Refugee Nutrition Information System (RNIS), No. 32 and 33 – Report on the Nutrition Situation of Refugee and Displaced Populations

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United Nations
Sub–Committee on Nutrition

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This report was compiled by Brian Jones of the ACC/SCN Secretariat, with the help of Helen Young (Feintstein International Famine Centre, Tuft's University) and Susanne Jaspars (Nutrition Works).

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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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There has been a gap of some nine months since the last issue of the RNIS was published. This is because the RNIS Coordinator position was vacant for most of the latter half of 2000. RNIS 32 and 33 is a double issue covering the entire time period concerned.

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HIGHLIGHTS

Eritrea and Ethiopia. The ending of hostilities between Eritrea and Ethiopia has seen the return of many displaced and refugee populations. The widespread acute food insecurity of last year has largely improved

and reductions in malnutrition rates have been observed, but many urgent needs remain. As a result many people remain largely dependent on continued food assistance and will remain so for a long time to come.

Somalia. The situation in Somalia remains extremely precarious but in general, improved security and relatively good rains in some regions have resulted in an improved situation. The situation in the northern regions is less optimistic as a result of the Gulf States livestock importation ban which has removed a central source of income from many of the pastoralists in the region and raises considerable concerns for their food security.

Sudan. Hostilities between the Government of Sudan and the rebel movements in the south have continued to displace large amounts of people from their lands and modes of living. Insecurity and drought conditions have particularly affected the states of Darfur, Kordofan, Eastern Equatoria and northern Bahr El Ghazal where large scale distress migration has been reported. There are also wide spread reports of drought induced crop failures in many areas and the overall outlook is poor for the immediate future.

Guinea. Guinea has seen the outbreak of violence along its borders with Sierra Leone and Liberia in a region called the Parrot's beak. The violence has prevented humanitarian access to the large amount of Sierra Leonean and Liberian refugees in the area and has caused many to return to return to their country of origin. The flight of refugees has also been increased by hostility to refugees within Guinea as blame for the violence has been attributed to them. The events have important ramifications for the future stability of the region.

Great Lakes Region. There has been heavy fighting in Burundi around Bujumbura and reports of a rapidly deteriorating nutritional situation in the north. The situation in DRC remains severe. *As* accessibility increases in Eastern DRC populations in extremely poor conditions are being discovered and it is estimated that 2.5 million excess deaths have occurred since the outbreak of hostilities. Funding shortages have resulted in the continuation of ration cuts, particularly in Tanzania, which will affect vulnerable groups.

Angola. Conflict has continued in many areas, accompanied by large scale population displacement. The continued insecurity has forced many from their land, and the situation has been further exacerbated by drought and floods in the south of the country. In general the nutrition situation seems improved although pockets of high rates of malnutrition remain. There have also been considerable funding shortfalls that have seen a reduction in the number of beneficiaries.

Afghanistan. The previous year has seen a very dramatic decline in the humanitarian situation in Afghanistan. The drought has continued with harvests in some areas failing for the third consecutive year and there has large scale distress migration of population both internally and externally to countries such as Pakistan. The situation in the northern region of Afghanistan is critical as a result of acute food insecurity with reports of micronutrient deficiencies. With the drought extending to neighbouring countries the outlook is not good and urgent action is required.

Table 1
Risk Factors Affecting Nutrition in Selected Situation

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/prvealence. for further explanation see inside of the back page). The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care (rows 2–4, and also Figure 1 at back of report) and the constraints limiting humanitarian response (rows 5 –8). These categories are summations of the causes of malnutrition and the humanitarian response, but should not be used in isolation to prescribe the necessary response.

Factor	IDPs in Mogadishu, Somalia	Refugees in the Parott's Beak, Guinea	IDPs in Faryab Province, Afghanistan	IDPs in Malange Prov. Angola	IDPs in Maluku Privince, Indonesia	War displaced in North and South Kivu, DRC	IDPs in Karusi Province, Burundi	IDPs in and around Freetown, Sierra Leone
1. Nutritional risk category	III	II	I	III	IV	II	II	II
	X	X	X	X	O	X	X	X

2. Public Health Environment (water, shelter, overcrowding, access to health services)								
3. Social & Care Environment (Social organisations and networks, Women's role, status and rights)	X	?X	X	?X	✓	X	X	X
4. Food Security	O	O	X	O	✓	X	X	O
5. Accesibilty to population	O	X	X	O	✓	X	O	O
6. General resources								
–food (gen stocks)	O	O	X	?X	?✓	?X	X	O
– non–food	?O	?X	?X	?X	?✓	?X	?X	O
7. Personnel*	X	X	O	✓	✓	X	X	X
8. Information	X	O	X	O	✓	O	O	✓

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

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

SUB–SAHARAN AFRICA

The Greater Horn Region

In the Greater Horn of Africa some 16 million people who suffer from both drought and conflict will continue to have great needs this year with over two thirds of the World Food Programme's total projected food needs being designated for the Horn in 2001. This is a result of both ongoing conflicts in some countries, and a chronic drought situation that has destroyed crops, season after season, and left many almost totally reliant on humanitarian assistance (WFP–12/01/01).

Eritrea

The cessation of hostilities between Eritrea and Ethiopia on June 18th brought a halt to the fighting. The cease−fire was formalised in December 2000 with the Algiers Peace Accord. As a part of the peace agreement the two countries agreed to the creation of a buffer or Temporary Security Zone (TSZ) between the two borders to be controlled by a peace keeping force. The government of Eritrea completed the redeployment of its forces on April 16th 2001 and the TSZ was declared officially established on April 18th. This paves the way for the clearance of mines from many of the border area zones (FEWS 07/05/01).

The end to the war with Ethiopia has allowed many of the displaced to return to their places of origin. However, the process of recovery is likely to be slow as many are constrained by the extremely precarious food security situation caused by the war and recurrent drought. Many areas of the south of the country remain heavily mined and are extremely dangerous until de−mining can take place.

The major target groups for assistance are as follows:−

1. Drought affected populations. 738,000, mostly in Anseba, North and South Red Sea Zones.

2. Rural war affected. 708,241 people including; IDPs outside camps, host communities, Eritrean deportees/Expellees, Returned IDPs and refugees.

3. IDPs in camps. 208,163 people in 24 organised camps in Debub, Gash−Barka and North Red Sea/Anseba.

Table showing numbers and categories of beneficiaries (UN−2001)

Target Population	**Population Number**
Drought Affected	738,450
Anseba	*269,835*
North Red Sea	*255,842*
Southern Red Sea	*134,133*
Maakel	*78,640*
IDPs in Camps	208,163
Rural War Affected	708,241
Total	1,654,854

War displaced

After the cessation of hostilities in June 2000, an estimated 400,000 IDPs returned to their homes which they found to be either destroyed or looted. In June 2000, SCF−UK reported that there were an estimated 208,163 people remaining in displaced camps in various parts of the country with over 100,000 in the zones of Debub and Gash−Barka. (SCF−UK 07/00).

In July 2000 SCF−UK conducted a nutritional survey of Af'abet displaced camp, which is situated about 70 km north of Keren in the North Red Sea Zone. The camp was set up after the closure of a camp in Dabat and is made up of people from Barentu and the surrounding area. The population at the time of the survey was 24,616 people. The survey revealed an estimated rate of acute malnutrition of 7.7 % including 0.7 % of severe malnutrition. In combination with a CMR of 0.2/10,000/day and an under five mortality of 0.3/10,000/day, the indication is that the situation is under control with all indicators below emergency thresholds (SCF−UK 07/00).

SCF−UK conducted a further survey of three camps to the east of Barentu in October. The three camps of Korokon, Kotobia and Tole−Gamje have existed for at least two years before the recent conflict. The IDPs

come from the Gash−Barka zone. During the most recent conflict, fierce fighting in the area forced all IDPs to flee the camp and seek safer sites in the bush. The survey revealed an estimated prevalence of acute malnutrition of 6.6 % including 0.6 % of severe. Again, the mortality figures in combination with the anthropometric results do not indicate an alarming situation. SCF attributes the low prevalence of malnutrition to the timely provision of humanitarian assistance (SCF−UK 10/00).

Outside of the camps there are an estimated 708,241 people, either displaced or severely affected by the war. The majority do not receive the assistance received by those in the camps. The RNIS has not received any surveys specifically on this group but the MoH annual report indicates that the rates of malnutrition are higher amongst this group with rates from 11−14 % (EmoH−2000).

MSF−France made an assessment in Senefa sub Zoba in March 2001. The assessment team visited Rokoyoto displaced camp. Their village of origin is extremely close to the TSZ and people have said that they will not return until there is a civilian administration in the area. The camp receives food from the ICRC but the general conditions in the camp are poor, particularly water supply which is taken from the nearby river and is of questionable quality (MSF−F 03/01).

Drought affected populations

The twin effects of the war and the drought are difficult to disentangle but the population predominantly hit by the drought is estimated as 738,450 people. The worst affected areas are the zones of Anseba and the North and South Red Sea Zones. In the Anseba zone the most affected areas have been surveyed and global malnutrition estimated at 16.1 % as reported in the MoH annual nutrition report for 2000. However, the RNIS does not have access to the individual reports. The same MoH annual report from the Northern Red Sea Zone estimated the total malnutrition rate as 12 % and in the Southern Red Sea Zone as 13.9 (MoH 2000; UN 2001).

Overall

Despite large scale displacements and drought in Eritrea, the nutritional status of those displaced who were assessed in 2000 remained at satisfactory levels (category IV). Food security and nutrition in general appears to be improving, as a result of the peace accord with Ethiopia and "normal" rainfall in many areas.

Recommendations

- Continue general food distribution in camps so that good nutritional status is maintained.
- Support the UN appeal for both war and drought affected populations in Eritrea
- Concentrate on the rehabilitation of the destroyed infrastructure including roads, health and water systems.
- Assess the nutritional status of non−camp populations.
- Ensure that areas are quickly made safe through de−mining and the removal of other unexploded ordnance.

Ethiopia

The UN estimated that there are still 6.2 million drought affected people in Ethiopia. A total of 395,366 IDPs including some 30,000 Ethiopians have returned home as a result of the cessation of violence on the Ethiopian–Eritrean border (FAO–09/01/01; UN–2001).

War displaced population of Tigray and Afar

RNIS 31 reported the displacement of an estimated 316,000 Ethiopians as a result of conflict with Eritrea and Tigray, and a further 34,000 in *Afar.* Hostilities between Ethiopia and Eritrea reached a peak in May 2000 with a major Ethiopian offensive into Eritrea. An agreement on the cessation of hostilities was signed in June 2000, which was followed by the Algiers Peace Accord in December 2000. The UN officially announced the creation of the Temporary Security Zone (TSZ) on April 18th 2001, and this marks a major step forward in the development of the peace process between the two countries. The TSZ also enables the work of de–mining the border areas to begin. This will facilitate the return of war displaced to the affected regions (FAO–09/01/01; FEWS 07/05/01; UN–2001).

To date an estimated 31,465 people have returned from Eritrea with a possible 33,000 people still expected to return. The estimated number of displaced and returnees in Tigray and Afar are indicated in the table below.

Estimated numbers of IDPs and returnees in the Tigray and Afar regions

IDPs/Returnees– Number of Beneficiaries	
Region	*Beneficiaries*
Tigray – rural	246,500
Tigray – urban	83,500
Sub Total	330,000
Afar – rural	28,477
Afar– urban	5,424
Sub Total	33,901
Returnees/Deportees	31,465
TOTAL	395,366

It is estimated that as many as 70% of the displaced have returned to their place of origin but many have been unable to fully start the process of recovery. Their home areas have suffered wide scale destruction of the local infrastructure and a large amount of unexploded ordnance restricts access to farm land. Further concerns are the interruption of preventative health services in the region, the damage to water systems and the general environmental deterioration, which have all been responsible for the declining health situation in the post conflict zones (FAO–09/01/01; UN–2001).

The UN expects the recovery by farmers to be slow because the effects of the drought compound the problems of displacement. However, there are encouraging indications that cattle prices remain high in the area, particularly close to the border, as the soldiers in the area provide a ready market. (UN–2001).

Drought

Note that the RNIS is mandated to provide information on the nutritional situation of refugees and displaced populations only. RNIS cannot report the complexities of the Ethiopian drought, but indications are that the nutritional situation has improved since last year. More detailed information is available from www.reliefweb.int and from the UNDP Emergencies Unit for Ethiopia.

In January, predictions were for a total of 6.2 million people in need of continued assistance (FAO/WFP–09/01/01). The details are indicated in the table overleaf.

There are three main target groups for assistance:

1. Pastoral populations in the NE, South and SE. The recovery for households who suffered high livestock mortality will take at least several years even if future rains are good. The continued livestock ban from Ethiopia to Saudi Arabia and other Gulf States is a further impediment to the recovery.

2. Highland farmers dependent on the *Belg* harvest, which is normally due around July. *Belg* farmers have suffered four consecutive harvest failures. The next harvest, assuming good rains is not until mid year.

3. Lowland and midland farmers dependent on the *Meher* harvest. The harvest has been poor to mixed in vulnerable areas and it is not enough to off set the depletion caused by the droughts of recent years (FAO/WFP–09/01/01).

The outlook is optimistic with climate forecasters predicting a significantly improved rainfall. The much–anticipated *Belg* rains began in central parts of Ethiopia towards the end of February and are predicted to strengthen into April.

Table of drought affected person in Ethiopia by category (UN–2001)

REGION	***Failure of Belg harvest***	***Recurrent Drought in Pastoral Areas***	***Meher failure***	***Total***	***Population Needing close Monitoring***
Tigray			938,500	938,500	335,200
Afar		127,700		127,700	138,100
Amhara	555,900		1,574,100	2,130,000	903,600
Oromiya	9,700	458,100	661,200	1,129,00	1,073,450
Somali		981,000		981,000	
SNNP			869,800	869,800	613,300
Benshangul–					3,200
Gumuz					
Gambella					7,800

Harari			17,600	17,600	
Dire Dawa			48,700	48,700	
Total	556,600	1,566,800	4,109,900	6,242,300	3,074,650

Nutrition situation

The RNIS has received numerous nutritional surveys from the second half of 2000, almost all from drought affected populations but some include IDPs and there are some of refugees in camps in the east and west of the country. Whilst nutritional survey reports on the drought affected population are too numerous for the RNIS to report on, indications are that the nutritional status of most populations now is better than at this time last year.

For example, in Boloso Sorie *woreda* in Wolayita, Oxfam/MSF−S surveys in November 2000 and in February 2001, show a much improved nutritional situation. In November, a Oxfam/MSF−S reported a prevalence of malnutrition of 7.4% (<−2 Z−scores), including 0.9% severe malnutrition (<−3 Z−scores) (Oxfam/MSF−S 11/01). This was a dramatic change from an overall prevalence of acute malnutrition of 45% in June 2000. The decrease in malnutrition was attributed partly to a late *Belg* harvest. However, over 70% of households interviewed stated that 90% or more of the crop was damaged. Causes of this damage included the following: late heavy rains, infertile soil due to over−rotation and pest damage (Oxfam/MSF−S 11/00).

The feeding programmes implemented by MSF and Oxfam also contributed to the improvement in nutritional status. However, it was also suspected that a considerable number of children who were severely malnourished in June, died between the time of the surveys and the implementation of therapeutic feeding programmes. The under five mortality rate in the month before the survey was 5.28/10,000/day and the CMR was 3.22/10,000/day. Malaria was the main cause of death, followed by diarrhoea. General food distribution was well below the estimated needs (Oxfam/MSF−S 11/00).

Concern and MSF−Ch showed similar decreases in malnutrition in neighbouring woredas in Wolayita. In October, Concern showed 7.2% acute malnutrition in Damot Wayde, and MSF−Ch showed 4.2% in Damot Gale (Oxfam/MSF−S 11/00).

The Oxfam/MSF−S survey in late February 2001, showed similar rates of malnutrition to those in November; 7.8 % malnutrition (W/H <−2 z−scores), including 0.9 % severe malnutrition (W/H <−3 z−scores +/− oedema). By February, mortality rates had also decreased to more acceptable levels. The Crude Mortality Rate was 0.7/10 000/day, and the under 5 Mortality Rate was 1.2/10 000/day. The February surveys coincided with the *Sape* harvest of sweet potato. People were depleting their *Belg* and *Meher* harvest stores, and the prevalence of malnutrition was expected to increase as people enter the annual hungry season. However, whilst the prevalence of malnutrition will increase until July, they were not expected to reach the same levels as 2000. This year, the prevalence of malnutrition at the start of the hungry season is lower than in 2000. One of the biggest problems farmers are faced with this year is indebtedness for the purchase of farm inputs such as seeds and fertilizer (Oxfam/MSF 03/01).

In Somali Region, Gode zone was the focus of international attention last year. SCF−US, Oxfam−6B, and MSF−B have conducted a number of surveys in this zone. SCF−UK has conducted surveys in neighbouring Fik zone. Most surveys showed an improvement in the nutritional situation towards the end of 2000, and many NGOs withdrew from the zone as a result. For example, SCF−UK surveys in Fik and Hamero in November 2000, showed a prevalence of 17.2 % acute malnutrition, including 1.6 % severe malnutrition. The prevalence in Segeg and Dehun woredas was however higher at 24.2% malnutrition, including 2.3 % severe malnutrition. The improvement in the nutritional situation was attributed to the return of livestock to the area, and improvement in livestock conditions, with the rains in mid to late 2000 (SCF−UK−07/00; SCF−UK−11/00).

MSF−B, however, continues to show extremely high malnutrition rates in Denan. in Gode zone. The results of nutritional surveys conducted by MSF−B are indicated below (MSF−B 08/00; MSF−B−10/00 MSF−B−02/01, MSF−B 04/01). Part of the explanation for the persistent high malnutrition rates in Denan could be that high proportion of displaced are living in the area. The population in April 2000 was 9000, which had increased to 12,151 in August and a reported 30,095 in December 2000. There is a displaced camp on the outskirts of the town, which has seen numbers increase from 7000 in April to 15,501 in August. MSF reports that newly displaced continue to arrive in Denan. The prevalence of malnutrition amongst the displaced was slightly higher at 56.6%, than that of town residents (at 45.2%) in April 2001 (MSF−B 04/01).

Comparison of MSF−B survey results in Denan, Ogaden for 2000

	May 2000	August 2000	October 2000	February 2001	April 2001
Acute malnut	52.4	43.7	40.8	37.2	51.1
Severe malnut	11.2	4.1	5.7	4.4	9.1
Bilateral oedema	1.4	0.1	1.1	1.0	
CMR	8.9/10,000/day*	0.4/10,00/day	0.13/10,000/day	0.15/10,000/day	0.12/10,000/day
<5 yrs Mortality	27.5/10,000/day*	1.2/10,000/day	0.27/10,000/day	0.25/10,000/day	0.25/10,000/day

* Mortality rates for May were collected retrospectively over a period of 4 months.

Such high malnutrition rates are difficult to explain. Whilst the prevalence of severe malnutrition was catastrophic in April 2001, mortality remained low. It should be noted however that the mortality data are from MSF's regular surveillance system and were not collected as part of the survey. Coverage of the therapeutic feeding programme was only 8.8% and of the supplementary feeding programme was 45%.

At the same time, 94.2% of the population reported access to food distribution; 79.2 % of those received during the last distribution of 01/02/2001 and 20.8% received the last food 1 month before; early January 2001. The ration was however limited to 12,5 kg of wheat/person at the beginning of February 2001. The zone also received reasonable rains, and return of livestock to the zone was reported at the end of 2000. One possible reason for the continuing high malnutrition rates in Denan is that, with the closure of feeding programmes of other NGOs in the zone (and Region), Denan is attracting the malnourished and destitute because of the MSF feeding centre. RNIS also received nutritional surveys from MSF–H in Oromiya in July and November 2000, and in Konso Special *Woreda* in SNNPR in August 2000. Surveys in both areas showed an improvement in the nutritional situation (MSF–H–07/00, 08/00; 11/00). Similarly, a CARE survey in Dire, Yabello and Teltele *woredas* showed low rates of malnutrition (CARE 12/00).

Refugees

There are an estimated 206,879 refugees in Ethiopia, the majority from Sudan, Somalia and Eritrea. 6,000 Somali refugees were repatriated to the self proclaimed Somaliland Republic from the Dir Wanaje refugee camp in south east Ethiopia at the end of October 2000. 12,000 Ethiopian refugees in Sudan have registered for repatriation (EUE–23/11/00).

Table of estimated number of refugees in Ethiopia by country of origin (UN–2001)

Refugees	***Numbers of Beneficiaries***
Country of Origin	*Beneficiaries*
Sudan	77,245
Somalia	124,484
Eritrea	3,200
Djibouti	1,503
Urban – various	447
Total	206,879

Four Sudanese refugee camps in the West of the country host an estimated 77,245 refugees and eight Somali refugee camps in the West of the country host an estimated 124,484 people. In 2000, there was considerable concern over the effects of the drought on the nutritional status of the refugees and a UNHCR/BOE/ARRA/WFP survey in July 2000 of two of the Sudanese camps and five of the Somali camps showed non critical but worrying levels of malnutrition (UNHCR–07/00). At the time of this survey, 2 out of the 4 Sudanese camps and all Somali camps had supplementary feeding programmes for all under fives.

Table showing results of survey done in Sudanese and Somali refugee camps in July 2000

Camp	***July 2000***	
	< 70 % W/H	*< 80 % W/H*
Western		
Bonga	1.6	11.0
Sherkole	1.9	12.9
Eastern		
Camaboker	1.1	15.0
Darror	0.0	6.5
Rambasso	0.8	8.8
Kebribeyah	0.9	8.4
Aisha	1.3	12.4

The nutritional status of the refugees was considerably better than that of the local population, in mid 2000. During this period, many Ethiopians had moved to the camp surroundings in search of relief.

UNHCR conducted further surveys in the eight Somali refugee camps, in January 2001. UNHCR meeting notes report that the highest rates of malnutrition were seen in Rambasso camp but were not alarming at 8.0 % (defined as < 80 % of the median weight for height and/or oedema). The other camps reportedly showed rates ranging from 3.9 % to 7.2 % and the results would indicate that the nutritional situation seems to have remained stable (Meeting–30/01/01; UNHCR–07/00)

Food Security Outlook

The FAO/WFP crop and food supply assessment to Ethiopia has noted a strong recovery of the main *meher* season crops as a result of generally sufficient rainfall in October of 2000. This has led to an increase in the availability of cereals and pulses, which are estimated to be seven percent up on last year. The timely arrival of the *belg* rains in late February has done much to alleviate concerns of further drought and climate forecasts are for a good rainfall through April. Many of the reports received by the RNIS indicate that the availability of pasture and livestock has improved in the latter half of 2000. (FAO–09/01/010; FEWS–12/03/01)

However, large proportions of the population are destitute from years of repeated droughts and are chronically food insecure. The vast majority of the chronically food insecure are partially dependent on external assistance (FEWS–20/02/01).

Overall

The nutritional status of refugees in Ethiopia has remained stable, with low levels of malnutrition in most camps. For most drought and war affected populations the overall picture is one of improvement since the crisis last year. Many however remain chronically food insecure. The situation of drought affected and displaced in Denan in Gode. zone is extremely alarming (category I).

Recommendations

From the FAO/WFP Crop and Food Supply Assessment mission to Ethiopia

- A general ration of 15 Kg/person/month should be distributed and fortified cereal flours should be provided.

- Supplementary food provision should be continued through NGOs in areas where the prevalence of malnutrition remains unusually high.

- In areas where the population is malnourished or risks becoming malnourished, the ration should be enhanced with the provision of pulses and oil and fortified blended foods.

• The local procurement of food should be increased.

From the surveys in Somali and Sudanese refugee camps (UNHCR/ARRA/WFP)

• The general food distribution and blanket feeding programmes should continue until refugees can be repatriated.

• Training should continue to nutrition staff. The provision of adequate and safe water and sanitation supplies should be ensured.

From MSF survey in Denan in April 2001:

• Investigate in more detail the causes of persistently high malnutrition levels.

• Re–establish an adequate general ration which includes oil and pulses.

• Maintain the supplementary program for moderately malnourished individuals and the therapeutic feeding for severely malnourished children.

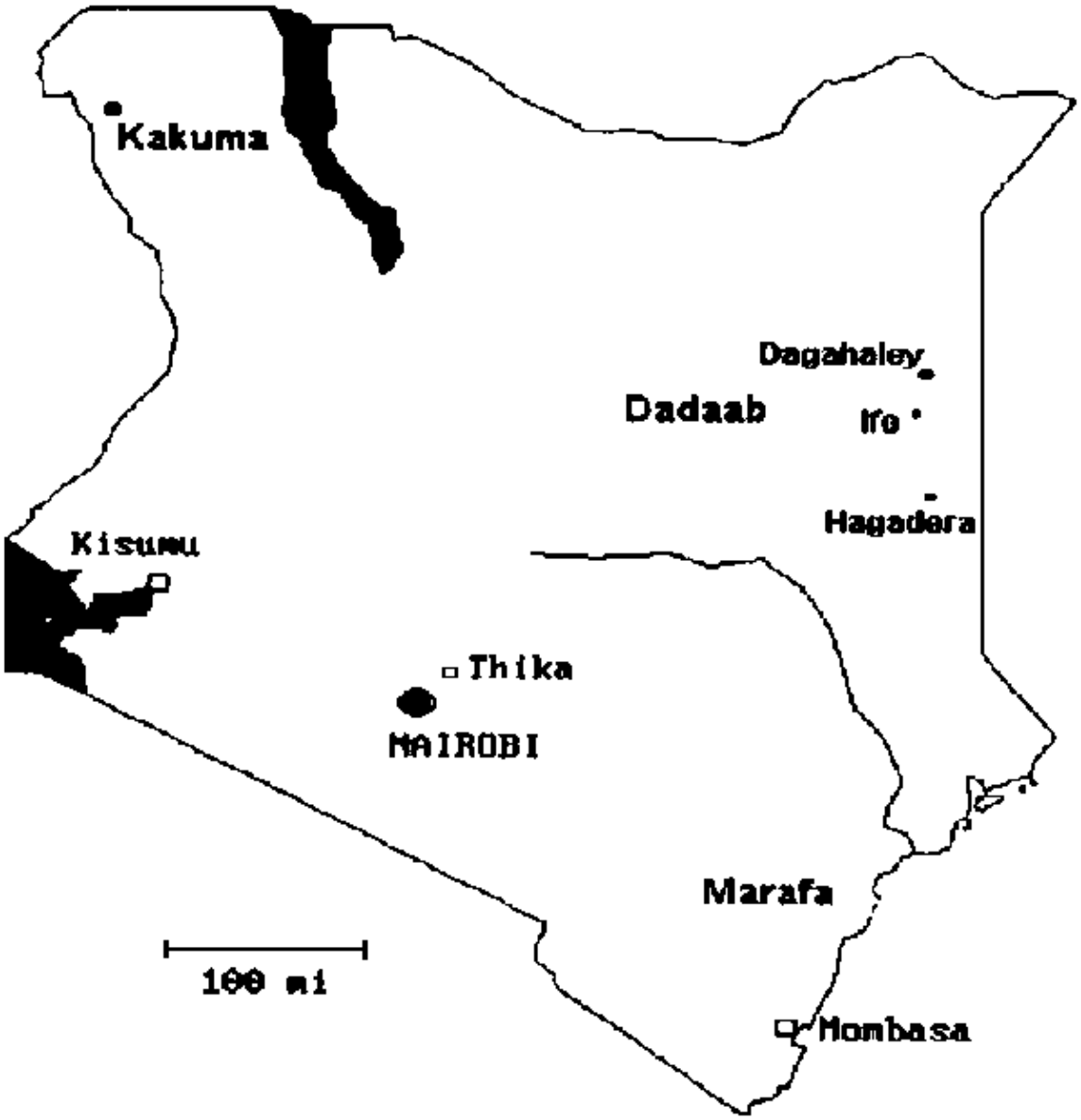
• Reinforce the CHW network to improve the coverage of the nutritional program.

• Continue a nutritional and epidemiological surveillance system.

• Continue the water trucking for the population until the rain have sufficiently filled the water tables around Denan.

Kenya

Note: the RNIS is mandated to provide nutritional information on internally displaced and refugee populations. The RNIS cannot report comprehensively on the drought affected populations of Kenya, although the situation is very severe in some areas. More information can be obtained from www.reliefweb.int



OCHA reported that in February, over 4.4 million people in 22 Districts were suffering from the effects of drought in Kenya. Rains have been inadequate or failed for the last two years. The northern regions of the country remain most severely affected. The drought has resulted in massive loss of livestock and the emergence of acute food insecurity. Emergency food distribution started in some Districts in December 1999 (e.g. Turkana) and in others in July 2000 (e.g. Wajir and Garissa). The Kenya Humanitarian update in March 2001 reports that the scarcity of pasture and water in some northern areas has resulted in an increase in inter clan and inter tribal fighting particularly in the Mandera and Tana river districts. There have also been reports of banditry and on March 14th a UNICEF staff member was injured by bandits in the northern region. This has resulted in major security constraints for humanitarian personnel and many of the northern and eastern areas of the country remain under emergency phase III status, requiring military escorts for travel (IRIN OCHA 31/03/01; *WFP 04/05/01).*

In March 2001, OCHA reported that poor funding of the Donor Alert 2001 was becoming an issue of major concern with only 13% of the alert funded (OCHA 31/03/01). This has and will continue to impact on the food pipeline and WFP have reported serious pipeline shortages from May 2001, with no available oil or blended food. Due to a delay in the arrival of a 30,000 ton shipment, there will probably be a shortfall in June (WFP 04/05/01). Only 2,408,040 people were being targeted for the May general distribution, as in March. No food distribution took place in April as a result of the late finish of the March distribution (WFP 04/05/01).

FEWS reports that the general food security outlook has improved since the onset of the critical 2001 long rains season during the last weeks of March. There have been reports of fairly heavy rain in the northern pastoral districts, with the exception of Mandera and Wajir, and this has greatly heightened the prospects for significant improvements in grazing and water (FEWS 12/04/01).

However, it is important to emphasize that the prolonged nature of the drought has seriously impacted on people's livelihoods and food aid and other forms of assistance will be required to assist in recovery. The greatest cause for concern at the moment is the lack of donor interest that threatens to force severe ration cuts and generally impact on the quality of assistance to affected populations (IRIN OCHA 31/03/01).

Refugees

Following some repatriation, refugee numbers decreased from 215,000 to 203,500 over the course of 2000. The majority of refugees are from Somalia (135,600), Sudan (54,600), Ethiopia (4,000) and Uganda (5,800). During the course of 2000 some 13,000 refugees arrived in Kenya as a result of conflicts in neighbouring countries, particularly Sudan where an increase in insecurity in Sudan's East Equatoria district drove some 10,000 Sudanese refugees to Lokichokio in north western Kenya earlier in the year (UNHCR 2001).

MSF−B conducted a nutrition survey in the camps in Dadaab (Garissa District) in February 2001. The prevalence of acute malnutrition in February was of 16.1 % (< −2 Z−scores) and 4.5 % severe malnutrition including 3.4 % with oedema. The February survey showed no significant change since August 2000 (MSF−B 02/01).

The general ration supply was particularly low from June to October 2000, averaging of 1900 Kcals. MSF−B conducted some food basket monitoring and have shown a slight improvement in the ration since January with an estimated average of 1914 Kcals. However distribution of the ration amongst the refugees in the Dadaab area is inequitable (MSF−B 02/01).

In North East Kenya, drought induced food insecurity also became severe around July 2000, which will have impacted on the refugees, particularly as opportunities for finding other sources of food will have been more limited.

Although there does not appear to be much change in the Dadaab survey results from August to February, the remaining high prevalence of severe malnutrition is alarming and in particular the oedema. MSF−B suspects the oedema to be related to micro−nutrient deficiencies, and is hoping to collaborate with the Institute of Child Health in London to look further into the matter. Another cause for concern in the area is the low coverage of the feeding programmes with a reported coverage of 30.5 % in February, down from 37.8 % in August (MSF−B 02/01).

SCF−UK reported a similar phenomenon in neighbouring Wajir District from May to August 2000. In Eldas in North Wajir, 18 people began to show symptoms of multiple micronutrient deficiency from May to August 2000. All those presenting with symptoms had been surviving on a diet of relief maize alone and had not had milk since January/February. Symptoms decreased after the distribution of fortified UNIMIX (SCF−UK 09/00).

A nutrition survey was conducted in Kakuma refugee camp by UNHCR in June 2000. (UNHCR 06/00) The results indicate an estimated prevalence of malnutrition of 18.1 % (<−2 Z−scores) including 2.7 % severe. This prevalence is similar to that in May 1999. The survey in June 2000 excluded new arrivals (6 months prior to the survey) to the camp.

Given that new arrivals came from South Sudan in 2000, the survey done in June 2000 may therefore not reflect the true nutritional situation of the refugees in Kakuma. Sample size was not estimated appropriately for this survey.

Fifty two percent of children were reported to have suffered from illness, mainly diarrhoea, in the two weeks prior to the survey. The potential for finding other sources of food is extremely limited for refugees in Kakuma refugee camp, as movement outside the camp is restricted by the Government of Kenya. The survey was done at a time when Turkana District was experiencing severe drought induced food insecurity, which would have limited food and income sources for all in the District (UNHCR 06/00).

The increase in insecurity in areas containing refugee camps has eroded prospects for the refugees by limiting access to markets and to opportunities of paid employment. This has resulted in a very high degree of dependence on food aid, particularly during a period of acute food insecurity for the Kenyan population (UNHCR 06/00).

Overall

Overall the last year has seen the continuation of very serious drought conditions in much of the country. The latest food security reports indicate that long awaited rains have arrived in some Districts, and this will do much to alleviate the acute food needs of drought affected populations. However, the effects will take some time to show and it is expected that the need for emergency food aid will continue for some time to come. The prevalence of malnutrition has remained high in the refugee populations, due to rations inadequate in quantity and quality. Refugees have also been affected by the drought (Category III). The future development of the situation depends largely on continued donor support.

Recommendations

- Continue to find support for the Kenya consolidated appeal.
- Conduct a survey in Kakuma camp which includes new arrivals.
- Follow up on and investigate the causes of oedematous malnutrition in the Somali population.

From the MSF survey in the Dabaab refugee camps

- The ration should be increased to a 2100 kcal/person/day as the refugees do not have access to other sources of food.

- Improve the quality of the ration, add blended foods, to control micronutrient deficiencies.

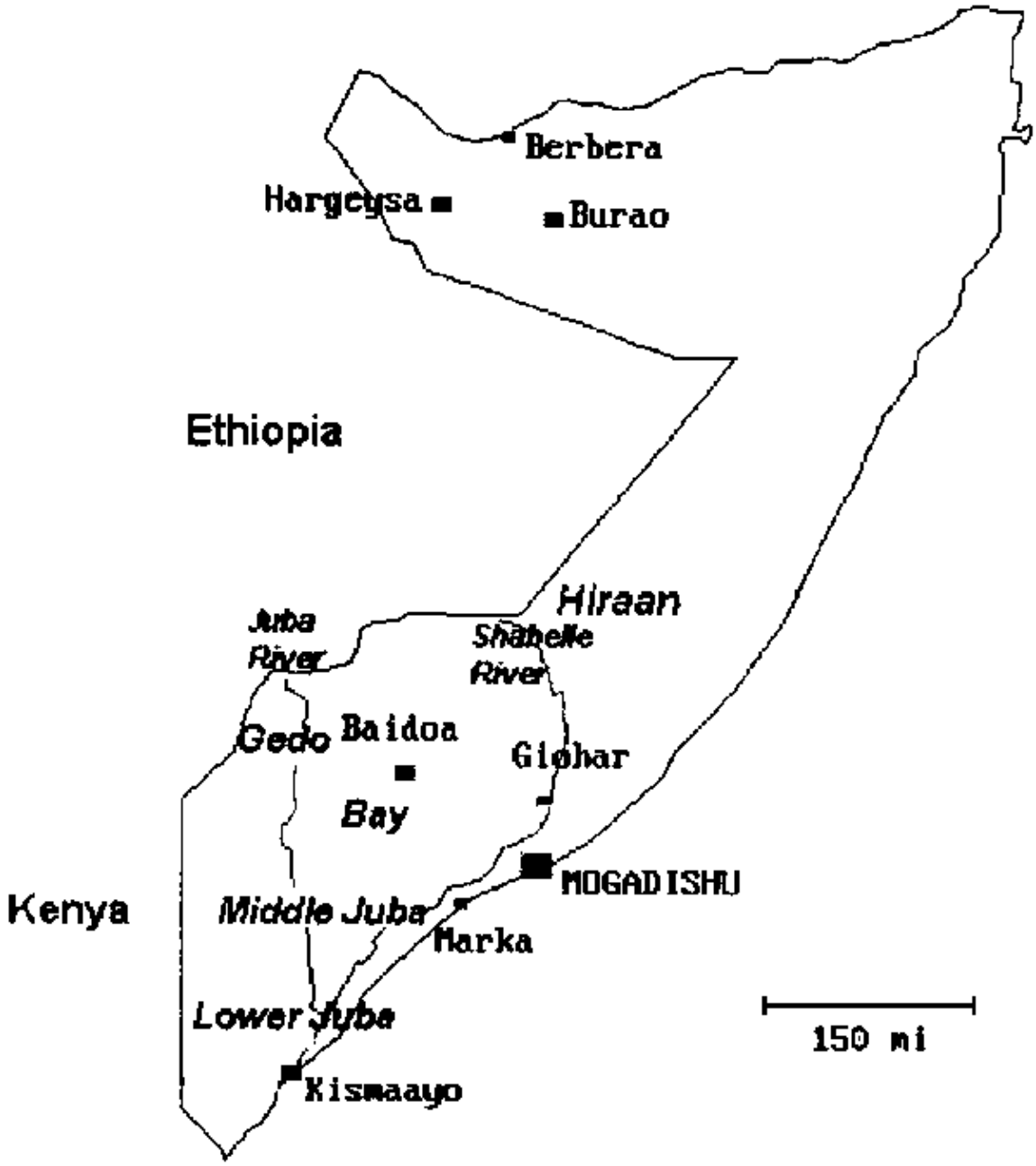
- The nutrition programmes should be continued.

- Children should be screened for malnutrition; coverage of the feeding programmes should be improved.

- *A* nutrition survey should be repeated in the next six months and the coverage of the nutrition programmes assessed.

Somalia

NB: the Food Security Unit for Somalia has recently started to produce regular 'Nutrition updates' on nutrition and related issues in Somalia. These reports contain more detailed data than the RNIS. To receive these reports please contact noreen.prederville@wfp.org



In august 2000, after months of negotiations between various Somali factions, a Transitional National Government (TNG) was selected for an interim 3–year period and installed in Mogadishu in October 2000. However, optimism associated with the new government has been short lived. The TNG does not have much influence outside of areas of Mogadishu and factions opposing the TNG have united as the Somali Reconciliation and Reconstitution Council (SRRC) and are based in Baidoa in south central Somalia. There was a meeting in Baidoa on the 19th of April to discuss the first steps in the replacing the fledgling regime. The meeting clearly demonstrates the lack of support for the TNG and the potential for further outbreaks of conflict. The SRRC controls most of Bay and Bakool and parts of Mogadishu, including the airport whilst areas controlled by the TNG are decreasing. The political situation remains volatile and as a result, security could easily deteriorate (UN EUE 27/04/01).

Gu Crop 2000

RNIS 31 reported a generally good *Gu* harvest as a result of widely distributed rainfall during the first *dekad* of May. The FSAU describe the 2000 *Gu* season as close to normal in terms of quantity and it was very favourably compared to the harvest of 1997 which is considered to be one of the best postwar harvest years. This resulted in very good overall crop production during 2000 but the poor distribution of the 2000 *Gu* harvest in the areas of Hiran, Gedo. Middle and Lower Juba adversely impacted on maize and sorghum yields in those areas (FSAU 05/10/00).

Deyr Crop 2000

The FSAU report that normal *Deyr* rainfall was observed in early October and in the second *dekad* of November across southern Somalia, and the *Deyr* 2000 can be considered a good season in general, significantly above the post war average. The *Deyr* season seems to have been most significant in areas relying on irrigated crops, noticeably Bay and Lower Shabelle. Most rain fed areas had poor levels of production noticeably the Gedo region, Lower Juba and in Hiran (FSAU 03/01).

As a result of relatively good rains in the southern Somalia, general food security has stabilised. Pastoralists in the south have benefited from the rains, which have replenished pasture and water sources. There have also been low cereal prices since the relatively good *Gu* and *Deyr* harvest and relatively good livestock prices, due mainly to the availability of Kenyan markets to the south that have meant that southern pastoralists have not been hit as hard by the ban by the Gulf states on the importation of Somali livestock (FSAU–08/03/01).

Gu Crop 2001

The FSAU reports that as of 31st of March 2001 most of Somalia was seasonably dry i.e. normal. There are some reports of the beginnings of fragmented rainfall in some areas, notably Gal–kayo, Mudug region. However if the dry season continues and rain does not fall then the *Gu* crop production will be severely compromised (FSAU 09/04/01).

Gedo

The food security situation in Gedo remains precarious as the prolonged Jilaal dry season has eroded pasture and decreased water sources. This has resulted in wide scale loss of livestock. FSAU reports that the prices of both local and imported commodities has increased and general purchasing power is reduced as a result of the depreciation of the Somali shilling (FSAU 03/01).

The latest FSAU report of May indicates that *Gu* rains began in the second week of April, with southern regions receiving average rainfall and the north poor rainfall. Seed prices also seem to have increased and the general collapse of the Somali shilling is impacting very heavily on all groups, particularly the poorer groups such as urban IDPs (FSAU 09/05/01).

Four surveys were done in the Gedo region in 2000 with the most recent conducted by UNICEF in September 2000 in Burdubo district (UNICEF 09/00) The prevalence of acute malnutrition was 17 % (<–2 Z–scores); 3 % were severely malnourished, 1 % had oedema. 31 % of children were reported to have suffered from diarrhoea and 20 % Acute Respiratory Infection in the two weeks prior to the survey. Rates of measles vaccination were very low with only 28 % of children having been vaccinated in the previous six months (FSAU 01/01).

Nutrition surveys in Gedo in 2000 (FSAU–01/01)

Date of survey	***Area surveyed***	***Agency***	***Acute malnutrition Severe malnutrition ****	
04/00	Luuq town	ACF–F	14.9	1.9
04/00	Luuq displaced	ACF–F	20	4.2
05/00	Belet Hawa	UNICEF	21.5	3.5
09/00	Burdubo	UNICEF	17	3

* *including Oedema*

A prevalence of malnutrition of 17% appears unusually high in the period immediately following the harvest. 41% of the assessed population were returnees and 11% were displaced. The prevalence of malnutrition is highest in the urban population, which presumably has the highest concentration of displaced and returnees (UNICEF 09/00). The high malnutrition rate is not explained in the report. At the time of the survey, food availability had started to improve following the July/august harvest period. Cereal prices decreased following the harvest, but livestock condition remained extremely poor (FSAU 01/01).

RNIS has received no new nutritional information on the area but RNIS 31 reports some high levels of acute malnutrition especially amongst displaced population in towns like Luuq and its surrounds.

Beled–Hawo (Build Hawa)

The RNIS has not received any new nutrition surveys from Beled–Hawo but can report that an inter–agency team carried out a review of the nutrition situation in Beled–Hawo, Dolo and Mandera districts in January 2001. The review suggests that a proportion of the population is still extremely vulnerable as a result of slow recovery from chronic stress, destitution and internal displacement. Moderate malnutrition seems to be common and although many children attend supplementary feeding programmes on both the Somali and Kenyan sides of the border, the food is being shared with other family members and is therefore not contributing to a general improvement in the nutritional situation of the child population. Food distributions have taken place but have consisted of sorghum alone and therefore have not contributed to diet quality (FSAU–01/01; FSAU–03/01).

Heavy fighting was reported in April between rival factions of the Marehan clan, which resulted in 10,000 Somalis fleeing over the border to Mandera in Kenya. IRIN reports that many were staying with friends or relatives or in temporary shelters whilst others were "commuting" from over the border depending on the security situation. The current condition of the refugees is unknown but IRIN reports that the Government of Kenya has ordered them to repatriate or go into designated refugee camps (IRIN CEA 10/05/01).

Bakool

Bakool and Bay regions have experienced a period of relative stability since the Rahanwein Resistance Army (RRA), opposed to the TN(S, captured most of this areas from Aideed's forces in late 1999. Following a period of acute food insecurity in early 2000, Bay and Bakool experienced good *Gu* rains and had the best harvest since the start of the civil war (FSAU 03/01).

A combination of relatively good *Gu* 2000 and *Deyr* 2000 rains have contributed towards a stable food security situation in the area. However, whilst the *Deyr* rains in 2000 improved both pasture and water availability, the high potential agriculture areas received poor rains and a poor harvest. After a late start the drains appear to be sufficient and pasture and water sources are improving. Livestock prices were reported to be high, but cereals were at affordable levels in local markets in March. Recent FSAU reports indicate that poor pastoralist households continue to sell assets and livestock products whilst pastoralists have begun to consume previously stored foods. The onset of *Gu* rains has improved the overall food security outlook of the area (FSAU01/01; FSAU08/03/01; FSAU 09/04/01; FSAU 09/05/01).

FSAU reported on surveys done by the International Medical Corps (IMC) in El Berde/Rabdure. and Hoddur districts during July and Agust 2000.

The RNIS has not received these reports and so caution must be exercised in interpreting the results. However, the first survey in Hoddur district shows a rate of acute malnutrition of 12.6 %, including 2.5 % severe. Very low rates of measles vaccination (7.3 %) were also reported indicating the low access to health services. It is worth noticing that one would expect a lower prevalence of malnutrition after the harvest period and that the level of severe malnutrition gives some cause for concern (FSAU 01/01).

The second survey was in Elberde and Rabdure districts and indicated a prevalence of malnutrition of 13.7 % including 3.8% of severe. The rate of measles vaccination was much higher with 59 % of children reported as having received measles vaccination (FSAU 01/01).

This appears to show a reduction in the prevalence of malnutrition since February in Wajid, when the overall prevalence was around 20%. This reduction would be expected following the harvest. However, it is difficult to make any definite conclusions without knowing survey methodology or any population movements since February.

In both districts the rates of both diarrhoea and respiratory infection were extremely high, strongly suggesting that these morbidities are an important causal factor in the observed malnutrition, particularly of severe malnutrition (FSAU–01/01).

Bay Region

The Bay region benefited from particularly good *Gu* and *Deyr* rains which have resulted in good crop yields and improved livestock conditions. Since 2001, cereal prices have increased significantly as have the prices of imported goods. Livestock prices have remained good as a result of the high demand and access to the Kenyan market of Garissa (FSAU–08/03/01).

The latest 2001 *Gu* rains have begun and although described by the FSAU as light are having a positive effect on agriculture and livestock. The FSAU reports that the prices of staples remain good and that overall food security is stable (FSAU 09/05/01)

Whilst the 2000 *Gu* rains in most of Bay region were normal, UNICEF reported the rains in Burhakaba to be late and inadequate. UNICEF carried out a survey in Burhakaba in June 2000 and showed an estimated prevalence of 22.4 % acute malnutrition, including 4% severe malnutrition (UNICEF 06/00). The survey also showed that only 16 % of children had received measles vaccinations.

The FSAU further reports that a UNICEF survey in July 2000 in Boidoa showed a rate of global malnutrition of 17 % including 3.3 % of severe, but once again the RNIS does not have access to the survey and cannot confirm the results (FSAU 01/01).

The prevalences of malnutrition in Baidoa and Burhakaba do not seem unusually high given that the surveys were done in the period just before the harvest. Seasonal changes in food security and malnutrition are expected in most rural populations, with the highest prevalence just before, and lowest prevalence just after the harvest. A prevalence of severe malnutrition of 3.3% is however alarming (FSAU 01/01).

FSAU nutrition update reports indicate that the IMC carried out two nutrition surveys in the Bay region in November and December 2000. The RNIS does not have access to the reports and cannot comment on the survey quality. The first was in Dinsor district and showed an estimated prevalence of acute malnutrition of 14.6 % with 3.2 % severe. The second survey in Berdale showed an estimated prevalence of 12.4 % malnutrition, including 1.7 % severe malnutrition. Whilst the prevalence of moderate malnutrition appears within normal ranges, the prevalence of *severe* malnutrition remains high (FSAU 03/01).

The FSAU has conducted a recent review of nutrition surveys in Bay and indicates that the quality and diversity of diet in the area remains a very serious problem as does the very low levels of infants exclusively breast fed for six months *(FSAU 03/01).*

Juba Valley Region

The Juba valley has suffered from insufficient *Gu* and *Deyr* rainfall in 2000 resulting in reduced harvest yields and wide spread water and pasture shortages. This has resulted in a general out migration of people and livestock to permanent water points with the accompanying problem of overgrazing. There has also been reports of insect damage to crops and the price of staple foods is reportedly high. However, the overall food security situation in the area is reported by the FSAU to be normal (FSAU 09/03/01).

The FSAU report that World Vision conducted a nutrition survey in Bualle in July 2000. The survey indicated an estimated prevalence of acute malnutrition of 14.7 % including 4.7 % of severe malnutrition which included oedema. This report is not available to RNIS (FSAU 01/01).

Recent evaluations of the *Gu* and *Deyr* harvests have concluded that cereal production is well below normal for lower Juba in general (FSAU 03/01). The FSAU reports that as of the 23/01/01 477 children have been screened by Muslim Aid UK and 36 % were discovered to be malnourished using weight for height as the indicator with the majority coming from Jamame town and its surrounding villages (FSAU–08/03/01).

Lower and Middle Shabelle

The dry Jilaal season in Lower and Middle Shabelle has adversely impacted on water and pasture availability and the FSAU reports high population movement among rainfed agro–pastoral and pastoral communities. In both areas the harvesting of sesame is ongoing as is the preparation of land for the upcoming maize crop. The FSAU reports that the overall health and nutrition status is considered normal. The RNIS has received no new nutritional information from the area (FSAU 03/01).

Mogadishu

Mogadishu is the capital of the fledgling Transitional National Government (TNG) but recent events such as the importation of Somali bank notes and high level meetings of groups opposed to the new government, have highlighted the precarious position it holds and the likelihood of further outbreaks of violence in the struggle for control over the country. After a period of relative calm, insecurity in the city has continued with various outbreaks of violence between rival clan factions over resources and most notably the kidnapping on March 27th of UN and NGO staff from a compound within the city (Reuters 29/03/01).

The kidnappings resulted in the evacuation of all expatriate staff. The implications for the continued provision of aid are significant as agencies become increasingly wary of the poor security situation.

FEWS reports that fresh consignments of Somali bank notes have been imported into the capital in a repeat of previous large scale importations that threw the country into deep financial turmoil. As a direct result the Somali shilling has dropped to its lowest recorded level against the American dollar. The importation has very real implications for the food security of many people in the capital, which remains home to a very large displaced and vulnerable population. The poorest and most vulnerable groups will not be able to buy as much food with the little money they earn or get by begging. Even small retail businesses will be forced to close. The continued importation of fake money underlines the TNG inability to control the economy and other key areas of governance (FEWS 15/04/01).

Northern Regions

May 10th saw the outbreak of insecurity between the two self claimed independent states of Somaliland and Puntland. Armed groups from the two areas were involved in a three hour gun battle in the village of Las Anod. The outbreak of conflict is worrying as the two states have been relatively conflict free of late but it is thought that a referendum due to be held at the end of May on the future status of Somaliland, sparked the conflict (Reuters (10/05/01).

On September 19th 2000 a livestock ban was imposed by the Gulf States, because of an outbreak of Rift Valley Fever in the Gulf region that was assumed to have been brought in as a result of the Somali livestock trade. This has adversely affected an important traditional revenue of pastoralists. Trade with the Gulf states is the chief source of income for pastoralists in the north and central regions of Somalia and the impact of the ban has been severely felt. The onset of the *Gu* rains will hopefully bring some relief by improving pasture and water sources for the pastoralists but an early lifting of the ban is still needed. A recent visit by veterinarians from the United Arab Emirates has resulted in the partial lifting of the ban for chilled meat, which sets a positive precedent for a complete lifting of the livestock ban (FEWS 15/04/01; FSAU–03/01).

Of great concern is the population in urban centres such as Burao which is the site of the largest livestock market in Somalia. There is also a group of internally displaced in Burao who were already living in a state of almost total destitution. The IDPs are not integrated into the social network and are completely dependant on the livestock trade and associated activities for the generation of income. This includes IDPs in Haryan camp in Burao and Ajuraan camp in Yirowe. Other areas of concern are the Haud lowlands and the Ainabo district in Sool region and the Odweyne district in Toghdeer (FSAU–08/03/01).

Puntland

Gu rains have been relatively good in Puntland ensuring that the adverse affects of the livestock ban were not immediately felt. The most affected groups are the urban poor including the displaced, in towns such as Bossaso and Galcayo which are most heavily dependent on livestock trading. Of particular concern are the IDPs or Margaga camp in Mudug Region and the poor pastoralists of the Nugal valley lowlands and Addun. There have been reports of a reduction in the overall quantity of food being consumed by these groups (FSAU–08/03/01).

Overall

Over the course of 2000 and early 2001 there has been a gradual improvement in the food security situation in Somalia. This is a result of both improved rainfall leading to better crop yields and food prices and a general improvement in the general security situation. However, it is important to note that security incidents continue to occur and the opposition to the TNG is likely to bring about further fighting. Both the Gulf States livestock ban and the importation of large quantities of Somali bank notes have impacted very heavily on the food security of the general population. Populations of concern are refugees from Bulla Hawa, who were displaced due to fighting, but no information is currently available (category V) and IDPs in Mogadishu because of the withdrawal of aid agencies at a time of high inflation (category III). The situation for IDPs in the rest of the

country has improved along with that of the resident population.

Recommendations

- Support UNICEF's nutritional surveys.
- Investigate the causes of remaining high levels of severe malnutrition and identify appropriate interventions.
- Continue to support long term livelihood strategies with the continued provision of food aid to affected populations at least until the next harvest
- Address malnutrition by improving vaccination rates, and promoting adequate health care and water supply.

For those affected by the livestock ban:

- Livestock off take support. Buy livestock at a minimum price, selling later when conditions have improved or slaughter and provide meat to poorer households.
- Stabilise cereal prices to keep staples affordable.
- Implement income diversification projects.
- Subsidise water for poor pastoralists
- Subsidise and provide veterinary drugs and services
- Subsidise transport to facilitate the cheap cereals of the south reaching the north.
- Continue relief food interventions for the vulnerable households.

Sudan

Hostilities between the Sudanese People's Liberation Movement (SPLM) and the Government of Sudan (GoS) continue despite a ceasefire in June 2000. Subsequent military action, including aerial bombing, has resulted in large−scale displacement of people and has targeted civilian populations and undermined already tenuous survival strategies. Humanitarian work in the south is deteriorating with humanitarian workers also coming under increasing risk of attack, bombing and hostage taking (UN 2001).

The ongoing conflict combined with recurrent environmental disasters, especially drought, has given rise to the largest population of Internally Displaced People of any African country, with approximately 4 million IDPs in Sudan as a whole. In North Sudan, and the transitional zones, which are under 60S control, the IDPs tend to be settled in marginalized camps separated from the resident populations, whilst in the south the IDPs tend to be more integrated with the local population. One of the most significant political changes over the last year has been the further factionalisation and intensification of conflict in the oil rich area of Unity State, Western Upper Nile. People fleeing this conflict are being assisted in Bentiu and Northern Bahr al Ghazal. On a more positive note the Wunlit Nuer−Dinka peace agreement is holding and a similar process is underway on the East side of the Nile (UN 2001)

The chronic nature of the civil conflict and repeated natural disasters has led to a general decline in agricultural production, as well as localised humanitarian crises. Total cereal production in 2000/2001 is estimated at 3.4 million tons, which is about 20 % below the previous five years average. Although prospects for the 2001 harvest of commercially produced wheat in North Sudan are good, prolonged dry spells and late and erratic rainfall last year resulted in a poor harvest of coarse grains (sorghum, millet and maize) by subsistence farmers. Rainfall has been as much as six weeks late with the most affected populations in Darfur, Kordofan and Red Sea Hills in North Sudan, and northern Bahr al Ghazal, Bahr al Jebel, East Equatoria, Jongolei, Juba and Butana Province in Gezira State in southern Sudan. The erratic rainfall has drastically reduced available pastureland for livestock. This has resulted in conflict for access to both pasture

and water sources amongst tribal groups. Drastic undernutrition amongst livestock is already being noted. Increased livestock sales are widespread, which has significantly depressed livestock prices. The increased sale of livestock, including core−breeding animals, in a bid to cope with the deteriorating situation will hamper attempts of future recovery and increase dependency on food aid, particularly for small scale subsistence farmers (UN 2001; FAO/WFP 22/12/00; FAO 04/01).

Current estimates suggest that there are 900,000 people affected by the current poor season with 600,000 in need of urgent food assistance. WFP estimates there are 3 million people in Sudan threatened by drought and the ongoing conflict situation (WFP 30/03/01).

South Sudan, non−GoS controlled areas (OLS Southern Sector) Bahr El Ghazal (BEG)

Drought and insecurity in northern Bahr el Ghazel has driven many families from their land and thus prevented cultivation. Rainfall has been reported to be within the normal range but extremely erratic in its distribution. This has led to destruction of crops and has negatively impacted on coping mechanisms, particularly in Raja, Wau, Twic, Aweil West and Aweil East. The population of Bahr El Ghazal also lacks sufficient safe water. Overall Bahr El Ghazal is expected to face a food deficit of 40 % over 2001 and some relief assistance for most areas will be required (FAO/WFP−22/12/00; UN−2001; WFP−30/03/01).

Aweil West County

Due to continued insecurity the area continues to be extremely food insecure. Concern has been conducting regular nutrition surveys in the area and the last survey, reported by WFP, was in February where an estimated prevalence of 13.8 % malnutrition (defined as <−2 z scores weight for height and/or oedema) including 0.9 % severe was reported.

Aweil East County

The pre−harvest hungry season has arrived earlier than usual. WFP estimate there are 9936 IDPs in the area, and report that their food security is worse than local residents.

A survey by Tearfund in March 2001 estimated the prevalence of acute malnutrition at 15.5 % including 1.8 % severe. This was not significantly different from the last survey results in July 2000. The survey also showed that the population had exhausted their harvest stock and were more or less totally reliant on WFP food and indigenous wild food sources. The survey also contained a percentage of internally displaced which seemed generally comparable to that of the non displaced populations. There is great concern that the current coping mechanisms, particularly the heavy reliance on indigenous wild foods is not sustainable and that further nutritional problems will ensue should the rains fail once again in the coming season (Tearfund 03/01; WFP 13/03/01).

Equatoria

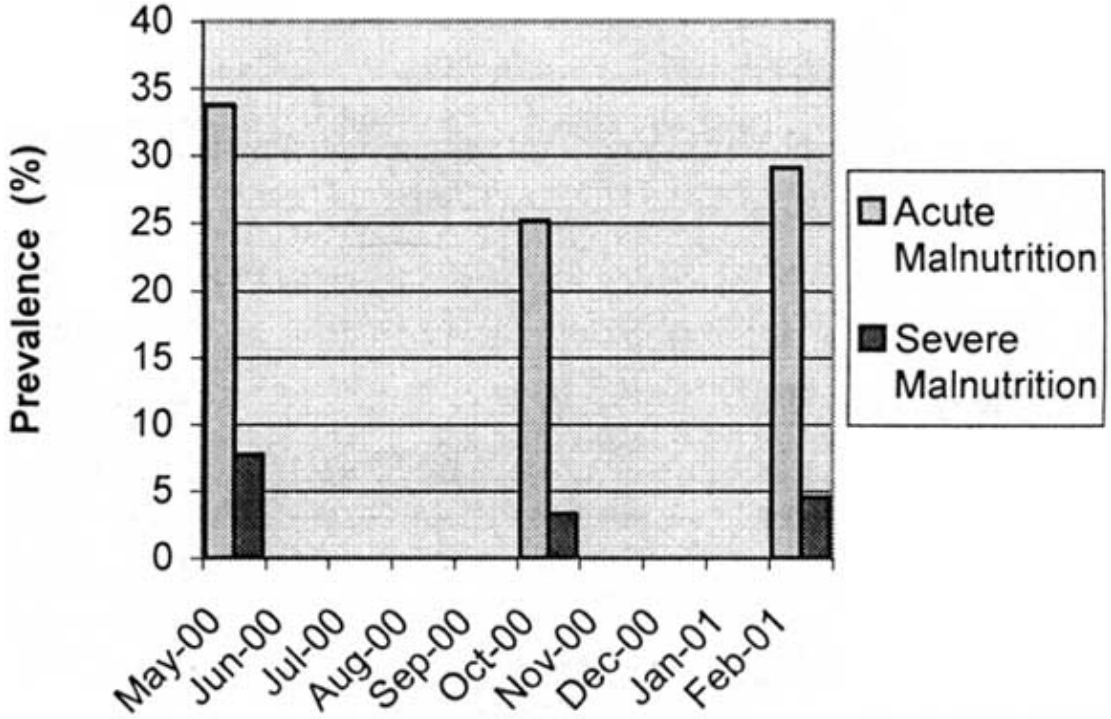
In 2000 Eastern Equatoria and Bahr El Jebel experienced a second year of drought. This came on top of late seed and tool distributions and continued insecurity and has led to widespread food shortages. Poor pasture and disease outbreaks have also led to severe livestock losses. In Juba, Lafon and Kapoeta insecurity has led to limited access to areas outside of the towns which has served to undermine agricultural production and traditional coping mechanisms. The scarcity of food and water has led to large−scale distress migration. The migration often leaves mothers and children behind and with no access to the staple diet of blood and milk. The overall food deficit of the region is estimated to be 50 %. There is no new nutritional information for this area (UN−2001).

Upper Nile/Jongelei

In Upper Nile late rains, lack of seeds, pest infestations and continued insecurity have resulted in food shortages and displacements, with significant movement of people from Lure to Malakal. Fighting in the western Upper Nile region around the rich oil fields and in Bieh, Latjor and Leech states has lead to insecurity and inaccessibility, which has eroded food security. The food deficit in Upper Nile is expected to affect about 50 % of the population with particular needs indicated for Malakal and surrounding camps. In Jongelei the towns of Bor and Pibor will require particular attention and extensive food aid (UN−2001).

Bieh State, Upper Nile region

MSF−B have carried out surveys in October 2000 and February 2001 in Akobo district of Bieh State. The prevalence of acute malnutrition was similar in both surveys; 25.2 % in October, including 3.3 *% severe* malnutrition and 29.1 % in February 2001 (including 4.5 % severe malnutrition) (see graph below). Displaced people comprised 28.87% in the February sample. Measles vaccination coverage was low at 15.47% (with card). The full report of the February survey is not yet available.



Acute malnutrition in Akobo, Bieh State

Mortality rates are unavailable. WFP reports the area is food insecure (WFP 13/03/01).

South Sudan, GoS controlled areas (OLS Northern Sector)

Unity State

Fighting between pro−government militias. Inter tribal factions and the SPLA in the oil rich region of Unity State has resulted in the displacement of 60,000 IDPs. The influx has been mainly from Kikany, Leek, Jagei and Adok with most fleeing to the government held towns of Bentiu and Rubkona. In the days between 28th and the 31st of July 2000 some 19,000 displaced people, mainly women and children arrived in the two towns. The two towns are situated in an extremely marshy area, which has been made worse by 50,000 cattle brought by the displaced. The number of cattle and the lack of pasture raise great concerns for the future well being of the livestock and the people dependent on them. ACF conducted a nutritional survey on 1400 children under five, in July 2000 and found an estimated prevalence of acute malnutrition of 30 % with 7 % of severe malnutrition. The alarmingly high rates of malnutrition, the food insecurity of the area and the high risk of epidemic make the population extremely vulnerable (ACF 08/00; UN 2001).

Northern Sudan. Transitional Zone

White Nile

IDPs of varying ethnicity have been in White Nile State for the past 15 years. Displacement has forced some families to break up, leaving unaccompanied children, and creating further unemployment and chronic food insecurity. Approximately half the IDP's annual income is from farm labour, which has been badly hit by the ongoing drought in the region. Food deficits of 20% are expected in the coming year. The nutritional status of the IDPs is poor and is associated with poor sanitation and a high morbidity. Typically access to water is very poor with the majority of IDPs relying on the Nile for their water supply. During 2000 acute malnutrition rates remained above 16 % and improvements can only be expected with improved health and sanitation (UN 2001). The survey reports were not available to the RNIS at the time of going to press.

South and West Kordofan

There are an estimated 72,000 IDPs in these areas. Continued insecurity has severely restricted movement, with a knock on effect on reducing access to cultivable land. Late rains, continued dry spells and uneven distribution of rain have also hindered agriculture. The poor pasture and in creased cattle raiding has severely impacted the livestock ownership. Severe food shortages are expected from May to August 2001 with a food deficit of 40 % (FAO/WFP 22/12/00; UN 2001).

Darfur

Darfur is also chronically food insecure. The situation in North Darfur is already extremely perilous with very poor rainfall, and minimal crop production. The situation could lead to large movements if people into South Darfur. In South Darfur rainfall was late and erratic but on the whole relatively good. The average area planted was up by 40 % and general yields would seem to have improved from last year. As a result IDPs in South Darfur are expected to meet 70 % of their annual food needs with the estimated 30 percent food deficit being covered by general food distribution and food for work projects (FAO/WFP 22/12/00; UN 2001).

Red Sea State

Severe drought is also affecting Red Sea State, particularly Sinkat, Rural Port Sudan and the Halaeib province. Water shortages are critical and terms of trade between goats and sorghum have fallen (from one to six goats in exchange for a bag of sorghum). (Goats are the mainstay of the Beja's livelihood. As yet survey results are not available although WFP report that malnutrition admissions in local hospitals are up to 40%. (WFP 30/3/01).

Khartoum

In Greater Khartoum the UN estimates there are about 1.8 million IDPs. Yet only the 260,000 IDPs in designated camps (Mayo, El Salam, Jabal Awlia and Wad el Bashir) are recognized officially by the *GoS.* The remainder are scattered in various planned and unplanned areas. The main sources of income for IDPs are daily, casual and seasonal agricultural labour as well as petty trade. IDPs are expected to secure 85 % of their annual food needs while the remaining 15 % will be met through coping mechanisms and targeted food relief. The most stressful time is between July and September when demand for labour is at its lowest, and food prices are high. In 2001 the vulnerable IDP group is projected to be 25 % of the overall camp population. The RNIS does not have any new nutritional survey information for the area (UN 2001).

Refugees in Sudan

The border dispute between Ethiopia and Eritrea has resulted in an influx of refugees into Kassala district of Eastern Sudan. About 80,000 Eritrean refugees entered Sudan following a large offensive in May 2000. The cessation of hostilities has facilitated the return of the refugees and a 'great proportion' of them have already returned to their native Eritrea.

In Western Sudan a joint team of UNHCR/WFP/ARRA carried out nutrition surveys in November 2000 in four refugee camps (Bonga, Sherkole, Fugnido and Dimma). The prevalence of acute malnutrition in the four camps ranged from 4.2%–5.6%, including up to 0.5% severe malnutrition, which is satisfactory. This indicates an improvement over survey results six months earlier, which could be due to seasonal effects. In Fugnido camp there had been a significant improvement since the last survey in November 1999 (falling from 11.8% to 5.6%). Measles immunisation coverage ranged between 74.7–91.9% for the four camps. Coverage of supplementary feeding programmes was less satisfactory and ranged between 4% and 30% (UNHCR 12–1.4/11/00).

Overall

The general situation in Sudan remains extremely worrying as continued conflict and drought continue to erode general food security in many regions. The need for food assistance remain high. In particular the Darfur, Kordofan, Eastern Equatoria and Northern Bahr El Ghazal are particularly affected with large–scale distress migration and internal displacement (Category II). The situation in northern Bahr el Ghazel and Upper Nile is made more difficult by the continued insecurity and lack of humanitarian access to affected populations.

Recommendations

- Ensure follow–up surveys to the ones described above are conducted.

From the joint UNHCR/WFP/ARRA nutrition survey in 4 Sudanese Western camps

- Continue the blanket feeding programme in Bonga and Sherkole camps.
- Improve outreach capacity to increase coverage of programmes and intensify nutritional education.
- Repeat surveys in six months.

From the Tear fund survey in Aweil East

- Set up a supplementary feeding programme that includes nutrition education.
- Conduct a study of child care practices and infant weaning to improve understanding of poor nutritional situation.

Increase the general food ration to at least 75 % of a full ration to prevent further deterioration in the situation.

WEST AFRICA

The situation in West Africa is evolving very quickly. The tracking of the displaced and refugee populations and their needs is therefore very difficult. More up−to−date information can be obtained from www.reliefweb.int

The West African region has seen a general deterioration in the humanitarian situation over the past year. Much of the renewed insecurity is along the borders of Guinea, Sierra Leone and Liberia and continues to displace large sections of population and force the return of refugees to their countries of origin, despite insecurity. There are estimated to be over 3 million war effected people in the region (see table opposite).

Côte d'Ivoire

Côte d'Ivoire has traditionally been a beacon of stability in the West African Region, characterised by a relatively good socio−economic situation and an infrastructure that has benefited from extensive development aid. According to UNHCR there are 110,000 Liberian refugees in the country, of which some 50,000 remain unregistered. There ore also about 2,000 Sierra Leonean refugees on the Western borders. There is concern that a deterioration in either the internal security of Côte d'Ivoire or in the sub region as a whole, may force an unplanned return of over a 100,000 refugees to their country of origin (UNHCR 2001; UN 2001).

Table of beneficiaries in West Africa taken from the UN Consolidated Inter−Agency Appeal for West Africa 2001

Country	***IDPs***	***Refugees***	***Returnees***	***Host/other***	***Total***
Guinea	150,000	420,000	NA	3000,000	870,000
Sierra Leone	500,000	6,000 Liberians	100,000	1,000,000	1,606,000
Liberia	20,000	70,000 Sierra Leone	30,000	600,000	720,000
Cote d'Ivoire	NA	60,000 Liberia	NA	NA	63,700
		2000 Sierra Leone			
		1,700 Urban			
Total	670,000	559,700	130,000	1,900,000	3,259,700

After years of stability Côte d'Ivoire experienced a *coup d'état* in 1999 when the civilian government was overthrown by the military. A second *coup* attempt in January 2000 failed and has subsequently been attributed by the government to the neighbouring countries of Burkina Faso, Mali and *Guinea.* Further tension

occurred in October 2000 on the announcement of presidential election results where the supreme court invalidated the candidature of Mr Ouattara on the basis that he was not a true Ivorian citizen. As a result social tensions were aroused resulting in wide scale violence. (UN 2001)

The RNIS has no current information on the nutritional status of refugees in the country.

Overall

The situation is not critical but there is concern that the situation could deteriorate with the increase in regional insecurity and the internal troubles that hove been affecting the country since the *coup d'état* of 1999. The nutritional situation of the refugees is not critical but will depend on the continued stability of the country.

Recommendations

- Improve surveillance systems for both nutrition and health at the local level.
- Ensure that contingency planning has been done for the health and nutrition sectors.

Guinea

The past year has seen a major shift in the humanitarian situation in Guinea. Until recently Guinea had avoided direct involvement with the conflicts across its borders, but since September 2000 there have been increasing incursions from hostile, armed groups, into the south eastern region of the country. The south–east borders both Sierra Leone and Liberia, and fighting has focused on the thin strip of Guinean territory around Gueckedou that juts out into Sierra Leone, and is known as "the Parrot's beak" (UN 2001).

Prior to this violence, Guinea hosted about 420,000 refugees, of whom about 300,000 were from Sierra Leone, and 120,000 from Liberia (UN 2001). Many of the refugees were in the south east which was destabilized by fighting, forcing mass movements of both refugees and the resident population (ACF 02/01; NRC 2001).

One of the major ramifications of the incursions and the resultant internal instability, has been a major shift in attitude to refugees within Guinea by both the government and the general population. For years Guinea has been a willing host to the refugees within its border but increasingly, internal public opinion, fuelled by inflammatory remarks by the president, is turning against them. Refugees are being blamed for bringing fighting into the country. In many cases the backlash against the refugees has turned violent and has contributed to the increasing number choosing to return to their 'war torn' countries of origin (ACF 02/01; NRC 2001).

The RNIS has not received any recent nutrition surveys on either the displaced or refugee populations in Guinea. However reports from ACF based on the monitoring of health centres and some rapid assessments, indicate that the nutritional status of populations in the affected areas of the Parott's Beak is not alarming (ACF 02/01).

The south east Forest Region

Fighting began in the region in September 2000 and has resulted in large scale population displacement. ACF report that a UN registration in June 2000 estimated the total caseload of refugees from Sierra Leone and Liberia in Gueckedou prefecture to be 263,000 people. This was considered an overestimate by NGOs who estimated the total refugee population to be 150,000. The intensity of the fighting has severely restricted humanitarian access to the affected areas. UNHCR report that attacks on the Parrot's Beak area have continued and on March 9th the town of Nongoa was attacked sending thousands running for safety. Insecurity of the Parrot's beak areas has led to attempts to move the affected population out of the zones of conflict, to camps where their security is more assured (UNHCR 06/04/01)

As of April 20th UNHCR reported that 30,000 had been moved to the Albadaria area north of Kissidougou and the relocation continues with refugees being moved out Parrot's Beak. The numbers of people involved have severely constrained attempts to move them and relocation effort remain a race against time as the rainy season approaches after which roads become impassable (ACF 02/01; NRC 2001; UN 2001; UNHCR 06/04/00).

Many refugees have chosen to move themselves and have either headed northwards to the transit camp of Kankan to await transportation to the newly prepared camps in the Albadaria area north of Kissidougou, or they have moved towards Conakry with the aim of being repatriated to Sierra Leone. Some have even risked walking across the border with Sierra Leone into deeply insecure areas held by the rebels they initially fled from. Numbers remain extremely difficult to track as the situation continues to unfold day to day but a considerable number of people still remain in the Parott's Beak (NRC 2001; UNHCR 20/04/01). ACF conducted a rapid evaluation of the food security situation in Gueckedou in February 2001 as there has been concern that the cessation of food distributions and the ongoing conflict have adversely affected food security. ACF have highlighted that Gueckedou prefecture has received two waves of refugees in 1991/2 and in 1998. The 'new' refugees make up about 25% of the refugee population. Refugees have quickly developed coping mechanisms that often allow them to survive without dependence op food aid although ACF stresses that the 'new' refugees have more difficulty in becoming involved in agricultural activities. However, the ACF assessment concluded that the majority of refugees in Parott's Beak had been able to meet their food needs mostly as a result of an abundance of rice from the latest harvest and cheap market prices for food items. There is very limited access to external markets and the poor purchasing power of many refugees means that the long term effects of the insecurity could reduce access to food (ACF 02/01).

Forecariah Area

Latest reports from the Forecariah area put the number of refugees at 15,885 people although this number is likely to change very quickly. There have been reports of outright hostility to refugees in the area making their presence there increasingly difficult, however the Red Cross report that government authorities have finally agreed that refugees can be moved to one camp in the Kindia Prefecture which removes them from a potentially hostile border area (IFRC 19/03/01; WFP 06/04/01).

Repatriation

Issues of repatriation have taken on a new urgency as the fighting in the south east has destabilised the country as a whole and markedly changed the previous good feeling towards the refugee populations in Guinea. It is difficult to keep up with the unofficial repatriations, as many people have chosen to move themselves back across the borders into Liberia and Sierra Leone, but the transit camps in Conakry has seen large influxes of Sierra Leonean refugees wanting to be repatriated by boat to Sierra Leone. Latest figures indicate that there are some 5,598 people in the camps awaiting repatriation with more arriving every day (WFP 06/04/01).

Overall

The humanitarian situation for refugees and for the large number of newly displaced people, has deteriorated markedly since September of 2000. Of particular concern is the current hostility being shown to refugees within Guinea which affects the support they receive from neighbouring host communities. Refugees should be considered at moderate to high risk of malnutrition (Category II).

Recommendations

- Complete the relocation of refugees from the insecure border areas of the south east.

- Monitor the nutrition and food security situation of both the displaced and refugee populations.

Liberia

The spread of the sub regional violence to Guinea, from both Liberia and Sierra Leone, has forced the repatriation of Liberian refugees and it is feared that the further mass return of refugees would generate huge problems in a country already stretched to capacity. There are currently estimated to be a combined total of some 460,000 Sierra Leonean refugees (80,000) and Liberian returnees (360,000) in the country with many being in the volatile Lofa county. The intensification of fighting in the area has rendered it largely inaccessible to relief agencies. This makes the precise determination of numbers returning from the recently war torn south eastern zone of Guinea, extremely difficult (UNHCR 2001).

The UN is planning to implement sanctions against Liberia in response to the regime's continued funding of rebel insurgency movements in Sierra Leone and the illegal profits taken from illict diamond and timber extraction. Sanctions will be imposed on May 7th unless the Liberian government meets certain prerequisites and can prove that it has ceased illegal activities. The prerequisites include the expulsion of foreign rebel movements in the country and a cessation of funding and military support to rebel groups and the illicit trade in rough diamonds and illegal timber. With the absence of definitive proof that these criteria have been met, it would seem likely that the sanctions will be implemented. The effects of the sanctions on the populous and particularly the refugees and newly returned is difficult to predict (PANA 22/04/01).

Situation of returnees

Current estimates indicate up to 30,000 returnees over the past year. The majority of the country is safe but the area of Lofa county on the border with Sierra Leone remains extremely insecure and the scene of frequent fighting. The deteriorating situation in Guinea has also prompted the return of many but numbers remain extremely difficult to estimate. To date the RNIS has not received any new nutritional or food security data on the conditions of returnees in the country (UN 2001).

Refugees in Liberia

There are an estimated 80,000 Sierra Leonean refugees in Liberia and according to the government 5,000 have returned to Sierra Leone over the last year. About 35,000 remain in camps in Montserrado and Grand Cape Mount counties and another 45,000 are scattered throughout Lofa county with little or no access to humanitarian assistance. The political instability in Sierra Leone makes the prospect of return unlikely in the foreseeable future. The RNIS has received no new information on the nutritional and food security status of the refugees (UNHCR 2001).

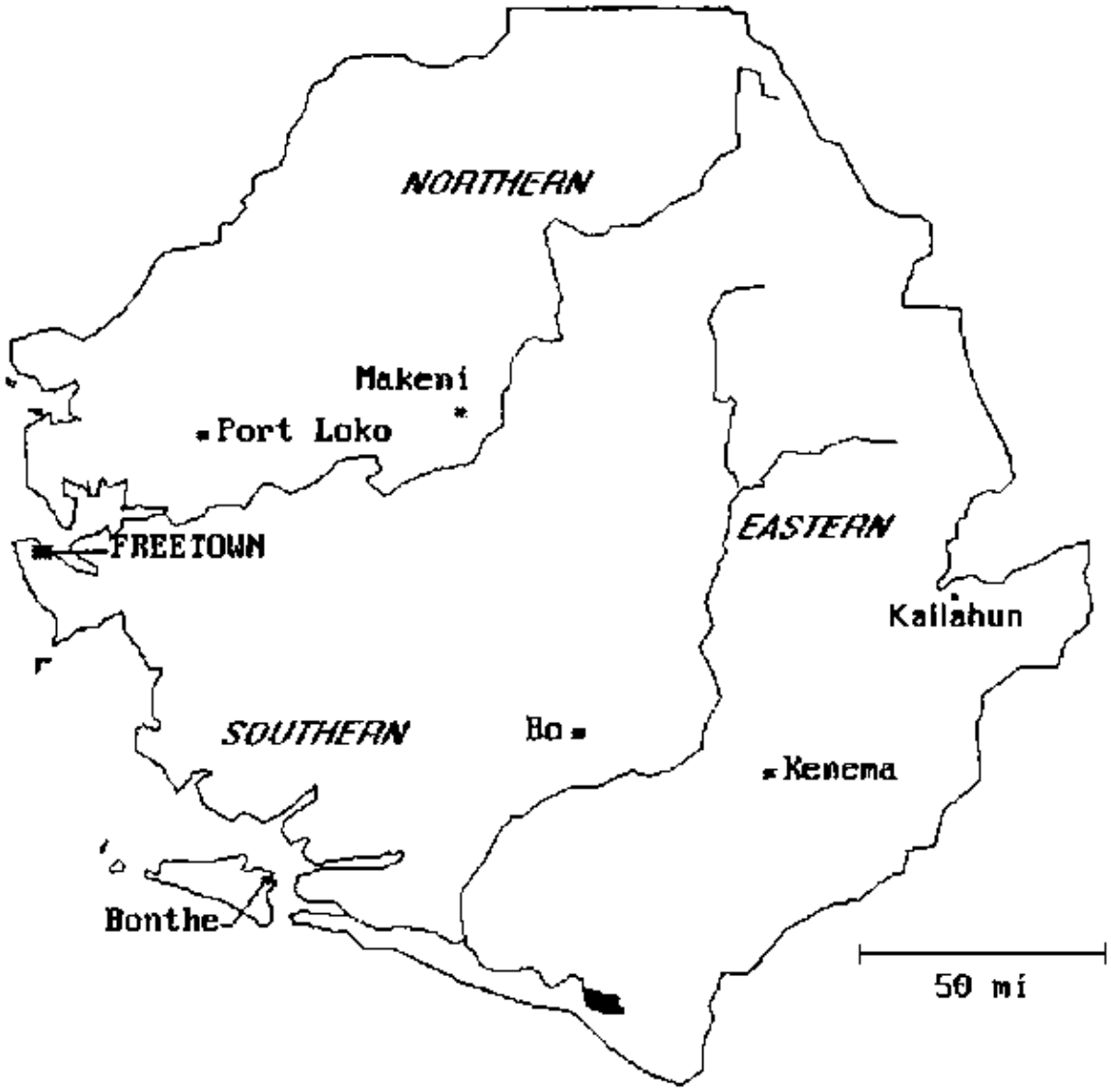
Overall

There is no new information on the nutritional status of either refugees or newly returned. It is assumed that the situation remains uncritical for those currently in non insecure areas of the country. However those in the highly insecure areas of Lofa county, particularly those forced to flee insecurity in Guinea, should be assumed to have an elevated risk of malnutrition (category III).

Recommendations

- Advocate for increased humanitarian access to the insecure regions of Lofa county.

- Continue to monitor the situation of refugees and the newly returned particularly those in Lofa county.



Sierra Leone

The past year has seen big changes in both the political and humanitarian contexts in Sierra Leone and the region at large. In May 2000 there was a breakdown of the Lomé Peace Agreement after the attack and detention of hundreds of UN peacekeepers by the Revolutionary United Front (RUF). This sparked a dramatic deterioration in the security situation in the country that displaced thousands of people and resulted in the evacuation of many international aid agencies and the temporary suspension of humanitarian activities. The spread of conflict to the south eastern forest area of Guinea, has resulted in the return of tens of thousands of Sierra Leonean refugees who had been staying in camps there (UN 2001).

Since the end of last year the security situation in Sierra Leone has been relatively calm with signs that rebels were seeking to re−enter the peace process and in November a new cease fire agreement was signed between the government of Sierra Leone and the RUF rebels. This has been accompanied by a more welcoming attitude by the rebels to humanitarian assistance with the RUF agreeing to allow humanitarian agencies to operate unhindered in RUF held areas of the country. However, some areas, particularly in the north and east of the country, remain humanitarian 'no go' zones. The insecurity in the north has continued to resulted in the unequal distribution of aid (UN2001).

Displaced populations

The insecurity in many areas and the fast changing situation make the estimation of numbers of internally displaced extremely difficult, but at the end of 2000 there were approximately 400,000 registered IDPs in the country with over 50 % of them newly displaced since May 2000. The critical developments on the Sierra Leone−Guinea border have prompted an armed response from Guinean security forces who have shelled

Sierra Leonean territory in an attempt to prevent incursions from rebel groups. This has resulted in large–scale population displacement from the affected areas that have dramatically added to the IDP caseload. Original projections by WFP were for a caseload of 520,000 in 2001 and this has already risen to 544,050 which has major resourcing implications. There are 170,000 people in eighteen official camps in safe and accessible areas. The UN also estimates that there could be as many as a million more internally displaced, who have been absorbed by host communities. This means a current total of about 1.5 million people. Women and children make up to 70 % of the displaced caseload (NRC 2001; UN 2001; WFP 16/03/01).

The vast majority of the registered IDPs have sought refuge in the Tonkilili District (including Mile 91) and the Port Loko District (including the Lungi area). Other areas of concentration remain urban areas such as Freetown, Kenema and Bo that offer some protection from rebel attack. A registration of IDPs in Lungi has indicated 28,000 people who had fled areas in Kambia as a result of the conflict on the border with *Guinea* (NRC 2001; WFP 09/03/01).

In an attempt to relieve the pressure on camps, a National Resettlement Day was launched on March 20th. IDPs and returnees volunteering for resettlement will receive a two months food ration, but inertia to the idea is very great due to a perceived lack of infrastructure in the areas concerned. WFP reported that 30,921 people in the Western Area and 12,458 people in Port Loko have currently registered for resettlement but it is unclear how many will actually follow it up (WFP 30/03/01).

Returnees

The outbreak of violence in the south eastern Forest Region of Guinea is a new development in an already tense regional situation, which has created an acute humanitarian emergency for thousands of Sierra Leonean refugees. However, the development of fighting within Guinea has resulted in considerable hostility towards the refugees, by both the Guinean authorities and the general population. This has resulted in the return of an estimated 50,000 to 60,000 refugees to Sierra Leone since fighting broke out in September. It is suggested that between 2,000 and 2,500 refugees are returning to Sierra Leone each week (NRC 2001; UN 2001 UNICEF 31/03/01; USAID 20/04/01).

Total numbers of returnees are difficult to follow because some are choosing sea routes from Conakry aided by the UNHCR and the International Organisation for Migration (IOM) whilst others have made their own way across the borders of both Liberia and Guinea and have not been officially registered. The IOM report that they have transported 22,000 returnees from Guinea since January this year. The situation for many remains critical as they find themselves unable to return to their areas of origin. Many come from areas such as Kambia, Kono and Kailahun which remain highly insecure. As a result returnees find themselves in vastly overcrowded camps or staying with host communities who are themselves experiencing great difficulties, and who can ill afford the added burden of a sharp population increase. (IOM 24/04/01; NRC 2001).

Northern Province

The Northern province is the site of much of the present insecurity with ongoing conflict between rebel groups and the Guinean security forces. This has greatly restricted access to areas within the province and it is assumed that the situation for many in outlying areas remains critical. Insecurity in Kambia district continues to displace large amounts of the population. Due to insecurity the RNIS has not received any nutritional information from the majority of areas (NRC 2001).

Port Loko

ACF conducted two nutrition surveys in the Port Loko area in December 2000. The first was in the town itself and the second in the camp (see table of results below).

The prevalence of malnutrition in the town and camp are similar and not unduly elevated, however mortality rates are alarming. The main causes of mortality are ARI, malaria and measles, while malnutrition also contributes to these high death rates (ACF 12/00).

The results corroborate the general impression of poor sanitation, overcrowding and lack of access to health facilities in the country. There have been considerable further displacements since December and it is likely that there has been a deterioration in the nutritional status of the populations. The authors of the survey stress that the results cannot be extrapolated to the area at large and indicate that much of the area to the north and east remains inaccessible due to insecurity (ACF 12/00).

Table of results for ACF surveys in Port Loko town and camp (December 2000)

	Port Loko town	***Port Loko camp***
Acute malnutrition(<–2 z scores)	3.8 %	3.7 %
Severe malnutrition (<–3 z scores and/or oedema	0.3 %	0.9 %
Crude Mortality Rate	1/10,000/day	1.3/10,000/day
Under five Mortality Rate	3.1/10,000/day	4.1/10,000/day
Measles vaccination coverage*	76%	48%

* Determined from vaccination card and mother/carer report

Western Province

The security in the Western Province remains fairly stable with deployment of UNMASIL troops. The Freetown and Lungi peninsula continues to receive large influxes of both IDPs and returnees. There are currently about 30,000 IDPs in Lungi as a result of fighting in Kambia and the influx of returnees from Guinea continues.

In February 2001 ACF conducted post distribution monitoring in the displaced camps in Freetown to look at the reliance on food aid and to assess the livelihood strategies of the displaced populations. The survey indicated that the middle and better off families which represent 50 % of the total camp population, do not rely on food aid but use it as an additional source of income. The remaining poor households do have a stronger reliance on food assistance and are often forced to borrow from the richer groups. The loaned food is paid back in kind or with money and this forces poorer households into a vicious cycle of borrowing and repaying debts that prevents them from being able to use food aid for their sole consumption (ACF 02/01).

There is no new nutritional information for this area but given the stable security and the access to humanitarian aid, it is assumed that the situation remains fairly stable.

Southern and Eastern Provinces

The southern Province has remained relatively free of fighting since the latest outbreak of violence and the same goes for the Eastern province although areas bordering Liberia can be assumed less secure. An estimated 12,500 people have arrived by foot in Daru in the south east, after fleeing Guinea and Sierra Leone and the rebels have reported the presence of 4,500 Liberian refugees in Kailihun (IRIN–WA 25/04/01).

Bo District

ACF conducted a nutritional survey in Bo district in November 2000. 2.1 % of the sample were internally displaced and 0.2 % were returnees. The survey found and estimated a prevalence of malnutrition of 3.8 % (<–2 z score) including 0.9 % severe malnutrition (<–3 z scores and/or oedema).

The Crude mortality rate was estimated as 1.1/10,000/day and the under five mortality as 5.9/10,000/day. The vaccination coverage for measles was estimated as 83.4 %, but only 39.7 % were confirmed with a card. Whilst the malnutrition rates appear acceptable, the mortality rates are extremely high. Malnutrition is again given as one of the main causes of mortality, along with, ARI, malaria, and diarrhoea.

Kenema

Merlin has conducted a series of nutrition surveys over the past year in the towns of Kenema and Blama and their surrounding camps. The RNIS has only seen summary reports, which indicate a low prevalence of malnutrition in both July 2000 and January 2001. In July, the prevalence was 3.7% in Kenema town and 2.2 in the camp. In January 2001, this remained stable at 3.8 and 1.2 respectively (Merlin 08/00).

The mortality rate in January 2001, was estimated at between 1 and 2/10,000/day. The surveys indicated a good improvement in the rates of vaccination coverage in the area (Merlin 08/00).

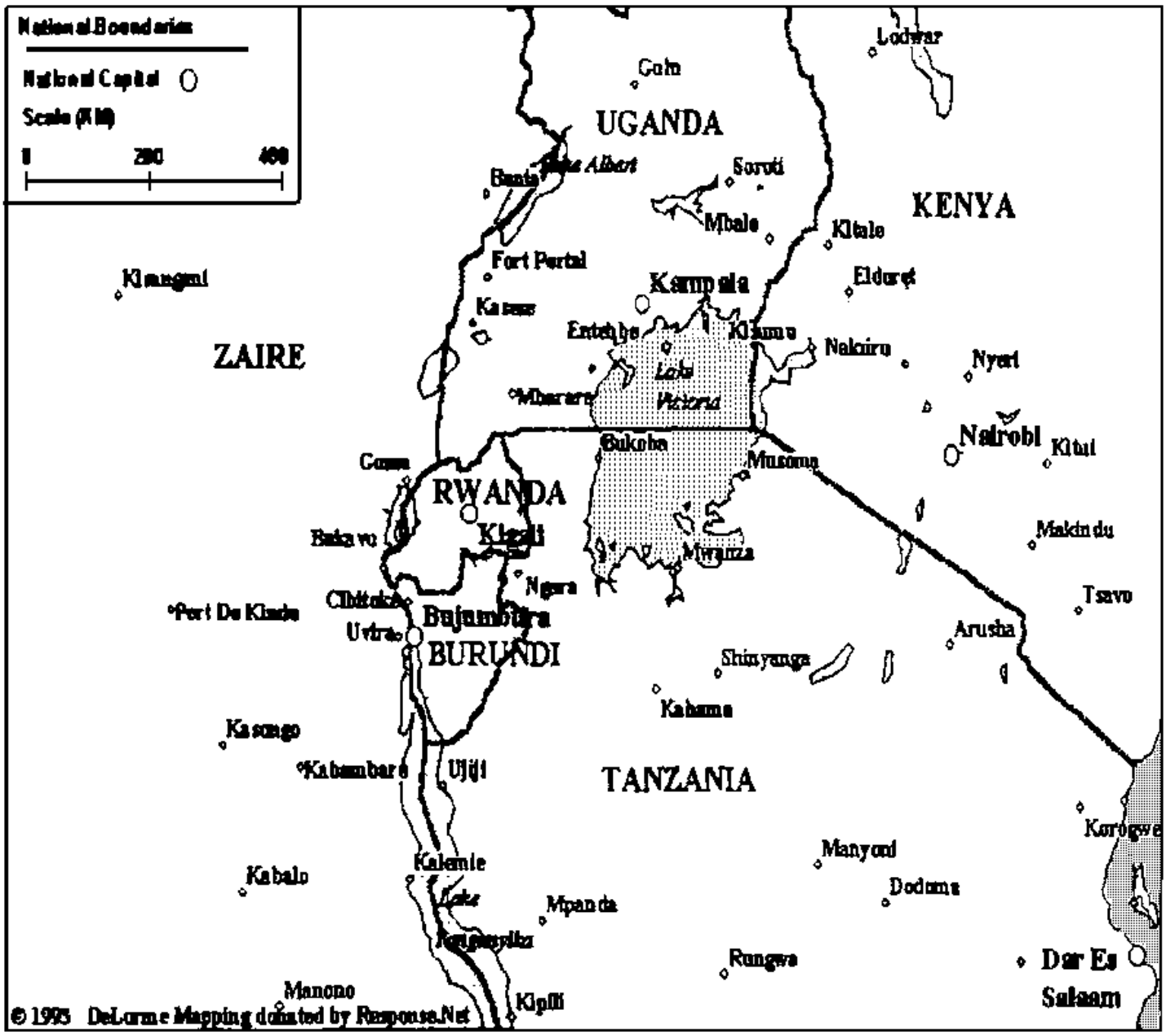
Overall

The humanitarian situation in Sierra Leone is extremely poor. The upsurge in insecurity continues to displace the general population and strongly effects general food security. Whilst available information on nutritional status of displaced does not indicate an alarming situation, mortality rates do indicate a health crisis (category II). All surveys presented have been from relatively secure areas and there must be grave concern for the populations currently inaccessible to humanitarian aid. No information exists for those currently inaccessible but they are considered at high nutritional risk (category V).

Recommendations

- Negotiate critical humanitarian access to populations in currently insecure areas.
- Carry out more in depth investigations on the causes of high under five mortality.
- Closely monitor the health situation of the population with particular emphasis of populations in camps.
- Increase vaccination coverage in all areas.
- Livelihood activities should be strengthened to enable poor households to break the cycle of borrowing and repayment of food aid.

GREAT LAKES REGION



GREAT LAKES REGION (updated by ReliefWeb 7.6.96)

The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations or ReliefWeb. This maps may be freely distributed If more current information is available, please update the maps and return them to ReliefWeb for posting

The crisis in the Great Lakes continues to unfold. Burundi has seen heavy fighting around Bujumbura and a further deterioration in the humanitarian situation in the north of the country resulting in dramatic rises in malnutrition rates and a severe malaria epidemic. The crisis in the Democratic Republic of the Congo (DRC) remains critical despite advances in the peace talks. Many areas of the country remain inaccessible and reports indicate extreme needs as the number of displaced continues to rise. Recently UN observers were deployed in eastern DRC to oversee the withdrawal of foreign armed forces from the country. Uganda is still involved in the larger regional conflict and the presence of external rebel groups continues to displace populations and create conditions of food insecurity. The regional fighting in DRC and Burundi has increased the influx of refugees to the United Republic of Tanzania and prevented hoped for voluntary returns. Lastly the drought affecting the Horn of Africa has also had its impact on the food security of the region.

Burundi

The Arusha peace talks, which started in June 1998, resulted in the signing of a peace agreement between 19 parties of on the 28th August 2000. However, several armed rebel groups were opposed to the peace negotiations and did not sign the agreement. These groups increased their attacks during the peace negotiations. They continue to fight government forces creating widespread insecurity in many areas of the country. The most recent round of heavy fighting started on the 25th of February 2001 in around Bujumbura. The fighting resulted in the displacement of around 50,000 people from the suburbs of Kinama, Cibitoke and Kamenge to areas in the Bujumbura rural around the capital. Many of these displaced have subsequently been able to return but have found all of their property looted. Insecurity in the country continues with the most affected areas being Makamba, Bujumbura Rural, Rutana, Ruygi and Bururi province (NRC 00;WFP 16/03/01; UNHCR 02/05/01).

The last year has seen a number of important developments in population displacement in Burundi and current estimates of numbers indicate that there are 379,000 IDPs in the country. This represents a considerable drop in numbers from July 2000 when there was an estimated 670,000 IDPs. The reason for the drop in numbers has been the government dismantling of the regroupment camps in Bujumbura Rural in July 2000. Other areas with large numbers of IDPs are Makamba, Bururi and Rutana Provinces (NRC 00; UN 01; UNHCR 02/05/01).

Estimated Numbers of refugees, IDPs and returnees in the Great Lakes Region

	Jun–99	***Sept–99***	***Dec–99***	***Mar–2000***	***July–2000***	***May–2001***
Burundi	451,000	617,000	821,000	830,000	670,000	379,000
Rwanda	640,000	673,000	650,000	652,000	69,000	38,000
RoC	213,000	343,000	823,000	438,000	233,000	112,500
DRC	952,000	1,104,000	1,185,000	1,418,000	1,759,500	2,334,500
Tanzania	373,000	373,000	400,000	465,000	440,000	528,000
Total	2,629,000	3,110,000	3,880,000	3,803,000	3,171,500	3,392,000

Food Security Situation

The continued insecurity in areas such as Bujumbura rural, Gitega and Ruyigi provinces has had an adverse impact on the food security of the affected populations. Insecurity prevents farmers from accessing their land and helps to explain worrying new cropping trends. Farmers are switching from the traditional legume and cereal crops to less labour demanding, but less nutrition–ally valuable root crops. The food security situation has been further hampered by severe drought that has particularly affected the northern region of the country for the past three years (UN 2001; FAO 04/01).

Both season A and season B harvests were poor during 2000, however FAO reports that the recently harvested season A harvest in 2001 is satisfactory. A locally organised FAO/WFP/UNICEF Assessment Mission estimated food production from the season A 2001 harvest to be systematically higher than season A 2000. The area planted increased significantly during the season A 2001 season reflecting relatively better security in the west (particularly in the provinces of Bubanza and Cibitoke) and the closure of regroupment camps in Bujumbura Rural Province, allowing farmers to return to their fields. The other factor which contributed to higher plantings this season was the timely seed distribution by the Government and international agencies, mainly in Kirundo and Muyinga provinces, the areas worst affected by drought during the 2000 A season (FAO/GIEWS 04/01).

Despite a late start of the rainy season, precipitation was abundant and well distributed from October to November benefiting crop development. However, excessive rains in parts resulted in floods and crop losses and, in general, reduced yields, particularly for beans. Yields of bananas and plantains are expected to increase only from March/April as trees were seriously affected by previous prolonged dry weather. The small 2000 *C* season harvest in the marshlands, from mid–June to September, was poor reflecting the dry weather in previous months. Food output was estimated to be 4% below the level of the 1999 *C* season (FAO/GIEWS 04/01).

Food insecurity has been further undermined by a very serious malaria epidemic which saw more than 3 million cases reported in the latter half of 2000. The epidemic was particularly bad in the northern provinces and Karusi (UN 2001; WFP 20/02/01).

Bujumbura Rural

IDP numbers in the Bujumbura Rural area have dropped from 200,008 in June 2000+0 30,889 in November as a result of the dismantling of regroupment camps. The "dispersed" populations have scattered into the surrounding areas, where insecurity hampers their attempts to cope and makes humanitarian access extremely difficult. The IDPs remain as vulnerable as before and represent a priority for future humanitarian action. The RNIS has no new nutritional information on the IDP population in this area (NRC 2001).

Karusi

Provinces in northern Burundi are suffering from three consecutive years of drought and crop disease. Karusi, although badly affected by the drought, has received a lot of people from surrounding provinces such as Ngozi, who have suffered worse drought effects and are less served by humanitarian assistance. Much of the influx to Karusi is a result of the perception that conditions are slightly better in the Province (NRC 2001).

In August 2000 MSF−B raised concerns over increases in attendance at their feeding centres and a WFP rapid assessment recommended the provision of rations to families with children enrolled in feeding programmes. In October and November there was a severe outbreak of malaria where more than 75 % of admissions to health centres tested positive to malaria (MSF−B 11/00).

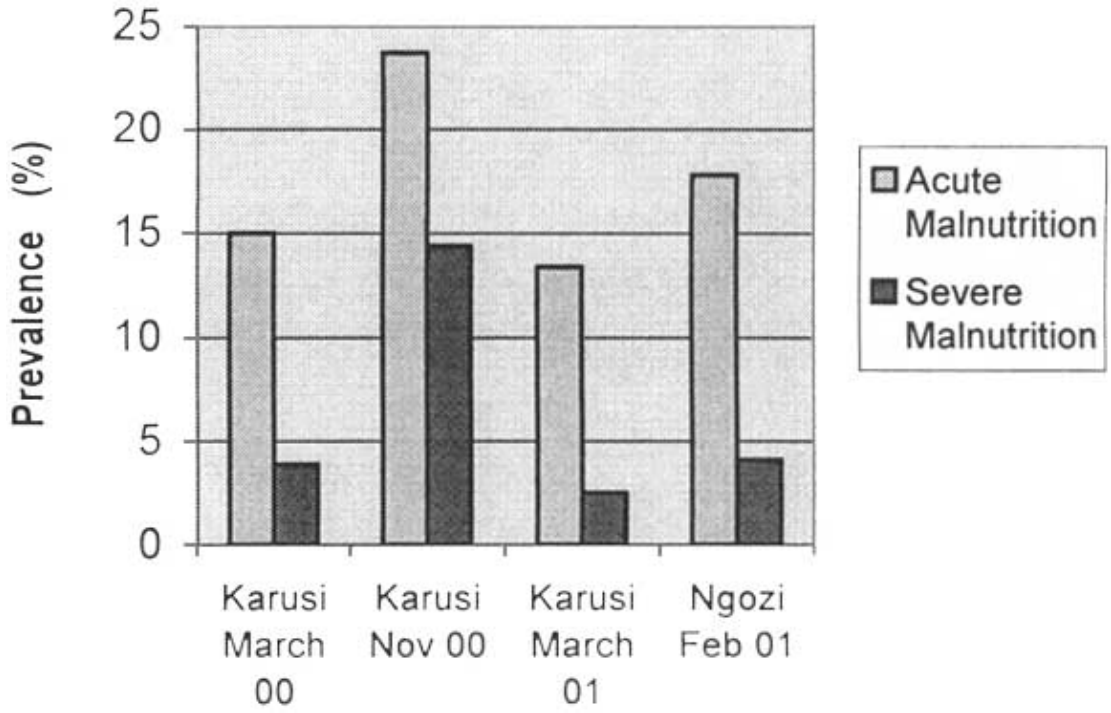
MSF−B conducted a nutritional survey in November 2000, and March 2001. In November 2000, the prevalence of acute malnutrition was estimated as 23.7 % (<−2 Z scores), severe malnutrition 14.4 % (<−3 Z scores), while 13.3 % had oedema. The CMR in the 76 days prior to the survey was recorded as 0.9/10,000/day and the under five mortality as 3.1/10,000/day. The cover− age of nutritional programmes was 17.7 % and 48 % of children had a card showing they had been vaccinated against measles (with a further 36 % claimed they had been vaccinated but unable to provide a card) (MSF−B 11/00).

The survey report does not explain the causes of malnutrition, apart from the malaria epidemic. However, the poor season B harvest, and the influx of displaced almost certainly contributed to this situation. In addition, in November 2000, there was no general food distribution in Karusi. The high prevalence of oedematous malnutrition, although not unknown in this population, is particularly alarming.

The survey in March 2001 showed a prevalence of acute malnutrition of 13.4 %, with 2.5 % of severe malnutrition. Oedema was reported in 1.2 % of the population. CMR in the five months prior to the survey was estimated at 1.2/10,000/day and the under five mortality rate at 3.2/10.000/day. The coverage of the feeding programmes had improved slightly to 27%. A total of 38% of children could provide a card showing positive measles vaccination status. A further 44.3 % claimed they had received measles vaccination (MSF−B 03/01).

This appears to indicate an improvement in the nutritional situation. However, RNIS is concerned that the drop in the prevalence of malnutrition is mainly due to a decrease in the severely malnourished. Given the low coverage of the feeding programmes, and the high under five mortality, the apparent improvement in the nutritional situation could be due to high death rates amongst the severely malnourished (MSF−B 03/01).

The MSF−B nutritional survey report also describes a survey conducted in Ngozi Province in February 2001 which showed an estimated prevalence of acute malnutrition of 17.8 %, 4.1 % were severely malnourished. This province has been one of the worst affected by drought, epidemics and insecurity over the course of 2000 (MSF 11/00). The situation in Karusi and the northern provinces remains very worrying with high rates of malnutrition and increasing numbers of admissions to selective feeding programmes. MSF reported on the 11th of January that they had 16,700 people in supplementary feeding programmes which was ten times higher than the number in January 1999. In March this figure had risen to 22,000 people. The majority of these beneficiaries are children and adolescents but there are also significant problems amongst the adult population. The situation needs to be very carefully monitored.



Acute and severe malnutrition in Karusi and Ngozi provinces

Bubanza Province

Bubanza has been particularly badly affected by unrest in Burundi and until the disbanding of the regroupment camps in June 2000, had one of the largest populations of IDPs in Burundi. However, the past year has seen large reductions with numbers falling from 117,440 in June 2000 to 14,588 in November 2000. The RNIS has not received any new information on nutrition but the last survey done showed falling rates of malnutrition.

Kirundo Province

Kirundo is in the far north east of Burundi, bordering Rwanda to the north, Muyinga to the east and Ngozi to the south west. The population is estimated to be 500,000 people with 5000 being displaced. The province has suffered from four successive years of drought and there are signs that people have begun to change their eating habits. ACF conducted a nutrition survey in September 2000 and showed an estimated prevalence of acute malnutrition of 6.8 %, while 1.2 % were severely malnourished. The CMR was estimated as 0.4/10,000/day and the under five mortality as 4.35/10,000/day calculated retrospectively over the past month. The measles vaccination coverage estimated from vaccination cards was 38 % with a further 47 % claiming a positive vaccination status. The survey does not show alarming rates of malnutrition but the poor food security situation and access to health facilities mean that the situation should be monitored very carefully (ACF 09/00).

Overall

The nutritional situation in Burundi has deteriorated over the last year. This is a result of continued insecurity, successive poor harvests and a high burden of disease. A severe malaria epidemic developed over the latter half of 2000. Areas in the north of the country have been particularly badly affected. Overall, the prevalence of malnutrition in affected communities appears to have improved, but importantly, the under five mortality is alarmingly high. With the current situation IDPs should be regarded as highly vulnerable (category II). Particular note should be taken of the fact that very little information is available from the southern areas of the country due to the prevailing insecurity. However, it is likely that needs in this area remain very high and the overall situation needs very close monitoring.

Recommendations

- Closely monitor the development of nutritional status of affected populations.

- Try to assure humanitarian access to affected populations in currently inaccessible areas of the country.

From the MSF surveys in Karusi Province in November 2000 and March 2001.

- General food distribution should be established as quickly as possible to ensure that the nutritional situation does not deteriorate
- Seed and seed protection ration distributions should further cover the upcoming harvest periods.
- The coverage of feeding programmes needs to be improved.
- The causes of oedema should be determined.
- Measures should be taken for the prevention/preparedness of future malaria epidemics.
- There is a need for a widescale measles vaccination campaign.

From the ACF survey in Kirundo Province in September 2000

- Conduct a study of health and sanitation problems in the region and how the coverage might best be improved.
- Evaluate the impact of the food distribution and food security programmes.
- Improve access to drinking water for the general population of Kirundo.

Rwanda

Rwanda has remained relatively stable with insurgency and insecurity no longer posing major obstacles to the provision of assistance. However, the highly volatile situation in eastern DRC is a threat to border security, and the perceived stability of the country could well result in an increase in the number of refugees from countries such as Burundi (FAO 04/01; UN 2001; WFP 20/12/00)

An OCHA report on Rwanda (covering 2000) states that "a few pockets of humanitarian needs remain in Rwanda". As a result of the stability of current situation IDPs are categorised as those who recently displaced as a result of crisis. Current numbers of displaced as of the end of 2000, following OCHA's categories, are 7,780 people. 2,480 of these are recently displaced from the Gishwati forest to Gisenyi due to security and environmental reasons and the remaining 5,300 have been displaced to Kibungo and Ruhengeri as a result of severe drought. There are also an estimated 30,000 refugees and 375,000 other drought affected people. As reported in RNIS 31 the government of Rwanda has been following a policy of "villagisation" where people formerly considered displaced have been relocated to created villages or "imidugu". This has resulted in a decrease in the numbers of displaced in the country as some 370,000 people previously registered as displaced are no longer considered to be internally displaced (OCHA 09/00, UNHCR 2001).

Refugees and returnees

Currently there are 33,500 registered refugees in Rwanda. The majority (30,000) are from eastern DRC from the Masisi and Rutshuru regions of north Kivu. They are accommodated in two camps, the Kibiza camp in Kibuye Prefecture and the Gihembe camp in Byumba Prefecture. Groups of refugees have been returning to Eastern DRC to North Kivu despite the insecurity there. OCHA reports that returning refugees have cited insufficient food rations as a major reason for concern and are hoping to survive on humanitarian aid on there return (OCHA 09/00). The refugees remain highly dependent on food aid as there is little opportunity for income generation and land availability remains very low. There are also 500 Burundian refugees in Kigeme camp in Gikongoro Prefecture and a case load of urban refugees in Kigali (UNHCR 2000).

During 2000, 24,599 Rwandan returnees arrived from DRC, passing through the transit centres of Nkamira in Gisenyi Prefecture and Nyagatare in Cyangugu Prefecture. The returnees are given a three month resettlement package. The RNIS does not have any new nutritional information on these refugees (WFP 09/02/01).

Food Security

Rwanda has suffered from recurrent drought that has resulted in crop losses and some displacement from affected areas such as the Bugesera region. OCHA reports on a food security assessment conducted in August 2000 which indicated that the season 2000 B harvest (January–May 2000) had been affected by insufficient rains which had severely affected the Prefectures of Kigali Rural, Gitarama and Kibungo. The severity of the drought necessitated an emergency intervention and food distributions began in November to the worst affected prefectures of Kibungo, Umutara, Kigali Rural, Butare and (Gitarama. (OCHA 09/00).

Preliminary indications are that food output of the recently harvested 2001 A season crop is at around or slightly lower than the good level of last year. Despite a delay to the start of the rainy season, precipitation was abundant and well distributed from mid–October to December. Although excessive rains in November resulted in floods and crop losses in parts, mainly in Gisenyi and Butare Prefectures, they generally benefited plantings and yields, particularly of cereals and pulses. Production of roots, tubers, banana and plantains was less satisfactory reflecting shortages of planting material and prolonged dry weather. Also, despite the overall positive picture, a poor harvest was gathered in the Bugesera region of Kigali Rural Province, due to seed shortages following successive reduced crops (FAO/GIEWS 04/01).

The tight food supply situation has eased with the new harvest. Prices of maize, beans and Irish potatoes have decreased from their levels of a year ago. However, despite the overall improvement in the food situation, emergency food assistance is anticipated to be needed until the next harvest for people in the Bugesera region, particularly in Kanzenze and Gashora districts (FAO/GIEWS 04/01).

The government has also closed a number of cattle markets in eight provinces affected by an outbreak of foot and mouth disease. The measures have deprived various populations of the income from cattle sales and the associated labour (WFP 01/01; WFP 01–03/01).

Overall

There is no recent information on the nutritional status of the displaced and newly resettled. However, areas of the country have suffered drought and the population at large remains extremely vulnerable and food insecure. Those currently displaced, including those newly resettled should be viewed as remaining at moderate risk of malnutrition (category III). The nutritional status of the refugees is not critical (category IV).

Recommendations

- Gather information on the nutritional and food security situation of displaced and refugees in Rwanda.

Republic of Congo (RoC)

The Republic of Congo has suffered heavily from a series of resurgent civil conflicts in the last six years that have forced hundreds of thousands of people from their homes. RNIS 31 reported that the nutritional situation has stabilized and the outlook for the future is guardedly optimistic as the fighting of the 90s appears to be at and end with the signing of a cease fire agreement on the 29th of December 1999 (UN 2001; UNHCR 2000).

Considerable headway has been made on the road to a lasting peace settlement with broad based discussions. The first phase talks were boycotted by internal and external opposition figures who protested the agenda and the lack of security assurances afforded to them. The talks were lead by the Gabonese president and mediator Omar Bongo. Talks were designed to begin to address the subject of a draft constitution for the country which would mandate a president of the Republic to be elected for a seven year mandate, renewable only once. The draft constitution will be reviewed by referendum at the end of the year. Opposition leaders have criticised the large amount of power given to the president by the proposed constitution and have suggested the creation of two vice presidential positions (PANA 26/03/01).

Humanitarian situation

The humanitarian focus for the first part of the year 2000 was on the provision of emergency assistance to newly accessible areas but this quickly changed to the facilitation of resettlement and to the building of schools, health clinics and other basic services. One of the most positive signs has been the beginnings of demobilisation of the estimated 25,000 ex–combatants with an amnesty on small arms. To date over 16,000 small arms have been handed over, however, it is assumed that a great many probably remain in circulation

(UN 2001).

Refugees

The continuation of the war in the Democratic Republic of Congo has resulted in an influx of 100,000 refugees coming over the border *to* RoC. Latest figures put the number of refugees at over 100,000 and they are currently spread out along a 700 km stretch of the Congo and Ubangui rivers from Bentou in the north to Njoundou and Liranga in the south. They have arrived over the past six months. This is a militarised area and access continues to be problematic. No new information is available on the nutritional status of these refugees. Should the situation in DRC deteriorate further then significant extra numbers of new refugees can be expected. The needs of the Angolan refugee population has greatly reduced over the past year as many have been integrated into local villages (UN 2001; UNHCR 2000).

Table showing numbers of assisted and non assisted refugees in RoC (UNHCR 31/03/01)

Caseload	***Assisted***	***Non–assisted***	***Total***
Congolese	30,000	57,200	87,200
Angolans	3,575	14,940	18,515
Rwandans/Burundians	3,485	3,370	6,855
Total	37,060	75,510	112,570

Overall

The general humanitarian situation, has stabilised over the past year. The majority of the displaced have returned home. The country remains extremely debilitated by previous conflict and much of the future work will involve the rebuilding of infrastructure. A process of establishing a constitution is currently underway, although not all potential actors are involved, which may mean more conflict in the future. The most acute needs in the country are along the border with DRC where refugees remain strung out in insecure zones and access remains problematic. Given the lack of access and insecurity, refugees should be considered to be category II.

Recommendations

- Support inter–Congolese dialogue and encourage the involvement of all opposition leaders.
- Improve access to refugees from DRC along insecure border areas.
- Support UNHCR in relocating the refugees to a safe and accessible area.

Democratic Republic of the Congo (DRC)

The past year has seen more violence in DRC. The conflict is a labyrinth of political alliances between no less than six nations and as many as ten local militia movements. On one side there are Angolan, Namibian and Zimbabwean soldiers allied with government troops controlled from Kinshasa. On the other side is a tenuous alliance between Rwandan and Ugandan troops that supports various fighters opposed to the Kinshasa regime (STRATFOR 17/04/01).

The most significant event of the past year has been the assassination of President Laurent Kabila on the 16th of January 2001. Kabila was replaced by his son Joseph Kabila and in the months since he has taken office he has made moves to implement the stalled Lusaka Peace Agreement, first signed in August 1999. This opens up the possibility of a resolution to the conflicts currently being fought in DRC which would have important effects on the humanitarian context. Joseph Kabila has invited Ketumile Masire, the former president of Botswana, to mediate among Congolese factions (IRIN CEA 19/01/01).

The past months have also seen the beginnings of a disengagement of the armed forces of Angola, Namibia and Zimbabwe from DRC on March 29th. This marks the first part in a four stage timetable for foreign forces to withdraw from the DRC by August 19th. The March 29th date coincided with the deployment of a UN mission

(MONUC) to act as observers for the continued implementation of the peace accords. (STRATFOR 17/04/01; NRC 2001).

The progress in implementing the peace agreement marks the first real step towards ending the country's three year war. The implications of the peace agreement, the deployment of MONUC troops and the disengagement of foreign armed forces on the humanitarian situation are huge. One of the major problems facing humanitarian interventions in DRC has been access to people in insecure areas and it has been very difficult to estimate the numbers of people affected as so many have hidden themselves in the jungle. As MONUC troops deploy in new areas, it is expected that more and more people will come out of hiding to seek assistance. On the 8th of May WFP issued a warning that a very significant humanitarian crisis is unfolding, citing northern Katanga province where MONUC troops have already deployed, as an area where people are already beginning to emerge from years of isolation and poor living conditions in the forest. Similar trends are being seen in north and south Kivu as agencies continue to gain access to previously cutoff areas and are finding populations in very poor conditions (WFP 11/05/01).

Numbers and distribution of IDPs

Conflict related displacement has continued to increase from 750,000 at the beginning of 2000, to 1.4 million in June 2000 rising to 2,002,500 by the end of 2000. This is despite the return of an estimated 810,000 former IDPs to their place of origin (UN OCHA 17/04/00).

Table showing distribution of IDPs by province (July 99, June 200, December 2000)

Area	***July 99***	***June 2000***	***Dec 2000***
Equateur	100,000	250,000	300,000
Orientale	70,000	215,000	160,000
North Kivu	160,000	287,000	640,000
South Kivu	195,000	220,000	350,000
Katanga	150,000	250,000	305,000
Maniema	20,000	110,000	137,000
Easter Kasai	60,000	30,000	30,000
Western Kasai		140,000	80,000
Total	775,000	1,502,000	2,002,500

(UN OCHA 31/12/00)

Humanitarian situation

The UN estimates that about 16 million people, or 33 % of the population, face chronic and acute food insecurity as fighting and insecurity continue in many areas of the DRC, particularly in the east of the country in provinces such as north and south Kivu, Equatoria and Orientale. The insecurity has seen large population displacement to forest areas which provide comparative safety but have seen people living in very bad conditions without medicines, safe water or systematic food supplies. The scale of the displacement and the lack of access has largely masked the extent of the crisis and it is highly likely that as access increases the humanitarian situation will appear to worsen as many isolated populations emerge to access assistance (UN 2001).

RNIS 31 reported on a series of mortality surveys conducted by the IRC that showed alarmingly high levels of both crude and under five mortality. The survey was released in May 2000. The IRC have conducted another series of surveys in eastern DRC, along with one in the rebel held area of Kasai Orientale Province As in the previous surveys the recall period was 16 months and the RNIS has converted mortality rates from deaths/1000/month to deaths/10,000/day for easy comparison with other mortality data reported (IRC 05/01).

The table of results shows extremely high mortality figures for populations in the eastern DRC, all of which are above emergency cut–offs for crisis situations. The surveys confirm the general findings of the first report that

death rates remain alarmingly high and that the highest rates of mortality are seen in the under five population. The high rates of under five mortality are seen very forcibly in the far fewer young children seen relative to older children and other age groups. In Katana where the IRC has been surveying over the past three years there has been a systematic drop in the percentage of under five children in the population (IRC 05/01).

Results of the mortality studies in eastern DRC

Location	***Province***	***Sample Size***	***CMR***	***Under 5 mortality***
Kalamie	Katanga	2204	3.6/10,000/day	7.9/10,000/day
Kalima	Maniema	1958	2.5/10,000/day	5.7/10,000/day
Katana	South Kivu	1802	1.6/10,000/day	4.3/10,000/day
Kabare	South Kivu	1778	1.5/10,000/day	1.8/10,000/day
Lubunga	Orientale	2317	0.9/10,000/day	2.3/10,000/day

Cause of death varied but it is clear that violence remains a major cause in all survey sites and there appears to be a correlation between areas with more violence and areas with higher death rates from non violent causes such as infectious diseases and malnutrition. In other words, areas with increased violence also suffered from increased general mortality from all causes. For example violence was the major reported cause of death in Kalamie in Katanga province where the highest CMR and under five mortality were recorded. Equally only 59% of people were accessible to the survey in Kalima, the second highest observed rates, due to insecurity between Mayi–Mayi and RCD soldiers (IRC 05/01).

The survey also emphasises the high rates of under five mortality and stresses that not only do the rates indicate *a* severe public health crisis but these rates appear to have been experienced for years. A continuous under five mortality of over 3/10,000/day means that 60% of children die before their fifth birthday. In the Kalamie survey it was estimated that 38% of children in their second year of life died during the recall period. The survey points out that if these conditions have existed for the last two years, 75% of children born two years ago have died (IRC 05/01).

From the total number of households surveyed from eastern DRC, the results represent the mortality experience of 1.27 million people. Despite reservations expressed by the authors, the reported mortality rates were extrapolated to the 19.9 million people in eastern DRC to estimate the number of excess deaths in the whole of the area since the outbreak of the recent fighting. The survey estimates that 2.5 million deaths in excess of the million people who might have been expected to die, have occurred. The survey acknowledges the difficulties of extrapolation and attempts to look at the effect of worst and best case scenarios have on the final outcomes and concludes that in all scenarios the amounts are over 2 million (IRC 05/01).

Nutrition situation

The effects of the war, particularly in eastern DRC in areas such as north and south Kivu, Maniema, Kantanga and Orientale, have resulted in a steady deterioration of the nutritional situation. Further areas of poor nutritional status are very likely to become apparent as access to hitherto inaccessible areas improves.

Kinshasa

There is no new information on the nutritional situation of the population in Kinshasa but a news report from PANA on May 14th indicates a high burden of disease with 138,350 cases of malaria reported in the first quarter of the year with outbreaks of typhoid and bacillary dysentry also reported. Measles is also on the increase despite vaccinations (PANA 14/05/01).

Orientale

The latest estimates from the end of 2000 indicate that there are 160,000 IDPs in Orientale Province along with 71,000 Sudanese and 12,980 Ugandan refugees. Fighting has continued in the province with clashes between Ugandan and Rwandan troops in June 2000, which caused substantial displacement from Kisangani. IRIN reports wide scale displacement, price rises and a general decline in purchasing power Orientale, particularly in urban centres such as Kabinda and Mbuji–Mayi (IRIN CEA 16/02/01; NRC 2001).

Ituri district

Ituri district has been the scene of repeated, violent clashes that have led to large scale displacement and the systematic targeting of civilian populations, including the destruction of food crops. The clashes are largely a result of ethnic fighting between the Lendu and Hema tribes in the area and 2001 has seen the continuation of conflict in the area. This has led to acute food insecurity with an estimated 140,000 people affected around Bunia and the surrounding area. The area has been opening up in recent months as a result of a general country wide commitement to the peace process and increasing humanitarian access. However, on April 27th six Red Cross workers were killed whilst on a routine mission and as a result 20 aid agencies working in eastern DRC suspended humanitarian activities from the 30th April to the 2nd of May. The attack illustrates the dangers and unpredictability of the situation in the area (AFP 27/04/01; WFP 30/03/01; 11/05/01).

Kisangani

RNIS 31 reported intense fighting in June 2000 between Ugandan and Rwandan forces in the town of Kisangani, causing widespread destruction and displacement. Kabila's commitment to the peace process has seen the withdrawal of foreign troops from the town and the entry of MONUC peace keepers on the 20th of April 2001. The deployment of the Moroccan troops was initially blocked by rebel forces hostile to the peace keepers but was eventually agreed upon after some delay (UNDPI 18/04/01).

In August 2000, MSF−H conducted a nutrition survey in Kisangani town. The prevalence of acute malnutrition of 8.5 % including 3.5 % of severe malnutrition. The relatively low prevalence of malnutrition is not explained in the report. The prevalence is similar to that found in November 1999, when MSF found 9.2% and 5.2% respectively. Whilst the prevalence of *severe* malnutrition has decreased, it remains high. At the same time, under five mortality has also decreased. In August 2000, the under five mortality was 1.04/10,000/day, and in November 1999, this was 2.95/10,000/day. The CMR was found to be 0.57/10,000/day and mortality was highest in the zones where fighting had been most intensive. MSF has been running supplementary and therapeutic feeding centres in the town, but unfortunately the coverage was not assessed by the survey (MSF−H 08/00).

MSF−H also conducted a nutritional survey in Aire de Sante Madula in August 2000. This is a rural area close to Kisangani, some 30 km to the southeast of the town. The area was badly affected by the fighting in June. People fled the town and many were forced to seek shelter in the jungle. The survey showed a prevalence of acute malnutrition of 6.9 %, including 3.9 % severe. The prevalence of malnutrition in August 2000, was significantly lower than in August 1999, when the prevalence was 13.2%, including 3.9% severe malnutrition. This reduction is not explained in the report. The CMR increased (from 0.84/10,000/day to 1.14/10,000/day), and under five mortality remained similar (1.55 and 1.61/10,000/day) over this period (MSF−H 08/00). The RNIS does not have any new nutritional information on this population.

North and South Kivu

Fighting has continued and even intensified in the Kivus over the past year and the numbers of IDPs have increased dramatically. UN estimates of displacement at the end of last year indicated that almost a million people were displaced within the two provinces as a direct result of continued conflict and insecurity. Many parts remain inaccessible as a result of the desperate security situation although recent deployments of MONUC troops in Goma on May 14th have increased hopes that insecurity and access will lessen (UN 14/05/01).

North Kivu

In September 2000 there were reports that large numbers of IDPs were fleeing the Masisi area and were seeking refuge in Kanyabayonga, Kirumba and Kaynas. In November IRIN reported intimidation of the populations around Goma by Interahamwe militias in the area. The intimidation resulted in many people fleeing into the deep forest in an attempt to find safer afeas (IRIN 16/11/00). A WFP report from March this year indicates an improvement in the security situation in eastern DRC and particularly in the Kivus, which has resulted in a mass return home of displaced, and there are an estimated 137,000 people in need of seeds and tools to help with restarting agricultural activities (NRC 2001; WFP 31/03/01).

In June 2000 SCF−UK did a nutrition survey in the two health zones of Butembo and Katwa in north Kivu. The survey indicates an estimated prevalence of acute malnutrition of 14.5% with 12.6% of severe malnutrition, including 11.9% oedema. The survey does not record mortality rates but the rates of malnutrition are extremely high, particularly for oedematous malnutrition. The explanations given for the high rates of

malnutrition include the fact that mothers are forced to travel great distances in order to be able to cultivate crops and this leaves them little time to devote to children and often means they fail to seek medical help when it is needed. The extremely high rate of oedematous malnutrition is not unknown in the great lakes region and is described as being a result of two extremely poor harvest seasons due to drought that has greatly reduced the amount of available food and has impacted heavily of basic livelihood activities. The effects of the continuing conflict resulting in poor access to cultivatable land is highlighted as one of the main causes of the malnutrition (SCF–UK 06/00).

MUAC screenings in November/December show that the nutritional situation around Goma has remained poor. The survey results for the area, taken as a whole are alarming and are another indication of the severity of the crisis in eastern DRC.

South Kivu

South Kivu continues to be highly insecure with escalations in the fighting between various militia groups such as the Interahamwe, Mai–Mai, FDD and the RDC. The fighting continues to force tens of thousands of people from their homes into the forest to live in appalling conditions. Insecurity in the area has increased for humanitarian agencies and AAH–USA report an increase of security incidents in the area over the first part of 2000. Vast areas continue to remain inaccessible to agencies, making a thorough assessment of the situation extremely difficult. However, it is hoped that the deployment of peace keepers in the area and reduced rebel activity as of March 2001 will increase access to some of the affected populations. AAH–USA report estimates that only 40 % of the village populations in accessible areas remain undisplaced. The displaced populations rely on host communities and on what little they were able to bring with them at the time of their displacement which is often very little (AAH–USA 08/00).

Some of the fiercest fighting has taken place in Shabunda and Mwenga where the number of displaced living in the forest is estimated to be in excess of 100,000. The situation in this area is described as desperate with no shelter, medical facilities and little to eat. There are reports of very high morbidities including endemic cholera. The ongoing fighting in the Shabunda area continues to displace people who have been fleeing towards the town of Kalima in the neighbouring Maniema province (AAH–USA 08/00; NRC 2001).

Maniema Province

Merlin conducted a nutrition survey in Kalima town on children 6–59 months in January 2001 and found an estimated prevalence of acute malnutrition of 14.1 % including 8.1 % severe malnutrition. The CMR was calculated retrospectively over the past three months and was estimated at 3/10,000/day with a under five mortality of 7.9/10,000/day. The anthropometric results suggest a very high level of severe malnutrition, much of which was oedematous. The mortality rates are alarmingly high and the authors caution that there may have been over reporting, but state that even if the rates are halved they still represent dangerously high levels. The high rates of mortality and malnutrition are very probably the result of the large influx of IDPs to the area and the resultant acute food insecurity of both the displaced and the resident population (Merlin 01/01). RNIS 31 reported am estimated 110,000 IDPs in the forest in Maniema. In addition, the town was experiencing a measles epidemic at the time of the survey, and there has been no emergency food distributions for either the displaced or the resident population (Merlin 01/01).

Katanga

On the 8th of May 2001 WFP issued a statement that a humanitarian crisis was emerging in north Katanga province as a result of an influx of previously isolated displaced people arriving in towns seeking urgent assistance. The displaced have been encouraged to emerge from hiding as the security situation improves in the region where there condition is described as extremely grave. A recent assessment mission to Kiambi town in north Katanga is reported to have revealed very high rates of malnutrition and mortality (WFP 11/05/01). The RNIS does not have access to the report. WFP is making preparations to deliver 650 tons of food into the area. The lack of air capacity is proving critical and for the time being food is being pre–positioned in Kalemie. WFP also reports that it faces a major funding problem with only 30% of its operation currently funded (WFP 11/05/01).

The last UN estimate of numbers of displaced in Katanga indicates 305,000 people. The is an increase from the last RNIS report and is a result of both continued insecurity in the northern most regions of Katanga that continues to displace population and improving security situations in other areas that have brought ‘new’ IDPs out of the forest (WFP 11/05/01). Some the worst clashes in the province have been around the town of Pweto, which is reported to have tripled in size as a result of IDP influxes from more insecure areas.

MSF−Belgium reports a desperate lack of medical care in the town. The insecurity has involved looting of harvest and seeds and there is great concern over the impact that this will have on food security in the area (WFP 23/02/01). There are also 51,576 Angolan and 9,600 Burundian refugees in Katanga province.

Refugees

The total refugee population of DRC is currently estimated to be 332,000 people.

WFP and UNHCR carried out an assessment of the food economy of refugees in Katanga, Bas−Congo and Bandundu in November 2000. In Katanga, there are a total of 51,587 refugees, but only those who arrived after 1998 receive assistance. This amounts to 27,672, who live in 3 sites. Refugees who arrived before 1998, are considered to be self sufficient in agriculture. In Bas Congo, the total number was 21,504, in 3 sites. The food security of refugees in Bas Congo was restricted because they do not have access to farmland, and their movement is limited by the local authorities. UNHCR has now obtained permission for refugees to farm, and has distributed seeds and tools. In Bandundu, the refugee population doubled during 2000. About 10,000 lived in three sites, and another 15,000 live with Congolese host families. Only the 10,000 living in camps receive assistance (WFP/HCR 11/00).

The general ration distribution to all refugees has been well below recommended levels throughout the year 2000. The energy content of the ration in Katanga was best from March to June 2000, with about 1600 kcals/person/day. From July to October 2000 the ration was around 1100 kcals/person/day. For most distributions, the ration consists of cereals only. In March oil was distributed, and in September and October pulses. Refugees supplement their ration with income from farm labour, sale of non−food items, kitchen gardens, and petty trade. WVI did a nutritional survey in Kisenge in April 2000 which showed 7.8% malnutrition, including 3.1% severe (WFP/HCR 11/00).

In Bas Congo, refugees usually received a ration of cereals, pulses, oil, salt and CSB. From August 2000, the refugees received half rations because of problems with the food pipeline. Between July and August, the energy content of the ration decreased from 2035 kcals/person/day to about 1000 kcals. The assessment found that in addition to the income earning activities in Katanga, many of the refugees in Bas Congo were found to be in debt.

UNHCR and local partners conducted three nutritional surveys in October 2000; the prevalence of malnutrition was low and ranged between 5.8% in Nkondo and 3.3% in Kimaza (WFP/HCR 11/00).

Food assistance to Bandundu has been very irregular, due to *severe* logistical and security problems. The food aid provided has been inadequate throughout 2000. There were no food distributions in May and June 2000. From July to October the *energy* content of the ration was between 350 and 870 kcals/person/day. In November 2000, 18,000 Angolans were reported to be at the border but decided to stay in the forest in Angola, rather than live in the poor conditions in the refugee camps in Bandundu. For the refugees, strategies for obtaining food and income are more desperate, and include illegal acts such as theft. Refugees in Bandundu were also reported to have no clothes, blankets or cooking utensils (WFP/HCR 11/00).

Angolan Refugees

The influx of Angolan refugees continued throughout 2000 with new arrivals being accommodated in camps in Bandundu, Bas−Congo and Katanga provinces. UNHCR estimates that at the end of 2000 there were 173,000 Angolan refugees with 106,000 currently being assisted to integrate locally. However, fresh fighting in Angola's Lunda Norte province has forced fresh waves of refugees into the Bas−Congo region of DRC (UNHCR 09/03/01).

In March 2001 UNHCR reported on a joint UNHCR/WFP assessment mission to the border areas of the southern Bas−Congo region of DRC. The assessment found nearly 2000 Angolan refugees around the town of Kimvula. Logistical constraints prevented the assessment from confirming reports of other Angolan refugee populations in the town of Popokabaka and on the other side of Angolan border in Kasongo−Lunda in Bandundu province (UNHCR 09/03/01).

Burundian Refugees

An estimated 19,000 Burundian refugees remain scattered in the forests of south Kivu, many inaccessible to international agencies. There are an expected 5000 Burundian refugees expected to arrive in DRC during 2001 (UNHCR 2001).

Congolese Refugees (RoC)

The repatriation of Congolese refugees continues and it is expected that the Kimaza camp will close by the end of 2001 (UNHCR 2001).

Sudanese Refugees

There are an estimated 70,000 Sudanese refugees in the DRC. The majority are long term located in fertile agricultural areas of Orientale Province (UNHCR 2001).

Rwandan Refugees

There are an estimated 50,000 Rwandans in DRC and up to 20,000 are expected to voluntarily repatriate in 2001. Many of the remainder are Rwandan Hutus who are unlikely to return peacefully whilst the Tutsi government remains (UNHCR 2001).

Ugandan Refugees

There are an estimated 13,000 Ugandan refugees in Irumi, Beni and Boga but they are all currently inaccessible due to insecurity.

Overall

It remains extremely difficult to draw any definite conclusions about the nutritional status of both the displaced and general populations in DRC. Reports indicate that the nutritional situation of IDPs in many areas is extremely poor but the problem remains that access to the most insecure areas, probably containing the most severe needs, remains very difficult. However, RNIS anticipates that as MONUC peace keepers mobilise in particular areas, access will improve, and the full extent humanitarian crisis will become apparent.

Areas of insecurity are widespread but are largely concentrated in the east of the country in the Provinces of Orientale, the Kivus, Maniema and Katanga. The populations in these areas can be considered to be at very high risk of malnutrition (category I) and the opportunities for the situation to deteriorate further are very great. The situation of refugees in the country varies, some of whom are at high risk (category II or III).

Recommendations

- Support MONUC in improving humanitarian access.
- Support demobilisation process
- Support humanitarian agencies to address acute needs as humanitarian access improves.

United Republic of Tanzania

Tanzania has continued to receive influxes of new refugees as continued civil unrest in Burundi and the DRC has continued to force people across the border. Tanzania currently hosts the fourth largest number of refugees of any country in the world, and has one of the lowest GDPs. The regions of Kigoma and Kagera, which currently host the majority of the refugees in the country are also amongst the poorest areas (UNICEF 31/01/01; 02/01; WFP 01/01).

The numbers of refugees have continued to grow over the last year and the current estimates of refugees in camps being assisted by UNHCR are taken from the March 2001 monthly statistics and indicate that there are 527,916 refugees in camps. This marks an increase from numbers reported in RNIS 31. UNHCR report that as of mid October 2000, approximately 90,000 new refugees had registered with UNHCR in Tanzania. The vast majority came from Burundi but some came from Rwanda and from DRC (UNHCR 2001; 03/01). The new influx has meant that Karago camp in the Kigoma region of western Tanzania near the border with Burundi, has reached full capacity. The camp was opened in December 1999 and its capacity was stretched to 50,000 people. New refugees will be accommodated in Nduta camp in Kibondo district where 2000 new plots have been made available. (UN 2001; WFP 01/01).

WFP have also reported the creation of a new camp called Kitali Hills in the Ngara district. The camp was reported operational in November 2000 with the relocation of 1,800 Rwandese refugees from Mbuba transit

centre, also in Ngara district (WFP 11–12/00).

Table taken from UNHCR summary statistics for refugees in Tanzania in March 2001

	Kigoma	***Ngara***	***Mkuyu***	***Total***
Burundians	260,097	120,229	0	380,326
Congolese	114,954	4	0	114,958
Rwandese	0	27,845	0	27,845
Mixed	1,694			1,694
Somalis	0	0	3,093	3,093
Total	376,745	148,078	3,093	527,916

The increasing number of refugees represents a problem for both the UNHCR and the government of Tanzania who would like to see repatriations take place. Large scale repatriation is very dependent on the security situation in the countries of origin. Plans have been made for the repatriation of Burundian refugees by UNHCR. It is hoped that 75,000 will voluntarily repatriate during 2001 (UNHCR 2001).

A major problem for all actors dealing with the refugees in Tanzania is the fact that humanitarian assistance has not kept pace with the increasing numbers. Funding shortfalls for WFP and UNHCR during 2000 resulted in a ration cut of 40 % in July 2000, which resulted in the energy value of the ration dropping to an average of 1170 Kcal/day. The ration cut was a result of a break down in the food pipeline and took place in all camps, from July to December 2000 when the rations were increased to 80 % of the full ration. To minimise the impact of the ration cuts, vulnerable households, such as those headed by the elderly or the chronically ill, continued to receive full rations (UNHCR 12/00).

A nutrition survey was conducted by UNHCR in July 2000 and found a prevalence of malnutrition of between 3.3% and 5.3% (<–2 z–scores), including 0.2 to 1.2% severe malnutrition (< –3 z–scores or oedema). A cluster survey was done in each of 11 camps. Some camps indicate a slight increase in the prevalence compared to September 1999, and others a slight decrease but these are unlikely to be significant. A second survey was carried out in December but problems with the survey design mean that it is impossible to determine the impact of the ration cuts (UNHCR 12/00).

The UNHCR monthly report on health and nutrition from January of 2001 notes that there was a marked increase in mortality in December and January with 65 % of deaths being amongst the under fives. Whilst the CMR remains below emergency thresholds the under five mortality gives cause for concern. The report also indicates that a rise in the number of admissions to selective feeding programmes has been observed (UNHCR 01/01)

The reported rises in under five mortality is worrying and coupled with the evidence from nutritional surveys, would suggest that the nutritional situation could be beginning to deteriorate and should be watched very closely although more information is needed.

Overall

Tanzania continues to receive new refugees, largely from Burundi but with some influxes from the DRC. Funding shortfalls have caused break – downs in the food pipeline, ration cuts and inadequate overall humanitarian assistance.

Recommendations

- Support WFP and UNHCR in providing assistance to refugees in Tanzania.

- Discourage repatriation to Burundi and DRC, as long as conditions in these countries are not conducive to safe return.

Uganda

OCHA estimates that at the end of March 2001 there were 909,929 people affected by conflict and drought in Uganda. This included 584,942 IDPs and 225,042 refugees, mostly from Sudan, Rwanda and Congo. The number of IDPs is reduced from July 2000, whilst the number of refugees has risen slightly (UN OCHA 02/05/01).

Insecurity in north and west Uganda hampers efforts to deliver assistance to affected IDP and refugee populations. Insecurity includes insurgency by the Allied Democratic Forces (ADF) in the Rwenzori Mountains on Uganda's western border with DRC. The south western areas of Kasese, Kabarole and Bundibugyo have been particularly affected as clashes between the ADF and government forces throughout 2000 have forced displacements. Attacks by the Lords Resistance Army (LRA) in the northern districts of Gulu, Kitgum also continued throughout 2000 and the UN reported that almost the entire rural population of Gulu had sought refuge in camps or urban centres by mid year 2000. Raids by Karimajong pastoralists caused considerable displacement in Eastern Kitgum in early 2000 but improved rains later in the year have meant that the Karimajong have not needed to move out of their area. The number of IDPs tends to change quite frequently depending on events, with people coming into the safety of urban centres during periods of insecurity and returning to their land when possible (NRC 2001; UN 2001; WFP 13/03/01).

Uganda also suffered an outbreak of Ebola in the latter half of 2000. There were 426 cases, 172 deaths and 254 discharges. The outbreak is currently thought to be under control. The worst affected area was Gulu district where there were a total of 394 reported cases and 149 deaths (WFP 11–12/00).

Food security and nutrition

The RNIS has not received any new nutrition surveys and the last available information from the northern regions reported in RNIS 30 showed rates of malnutrition below 10 %. OCHA reports that the supply of crops from the second season (August – December 2000) continues to be good and has ensured adequate access to food for households in most districts of Uganda. However, food insecurity remains in areas where there is ongoing civil strife and the effects of last year's drought. There have been good crops in Kotido and Moroto districts and the northeastern Karamoja district. This has combined with relatively stable civil security to improve general food security, particularly the eastern areas on the Kenyan border which had been suffering from drought. The Western region of Bundibugyo and the northern regions of Kigum and Gulu are also reported to be relatively food secure (UN OCHA 02/01).

A joint WFP/UNHCR Food Assessment to the Western Nile area in February concluded that the second harvest season had not been favourable to the refugees around the Nile basin area and that crop failure had resulted from high pest infestation (UN OCHA 02/01)

IDPs in northern Uganda

It is estimated that there are 450,00 IDPs and refugees in the districts of Gulu (370,000) and Kitgum (82,645), who have been displaced as a result of frequent rebel insurgencies by the LRA and political instability in Sudan. As a counter measure to the insurgency, IDPs have been moved into military protected camps and it was estimated that 75 % of both Kitgum and Gulu was resident in camps in January (WFP 01/01). The displacement has meant that fields and farms were abandoned and only 10 % of arable land was reportedly under cultivation (WFP 01/01).

OCHA reports that in April most IDPs and refugees in Kitgum are busy clearing and opening land for the first season of the year. The area has started receiving rains. The few who managed to start vegetable production are now busy harvesting tomatoes, Irish potatoes, cabbage, eggplants, and okra seeds distributed by ICRC. The main sources of income in the camps is from sale of farm produce. During the dry season people get revenue from brick making either through paid labour or sales. Other coping mechanisms are small–scale fishing, hunting and gathering wild green vegetables. However, there is a serious land shortage with the majority unable to access suitable plots of land (OCHA 02/05/01).

The May OCHA humanitarian update on Uganda reports that the current security situation in the north is volatile and continues to hamper access to areas, as LRA rebels raid towns, accompanied by atrocities, looting and abductions. OCHA reports numerous security incidents during March 2001. The situation in Gulu was further complicated by the Ebola outbreak that began in August 2000 and that resulted in 149 deaths. Food aid continued throughout the outbreak (OCHA 02/05/01; WFP 11–12/00).

IDPs in western Uganda

The western districts of Bundibugyo, Kasese and Kabarole continue to be insecure as a result of ADF activity although reports indicate that security has improved and military escorts are only occasionally required. OCHA estimates that at the end of March 2001 there are 97,457 IDPs in Bundibugyo. The IDPs are accommodated in 53 camps throughout the district and move to their homes and fields as the security situation permits. The May OCHA report indicates that the general security situation in Bundibugyo has improved considerably with people being able to get back to normal activities with access to gardens and less fear of insecurity (UN OCHA 02/01).

The situation remains unstable in the West Nile Region in the districts of Arua, Adjumani and Moyo. Refugees continue to enter from DRC and Sudan and the presence of the LRA has prevented planned programmes aimed at refugee self reliance (UN OCHA 02/01).

Whilst the general food security has improved, the crowding in camps and inadequate water and sanitation combined with poor access to health and education facilities is concerning. The general isolation and underdevelopment of the regions has also resulted in an acute lack of skilled workers. There is currently no new nutritional information and the nutritional situation remains unclear (UN OCHA 02/01; UN 2001)

Karamoja district

The security situation in Karamoja has improved from the beginning of last year but remains unpredictable and the UN continues to use armed escorts for field monitoring or distributions in 2001. General tensions rose in the area when the government announced its intention to disarm the Karimojong warriors on February 10th 2001. OCHA reports that the Karamojong have launched a series of attacks on the neighbouring district of Katakwi. These attacks come at the beginning of the rainy season in early April 2000. The worst hit areas are those counties bordering Moroto and Kapelebyong county. Many people have lost livestock and crops to raiders and the numbers of people displaced by the attacks continues to grow although figures are currently unavailable. OCHA reports that the rains have been steady and regular in most parts of the region since mid−March. The rain is expected to continue and has collected in ponds, easing the previous dry spell (UN OCHA 02/05/01).

In January 2001, Oxfam coordinated an inter−agency food security assessment in Karamoja. The survey indicates that there is no nutritional or food security crisis in Karamoja. However the assessment was conducted just after the harvest. Nutritional status generally deteriorates during the ‘hunger gap’ between March and July (UN OCHA 02/01).

Refugees

Uganda is presently host to an estimated 225,042 refugees including Sudanese, Rwandan and Congolese. The Sudanese are in Rhino and Mvepi camps in Arua district, Achol−Pii camp in Kitgum as well as in Adjumani, Moyo, Kiryandongo and Masindi districts. The Congolese are in Kyangwali and Kyaka II in south western Uganda and the Rwandans are in Nakivale, Oruchinga and Kyaka II in the south west (UNHCR 2000).

WFP reports the arrival of 3000 Rwandan refugees from Tanzania from September to December 2000. The refugees had settled in areas surrounding disbanded camps in Tanzania in 1997 and are now being asked to leave the land they have appropriated. No information is available regarding the nutritional status of the refugees (WFP 11−12/00).

Fighting in DRC over the first few months of 2001 with WFP reporting influxes of 6,434 Congolese refugees from eastern DRC into Bundibugyo in February and March. They are in transit camps but will be moved to Kyaka II (WFP 16/02/01).

UNHCR did a survey in Rhino camp in October 2000 and found a prevalence of malnutrition of 8.3 %, including 1.1 % severe (WFP 11−12/00; UNHCR 13/11/00). These results are similar to those found by ACF−US in April – June 2000 (see RNIS 31).

A joint Food Aid Needs Assessment Mission (JFAM) conducted in January in the Congolese and Rwandan refugee camps in western Uganda found a stable food situation in most of the camps. The mission recommended that that refugees in Nakivale continue to receive full rations due to the limited land availability, whilst those in the other camps should continue receiving reduced rations. Over 3000 refugees are no longer

receiving food assistance because they are now producing sufficient food. However, 6000 remain fully dependent on external assistance (WFP 01–03/01).

Overall

The overall situation regarding nutrition for most refugees is stable (category IV), but continuing insecurity makes the situation for IDPs precarious (category III). Security in the south west is reasonably stable and the focus is largely on recovery. Insecurity still continues in the north of the country and the Karimojong raiding in April gives cause for alarm. Although tensions still remain in some area the overall situation in Uganda appears to be improved.

Recommendations

- Monitor the nutrition and food security status of IDPs in all areas.

- Maintain good nutritional status of refugees by providing adequate food distribution and agricultural support.

SOUTHERN AFRICA

Angola

A renewal of violence between government forces and the UNITA rebels in 1998 has resulted in huge displacement of people, particularly from rural areas to provincial towns with the worst affected districts being Bie, Huambo, Huila, Malanje, Moxico and Luanda Sol. which has escalated as a result of. The government has claimed significant successes in destroying UNITA's conventional war capacities during the past year. As a result, UNITA rebels have switched to guerrilla warfare tactics. This has left much of the rural hinterland of the country insecure, preventing people from accessing agricultural land and hindering humanitarian access to populations in need of assistance (UN 2001; UNICEF 05/02/01).

The total number of IDPs since the escalation of fighting in 1998 is estimated to be in excess of 3 million people (UN 2001; UNICEF 05/02/01). The number of displaced has increased steadily with an estimated 457,000 people displaced in 2000, and another 82,000 between January and March 2001.

Humanitarian access remains extremely difficult, given the inaccessibility of certain areas where it is estimated there are as many as 525,000 people. At least six major road corridors were opened in 2000 but remain insecure as a result of ambushes. The wide use of mines also restricts humanitarian programmes. Air transportation remains the only reliable means of access and transportation and poor infrastructure has meant that certain airports are only open to special types of aircraft (IRIN–SA 12/04/01; UN 2001)

Nutrition Situation

The FAO Food Supply Situation in Sub Saharan Africa has indicated that the total area planted is reduced as a result of continued insecurity and a series of natural disasters including heavy flooding in the southern provinces of Benguela and Namibe. The province of Cunene in the south has also suffered *severe* drought. The south may be the worst affected area with between 40–80 % of agricultural production lost in Menongue and between 60–100 % in Kuito Kuanavale. Agricultural productivity and thus food security, is expected to be down as a result of lack of access to good quality land, depressed market demand, insecurity, insufficient inputs and poor technical assistance. Few income–generating opportunities and a loss of productive and household assets are likely to reduce purchasing power. The shortfall in funding pledges with only 60 % of pledges received by mid March 2001 has led to a one third reduction in the number of beneficiaries from 1.5 to 1 million and to cuts in the ration distributed (FAO 04/01; IRIN 21/02/01; UN 2001).

In general, the results of nutrition surveys indicate that the prevalence of malnutrition has decreased in most areas from rates of acute malnutrition of around 30 % in 1999 to rates of around 10 % by the end of 2000. However, the situation remains extremely precarious and rates are expected to climb again during the pre harvest hunger gap. The highest malnutrition rates are currently found in newly accessible areas and amongst the populations most recently displaced. (UN 2001).

Malange

Melange has an estimated 131,931 IDPs in a mixture of transit centres, camps, resident communities and resettled areas. The province has suffered from continued insecurity over the past year but a series of nutrition surveys by MSF−Holland indicates that the nutritional situation is not critical. MSF conducted two surveys in Malange town in July and December 2000. The city has remained quiet for a number of months but the situation is extremely insecure in the surrounding areas and a steady flow of IDPs have been coming into the city. The prevalence rates of acute malnutrition are estimated as 3.1 % and 5.3 % for July and December, including 2% and 2.1% severe malnutrition respectively. Although these figures appear satisfactory, it should bestressed that a large part of the population is receiving general food rations. In addition the prevalence of nutritional oedema was 1.4%, which cause for concern. CMR was estimated at 1.5/10,000/day and under five mortality at 3.3/10,000/day – both above accepted emergency thresholds. Given the relative stability of the food situation and the absence of high morbidities, MSF suggest these mortality rates are the result of a combination of factors, including extremely poor basic health services, the poor health environment and possibly a 'hidden' meningitis epidemic (MSF−H 12/00). More than 75% of the sample were residents, who tended to have a better nutritional status than the IDPs, although small sample size of the latter prevents statistical comparisons.

Table of survey results from MSF−H surveys in Malange town

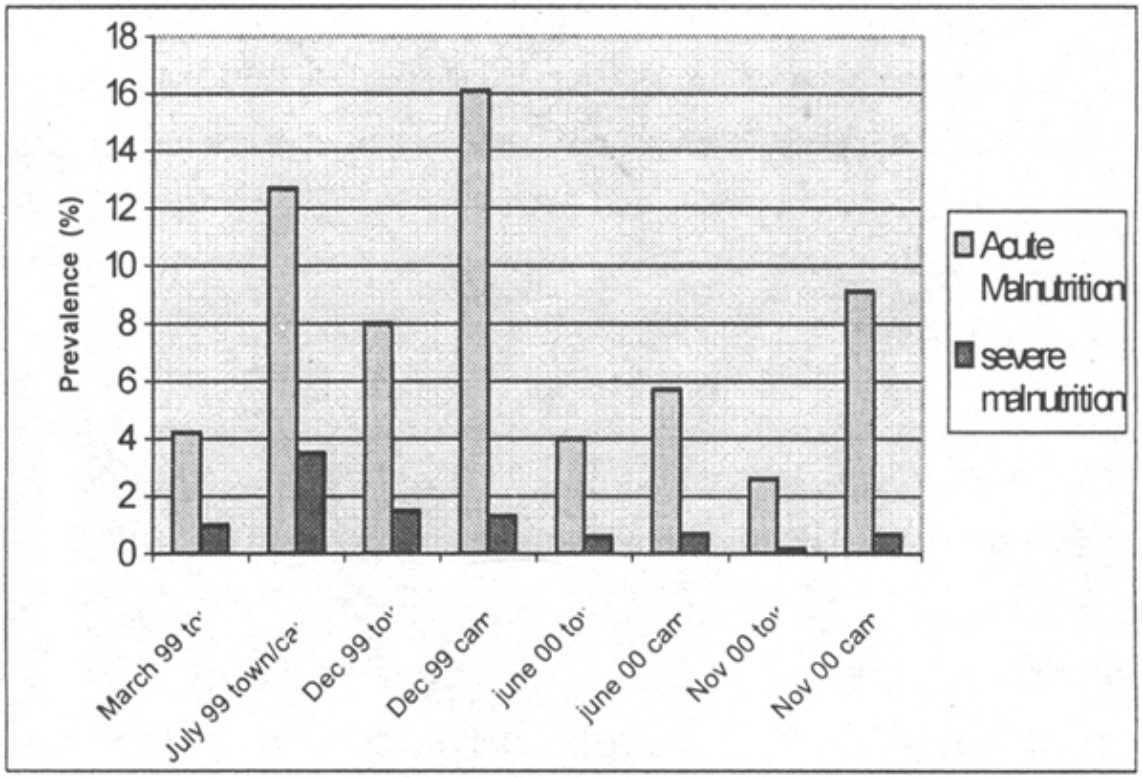
	July 00	***December 00***
Acute malnut	3.1 (1.6–5.7)	5.3 (3.1–7.5)
Severe malnut	2.0 (0.9–4.2)	2.1 (0.8–3.3)
Crude mortality	0.9 (0.5–1.6)	1.52 (1.21–1.83)
Under−five mortality	1.3 (0.4–3.4)	3.35 (2.4–4.2)

MSF also conducted a survey in Cangandala municipality south of Malange town (but still within the security perimeter). The municipality is populated by returnees most of whom have returned at the end of 1999, and a steady flow of IDPs from the Mussende area in Kwanza Sul Province to the south. Current estimates are of a total population of 30,000 with about 50 % being IDPs. MSF report that the majority of the population is destitute and rely to a large extent on the general food distribution (returnees and IDPs alike). The prevalence of acute malnutrition was estimated at 2.4 %, and 0.4 % severe. The CMR was 0.68/10,000/day (approximately two times normal) and the under five rate 1.61/10,000/day (MSF−H 02/01).

Kuito, Bie Province

The deterioration of the security situation in Bie and the surrounding areas has resulted in a massive influx of IDPs into Bie province and particularly into the town of Kuito. The population of Kuito is estimated to be around 111,444 people with 82,500 IDPs being counted by the MSF teams in and around the town in October 2000. Current estimates put the total number of IDPs in Bie at 123,041 people (MSF−H 11/00; UN 2001).

The security situation has restricted access to land around Kuito to within a 20 km boundary. Late rains and poor soil fertility have resulted in poor crop yields. MSF−B and Concern have conducted nutritional surveys amongst the resident population of Kuito, the capital of Bie province, and in the surrounding camps in November 2000 (see graph).



Graph of nutrition survey results from March 99 to Nov 2000 in Kuito and Camps – Acute and severe malnutrition in Kuito town and camps

Results of MSF/Concern Surveys in Kuito town and camps

	Town	Camps
Proportion of IDPs	35%	100%
Acute malnut (<–2 z scores and/or oedema)	2.6 (1.1–4.1)	9.1 (6.7–11.4)
Severe malnut (<–3 z scores and/or oedema)	0.2 (0–0.5)	0.7(0.1–1.2)
CMR	1.4/10,000/day	1.5/10,000/day
Under–five mortality	2.3/10,000/day	3.2/10,000/day
Measles vaccination	80 %	66%

The results indicate that despite an overall decrease in levels of malnutrition since 1999, the nutritional status in the camps is significantly worse than the town. No such difference was apparent in June. Worryingly, the survey notes that IDPs show a low rate of malnutrition on arrival and only become malnourished after some time in Kuito indicating the poor conditions under which they are living (MSF–H 11/00).

Kuito has suffered repeated outbreaks of pellagra (niacin deficiency) with the first being recorded between June 99 and April 2000. During this period the daily ration distributed to IDPs provided a daily niacin intake below recommended daily intakes. A resurgence in the disease was noted in May 2000. The previous outbreak affected mostly IDPs whilst the most recent outbreak comprised 65 % resident cases. An explanation could be that only 9 % of cases had access to the WFP food distribution strongly suggesting that the inclusion of fortified CSB in the general ration may have prevented the disease (MSF–H 11/00).

Benguela Province

The most recent survey available to the RNIS (see RNIS 31) indicate that the nutritional situation had improved dramatically. Overall estimates of IDPs in the province are 73,425 persons. The RNIS does not have any new nutritional information.

Cuando Cubango Province

Menongue

The population of Menongue is estimated to be 135,200 including about 22,000 IDPs who have arrived since December 1998. ACH undertook a nutrition survey in April 2000 on children between the ages of 6–59 months and found that the nutritional status of both the town and camp populations was acceptable. A recent follow–up survey in December 2000 (see graph below) indicates a deterioration in the nutritional situation particularly in the camp populations with rates having risen significantly from April figures. The intermittent rainfall throughout the country has particularly affected Menongue and Cuito Canavale and is responsible for the slump in agricultural production that may have had an affect on nutritional status. Other reasons could be the huge influx of IDPs that has taken place over the past year and the continued insecurity of the region that has severely impacted on the socio–economic life of the area (MSF–H 11/00).

The ACH survey recorded a CMR of 0.66/10,000/day and an under five mortality rate of 2.5/10,000/day amongst the camp populations and a CMR of 0.67/10,000/day with an under five mortality rate of 2.1/10,000/day amongst the town populations. These figures indicate that the under five mortality rate is alarming but neither are significantly different from the figures obtained in April. In contrast the measles vaccination coverage seems to have improved with 77.7 % of children between 9–59 months in the camps and 78.2 % of children in the towns, having received vaccinations.

Uige Province

Uige has suffered from insecurity over the past year and from a large influx of IDPs. Current estimates of IDPs numbers are 97,486 persons. MSF Spain conducted a nutrition survey in October 2000 on children between 6–59 months, which indicated an estimated prevalence of acute malnutrition of 5.9 % and 0.6 % of severe malnutrition including 0.3 % oedema. The survey also indicated a higher rate of acute malnutrition in the displaced population as opposed to the resident population although the difference had reduced from an earlier survey in May 2000 (see RNIS 31). The CMR amongst the displaced population was estimated at 0.52/10,000/day and the under five mortality rate was 0.42/10,000/day. Both the anthropometric results and the mortality figures indicate that the situation is not critical with all indicators falling below established emergency thresholds (MSF–SP 10/00).

Refugees

Angolan refugees in Namibia

Fighting along the Namibian border has intensified over the past year, causing a flood of refugees to cross into Namibia and in particular to Osire camp. The RNIS does not have any information of the nutritional status of Angolan refugees in Namibia. However 15,935 were recorded in October 2000 and the figure had risen to 19,000 in February. The refugees are receiving food rations via the Red Cross (WFP 23/02/01).

Overall

The nutrition situation would appear generally to have improved although prevalences, particularly of moderate acute malnutrition, have risen particularly among the displaced. Improvements in the nutritional situation and the generally low rates of severe malnutrition must in part be attributable to international relief efforts.

The insecurity coupled with natural disasters continue to adversely undermine the food security of the population and reports indicate a continuing influx of IDPs from rural areas to provincial towns. All indicators point towards a high degree of reliance on international food aid and a break in the WFP food aid pipeline could well lead to a rapid deterioration in the situation particularly for those displaced. The population is considered to be moderate to high risk (categories II and III) and it is likely that pockets of high risk exist in areas that are currently inaccessible to international agencies.

Recommendations

Continue to closely monitor the nutritional situation, given the widespread dependence on general food distribution particularly by IDPs.

From the MSF–Holland survey in Malange

- Continue targeted feeding programmes.

• Improve community outreach and screening of malnourished children

• Given the poor functioning of health surveillance systems the NGOs should monitor mortality trends closely to detect emerging epidemics.

• Improve coverage of measles immunization beyond 60%.

From the MSF/Concern survey in Kuito, Bie Province

• Focus on the development of emergency preparedness.

• Close monitoring of the nutrition, agricultural and food economy situation is needed.

• IDPs arriving since December 1999 should be targeted for nutritional and health screening, vaccination and a full food ration.

• Keep the general ration fortified with niacin rich foods such as CSB, to address the problem of pellagra.

From the ACH survey in Kuando Kubango

• Maintain a general food ration for vulnerable populations and the newly displaced.

From the MSF–Spain survey in Uige

• Continue therapeutic feeding activities with emphasis on supporting local structures.
• Create an active nutritional surveillance programme.
• Conduct vaccination programmes in previously unvaccinated zones.
• Conduct health and hygiene training.
• Repeat the nutritional survey in three to four months.

Zambia

In distinct contrast to its northern and western neighbours Zambia enjoys a stable political environment, despite suffering from economic decline. During 2000 Zambia has faced a mounting refugee crisis as the war in Angola between the UNITA rebels and the government coupled with the regional instability and conflict of the Great Lakes region, has sent thousands of refugees into the North and North West Provinces of the country.

Zambia currently has an estimated 225,000 refugees currently living within its borders, with 180,000 from Angola, 35,000 from DRC and another 10,500 from Burundi, Rwanda or Somalia. An estimated 80,000 of those currently have no access to land or markets and depend totally on food supplied by the WFP. Since June 2000 Zambia has seen a massive influx of some 40,000 refugees fleeing fighting in the Democratic Republic of the Congo and Angola. To cater for the influx of refugees the UNHCR has been obliged to open a new camp called Kala in the Kawambwa district in August, after the Mwange camp in Mporokoso reached full capacity and was closed to new comers. Preliminary results of a nutrition survey in Kala camp by MSF–H estimate the prevalence of acute malnutrition is 4.2%, with 1.2% severe malnutrition. No oedema was recorded (MSF–H, 7/3/01)

There is considerable concern at the increase in banditry along Zambia's northern Luapula province bordering the DRC which has created a very unstable and insecure environment for the refugees (UNHCR 2001; WFP 23/02/01).

The influx of Angolan refugees picked up sharply in mid September 2000, as a result of clashes and bombing by Angolan Armed Forces in Moxico and Cuando Cubango provinces. By mid October well over 10,000 refugees had entered Zambia from Angola. The large influx of refugees has been accompanied by armed combatants which has dramatically increased the number of security incidents in the camps.

A recent offensive by rebels in the Democratic Republic of Congo's Katanga province and the subsequent capture of Pweto, Moba and Malilo resulted in 15,000 people, in November and December alone, fleeing

across the border into Zambia's Luapula and Northern Provinces. Any escalation in hostilities could spark an immediate surge of thousands of people into Zambia. The RNIS does not have any nutritional information about the condition of the refugees (WFP 23/02/01).

Food security and resources

Zambia is not a high profile emergency and donor response has been slow. Many of the refugees currently located in Zambia are in six refugee camps that are currently facing the prospect of shortages in basic food commodities due to lack of funding. An IRIN South Africa report in March stressed that unless donors renew pledges there will be an expected 25 % cut in the general food rations. Given the food cuts and the reliance of the refugee population on food aid, there could be a deterioration in nutritional status

Overall

The increased numbers of refugees and the threatened cuts in the food pipeline as a result of funding constraints makes the overall food security situation and nutritional status of the refugees extremely precarious (Category II or III).

Recommendations

- Continue to closely monitor the nutritional status of the refugees to provide timely information in the event of a deterioration of the nutritional situation.

- Advocate for the provision of funds to UNHCR programmes to ensure the continued provision of quality assistance to the refugees.

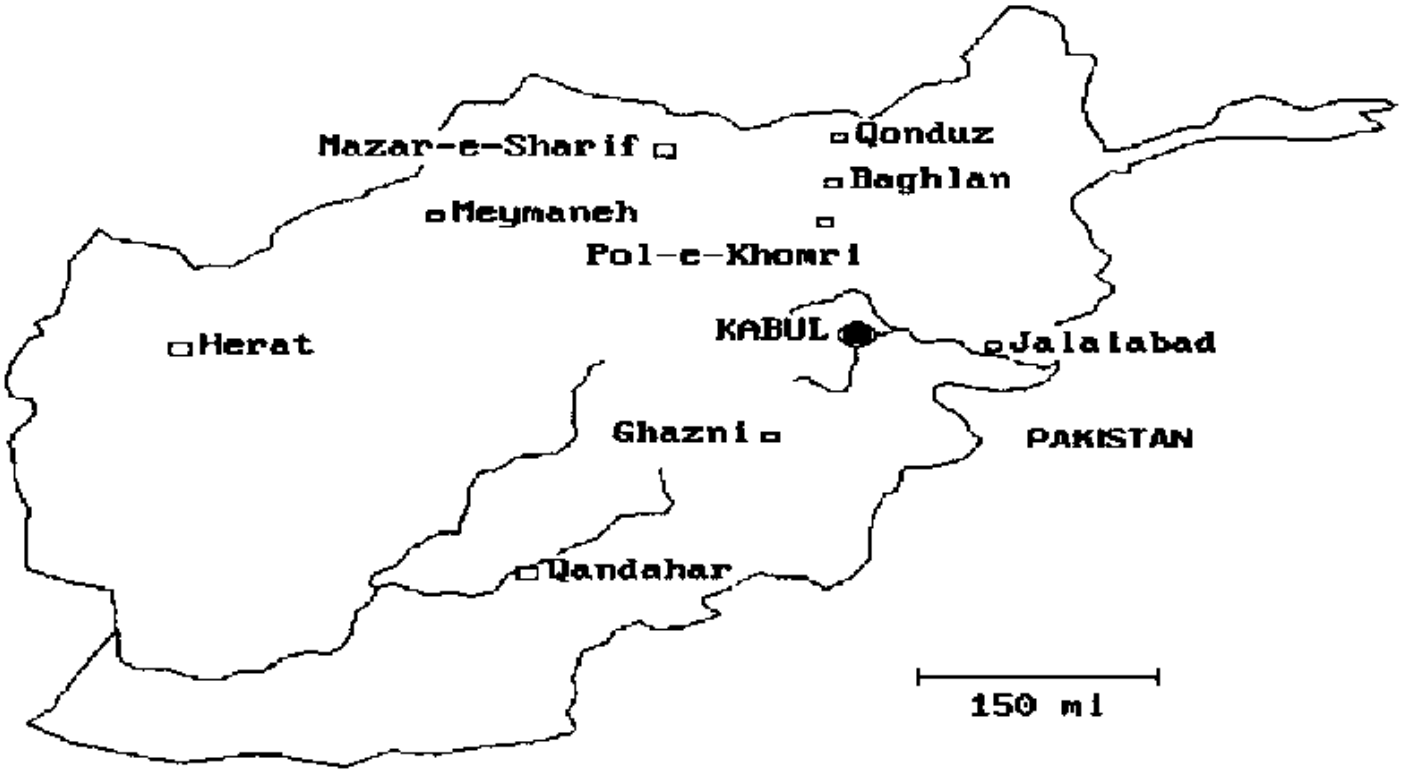
- Try to encourage and facilitate some degree of independence through agricultural or income generating programmes in order to decrease the dependence of the refugee population on humanitarian food aid.

ASIA–SELECTED SITUATIONS

Afghanistan Region

Ongoing conflict between the ruling Taliban government and an alliance of factions drawn mainly from Afghanistan's minority communities based in the north, has forced repeated displacement, both internally and externally, particularly to the neighbouring countries of Iran and Pakistan. The Taliban, who are drawn from the Pashtun majority, control 90% of Afghanistan. Twenty years of conflict have left the economy and infrastructure in ruins.

Afghanistan is in the grip of a third successive year of countrywide drought, which is being hailed as the worst for thirty years. The combined effects of the drought and ongoing conflict have resulted in the internal displacement of an estimated 600,000 people over the last year alone. Many of them have moved from badly affected rural areas to the large cities of Mazar–E–Sharif and Faizabad in the North, Herat in the West and Kabul and Jalalabad in the East. At least 170,000 of those displaced have fled over the border into the North West Frontier Province of Pakistan (OCHA 05/03/01).



Drought

The nation wide drought and resultant food crisis in Afghanistan has particularly affected the rain dependent farmers of the northern provinces destroying nearly all the rain fed crops and decimated livestock. The drought has been further exacerbated by a very harsh and extended winter. Estimates suggest that 12 million Afghans are affected by the drought with three to four million severely so (UN 2001). The cereal deficit has now *exceeded* 2.3 million tons. The next harvest is due in May to June but it is already clear that it will not meet the food needs of the people. A WFP survey conducted in 24 provinces shows that almost a third of farmers intend to plant less than half of the land they normally sow, citing lack of seeds and fear of continued drought losses as the main reasons (FAO/WFP 08/06/00; UN Inter Agency– 2001, OCHA 14/03/01 WFP 16/03/01; WFP 27/04/01).

Eighty five percent of Afghanistan's population depend on agriculture. Land ownership tends to rest with a relatively rich elite with many of the poorer and more vulnerable groups depending on agricultural labour for an income (for example the landless, sharecroppers, and wage labourers) (FAO/WFP – 08/06/00).

The wide scale displacement is a clear indication that many people have chosen to leave the land and move to densely populated urban centres in an attempt to get casual labour work. This is a trend that is rapidly depopulating drought affected rural areas and which many agencies are currently desperately trying to prevent. There is a lack of detailed knowledge on food security at the household level but it would seem that many families rely on remittances from relatives working outside of Afghanistan, as well as the highly refined redistribution network, called zakat (FAO/WFP –08/06/00; ACF–F – 2000).

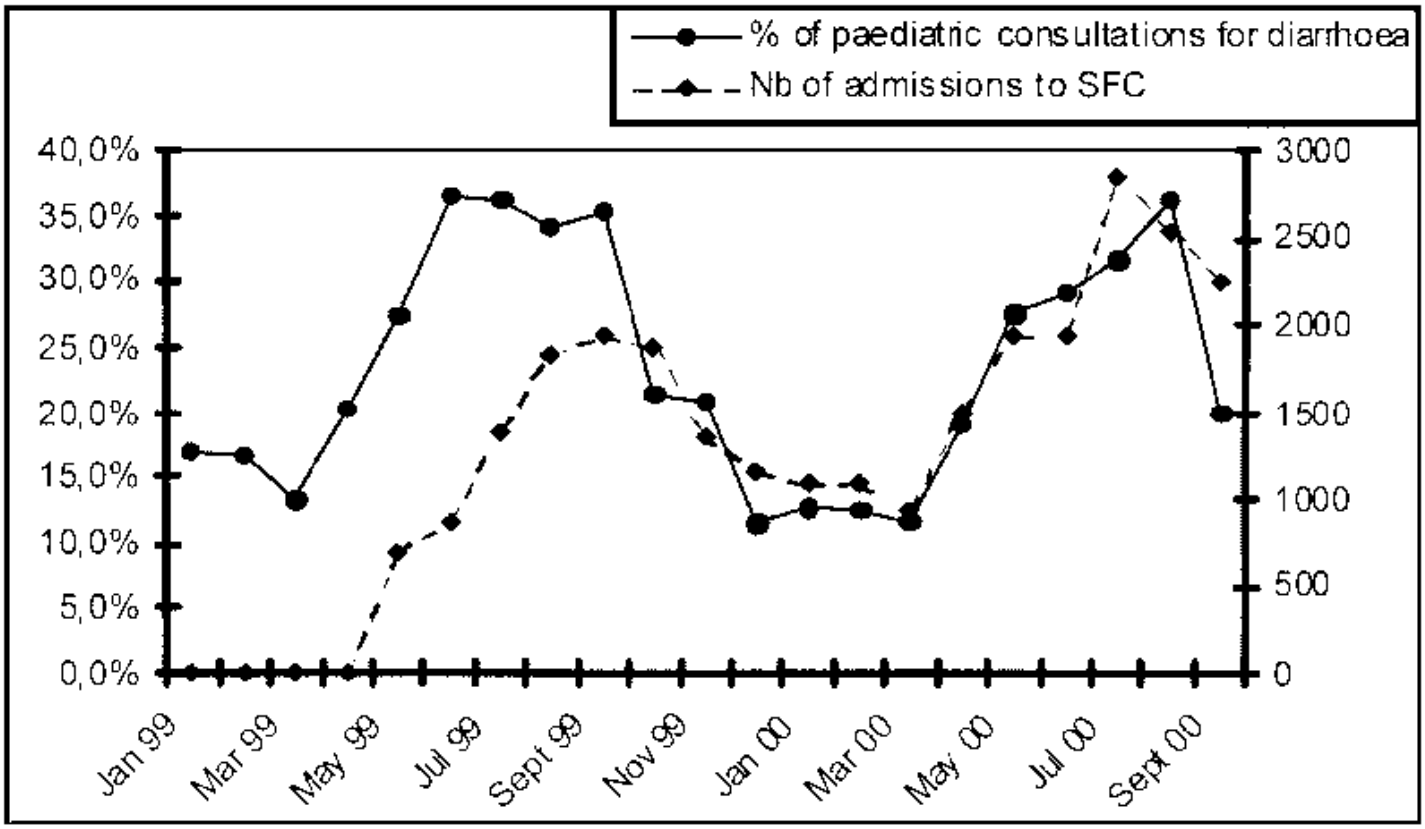
From February to December 2000, ACF conducted seven nutritional surveys among children and their mothers in the six main cities of Afghanistan. Where there were IDPs in the cities, they were included as part of the sample. These provide information on the nutritional status and also the underlying causes of malnutrition related to food, health and care. They are summarised below together with the other available reports.

Central Region; Kabul City

The number of displaced in Kabul has increased markedly since the last RNIS (No 31), from about 81,000 IDPs in August 2000, to between 100 –500,000 estimated by WFP in December, 2000 (WFP 15/12/00).

ACF have a nutritional surveillance system in Kabul city based on bi–annual surveys, and since the last RNIS

have conducted nutrition surveys in February and again in October, 2000. The February survey estimated the prevalence of acute malnutrition at 2.8 % with 0.2 % severe acute malnutrition. No difference was found between the nutritional status of children of the displaced and residents children. According to ACF this represents a surprising improvement in nutritional status as compared to the past five years, which was attributed to greater economic and political stability since the Taliban took over Kabul following the Taliban conquest of the south eastern regions of Afghanistan 1996/1997. This had allowed increasing NGO activity including the reopening of 18 ACF supplementary and 17 therapeutic feeding programmes. Despite this good result, ACF expected nutritional status to decline in the summer months, as a result of a seasonal increase in diarrhoea which coincided with an increase in admissions to feeding programmes (see Figure below). By October the prevalence of acute malnutrition had increased to 8 % with 0.6 % severe malnutrition. The coverage rate of the feeding programmes were estimated was 22.2%. (ACF–F – 02/00; ACF–F – 10/00; WFP –15/12/00).



Percentage of paediatric consultations for diarrhoea in ACF Maternal and Child Health clinics, and number of admissions in SFCs between May 99 and September 2000

In February 2000, the main source of income was casual or daily labour, with more vulnerable households without an able–bodied man relying on handicrafts, processing of dried fruits, child labour and begging as the main source of labour. Other sources of income include food assistance – including WFP cereals through WFP bakeries, remittances from relatives in other regions, sale of assets, and borrowing of money (ACF – 02/00). Price of wheat and bread did not rise in Kabul City between Feb and October, 2000.

Eastern Region;

Nangahar Province, Jalalabad

Jalalabad is on the road between Kabul and Peshwar and has always been an important trade centre. This contributes to better food security, as does agricultural production from the rural hinterlands, market gardening, and good job opportunities in agriculture, commerce or with international organizations. Health services are also more available from NGOs or the government. However, ACF report that the health environment was extremely poor – with narrow streets, overflowing open drains, piles of litter etc. Families hygiene practices also seemed to be extremely poor. A large influx of IDPs from rural areas increased population density.

A recent ACF−F nutritional from December 2000 estimated the prevalence of acute malnutrition at 5.8 % with severe malnutrition at 0.3 %. The CMR for the preceding month was estimated as 0.57/10,000/day and the under five mortality as 0.58/10,000/day. Both rates are below acceptable limits (ACF−F – 12/00). The CMR is approximately two times normal rates, while the under five mortality is within the expected range.

Southern Region;

Kandahar

Latest figures put the IDP population at 42,000 people. ACF−F conducted a nutritional survey in Kandahar city in May 2000 and estimated the prevalence of acute malnutrition at 5.7 % with 0.7 % of severe acute malnutrition. MSF−Holland have nutritional programmes in the province and are conducting systematic nutritional screening during measles vaccination (see table below). The RNIS does not have dates for the screening but they are believed to be from this year.

Results of nutritional screening during measles vaccination campaigns

MUAC	***<125 mm***	***<110 mm***	***Number of children***
Maywand	9.3 %	2.0 %	10,920
Damam	8.5 %	3.1 %	6,903

Although these are not survey results, the large sample sizes provide a preliminary indication of the nutritional status of the population although there is no indication how good the coverage of this screening exercise was. The supplementary feeding centre had only 135 admissions in five weeks of being open. The anthropometric results are at odds with food security indicators (wide scale displacement, high food prices and a saturated labour market) which suggest a serious food crisis (ACF−F – 05/00; MSF−H – 02/01).

North Eastern Region;

Badakhshan province, Faizabad

Faizabad, the regional capital, is reportedly one of the most food insecure cities in the country. The province is relatively remote and is in general a food deficit area, and vulnerable to food shortages, irregular food supplies, and high prices. The price of wheat in Faizabad, has reached an all−time high and few can afford it. Terms of trade between wheat and labour deteriorated since September 1999 (ACF – 09/00).

The latest reports suggest that there are 44,000 displaced in the area. In September 2000 ACF−F estimated the prevalence of acute malnutrition at 8.9 % with severe malnutrition of 0.6%. The same survey also estimated a CMR of 0.68/10,000/day and an under five mortality rate of 1.1/10,000/day (ACF−F – 09/00) The under five mortality rates are above normal for Asia (0.7/10,000/day).

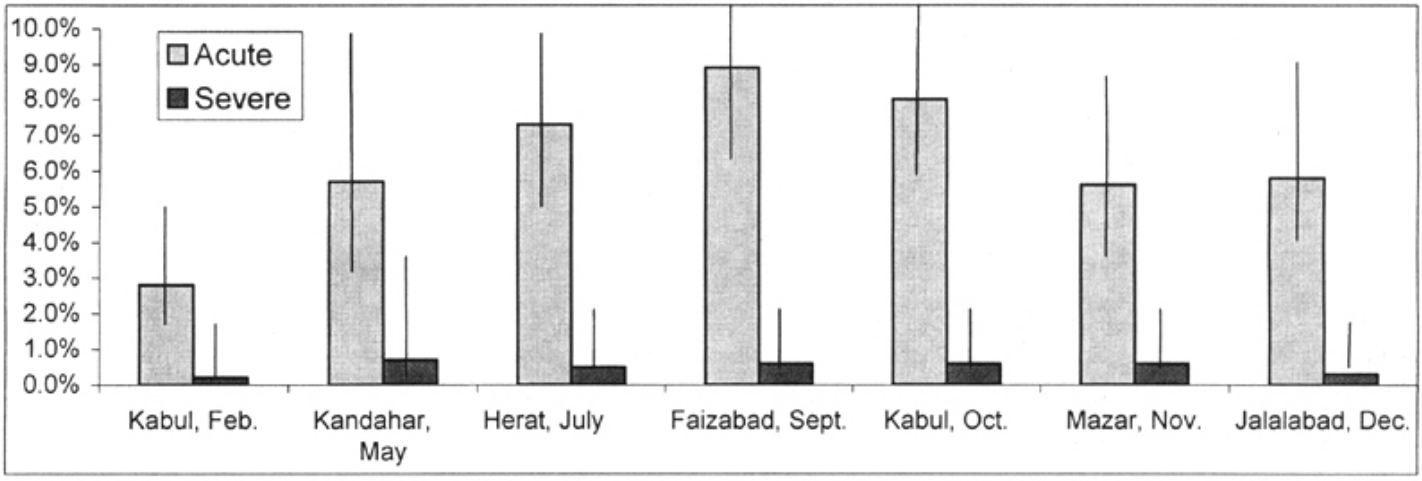
Takhar province

MSF−Holland conducted a nutritional survey in Khodja Baodine, Northern Takhar province, in November 2000 amongst displaced children, and The survey estimated the prevalence of acute malnutrition at 5.9 % with 0.3 % severe acute malnutrition. A retrospective mortality survey showed a CMR of 1.66/10,000/day and an under five mortality rate of 5.97/10,000/day. The anthropometric results do not indicate a serious nutritional problem, but the under five mortality rates are several times normal (0.7/10,000/day), and easily exceed the threshold of 2.0 for ‘an emergency out of control’. However, MSF indicates states that more recent prospective mortality monitoring of the same area has not revealed such catastrophic figures (MSF−H – 11/00).

Northern Region;

Balkh Province, Mazar−e−Sharif

Mazar−E−Sharif is the main city in the north of Afghanistan. Although traditionally a rich trading and business center, since 1997 when fighting broke out between rival opposition forces, the economic situation in Mazar has taken a massive downturn. The Taliban took the city in 1998. Based on figures compiled by UNCHS/HABITAT ACF estimate the population at 467,000 (ACF –11/00). The areas around Mazar have been badly affected by the drought or by fighting in neighbouring provinces, hence the influx of an estimated 30,000 IDPs in the last four months.



Acute and severe malnutrition by ACF survey, Afghanistan, 2000 (with 95% **confidence intervals)**

WFP bakeries have provided bread for 20,000 families in Mazar. Other food assistance projects include a 'pasta' project run by Habitat, whereby low income women produce pasta in a wheat or cash or food for work framework, and this pasta is then distributed to over 2000 vulnerable families. Habitat also run a school feeding programme, where 1500 children are given breakfast and food–for–work programmes for some 1,500 men over 2 months (ACF –11/00).

A nutritional survey by ACF–F in November 2000 estimated the prevalence of acute malnutrition at 5.6% with 0.6% severe acute malnutrition. Eight percent of the sample were IDPs, although there was no statistical difference between the nutritional status of IDPs and residents. The survey also estimated a crude mortality rate of 0.68/10,000/day and an under five mortality rate of 0.96/10,000/day, both of which are approximately normal. Measles vaccination coverage was estimated at 18% by card and 41.9% by history. ACF report that the general health environment in Mazar is better than other Afghan cities, with less rubbish heaps, clearer waste water channels and fewer livestock defecating in the streets, where children play (ACF 11/00).

A more recent survey by MSF–Belgium, which focused on the IDP population, estimated the prevalence of acute malnutrition to be between 10–13 % although the RNIS has no further information regarding the survey methodology employed. These results have caused some controversy, as they would appear to be at odds with the acknowledged food crisis.

Faryab Province

MSF–Belgium undertook a rapid nutritional assessment in south east Qaisar, Faryab province at the beginning of the year, in response to reports of cases of severe malnutrition in the MSF supported clinics in Qaisar town. Eight severely affected villages were chosen, in which 554 families were living. A systematic MUAC screening of 697 children under five indicated a prevalence of 13.6 % acute malnutrition (less than 125 mm) and 3.4 % severe malnutrition (less than 110 mm). A CMR of 2.1/10,00/day and an under five mortality rate of 5.2/10,000/day indicated a very alarming situation. Villagers presented a dire picture of exhausted coping strategies; livestock was sold or died, valuables had been sold, young men had left for the cities or to Iran, daughters were sold and families were surviving on wild foods (MSF–B –01/01)

A recent rapid assessment by SC–US in March in Kohistan District, has further highlighted the plight of people in the district. This has destroyed the primary source of income for the area and left people highly dependent on a series of coping mechanisms that have severe long term consequences. These include the selling of primary assets such as animals and land. For many the primary source of income is from borrowing cash and food against their expected harvest in July. The survey also showed clear evidence that children were being preferentially fed over adults. The most concerning discovery of the assessment was overt micronutrient deficiency in the form of scurvy (vitamin *C* deficiency). People presented with blackened legs, gum swelling and bleeding and joint pain. There was also presentation of angular stomatitis suggesting a complex of vitamin deficiencies. Anecdotal reports from the population suggested that the outbreak had been higher two months *before* the assessment but that the people had resorted to wild foods that may contain some vitamin *C.* MSF–B have conducted follow up assessments and have provided a clinical confirmation of scurvy in the village of Khaja Khan (MSF–B 03/01; SCF–US 03/01).

Western Afghanistan;

Herat city

Herat city has received among the highest numbers of displaced. Current estimates put the total of IDPs at 150,000 individuals, with 1,500 arriving each day. In the first half of December 130 families were arriving daily. A recent WFP/UNHCR/IOM food security assessment was carried out to identify the reasons for the massive out migration from Badghis and the initial observations indicate very poor crop prospects with an acute shortage of water forcing people to travel up to 15 km a day to meet their daily needs. The wide scale sale of productive assets such as livestock was also noted.

ACF–F conducted a nutritional survey in July 2000 and estimated the prevalence of acute malnutrition at 7.3 % with severe malnutrition at 0.5 %. The survey also showed a retrospective CMR of 0.98/10,000/day and an under five mortality rate of 3.2/10,000/day. The under five mortality rate exceeds the threshold of 2.0 for a very serious situation. The survey report remarked on the wide disparity in economic wealth within the sample, but did not disaggregate the data for IDPs. MSF–Holland, has conducted nutritional screenings using weight for height in Maslagh camp which is for new arrivals. Based on two screening exercises of 460 and 157 children, they found prevalences of acute malnutrition of 5 % and 6.5% and severe acute malnutrition of 0.7 % and 0 % respectively. The reports are currently unavailable to the RNIS. Despite obvious acute food insecurity in the area the anthropometric data does not yet point to an acute food crisis (ACF–F –07/00; MSF––02/01; WFP–05/01/01; 27/04/01).

Opposition held areas:

Panjshir Valley and Shamalle Plain

The Panjshir valley is one of the strongholds of opposition forces to the Taliban. Food supply and trade are limited by the front line to the south, the harshness of the climate, and the tense political position in the north.

The most recent nutritional survey was conducted by ACF–F in August 2000 in the southern part of the valley and the northern part of the plains. Fourteen percent of the sample were displaced people. The survey estimated a prevalence of acute malnutrition of 18.2 % and 2.8% severe malnutrition. The crude mortality rate was 2.3/10,000/day and the under five mortality rate of 5.5/10,000/day, which are several “times greater than normal” and well above the rates classified as “an emergency out of control”. ACF attribute this to the high seasonal incidence of diarrhoea amongst the population, with half of the reported mortalities being from diarrhoea. (ACF–F –08/00). Water and sanitation are reported to be deplorable, with the river as the main source of drinking water.

Measles vaccination was 6.8% (by card) or 22.6% (by history) and partly attributed to the proximity of the frontline limiting the activities of aid agencies. The very low measles vaccination coverage and high incidence of diarrhoea are major cause for concern, and most likely contributing to the exceptionally high mortality. ACF have two supplementary feeding centers in the Shamalle Plain and three in the Panjsheer Valley. Given the difficulties of access the low coverage of selective feeding programmes at 17.3% was expected (ACF – 08/00).

The part of the sample drawn from Charikar District in the Shamali plains had a significantly worse nutritional status *(6%* severely malnourished as compared with 2% malnourished). Only 2.7% of mothers had a BMI less than 16.0 (chronic energy deficiency grade III), which is similar to other survey results in Afghanistan. The frontline in the Shamalle Plains, combined with the tense political situation in the north, and the harsh climate restricts the supply of food and other products (ACF – 08/00). These results are by far the highest found in any ACF nutritional surveys in Afghanistan since 1995 (ACF – 08/00).

Afghan refugees in Pakistan

Pakistan has long been host to about 2.1 million Afghan refugees, most in the North West Frontier, Baluchistan, Sind and Punjab provinces. The largest concentration of the most recent refugees is around the northern town of Peshwar, with reports of 170,000 having crossed into the country since September last year when a Taliban offensive in north east Takhar province displaced upwards of 70,000 people. Many of the most recent arrivals are in camps such as Shamshatoo and Akhora Khattak. There are an estimated 72,000 people in the transit camp of Jalozai, however the speed of the influx suggests that some may be from the resident refugee population in the surrounding area. As a result of the substantial increase in numbers of Afghan refugees entering the country, the government of Pakistan has halted efforts to officially register the refugees and is insisting that they should return to Afghanistan, leaving them temporarily in limbo (WFP–05/01/01; WFP–02/02/01; OCHA–01/03/01)

The speed and rate of the influx has threatened to overwhelm resources and there has been much concern over the fate of Afghan refugees. The RNIS has received some survey results from the camps near Peshwar. An MSF–Holland survey from Shamshatoo camp, in November 2000, estimated the prevalence of acute malnutrition at *7.7%* with 2.0 *%* of *severe* acute malnutrition. A later survey in February found a prevalence of 6 % acute malnutrition and 1.1% severe but the details and methodology of the survey are unavailable to the RNIS. The results do not indicate a nutritional *emergency* but given the likelihood of further influxes as the spring thaw opens fresh routes into the country, it is important to follow the situation closely (MSF–H – 11/00).

The Government of Pakistan's insistence that the 70,000 IDPs in Jalozai camp are not registered as refugees and forced to return to Afghanistan, has hampered efforts to supply relief in the camp. Rapid nutritional screening based on MUAC was conducted by MSF–Holland during mass measles vaccination campaigns, and found an estimated 16.4% acute malnutrition (based on a MUAC <125 mm) and 5.6% *severe* acute (based on a MUAC <110 mm). Given the general food distribution in the camp the situation would appear very serious and is likely to deteriorate further (MSF–H – 02/91).

Afghan refugees in the Islamic Republic of Iran

There are an estimated 1.4 million Afghan refugees in the Islamic Republic of Iran and some 580,000 Iraqi refugees. An agreement on February 14th, 2000 was made on a joint programme between UNHCR and the Government of the Islamic Republic of Iran. The joint programme is designed to facilitate the voluntary repatriation of refugees or to normalise the status of those with legitimate claims of asylum. The drought and continued conflict in Afghanistan have prompted an influx of new Afghan refugees into the country, which has prompted attempts by the government to close the border areas with Afghanistan. There are no recent reports on the nutritional situation of refugees in the country but it seems likely that numbers will continue to grow and the vulnerability of refugees would seem likely to increase.

Tajikistan

Tajikistan has not received large influxes of Afghan refugees in the past. On the border between Afghanistan and Tajikistan there are 10,000 Afghan refugees stranded on two islands in the Pyandj river, Island *#9* with 9000 people and Island #13 with 1026 people. The lack of access to the refugees and the supposed poor conditions has rasied concerns. An assessment from January 18 – 21 reported that the situation seemed to have stabilised and that families had been able to bring assets with them. Relief operations were commenced but have subsequently been suspended for fear of supporting armed fighters within the population. The RNIS has no nutritional survey information for the population (OCHA – 13/03/01)

Overall

IDPs in Afghanistan are extremely nutritionally vulnerable as a result of a *severe* drought situation superimposed on continued conflict and a state of near economic collapse in the country. In general the food security indicators show a very serious nation wide food crisis, with particularly worrying rises in the cost of basic foodstuffs and the almost total saturation of labour markets in cities. The appalling food security situation is not reflected in rising prevalences of acute malnutrition in the cities at least, and several reports suggest a more in–depth and localised analyses of food security is needed. In addition many of the surveys were based on representative samples in cities, of which only a relatively small proportion were IDPs. Little information is available about the differential nutritional vulnerability of the population. The IDPs in the Panjshir valley and Shamalle Plain are at very high nutritional risk (category I). Of particular concern is the recent discovery of micronutrient deficiencies that highlights the poor nutritional quality of the diet in many regions. It is important to note that nutritional data on the under five population in cities seems to be a very poor predictive indicator of acute food insecurity in Afghanistan.

There is less information on the nutritional situation of Afghan refugees in other countries in the area, but the high rate of influx and a perceived reluctance on the behalf of recipient governments to address the increasing burden of the refugees, means that the situation should be followed closely.

Recommendations and priorities

• *From WFP and FAO reports*

• Provide assistance to drought affected populations to prevent further deterioration of the situation.

• Focus assistance on rural areas in an attempt to prevent further mass depopulation of rural areas and attract people back to the land.

• *From the ACF Afghan city surveys (ACF–F 2000)*

• Collect detailed information on food security at the level of the household and to identify particularly vulnerable areas in cities.

• Encourage systematic screening of children in MCH clinics.

• Organise health education campaigns targeted towards hygiene and the reduction of diarrhoeal morbidity.

• Encourage families to have kitchen gardens and to use the products for their own consumption.

• Invest in water and sanitation projects.

• *From the survey in Panjshir Valley and Shamalle Plain (ACF–F 08/00)*

• Maintain existing feeding centres and open new where necessary.

• Continue nutritional surveillance through regular village screening

• Improve access to Primary Health Care.

• Improve the water and sanitation situation

• Focus on the promotion of food security through the distribution of seeds and FFW programmes.

• *From the survey in Khodja Baodine, North Takhar Province (MSF–H11/00)*

• Continue close monitoring of the nutritional situation.
• Gather food security information for the area.
• Lobby for sufficient and regular general food distributions.

• *From the rapid assessment in Faryab Province (MSF–B 01/01)*

• Implement an immediate blanket food distribution in the region to assist the population until at least the next harvest.

• Establish a seeds and tools distribution to provide material for subsequent harvests.

• *From the SCF–US Rapid Assessment in Faryab Province (SCF–US 03/01)*

• Support the population with emergency food distribution.

• Provide treatment to those with clinical deficiencies.

• Boost people's coping strategies to mitigate the detrimental long term impacts.

• Develop and understanding of the inter and intra village differences between livelihood systems.

Bhutanese Refugees in Nepal

Refugees from southern Bhutan, began to arrive in Nepal towards the end of 1990 following the Bhutanese authorities enforcement of restrictive immigration and citizenship laws. The birth rate in the camps is over two percent and it is estimated that the current camp population is around 98,500 people. Since the beginning of the refugee operation there have been 16,000 registered births in the camps.

The situation in the seven camps has been stable for some time and the most pressing concern now is how to resolve their plight. Negotiations are underway between the Nepalese and Bhutanese governments and the decision has been taken to conduct a verification exercise to check the validity of refugee claims for Bhutanese citizenship. The verification process is seen as the prelude to the ultimate repatriation of the refugees. The verification process began on the 27th of March of this year and will take some time before it is completed. The RNIS has not received any new information on the nutritional status of the refugees but the last survey (see RNIS 28) indicated less than critical levels amongst children under five and there is no reason to believe that the situation has changed. One nutritional problem of concern has been the presence of angular stomatitis (Vitamin B2 deficiency), but increased awareness of the problem and qualitative changes in rations have resulted in far lower levels of the deficiency. For details of a recent WFP/UNHCR Joint Food Assessment mission see RNIS 31.

Priorities

- Unless substantial changes in the humanitarian situation occur the RNIS will not report further on the Bhutanese refugees.

Indonesia/East Timor Region

East Timor

Since the crisis of 1999, the security in East Timor has largely stabilised. There have been reports of various security incidents, but most have been along the border areas with West Timor. To date the security in East Timor is described as stable. In the wake of wide scale humanitarian interventions in Timor, most of the internally displaced populations returned spontaneously to their places of origin and there are no official IDPs left. There continues to be a return of refugees to East Timor from Indonesian West Timor, but refugee fears over their safety and wide scale intimidation by pro Indonesia militias, have meant that many have not yet returned.

The UN Transitional Authority in East Timor (UNTAET) has taken responsibility for establishing a functioning administration and the transfer of administrative power to Timorese hands. UNTAET, in conjunction with other international organisations, has also taken on the responsibility of rebuilding the shattered infrastructure. The scale of the destruction in 1999 has left the Timorese people and the various organisations working there with a huge task. Most of the infrastructure has to be rebuilt from scratch and those elements that still stand suffer from long term neglect. One of the biggest problems facing the reconstruction teams is the lack of human capital. On the arrival of UNTAET there were fewer than 30 doctors left to tend the needs of the entire population. The East Timorese civil service once employed 34,000 people and is currently staffed by less than 10,000. This leaves a great deal of work to be done in all spheres (UNICEF 15/01/01).

Reports indicate that the overall food security situation in East Timor has improved markedly in the last year. Maize and rice crop yields were satisfactory in 2000 and recent reports indicate relatively good maize and rice harvests for the year 2001. The reason for increased yields are; an extended period of regular rainfall, the increased availability of seeds and a larger area of planted agricultural land. There are also encouraging reports of an increased numbers of farm animals. The development of the agricultural sector is hampered by a poor market for produce, largely as a result of the change from the Indonesian protectionist market system to the current market driven system, which has left many farmers confused over prices and market outlets. Farmers are unlikely to grow more until they understand and feel assured of market outlets. There is also a great deal of cheap imported rice from Thailand and Vietnam which makes the production of surplus rice unprofitable (ACF 4/05/01).

The RNIS has not received any new information about the nutritional status of people in East Timor. There are reports that many of the clinics have stopped collecting routine screening information on children, which makes the routine surveillance of the nutritional situation extremely difficult. There are no reports of wide scale

acute malnutrition and there has been nothing to suggest that nutritional status in the population is declining.

There are still considerable economic problems in East Timor, related to the shattered infrastructure and the high rate of unemployment. This has created a large group of economic migrants who have moved to Dili in search of job opportunities. The harvest outlooks are good and agricultural improvements are noted (NRC 2001).

Recommendations

- Encourage the resumption of routine nutritional surveillance at the local level.
- Try to identify areas of particular vulnerability to assist in the provision of assistance.
- Continue with income generation programmes, particularly in urban areas containing a high number of economic migrants.

Indonesia

Large scale conflict–induced displacement is a relatively recent phenomenon in Indonesia. The toppling of Suharto and his 30 year dictatorship in 1997, closely followed by the Asian economic crisis of 1998, has left Indonesia in turmoil, politically, economically and socially. Since 1999 there has been a general worsening of the humanitarian situation in the country with the spreading of religious and ethnic violence along with increased calls for separatism in different regions of the country. The hoped for stability that democratic elections and the inauguration of President Abdurrahman Wahid would bring has failed to materialise and there are presently increasing calls for the impeachment of the president on charges of corruption (NRC 2001).

The number of people displaced as a result of conflict has almost doubled since the beginning of 2000 and the WFP/VAM unit in Jakarta have estimated the total number of IDPs as of February 2001 as 1,182,571 which represents an increase of 367,515 since January. A great proportion of the displaced are in the eastern Provinces of North and Central Maluku with others located in Aceh, Kalimantan and Central Sulawesi.

West Timor

The humanitarian situation in West Timor has changed drastically as a result of the killing of three UNHCR staff members at the beginning of September 2000. The killings took place in Atambua on the 6th of September and were carried out by pro Indonesian militia members who have retained a strong hold on the camp populations in the area. Tensions between the militias and the international community had been high for some time and had created an extremely difficult humanitarian environment. As a direct result of the killings there was an immediate cessation of humanitarian activities and the evacuation of humanitarian field staff. Only a few assessment missions have been undertaken since the withdrawal of humanitarian agencies and the vast majority of the agencies have not returned to the area as a result of the Indonesian governments inability to actively assure their safety. The UNHCR has lain out very specific conditions that have to be met by the Indonesian authorities before it will consider a redeployment in the West Timor (UNHCR 06/09/00; UNHCR 03/05/01).

The Indonesian government estimates that there are currently 151,159 East Timorese refugees left in the camps in West Timor although the army puts the figure at 119,092 people. It has been reported that up to 70 %, or 80,000 people, would like to return to East Timor, but many are concerned for their safety if they are perceived to have been pro Indonesian supporters during the separation clashes. It is estimated that up to 40,000 people will chose to remain in West Timor, including pro Indonesian militia members and those closely involved with the Indonesian administration and state infrastructure of pre independence East Timor. Repatriations have continued and a total of 5,000 people are reported to have returned since the start of the year as of 24th of April. The month of March saw a particularly high rate of return but there are reports of reduced rates in April and the continued intimidation of refugees in the camps to prevent large scale returns (AFP 19/04/01; 18/04/01; UNHCR 13/03/01; UNHCR 03/05/01).

Despite assurance by the Indonesian authorities that the general security situation has improved, it would appear that little has changed and that militia activities continue in many of the camps. As a result the UN security phase V, which prevents the return of the UN staff, still remains in place. This has also meant that

many of the aid agencies have also not returned, which has drastically effected the coverage of aid to the refugees, in terms of both quality and quantity. There has not been a large scale food distribution since the withdrawal of agencies in September 2000. Those agencies which have returned have found that access remains very difficult in certain camps (UNHCR 03/05/01).

The health and food situation of the refugees in camps remains of concern but many IDPs have become involved in local trading and farming activities, and the government assistance programmes function sporadically. Agency withdrawals have meant that supplementary feeding programmes, put in place to address nutritional needs in the under five population, have been stopped and this does raise cause for alarm given the perceived needs in the under five age group. The Jesuit Relief Services has reported that conditions in some camps in West Timor remain poor as a result of the cessation of assistance by the government of Indonesia and many Humanitarian Aid agencies. The report indicates that there is diarrhoea and vomiting in some of the camps such as Tuapukan and Noelbaki but this is remains difficult to confirm. (FAC 23/01/01; JRS 10/04/01)).

The Maluku Crisis

Hostilities broke out between Muslim and Christian communities, on the island of Ambon, the administrative capital of central Maluku, in January of 1999. Since the initial hostilities the conflict has spread to include almost all islands in the Maluku region, including both central and North Maluku. It is estimated that up to 25 % of a total population of 2.5 million people have been displaced. The enormous displacement of population has had profound effects on all aspects of the economic and social spheres in the region and has severely disrupted the complex systems of trade and livelihood activities that are such an integral part of the area. The conflict has been characterised by periods of relative calm, punctuated by periods of intense fighting. Each new round of fighting has resulted in further displacement of population, some of which is very localised, adding to the segregation of the communities on islands, and some of the displacement has been further a field to the islands of Java, Sulawesi and Irian Jaya (NRC 2001).

Maluku Province

The last major round of fighting in Central Maluku was seen in June 2000 and resulted in further dramatic population displacement and a drastic reduction in humanitarian access to the affected people. However, current reports indicate that the situation is quieter and that the Indonesian army is taking a firmer stance to disarm militias on both sides and prevent further fighting. There are an estimated 220,000 IDPs in Central Maluku province. The improvement in the security situation has once more opened up humanitarian access and allowed food distributions to go ahead as well as ensuring the stabilisation of food prices and the reestablishment of trade activities. This has positively affected the food security situation but needs still remain, particularly amongst groups in the displaced community who have lost everything as a result of the conflict. Food distributions continue although there is an increasing effort to target the most needy, boost coping mechanisms and reduce the reliance on food aid (FAC 23/01/01; UNICEF 2001).

North Maluku Province

The situation in North Maluku has been stable for some time and the latest reports indicate that IDPs, particularly Muslim IDPs who have been on the island of Ternate, are beginning to return to their places of origin. The last estimates of numbers of IDPs indicated approximately 175,000 but the governor of the province announced recently that 40,000 IDPs have returned to their homes in the districts of Halmahera, Morotai, Bacan and other islands (UN OCHA 04/01).

Nutritional situation

The biggest concern for both the displaced and non displaced populations has been the prospect of acute food insecurity and malnutrition as a result of the wide scale destruction of property and disruption of livelihoods, which have left many living in displaced camps with little or no apparent means of support. There was considerable concern that the situation had become very grave for many forced for the second or third time to flee where they were living, and have to start from scratch once more. The disruption of trade resulted in dramatic price rises in many markets, which led to fears of acute food insecurity (ACF 12/03/01).

ACF began a nutritional survey in June 2000 which had to be abandoned as a result of the deteriorating security situation, but the very tentative preliminary results, coupled with continuous on the ground observations of the situation, strongly indicate that the nutritional status of the population remains non critical. This further suggests that the coping mechanisms of the population are very robust. The food security and

nutrition prospects have been further improved by a long period of relative calm in the area, which has allowed continued food distribution to take place and coping mechanisms to be established. A primary feature of the current distributions has been the increased targeting of resources to beneficiaries (ACF 12/03/01).

Other areas of Indonesia

The political and economic turmoil in Indonesia has seen conflict break out in many new areas of the country. Aceh, in north Sumatra island, is a long standing conflict area and remains extremely volatile as a result of a strong separatist movement and frequent government–separatist clashes. Currently it is estimated that there are 30,000 IDPs residing in camps in North Sumatra (UN OCHA 04/01).

The island of Sulawesi has been a large recipient of IDPs particularly from the crisis areas in Maluku. These IDPs have been focused in the north and the south of the island. However, in the early part of 2000 sectarian violence broke out in the central area of Sulawesi around the towns of Poso, resulting in enormous destruction of property and mass displacement of population with an estimated 20–40,000 IDPs reported. The food security of the IDPs remains a concern but it would appear that much of the displacement is fairly localised and many people are able to access their land and/or obtain work, whilst hosted by sympathetic host communities who also provide material support. Recent reports indicate that the insecurity continues and this could have an extremely detrimental effect on the food security of both the displaced and the host communities (UN OCHA 04/01).

Most recently there has been a fresh outbreak of violence on the island of Borneo in the province of Central Kalimantan. The violence is between indigenous Dyak populations and populations of transmigrant Madurese, many of whom have been on the island for many years. There has been low–level violence and hostility between the groups for some years, but an escalation was seen in 1999 in the West Kalimantan districts of Sambas and Pontianak. The violence of 1999 was on a scale previously not seen and for the first time involved non Dyak Malayu peoples. The recent outbreak of violence has seen many Madurese forced from their homes and there are reports of up to 57,000 having returned to the island of Madura, where their presence is placing an increased burden on the communities and economy of the island. Current estimates of IDPs in Central Kalimantan put the number at 19,600 people. The RNIS currently does not have any information regarding the condition of IDPs in Central Kalimantan (AFP 01/03/01; WFP/VAM 26/02/01).

Overall

Indonesia is an extremely large, complex and diverse country currently gripped by severe economic and political turmoil. The outlook for the political and economic stability of the country remains extremely bleak. Local and regional violence continues within the backdrop of a deteriorating political and economic crisis. The likelihood for the continuation of existing conflicts and the outbreak of further wide scale outbreaks of violence seem high. This heightens the likelihood of further large scale displacements of population and will put further stresses on the food security of affected areas. Although local coping mechanisms appear robust, the protracted nature of the violence in many areas and the spiralling political and economic crisis, mean that the possibility for a deterioration in nutritional status within affected populations is very high.

Recommendations

- the provision of food aid to IDPs in conflict affected where possible the monitor the general health and nutritional status of East Timorese refugees in the camps of West Timor.

- Continue areas, whilst searching for mechanism to establish self sufficiency.

Listing of Sources for May 2001 RNIS Reports 31 and 32

ACF	02/00	Nutritional survey, Kabul City, Afghanistan
ACF	05/00	Nutritional survey, Qandahar City, Afghanistan
ACF	07/00	Nutritional survey, Herat City, Afghanistan
ACF	08/00	Nutritional survey, Panjsheer Valley – Shamali Plains, Afghanistan

ACF	08/00	South Sudan Alarming Situation in El Ouahda Region
ACF	09/00	Enquette Nutritionnelle Anthropometrique, Kirundo, Burundi
ACF	09/00	Nutritional survey, Faizabad, Afghanistan
ACF	10/00	Nutritional survey, Kabul City, Afghanistan
ACF	11/00	Nutrition survey Bo Region, Sierra Leone
ACF	11/00	Nutritional survey, Mazar City, Afghanistan
ACF	12/00	Nutrition survey Port Loko, Sierra Leone
ACF	12/00	Nutritional survey, Jalalabad, Afghanistan
ACF	2000	Understanding child malnutrition in Afghan cities
ACF	02/01	Rapid evaluation of the food security situation of refugees in Gueckedou rural
ACF	12/03/00	Personal communication from the field
ACF	04/05/01	Personal communication from the East Timor.
ACH	12/00	Relatorio Dos Inqueritos Nutriciona, Kuando Kubango, Menongue
AFP	07/03/01	Borneo Exodus reaches 57,000. Thousands more await evacuation
AFP	19/04/01	West Timor ‘safe for returning aid workers’. The Indonesian Military claim
CARE	12/00	Nutritional survey of Dire, Teltele and Yabello woreda, Borana zone.
EmoH	2000	Eritrean Ministry of Health. Nutrition Annual Report 2000.
FAC	23/01/01	Food Aid Coordination Meeting # 49, WFP office, Jakarta
FAO	04/01	Food Supply Situation and Crop Prospects in Sub−Saharan Africa
FAO/WFP	08/06/00	Crop and Food Supply Assessment Mission to Afghanistan
FAO/WFP	09/01/01	Crop and Food Supply Assessment Mission to Ethiopia
FAO/WFP	22/12/00	Crop and Food Supply Assessment Mission to Sudan
FEWS	20/02/01	Greater Horn of Africa Food Security Update
FEWS	12/03 and 04/01	Ethiopia Network on Food Security
FEWS	07/05/01	FEWS Eritrea Food Security Update April
FEWS	15/04/01	FEWS Somalia Food Security Update
FSAU	01/01	Nutrition Update for Somalia
FSAU	03/01	Nutrition Update for Somalia
FSAU	03/01	Flash: The livestock Ban: Increasing Vulnerability During the Jilaal.
FSAU	08/03/01	Monthly Food security Report for Somalia
FSAU	09/04/01	Monthly Food security Report for Somalia

IFRC	19/03/01	Guinea: Special Focus on Population Movements Appeal No 01.03/01
IITA	12/00	Trip Report on the Assessment of Cassava Pests and Disease in DRC
IOM	24/04/01	Sierra Leone−Emergency Assistance to IDPs and Returning Refugees
IRIN OCHA	15/02/01	United Nations Inter−Agency Donor Alert for the Drought in Kenya 2001
IRIN OCHA	21/02/01	IRIN South Africa Angola Humanitarian Update
IRIN−CEA	07/05/01	Horn of Africa. IRIN Update
IRIN OCHA	31/03/01	Kenya Humanitarian Updates Issue 3
IRIN OCHA	19/04/01	DRC. Improved access raises fears of grim discoveries
IRIN−SA	12/04/01	Angola: WFP expects food shortages in coming months
IRIN−WA	25/04/01	IRIN−WA Update
JRS	10/04/01	Timor Alert No 10
Kyodo	18/04/01	Indonesia says 70 % of E. Timor refugees want to return home
Meeting	30/01/01	Minutes of UN/NGO/Donor Nutrition Task Force Meeting
Merlin	08/00	Summary of the Merlin Nutrition Survey, Kenema, Sierra Leone
MSF−B	08/00	Nutritional survey Denan, Ogaden, Ethiopia.
MSF−B	10/00	Nutritional survey Denan, Ogaden, Ethiopia
MSF−B	11/00	Enquette Nutritionelle Anthropometrique, Karusi, Burundi
MSF−B	01/01	Food Crisis in Burundi. A report by Medicine Sans Frontieres
MSF−B	01/01	Rapid assessment of the nutritional situation in SE Qaisar
MSF−B	02/01	Nutrition Survey, Denan, Ogaden, Ethiopia
MSF−B	02/01	Nutrition Survey, Dadaab, North Eastern Province, Kenya
MSF−B	03/01	Assessment of Possible Scurvy in the Village of Khaja Khan
MSF−B	03/01	Enquette Nutritionelle Anthropometrique, Karusi, Barundi
MSF−B	04/01	Nutrition Survey, Denan, Ogaden, Ethiopia
MSF/Concern	11/00	Rapid Nutrition and Mortality Survey, Kuito, Bie Province, Angola
MSF−F	03/01	MSF−France Asessemtn of Senafe Sub Zpoba, Zoba Debub,. Eritrea
MSF−H	07/00	Report on Nutritional Status, Arero woreda, Oromia region.
MSF−H	08/00	Report on food security and nutritional status monitoring, Konso Special woreda.
MSF−H	10/00	Report on nutritional status monitoring study, Arero, Oromia region.

MSF−H	11/00	Nutritional survey, Khodja Baodine, Northern Takhar Province
MSF−H	12/00	Report of the Nutrition and Mortality Surveys, Malange, Angola
MSF−H	02/01	Trip report on the nutritional situation in Afghanistan
MSF−H	02/01	Nutritional survey in Denan, Ogaden, Ethiopia
MSF−H	02/01	Report of the Nutrition and Mortality, Cangandala Municipality, Angola
MSF−H	03/01	Personal communication from MSF−Holland
MSF−SP	10/00	Relatorio dos Inqueritos Nutricionas, Provicia de Uige, Angloa
NRC	2001	Global IDP Data base country profiles www.db.idproject.org
OCHA	28/02/01	AFGHANISTAN: IRIN focus on the desperation of displaced in Mazar
OCHA	01/03/01	AFGHANISTAN: Nutrition data at odds with northern food crisis
OCHA	01/03/01	PAKISTAN: Irin Interview with Interior Minister Moin Hader
OCHA	05/03/01	AFGHANISTAN: Displaced Afghans dying of cold and hunger.
OCHA	13/03/01	TAJIKISTAN: UNHCR suspends relief to Pyandj
OCHA	14/03/01	AFGHANISTAN: WFP launches new emergency appeal
OLS	13/03/01	Nutrition and Food Security Bi Weekly Sitrep 2nd to 13th of March 2001
Oxfam/MSF	11/00	Nutrition survey in SNNPR, North Omo, Bolosso Sorie Woreda, Ethiopia
Oxfam/MSF	03/01	Nutrition Survey in SNNPR, North Omo zone, Bolosso Sorie Woreda
PANA	22/04/00	Liberia may not escape UN sanctions.
SCF−UK	07/00	Nutrition Survey in Af' abet displaced camp
SCF−UK	07/00	Assessment in Fik, Hamero, Segeg, Dehun woredas of Fik zone
SCF−UK	10/00	Nutrition Survey in Korokon, Kotobia and Tole displaced camps
SCF−UK	09/00	Report on SCF Vitamin Deficiency Surveys from North Kenya
SCF−UK	11/00	Nutritional survey Fik zone, Somali National Regional State.
SCF−UK	12/00	Enquette Nutritionelle Realisée dans la zone de santé de Goma
SCF−US	03/01	DRAFT Rapid assessment in Kohistan district, Faryab province,
STRATFOR	17/04/01	Deployment to the DRC: The Rwandan Dillema

Tearfund	03/01	Nutrition Survey Summary report for Aweil East County, Bahr al Ghazal
UN	2001	Consolidated Interagency Appeal for Afghanistan
UN	2001	Consolidated Interagency Appeal for Angola
UN	2001	Consolidated Interagency Appeal for Burundi
UN	2001	Consolidated Interagency Appeal for DRC
UN	2001	Consolidated Interagency Appeal for Ethiopia
UN	2001	Consolidated Interagency Appeal for Eritrea
UN	2001	Consolidated Interagency Appeal for Somalia
UN	2001	Consolidated Interagency Appeal for Sudan
UN	2001	Consolidated Interagency Appeal for Tanzania
UN	2001	Consolidated Interagency Appeal for Uganda
UN	2001	Consolidated Interagency Appeal for West Africa
UN	2001–02	Overview of the UN plan for the Republic of Congo
UNICEF	06/00	Nutrition Survey Report Burhakaba District, Bay Region, Somalia
UNICEF	09/00	Nutrition Survey Report, Burdubo District, Gedo Region, Somalia
UNICEF	2001	UNICEF Humanitarian Action, Angola Donor Update
UNICEF	2001	UNICEF Humanitarian Appeal, Indonesia, Maluku Islands
UNICEF	03/01	UNICEF Humanitarian Action. Burundi Donor Update.
UNICEF	15/01/01	UNICEF Humanitarian Action. East Timor Donor Update.
UNICEF	31/01/01	UNICEF Humanitarian Action. Tanzania Donor Update
UNICEF	31/03/01	UNICEF Humanitarian Action. Sierra Leone Donor Update
UNICEF	02/01	UNICEF Tanzania Refugee Programme – Trends and Developments
UNHCR	07/00	Report of Joint Nutrition Surveys in Somali and Sudanese refugee camps
UN EUE	27/04/01	Horn of Africa Review
UNHCR	13/11/00	Summary results of nutrition survey from Rhino camp in October 2000
UNHCR	12–14/11/00	Preliminary report of Joint UNHCR/WFP/ARRA nutrition survey in 4 camps
UNHCR	12/00	Rapid Survey in the Western Refugee Camps, Kigoma and Kagera region
UNHCR	2000	Rwanda refugee profile. Internet
UNHCR	2000	UNHCR Mid Year Report 2000
UNHCR	2001	UNHCR 2001 Global appeal
UNHCR	2000	Rwanda refugee profile. Internet

UNHCR	2000	UNHCR Mid Year Report 2000
UNHCR	2001	UNHCR 2001 Global appeal
UNHCR	01/01	UNHCR Monthly Report on Health and Nutrition in Tanzania
UNHCR	02/01	Personal Communication from Head Office
UNHCR	03/01	Tanzania Monthly Statistics
UNHCR	23/03/01	UNHCR Indonesia Press Release
UNHCR	31/03/01	Report on the Refugee Population DRC/RC
UNHCR	06/04/00	UNHCR briefing notes on Guinea
UNHCR	20/04/01	UNHCR Briefing Notes: Guinea
UNHCR	02/05/01	Corrections from Desk officers
UNHCR	03/05/01	Personal communication from the field
UNHCR	04/05/01	Corrections from Desk officer
UN OCHA	17/04/00	DRC Monthly Humanitarian Bulletin
UN OCHA	31/12/00	Affected Populations in the Great Lakes Region as of Dec 2000
UN OCHA	23/01/01	Press release. Dramatic Increase in Malnutrition Rates in N Burundi.
UN OCHA	02/01	UN OCHA Uganda. Humanitarian Update
UN OCHA	04/01	Indonesia – OCHA Consolidated Situation Report No. 20
UN OCHA	02/05/01	Humanitarian Update: Uganda, Volume III, Issue 4
USAID	20/04/01	Sierra Leone Complex Emergency Situation Report #1
WFP	11–12/00	WFP Great Lakes Monthly Report
WFP	15/12/00	WFP Emergency Report No 50
WFP	20/12/00	PRRO Great Lakes region 6077.01
WFP	15/12/00	WFP Emergency Report No 50
WFP	01/01	WFP Great Lakes Monthly Report
WFP	05/01/01	WFP Emergency Report No 1
WFP	12/01/01	WFP Emergency Report No 2
WFP	02/02/01	WFP Emergency Report No 5
WFP	20/02/01	Press Release Burundi
WFP	09/02/01	WFP Emergency Report No 6
WFP	16/02/01	WFP Emergency Report No 7
WFP	23/02/01	WFP Emergency Report No 8
WFP	01–01/01	Great Lakes Region. Quarterly Programme Review PRRO/6077/00
WFP	13/03/01	Correction to Great Lakes Report

WFP	13/03/00	Nutrition and Food security Bi Weekly Sitrep
WFP	16/03/01	WFP Emergency Report No 11
WFP	30/03/01	WFP Emergency Report No 13
WFP	06/04/01	WFP Emergency Report No 14
WFP	27/04/01	WFP Emergency Report No. 17
WFP	04/05/01	WFP Emergency Report No 18
WFP/VAM	26/02/01	IDP Source and Recipient Regions.
WHO	10/00	Emergency Consultancy in the Horn of Africa

Abbreviations used in the text

AAH−UK	Action Against Hunger UK
ACF−F	Action Contre la Faim France
ACF−USA	Action Against Hunger USA
ACH−S	Action Against Hunger Spain
AI	Amnesty International
BEG	Bahr El Ghazal
BMI	Body Mass Index
CAD	Children's Aid Direct
CMR	Crude Mortality Rate
DRC	Democratic Republic of Congo
FAO	Food & Agricultural Organization of the United Nations
FEWS	Famine Early Warning System
FSAU	Food Security Assessment for Somalia
ICRC	International Committee of Red Cross
IDP	Internally Displaced Person
IRIN	Integrated Regional Information Network (of DHA)
IRIN−WA	Integrated Regional Information Network for West Africa (of DHA)
IRIN−SA	Integrated Regional Information Network for Southern Africa (of DHA)
MSF−B	Medecins Sans Frontieres − Belgium
MSF−CH	Medecins Sans Frontieres − Switzerland
MSF−F	Medecins Sans Frontieres − France
MSF−H	Medecins Sans Frontieres − Holland
MSF−S	Medecins Sans Frontieres − Spain
MOH	Ministry of Health
MUAC	Mid−ipper arm cricumference
NGO	Non−governmental Organisation
OA	Oxfors Analytica

OCHA	Office for the Co–ordination of Humanitarian Assistance
OLS	Operation Lifeline Sudan
RI	Refugees International
RoC	Republic of Congo (Congo–Brazzaville)
SCF–UK	Save the Children Fund – US
SCF–US	Save the Children Fund – US
UNDPI	United Nations Department of Public Information
UNHCHR	United Nations High Commissioner for Human Rights
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WHM	World Harvest Mission

Tables and figures

Information Available on Total Refiugee/Returnees/Displaced Populations requiring assistance (as of April 2001) Please note that these are best estimates at the time of going to press

	Population Numbers							**Nut**
Situation	**Condition**					**Total**	**Change from**	**Stat**
	I: V. High Risk	**III: High Risk**	**III: Mod Risk**	**IV: Not Critical**	**V: Unknown**		**Mar–00**	
Sub–Saharan Africa								
1. Angola		2,700,000	1,100,000			3,800,000	2,793,900	imp
2. Great Lakes Region								
Burundi	100,000	100,000	179,000			379,000	–291,000	det.
Rwanda			30,000	7,780		37,780	*–31,220*	imp

										Refug critica Droug not sl
	Congo–Brazzaville		87,200	55,370		13,000	155,570	*–77,430*	imp.	IDPs Refs. at hig refs.
	E Dem Rep of Congo	990,000	932,000	260,000	152,000		2,334,000	*574,500*	det.	IDPs risk in war–a areas high t Refs.
	Tanzania		527,000				527,000	87,000	det.	Refs. due t ration Droug not sl
3. Eritrea			208,163				208,163	–791,837	imp.	War– IDPs mode to hu and c
4. Ethiopia				206,879	395,366		602,245	22,245	imp.	War– high t Refs. V. se droug popu show
5. Kenya				203,500			203,500	–11,500	sta	Rets. heigh due t Situ. droug popu show
6. Liberia/Sierra Leone Region										
	Liberia		45,000	55,000	20,000		120,000	33,000	stat.	Refs. Lofa due t
	Sierra Leone	100,000	400,000	500,000		600,000	1,600,000	444,000	det.	DP n impre in Go high/ risk, unkn unkn
	Guinea–Conakry/Cote d'Ivoire	60,000	200,000	400,000			660,000	122,000	det.	Many Guine repat Sierra

7. Somalia	40,000	80,000	237,000			357,000	7,000	imp
8. S. Sudan	301,639	1,723,556	847,217	94,700		2,967,112	310,112	det
9. Uganda		300,000	400,000	210,000		910,000	66,000	stat
10. Zambia			215,000	10,000		225,000	5,000	stat
Total (Sub−Saharan Africa)	1,591,639	7,302,919	4,688,966	889,846	613,000	15,086,370	3,261,770	
Asia/Europe (Selected Situations)								
11. Afghanistan Region	150,000	800,000	1,500,000	500,000		2,950,000	2,950,000	det
12. Bhutanese Refugees in Nepal				98,500		98,500	98,500	stat
14. Indonesia/E. Timor region								
Indonesia				1,200,000			1,200,000	
East Timor				750,000		750,000	750,000	imp.
West Timor				100,000		100,000	100,000	imp.

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

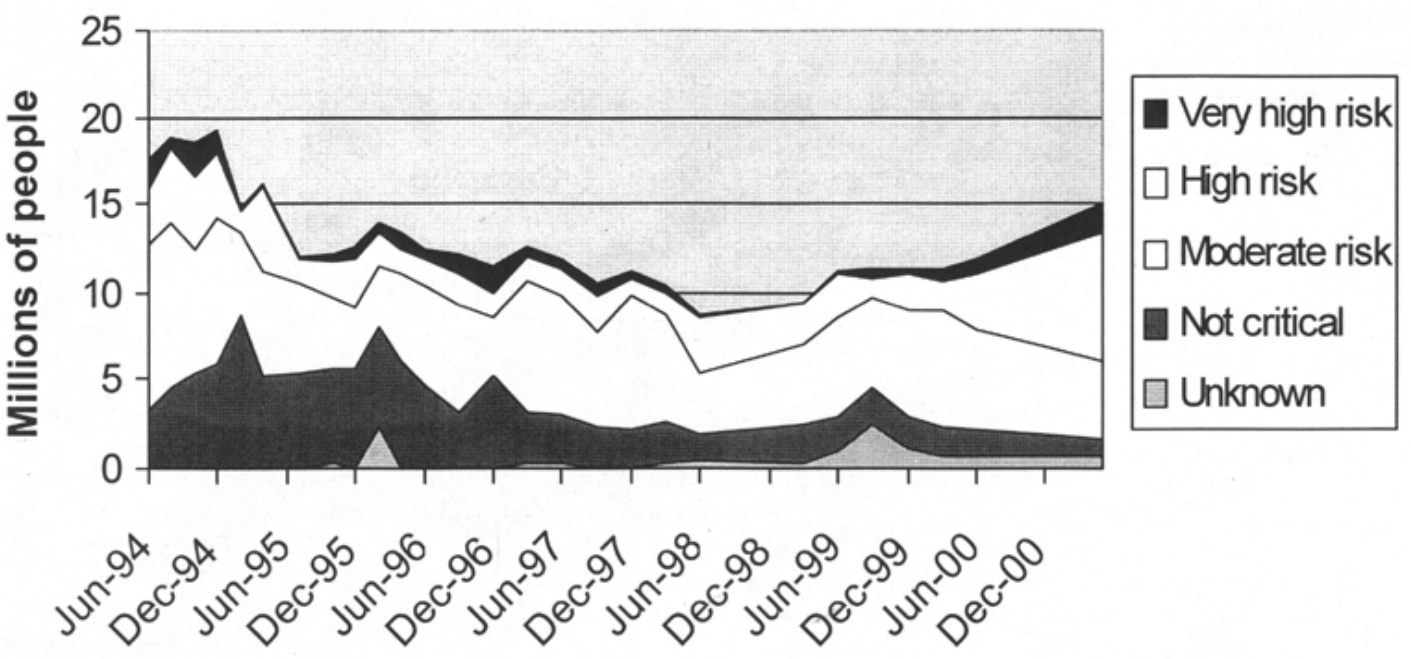
II: High Risk – Population at high risk, limited data available, population likely to contain pockets of malnutrition (*e.g. wasting*),

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

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

III: Unknown – No information on nutritional status available.

** Indicates status of nutritional situation. Imp–improving; det=deteriorating; stat=static* (*i.e. no change*).



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

RESULTS OF SURVEYS QUOTED IN APRIL 2001 RNIS (#32 and #33) Usually children 6–59 months

Survey Area	Survey conducted by	Date	% Wasted**	% Severely Wasted**	Oedema	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)	M imm cov
Afghan Area								
Kabul	ACF–F	Feb 00	2.8	0.2		2.2	3.92	
Kandahar	ACF–F	May 00	5.7	0.7				
Herat, NW Afghanistan	ACF–F	July 00	7.3	0.5		0.98	3.2	
Panjshir/Shamli Plains	ACF–F	Aug 00	18.2	2.8		2.3	5.5	
Faizabad	ACF–F	Sept 00	8.9	0.6		0.68	1.1	
Kabul	ACF–F	Oct 00	8.0	0.6				
Khodja Baodine, Takhar	MSF	Nov 00	5.9 %	0.3		1.66	5.97	
Mazar	ACF–F	Nov 00	5.6	0.6		0.68	0.96	
Jalalabad	ACF–F	Dec 00	5.8	0.3		0.57	0.58	
Qaisar, Faryab Province	MSF–B	Jan 01	13.6 (muac)	3.4 (muac)		2.1	5.2	
Tajikistan	AAH–UK	Sept–Oct 00						
Pakistan, Shamshatoo	MSF–H/IMC	Nov 00	7.7*	2.0	0.8			

The Greater Horn of Africa							
ETHIOPIA							
Bonga Camp	UNHCR/ARRA/WFP	July 00	11.0	1.6			
Sherkole Camp	UNHCR/ARRA/WFP	July 00	12.9	1.9			
Camaboker Camp	UNHCR/ARRA/WFP	July 00	15.0	1.1			
Darror Camp	UNHCR/ARRA/WFP	July 00	6.5	0.0			
Rambasso Camp	UNHCR/ARRA/WFP	July 00	8.8	0.8			
Kebribeyah Camp	UNHCR/ARRA/WFP	July 00	8.4	0.9			
Aisha Camp	UNHCR/ARRA/WFP	July 00	12.4	1.3			
Fik woreda	SCF–UK	July 00	24.1	2.1			
Hamero woreda	SCF–UK	July 00	32.3	6.6			
Segeg Woreda	SCF–UK	July 00	34.3	5.7			
Dehun woreda	SCF–UK	July 00	40.2	8.1			
Arero Woreda	MSF–H	July 00	13.9	1.6	0.1		
Konso Special woreda	MSF–H	Aug 00	10.9	1.1	0.4	0.4	0.8
Denan, Ogaden	MSF–B	Aug 00	43.7	4.1	0.1	0.4	1.2
Denan, Ogaden	MSF–B	Oct 00	40.8	5.7	1.1	0.13	0.27
Arero Woreda	MSF–H	Oct 00	10.6	0.3	0	0.6	1.2
SNNPR, North Omo zone	Oxfam/MSF	Nov 00	7.4	0.9	0.7	3.2	5.2
Fik and Hamero	SCF–UK	Nov 00	17.2	1.6			
Segug and Dehun	SCF–UK	Nov 00	24.2	2.3			
Borana Zone	CARE	Dec 00	5.9	0.4	0	0.7	0.8
Denan	MSF–B	Feb 00	37.2	4.4	1.0	0.15	0.25
SNNPR, North Omo zone	Oxfam/MSF	Mar 00	7.8	0.9		0.7	1.2
Denan	MSF–B	April 00	51.1	9.1	0.2	0.12	0.25
ERITREA							
Af' abet Camp	SCF–UK	July 00	7.7 % median	0.7		0.2	0.3
K,K,T IDP camps	SCF–UK	Oct 00	6.6 % median	0.6		0.6	0.8

KENYA								
Dabaab	MSF−B	Feb 00	16.1	4.5	3.4	0.13	0.37	
SOMALIA								
Burhakaba	UNICEF	June 00	22.4	4.1*				
Burdubo	UNICEF	Sept 00	16.9	2.8*				
SUDAN								
Bonga	UNHCR/WFP/ARRA	Nov 00	4.2	0.3				
Sherkole	UNHCR/WFP/ARRA	Nov 00	4.2	0.5				
Fugnido	UNHCR/WFP/ARRA	Nov 00	5.6	0.5				
Dimma	UNHCR/WFP/ARRA	Nov 00	5.5	0				
Aweil East	Tearfund	March 01	15.5	1.8	0			
Southern African Region								
Angola								
Uige	MSF−Sp	Oct 00	5.9	0.6	0.3	0.5	0.4	
Kuito town	MSF/Concern	Nov 00	2.6	0.2	0	1.4	2.3	
Kuito camps	MSF/Concern	Nov 00	9.1	0.7	0.3	1.5	3.2	
Malange	MSF−H	Dec 00	5.3	2.1	1.4	1.5	3.3	
Kuando Kubango displaced	ACH	Dec 00	10	2.2	0.6	0.6	2.5	
Kuando Kubango resident	ACH	Dec 00	5.6	1.3	0.7	0.6	2.1	
Cangandala	MSF−H	Feb 01	2.4	0.4	0	1.6	0.4	
The Great Lakes Region								
Burundi								
Karusi	MSF−B	Nov 00	23.7	14.4	13.3	0.9	3.1	
Kirundo	ACF	Sept 00	6.8	1.2	0.3	0.41	4.35	
Karusi	MSF−B	March 01	13.4	2.5	1.2	1.2	3.2	
Democratic Republic of the Congo								
Kalima	Merlin	Jan 01	14.1	8.1	8.1	3	7.9	
Madula Aire de Sante	MSF−H	Aug 00	6.9	3.9	2.6	0.8	1.5	
Kisangani town	MSF−H	Aug 00	8.5	3.5*		0.6	1.0	
West African Region								

Sierra Leone							
Bo	ACF–F	Nov 00	3.8	0.9	0.3	1.1	5.9
Port Loko town	ACF–F	Dec 2000	3.8	0.3	0.1	1	3.1
Port Loko camp	ACF–F	Dec 2000	3.7	0.9	0.2	1.4	4.1

*Oedema is included in this figure

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

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

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

Notes on Annex 1 and other nutritional assessments in the text

AFGHANISTAN

Kabul The survey was conducted by ACF–F in February 2000. A standard two stage cluster survey was used to measure 937 children in 30 clusters. The prevalence of global acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 2.8 % (95% C.I. 1.5–4.9 %) and severe acute (defined as <–3 z scores weight for height and/or oedema) was estimated at 0.2% (95% C.I. –0.0–1.2 %). The rate of measles vaccination was estimated at 71.2 % confirmed by presentation of vaccination card and mother/carer report. CMR was estimated at 2.2/10,000/day and the under five

Kandahar The survey was conducted by ACF–F in May 2000. A standard two stage cluster survey was used to measure 403 children in 30 clusters. Note that there was a suspected selection bias so only the results of 13 of the 30 clusters were used in the analysis. The prevalence of global acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 5.7 % (95% C.I. 3.0–10.2%) and severe acute (defined as <–3 z scores weight for height and/or oedema) was estimated at 0.7% (95% C.I. 0.0–3.6 %). Note the larger confidence intervals as a result of the smaller sample size. The rate of measles vaccination was estimated at 42.4 % confirmed by presentation of vaccination card and mother/carer report.

Herat City The survey was conducted by ACF–F in July 2000. A standard two stage cluster survey was used to measure 926 children in 30 clusters. The prevalence of global acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 7.3 % (95% C.I. 5.2–10.3 %) and severe acute (defined as <–3 z scores weight for height and/or oedema) was estimated at 0.5% (95% C.I. 0.1–1.9 %). The rate of measles vaccination was estimated at 71.3 % confirmed by presentation of vaccination card and mother/carer report. CMR was estimated at 0.98/10,000/day and the under five mortality was 3.2/10,000/day.

Panjshir/Shamalle Plains The survey was conducted by ACF–F in August 2000. A standard two stage cluster methodology was employed to measure 922 children between 6–59 months. The prevalence of global acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 18.2 % (95 % C.I. 14.8–22.2%) and severe acute (defined as <–3 z scores weight for height and/or oedema) was 2.8 % (95 % C.I. 1.5–4.9 %). CMR was estimated at 2.3/10.000/day and under five mortality at 5.5/10,000/day. Rates of measles vaccination were estimated at 29.4 % with card or mother/carer report.

Faizabad The survey was conducted by ACF–F in September of 2000. A standard two stage cluster methodology was employed to measure 925 children. The prevalence of global acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 8.9 % (95 % C.I. 6.5–12.0 %) and acute severe (defined as <–3 z scores weight for height and/or oedema) at 0.6 % (95 % C.I. 0.1–2.1 %). The CMR was estimated at 0.68/10,000/day and the under five mortality at 1.4/10,000/day. Measles vaccination coverage was estimated at 58.4 % with card or mother/carer report.

Kabul The survey was conducted by ACF–F in October of 2000. A standard two stage cluster survey methodology was employed to measure 929 children between the ages of 6–59 months. Global acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 8.0 % (95 % C.I.

5.7–11.0 %) and severe acute (defined as <–3 z scores weight for height and/or oedema) at 0.6 % (95 % C.I. 0.1–1.4 %). Measles vaccination coverage was estimated at 74.8 % with card or mother/carer report.

Mazar The survey was conducted by ACF–F in November of 2000. A standard two stage cluster survey methodology was employed to measure 929 children. The prevalence of global acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 5.6 % (95% C.I. 3.7–8.3 %) and the rate of severe acute (defined as <–3 z scores weight for height and/or oedema) was 0.6 % (95% C.I. 0.1–1.7 %). CMR was estimated at 0.68/10,000/day and the under five mortality rate was 0.96/10,000/day. The measles vaccination was 58.1 % with card or mother/carer report.

Jalalabad The survey was conducted by ACF–F in December 2000. A standard two stage cluster survey methodology was employed to measure 925 children between 6–59 months. The prevalence of global acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 5.8 % (95 % C.I. 3.9–8.5 %) and severe acute (defined as <–3 z scores weight for height and/or oedema) was 0.3 % (95 % C.I. 0.0–1.6 %). The CMR was estimated at 0.57/10.000/day and the under five mortality at 0.58/10,000/day. The measles vaccination coverage was 76.6 % from cards and mother/carer report.

Khodja Baodine The survey was conducted by MSF in November of 2000. A standard two stage cluster survey was used to measure 630–children 6–59 months. Global acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was measured at 5.9 % (95% C.I. 3.6–9.3 %) and severe acute (defined as <–3 z scores weight for height and/or oedema) as 0.3 (95% C.I. 0.0–2.0 %). An estimation of retrospective CMR was made at 1.66/10,000/day and the under five mortality was 5.97/10,000/day. Measles vaccination coverage was estimated at 17.4% and was determined by presence of a card only.

South East Quaisar The rapid assessment was conducted by MSF–Belgium from December 2000 to January 2001 in South East Qaisar, Faryab province, North Afghanistan. Eight villages were sampled from a total of twenty eight indicated as being at extreme risk. The eight villages were chosen based on considerations of accessibility and security. The assessment was a systematic survey of all 560 children in the selected villages between 65 cm and 110 cm. Global acute malnutrition (defined as a muac <125 mm) was estimated at 13.6 % and severe acute (defined as a muac <110 mm) was 3.4%. The CMR was estimated at 2.1/10,000/day and the under five mortality at 5.2/10,000/day.

PAKISTAN

Shamshatoo camp The survey was conducted by MSF–Holland in cooperation with IMC in November 2000 in Shamshatoo camp, Peshwar, North West Frontier Province of Pakistan. A standard two stage cluster design was employed to measure 1009 children 6–59 months (1007 were included in the analysis) out of a calculated under five population of 2395. The prevalence of global acute malnutrition (defined as <–2 Z scores weight for height and/or oedema) was estimated at 7.7 % (95% C.I. 5.8–9.7 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) at 2% (95% C.I. 1–3 %). The rate of measles vaccination was estimated at 75.2 % (95% C.I. 67.6–62.8 %) and was confirmed either by card or mother/carer report.

THE GREATER HORN REGION

ERITREA

Af' abet Camp The survey was conducted by SCF–UK in July 2000. A standard two stage cluster survey methodology was employed to measure 910 children between 6–59 months. The prevalence of global acute malnutrition (defined as <79.9 % of the median Weight for height and/or oedema) was 7.7 % (95 % C.I 5.3–10.1 %) and included 0.7 % severe (defined as <70 % of the median Weight for height and/or oedema) no confidence interval was included. The rate of measles vaccination was reported as 92.3 % and was calculated from mothers and carers presenting with cards and spoken testimonies. The CMR was estimated as 0.2/10,000/day and the under five mortality rate as 0.3/10,000/day.

Korokon, Kotobia and Tole Gamja Camps The survey was conducted by SCF–UK in October 2000. A standard two stage cluster methodology was employed to measure 768 children between 6–59 months. Global acute malnutrition (defined as < 80 % of the median weight for height and/or oedema) was estimated at 6.6 % (95 % C.I. 4.2–9.0 %) and severe acute (defined as < 70 % of median weight for height and/or oedema) was estimated at 0.6 % (no confidence interval given). Measles immunisation coverage was estimated at 86 % confirmed by either card or mother/carer report. The CMR was reported as 0.6/10,000/day and the under five mortality ration as 0.8/10,000/day.

ETHIOPIA

Western and Eastern Camps The surveys were conducted by UNHCR/ARRA/WFP in July 2000. The methodolgy employed was two stage cluster to measure children 6–59 months. Global acute malnutrition was defined as <80 % weight for height and/or oedema and severe acute as < 70 % weight for height and/or oedema. Measles coverage was measured with cards but no mortality figures were presented. Please see table for results.

Fik woreda The survey was conducted by SCF–UK in July 2000. The survey did not employ standard two stage cluster methodology due security constraints. The teams went to a distribution site and measured 514 children, but recognise that the results are likely to be worst case scenarios. Global acute malnutrition (defined < –2 Z scores weight for height and/or oedema) was estimated at 24.1 % (95% C.I. 20.5–28.1 %) with severe acute malnutrition (defined as <–3 z scores and/or oedema) estimated at 2.1 % (95 % C.I. 1.1–3.9 %). This is all the information that the RNIS has.

Hamero woreda The survey was conducted by SCF–UK in July 2000. The survey did not employ standard two stage cluster methodology due security constraints. The teams went to a distribution site and measured 331 children, but recognise that the results are likely to be worst case scenarios. Global acute malnutrition (defined < –2 Z scores weight for height and/or oedema) was estimated at 32.3 % (95% C.I. 27.4 – 37.7 %) with severe acute malnutrition (defined as <–3 z scores and/or oedema) estimated at 6.6 % (95 % C.I. 4.3–10 %). This is all the information that the RNIS has.

Segeg woreda The survey was conducted by SCF–UK in July 2000. The survey did not employ standard two stage cluster methodology due security constraints. The teams went to a distribution site and measured 300 children, but recognise that the results are likely to be worst case scenarios. Global acute malnutrition (defined < –2 Z scores weight for height and/or oedema) was estimated at 34.3 % (95% C.I. 29–40.5 %) with severe acute malnutrition (defined as <–3 z scores and/or oedema) estimated at 5.7 % (95 % C.I. 3,4–9.1 %). This is all the information that the RNIS has.

Dehun woreda The survey was conducted by SCF–UK in July 2000. The survey did not employ standard two stage cluster methodology due security constraints. The teams went to a distribution site and measured 358 children, but recognise that the results are likely to be worst case scenarios. Global acute malnutrition (defined < –2 Z scores weight for height and/or oedema) was estimated at 40.2 % (95% C.I. 35.145.5 %) with severe acute malnutrition (defined as <–3 z scores and/or oedema) estimated at 8.1 % (95 % C.I. 5.6–11.6 %). This is all the information that the RNIS has.

Arero woreda The survey was conducted by MSF–Holland in July 2000. The survey employed a two stage cluster survey methodology to measure 901 children between 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 13.9 % (95 % C.I. 11.0–16.7 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 1.6 % (95 % C.I. 0.8–2.3 %). Measles vaccination was estimated at 34 % with card and mother/carer report. No information on mortality rates were included.

Konso Special Woreda The survey was conducted by MSF–Holland in August 2000. The survey employed standard two stage cluster sampling methodology to measure 907 children between 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated as 10.9 % (95 % C.I. 8.2–13.6 %) and acute severe (defined as <–3 z scores weight for height and/or oedema) was 1.1 % (95 % C.I. 0.6–1.8 %). The CMR was done retrospectively over the past year and estimated as 0.4/10,000/day and the under five mortality as 0.8/10,000/day. Measles vaccination coverage was estimated at 93 % from cards and mother/carer report.

Denan, Ogaden The survey was conducted by MSF Belgium in August 2000. The survey employed standard two stage cluster sampling methodology to measure 897 children between 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated as 43.7 % (95 % C.I. 37.8–50.5) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 4.1 % (95 % C.I. 3.1–5.9 %). Retrospective weekly CMR was estimated as 0.4/10,000/day and the under five mortality rate was 1.2/10,000/day. Measles vaccination coverage was estimated as 96.9 % with card and mother/carer report.

Denan, Ogaden The survey was conducted by MSF Belgium in October 2000. The survey employed standard two stage cluster sampling methodology to measure 914 children between 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated as 40.8%

(95 % C.I. 35.7–45.9 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 5.7 % (95 % C.I. 4.0–7.4 %). Retrospective weekly CMR was estimated as 0.13/10,000/day and the under five mortality rate was 0.27/10,000/day. Measles vaccination coverage was estimated as 95.3 % with card and mother/carer report.

Arero woreda The survey was conducted by MSF–Holland in October 2000. The survey employed a two stage cluster survey methodology to measure 959 children between 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 10.6 % (95 % C.I, 7.6–13.6 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 0.3 % (95 % C.I. 0.8–2.3 %). Measles vaccination was estimated at 69.1 % with card and mother/carer report. CMR, estimated retrospectively over the previous year, was 0.6/10,000/day and the under five mortality was 1.2/10,000/day.

SNNPR, North Omo Zone The survey was conducted by Oxfam–UK and MSF–S in November 2000. The survey employed a two stage cluster methodology to measure 1031 children between the ages of 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 7.4 % (95 % C.I. 4.7–9.2 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 0.9 % (95 % C.I 0.0–1.2 %). Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 23.8 %. The CMR was calculated as 3.22/10,000/day and the under five mortality as 5.28/10,000/day both being retrospective over the past 3 months.

Fik and Hamero woreda The survey was conducted by SCF–UK in November 2000 as a follow up to surveys in July. The survey employed a standard two stage duster survey technique but some selection criteria for clusters were employed based on security and other constraints so the sample cannot be concluded to be entirely random. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 17.2 % (95 % C.I. 13.4–21.1 %) including severe acute (defined as <–3 z scores weight for height and/or oedema) estimated at 1.6 % (95 % C.I. 0.7–2.8). Measles vaccination coverage was estimated at 45 % but no details are available concerning the methods used.

Segug and Dehun woreda The survey was conducted by SCF–UK in November 2000 as a follow up to surveys in July. The survey employed a standard two stage cluster survey but some selection criteria for clusters were employed based on security and other constraints so the sample cannot be concluded to be entirely random. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 24.2 % (95 % C.I. 20.7–27.7 %) including severe acute (defined as <–3 z scores weight for height and/or oedema) estimated at 2.3 % (95 % C.I. 1.4–3.2). Measles vaccination coverage was estimated at 45 % but no details are available concerning the methods used.

Borana Zone The survey was conducted by CARE in December 2000. A standard cluster survey methodology was employed to measure 957 children between 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was 5.9 % (95 % C.I. 4.5–7.6 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 0.4 % (95 % C.I. 0.1–1.1 %). CMR is estimated retrospectively over three months as 0.7/10,000/day and the under five mortality rate is 0.8/10,000/day.

Denan, Ogaden The survey was conducted by MSF Belgium in Jan/Feb 2000. The survey employed standard two stage cluster sampling methodology to measure 906 children between 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated as 37.2 % (95 % C.I. 31.8–42.5 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 4.4 % (95 % 2.6–6.2 %) including 1 % of oedema. CMR was estimated retrospectively over the past four and a half months and was 0.15/10,000/day and the under five mortality rate was 0.25/10,000/day.

SNNPR, North Omo Zone The survey was conducted by Oxfam–UK and MSF–S in February 2000. The survey employed a two stage cluster methodology to measure 906 children between the ages of 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 7.8 % (95 % C.I. 6.2–9.8 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 0.9 % (95 % C.I 0.4–1.8 %). Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 25.5 %. The CMR was calculated as 0.7/10,000/day and the under five mortality as 1.2/10,000/day both being retrospective over the past 3 months.

Denan, Ogaden The survey was conducted by MSF Belgium in April 2000. The survey employed standard two stage cluster sampling methodology to measure 902 children between 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated as 51.1 % (95 % C.I. 44.3–58.1 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 9.1 % (95 % 6–12.2 %) including 0.2 % of oedema. CMR was estimated retrospectively over the past two and a half months and was 0.12/10,000/day and the under five mortality rate was 0.25/10,000/day. Measles vaccination coverage was estimated at 93 % from cards (8.5 %) and carer report (84.5 %).

KENYA

Dadaab The survey was conducted by MSF Belgium in the Dadaab refugee camps in February 2000. The survey employed standard two stage cluster sampling methodology to measure 912 children between 6–59 months, taking the three camps as a single population. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated as 16.1 % (95 % C.I. 12.7–19.5 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 4.5 % (95 % 2.6–6.4 %) including 3.4 % of oedema. CMR was estimated retrospectively over the past four and a half months and was 0.13/10,000/day and the under five mortality rate was 0.37/10,000/day.

SOMALIA

Burhakaba The survey was conducted by UNICEF in July 2000. The survey employed a two stage cluster methodology to measure 904 children between the heights of 65–110 cm (6–59 months). The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 22.4 % (no confidence intervals indicated) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 4.1 % (no confidence intervals indicated) including oedema. Measles vaccination coverage was estimated from the interview with the child's carer and showed a rate of 16 %. No mortality data is available.

Burdubo The survey was conducted by UNICEF in July 2000. The survey employed a two stage cluster methodology to measure 901 children between the ages of 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 16.9 % (no confidence intervals indicated) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 2.8 % (no confidence intervals indicated) including oedema. Measles vaccination coverage was estimated from the interview with the child's carer and showed a rate of 38 %. No mortality data is available.

SUDAN

Bonga The survey was conducted by UNHCR/WFP/ARRA in November 2000. The survey employed a two stage cluster methodology to measure 779 children between 65–110 cm (approximating 6–59 months). The prevalence of global acute malnutrition (<80 % of median weight for height and/or oedema) was estimated at 4.2 % (95 % C.I. 2.2–6.2 %) including severe acute malnutrition (< 70 % of the median weight for height and/or oedema) of 0.3 % (95 % C.I. 0.0–0.8 %). Measles vaccination coverage was estimated from vaccination cards and was 91.9 %.

Sherkole The survey was conducted by UNHCR/WFP/ARRA in November 2000. The survey employed a two stage cluster methodology to measure 787 children between 65–110 cm (approximating 6–59 months). The prevalence of global acute malnutrition (<80 % of median weight for height and/or oedema) was estimated at 4.2 % (95 % C.I. 2.2–6.2 %) including severe acute malnutrition (< 70 % of the median weight for height and/or oedema) of 0.5 % (95 % C.I. 0.0–1.2 %). Measles vaccination coverage was estimated from vaccination cards and was 85.6 %.

Fugnido The survey was conducted by UNHCR/WFP/ARRA in November 2000. The survey employed a two stage cluster methodology to measure 783 children between 65–110 cm (approximating 6–59 months). The prevalence of global acute malnutrition (<80 % of median weight for height and/or oedema) was estimated at 6.6 % (95 % C.I. 3.3–7.9 %) including severe acute malnutrition (< 70 % of the median weight for height and/or oedema) of 0.5 % (95 % C.I. 0.0–1.2 %). Measles vaccination coverage was estimated from vaccination cards and was 91.6 %.

Dimma The survey was conducted by UNHCR/WFP/ARRA in November 2000. The survey employed a two stage cluster methodology to measure 636 children between 65–110 cm (approximating 6–59 months). The

prevalence of global acute malnutrition (<80 % of median weight for height and/or oedema) was estimated at 5.5 % (95 % C.I. 3.0–8.0). No severe malnutrition was discovered. Measles vaccination coverage was estimated from vaccination cards and was 85.5 %.

Aweil East The survey was conducted by Tearfund in March 2001. The survey employed a two stage cluster methodology to measure 916 children between the ages of 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 15.5 % (95 % C.I. 12.9–18.1 %) including severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) of 1.8 % (95 % C.I. 1.0–2.6 %). No oedema was discovered There was no data on mortality or vaccination coverage supplied.

SOUTHERN AFRICA

ANGOLA

Uige The survey was conducted by MSF–Spain in October 2000. The survey employed a two stage cluster methodology to measure 1535 children between the ages of 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 5.9 % (95 % C.I. 4.8–7.2 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 0.6 % (95 % C.I. 0.3–1.1 %) including 0.3 % oedema. Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 45.8 %. The CMR was calculated as 0.52/10,000/day and the under five mortality as 0.42/10,000/day.

Kuito town The survey was conducted by MSF and Concern in November 2000. The survey employed a two stage cluster methodology to measure 928 children between the ages of 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 2.6 % (95 % C.I. 1.1–4.0 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 0.2 % (95 % C.I 0–0.5 %). Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 80 %. The CMR was calculated as 1.4/10,000/day and the under five mortality as 2.3/10,000/day both being retrospective over the past 49 days.

Kuito camps The survey was conducted by MSF and Concern in November 2000. The survey employed a two stage cluster methodology to measure 905 children between the ages of 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 9.1 % (95 % C.I. 6.7–11.4 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 0.7 % (95 % C.I 0.1–1.2 %). Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 66 %. The CMR was calculated as 1.5/10,000/day and the under five mortality as 3.2/10,000/day both being retrospective over the past 49 days.

Malange town The survey was conducted by MSF–Holland in December 2000. The survey employed a two stage cluster methodology to measure 586 children between the ages of 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 5.3 % (95 % C.I. 3.1–7.5 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 2.1 % (95 % C.I 0.8–3.3 %). Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 61.8 %. The CMR was calculated as 1.5/10,000/day and the under five mortality as 3.3/10,000/day both being retrospective over the past 3 months.

Kuando Kubango displaced The survey was conducted by ACH in December 2000. The survey employed a two stage cluster methodology to measure 631 children between the ages of 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 10 % (95 % C.I not given) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 2.2 % (95 % C.I not given). Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 77.7 %. The CMR was calculated as 0.6/10,000/day and the under five mortality as 2.5/10,000/day.

Kuando Kubango resident The survey was conducted by ACH in December 2000. The survey employed a two stage cluster methodology to measure 899 children between the ages of 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 5.6 % (95 % C.I 3.7–8.3 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 1.3 % (95 % C.I 0.5–3.1 %). Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 78.2 %. The CMR was calculated

as 0.6/10,000/day and the under five mortality as 2.1/10,000/day.

Cangandala The survey was conducted by MSF−Holland in February 2001. The survey employed a two stage cluster methodology to measure 806 children between 65 and 110 cm (approximately 6−59 months). The prevalence of global acute malnutrition (defined as <−2 z scores weight for height and/or oedema) was estimated at 2.4 % (95 % C.I. 1.2−3.5 %) and severe acute malnutrition (defined as <−3 z scores weight for height and/or oedema) was 0.4 % (95 % C.I 0−0.8 %). Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 54 %. The CMR was calculated as 0.68/10,000/day and the under five mortality as 1.6/10,000/day both being retrospective over the past 3 months.

THE GREAT LAKES REGION

BURUNDI

Kirundo The survey was conducted by ACF in September 2000. The survey employed a two stage cluster methodology to measure 901 children between 6−59 months. The prevalence of global acute malnutrition (defined as <−2 z scores weight for height and/or oedema) was estimated at 6.8 % (95 % C.I. 4.7−9.7 %) and severe acute malnutrition (defined as <−3 z scores weight for height and/or oedema) was 1.2 % (95 % C.I 0.4−2.9 %). This included 0.3 % bilateral oedema. Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 85.4 %. The CMR was calculated as 0.41/10,000/day and the under five mortality as 4.35/10,000/day both being retrospective over the past month.

Karusi The survey was conducted by MSF−Belgium in November 2000. The survey employed a two stage cluster methodology to measure 908 children between 6−59 months. The prevalence of global acute malnutrition (defined as <−2 z scores weight for height and/or oedema) was estimated at 23.7 % (95 % C.I, 19.3−28.2 %) and severe acute malnutrition (defined as <−3 z scores weight for height and/or oedema) was 14.4 % (95 % C.I 9.7−19.1 %). This included 13.3 % bilateral oedema. Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 84.5 %. The CMR was calculated as 0.9/10,000/day and the under five mortality as 3.1/10,000/day both being retrospective over the past 76 days.

Karusi The survey was conducted by MSF−Belgium in March 2001. The survey employed a two stage cluster methodology to measure 910 children between 6−59 months. The prevalence of global acute malnutrition (defined as <−2 z scores weight for height and/or oedema) was estimated at 13.4 % (95 % C.I. 10.4−16.2 %) and severe acute malnutrition (defined as <−3 z scores weight for height and/or oedema) was 2.5 % (95 % C.I 9.7−19.1 %). This included 1.2 % bilateral oedema. Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 82.4 %. The CMR was calculated as 1.2/10,000/day and the under five mortality as 3.2/10,000/day both being retrospective over the past month.

DEMOCRATIC REPUBLIC OF THE CONGO

Kalima The survey was conducted by Merlin in January 2001. The survey employed a two stage cluster methodology to measure 947 children between 6−59 months. The prevalence of global acute malnutrition (defined as <−2 z scores weight for height and/or oedema) was estimated at 14.1 % (95 % C.I. were not given) and severe acute malnutrition (defined as <−3 z scores weight for height and/or oedema) was 8.1 % (95 % C.I were not given). This included 8.1 % bilateral oedema. Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 60 % with only 1 % from vaccination cards. The CMR was calculated as 3/10,000/day and the under five mortality as 7.9/10,000/day both being retrospective over the past three months.

Madula Aire de Sante The survey was conducted by MSF−Holland in August 2000. The survey employed a two stage cluster methodology to measure 970 children between 6−59 months. The prevalence of global acute malnutrition (defined as <−2 z scores weight for height and/or oedema) was estimated at 6.9 % (95 % C.I. 4.6−7.9 %) and severe acute malnutrition (defined as <−3 z scores weight for height and/or oedema) was 3.9 % (95 % C.I 1.84.8 %). This included 2.6 % bilateral oedema. The CMR was calculated as 0.8/10,000/day and the under five mortality as 1.5/10,000/day both being retrospective over the past 4 months.

Kisangani town The survey was conducted by MSF−Holland in August 2000. The survey employed a two stage cluster methodology to measure 975 children between 6−59 months. The prevalence of global acute

malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 8.5 % (95 % C.I. 6.4–10.7 %) and severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 3.5 % (95 % C.11.8–5.2 %). The CMR was calculated as 0.57/10,000/day and the under five mortality as 1.04/10,000/day both being retrospective over the past 3 months.

WEST AFRICA REGION

SIERRA LEONE

Bo The survey was conducted by ACF in November 2000. The survey employed a two stage cluster methodology to measure 900 children between 6–59 months. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated at 3.8 % (95 % C.I. 2.3–6.1 %) and severe acute malnutrition (defined as <–3 *z* scores weight for height and/or oedema) was 0.9 % (95 % C.I 0.3–2.4 %). This included 0.3 % bilateral oedema. Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 82.4 %. The CMR was calculated as 1.08/10,000/day and the under five mortality as 5.9/10,000/day both being retrospective over the past three months.

Port Loko town and camp Two separate surveys were conducted by ACF in November 2000. The surveys employed a two stage cluster methodology to measure 900 children between 6–59 months in both the town and camp. The prevalence of global acute malnutrition (defined as <–2 z scores weight for height and/or oedema) was estimated as 3.8 % (95 % C.I. 2.3–6.1 %) for the town and 3.7 % (95 % C.I. 2.2–6.0) for the camp. Severe acute malnutrition (defined as <–3 z scores weight for height and/or oedema) was 0.3 % (95 % C.I 0.0–1.6 %) in the town and 0.9 % (95 % C.I. 0.3–2.4 %) in the camp. This included 0.1 % and 0.2 % bilateral oedema respectively. Measles vaccination coverage was estimated from vaccination cards and an interview with the child's mother/carer and showed a rate of 47.8 % and 76 % respectively. The CMR was calculated as 1/10,000/day and 1.36/10,000/day respectively and the under five mortality as 3.13/10,000/day and 4.06/10,000/day. Both were calculated retrospectively over the past three months.

There has been a gap of some nine months since the last issue of the RNIS was published. This is because the RNIS Coordinator position was vacant for most of the latter half of 2000. RNIS 32 and 33 is a double issue covering the entire time period concerned.

The SCN Secretariat and the RNIS Coordinator extend most sincere thanks to all those individuals and agencies who have provided information and time for this issue, and hope to continue to develop the excellent collaboration which has been forged over the years.

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Map of Africa

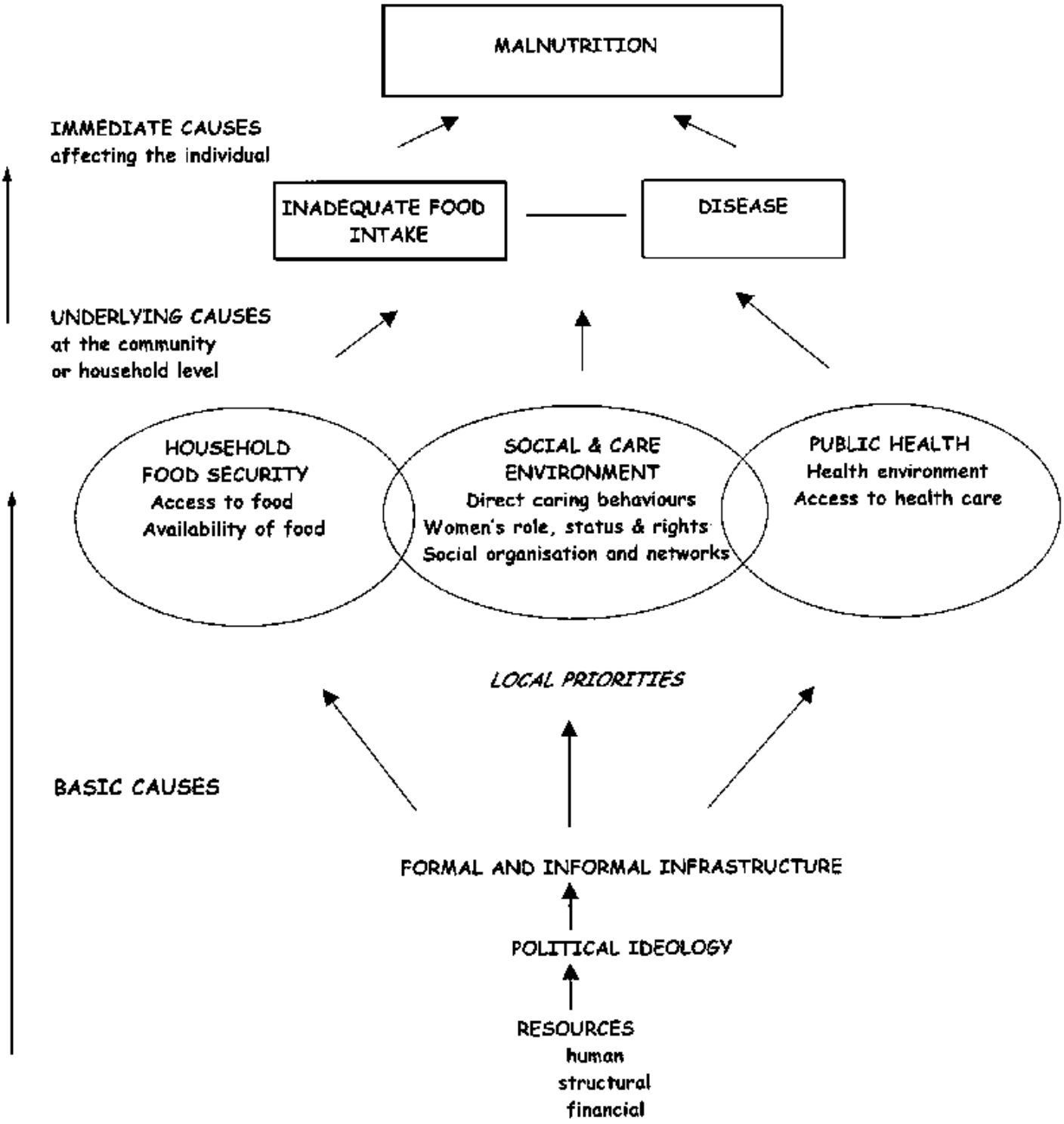
Seasonality in Sub–Saharan Africa*

Angola	Coastal area desert, SW semi–arid, rest of country: rains Sept–April
Burundi	Three crop seasons: Sept–Jan, Feb–Jun., and Jul–Aug.
CAR	Rains March–Nov
Djibouti	Arid Climate

Ethiopia	Two rainy seasons February to May and June to October
Kenya	N−E is semi−arid to arid, Central and SW rains: March−May and Nov−Dec.
Liberia	Rains March−Nov
Mozambique	Coast is semi−arid, rest wet−dry. Harvest May
Rwanda	Rains Feb−May with Aug. Harvest and Sept−Nov with Jan harvest
Sierra Leone	Rains March−Oct.
Somalia	Two seasons: April to August (harvest) and October to January/February (harvest)
Sudan	Rains April−Oct.
North	Rains begin May/June
South	Rains begin March/April
Togo	Two rainy seasons in S, one in N. Harvest August
Uganda	Rains Mar−Oct.
Zaire	Tropical climate. Harvest in N: November; in S January

*SOURCES:

FAO, “Food Supply Situation and Crop Prospects in Sub−Saharan Africa”, Special Report; No 4/5,



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

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

BACK COVER

The UN ACC/SCN[1], which is the focal point for harmonizing policies in nutrition 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. This is a joint issue (RNIS 32 and 33) to cover the period since RNIS 31. Based on suggestions made by the working group and the results of a survey of RNIS readers, the Reports on the Nutrition Situation of Refugees and Displaced People will be published every three months, with updates on rapidly changing situations on an 'as needed' basis between full reports.

[1]ACC/SCN, c/o World Health Organization, 20 Avenue Appia, CH–1211 Geneva 27, Switzerland. Telephone: (41–22)791.04.56, Fax (41–22)798.88.91, Email accscn@who.int, Website: http://www.unsytem.org/accscn/

Information is obtained from a wide range of collaborating agencies, both UN and NGO (see list of sources). The overall picture gives context and information which separate reports cannot provide by themselves. The information available is mainly about nutrition, health, and survival in refugee and displaced populations. It is organised by "situation" because problems often cross national boundaries. We aim to cover internally displaced populations as well as refugees. 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. Definitions used are given in the box on the next page. At the end of the situation descriptions, there is a section entitled "Priorities and recommendations" 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 tables and figures at the end of the report provide a quick overview. Table 1 gives an estimate of the total refugee/displaced/returnee population, broken down by 'risk' category. Situations are classed into five categories relating to risk and/or prevalence of malnutrition. The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care, and the constraints limiting humanitarian response. These categories are summations of the causes of malnutrition and the humanitarian response:.

- Populations in *category I* – the population is currently in a critical situation; they either have *a very high risk* of malnutrition or surveys have reported a very high prevalence of malnutrition and/or elevated mortality rates.

- Populations in *category II* are currently at *high risk* of becoming malnourished or have a high prevalence of malnutrition.

- Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there maybe pockets of high malnutrition in a given area.

- Populations in *category IV* are not at elevated nutritional risk.

- The risk of malnutrition among populations in *category V* is not known.

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

INDICATORS

WASTING is defined as less than –2SDs, OP sometimes 80%, wt/ht by NCHS standards, usually in children of 6–59 months. For guidance in interpretation, prevalences of around 5–10% are usual in African populations in non–drought periods. A 20% prevalence of wasting is undoubtedly high, although this may depend on the context.

SEVERE WASTING can be defined as below –35Ds (or about 70%). Any significant prevalence of severe wasting is unusual and indicates heightened risk. (When "wasting" and "severe wasting" are reported in the text, wasting includes severe – e.g. total percent less than –2SDs, *not* percent between –2SDs and –3SDs.)

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

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

BMI (wt/ht^2) is a measure of chronic undernutrition in adults. We have taken BMI<18.5 as an indication of mild chronic undernutrition, and BMI<16 as an indication of severe chronic undernutrition in adults aged less than 60 years (WHO, 1995). The BMI of different populations should not be compared without standardising for body shape. (See July 2000 RNIS supplement on measuring adult nutritional status).

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

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

ACUTE MALNUTRITION is the prevalence of wasting and/or oedema.

CHRONIC MALNUTRITION is the prevalence of stunting.

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

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

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

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