

**Refugee Nutrition Information System (RNIS), No. 36 and 37 – Report
on the Nutrition Situation of Refugee and Displaced Populations**

Table of Contents

<u>Refugee Nutrition Information System (RNIS), No. 36 and 37 – Report on the Nutrition Situation of Refugee and Displaced Populations</u>	1
<u>HIGHLIGHTS</u>	1
<u>GREATER HORN OF SUB-SAHARAN AFRICA</u>	3
<u>Eritrea</u>	4
<u>Ethiopia</u>	7
<u>Kenya</u>	9
<u>Somalia</u>	10
<u>Sudan</u>	14
<u>WEST AFRICAN REGION</u>	20
<u>Guinea</u>	22
<u>Liberia</u>	23
<u>Sierra Leone</u>	25
<u>GREAT LAKES REGION</u>	28
<u>Burundi</u>	29
<u>Democratic Republic of Congo (DRC)</u>	32
<u>Tanzania</u>	37
<u>Uganda</u>	38
<u>SOUTHERN AFRICA</u>	41
<u>Angola</u>	42
<u>Zambia</u>	47
<u>ASIA – SELECTED SITUATIONS</u>	48
<u>Afghanistan Region</u>	48
<u>Listings of Sources for April 2002 RNIS Report 36 & 37</u>	59
<u>Abbreviations Used in the Text</u>	64
<u>Notes on Nutritional Assessments in the Text</u>	71

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April 2002



United Nations System
Standing Committee on Nutrition

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This report was compiled by Brian Jones of the UNS/SCN Secretariat
Hanan Elmasu assisted with editing
The chairman of the UNS/SCN is Dr Namanga Ngongi, Special Representative of the UN Secretary General to the Democratic Republic of the Congo
The Chair–Designate is Catherine Bertini, Ex–Executive director of WFP

We would like to thank all those NGOs and UN agencies who contributed information to this report, particularly:

AAH–UK, ACF–F, ACF–USA, ACF–SP, AI, CONCERN, CRS FAO, FEWS, FSAU, ICRC, IFRC, Medair, Merlin, MSF–B, MSF–F, MSF–H, MSF–S, OCHA, OLS, OXFAM, SCF–UK, TearFund, UNHCHR, UNHCR, UNICEF, USAID, WFP, WHO, World Vision

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:

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

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. The RNIS would particularly like to thank and acknowledge the mapping department of UNHCR for

Funding support is gratefully acknowledged from CIDA, DFA (Ireland), NORAD, DFID (UK), UNHCR, UNICEF and WFP This report was made possible through the support provided to the Food and Nutrition Assistance (FANta) Project by the Office of Health and Nutrition Bureau for Global Programs, Field Support and Research at the U.S. Agency for International Development, under the terms of Cooperative Agreement No. HNE–A–00–98–00046–00 awarded to the Academy for Educational Development(AED). The opinions expressed herein are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.

HIGHLIGHTS

Eritrea and Ethiopia. A decision on the final demarcation of the border between the two countries has hopefully closed an important chapter in the conflict that has displaced so many people. Both the war and drought affected remain highly vulnerable to food insecurity as a result of chronic food insecurity and needs are likely to remain high for some time.

Somalia. The humanitarian outlook in Somalia continues to be bleak as a result of recurrent periods of drought and insecurity. The situation is exacerbated by the poor economy and lack of infrastructure and the result is a population who remain chronically food insecure, even during periods of relative plenty. Areas of particular concern are the pastoralist zones of the north and the Gedo, Bay and Bakool areas of the south.

Sudan. The food security situation has improved in many areas of the country as a result of normal rains that have improved crop yields and pasture for livestock. However, the level of vulnerability remains high as conflict in the south has escalated over the reporting period and has continued to displace populations and disrupt livelihoods. There have been increasing security incidents seemingly targeted at humanitarian workers and as a result many areas of acute need remain inaccessible.

Sierra Leone and the West Africa Region. The continuation of the peace process in Sierra Leone has opened up the majority of the country and led to massive returns of IDPs and refugees from Guinea. However, relief assistance will be required for some time. The security situation in Liberia has continued to deteriorate and there is increasing displacement of the population, which has led to concerns of regional destabilisation.

DRC. Peace talks aimed at ensuring a lasting peace in the DRC have resulted in an agreement between the government and one of the opposition groups. However, the failure of the other main rebel group to sign the accords has meant that insecurity is likely to continue. This will particularly affect the population in the east of the country where more than 2 million people have been displaced and are living in conditions of acute food insecurity with high rates of malnutrition and mortality.

Uganda. Uganda has enjoyed a period of relative calm over the past months and this has prompted planning for the return of IDPs from the northern and western areas. Conditions still look good for IDPs in the west, but a recent upsurge in violence in the north has meant that hopes of IDP returns have had to be postponed. The displaced in Katakwi are still at high risk.

Angola. The humanitarian situation in Angola is critical and the needs appear to be deepening despite the signing of a landmark cease fire and peace between the Angolan Government and UNITA. The number of new IDPs, many coming from newly accessible areas, continues to grow and they are arriving in municipal centres with very high rates of mortality and high prevalences of acute malnutrition.

Afghanistan. In general there has been an improvement in the humanitarian situation in Afghanistan largely as a result of the cessation of general hostilities. This has facilitated the establishment of an interim government who will oversee the reconstruction of the country. The need for emergency interventions will remain for some time as a result of the ongoing drought and the after affects of years of war. Humanitarian access has increased considerably and is highlighting areas of acute need.

**Table 1
Risk Factors Affecting Nutrition in Selected Situations**

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

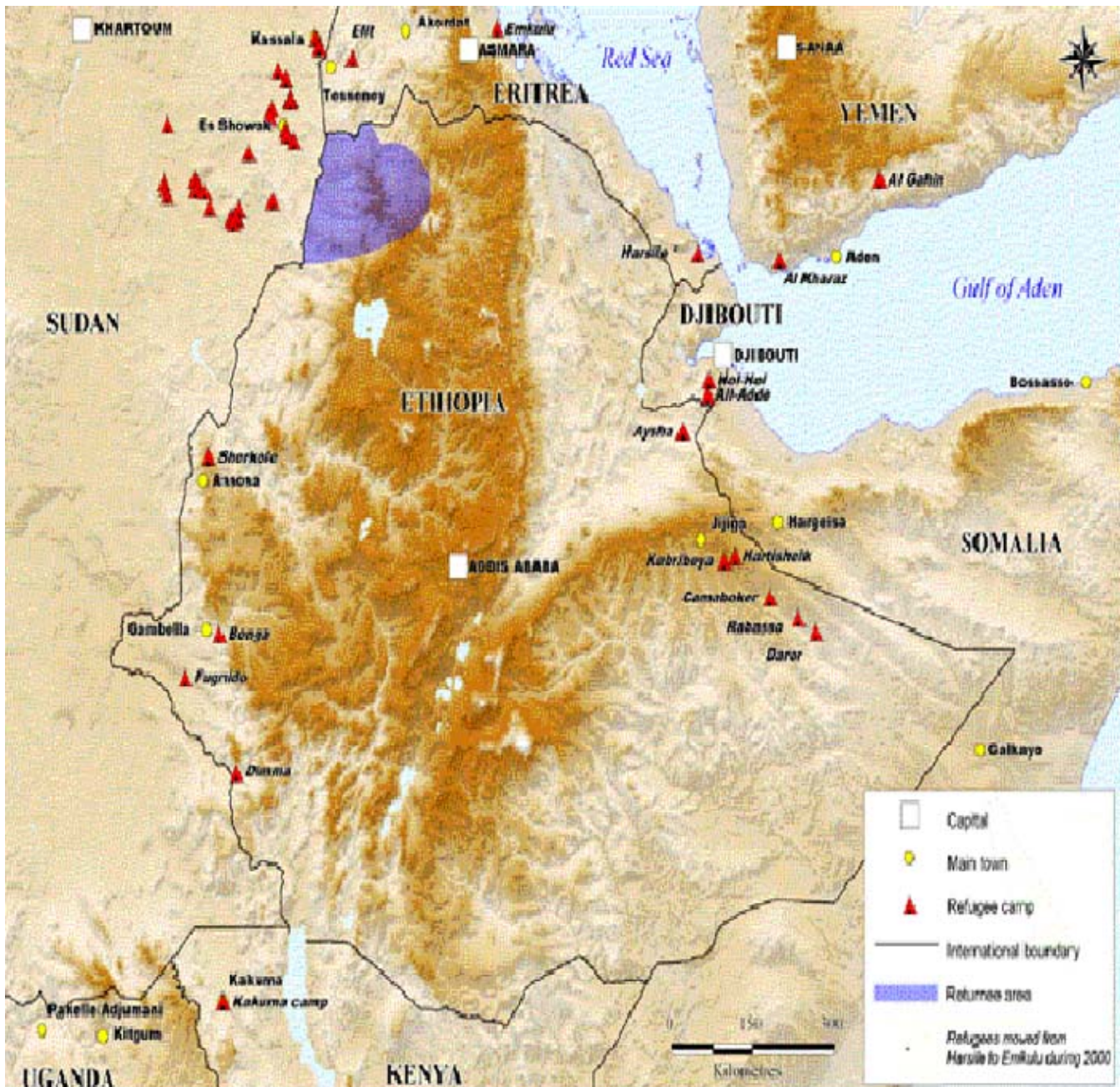
Factor	Refugees in Tanzania	IDPs in Kayanza, Burundi	Refugees in Gueckedou Guinea	New IDPs in Angola	Drought displaced Gedo, Somalia	Old refugees in Pakistan	IDPs in Katakwi Uganda	IDPs in Jangolei South Sudan
1. Nutritional risk category	III	II	II	I	I	III	II	I
2. Public Health Environment (water, shelter,	✓	X	X	X	X	O	X	X

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

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

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

GREATER HORN OF SUB-SAHARAN AFRICA



Eritrea

Eritrea continues to suffer from the affects of the war with Ethiopia and the regional drought of 2000. Both constituted considerable external shocks to the population, resulting in huge disruption of livelihoods and culminating in mass internal displacement of population. The Annual Needs Assessment for Eritrea concluded that 1.3 million persons remained vulnerable and would require continued food and other forms of assistance during 2002 (FEWS 04/12/01). This figure includes war-affected displaced, drought-affected populations, deportees and returning refugees (see table below).

The number of people in need of assistance remains high but the general humanitarian outlook is improving. Many people have returned to their areas of origin, with the chief constraint to further returns remaining the wide scale destruction around border areas and the presence of large amounts of mines and unexploded ordinance (UXO). The drought affected population make up the largest vulnerable group, with the areas of Anseba, North Red Sea and Southern Red Sea being the worst affected. It is important to note that less than 1 % of Eritrea s humanitarian needs of 120 million US dollars has currently been met (FEWS 25/03/02). The country has no emergency food resources to fall back on and there is a very real possibility that Eritrea will not be able to meet the food needs of its vulnerable populations. As a result, the government has had to redefine vulnerable groups and heavily target those considered most vulnerable.

**Table of Vulnerable groups receiving food aid
(UN 2002)**

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

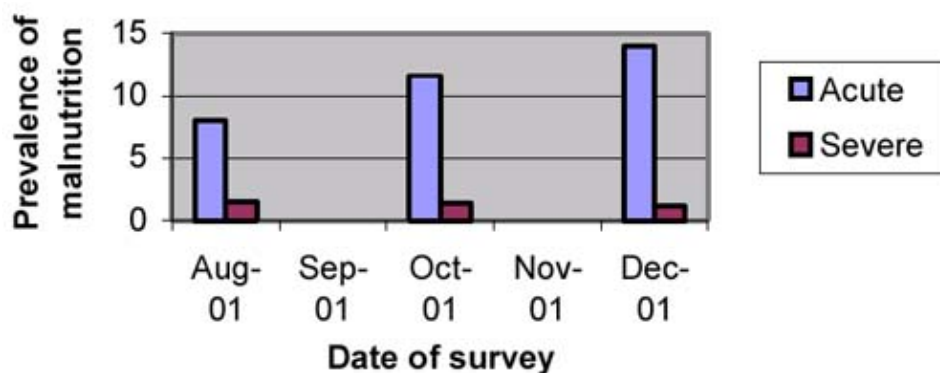
The security situation with Ethiopia is still tense but the establishment of the Temporary Security Zone in April 2001 and the presence of over 4,000 peacekeepers and observers from the United Nations Mission to Ethiopia and Eritrea (UNMEE), has helped to prevent further hostilities. An important recent development has been the definitive ruling on the delimitation of borders, which occurred on 13/04/02. Both parties have agreed to abide by the decision and it is hoped that this will contribute to a lasting peace. The insecurity has been a major constraint on the improvement of the humanitarian situation. The UN Security Council has extended UNMEE's mandate until September 15th and UNMEE will facilitate in the demarcation of the border area, including the removal of mines and UXO. This will help to facilitate the return of IDPs to their areas of origin (UN OCHA 19/04/02).

Another important development, which could affect the humanitarian situation, is the evident concern of donors over the perceived reluctance of the government to embrace democratisation. Donor countries have expressed concern over the blocking of opposition parties and the expulsion of the Italian ambassador to Eritrea in September 2001. Italy has traditionally been one of the biggest donors to the country. In January 2002, Denmark announced that it would radically reduce assistance in 2002 and end its bilateral cooperation in 2005 as a result of government assaults on democratic principles and human rights (UNDP EUE 05/03/02).

War-affected displaced

The stabilisation of the security situation has seen many people who were internally displaced during the war with Ethiopia return to their places of origin. However, the presence of land mines and UXO, and the sensitivity of some areas close to the TSZ, has meant that some IDPs still remain. There are an estimated 73,749 IDPs, with 50,239 remaining in camps in the Gash Barka and Debub zones. The remainder are living either with host communities or in scattered groups. These groups have very little access to land or livelihood opportunities and remain highly dependent on food aid, at least for the duration of 2002 (FEWS 04/12/01). Nutrition surveys in July/August 2001 indicated that the nutrition status of IDPs was relatively good and appeared better than non-displaced populations in similar areas as a result of the emergency assistance IDPs received. However a series of surveys conducted over the last quarter of 2001 indicate a decline in the nutritional status of both displaced and non-displaced populations.

SCF-UK conducted three surveys in August, October and December 2001. The surveys revealed that the proportion of children under five was above 30 % and therefore higher than expected. A national demographic survey in 1995 indicated that the proportion of under-fives was 20.6 % (SCF-UK 12/01). The reason for this appears to be the large number of adults, particularly men, who are missing from families either because they are fighting at the front or because they have moved in search of employment. As a result, the number of female-headed households was high and is a risk factor for food insecurity and for nutritional status decline. The results of the surveys can be seen in the graph below. The first survey in August 2001 indicated a prevalence of acute malnutrition below emergency thresholds. However the two subsequent surveys show prevalences that are raised above emergency thresholds and are indicative of a decline in the overall nutritional status of the population in the surveyed areas.



SCF Nutrition Surveys in Gash Barka Region, Eritrea

In the first two surveys the IDP population showed a better nutritional status than the non-displaced population due to the better provision of resources to IDPs. However, this was no longer the case in the third survey as a result of a decline in emergency assistance and essential services. The reasons for the decline in nutritional status appear to be related, primarily, to a decline in food availability. This is largely because the general ration was cut to 60 % where the resultant ration was 1553 Kcal as opposed to the 2100 Kcal recommended for populations dependent on food aid. WFP food monitors noted that relief food makes up 95 % of all food found in the community (WFP 04/01/02). The ration cut was carried out on the assumption that the November harvest would be good, which proved not to be the case. Crude and under-five mortality was also measured and in all three surveys was well below emergency thresholds (see table below). The surveys also indicated a decline in access to water and health services.

Table showing mortality rates in Gash Barka region (SCF-UK 12/01)

	August 2001	October 2001	December 2001
Crude Mortality	0.3/10,000/day	0.43/10,000/day	0.39/10,000/day
Under-five mortality	0.5/10,000/day	0.57/10,000/day	0.12/10,000/day

The surveys indicate a deterioration in the Gash Barka zone but WFP also reports declining nutritional status in Northern and Southern Red Sea and Anseba zones. In general, it is felt that the increase in the general ration should mean that the nutritional decline will not continue. However, it is clear that the war-affected population will require continued assistance for some time.

Drought affected populations

The drought affected population make up the largest group of vulnerable people. They currently number 524,098 persons and are located in Anseba, North and South Red Sea zones. The vulnerability of these groups is a result of acute food insecurity, stemming from successive crop failures and the decimation of livestock herds. Even if there were to be series of good harvests, it is likely that it would take some time for this group to fully recover. The situation has been exacerbated by the failure of the *Bahri* rain season, which normally starts in October and carries on until March. This year s season has been delayed by three months. The North Red Sea zone has been particularly badly hit and, as a result of the total absence of rain during the first three months of the season, farmers have abandoned crop planting and are concerned about the fate of their livestock (FEWS 08/01/02). Recent rainfall estimates indicate that the situation could improve but drought-affected populations will remain highly vulnerable and dependent on external assistance.

Returnees

As a result of the recent conflict with Ethiopia and previous episodes of drought, there has been a large body of Eritrean refugees in countries such as Sudan. A series of agreements between the Eritrean and Sudanese governments were established during 2001 and the task of repatriating refugees, some of whom have been in Sudan for years, was started. The original plan was to repatriate 62,000 refugees by the end of 2001. However, the actual figure was 32,648 (FEWS 08/01/02). The reasons for this were firstly that the harvest season in eastern Sudan, where the refugees have been residing, coincided with the repatriation and refugees were reluctant to move before harvesting their crops. Secondly many of the refugees are Muslim and the repatriation fell during the Holy Month of Ramadan when refugees were also reluctant to move. It is estimated that 121,000 Eritreans still remain in refugee camps in Sudan s Kassala and Gedaref states. The

problem for many is that they have very little to return to and will require substantial assistance. They will be helped in part with a return package of food and non-food items.

Overall

The humanitarian situation in Eritrea has generally improved as a result of improved security with neighbouring Ethiopia and an improved food outlook. However, it is important to note that very large proportions of the population remain extremely vulnerable to food insecurity as a result of the systematic erosion of livelihoods through both drought and conflict. As a result, dependence on external assistance is high and will continue for at least the duration of 2002 and very probably into 2003. Given the situation, it is alarming to note that the response by the international donor community to the humanitarian needs has been very small and, as a result, there are likely to be severe pipeline shortages. The improvement of the humanitarian situation is contingent on continued good security with Ethiopia and good rainfall. This will help facilitate returns and the reestablishment of livelihoods. Given the dependence of the vulnerable population on external assistance and the poor funding response, vulnerable groups should be regarded as being at moderate risk (category III).

Recommendations

From the SCF-UK nutrition surveys

- Supplementary food rations should be provided to all women and children who are malnourished.
- The general food ration should be maintained at 100 % for at least the next 6 months.
- The capacity to measure and monitor the food and nutrition situation should be improved.

Ethiopia

The humanitarian situation in Ethiopia has improved considerably since the drought crisis of 2000. The number of people in acute need of humanitarian assistance continues to decrease, with current estimates indicating that there are 5.2 million people in need (see table below). This represents about 9 % of the total rural population of the country (FEWS 14/02/02).

Table of Population in Need of Relief in 2002
(FEWS 14/02/02)

Region	Number of Beneficiaries	Percentage	Population in Need as % of rural Population
Tigray	917,200	17.7	26.8
Afar	225,400	4.3	20.3
Amhara	1,724,800	33.3	11.0
Oromiya	1,051,400	20.3	5.0
Somali	894,800	17.3	28.9
Benishangul- Gumuz	9,000	0.2	1.7
SNNP	303,300	5.9	2.5
Gambela	32,800	0.6	19.7
Harari	13,000	0.3	20.0
Dire Dawa	10,000	0.2	10.5
TOTAL	5,181,700	100	9.2

Original estimates of need indicated that they were likely to be considerably reduced as a result of improved rains in the majority of the country.

This has led to improved crop yields and substantial drops in the price of staple cereals. However the overall improved picture tends to conceal areas of increased vulnerability. The greatest needs remain in the Amhara, Tigray, Oromiya and Somali regions, which are chronically food insecure and have suffered from repeated poor harvests and unpredictable rainfall, eroding the population's capacity to cope with further shocks. Even in so-called normal years, many people in the worst affected areas have a dietary intake well below the minimum requirements. The overall figure includes 67,000 refugees in camps in the eastern part of the country as well as 75,000 war-affected people in the Tigray region.

Another important development has been the lifting of the livestock ban imposed by Yemen as a result of an outbreak of Rift Valley Fever. The ban has had an important effect on pastoralists, as the Arabian Peninsula had been a major place of export for Ethiopia. Whilst the lifting of the ban has been good, the ban from the Saudi Arabian market still continues and will continue to weaken the viability of pastoralist livelihoods (FEWS 19/12/01).

The Somali region has been particularly hard hit by drought, economic shocks and insecurity, with reports of a deteriorating situation. However the most recent *Gu* rains appear to have relieved immediate problems, but the chronic needs of the population remain. The chronic nature of food insecurity in Ethiopia is likely to mean that needs for assistance will remain high in the worst affected regions, despite good harvests and improved rainfall. FEWS has demonstrated that there is a continuing heavy bias towards food aid as the primary instrument of humanitarian response at the expense of support to mitigation and recovery activities such as capacity building and agriculture (FEWS 18/12/01).

Refugees

Ethiopia has two main groups of refugees with approximately 84,000 Sudanese refugees in camps in the west and about 67,000 Somali refugees in camps in the east. The situation remains extremely mixed, with nutrition surveys in the western camps indicating that needs remain high and dependency on food assistance continues (See RNIS #35). The continuation of fighting in Southern Sudan means that it is unlikely that there will be any substantial return of Sudanese refugees in the short term. Repatriations have been taking place of Somali refugees from the eastern camps to northwest Somalia. The repatriation effort has seen the closure of three of the original eight camps in eastern Ethiopia and it is estimated that a total of 51,216 Somalis from Camaboker, Darwanaji, Daror, Rabasso and Teferi Ber camps voluntarily repatriated to Somalia (UN-EUE 16/01/02). The returnees have been supplied with a nine-month food package as well as non-food items. This has left a remaining 66,900 refugees in the five camps of Hartisheik, Ke-bribeyah, Camaboker, Rabasso and Aisha. It is expected that a further 35,000 refugees will repatriate during 2002 (UN-EUE 16/01/02). The RNIS does not have any recent nutritional information from this group but they must be considered to be extremely vulnerable as a result of the ongoing food insecurity in the Somali region.

War displaced population in Tigray and Afar

The border war between Ethiopia and Eritrea in 1998 resulted in large a displacement of population from Tigray and Afar. The security of the area has remained stable and it is hoped that the ruling of the border commission on the position of the border will bring an end to the threat of hostilities between the two countries. The UN Mission in Ethiopia and Eritrea (UNMEE) has been present on the ground for some time and will continue to monitor the situation until September 2002. UNMEE has helped to facilitate the return of displaced by concentrating on the removal of mines and other forms of unexploded ordinance (UXO). However, mines and UXOs still pose a considerable threat to returning farmers and pastoralists and mean that some areas are considered too dangerous for returnees.

A large proportion of the approximately 300,000 IDPs in the two areas reported in RNIS #35 have now returned to their place of origin. All registered IDPs received food rations until the end of 2001, but this has been significantly altered for 2002 to include only those who cannot return because of security constraints and those who have resettled but who have no access to cropping or pasture land (UN-EUA 19/02/02). As a result, approximately 75,000 people still qualify for the IDP-food-assistance-program (WFP 15/03/02). The RNIS has no recent nutritional information for this group.

Somali Region, Eastern Ethiopia

Drought displaced

The Somali region remains highly affected by years of drought, poor economy and insecurity. In particular, 2001 saw the continuation of poor rains affecting the availability and access to water and pasture for the mainly pastoralist population of the area. The main causes of food insecurity have been successive episodes of drought where rainfall is low, unreliable and unevenly distributed. Any agriculture practised tends to have a very low productivity and the average household economy of pastoralists, the urban poor and IDPs are very narrowly based, with little access to technology, knowledge or markets. The area has also been affected by insecurity, which has driven people from their homes, disturbed existing markets and depleted assets.

The situation has been further exacerbated by the Arabian Gulf livestock ban imposed as a result of an outbreak of Rift Valley fever. Pastoralists from Somali region have always traditionally relied on Arabian peninsular as a major market for their livestock and have been very badly affected by the market's closure. Markets have also been affected by the sharp devaluation of the Somali shilling, used by many of the pastoralists. The hardest affected population categories are those not receiving remittances, the urban poor, migrants from Somalia and the internally displaced living around the main towns (SCF 11/01).

It is estimated that up to 90,000 drought displaced remain dependent on relief assistance in 2002 (UN-EUE 16/01/02). The majority lie around some of the main towns in the region. The RNIS has reported particularly on those around Denan where there are approximately 8,500 IDPs (see RNIS #35). The last nutritional reports available to the RNIS indicated that the prevalence of malnutrition remained high but had fallen significantly over the course of 2001. As a result of the falling prevalences, NGOs have pulled out of the area and the last selective feeding programmes closed in October 2001. Subsequently, there have been reports of a deteriorating situation in the area. This led to the resumption of general food rations and supplementary feeding in January 2002. The RNIS does not have any recent nutritional information from Denan, but it is assumed that the population remains highly vulnerable.

The immediate prospects for the area have improved as a result of good *Gu* rainfall in all parts of the Somali region and the resultant picture is encouraging for both crops and livestock. Consequently, it is expected that the immediate food security crisis will be alleviated, but it is important to stress that the population as a whole, and the drought displaced in particular, remain chronically food insecure and will certainly require the continuation of relief assistance (WFP 19/04/02).

Overall

The immediate outlook is improved as a result of a good *Gu/Belg* rainy season. However, humanitarian needs remain high because the majority of the most needy are chronically food insecure and will struggle to meet their subsistence needs even during periods of relatively improved access and availability of food. Both refugees and the war affected populations in Tigray and Afar remain moderately food insecure (category III), although their situation appears relatively stable. However, the drought displaced in the Somali region are considered to be at high risk of nutritional decline (category II) and are likely to remain so for the foreseeable future.

Recommendations

From the RNIS

- Maintain an adequate general food ration to all populations requiring assistance.
- Focus on long term solutions to address the root causes of chronic food insecurity such as income generating activities, capacity building and agricultural programmes.

Kenya

Kenya has been suffering from the regional Horn of Africa drought and as a result many areas of the country have experienced episodes of acute food insecurity. The situation has improved over the course of 2001 and early 2002 with the advent of better rainfall and improved crop yield. This improvement in the general food security outlook has been particularly important for the pastoralist populations of the arid and semi arid marginal areas in the north of the country. However, the drought has extended over five seasons, substantially eroding the pastoral livelihoods of populations in the northern regions. This has left many chronically food insecure and ill able to cope with future shocks. As a result, needs in some areas are likely to remain high.

WFP has been conducting an extensive food aid programme across the country but has suffered from considerable budgetary restraints, making the food pipeline extremely precarious. General food distributions will be confined to an estimated one million persons in nine pastoral districts, requiring approximately 85,708 MT of food to last from April to September 2002. There is currently a shortfall in the food pipeline of 77,396 MT, consisting mostly of maize (FEWS 08/03/02).

Refugees

The number of refugees in Kenya is steadily increasing as a result of continued influxes from people fleeing the war in Southern Sudan. UN OCHA estimated that there were approximately 215,000 refugees at the start of 2002 with some 132,000, mostly Somali refugees, in Dadaab camp in the northeast and over 83,000 in Kakuma in the northwest (UN OCHA 22/03/02). However, it is reported that numbers are increasing steadily, particularly in Kakuma camp where it is estimated that numbers will increase to 90,000 during 2002 (ACT 08/01/02). The majority of new arrivals are women and children.

The camps are situated in the arid and semi arid northern zones of the country, with the situation for refugees made worse by the lack of a local settlement policy. As a result, there is 100 % dependence on the international community for food aid. The refugees are not permitted to herd livestock and their freedom of movement is restricted, further curtailing the possibility of developing coping mechanisms to facilitate alternative access to food sources. This has forced a high level of reliance on food aid, which is concerning due to funding shortfalls for the WFP food pipeline. WFP have reported that their programme faces a shortfall of 8,200 MT of food until the end of 2002 and urgent pledges are required to ensure that refugees continue to receive an adequate diet (WFP 26/04/02). The funding shortfalls have resulted in cuts to the general ration to around 1400 Kcal, which can detrimentally affect refugee nutritional status due to the high dependence the general ration. (WFP 20/02/02). WFP are hoping to be able to raise the ration but this will depend on future pledges.

The RNIS has not received any recent nutritional surveys from the refugee population but it is assumed that they remains extremely vulnerable to nutritional decline due to their dependency on food aid and lack of options for alternative livelihood activities. In particular it is alarming to note that nutritional surveys in 2001 indicated elevated levels of acute malnutrition and a high prevalence of micronutrient deficiency. This would strongly indicate that the diet quality of the refugees is poor and the continuation of sub optimal rations is likely to result in further deteriorations in nutritional status (see RNIS # 35).

Overall

There has been an improvement in the humanitarian situation as a whole in Kenya, however refugees remain highly vulnerable as a result of their dependence on food assistance and the lack of alternative livelihood options. As a result, the insecurity of the food pipeline due to funding shortfalls is alarming and the refugees should be seen as being at high risk of further nutritional decline (category II).

Recommendations

From the RNIS

- Lobby for increased funding to the refugee PRRO.
- Assure continued food distributions of sufficient quality and quantity through the use of fortified foods.

Somalia

Somalia has arguably one of the most systematically poor humanitarian outlooks in the world. This is a result of years of conflict and the lack of a centralised government. Somalia has also suffered recurrent episodes of drought, which has lead to poor agricultural harvests as well as lack of pasture and water for pastoralists. Rainfall levels are systematically lower and more irregular than in any other area of sub-Saharan Africa outside of the Kalahari (SACB 2001). As a direct result it is estimated that one in every five harvests will be a partial failure, one in ten will be a total failure and pastoral livelihoods are uncertain from year to year (UN 2002). Drought and insecurity have lead to the disruption of the economy and a lack of basic infrastructure in almost all areas of the country. The result has been a hugely impoverished population suffering from chronic

food insecurity and, even in years of relative plenty, rates of acute malnutrition are amongst the highest seen anywhere.

Current humanitarian situation

Somalia is once again facing an extremely poor humanitarian outlook. The failure of the *Gu* rains in 2001 heavily affected the food situation by reducing agricultural harvests and the availability of pasture and water for livestock. The more recent *Deyr* harvest has been considerably better and has alleviated the situation in some areas. However, the southern regions of Gedo, Bay and Bakool, as well as the northern pastoral areas of Somaliland and Puntland, remain very badly affected and are heavily reliant on humanitarian assistance. The country is currently nearing the end of the dry *Jilaa* season and is awaiting the arrival of the crucial *Gu* rains. The current forecasts are for near normal rainfall in the majority of the country, however it is expected that the southern areas are likely to suffer from a normal to below normal *Gu* season, which is concerning given the chronic vulnerability of the population in the area.

The prevailing drought conditions have severely affected livelihoods by reducing the availability of pasture and water for livestock. As a result, many livestock have lost condition, lowering livestock prices and reducing the availability of milk. There have also been reports of wide scale livestock deaths in some of the worst affected areas. The wide spread water insecurity has also had profound implications for human health. Surveys have noted high rates of diarrhoeal disease and it is reported that there is a cholera outbreak, which began on 12/03/02 (WHO 23/04/02). Cholera is endemic to Somalia and tends to surge during the dry period from December through to May. It is important to stress that outbreaks are more likely to occur in crowded situations such as are found when the extremely poor humanitarian situation forces people to collect in areas, particularly towns, where they hope to be able to access food and employment. The lack of water and poor sanitation in these areas greatly increases the risk of disease outbreaks and results in high case fatality rates and a rapidly deteriorating nutritional status.

The ability of people to cope with the drought conditions has been heavily affected by ongoing insecurity in the country as a result of conflict between the Transitional National Government (TNG) and opposition groups, most noticeably the Somali Reconciliation and Restoration Council (SRRRC). This has resulted in outbreaks of fighting in various areas of the country, particularly conflicts over control of strategic sea ports such as Kismayo in the south as well as increasing instability in the Gedo region in the south west over the town of Bardhere (IRIN 15/02/02). There have also been outbreaks of violence in the capital Mogadishu, illustrating the fragility of the control that the TNG has over the country. The insecurity has very profound effects on the humanitarian situation. It has resulted in widespread displacement of population, particularly in the Gedo area, and has prevented the usual coping strategies of both pastoral and agricultural groups. The conflict has resulted in loss of assets, the destruction of property and has restricted access to water, pasture and humanitarian relief.

The ability of the international community to reach needy populations has been severely curtailed in some areas and the UN has announced that it is still too dangerous for them to have a long-term presence in the capital (IRIN 01/03/02). It is difficult to predict developments in the security situation but it is likely that opposition to the TNG will continue, bringing fresh conflict to various areas of the country.

The effects of 11 September 2001 have been felt in Somalia with the closure of *Al Barakat*, the largest remittance firm in the country, in November 2001. *Al Barakat* was closed as a result of alleged links with the terrorist organisation Al Qaeda and the implications of the closure to the Somali economy and to individual households is extremely serious. Remittances refer to money sent to Somalia by Somalis in the Diaspora. They are believed to be the largest foreign exchange contributor to the Somali economy and are estimated to be worth almost one billion dollars to the country as a whole (FSAU 12/01). Remittances are particularly important during periods of extreme hardship as they support coping mechanisms. Other remittance companies exist but will struggle to fill the gap left by *Al Barakat*. As a result of a reduction of hard currency, the Somali shilling is likely to devalue further and the purchasing power of urban populations is likely to be affected. The reduction in remittances comes on top of an existing poor economy and it is likely to affect the ability of the poorer population groups to access food and essential services (FSAU 12/01).

A further shock contributing to the seriousness of the current humanitarian situation has been the continued ban on the export of livestock to the Arabian Gulf. A substantial part of the Somali population relies on pastoralism as a primary livelihood activity and the removal of the major livestock export market has been a huge blow to pastoralists, particularly in the north, where access to alternative markets is poor. The ban had been introduced in September 2000 in response to fears of a link between livestock from the Horn of Africa and outbreaks of Rift Valley Fever in the Arabian Gulf. The ban was lifted by Yemen at the beginning of

December 2001 and offered the prospects of crucial livestock sales. However, the ban was reinstated at the end of December 2001 and resulted in the return of 1,700 livestock to the Northern regions. The implications are likely to be reductions in the demand and prices of livestock, resulting in reduced income and labour opportunities. This would adversely affect terms of trade for pastoralists. Fewer livestock sales have also means that herd sizes have remained high, particularly with unproductive male animals, and this has put increased pressure on poor pasture and water resources (FSAU 11/01/02). The effects of the ban are all the more serious because they come at a time when other external shocks have contributed to a deterioration in the humanitarian situation.

The effects of the current situation have been a reduction in both the availability and access to food. As a result, it is estimated that about 500,000 people are in need of emergency relief assistance, although this is likely to decrease in June if the *Gu* rains are good in most areas of the country. Areas of particular vulnerability are the southern regions of Gedo and some districts of Bay and Bakool. The northern regions of Somaliland and Puntland are also considered vulnerable, particularly for the returning refugees from Ethiopia.

Southern Regions

Gedo

The situation in Gedo remains critical as a result of continued drought and insecurity. Despite a reasonable *Deyr* harvest in surrounding areas, Gedo has received very little rain and increasing numbers of people are in dire need of emergency assistance. The FSAU estimate that there are 56,700 beneficiary households that require 2,840 MT of food per month (FSAU 11/03/02). Even in times of relative food security, rates of malnutrition are routinely between 15–20 %. The current crisis is mostly due to a lack of pasture and grazing rather than poor agricultural production and reflects the fact that pastoralists account for three quarters of the population of the area. In response to the crisis, many households have taken their livestock in search of water and pasture, leaving only women, small children, the sick and the elderly. With the breakdown of coping mechanisms, many have chosen to go to towns in search of assistance (FSAU 12/01). The food deficit is calculated to be up to 70 % for the poorest households (FSAU 11/03/02). The most affected areas are in the north.

The situation has been exacerbated by acute physical insecurity, which has escalated in recent months and resulted in the displacement of thousands of people away from border towns such as Luuq and Bulla Hawa (BBC 26/04/02). This has made it increasingly difficult for humanitarian agencies to access the area and has raised concerns that the situation could deteriorate further should assistance not reach those most in need.

Bulla Hawa (Belet Hawa)

FSAU/GHC/UNICEF/CARE took a window of opportunity in the poor security situation to conduct a survey in Belet Hawa district in December 2001. The survey clearly corroborated previous observations that the situation in the area was critical. The area is one of the most densely populated areas in Gedo and has suffered from poor access to water, the failure of the *Gu* rains, the closure of the Kenyan border, a high disease burden and heavy insecurity. As a result, it was found that the prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) was 37.1 % and included 8.3 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). These prevalences are very high and indicate a catastrophic situation. The survey also indicated that diseases such as acute respiratory infection, diarrhoea and malaria were extremely common and had a statistically significant relationship with the observed malnutrition. Only 43 % of children had been vaccinated against measles in the previous six months. The main causes of malnutrition were the limited availability of food and the high burden of disease. It was also noted that childcare and feeding practices were poor, with children fed infrequently and with inadequate amounts. This is most likely a result of reduced time spent in the home by the mother because of the need to search for food and water (FSAU/GHC/UNICEF/FSAU 12/01). The survey also notes that the area was surveyed not because it was more vulnerable than other districts in the north but because the security allowed for access.

There has been a considerable response to the situation in Belet Hawa and a general ration distribution has been ongoing monthly since December 2001, as well as supplementary and therapeutic feeding. The FSAU reports that the interventions have brought the situation under control but that dependency on food distributions remains extremely high (FSAU 11/04/02).

Luuq

The situation in Luuq is also considered to be extremely critical and ACF has been experiencing hugely elevated numbers of people being admitted to their selective feeding centres. ACF conducted a nutritional causal analysis between January and March 2002. The analysis indicated that malnutrition showed a stronger relationship to inadequate food intake than it did with disease and that household food insecurity was the primary underlying cause of malnutrition in the area. The study also revealed that income opportunities are very limited resulting in a severe reduction in purchasing power. As a result, people have been selling household assets and the proportion of households without assets is increasing (FSAU 11/04/02). The RNIS has not seen nutritional data from the area but the causal analysis reveals that the population remains highly vulnerable and dependent on external assistance.

Bay and Bakool

Bay and Bakool suffered from a very poor *Gu* harvest, which particularly affected the production of sorghum in the area. It was estimated that sorghum production was reduced by as much as 90 % in some areas. The results of the *Deyr* harvest were considerably better and have gone some way towards making up the food deficit in the areas. However, there are parts of the areas that did not receive good *Deyr* rains such as Berdale in Bay and Rabdhure in Bakol. These areas can be considered to be extremely vulnerable, as are the neighbouring areas of Gedo district. The RNIS does not have any recent nutritional information from the area.

Juba Valley

The overall food security situation in the Juba valley is considered to be normal, however the long *Jilal* season is resulting in a deterioration in livestock condition as a result of poor pasture. It is therefore concerning to note that the area has also received a great deal of livestock from the Gedo area, which has put increasing pressure on existing resources. The situation benefits from the wide range of income opportunities and good livestock prices. The FSAU report on a nutritional assessment carried out in the towns of Afmadow and Hagar, which indicated that the number of children with acute malnutrition was around 10 % (FSAU 04/02). The situation is not currently thought to be critical.

Lower and Middle Shabelle

The RNIS has not received any recent nutritional data from the Shabelle region, but the FSAU reports that the situation is reasonably good as a result of adequate *Deyr* rains. The area is helped by the existence of a variety of crops and exchange possibilities. For example, there is a good market for fodder, which is providing a good income for the riverine group, and employment opportunities are generally good. The FSAU also reports that data from MCHs indicate that the malnutrition rate amongst screened children is not highly elevated.

Mogadishu

The RNIS does not have any recent nutritional information from Mogadishu, but the situation is assumed to be of concern, particularly for the poorer population groups. This is largely as a result of increased pressures on employment and the downturn in the economic situation, particularly as a result of the closure of *Al Barakat*, which was one of the chief sources of employment in the city. There has also been a great deal of insecurity in the capital, with reports of conflict between various rival Somali factions. It is likely that the insecurity and poor economy will have adverse affects on the food security of poorer groups within the city, including IDPs.

Northern Regions

Somaliland

The situation in Somaliland is extremely poor as a result of continued drought conditions, the effects of the livestock ban, trade restrictions between Somaliland and Djibouti and the closure of Ethiopian refugee camps. The camps traditionally provided an important source of cereal grains in the area. The main *Hays* rains have failed for the third time in a row and have resulted in a significant reduction in the amount of available pasture. Access to water is also reduced and there are reports that livestock conditions are deteriorating, exacerbated by a high burden of endemic disease. The severity of the situation was confirmed in November 2001 by a nutrition survey conducted by UNICEF/MOHL/SRCS. The survey indicated that the rate of acute malnutrition (W/Ht < -2 Z scores and/or oedema) was 27 % including 3 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema) (FSAU 01/02). The RNIS has not seen the survey methodology but the results certainly indicate an alarming situation. The survey also reported that the majority of people relied on food purchase and were therefore reliant on accessing sources of income. The area has been targeted for assistance but the

population remains extremely vulnerable as a result of continued acute food insecurity.

Returnees

The relative peace in Somaliland has encouraged the return of thousands of Somali refugees from countries such as Ethiopia. The numbers of returnees have been increasing recently as a result of repatriations from Ethiopia, resulting in the closure of five camps in the Ethiopian Somali region. By Mid December 2001 UNHCR had supported the return of 6,000 people to Burao. The returnees receive a repatriation package containing food to last nine months and a variety of non-food items. However, returnees face the fact that there is very little for them to return to and their presence is placing an extra burden on the already fragile war-torn infrastructure. Many have been placed in temporary camps away from existing water sources or economic centres. The returnees have little other than their repatriation package and are totally dependent on external assistance as they are unable to access the usual forms of social support and remittances (FSAU 03/02). The RNIS does not have any nutritional information for this group but they are considered to be extremely vulnerable to nutritional decline, particularly in light of the ongoing drought and lack of employment opportunities.

Puntland

The situation in Puntland remains extremely poor as a result of continued drought, poor economic possibilities and insecurity. It is estimated that between 70–80 % of the major dry season pasture did not receive rain and, as a result, water sources are greatly reduced and water prices have increased (FSAU 07/02/02). It has been observed that livestock condition has also deteriorated. Food access remains poor as a result of poor livestock condition and the low price of livestock. The RNIS does not have any nutrition information for the area but the population is considered to be at elevated risk of nutritional decline.

Overall

The humanitarian situation in Somalia continues to be extremely precarious. The occurrence of a reasonable *Deyr* harvest has helped to alleviate conditions in many areas but areas of acute needs remain and are likely to do so for a considerable time to come. Somalia is chronically prone to poor rainfall and the vulnerability that this causes for much of the population is exacerbated by the poor economy and by continued insecurity. Areas of particular concern remain the Gedo region and the pastoral regions of the north, with the population suffering from a critically poor nutritional status (category I) and chronic food insecurity. Other groups of concern are the returnees who are highly dependent on outside assistance and should be considered to be at elevated risk (category II).

Recommendations

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

- Facilitate a secure environment in which humanitarian organisations can operate.
- Ensure an adequate general ration as a matter of primary importance.
- Implement a decentralised Supplementary Feeding Programme for the entire district.
- Introduce Therapeutic Feeding.
- Address the issue of water availability for human consumption and for livestock.
- Intensify disease and nutrition surveillance.

Sudan

Sudan has been locked in a cycle of conflict between the government and rebels in the south for the last 18 years. The conflict has taken place within the backdrop of repeated droughts, famines and disease, which have led to the deaths of an estimated 2 million civilian lives (USAID 06/03/02). The combination of conflict and natural disaster has also resulted in the displacement of an estimated 4 million people, which represent the largest internally displaced population in the world. The results have been a sustained high needs for humanitarian relief, with many left unable to meet their basic subsistence needs due to the systematic erosion of livelihoods and resultant chronic food insecurity. The current humanitarian situation in Sudan continues to be extremely poor despite an overall improvement in crop yields over last year due to improved rain and harvest in many areas. The main impediment to an improvement in the situation remains the continuation of conflict, particularly in the southern regions of Bahr al Ghazal, Western Upper Nile and Eastern Equatoria.

Drought conditions have also continued in areas of Darfur, Kordofan and the Red Sea State, although it is important to stress that physical insecurity remains one of the major determinants of food insecurity in southern Sudan and the transitional zones.

Given the duration and effects of the conflict there have been numerous peace initiatives aimed at bringing about lasting cease-fires between the government and rebel groups. The longest running process has taken place under the auspices of the Intergovernmental Authority on Development (IGAD), involving Kenya, Ethiopia, Eritrea and Uganda. In an attempt to facilitate the process, the United States has put forward a humanitarian agenda focused on the establishment of a cease fire in the Nuba region, the creation of zones of tranquillity for humanitarian interventions, the cessation of government bombings of civilian and humanitarian targets and the cessation of slavery and abductions (USAID 06/03/02). A cease-fire was formally signed on 19 January 2002 and, despite tensions, has held. However, there are claims that this has released forces to fight in other areas and, unfortunately, violence has escalated in other areas and has led to further population displacement and a deterioration in the food security and nutritional status of affected groups.

The conflict continues to affect food security and the ability populations to cope with the resulting food deficits. As a result, there has been an increase in acute malnutrition in areas of Sudan with rates routinely observed to be above emergency thresholds. The annual needs assessment for 2001/2 estimates that there are 1,558,545 people in need of emergency food assistance in southern Sudan alone. It is extremely difficult to determine how many are IDPs because of continued population movement but it is estimated that there were 163,294 registered IDPs in south Sudan from 2001 alone (WFP/SCF 10/01).

Humanitarian access

The scale of current needs in Sudan has meant that many affected population groups are heavily reliant on the provision of humanitarian assistance to meet their basic subsistence needs. It is therefore extremely concerning to note that the reporting period has seen the continuation of multiple restrictions to humanitarian access for international relief agencies. There are numerous reports of military engagements between the Government of Sudan (GoS) and the Sudan People's Liberation Army (SPLA), particularly over the rich oil reserves found in the Upper Nile province (Unity State) and in northern Bahr al Ghazal around the infamous railway track that supplies the garrison town of Wau. The insecurity has displaced populations away from established centres of humanitarian activity, often into inaccessible areas, and has also routinely forced the evacuation of humanitarian workers from affected area to the considerable detriment of existing programmes (UN OCHA 19/04/02).

Humanitarian access has also been affected by the GoS use of aerial bombing and helicopter gun ship attacks that appear specifically to target civilians and humanitarian workers. The RNIS has already reported on attacks in Bahr al Ghazal during relief distributions (see RNIS #34) and despite a GoS concession to halt attacks (UN OCHA 15/01/02), they have escalated alarmingly. On 2 February 2002, offices of the NGO MSF were looted in Nimne, Western Upper Nile, followed by aerial bombardment on the 9 February 2002, which killed five civilians including one MSF worker. On 10 February 2002, bombs were dropped in Akuem, Bahr al Ghazal, just after a WFP food distribution, resulting in deaths and many injuries. There have also been helicopter gun ship attacks in Bieh, Western Upper Nile at a food distribution site, which resulted in the death of more than 17 civilians (UN OCHA 21/02/02). The direct targeting of civilians and aid workers is in gross contravention of international humanitarian law and has often resulted in the withdrawal of agencies from areas at a time when needs are highest. The constant threat of further attacks also provides a major obstacle for humanitarian access.

The size and lack of infrastructure in much of south Sudan means that relief agencies are wholly dependent on air transportation for the movement of staff and relief items. All air flights into Sudan have to be cleared by the GoS and, on average, the government denies access to about 25 locations each month. This represents about 10 % of total requests. However, the last few months have seen a considerable increase in the number of flight denials and UN OCHA report that 42 locations had been denied flight access, representing 20 % of access requests. The flight bans are extremely serious and could affect the delivery of humanitarian assistance to about 1.7 million people in acute need of assistance (UN OCHA 08/04/02).

South Sudan, non-GoS controlled areas (OLS Southern Sector)

The humanitarian situation in south Sudan remains critical despite improved rain and harvest outlooks. The main factor behind the ongoing crisis in the area is the continuation and escalation of conflict between the GoS and the SPLA. This continues to cause large-scale displacement of population and systematically disrupts possible coping mechanisms that might alleviate the acute food insecurity of the area. However, in

areas where insecurity is less prevalent, populations are benefiting from improved access to important sources of wild foods and fishing. Many traditional trade routes remain blocked and, as a result, the area is divided into separate regions that are largely unable to interact economically.

Aweil East and West

The Aweil counties have suffered from repeated insecurity linked to raids by the Popular Defence Force (PDF) employed by the GoS to guard the train that supplies the government enclave of Wau. As a result, the counties have seen a great deal of population displacement both into and away from these areas, placing increased pressure on existing subsistence resources. Tearfund conducted a nutritional survey in the counties in October and November 2001. The survey was conducted towards the end of the harvest period, which is reported as one of the best of recent years. The survey found an estimated prevalence of malnutrition (W/Ht < -2 Z scores and/or oedema) of 19.1 %, which included 1.6 % of severe acute malnutrition (W/Ht < -3 Z scores and/or oedema) (Tearfund 11/01). The survey also indicated that the under-five mortality rate was 2.2/10,000/day. Both the prevalence of acute malnutrition and the rate of under-five mortality are above emergency thresholds and indicate a serious situation. The reasons for this situation are a combination of the long dry spell in the region that led to a very poor harvest last year. There were also high rates of infection with little access to medical facilities or sources of potable water. This is further corroborated by the survey's observation that the measles vaccination coverage in the area was also extremely poor.

However, the main constraining factor on the ability of the population to cope with this was insecurity in the area. The annual needs assessment notes that the food security improves with distance from the railway line (WFP/SCF 11/01).

The outlook for the coming year is mixed and heavily contingent on the prevailing security situation. However, the availability of food is improved in the current season as a result of a good harvest, wild foods and fishing.

Aweil South

The populations in Aweil South are particularly affected by their proximity to the railway line and it is reported that population displacements and the looting of livestock and food stores occurred during the months of November and December 2001 (Tearfund 02/02). In RNIS # 35, a Tearfund survey in August 2001 indicated high levels of acute malnutrition in the under-five population. A follow up survey in January 2002 has indicated that the level of acute malnutrition (W/Ht < -2 Z scores and/or oedema) was 17.8 % including 1.4 % severe acute malnutrition (W/Ht 3 Z scores and/or oedema). The rate of under-five mortality was estimated to be 2/10,000/day. The data suggests that the situation remains extremely serious and is attributed to the insecurity, drought conditions and lack of access to medical care. As a result there has been a high dependence on food aid provided by WFP. The survey notes that the ration has been very poor, ranging from 25 % to 50 %, meaning that potentially some people have been receiving a ration of 460 Kcals/day as opposed to the recommended 2100 Kcal/person/day required for a population heavily dependent on food assistance to meet their nutritional requirements. The food outlook is improved over last year but the population is considered highly vulnerable and in need of assistance for much of the year (Tearfund 02/02).

Raga County

Raga County has suffered repeated bouts of conflict and conflict related displacement over the past year and it is estimated that a total of 30,000 people have been displaced. The displaced have fled in two directions, some to the north to camps in the transitional zone of Darfur and some to the west. In October 2001, WFP was able to deliver some food to the IDPs in Mangayanth, despite the food distribution site being bombed by the GoS. Soon after the distribution, fighting continued in the area and many left. The annual needs assessment reports that as of 5 December 2001 there were over 10,000 IDPs moving towards Tambura on the border with the Central African Republic. Their condition is reported to be very poor and more recent reports from FEWS have indicated that many cases of acute malnutrition have been observed (FEWS 15/02/02). The RNIS has not received any nutritional information on the IDPs but they are considered to be highly vulnerable.

Twic County

Twic County has benefited from a period of relative security over the past year and as a result has received numerous IDPs and returnees seeking safety and shelter. It is noted that IDPs are particularly from Western Upper Nile and Abyei and are moving in order to protect their cattle from looting. This has tended to put extra pressure on existing subsistence resources. In the past the RNIS has observed high a prevalence of acute

malnutrition in the county as a result of continued food insecurity (see RNIS # 34). Goal conducted a nutritional survey in January 2002 to investigate the nutritional situation in the payams of Wunrok, Turalei and Aweng, which had all been classified as food deficit areas by the 2002 Annual Needs Assessment. The survey indicated that there was an estimated rate of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 16.9 % including 1.6 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema) (Goal 31/01/02). The survey observed that both the crude and under-five mortality rate was well below emergency thresholds. The prevalence of acute malnutrition gives cause for alarm and is probably a result of poor access to clean water and high rates of morbidity, coupled with poor child feeding practices where children were routinely receiving only one to two meals a day. In terms of future outlook, the survey does note that access and availability of food appears to be increasing with considerable increases in the number of people able to produce their own food and owning some livestock. Given that the Annual Needs Assessment predicts improved food security, it is hoped that the nutritional status of the population is likely to improve over the course of the year.

Equatoria

The RNIS has not received any recent nutritional information from Equatoria but the situation is not deemed to be critical in the west as a result of good harvests and a lack of insecurity. However the situation is more critical in the East as a result of insecurity between the Ugandan Lord s Resistance Army (LRA) and the Sudanese Army and it is feared that further displacements could take place. The population, including the IDPs, are mostly pastoralists and the pasture is reported to have improved in 2002 as a result of good rains. This is likely to improve access to food sources such as milk. Trade is also an important source of income and the position of the area bordering Kenya and Uganda has offered the possibility of increased trading activity. Insecurity appears to be increasing and UN OCHA have reported that thousands have been displaced as a result of a joint Ugandan/Sudanese military operation against LRA rebels in Eastern Equatoria. Many of the IDPs are reported to have sought sanctuary in the government held stronghold of Juba (UN OCHA 19/04/02).

Jongolei

The situation in Bieh state, Jongolei region has been described as highly food insecure by the Famine Early Warning System Network. The reasons are the poor harvest of 2001, coupled with large and highly exceptional population movements that took up to 90 % of the Lou Nuer, many from Diror state, towards Akobo and Nandit to the south east. The reasons for the movement were the fear of water shortages, food insecurity, increased physical insecurity and the influence of a prophet who promised to lead people towards the promised land (UN OCHA 22/02/02). The result was large collections of people around Akobo who have all been extremely food insecure as a result of limited coping mechanisms. Food insecurity is likely to continue as many were unable to plant last year. MSF-Belgium conducted a nutritional survey in Akobo and Nyandit in February 2002 and discovered an estimated prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 32 % including 9 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). Unusually for Sudan, there was also 4.5 % of bilateral oedema (Kwashiokor) (MSF-B 03/02). These figures are indicative of a very severe situation with a particularly high rate of severe malnutrition, which significantly raises the risk of associated mortality. The under-five mortality rate was not raised above emergency thresholds but the survey noted that people were extremely reluctant to discuss mortality and it is possible that this has been underestimated.

The reasons behind the very high rates of malnutrition appear to be the poor access to food, water and medical care. The measles vaccination coverage was only 50% a few days after a massive vaccination campaign (MSF-B 03/02). It was noted that the population had received a 50% food ration the previous month but that the majority of people were surviving on fish and wild foods, as no other food was available. The population can be considered to be extremely vulnerable.

Upper Nile

The Upper Nile region is the site of some of the heaviest fighting in Sudan over the oil reserves in the area. The reporting period has seen the escalation of insecurity, with direct attacks on humanitarian workers, civilians and active distribution sites. The government has been accused of attempting to clear the area of people to pave the way for increased oil extraction. The rebel SPLA has vowed to directly target oil platforms. The attacks continue to displace population and result in the destruction of the already minimal food stocks of the population, serving to constrain other forms of coping mechanism (IRIN 29/03/02).

ACF-US conducted a nutrition survey in Old Fangak district, Phou State in October 2001. The area had suffered high levels of physical insecurity and had also lost much of the sorghum harvest to flooding earlier in the year. Those households still with fishing materials were able to fish but many lacked the necessary

equipment. Food distributions to the area had been stopped in July as a result of the theft of 47 MT. The survey found an estimated prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 28.6 %, which included 6 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). The survey noted that 41 % of the survey population were between 2 and 1 Z scores and could easily become malnourished should the situation deteriorate. Rates of both crude and under-five mortality were above emergency thresholds. The data indicates that the nutrition situation is extremely poor as a result of poor food availability, health factors and insecurity. It was also observed that any form of preventative health measures were notably lacking (ACF-US 31/10/01). The outlook for the area is bleak, with the Annual Needs Assessment predicting that between 80-90 % of households comprising the poor and middle socioeconomic groups are likely to face food deficits of 20-30 % between November 2001 and June 2002.

ACF-US conducted a further survey in Nyadin Parish of Mearang district, Phou state in December 2001. The area has suffered extensive crop loss as a result of flooding and it was noted that an unusually large percentage of the survey population were IDPs (20 %). The survey revealed an estimated prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 18.1 % including 2.7 % of severe (W/Ht < -3 Z scores and/or oedema) (ACF-US 12/01). The survey also found a CMR above emergency thresholds. The data indicates that the nutrition situation is extremely precarious as a result of poor availability of food from heavy crop losses in 2001, poor access to potable water and resulting poor hygiene practices. It was also noted that access to medical care, in particular preventive care such as vaccination, was poor. Reportedly people had turned to eating existing crops before they were ready and had started consuming the seeds for the next planting season. The Annual Needs Assessment has predicted increased food deficits for over 50% of the population and a deterioration in the nutritional status can be expected if the food security and health situation are not addressed (ACF-US 12/01).

South Sudan, GoS controlled areas (OLS Northern Sector)

Many of the GoS controlled sectors of the south have seen increased levels of conflict over the reporting period, exacerbating the already precarious food security situation of some groups.

Wau town

Wau town is situated 800 Km south west of Khartoum and has been a government enclave in the heart of the rebel held Bahr al Ghazal for the last 17 years. As a result, the town remains extremely isolated and dependent on supplies by air and from a government supply train once a year. There is limited access to the surrounding region but the current heavy insecurity has resulted in a reduction in trade activities. ACF conducted a nutritional survey in the town during December 2001 and found an estimated prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 11.6 % including 1 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). The under-five mortality rate was 2/10,000/day. The data suggests a precarious nutritional situation that requires close monitoring. Both the nutritional status and the mortality rate are at the emergency threshold but appear to have remained steady when compared to an earlier survey in January 2001 (ACF 12/01). The town is generally well supplied and has a number of humanitarian actors present, which perhaps explains why the prevalence of acute malnutrition is not greater. The nutritional status and food security of the population is likely to be very closely linked with the development of the security situation in the area over the coming months.

Unity State

Unity State has suffered from high degrees of insecurity over the past year, with many people fleeing to the towns of Bentiu and Rob Kona. The town of Bentiu was attacked in October 2001 and many people tried to flee the area, which still remains highly insecure. ACF conducted a nutritional survey in the town of Rob Kona in October 2001 and found an estimated prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 19.8 % including 2.6 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). The survey also revealed an estimated under-five mortality rate of 2.6/10,000/day. The prevalence of acute malnutrition is alarming, being above emergency thresholds, however it has reduced since a similar survey in June 2001. The survey notes that this reduction in acute malnutrition has been mirrored in the reduced numbers attending therapeutic feeding centres. The malnutrition results from poor access and availability to food sources and a heavy reliance on food relief, which has been extremely inconsistent as a result of food pipeline shortages (ACF 10/01). The survey also notes that the town has poor access to clean water sources and suffers from a high burden of disease, notably diarrhoea, kala azar and malaria. It is also very likely that the high number of people who have flocked to the town put severe constraints on resources. It is encouraging to note that the situation has improved since the last survey, most likely as a result of renewed and timely food distributions. It is also noted that many of the displaced are beginning to return home. It is hoped that the nutritional situation

will improve over the course of 2002.

Northern Sudan Transitional Zone

Darfur

Darfur has suffered a series of poor rainfall years which have left the population extremely food insecure and the past RNIS (see RNIS #34) reported high levels of acute malnutrition. This has left the population vulnerable to further shocks to food security. SCF report that the rain for the current season began well and on time but continued to be irregular and sporadic. As a result, the total precipitation was considered poor. This has led to high cereal prices, the stagnation of the livestock trade, the loss of income from tobacco (tobacco) sales, a reduction in the availability of wild food sources and the reduction in availability of local agricultural labour (SCF–UK 10/01). These will all have an extremely detrimental effect on household food security and nutritional status. The area contains a number of IDPs from the fighting in Bahr al Ghazal, particularly from Raga, and the continuation of poor food security is likely to adversely impact on their nutritional status as well.

Kordofan

Nuba mountains region

The Nuba mountain region has been an area of conflict for some time. The area is traditionally known to be very fertile and has produced surpluses in times past. However, the conflict has destroyed traditional livelihoods and caused massive internal displacement. This has cut off much of the population from traditional farming areas. As a result, the level of food insecurity has increased dramatically. There has been little development for some years and the absence of infrastructure presents a huge impediment to all economic activity in the area (UNRC 16/02/02). The signing of a cease–fire between the GoS and the Sudanese People's Liberation Movement (SPLM) on 19 January 2001, could signal improvements in the situation (USAID 06/03/02). The removal of hostilities will hopefully allow the population to rebuild their food security and infrastructure. This is likely to be helped by this season's good harvest prospects. The RNIS has not received any recent nutritional information on the populations in the area but it is reported that the presence of micronutrient deficiencies is high. It has been noted that there is a high presence of goitre in the population, indicative of iodine deficiency.

Overall

The situation in Sudan has seen some improvement in rainfall and harvests for 2002, however there are still areas of acute need where prevalences of malnutrition are extremely high and food insecurity is very poor. The main defining factor of both food insecurity and malnutrition is conflict and physical insecurity. This continues to result in large–scale population displacement and the erosion of coping mechanisms. In the present climate of chronic food and physical insecurity, the displaced remain acutely vulnerable to nutritional status decline (category II).

Recommendations

From the ACF–USA survey in Old Fangak District, Upper Nile

- Reinstate WFP general rations.
- Open therapeutic and blanket supplementary feeding programmes.
- Improve the quality of health care.
- Provide households with fishing material.

From the ACF survey in Rob Kona town, Unity State

- Continue with monthly general rations.
- Continue treatment of severely and moderately malnourished through selective feeding programmes.
- Improve access to potable water and adequate sanitation.

From the Tearfund survey in Aweil East and West, Bahr al Ghazal

- Continue the treatment of moderately malnourished children.
- Refer children who are severely malnourished to therapeutic feeding programme.

From the ACF survey in Wau town, Bahr al Ghazal

- Continue general food ration to the most vulnerable.
- Continue the treatment of severe malnutrition cases.
- Improve the coverage of feeding centres.

From the ACF–US survey in Nyadin Parish, Upper Nile

- Maintain WFP food distributions.
- Distribute fishing equipment to improve household food security.
- Improve access to health care services.

From the Goal survey in Twic County, Bahr al Ghazal

- Increase the general ration to the population.
- Continue supplementary feeding programme.
- Improve access to potable water.

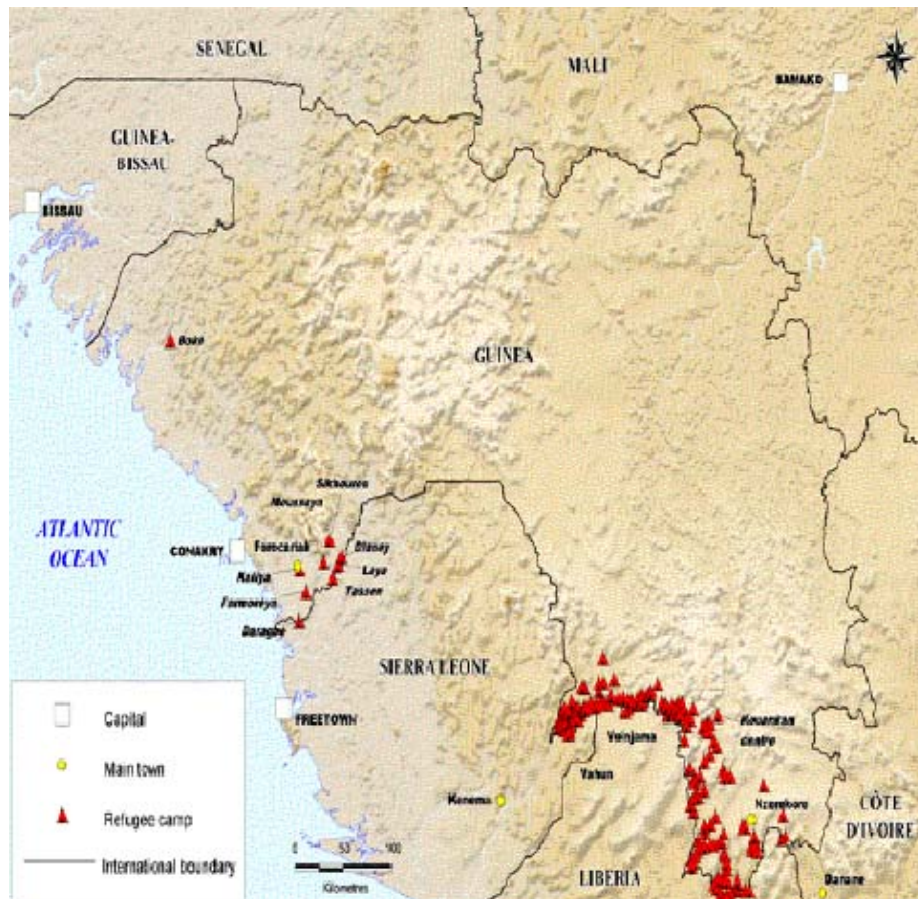
From the Tearfund survey in Aweil South, Bahr al Ghazal

- Increase the general food ration.
- Expand the coverage of health care.

From the MSF–B survey in Akobo and Nyandit, Jongolei

- Increase the quality and quantity of the general food ration.
- Open a therapeutic feeding centre.
- Monitor communicable diseases.

WEST AFRICAN REGION



West Africa has suffered throughout the 1990s from civil wars in Liberia and Sierra Leone. The conflict has led to the exodus of over a million refugees to Guinea and Côte d'Ivoire over the course of the decade and internal displacement of between one and two million people (USAID 14/01/02). The effects of the conflicts have been very far reaching. The population displacement, the destruction of infrastructure and the regional economy have led to the area being consistently at the very bottom of human development tables. The reporting period has seen the continuation of the peace process in Sierra Leone and moves towards a regional peace, most notably with the meeting of the presidents of Liberia, Sierra Leone and Guinea at a three day summit in Morocco (UN OCHA 27/02/02). However, there has also been an upsurge in fighting in Liberia and there are concerns that this could adversely affect the security of the region. Another point of concern has been the very low level of response to the UN funding appeals and it is likely that there will be breaks in the food pipeline and possible ration cuts if funding does not improve. This would have a very significant impact on the refugee and displaced populations currently highly dependent on assistance. UN OCHA announced that, as of April 2002, the overall West Africa appeal was only 5.69% funded (UN OCHA 10/04/02). This marks the continuation of low funding for the region and is of considerable concern given the acute needs of vulnerable populations.

Table showing the numbers of vulnerable groups in the West African region (UN 2002)

Country	IDPs	Refugees	Returnees	Hosts/Other	Total
Guinea	359,000	111,000 Sierra Leoneans	N/A	300,000	851,000
		81,000 Liberians			
Sierra Leone	247,590	9,500 Liberians	100,000	1,000,000	1,357,090
Liberia	55,000	70,000 Sierra Leoneans	30,000	500,000	655,000
Total	661,590	271,500	130,000	1,800,000	2,863,090

Guinea

The civil conflicts in Sierra Leone and Liberia resulted in many people entering Guinea in search of the safety the country offered. The majority of these refugees were located in camps and within communities along the borders with Liberia and Sierra Leone, including the Parrot s Beak area of Gueckedou. The security of the area was disrupted in September 2000 when Sierra Leonean rebels launched a series of attacks into Guinea. The attacks were around the areas of Gueckedou, Macenta and N Zerekore and resulted in wide scale loss of life, destruction of property and crops. This led to a period when humanitarian access was cut off from approximately 250,000 refugees in the Parrot s Beak area after which many of the refugees and host populations moved inland away from the borders.

The security situation has improved dramatically over the course of 2001 and 2002 and there have been no reports of further violence. However, the violence has resulted in the relocation of refugees into camps in the interior of the country, and any that have chosen to remain along the border areas are no longer eligible for relief assistance (IFRC 20/11/01). With the advent of a viable peace process in Sierra Leone, many Sierra Leonean refugees have chosen to return, especially to vote in the upcoming elections in May. The situation for remaining refugees is uncertain and heavily contingent on the continuation of good security in the country, as well as the continuation of adequate funding to the UN appeals. Despite the internal stability, there is concern over fighting in Liberia and Guinea has already received a number of Liberian refugees over the reporting period. Steps towards a regional peace have been taken and the presidents of all three Mano River Countries met in February and have vowed to end tensions between their countries and cooperate on issues of border security (UN OCHA 28/02/02). This could have very significant implications, as the future of the refugees is heavily contingent on the development of regional security.

The funding of the UN Consolidated Appeal for West Africa has been extremely poor for a number of years. It was recently announced that the current funding level was only 4.27 % of the total appeal figure. It is also important to note that the majority of the funding so far has gone towards refugee programmes and IDPs remain underfunded (UN OCHA 10/04/02). UN OCHA reports that Guinea is likely to experience shortfalls of oil and Corn Soya Blend (CSB) in April, May and June. It is also reported that current stocks of cereals will only be sufficient for half rations in June, although WFP hopes to provide full rations for further distributions (UN OCHA 11/04/02). This is very concerning given the current level of needs.

Internally displaced

Until the insecurity of late 2000, Guinea had not suffered internal displacement. However, incursions into the country by Sierra Leonean rebels caused huge internal displacement of population who fled inland from border areas. It is currently estimated that there are 359,000 IDPs in Guinea, although many of them have been able to return to their places of origin and begin the process of rebuilding their lives. This is being facilitated by the improvement in the security situation along the border areas with Sierra Leone.

ACF-SP conducted a nutritional survey in the Gueckedou area, known as the Parrot s Beak, in April 2002. The Parrot s Beak area was particularly affected by the fighting and insecurity in late 2000, which displaced both refugee and host populations. The majority of refugees were moved to camps further inside the country, but ACF estimates that as many as 20,000 remained. ACF stress that the camps that existed prior to the insecurity are still empty and that the refugees are currently living in villages with host communities. The report also notes that 75–80 % of the people displaced by the fighting have returned and are trying to make a living in the area. The survey covered both newly returned IDPs and refugees and indicated that there was a prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 8.2 % including 0.3 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). The survey did not measure mortality rates but did show that the coverage of measles vaccination was 75 % (ACF 04/02). This does not indicate a critical situation as the prevalence of malnutrition remains below emergency thresholds. However, the situation in the Parrot s Beak area is precarious as a result of a long period of drought in 2001 that adversely affected the harvest of staple food crops and resulted in extremely low food stores. The population is not receiving any food assistance and so must rely on trading and foraging to make up the existing food deficit. The continued food security of the population will be heavily contingent on the security situation.

Refugees

The fighting in the southeast forest area brought about a fundamental change to the location of IDPs in Guinea. This was prompted by issues of protection and security, where refugees were living by potentially unstable border areas, and the need of the humanitarian community for appropriate levels of access. The relocation movement began with the evacuation of the Parrot s Beak area by UNHCR. Refugees were moved

to a variety of locations but primarily to the Albadaria and Dabola prefectures of Upper Guinea. The original plan had been to open four camps in Albadaria and three in Dabola to accommodate an expected 250,000 refugees. The actual number proved to be far less than this at around 65,000, mostly Sierra Leonean refugees (IFRC 20/11/01). There are now three camps in the Albadaria region; Boreah with 13,066 refugees, Kountaya with 25,652 and Telikoro with 11,898. The Dabola area has one active camp called Sembakounya with 7,289 refugees. The areas of Macenta and N Zerekore in the Forest region also have two camps of mostly Liberian refugees, Kouankan with 13,500 refugees and Kola with 5,900 (USAID 14/01/02).

The numbers of refugees are changing quickly as a result of influxes of Liberian refugees fleeing the violence in the north of their country, and due to the number of returning Sierra Leonean refugees. It is currently estimated that 4,700 Liberians, mostly women and children, have entered the country since January 2000 and the numbers are expected to keep growing as fighting continues. UNHCR expects a total of 10,000 to enter the country during 2002 (UN OCHA 11/04/02). Some of these are reported to be in extremely poor condition and their immediate needs are likely to be high. The return of Sierra Leoneans is still ongoing and has been facilitated by the opening of border areas, allowing refugees to return overland. It is estimated that 11,000 have returned since 27 September 2001 and UNHCR reports that a further 15,000 are registered to return from the Kissidougou area (UNHCR 19/03/02). UNHCR has estimated that by June 2002 the number of refugees in camps will be 68,400, with a further 92,000 living with host communities. By December 2002, these figures are likely to be 54,700 and 73,500, respectively (UN OCHA 11/04/02). The RNIS does not have any recent nutritional information on the refugees but the situation is not thought to be serious as a result of ongoing assistance and the improved security.

Overall

The situation in Guinea has improved over that seen at the beginning of 2001 as a result of a stable security situation. However, the continuation of fighting in Liberia is of concern and could potentially serve to destabilise the entire region. There are encouraging signs that solutions to the regional tensions are currently being pursued. The condition of both refugees in camps and IDPs is not currently thought to be serious (category III), however the situation will be heavily dependent on the development of the security situation.

Recommendations

From the ACF-SP survey in Gueckedou Prefecture

- Continue Supplementary Feeding.
- Support agricultural activity via distributions of appropriate seeds and tools.
- Continue nutritional surveillance activities.

Liberia

The humanitarian situation in Liberia remains extremely volatile. The country suffered the effects of devastating civil war between 1989 and 1997, which resulted in the collapse of the economy and the wide scale destruction of infrastructure. As a result, there is rampant inflation and basic goods and services are either lacking or not accessible to the vast majority of the population. It is estimated that 85% of Liberians are unemployed due to the economic collapse and the absence of a viable employment sector. 76% of the entire population live below the world poverty level of one dollar a day, and 52% of that group live in a state of absolute poverty, surviving on less than 50 cents a day. Access to basic health services, clean water and sanitation are similarly poor (UN 2002). Liberia is currently ranked 174th out of 175 countries in the human development index. The political and economic situation has been further aggravated by the imposition of UN sanctions put in place because of the government's support of rebel groups in neighbouring countries and the continued exploitation of illegal diamond and mineral resources. The full affects of the sanctions on the population are unknown but it is suspected that they are having a detrimental impact on an already desperate situation.

These factors have greatly increased vulnerabilities and served to constrain livelihood options for much of the population. However, the situation has been further exacerbated by the continued insecurity between Liberian government forces and the opposition rebel group, Liberians United for Reconciliation and Democracy (LURD), who remain violently opposed to the government of Charles Taylor. During the reporting period there has been an escalation of violence between the groups, which has moved gradually closer to the capital city, Monrovia. This has moved the conflict out of the north western Lofa County, where it has traditionally been

based, and has caused great alarm. In response, a state of national emergency was declared in February (WFP 15/02/02). There is great fear that the continuing violence could spread to neighbouring countries because rebel groups are often involved in all countries of the Mano River Union (MRU). The escalation of regional violence would spell disaster to a region already crippled by wars, particularly at a time when prospects for peace are potentially high. Despite mutual suspicions, the leaders of the MRU met together in February 2002 to discuss ways of easing regional tensions and this has borne some fruit with the deployment of joint border security and confidence building units (UN OCHA 08/04/02). Internally there have also been moves towards peace and reconciliation between the government and opposition groups. However, the talks, which were held in Abuja, did not include the LURD rebels and so the likelihood of them establishing any form of usable consensus required for a peace process is extremely unlikely (IRIN 15/03/02).

The current situation

The reporting period has seen the escalation of conflict and continued, large-scale displacement of populations. The situation remains extremely fluid and it is very difficult to keep track of the changing numbers of affected people. However, there was an attack on the Sawmill camp in Lofa County, which is normally home to 20,000 people. The attack resulted in the flight of the camp's residents and those of the nearby town of Tubmanburg, which is the largest in Western Liberia. A number of the displaced fled to the town of Klay, some 47 Km north of the capital Monrovia. Unfortunately, the displaced were initially prevented for several days from fleeing, despite the sound of closing conflict. When the conflict eventually arrived at the town, the population was forced to leave in total panic, resulting in the separation of families. There are currently 9,000 IDPs in Klay but the whereabouts of the remaining displaced population is not known. The emergency nature of the flight also meant that people were unable to take anything with them in the way of food or supplies. For many of the IDPs displaced from Sawmill, their displacement is for the third or fourth time from camps in Bopolu, Jenemana and Gbarma. This repeated displacement has significantly increased the vulnerability of affected populations (ACF 31/01/02).

Access to the affected populations is extremely difficult as a result of the insecurity and the government's refusal to allow aid workers to work beyond the Klay Junction. Insecurity moved closer to Klay in February 2002 and the 10,000 IDPs there were forced to flee once again. The LURD attacks have continued and the town of Bong, which has traditionally been a safe haven for IDPs, was attacked later in February causing the displacement of an estimated 20,000 people. Bong is also only 80 Km from the capital city. The movement of the conflict towards the capital city is of grave concern and many Liberians are now trying to flee the area in search of safer zones. The city has also seen an increase in the number of IDPs seeking refuge in established camps around the city area. The numbers are fluctuating but it is estimated that there are about 5–6,000 IDPs in addition to the 8,700 refugees who were already there (UNHCR 18/02/02).

The effects of the conflict have been far reaching. It is estimated that there are over 50,000 IDPs in the country and 70,000 refugees. Many of the refugees are originally from Sierra Leone and large numbers have chosen to return directly as a consequence of the conflict. The farming season in the affected western areas normally starts in January and has been hugely disrupted this year, meaning that there will be food deficits at the next harvest. Consequently, there are huge humanitarian needs in the country as populations are simply not able to cope with the shock of displacement due to their basic level of impoverishment. Many of the most vulnerable groups, including IDPs and refugees, routinely have to spend up to 90 % of any earnings on food, leaving them with almost nothing to meet other essential needs such as health care. Humanitarian assistance has been constrained by a lack of access to affected populations due to poor security and government travel restrictions. Another huge constraint is the poor level of funding response to the UN Consolidated Appeal. OCHA reports that as of 6 April 2002, the health sector had been pledged 0.87 % of its total funding requirements.

Overall

The situation in Liberia is extremely poor for both the displaced and refugees. The country is in economic collapse and the upsurge in violence is further eroding people's capacity to cope with the already poor humanitarian situation. As a result, both IDPs and refugees should be considered to be highly vulnerable (category II).

Recommendations

- Support the Inter-agency appeal.
- Advocate for increased access to affected populations.
- Support the regional peace initiatives.

Sierra Leone

Sierra Leone has suffered the effects of a decade long civil war that has devastated much of the country, destroying infrastructure, bringing about economic collapse and destroying livelihoods. One of the foremost features of the conflict has been the mass displacement of hundreds of thousands of people as both IDPs and refugees into neighbouring countries. This has created an extremely serious humanitarian situation, where the people of Sierra Leone are amongst the poorest on earth, with the country ranking at the very bottom of the Human Development Index chart. The humanitarian situation has been primarily affected by the conflict, which has resulted in the systematic destruction of people's ability to cope with the situation. Consequently, many have been simply unable to meet their basic subsistence needs. This has been further exacerbated by the lack of access to many areas of the country by humanitarian agencies, due to the conflict and insecurity. As a result, the needs of many have gone unmet.

Despite the chronically poor humanitarian backdrop, the past year has seen improvements in the overall situation in the country. This has been brought about by a peace process that took shape in May 2001 through a meeting between the government and the Revolutionary United Front (RUF). The meeting established a cease-fire agreement and set the agenda for a Disarmament, Demobilisation and Reintegration programme (DDR). The peace process, and in particular the DDR, has benefited from the firm support and commitment of the government, the RUF and the international community. The process has been greatly helped by the presence of peacekeeping troops under the auspices of the UN Mission in Sierra Leone (UNMASIL). The UNMASIL peacekeeping force is now the largest of its kind in the world and consists of 17,500 troops (UN OCHA 30/11/01).

The DDR process was not without its setbacks. The process was delayed by the RUF over their dissatisfaction with the outcome of a National Consultative Conference in November (ICG 19/12/01). The disarmament process was officially declared completed on 17 January 2002, when it was estimated that 47,076 combatants had disarmed between 18 January 2001 and 17 January 2002 (UNSC 14/03/02). This also marked the official declaration of the end of the civil war and the lifting of a curfew that had been in place for the last four years (WFP 01/02/02). Positive developments have also been seen, with the announcement of parliamentary and presidential elections to take place on 14 May 2002. Overall, the situation in Sierra Leone is extremely positive but there is call for some caution as the situation is far from stable. There is concern that the elections may be premature with the peace process still ongoing and it is feared that they may result in renewed conflict in some areas (ICG 19/12/01). It is also important to note that there is an upsurge in conflict in Liberia, with reports that some RUF fighters are currently involved in the fighting there, which could present a potentially destabilising influence (ICG 19/12/01).

Humanitarian situation

The continued development of the peace process has had an extremely significant and positive impact on the humanitarian situation. Humanitarian access is now possible throughout the country and it has been announced that all but 11 of the 150 chiefdoms are safe for resettlement. The greatly improved overall security has allowed humanitarian agencies to access many areas that have been without assistance for some time. The resultant emerging humanitarian picture is one of very differing degrees of needs, which vary from area to area. The needs appear to be particularly high in newly accessible areas where the level of destruction of housing and basic infrastructure has been very great. As agencies move into these areas they are finding that the populations are in extremely poor condition, with high rates of malnutrition, morbidities and mortality. IDPs, refugees and returnees represent particularly vulnerable groups, many of whom are highly food insecure and dependent on humanitarian assistance.

As of January 2002 it was estimated that there were 204,000 registered IDPs being assisted by the international community and, as a direct consequence of the improved security, many of these have been returning to their areas of origin spontaneously or as part of organised resettlement programmes. The organised returns have taken place in three phases to date. The first and second phases took place from May 2001 to February 2002 and resulted in the resettlement of approximately 65,000 people (UN OCHA 18/04/02). The majority of the resettlements took place in the Western Area, Southern Province and the north western districts of Port Loko and Kambia. The third phase of the resettlement process began in March 2002 and it is hoped that this will see the permanent resettlement of 155,000 IDPs in the North and in the Eastern districts of Kono, Kailahun and Kenema. There have also been large numbers of Sierra Leonean refugees in the surrounding countries that have either returned or registered to do so. To facilitate the return of refugees from Guinea, the UNHCR has negotiated a land bridge across the Guinean/Sierra Leonean border and increasing

numbers are choosing to return. The conflict in Liberia is also leading to increased returns from Liberia.

The returnees are increasing the pressure on the capacity of the humanitarian community to assist those in need within the country. Many are returning to areas that have very little in the way of viable infrastructure. This includes housing, education, water and basic medical facilities. It is also concerning to note that much of the land, although now free, has been uncultivated for long periods and is likely to require a great deal of work before it is productive. This makes the returnees extremely vulnerable and will increase their reliance on external assistance. The returnees are given a two month food package to help the resettlement process, but this thought unlikely to be sufficient. The task of getting people to return is proving relatively easy but the problem will be to get them to stay. It has been reported that a great many of the newly resettled are moving from area to area in an attempt to find a place where they feel they can establish themselves. The situation is further complicated by the arrival of increasing numbers of Liberians fleeing the insecurity in the north and western areas of Liberia. WFP reports that 10,700 Liberian refugees have arrived in Jendema on the southeast border of Sierra Leone. The refugees are being assisted but place an added pressure on already stretched resources (WFP 15/03/02).

Northern Province

The RNIS does not have any recent nutritional information from the northern province. However, the situation is assumed to have greatly improved as a result of the prevailing security situation. All districts in the northern district have been assessed and announced to be safe for returnees, leading to considerable returns to the area, particularly as part of the phase II of the resettlement programme. In particular, the camps at Port Loko have closed as the camp residents have moved back to areas in the Port Loko and Kambia districts. There have also been returns from the camps in the west of the country to the same area. Assessments of needs in the area reveal that there has been very great destruction of property and infrastructure and it is imperative that new housing, schools and medical facilities should be provided soon to meet the needs of the increasing numbers of people in the area. The humanitarian response has been large. In terms of immediate needs, WFP continues to supply a food ration to vulnerable groups and other emergency programmes have focused on issues such as access to clean water and the provision of housing and medical facilities. Other programmes have begun to address long-term needs by rebuilding schools and developing income generation schemes. It is hoped that this will provide the impetus for further returns and provide essential services to the populations present in the area.

Western Province

The RNIS has not received any recent nutritional information from the Western province but the situation is assumed to be stable. There have been some movements of both returned refugees and IDPs from the camps around the capital Freetown to their areas of origin and it is hoped that this will relieve some of the overcrowding. There have been reports of increased rates of crime in and around Freetown, indicative of the high rates of unemployment and poverty in the area. However, it is hoped that the upsurge in the economy, that the peace process has brought, will provide employment opportunities for many of the residents of the area. A great many IDPs remain in the area but it is hoped that the increased security of many areas will ensure that they resettle in their places of origin over the duration of 2002.

Southern and Eastern Provinces

The security situation in the south and east has remained good over the reporting period and this has encouraged the dismantling of camps and return of IDPs and refugees to the area. The conflict currently taking place in Liberia does offer some cause for alarm as some areas border conflict zones in Liberia and have received a number of Liberians seeking refugee status. UNMASIL and the Sierra Leonean Army have increased their patrolling of the border areas to insure that there are no incursions by armed groups. However, as a result of the potential insecurity, some chiefdoms in Kailahun district have not been declared safe for returns. The area has also been known as the main diamond producing area within Sierra Leone and control over the diamonds was largely responsible for much of the conflict. Despite some minor clashes, the peace and DDR programmes went ahead and do not appear to have sparked further insecurity.

Kailahun District

Kailahun district is the only district where some chiefdoms are still deemed too insecure to return. This is as a result of continuing insecurity in Liberia just over the border. As a result, there are fears that armed groups could cross the border and destabilise the area. This has affected 11 chiefdoms which all border Guinea and Liberia. Kailahun has traditionally been one of the worst affected areas in the country due to its proximity to

the border and to key diamond mining areas within Sierra Leone. A recent assessment of needs in the district revealed that there were high levels of destruction in all chiefdoms, especially along the border areas. This has meant that the short-term priorities for the area are shelter, WATSAN, road repair, seeds, tools and food aid. It is hoped that a concentration on key areas of need will help facilitate further returns to the area (UN OCHA 28/02/02).

Kenema district

Kenema district has seen a great deal of violence over the duration of Sierra Leone's civil war. However, security has improved over the past few years and allowed the population to develop some coherent coping strategies. Consequently, recent nutrition surveys in the area have not shown high prevalences of acute malnutrition. Merlin conducted a series of nutrition surveys in the district during September 2001. The first survey concentrated on Kenema town where it was noted that almost 40% of the population were displaced. The survey revealed a prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 6.3% including 2.6% of severe malnutrition (W/Ht < -3 Z scores and/or oedema) (Merlin 09/01). There was also 1.5% of oedematous malnutrition. The survey also estimated the under-five mortality rate and found it to be 1.72/10,000/day. The nutritional data does not indicate a critical situation, with the prevalence being below alarm thresholds. However, it is concerning to note that there appeared to be a relatively high percentage of Kwashiorkor (oedematous malnutrition), which is associated with high rates of mortality. The rate of under-five mortality rate does appear to be elevated although, again, below emergency thresholds.

The second survey took place in the three IDP camps around Kenema. The camps surveyed are Lebanese, Nandeyama and Gofer and it was determined that they contained predominantly IDPs who were long term residents of the camps for periods of over one year. The prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) was estimated to be 4.2% and included 1.7% of severe malnutrition (W/Ht < -3 Z scores and/or oedema) (Merlin 09/01). This indicates that the nutrition situation is stable and well below emergency thresholds. In general, the camp residents were well covered for food, medical and water. Surveys were also conducted in the near by town and camps of Blama, where the nutrition situation was found to be similar to that in Kenema. It has since been noted that the Blama camps have been closed and many of the residents relocated. It was noted that the situation in the area has been calm since 1999 and that the majority of IDPs had been in residence for over 12 months. As a result, it is likely that the population has managed to establish livelihood patterns that enable them to meet the majority of their basic subsistence needs. However, it is important to stress that the continued stability of the nutrition situation is dependent on continued good security and the improvement of markets and employment opportunities.

Kono district

Kono district is in the north east of Sierra Leone in one of the major diamond mining areas. As a result it has experienced extreme insecurity for a number of years and has been inaccessible to humanitarian agencies until the middle of 2001. The area has suffered massive destruction, and many settlements have been destroyed as well as most of the essential infrastructure such as health systems. It is reported that the area has had virtually no health care for the past 10 years. The continuation of the peace process has seen an opening up of the area and there have been large-scale returns of previously displaced populations. In September 2001, World Vision conducted a nutrition survey in three of the most southern chiefdoms of the district in order to assess the nutritional situation of the newly accessible area. The survey found an estimated prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 17.1% and included 4.7% of severe malnutrition (W/Ht < -3 Z scores and/or oedema) (WVI 09/01). The survey also indicated that the Crude Mortality Rate (CMR) was 1.4/10,000/day and the under-five mortality rate was 6.1/10,000/day. These data indicate that the nutrition situation is extremely poor in the area, with both nutrition and mortality indicators all above emergency thresholds. It is also possible that the high infant mortality rate may have resulted in an underestimation of the true malnutrition rate.

The fact that the area has only recently been accessible means that there is no baseline data to compare the survey results to. The reason for the observed high prevalence of malnutrition is the acute vulnerability of the population as a result of the violence in the area and the resultant food insecurity and lack of access to basic subsistence needs. In this respect, the results are highly alarming but not surprising. However, it is hoped that increased access to the area will facilitate the provision of emergency relief and the rehabilitation and reconstruction of infrastructure. The improved security and access to subsistence needs will hopefully result in a substantial improvement of the nutritional status of the population. However, the survey also notes that large numbers of people are returning to the area and as a result there will be increased pressure on the already poor resources, with immediate emergency needs likely to remain high for some time.

Overall

The reporting period has seen the continuation of improvements to the humanitarian situation in Sierra Leone. This has been a result of the ongoing peace process, which has allowed for the opening up of much of the country that had previously been closed to humanitarian assistance. The opening up of new areas has revealed very differing emergency needs, with newer areas generally having a poorer humanitarian situation. Peace has brought about the return of both IDPs and refugees to their areas of origin, with this process set to continue for the duration of 2002. The returnees will require continued assistance before they are able to re-establish livelihood activities. They are not considered to be at high risk (category III), however some of the newly arrived refugees are thought to be considerably more vulnerable (category II).

Recommendations

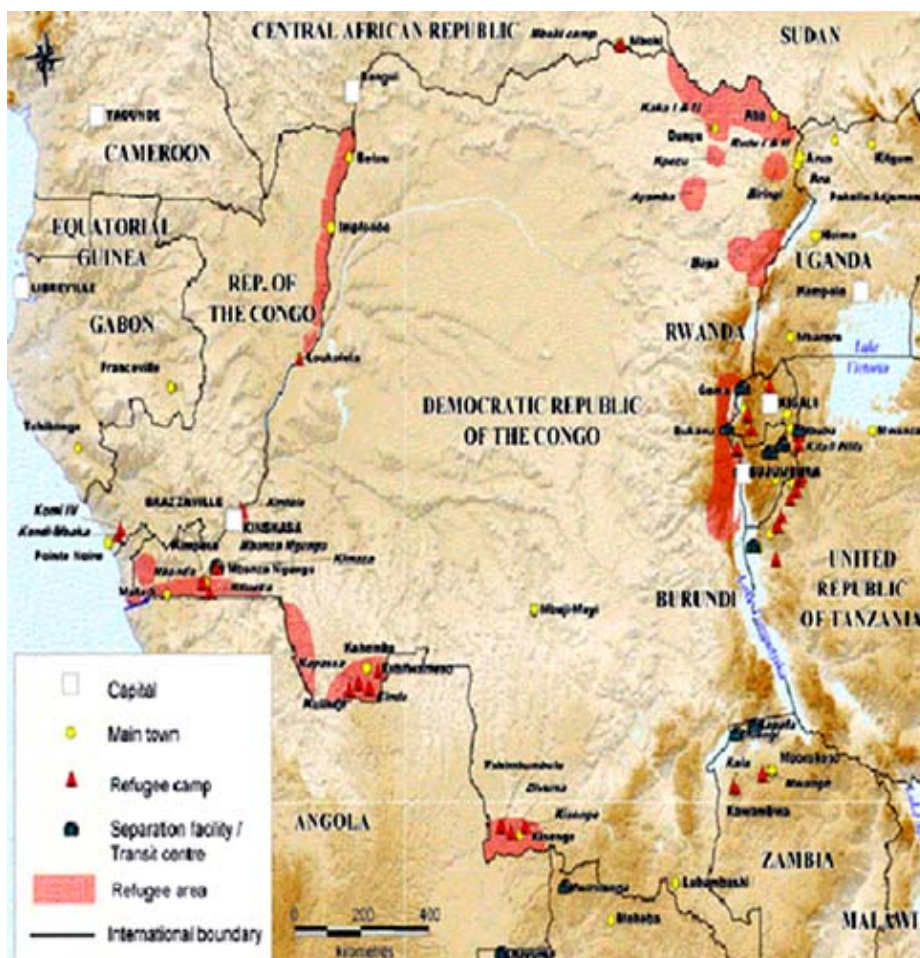
From the Merlin survey in Kenema district

- Conduct nutrition and health education to address problems of child weaning practices.
- Facilitate the reconstruction of basic infrastructure.

From the World Vision survey in Kono district

- Improve the coverage of medical facilities in the district.
- Rehabilitate wells and other water sources.
- Improve vaccination coverage.

GREAT LAKES REGION



The regional conflict in the Great Lakes continues to affect the lives of millions of people. The peace process in the DRC is ongoing but has largely stalled without the cooperation of key rebel groups and as a result conflict is expected to continue. The likelihood of fresh conflict and there is little chance that the humanitarian

situation in conflict affected areas will improve. For the number of affected populations see the table below.

Table showing the affected populations in the

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

Burundi

Burundi is suffering the affects of a ten-year civil war. The war has largely been a conflict between Hutu rebels and the mainly Tutsi army. The Tutsi s are a minority within the country, representing 14 % of the population, whilst the remainder is made up of the Hutus. Violence broke out in 1993 after the assassination of the then Hutu president and fighting has raged throughout the country resulting in the deaths of over 250,000 civilians. The violence has also resulted in huge population displacement, with many choosing to leave the country altogether and go to refugee camps in Western Tanzania where there are currently in excess of half a million Burundians. In January 2002 UN OCHA estimated that there were 375,509 IDPs in various parts of country, but this figure is likely to have increased as a result of an upsurge in conflict related displacement over the early months of 2002 (UN OCHA 01/02).

The creation of a Transitional Government (TG) in November 2001 marks a potentially significant step along the road to an end to the hostilities of the past years. The TG shares power between Tutsi and Hutu parties who signed the Arusha peace accords in August 2000. The TG will be in place for an initial three-year period, after which there will be democratic elections to decide on a government. However, although the TG represents a step forward, its ability to bring about peace is severely constrained because some Hutu rebel groups were not signatories of the Arusha accords and have continued the conflict with the army. Less than a week after the TG came to power there were a series of high profile kidnappings of school children by the rebel groups in apparent protest at their exclusion from the government. Negotiations have taken place and there was a meeting in Pretoria on 18 February 2002 that aimed to bring together the transitional government and the rebel groups concerned to discuss a possible cease-fire agreement. The rebel groups are the Force de Defence de la Democratie (FDD) and the Force Nationales de Liberations (FNL). However, of the two groups, only the FDD attended the meeting and this is likely to mean that fighting will continue without the inclusion of both groups in the peace process (UN OCHA 28/02/02).

Humanitarian situation

The humanitarian situation continues to be severely affected by insecurity. Over the past few months there has been an upsurge in attacks and ambushes in various parts of the country, but mostly in Bujumbura Rural province around the capital, Bujumbura. The insecurity continues to displace large numbers of people from their land and their means of subsistence. It has resulted in the looting of food stores, the loss of livelihood assets and has created a situation of both acute and chronic food insecurity.

Many of the IDPs live in very poor conditions with very little access to medical or educational facilities. Insecurity has also constrained the ability of the humanitarian community to access groups in need of assistance. WFP reports that during November, less than 30 % of the targeted beneficiaries received WFP assistance as a result of the security situation (WFP 28/12/01). The most recent upsurge in insecurity resulted in the cancellation of missions in the provinces of Bujumbura Rural and Ruyigi in February 2002, which severely affected planned assistance to 26,900 people (WFP 15/03/02). The rise in ambushes along many major roads has meant that movement between areas is very difficult and humanitarian workers rely on air transportation to cover very small distances.

Despite continued insecurity there has been a general improvement in the overall nutrition and food security outlook in the country. UNICEF has documented a dramatic decrease in numbers attending selective feeding programmes when compared to similar periods last year and nutritional surveys also indicate that nutrition rates are dropping. However, the situation is still very poor in insecure areas such as Bujumbura Rural, Rutana, Gitega, Cibitoke, Muramvya and Ruyigi (UNICEF 04/02/02). Overall, the harvest outlooks are good, which will undoubtedly increase the availability of food. However, security remains a critical factor in determining the accessibility of food sources. Other reasons for the improvement in the overall picture have been the greatly improved targeting of emergency food distributions to those groups most acutely in need of assistance. There has also been an increased investment in food security programmes and, in particular, there have been large-scale distributions of agricultural seeds. There was some concern that food insecurity in many areas would lead people to eat seeds intended for planting, however the distributions have been protected by the provision of a food or seed protection ration. The situation has also been helped by reduced rates of malaria, although the usual seasonal increase was seen at the end 2001 and early 2002.

Another issue of great significance to the humanitarian situation has been the possible return of Burundian refugees from Tanzania. There are estimated to be half a million registered Burundians in Tanzania, but there are increasing signs that the government of Tanzania would like to see a large scale repatriation. The establishment of the TG has also signalled the possibility of peace and stability and UNHCR has reported that tens of thousands of refugees have registered for a voluntary repatriation package. This would significantly increase the burden on existing humanitarian services and place pressure on the scarce land and resources available within Burundi. UNHCR have reported that some returns have taken place but it remains to be seen how many will actually opt to return when violence is still ongoing within the country.

Bujumbura Rural

The security situation in Bujumbura Rural continues to be extremely volatile with heavy fighting between the Burundian army and the FNL rebel group. At the beginning of January 2002, UN OCHA estimated that there were 28,677 IDPs in the province, however this number has risen substantially as a result of ongoing conflict. It is reported that at the beginning of 2002, 14,000 people were displaced from Isale commune and at the end of January 2002 were asked to return to their homes but were unable to due to ongoing fighting (UNICEF 04/02/02). Further fighting has taken place in March 2002 resulting in the displacement of an additional 10,000 people. The RNIS does not have any recent nutritional information from the province but the situation is assumed to be extremely precarious, as other areas of conflict in Burundi have shown high rates of acute malnutrition.

Karuzi

The province of Karuzi is situated towards the north of the country and has in past years suffered very high rates of acute malnutrition as a result of drought, insecurity and epidemics. The general outlook for 2002 has improved when compared to the past three years, with a good harvest and lowered rates of malaria. At the beginning of January 2002, UN OCHA estimated that there were 2,042 IDPs in the province. The area has benefited from the presence of a high number of humanitarian organisations and their assistance has taken the form of food distributions, selective feeding programmes and agricultural support. In particular, the area has benefited from the distribution of essential agricultural seeds along side seed protection rations. The results have been a marked reduction in the number of children being admitted to both the supplementary and therapeutic feeding centres in the region.

MSF-B conducted an anthropometric nutrition survey in September 2001 and found a prevalence of acute malnutrition of 4.2% (W/Ht < -2 Z scores and/or oedema) including 0.4% of severe acute malnutrition (W/Ht < -3 Z scores and/or oedema) (MSF-B 09/01). The survey also estimated mortality rates and found that the CMR was 0.4/10,000/day and the under-five mortality rate was 1.2/10,000/day. The rate of measles vaccination coverage was also measured and found to be 92.4%. The data indicates that the nutrition situation is not of public health concern and, furthermore, has improved considerably from a similar survey conducted in March 2001 which indicated a prevalence of acute malnutrition above emergency thresholds (see RNIS #32 and 33). The crude mortality rate is within acceptable limits, however the under-five mortality rate is cause for concern. The high measles vaccination coverage is also encouraging and an indication that preventative medical interventions are currently working.

The improvement in the situation is extremely encouraging, particularly because Karuzi has experienced extremely high rates of malnutrition in the past. The survey attributes this improvement to a number of causes including the distribution of a good general food ration, the strong agricultural support offered to the population, the reduction in the incidence of malaria and the effective treatment of remaining cases. The

survey also points to the successful system of active case finding for the selective feeding centres. In conclusion, the outcome of the survey is that the nutritional situation is much improved but it is worth noting that the population remains vulnerable to future shocks, which could quickly lead to a deterioration in the situation.

Kayanza

The province of Kayanza is situated in the north of Burundi and shares a border with Rwanda. The province has been particularly affected by the conflict of recent years and the nutrition situation has remained extremely precarious. This is mostly a result of poor agricultural seasons, insecurity and epidemic outbreaks, most notably of malaria in 2000–2001. The population of the province was estimated to be 470,253 in August 2001 and in January 2002 UN OCHA estimated that there were 7,573 IDPs in the province (UN OCHA 01/02). The later half of 2001 saw a general improvement in the nutritional outlook in the province and this has been particularly noticeable in the reduction of children in selective feeding programmes.

ACF conducted a nutrition survey on the under-five population in November 2001 and found an estimated prevalence of malnutrition of 3.9% (W/Ht < -2 Z Scores and/or oedema). This did not include any severe malnutrition. The survey also estimated mortality rates and found a CMR of 0.3/10,000/day and an under-five mortality of 0.08/10,000/day (ACF 11/01). The data indicates that the nutrition situation is not concerning and indeed is well below emergency thresholds. It is encouraging to note that no severe acute malnutrition was observed. It is also noted that there has been a significant improvement from a previous ACF survey in September 2000. The survey attributes the observed improvement to a variety of causes including the good harvests seen in both the 2001 B and C seasons. This would have significantly improved the availability of food sources to the population. There has also been an upsurge in commercial activities in the region as a result of relatively good security. This has also allowed many people to return to their farms and continue essential farming activities. The health situation has also remained good with no reported disease outbreaks and the incidence of malaria has fallen dramatically. Whilst the situation appears greatly improved over the past few years, it is important to note that the area remains vulnerable to deteriorations in the nutrition situation as a result of conflict, drought and epidemics.

Rutana

Rutana province is located in the south east of Burundi on the border with Tanzania. The population of the province is estimated to be 287,834, with an estimated 77,901 IDPs (UN OCHA 01/02). The principle economic activity in the region is agriculture and this has been severely disrupted by continuing insecurity that has routinely displaced the population from their homes and farms. As a result, many people are too afraid to continue with agricultural activities, resulting in severe reductions in both the availability and accessibility of food items.

The International Medical Corps (IMC) conducted a nutrition survey in the province during October 2001. The survey was conducted over the entire province but it was noted that insecurity meant that only 119 hilltop settlements out of a possible 149 were accessible (IMC 20/10/01). Even with the survey confined to the secure areas of the province, it was still necessary to assess the possibility of access on a daily basis. The survey indicated that the prevalence of acute malnutrition amongst children under five years of age was 19.2% (W/Ht < -2 Z scores and/or oedema). This included 6.3% of severe acute malnutrition (W/Ht < -3 Z scores and/or oedema) (IMC 20/10/01). Crude mortality was not estimated but the under-five mortality rate was 1.6/10,000/day. The data indicate that the nutritional situation in Rutana is extremely poor with the prevalence of acute malnutrition being significantly elevated above emergency thresholds. The high rates are all the more surprising given that the survey was conducted in October, which is traditionally a month of relative plenty and when the numbers of children in selective feeding programmes usually falls. The causes of the observed malnutrition are undoubtedly linked to the insecurity of the area, which continues to disrupt traditional livelihood patterns and prevents access to essential subsistence needs. In contrast to the high rates of malnutrition, the rate of measles vaccination coverage was estimated to be 74%, suggesting that some preventative medical services were still ongoing and effective. The population should be considered to be highly vulnerable and the situation should be carefully monitored to prevent further deterioration of the situation.

Overall

The humanitarian situation in Burundi remains extremely precarious. However, in general, the nutrition and food security outlook is significantly improved from previous years. It is important to note that the situation appears to change drastically from area to area. The areas with the worst humanitarian outlooks and the

highest observed prevalences of malnutrition are those currently suffering from the most insecurity. IDPs in these areas should be considered at high risk (category II), whilst populations in more secure areas are benefiting from an improved harvest and lower incidences of disease (category III).

Recommendations

From the MSF–B survey in Karuzi Province

- Continue general food distributions to vulnerable families.
- Continue the distribution of seeds and protection rations to improve the food security situation.

From the IMC survey in Rutana Province

- Continue support for existing selective feeding programmes.
- Support food security through income generating programmes.
- Conduct nutritional education to all health centres.

From the ACF survey in Rutana Province

- Reinforce the integration of selective feeding within the existing public health structures in the province.
- Reinforce nutrition and public health education activities in existing public health structures.

Democratic Republic of Congo (DRC)

The humanitarian situation in DRC continues to deteriorate despite ongoing peace negotiations between the various groups party to the conflict. DRC has suffered from years of instability, with the present conflict beginning in 1996 when a rebel army, supported by Uganda and Rwanda, attacked the regime of the then president, Mobutu. This resulted in the fall of the Mobutu regime, which was replaced by that of Laurent Kabila. In 1998 there was a major rebellion, stemming in the Eastern region. As a result, a number of neighbouring countries were drawn into the conflict, which has served to displace millions of people and completely disrupt and destroy the livelihoods of millions more.

In 1999, a peace agreement was signed in Lusaka between the major antagonists in the conflict, including major rebel groups. The agreement provided for the deployment of a UN peacekeeping mission (MONUC) to oversee a cease–fire, however hostilities continued and in January 2001 the then president, Laurent Kabila, was assassinated. His son Joseph Kabila took his place as president. 2001 saw major advances in the peace process with the further deployment of MONUC troops and the initiation of the Interim Congolese Dialogues (ICD). The situation remains extremely confused with the country split into three major areas. The first area is in the west of the country and is controlled by the Kinshasa government with the support of Angola, Zimbabwe and Namibia. The second region is in the north of the country in the provinces of Equateur and parts of Orientale and is controlled by the Movement for the Liberation of Congo (MLC) with the support of Uganda. The third region is in the east of the country in the provinces of the Kivus, Maniema, parts of Orientale and Katanga. It is controlled by the Congolese Rally for Democracy (RCD–Goma) and is supported by Rwanda. However, each area also has numerous opposing forces and open conflict is continuous, particularly in the eastern regions of the country (NRC 26/03/02).

The complexity of the situation and the multitude of different interests has made the continuation of the peace process extremely difficult. However, the ICD met for the first time in February, in Sun City, South Africa. The dialogue was plagued with difficulties over representation and ongoing conflict. The Kinshasa government walked out of the talks on 14 March 2002 because of fighting in the government held town of Moliro in the east of the country resulting in its capture by RCD troops. After further negotiations, the talks continued and resulted in an agreement between the MLC and the Kinshasa government to form a transitional government that would share control over what amounts to approximately 70 % of the country (UN OCHA 19/04/02). It has been stressed that the agreement was reached outside of the framework of the ICD, and whilst it has been greeted with tentative support from members of the international community, the RCD–Goma, who did not sign the agreement, have vowed to continue fighting. It is feared that without all parties being a signatory to an agreement, the conflict in DRC will continue (UN OCHA 25/04/02).

Numbers and distributions of IDPs

The current caseload of IDPs is estimated to be 2,275,111. This represents an increase of 230,111 people since the last RNIS (OCHA 01/02). Given the inaccessibility of many areas, particularly in the east, the real figure is likely to be far greater. Most of the displaced are in the east and south east of the country in the provinces of the Kivus and Katanga. The majority of the observed new displacement has occurred in south Kivu as a result of ongoing conflict in the province.

Humanitarian situation

The dramatic political developments and military disengagement that have taken place since January 2001 have not resulted in significant improvements to the humanitarian situation of millions of affected people. Despite ongoing peace negotiations, the number of IDPs has continued to rise and is now estimated to be approaching 2.3 million people. Less than half of these have direct access to relief assistance, as a result of insecurity and poor infrastructure. This means that more than one million people are displaced without assistance. The disengagement has seen the opening up of some areas, most notably the Western government held areas. However, access still remains very limited in the east of the country despite the work of MONUC, who remain severely hampered in their ability to enforce cease-fires and end the conflict. The continuing violence has also resulted in many humanitarian relief organisations being unable to access areas of acute need.

Table showing the distribution of IDPs by province (UN OCHA 01/02)

Area	April 2001	September 2001	January 2002
Equateur	170,524	85,000	85,000
Orientale	220,000	230,000	250,000
North Kivu	620,000	760,000	760,000
South Kivu	373,158	225,000	435,111
Katanga	354,000	415,000	415,000
Maniema	132,000	160,000	160,000
Eastern Kasai	114,000	130,000	65,000
Western Kasai	29,000	–	65,000
Kinshasa	N/A	40,000	40,000
TOTAL	2,012,682	2,045,000	2,275,111

The food security situation in the country is very poor as the conflict has led to a huge decrease in the production of food and constrains the distribution and marketing of what little is produced for commercial use. This has affected food prices, particularly in urban areas. The collapse of the economy has also meant that employment opportunities are practically non-existent, very seriously affecting the purchasing power of people in most regions. The lack of availability and access to food has created a situation of both chronic and acute food insecurity where one third of the population, or 16 million people, are estimated to have critical food needs. The IDP and conflict affected populations in the east of the country are the most seriously affected as many have no opportunity to practice subsistence livelihood activities. Reports indicate that the level of destitution is incredibly high with many people without food, clean water, medicines or clothes (Oxfam 25/04/02). The lack of medical care is of great concern and UNICEF has reported that less than a quarter of the population have access to health care, largely as a result of conflict. Many health zones also do not receive any external support (UNICEF 11/02/02).

The combination of conflict, acute food insecurity and lack of medical care has continued to have a severe impact on morbidity and mortality. Diseases such as malaria, diarrhoea, respiratory infections and malnutrition are rife and there has been a report of a large outbreak of cholera in Katanga province that has claimed the lives of thousands of people. At the beginning of 2001, IRC conducted a series of surveys that indicated catastrophic mortality rates and concluded that in excess of 2 million people had died of war related mortality in eastern DRC since 1998 (see RNIS 32 and 33). A similar study conducted by MSF-B published in

December 2001 showed similarly high mortality rates in areas close to the front line, particularly in the provinces of Equateur and Katanga (MSF 12/01). The studies showed that children had been particularly badly affected, with mortality rates in some areas being three times the emergency threshold. UNICEF has estimated that of the 205 million babies born in an average year, 20% will not reach their first birthday. This makes the infant mortality rate in DRC 50% higher than the African average (UNICEF 11/02/02).

In recognition of the increasing humanitarian needs, the Consolidated Appeal (CAP) has been increased for 2002 to a total of 194 million US dollars from the 139 million requested in 2001 (UNSC 15/02/02). The appeal has attempted to address the range of needs, particularly by attempting to address the chronic under development of the country, but as of 25 April 2002, only 11 % of requirements had been received and almost all funds have been for traditional emergency assistance (Oxfam 25/04/02).

Western Region

Kinshasa

Kinshasa has been very badly hit by the conflict in the country. Much of the food that was available in markets originally came from eastern areas such as the Kivus, Maniema and Katanga that traditionally produced high amounts of food for export. The war has severely affected agricultural production in these areas and severed transportation routes. As a result, the city now relies on the provinces of Bandundu and Bas-Congo as its sole source of food (FAO 15/11/01). What food is available is of high price and the very high rates of unemployment in the city mean that much of the food is unaffordable, as people do not have the exchange entitlements to purchase it. People are relying on multiple coping strategies from all family members such as petty trade, menial work, begging, and illicit activities. Some of the petty trade involves women travelling many kilometres to cut wood for sale (FAO 15/11/01). This has left a very poor humanitarian situation with an estimated 40,000 IDPs and 3,300 refugees. WFP is currently targeting 92,000 individuals deemed to be acutely in need of food assistance. The RNIS does not have any recent nutritional information from Kinshasa, but past surveys have indicated high rates of acute malnutrition and the population is assumed to be extremely vulnerable to further nutritional decline, particularly if conflict in the country continues.

Other areas in the western region have benefited from less insecurity than that experienced in the east of the country. This is largely because it is under government control. However, the provinces of Bas Congo and Bandundu share a border with Angola which has a heavy refugee burden from the conflict there. The areas are also under great pressure to provide sufficient food for the Kinshasa region and other cities in the west of the country. The overall effects of the war are shared with the rest of the country and include the poor economy, high unemployment and poor access to medical care. The RNIS does not have any recent nutritional surveys but recent mortality surveys indicate that the situation is poor, although below emergency thresholds. However, given the prevailing humanitarian situation it is assumed that these populations remain highly vulnerable.

Northern Region

Equateur Province

Equateur is one of the provinces that has been most severely affected by the war and contains an estimated 85,000 IDPs. The province has been particularly affected by the presence of the front line, which has split it into two separate zones, one run by the rebel MLC and the other controlled by the government. A recent mortality survey conducted by MSF-B has indicated that the front line represents a particular risk, with the observed rates of mortality considerably higher in the areas closer to the front line. MSF-B also conducted a survey in the Basankusu health zone, very close to the front line and found an estimated prevalence of crude mortality of 2.7/10,000/day and an under-five mortality rate of 6.6/10,000/day (MSF 12/01). These rates indicate a very serious health situation as they are considerably above emergency thresholds. The rate of under-five mortality is particularly concerning as it is over three times higher than emergency thresholds and represents the death of a quarter of the under-five population over the past 12 months. The reasons for the high rates are the grinding poverty in the area and complete lack of opportunities to conduct normal subsistence activities. There were high reported rates of looting and very little access to health care. The physical and food insecurity has made the IDPs and the non-displaced population extremely vulnerable and created a very serious humanitarian outlook. It is hoped that the agreement between the MLC and the government may see an end to the front line but, unless conditions improve substantially for this population, the excess mortality is likely to continue.

Orientale province

The situation in Orientale continues to be extremely precarious with continuing violence reported in many areas. The province is currently estimated to contain 250,000 IDPs, which is an increase of some 20,000 over the reporting period. In addition to insecurity related to various armed groups, the area has suffered from recurring ethnic violence between the Lendu and Hema peoples of the Ituri district. This fighting has possibly been exacerbated through the influence of other armed parties. Violence once again broke out in the middle of February 2002 and humanitarian agencies have announced that 15,000 people have been displaced in the surrounding region (IRIN 19/02/02). The RNIS has not received any recent nutritional information from IDPs in this area but, given the prevailing insecurity, the IDPs and non-displaced populations are considered to be extremely vulnerable to nutritional decline.

Southern and Eastern DRC

The current humanitarian crisis in DRC is most severe in the southern and eastern regions of the country. The provinces of north and south Kivu, Maniema and Katanga were once fertile agricultural zones that produced agricultural surpluses which were sent to the western regions of the country, particularly to the capital, Kinshasa. The area is now the scene of some of the fiercest fighting and is considered chronically insecure. The majority of the country's almost 2.3 million IDPs are found in this region and the reporting period has seen the number grow considerably. As a direct result of the fighting, millions of people have found themselves displaced from their homes, their land and their livelihoods. The incidence of disease is appallingly high and recent months have seen the outbreak of cholera in the Katanga district. Nutrition surveys have routinely shown rates of acute malnutrition of over 20% and, combined with the acute food insecurity and almost total lack of medical facilities, have resulted in mortality rates that are far in excess of internationally recognised emergency thresholds.

North and South Kivu

The situation in the Kivus remains extremely precarious and ongoing fighting has resulted in displaced population estimated at 1,195,111. This represents an increase in excess of 200,000 people over the reporting period. The majority of this increase is in South Kivu and is a result of fighting between various armed rebel factions over control of strategic towns, particularly along the banks of lake Tanganyika. Areas of particular violence have been Fizi and Bukavu in south Kivu. This has served to seriously constrain humanitarian access to the affected populations and WFP announced in March that the Walungu, Fizi, Barak and Hauts Plateaux regions were inaccessible (WFP 08/03/01).

The area took a further blow to the humanitarian situation with the eruption of Mount Nyiragongo on 17 January 2002. The volcano is situated 10 Km from the town of Goma in North Kivu and it is estimated that it forced the displacement of 500,000 people, who fled to neighbouring Burundi. Many have since returned to the area but it is estimated that 20–30% of the town was destroyed and up to 80,000 people were made homeless. The humanitarian response to the situation was very large and it is likely that this helped to avoid a large deterioration in the situation. However, it has added to the burden of shocks on the population of the area and underlines the many hazards that face people in the region (UNSC 15/02/02). Reports indicate that the nutrition situation of the displaced is not seriously affected.

World Vision reported on a Middle Upper Arm Circumference (MUAC) nutrition survey they carried out in Rwanguba health zone in March 2002. The survey measured the MUACs of 1400 children below the age of five and found that the prevalence of acute malnutrition was well above emergency thresholds. The rate of severe acute malnutrition was significantly elevated, indicating a substantially increased risk of mortality. The reason for the high prevalence is attributed to the insecurity and looting that is widespread in the area, as well as the absence of functioning health clinics and the impoverishment of the population (WVI 15/03/02).

World Vision also conducted a weight for height survey on the under-five population, in the Oicha zone of North Kivu in December 2001. The survey indicated that the prevalence of acute malnutrition was 11.1% (W/Ht < -2 Z scores and/or oedema) including 4.4% of severe malnutrition (W/Ht < -3 Z Scores and/or oedema), of which 3.9 % was oedematous malnutrition (Kwashiorkor). The prevalence of malnutrition in Oicha is raised above emergency thresholds and indicates that acute malnutrition is a problem of public health concern in the area (WVI 15/12/01). The survey attributes the observed malnutrition to poor availability and access to food, medical care and clean water. The overall picture of the nutrition situation in the Kivus is extremely alarming and there is little chance of an improvement whilst insecurity is still so prevalent

Maniema Province

The situation in Maniema is precarious, with repeated reports of insecurity between rebel groups and government and allied forces. The number of IDPs in the province appears to have stayed fairly stable at 160,000 people but further displacements could occur at any time. One positive move in the area has been the deployment of MONUC troops to the town of Kindu. A total of 400 Uruguayan soldiers were initially flown in to oversee phase III of the disengagement and disarmament process. It is hoped that the town will eventually support up to 2,500 troops. It is expected that the troops are likely to face some resistance to the disarmament, with one of the initial UN aircraft fired on in February 2002. However, their presence is a positive step forward and it is hoped that it may bring some security to the area (UN OCHA 13/02/02). The RNIS has not received any new nutrition surveys from the area but the population is assumed to be extremely vulnerable.

Katanga province

Katanga is divided by a front line between government and government backed forces and the RCD–Goma rebels. The presence of the front line has made the province extremely insecure and the number of IDPs indicates this accordingly. It is estimated that there are currently in excess of 415,000 IDPs in the province. The humanitarian situation is extremely bleak with the population being highly food insecure and with little or no access to health care facilities. The opportunity for economic activity is also negligible. In December 2001 MSF–B conducted a retrospective mortality survey in Kilwa health zone, situated close to the front line. The survey indicated that the crude mortality rate was 1.1/10,000/day and the under–five mortality was 3.1/10,000/day. This indicates a very concerning situation with both rates being above emergency thresholds. It is particularly alarming to note that the rate of under–five mortality means that 12% of the under–five population had died over the previous 12 months (MSF 12/01). The main causes of the high mortality are the exceptional poverty of the population, their food insecurity and the minimal access to health care. Over the reporting period, the vulnerability of the population has been emphasised with the discovery of a very large cholera outbreak. The worst affected areas are the central and southern zones, including the towns of Lubumbashi, Likasi and Kolwezi. By the middle of March 2002, there were 5,150 registered cases since November 2001 with 3,882 since the beginning of 2002 (AFP 16/03/02). The case fatality rate for cholera is very high if not treated. The RNIS does not have any recent nutrition information for the area but both the IDPs and the general population are assumed to be extremely vulnerable to further nutritional decline.

Refugees

There are currently estimated to be 368,000 refugees in DRC, predominantly from the Central African Republic (CAR) and Angola. Angolan refugees are primarily in the south of the country near the border areas with Angola. Many are long–term refugees and have developed some form of coping mechanisms. This has been particularly possible for those in the western regions where the level of insecurity is not as high. The refugees from CAR came into the country in 2001 as a result of an attempted coup. The majority of the refugees are in Mole camp in Equateur Province and UNHCR has announced that it has begun some voluntary repatriations. The RNIS does not have any recent nutritional data for these groups but they are considered vulnerable.

Overall

Despite some advances in the peace process, which have led to some disengagement in parts of the country, the overall humanitarian outlook for the people of DRC is extremely poor. In particular, the IDP population in the east of the country is particularly poor (category I). Recently arrived refugee populations also remain acutely vulnerable (category II). Evidence strongly indicates that insecurity is the chief cause of vulnerability and groups along existing front lines and in areas of acute insecurity are at increased risk of nutritional decline. The outlook is not encouraging given the failure of the ICD talks, and the failure of the RCD–Goma rebels to sign an agreement would indicate that more conflict is to be expected. There is some hope that the agreement that was signed between the Kinshasa government and the MCL will bring relative peace to areas in the north and west of the country.

Recommendations

From the RNIS

- Provide support to the UN consolidated appeal and in particular to activities that focus on developing newly secured areas.

From the WVI survey in Oicha

- Continue therapeutic feeding.
- Establish community outreach programmes to actively find malnourished individuals.
- Ensure the provision of a safe and adequate water supply.
- Conduct nutritional education.

Tanzania

Tanzania is currently host to 512,004 refugees located in a number of camps in the Kigoma and Ngara regions of Western Tanzania (UNHCR 04/02). The sheer number of refugees has meant that Tanzania is host to the largest refugee population in Africa and, although not actively involved in the conflict currently affecting the Great Lakes region, it has received many of the people fleeing violence in the DRC and Burundi. It is currently estimated that there are 353,104 Burundian refugees and 129,567 from DRC (UNHCR 04/02). The remainder are mostly from Rwanda, with small amounts from Somalia.

The increasing numbers of refugees has been cause for considerable concern with the Tanzanian government and calls for their repatriation have increased. In a recent address to parliament, the Tanzanian president, Benjamin Mkapa, announced that Tanzania could not keep bearing the burden of refugees and he appealed to the international community to help avert a snowballing crisis in the country (PANA 11/01/01). This mirrors a widely held belief that the refugees are an increasing financial burden to the Tanzanian government and contribute to a rise in insecurity. The Burundian government has accused Tanzania of harbouring rebels in the camps, from where they make raids back into Burundi. The problem for the UNHCR is that they are very reluctant to organise voluntary repatriation for the refugees whilst their countries of origin are still mired in conflict and large-scale displacement continues to take place. However, there have been some moves to facilitate returns for those that wish to do so. In February 2002, it is estimated that some 25,000 Burundian refugees registered for repatriation, however reservations over the timing of the repatriation have been expressed (UNHCR 14/03/02). Most of the returnees are planning to return to stable provinces in the south and in the east and will be received in transit centres and provided with food rations to last for 3 months.

UNHCR, in conjunction with UNICEF, WFP and NGO implementing partners, conducted a nutrition survey in all refugee camps in the Kigoma and Ngara regions of western Tanzania. The survey was conducted between November and December 2001. In order to estimate the prevalence of malnutrition across the entire refugee population, a two-stage cluster survey was conducted in each camp. The results of the survey indicated that the prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) was 3.2% including 1.1% of severe acute malnutrition (W/Ht < -3 Z scores and/or oedema) (UNHCR/UNICEF/WFP 17/12/01). This reveals that acute malnutrition is currently not a problem of public health importance in the camps. The results of the survey also indicate that the nutrition situation is stable and has not changed since a similar survey in July 2001. This is most probably a result of the regular food distribution and the relatively good access to water, sanitation and comprehensive medical facilities. The camps benefit from a very comprehensive medical surveillance system, which ensures that any changes in disease patterns are closely monitored and, if outbreaks occur, they can be swiftly dealt with. The reports indicate that the crude and under-five mortality rates are both well within prescribed limits and are a further indication that the humanitarian situation for the refugees is well under control.

The survey also examined infant feeding practices and found children may benefit from improved infant feeding practices. Consequently, considerable emphasis for future interventions will be placed on community nutrition activities. There will also be an increased emphasis on improving household food security through the planting of community fruit trees with the aim of enhancing micronutrient intake.

Overall

The numbers of people seeking refuge in Tanzania are still increasing and this is causing mounting tension with the Tanzanian authorities. The level of support to the refugees remains good and all indications are that the humanitarian situation within the camps is good. The nutritional situation of the refugees is considered stable (category III).

Recommendations

From the UNHCR/UNICEF/WFP nutrition survey in Western Tanzania

- Ensure a general ration balanced in terms of both quantity and quality.
- Focus on the control of communicable diseases.
- Investigate the underlying causes of existing malnutrition.

Uganda

The humanitarian situation in Uganda has suffered as a result of a series of separate civil conflicts in various parts of the country. Particularly affected have been the northern and western areas where large numbers of people have been displaced and are living in various IDP camps. Conflict has also erupted in the east as a result of violent cattle raiding that has occurred traditionally for some time but escalated in 2000, displacing up to a third of the population in Katakwi province. The displacement has left the IDPs without access to their homes or land and has fundamentally disrupted household economies. The result has been high vulnerability to acute food insecurity and a heavy reliance on external assistance to meet their subsistence needs.

The reporting period has seen the continuation of the improvement in the humanitarian situation, largely as a result of better security in many areas. The improved security is due to a number of reasons including the withdrawal of some of Uganda's troops from areas in the Eastern DRC. The troops have been able to contribute to internal security by being deployed to areas of conflict in the country, including the northern areas of Kitgum and Gulu, along the border areas with Sudan. This pull back has positive repercussions for the Ugandan government's relationship with that of neighbouring DRC. However, the eastern region of DRC remains extremely volatile, especially after the failure of the main eastern based rebel group to become signatories to a recent peace initiative. The continued presence of armed groups therefore poses a potential risk to internal security in Uganda, particularly in the West, and the possibility of large influxes of refugees cannot be ruled out.

On the political front, there has also been a thawing in relations between the government of Uganda and the Sudanese Khartoum based government. Relations had been extremely poor as a result of Sudanese support to the Lord's Resistance Army (LRA), which has been responsible for the insecurity in north Uganda. The improved relations have resulted in cessation of Sudanese support to the LRA and have led to their collaboration with the Ugandan military in an anti LRA campaign. This potentially has great repercussions for the displaced in the north and west of the country and there has been considerable talk of IDPs returning from camps to their places of origin as the security situation has improved. Whilst this is still the case in the west, the situation is less clear in the north where there has been a resurgence in insecurity in March and April 2002. In eastern areas the government has pursued an aggressive policy of disarmament for the Karamojong warriors, by first offering an amnesty for people to hand in weapons, and then carrying out an enforced disarmament programme. It is hoped that this will end the armed raids that have resulted in the displacement of so many in Katakwi province.

UN OCHA estimates that as of the end of March 2002 there were an approximately 747,599 vulnerable people, including 183,902 refugees. There were also 552,587 IDPs, predominantly in the north, west and east of the country. The numbers have declined slightly, possibly as a result of returns in the west, but the largest collection of IDPs remains in the northern district of Gulu where there are an estimated 315,882 displaced (UN OCHA 31/03/02).

IDPs in Northern Uganda

The north of Uganda has been very badly affected by violent attacks from the Lord's resistance Army (LRA) over the course of the 1990s. It is currently home to the largest concentration of IDPs in Uganda, many of who are living in so called protected villages which were established by the Ugandan government as a means of offering protection from attacks. As it has transpired, the protected villages have offered little in the way of actual protection and the insecurity in the area has continued to prevent the population, almost all of who are farmers and livestock herders, from accessing their land. The resultant food insecurity and poor camp conditions have resulted in a concerning humanitarian situation.

The area has enjoyed a period of relative stability over the course of 2001 and for the first couple of months of 2002, allowing for considerable hope that this would provide a suitable environment for IDPs in the area to start the process of return. However, cases of violent attack and abduction have increased over the months of March and April 2002 and UN OCHA indicated that there could be no possibility of returns from the camps in the near future (UN OCHA 31/03/02). The Ugandan military have joined forces with the government of Sudan's forces within Southern Sudan in a large scale anti LRA campaign. However, there is some concern over the

efficacy of a military approach to the problem and it is likely that the LRA have been driven deeper into Southern Sudan. The concentration of Ugandan troops in Sudan has also taken troops away from other areas in the north, leaving them vulnerable to further attacks.

Kitugum

The province of Kitugum currently contains 82,645 IDPs and 23,601 Sudanese refugees. The number of IDPs has not increased over the reporting period, largely as a result of the relative security that the area has enjoyed. The number of refugees has increased by over a thousand as a result of the ongoing insecurity in Southern Sudan. For much of the reporting period, the expectation in Kitugum was of the possibility of the IDPs being able to leave the camps and start their lives again in their areas of origin. However, this is currently less likely as a result of an upsurge in insecurity. The IDPs continue to receive both food and non-food support from the humanitarian community and the overall situation is not deemed to be critical. FEWS has reported that the general food outlook in the area is good and this should positively affect the food security of the IDP populations. The RNIS has not received any recent nutrition surveys on these groups.

Gulu

Gulu is currently home to 315,882 IDPs (UN OCHA 31/03/02) who have been displaced over the years by the violent attacks of the LRA. The area has enjoyed a period of relative calm over the last 12 months, which had led many IDPs, and the humanitarian community, to start considering the possibility of returns. The period of security is largely a result of the termination of support to the LRA by the Sudanese government and the posting of more troops to the border area to guard against incursions from south Sudan, where the LRA have their bases. Unfortunately, the period of security was not to last and on 22 February 2002, the LRA conducted an armed attack on the Agoro IDP camp, which resulted in the death and abduction of IDPs and the looting of assets (UN OCHA 31/03/02). This has been an extreme blow to the security situation and the prospects of IDP returns. In response, the Ugandan army, in conjunction with the Sudanese army, has mounted an anti LRA campaign within Southern Sudan. The effects of the campaign are not yet known but it has taken troops away from the Gulu area and the number of security incidents has grown throughout the month of March 2002. These have included various ambushes, abductions and attacks on IDP camps. It is extremely distressing to note that this has prevented returns taking place and, whilst the food security of the area remains relatively good, the possibility of a deterioration of the situation as a result of further attacks cannot be ruled out. Consequently, the population should be regarded as vulnerable.

IDP in Eastern Uganda, Katakwi

Katakwi district in northeast Uganda has suffered from intense raiding by Karimojong warriors over the past five years. In 2000 the raiding was particularly fierce and has resulted in the displacement of up to a third of the population into a number of IDP camps. UN OCHA currently estimates that there are 88,500 IDPs, predominantly in the counties of Usuk and Kapelebyong. The Karimojong are a pastoralist people living in the districts of Moroto and Kotido, who have a strong tradition of cattle raiding, however the availability of small arms has led to the raids becoming increasingly violent and destructive. The government has been accused of failing to protect the population of Katakwi by allowing the Karimojong to accumulate illegal small arms. The government has initiated a disarmament programme for the warriors that began in December 2001. The first phase of the disarmament was voluntary but due to the relatively poor response, a forced disarmament was initiated in February 2002. The disarmament of the Karimojong is seen as an important step towards normalising the humanitarian situation in Katakwi but security in the area still appears to be a long way off as it was reported that an Irish priest and three co workers were killed on 21 March 2002 (UN OCHA 31/03/02).

The current food security situation has been described as good everywhere in the country apart from Katakwi district. This is a result of continued insecurity and the inability of many IDPs to cultivate over the past two years. Prior to the displacements, the food security of the area was dependant on traditional agriculture and livestock herding, however, the raiding has resulted not only in the loss of human life, but up to 50% of the population have also lost access to their land and up to 90% have lost their livestock. The raiding has also resulted in the extensive loss of household assets through looting (Oxfam 28/11/01).

Oxfam conducted a food and nutrition survey on the displaced populations of Katakwi in November 2001. The survey revealed an estimated prevalence of acute malnutrition of 5.2% (W/Ht < -2 Z scores and/or oedema), which included 2.7% of severe malnutrition (W/Ht < -3 Z scores and/or oedema). The prevalence of acute malnutrition does not indicate that acute malnutrition is a problem of public health importance. However, the survey also estimated mortality rates and the CMR was 3.55/10,000/day, with the under-five mortality rate at 2.7/10,000/day (Oxfam 28/11/01). Both these rates are above emergency thresholds and are indicative of a

very serious problem. The CMR is particularly high being over three times the cut off for an emergency situation. Some of this mortality is likely to be directly related to deaths resulting from the violent raiding, however, the survey indicated that the overall health situation of the camps was extremely poor and that health was the major concern in the camps. The prevalence of major morbidities such as malaria, diarrhoea, respiratory infections and worm infestations were all above 40% and the camps were under served in terms of appropriate medical services (Oxfam 28/11/01). The camps were also very densely populated with little spacing between houses. This has severely affected basic hygiene, as did the observed lack of availability of both water and sanitation.

In conclusion, the survey indicated that although the prevalence of acute malnutrition was low, the observed rates of mortality were extremely high, mostly as a result of the extremely poor health conditions. The insecurity in the region continues to disrupt household economies and food security remains extremely precarious. There is the continued threat of insecurity over the next months, particularly with Karimojong legitimately entering Katakwi in search of pasture and water for their cattle. The food security outlook for the IDPs remains bleak and they should be considered as extremely vulnerable.

IDPs in Western Uganda

The reporting period has seen the continuation of an improved security situation in the western regions and most notably in the districts of Bundibugyo, Kabarele, Kyenjojo and Kamwenge. This is largely a result of the demise of the rebel Allied Democratic Front (ADF), who have been responsible for much of the violence in the area. As a result, there is talk of large-scale returns of IDPs from the protected villages where many are staying. The government has enthusiastically embraced the idea of IDP returns and announced in November 2001 its intention to dismantle the camps (UN OCHA 12/01), which it would like to see begin from March 2002 onwards (UN OCHA 09/04/02). The idea has been taken up by agencies and IDPs alike and there are currently ongoing large-scale preparations. WFP reports that there are approximately 80,000 IDPs in the Bundibugyo district alone who are expecting to return to their villages this year (WFP 08/03/02). Notably, the Districts themselves are conducting much of the organisation of the returns. The main problems facing IDPs in camps have been the poor access to cultivable land and inadequate access to food and income. The main constraint to this has been security and now, with the improvements in the security situation, many more are likely to want to return. The problem is going to be how many will actually be able to return given the inadequate resources and destitution of many IDPs. Meanwhile, it has been announced that 13,000 IDPs in the Kasese district have already returned and are busy planting crops and hoping to benefit from the coming rains. The RNIS does not have any recent nutrition information on these populations but the situation is not deemed to be critical.

Kikagati returnees in southern Uganda

The Ugandan government has finalised plans to resettle 2,673 Ugandan returnees from Tanzania who have been camped in Kikagati, southern Uganda. They have been living under very difficult conditions in a water-logged camp with very poor sanitation. An earlier assessment by Oxfam reported that the returnees were in critical need of water, sanitation and housing. One of the problems for the returnees has been that they are not classified as either refugees or IDPs and so have fallen through the network, despite their needs for assistance. The original plan for the returnees was to resettle them in Kabale District but this was met with animosity from local populations. The resettlement, which occurred on 8 April 2002, took place in Kamwenge District and gave each family two acres of land and a three month food ration and agricultural tools (UN OCHA 18/04/02). The RNIS does not have nutrition information on this group but they are considered vulnerable.

Refugees

There are currently estimated to be 183,902 refugees in Uganda from Burundi, DRC, Rwanda and the majority being from southern Sudan. The figures have increased over the reporting period as a result of a steady influx of Rwandan refugees from camps in Tanzania, but also as a result of the escalation of violence in Southern Sudan. The RNIS has not received any recent nutritional information on refugees but their condition is not deemed to be critical as a result of the improved physical security situation in many areas and the generally good food security seen in the country. There have, however, been reports of increasing insecurity in the northwestern Nile areas of Moyo, Arua and Adjumani, which have suffered a number of rebel attacks, including on the Mongula refugee settlement. Insecurity is a considerable concern as it is likely to obstruct attempts to improve the self-reliance of refugees in the area and require that relief assistance be continued.

Overall

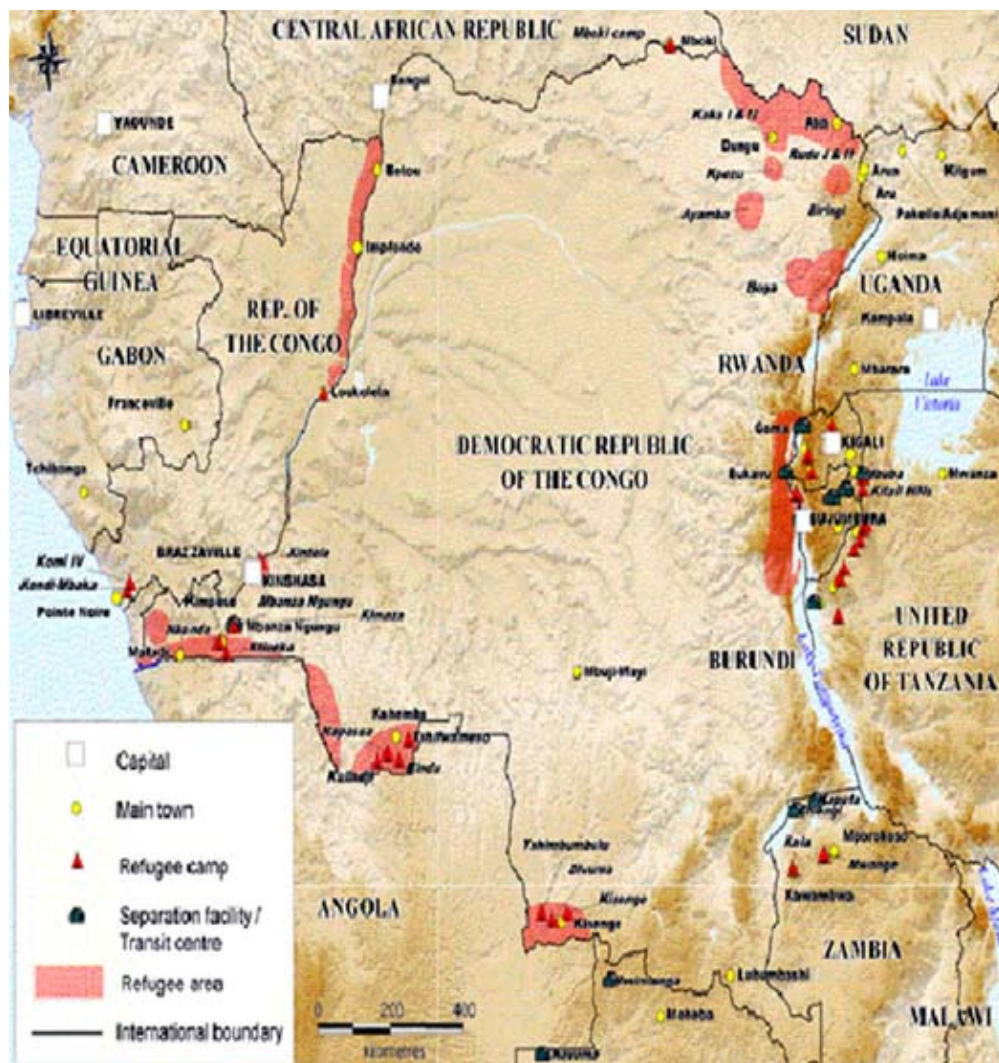
The overall situation is relatively good as a result of a long period of security and calm, however, the situation varies widely over the country and is heavily contingent on the prevailing security situation. This is particularly the case for IDPs in the west of the country who, it is hoped, will return from the camps to their own lands over the duration of 2002. Their situation is not critical (category III). IDPs in the north have benefited from an extended period of security but recent months have seen an upsurge in armed violence. The overall condition of the northern IDPs is not critical (category III) but they remain vulnerable. The exception to the general improvement in the situation is the eastern district of Katakwi, where the condition of IDPs continues to be extremely concerning and they should be viewed as being at heightened risk (category II). The situation of refugees is currently not thought to be critical (category III).

Recommendations

From the Oxfam survey in Katakwi district

- Strengthen public health services in camps.
- Improve and strengthen water and sanitation facilities in camps.
- Provide kitchen utensils, clothing and mattresses to families.
- Provide mosquito nets to protect IDPs from malaria.
- Implement cash and food for work programmes.
- Provide agricultural implements and seeds for families to engage in agriculture.

SOUTHERN AFRICA



Angola

Angola has been suffering from a protracted conflict, between the government and forces of the National Union for the Total Independence of Angola (UNITA), which has been ongoing for almost 30 years. An attempt at peace was made in 1994 with the signing of the Lusaka peace accords by the government and UNITA, however conflict continued and all out war resumed in 1998 (NRC 04/04/02). The toll on the population and the country has been enormous and has served to create a humanitarian crisis of quite staggering proportions. The total population of the country is 12 million and current estimates suggest that a quarter of the population have been displaced.

Many have argued that displacement, much of it forced, has been one of the predominant tactics in the war, with areas having been deliberately cleansed of people to remove potential subsistence base for armed units (MSF 05/03/02). The majority of those affected have been rural populations who have been displaced from their lands and means of subsistence. Many families have become separated and the proportion of female headed households is very high. Some IDPs have made their way to regional centres, where international agencies have been able to work, and have received assistance. For the remainder, they have often been forced to live in hiding in the hills and forests, with little or nothing to sustain them other than what they have been able to forage. The insecurity and the large amount of land mines in the country have restricted access to cultivable land and seriously affected food availability. Furthermore the collapse of livelihoods and the economy has resulted in grinding poverty. As a result, many have been left unemployed and the possibility of alternative income generating activities is poor. The situation has been further exacerbated by the almost total lack of infrastructure, including access to basic health care, clean water and sanitation. The result has been a deteriorating humanitarian situation witnessed by rates of acute malnutrition, morbidity and mortality that have all been above emergency thresholds.

Events in Angola took a dramatic turn in February 2002 with the death of Jonas Savimbi, the head of the UNITA rebel movement. Savimbi was widely seen as the driving force behind UNITA and his death has paved the way for direct talks between the remaining UNITA leadership and the government. The negotiated peace received a considerable impetus 14 March 2002 when the government announced a cease fire (GoA 13/04/02). The cease fire was officially recognised by both UNITA and the government at the end of March and an agreement signed at the beginning of April 2002 (ASA 09/04/02). The peace agreement is of enormous significance because it offers an end to a conflict that is at the heart of the poor humanitarian situation in the country. The agreement includes a plan to demobilise up to 50,000 UNITA soldiers who are currently still in the bush. This will require an enormous amount of commitment on behalf of the government and the international community to ensure that the fighters are effectively demobilised and reintegrated into society. The period after the signing of the agreement has generally seen a decline in the number of reported security incidents and has led to the hope of an improved situation. However, it is very early to tell whether events herald a total end to conflict in the country or not

The humanitarian situation

Despite the dramatic political changes that have taken place in the country, the humanitarian situation remains desperate. The total estimated figure for IDPs in the country has risen to 4.29 million with 1.4 million of these registered by humanitarian organisations (UN OCHA 31/03/02). This is one of the highest figures for internal displacement in the world. The reason for the increased displacement is the escalation of violence that took place during 2001. In January 2002 alone there were an estimated 49,400 displaced in direct comparison to July 2001 when there were 12,383 (UN OCHA 31/01/02). By the middle of April, the number had risen to 139,500 (UN OCHA 15/04/02). If the current trend continues it is estimated that around 300,000 people will become newly displaced during the next 6 months, which would bring the total number of displaced to approximately 4.6 million people (UN OCHA 07/03/02). Areas particularly affected are Moxico, Bie, Huila, Bengo, Malange, Huambo and Benguela.

The newly signed peace is having an effect on the overall security situation and many new areas of the country are becoming accessible to humanitarian agencies. For years, one of the chief problems for the relief community has been its inability to reach populations that were in critical need of assistance due to insecurity and poor infrastructure. One of the foremost features of the past months has been an incredible influx of people to municipal towns in the hope of accessing relief assistance. Many of these people are arriving in very poor condition and agencies are reporting that they simply do not have the capacity to deal with the rising needs. There is a shortage of land, housing, water and sanitation and food supplies and selective feeding programmes in many areas are already beyond capacity. As a result, many new arrivals are living in sub standard conditions without access to basic shelter or services.

The vulnerability of IDPs is enormous and many have been living for very extended periods in the bush without real access to food, water or medicines. Much of the male population have either died, as a result of conflict, or have been subscribed into armed forces. As a result, many of the new arrivals are women, children and the elderly, all of whom represent vulnerable groups. It is clear from various reports and assessments that there has been substantial mortality amongst the displaced population and rates are emerging that are well above emergency thresholds. There have also been reports of greatly elevated prevalences of acute malnutrition and disease and it is alarming to note that this is occurring at a time when humanitarian resources are at their most stretched.

The improved security has resulted in a general improvement in access to affected populations and this will have important implications for the ability of the humanitarian community to meet emergency needs. Until relatively recently, most humanitarian relief supplies were delivered by air due to the acute insecurity of the roads. WFP has announced that since the cease fire it has been able to shift the emphasis away from costly air transport to the road network (NRC 04/04/02). However, the presence of mines and the very poor state of much of the road infrastructure will continue to hamper access and road transportation in many areas. Furthermore, air deliveries are also constrained in a number of places by the poor condition of runways, which are badly in need of rehabilitation.

The general food security situation of the displaced population is extremely poor and, as new areas open up and the numbers of displaced continues to grow, it is likely that the overall situation will appear to deteriorate as the highest needs are amongst the newest displaced and in newly opened areas. As a result, a very substantial humanitarian intervention is required to prevent further loss of life. Areas of apparent critical need remain the provinces of Bie, Moxico, Huambo, Huila and Benguela.

Bie Province

The situation in Bie province continues to be extremely critical. The number of displaced has increased, with new arrivals reaching the area in increasingly poor condition. In the first two weeks of April 2002, it was reported that 6,610 people arrived in Kuito, Camacupa and Cunhinga. This influx over a two week period is larger than the 5,807 IDPs registered for the whole of the month of March 2002 (UN OCHA 15/04/02). This has brought the total number of IDPs in the province to over 206,000 people. However, in January 2002, 21,500 newly arrived IDPs remained unregistered. This has placed extreme pressure on the existing resources in the province and over stretched registration systems. It is reported that new arrivals in some areas reported to be waiting up to three weeks before they receive assistance (UN OCHA 07/03/02). Reports indicate that there are high levels of malnutrition amongst the displaced population and mortality rates are above emergency thresholds.

The security situation, for the moment, appears to have improved and this is facilitating the arrival of many more people in to the area. Due to poor infrastructure it is still proving very difficult to transport humanitarian supplies and reports once again stress the poor condition of the airstrip in Kuito, which has impeded the delivery of adequate assistance for more than 22 months.

Camacupa

Camacupa is situated Northeast of Kuito, with a total number of IDPs as of 15 January 2002 of 50,587, although this will have increased considerably since that time (UN OCHA 24/01/02). The influx of IDPs has greatly stretched the ability of the humanitarian community to meet the needs of all those requiring assistance and many of the camps have reached full capacity. The Afeina II camp was opened in February 2002 and had reached full capacity, with an estimated 18,000 people, by the second week of March (UN OCHA 15/03/02). New sites are now being sought and as a result of the increased demand, the capacity of the therapeutic feeding centre (TFC) in Camacupa was increased from 250 to 400 to meet the increased needs.

In July 2001 MSF conducted a nutrition survey in the camps and found an estimated prevalence of acute malnutrition of 12.5 % (W/Ht < -2 Z scores and/or oedema), which included 1.7 % of severe acute malnutrition (W/Ht < -3 Z scores and/or oedema). The survey also indicated that the CMR was 1.8/10,000/day and the under-five mortality was 3.8/10,000/day (MSF 08/01). The data indicates that the nutrition and health situation of IDPs is extremely poor and is a result of a chronically poor diet and very little access to food sources or medical care. It is also important to note the previous high prevalence of pellagra, which is a deficiency of niacin, pyridoxine, riboflavin and tryptophan. This evidence of micronutrient deficiency is highly indicative of a very poor quality diet and is concerning because it is associated with increased mortality and morbidity. According to nutrition surveys conducted in December 2001, the rate of acute malnutrition is 13 %, with a higher observed rate amongst the newer arrivals, where figures of 28 % have

been measured. The CMR is 2.9/10,000/day and the under-five mortality is 4.8/10,000/day (UN OCHA 31/01/02). Selective feeding programmes are operating at full capacity and seasonal rains in December 2001 increased the risk of water borne diseases. It is also apparent that many of the new arrivals have not received measles vaccination and so the risk of a measles epidemic is of great concern (UN OCHA 24/02/02). The situation is extremely concerning and reinforces the vulnerability of the population in this area and the need for concerted emergency interventions.

Benguela

The situation in Benguela is extremely mixed. As of January 2002 it was reported that there were 95,698 registered IDPs in the province with a reported 419,239. Many areas of the province have been inaccessible to humanitarian assistance due to poor security. As the security situation has changed there have been reports of many new IDPs arriving in towns such as Culango, where more than 3,000 arrived in January and February 2002. There are also reports of large influxes of IDPs to Bocoio town who are without adequate shelter, clothing and food. (UN OCHA 28/02/02). The needs and conditions of the IDPs vary enormously with the newer IDPs showing both the highest needs and vulnerabilities.

ACF-SP conducted a nutrition survey in the town and IDP camps in and around Ganda, in November 2001. The town is situated to the south east of the province and contains approximately 5,300 IDPs who fled insecurity in the surrounding area. The town is more or less an enclave and both the residents and the IDPs have very little access to the surrounding area, greatly constraining their access to cultivable land. They have received an intermittent general food distribution. The survey investigated the prevalence of malnutrition in the displaced and non-displaced communities and found that prevalences did not differ markedly and were not elevated above emergency thresholds (see table below). This did not of itself indicate a concerning situation. However, the survey rates of both the crude and under-five mortality were above emergency thresholds and highly indicative of an extremely poor health situation. This is a result of a poor food security situation and the lack of access to good water, sanitation and primary health care (ACF-SP 11/01).

Table of ACF-SP survey in Ganda, Benguela Province (ACF-SP 11/01)

	Residents	IDPs
Acute malnutrition < -2 Z scores +/- oedema	4 %	5.2 %
Severe < -3 Z scores +/- oedema	0.7 %	0.6 %
CMR	1.2/10,000/day	1.3/10,000/day
< 5 mortality	2.9/10,000/day	3.9/10,000/day

It is striking that the prevalences of malnutrition are relatively low and yet the mortality rates are alarmingly high, suggesting that the main problem for the population is the health environment. It is also interesting to note that the risk appears to apply equally to the displaced and non displaced and is probably a result of being confined to the same environment with little opportunity to move beyond the security perimeter.

Catholic Relief Service (CRS) conducted a nutrition survey on both resident and IDP children under five years of age in the town of Balombo in March 2002. The survey found an estimated prevalence of malnutrition of 11 % (W/Ht < -2 Z scores and/or oedema), which included 1.3 % of severe malnutrition (W/Ht < -3 Z scores and/or oedema). The survey also found a crude mortality rate of 1.4/10,000/day and an under-five mortality rate of 3.2/10,000/day. The results indicate that the situation for both IDPs and residents in the town is extremely precarious and, although not statistically significant, observations indicated that the condition of newly arrived IDPs was worse than that of the residents and the longer term IDP population. It is alarming to note that the mortality rates are elevated above emergency thresholds indicating a very poor situation. The reasons for this are believed to be acute food insecurity, the poor conditions within the town and the lack of access to adequate medical care (CRS 03/02).

Huila Province

The general situation in Huila province is extremely poor with an estimated 164,000 IDPs as of March 2002. There are estimated to be 1,000 new IDPs arriving in centres such as Caconda and Matala each week, placing pressure on the already limited resources of the area (UN OCHA 07/03/02). As the security situation has improved and the area opened up to humanitarian agencies, some areas of very acute needs have been highlighted. In particular, the situation in Bunjeji has been confirmed as a disaster. MSF has conducted some

assessments in the area and found mortality rates of between 4 and 6/10,000/day and a prevalence of acute malnutrition greatly in excess of emergency thresholds. This is indicative of a very serious humanitarian situation and has arisen as a result of the insecurity of the area and the inability of people to access even the simplest of subsistence needs. Similar situations have been found in other areas of the province and are indicative of the immense needs and vulnerability of much of the population (UN OCHA 31/03/02).

Caconda

ACF–Spain conducted a nutritional survey in the town and IDP camps of Caconda, in January 2002.

The area has been considered to be extremely vulnerable for some time as a result of poor food security and an increasing number of IDPs. The results of the surveys (see table below) indicate that the humanitarian situation in Caconda is critical and affects both the displaced and the non displaced populations.

Table of ACF–SP survey in Caconda, Huila Province

	Residents	IDPs
Acute malnutrition < -2 Z scores +- oedema	11.2 %	20.7
Severe < -3 Z scores+- oedema	2.7 %	5.3
CMR	2/10,000/day	3.8/10,000/day
< 5 mortality	6.8/10,000/day	12.6/10,000/day

The prevalence of acute malnutrition in both incidences is above emergency thresholds and is very highly elevated in the case of the IDPs, illustrating that their nutritional status is extremely poor. The survey also indicates that the mortality rates for both groups are also above emergency thresholds and, in the case of the displaced population, is almost four times the emergency cut-offs for both CMR and under-five mortality. This is extremely concerning as it represents a huge mortality over the three months prior to the survey. One of the major causes of this mortality was an epidemic of measles in late 2001, with other causes being fever, diarrhoea and malnutrition (ACF–SP 01/02). The survey reports that the spread of disease has been greatly facilitated by over crowding and a greatly reduced access to medical care. It was also noted that the food situation is extremely poor as a result of reduced general rations and a lack of land and agricultural inputs. The situation can be considered to be very alarming.

Kuanza Sul

The province of Kuanza Sul is in the west of the country above the provinces of Huambo and Benguela. The province has suffered from poor insecurity and contains a number of IDPs, particularly in Wako Kungo where the numbers are reported as having reached 13,000 in February 2002 (UN OCHA 15/02/02). ACF–Spain conducted a nutrition survey in the municipality of Sumbe in December 2001 to determine the prevalence of acute malnutrition amongst IDP and non displaced children under five years of age. The survey indicated an estimated prevalence of acute malnutrition of 3.4 % (W/Ht < - 2 Z scores and/or oedema), which included 1.2 % of severe acute malnutrition (W/Ht < - 3 Z scores and/or oedema). The survey also estimated a crude mortality rate of 0.9/10,000/day and an under-five mortality rate of 4.1/10,000/day (ACF–SP 12/01). The prevalence of acute malnutrition is not high and of itself is not indicative of an emergency situation. However, the mortality rates are elevated with the CMR just below the emergency cut-off of 1/10,000/day and the under-five mortality above the emergency cut off of 4/10,000/day. The mortality rates indicate that the situation in the municipality is extremely poor and the causes would appear to be the very poor public health environment. The survey notes that the number of IDPs has placed great pressure on housing and that as a result houses and shelters are built very close together with no room given to the construction of latrines. This has led to a very poor hygiene situation where infections are very easily spread (ACF–SP 12/01). Both the IDPs and the non-displaced population remain vulnerable and, although the nutritional status was not deemed to be severe, the risk of further declines, particularly with the arrival of new IDPs, is large.

Lunda Sul

The situation in Lunda Sul is variable with areas of great need emerging as the security situation allows for increased access to needy populations. In March 2002, UN OCHA reported that the areas of Alto Chicapa, Xassengue, Cucumbi and Cacolo were experiencing critical shortages of food and medicines (UN OCHA 15/03/02). Many of these IDPs are reported to be making their way to the town of Saurimo where various

camps and reception centres have been established. In Saurimo itself, the number of IDPs is growing and there are reports of increasing cases of diarrhoea among both children and adults. This has been linked to inadequate access to clean water and the consumption of seeds that have been treated with chemicals for conservation purposes (UN OCHA 28/02/02).

ACF–Spain conducted a nutrition survey on children under five years of age amongst the displaced and resident communities in Saurimo during January 2002. The results indicated that the prevalence of acute malnutrition did not, in itself, indicate a problem of public health significance. The prevalence appeared to be higher in the IDP population but the results were not statistically significant. However, the survey also showed that the mortality rates in both groups were above emergency thresholds, indicating that the overall situation for the population was extremely poor (see table below).

Table of ACF–SP survey in Saurimo, Lunda Sul

	Residents	IDPs
Acute malnutrition < -2 Z scores +/- oedema	3.5 %	6.9 %
Severe < -3 Z scores +/- oedema	0.7 %	1.8 %
CMR	1.1/10,000/day	1.8/10,000/day
< 5 mortality	2.2/10,000/day	6/10,000/day

The reasons for the high mortality rates were given as being the poor access of the population to potable water. It was noted that most people were relying on contaminated water from rivers and lakes. It was also noted that access to curative health services was extremely poor. The health and hygiene situation was exacerbated by overcrowding in the camps which facilitated the spread of infectious diseases such as diarrhoea and fevers. The population is assumed to be at great risk of further nutritional decline as a result of the further influx of new IDPs (ACF–SP 01/02).

Moxico Province

Moxico has been the sight of much insecurity over the reporting period and was the province where Jonas Savimbi, the leader of UNITA, was killed in February 2002. The provincial city of Luena has been particularly badly affected by a huge influx of IDPs that have placed enormous pressures on the existing poor infrastructure. It has also been reported that the poor condition of the airstrip has made the delivery of emergency aid all the more difficult. In February 2002, it was estimated that the total number of IDPs in Luena was 89,000 (IRIN 12/02/02), however this figure is likely to have grown considerably.

Reports indicate that many of the IDPs have arrived at the town in military helicopters and the government has been accused of depopulating the surrounding countryside in an attempt to remove the subsistence base from the UNITA rebels known to be in the area. The problem has been that the sheer number of IDPs has simply overrun the resources of the town and of the humanitarian agencies ability to deal with the influx. Many of the new arrivals are women and children who are reported to be in critical condition. Both the supplementary and therapeutic feeding programmes have exceeded their capacity (UN OCHA 31/01/02). The government of Angola has reported that another 50,000 people could arrive in the town over the next few weeks (UN OCHA 07/03/02). The RNIS does not have any recent nutritional surveys from the town but it is reported that a nutritional screening in February 2002 indicated extremely high rates of acute malnutrition. The population should be assumed to be in very poor condition and at risk of further nutritional decline.

Overall

The reporting period has seen some major political changes in Angola but these have yet to have an affect on the critical humanitarian situation. Insecurity appears to be reduced, although it continues in some areas, and the presence of large numbers of landmines will continue to constrain access and ensure that many areas are regarded as insecure for some time to come. There has been a great increase in the number of IDPs, all with very acute humanitarian needs. The increase has surpassed the humanitarian community s ability to cope with the numbers of people and the depths of their needs. In terms of vulnerability, it is evident that the new IDPs are at greatest risk (category I) with some of the resident population and older IDP communities being at marginally reduced risk (category II).

Recommendations

From the MSF survey in Camacupa, Bie Province

- Continue general food distributions for all displaced to include a fortified blended food such as CSB.
- Improve access to primary health care and vaccination coverage.
- Improve shelters with plastic sheeting to protect against the rainy season.

From the ACF–SP survey in Ganda town, Benguela Province

- Continue the general food distribution to the population.
- Tackle the problem of diarrhoea and malaria through education and community teams.

From the CRS survey in Balombo, Benguela Province

- Expand the capacity of the Supplementary Feeding Centre.
- Extend the Therapeutic Feeding Centre to include a 24 hour facility.
- Give particular support to the newly arrived IDPs.

From the ACF–SP survey in Caconda, Huila Province

- Improve the general food distribution to 2100 Kcals/day with appropriate coverage and targeting.
- Increase the capacity of the existing selective feeding centres.
- Improve the access and availability of water and sanitation services.
- Support the local health facility and conduct essential vaccination programmes.

From the ACF–SP nutrition survey in the Municipality of Sumbe, Kuanza Sul

- Establish a system of home visits in order to detect vulnerable children.
- Conduct nutrition and hygiene education programmes for mothers of vulnerable children.
- Support breast feeding in the community.

From the ACF–SP nutrition survey in Saurimo, Lunda Sul

- Improve access to potable water and sanitation.
- Implement a therapeutic feeding centre in the provincial hospital.
- Improve the system of registration for newly arrived IDPs.

Zambia

The humanitarian situation in Zambia is considered to be critical for much of the population as a result of a food crisis that has hit much of the south of Africa. The country is facing a severe maize shortage after a crop failure in the 2000–2001 season which led to a 30 % drop in agricultural output.. In December 2001, WFP launched an appeal for 18 million dollars to distribute food to 1.2 million people (UN OCHA 19/01/02). The response to the appeal is so far reported to be slow.

The general emergency in the country has placed extra pressure on the more than 300,000 refugees located in various areas of the country. The refugees are primarily from Angola and the DRC and many have been in the country for more than 30 years. The country received 28,000 Angolan refugees from the neighbouring provinces of Cuando Cubango and Moxico during the year 2001. Consequently, some of the camps have reached their maximum capacity and the creation of new camps is currently a priority. The situation for many of the refugees is poor due to over crowding in camps and a lack of employment or farming opportunities. This was further exacerbated in March 2002 with a court ruling that any refugee caught starting an illegal business would be deported (Xinhua 27/03/02). The current nationwide food shortages and the increasing number of refugees has meant that there were breaks in the food pipeline in January 2002 with refugees receiving half rations. The level of dependency on food aid is a problem and future programmes will focus on areas such as agriculture, health and sanitation. The cessation of violence in neighbouring Angola could potentially signal a dramatic change in the refugee profile in the country if Angolan refugees decide to return to their places of origin. However, it is currently uncertain whether returns will be possible. Any large scale return of Angolans would significantly reduce the refugee burden in Zambia. The RNIS does not have any recent nutrition

surveys from refugees in Zambia, however the situation is not deemed to be critical.

Overall

The current humanitarian situation in Zambia as a whole has worsened as a result of a regional food deficit. This has impacted on the allocation of resources to refugees and some breaks in the food pipeline were observed. This places refugees at elevated risk. However, their current situation is not deemed to be critical (category III).

Recommendations

From the RNIS

- Support the Consolidated Appeal process.
- Encourage further self sufficiency in the refugee population with a focus on income generation schemes.
- Provide access to agricultural land.

ASIA – SELECTED SITUATIONS

Afghanistan Region

For decades Afghanistan has suffered from the effects of environmental, political, social and economic hardships brought on by an interplay of conflict, destructive political processes and natural disaster. This has led to the breakdown of basic infrastructure such as health and education facilities, as well as transportation and trade networks, and has led increasingly to the impoverishment of large portions of the society. The situation has worsened over the past three years as a result of a wide scale drought widely acknowledged to be the worst in over thirty years. The drought has compounded the effects of years of insecurity and impoverishment, and has resulted in a very profound deterioration in the humanitarian situation within the country. The result for many has been the breakdown in normal patterns of coping and an increasing reliance on unsustainable crisis coping strategies. As a direct result, there has been an ever-increasing reliance on external assistance for many poor Afghans. One example of this has been the number of people displaced both within the country and externally to neighbouring areas. Afghanistan has the world's largest refugee community with an estimated 3.6 million living in Iran, Pakistan and other neighbouring countries (UNHCR 02/10/01).

The chronic crisis in Afghanistan was further compounded by fears of retaliatory action, by US led forces, following the terrorist attacks in the United States on 11 September 2001. This resulted in huge movements of population both within the country and to neighbouring countries, in addition to the withdrawal of all foreign humanitarian staff. This greatly complicating the delivery of much needed assistance. The ensuing American led military campaign began on 7 October 2001, targeting both the Taliban authority and the Al Qaeda network. Given the scale of emergency prior to the military campaign there has been considerable concern over the fate of nearly nine million Afghans, including over one million internally displaced, all deemed to be acutely food insecure and in dire need of lifesaving humanitarian assistance (UN 01/02).

Recent events

The situation has changed enormously over the past months since the beginning of the military campaign. The Taliban began to collapse in November 2001 with the key towns of Mazar-e-Sharif falling on 9 November 2001, Kabul on 13 November 2001 and the southern Taliban stronghold of Kandahar on 7 December 2001 (USAID 19/04/02). International humanitarian agency staff began to return on 17 November 2001 (WFP 23/11/01) enabling the scale of the humanitarian operations to increase considerably. The political situation has further developed with the establishment of an Interim Afghan Administration at an important meeting in Bonn, Germany on 22 December 2001 (UNSC 31/01/02). The Bonn agreement also led to the establishment of an International Security Assistance Force (ISAF) to be stationed in Kabul. The ISAF reached its full operational capacity of 4,500 troops on 18 February 2002 and has been mandated to assist

the Interim Authority in maintaining peace in Kabul and the surrounding areas (UNSC 15/03/02). The final stage in the development of a new Afghan government will be the convening of the Loya Jirga, or grand council, from 10–16 June 2002, where 1,450 representatives, two thirds of whom will be elected, will convene to vote in a Transitional Afghan Government (USAID 05/04/02).

The humanitarian situation

The humanitarian situation has changed considerably over the past months but remains extremely serious. The years of conflict and drought preceding the most recent crisis have resulted in the breakdown of coherent political structures, social networks and the economy. As a result, the country remains at the bottom of human development indicator tables and the ability of the population to cope with both old and new crises is considerably constrained. Basic infrastructure is almost non-existent in many areas with up to one third of the population having no access to primary health care and the remainder chronically under supplied. Afghanistan has the second highest maternal mortality rate in the world with an estimated 16,000 deaths per year due to pregnancy related causes. One quarter of Afghan children do not live to their fifth birthday and are dying from preventable causes such as respiratory infections, diarrhoea, measles and malnutrition (WHO 05/12/01). It is further estimated that only 23 % of the population have access to safe water and only 12 % to sanitation facilities. Over 50 % of the existing 3000 Km of primary road network requires rebuilding, severely limiting transportation. Afghanistan remains the country most affected by mines and unexploded ordinance (UXO) (UN 01/02). It is estimated that over 800 Km² of potentially productive land is currently inaccessible due to mines (UNDP 15/01/02).

The drought crisis of the past three years has added to the severity of the situation, with current estimates foreseeing a further 12–18 months of drought (Feinstein 02/02). This has profound implications for the food and livelihood security of the population and is likely to mean that many will remain dependent on external assistance to meet their basic subsistence needs. The most drought-affected areas remain the rain fed areas of the north and central regions but all parts of the country are affected. It is estimated that the drought has resulted in a 50 % drop in staple grain production (UN 01/02). The drought continues to have a profound impact on the health situation in the country as people rely increasingly sacrifice hygiene practices and rely on contaminated water sources. It is important to note that the summer period is normally associated with an increase in diarrhoeal disease and the potential for epidemic outbreaks is high. This could have serious implications for the health and nutritional status of the population.

The security situation has improved considerably as the main thrust of the coalition led military campaign is drawing to a close, ending months of acute nationwide insecurity. This is facilitating access to areas which have been previously inaccessible, however insecurity still remains and continues to pose problems of access for humanitarian agencies. One cause of continued insecurity is factional fighting between various armed groups, particularly around the cities of Gardez, Khost, Kunduz and Mazar-e-Sharif. Fighting has also been reported in the northwest and in the Kandahar area (USAID 29/03/02). This has prevented access for assessment missions to the areas and the implementation of humanitarian programmes. The continued insecurity is also restricting the return of both IDPs and refugees to their areas of origin. In Eastern Afghanistan, UNHCR has recommended that up to 18,000 Afghan refugees halt returns as a result of violence along the road from Torkham to Jalalabad (UNHCR 09/04/02). The continued insecurity has also been sited as a direct reason for the continued large numbers of people seeking refuge in Pakistan.

The insecurity has also led to the looting of aid and the targeting of aid workers. WFP have reported incidences of their trucks being looted and armed men have also been reported to be disrupting food distributions in Maslakh camp near Hirat (WFP 23/11/01; MSF 06/02/02). There have also been concerning incidences of aid workers being targeted directly. In February, a UNICEF employee was shot in the northern city of Mazar-e-Sharif whilst, in a separate incident, another employee in the same area was abducted (IRIN 18/02/02). The general security situation continues to be of great concern to the international community but it is anticipated that the establishment of the Interim Government will lead to a centralised and stable political structure, which will facilitate greater security and begin the task of rebuilding the country.

It is estimated that 9 million people remain acutely vulnerable within the country (UN 01/02), including 920,000 (420,000 in the south and 500,000 in the north) internally displaced (USAID 19/04/02). The majority have moved from rural areas, particularly in the north, to urban centres in search of some form of employment and relief assistance. The current situation is characterised by very large movements of population both within the country and to areas outside as people either return to their areas of origin or flee further insecurity and drought. It is difficult to know how many have fled externally, but UNHCR reports that a further 250,000 entered Pakistan since the September attacks on the US (UNHCR 19/02/02). In 2002 agencies are preparing for the return of 1.2 million people from surrounding areas, with a total of 320,000 having returned to date

Food insecurity

The food security situation remains extremely precarious. The extremely poor humanitarian backdrop has resulted in a population that has been living in a coping economy where the aim has been to employ diverse livelihood strategies in order to mitigate the effects of living in a high risk environment (ILO 03/01). As the humanitarian situation has deteriorated, the ability to cope has been further eroded. The drought has had a huge impact on food security for the whole population as access to adequate water has become increasingly difficult. It has especially affected 85 % of the population estimated to be reliant on agriculture for their subsistence. This has made access to water a key element in food security with households having to make choices between sufficient water for survival and water for their animals and crops (Feinstein 02/02). As a direct result, many people who were formerly self-sufficient are no longer able to meet their own food needs and are being forced to rely on the market for food, fuel and income. However, as the availability of food has diminished, so too has its accessibility. This is primarily a result of the loss of income and the general erosion of livelihoods.

Some of the main coping mechanisms have been the borrowing of money on future harvests and the taxing of kinship social networks, which have traditionally ensured the redistribution of resources. There is also evidence of people turning to illicit income generating activities such as opium production. The general impoverishment of the population as a whole has meant that both debt and kinship networks are less and less accessible, particularly to those already heavily indebted. People have increasingly been forced to turn to non-sustainable crisis coping strategies. Some of these strategies include the reduction of dietary intake, skipping meals, eating poverty foods, forgoing medical treatment, and sacrificing hygiene practices. As the crisis has unfolded many have turned to selling their productive assets such as their land, remaining animals and their houses (Feinstein 02/02). This is an extreme survival strategy and although aiding immediate survival, it effectively leaves people without livelihoods. Consequently they are a good indication of the extent of the current crisis.

The immediate food crisis is likely to continue for some months. The period from April to July is traditionally seen as a hunger season, because it precedes the July harvest, and reliance on emergency food aid will be high (WFP 15/02/02). Furthermore, the harvest is expected to be poor due to drought and to the lack of access to land and crucial agricultural inputs such as seed and fertiliser. The period of most intense military action and large-scale population movement in October and November coincided with the last planting and land preparation period (RNIS #35). Whilst so much of the population remains critically impoverished there is likely to be poor accessibility to what food is available and the presence of emergency food distributions will be very important until people are able to rebuild livelihoods. The presence of insecurity is also likely to be a considerable constraint to food security. Insecurity is expected to prevent humanitarian agencies accessing some vulnerable population groups and may discourage the return of people to their lands.

The current situation does not appear to have resulted in greatly increased levels of acute malnutrition although some pockets of nutritional decline do exist. As an indicator of the current situation the use of anthropometry on the under five population has been called into question, particularly as mortality rates appear to be high and are possibly masking declining nutritional status. Several surveys and assessments have also highlighted high levels of maternal malnutrition, possibly as a result of mothers preferentially feeding their children to the detriment of their own nutritional status. Worryingly, there is increasing evidence of micronutrient malnutrition and there have already been reports of an outbreak of scurvy (vitamin C deficiency) in Ghor province in northern Afghanistan (WHO 16/04/02). This is particularly concerning as the outbreak would suggest a far wider problem of micronutrient deficiency in the area, which will have an effect on levels of both morbidity and mortality. The poor food security, the widespread water shortages and extremely poor health environment all combine to make the marginal nutritional status extremely alarming. It is likely that without considerable outside assistance, the nutritional status of large sections of the vulnerable population will continue to decline.

Vulnerable population groups

As a result of the severity of the situation many people remain vulnerable to acute food insecurity and nutritional status decline. An overview of WFP Rapid Emergency Food Needs Assessments (REFNAs) conducted in the north and west of the country indicate that all medium and poor families suffer from food insecurity, with the landless and female-headed households being the most vulnerable (WFP 04/02). Rain fed villages, where both food availability and access is at a minimum, are also acutely vulnerable and people in these areas remain almost totally reliant on food aid. IDPs and returning refugees are also vulnerable

because many do not have access to land or other livelihood activities. The Kuchi nomads, many of whom have lost their livestock, which represents their main productive asset, are also acutely vulnerable. Female-headed households are also considered vulnerable because many do not have adult male household members to provide income and family support. Their vulnerability stems from their inability to access kinship and social networks which offer an essential form of assistance in times of crisis. There is also growing evidence to suggest that vulnerabilities are also falling along political and ethnic lines with Pashtun groups in some northern areas suffering from harassment and persecution. This is seen in the large number of Pashtuns currently seeking to move to Pakistan, fleeing violence in the areas from which they have been living. The Taliban were predominantly Pashtun and it is thought that this represents a backlash against associated population groups (WFP 08/03/02; 04/02).

Humanitarian response

The humanitarian response to the current situation has been enormous. In response to continued needs, the UN has released its largest ever humanitarian aid appeal of 1.8 billion dollars for 2002 (IRIN 05/03/02) and has indicated that the requirements for the next five years are likely to be 10.2 billion dollars (UN 01/02). A crucial element of the emergency response has been the provision of food assistance and WFP has done an incredible job of both maintaining and increasing the food pipeline under very difficult security and climatic conditions. WFP have brought 407,643 MT of food into the country since October 2001, 326,230 MT of which have been distributed (USAID 19/04/02). This is particularly impressive given the constraints imposed by the harsh winter conditions that have effectively cut off areas, in addition to the continuing insecurity. This has been possible as a result of cooperation from surrounding areas that have allowed multiple routes into the country to be opened using trucks, rivers and planes.

1 April 2002 saw the beginning of a new nine-month, 285 million US dollar operation for WFP, which will continue until the end of December 2002. The operation is designed to address the needs of 8.8 million people in Afghanistan. This is an increase of 2 million people from the previous six-month programme that began in October 2001 and reflects the increased needs during the hunger season until July 2002. The programme will address the immediate emergency food needs of the population but will also start to shift the emphasis of interventions from relief towards recovery. It is estimated that food requirements until the end of the year will be 544,000 MT (WFP 05/02/02). It is concerning to note that the overall cash and commodity resources remain far below the immediate requirements. WFP have announced that the appeal requires immediate funding in order to avoid a major food shortfall in June (WFP 19/04/02).

An important element of the food and nutrition response has been the establishment of a nutritional surveillance programme involving many agencies, with UNICEF taking a lead role. The aim of the surveillance is to monitor nutritional status, food security and other important indicators in order to identify and explain any deteriorating trends (SCNS 01/02). Work has already begun by UNICEF with CDC (UNICEF/CDC 03/02). Another important element has been the use of helicopters by WFP for the purpose of conducting Emergency Food Needs Assessments. Many assessment missions have taken place in the north and west of the country, allowing WFP to investigate particularly inaccessible areas and assess the true needs of vulnerable populations (WFP 07/02/02). This has greatly improved the capacity to identify pockets of acute needs requiring immediate humanitarian intervention.

WFP have undoubtedly done an amazing job of getting very large amounts of food aid into the country. However, an important issue surrounding the emergency food assistance is the apparent inadequacy of the current food ration in terms of both quantity and quality (UNICEF 05/02/02). The basic food ration consists of 50 Kg of wheat flour supplied per family, assumed to be made up of five people, to last for one month. Current international guidelines stress that the food ration for populations dependent on food aid should be 2100 Kcal with an extra 100 Kcals added for every 5 degree drop in temperature below 20 degrees centigrade (UNHCR/WFP). This would require a ration of at least 2500 Kcal for the Afghan population, particularly during the freezing temperatures of the winter period. The food ration should also supply a diet that is balanced in terms of both the major macro and micronutrients. An examination of the current ration indicates that it provides a total of 920 Kcal per person per day and does not meet the required daily intake of fat, proteins or micronutrients. This is extremely concerning given the current state of acute food insecurity and the extremely high dependence of many Afghans on emergency food assistance. The lack of fortified foods is also concerning given the increasing evidence of micronutrient deficiencies.

Another cause for concern has been the mixing of the military and humanitarian relief. In a letter to the US government, a coalition of U.S humanitarian agencies expressed their concern that the distinction between military and civilian humanitarian agencies was becoming increasingly blurred. Considerable concern was expressed over the US military's use of army personnel dressed in civilian clothes to provide relief services

(USAID 05/04/02). It is felt that this compromises basic humanitarian principles of neutrality and transparency and could compromise future humanitarian relief work.

Central Afghanistan

The Central Highlands and, in particular, the Hazarajat area are considered to be particularly vulnerable to food insecurity. The traditional livelihood activities of the area have been the sale of livestock and labour, either locally or abroad. However, both of these activities have been curtailed by the drought and insecurity. The Hazara populations of central provinces, such as Bamyan, have traditionally suffered from economic, political and social oppression from the Taliban authorities and faced a series of blockades from 1996–98 (WFP 01/02). There was grave concern for the area over the winter months, as it remained physically inaccessible, with many villages lying in remote mountainous valleys. Winter temperatures are reported to have plunged to between 10 and –15°C. Recent months have seen the return of some Hazara, but conditions still remain extremely poor with little food availability other than from humanitarian aid. Reports also indicate that up to 80 % of houses in the province have been destroyed (IRIN 18/02/02). The RNIS does not have any recent nutritional information for the area but the population is believed to remain extremely vulnerable to the effects of continued acute food insecurity and nutritional decline.

Kabul

As the capital of Afghanistan, Kabul has remained at the centre of humanitarian activity in the country. Humanitarian agencies evacuated in the days immediately after the September 11th bombings, making the continued provision of aid and control of programmes extremely difficult. Many residents fled in fear of US reprisals, with the city subsequently suffering extensive bomb damage during the US led bombing campaign. Kabul was recaptured on 13 November 2001 and humanitarian staff returned on 17 November 2001 (WFP 23/11/01). The creation of the Interim Government and the ISAF has brought some stability to the area and laid the foundations for a secure administration. However, problems with security do still exist and there have been reports of plots against the Interim government and attacks against ISAF. The security fears have implications both within the city and for other areas of the country.

The resumption of humanitarian activities in the city has resulted in continued food distributions to the population but the number of vulnerable groups remains high. UNHCR estimate that 64,750 IDPs and 41,900 refugees have returned to the city, whilst a further 31,360 IDPs have left the capital (WFP 05/04/02). WFP has also restarted the women's bakery programme, which provides subsidised bread to poor female-headed households. In general, the humanitarian situation has improved, however many groups in the city remain impoverished and find it very difficult to access food sources. As a result, food aid has been an essential source of food for large sectors of the city's population. Reports indicate that people are heavily indebted and have resorted to selling essential household items to raise sufficient cash to purchase food and water. However, there is some evidence to suggest that the rates of distress sales are falling (Feinstein 02/02). Underemployment and high prices have continued to make life difficult for many impoverished groups.

For years, members of the civil service in Kabul have not received payment, leaving them extremely vulnerable as their livelihood options are greatly reduced in comparison to other groups. On 19 February 2002, WFP signed a letter of agreement with the Interim Authority to supply a monthly ration of 12.5 Kg of pulses and one can of cooking oil for 60,000 civil service employees. The rations are worth about 50 % of their cash salaries. WFP expect to extend this to other provinces where it is hoped that it will help foster stability in government structures (UN OCHA 21/02/02).

The massive destruction that the city has suffered over years of conflict has left many areas of the city in ruins with very little working infrastructure. This has important implications for the population of IDPs and residents alike. It is estimated that only 20 % of the city have access to clean water and 70 % are without regular access to water (UN OCHA 11/02/02). The poor water security and lack of adequate sanitation does raise the fear of disease outbreaks, particularly as there is normally a seasonal increase in diarrhoea during the summer months (RNIS 32/33 and 34).

Northern Afghanistan

The north is home to 30 % of the national population and has traditionally been the breadbasket of the country. The region is considered to be one of the areas worst affected by drought and conflict. The three-year drought has seen the wide scale failure of all rain fed agriculture and, as a result, decimated food production. It is estimated that production of the staple, wheat, has fallen by over 50 % since 1999. This has had very profound effects on food security in an area dependent on the sale of agricultural products as the

chief source of income (WFP 01/02). As a result of acute food insecurity, many people have resorted to distress migration to find employment or food. Much of the displacement has been from rural areas to large towns such as Mazar–I–Shariff. It is estimated that there are 450,000 IDPs with a further 900,000 acutely vulnerable (UN 01/02).

The humanitarian situation is exacerbated by the continuation of insecurity in some areas between various groups. Typically this fighting has been between ethnic Uzbek and Tajik forces (AFP 17/02/02) and the relative ethnic diversity of the northern region makes the continuation of sporadic insecurity likely (Feinstein 02/02). This continues to have implications for issues of access to vulnerable groups by humanitarian agencies. The area also has a history of natural disaster. On 25 March 2002 and 12 April 2002 there were major earthquakes that caused wide spread destruction of property and loss of life (AFP 12/04/02; IRIN 29/03/02). A massive earthquake affected the same area in 1998, resulting in the death of between 10–14,000 people. This illustrates the vulnerability of the population in the north to all forms of external shock, including natural disaster.

IDPs in Mazar–I–Sharif

SCF–UK conducted a rapid MUAC assessment in Arzana and Rhor Dhor camps in Mazar–I–Sharif in January 2002. The assessment indicated that the prevalence of acute malnutrition was not above emergency thresholds but that the general public health environment of the camps and lack of access to food made the population extremely vulnerable to nutritional decline. The camps had not received food assistance for several months although a registration exercise had recently taken place. The camp occupants were undertaking petty trading activities and begging in order to raise cash for food purchases and there were also reports of the collection of wild food plants for consumption. Manure, cotton branches and roots were being collected for fuel. A retrospective mortality assessment was undertaken and under–five mortality rates did not appear to have exceeded emergency thresholds. Needs in the camp appeared high but, whilst the population remains vulnerable, it is hoped that their proximity to Mazar I–Sharif and various operational agencies will ensure that they receive important food and health assistance.

Faryab and Sar–e–Pol Provinces

MSF carried out a series of assessments in six areas of Faryab and Sar–e–Pol provinces in late 2001 and early 2002 (MSF/Epicentre 01/02). The assessments indicated an extremely serious situation where the majority of both the displaced and non–displaced had exhausted their coping mechanisms. An MSF nutrition survey in August 2001 had already indicated a poor nutritional situation with reports of extensive micronutrient deficiency (RNIS 35). A WFP food security assessment in August 2001 classified the areas as acutely food insecure, where the population was only able to cover between 0 and 50% of their annual food requirements. This highlights the nutritional vulnerability of the populations. This vulnerability has been exacerbated by insecurity, inaccessibility to these areas and harsh winter weather conditions. As a result, general food distributions have been irregular. The assessment indicated that the availability and access to food sources was extremely poor and that household food stocks were negligible. In an attempt to retain access to food sources many households have sold their livestock as well as household items, and girls were being sold for marriage at a much earlier age than is normal. As a last resort many families had turned to distress migration in search of food and employment. The population of Sar–e–Pol displaced camp grew from an estimated 15,000 in November 2001 to 23,000 in January 2002 (MSF 21/02/02).

Rapid nutrition assessments indicate that the nutrition situation is extremely poor in all areas and, although the assessment methods are not comparable with the previous MSF nutrition survey in August 2001 (RNIS 35), the assessment concluded that the nutrition situation appeared to have deteriorated. It is also worrying to note that the assessment also found indications that scurvy (vitamin C deficiency) was on the increase. This reinforces the observation that the diet is of extremely low quality and is worrying because it probably indicates a high prevalence of sub clinical deficiency, which is associated with increased morbidity and mortality. Assessments of both Crude and Under–Five mortality indicated that rates were significantly raised above emergency thresholds, again indicating the severity of the situation (MSF/Epicentre 01/02). The overall situation in the area is extremely concerning and further nutritional decline is to be expected unless additional external assistance can be provided.

North Eastern Afghanistan

The humanitarian situation in north eastern Afghanistan is precarious. It has been badly affected by drought, conflict and natural disaster and recent assessments indicate a very poor situation for IDPs, returnees and non–displaced local populations. The area is extremely inaccessible and there has been little humanitarian

agency activity in many areas. Concern conducted an assessment in the provinces of Baghlan and Takhar in November 2001. The first assessment was in Khost wa Fereng in Baghlan province, where means of access is via a road that crosses a mountain pass at about 4,000 m. The population in the surrounding area is approximately 80,000 people and WFP's VAM unit has estimated that 80 % of the population face a food deficit. The assessment highlighted the vulnerability in the area, where large proportions of those questioned had very small food stocks, little access to land or livestock and very poor economic opportunities. In response, many males had left the valley in search of work, leading to a high rate of female-headed households, which represents a considerable risk factor for both food insecurity and nutritional decline. The situation was further exacerbated by a lack of access to water and the risk of decreased supplies in the coming year. Health infrastructure was also extremely poor with only one clinic in the area, inaccessible to most due to distance. Illness was considered to be a problem with reports of diarrhoea, ARIs and malaria. An examination of nutritional status indicated that prevalences were not highly elevated in the under-five population but were worryingly high amongst mothers. It has been suggested that this is a result of preferential feeding of children by mothers. This may partially explain the relatively low levels of acute malnutrition amongst children under five, however it has also been suggested that high infant and under-five mortality rates may be masking the extent of acute malnutrition (Concern 12/01).

Concern also conducted an assessment in Rustac region of Takhar province, which was the epicentre of the 1998 earthquake. The assessment revealed a very poor nutritional situation with the nutritional status of mothers being of particular concern. Very few of the households were female-headed, but the area had not fully recovered from the devastating earthquake in 1998 and the environment appeared to be extremely hostile with little visible signs of agriculture. The nutrition situation is a result of poor food security and lack of opportunities for obtaining cash income. The assessment also noted that many IDPs had started to return to the area and were being supported by the local populations. This proved a further drain on existing resources (Concern 12/01).

Merlin undertook a follow up assessment in Khost wa Fereng in February 2002 and it was noted that no food distribution had taken place since mid November 2001. The assessment also indicated that the nutrition situation was extremely poor with particularly a high prevalence of acute malnutrition amongst mothers. Crude and under-five mortality were also measured and were above emergency thresholds (Merlin 02/02). Although the two assessments used differing methodologies, it appears as if the nutrition situation had deteriorated in the intervening months. The reason for the continued decline was attributed to the lack of both availability and access to food sources. This is a result of drought, conflict and inaccessibility of the area. The lack of general food distribution is a concern. There was also a high burden of infectious disease with no access to medical services. It is concerning to note that mortality rates appear to be high and the population must be considered to be acutely vulnerable to further nutritional decline.

Western Afghanistan

The situation in Western Afghanistan remains extremely grave and has continued to suffer the effects of the devastating drought and insecurity. This has made it one of the worst affected areas of the country, with the most severely affected being the small scale farmers from drought affected rural areas in Ghor, Badghis and Hirat. The severity of the situation in many areas has resulted in the virtual depopulation of rural areas, with an estimated 400,000 displaced possibly living in and around the regional city of Hirat. As a result of the acute needs of the populations in Mazar-I-Sharif, the area has received much attention from humanitarian agencies. In January 2002, the WFP launched a major food distribution to the city, targeting 78 % of the population who received 50 Kg of wheat to last for one month (UN OCHA 08/01/01).

The IDP camp of Maslakh, some 20 Km outside of Hirat city, is the largest IDP camp in Afghanistan and was originally established by the ICRC in the winter of 2000. The International Organisation for Migration (IOM) has since taken on coordination of camp activities. The camp has received large amounts of relief assistance, with the WFP delivering 90 Mt of food aid a day to the camp. This was to fulfil the needs of an estimated population of 300,000 people. However, concern over the validity of the population figures prompted a re-registration of camp inhabitants in February 2002. The re-registration exercise indicated that the actual population figures amounted to less than half of the original number (IRIN 18/02/02). The readjustment of the population figures highlighted abuses of the registration and distribution system and the need for much closer monitoring of distributions. An MSF MUAC survey conducted in January 2001 found alarmingly high levels of acute malnutrition amongst the under-five population with a prevalence of acute malnutrition estimated at 26.4% (MUAC <124 mm) with 6.6% severe (MUAC <108 mm) (MSF-H 26/01/02). MUAC tends to give higher prevalences than Weight for Height surveys but is a very good indicator of risk of mortality and the results indicated an extremely severe situation. It was noted that weekly surveillance of the nutrition situation did not indicate such high levels and mortality in the camp remained low. The explanation for the high levels found in

the survey was unequal access to food as a result of high levels of crime, corruption and ethnic tensions inside the camp. As a result, much of the food aid was not reaching those most urgently in need (MSF 06/02/02). This would seem to be corroborated by the results of the re-registration, which indicates that more than twice the amount of food needed was delivered to the camp.

The most recent developments at the camp have been the return of many of the IDPs to their places of origin. This has been facilitated by the supply of return kits to returning families. As of 14 April 2002, the IOM have reported that 20,800 IDPs have chosen to return to their places of origin (WFP 19/04/02). This represents a policy to prevent further distress migration to centres like Hirat and an attempt to support people in their own places of origin.

MSF conducted a further nutritional assessment in Shaidai IDP camp near Hirat. The camp is much smaller than Maslakh and relatively well served for health, sanitation and food. The survey was exhaustive and indicated a prevalence of acute malnutrition of 3.9% (MUAC < 125 mm) including 0.7% severe (MUAC < 110 mm). The results do not indicate a serious situation and morbidity and mortality statistics also reveal that the camp is stable in terms of both health and nutritional status (MSF 07/02/02).

Badghis

The situation in Badghis is extremely concerning and many people have left to find assistance in IDP camps such as Maslakh in Hirat. The area relies on rain fed agriculture and has suffered the failure of most food crops as a result of the drought. An exploratory mission by MSF in February 2002 confirmed that the humanitarian situation is extremely poor with the majority of people relying on donated wheat and the gathering of wild leaves to survive. Most people have also sold all valuable assets to procure food (MSF 12/02/02).

UNICEF and the Centre of Disease Control (CDC) recently conducted a nutrition survey in Badghis province to establish baseline data on malnutrition in women and children. The survey found an estimated prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) of 6.5% including 2% of severe malnutrition (W/Ht < -3 Z scores and/or oedema). Chronic malnutrition was also measured and the prevalence was found to be 57.5% (Ht/age < -2 Z scores) including 30.9% of severe chronic malnutrition (Ht/age < -3 Z scores). It is notable that a greater proportion of the children had severe chronic malnutrition than moderate (UNICEF/CDC 03/02). The results indicate that acute malnutrition is not an overwhelming public health problem in the area. However, the prevalence should be interpreted within the wider food security and public health context. The general food security situation in the area is known to be extremely insecure and the survey also showed that only 5.2% of households are using safe water sources. This is very probably a contributing factor to the high proportion of children reporting to have had a diarrhoeal disease in the two weeks prior to the survey. It was also noted that acute respiratory infections were common. Very few children with illnesses had been taken to health facilities and the coverage of childhood vaccination was very poor. Children were also assessed for micronutrient deficiencies and the signs and symptoms of vitamin A and vitamin D deficiencies were common. Other possible deficiencies were also noted but are difficult to confirm without biochemical testing. It was also observed that whilst breast-feeding practices were generally good, the introduction of complimentary foods was not well conducted, possibly explaining the relatively higher proportion of malnutrition in the 12-23 month age group.

Anthropometric measurements were also conducted on women of reproductive age but prevalences of acute malnutrition were not found to be greatly elevated. However, it was noted that there was a high prevalence of goitre (11.5%), indicative of iodine deficiency. This is related to the very low consumption of iodised salt and is worrying because it is associated to an increased incidence of cretinism. Crude mortality (CMR) was estimated and found to be 0.72/10,000/day and under-five mortality was 2.51/10,000/day. The CMR is not above emergency thresholds but is slightly elevated and the under-five mortality is above emergency thresholds, but not to the degree that it could account for the relatively low estimated acute malnutrition amongst children. In conclusion, the nutrition situation of the population is extremely marginal and the high rates of chronic malnutrition indicate that this has been the case for some time. The population should be considered to be extremely vulnerable.

Ghor

Ghor province has also suffered from drought and insecurity and many people are known to have left rural areas to go to cities such as Hirat in search of food and possible employment. In early March, reports were received of a possible outbreak of scurvy (vitamin C deficiency) and in response a WHO investigative team was dispatched to the area. Scurvy has been noted in Afghanistan before, with an outbreak occurring last year

in Faryab province. The investigation concluded that an outbreak had occurred in the two districts visited and that a substantial number of people were affected, including a number of mortalities. Scurvy is indicative of an extremely poor diet devoid of fresh foods, particularly vegetables. This would appear to correspond to diet histories taken from amongst the affected communities, which indicate that people have been surviving over the winter months on a diet of bread and tea (WHO 16/04/02), and with observations of little food available in the market. The investigation noted that very few animals were present and that the only food available was from food distributions. It was also noted that up to a quarter of some of the villages had left the area for the camps in Hirat (WHO 16/04/02). The emergence of spring plants gives greater access to potential sources of vitamin C and a distribution of vitamin C tablets will be conducted this sentence doesn't make sense. However, the emergence of overt clinical deficiency is a strong indication of the nutritional vulnerability of the group and, without improved access to food, sub clinical deficiencies are likely to remain high and are associated with increased morbidity and mortality.

Southern Afghanistan

The preceding months have seen a general improvement in the situation in the south of Afghanistan. Pockets of insecurity still exist but, in general, the security situation is better and the higher reliance on irrigated agriculture has meant that the area is less affected by the drought of the past three years. At the end of February 2002, UN OCHA announced that out of the 300,000 people that had fled from Kandahar, an estimated 98 % had returned. Food security remains a concern but aid agencies do have access to the area and food distributions are taking place (UN OCHA 21/02/02). The south of Kandahar province, close to the border with Pakistan, has high numbers of remaining IDPs in camps such as Spin Boldak and Killi Faizo. Many are Kuchi nomads or farmers from the provinces of Kandahar, Zabol and Nimruz who have collected in displaced camps, having exhausted their coping strategies in their places of origin. Many IDPs are waiting to cross into Pakistan in the hope of an improved situation. There is a fear amongst agencies that if the drought continues many will be unwilling to return home. It is currently estimated that 250,000 people remain displaced in the south (IRIN 14/03/02). The RNIS does not have any recent nutritional information for the area.

Mekaki and Mile 46 camps, Nimruz Province

ACF conducted nutrition surveys in the IDP camps of Mekaki and Mile 46, which lie close to the Iranian border, in January 2001. The camps were established when Iranian authorities refused to open the border to people fleeing the U.S led bombing campaign. The surrounding area of Nimruz has suffered from huge reductions in livestock and agricultural output as a result of the continued drought. This has also had implications for water availability for consumption and for hygiene. The camps are well served in terms of food distribution with a well-balanced general ration calculated to supply 2427 Kcal. There is also relatively good access to water and to health services. In Mekaki camp, the prevalence of acute malnutrition (W/Ht < -2 Z scores and/or oedema) was calculated from an exhaustive survey and found to be 4.7% including 0.6% severe (W/Ht 3 Z scores and/or oedema). In Mile 46 camp, the prevalences were 4.9% acute and 0.7% severe acute. The prevalences do not indicate a nutritional problem and on 4 March 2002 the Iranian government announced plans to close the camps and begin repatriation in April 2002.

Eastern Afghanistan

The eastern region of the country remains food insecure and recent WFP assessments indicate that 46% of the population in Nangahar province will require food assistance for the next 3 months. In response, WFP is planning to use a range of food for asset creation (FOODAC) projects and general food distributions in Nangahar, Lagam and Kunar provinces (WFP 05/04/02). The area continues to receive a large number of returnees from Pakistan and other areas of the country. The large number of returns can potentially prove a problem for existing resources in the area but so far they are being assisted as they transit through towns such as Jalalabad, Assadabad and centres in Nangahar, Kunar and Lagman provinces. One of the major constraints for the returns has been the emergence of insecurity, with reports of UN staff being threatened and violence erupting along important transit roads. The tension has resulted in roadblocks and UNHCR has recommended that 18,000 potential Afghan returnees should delay their return (UNHCR 09/04/02). The RNIS has received no recent nutritional information from this area.

Afghan Refugees in Pakistan

The drought and years of civil war have resulted in many Afghans moving into Pakistan in search of security, food and employment. As a result, it is estimated that the total caseload of Afghan refugees in Pakistan is 2 million (USAID 26/04/02). The upsurge in insecurity saw a large rise in the number of people crossing the

border and UNHCR has estimated that up to 250,000 Afghans entered Pakistan since September 2001 (UNHCR 12/02/02). A major issue for the humanitarian community has been where to accommodate the refugees. There has been considerable concern in Pakistan over an uncontrolled influx by Afghans into the country and as a result the border areas have remained very tightly shut, with the border crossing at Chaman being one of the only crossing points. The closures continue to affect potential refugees and there are frequently large numbers of people waiting on the Afghan side of the border for registration prior to entering the country. Despite the need to create new camps and provide for the influx of refugees, the humanitarian response has managed to address the needs of new refugees. Many of the new camps have been placed close to border areas and on 6 April 2002 there were 158,400 refugees residing in 9 camps in Balochistan. 41,000 refugees were reported as waiting to cross the border pending local authority approval (WFP 12/04/02).

The RNIS does not have any recent nutritional data from newly established camps, however PDH, UNICEF, UNHCR and Mercy Corps International conducted a nutritional survey in the long-term camps in Balochistan province in December 2001 (UNHCR 12/01). The camps have existed for some years but there has been a significant influx of new refugees since September 2001, fleeing the insecurity and drought. A previous nutrition survey in 1997 had revealed a low prevalence of acute malnutrition. However, it was felt that there was a risk of nutritional decline as a result of the extra burden on existing systems posed by newly arriving refugees. General food rations had been stopped 6 years previously. The survey revealed low levels of acute malnutrition, probably as a result of the well-established camp systems where many can be regarded as settlements. As a result, livelihood activities are well established and ongoing.

Although refugees are still trying to enter the country, there has also been a considerable repatriation movement back to Afghanistan. On 1 March 2002, a voluntary repatriation programme was established to facilitate returns and it is currently estimated that 370,000 people have repatriated to Afghanistan since 1 March 2002 (UNHCR 30/04/02). The main factors governing the decision to repatriate are security and continued drought. There has been some concern that people will not be able to survive in some areas without considerable assistance and so UNHCR is providing a return kit which includes \$100 per family, 150 Kg of wheat to last for three months and some essential non food items. Poor security, particularly in eastern areas, has hampered the return of some refugees

Afghan Refugees in the Islamic Republic of Iran

Along with Pakistan, Iran has traditionally hosted the majority of Afghan refugees. There are currently estimated to be 1.5 million long-term refugees in the country. The Iranian government has taken a very strong stance on refugees over the past months. Afghan refugees have been stopped from officially crossing the border into Iran, with many staying in camps in Afghanistan situated close to border areas. However, their presence close to the border has facilitated the distribution of aid from Iran. With the change in government and improving security within Afghanistan, it has been hoped that many refugees will choose to return. UNHCR have estimated that 45,900 people have returned from Iran to Afghanistan since January 2002 (WFP 26/04/02). Some of these have been spontaneous repatriations but on 9 April 2002, a major effort to assist Afghan refugees to repatriate was started (IRIN 11/04/02). UNHCR report that 23,000 Afghans were repatriated in the first three weeks of the programme (UNHCR 30/04/02). The RNIS does not have any recent nutritional information from Afghan refugees in Iran but they are assumed to be vulnerable.

Afghan Refugees in Tajikistan

The overall humanitarian situation in Tajikistan is extremely poor as a result of the region wide drought. A recent nutrition survey by ACF indicates that the nutrition status of children under five years appears to be deteriorating when compared to similar surveys conducted in 1999 and 2000 (ACF 11/01). The RNIS will not cover the drought in Tajikistan but it will undoubtedly have an effect on refugees in the country and the ability of already impoverished local populations to assist them. A voluntary repatriation of 10,000 refugees on the Tajik/Afghan border on island # 9 on the Pyanj river began on 8 April 2002. The refugees are receiving a return package of 100 Kg of wheat flour, hygienic items and plastic sheeting and assistance to return to their places of origin (UN OCHA 12/04/02). It is reported that aid to the area will cease and that any remaining refugees will be able to access aid from the Afghan side of the border. The RNIS does not have any recent nutritional information from this group.

Overall

There has been some improvement in the overall context of the Afghan emergency, particularly with the appointment of the Interim Authority and a general improvement in the countrywide security situation.

However, it is clear that acute needs still exist and that an enormous proportion of the population will continue to require assistance to meet short term emergency needs and in the long term to restart livelihood activities. Insecurity does still exist in many areas as a result of fighting between factions and pockets of resistance to the Interim Authority and coalition led troops. The continuation of the three-year drought conditions will also have serious implications for the next 12–18 months. As a result of the insecurity and drought, acute food insecurity will continue in many parts of the country and displaced and non-displaced populations should be considered to be acutely vulnerable (Category I).

In general the prevalence of acute malnutrition is not greatly elevated, although there is some evidence to suggest that there are higher prevalences amongst adult women. It is important to question whether surveys, by concentrating on the under-five population, are missing high rates of acute malnutrition. It is also important to note that rates of crude and under-five mortality appear to be elevated and, in many instances, above emergency thresholds. This could be a mechanism for skewing observed prevalences of acute malnutrition.

The food ration being supplied to many people is insufficient, a reason for great concern given the degree of food insecurity. The recorded outbreak of scurvy and other micronutrient deficiencies is a strong indication of how fragile the nutritional status of parts of the population is. Finally, it is clear that many people have resorted to crisis coping and that their current survival has taken place at the expense of their productive assets and livelihoods, where the ability to cope has turned into the ability to survive.

Recommendations

From the RNIS

- Support the establishment of the national nutritional surveillance project.
- Improve the general food ration to include oil, beans and fortified blended foods.
- Support the regeneration of livelihoods by supporting agriculture and livestock and facilitate income generation.
- Standardise the collection of nutritional data through the adoption of common methodologies, indices and cut-offs.

From the UNICEF/CDC survey in Badghis province 03/02

- Regular supplies of food should be assured to acutely food insecure areas. One-off blanket distributions have little effect.
- Programmes should target both mothers and children.
- All wheat flour should be fortified with micro-nutrients.
- The iodine intake of women should be increased, possibly with the use of iodised oil.
- All edible oils should be fortified with retinal.

From the Feinstein food security report 02/02

- Agencies should prepare for at least one more year of emergency assistance to Afghanistan.
- Emergency water projects should be implemented to ensure the health and food security of poor and marginalised groups.
- Widespread cash for work programs are needed to ensure that people can access commercial food.
- There is a need for emergency livestock programmes that include health, water and fodder support.

Listings of Sources for April 2002 RNIS Report 36 & 37

ACF	10/01	Nutrition Anthropometric Survey, Rob Kona, Unity State, South Sudan
ACF-US	31/10/01	Nutritional Anthropometric survey, Old Fangak district, Upper Nile
ACF-SP	11/01	Inquérito nutricional. Municipio de Ganda, Benguela, Angola
ACF	11/01	Enquette Nutrionnelle Anthropometrique, Province de Kayanza, Burundi
ACF	11/01	National Nutrition Survey Tajikistan
ACF-SP	10/12	Inquérito Nutricional e de Mortalidade, Sumbe, Kuanza Sul, Angola
ACF-US	10/12/01	Nutritional Anthropometric survey, Mareang district, Upper Nile
ACF-SP	01/02	Inquérito nutricional a de mortalidade, Saurimo, Lunda Sul, Angola
ACF-SP	01/02	Anthropometric Nutrition Survey Report, Caconda, Huila Province
ACF	23/01/02	New outbreak of violence in south of Lofa
ACT	08/01/02	ACT appeal Kenya: Kakuma Refugee Camp
AFP	17/02/02	Fighting breaks out in northern Afghanistan
AFP	16/03/02	Cholera epidemic sweeping through south-eastern DR Congo
ACF-SP	04/02	Rapport Enquete Nutritionnelle Préfecture de Gueckedou
AFP	12/04/02	More than 100 killed or injured in new Afghan quake
ASA	09/04/02	Angola Peace Monitor Issue No. 7, Vol. VII
BBC	26/04/02	Somalia: Thousands said fleeing fighting in southwestern region of Gedo
Concern	12/01	Concern Worldwide Food Security and Nutritional Assessment in mid November 2001 in the Provinces of Baghlan and Takhar, in North East Afghanistan
CRS	03/02	Nutritional Survey, Balombo, Angola
FAO	15/11/01	Information sur la sécurité alimentaire en RDC No 22
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FEWS	04/12/01	Eritrea Food Security Update: December 2001
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FEWS	19/12/01	Ethiopia Network on Food Security Monthly Report
FEWS	08/01/02	Eritrea Food Security Update: January 2002
FEWS	14/02/02	Ethiopia Network on Food Security Monthly Report
FEWS	15/02/02	Southern Sudan Update
FEWS	08/03/02	FEWS Kenya Food Security Update
FEWS	25/03/02	Eritrea Food Security Update: March 2002
FSAU/GJC/ UNICEF/ CARE	12/01	Nutrition Survey, Belet Hawa District, Gedo Region, Somalia
FSAU	12/01	FSAU Monthly Food Security Report for Somalia. December
FSAU	01/02	FSAU Monthly Nutrition Report

FSAU	11/01/02	FSAU Monthly Food Security Report for Somalia. January
FSAU	07/02/02	FSAU Monthly Food Security Report for Somalia. February
FSAU	03/02	FSAU Monthly Nutrition Update
FSAU	11/03/02	FSAU Monthly Food Security Report for Somalia. March
FSAU	04/02	FSAU Monthly Nutrition Update
FSAU	11/04/02	FSAU Monthly Food Security Report for Somalia. April
Government of Angola	13/03/02	Statement by the GoA: Government instructs the Angolan armed forces to cease all offensive movements
Goal	31/01/02	Findings of a Nutrition Survey in Twic County, Bahr al Ghazal
ICG	19/12/01	Africa Briefing. Sierra Leone: Ripe for elections?
IFRC	20/11/01	Guinea appeal No 01.03/01 programme update No. 4
ILO	03/01	Afghanistan: Current Employment and Socio–Economic Situation and Prospects. Working Papers 8
IMC	20/10/01	Nutritional Survey, Rutana Province, Burundi
IRIN	12/02/02	Angola: More than 5,000 IDPs arrive in Luena
IRIN	15/02/02	Somalia Fighting in Bardhere leaves 18 dead
IRIN	18/02/02	Afghanistan: Focus on Hazara returnees to Bamian
IRIN	18/02/02	Afghanistan: Maslakh demonstrates need for better monitoring
IRIN	18/02/02	Afghan aid worker attacked
IRIN	19/02/02	DRC: Special report on tensions in the north east
IRIN	01/03/02	Somalia: Mogadishu still too dangerous for UN, Annan says
IRIN	05/03/02	Afghanistan: Voluntary repatriation gaining momentum
IRIN	14/03/02	Afghanistan: focus on Spin Boldak IDP camps
IRIN	15/03/02	Liberia: Peace talks open in Abuja without LURD rebels
IRIN	29/03/02	Sudan: fighting worsens food insecurity in western Upper Nile
IRIN	29/03/02	Central Asia: IRIN–CA Weekly Round–up covering 23–29 March 2002
IRIN	11/04/02	Afghanistan: Repatriation from Iran begins
Merlin	09/01	Nutrition survey reports from Kenema district
Merlin	02/02	Khost wa Ferang Rapid Health Assessment, Baghlan province,
MSF	08/01	Rapid Nutritional and Mortality Survey, Camacupa, Bie Province, Angola
MSF–B	09/01	Enquette Nutritionnelle Anthropometrique, Province Karuzi, Burundi
MSF–B	12/01	Access to health and violence in Congo (DRC). Results from five Epidemiological surveys
MSF–B	03/02	Nutrition Survey and Retrospective Mortality assessment in Akobo and Nyandit, Jongolei South Sudan
M S Epicentre	/01/02	Vulnerability assessment in Northern Afghanistan: Faryab Province and Sar–e–Pol camp
MSF–H	26/01/02	

		Assessment of nutritional status by mid upper arm circumference (MUAC) in Maslakh camp, west Afghanistan
MSF-H	06/02/02	Severe malnutrition increases in Mazlakh camp, Afghanistan
MSF-H	07/02/02	Assessment of Nutrition Status by Mid Upper Arm Circumference (MUAC), Shaidai IDP Camp, Hirat, Afghanistan
MSF	12/02/02	Explo Mission to Badghis Province
MSF	21/02/02	Alarming food crisis in northern Afghanistan
MSF	05/03/02	MSF briefing to the UN security council: The humanitarian situation in Angola
NRC	26/03/01	Internal displacement in DR Congo: (http://www.db.idpproject.org)
NRC	04/04/04	Profile of Internal Displacement: Angola (http://www.db.idpproject.org)
Oxfam	28/11/01	Food and Nutrition survey among the IDPs in Katakwi district, Uganda
Oxfam	15/04/02	The war in DRC is at a critical juncture
PANA	11/01/02	Tanzania wants refugees out
SACB	2001	SACB Operational Framework for Continuing Cooperation in Somalia
SCF-UK	08/01	Nutrition Survey in Gash Barka Region, Eritrea. August
SCF-UK	10/01	October 2001 Village and Household Food Needs for 2001/2
SCF-UK	10/01	Nutrition Survey in Gash Barka Region, Eritrea. October
SCF-UK	11/01	Performance of the Deyr rains and Humanitarian condition in Gode, Afder and Liben Zones in Somali National Regional State and Borena Zone in Oromi Regional State
SCF-UK	12/01	Nutrition Survey in Gash Barka Region, Eritrea. December
SCNS	01/02	Steering Committee on Nutritional Surveillance Concept Paper 5
Tearfund	11/01	Nutritional survey in payams in Aweil East and West
Tearfund	02/02	Nutritional survey report in Aweil South
UN	2002	Consolidated Inter-Agency Appeal 2002: West Africa
UN	2002	Consolidated Inter-Agency Appeal 2002: Somalia
UN	2002	Consolidated Inter-Agency Appeal 2002: Eritrea
UN	01/02	Immediate and Transitional Assistance Programme for the Afghan people 2002
UNDP	15/01/02	Afghanistan: Preliminary needs assessment for recovery and reconstruction
UN-EUE	16/01/02	Ethiopia Humanitarian Update
UN-EUE	19/02/02	Current situation and progress of humanitarian assistance to vulnerable population segments affected by the border conflict in Ethiopia s Tigray Region
UN EUE	05/03/02	Horn of Africa Review Jan/Feb 2002
UNHCR	02/10/01	Refugees by number 2001
UNHCR	12/01	Report of Nutrition Survey in Existing Afghan Refugee Camps, Balochistan, Pakistan

UNHCR	17/12/01	Nutrition Survey in Refugee Camps in Western Tanzania
UNHCR	12/02/02	UNHCR briefing notes: Liberia, Afghanistan
UNHCR	19/02/02	UNHCR expresses concern at sudden rise in number of Afghans arriving in Pakistan
UNHCR	14/03/02	Thousands of Burundian refugees in Tanzania register to return home
UNHCR	19/03/02	UNHCR briefing notes: Afghanistan, Guinea
UNHCR	04/02	UNHCR Tanzania. Monthly Statistics
UNHCR	09/04/02	UNHCR briefing notes: Afghanistan, Burundi/Tanzania
UNHCR	23/04/02	UNHCR briefing notes: Afghanistan
UNHCR	30/04/02	UNHCR briefing notes: Afghanistan, EU
UNICEF	04/02/02	UNICEF Burundi situation report 28 th November to 4 th February
UNICEF	05/02/02	UNICEF Humanitarian Action: Afghanistan crisis donor update
UNICEF	11/02/02	UNICEF humanitarian appeal for children and women
UNICEF	03/02	Nutrition and Health Survey, Badghis Province, Afghanistan
UN OCHA	30/11/01	Sierra Leone Humanitarian Situation Report
UN OCHA	12/01	Humanitarian Update: Uganda. Volume III, Issue XI/XII
UN OCHA	01/02	Burundi Affected Populations by Province. Refugees and IDPs
UN OCHA	01/02	DRC Affected Population by Province. Refugees and IDPs
UN OCHA	08/01/02	Afghanistan: WFP launches major food distribution in Herat
UN OCHA	24/01/02	Humanitarian Crisis in Bie Province Situation Report
UN OCHA	31/01/02	Humanitarian situation in Angola monthly analysis. Jan 2002
UN OCHA	11/02/02	Afghanistan: Snow brings little reprieve to capital s water shortage
UN OCHA	15/01/02	Sudan: Khartoum offers concession on aerial bombing
UN OCHA	29/01/02	Zambia: WFP begins food distribution
UN OCHA	31/01/02	Humanitarian Situation in Angola Monthly Analysis: January 2002
UN OCHA	02/01	Humanitarian Update Uganda Volume IV, Issue II
UN OCHA	13/02/02	DRC: UN aircraft fired on in Kindu
UN OCHA	21/02/02	Afghanistan OCHA situation Report No 39
UN OCHA	21/02/02	Statement Attributable to ERC, WFP Executive Director and UNICEF Executive Director on Attacks on Civilians in Sudan
UN OCHA	22/02/02	Food insecurity in Bieh gives cause for concern
UN OCHA	27/02/02	Mano River Union: Leaders meet for peace
UN OCHA	28/02/02	Update on the Humanitarian Situation in Burundi
UN OCHA	28/02/02	Humanitarian Situation in Angola monthly analysis: February 2002
UN OCHA	28/02/02	Sierra Leone Humanitarian situation Report
UN OCHA	28/02/02	Mano River Union: West African presidents vow to end tensions
UN OCHA	07/03/02	Humanitarian Situation in Angola Special Report

UN OCHA	15/03/02	Humanitarian situation in Angola: Reporting period 01–15 March 2002
UN OCHA	22/03/02	Kenya: WFP denies food aid causing slump in maize prices
UN OCHA	31/03/02	Humanitarian Situation in Angola monthly analysis March 2002
UN OCHA	31/03/02	Humanitarian Update Uganda, Volume IV, Issue III
UN OCHA	08/04/02	OCHA Liberia weekly situation report 01–08 April 2002
UN OCHA	08/04/02	Sudan: UN protests against humanitarian flight denials
UN OCHA	09/04/02	Uganda: Security boost to IDP returns in west
UN OCHA	10/04/02	OCHA West Africa Newsletter No. 4
UN OCHA	11/04/02	Guinea Humanitarian Situation Report No. 4
UN OCHA	15/04/02	Humanitarian situation in Angola: Reporting period 01–15 April 2002
UN OCHA	18/04/02	OCHA Sierra Leone Press Release
UN OCHA	18/04/02	Uganda: Government resettles in Kikagati returnees
UN OCHA	19/04/02	DRC: No agreement reached at Inter–Congolese Dialogue
UN OCHA	19/04/02	OCHA Eritrea Humanitarian Update April
UN OCHA	19/04/02	Sudan: Displaced fleeing LRA linked insecurity into Juba
UN OCHA	19/04/02	Sudan: War raging around southern oil fields
UN OCHA	25/04/02	DRC: Focus on the results of the inter–Congolese Dialogue
UNRC	16/02/02	Rapid needs assessment of the Nuba Mountains Region Jan 2002
UNSC	30/01/02	Chair of Afghanistan s Interim Administration addresses Security Council; requests extension, expansion of international security force
UNSC	15/03/02	Report on the activities of the International Security Assistance Force in Afghanistan
USAID	14/01/02	Mano River Countries Complex Emergency Situation Report # 2
USAID	06/03/02	Sudan Complex emergency situation report # 3 (FY 2002)
USAID	29/03/02	Central Asia Region Complex emergency situation report # 26
USAID	05/04/02	Central Asia Region Complex emergency situation report # 27
USAID	19/04/02	Central Asia Region – Complex emergency situation report # 29
USAID	26/04/02	Central Asia Region Complex emergency situation report # 30
UNSC	15/02/02	Tenth Report of the Secretary General on the UN Mission in the DRC
UNSC	14/03/02	Thirteenth report of the Secretary–General on the United Nations Mission in Sierra Leone
WFP/SCF	10/01	The Annual Needs Assessment Report 2001–2
WFP	23/11/01	WFP Emergency Report No 47
WFP	28/12/01	WFP Emergency Report No 52
WFP	01/02	Rapid Emergency Food Needs Assessments for the Winter Helicopter Surveys; The analytical Framework and Approach
WFP	04/01/02	WFP emergency Report No 1

WFP	01/02/02	WFP Emergency Report No 5
WFP	05/02/02	WFP will continue to help millions of Afghan s recover from war and drought
WFP	07/02/02	WFP Afghanistan update on humanitarian situation No 55
WFP	15/02/02	WFP Emergency Report No 7
WFP	20/02/02	Food shortages and malnutrition threaten refugees n Kenya, warns WFP
WFP	08/03/02	WFP Emergency Report No 10
WFP	15/03/02	WFP Emergency Report No 11
WFP	04/02	Overview of WFP Rapid Emergency Food Needs Assessments (REFNAs) and summary findings
WFP	05/04/02	WFP Emergency Report No 14
WFP	19/04/02	WFP Emergency Report No 16
WFP	26/04/02	WFP Emergency Report No 17
WHO	05/12/01	WHO brief, From Health Relief to Health Reconstruction in Afghanistan
WHO	16/04/02	WHO field report
WHO	23/04/02	Disease outbreak reported: Cholera in Somalia
WVI	09/01	Nutritional survey in 3 chiefdoms, Kono district, Sierra Leone
WVI	15/12/01	Nutrition Survey report from the OICHA nutrition programme
WVI	15/03/02	DR Congo: Assessment reveals serious malnutrition
Xinhua	27/03/02	Zambia forbids refugees to open businesses without permission

Abbreviations Used in the Text

AAH–UK	Action Against Hunger UK
ACF–F	Action Contre la Faim France
ACF–USA	Action Against Hunger USA
ACF–SP	Action Against Hunger Spain
AI	Amnesty International
BEG	Bahr El Ghazal
BMI	Body Mass Index
CAD	Children s Aid Direct
CMR	Crude Mortality Rate
CRS	Catholic Relief Service
DRC	Democratic Republic of Congo
FAO	Food & Agricultural Organization of the United Nations
FEWS	Famine Early Warning System
FSAU	Food Security Assessment for Somalia

ICRC	International Committee of Red Cross
IDP	Internally Displaced Person
IRIN	Integrated Regional Information Network (of DHA)
IRIN-WA	Integrated Regional Information Network for West Africa (of DHA)
IRIN-SA	Integrated Regional Information Network for Southern Africa (of DHA)
MSF-B	Medecins Sans Frontieres Belgium
MSF-CH	Medecins Sans Frontieres Switzerland
MSF-F	Medecins Sans Frontieres France
MSF-H	Medecins Sans Frontieres Holland
MSF-S	Medecins Sans Frontieres Spain
MOH	Ministry of Health
MUAC	Mid-upper arm circumference
NGO	Non-governmental Organisation
OA	Oxfors Analytica
OCHA	Office for the Co-ordination of Humanitarian Assistance
OLS	Operation Lifeline Sudan
RI	Refugees International
RoC	Republic of Congo (Congo-Brazzaville)
SCF-UK	Save the Children Fund – US
SCF-US	Save the Children Fund – US
UNDPI	United Nations Department of Public Information
UNHCHR	United Nations High Commissioner for Human Rights
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children s Emergency Fund
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WHM	World Harvest Mission

Information Available on Total Refugee/Returnees/Displaced Populations requiring assistance (as of April 2002). Please note that these are best estimates at the time of going to press

Situation	Population Numbers					Total	Change from Jul-01	Nutr Stat*	C
	Condition	I: V. High Risk	II: High Risk	III: Mod Risk	IV: Not Critical				

Sub-Saharan Africa										
1. Angola										
		2,700,000	1,590,000				4,290,000	1,190,000	det.	Situation remains extremely precarious for many although access has improved
2. Great Lakes Region										
	Burundi	90,000	130,000	155,000			375,000	86,109	imp.	IDPs and returnees remain at high risk in many areas of country
	E Dem Rep of Congo	990,000	932,000	300,720	184,000		2,406,720	71,721	det.	IDPs at v. high risk in worst war-affected areas. Other high to moderate. Refs. no change
	Tanzania		4,700	507,304			512,004	31,141	imp.	Refs. at high risk due to cut in rations. Drought-affected not shown
3. Eritrea										
			33,749	40,000			73,749		imp.	Many war displaced have returned but mines and potholes rains contribute to continued insecurity
4. Ethiopia										
			40,000	102,000			142,000	-334,000	imp.	Many War IDPs have returned. Refs. not critical. V. severe situation drought-affected population not shown.
5. Kenya										
				215,000			215,000	-1,390	sta	Refs. at heightened risk due to drought. Situ. of drought-affected population not shown.
6. Liberia/Sierra Leone Region										
	Liberia	30,000	45,000	50,000			125,000	0	sta	Insecurity increasingly affecting IDPs and refs throughout the

										cour
	Sierra Leone	20,000	120,000	217,090			357,090	-357,910	imp.	Hum situa impr resu and Man IDP
	Guinea–Conakry	7,000	100,000	120,000			227,000	463,000	imp.	Man Guir repa Sierr Libe
	7. Somalia	200,000	180,000	120,000			500,000	143,000	det.	Situa North area is v.
	8. S. Sudan	412,386	1,800,000	833,223	99,320		3,144,929	168,000	det.	IDPs Equi Bah high due Othe
	9. Uganda		262,733	250,865	197,328		710,926	-288,249	imp.	IDPs risk. critic
	10. Zambia			251,254	15,000		266,254	41,254	stat.	Refs due prob not c
	Total	1,749,386	6,348,182	4,752,456	495,648		13,345,672	386,475		
	Asia/Europe (Selected Situations)									
	11. Afghanistan Region	3,400,000	4,100,000				7,500,000	3,900,000	det.	Exte and indu dispe with and neig area

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

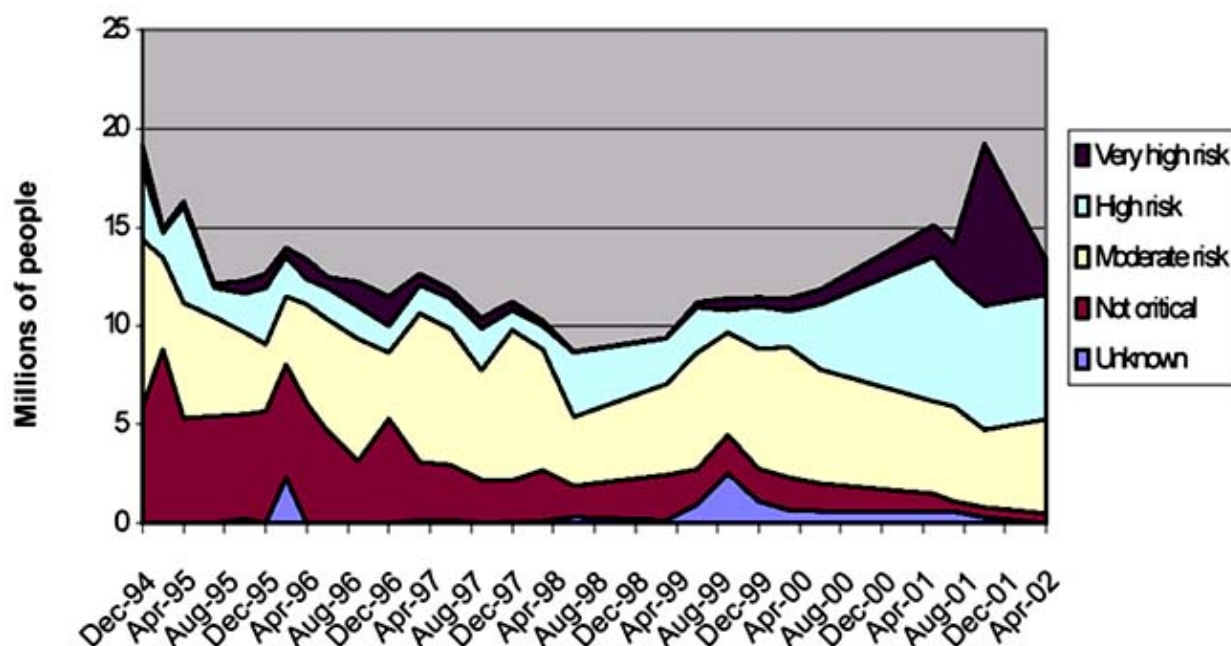
II: High Risk – Population at high risk, limited data available, population likely to contain pockets of malnutrition (e.g. wasting).

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

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

V: Unknown – No information on nutritional status available.

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



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

RESULTS OF SURVEYS QUOTED IN APRIL 2002 RNIS # 36 & 37

Survey Area	Survey conducted by	Date	% Wasted**	% Severely Wasted**	Oedema	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)	Measles immunisation cover- age (%)
The Greater Horn of Africa								
ERITREA								
Gash Barka Region	SCF-UK	08/01	8	1.5		0.3	0.5	84.7
Gash Barka Region	SCF-UK	10/01	11.6	1.4		0.43	0.57	85.3
Gash Barka Region	SCF-UK	12/01	14	1.2		0.39	0.12	82.6
SOMALIA								
Belet Hawa, Gedo Region	F S A U/G H C	/12/01	37.1	8.3	2	-	-	42.7
	UNICEF/CARE							
SUDAN								
Old Fangak, Upper Nile	ACF-USA	10/01	28.6	6	0.1	3.9	7.5	1.3
Rob Kona, Unity State	ACF	10/01	19.8	2.6	0	-	2.6	51.1
	Tearfund	11/01	19.1	1.6	0.1		2.2	33.3

Aweil East, Bahr al Ghazal								
Wau	ACF	12/01	11.6	1	–	–	2	
Nyadin Parish, Upper Nile	ACF–USA	12/01	18.1	2.7	–	0.66	1.4	
Twic County, Bahr al Ghazal	Goal	31/01/01	16.9	1.6	0	0.1	0.16	
Aweil South, Bahr al Ghazal	Tearfund	02/02	17.8	1.4	0		2	
Bieh County, Jongelei,	MSF–B	03/02	32	9	4.5	1.2	1	
West African Region								
GUINEA								
Gueckedou Region	ACF–SP	03/02	8.2	0.3	0	–	–	
SIERRA LEONE								
Kono district	World Vision	09/01	17.1	4.7	–	1.4	6.1	
Kenema town	Merlin	09/01	6.3	2.6	1.5	–	1.72	
Kenema IDP camps	Merlin	09/01	4.2	1.7	0.72	–	–	
The Great Lakes Region								
BURUNDI								
Karuzi Province	MSF–B	09/01	4.2	0.4		0.4	1.2	
Rutana Province	IMC	10/01	19.2	6.3	3.4	–	1.6	
Kayanza Province	ACF	11/01	3.9	0	–	0.3	0.08	
DRC								
Oicha	World Vision	12/01	11.1	4.4	3.9	–	–	

TANZANIA								
Western Refugee Camps	UNHCR	12/01	3.2	1.1	0.4	–	–	–
UGANDA								
Katakwi district	Oxfam–GB	11/01	5.2	2.7	2	3.5	4.6	99.3
Southern African Region								
ANGOLA								
Camacupa, Bie	MSF	08/01	12.5	1.7	0.5	1.8	3.8	60.6
Ganda, Benguela Province (Res.)	ACF–SP	11/01	4	0.7	0.1	1.2	2.9	66.1
Ganda, Benguela Province (IDP)	ACF–SP	11/01	5.2	0.6	0	1.3	3.9	58.8
Sumbe, Kwanza Sul Province	ACF–SP	12/01	3.4	1.2	0.6	0.9	4.1	79.2
Saurimo, Lunda Sul Province (Residents)	ACF–SP	01/02	3.5	0.7	0.4	1.1	2.2	–
Saurimo, Lunda Sul Province (IDP)	ACF–SP	01/02	6.9	1.8	1.3	1.8	6	83
Caconda, Huila Province (Residents)	ACF–SP	01/02	11.2	2.7	1	2	6.8	83.7
Caconda, Huila Province (IDP)	ACF–SP	01/02	20.7	5.3	0.8	3.8	12.6	87
Balombo town, Benguela	CRS	03/02	11	1.3		1.4	3.2	31.6
Afghan Area								
Badghis Province, Afghanistan	UNICEF/CDC	03/02	6.5	2		0.72	2.51	59.4
	MSF–H	07/02/02			–	–	–	–

Shaidai Camp, Hirat, Afghanistan			3.9 (MUAC)	0.7 (MUAC)				
Maslakh camp, Hirat	MSF-H	26/01/01	26.4 (MUAC <124mm)	6.6 MUAC < 108 mm)	-			
Mile 46 camp, Nimruz province, Afghanistan	ACF-FR	01/02	4.7	0.6	0.2	-	-	
Makaki camp, Nimruz province, Afghanistan	ACF-FR	01/02	4.9	0.7	0.1	-	-	
Balochistan, Pakistan	PDH, UNICEF, UNHCR, MCI	12/01	5.9	1.5	-	-	-	

* Oedema is included in this figure

** wt/ht unless specified; cut-off=n.s. means not specified but usually 2z scores wt/ht for wasting and 3z scores for severe wasting. MUAC unless specified cut-off for wasting is <125 mm and <110 mm for severe wasting.

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

Notes on Nutritional Assessments in the Text

The Greater Horn Region

Eritrea

Gash Barka The survey was conducted by SCF-UK in August 2001. A two-stage cluster sampling methodology was used to measure 914 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 8.0 % (95% C.I. 5.5–10.5) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.5 % (95% C. I. 0.4–2.6). Crude mortality was estimated to be 0.3/10,000/day and under-five mortality was estimated at 0.5/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage estimated from mother/carer report was 84.7 %.

Gash Barka The survey was conducted by SCF-UK in October 2001. A two-stage cluster sampling methodology was used to measure 905 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 11.6 % (95% C.I. 8.6–14.6) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.4 % (95% C. I. 0.3–2.5). Crude mortality was estimated to be 0.43/10,000/day and under-five mortality was estimated at 0.57/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage estimated from mother/carer report was 85.3 %.

Gash Barka The survey was conducted by SCF-UK in December 2001. A two-stage cluster sampling methodology was used to measure 906 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 14 % (95% C.I. 10.7–17.1) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.2 % (95% C.I. 0.3–2.5). Crude mortality was estimated to be 0.39/10,000/day and under-five mortality which was estimated at 0.12/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage estimated from mother/carer report was 82.6 %.

Somalia

Tokar, Red Sea State The survey was conducted by FSAU/GHC/UNICEF/CARE in December 2001. A two-stage cluster sampling methodology was used to measure 948 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 37.1 % (95% C.I. 34–40.3) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 8.3 % (95% C.I. 6.5–10.1). Mortality rates were not estimated. Measles vaccination coverage was estimated as 42.7 %.

Sudan

Old Fangak, Upper Nile The survey was conducted by ACF–USA in October 2001. A two-stage cluster sampling methodology was used to measure 900 children between 65 cm–115 cm. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 28.6 % (95% C.I. 24.4–33.1) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 6 % (95% C.I. 4 – 8.8). Crude mortality was estimated to be 3.9/10,000/day and under-five mortality was estimated at 7.5/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage estimated from mother/carer report was 1.3 %.

Rob Kona, Unity State, Upper Nile The survey was conducted by ACF in October 2001. A multi-stage cluster sampling methodology was used to measure 769 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 19.8 % (95% C. I 17–22.9) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 2.6 % (95% C.I. 1.6–4.1). Crude mortality was not estimated but under-five mortality was estimated at 2.6/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage estimated from vaccination cards was 16.9 % and 33.2 % from mother/carer report.

Aweil East, Bahr al Ghazal The survey was conducted by Tearfund in November 200. A two-stage 30 by 30 cluster sampling methodology was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 19.1 % (95% C.I. 15.6–23.2) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.6 % (95% C.I. 0.7–3.3). Under-five mortality was estimated at 2.2/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage was estimated at 33.3 %.

Wau, Bahr al Ghazal The survey was conducted by ACF in December 2001. A multi-stage cluster sampling methodology was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 11.6 % (95% C.I. 8.8–15) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1 % (95% C.I. 0.3–2.6). Crude mortality was not estimated but under-five mortality was estimated at 2/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage estimated from vaccination cards was 39.1 % and 48 % from mother/carer report.

Nyadin, Mareang, Upper Nile The survey was conducted by ACF–USA in September 2001. A systematic sampling methodology was used to measure 414 children between 65 cm 115 cm in 28 out of 32 villages with in a 4-hour radius of the airstrip. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 18.1 % and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 2.7 %. Crude mortality was estimated to be 0.66/10,000/day and under-five mortality at 1.4/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage estimated from mother/carer report was 0.3 %.

Twic County, Bahr al Ghazal The survey was conducted by Goal in January 2002. A two-stage 30 by 30 cluster sampling methodology was used to measure 960 children between 65 115 cm. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 16.6 % (95% C.I. 13.4–20.4) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.6 % (95% C.I. 0.9 2.7). Crude mortality was estimated to be 0.1/10,000/day and under-five mortality was estimated at 0.16/10,000/day, calculated retrospectively over the previous twelve months from 465 households. Measles vaccination coverage was not estimated.

Aweil South, Bahr al Ghazal The survey was conducted by Tearfund in February 2002. A two-stage 30 by 30 cluster sampling methodology was used to measure 900 children between 6 59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 17.8 % (95% C.I. 14.4–21.8) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was

estimated at 1.4 % (95% C.I. 0.6–3.8). Under-five mortality was estimated to be 2/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage was estimated at 7.2 %.

Bieh county, Jongolei The survey was conducted by MSF–B in March 2002. A two-stage 30 by 22 cluster sampling methodology was used to measure 713 children between 65–115 cm. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 32 % (95% C.I. 27.6–36.4) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 9 % (95% C.I. 5.1–12.8). Crude mortality was estimated to be 1.2/10,000/day and under-five mortality at 1/10,000/day, calculated retrospectively over the previous seven months from 433 households. Measles vaccination coverage was estimated at 31.8 % from vaccination cards and 18 % from mother/carer report.

West Africa Region

Guinea

Gueckedou Region The survey was conducted by ACF–SP in March 200. A 30x 30 cluster sampling methodology was used to measure 1018 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 8.2 % (95% C.I. 6–11) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 0.3 % (95% C.I. 0–1.4). Measles vaccination coverage was estimated at 45.3 % from vaccination cards and 29.7 % from mother/carer report.

Sierra Leone

Kono District The survey was conducted by World Vision in September 2001. A two-stage cluster sampling methodology of 24 clusters was used to measure 750 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 17.1 % (95% C.I. 11.5–22.7) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 4.7 % (95% C.I. 3.3–6.3). Crude mortality was estimated to be 1.4/10,000/day and under-five mortality was estimated at 6.1/10,000/day, calculated retrospectively over the previous four months. Measles vaccination coverage was estimated at 16.4 %.

Kenema Town The survey was conducted by Merlin in September 2001. A two-stage cluster sampling methodology of 30 clusters was used to measure 940 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 6.3 % (95% C.I. 3.9–8.6) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 2.6 % (95% C.I. 1.1–4.2). This included 1.5 % of oedematous malnutrition. Crude mortality was not estimated but under-five mortality was estimated at 1.72/10,000/day, calculated retrospectively over the previous month. Measles vaccination coverage estimated from vaccination cards was 27 % and 37 % from mother/carer report.

Kenema IDP camps The survey was conducted by Merlin in September 2001. A systematic sampling methodology was used to measure 691 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 4.2 % (95% C.I. 2–6.3) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.7 % (95% C.I. 0.3–3.1). Measles vaccination coverage was estimated from vaccination cards was 31.4 % and 40.7 % from mother/carer report.

The Great Lakes region

Burundi

Karuzi Province The survey was conducted by MSF–B in September 2001. A two-stage cluster sampling methodology was used to measure 919 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 4.2 % (95% C.I. 2.8–5.7) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 0.4 % (95% C.I. 0.03–0.8). Crude mortality was estimated at 0.4/10,000/day (95 %C.I. 0.2–0.6) and under-five mortality was estimated at 1.2/10,000/day (95 % C.I. 0.4–1.9), calculated retrospectively over the previous five months. Measles vaccination coverage estimated from vaccination cards was 37.3 % and 55.1 % from mother/carer report.

Rutana Province The survey was conducted by IMC in October 2001. A two-stage cluster sampling methodology was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 19.2 % (95% C.I. 16.7–22) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 6.3 % (95% C.I. 2–9.3). This included 3.4 % of oedema. Crude mortality was not estimated but under-five mortality was estimated at 1.6/10,000/day, calculated retrospectively over the previous year. Measles vaccination coverage was estimated at 82 %.

Kayanza Province The survey was conducted by ACF in November 2001. A two-stage cluster sampling methodology was used to measure 948 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 3.9 % (95% C.I. 2.4–6.2) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 0 % (95% C.I. 0–1). Crude mortality was estimated as 0.3/10,000/day and under-five mortality was estimated at 0.08/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage was estimated at 62.3 % from vaccination cards and 36.3 % from mother/carer report.

Democratic Republic of the Congo

Oicha Zone, E DRC The survey was conducted by World Vision in December 2001. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 11.1 % (95% C.I. 8.1–14.1) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 4.4 % (95% C.I. 2.4–6.4) with 3.9 % presenting with oedematous malnutrition. Retrospective mortality was not measured.

Tanzania

Refugee Camps in Western Tanzania The survey was conducted by UNHCR in December 2001. A two-stage cluster sampling methodology of 30 x30 clusters was used in each of the 12 camps to measure 10,707 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 3.2 % (95% C.I. 1.2–3.4) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.1 % (95% C.I. 0.5–2.1) with 0.4 % presenting with oedematous malnutrition. Mortality rates and measles vaccination were not measured.

Uganda

Katakwi District The survey was conducted by Oxfam–GB in November 2001. A two-stage cluster sampling methodology was used to measure 939 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 5.2 % (95% C.I.) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 2.7 % (95% C.I.). This included 2 % of oedema. Crude mortality was estimated as 3.5/10,000/day and under-five mortality was estimated at 4.6/10,000/day, calculated retrospectively over the previous month. Measles vaccination coverage was estimated at 99.3 %.

Southern Africa

Angola

Camacupa, Bie The survey was conducted by MSF in August 2001. A two-stage cluster sampling methodology was used to measure 809 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 12.5 % (95% C.I. 9.9–15) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.7 % (95% C.I. 0.8–2.6). This included 0.5 % of oedema. Crude mortality was estimated as 1.8/10,000/day and under-five mortality was estimated at 3.8/10,000/day, calculated retrospectively over the previous month. Measles vaccination coverage was estimated as 34.2 % from vaccination cards and 26.4 % from mother/carer report.

Ganda, Benguela Province (Residents) The survey was conducted by ACF–SP in November 2001. A two-stage 30 x 30 cluster sampling methodology was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 4 % (95% C.I. 2.4–6.4) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 0.7 % (95% C.I. 0.1–2.1). This included 0.6 % of oedema. Crude mortality

was estimated as 1.2/10,000/day and under-five mortality was estimated at 2.9/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage was estimated at 22.9 % from vaccination cards and 43.2% from mother/carer history.

Ganda, Benguela Province (Displaced) The survey was conducted by ACF-SP in November 2001. A two-stage 24 cluster sampling methodology was used to measure 726 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 5.2 % (95% C.I. 3.1–8.1) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 0.6% (95% C.I. 0.1–2.2). Crude mortality was estimated as 1.3/10,000/day and under-five mortality was estimated at 3.9/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage was estimated at 14.5 % from vaccination cards and 44.3% from mother/carer report.

Sumbe, Kwanza Sul Province The survey was conducted by ACF-SP in December 2001. A two-stage 30 cluster sampling methodology was used to measure 933 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 3.4 % (95% C.I. 2–5.7) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.2 % (95% C.I. 0.4–2.8). This included 0.6 % of oe-dema. Crude mortality was estimated as 0.9/10,000/day and under-five mortality was estimated at 4.1/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage was estimated at 39% from vaccination cards and 40.2% from mother/carer report.

Saurimo, Lunda Sul Province (Residents) The survey was conducted by ACF-SP in January 2002. A two-stage 30 cluster sampling methodology was used to measure 958 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 3.5 % (95% C.I. 2.1–5.8) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 0.7 % (95% C.I. 0.2–2.1). This included 0.4 % of oedema. Crude mortality was estimated as 1.1/10,000/day and under-five mortality was estimated at 2.2/10,000/day, calculated retrospectively over the previous three months.

Saurimo, Lunda Sul Province (Displaced) The survey was conducted by ACF-SP in January 2002. A systematic sampling methodology was used to measure 504 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 6.9% (95% C.I. 4.9–9.7) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.8 % (95% C.I. 0.8–3.5). This included 1.3% of oe-dema. Crude mortality was estimated as 1.8/10,000/day and under-five mortality was estimated at 6/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage was estimated at 67.6% from vaccination cards and 15.4% from mother/carer report.

Caconda, Huila Province (Residents) The survey was conducted by ACF-SP in January 2002. A three-stage 30 cluster sampling methodology was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 11.2 % (95% C. I 8.5–14.7) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 2.7 % (95% C.I. 1.4–4.8). This included 1% of oedema. Crude mortality was estimated as 2/10,000/day and under-five mortality was estimated at 6.8/10,000/day, calculated retrospectively over the previous three months.. Measles vaccination coverage was estimated at 83.7% from vaccination cards.

Caconda, Huila Province (Displaced) The survey was conducted by ACF-SP in January 2002. A three-stage 30 cluster sampling methodology was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 20.7% (95% C. I 17–24.9) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 5.3% (95% C.I. 3.5–8). This included 0.8% of oedema. Crude mortality was estimated as 3.8/10,000/day and under-five mortality was estimated at 12.6/10,000/day, calculated retrospectively over the previous three months. Measles vaccination coverage was estimated at 87% from vaccination cards.

Balombo, Benguela Province The survey was conducted by CRS in March 2002. A random two-stage 30 cluster sampling methodology was used to measure 900 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 11 % (95% C.I. 8.3–14.4) and severe acute (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.3 % (95% C.I. 0.5–3.1). Crude mortality was estimated as 1.4/10,000/day and under five mortality was

estimated at 3.2/10,000/day. Measles vaccination coverage was estimated at 6.2 % with card and 25.4 % with mother/carer report.

Afghanistan area

Afghanistan

Badghis Province The survey was conducted by UNICEF/CDC in March 2002. A 30 cluster sampling methodology was used to measure 545 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 6.5 % (95% C.I. 3.9–9.1) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 2 % (95% C.I. 0.4–3.7). Crude mortality was calculated retrospectively over the previous year and was estimated as 0.72/10,000/day whilst under-five mortality was estimated at 2.51/10,000/day. Measles vaccination coverage was estimated at 59.4 % from mother/carer report.

Shaidai IDP Camp, Hirat The survey was conducted by MSF–H in February 2002. An exhaustive MUAC survey of all 2059 children between 12–59 months was conducted. The prevalence of acute malnutrition (defined as < 125 mm MUAC and/or oedema) was 3.9 % including 0.7 % severe acute malnutrition (defined as < 110 mm and/or oedema) CMR and vaccination coverage were not measured.

Maslakh IDP Camp, Hirat The survey was conducted by MSF–H in January 2002. A systematic sampling methodology was used to measure the MUAC of 1869 children between 6–59 months. The prevalence of acute malnutrition (defined as MUAC < 124 mm and/or oedema) was 26.4 % including 6.6 % of severe acute malnutrition (defined as MUAC < 108 mm and/or oedema). Crude mortality and measles vaccination coverage was not estimated.

Makaki camp, Nimruz The survey was conducted by ACF in December 2001. An exhaustive sampling methodology was used to measure all children between 6–59 months in the camp, giving a total of 955. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 4.7 % (95% C.I. 3.5–6.3) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 0.6 % (95% C.I. 0.1–2). Measles vaccination coverage was estimated at 89.1 % from vaccination cards and 7.6 % from mother/carer report.

Mile 46 camp, Nimruz The survey was conducted by ACF in December 2001. An exhaustive sampling methodology was used to measure all children between 6–59 months in the camp, giving a total of 1110. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 4.9 % (95% C.I. 3.7–6.4) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 0.7 % (95% C.I. 0.3–1.4). Measles vaccination coverage was estimated at 92.1 % from vaccination cards and 4.1 % from mother/carer report.

Pakistan

Refugee camps in Balochistan The survey was conducted by PDH, UNICEF, UNHCR, MCI in December 2001. A two-stage 30 cluster sampling methodology was used to measure 896 children between 6–59 months. The prevalence of acute malnutrition (defined as <-2 Z scores weight for height and/or oedema) was estimated at 5.9 % (95% C.I.) and severe acute malnutrition (defined as <-3 z scores weight for height and/or oedema) was estimated at 1.5 % (95% C.I.). Crude mortality was not estimated. Measles vaccination coverage was estimated at 32 % with EPI card.

Notes

The 36th & 37th issue of the RNIS provides updates on selected emergency contexts around the globe. The focus is predominantly Sub-Saharan Africa and this reflects the greater amount of nutritional information from emergency contexts that is currently available for this region. There is also a large section on the Afghan Region which reflects the severity of the ongoing crisis. However, it is important to note that the situation is changing very rapidly, both in terms of numbers and the scale of the humanitarian response. Some previously covered countries have not been covered in this issue. This is because the RNIS has, for some time, been unable to source new information on the nutrition or food security situation of emergency affected populations in these contexts.

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

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

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



Map of Africa

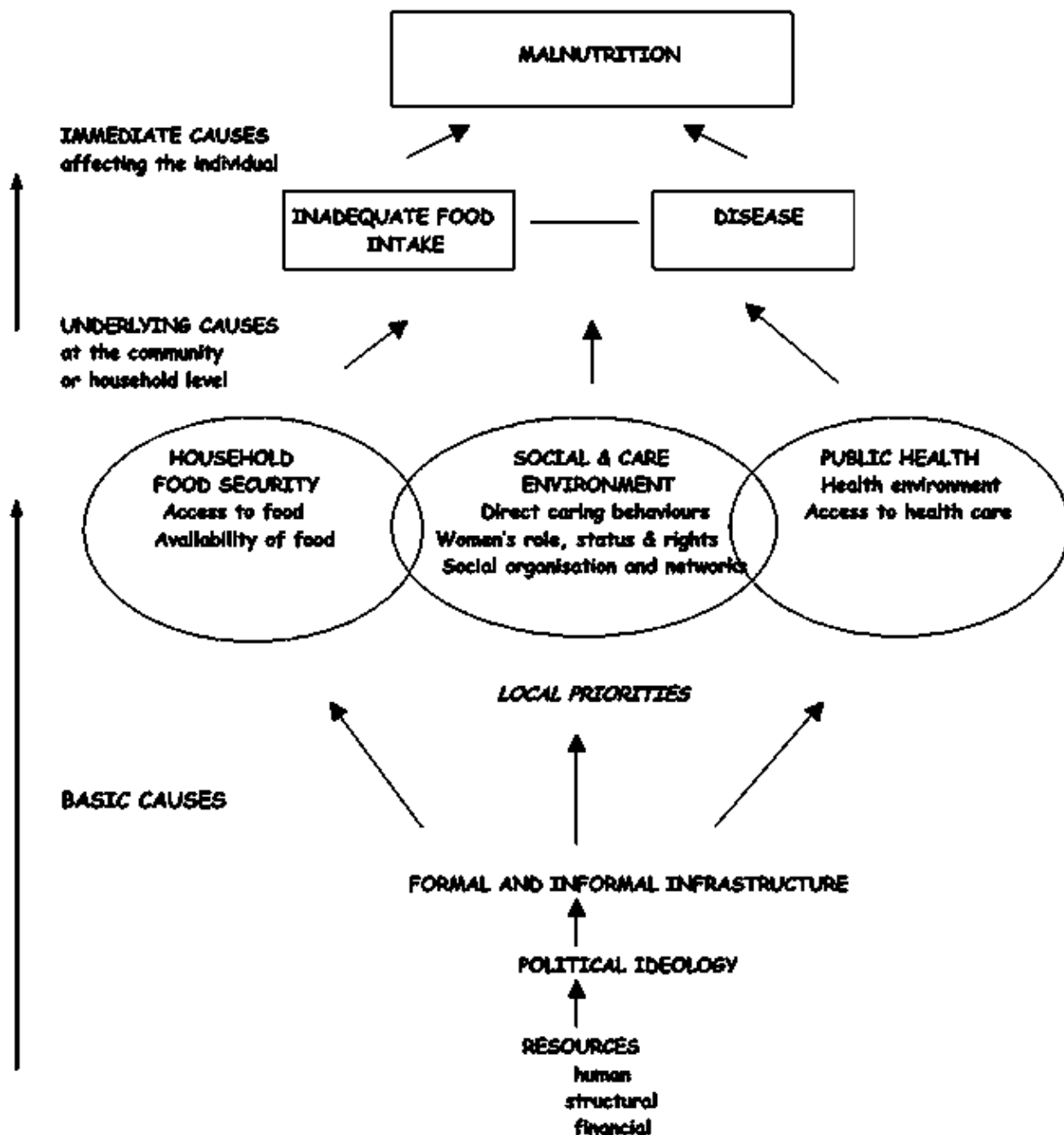
Seasonality in Sub-Saharan Africa*

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

The UNS/SCN¹, which is the focal point for harmonizing policies in nutrition in the UN system, issues these reports on the nutrition of refugees and displaced people with the intention of raising awareness and facilitating action to improve the situation. This system was started on the recommendation of the SCN's working group on Nutrition of Refugees and Displaced People, by the SCN in February 1993. After a break of some months this is a combined thirty-second and thirty third publication of a regular series of reports.

Based on suggestions made by the working group and the results of a survey of RNIS readers, the Reports on the Nutrition Situation of Refugees and Displaced People will be published every three months, with updates on rapidly changing situations on an 'as needed' basis between full reports.

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

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

- Populations in *category I* the population is currently in a critical situation; they either have a *very high risk* of malnutrition or surveys have reported a very high prevalence of malnutrition and/or elevated mortality rates.
- Populations in *category II* are currently at *high risk* of becoming malnourished or have a high prevalence of malnutrition.
- Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there 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.

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

INDICATORS

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

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

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

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

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

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

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

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

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

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

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

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

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