

**Refugee Nutrition Information System (RNIS), No. 41 – Report on the
Nutrition Situation of Refugees and Displaced Populations**

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Refugee Nutrition Information System (RNIS), No. 41 – Report on the Nutrition Situation of Refugees and Displaced Populations

United Nations
Standing Committee on Nutrition



April 2003

Highlights

West Africa The situation in West Africa is worsening. The destabilisation of Ivory Coast has led to vulnerability of people in country and has also had a major impact in nearby countries. In addition, crossborder population displacements of Ivorians, Liberian refugees in Ivory Coast and third national countries have been widespread, especially to Liberia. In **Ivory Coast**, whilst nutrition assessments have not shown dramatic situations, food security is decreasing, more or less quickly depending on the area. An upsurge in violence in **Liberia**, particularly in areas where many newly arrived people had settled, has obliged them as well as the resident population and displaced people, to move again to safer places in Liberia or to Guinea and Sierra Leone, or even back to Ivory Coast. The situation of these populations in constant movement because of attacks, and who are very difficult or impossible to reach because of insecurity, is extremely worrying. Moreover, donors' responses to the Liberia crisis have been very poor so far.

Democratic Republic of the Congo Several nutrition assessments have shown average to highly precarious nutrition situations in the eastern provinces where fighting is still raging.

Eritrea Donors' responses to the drought in Eritrea has been very low (only 25% of the food requirements have been received) and the food pipeline is far from sufficient to meet the needs of the estimated 1 m vulnerable people.

Zambia Reports from refugee camps in Zambia showed an acceptable nutritional status.

Sudan Despite some apparent advances in peace negotiations and improvement of humanitarian access, the nutrition situation remains highly precarious in the south of the country.

Faits majeurs

Afrique de l'Ouest La situation se dégrade en Afrique de l'Ouest. La déstabilisation de la Côte d'Ivoire a eu un impact majeur sur ses habitants dont la situation alimentaire se dégrade plus ou moins rapidement selon les régions. De plus, de nombreux Ivoiriens, Libériens réfugiés en Côte d'Ivoire et migrants économiques ont dû trouver refuge dans les pays voisins, dont le Libéria. En raison du regain de violence que connaît actuellement le pays, ces populations ont dû se déplacer à nouveau, ainsi que les populations résidentes et les déplacés internes, vers des zones plus calmes au Liberia ou vers la Guinée ou la Sierra Leone. Certains sont même retournés en Côte d'Ivoire. En raison de l'insécurité au Liberia, les populations sont très difficiles à atteindre par l'aide humanitaire. De plus, la réponse des pays donateurs à la crise libérienne a été jusqu'à présent très faible.

République Démocratique du Congo Plusieurs évaluations nutritionnelles ont montré des situations moyennes à extrêmement précaires dans les provinces de l'est du pays où les combats font rage.

Erythrée La réponse des pays donateurs à la sécheresse qui affecte un million de personnes a été très faible. Jusqu'à présent, seulement 25% des besoins en aide alimentaire ont été financés.

Zambie La situation nutritionnelle des réfugiés en Zambie semble acceptable, selon les résultats d'enquêtes nutritionnelles.

Soudan Malgré certains progrès dans les négociations de paix et une amélioration de l'accès aux populations, la situation nutritionnelle reste extrêmement précaire dans le sud du pays.

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	ZAMBIA Refugees	IVORY COAST War affected population	UGANDA IDPs	SOMALIA Returnees in Hargeisa	BURUNDI Kayanza province	SOUTH AFRICA War affected
1. Nutritional risk category	IV	III	II	II	II/III	I
2. Public Health Environment (water, shelter, overcrowding, access to health services)	?	O	X	X	O	X
3. Social & Care Environment (Social organisations and networks, Women's role, status and rights)	?	?O	?O	X	O	X
4. Food Security	✓	O	O	X	X	X
5. Accessibility to population	✓	O	✓	X	O	X
6. General resources	✓	O	O	X	O	X
– food (gen stocks)	✓	O	O	X	O	X
– non–food						
7. Personnel*	?	?	?O	?O	O	X
8. Information	O	O	O	O	O	O

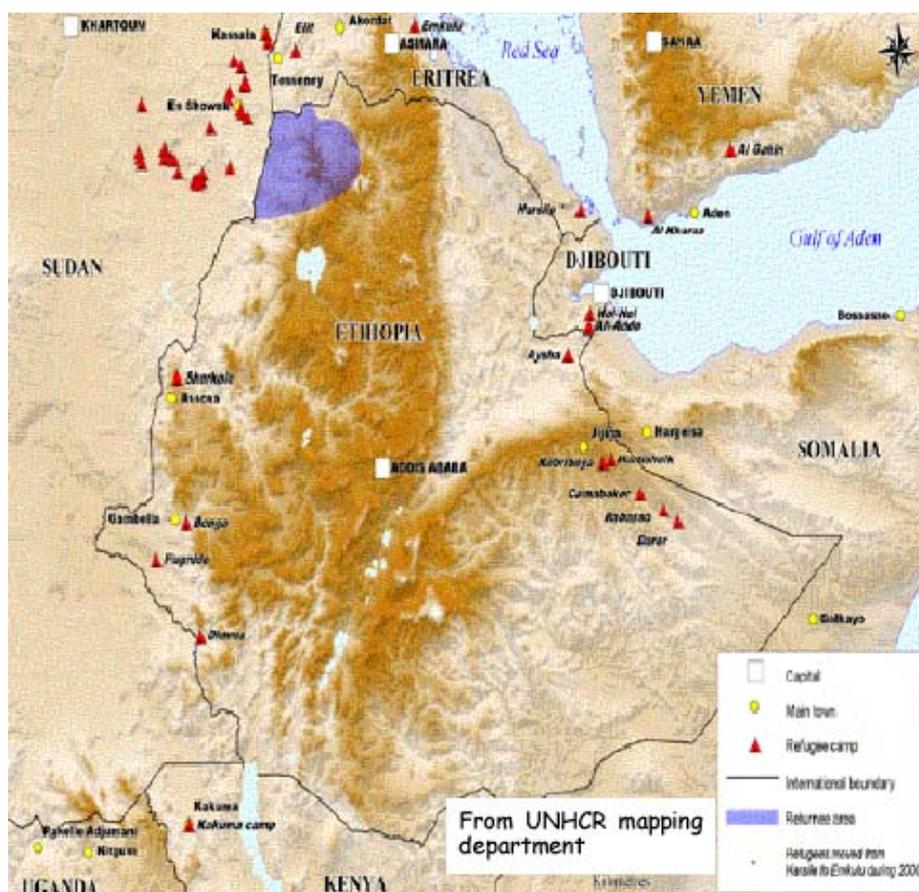
✓ Adequate O Mixed X Problem
 ?✓ Don't know, but probably adequate? X Don't know, but probably inadequate
 ?O Don't know, but probably mixed

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

GREATER HORN REGION

SUB–SAHARAN AFRICA

Somalia



The Somali reconciliation conference, attended by representatives of the Transitional Government (TNG), 20 armed factions, which control different parts of Somalia, the regional administration of Puntland and civil society groups, has continued in Eldoret, Kenya, over the reporting period. Although agreement was reached in October 2002 on different issues such as cessation of hostilities, federal government structure and enhanced safe access for aid, little progress have been made since that time (AFP, 21/02/03). Fighting has still been widespread, especially in Baidoa, Mogadishu and Puntland over the last months (UNRC, 12/03/03; OCHA, 02/01/03).

As the *Deyr* cereal production has been very good on average (see below), as of March 2003, it is pastoral areas, and some areas in southern Somalia, because of insecurity and previous vulnerability, which are considered to be the areas of major food insecurity (see map).

Southern Somalia

Deyr cereal production performance

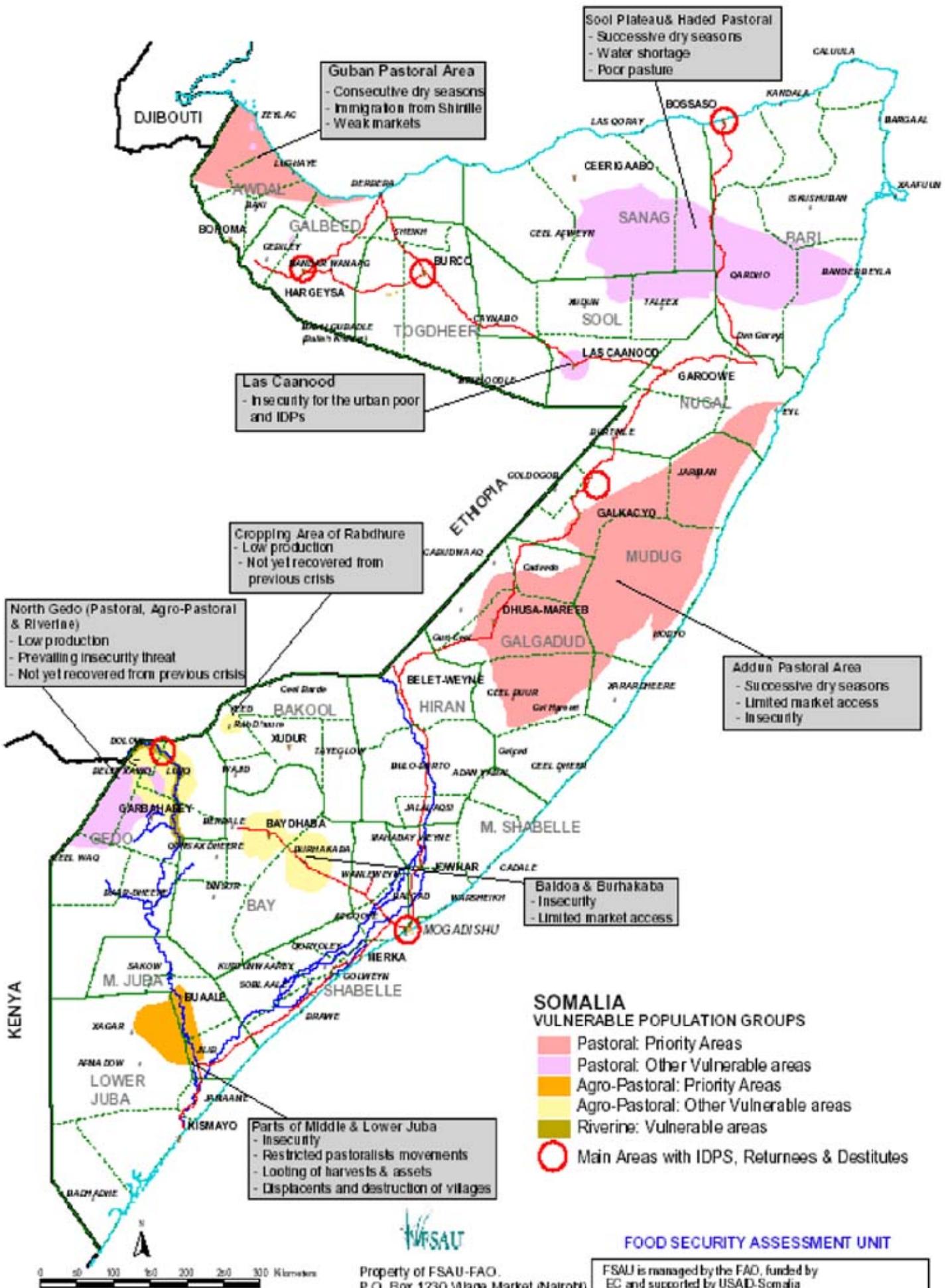
Because of good rainfall, the *Deyr* maize and sorghum production has been exceptionally good and was equivalent to an 80% increase on the average post-war (1995–2001) *Deyr* yields (see table). Whilst the *Deyr* production normally contributes to 25–30% of annual cereal production, the contribution is about 45% this year. Since the *Gu* production was also good (see RNIS 40), the total cereal production for the year was 51% higher than the post-war average (FSAU/FS, 03/03). In addition, the good *Deyr* harvest has improved food security in the areas where the *Gu* season was below average, i.e. Gedo, Hiran and Bakol.

2002/2003 *Deyr* cereal (sorghum and Maize) production, southern Somalia (FSAU/FS, 03/03)

Regions	2002–2003 crop harvest as % of 1995–2001 average
Bakool	+200 %
Bay	+54%

Gedo	+130%
Hiran	+97%
Lower Juba	-42% ¹
Lower Shabelle	+77%
Middle Juba	-13% ¹
Middle Shabelle	+180%
Total	+81%

¹ The negative figure is explained by the high production of sesame, which is a cash-crop, instead of maize



Guban Pastoral Area
 - Consecutive dry seasons
 - Immigration from Shirelle
 - Weak markets

Sool Plateau & Hated Pastoral
 - Successive dry seasons
 - Water shortage
 - Poor pasture

Las Caanood
 - Insecurity for the urban poor and IDPs

Cropping Area of Rabdhure
 - Low production
 - Not yet recovered from previous crisis

North Gedo (Pastoral, Agro-Pastoral & Riverine)
 - Low production
 - Prevailing insecurity threat
 - Not yet recovered from previous crisis

Addin Pastoral Area
 - Successive dry seasons
 - Limited market access
 - Insecurity

Baldoa & Burhakaba
 - Insecurity
 - Limited market access

Parts of Middle & Lower Juba
 - Insecurity
 - Restricted pastoralists movements
 - Looting of harvests & assets
 - Displacements and destruction of villages

- SOMALIA VULNERABLE POPULATION GROUPS**
- Pastoral: Priority Areas
 - Pastoral: Other Vulnerable areas
 - Agro-Pastoral: Priority Areas
 - Agro-Pastoral: Other Vulnerable areas
 - Riverine: Vulnerable areas
 - Main Areas with IDPs, Returnees & Destitutes

FOOD SECURITY ASSESSMENT UNIT

FSAU is managed by the FAO, funded by EC and supported by USAID-Somalia and WFP-Somalia
 FSAU partners are WFP-Somalia, FEWS-Somalia, FAO, UNICEF, SCFUK and UNDR-Somalia.

- Capital
- Regional capital
- District town
- International boundary
- Regional Boundary
- coastline

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 March 2003

Vulnerability map following Deyr assessment 2003 (FSAU/FS, 03/03)

Gedo

Despite the good Deyr production, some groups remain highly vulnerable: the poor of the different food economy groups, the IDPs, the lowermiddle of the riverine areas and the middle of the agro-pastoralist group. In addition, insecurity still disturbs provision of humanitarian aid. No food distribution has been carried out in the area since October 2002. A screening was undertaken in

Garbaharey, Dolow and Burdhubo towns at the end of February 2002 (FSAU/N, 03/03). The results of the screening showed a very poor situation (see table).

Results of MUAC assessments, Gedo region, Somalia, February 2003 (FSAU/N, 03/03)

	Number of children screened	MUAC	MUAC	MUAC
		< 11 cm	< 12.5 cm	? 12.5 cm & <13.5 cm
Garbaharey	200	0.5 %	28.0%	22.5%
Dolow	200	1.5 %	32.0%	34%
Burdhubo	203	1.5 %	28.0%	28%

Puntland

Mudug region

Two nutrition surveys were carried out in Galgodob and Jeriban district, Mudug region, in December 2002 (FSAU/N, 02/03). The results of the survey revealed a precarious nutrition situation (see table). In both areas, food insecurity, poor water quality and lack of access to health services seemed to be determinants of malnutrition.

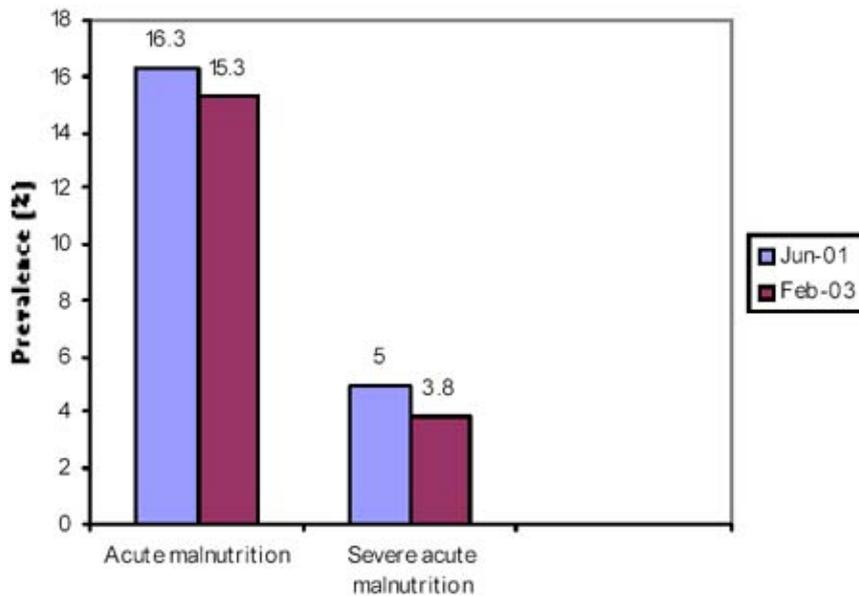
Results of nutrition surveys, Jeriban and Galgodob districts, Mudug region, Somalia, February 2003 (FSAU/N, 02/03)

	Acute malnutrition	Severe acute malnutrition
Jeriban district	9.8 (8.0–12.0)	1.7 (1.0–2.8)
Galgodob district	12.5 (10.7–14.6)	3.7 (2.7–4.9)

Somaliland

Returnees in Hargeisa

About 200,000 Somali have been voluntary repatriated from camps in Ethiopia. About 80,000 have settled in Hargeisa suburbs. The fate of the returnees is of concern; a survey showed that they were lacking access to basic services and employment opportunities (see RNIS 39). A nutrition survey was conducted in the eight returnee/IDP settlement areas in Hargeisa, in February 2003 (FSAU/N, 03/03). The results showed that the nutrition situation is of concern and has not improved since June 2001 (see graph). Under-five mortality rate was high: 3.7/10,000/day. Incomes were very low and were mostly derived from casual work and petty trade. In addition, the price of water was more than triple the price in areas where residents are settled, the incidence of disease was high and childcare was inadequate.



Acute malnutrition, returnees in Hargeisa, Somalia

Overall Despite a good Deyr harvest, the nutrition situation in three towns of the Gedo region was still very poor (category I). The nutrition situation of the returnees in Hargeisa town is also precarious (category II), and it is of concern in two districts of Mudug region (category II).

Somalie

La conférence de réconciliation continue, sans progrès tangibles au cours des derniers mois.

La production céréalière de la saison Deyr a été particulièrement bonne, avec une augmentation de 80% par rapport à la moyenne des récoltes Deyr entre 1995 et 2001. Pourtant la sécurité alimentaire n'est pas assurée pour toutes les populations (voir carte).

Des évaluations nutritionnelles réalisées dans la région de Gedo montrent une situation toujours très préoccupante (voir tableau) (catégorie I). De même, la situation nutritionnelle des personnes rapatriées en Somalie, depuis les camps de réfugiés d'Ethiopie, n'est pas satisfaisante (voir graphique) (catégorie II), en particulier à cause de la difficulté qu'ont ces populations à trouver des sources de revenus.

Sudan

The peace talks between the government of Karthoum and the Sudan People's Liberation Movement/Army (SPLM/A) resumed at the end of January 2003. At the beginning of February, both parties signed a memorandum of understanding to reaffirm their commitment to the total cessation of hostilities. They also agreed on a verification mechanism to monitor all cease-fire violations (OCHA, 04/02/03), and to ease the voluntary return of the displaced population in the Western Upper Nile (OCHA, 05/02/03). An agreement was also reached with the Operation Life Line Sudan (OLS) to allow it to provide aid in Kassala and Southern Blue Nile (OCHA, 22/01/03).

Regarding nutrition and food security assessments done in Southern Sudan (SPLA controlled area), 19 surveys were carried out in 15 locations in 2002. The surveys concentrated on Upper Nile and Northern Bar el Gazal, whilst the situation in other areas, like Equatoria or the Nuba mountains remains unknown. Food security assessments were conducted in 69 of the 147 accessible districts. It is recommended that nutrition and food security survey coverage be increased (WFP, 01/03).

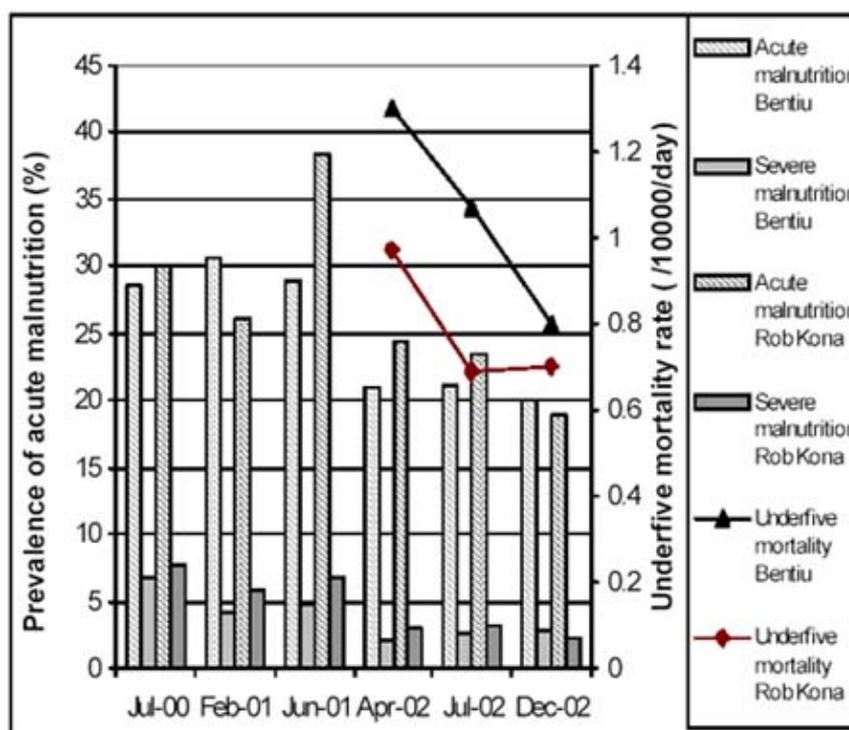
Western Upper Nile

Despite the signing of the peace accord in October 2002 and the reaffirmation of this accord at the beginning of February 2003, cease-fire violations by the Government of Karthoum forces have been constantly reported in the oil-rich Western Upper Nile (ICG, 06/03/03). In January 2003, fighting in the northern part of Leech led to the displacement of 50,000 people (Fews, 20/02/03). The north part of Leech was already considered as

food insecure (see RNIS 40); the new displacement will probably aggravate the situation.

Bentiu and Rob Kona

The area has been massively affected by insecurity. Many people have suffered displacement and have moved to towns such as Bentiu and Rob Kona where they are largely dependent on external assistance. A nutrition survey was conducted in the towns in December 2002 (ACF-F, 12/02). The survey revealed a high prevalence of malnutrition but the under-five mortality rate was under-control (see graph). The prevalence of acute malnutrition has remained stable over 2002 and has slightly decreased since 2001 (see graph). The measles vaccination coverage was 68.5% in Rob Kona and 77.1% in Bentiu, according to cards and mothers' statement.



Prevalence of acute malnutrition and mortality rate – under-five children – Bentiu and Rob Kona – Unity State – Sudan

Food security follow-up was also carried out by ACF-F (ACF, 01/03). Most of the population was dependent on markets and food distribution as main sources of food. Insecurity prevented people developing agriculture and rearing; only 20–30% of the population were able to cultivate small plots from which yields lasted for only one or two months. Despite good fishing potential, fishing was also hampered by insecurity. Petty trade was the major source of income. The intensity of petty trade developed by the families was dependent on the amount of food distributed. The amount of food distributed by WFP were more regular in the second half of 2002 than in the first semester, although the WFP ration was only designed to be half of the full ration between October and December because it is traditionally the harvest season. Post-distribution monitoring carried out in August, September, November and December showed that 90% of the population in Rob Kona and 83% in Bentiu were registered to receive a food ration. The last registration was carried out in April 2002, but the number of non-registered people had increased since September due to an influx of people from outside the town. In addition, the number of families who shared rations with relatives or who sent food to the rural areas had also increased from one third in August to one half in September and December. The number of meals eaten per day had decreased from August to October. In August, 83% of the families always ate 2 meals/day, whilst 15% only ate 2 meals a day when they had food from the general food distribution, and only one meal when they had none. In October, only 46% of the families were eating two meals a day, whilst 47% ate either two meals a day if they had food from the general food distribution or only one if they did not. Most of the patients admitted to the TFC were from families who do not receive food distributions, either because they were new comers or because they had missed the April 2002 registration. On the other hand, the markets were reported to be well supplied and prices remained stable.

Access to drinkable water was very poor, especially in Rob Kona town.

The prevalence of acute malnutrition has remained high in Bentiu and Rob Kona over the last three years and it is probably because people are highly food insecure. Insecurity and displacements are seriously affecting population food security. WFP should reconsider reducing the ration distributed from October to December. Rural areas neighbouring the towns also need to be considered as it appears there is a substantial population movement and the influx of people from the rural areas into the towns led to sharing of the general food ration.

Northern Upper Nile

Shilluk

A nutrition survey was conducted in Malakal town, IDP camps and surroundings by Goal in August 2002 (GOAL, 08/02). The survey revealed a high prevalence of malnutrition (see table). The rate of acute malnutrition was higher than in April 2001 (15.8%) but the 2002 survey was done in August, at the end of the hunger gap, whilst the 2001 survey was carried out at a time when food availability was better. Moreover, at the time of the 2002 survey, an increase in movement from outlying areas to the town in search of income, food and health services was reported. The measles vaccination coverage proved by cards was average (59.4%); the under-five mortality rate was under-control (0.7/10,000/day). More than 70% of the heads of households surveyed were working as government employees; 4% were farmers and 9% were engaged in petty trade.

Prevalence of acute malnutrition, Northern Upper Nile, Sudan (AAH-USA, 01/03; GOAL, 08/02)

	Date	Acute malnutrition	Severe acute malnutrition	Oedema
Malakal, Shilluk	August 2002	22.9	5.4	0.4
Panomdit & Chuei, Sobat	January 2003	23.4	4.8	1.5

Sobat

A nutrition survey was carried out in Panomdit and Chuei payams, Sobat county, by AAH-USA in January 2002 (AAH-USA, 01/03). The villages surveyed were mostly located along the river. A high number of IDPs had moved to the area in April 2002 following a government army attack in Thangriol; 40% of the households surveyed were displaced. On the other hand, at the time of the survey, one fourth of the population had moved to other areas because of hunger. According to the community, the food security situation was worse this year than the previous year. The crop production was very low because of drought, flooding and bird attacks. In addition, whilst livestock was one of the major sources of food and income in the past, the majority of the people had lost their livestock because of raids. According to the households interviewed, the poor group, defined as owning no livestock, represented 90% of the population. There was no difference in wealth between residents and IDPs. WFP did not distribute any food in the area, though some food and nonfood items have been distributed sporadically by different NGOs. The malnutrition rate was high and a significant percentage of children had oedema, which is unusual in Sudan (see table). On the other hand, 0.2% of the mothers were considered as malnourished (MUAC < 185 mm) and 17.8 % were considered as at risk of malnutrition (MUAC >= 185 mm & < 220 mm). The survey also revealed exceptionally high rates of mortality, which need to be confirmed.

Kassala

Internally Displaced Persons

Kassala state hosts both refugees, mainly from Eritrea, and displaced people; it is estimated that 43,685 IDPs are settled in seven official camps. A nutrition survey was carried out in these camps by Goal in August 2002 (Goal, 08/02). The sources of income of the IDPs were mainly agricultural day labour, wood cutting and charcoal production. Some were able to cultivate on residents' land or on small plots adjacent to camps. There was strong competition between IDPs and refugees for sources of income. The survey revealed a high rate of malnutrition: **17.6% of the children were acutely malnourished, including 2.2% severely malnourished**. Only one child had oedema. The measles vaccination coverage proved by cards was 66%. The under-five mortality rate was under-control (0.5/10,000/day). Some 40% of the heads of households were government employees, 10% were petty traders and another 10% were farmers. However, for 93% of the IDPs the main source of food was WFP distribution. By comparison, the prevalence of malnutrition in five of the refugee camps in eastern states in August 2002 varied between 17% and 23% (see RNIS 40), which is very close to the prevalence of malnutrition in the IDP population found in this survey. It has to be borne in mind that August is a hard period, which corresponds to the hunger-gap period and an increased morbidity

because of the rainy season.

Refugees

The project of voluntary repatriation of Eritrean refugees has been suspended due to the closure of Sudan–Eritrea border. WFP has experienced a consistent shortfall of resources and was obliged to reduce the refugee rations (WFP, 14/02/03). Considering the already poor nutritional status of the refugee population (see RNIS 40), which shows their dependency on food aid, this reduction in food aid may have serious repercussions.

Jongley

Bieh

Water shortage in this normal dry season (December to May) has reached critical levels in Bieh state. Moreover, the traditional coping mechanisms, which were to move to Latjor and Phou in search of grazing, water and fishing is no longer possible because of ethnic hostilities ongoing since 1999 (Fews, 20/02/03).

Southern Blue Nile

It is estimated that about 30,000 people are displaced in camps. A mission conducted at the beginning of February concluded that: displaced camps were insecure; shortage of water was critical; there was a high prevalence of malnutrition in one of the camps, food security situation varied between areas (Fews, 20/02/03).

Western Equatoria

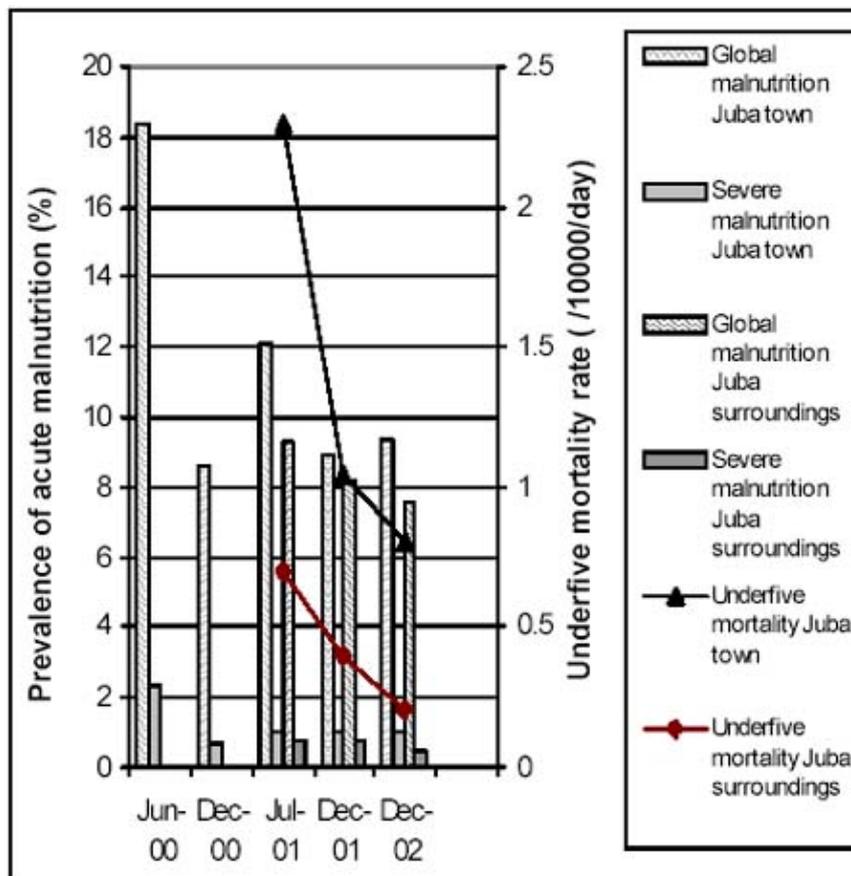
Tambura and Ezo districts

There is concern about the fate of 50,000 returnees and refugees from DRC and CAR, who are mostly settled in camps. An inter–agency mission in January 2002 found that food, water, sanitation and health services were lacking (Fews, 20/02/03). Fews also recommends that food security and nutrition assessments be carried out in the camps in order to make appropriate interventions.

Eastern Equatoria

Juba town and surroundings

Juba town is a government enclave in Bahr el Jebel State. The town has seen a large influx of people from surrounding areas over the past years. The last wave of displacement into Juba occurred in 2002 because of fighting in Kapoeta, Torit and Lafon areas. Two surveys were carried out in Juba and surroundings in December 2002 (ACF–F, 12/02). The prevalence of acute malnutrition has remained stable since December 2001 and underfive mortality rates seem to have slightly decreased (see graph).



Prevalence of acute malnutrition and mortality rate – under-five children – Juba town and surroundings – Eastern Equatoria – Sudan

The measles vaccination coverage was 75.6% in Juba and 59.6% in Juba surroundings, according to cards and mothers' statement.

The nutrition situation is average but may be improved; the under-five mortality rate is undercontrol.

Overall Results of nutrition surveys showed, as usual, dramatic situations (category I). Even if the cease-fire agreement is respected, it will take months for the population to restore their health status and livelihood.

Recommendations and priorities

From the GOAL survey in Kassala IDP camps

- Increase the number of supplementary feeding centres
- Continue growth monitoring programme, nutrition education and outreach services
- Continue to provide food distribution
- Carry out an other survey in six months time

From the GOAL survey in Malakal

- Strengthen the capacity of national NGOs to provide nutrition and health services
- Conduct bi-annual nutrition surveys

From the AAH-USA survey in Sobat county

- Implement health services, nutrition programme and EPI activities, especially measles vaccination
- Distribute food rations covering at least 50% of the daily energy requirements

- Improve access to safe water
- Carry out non–food item distribution
- Continue nutritional surveillance

From the ACF–F survey in Bentiu and Rob Kona

- Continue selective feeding programmes
- Implement water and sanitation activities
- Maintain food security analysis including postdistribution monitoring

From the ACF–F survey in Juba

- Continue selective feeding programmes
- Promote health education
- Maintain food security programmes

From the RNIS

- Support WFP appeal

Soudan

Les négociations entre le gouvernement de Karthoum et le SPLA/M, qui contrôle une grande partie du sud du pays, ont continué ces derniers mois. Différentes enquêtes nutritionnelles dans les régions de l'Upper Nile et du Kassala ont montré une situation toujours très précaire (catégorie I) (voir graphique et tableau) dans le sud du Soudan, à l'exception de Juba, une enclave gouvernementale dans l'Eastern Equatoria, où la situation est moyenne. La mauvaise situation nutritionnelle peut être attribuée à l'insécurité alimentaire des populations, souvent liée au conflit.

WEST AFRICA

Ivory Coast

Following a coup attempt on the 19 September 2002, about half of the country is controlled by rebel forces; the Ivory Coast Patriotic Movement (MPCI) in the north; the Movement for Justice and Peace (MJP) and the Far West Ivory Coast People's Movement (MPIGO) in the west (see map).



A peace agreement was signed between the government of Ivory Coast, the armed opposition groups and the political opposition parties in Marcoussis, France, on the 24 January 2003 (GoCI, 24/03/03). The peace agreement concerned the constitution of a new government, which should include ministers from all parties, whilst the president keeps his function. However, the constitution of a new government has been highly controversial and participation by the rebels with the government only began on the third of April.

The first troops of the Economic Community of West Africa States (ECOWAS) have been deployed in the country, in reinforcement of the 3,000 French troops (PANA, 19/03/03). Despite the peace agreement, the security situation is still volatile, especially in Abidjan and in the west of the country, near the Liberian border.

Population movement

Although, it is difficult to know precisely the number of IDPs, it is estimated that 600,000 to 800,000 people may be internally displaced. Most of them are settled with relatives (OCHA, 07/03/03).

It is also estimated that about 300,000 migrants have returned to their countries of origin (see table).

Returns of migrants from Ivory Coast since September 2002 (OCHA, 18/03/03)

Country	Estimate number of nationals in Ivory Coast ¹	Estimate number of returnees ²
Burkina Faso	2,238,548	148,000
Niger	102,220	6,600
Mali	792,258	45,000
Guinea	230,387	100,000
Total		299,300

¹ Source RGPH, 1998

² Source IOM

Some 12,000 might be trapped in Liberia (see Liberia).

Before the crisis, Ivory Coast also hosted about 70,000 Liberian refugees, mostly settled in the west of the country. It is estimated that, as of March 2003, 35,000 were still in the country, whilst more than 40,000 had returned home (UNHCR, 21/03/03). The fate of some 5,000 Liberian refugees, who will not be safe in Liberia if they return, is of particular concern; UNHCR has not yet found them a country of asylum.

More than 42,000 Ivorians have also fled mainly to Liberia and to a lesser extent to Guinea.

Humanitarian situation

The health sector is especially affected. WHO has estimated that in the rebel controlled areas, 85% of the medical staff has left and that 70% of the health infrastructure has been closed (WHO, 12/02/03). A measles outbreak has been reported in western Ivory Coast (OCHA, 07/03/03). Several humanitarian agencies are supporting the health sector.

Different vulnerabilities among the population have been identified. In the area where a high number of IDPs have sought refuge with relatives, food security may worsen rapidly as the resources are shared between the residents and IDPs. In the towns, loss of employment and an increase in food prices may affect food security of the urban population.

The worst affected rural populations might be those relying on sugar and cotton production in the north of the country. They are estimated at 30,000 families (WFP, 07/03/03).

ACF-F carried out several food security and nutrition assessments (ACF-F, 01-02/03).

MPCI controlled area

Odienne town and rural area

Following the events mentioned above, people have fled from the town. It is estimated that only 55% of the pre-crisis population has remained in town. The main problem was the poor functioning of health structures because of lack of health staff and medicines. Access to food has decreased since the beginning of the crisis, but food insecurity did not seem to be widespread; the most affected groups were the ones who were already vulnerable before the crisis, i.e. daily agricultural workers and social cases; they are in need of help.

In the rural area, the food security situation seemed good; people relied on their own food production and cash crops. The main problem was access to health care.

The MUAC assessment did not show a precarious nutrition situation (see table). About 3% of the children, however, had oedema, which is of concern.

Bouake- rural areas

The area had received a lot of displaced people from the town; it is estimated that the population has increased by 30% to 40%. The population in the villages located near the river (in Sakassou district) had access to fishing and was not considered vulnerable; people were able to cope with the displaced influx. No cases of malnutrition have been found in these villages (see table). On the other hand, the population in villages (in Diabo district) which have no access to the river was more vulnerable because of the disruption of the commercialisation of agricultural products. The resident populations also shared their food stocks with the displaced, and this may reduce the availability of seeds for the next planting season. Although the nutrition situation is not alarming as yet (see table), strengthening in food security is needed.

Dabakala, rural areas

These areas have received a limited number of displaced people, but a bad harvest and the disruption of trade have lowered sources of incomes and food consumption. The nutrition situation still seemed, however, to be under-control (see table) but programmes to strengthen food security are needed.

Results of MUAC assessments, Ivory Coast, January-February 2003 (ACF-F, 01-02/03)

	Date	Number of children	MUAC < 11	MUAC ?11 cm &	MUAC ?12 cm &	MUAC ?12.5 cm	Oedema

		surveyed	cm	< 12 cm	< 12.5 cm	& < 13.5 cm	
Odienne town and 3 villages	01–2003	697	0 %	0.3 %	0.5 %	6.3%	2.9 %
Bouake, Diabo district, 3 villages	01–2003	59	0 %	1.7%	0%	8.5 %	0%
Bouake, Sakassou district, 2 villages	01–2003	63	0%	0%	0%	0%	0%
Dabakala, rural area, 2 villages	01–2003	163	0%	0.6%	0.6%	7.8%	0%
Korhogo, Krhogo town and one handicraft village	01–2003	847	0%	0.1%	1.8%	8.7%	3.2%
Man town	02–2003	223	0%	0%	0%	3.1%	0.4%
Man rural	02–2003	313	0%	0%	1.3%	10.2%	1.9%
Daloa town	02–2003	124	0.8%	1.6%	0.8%	4.0%	2.4%
Daloa rural	02–2003	553	0.2%	1.1%	2.5%	10.7%	2.3%

Korhogo

At the time of the assessment, the town counted about 70% of the initial population. There were no problems of food availability in the town and prices of locally produced goods had decreased because of the limitation of the purchasing power of the population.

The rural population, which relied on their own food production, did not seem to be at risk. On the other hand, villages where the main activity was handicrafts seemed particularly at risk because they have lost their outlets.

Although the MUAC measurements did not show particular problems, the high number of children with oedema was of concern (see table), especially in the handicraft villages. These villages require special attention.

MPIGO controlled area

Man town and rural areas

At the time of the assessment, the population of Man was 30% to 50% of the initial population, because some people had fled the town. On the other hand, 30% of the resident population were hosting displaced families. The main problem identified in the town was the lack of cash and an increase in unemployment. The nutrition assessment did not show a critical situation (see table).

The rural areas host people from the town. Food stocks have therefore decreased more quickly than usual. In addition, the coffee harvest was only partial and the harvest has been difficult to sell. The nutrition situation in the rural area was worse than in the town (see table).

Areas controlled by loyalist troops

Daloa town and surroundings

The area included a large number of displaced people, mostly settled in host families. The food has been shared between host and displaced families and food stocks were decreasing more quickly than usual. In addition, insecurity in this area near the frontline hampered people's access to fields. The next agricultural season will probably be lower than usual. The most vulnerable population seemed to be the displaced families who were not hosted by relatives and have no access to fields, and the host families who hosted a large number of IDPs.

The nutrition situation in this area was worse, especially in the rural areas, than in the other areas surveyed. The percentage of oedematous children was of particular concern (see table).

Overall The food security situation varies between different areas. Whilst nutrition assessment has not showed dramatic situations (category III), most of the population has experienced a decrease in their food security situation. Food security needs to be strengthened in order to avoid deterioration of the nutrition situation.

Côte d'Ivoire

Des accords de paix ont été signés fin janvier 2003, entre le gouvernement ivoirien et les factions et partis politiques opposants, aboutissant à la création d'un gouvernement réunissant les différentes représentations.

Les mouvements de population ont été très importants depuis le début des hostilités. Environ 600 000 à 800 000 personnes seraient déplacées à l'intérieur du pays, 300 000 migrants économiques seraient retournés dans leur pays d'origine et environ 40 000 réfugiés libériens en Côte d'Ivoire auraient trouvé refuge au Libéria et en Guinée, ainsi que 42 000 Ivoiriens.

Le secteur de la santé est particulièrement touché dans les zones contrôlées par les opposants, en raison de la fuite des personnels de santé et de la difficulté d'approvisionnement en médicaments. La plupart des évaluations montrent, d'autre part, une dégradation de la sécurité alimentaire des populations, plus ou moins importante selon les zones. Les évaluations nutritionnelles ne montrent pas de résultats alarmants (voir tableau) (catégorie III), mais la sécurité alimentaire des populations doit être soutenue afin d'éviter une poursuite de la dégradation de la situation.

Guinea

It is estimated that between the upsurge in violence in Ivory-Coast and March 1st 2003, 18,000 Ivorian and Liberian people have entered the country, as well as 12,000 foreign nationals in transit, adding to the near 100,000 refugees already settled in Guinea (OCHA, 27/03/03). The repatriation of Sierra Leonan refugees resumed, and about 4,000 were repatriated in the first two months of 2003.

For security reasons, refugees will be relocated from the Kouankan camp, situated near the border to the Albaderia camp, situated further inland (OCHA, 27/03/03).

A new wave of Liberian refugee (about 16,000) has been reported to have entered Guinea because of renewed fighting in Liberia (OCHA, 11/04/03).

A food security survey was undertaken in Kountaya and Telikoro refugee camps, Kissidougou, in September and October 2002 (UNHCR, 12/02); the camps host Sierra Leonan refugees as well as new –comers from Liberia. The major sources of income were daily labour; exploitation of natural products; skilled trade; agriculture; business and NGO employment. According to the refugees, the most important needs not met by humanitarian assistance were additional oil and complementary foods (condiments, green vegetables, fish or meat); milling of the bulgur distributed as food ration; fuel for cooking; kerosene to light the shelters; clothing and shoes; shelter maintenance. Cost of food and preparation was 65% of the expenses. Seven wealth groups have been identified (see table). Households which were more self–reliant were those with a member employed by an NGO, paid as a committee member or engaged in business with no credit. Households which were least self–reliant were newly arrived Liberians; women–headed households; households headed by a middle–aged, elderly or handicapped man; and households where worker to dependent ratio was less than 1:2. The survey recommends that improvement of household self–reliance should include promotion of food production; income generation from agriculture; practice of skilled trades, business and NGO employment.

Wealth groups, Kountaya and Telikoro refugee camps, Kissidougou, Guinea, September–October 2002 (UNHCR, 12/02)

Wealth groups level	Estimated proportion	Major sources of income
I	1%–3%	Higher paid NGO workers Wholesale business people

II	8–12%	Lower paid NGO workers Camp committee members Retailers with little or no credit
III	30–35%	Large-scale gardeners Retailers on credit Select tradesmen
IV	18–20%	Most skilled trades people Group fishermen Basket/mat makers Stronger, better-connected male daily workers
V	5–10%	Petty traders Charcoal makers Bulgur grinders
VI	10–13%	Camp security staff Weaker, poorly-connected male daily workers Lone fishermen Wood cutters Women daily workers
VII	15–18%	Unskilled handicapped, elderly, youth New Liberian arrivals

Guinée

Environ 18 000 Ivoiriens et Libériens sont arrivés en Guinée à la suite des combats en Côte d'Ivoire, de même que 16 000 Libériens fuyant l'insécurité au Libéria. Une évaluation de la sécurité alimentaire des réfugiés sierra-léonais et libériens dans deux camps, a montré que différents groupes socio-économiques coexistent au sein des camps (voir tableau). Les foyers les plus vulnérables sont les nouveaux arrivants et les foyers ne pouvant générer que peu de revenus par le travail.

Liberia

Fighting in Liberia has intensified again over the past few months and has spread more widely in northern, eastern and western Liberia. The Liberian United for Reconciliation and Democracy (LURD) troops advanced to within 12 km of Monrovia in February 2003 but were pushed back by the Liberian army (Reuters, 18/02/03). The counties particularly affected are Lofa, Bong, Gran Gedeh, Cape Mount, Bomi, Monserado and Nimba. Fighting has taken place in areas hosting many IDPs, returnees, and refugees, and has led to further displacements of these populations. Degradation of the security situation has caused many people to be cut off from all assistance.

Donors' response to the Liberian crisis has been very low so far. WFP experienced food pipeline breaks, and reduced cereal and pulse rations by 25% and the oil ration by 20% in February and March 2003 (OCHA, 31/03/03). Notably, the UN inter-agency Consolidated Appeal for 2003 has only been 2% funded to date (OCHA, 25/03/03).

Population movements

As a result of the civil war which erupted in September 2002 in Ivory Coast, a large number of people from there have sought refuge in Liberia. Latest available figures estimate that 45,000 Liberians have returned and 40,000 Ivorians have entered Liberia (UNHCR, 07/03/02). Liberians have gone back to their homes or have settled in the already existing IDP camps. Many of the Ivorians have remained settled in host communities near the border. There have been few assessments in the area because of the poor security situation.

In addition, it is estimated that 12,000 nationals of third countries, especially nationals of Burkina Faso have entered the country. They have been trapped in Liberia on their way to their own country. UNHCR has no mandate to care for these people, although they are providing food and shelters. The International Organisation for Migration (IOM), which has the mandate to assist these people, has issued an appeal for US\$ 1.5 m for them (OCHA, 13/03/03).

Population movements in response to fighting are difficult to follow precisely and to quantify because people spread out and seek refuge in different areas. Many people are also probably trapped within the conflict areas.

The attacks in Zwedru and Toe town in Gran Gedeh county, which occurred at the end of March 2003, led to the displacement of an estimated 45,000 people (Ivorian refugees, Liberian returnees from Ivory Coast and third country nationals) who were settled in the area (UNHCR, 04/04/03). Some of them have fled to the southern counties; about 5,000 have arrived in a camp situated in Harper, Maryland county, and some have settled in Sinoe county (UNHCR, 04/04/03).

Fighting in Gbanga and Ganta, Bong county, in early April 2003, also led to the displacement of an estimated 45,000 people (OCHA, 09/04/03). About 16,000 have crossed the border into Guinea, where they are settled in a transit camp and further relocated to Laine Camp (OCHA, 11/04/03). This camp however was originally designed for only 6,000 people and is already hosting 12,000 persons (OCHA, 02/04/03).

In addition, returns of Ivorians, Liberians and third country nationals to western Ivory Coast have been reported although not quantified (UNHCR, 10/04/03) and a new wave of Liberian refugees has also been reported to have entered Sierra Leone. Three IDP camps situated in Monserado county, near Monrovia, were also attacked at the end of March/beginning of April and more than 40,000 IDPs were obliged to move yet again (OCHA, 11/04/03).

Living conditions in insecure areas

According to a study carried out by ACH-S between July and September 2002 based on interviews of Liberian refugees in Guinea, the living conditions of populations living in insecure areas are very worrying (ACH-S, 10/02). Before reaching Guinea, people were living in the bush, often for several months or years, due to constant attacks on their villages. They were either constantly moving or settling in semi-permanent settings. Before July 2002, people were able to cultivate in the bush or in the nearby farms and to carry out some petty trade activities. However, gathering was the main source of food and bush foods became scarce. With the increased insecurity, agricultural and petty trade activities became less and less easy to undertake, and harassment of the civilian population increased. Before entering Guinea, some people reported eating only three or four meals a week. Nutrition screening of Liberian children entering Guinea showed that they were in a poor condition.

Forced conscription, forced labour, increasing harassment, and payments to be allowed to escape were common. Whilst some people have been able to enter Guinea, it is anticipated that movement restrictions on the civilian population have increased over the past months and that thousands of people in very poor condition may be trapped.

Overall All the populations, i.e. residents, displaced, returnees, refugees and third country nationals, settled in the areas affected by fighting are considered at high risk (category II). The humanitarian community and donors should ensure that funding is made available and that adequate humanitarian assistance is provided, as far as security conditions allow.

Liberia

Les combats se sont intensifiés au Libéria entre l'armée gouvernementale et l'opposition armée. Les zones abritant les populations ayant fui les combats en Côte d'Ivoire ont été particulièrement touchées, entraînant de nouveaux déplacements. D'autre part, des camps de déplacés ont aussi été attaqués. De nombreuses personnes se sont déplacées vers le sud du pays qui reste plus calme. D'autres ont fui vers la Sierra Leone ou la Guinée.

En raison de l'insécurité, de nombreuses personnes sont coupées de toute aide humanitaire. Une étude réalisée en Guinée, auprès de réfugiés en provenance du Liberia, a montré que les conditions de vie des populations piégées par les combats sont très précaires.

Sierra Leone

Despite on-going conflict in neighbouring countries, the situation in Sierra Leone continues to improve with an economic growth of six percents and low inflation (WB, 26/02/03). However, the country has still to recover

from a 10 year war. The World Bank has approved US\$ 40 m in grants for reconstructing the health sector, rehabilitating basic education and boosting social action programmes (WB, 26/02/03).

A survey conducted by the Ministry of Health and Food Security and the FAO concluded that 70% of the estimated seed requirements were distributed before the 2002 agricultural season. The main constraints affecting agricultural production were long distances to collect inputs; lack of knowledge of agricultural practice and lack of seeds (OCHA, 28/02/03).

The security situation is still tense at the border with Liberia with reported incursions of the Liberians United for Reconciliation and Democracy (LURD).

Bombali district

A nutrition survey was carried out in Bombali Seborra chiefdom, Bombali district, in November 2002 (ACF-F, 11/02). This area was one of the hardest hit during the war; nearly all the population had returned at the time of the survey. **The survey showed a prevalence of acute malnutrition of 8.0%, which included 0.5% severe malnutrition.** No oedema was recorded. The malnutrition rate is average and a little bit higher than the prevalence of malnutrition which was found during a survey conducted in the whole district except Bombali Seborra chiefdom in February 2002, where the prevalence of malnutrition was 4.9%. The number of admissions to the supplementary feeding centre which covers the chiefdom remained stable over 2002. The measles vaccination coverage was 39% proved by card and 73% according to cards and mothers' statements. Several humanitarian assistance programmes are being implemented in the district, including health, nutrition and agricultural programmes.

Refugees

A new wave of Liberian refugees has been reported to have entered Sierra Leone because of renewed fighting and the relaxation of border controls by the armed forces in Liberia. As of 23 February 2003, about 9,000 Liberian and a few Sierra Leonean have entered the country since the beginning of the year (WFP, 28/02/03), adding to about 35,000 who had already taken refuge in Sierra Leone. UNHCR has opened a new refugee camp in Kenema district (OCHA, 03/04/03). Some of the refugees prefer to stay in villages near the border, in areas humanitarian agencies have difficulties to access. Resources will be shared between the resident population and the refugees, which may lead to food insecurity for both populations. RNIS has not received any recent nutrition information on the new refugee population; the nutrition situation of the previously refugee population seems stable. The repatriation plan of Sierra Leonean refugees from Guinea has resumed since the beginning of the year; 4,500 Sierra Leonean have been repatriated in January and February 2003 (OCHA, 12/03/03).

Overall Whilst the situation of the population of Sierra Leone is improving, refugees from Liberia are still seeking refuge in the country. Their nutrition situation is considered at risk (category II).

Recommendations

From the ACF survey in Bombali

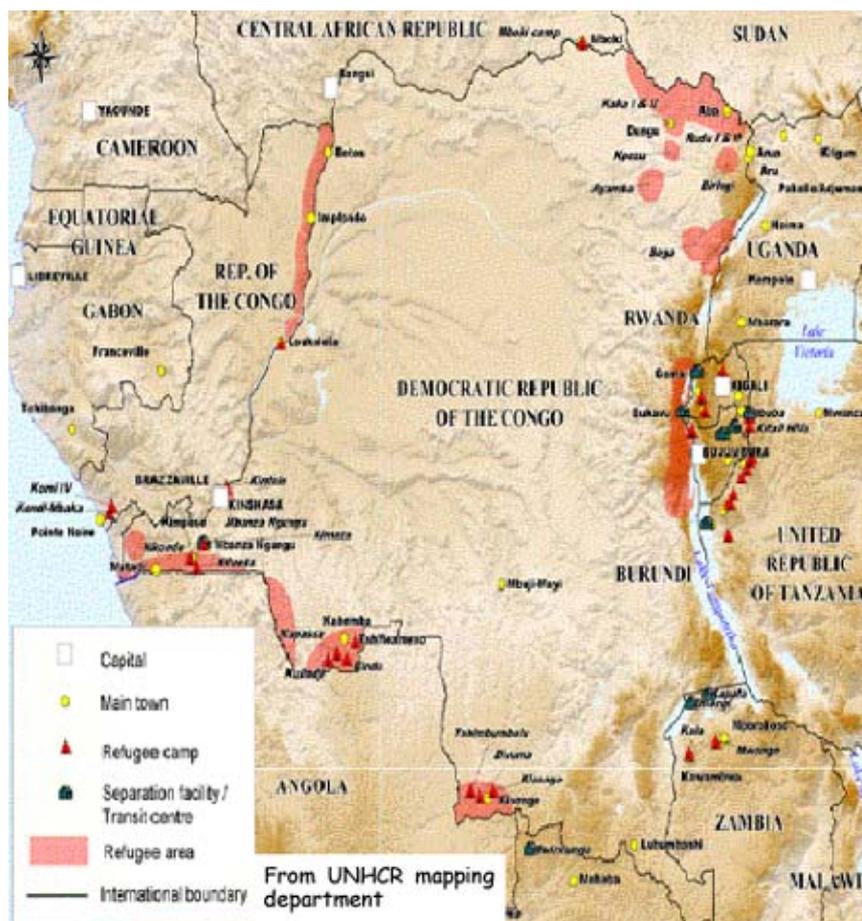
- Continue supplementary and therapeutic feeding programmes
- Promote identification of malnourished children at PHU level
- Strengthen routine immunisation activities in the PHUs

Sierra Leone

La situation continue de s'améliorer en Sierra Leone, avec une croissance économique de 6%, bien que le pays soit encore loin d'avoir effacé les dégâts de dix ans de guerre civile.

Une enquête nutritionnelle dans le district de Bombali a montré une situation nutritionnelle moyenne. Une nouvelle vague de réfugiés est arrivée en provenance du Libéria. Les réfugiés se sont installés dans des villages près de la frontière avec le Libéria où ils sont difficiles à atteindre en raison des mauvaises conditions des routes et de la sécurité volatile. Le partage des ressources entre la population résidente et réfugiée risque de conduire ces populations à une insécurité alimentaire.

GREAT LAKES REGION



Despite signs of progress in the DRC and Burundi crises, especially the signing of peace agreements between the parties in conflict, the situation on the ground has improved very slowly or has even worsened. The number of people fleeing the upsurge in violence in eastern DRC increased in late 2002 (see table). The decades-long destabilisation of the region is well reflected in the fact that a significant number of people from DRC, who are seeking refuge in Burundi, are the offspring of parents of Burundian origin or are themselves Burundian origin and had fled to DRC over the last 30 years (UNHCR, 23/01/03).

The number of refugees from DRC and Burundi in Tanzania and Uganda has also increased over the past six months (see table). In Uganda, renewed fighting in the north-east has led to an increase in the number of displaced persons (see table). On the other hand, the number of displaced persons has decreased in Burundi (see table).

Région des Grands Lacs

Le nombre de personnes fuyant les violences en RDC et se déplaçant à l'intérieur du pays ou vers l'Ouganda et la Tanzanie a augmenté à la fin de l'année 2002 (voir tableau). Le nombre de personnes déplacées à l'intérieur du Burundi a diminué alors que le nombre de Burundais se réfugiant en Tanzanie a augmenté (voir tableau). Le regain d'instabilité dans le nord de l'Ouganda a entraîné une augmentation du nombre de déplacés (voir tableau).

Affected populations, Great Lakes Region, 2002 (OCHA, 31/01/03)

Country	IDPs		Refugees		Total affected population		Changes
	July 2002	December 2002	July 2002	December 2002	July 2002	December 2002	
Burundi	387,469	281,052	28,062	40,533	415,531	321,585	-23 %

DRC	2,275,000	2,706,993	346,540	331,241	2,621,450	3,038,234	+16 %
Tanzania	–	–	506,199	519,373	506,199	519,373	+2,5 %
Uganda	660,373	889,561	188,032	197,082	848,405	1,086,643	+28 %

Burundi

In line with the stipulations of the Arusha peace agreement, Burundi's two major political parties, the UPRONA, which leads the Tutsi political family, and the FRODEBU, which is the biggest Hutu political party, signed an agreement at the end of March 2003. The current President, Pierre Buyoya from the UPRONA, will step down at the end of April and will be replaced by the current Vice President, Ndayezeye, from the FRODEBU (GoSA, 30/03/03). However, despite the cease-fire agreements signed at the end of 2002 between the government and all rebel factions (except the FNL) fighting has intensified over the last months.

Refugees, returnees

As of 12 April 2003, since the beginning of the year UNHCR has reported 7,782 facilitated and 6,000 spontaneous returns (OCHA, 20/04/03). In addition, about 300 Congolese refugees entered the country in April 2003.

Food security and nutrition situation

The poor last harvests, compounded by insecurity, have led to an increase in the number of affected people. A UN inter-agency food and crop yields assessment mission indicated that the number of people in need of food aid in the first semester of 2003 has doubled compared to the same period last year (WFP, 11/03/03). A 19% fall in bean production has been reported; the next harvest might also be disrupted because of poor and delayed rains (OCHA, 30/03/03). Insecurity has hampered food distribution; at least 54,000 people did not receive any food distribution in February 2003 because of insecurity (WFP, 11/03/03).

FAO launched a seeds and tools distribution to 266,500 vulnerable households at the end of February 2003 (OCHA, 02/03/03). The number of admissions to TFC has been reported to have increased in Ruyigi, Ngozi, Kayanza and Karuzi provinces (WFP, 11/03/03; MSF, 07/02/03).

Kayanza province

A nutrition assessment was carried out in Kayanza province (excluding Kayanza town and camps) in November 2002 (ACF-F, 11/02). **The results showed that the prevalence of acute malnutrition was 7.1%, including 2.1% severe acute malnutrition.** Although this prevalence is average, it is higher than in November 2001, when the rate of acute malnutrition was 3.9%. Crude and under-five mortality rates were respectively 0.32/10,000/day and 0.85/10,000/day. 114 infants aged 0 to 6 months have also been measured; 2.6% had a weight-height index < -2 Z-scores, none had a weight-height index < -3 Z-scores. The measles vaccination coverage was estimated at 79% according to cards and 97.2% according to cards and mothers' statements.

Overall The food security and nutrition situation in Burundi has deteriorated in the last few months (category II/III).

Burundi

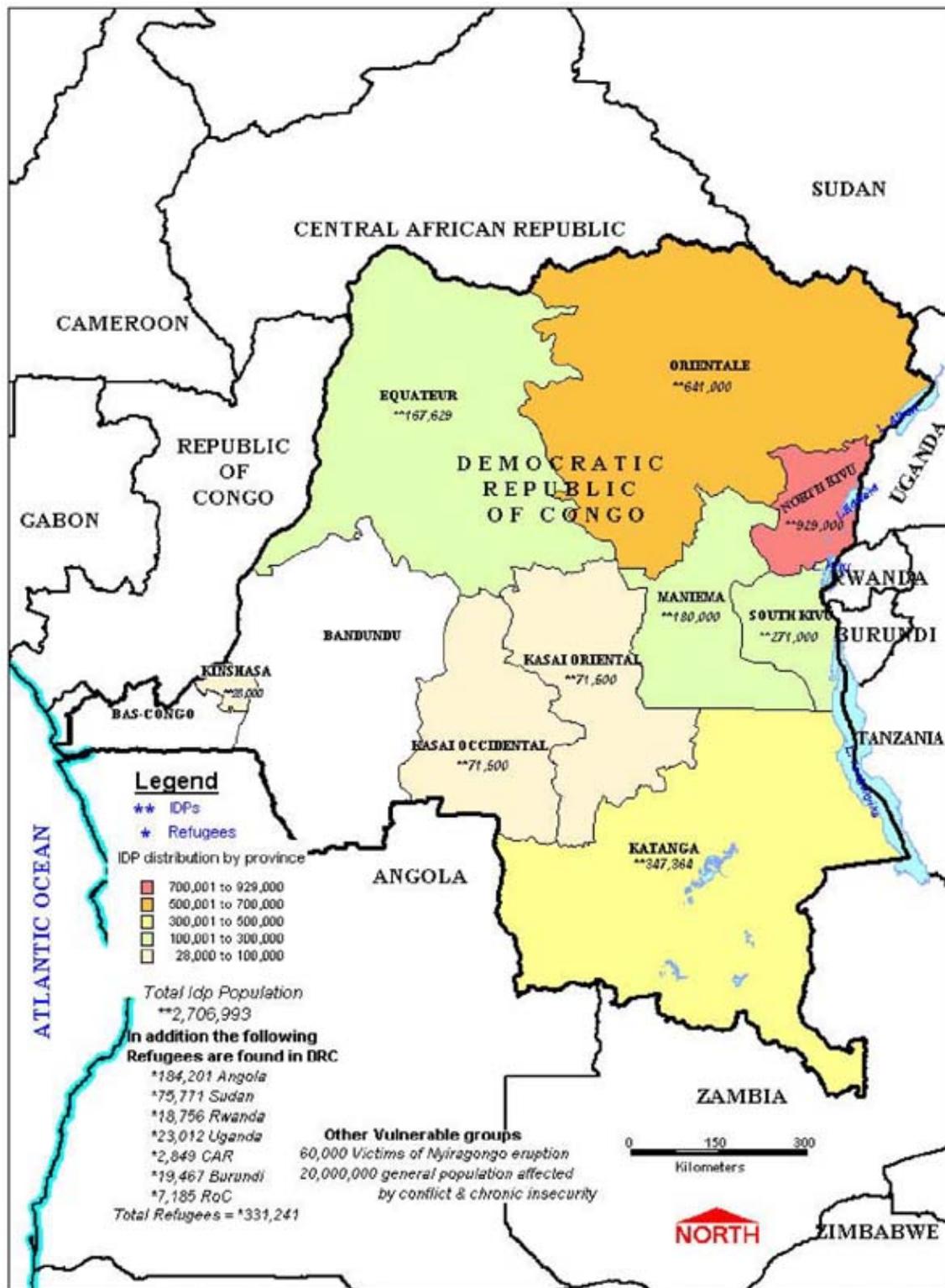
L'actuel président, Pierre Buyoya, devrait laisser le pouvoir à l'actuel vice-président, Ndayezeye, afin de respecter l'alternance au pouvoir entre les deux principaux partis politiques, comme stipulé dans les accords d'Arusha. Les combats se sont néanmoins intensifiés au cours des derniers mois.

La sécurité alimentaire s'est dégradée en raison des deux dernières mauvaises saisons culturales. Une évaluation nutritionnelle dans la préfecture de Kayanza a montré une situation nutritionnelle moyenne (catégorie II/III), reflétant la dégradation de l'état nutritionnel par rapport à 2001.

Democratic Republic of Congo

Despite the peace agreement signed between the government of DRC and two main rebel groups (the Congolese Rally for Democracy (RCD) and the Congolese Liberation Movement (MLC) in December 2002, and discussions held in late February 2003 to discuss details of the peace deal, fighting is still raging in eastern DRC. Atrocities against civilian populations have been reported (MONUC, 15/01/03; UNSC, 24/02/03). People are trying to escape the conflict by hiding in the forest or seeking refuge in nearby countries. The number of IDPs has increased from 2,275,000 to 2,706,993 over the last six months (OCHA, 31/01/03) (see map). The most affected provinces were North Kivu and Orientale provinces, where 500,000 have been displaced in the last six months. In addition, somewhere between 5,000 to 11,000 people (OCHA, 31/01/03) have recently sought refuge in Uganda, and about 10,000 have fled to Burundi (UNHCR, 23/01/03). At the beginning of the year, fighting was still on going near Bunia but WFP has been able to airlift food to Bunia town (WFP, 31/01/03).

A study done by the Henry Dunant Centre for Humanitarian Dialogue (HDCHD, 02/03) criticised the minimal political, military, and humanitarian response to the DRC crisis. The study particularly noted that development activities have been more commonly implemented than life-saving actions, the latter being constrained by security, the complexity of the conflict, and above all the political considerations of the peace building agenda. The study also deplored the lack of detailed information on the affected populations, which has further impaired the adequate provision of humanitarian assistance.



The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations

Prepared by OCHA Regional Support Office - CEA, Nairobi

DRC Affected populations by Province Internally Displaced (January 2003)

North Kivu

Bwito, Rutshuru

The security situation has improved in the area since 2001 and has led to the return of the displaced population in 2002. A food security survey done by SCF-UK in November 2002 showed that the population has been able to carry out "normal" cultivation and petty trade (SCF-UK, 11/02). In 2002, crop production was 70% of pre-war level. However, livestock holdings, which were an important determinant of wealth before the war, have been almost entirely destroyed during the war. At the time of the survey, restocking was starting gradually. The wealth of the population was dependent on access to land, the livestock owned, and volume of

beer produced for sale. It was estimated that 45–55% of the households were poor, whilst 30–40% were middle and 10–20% were better– off. The sources of food of the poor households were mainly purchase and labour exchange; 70–80% of their expenditure was going towards purchasing food. September, October and December (before the harvest) are traditionally the most difficult months for the poor households because food availability and job opportunities are reduced. At the time of the survey, the main constraints to food security were: poor access to land; poor access to markets in central and western DRC which has led to low prices of staple food produced in the area and high prices for imported goods; loss of livestock during the conflict and over–dependency on the agricultural sector.

Masisi

SCF–UK undertook a Household Economy Analysis survey in Masisi in November 2002, as an update of a 1999 survey (SCF–UK, 11/02).

The security situation has greatly improved in Masisi since 1999, which has led to the return of the displaced. Those whose areas of origin were not accessible have gathered into camps in eastern Masisi, but the majority of the displaced, who had already settled in the area in 1999, have returned to their area of origin while the remainder have integrated within the host community. Agriculture and petty trade were the main economic activities in the zone. Brewing, sale of wood and charcoal has intensified since 1999. Small livestock activities have also progressed significantly and cattle restocking was also starting. Humanitarian interventions were more common than in 1999; they were mainly directed towards infrastructure rehabilitation, provision of materials and medicines, and livestock activities.

The proportion of the different wealth groups has changed due to the improvement of the food security situation (see table). The observed decrease in the better–off group may be explained by their migration to more secure urban centres. The poor group was obtaining more food from their own production than in 1999, but food still represented a very significant part of their expenditure and they had very little flexibility in purchasing other items or services. Poor access to Kinshasa and Western Congo markets has led to great difficulties in the export of the food produced (food exportation was very high before the war) and therefore to low prices of the staple foods in the area.

Wealth groups, Masisi, North Kivu, DRC, 11/02 (SCF–UK, 11/02)

	Poor	Middle	Better–off
1999	40–50	30–35	20–25
2002	30–40	45–50	15–20

Results of nutrition surveys, DRC (AAH–USA, 10/02; 01/03)

	Date	Acute malnutrition (%)	Severe acute malnutrition (%)	Oedema (%)	Measles vaccination coverage ¹ (%)
Fizzi health zone, South Kivu	October 2002	10.9	4.8	2.4	26.2
Kindu town, Maniema	January 2003	16.9	8.8	7.9	71.5

¹ According to card or mother's statement

The region was therefore considered as cash poor but not food deficient. It was estimated that if security situation remains stable, the food security may continue to improve.

South Kivu

Fizi health zone

Since 2000, insecurity has prevented implementation of programmes by international NGOs in the zone. A nutrition survey was carried out in October 2002 (AAH–USA, 10/02); the sample only included areas where security allowed access (Baraka–Kandali, Baraka–Fizi axis). At the time of the survey, some health structures were functioning but were lacking medicines and materials, and water systems were not functional. Among the families surveyed, 27% were displaced. The prevalence of malnutrition caused concern; the severe malnutrition rate particularly was elevated by a high percentage of oedematous children (2.4%) (see table). According to MUAC measurements, 1.2% of the children's mothers were severely malnourished (MUAC < 190 mm) and 7.9% were moderately malnourished (MUAC \geq 190 mm and < 210 mm). Measles vaccination coverage was very low (see table). The most recent cultivation seasons were poor, rainfall was inadequate, people were prevented by insecurity from cultivating fields distant from their villages, there were seed shortages. In addition, people were often obliged to move due to insecurity and lost assets during displacements. The overall situation in the zone seemed very precarious. Moreover, the survey only targeted villages where security conditions were adequate to allow the implementation of the survey; the situation of inaccessible populations may be even worse.

Maniema province

Kindu town

Maniema province has experienced a high level of civil unrest since 1998, which has led to large population movements. A nutrition survey carried out in Kazongo health zone at the end of last year showed that the malnutrition rate had doubled since February 2002 (see RNIS 40). Kindu town and surroundings have been the theatre of fighting between the RCD, which controls the town, and the Maïmaï. The town has become more and more isolated. Most of the railroads, waterways, and airlines have been closed and there were very few exchanges between Kindu town and surroundings.

A nutrition survey was carried out in Kindu town (excepting one area for security reasons) in January 2003 (AAH–USA, 01/03). Acute malnutrition, and especially the percentage of children who had oedema was very high (see table). Households where children have been measured have also been asked about mortality over the previous six months; the result showed that 12% of the under–five children and 5% of the whole population died during this period. The major causes of under–five mortality, according to mothers' statement were malnutrition (42%) and fever (38%). Even though this survey was not completely representative of the entire population because only the families which had an under–five years old child were selected, it showed that mortality in the past six months was very high and that the situation in Kindu town was very poor.

Some 23% of the households interviewed were displaced. The two major waves of arrivals in the town were in December 2000–January 2001 and August–September 2002. The food security of the population seemed very weak. All economic activities in Kindu have collapsed. Moreover, access to fields outside the town was very restricted due to volatile security conditions. The situation was however starting to improve at the time of the survey; transport by river and movements between Kindu and surroundings were increasing, and market prices were decreasing. WFP airlifted some food to the town in February 2003 (WFP, 07/03/03). It was hoped that people would be able to use the seeds they had been distributed and if the town continues to be less isolated, the food security situation may improve. However, it is very important that the food security situation be closely followed, especially for the poorest, given the prevailing high prevalence of malnutrition and the elevated number of deaths.

Kasai Oriental province

Kabinda, Kalonda and Lubao health zones

These areas are hosting large numbers of displaced persons. Three nutrition surveys have been carried out, in Kabinda, Kalonda and Lubao health zones respectively, in September 2002 (PSF, 09/02). The results showed discrepancies between the health zones (see table). Whilst the nutrition situation seems acceptable in Lubao, it is of concern in Kalonda, especially the high percentage of oedema. In Kabinda, a very high percentage of oedema was found (22.1%); if this high prevalence is confirmed, it shows an alarming situation. The NGO which performed the nutrition survey (PSF, Pharmaciens sans Frontières) does not have the capacity to implement a larger nutrition programme and is calling for additional agencies to help tackle the problem.

Malnutrition prevalence, Kabinda, Kalonda and Lubao health zones, Kasai Orientale, DRC, September 2002 (PSF, 09/02)

	Acute malnutrition (%)	Severe acute malnutrition (%)	Oedema (%)
Kabinda health zone	28.1*	24.3*	22.1*
Kalonda health zone	12.6	5.7	3.7
Lubao health zone	3.7	1.1	0.7

* Need to be confirmed

Katanga

A measles epidemic has been declared in the areas of Kamina Lengue and Mukubu. MSF is in charge of a measles vaccination campaign (MSF, 06/03/03).

Malemba N'Kulu health zone

Malemba N'Kulu has had a high level of insecurity since 2001 and populations were displaced or isolated in villages. The security situation has improved since September 2002; and the populace has returned to their villages, but in their absence livestock, food stocks, and tools have been looted. Consequently, people have not been able to cultivate their fields, and insecurity has rendering food exchange with other areas difficult. Most of the infrastructure has also been destroyed or looted. MSF was running a TFC and AAH–USA had implemented several supplementary feeding centres and was supporting some health centres. Access to health services overall was however very poor, as was access to safe drinking water.

Results of MUAC surveys, Katanga, DRC (AAH–USA, 11/02;01/03)

	Date	MUAC < 11 cm	MUAC ? 11 cm & < 12 cm	MUAC ? 12 cm & < 12.5 cm	MUAC ? 12.5 cm & < 13.5 cm	Oedema
Lwamba, Lubinda and Musao health areas	November 2002	1.6 %	4.5 %	4.4 %	17.1%	0.1 %
Dilala and Manika health zones	January 2003	0.1 %	2.3 %	2.6 %	12.9 %	4.7 %

A nutrition assessment was carried out in Lwamba, Lubinda and Musao health areas in November 2002 (AAH–USA, 11/02). About 95% of the families surveyed were residents who had been displaced during the fighting and 5% were displaced persons. The majority of the residents had spent one to three months in the bush and came back to the villages between September and November. MUAC measurements and presence of oedema were assessed among 956 6–59 months old children, randomly selected according to a cluster sampling methodology (30 clusters). The nutrition situation seemed average (see table). The number of admissions to the TFC has decreased over the last months.

Dilala and Manika health zones, Kolwezi district

Kolwezi district has not suffered very much from war and population displacement. However, the war in the rest of the country has had a major economic impact on the district. Before the war the economic activities were mostly mining in the urban area, and agriculture in the rural areas. This supplied the town. The mining industry not only gave jobs to the population but also caused the roads and other services to be maintained, which effectively provided a safety net to the vulnerable population. The mining industry has collapsed with the war, which has led to unemployment and loss of purchasing power in the town. The urban population is no longer able to purchase food from the rural population and now subsist by cultivating small plots and selling mineral scraps. The rural population conversely is now only producing food for their own consumption. A nutrition assessment was carried out by AAH–USA in January 2003 (AAH–USA, 01/03). MUAC measurements and presence of oedema were assessed among 900 6–59 months old children, randomly selected according to a cluster sampling methodology (30 clusters). The MUAC results showed an average situation, though the percentage of oedema was very high (see table).

Bandudu province

Inongo

In contrast to the eastern provinces, Inongo area has not been hit by war. A nutrition assessment was carried out by AAH–USA in November 2002 (AAHUSA, 11/02). 1289 6–59 months old children were screened in Inongo town and in three villages; no children had oedema, 0.7% of the children had a MUAC < 110 mm, 2.5 % of the children had a MUAC < 120 mm and 5.3 % had a MUAC < 125 mm. The nutrition situation seemed acceptable. The main problem in the area was the very poor transportation infrastructure, which impaired the circulation of goods and people and limited access to health structures. Safe water availability was also very poor.

Overall The situation in war–affected areas in DRC remains extremely poor (category II), despite some apparent advances in peace negotiations. For several reasons, inadequate numbers of life–saving programmes are being implemented.

Recommendations and priorities

From the SCF–UK survey in Bwito, Rutshuru, and Masisi, north Kivu

Short–term

- Distribute tools
- Increase availability and access to small livestock
- Rehabilitate roads to improve access to market and health centres
- Implement cash–for–work programmes and support alternative livelihoods activities in addition to agriculture
- Implement training/awareness–raising in conjunction with agricultural and livestock programmes

Long–term

- Assess mechanisms for improving poor farmer's access to fair market prices for their produce
- Study areas for building local capacity to produce items currently imported regionally or internationally

From the AAH–USA survey in Fizzi health zone, South Kivu

- Implement a nutrition programme
- Support health centres

From the AAH–USA survey in Kindu town, Maniema

- Provide management of acute and severe malnutrition
- Harmonise the nutrition interventions between the different organisations involved

From the PSF surveys in Kabinda, Kalonda, and Lubao, Kasai Oriental

- Implement a nutrition programme
- Carry out regular nutrition surveys
- Develop food security programmes

From the AAH–USA survey in Malemba N'Kulu, Katanga

- Strengthen and follow–up the food security situation
- Continue the nutrition programme
- Support health care
- Support road rehabilitation

From the RNIS

- Urgently undertake verification of oedema cases in Kabinda health zone and if a high prevalence is confirmed, immediately implement appropriate actions
- Support life–saving programmes

République Démocratique du Congo

Malgré la signature d'accords de paix en décembre 2002, la situation reste très volatile dans l'est du pays, en particulier dans les provinces du Kivu Nord et de l'Orientale. Le nombre de déplacés a augmenté de 2 275 000 à 2 707 000 dans les six derniers mois. Différentes évaluations nutritionnelles ont montré des situations préoccupantes (voir tableaux) (catégorie II) dans certaines zones des provinces du Sud Kivu, Maniema, Katanga et Kasai Oriental.

Uganda

Northern Uganda

Attempts to organise peace–talks between the government of Uganda and the LRA (Lord's Resistance Army) fighting movement have not succeed to date.

Despite a decline in the intensity of fighting, the situation remains highly precarious with difficulties accessing the estimated 800,000 IDPs in Gulu (395,000), Kitgum (99,000), Pader (271,000) and Lira (47,000) districts (OCHA, 31/01/03). People have not been able to prepare land adequately and plant, and will therefore have a poor harvests in August 2003; they will still be highly dependent on food aid for several more months. WFP faced food aid shortages at the end of 2002/beginning of 2003: the cereal ration (which provides the bulk of the food ration) was reduced by 30% in the last quarter of 2002, and was totally suspended in January 2003 (OCHA, 31/01/03). However, donors responded positively to the emergency appeal launched by WFP in January 2003 for IDPs and refugees in northern Uganda. WFP has received 90% of the funds required to provide food to the affected population from January to June 2003. Cereal distributions resumed in IDP camps in February 2003 and pipeline is guaranteed until April 2003. However, food shortages are already expected by April 2003 (OCHA, 28/02/03).

Gulu district

A nutrition assessment was undertaken by WFP/MOH in two of the main IDP camps in Gulu district in January 2003 (WFP/MOH, 01/03). A systematic sampling methodology was used; 155 children were measured in Pabbo IDP camp and 114 children were measured in Anaka camp.

A high percentage of children were acutely malnourished, especially in Anaka camp. The percentage of children who had oedema was particularly high (see table) although the method for assessing oedema was not reported in the survey report. On the other hand, preliminary results of a screening carried out on 2047 children in 11 IDP camps in northern Uganda reported a far lower percentage of oedema (less than 1%) (AAH–USA, 02/03). The high prevalence of oedema found in Pabbo and Anaka IDP camps needs to be confirmed. Whatever, these assessments indicate that the nutrition situation of children in IDP camps in Gulu district is worrying.

Prevalence of acute malnutrition in two IDP camps in Gulu district, Uganda, January 2003 (WFP/MOH, 01/03)

	Acute malnutrition (%)	Severe acute malnutrition (%)	Oedema (%)
Anaka IDP camp	31.6	14.9	7.9
Pabbo IDP camp	18.1	7.8	3.9

The number of admissions to TFC has gradually increased over the last months; about 200 children were admitted to TFC in December 2002 compared to about 100 in January 2002 although TFCs are situated in hospitals which are far from some of the IDP camps. According to the survey, households were more dependent on their own sources of food than on the general distribution during the two months prior to the survey because of the disruption to the food distributions. About 50% of the IDPs had access to their own production, which was mainly cassava. Prevalence of diarrhoea and fever was particularly high (> 40%) in 6–59 month olds. Access to safe drinking water, adequate sanitation, and health services were also reported to be low.

Pader district

A joint emergency food needs assessment was carried out in 20 isolated IDP camps in Pader district in February 2003 (GoU, UN agencies, NGOs and Pader district authorities, 02/03). About 240,000 people were reported to be displaced (which accounted for 74% of the district's population) in 13 camps. The district was relatively spared by insecurity until mid 2002, when attacks from LRA spread out. As a consequence, the government of Uganda asked the population to gather in protected camps in September 2002. The camps were not prepared to receive such an influx of people and there was a lack of food, safe water points and health care.

The traditional and local council structures have been lost as people from the particular areas of origin dispersed to a variety of different camps. In addition, Pader district had only been created two years ago, and the capacity of the local administration is limited. The humanitarian capacity was also very restricted because of the presence of few NGOs, their limited capacity, and the insecurity.

The quality of health services was inadequate; a large number of qualified health staff have moved out of the district because of insecurity, and replenishment of drug stock has also been made difficult by the same insecurity. Safe water availability was low, and latrine coverage was only 7%. Both a therapeutic feeding centre and a supplementary feeding centre have been established at Kalongo hospital with the support of UNICEF and WFP. The district authorities also plan to open seven additional supplementary feeding centres and one therapeutic feeding centre.

The mission concluded that depending on which camp the displaced are settled in and the period they have been displaced, people experience different levels of vulnerability. Five categories have been defined: the host population; the old caseload IDPs, who have been displaced for 3–5 years; the new caseload IDPs, who were displaced from June 2002 onwards and integrated within the host community within the trading centres; the new caseload IDPs, who were displaced from June 2002 onwards and have settled into the camps; and the IDPs in transit who were in the process of establishing in the camps.

The host population and the old caseload IDPs were considered to be able to meet their food requirements by themselves, but they were more vulnerable than in the past in accessing basic services due to the new caseload IDPs. The other groups were considered to be food insecure and in need of food distribution, but a difference was drawn between IDPs living in the new camps and IDPs living in the old camps. The former were able to meet about 50% of their daily food requirements (defined as 2,100 Kcal/pers/day), whilst the latter are able to meet 60% of their daily food requirements (see table). The assessment however was carried out during the post-harvest period so the proportion of food people are able to access by their own means may decrease over the coming months.

Food sources in different camps, Pader District, Uganda, February 2003 (Joint assessment mission, 02/03)

	Old camps	New camps

Own production	25 %	25%
Market purchase	15%	20%
Kinship	5%	0
Livestock	2%	0
Casual labour	0	10%
Petty trade	0	10%
Net food gap	53 % (1090 Kcal/pers/day)	40% (910 Kcal/pers/day)

Eastern Uganda

Karamoja (Kotido, Moroto and Nakapiripirit districts) was reported to suffer from high food insecurity because of the very poor 2002 harvest, which has led to low household food stocks and decreased market supplies. Some people have started moving to urban centres in search of work, which is however scarce. Agro-pastoralists have also moved in search of food, which will limit livestock product access in the area. Price of sorghum has risen significantly compared to years of good production. Households were selling livestock to earn income to purchase food, and terms of trade were worsening. The situation will probably worsen as the hunger period intensifies until June. There have been contradictory reports of hunger related deaths in the area. WFP has started to increase food distribution in the three affected districts (OCHA, 19/02/03).

As a consequence of the current crisis in Karamoja, some armed pastoralists have been raiding other communities, especially in Katakwi district. This district has suffered from intense raiding by Karamojong warriors over the past five years leading to population displacements. The raiding was particularly fierce in 2000 and resulted in the displacement of about 85,000 people into protected settlements, of whom 75,000 remained displaced in 2002. Raiding significantly decreased in 2002, bringing the hope of returnee among IDPs but unfortunately the food insecurity which Karamoja is currently facing is reviving the raiding. About 10,000 people have fled the recent raids. They are in need of food, water supply, shelter materials, and non-food items (OCHA, 31/01/03).

Refugees

An increasing number of arrivals in Moyo district from Sudan has been reported. Over 1,400 persons arrived in Morubi settlement in Moyo district in January 2003, compared to 110 in December 2002 (WFP, 28/02/03).

The upsurge in violence in eastern DRC has also caused several thousand people to cross the border with Uganda into Nebbi district. The security conditions in the district are volatile, as the conflict in DRC tends to spread into the neighbouring Ugandan district (OCHA, 12/02/03). UNHCR considers that only refugees who agree to be transferred to a designated refugee camp in Arua district should be assisted. UNHCR conducted an assessment in Nebbi and Arua district in November 2002. They estimated 5,000 people have sought refuge in these districts, of whom only 190 agreed to be relocated in a camp (OCHA, 31/01/03). On the other hand, an assessment done by IFRC in February 2003 estimated that at least 11,000 Congolese were settled in Nebbi district and commented that the real number may even be as high as 15,000 (IFRC, 20/02/03). Refugees were hosted with relatives or in public buildings. The reasons cited for unwillingness to move to the UNHCR designated camp were: the camp was too far from the border with DRC and refugees want to be near their area of origin to monitor the situation and reach their home to collect food and other items; some refugees have planted some crops in lands they obtained from the host community; some thought they could lose access to their livelihoods and lifestyle if moved to the camp. Overall, the majority preferred to receive services where they live. It seems that the Ugandan government has agreed with the provision of services to the refugees in this area. The public system is overwhelmed by the refugee influx. Major needs are provision of additional services such as water and sanitation installations, distribution of non-food items, and strengthening of the health facilities. These needs should be covered by IFRC and MSF Switzerland. No information has been received by RNIS concerning the food security and nutrition situation of the refugees.

Overall The food security and nutrition situation is worrying in Gulu, Kitgum, Pader and Lira districts in northern Uganda, and in Karamoja and Katakwi districts in Eastern Uganda (category II).

Recommendations and priorities

From the WFP/MOH survey in two IDP camps in Gulu district

- Provide a general full food ration
- Implement therapeutic feeding centres at camp level
- Provide supplementary food for moderately malnourished children, and pregnant and lactating women
- Strengthen IDPs food security by intensifying efforts to curtail rebel activities
- Strengthen public health measures: water, sanitation, and health services

From the joint mission in IDP camps in Pader district

- Strengthen capacities to enhance delivery of humanitarian assistance
- Provide non–food items, including seeds and tools
- Distribute food
- Support health and nutrition activities by providing training and food
- Provide access to safe water
- Support education
- Provide psycho–social support

Ouganda

L'intensité des combats a diminué ces derniers mois dans le nord du pays, mais les 800 000 personnes déplacées sont toujours difficiles à atteindre en raison de l'insécurité.

Une évaluation nutritionnelle dans deux des plus grands camps de déplacés du district de Gulu a montré une situation nutritionnelle préoccupante (catégorie II) (voir tableau). Le nombre d'enfants présentant des oedèmes était particulièrement élevé, mais doit être confirmé, une autre évaluation dans des camps de déplacés n'ayant trouvé que peu d'enfants oedémateux.

Une évaluation réalisée dans le district de Pader, qui a connu une intensification du déplacement des populations au cours des derniers mois, a montré que si les anciens déplacés et les résidents étaient autosuffisants d'un point de vue alimentaire, les nouveaux déplacés ont besoin d'une aide alimentaire (voir tableau).

Le Karamoja connaît une forte insécurité alimentaire à la suite de mauvaises pluies. Le PAM a augmenté les distributions de nourriture dans cette région. En plus des conséquences sur la population résidente, cette situation engendre un regain d'attaques de la part des Karamonjongs dans le district de Katakwi. 10 000 personnes se seraient déplacées à la suite de ces attaques dans le district, venant s'ajouter aux 75 000 personnes déjà déplacées à la suite des attaques perpétrées ces dernières années.

Environ 10 000 à 15 000 personnes fuyant les combats en RDC ont trouvé refuge dans le district de Nebbi. La plupart d'entre eux refusent d'être transférés dans des camps situés à l'intérieur du pays.

SOUTHERN AFRICA

Angola

The humanitarian situation has remained stable over the last months. Improvements have been reported in some areas, whilst the situation is still critical in others. The delivery of food aid and humanitarian assistance are still hampered by the presence of land mines and bad road conditions, which have been made worse by

the rainy season. Bengo, Huila, Kuanza Norte and Sul, Luanda Sul and Malange provinces have been the most difficult to reach (WFP, 14/02/03). New WFP interventions have been planned in Nzoji and Soqueco in Malange province (WFP, 28/02/03; WFP, 07/03/03). Reconstruction of infrastructure, de-mining, provision of basic services and reintegration of UNITA ex-soldiers are especially challenging and will be crucial components of Angolan reconstruction following a 27 year war. There is more and more concern about the commitment of the Angola government to achieve these crucial projects. The International Crisis Group recommended that some of the oil money be directed to social services and public investments, and these should be considered as part of a peace building and conflict prevention strategy (ICG, 26/02/03). It is also observed that donor commitment to Angola will be influenced by the government's fiscal transparency and governance (OCHA, 03/02/03).

Food security and nutrition situation

A vulnerability assessment concluded that the highest concentration of food insecure population were in Bie and Huambo provinces. New IDPs, vulnerable residents in new accessible areas, returnees, and UNITA demobilised soldiers and their families are considered the most vulnerable (OCHA, 19/02/03). Seeds and tools were distributed during the planting season to some 600,000 families. However, tens of thousands of families did not receive sufficient seeds and tools, especially in Bengo, Benguela, Cunene, Huila, Kuando Kubango, Kwanza Sul, Moxico and Uige provinces (OCHA, 19/02/03).

The attempt to relocate UNITA soldiers and their families from the Quartering and Family Areas where they are settled, to their areas of origin before the planting season (November–December) has failed. Different factors have delayed the process: the number of ex-UNITA soldiers had been underestimated; there have been delays in distribution of resettlement packages (tools and basic non-food items), and rainy season has hampered transportation. It is now expected that the majority of ex-UNITA soldiers and family will not be able to plant before the next planting season in 2003 and will therefore be dependent on food aid for several more months.

The fate of often very young girls who were abducted by UNITA soldiers and are now considered as UNITA soldiers family members has raised concern (RI, 07/03/03). No direct assistance has been planned for them, although they have suffered from their abduction and living conditions and may wish to reintegrate into their families. Refugee International calls for special attention to them.

Kuando Kubango province

Cuito Kuanavale municipality

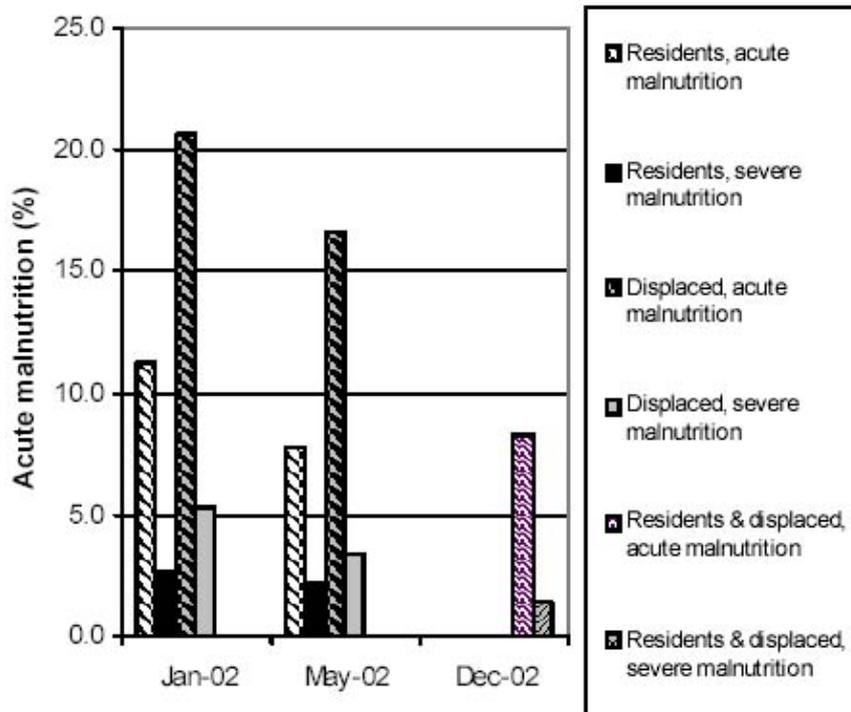
ACH-S conducted a nutrition survey in Cuito Kuanavale municipality (including the town, rural areas, and IDP camps) in November 2002. Among the families surveyed, 32% were displaced, of whom 23% arrived less than one year ago. **The survey revealed that the situation is undercontrol: 6.7% of the 6–59 month olds were acutely malnourished, including 2.3% severely malnourished.** The nutritional situation has remained undercontrol now over the past several years (see RNIS 38, 34). The food distribution coverage was very poor the month prior to the survey: only 8.6% of the recently displaced population (displaced less than one year) received food aid, whilst the other IDPs received no food. The measles vaccination coverage was 82% according to vaccination cards and mothers' statement, and was better than in the previous surveys (64% in May 2002 and 61% in June 2001).

Huila province

Caconda municipality

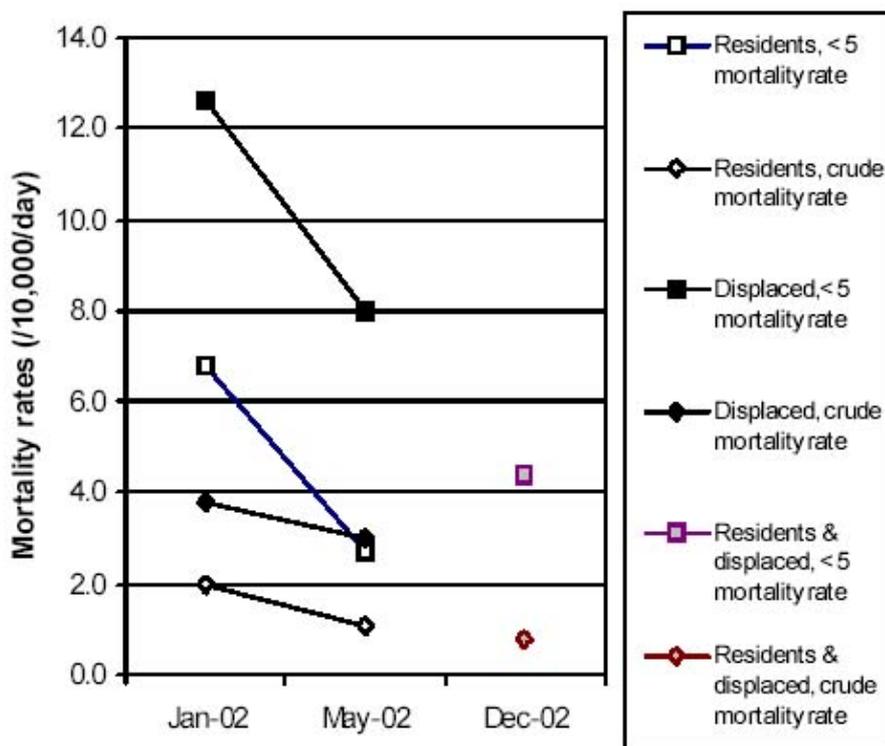
A nutrition survey was carried out by ACH-S in Caconda municipality in December 2002. The municipality has received a large number of IDPs over the last few years. Among the families surveyed, 60% were displaced (of whom 60% were displaced for more than one year), 38 % were resident families and 2% were returnees.

The survey results showed an average nutrition situation, which has greatly improved since the beginning of 2002 (see graph).



Acute malnutrition, Caconda municipality, Angola

Under-five mortality rate has also decreased over the past months but was still high (see graph). In addition, admissions to TFC have decreased since May 2002.

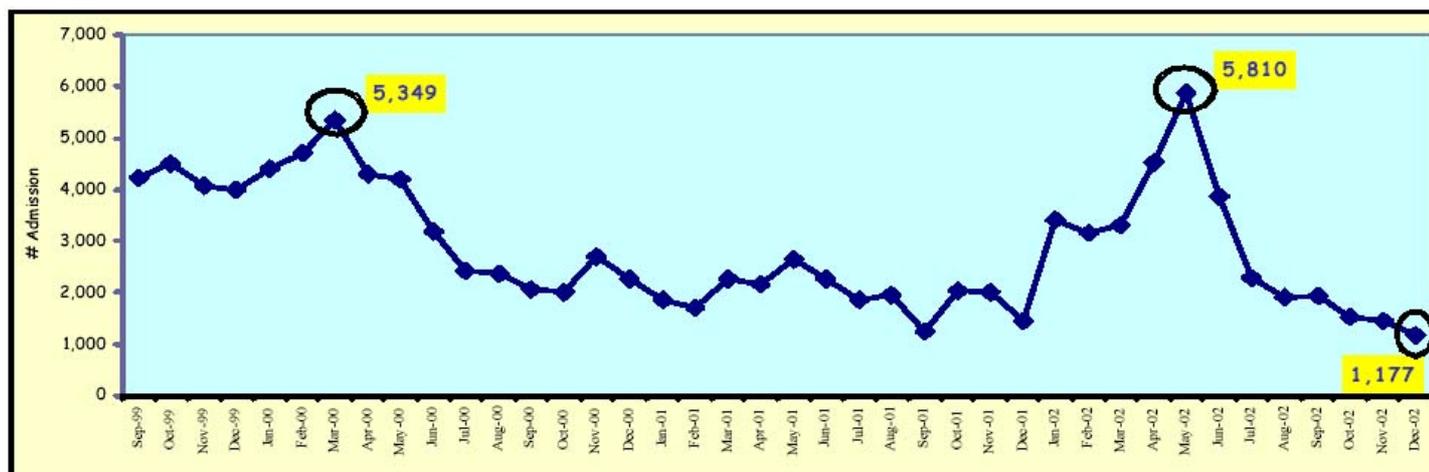


Mortality rates, Caconda municipality, Angola

The measles vaccination coverage was 52.1 % according to cards and 71.3% according to cards and mothers' statement. About 80% of the households which had been displaced for more than one year, as well as 78% of the families which were displaced for less than one year, received food distribution the month prior to the survey. On the other hand, only 15% of the returnees received food distribution. The improvement of the nutrition situation may be attributed to the wide coverage of WFP distributions and better food availability in markets.

Trend in admission to therapeutic feeding centres

The number of therapeutic feeding centres decreased over the second semester of 2002 from 24 in August to 10 in December. The number of admissions to TFC has also decreased; in December 2002, the number of admissions was the lowest recorded since September 1999 (see graph). In December 2002, the highest numbers of admissions (around 350) were recorded in Benguela and Huambo provinces. The situation in the central area of Benguela seemed especially unstable.



Admissions to therapeutic feeding centres, Angola (MOH/UNICEF Angola, 03/03)

Overall The situation remained stable over the past few months (category II/III), and has greatly improved since mid-2002. The coming crops and dry season will probably also contribute to the improvement of the situation. Humanitarian aid and development programmes are however still fundamental to improving the living conditions of the population.

Recommendations and priorities

From the ACH-S survey in Kuito Kuanavale, Kuando Kubango

- Improve the coverage of the food distribution for the IDPs
- Implement food security programmes
- Implement nutritional surveillance through the health system

From the ACH-S survey in Caconda, Huila

- Support government and local NGOs in assisting vulnerable population
- Reactivate health posts
- Continue food distribution, at least until the next harvest

Angola

La situation est restée stable au cours des derniers mois (catégorie II/III) et s'est nettement améliorée par rapport à mi-2002. La présence de mines et l'état défectueux des routes continuent de limiter l'accès aux populations. Beaucoup des ex-soldats de l'UNITA et leurs familles, qui avaient été regroupés dans des camps, n'ont pu, pour différentes raisons, être réintégrés dans leurs zones d'origine avant la saison culturale.

Deux enquêtes nutritionnelles ont montré une situation moyenne (catégorie II/III), qui s'est grandement améliorée dans les six derniers mois (voir graphique). Le nombre total d'admissions dans les TFCs a fortement diminué et était en décembre 2002, le plus faible enregistré dans les trois dernières années. Néanmoins, les programmes humanitaires et de développement sont toujours nécessaires afin d'améliorer les conditions de vie des populations.

Zambia

Zambia hosts about 250,000 refugees, mainly from Angola and the Democratic Republic of Congo. Little nutritional data is available for these populations. However, nutrition surveys have been undertaken by UNHCR in two refugee camps, hosting mainly refugees from DRC (Kala and Mwange) and in one refugee camp hosting mainly refugees from Angola (Ukwimi), in October 2002 (UNHCR, 10/02).

The results showed an acceptable nutrition situation, although some oedematous children were found (see table).

The nutritional status of the refugee population seems in the same range as that of the resident population, according to survey results received by RNIS (the results are not reported in this issue since the full reports have not been made available to RNIS).

Overall The nutrition situation is acceptable in Kala, Mwange and Ukwimi camps (category IV), although children who had oedema require further investigation and attention.

Zambia

La Zambie abrite environ 250,000 réfugiés, essentiellement des ressortissants de RDC et d'Angola. Trois enquêtes nutritionnelles réalisées en décembre 2002 ont montré une situation nutritionnelle acceptable (catégorie IV) (voir tableau) et de même ordre de grandeur que dans la population résidente.

Acute malnutrition in three refugee camps, Zambia, October 2002 (UNHCR, 12/02)

	Survey methodology	Sample size	Wasting ¹ (%)	Severe ¹ wasting (%)	Oedema (%)
Ukwimi	exhaustive	419	3.6	0.6	2
Mwange	cluster	778	5.2	0.9	0.4
Kala	cluster	768	1.8	0.4	0.8

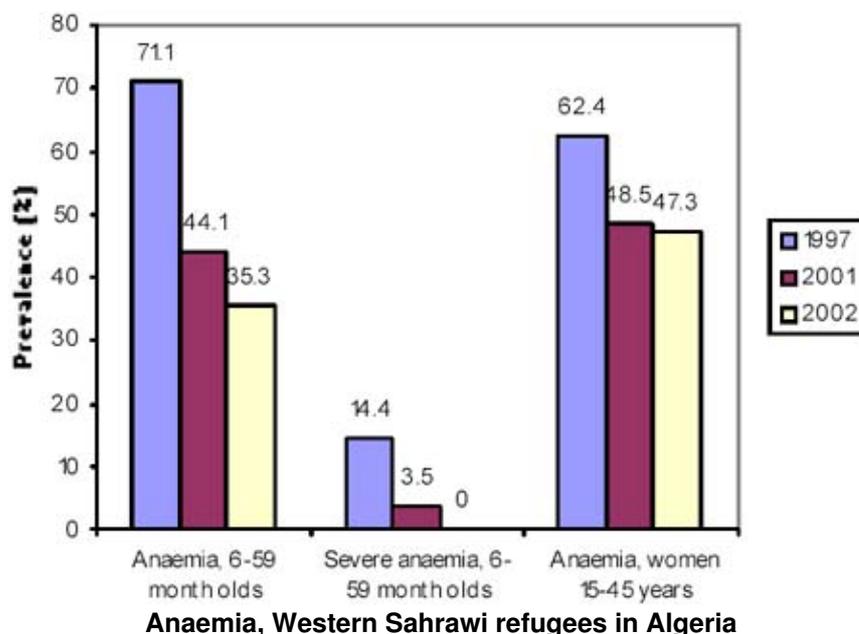
¹ Children with oedema are included

WESTERN SAHRAWI IN ALGERIA

The last RNIS issue reported on the nutrition status of the Sahrawi refugee children in Algeria, based on a survey undertaken by UNHCR/WFP/CIH in September 2002. Some 155,000 to 165,000 people, according to different estimates, are settled in four camps in an isolated desert area near Tindouf, since 1975. The prevalence of acute malnutrition was average: 10.6 % of the children were acutely malnourished, including 2.2% severe acute malnutrition. The prevalence of acute malnutrition has remained stable since 1997, whilst the prevalence of stunting has decreased from 49% in 1997 to 33% in 2002 (see RNIS 40).

The latest results of the survey gave additional indications about the nutritional status and feeding patterns of this population (UNHCR/WFP/CIH, 09/02). The nutrition status of 91 0–6 month olds was investigated. The results showed a good nutritional status: 1.1% of the infants were acutely malnourished ($W-H < -2$ Z-scores), none of the infants was severely malnourished ($W-H < -3$ Z-scores). Breast-feeding was widespread: 97% of the 0–24 months had been breast-fed at some time of their lives and 84.1% were still breastfed at one year. However, at the time of the survey, only 2.3% of the 0–6 month olds were exclusively breast-fed; in addition to breast-milk, they mainly received water, sweetened water, and different types of (non-breast) milk: infant formula, goats/camel milk and powdered milk. The consumption of infant formula and powdered milk was particularly of concern, as it is known to carry a high risk of contamination resulting in intestinal infection. About 30% of the 0–12 months were receiving infant formula, the proportion was lower for the 12–24 month olds; on the contrary, the use of powdered milk increased with age: about 10% of the 0–6 month olds were receiving powdered milk, whilst the proportion increased to 40% for the 6–12 month olds and 60% for the 12–24 month olds. The use of bottlefeeding was not investigated.

Anaemia in children 6–59 months has decreased over the past years, but whilst it decreased in women of reproductive age between 1997 and 2001, it has remained stable since 2001 (see graph).



Clinical signs of scurvy or rickets were found only in two children.

An analysis of the food distributed to the families from March to July 2002, based on the distribution records supplied by the Algerian Red Crescent, which included food from WFP but also from different other organisations, was also carried out. Calculation has been made taking into account a population number of 155,430, which has not been up-dated recently. Based on a minimum energy requirement of 2100 Kcal/pers/day and minimum macro-nutrient and micro-nutrient requirements taken from the "Management of Nutrition in Major Emergencies, WHO, 2000", the analysis showed that energy requirement was met, that fat requirement was also met and that protein content of the ration was 150% of the requirement. The content of the ration in calcium, iron, vitamin A, thiamine, riboflavin, niacin and vitamin C was also assessed. The ration contained low levels of calcium, vitamin C and riboflavin, whilst the level of the other micronutrients was adequate.

Overall The nutrition situation of the Sahrawi refugee children is average (category III). It seems that the food distribution has been adequate in quantity, if not in quality, other the past months. In addition, the high prevalence of obesity in women observed in the 2001 survey does not suggest deficits in the quantity of food available. There is however a probable deficit in some micronutrients. The widespread use of infant formula and powdered milk also needs to be urgently investigated further as the public health consequences of the use of these products are well-known. To better understand the nutrition situation of the Sahrawi population, analyses of food security and underlying causes of malnutrition need to be undertaken.

Recommendations and priorities

From the UNHCR/WFP/ICH survey

- Develop the health information system on mortality and disease prevalence
- Strengthen nutrition surveillance at PHC level
- Establish a therapeutic feeding programme at hospital level
- Carry out nutrition education and promotion
- Increase the monitoring of food distribution
- Carry out a detailed assessment of food security and livelihoods
- Provide a more stable food ration pipeline, and especially ensure that blended food, which is the major source of key micronutrients, is distributed on a regular basis

Réfugiés Sahraouis en Algérie

La situation nutritionnelle des enfants âgés de 6 à 59 mois est moyenne (catégorie III). Les nourrissons âgés de 0 à 6 mois semblent avoir un bon état nutritionnel, bien que les pratiques de leur alimentation soient inadéquates. L'utilisation de lait infantile et de lait en poudre est fortement répandue dans le camp. Ceci est particulièrement préoccupant puisque l'on sait que l'utilisation inadéquate de ces produits peut causer des infections intestinales. L'anémie a fortement diminué au cours des dernières années, en particulier chez les enfants (voir graphique). L'analyse de la distribution alimentaire a montré qu'elle était suffisante en quantité mais déficiente en certains micro-nutriments.

ASIA – SELECTED SITUATIONS

Afghanistan Region

The security situation remains tense in many parts of the country because of factional fighting and banditry. Humanitarian agencies have increasingly been targeted (WFP, 02/04/03).

Refugees and IDPs

Number of refugees returning was low at the beginning of 2003; only 8,800 people were voluntary repatriated in January/February 2003 (USAID, 13/03/03).

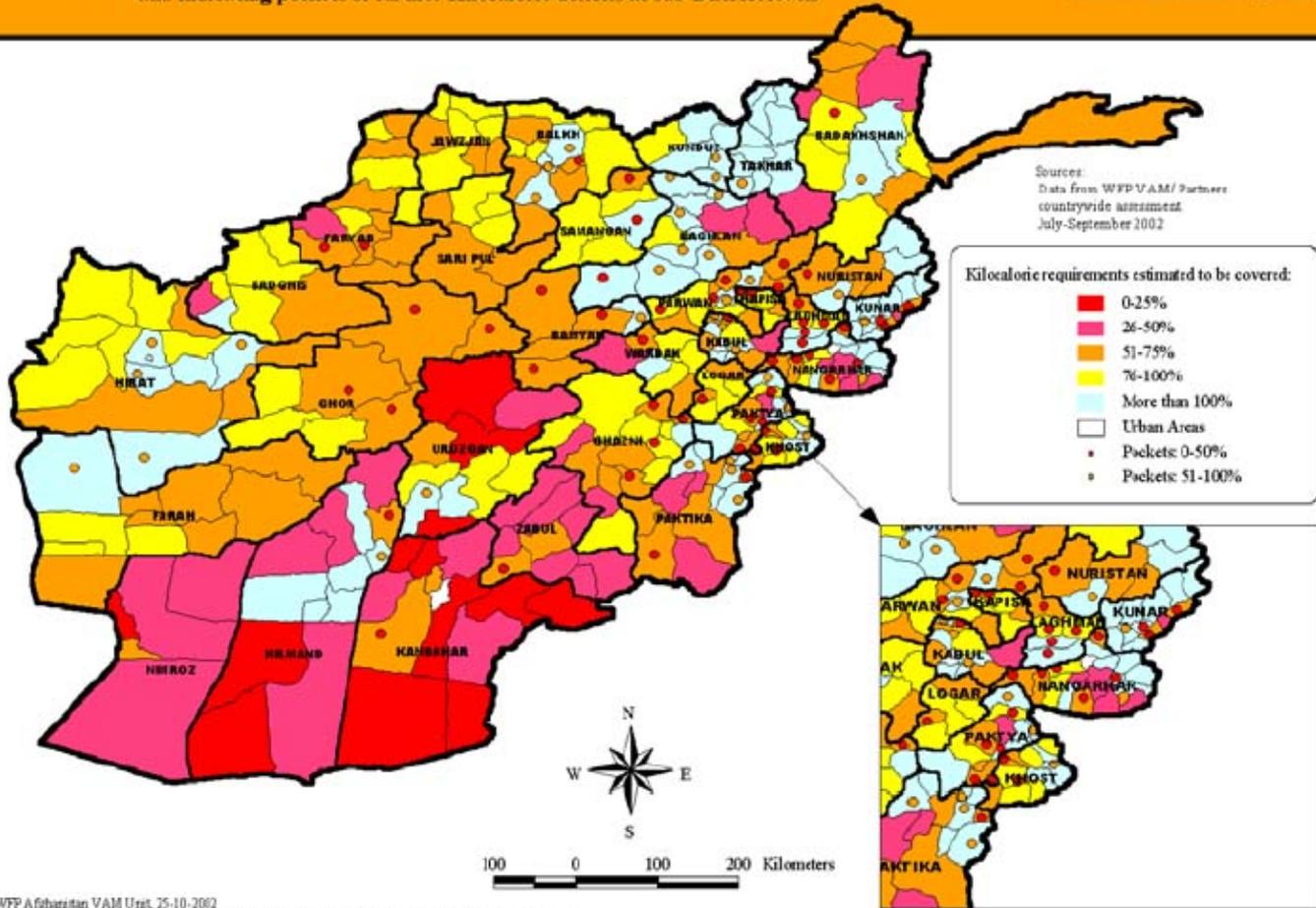
UNHCR signed a new agreement with the Pakistan and Afghanistan governments for the voluntary repatriation of 600,000 refugees in 2003 (GoP, 18/03/03). Facilitated refugee repatriation in 2002 has raised concern. According to an independent research and evaluation unit (Afghanistan Research and Evaluation Unit), encouragement of the return of refugees in 2002 has been premature, as refugees did not find adequate conditions at their destinations. The study cites pressure from host governments to see refugees repatriated, donors' tiredness in supporting refugees in host countries, and limited release of funds for development in Afghanistan (AREU, 31/12/02). Some of the report's recommendations are: increasing the amounts pledged for reconstruction and emergency aid and speeding up the release of funds for development; expanding the International Security Assistance Force to each of the 32 provincial capitals; investing more resources in monitoring returnees to provide reliable information about areas of return; increasing direct donor support for UNHCR's protection activities in Pakistan and Iran.

AFGHANISTAN

WFP-VAM/ Partners Countrywide Assessment: July-September 2002

District aggregated findings of annual Kilocalories estimated to be met during July-2002 and June 2003, and indicating pockets of further Kilocalorie deficits at sub-District levels

World Food Programme



WFP and partners conducted a food needs assessment of the rural settled population (WFP/VAM, 2002–2003). Food security improved in 2002 compared to 2001, especially in the northwest of the country, whilst little improvement and even in some cases a deterioration has been experienced in the south (see map). Food through own production has increased in many districts, except in the south where drought has continued.

Many districts however remains moderately to highly food insecure, especially in the south (see map). Drought and war still have very negative effects on food security. Due to the loss of seeds, tools, and traction animals, it is estimated that the 2002 cultivation of land in the northern rainfed belt was only 10–30% of the pre-drought years. Underground aquifers are also still not replenished; this has hampered irrigated culture, which also suffers from infrastructural damage. It is hoped that the improvement of pasture conditions in the north, west, and central Afghanistan, and the increase in livestock market prices will allow beginning of restocking. Labour opportunities in the agricultural sector are scarce as a consequence of the drought. Moreover, the closing of the borders with Iran and Pakistan will limit the traditional economic migration.

Whilst in the south and in some pockets throughout the country food aid is still needed for saving lives, in other parts of the country food aid will promote long-term food security by helping people rebuild their livelihoods.

Afghanistan

La situation reste tendue en Afghanistan où les agences humanitaires sont de plus en plus prises pour cible.

Une étude a mis en avant le fait que le rapatriement massif des réfugiés en 2002 aurait été trop rapide, les réfugiés ne trouvant pas des conditions de vie décentes à leur retour.

La situation alimentaire s'est améliorée par rapport à 2001, essentiellement dans le nord-ouest du pays, alors qu'elle est restée stable ou s'est légèrement détériorée dans le sud (voir carte). Les besoins en aide alimentaire varient selon les régions et sont particulièrement importants dans le sud du pays (voir carte).

IN BRIEF

Eritrea

More than one million people are estimated to be in need of food aid, because of the drought. The RNIS has not received any new information on the nutrition situation. The last results of nutrition surveys showed, however, a precarious situation (see RNIS 40) which will probably worsen until the next agricultural season in October 2003. The normal coping mechanisms are already almost totally exhausted (OCHA, 21/03/03). Donor's response to the humanitarian appeal has been very low so far; only 25% of the food requirements have been received and of the non-food requirements only 3% have been funded (OCHA, 10/03/03). Food aid rations were only 60% of the assessed needs in February 2003 (FEWS, 10/03/03) and WFP was expecting a pipeline break in April 2003 if they do not receive further contributions (WFP, 13/03/03). WFP was also considering distributing food to only half of the droughtaffected population because of the scarce resources. In this case, the food pipeline would last until the end of July (WFP, 21/03/03). **Funding is urgently needed to avoid a humanitarian catastrophe.**

Ethiopia

As of the beginning of March 2003, pledges covered 56% of cereal food aid needs of 11.3 m drought affected people for 2003. Despite on-going food distributions, it seems that the nutritional status has not improved significantly (FEWS, 14/03/04).

Kenya

Kenya hosts more than 200,000 refugees mostly from Sudan and Somalia. The majority of the refugees are settled in huge camps in dry-hot areas. They are prevented from moving freely outside of the camps and are not allowed to own cattle, cultivate land or work. Most of the refugees are therefore almost totally reliant on external aid. The humanitarian assistance to the refugees has been under-funded for years; food and non-food item (such as wood) distributions have not been sufficient to cover all the refugee needs. The prevalence of acute malnutrition has been above the acceptable range over the past years (see RNIS 40). The new government of Kenya is willing to review the encampment policy and to take different measures to increase refugee self-sufficiency (Reuters, 17/02/03). The government was examining the possibility of re-locating the camps to areas where people will be able to cultivate land, and to authorize people to work. The improvement of the refugee status will be a great advance for their well-being.

Tanzania

Tanzania hosts more than some 520,000 refugees, mostly from the Great Lakes region. The last nutrition survey results showed an acceptable nutritional status of the refugee children (see RNIS 40). However, the food ration has recently been cut by 50% because of food shortages (AFP, 21/02/03), which may undermine the nutrition situation.

Erythée Les conséquences de la sécheresse se font toujours sentir, alors que la réponse des pays donateurs a été très faible jusqu'à présent. Seulement 25% des besoins en aide alimentaire ont été financés.

Ethiopie Les promesses de contribution couvrent environ 55% des besoins en aide alimentaire destinée aux populations affectées par la sécheresse.

Kenya Il semblerait que le nouveau gouvernement soit prêt à revoir le statut des plus de 200 000 réfugiés qu'héberge le pays, afin qu'ils puissent plus facilement avoir accès à des terres et des sources de revenus pour augmenter leur autosuffisance.

Tanzanie La ration alimentaire des 500 000 réfugiés qu'abrite la Tanzanie a du être réduite de 50%, à la suite de ruptures de stock de nourriture.

Abbreviations used in the text

AFP	Agence France Presse
AAH–USA	Action Against Hunger USA
ACF–F	Action Contre la Faim France
ACH–S	Action Contra El Hambre Spain
AREU	Afghanistan Research and Evaluation Unit
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 Unit for Somalia
HDCHD	Henry Dunant Centre for Humanitarian Dialogue
ICG	International Crisis Group
IDP	Internally Displaced Person
IFRC	International Federation of the Red Cross and Red Crescent
IOM	International Organisation for Migration
MOH	Ministry of Health
MONUC	United Nation Organisation Mission in the DRC
MSF	Médecins Sans Frontières
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
PSF	Pharmaciens Sans Frontières

RI	Refugees International
SCF–UK	Save the Children Fund – UK
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
USAID	US Agency for International Development
WFP	World Food Programme
WFP/VAM	WFP/Vulnerability Assessment Mapping Unit
WHO	World Health Organization

Listing of Sources

Greater Horn of Africa

Somalia

AFP	21/02/03	Somali peace talks bogged down by confusion, disagreements
FSAU/FS	03/03	Monthly food security report
FSAU/N	02/03	Monthly nutrition report
FSAU/N	03/03	Monthly nutrition report
OCHA	02/01/03	Somalia: about 30 killed in renewed fighting in Puntland
UN	12/03/03	UN humanitarian co–ordinator deeply concerned about worsening Resident
Co–ordinator		humanitarian situation in Baidoa

Sudan

AAH–USA	01/03	Anthropometric nutrition survey, children under–five years old, Panomdit and Chuei payams, Sobat county
ACF–F	12/02	Nutrition anthropometric survey, summary report, Bentiu and Rub Kona, Unity state
ACF–F	12/02	Nutrition anthropometric survey, summary report, Juba
ACF–F	01/03	Food security update, Benitu and Rob Kona, August–December 2002
GOAL	08/02	Nutrition survey report, Kassala IDPs, Kassala state
GOAL	08/02	Nutrition survey report, Malakal and Sobat river basin, Upper Nile state
OCHA	04/02/03	Sudan: government, rebels sign new MOU on cessation of hostilities
OCHA	05/02/03	Sudan: oil displaced allowed to return home

OCHA	22/01/03	Sudan: humanitarian access granted for Kassala state, southern Blue Nile
FEWS	20/02/03	Monthly food security report
WFP	01/03	Nutrition status data 2002
–South Sudan		

West Africa

Ivory Coast

AcF–F	02–03/03	Rapports d'évaluation nutrition/sécurité alimentaire, ville de Daola et villages tampon (Bonufla, Belleville, Zaibo), ville de Man et zones rurales proches, Korhogo, Dabakala, Bouake, zone rurale and Odienne
Government of Côte d'Ivoire	24/01/03	Crise en Côte d'Ivoire: Les accords de Marcoussis
OCHA	07/03/03	Crisis in Côte d'Ivoire situation report n° 5
PANA	19/03/03	ECOWAS deploys 1,258 troops in Côte d'Ivoire
UNHCR	21/03/03	UNHCR briefing notes
WHO	12/02/03	Conséquences de la crise socio–politique sur le secteur de la santé en Côte d'Ivoire
WFP	07/03/03	WFP emergency report n° 10

Guinea

OCHA	27/03/03	Guinea: Humanitarian briefing pack March 2003
UNHCR refugee	12/02	Assessing refugees self–reliance: a food economy assessment, Kountaya and Telikoro camps, Kissidougou, Guinea, September–October 2002

Liberia

ACH–S	10/02	A silent tragedy, impact of the war on the humanitarian situation in the Lofa county, Liberia
OCHA	13/03/03	Liberia: IOM appeals for US \$1.5 m to evacuate third–country nationals
OCHA	25/03/03	Displacement in central Liberia could overburden humanitarian resources
OCHA 2003	31/03/03	Humanitarian voices–OCHA regional support office for West Africa, January–March
OCHA	02/04/03	Guinea humanitarian update: influx from Liberia into Guinea

OCHA	09/04/03	Liberia's humanitarian needs increase, as security situation deteriorates
OCHA	11/04/03	Liberia: armed groups attack IDP camps
OCHA	11/04/03	Liberia: two more IDP camps attacked
Reuters	18/02/03	Liberian minister says fighting on four fronts
UNHCR	07/03/03	UNHCR briefing notes: Liberia, Afghanistan, Central African Republic
UNHCR	04/04/03	Refugees flee in all directions as conflict spreads in eastern Liberia
UNHCR	04/04/03	UNHCR briefing notes: Liberia, Iraq region
UNHCR	10/04/03	Hundreds flow back into Côte d'Ivoire amid Liberian conflict
WFP	14/02/03	WFP emergency report n° 7

Sierra Leone

ACF-F	11/02	Nutritional anthropometric survey, Bombali Seboria chiefdom
OCHA	28/02/03	Sierra Leone: humanitarian situation report, February 2003
OCHA	12/03/03	Sierra Leone: Increased refugee movement in eastern border areas
OCHA	03/04/03	Sierra Leone: new refugee camp opened in Kenema
World Bank	26/02/03	Optimism on Sierra Leone
WFP	28/02/03	WFP emergency report n° 9 of 2003

Great Lakes region

OCHA	31/01/03	Affected population in Great Lakes Region as of 31/01/03
UNHCR	23/01/03	Refugees adrift in Africa's Great Lakes region

Burundi

ACF-F	11/02	Evaluation nutritionnelle anthropométrique, province de Kayanza, Burundi
Government of South Africa	30/03/03	Statement on agreement to launch second transitional period in Burundi
MSF	07/02/03	MSF reinforces aid in Burundi as malnutrition increases rapidly
OCHA	02/03/03	Burundi situation report, 24 Feb–2 March 2003
OCHA	30/03/03	Burundi situation report 23–30 March 2003
OCHA	20/04/03	Burundi situation report, 14–20 April 2003

WFP 11/03/03 WFP concerned about food deterioration in Burundi

Democratic Republic of Congo

AAH–USA 10/02 Evaluation nutritionnelle anthropométrique, Baraka, territoire de Fizi, province du Sud Kivu

AAH–USA 11/02 Dépistage nutritionnel dans les aires de santé de Lwanba, Lubinda et Musao, zone de santé de Malemba N’Kulu, Katanga

AAH–USA 11/02 Screening nutritionnel des populations du Inongo, Bandudu

AAH–USA 01/03 Enquête nutritionnelle anthropométrique, ville de Kindu, province de Maniema

AAH–USA 01/03 Evaluation nutritionnelle Kolwezi, zones de santé de Dilala et Manika, Katanga, RDC

HDCHD 02/03 Politics and humanitarianism, coherence in crisis?

MSF of DRC 06/03/03 After Ankoro, MSF opens emergency mission in Kamina Lenge and Mukubu, Katanga region

MONUC and RCD–N. 15/01/03 MONUC investigation mission's preliminary report confirms human rights abuses by MLC

OCHA 31/01/03 Affected population in Great Lakes Region as of 31/01/03

OCHA 31/01/03 Humanitarian update – Uganda, volume V, issue 1

PSF 09/02 Rapprot d’évaluation nutritionnelle, zone de santé de Kabinda, Kalonda et Lubao, Kasai Orientale, RDC

SCF–UK 11/02 Household economy analysis of the rural population of south–western Bwito, Rutshuru, north Kivu

SCF–UK 11/02 Update of the household economy analysis of the rural population of the plateaux zone, Masisi, North Kivu

UNHCR 23/01/03 Refugees adrift in Africa's Great Lakes region

UNSC 24/02/03 Report of the UN high commissioner for human rights on DR Congo

WFP 31/01/03 WFP launches emergency airlift to feed 115,000 people in eastern Congo

WFP 07/03/03 WFP emergency report n° 10

Uganda

AAH–USA 02/03 Personal communication

Government of Uganda, UN agencies, NGOs & Pader district authorities 02/03 Assessment of the humanitarian situation of the internally displaced persons in Pader district

IFRC 20/02/03 Uganda: refugees from DRC appeal n° 06/03

OCHA 31/01/03 Humanitarian update – Uganda, volume V, issues 1

OCHA	12/02/03	DRC–Uganda: 12 dead, over 3,000 displaced by ethnic clashes in Nebbi district
OCHA	19/02/03	Uganda: WFP to send food to drought–stricken Karamoja region
OCHA	28/02/03	Uganda: Donors respond to northern Uganda emergency
WFP/MOH	01/03	Nutrition survey among the internally displaced population in Northern Uganda
WFP	28/02/03	WFP emergency report n° 9 of 2003

Southern Africa

Angola

ACH–S	11/02	Inquerito Nutricional, Municipio de Cuito Kuanavale, Provincia de Kuando Kubango
ACH–S	12/02	Inquerito Nutricional e de mortalidade, Municipio de Caconda, Provincia de Huila
ICG	26/02/03	Dealing with Savimbi's ghost: the security and humanitarian challenges in Angola
MOH/UNICEF	20/03/03	Nutrition co–ordination meeting
OCHA	03/02/03	Angola: fiscal transparency to top agenda at donor conference, analysts
OCHA	19/02/03	Humanitarian situation in Angola analysis November–December 2002
RI	07/03/03	Angola: Women's access to demobilisation and reintegration program funding essential
WFP	14/02/03	WFP emergency report n° 7 of 2003
WFP	28/02/03	WFP emergency report n° 9 of 2003
WFP	07/03/03	WFP emergency report n° 10 of 2003

Zambia

UNHCR	10/02	Nutrition status assessment survey in Mwange refugee camp
UNHCR	10/02	Nutrition status assessment survey in Ukwimi refugee camp
UNHCR	10/02	Nutrition status assessment survey in Kala refugee camp

Sahrawi refugees in Algeria

UNHCR/WFP/ICH	09/02	Antropometric and micro–nutrient nutrition survey, Sahrawi refugee camps, Tindouf, Algeria
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Asia selected regions

Afghanistan

AREU	31/12/03	Taking refugees for a ride? The politics of refugee returns to Afghanistan
Government of Pakistan	18/03/03	Pakistan, Afghanistan, UNHCR ink historic agreement on refugees
IOM	28/03/03	IOM press briefing note 28 March 2003: Jordan, Afghanistan
OCHA	15/04/03	Afghanistan: IDPs continue arriving in the south
UNHCR	25/03/03	Afghan refugees face hard choices as old Pakistan camp closes
USAID	13/03/03	Afghanistan complex emergency report # 4
WFP	02/04/03	WFP Afghanistan weekly situation report
WFP/VAM	2002–2003	Afghanistan countrywide food needs assessment of rural settled populations

In brief

Eritrea

OCHA	10/03/03	Humanitarian efforts in Eritrea face funding crisis
OCHA	21/03/03	Eritrea: new warning of hardship as no further funds pledged
WFP	13/03/03	WFP warns food aid supplies running out in Ethiopia and Eritrea
WFP	21/03/03	WFP emergency report n° 12

Ethiopia

FEWS	14/03/03	Ethiopia– monthly food security update
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Kenya

Reuters	17/02/03	Kenya bill to help refugees towards self-sufficiency
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Tanzania

Results of surveys quoted in RNIS # 41

Survey Area	Population	Survey conducted by	Date	Acute Malnutrition* (%) (95% CI)***	Severe Acute Malnutrition** (%) (95% CI)***	Oedema (%)	Crude (/10,000 C
Greater Horn of Africa							
Somalia							
Jeriban district, Mudug region	Residents	UNICEF/MOSA/FSAU	12-02	9.8 (8.0–12.0)	1.7 (1.0–2.8)	–	–
Galgodob town, Mudug region	Residents	UNICEF/MOSA/FSAU	12-02	12.5 (10.7–14.6)	3.7 (2.7–4.9)	–	–
Sudan							
Bentiu, Upper Nile	Residents, displaced	ACF–F/Care/Sudanese Red Crescent	12-02	20.1 (16.5–24.1)	2.8 (1.5–4.9)	–	–
Rob Kona, Upper Nile	Residents, displaced	ACF–F/Care/Sudanese Red Cres–cent	12-02	19.0 (15.6–23.0)	2.2 (1.1–4.2)	–	–
Juba town, Eastern Equatoria	Residents, displaced	ACF–F, UNICEF, MOH, SCC, SA, GHF	12-02	9.4 (7.0–12.5)	1.0 (0.3–2.5)	–	–
Juba surroundings, Eastern Equatoria	Residents, displaced	ACF–F, UNI–CEF, MOH, SCC, SA, GHF	12-02	7.6 (5.4–10.5)	0.5 (0.1–1.8)	–	–
Malakal town, camps and surroundings	Residents, displaced	GOAL	08-02	22.9 (18.9–27.0)	5 (3.4–6.6)	0.4	–
IDP camps in Kassala	Displaced	GOAL	08-02	17.6 (14.0–21.1)	2.2 (0.8–3.5)	0.1	–
Panomdit and Chuei payams, Sobat county, Upper Nile	Residents, displaced	AAH–USA	01-03	23.4	4.8	1.5	–
West Africa							
Sierra Leone							
Bombali Seboria chief–dom,	Residents, returnees	ACF–F	11-02	8.0 (5.8–11.0)	0.5 (0.1–1.8)	0	–

Bombali district							
The great lakes region							
DRC							
Kabinda health zone, Kasai Orientale	Residents, IDPs	PSF	09–02	28.1 ²	24.3 ²	22.1 ²	–
Kalonda health zone, Kasai Orientale	Residents, IDPs	PSF	09–02	12.6	5.7	3.7	–
Lubao health zone	Residents, IDPs	PSF	09–02	3.7	1.1	0.7	–
Kindu town, Maniema province	Residents, displaced	AAH–USA/PRONANUT	01–03	16.9 (13.7–20.8)	8.8 (6.4–11.9)	7.9	–
Baraka, Fizzi health zone, South Kivu	Residents, displaced	AAH–USA	10–02	10.9 (9.0–13.2)	4.8 (3.5–6.5)	2.4	–
Southern Africa region							
Angola							
Caconda, Huila province	Residents, displaced	ACH–S	12–02	8.3	1.4	0.5	0.8
Cuito Kuanavale, Kuando Kubango	Resident, displaced	ACH–S	11–02	6.7	2.3	0.2	–
Western Sahrawi in Algeria							
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	–

*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

¹ Measles vaccination coverage for 12–23 month olds

² Need to be confirmed

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

Notes on surveys quoted in RNIS # 41

The Greater Horn Region

Somalia

Jeriban district, Mudug region The survey was conducted by UNICEF/MOSA/FSAU in December 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 907 children between 6–59 months. The survey also estimated measles immunisation coverage, vitamin A supplementation coverage, and occurrence of diseases 15 days prior the survey.

Galgodob town, Mudug region The survey was conducted by UNICEF/MOSA/FSAU in December 2002. Using an exhaustive methodology, a total of 1,205 children between 6–59 months were measured. The survey also estimated measles immunisation coverage, vitamin A supplementation coverage, and occurrence of diseases 15 days prior the survey.

Sudan

Bentiu town, Upper Nile The survey was conducted by ACF in collaboration with Care and the Sudanese Red Crescent, in December 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 937 children between 6–59 months. Under-five mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage.

Rob Kona town, Upper Nile The survey was conducted by ACF in collaboration with Care and the Sudanese Red Crescent in December 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 940 children between 6–59 months. Under-five mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage.

Juba town, Eastern Equatoria The survey was conducted by ACF in December 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 981 children between 6–59 months. Under-five mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage.

Juba surroundings, Eastern Equatoria The survey was conducted by ACF in December 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 973 children between 6–59 months. Under-five mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage.

Malakal, Upper Nile The survey was conducted by GOAL in August 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 896 children between 6–59 months. Under-five mortality was estimated retrospectively over the previous 12 months. The survey also estimated vaccination coverage, occurrence of disease 15 days prior to the survey and under-five feeding practices.

IDP camps, Kassala The survey was conducted by GOAL in August 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 886 children between 6–59 months. Under-five mortality was estimated retrospectively over the previous 12 months. The survey also estimated vaccination coverage, occurrence of disease 15 days prior to the survey, under-five feeding practices, water and sanitation status and sources of food.

Panomdit and Chuei payams, Sobat county, Upper Nile The survey was conducted by AAH–USA in January 2003. An exhaustive survey was carried out. The sample only included villages situated within a 4 hours walk from the Payuer airstrip. 542 children between 6–59 months were measured. Under five and crude mortality was estimated retrospectively over the previous four months by the current household census method. The survey also estimated measles vaccination coverage and mothers' nutritional status by measuring MUAC.

West Africa Region

Sierra Leone

Bombali Seboria chiefdom, Bombali district The survey was conducted by ACF-F in November 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 971 children between 6–59 months. The survey also estimated vaccination coverage.

Great Lakes

Democratic Republic of Congo

Kindu town, Maniema province The survey was conducted by AAH-USA in January 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 944 children between 6–59 months. The sample excluded villages which were not accessible for security reasons. The measles vaccination coverage was also estimated for children 9 to 59 months old.

Baraka, Fizzi, South Kivu The survey was conducted by AAH-USA in October 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 934 children between 6–59 months. The sample excluded one area of the town, which was not accessible for security reasons. The measles vaccination coverage was also estimated for children 9 to 59 months old.

Kabinda, Kalonda and Lubao health zone, Kasai Orientale Three surveys were conducted by PSF in September 2002, using a two-stage cluster sampling methodology of 30 clusters. 907 children between 6–59 months were measured in Kabinda, 917 were measured in Kalonda and 935 were measured in Lubao.

Southern Africa

Angola

Caconda municipality, Huila The survey was conducted by ACH-S in December 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. Crude and under five mortality was estimated retrospectively over the previous 3 months. The survey also estimated measles vaccination coverage and food distribution coverage.

Cuito Kuanavale municipality, Kuando Kubango The survey was conducted by ACH-S in November 2002. A two-stage cluster sampling methodology of 30 clusters was used to measure 911 children between 6–59 months. The survey also estimated measles vaccination coverage and food distribution 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.

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/height²), MUAC and oedema, as well as different cut–offs are used. When reporting on adult malnutrition, the RNIS always

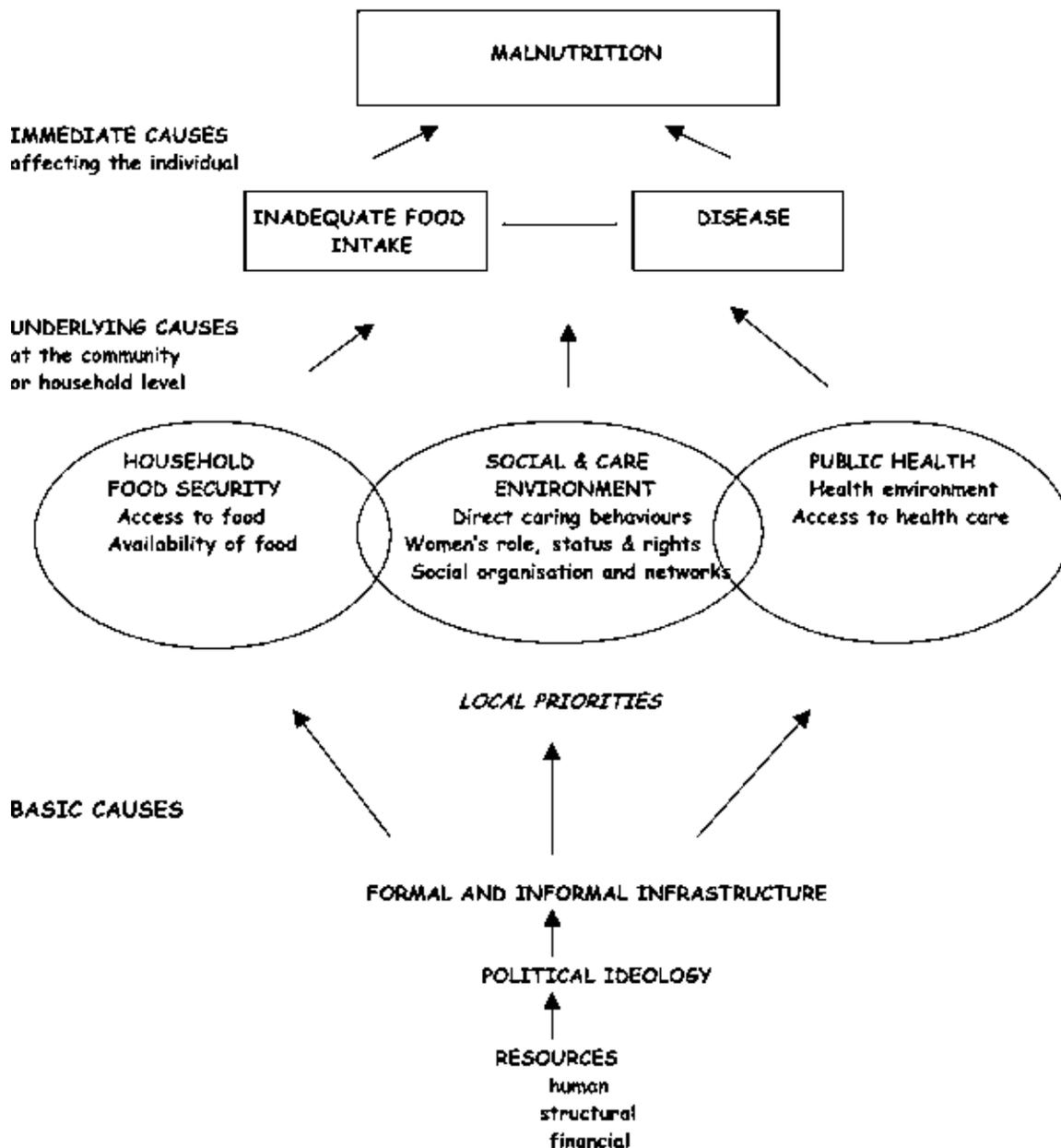
mentions indicators and cut-offs used by the agency providing the survey.

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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