuis mars 2002, 1,8 millions de réfugiés seraient revenus en Afghanistan. Les retours ont fortement diminué dans les derniers mois de l'année, probablement en raison de l'hiver. Un plan spécial a été mis au point afin d'aider les populations vulnérables durant l'hiver. Il inclut une distribution de nourriture pour les populations vivant dans les zones rurales isolées, les populations urbaines vulnérables et les personnes déplacées ou rapatriées, ainsi que la distribution de matériel devant aider les populations à se protéger contre le froid (voir tableau). Cependant, à la fin de l'année 2002, ce plan n'avait été que partiellement mis en place.

Des milliers d'Afghans s'étaient installés dans des camps à la frontière avec le Pakistan, dans le district de Spin Boldak du côté afghan et dans la zone de Chaman du côté pakistanais, lorsque le Pakistan avait refusé l'entrée de nouveaux réfugiés en février 2002. D'après une enquête réalisée en septembre 2002, la situation nutritionnelle dans les camps situés en Afghanistan était acceptable, alors qu'elle était plus préoccupante dans les camps situés au Pakistan. De plus, il semble que la mortalité aie augmenté chez les enfants depuis le début de l'hiver.

Une enquête réalisée dans la plaine de Shamali et dans le sud de la vallée du Pansheer a montré une situation nutritionnelle préoccupante, bien que meilleure qu'en août 2000 (voir graphique); cette zone avait particulièrement souffert durant la guerre civile.

Plusieurs enquêtes réalisées dans le nord du pays ont montré une situation nutritionnelle moyenne.

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Concern	11/02	Nutrition survey, Kalu Woreda, South Wollo, Amhara region, Ethiopia
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FAO/WFP	30/12/02	Special report: FAO/WFP crop and food supply assessment mission to Ethiopia
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OCHA	08/11/02	Ethiopia: Drought stimulates outbreaks of violence
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SCF–UK	10/02	Nutritional assessment in Golo Oda and Meyu Muluke woreda, East Hararghe zone, September 30–October 7, 2002
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UNHCR	05/11/02	UNHCR briefing notes
WFP	22/11/02	WFP Emergency Report n° 47 of 2002
WFP	03/01/03	WFP Emergency Report n° 1 of 2003

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UNHCR	14/11/02	Funding shortfall leaves refugees exposed
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UNHCR	26/02/02	Extensive abuse of West African refugee children reported
UNHCR	12/11/02	UNHCR briefing notes
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Human Rights Watch	31/10/02	DR Congo: UN must prevent "ethnic cleansing" in Ituri
MSF	04/01/03	DRC: Continued fighting in Ituri forces another 35,000 to flee
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OCHA	22/10/02	DRC: Some 20,000 fugitives on border return to Uvira
OCHA	23/10/02	DRC: People continue to fly south Kivu
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Xinhua	18/12/02	Uganda rejects Rwandese refugees fleeing from Tanzania

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OCHA	18/12/02	Focus on Ituri refugees in Uganda
RI	22/10/02	Internally displaced people in northern Uganda: waiting for the next attack
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## Abbreviations used in the text

AFP	Agence France Presse
AAH-UK	Action Against Hunger UK
AAH-USA	Action Against Hunger USA
ACF-F	Action Contre la Faim France
ACH-S	Action Contra El Hambre Spain
AI	Amnesty International
BMI	Body Mass Index
CMR	Crude Mortality Rate
< 5 MR	Under-five Mortality Rate
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
IRC	International Rescue Committee
IRIN	Integrated Regional Information Network (of DHA)
MSF-B	Médecins Sans Frontières Belgium
MSF-CH	Médecins Sans Frontières Switzerland
MSF-F	Médecins Sans Frontières France
MSF-H	Médecins Sans Frontières Holland
MSF-S	Médecins Sans Frontières Spain
MOH	Ministry of Health
MUAC	Mid-upper arm circumference
NGO	Non-governmental Organisation
OCHA	Office for the Co-ordination of Humanitarian Assistance
OLS	Operation Lifeline Sudan
PANA	Pan African News Agency
RI	Refugees International
SCF-UK	Save the Children Fund – UK

SCF-US	Save the Children Fund – US
UNDP	United Nations Development Programme
UN-EUE	United Nations–Emergency Unit for Ethiopia
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children s Emergency Fund
USAID	US Agency for International Development
USCR	US Committee for Refugees
WFP	World Food Programme
WHO	World Health Organization

## Results of surveys quoted in RNIS # 40

Survey Area	Population	Survey conducted by	Date	Acute Malnutrition* (%) (95% CI)**	Severe Acute Malnutrition* (%) (95% CI)**	Oedema (%)	Crude Mortality (/10,000/day) (95% CI)**
<b>The greater horn of Africa</b>							
<b>Eritrea</b>							
Northern and Southern Red Sea Regions	Resident Urban	MOH/DIA	08-02	17.8 (15.3–20.5)	3.1 (2.1–4.6)	0	–
Northern and Southern Red Sea Regions	Resident Rural	MOH/DIA	08-02	21.4 (18.8–24.2)	3.4 (2.3–4.8)	0	–
Anseba Region, Asmat, Hagaz and Habero sub-zones	Resident	Concern	11-02	14.7 (12.5–16.4)	1.5 (0.6–1.9)	0.4	–
<b>Ethiopia</b>							
Golo Oda and Meyu Mu- luke woreda, East Harare zone	Resident	SCF-UK	10-02	15.0 (11.5–18.5)	1.1 (0.4–1.8)	0.2	0.62
Dessie Zuria woreda, South Wollo, Amhara region	Resident	Concern	12-02	17.2 (13.9–21.2)	3.1 (1.7–5.3)	1.8	0.56

Kalu worda, South Wollo, Amhara region	Resident	Concern	11-02	16.6 (13.3–20.5)	4.0 (2.4–6.3)	3.3	0.6
<b>Kenya</b>							
Kakuma camp	Refugees	IRC	09-02	14.3 (10.9–18.4)	1.3 (0.5–3.3)	0.4	–
Dadaab camps	Refugees	MSF-B	06-02	15.0 (11.5–18.6)	1.1 (0.4–1.8)	1.2	
<b>Somalia</b>							
Belet Hawa district, North Gedo	Resident/displaced	FSAU/GHC/CARE	10-02	21.4 (17.7–25.6)	2.2 (1.2–3.6)	0.1	–
<b>Sudan</b>							
Old Fangak district, Phou state, Upper Nile	Residents, displaced	AAH-USA	09-02	34.1 (29.7–38.8)	10.2 (7.6–13.6)	0.1	1.4
<i>Eritrean refugee camps</i>							
Girba	Refugees	UNHCR/COR	08-02	22.6	3.3	–	–
Kilo 26	Refugees	UNHCR/COR	08-02	19.2 (16.7–22.0)	1.4	–	–
Wad Sherifey	Refugees	UNHCR/COR	08-02	17.2 (14.8–19.9)	1	–	–
Karkora	Refugees	UNHCR/COR	08-02	19.4 (16.9–22.2)	1.2	–	–
Shagarab	Refugees	UNHCR/COR	08-02	19.7 (17.1–22.4)	1.7	–	–
<b>West Africa</b>							
<b>Guinea</b>							
Guekedou prefecture	Residents, refugees, IDPs	ACH-S	09-02	7.9 (6.3–9.8)	0.7 (0.3–1.5)	0.2	–
<b>Liberia</b>							
Montserrado county	IDPs,	IRC	08-02	–	–	–	3.0 (2.5
Bong county	IDPs	IRC	08-02	–	–	–	1.5 (1.1
<b>Sierra Leone</b>							
<i>Refugee camps in Bo, Pujehun and Myamba districts</i>							

Jimmi camp	Refugees	ACF–F	08–02	22.2 (18.7–26.3)	2.4 (1.3–4.3)	–	0.52
Bandajuma camp	Refugees	ACF–F	08–02	14.5 (11.4–18.2)	3.5 (2.1–5.8)	–	0.48
Gondama camp	Refugees	ACF–F	08/–2	10.1	2.9	–	0.27
Gerihun camp	Refugees	ACF–F	08–02	12.7 (9.9–16.2)	1.9 (0.9–3.7)	–	0.17
Jembeh camp	Refugees	ACF–F	08–02	9.8 (7.2–13.1)	0.7 (0.1–2.1)	–	0.41
Taiama camp	Refugees	ACF–F	08–02	6.6	0.4	–	0.12
<b>The great lakes region</b>							
<b>Tanzania</b>							
<i>Refugee camps in Kibondo, Kasulu, Kigoma rural and Ngara</i>							
Lugufu I	Refugees	UNHCR	07–02	3.5 (2.8 4.1)	1.4 (0.8 2.4)	–	–
Lugufu II	Refugees	UNHCR	07–02	3.8 (1.5 4.5)	1.1 (0.5 2.0)	–	–
Mtabila I & II	Refugees	UNHCR	07–02	3.2 (1.4 3.9)	0.8 (0.3 1.6)	–	–
Muyovozi	Refugees	UNHCR	07–02	2.9 (1.3 5.1)	0.7 (0.3 1.6)	–	–
Nyarugusu	Refugees	UNHCR	07–02	2.9 (0.8 3.8)	0.6 (0.3 1.5)	–	–
Mkugwa	Refugees	UNHCR	07–02	3.3 (1.4 5.6)	0.3 (0.1 1.8)	–	–
Nduta	Refugees	UNHCR	07–02	3.0 (1.7 3.8)	0.5 (0.2 1.3)	–	–
Kanembwa	Refugees	UNHCR	07–02	2.2 (1.1 3.0)	0.4 (0.1 1.2)	–	–
Mtendeli	Refugees	UNHCR	07–02	3.0 (1.3 3.3)	0.9 (0.4 1.7)	–	–
Karago	Refugees	UNHCR	07–02	3.3 (1.8 4.0)	0.6 (0.3 1.4)	–	–
Kitali	Refugees	UNHCR	07–02	3.2 (1.3 3.5)	1.0 (0.5 2.0)	–	–
Lukole A & B	Refugees	UNHCR	07–02	3.3 (1.8 4.0)	0.6 (0.3 1.4)	–	–
<b>Southern Africa region</b>							
<b>Angola</b>							
Luanda Norte Province, Xa–Muteba municipality, Cumbulo QFA	UNITA de–mobilised soldiers and their families	MSF–H	10–02	3.9	0.9	–	–
Cuando Cubango	Resident, IDPs	MSF–CH/ Epicentre	11–02	7.9	1.7	0.9	1.4 (1.1–1.8)

province, Mavinga town							
Cuando Cubango province, Mavinga area, Matungo and Campembe QFA	UNITA de-mobilised soldiers and their families	MSF-CH/ Epicentre	11-02	5.9	1.6	0.4	1.0 (0.7-1.3)
<b>Western Sahrawi in Algeria</b>							
Dakhla, El-Aaiun, Aousserd and Smara refugee camps	Refugees	ICH, UNHCR, WFP, MOH	09-02	10.6 (7.7-13.5)	2.2 (1.3-3.1)	0	-
<b>Afghanistan region</b>							
<b>Afghanistan</b>							
San Charak district, Sar e Pul province	Residents, displaced (0.5%), returnees (0.2%)	ACF-F	09-02	7.0 (4.9-9.8)	0.7 (0.2-2.2)	-	0.4
Mazar city, Balkh province	Residents, displaced (6.1%), returnees (6.6%)	ACF-F	09-02	7.2 (5.1-10.1)	1.0 (0.3-2.5)	-	0.1
5 displaced camps, Spin Boldak district, Kandahar province	Displaced	MSF-H	09-02	5.4 (1.8-9.0)	0.3 (0.0-1.4)	0	-
Northern Shamali plain, southern Pansheer	Residents, displaced (1.3%), returnees (7.3%)	ACF-F	08-02	13.4 (10.5-16.9)	1.6 (0.7-3.3)	-	0.6
<b>Pakistan</b>							
Landi Karez camp, Chaman area	Refugees	MSF-H	07-02	7.8 (3.9-10.7)	1.9 (2.1-3.2)	0.5	-

\* Acute malnutrition (children aged 6-59 months): weight-height < - 2 Z-scores and/or oedema

\*\* Severe acute malnutrition (children aged 6-59 months): weight-height < - 3 Z-scores and/or oedema

\*\*\* 95% Confidence Interval; not mentioned if not available from the survey report

# Measles vaccination coverage for children aged 9-59 months

<sup>1</sup> Measles vaccination coverage for 12–23 month olds

NOTE: see at the end of the report for guidance in interpretation of indicators

## **Notes on surveys quoted in RNIS # 40**

### **Greater Horn of Africa**

#### **Eritrea**

##### ***Northern and Southern Red Sea Regions***

The surveys were conducted by MOH/DIA in August 2002. Two-stage cluster sampling methodologies of 30 clusters were used to measure 889 children between 6–59 months in urban areas and 916 children in rural areas.

##### ***Anseba Region, Asmat, Hagaz and Habero sub-zones***

The survey was conducted by Concern in November 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 1271 children between 6–59 months. The survey also estimated measles immunisation coverage, and various food security indicators.

#### **Ethiopia**

##### ***East Haraghe, Golo Oda & Meyu Muluke woreda***

The survey was conducted by SCF-UK in October 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 902 children between 6–59 months. The survey also estimated measles immunisation coverage, crude and under-five mortality and a variety of food security indicators.

##### ***Dessie Zuria Woreda, South Wollo, Amhara Region***

The survey was conducted by CONCERN in December 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 905 children between 6–59 months. The survey also estimated crude and under-five mortality within the past two months, occurrence of diseases 15 days prior the survey and a variety of food security indicators.

##### ***Kalu Woreda, South Wollo, Amhara Region***

The survey was conducted by CONCERN in November 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 909 children between 6–59 months. The survey also estimated crude and under-five mortality within the past two months, occurrence of diseases 15 days prior the survey and a variety of food security indicators.

#### **Kenya**

##### ***Kakuma refugee camp***

The survey was conducted by IRC in September 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 742 children between 6–59 months. The survey also estimated household food consumption the day prior to the survey, immunisation coverage, vitamin A supplementation coverage, occurrence of diseases 15 days prior to the survey, under-five feeding practices, hygiene practices and attendance at feeding programme.

##### ***Ifo, Dgahaley and Hagadera refugee camps (Dadabb area)***

The survey was conducted by MSF-B in June 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 912 children between 6–59 months.

#### **Somalia**



**Belet Hawa district, Gedo region**

The survey was conducted by FSAU/GHC/CARE in October 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 712 children between 6–59 months. The survey also estimated sources of food and income, coping strategies, water sources and medical assistance.

**Sudan****Old Fangak district, Phou state**

The survey was conducted by ACF–USA in September 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. 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.

**Eritrean refugee camps, Eastern Sudan**

Five surveys were carried out by UNHCR and COR in August 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	Exhaustive	643
Kilo 26	Cluster	900
Wad Sherifey	Cluster	901
Karkora	Cluster	900
Shagarab	Cluster	900

**West Africa Region****Sierra Leone****Refugee camps, Bo, Pujehun and Moyamba districts**

Six surveys were conducted by ACF in August 2002. When the population camp was less than 5000, exhaustive surveys were carried out, otherwise systematic sampling methodology was used (see table). Crude mortality, under-five mortality and measles vaccination coverage were also estimated.

Camp	Type of sample
Jimmi	Systematic
Bandajuma	Systematic
Gondama	Exhaustive
Gerihun	Systematic
Jembeh	Systematic
Taiama	Exhaustive

**Guinea****Guekedou prefecture**

The survey was conducted by ACH–S in September 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 1018 children between 6–59 months. The measles vaccination coverage was

also estimated for children 9 to 59 months old.

## **Liberia**

### ***IDP camps in Montserrado and Bong county***

The survey was conducted by IRC in July 2002. Five camps were surveyed in Montserrado county and six camps were surveyed in Bong county. A systematic sampling methodology was used. The sampling interval was one in ten houses. 756 children were measured in Montserrado county and 348 children were measured in Bong county.

## **Great Lakes**

## **Tanzania**

### ***Refugee camps in Kibondo, Ksulu, Kigoma rural and Ngara districts***

Eleven surveys were conducted by UNHCR in July 2002. Cluster sampling methodology of 30 clusters was used in each camp (see table).

	Sample size
Lugufu I	958
Lugufu II	939
Mtabila I & II	932
Muyovozi	956
Nyarugusu	936
Mkugwa	299
Nduta	956
Kanembwa	937
Mtendeli	938
Karago	950
Kitali	822
Lukole A & B	966

## **Southern Africa**

## **Angola**

### ***Cumbulo quatering and family area, Xa-Mutabe municipality, Luanda Norte province***

The survey was conducted by MSF-H in October 2002. An exhaustive survey was carried out; 558 children between 6–59 months were measured. Under five mortality rate was estimated retrospectively over the previous month.

### ***Mavinga town, Cuando Cubango province***

The survey was conducted by MSF-CH/Epicentre in November 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 1208 children between 6–59 months. Crude and under five mortality was estimated retrospectively over the previous 6 months. The survey also estimated measles vaccination coverage.

### ***Matungo and Capembe quatering and family areas, Cuando Cubango province***

The survey was conducted by MSF–CH/Epicentre in November 2002. A two–stage cluster sampling methodology of 30 clusters was used to measure 1172 children between 6–59 months. Crude and under five mortality was estimated retrospectively over the previous 6 months. The survey also estimated measles vaccination coverage.

### **Western Sahwari refugees in Algeria**

The survey was conducted by ICH/UNHCR/WFP/MOH in September 2002. A two–stage cluster sampling methodology of 30 clusters was used to measure 850 children between 6–59 months. The survey also estimated EPI coverage and prevalence of micronutrient deficiencies in infants, children, adolescents and women.

### **Afghanistan area**

#### **Afghanistan**

##### ***Displaced camps, Spin Boldak district, Kandahar province***

MSF–H conducted the survey in five IDP camps in September 2002. A two–stage cluster sampling methodology of 30 clusters was used. The survey also estimated measles vaccination coverage.

##### ***Mazar city, Balkh province***

The survey was conducted by ACF–F in September 2002. A two–stage cluster sampling methodology of 30 clusters was used to measure 949 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, iodine and vitamin A deficiencies and iodized salt consumption.

##### ***Sang Sharak district, Sar e Pul province***

The survey was conducted by ACF–F in September 2002. A two–stage cluster sampling methodology of 30 clusters was used to measure 945 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, iodine and vitamin A deficiencies and iodized salt consumption.

##### ***Northern Shamali plain, southern Pansheer***

The survey was conducted by ACF–F in August 2002. A two–stage cluster sampling methodology of 30 clusters was used to measure 957 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, iodine and vitamin A deficiencies and iodized salt consumption.

### **Pakistan**

##### ***Lando Karez refugee camp, Chaman area, Pakistan***

The survey was conducted by MSF–H in July 2002. A two–stage cluster sampling methodology of 30 clusters was used.

### **RNIS quarterly reports**

The UN Standing Committee on Nutrition, which is the focal point for harmonizing policies in nutrition in the UN system, issues these reports on the nutrition of refugees and displaced people with the intention of raising awareness and facilitating action to improve the situation. This system was started on the recommendation of the SCN's working group on Nutrition of Refugees and Displaced People, by the SCN in February 1993. Based on suggestions made by the working group and the results of a survey of RNIS readers, the Reports on the Nutrition Situation of Refugees and Displaced People are published every three months. The reports are designed to provide information over time on key outcome indicators from emergency affected populations, play an advocacy role in bringing to the attention of donors and humanitarian agencies the plight of emergency affected populations, and identify recurrent problems in international response capacity.

Information is obtained from a wide range of collaborating agencies, both UN and NGO. RNIS reports put together primarily from agency technical reports on nutrition, mortality rates, health and food security, in refugee and displaced populations.

RNIS reports are organised by "situation" because problems often cross national boundaries. We aim to cover internally displaced populations as well as refugees. Partly this is because 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.

The reports provide a brief summary on the background of a given situation, including who is involved, why people are displaced and what their general situation is. This is followed by details on humanitarian situation, with focus on public nutrition and mortality rates. At the end of most of the situation descriptions, there is a section entitled "Recommendations and Priorities", which is intended to highlight the most pressing humanitarian needs. The recommendations are often put forward by agencies or individuals directly involved in assessments or humanitarian response programmes in the specific areas.

The key point of the reports is to interpret anthropometric data and to judge the various risks and threats to nutrition in both the long and short term.

## Indicators, interpretation and classification

Nutrition and mortality survey methodologies and analysis are checked for compliance with internationally agreed standards (SMART, 2002; MSF, 2002; ACF, 2002).

Most of the surveys included in the RNIS reports are random sampled surveys, which are representative of the targeted area's population. RNIS may also report on rapid nutrition assessment results, which are not representative of the target population but rather give a rough idea of the nutrition situation. In that case, the limitations of this type of assessment are mentioned.

Most of the nutrition survey results included in the RNIS reports targets 6–59 months old children. If other age groups are included in a survey, RNIS may also report on these results.

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

### ***Nutrition indicators in 6–59 month olds***

Unless specified, the RNIS reports use the following internationally agreed criteria:

**Wasting**, defined as weigh-for-height index ( $w-h$ )  $< -2$  Z-scores.

**Severe wasting**, defined as weigh-for-height index  $< -3$  Z-scores.

**Oedematous malnutrition or kwashiorkor**, diagnosed as bilateral *pitting* oedema, usually on the upper surface of the feet. Oedematous malnutrition is always considered as severe malnutrition.

**Acute malnutrition**, defined as the prevalence of wasting ( $w-h < -2$  Z-scores) and/or oedema

**Severe acute malnutrition**, defined as the prevalence of severe wasting ( $w-h < -3$  Z-scores) and/or oedema.

**Stunting** is usually not reported, but when it is, these definitions are used: stunting is defined as  $< -2$  Zscores height-for-age, severe stunting is defined  $< -3$  Zscores height-for-age.

**Mid-Upper-Arm Circumference (MUAC)** is sometimes used to quickly assess nutrition situations. As there is no international agreement on MUAC cut-offs, RNIS reports the results according to the cutoffs used in the survey.

### **Micro-nutrient deficiencies**

Mico-nutrient deficiencies are reported when data are available.

### ***Nutrition indicators in adults***

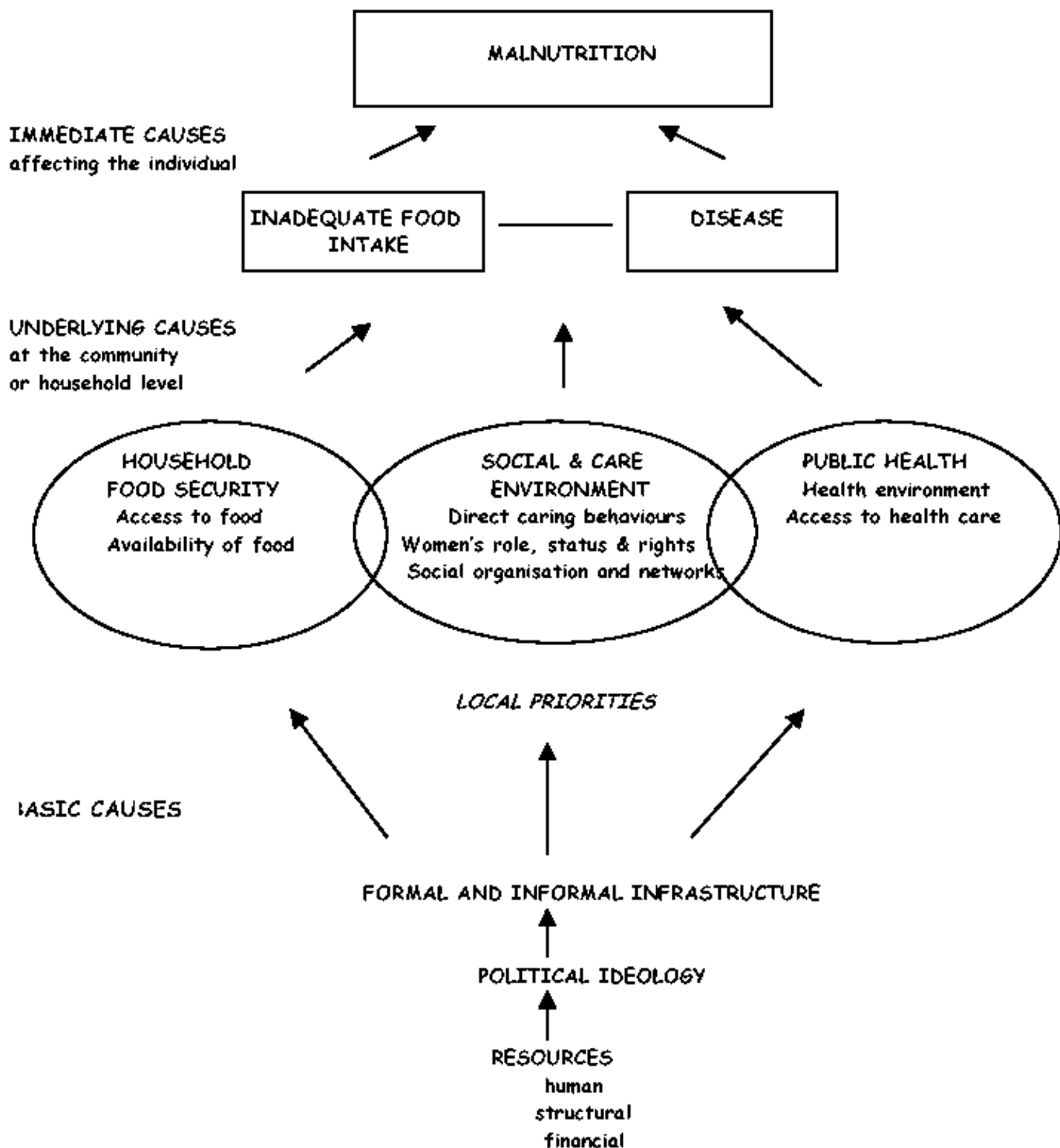
No international consensus on a definitive method or cut-off to assess adult under-nutrition has been reached (SCN, 2000). Different indicators, such as Body Mass Index (BMI, weight/height<sup>2</sup>), MUAC and oedema, as well as different cut-offs are used. When reporting on adult malnutrition, the RNIS always mentions indicators and cut-offs used by the agency providing the survey.

### ***Mortality rates***

In emergency situations, crude mortality rates and under-five mortality rates are usually expressed as number of deaths/10,000 people/day.

### ***Nutrition causal analysis***

The RNIS reports have a strong public nutrition focus, which assumes that nutritional status is a result of a variety of interrelated physiological, socio-economic and public health factors (see figure). As far as possible, nutrition situations are interpreted in line with potential underlying determinants of malnutrition.



A conceptual model of the causes of malnutrition in emergencies (Young, 09/98)

Adapted from the UNICEF framework of underlying causes of malnutrition and mortality

### Interpretation of indicators

Nutrition prevalence and mortality rates are late indicators of a crisis. Low levels of malnutrition or mortality will not indicate if there is an impending crisis. Contextual analysis of health, hygiene, water availability, food security, and access to the populations, is used to interpret nutrition prevalence and mortality rates. Thresholds have been proposed to guide interpretation of anthropometric and mortality results.

A prevalence of acute malnutrition between 5–8% indicates a worrying nutritional situation, and a prevalence greater than 10% corresponds to a serious nutrition situation (SCN, 1995). The Crude Mortality Rate and

under-five mortality rate trigger levels for alert are set at 1/10,000/day and 2/10,000/day respectively. CMR and under-five mortality levels of 2/10,000/day and 4/10,000/day respectively indicate a severe situation (SCN, 1995).

Those thresholds have to be used with caution and in relation with contextual analysis. Trend analysis is also recommended to follow a situation: if nutrition and/or mortality indicators are deteriorating over time, even if not above threshold, this indicates a worsening situation.

### **Classification of situations**

In the RNIS reports, 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.

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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:

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