

**Refugee Nutrition Information System (RNIS), No. 42 – Report on the
Nutrition Situation of Refugees and Displaced Populations Number**

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August 2003

United Nations System
Standing Committee on Nutrition



HIGHLIGHTS

Ethiopia The food security situation has not improved over the past months. The government of Ethiopia launched a new appeal in April 2003, adding 1.2 m people to the previously 11.3 m people identified as in need of food aid.

The different surveys showed highly different nutrition situations, varying from acceptable to dramatically high. This is probably due to a combination of factors: the effect of the current drought, the underlying vulnerability of the population and the adequacy of the humanitarian and long-term response. The provision of food aid in sufficient quantities seems to play a major role in the short-term improvement of the nutrition situation. Long-term programmes are also needed to break the vicious cycle of crises and destitution.

The January 2003 WFP food appeal was fully pledged in July 2003. This does not include, however, the new April appeal.

On the other hand, in **Eritrea**, WFP has only 62% of the food required to support 900,000 of the 1.4 m drought-affected people. WFP can only assist 600,000 people, despite food insecurity is expected to worsen until the next harvest, due by October 2003.

Sudan Food security has deteriorated over the past few months in parts of southern Sudan. In highly food-insecure areas, the hunger gap has begun earlier than usual. As a consequence of funding shortfall, WFP has been obliged to cut the food rations distributed in August by 50%. WFP operations in Sudan are only 30% funded. This will have dramatic consequences for populations in desperate need. All the available indicators, ie food security, prevalence of malnutrition and rates of mortality, indicate a steady decline of the situation since 2002 and a major humanitarian crisis. Unless sufficient humanitarian interventions are implemented, it is likely that this trend will continue and the situation will further deteriorate.

Liberia The one million population of the capital and an estimated 250,000 displaced people, who had sought refuge in Monrovia, have been trapped for weeks. Populations have had little access to basic services. Screenings carried out in accessible districts and IDP camps showed a poor nutrition situation. Humanitarian access has slightly improved in Monrovia since the deployment of peace-keeping forces, but about 70% of the country was still inaccessible to humanitarian aid.

Ivory Coast Following the creation of a "weapons-free zone of confidence" in western Ivory Coast, the population which had been displaced by heavy fighting in the area has begun to return home, especially in June 2003. The situation has, however, remained tense. The humanitarian situation in western Ivory Coast is reported to be dire. Many people have been hiding in the bush for months, and find their homes and properties (including cash crops and food stocks) destroyed or looted when returning. Screening at mobile clinics showed a very serious nutrition situation; there was a high proportion of children with oedema.



RNIS summaries

On the occasion of a readership survey carried out in May 2003, some readers expressed their concern that the printed RNIS report was too long and was received late. The RNIS summaries have been designed in order to respond to these concerns. They are sent by e-mail.

If you have not received the RNIS summary 42 and would like to receive future RNIS summaries, please send an email to scn@who.int. In the e-mail, indicate that you want to receive the summaries, and provide your name.

RISK FACTORS AFFECTING NUTRITION IN SELECTED SITUATIONS

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

Factor	ETHIOPIA Fik area	SOMALIA Kismaya district	SOMALIA Galkayo town	SOUTH SUDAN War affected	UGANDA IDPs in Gulu district	Western Ivory Coast	New refugees in Pakistan
1. Nutritional risk category	I	II	III	I	II	I	IV
2. Public Health Environment (water, shelter, overcrowding, access to health services)	X	O	?	X	X	X	?
3. Social & Care Environment (Social organisations and networks, Women's role, status and rights)	?	O	O	x	X	?O	O
4. Food Security	X	O	O	X	O	X	?
5. Accessibility to population	O	O	O	X	X	O	?
6. General resources	?						
– food (gen stocks)	X	O	?	X	O	X	?

	- non-food	?	O	?	x	O	O	?
7.	Personnel*	X	?	?O	x	O	X	?O
8.	Information	?	O	O	O	O	??	?

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

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

SUB-SAHARAN AFRICA – GREATER HORN REGION

Ethiopia

The food security situation has not improved over the past months. The government of Ethiopia launched a new appeal in April 2003, adding 1.2 m people to the previously 11.3 m people identified as in need of food aid. The total population in need now stands at 12.6 m people. Food aid needs have increased in Amhara, Oromiya, Southern Nation and Nationalities People's Region (SNNPR) and Tigray, with the SNNPR showing the biggest relative increase (FEWS, 23/05/03).

Cereal prices have continued to rise (ENFS, 15/07/03) and rains were lower than usual at the beginning of the *Meher* season (June–September) (ENFS, 15/07/03). The poor food security situation is compounded by an increase in malaria cases (OCHA, 11/07/03).

The January 2003 food appeal was fully pledged in July 2003. This does not include, however, the new April appeal. Moreover, only 60% of the committed food assistance has actually been delivered (ENFS, 15/07/03). The government of Ethiopia has agreed to increase the cereal ration of the food distribution from 12.5 kg/pers/month to 15 kg/pers/month (OCHA, 14/07/03).

There is still a 10% shortfall for the non-food items, and a 30% shortfall for seed distribution (ENFS, 15/07/03). WFP has only received 30% against the appeal for food distribution to 130,000 refugees in Ethiopia (mostly from Sudan and Somalia) (WFP, 08/08/03).

Critical response to food crises in Ethiopia

Response to food crisis in Ethiopia has been criti-cised by various organisations. According to SCF, long-term aid to improve basic living conditions of communities has been far too low, with Ethiopia receiving the lowest level of development aid in sub-Saharan Africa (SCF-UK, 17/07/03). This has led to destitution with more and more destitute and poor families and fewer and fewer wealthier families. According to SCF, to tackle Ethiopia's problems efficiently, there is a need to invest in basic infrastructure and public services, development of non-agricultural income – generating activities, and social protection to provide assistance to the destitute.

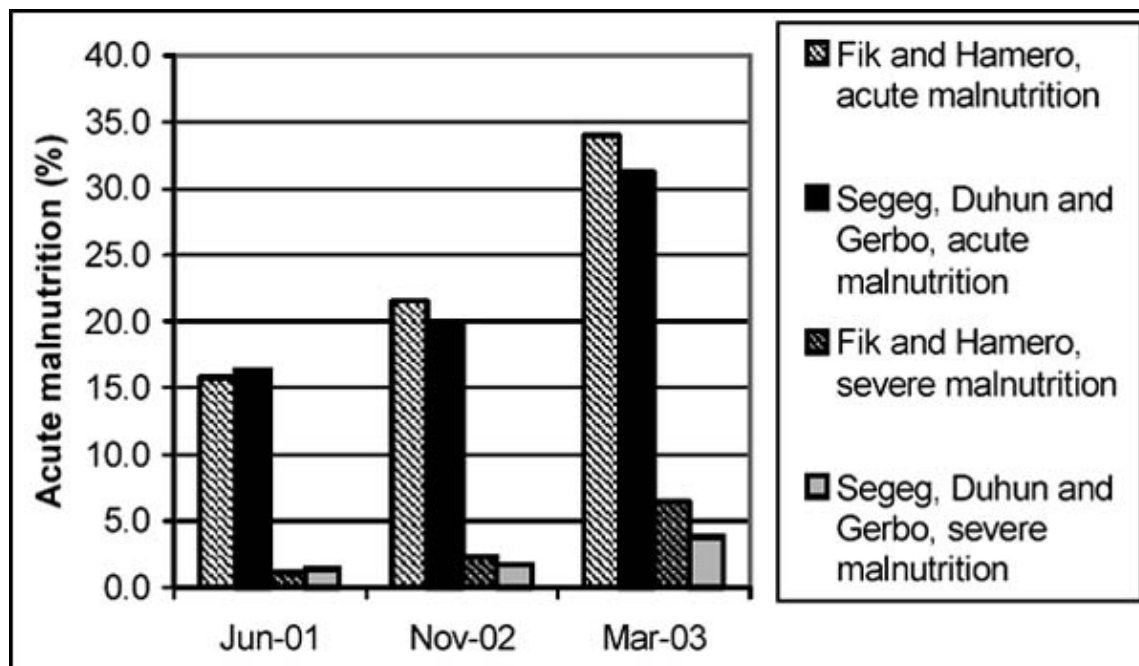
In the same way, the Feinstein International Famine Centre said in a report, that the current crisis is partly due to government and donor failure to assist populations in recovering from the cumulative effects of previous crises (OCHA, 16/07/03). The report also wonders about the lack of commitment to building the capacity to respond to future emergencies.

Somali region

Fik zone

The zone has been one of the most affected by the recent drought, and also suffered extremely from the drought in 1999–2000. Most of the population is pastoralist (70–80%); 20–25% is agro-pastoralist; the urban group represents only 5% of the population and there is a significant number of IDPs (15,000). Wealth

conditions of people have gradually deteriorated; the poorer wealth group comprises 50–60% of the population in 2003, compared to 30–40% in 1996. In the same way, malnutrition rates have increased since 2001 (see figure).



Acute malnutrition, Fik region

The last nutrition surveys conducted in March 2003 showed dramatically high rates of malnutrition and mortality (see table) (SCF–UK, 03/03). This can be attributed to the degradation of the food security situation, the poor infrastructure, and insufficient humanitarian/long-term pro-programmes (see box).

Underlying determinants of nutritional status and mortality, Fik zone, Ethiopia, March 2003 (SCF–UK, 03/03)

Household food security

Food distribution

Food distribution to 114,000 vulnerable people Difficulties of targeting Increased number of people coming into the area for distributions Diminution of food rations

Market availability

Decreased availability of milk and cereals due to drought Cereal prices increase Prices of imported (from Somalia, Somaliland) food items increase because of cross-border trade restriction

Sources of income¹

Livestock condition poor or very poor according to 95% of the people interviewed Terms of trade deteriorating for the pastorals

Main sources of income¹

Sale of livestock 28% (45%); petty trading 26% (12%); sale of firewood/charcoal 19% (12%); sale of wage labour 15% (16%) Poorer and IDPs were mostly relying on daily labour and petty trade; middle and better-off were almost completely reliant on income from livestock products

Public health

Health care

Virtually non existent
Measles vaccination campaign to be held in June

Nutrition care

Unknown

*Water*¹
Water shortage, high prices of water No/little water trucking 44% (43%) collected water from traditional wells, 39 % (24%) from a river, 14% (29%) from a pump

Sanitation
Virtually non existent

Social and care
Unknown

¹ According to household interviews; first figures refer to Fik and Hamaro districts, figures in brackets refer to Segeg, Duhun and Garbo districts

Results of nutrition surveys, Fik zone, Somali region, Ethiopia, March 2003 (SCF–UK, 03/03)

	Acute malnutrition (%) (95% CI)	Severe acute malnutrition (%) (95% CI)	CMR (/10,000/day)	<5 MR (/10,000/day)	MVC ¹ (%)
Fik and Hamero districts, Fik zone,	34.0 (30.0–37.9)	6.4 (4.5–8.2)	1.36	4.6	27.6
Segeg, Duhun and Garbo districts, Fik zone	31.3 (27.8–34.8)	3.8 (2.6–5.1)	1.08	4.00	19.6

Amhara region

Gubalafto district, North Wollo

A nutrition survey showed an acceptable situation in Gubalafto district (see table) (SCF–UK, 03/03). North Wollo has not been too badly hit by the recent drought and the nutrition situation seems to have remained the same since 2001.

Tenta district, South Wollo

A nutrition survey showed a precarious nutrition situation, whilst mortality rates were under–control (see table) (WV, 06/03). 70% of the families interviewed were relying on their own production, whilst 30% were purchasing food. The main sources of income were the sale of grain (50%), waged labour (11%) and the sale of livestock (10%). About 10 % of the families did not have any source of income. Only 15% of the population had received food distribution during the two weeks prior to the survey. Only 11% of the children had been ill during the 15 days prior to the survey.

Southern Nation and Nationalities People's Region (SNNPR)

Kembata and Timbaro

The zone has not been too strongly affected by the current drought. The results of nutrition surveys in two districts of the zone showed average to precarious nutrition situations (see table) (WV, 06/03). Mortality rates were under–control (see table). In Kedida Gamilla district, 54% of the families interviewed have received food aid in the last two months, whilst 29% of the children have received supplementary food. In Omo Sheleko district, 40% of the families have received food aid and 21% of the children have received supplementary food.

Oromiya region

North Showa

The nutrition situation is precarious in Hidhabu Abote district, although mortality rates are under–control (see table) (WV, 06/03). Twenty–two percent of the families have received food aid in the last two months. The main source of food and income were own production.

	Acute malnutrition (%) (95% CI)	Severe acute malnutrition (%) (95% CI)	CMR (/10,000/day)	<5MR (/10,000/day)	MVC ¹ (%)
Amhara region					
Tenta district, South Wolo zone	11.9 (9.1–15.3)	1.2 (0.5–2.8)	0.3	0.6	37.3
Gubalafto district, North Wollo zone	3.8 (2.2–5.3)	0.2 (0.0–0.5)	0.18	0.29	45.9
SNNPR					
Omo Sheleko district, Kembata and Timbaro zone	12.9 (10.0–16.4)	1.7 (0.4–2.6)	0.25	0.4	60.8
Kedida Gamilla district, Kembata and Timbaro zone	6.9	1.1 (0.41–2.7)	0.17	0.61	79.5

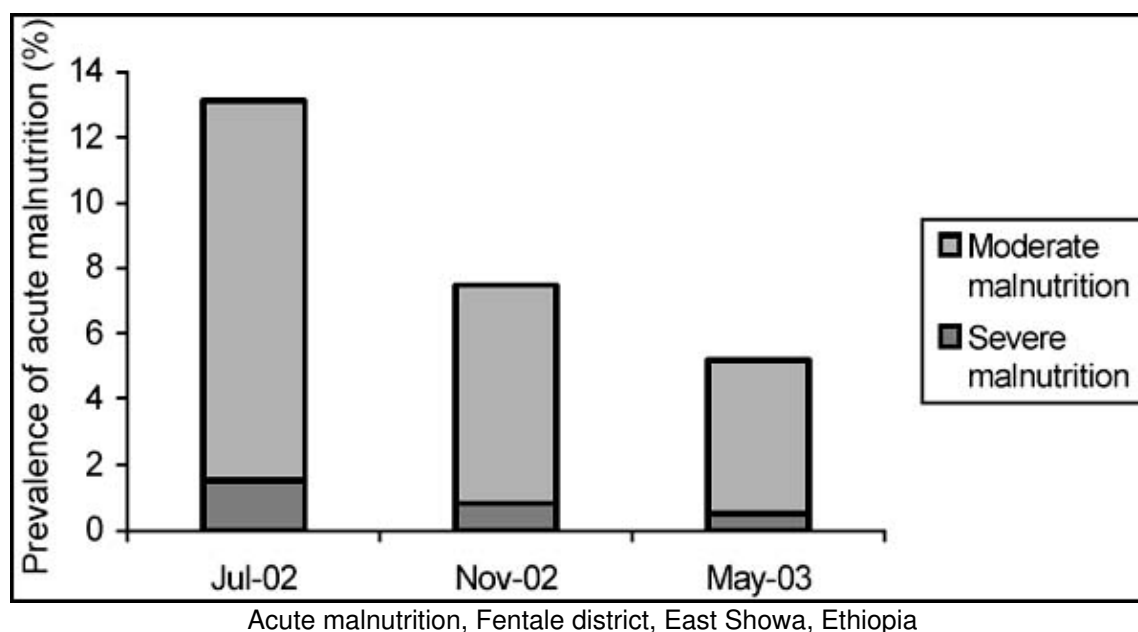
¹ Measles vaccination coverage according to cards and mothers' statement

East Showa

East Showa has been badly affected by the current drought. However, in Fentale district, the nutrition situation is under-control and has gradually improved since July 2002 (see figure) (GOAL, 05/03).

Mortality rates were, however, of concern. Almost all households have received regular general food distribution and supplementary rations (for the under-five –year olds, pregnant and lactating women) in the previous four months. About 90% of the households were relying on relief food as their primary source of food and 50% of the households reported that they do not currently earn any money.

In the rural area of Adamitulo district, the nutrition situation is far worse (see table) (MSF–H, 06/03). Almost all households have received food aid the month prior to the survey; 98% of the households have received food aid in the form of food for work. Whilst the food distribution should be targeted, it appears that almost all households have received food. This has led to the diminution of the food ration received: 7.5 kg of cereals/pers, on average, instead of the intended 12.5 kg/pers.



West Hararghe

A nutrition survey was carried out in the lowland area of the zone in June 2003 (CARE/WFP, 06/03). The survey revealed an improving nutrition situation (see table), although it has remained stable since the beginning of the year and has slightly improved, compared to September 2002. The nutrition situation in the highland agro-ecological zone was average in February 2003 (acute malnutrition: 7.7% (6.1–9.6) (CARE/WFP, 02/03).

Results of nutrition surveys, Oromoyia region, Ethiopia, June 2003

	Acute malnutrition (%) (95% CI)	Severe acute malnutrition (%) (95% CI)	CMR (/10,000/day)	< 5 MR (/10,000/day)	MVC ¹ (%)
Hidhabu Abote district, North Showa zone	14.2 (11.2–17.8)	3.3 (1.9–5.6)	0.31	0.78	48.5
Fentale district, East Showa zone	5.2 (3.9–6.9)	0.5 (0.2–1.4)	0.91	1.74	94
Zigway, Admitulo, Jido districts, East Showa zone	17.1 (13.7 – 20.4)	4.8 (2.5–7.2)	0.54	1.51	48.0
Daro Lebu district, West Haraghe zone	5.1 (3.8–6.8)	0.3 (0.1–1.0)	0.72	2.13	86
Rural areas of lowlands and dry midlands, West Haraghe zone	10.1 (8.2 – 12.2)	1.3 (0.7 – 2.3)	0.33	0.88	–
Kurkfa Chelle, Grawa, Bedeno and Meyu, East Haraghe zone	14.9 (12.7–17.5)	1.5 (0.9–2.6)	0.67	1.56	–

¹ Measles vaccination coverage according to cards and mothers' statement

West Hararghe has been particularly affected by the drought. Food grain prices have remained high and income opportunities were limited, but there has been significant relief (including food distribution and nutrition rehabilitation) and long-term programmes in the zone.

In Daro Lebu district (of which parts were included in both of the above mentioned surveys), the nutrition situation was under-control (GOAL, 06/06).

East Hararghe zone

The nutrition situation in the lowlands (which are more vulnerable than the highlands) of four districts of East Hararghe is serious (see table) (CARE/WFP, 05/03). The mortality rates were also high, maybe due to the high prevalence of malaria. Care has been implementing a distribution of supplementary food to under-five year olds, pregnant and lactating women since May 2003.

Afar region

Zone 3

Zone 3 of the Afar region has been badly affected by the drought over the past years and populations have almost exhausted their coping strategies. The health infrastructure is among the worst in the country. A nutrition survey carried out in April 2003 revealed a nutrition situation still precarious but which has improved since August 2002 (GOAL, 04/03). **In June 2003, the prevalence of acute malnutrition was 11.6% (9.6–13.9), including 1.0% (0.5–2.0) severe malnutrition**, compared to 17.9% (15.5–20.6) and 2.9% (1.9–4.3) in August 2002. Whilst it did not seem that the contextual food security situation has improved since the last survey, quantities of food distributed have increased. The intended amount of cereal distributed has increased from 12.5 kg/pers/month to 50 kg/pers/month. Oil and CSB are also distributed. The coverage of supplementary food distribution for under-five year olds, pregnant and lactating women, has also been spread out. Measles vaccination campaigns have also been implemented. On the other hand, mortality rates have remained high (CMR= 1.83/10,000/day, under-five mortality rate=3.66/10,000/day). Main causes of under-five mortality were fever/malaria and cough/cold/ARI.

Overall The different surveys showed highly different nutrition situations, varying from acceptable (category IV) to dramatically high (category I). This is probably due to a combination of factors: the effect of the current drought, the underlying vulnerability of the population and the adequacy of the humanitarian and long-term response. The provision of food aid in sufficient quantities seems to play a major role in the short-term improvement of the nutrition situation. Long-term programmes are also needed to break the vicious cycle of crises and destitution.

Recommendations and priorities

Fik zone, Somali region, from the SCF-UK survey

Short term

- Revise the amount and timing of the general food distribution
- Implement supplementary and therapeutic feeding programmes
- Continue water tanking
- Implement a measles vaccination campaign in conjunction with vitamin A distribution

Long term

- Upgrade the interventions planned for restocking, water, health and veterinary services
- Develop special interventions for IDPs
- Improve the capacity of the MoH

South Wollo, Amahara region, from the World Vision survey

- Implement/improve general food distribution
- Establish supplementary and therapeutic feeding programmes
- Plan seed distribution
- Closely monitor food security and nutrition situation

North Wollo, Amhara region, from the SCF-UK survey

Short term

- Monitor the food security situation, especially in the highland areas
- Provide seeds at a reasonable price before the next planting season
- Improve health care services

Long term

- Create opportunities for households to generate cash income through income diversification

Rural areas of Lowlands, West Hararghe zone, Oromiya region, from the CARE/WFP survey

- Implement monitoring of food distribution
- Improve water supply

East Hararghe zone, Oromiya region, from the Care/WFP survey

- Revise the targeting process of the food distribution to include the most needy
- Improve the supplementary food distribution
- Continue close monitoring

Zone 3, Afar region, from the GOAL survey

- Continue general food distribution and supplementary food distribution
- Address the high levels of unprotected water sources
- Disseminate information to ensure that people are aware of the availability of free medical treatment for drought-affected populations
- Alert MoH and local authorities regarding the high mortality rates in the zone

Somalia

The Somali reconciliation conference, attended by representatives of the Transitional Government (TNG), armed factions, which control different parts of Somalia, the regional administration of Puntland and civil society groups, has continued in Eldoret, Kenya, over the reporting period. An agreement was signed by the delegates in early July 2003, to establish a federal government to rule the country over the next four years, and a 351-member transitional national assembly. The agreement was, however, soon rejected by the President of the TNG and one of the faction leader (AFP, 06/07/03; OCHA, 16/07/03). The President of the TNG has subsequently left peace-talks (OCHA, 30/07/03). Despite the signing of an agreement stipulating cessation of hostilities, in October 2002, there are still outbreaks of violence throughout the country (OCHA, 09/06/03; OCHA, 11/06/03; OCHA, 10/07/03). Civil society has manifested its protestation against continuing violence in Mogadiscio, through demonstrations and strikes by medical workers (OCHA, 30/06/03; OCHA, 07/07/03). The first presidential election took place in the self-declared republic of Somaliland in April 2003. The incumbent president, Dahir Rayale Ka-hin, won by only 80 votes. According to the international observers election monitoring team, the election process was peaceful, orderly and transparent (Vanguard, 22/04/03). The opposition parties have also recognised the verdict of the ballot boxes. The International Crisis Group, encourage the government of Somaliland to fully demonstrate its involvement in democracy by taking some more action (ICG, 28/07/03).

Somaliland faces several political and economic difficulties; it is not recognised as a state and its reintegration as part of the Somalia State, as it was before 1991, is often asked by the international community and the southern Somalia leaders. Somaliland's main economic activities are trade through the port of Berbera (taxes from the port account for 80% of Somaliland overall budget) and livestock. The ban imposed by the Arabian states on livestock import from Somalia, since 2000, has led to a 40% drop in the state revenues. Remittances from abroad play a major role as income sources for a significant proportion of the population (AFP, 21/04/03).

Food security

Gu 2003 cereal crop forecast is average (FSAU, 07/03). Erratic and unevenly distributed rainfall, insect and rodent infestation, and regional insecurity are responsible for crop limitation. It is, however, expected that the *Gu* cereal production will be similar to production in 2002 and 28% more than the post-war average. In comparison with last year, a substantial decline in production is expected in Bay and Middle Juba. The final crop establishment evaluation will take place by late August.

In the northern pastoral areas, the western part of Sool plateau and the Lower Nugal valley are especially vulnerable due to poor rains (FSAU, 07/03).

Southern regions

Lower Juba

Buale district

There has been report of a precarious nutrition situation among the returnees who fled the fighting which took place late 2002/beginning 2003 (FSAU/N, 06/03). **About 7 % of the children screened had a MUAC < 110 mm and 21.5% had a MUAC < 125 mm.** The fighting has resulted in severe loss and destruction of properties, food stocks and crops. Despite a cease-fire signed in March 2003, not all displaced have returned.

Kismayo district

A random sampled nutrition survey was conducted in Kismayo district in May 2003 (UNICEF/MUSLIM AID–UK, FSAU/SRCS, 05/03), including Kismayo town, rural areas and IDP camps. The nutrition situation was of concern and mortality rates were higher than alert thresholds (see table). This survey is not directly comparable with previous surveys done in 1995 because the surveys did not cover the same population. However, the nutrition situation in May 2003 seemed to be slightly better than in Kismayo town in 1995 and within the same range of the nutrition situation in IDP camps in the same year (see RNIS 12). The food security situation was considered as normal but people had access to few coping strategies; health services were lacking with no hospital or health post functioning; only one quarter of the population had access to safe drinking water and sanitary conditions were especially poor in the IDP camps and the poorest districts of Kismayo town; child feeding practices were inadequate (see boxes).

Immediate determinants of nutritional status, Kismayo district, Somalia, May 2003 (UNICEF/MUSLIM AID–UK, FSAU/SRCS, 05/03)

<p>Food intake <i>Sources of food</i> Purchase 81%; household crop production 9% Favourable terms of trade to the different FEZ, including the displaced</p> <p>Diseases High prevalence of diseases In the two weeks prior the survey: ARI 40.6%, diarrhoea 24.8%</p>

Basic determinants (recent events at local level), Kismayo district, Somalia, May 2003 (UNICEF/ MUSLIM AID–UK, FSAU/SRCS, 05/03)

<p>Juba Valley Alliance (which took over control of the region in 1999) has ensured a fairly stable environment for the delivery of humanitarian assistance</p> <p>Food economy zones Urban (trade and labour) 37% Southern inland pastoral (camel, shoat) 10% Lower Juba pastoral (cattle, shoat) 15% Lower juba agro–pastoral (cattle, maize) 20% Sea–food (fishing and trade) 15% Juba riverine pump irrigation (maize, onions....) 3% IDPs (self–employment, casual labour) 25 camps, 2627 families</p> <p>2000 was considered as a normal year, 2001 as slightly below average, 2002 as good and 2003 as normal so far</p>
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Results of a nutrition survey, Kismayo district, Lower Juba, Somalia, May 2003 (UNICEF, 05/03)

Acute malnutrition (%) (95% CI)	Severe acute malnutrition (%) (95% CI)	Oedema (%)	CMR (/10,000/day)	< 5 MR (/10,000/day)	MVC ¹ (%)
12.3 (9.6–15.6)	1.9 (1.1–3.0)	0	1.9	2.2	70

¹ Measles vaccination coverage according to cards and mothers' statement

Underlying determinants of nutritional status, Kismayo district, Somalia, May 2003 (UNICEF/MUSLIM AID–UK, FSAU/SRCS, 05/03)

<p>Household food security <i>Market availability</i> Locally produced cereals, milk and imported food commodities available in the markets</p>
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Sources of income

Main sources of income

Casual work 51%; petty trading 21%

Coping strategy

Borrowing 43%

Purchase 41%

Public health

Health care

The only district hospital has been closed since 2001

Four MCH supported by NGO/UN

No health post

Some private clinics/pharmacies

EPI acceleration strategy in Kismayo town in March 2003

Main sources of treatment

93% of the families seek assistance when a child is sick

To a private clinic/pharmacy 37%, to a public health facility 56%

Nutrition care

None

Water

Open hand –dug wells and river

Regular chlorination of the open wells

Main source of drinking water

Open hand –dug well 79%,

River 8%

Potable water 23%

Sanitation

Pit latrine 77%

No (few) latrines in the IDP camps and poorest districts of Kismayo town

Overcrowding in IDP camps and poorest districts

Social and care

Child feeding practices counselling provided at MCH level

Breastfeeding stopped at 0–6 months: 27%, 7–11 months:

21%, more than 12 months: 52%

Weaning 0–4 months: 90%

Feeding frequency: 3 times or more 84%; twice 15%

Children are given priority in terms of quantity and quality of food, even in times of stress

Central regions

Galkaio town, Mudug region

A random sampled nutrition survey was carried out in Galkaio town (excluding the south section for security reasons) in April 2003 (UNICEF/MOSA/FSAU, 04/03). About 76% of the families surveyed were resident families, whilst 17% were internally displaced, 4% were refugees and 2% were returnees. **The survey revealed an average nutrition status. The prevalence of acute malnutrition was 8.3% (6.7–10.4), including 2.3% (1.4 – 3.5) severe malnutrition, and was in the same range as in March/April 2002** when the prevalence of acute malnutrition was 8.2%, including 2.1% severe malnutrition. These rates are among the lowest recorded in Somalia in recent years, but are disappointing in regard to the positive economy of the town and the food security situation, which was considered as favourable at the time of the survey (FSAU/N, 07/03). The public health environment also seemed to be positive (see boxes).

Child feeding practices were mixed with an early stop to breast-feeding and early weaning, but high feeding frequencies (see boxes). One of the things which may explain this relatively high level of malnutrition in regard

to the favourable context is that the most vulnerable population (the poorest, the displaced and returnees, which are a significant part of the population) present a higher risk of malnutrition.

The rate of malnutrition found in Galkaio town is respectively within the range and slightly below the rates found in Jeriban district and Galgodob town in Mudug region in December 2002 (see RNIS 41). About 69% of the children were vaccinated against measles, according to cards and mothers' statement; 75% of the children received vitamin A within the last six months.

Immediate determinants of nutritional status, Galkaio town, Somalia, April 2003 (UNICEF/MOSA/FSAU, 04/03)

Food intake

Sources of food
Purchase 99.5%

Diseases

Relatively low prevalence of diseases
In the two weeks prior to the survey: ARI 9.3%, diarrhoea 7.6%

Underlying determinants of nutritional status, Galkaio town, Somalia, April 2003 (UNICEF/MOSA/FSAU, 04/03)

Household food security

Market availability
Thriving trade town

*Sources of income**
Main sources of income
Casual work 43%; business 30%; salaried employment
13%; remittances/gifts 10%; begging 3%

Coping strategy
Borrowing 84%
Remittances/gifts 9%

Public health

Health care
Public hospital and OPD/MCH supported by NGO/UN
Numerous private clinics/pharmacies

99% of mothers seek assistance when child sick
To a private clinic/pharmacy 74%, to public health facility 21%

Nutrition care
None

Water
Bore holes from where tanker trucks and donkey carts fetch water
Shallow wells
Main source of drinking water
Potable water from tanker/truck vendors 86%,
Polluted water (nitrates, minerals) from shallow wells 12%

Sanitation
Pit latrine 96%
Pit latrine used and cleaned 82%, used and dirty 16%

Social and care

Breastfeeding stopped at 0–6 months: 58%, 7–11 months:

29%, more than 12 months: 13%
Weaning 0–6 months: 95%
Feeding frequency: 4 times or more 76%; 3 times 24%

Basic determinants (recent events at local level), Galkaio town, Somalia, April 2003 (UNICEF/MOSA/FSAU, 04/03)

Inflation
IDPs (17% of the families interviewed), refugees (4% of the families interviewed)
Livestock ban (population outside the town is pastoral and there are exchanges between the rural and urban areas)
Recurrent rain failures
Rainfall has recently improved

Northern region

Returnees in Hargeisa

The results of the under-five mortality survey, which was carried out in February 2003 (see RNIS 41) have been revised; the revised under-five mortality rate was 2.9/10,000/day (instead of 3.7/10,000/day) (FSAU/N, 06/03). The crude mortality rate was 1.9/10,000/day. Both rates were higher than alert thresholds.

Sool plateau

The Sool plateau has been identified as at risk of food insecurity for months. Successive dry seasons for three years have led to water shortage and poor pastures in this mostly pastoral area. The 2003 *Gu* rains have also been delayed and sparse. High number of livestock deaths have been reported as well as a degradation of the condition of the remaining livestock. Livestock trade has become difficult and the poorest pastoralists have adopted coping strategies, such as charcoal collection, which has further deteriorated the environment. More than half of the population has moved in search of water and pasture but the middle and poor wealth groups had no choice other than to stay on the plateau. They are facing hardship conditions: little access to water, high prices of water, poor livestock conditions leading to low livestock productivity and saleability, poor employment or self-employment opportunities and poor social support (FSAU/FS, 07/03). It is estimated that poor households are facing an annual food deficit of 25–35% of their energy requirements (FSAU/FS, 07/03).

A random sampled nutrition survey carried out in May 2003 revealed a nutrition situation of concern (FSAU/N, 06/03). The prevalence of acute malnutrition was 12.5% (10.5 – 14.9), including 1.8% severe malnutrition (1.1 – 3.0). The under-five mortality rate was also of concern: 1.9/10,000/day. Measles vaccination coverage was very low: 26% when taking into account cards and mothers' statement.

Overall Despite food security conditions considered favourable, the nutrition situation in Galkaio town is average (category III), and is of concern in Kismayo district (category II). Chronic vulnerability may partly explain this fact. The food security situation has degraded in the Sool plateau, leading to a precarious nutrition situation (category II).

Recommendations and priorities

Sool plateau, from FSAU/MOHL/Ministry for pastoralism and the environment/UNICEF/WFP

- Implement targeted general food distributions to an estimated vulnerable population of up to 3,500 households for the next 2–3 months
- Implement supplementary feeding programme
- Rehabilitate water points to increase access to water for both humans/people and livestock
- Promote alternative income generating activities
- Intensify the promotion of preventive health care intervention, including child feeding practices

Kismayo district, from the UNICEF survey

- Implement medium and long-term projects that address the poor sanitation situation
- Increase opportunities for income generation and skills training intervention
- Put in place education activities about hygiene and child feeding practices

Sudan

The agreement of cessation of hostilities, which was signed in October 2002 by the Government of Karthoum and the Sudan People's Liberation Movement/Army (SPLM/A), was renewed for a period of three months, in late June 2003 (OCHA, 30/06/03). On the other hand, the last round of negotiations, which ended in mid-July, failed to produce a draft peace deal (AFP, 13/07/03). Negotiations should resume by mid-August (AFP, 25/07/03).

Fighting has intensified in Darfur area, between the Sudanese army and the Sudan Liberation Movement, which is not part of the on-going peace negotiation in Kenya (AFP, 15/07/03).

Repatriation of the Eritrean refugees resumed in June 2003, after a one-year break caused by border tensions. About 1,600 refugees have been repatriated. The repatriation process will be halted during the rainy season and resume in October (UNHCR, 05/08/03).

Deterioration of food security

Food security has deteriorated over the past few months in parts of southern Sudan. In highly food-insecure areas of Bieh, Gogrial, Aweil West, Latjor, Ruweng, Shilluk, Boma and Leech, the hunger gap has begun earlier than usual (WFP-TSU, 04/03).

In the Lokongole area of Pibor county, food security has also deteriorated with reports of widespread livestock deaths, because of poor rains in April/May (FEWS, 04/07/03). Prevalence of acute malnutrition seemed to be dramatically high (FEWS, 04/07/03).

Whilst the current rainy season helps to restore livestock conditions in Bahr El Gazal and Lake, rains are below normal in large areas of Upper Nile and Jonglei. The situation will not improve in the food-insecure areas until the next harvest, expected from September 2003 onwards. Even then, people who were on the move during the planting season will have nothing to harvest. This is especially the case for 17,000 people who have recently moved from Tambura and Liech into Wau and Go-grial, and for an unknown number of people returning from northern Sudan (FEWS, 17/07/03).

100,000 to 150,000 of 300,000 people living in Kas-sala town and surroundings, northern Sudan, are estimated to be at risk, following heavy floods (OCHA, 31/07/03).

Insufficient food distribution

A collapsed bridge on the main supply route has hampered adequate delivery of food aid in the most highly food-insecure areas (FEWS, 17/07/03). There has been a steady decline of deliveries against needs, over the past few months (67% in April, 57% in May and 36% in June) (FEWS, 17/07/03).

Moreover, as a consequence of funding shortfall, WFP has been obliged to cut the food rations distributed in August by 50% (WFP, 01/08/03). WFP operations in Sudan are only 30% funded (WFP, 01/08/03). This will have dramatic consequences for populations in desperate need.

On the other hand, it seems that a significant improvement has been made over last year in seed distribution before the planting season; some gaps have, however, been identified (FEWS, 12/05/03).

Insufficient funding

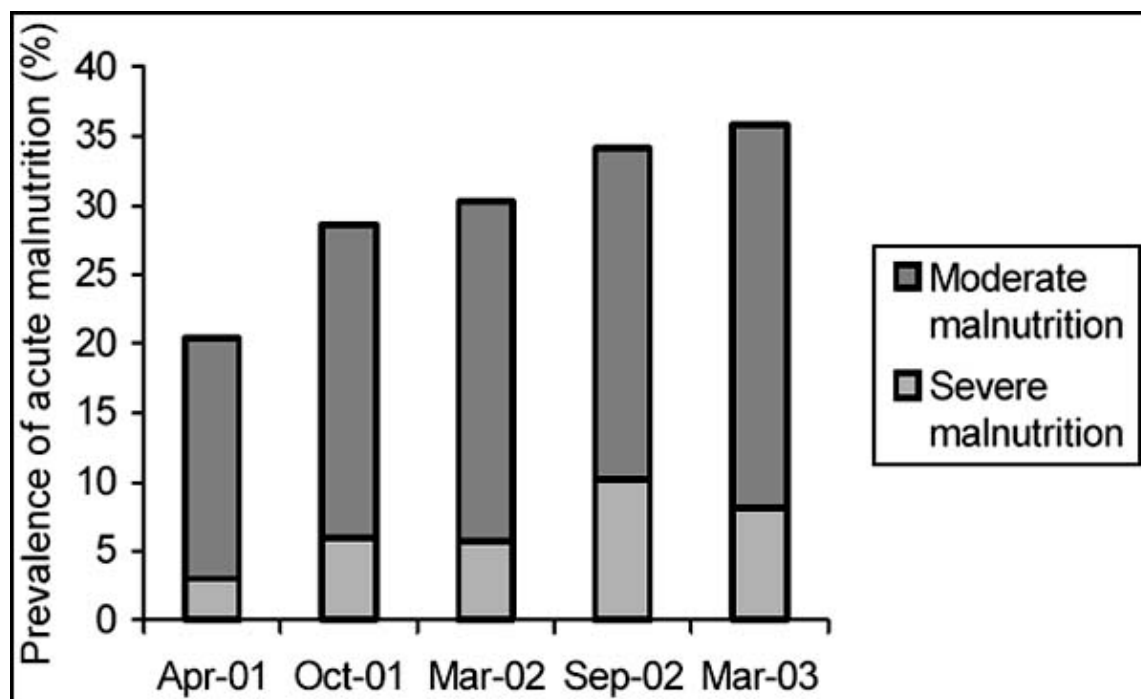
At mid-year, the consolidated inter-agency appeal (CAP) for Sudan was only 29% resourced. This is, however, better than in previous years, where the percentages of the requirements which were covered, were below 15%.

Upper Nile

A random sampled nutrition survey was carried out in accessible areas of Malakal, Balliet, Tonga and Fashoda provinces (GOAL, 05/03). **The results showed a poor situation; the prevalence of acute malnutrition was 18.4 % (14.8 – 22) including 2.6% severe malnutrition.** These rates are in the same range as that found in Malakal town, IDP camps and surroundings, in August 2002 (see RNIS 41).

Old Fangak district, Phou state

The nutrition situation has gradually deteriorated in this area since 2001, and the mortality rates have almost doubled since September 2002 (see graph).



Prevalence of malnutrition, Old Fangak district, Phou state, Sudan

The prevalence of malnutrition and the mortality rates were incredibly high in March 2003, as revealed by a random sampled survey (see table) (AAH-US, 03/03). About 65% of the families surveyed were resident families, whilst 17% were settled in cattle and fishing camps, which is a traditional coping mechanism during the dry season, and 17% were displaced.

The desperate situation can be attributed, as in most parts of the southern Sudan, to food insecurity, due to weather hazard and volatile security conditions, and to poor access to basic health services. Although NGOs are present and carry out food security, health and education programmes, and WFP distribute food, this is not sufficient to improve the situation. Main causes of mortality for the under-fives were bloody and simple diarrhoea, fever, malnutrition and measles. However, measles vaccination coverage has improved since the last survey (from 8.3% to 32.5%) but is still far too low.

Pagak district, Latjor state

A random sampled survey, carried out in April 2003, showed dramatically high rates of malnutrition and mortality (see table) (AAH-USA, 04/03). The major presumed cause of death for the under-fives was malnutrition. As in most parts of Southern Sudan, populations' access to food and basic services is not guaranteed.

Results of nutrition surveys, South Sudan (AAH-USA, 03/03; AAH/USA, 04/03)

	Acute malnutrition (%) (95% CI)	Severe acute malnutrition (%) (95% CI)	Oedema (%)	CMR (/10,000/day)	<5 MR (/10,000/day)	MVC ¹ (%)

Old Fandak, Phou state, Upper Nile	35.9 (31.2–40.9)	8.2 (5.8–11.5)	0.5	5.3	9.4	32.5
Pagak, Latjor state, Upper Nile	24.6 (20.6–29.8)	5.9 (3.9–8.6)	1.9	3.7	7.8	5.4

¹ Measles vaccination coverage according to cards and mothers' statement

Kassala

Internally displaced persons

Two random sampled nutrition surveys have been undertaken among IDPs in Kassala state (GOAL, 04/03). One survey has been done in the displaced camps, which host IDPs who arrived in 1999 (about 43,300 people); the other survey was done in the camps where IDPs have arrived from October/November 2002 onwards (about 13,500 people).

The nutrition status was uncertain for both IDP populations (see table) and was similar to the situation found in a previous nutrition survey done in old IDP camps in Kassala in August 2002 (see RNIS 41).

The mortality rates in the old IDP camps seemed under control; they were not investigated in the new IDP camps.

Acute malnutrition, IDP camps in Kassala state, Sudan, April 2003 (GOAL, 04/03)

	Acute malnutrition (%) (95% CI)	Severe acute malnutrition (%) (95% CI)	Oedema (%)
"Old" IDP camps	15.7 (12.3–19.1)	1.7 (0.5–2.9)	0.1
"New" IDP camps	19.6 (16.0–23.4)	2.6 (1.1–4.1)	0

It is likely that the IDPs have also been affected by the recent floods in Kassala state.

Bahr el Ghazal

Wau town and IDP camps

Wau town has been a Government of Sudan enclave for the past 19 years. The town remains extremely isolated. In case of insecurity or a food gap, people from nearby villages seek refuge in the IDP camps, located in the surroundings of the town. Surveys have been conducted in Wau town and in the surrounding IDP camps in February 2003 (ACF–F, 02/03). The results revealed high rates of malnutrition, especially in camps (see table).

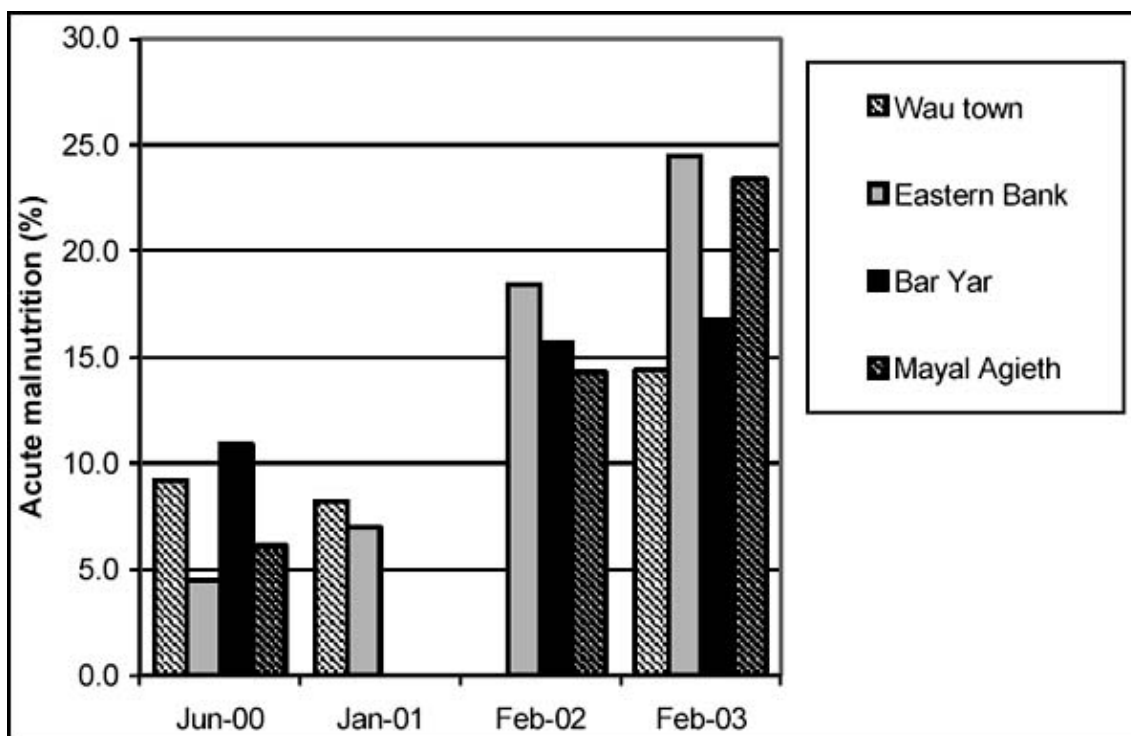
Results of nutrition surveys, Wau town and IDP camps in surrounding areas, Bahr el Gazal, Sudan (ACF, 02/03)

	Acute malnutrition (%) (95% CI)	Severe acute malnutrition (%) (95% CI)	> 5 MR (/10,000/day)
Wau town	14.4 (11.3–18.0)	0.8 (0.2–2.3)	1.2
Eastern Bank displaced camp	24.5	2.6	1.4

Marial Agieh displaced camp	23.4	1.9	0.4
Bar Yar displaced camp	16.7	2.0	2.4
Salvation displaced camp	12.1	0.0	0

In addition, the number of admissions to AcF therapeutic feeding centre tripled between February and May 2003. The deterioration of the situation was attributed to new arrivals of populations, especially from Gogrial and Warrap, who were experiencing high food insecurity due to the early hunger gap period (ACF, 28/05/03).

The situation is far worst than in 2000 and 2001, when prevalence of malnutrition in Wau town and IDP camps were lower (see figure).



Results of nutrition surveys, Wau town and IDP camps in surrounding areas, Bahr el Gazal, Sudan (ACF, 02/03)

Jongley

Langkien, Nyirol district, Bieh state

The nutrition survey conducted in Langkien in June 2003 showed alarmingly high prevalence of malnutrition: 28.8% of the children under-five were acutely malnourished, including 5.6% (3.3–9.2) who had severe malnutrition (MSF–H, 06/03). The nutrition situation was the same as in July 2002 (see RNIS 39). Measles vaccination coverage was only 9.3% (according to cards and mothers' statement), and has not improved, compared to July 2002. High food insecurity, due to poor rains and insecurity, and poor access to health care and water, are all contributing factors to the desperate nutrition situation. Despite the existence of health and nutrition pro-programmes, and food distributions, **humanitarian actions have been insufficient to improve the nutrition situation. The survey also revealed inadequacy of the food distribution.** The food distribution was intended to reach 25% of the population with a 50% ration. However, among the 223 families interviewed during the survey, 55% reported to have received the last distribution in April 2003, and not all the families have received all the food items which should be distributed. Whilst 98% of the families have received maize, only 68% have received pulses, 70% have received oil, 65% have received CSB and 22% have received salt. Moreover, the average amount of food received per person represented only about 130 Kcal/pers/day, which is only a tenth of the intended 1,050 Kcal/person/day, corresponding to a 50% ration. The rations received are far too low to have a significant impact on the food security of the families.

Overall All the available indicators, ie food security, prevalence of malnutrition and rates of mortality, indicate a steady decline of the situation since 2002 and a major humanitarian crisis (category I). Unless sufficient humanitarian interventions are implemented, it is likely that this trend will continue

and the situation will further deteriorate. Despite the great complexity in implementing programmes in Sudan, there is a urgent need to put in place or strengthen programmes in all of the sectors which will permit the reduction of deaths and especially access to food, health care and potable water.

Recommendations and priorities

- Increase access to food in the highly food –insecure areas
- Reduce preventable deaths by improving measles vaccination coverage, improving access to potable water (one of the major causes of death in under–five children is bloody and watery diarrhoea) and to health care

WEST AFRICA

Ivory Coast

The Implementation of the Marcoussis peace agreement, which was signed in January 2003, is on –going. The warring parties (the Ivory Coast Patriotic Movement (MPCI), the Movement for Justice and Peace (MJP) and the Far West Ivory Coast People's Movement (MPIGO), which control about half of the country (see RNIS 41), officially declared the war over and pledged their loyalty to President Laurent Gbagbo, at the beginning of July 2003 (AFP, 04/07/03).

The "Forces Nouvelles" (comprising the three armed opposition groups) and the army, loyal to Laurent Gbagbo, signed a new agreement at the beginning of May 2003. They, jointly with the peace–keeping forces, have subsequently deployed in western Ivory Coast to create a weapons–free zone of confidence, and disarm or expel armed Liberian elements from the area (UN SC, 08/08/03). The Government of National Reconciliation is functioning and has presented a draft programme for the implementation of the Marcoussis agreement (UN SC, 08/08/03).

On the other hand, uncontrolled armed militia are still perpetrating human rights abuses and are undermining peace in the country (UN SC, 08/08/03; HRW, 05/08/03).

The mandate of the peace–keeping troops has been extended for six more months (UN SC, 04/08/03).

Due to a lack of resources, WFP had to reduce rations and caseloads by 30% in August. The shortfall is expected to continue until October 2003 (WFP, 22/08/03).

Western region

Following the creation of a "weapons–free zone of confidence" in western Ivory Coast, the population which had been displaced by heavy fighting in the area has begun to return home, especially in June 2003. The situation has, however, remained tense, with the presence of gunmen; isolated communities are especially at risk (OCHA, 16/07/03). Humanitarian work with the needy Ivory Coast returnees and the newly refugees from Liberia (estimated at 30,000) is therefore limited (OCHA, 16/07/03; USCR, 07/08/03).

The humanitarian situation in western Ivory Coast is reported to be dire. Many people have been hiding in the bush for months, and find their homes destroyed or looted when returning.

Nutrition

The nutrition situation seems highly precarious. In June 2003, about 500 severely malnourished children were taken in charge by the two TFCs in the West; and screening at mobile clinics showed that between 11% and 34% of the children screened were eligible for admission to either therapeutic or supplementary feeding centres (MSF, 10/07/03). The worst situation seemed to be in Zouan Hounien area. Moreover, there was a high proportion of children with oedema (70% of the admission in TFCs), which is characteristic of people having hidden in the bush and reflects a very serious situation.

Food security

An assessment in Zouan Hounien and Bin Houyé areas among resident, displaced and returned populations, has shown a precarious situation (ACF, 20/07/03). People who had fled fighting, have been hiding in the bush for between five and seven weeks. Before the war, the two main sources of income of the population were the sale of cash crops and the sale of agricultural produce.

At the time of the survey, 75% of the population reported that their cash crop stocks had been looted and about 80% reported that their agricultural stocks had been looted; the two main sources of income for the population were petty trade and sale of agricultural produce. About 80% of the families surveyed only consumed one meal per day, compared with three meals per day before the war. The main problems cited by the population in order of importance were food, health care, water, basic assets, housing and education. The main sources of food were by purchase and gathering of wild food.

However, people have begun to restart cultivation, especially rice cultivation. About 95% of the families interviewed have had access to land and 60% have already begun planting. Access to seeds did not appear to be a problem, but there was a shortage of tools. People were also complaining they could not employ workers to cultivate because of a lack of resources.

Food and non-food items were available in the area, but people were lacking money to buy them. WFP was intending to begin food distributions.

Health

The health care system has totally collapsed, because it is no longer supported by government structures; the majority of health workers, who did not originate from the zone, have fled; health structures have been destroyed and/or looted, and the provision of medicines has been halted. Although humanitarian agencies are supporting health structures, they cannot replace the entire system (MSF, 10/07/03). Moreover, the population has difficulty accessing health care because of volatile security conditions and transport costs. MSF also stated that the institutional response, especially from the UN has been weak (MSF, 10/07/03).

Overall Implementation of the Mar-cooussis peace agreements is on-going but security is still tense in some areas, and especially in the west of the country. In this area, the situation of the population, of whom a significant proportion has recently returned from displacement in the bush, is extremely precarious (category I/II), and humanitarian access is hampered by the volatile security situation.

Recommendations and priorities

Zouan Hounien and Bin Houyé areas, from the AcF survey

- Continue food distribution to the whole population until December 2003, when people will harvest coffee and food for their own consumption
- Distribute non-food items
- Put in place screening of malnutrition cases in rural areas and food security surveillance

Liberia

As of mid-July 2003, about four-fifths of the country were controlled by opposition armed factions: the Liberian United for Reconciliation and Democracy (LURD) and the MODEL (Movement for Democracy in Liberia), whilst the rest was still controlled by the government army. Fighting reached Monrovia, the capital of the country, in early June, and the LURD has taken control of parts of the capital. The one million population of the capital and an estimated 250,000 displaced people, who had sought refuge in Monrovia, have been trapped for weeks. Following a UN resolution, peacekeepers of the Economic Community of West African States (ECOWAS) began to deploy in Monrovia in early August (AFP, 02/08/03). Charles Taylor, the former Liberian president, who has been indicted by the Sierra Leone war crimes court, resigned and quit the country to Nigeria on 11 August 2003 (Alertnet, 11/08/03). He handed over power to the vice-president, Mr Blah (Alertnet, 11/08/03). The political future of Liberia is, however, very uncertain, because rebels have claimed power (Le Monde, 13/08/03). Since the deployment of the ECOWAS peace-keepers, calm has returned to Monrovia, but there were still reports of insecurity and targeting of civilians, including rape and looting (DEC, 12/08/03).

Renewed fighting has been reported near the port of Buchanan, between the MODEL and government forces (AFP, 12/08/03).

Humanitarian access has slightly improved in Monrovia since the deployment of peace-keeping forces, but about 70% of the country is still inaccessible to humanitarian aid (Le Monde, 12/08/03).

Population movement

There have been major waves of displacements during the last months. First of all, it is estimated that about 250,000 people, who were settled in displacement camps near Monrovia, have sought refuge in the town, when fighting intensified in the area (OCHA, 06/06/03). About 40,000 people have also fled from eastern Liberia to Ivory Coast (UNHCR, 31/07/03). The movement into Guinea seemed less, with about 120 Liberians per week seeking refuge in Guinea (UNHCR, 31/07/03).

Monrovia

The town has been besieged for two months by the LURD. Moreover, an estimated 250,000 people, who were settled in displacement camps near Monrovia have sought refuge in the capital, where they were living in makeshift facilities in stadium or public buildings. Resident and displaced populations have further moved around, by fighting. Populations in Monrovia have had little access to basic necessities, such as food, water and medical care. Shops and banks were closed. Insecurity renders humanitarian aid delivery uncertain (DEC, 12/08/03). Moreover, fighting intensified in the last two weeks of July and the port, which was the main point for humanitarian aid shipment, has been inaccessible due to insecurity. The LURD has engaged to hand the control of the port to the ECOWAS peace-keepers as per 14 of August 2003 (le Monde, 13/08/03). This may help to deliver adequate humanitarian assistance.

Prices of all commodities have risen sharply (ACF-F, 05/08/03). Rice prices have risen by 700% between May and the end of July and rice was less and less available in the market. Some food distribution for the IDP population took place in June and early July, but was then after halted by the deteriorating security conditions. Moreover, the distributions did not reach all the IDPs because of uncertain security conditions. It has been estimated that in June and July, 140,000 people received food, but they only received a two week ration (ACF-F, 05/08/03). IDPs have had few coping mechanisms available, the main one was petty trade. Some wild food was also collected in swamps, but availability of wild food in town is limited. Resident populations were able to rely on their belongings and savings, even if they were also affected, especially by the decrease of employment opportunities. Residents who possessed a garden were more able to cope (ACF-F, 05/08/03). Screenings carried out in accessible districts and IDP camps showed a poor nutrition situation. Among 6536 under-five-year olds screened between 10 June and 31 July 2003, 1965 (30%) were acutely malnourished, including 308 (4.7%) who were severely malnourished (ACF-F, 05/08/03). Two TFCs, which were opened in June and July were quartering 300 children, and 1,500 children were admitted to SFCs, as of mid-August.

A cholera outbreak has also been reported (MSF, 31/07/03).

Overall After two months of blockade, the situation is dramatic in Monrovia (category I), and especially for the IDPs. All basic needs have to be met as soon as possible. It is hoped that the deployment of the ECOWAS peacekeepers and the departure of Charles Taylor will ease the delivery of humanitarian aid. In addition, the fate of thousands of people in inaccessible areas of Liberia is unknown.

GREAT LAKES REGION

Burundi

At the end of April 2003 the former president, Pierre Buyoya, from the UPRONA, which leads the Tutsi political grouping, transferred power to the former vice-president Ndayizeye, from the FRODEBU, which is the biggest Hutu political party, (OCHA, 30/04/03). This is in accordance with the Arusha peace agreement. Talks about the revival of a cease-fire agreement, which was signed in December 2002, but has not been implemented, took place in August 2003 (AFP, 21/08/03).

Nevertheless, insecurity has spread over the last months, leading to new population displacements. Among others, an attack in Bujumbura and surroundings at the beginning of July 2003 has led to the displacement of somewhere between 15,000 and 40,000 people (AFP, 14/07/03). They have been provided with humanitarian assistance (OCHA, 20/07/03). A majority has returned back home (OCHA, 15/07/03).

Theft of goods, livestock and households also seems to have increased (OCHA, 03/08/03), as well as the abduction of humanitarian workers and looting of humanitarian agencies (OCHA, 10/08/03; OCHA, 20/07/03).

Unexpected number of returnees from Tanzania

The number of returnees from Tanzania has increased sharply since May 2003. As of mid-April, about 14,000 people had returned, since the beginning of 2003 (see RNIS 41). About 28,000 returned between May and July 2003. This sharp increase in refugee returns has raised concern. Massive returns of the refugees in a country which is not stable might be due to indirect pressure for departure. Refugee International stated that there is major pressure on the refugee population from the governments of Tanzania and Burundi, some international agencies and local populations (RI, 18/06/03).

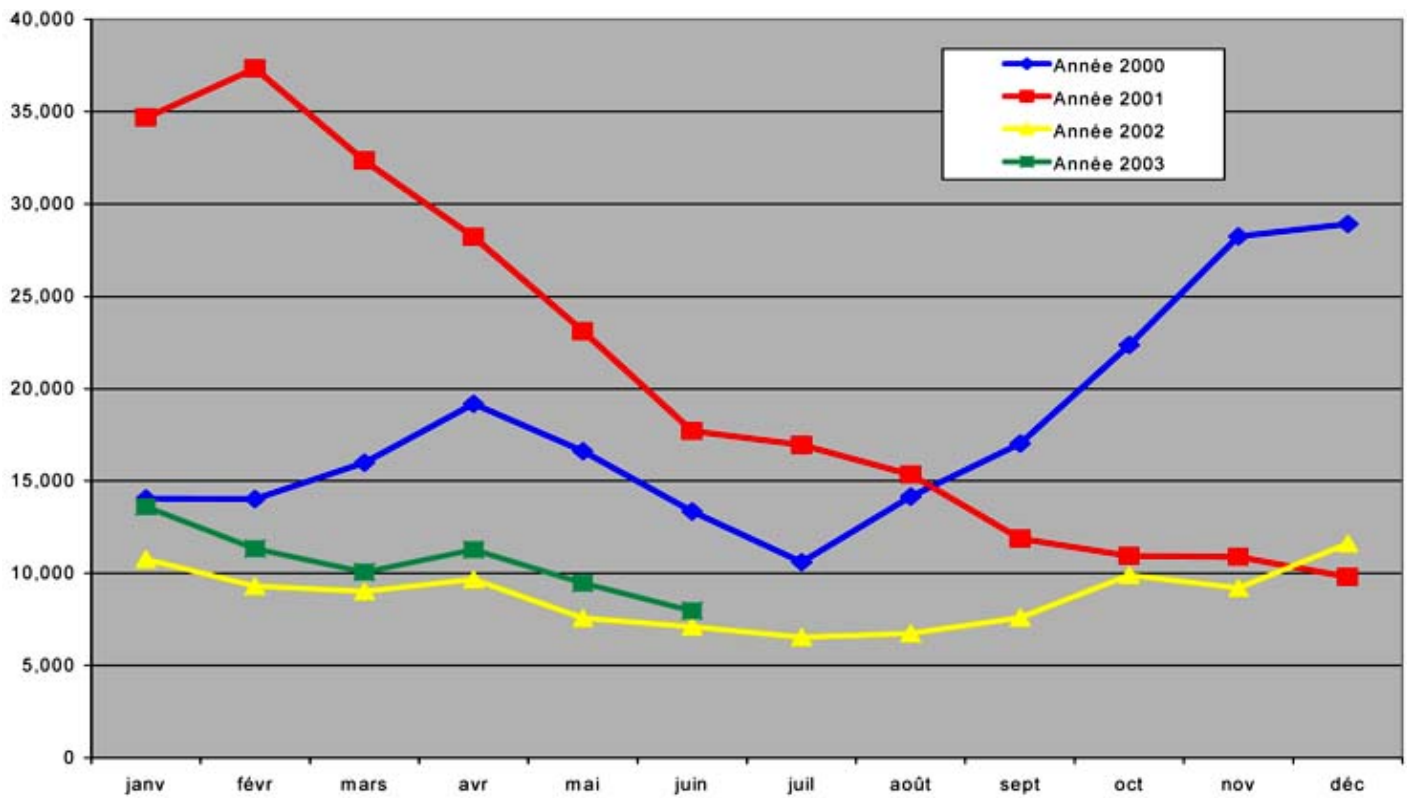
Refugees said that major reasons for leaving the Tanzanian camps were the diminution of aid assistance and a new restriction of movement outside the camps, imposed by the Tanzanian government (UNHCR, 03/06/03). Because of food shortages, food rations were halved from January to March and were 70% of the full ration in April (UNHCR, 03/06/03). Distribution of non-food items have been halted because of a lack of funding (RI, 18/06/03). Moreover, the government of Tanzania has imposed new restrictions on refugee movements, including a household curfew between 8 pm and 6 am, no movement outside some camps, no permits to any refugee to travel outside the camps (RI, 18/06/03).

Refugees were previously able to move freely within a 4-km radius of the camps; they were carrying out some activities which enabled them to add to the humanitarian aid (UNHCR, 03/06/03). Refugee International calls for the UNHCR to fulfil its protection mandate, for the government of Tanzania to ease restriction on refugees' freedom of movement, and for the donors to fully fund appeals for Tanzania camps (RI, 18/06/03). The situation of the returnees, when back in Burundi, should be closely monitored and they should receive assistance if needed.

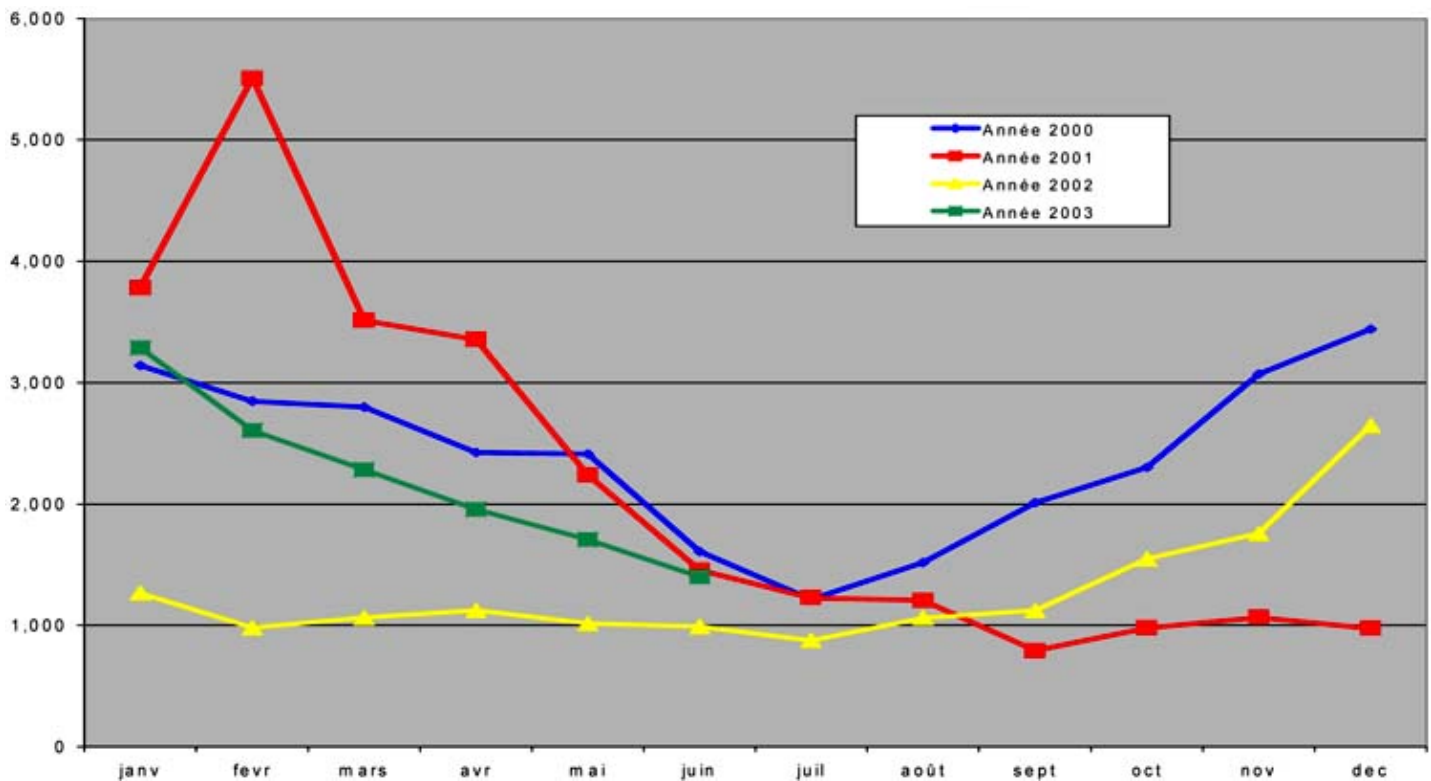
Nutrition and food security situation

The assessment of the 2003 B agricultural season has shown a 1% decrease in production compared to the 2002 B agricultural season. It is anticipated that crops will not last until the next harvest (UNICEF-B, 07/03). Areas are variously affected by food insecurity.

The number of admissions to TFCs (25 TFCs) and SFCs (212 SFCs) declined from January 2003 to June 2003, which is in line with the seasonal pattern (see figures); the nutrition situation has not improved in Bururi, Gitega and Ngozi provinces (UNICEF-B, 07/03). Admissions to both SFCs and TFCs were higher in 2003 than in the same period in 2002 (see figures).



Admissions to Supplementary Feeding Centres, Burundi (UNICEF-B, 07/03)



Admissions to Therapeutic Feeding Centres, Burundi (UNICEF-B, 07/03)

Democratic Republic of Congo

The peace process is on –going. The government of DRC and opposition forces signed an agreement on the country's military structure, on 29 June 2003 (USAID, 30/07/03). However, violence has renewed in Eastern DRC, and especially in Bunia town and surroundings, Ituri, Orientale province. Some improvements have

been seen on the economic side. The resumption of the transport of goods on the Congo river will probably help to produce a drop in commodity prices. Moreover, it seems that there was a positive economic growth in 2002 and that inflation has dropped from 135% to 16% in one year (BBC, 05/08/03).

Ituri, Orientale province

The withdrawal of the Ugandan troops from the area (in accordance with a previous accord between the governments of DRC and Uganda) in early May, has led to an escalation of violence between opposition forces, also affiliated to ethnic groups. It is estimated that several thousand people have been killed (MSF, 25/07/03). The number of people who have been displaced is difficult to know precisely, but there have been reports that at least 100,000 fled Bunia area (UNICEF, 19/05/03). The real number is probably more than that, as it has been reported that Bunia town (accounting for 200,000–350,000 inhabitants) was 80% empty in early June 2003 (AFP, 04/06/03). People have fled mostly to Uganda and south to the area around Beni in North Kivu (UNICEF, 19/05/03).

The UN Security Council has authorised the deployment of an Interim Emergency Multinational Force (IEMF) of some 1,500 troops to Bunia town, and the reinforcement of the MONUC presence, in order to secure the zone and protect civilians (RI, 02/06/03). The IEMF began to deploy in early June. The relative calm, which has consequently prevailed in Bunia town, has led some of the displaced people to come back (AFP, 04/06/03; OCHA, 02/07/03). It seems that the returnees were not able to re-establish their houses, which were largely destroyed, but have settled in existing camps (MSF, 04/07/03). Food aid was inadequate (MSF, 04/07/03).

The IEMF intervention has been seen as insufficient. The ICG has called for a bigger UN intervention force, operating in a wider geographical area (ICG, 13/06/03). MSF has also denounced insufficient protection and humanitarian aid for the populations in Bunia area (MSF, 25/07/03) and has especially expressed its concern about the fate of the population outside Bunia town, where the IEMF has no mandate to intervene. MSF has also deplored the insufficient aid deployed for the displaced people in Beni area.

Lubumbashi, Katanga province

AAH–USA has called attention to the situation in Lubumbashi, the capital of Katanga province. During the month of April 2003, 292 cases of severe malnutrition were admitted to TFC, compared to 88 cases admitted in December 2002 (AAH–USA, 28/05/03). The degradation of the situation may be attributed to several causes. The town has known an economic decline, with massive firing of employees, especially from the major copper mining company, which was employing several thousands of people and was also giving them benefits. Lubumbashi has also faced difficulties in supplying food. The main staples, cassava and corn, were coming either from an area in DRC, which is now under rebel control, or from Southern Africa (see RNIS 39). The drought in Southern Africa has probably had a major impact on food importation to Katanga.

Mortality rates in Western and Eastern DRC

IRC conducted a randomly –sampled retrospective mortality survey at the end of 2002 (IRC, 04/03). Two surveys were done; one was carried out in ten health zones, randomly chosen, in the west of the country and the other one was undertaken in ten health zones, randomly chosen, in the east of the country. The west of country was government controlled, whilst the major part of the east was rebel–controlled and has experienced a higher level of violence.

The results showed high mortality rates, especially in the east of the country (see table), where they were above alert threshold. The difference between the mortality rates in the east and west was, however, not statistically significant.

Crude mortality rate decreased in the east compared to the period of August 1998 to April 2001, when the CMR was 5.4 deaths/1,000/month. This reduction was attributed to an improvement in security conditions (peace accord between government of DRC, Uganda and Rwanda; MONUC deployment) and an increase in humanitarian assistance.

Moreover, the deaths attributed to violence seemed to have decreased sharply and was one–tenth the rate in previous years.

It is worth noting that in both surveys (2001 and 2002), areas inaccessible because of poor security conditions were not surveyed. Rates of mortality and deaths due to violence are probably far higher in these areas.

Under-five deaths from diarrhoea, measles and malnutrition were slightly higher in the east than in the west.

Crude and under-five mortality rates, DRC, 2002

	Crude mortality ¹ rate (/1,000/month) (95% CI)	Under-five ¹ mortality rate (/1,000/month) (95% CI)	Crude mortality ² rate (/10,000/day)	Under-five ² mortality rate (/10,000/day)
Western DRC	2.0 (1.5–2.6)	4.4 (3.2–5.7)	0.67	1.47
Eastern DRC	3.5 (2.2–4.9)	9.0 (4.0–14.0)	1.17	3.0

¹ Over the first 9 months of 2002

² Calculated from the rate expressed as/1,000/month

Uganda

Insecurity in North Uganda, drought and raiding in Karamoja and Katakwi, and a new influx of refugees from DRC have worsened the situation in Uganda.

The security situation is still very tense in northern Uganda with continuous attacks by the Lord's Resistance Army (LRA). IDP camps, holding about 800,000 people, have been increasingly targeted (IRIN, 07/07/03) and looted for food (Fews, 09/07/03). More and more people, especially children, have taken refuge at night in the urban centres in fear of abductions to enrol them in the armed forces; several schools have been closed in Kitgum district for the same reason (OCHA, 30/06/03). The LRA has also expanded its area of attacks in Adjumani, Katakwi, Soroti and Kaberamaido districts, which has led to the displacement of thousands of people (OCHA, 30/06/03). Access to the population is still severely limited for humanitarian organisations.

The northern and eastern parts of the country are affected by food insecurity (see map, FEWS-NET, 11/04/03). WFP has launched an appeal for US\$ 54 m to provide food aid to 820,000 IDPs, 655,000 drought victims and 147,000 refugees.

WFP will run out of food in September if the appeal is not covered (WFP, 29/07/03).

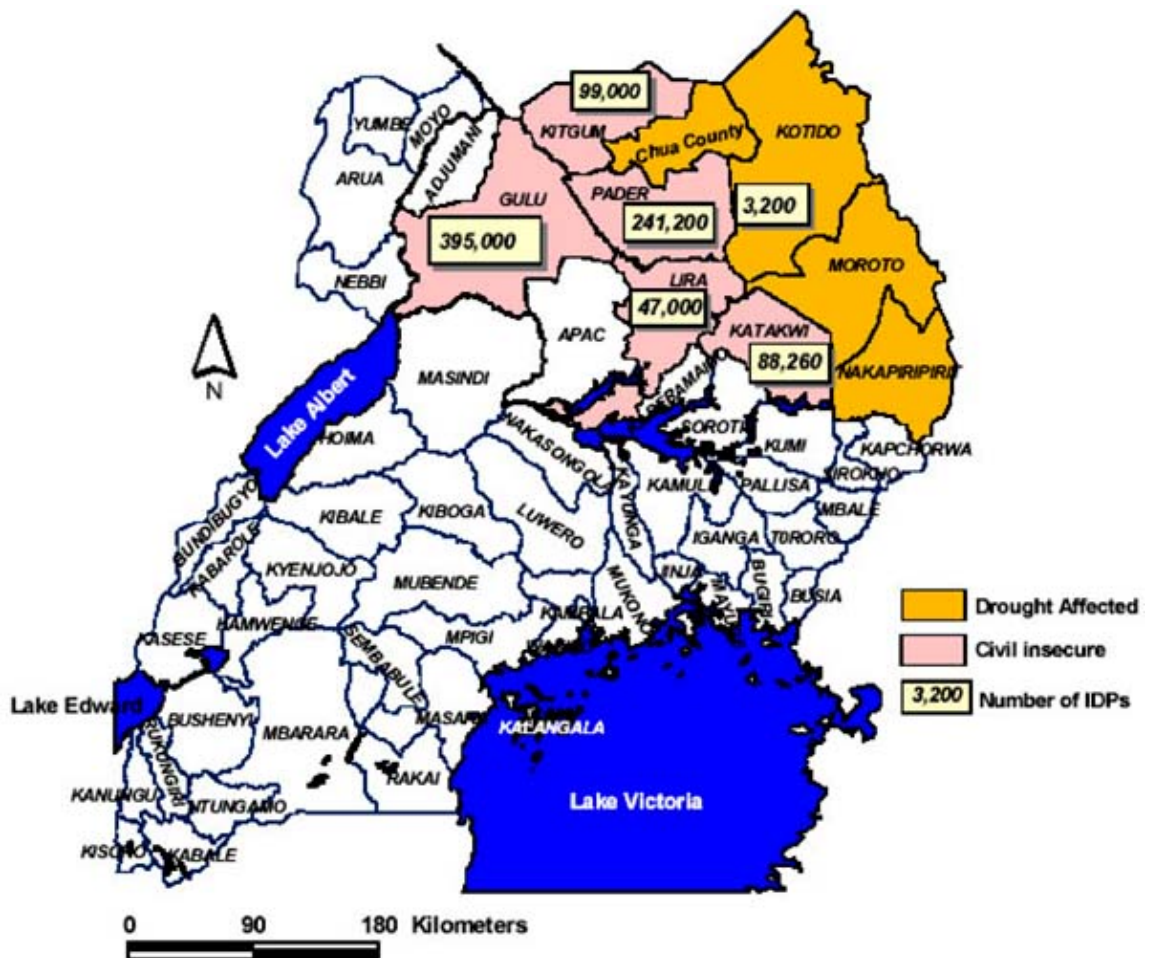


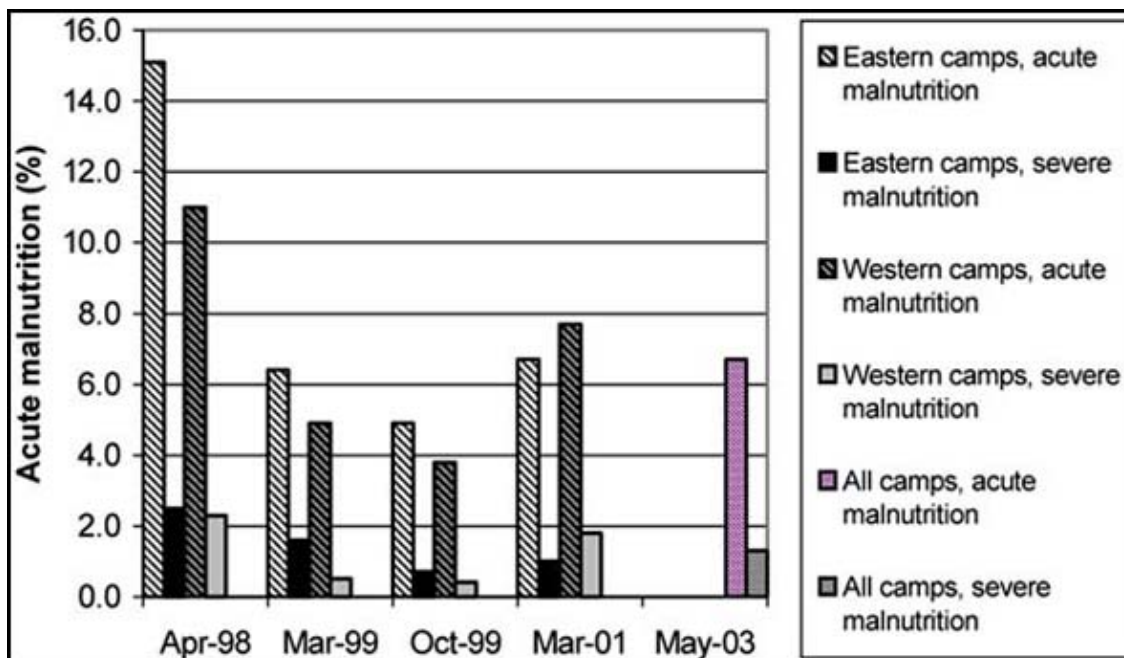
Figure 1: Food Insecure People in Uganda

Source: MEDIAR, UN OCHA, UN WFP and FEWS NET Project, April 2003

Northern Uganda

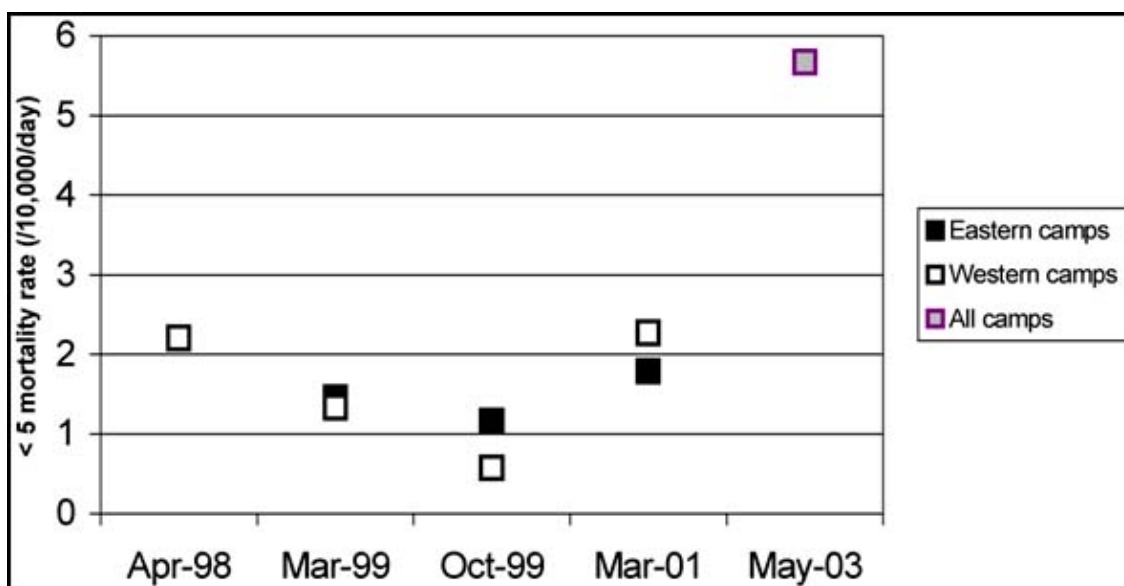
Gulu district

A nutrition survey was carried out in 21 of the 31 IDP camps in Gulu district in May 2003 (AAH–USA, 05/03). The results revealed a nutrition situation under control, and which has remained stable over the past four years (see figure).



Prevalence of acute malnutrition, IDP camps, Gulu district, Uganda

Mortality rates were, however, dramatically high (under-five mortality rate = 5.7 deaths/10,000/day; crude mortality rate = 2.3 deaths/10,000/day), and were the highest recorded in the camps for five years (see figure).



Under-five mortality rates, IDP camps, Gulu district, Uganda

The main causes of under-five year old mortality were fever and diarrhoea. Measles vaccination coverage was 92.1% according to cards and mothers' statement.

The survey was done in 21 camps, which remained accessible despite volatile security conditions, but did not target 10 camps where insecurity prevented access. The situation in these camps is probably worse than in the camps surveyed.

A nutrition assessment, carried out in two camps in Gulu district in January 2003, found higher rates of acute malnutrition than the present survey (see RNIS 41). High percentages of oedema (4 to 8%) were recorded in January, which needed to be confirmed. Other reasons, which may explain the discrepancy between the two surveys, may be that the camps surveyed were not the same and that the amount of food distributed in the IDP camps has increased since March 2003.

Whilst the nutrition situation seemed under control, which may be partly explained by the access to food distribution, mortality rates were extremely high, as a result of a major public health problem (see boxes). The

situation may worsen further if attacks and looting increase.

Immediate determinants of nutritional status and mortality, Gulu IDP camps, 2003

<p style="text-align: center;">Food intake¹ 78 % of the families interviewed said they have reduced the number of meals consumed More than 50% were eating only one meal/day</p> <p style="text-align: center;">Diseases² High disease prevalence In the two weeks prior the interview: Diarrhoea 45–64%; Fever (malaria) 67%; ARI 33–44%</p>

¹ AAH–USA, 05/03

² WFP/MoH, 01/03

Eastern Uganda

Karamoja

Karamoja (Kotido, Moroto and Nakapiripirit districts) is suffering from high food insecurity because of the very poor 2002 harvest (see RNIS 41). There have been reports of high rates of malnutrition.

People are depending on highly priced market grains and wild foods until the next harvest, which is expected by September 2003. The crop season has progressed well so far. The most affected households (estimated at 30 to 55 % of the total population) are those relying on agriculture and labour to meet their food needs. The agro–pastoral population seems to be in a better position, with favour–able terms of trade and improvement of livestock conditions (because of renewed pasture due to rains), which increases access to livestock products, such as milk (Fews, 09/07/03).

WFP food distribution was targeting 95,400 households in June 2003.

Katakwi

Katakwi district has been threatened by insecurity due to Karamonjong raids for years (see RNIS 41), leading to the displacement of about 85,000 people. Katakwi district, as well as the nearby Soroti district, have also recently experienced incursions of the LRA.

An interagency mission held in March 2003 (OCHA, 03/03), before incursions of the LRA, reported uncertain conditions in the camps.

Food security

Households were largely relying on the market for their food needs. The main sources of incomes for the poor (who represent the majority of the IDPs) were casual work and petty trade (beer brewing, charcoal and wood). Access to fields was made difficult by insecurity; moreover, the 2002 crop was poor because of the weather conditions. A food distribution has been implemented by the government but people have only received 2 kg of maize meal and 1 kg of beans per household per month, which is very low. In addition, it seemed that it has not been the more needy families who received the biggest quantities.

Underlying determinants of nutritional status and mortality, Gulu IDP camps, 2003

<p style="text-align: center;">Household food security</p> <p style="text-align: center;"><i>Food distribution¹</i> Intended full distribution rations since March 2003 (2,100 Kcal) But, Shortage of oil, 1,800 Kcal provided Irregular monthly distribution Reports of looting of food after the distributions</p>
--

88% of the families were recipient of WFP food distribution
22% of the families were not registered (WFP was to update registration lists)

Sources of food¹

Beside the general food distribution, 80% of the families reported to cultivate
Difficulty accessing lands because of insecurity
Quantities harvested probably low

Public health

Health care^{1,2}

Difficulty accessing health cares because of:
insecurity which hampers movement
attacks on clinics, abduction of health staff, looting of drugs
Tremendous efforts by DDHS over the last months to improve access to health care
Measles vaccination campaign carried out in March 2003

Nutrition care^{1,2}

No supplementary feeding centres
Treatment of severe malnutrition in Gulu and Lachor hospitals, and in a TFC in Anaka camp, following WHO
recommendations

Water availability^{1,2}

Situation deteriorating
Availability of drinkable water of 3.7 l/person/day, (minimum standard=15 l/person/day)

Sanitation^{1,2}

Availability of one latrine/50 persons (minimum standard = one latrine/20 persons)
Lack of drainage
Closely spaced and overcrowded shelters

Social and care^{1,2}

Attacks on IDP camps and abductions
85% to 97% of the 6–24 month olds still breastfed

¹ AAH–USA, 05/03

² WFP/MoH, 01/03

About 40 to 50 % of the displaced populations in camps were able to meet only 70% of their daily consumption needs. Meanwhile, populations' livelihoods were limited, impairing their long–term food security (Fews, 09/07/03).

Public health

Supply of potable water was not adequate. There were no latrines in some camps, whilst availability of latrines was very poor in others (1 for 100 or 200 persons), some of the camps were, however, better covered and programmes of latrine construction were under–way. Hygiene conditions in the camps were generally bad, the camps were overcrowded and presence of animals in the camps worsened the situation, although hygiene promotion has been implemented.

Health activities in the camps were poor, with shortage of medical staff and drugs; district health facilities were far from the camps.

The situation is probably worsening, as the recent LRA incursions and the insecurity that has resulted have prevented families from harvesting, which will further impair their food security. The district is also less and less accessible due to insecurity.

Refugees

Former refugees in Acholi–Pii camp, temporarily settled in Kiryandongo refugee camp, after Acholi–Pii camp was attacked by the LRA, expressed their discontent with being relocated in the northern Arua and Yumbe districts (WFP, 25/07/03).

Refugees from Ituri, DRC, have continued to arrive in districts bordering DRC, especially in Nebbi and Bundibugyo districts; they are estimated to be about 20,000. Refugees were hosted by families or were sleeping outdoors. They were managing to gather food by fishing, planting or doing daily la–bour. For several reasons (see RNIS 41), only 97 families agreed to be relocated to camps further inland (OCHA, 30/06/03). The situation of the refugees in the districts near the DRC border has raised more and more concern because some of them were lacking shelter and sanitary conditions were unsatisfactory (UNHCR, 19/05/03).

Overall Whilst the prevalence of malnutrition is not at an alarming level in the most accessible camps in Gulu district, mortality rates are dramatically high as a result of a major public health problem. The situation of IDPs in Katakwi district is also alarming as the populations are facing both insecurity from Karamo–jongs and LRA. There is room for improvement in all basic need services and food availability.

Recommendations and priorities

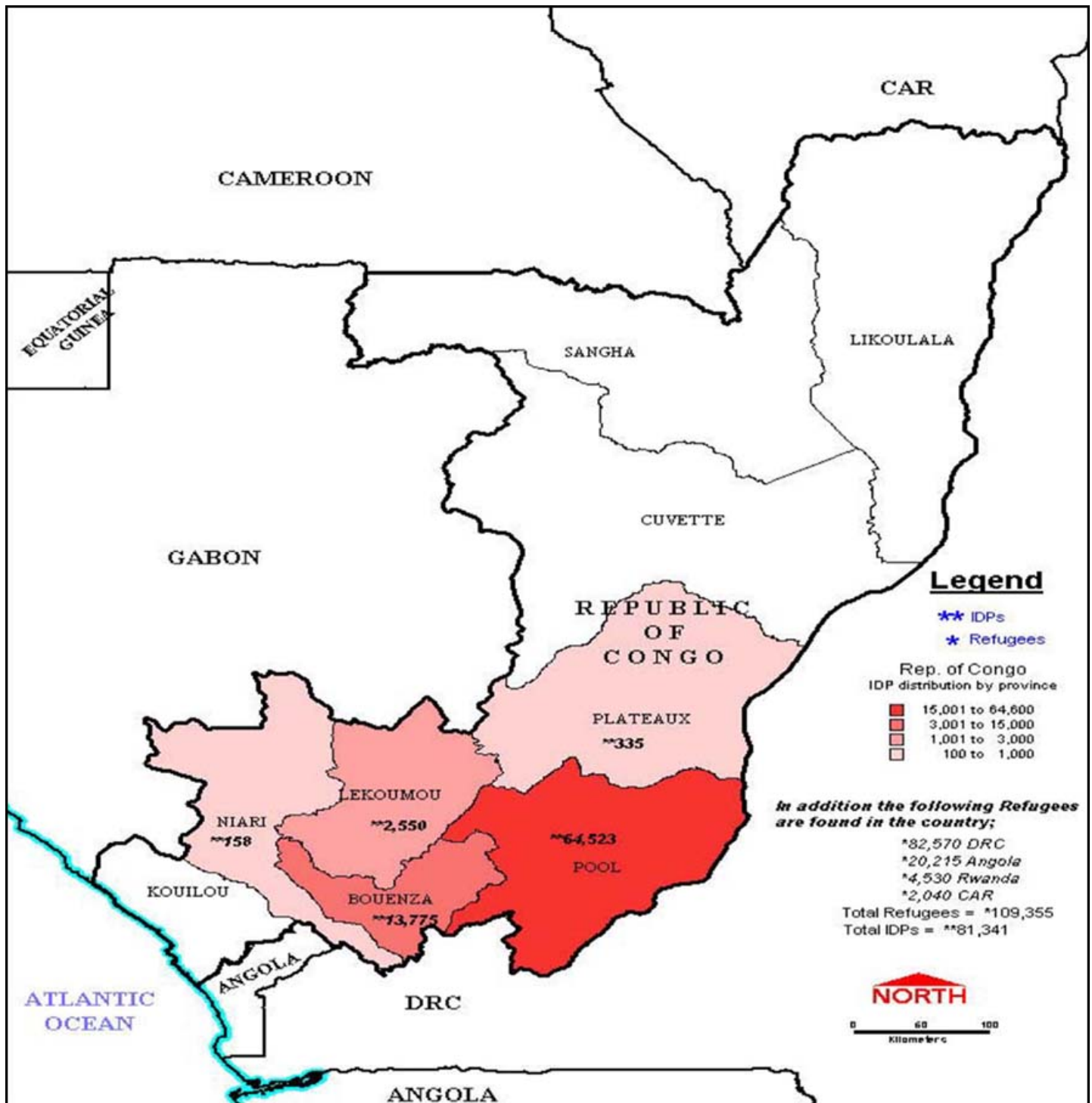
- Encourage conflict resolution
- In addition to sustaining food security, strengthen water availability, sanitation and health care in IDP camps in Northern Uganda
- Improve basic need coverage in IDP camps in Katakwi district
- Carry out a comprehensive nutrition and mortality survey in Katakwi displacement camps

Republic of Congo

The Republic of Congo has experienced political instability since its independence in 1960. The country especially suffered intermittent civil strife over the last decade (1993/94, 1997, 1998), between armed militia affiliated to different political parties: the "Ninjas", supporters of Bernard Kolela leading the MCDDI, the "Cocoyes", supporters of Pascal Lissouba, leading the UPADS and the "Cobras", supporters of Denis Sassou Nguesso, leading the PCT (RI, 21/05/03; EC, 14/04/03).

Sassou Nguesso was president from 1979 to 1991, when Lis–souba was elected as the head of the state. Sassou Nguesso overthrew Lissouba in 1997 and took power. A full–scale civil war broke out in 1998 involving the different factions. It has been estimated that about 800,000 people were displaced, most of them from the southern provinces, including Brazzaville; more than that were trapped in the fighting areas. Civilian suffering was extreme with large–scale killing and human–right abuses, including rape and sexual violence. The nutrition situation was desperate and both children and adults were suffering from acute malnutrition (see RNIS 28, RNIS 29). The number of people who have remained displaced in Brazzaville is unknown, as they have settled within the host community. A cease–fire agreement was signed in November/December 1999 and the situation stabilised until the recent outbreak of violence between the government army and the "Ninjas", in March 2002, affecting the Pool region. It is estimated that between 80,000 and 150,000 people from the Pool region have been displaced, of whom more than 60,000 sought refuge in Brazzaville, either in IDP camps (12,000) or in the host community (see map) (OCHA, 02/06/03). People who have remained in the Pool region were cut off from the rest of the country and from humanitarian assistance. A cease–fire agreement was signed on 17 March 2003, confirming the 1999 agreement (OCHA, 18/03/03). It is hoped that this will bring peace back.

Humanitarian operations have been under–funded in 2002 (RI, 21/05/03).



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

Prepared by OCHA Regional Support Office - CEA, Nairobi

Republic of Congo Affected Populations by Province Internally displaced (January 2003)

IDPs in camps in Brazzaville

Exhaustive nutrition surveys were carried out in the IDP camps near Brazzaville in March and June 2003 (MSF-H, 03/03; MSF-H, 06/03). The surveys revealed a precarious nutrition situation, which has remained stable since December 2002 (see table).

IDPs are intended to receive a food distribution (RNIS does not know about the intended amount of food distributed). However, in March 2003, 75% of the people reported eating only one meal per day.

Water and sanitation seemed to be under-control and health care has been supported by MSF since April 2003 (MSF, 09/04/03). Dry supplementary feeding was in place as well as a TFC. The displaced recently received non-food item distributions (ICRC, 15/07/03).

Pool region

Total access to the Pool region has been granted by the government to the humanitarian community in June 2003, for the first time since March 2002. The preliminary results of a joint assessment mission reported that the situation in the region is very poor, with very high level of destruction of villages, including infrastructure, lack of work in fields for more than one year, short supply of food and medicines and uncertain security conditions (WFP, 20/06/03). According to the MSF survey in the camps in March 2003, about 60% of the IDPs witnessed the destruction of their houses (MSF-H, 03/03). Aid to the returnees in the Pool has been planned, including reconstruction/rehabilitation of private houses and infrastructure, food for work and distribution of non-food items (WFP, 20/06/03; OCHA, 10/07/03). Some people have already returned but the scale of future returns is difficult to anticipate as some people may prefer delay to their returns until security conditions and basic needs are guaranteed. RNIS has not received any information on the nutrition situation of the population who has stayed in the Pool during the conflict.

Acute malnutrition in displaced camps near Braz-zaville

	Acute malnutrition (%)	Severe acute malnutrition (%)
December 2002	15.0	—*
March 2003	11.6	—*
June 2003	13.3	1.2

* Not available from the survey reports

Overall The nutrition situation of IDPs in Brazzaville is precarious (category II), as is probably the nutrition situation of the populations who have been trapped in the Pool region. Donor commitment to this crisis should increase, both to provide relief assistance to the IDPs in Brazzaville and to help the resettlement of the returnees in the Pool region by providing direct assistance to the returnees and infrastructure reconstruction/rehabilitation.

SOUTHERN AFRICA

Angola

Access to populations has recently improved due to the end of the rainy season and continuous de-mining efforts (see map). The number of people in critical need in inaccessible areas declined from 500,000 in January 2003 to less than 100,000 in mid-June (OCHA, 10/07/03).

There has been concern about "reconstruction and development aid boycott" in Angola, with most of the humanitarian projects in all sectors being under-funded (ACTSA, 08/05/03). The fate of the child soldiers forcibly enrolled, mostly in the UNITA army, but also in the Angolan army, has raised concern because no specific programmes have been directed to them, either boys or girls (ACTSA, 08/05/03).

Population movement

IDPs and refugee returns

A significant number of IDPs and refugees has returned home over the past months. However, about 2 m people remain displaced either internally or in nearby countries (see table).

Population movement, Angola, 2003

IDPs	1.39 millions ¹
IDP returns	2.34 millions ¹
Refugee spontaneous returns since April 2002	130,000 ²
Refugee assisted returns since June 2003	2,500 ¹
Refugees in Zambia, DRC, Namibia	440,000 ²

¹ OCHA, 10/07/03

² UNHCR, 11/07/03

A voluntary repatriation project for Angolan refugees from DRC, Zambia and Namibia began in mid-June 2003 (UNHCR, 11/07/03).

Five locations meet pre-conditions defined by UNHCR for organised return (they can be reached by road, the danger of landmine is relatively low and basic services are available): Cazombo, Moxico province, Menongue and Calundo, Cuando Cubango, Luau, Mexico province and Mbanza Congo, Zaire province.

The returnees, when back in Angola, will spend a few days in reception centres where they will receive mine-awareness training, HIV/AIDS information, medical care if needed and re-integration kits (food, construction kit and basic household assets) (UNHCR, 11/07/03). However, the return of the refugees to their area of origin may be difficult as transport from the transit centres is not yet assured and the capacity of the villages to absorb returnees is limited (MSF, 22/07/03).

UNITA ex-soldiers and family resettlement

The Quartering and Family Areas (QFA) were officially closed on the 19 June 2003 (GoA, 19/06/03); 375,000 persons were registered during the process. However, logistical problems have hampered a smooth return of these people to their area of origin (IRIN, 19/06/03). Some people have stayed near the QFAs, whilst others have remained in transit centres for more than the few days they were intended to stay, despite the transit centre not having the capacity to host people for a long stay (IRIN, 19/06/03). Moreover, demobilisation kits have not been delivered to all the families; this will not ease a return in optimal conditions.

Food security

The FAO/WFP crop and food supply assessment mission was carried out in May and June 2003 (FAO/WFP, 25/07/03). Overall, agricultural production is estimated to have increased compared to the production in 2002. Cereal and bean production are estimated to be 23% and 14% higher respectively than last year, and the cassava crop is slightly higher than in 2002. The good crop performance is attributed to good rainfall, an increase in the area under cultivation (14% higher than in 2001/2002) and distribution of agricultural inputs.

Livestock numbers sharply fell during the war, but re-stocking has restarted this year. Rearing is one of the major activities in the south and centre of the country.

Many people have also regained access to natural resources such as fishing, hunting, honey and wild food collection.

Although cessation of hostilities has improved movement of goods in the country, poor road conditions hamper normal trade, especially for goods which are low in value and high in unit weight, like grains and roots. In general, prices are considered high for the purchasing power of the population.

It is estimated that 219,000 MTs of food aid will be required for 2003/2004, with 1.4 m people dependent on food aid (the same number as last year) (see tables).

Beneficiaries of food aid, Angola, 2003 (FAO/WFP, 25/07/03)

Beneficiaries	Number
---------------	--------

IDPs ¹	160,400
Returnees	869,700
Resettled ²	80,400
Socially vulnerable groups	201,600
Vulnerable residents, mainly in new accessible areas	89,400

¹ Displaced after 2001, and UNITA demobilised soldiers and their families who still reside in the QFAs or transit centres

² Ex-IDPs, ex-refugees, who resettled in areas which are not their areas of origin

WFP is intended to provide about 161,000 MTs of cereals to 1,027,500 people, whilst the remaining requirements should be met by other humanitarian agencies.

It is hoped that people who have resettled in 2001/2002 will not need any further food distribution after the next harvest in 2004, whilst people who will return in 2003/2004 will require assistance at least until the 2005 harvest.

Regionally, good rains in Northern (where the main crop is roots) and Central region (where the main crop is maize) have led to good harvests, and, good pasture and fodder, for livestock in the Central region. In the Southern region, which is the least fertile of the country, Cunene and Kuando Kubango provinces have experienced poor rainfall leading to failure or complete loss of harvests. In Huila province, it is also estimated that crops will not last until the next harvest and that people will be in need of food aid. The other provinces were doing well. The highest number of returnees is estimated to be in Huambo, Bie and Benguela, and the highest number of IDPs in Kuando Kubango and Bie.

Provision of seeds and tools will be crucial for the next planting season, starting in October/November. Agricultural inputs for 600,000 families have already been ordered, whilst inputs to cover 200,000 more families are still needed (OCHA, 10/07/03).

Pipelines

A national measles vaccination campaign was carried out in April/May 2003, targeting children between 9 months and 15 years old (OCHA, 10/07/03). Essential drug pipeline breaks have been reported and are expected to continue at least until September (OCHA, 10/07/03).

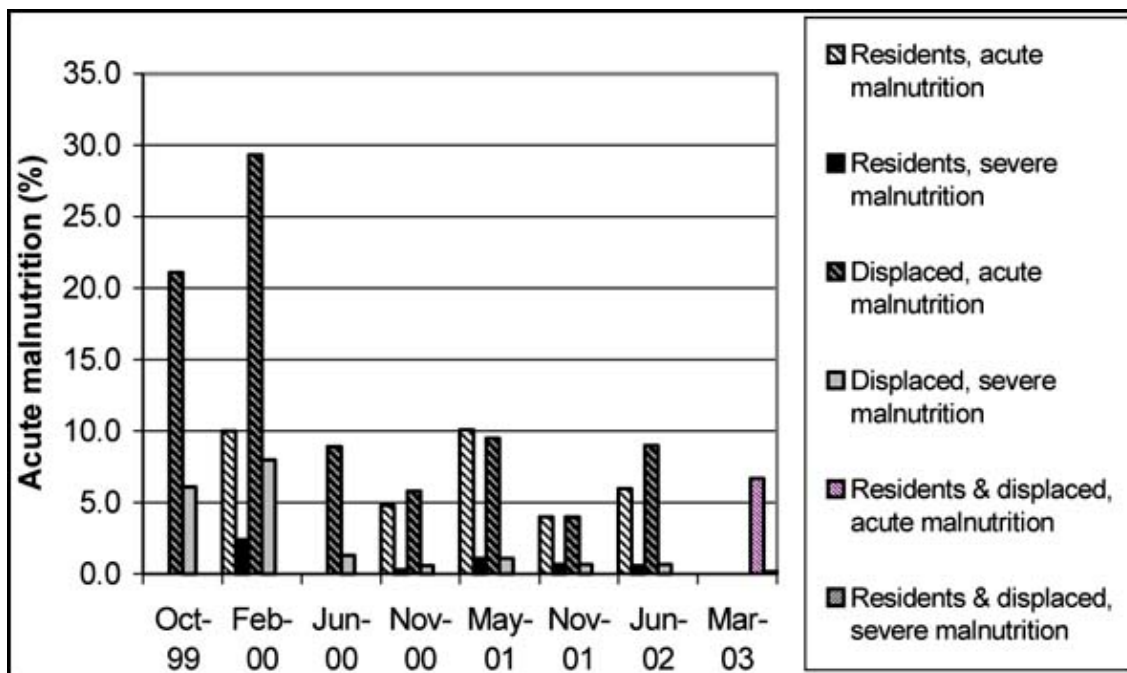
On the other hand, WFP food pipeline seems secured until the end of the year, except for beans which are expected to last only until December (OCHA, 10/07/03); beans are fundamental to prevent pellagra.

Benguela province

Ganda municipality

A random sampled nutrition survey was carried out in March 2003 in Ganda municipality (ACH, 03/03). Among the families surveyed, 68% were resident families, 20% were displaced (of whom 89% were displaced for more than one year) and 12% were returnees, who arrived less than one year ago.

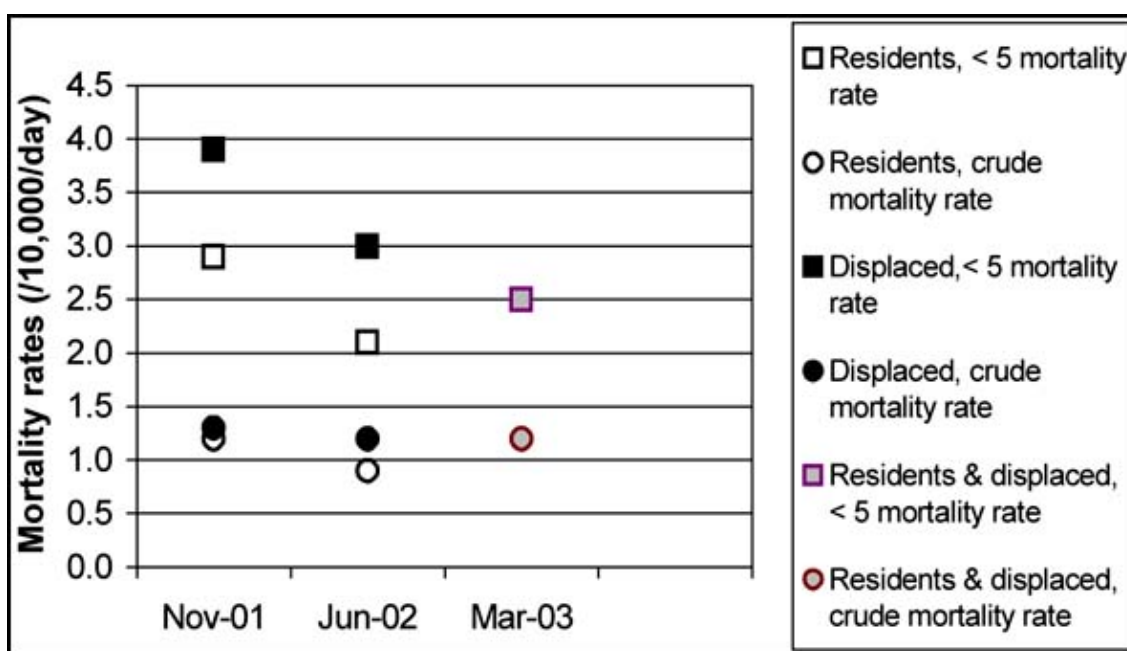
The nutrition situation was under-control and has not significantly changed since mid 2000 (see figure). Admissions in SFC and TFC were, however, still significant at the beginning of the year: an average 1,000 children/month were admitted in SFC and 100 children/month were admitted in TFC.



Prevalence of malnutrition, Ganda municipality, Angola

The mortality rate was of concern, although it has decreased over the last years (see figure). The measles vaccination coverage was 40.6% according to cards and 72.4% according to cards and mothers' statement. About 27% of the children surveyed have received vitamin A.

It is striking that the prevalence of malnutrition is relatively low and yet mortality rates are high, suggesting that the main problem for people is the health environment. Major causes of under-five year old deaths were diarrhoea and fever.



Mortality rates, Ganda municipality, Angola

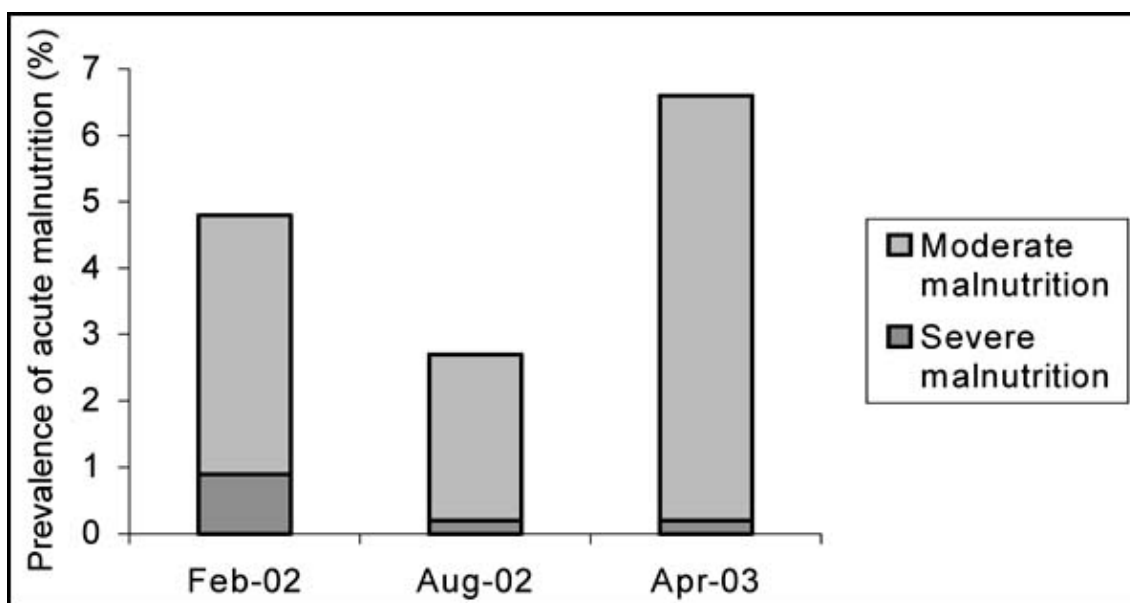
There is room for improvement in terms of safe water availability, sanitary conditions, health care and food security. The harvest is expected to be good and will help to improve the situation.

Cubal municipality

A random sampled nutrition survey was carried out in Cubal municipality in April 2003 (CRS/MINSA, 04/03). About 76% of the families surveyed were resident families; 4% were displaced and 19% were returnees. The malnutrition prevalence was under-control and was within the range of the results of previous surveys (see figure). Mortality rates were below alert levels but remained significant (under-five mortality rate =

1.52/10,000/day; crude mortality rate = 0.69/10,000/day). The main cause of under-five mortality was malaria (80% of the deaths). Measles vaccination for the 12–23 month olds was 68% according to cards.

Vitamin A coverage was 5.4%.



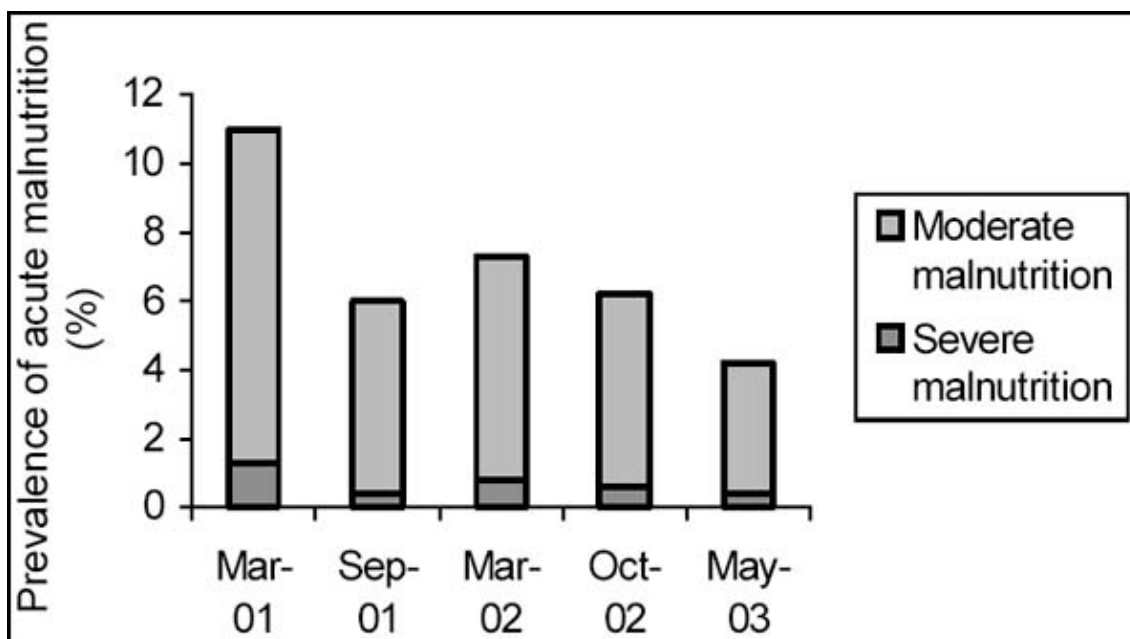
Prevalence of acute malnutrition, Cubal municipality, Angola

Balombo municipality

A random sampled nutrition survey was undertaken in Balombo municipality in May 2003 (CRS, 05/03). Since April 2002, a number of new areas have been made accessible in the municipality. The present survey included the newly accessible areas.

64% of the families interviewed were resident families, whilst 31% were returnees. The IDPs represented only 5% of the sample.

The results showed an acceptable nutrition situation, which has gradually improved since 2001 (see figure).



Prevalence of acute malnutrition, Balombo municipality, Angola

However, mortality rates were of concern (under-five mortality rate = 2.4/10,000/day, crude mortality rate = 0.9/10,000/day), but have decreased since March 2002, when under-five mortality rate and crude mortality rate were respectively 3.2/10,000/day and 1.4/10,000/day (see RNIS 36/37). The main causes of under-five

mortality were malaria (44%) and diarrhoea (22%). Measles vaccination coverage for the 12–23 month olds was 18% according to cards.

Overall The nutrition situation has stabilised in Benguela province, even in newly accessible areas (category III/IV), but mortality rates are still high. Provision of basic need services is an essential part of the country reconstruction and will be crucial, as will be the strengthening of food security, to ensure people's recovery from the war.

Recommendation and priorities

- In addition to sustaining food security, strengthen water availability, sanitation and health care to reduce mortality

ASIA – SELECTED SITUATIONS

Afghanistan Region

Insecurity has increased over the last three months. The number of incidents doubled between April and May and has since remained on a high level (AFP, 02/07/03). Attacks against western targets have especially increased (BAAG, 31/05/03). This prompted NGOs, the UN and the Afghan government to call NATO, which will take over the command of the International Security Assistance Force (ISAF) on 11 August 2003, to expand the ISAF outside Kabul (BAAG, 30/06/03; OCHA, 18/07/03). It was not the first appeal for ISAF expansion.

Following several years of drought, crop prospects are especially good for 2003 and the harvest is expected to be the best in 25 years (AFP, 12/06/03). Good rains, use of new high yielding varieties of grain and widespread use of fertilisers have all contributed to this performance. Parts of the south of the country may, however, still experience deficits.

WFP cereal pipeline is ensured until September 2003 (WFP, 13/07/03).

Refugees, returnees and IDPs

Refugee repatriation

According to UNHCR estimates, 200,000 Afghan refugees returned from Pakistan (facilitated by UNHCR) and 113,000 returned from Iran (67,000 facilitated by UNHCR and 46,000 on their own), over the first semester of 2003 (UNHCR, 11/07/03).

This is far below last year figures, when 1.1 m refugees returned over the same period (RNIS 38). Returns of Afghan refugees still raise concern among some NGOs which estimate that security and basic need services are not sufficient to allow the return of the refugees (AI, 06/03). In addition, the high returns caseload in 2002 (nearly two million) is still not absorbed by the country, which is just starting to recover from a 20 year war (see RNIS 41). Amnesty International also stated that some returns were the result of explicit or implicit pressures from the local or national authorities of host countries (AI, 06/03). Moreover, AI denounced forced repatriation from Iran (AI, 06/03).

Internally displaced persons

It is estimated that about 25,000 IDPs have returned home since the beginning of the year, with UN or NGO assistance (NRC, 01/07/03). According to different sources, the number of IDPs in the country varies between 300,000 (UNHCR estimates) and 600,000 (AI estimates) (NRC, 01/07/03). AI denounced the withdrawal of food assistance to Shaidayee and Maslakh camps. According to AI, the decision was taken in order to force people to move back to their area of origin and without taking into account IDP vulnerability. Shaidayee IDP camp was to be closed in a few months and IDPs not willing to return home were advised to relocate to the nearby Maslakh camp, where food distribution, however, also stopped (AI, 06/03).

Returnees vulnerability and sustainability of returns

A number of agencies stressed the fact that returnees still face hard living conditions. RI noted improvements of living conditions in rural areas compared to last year with improved shelter conditions and an increase in fields under cultivation. People's livelihoods have, however, not reached pre-war level and people complain they have no coping mechanisms possible were the harvest to be poor; they had lost most of their belongings, means of production and herds (RI, 09/07/03).

The situation seems to be far worst for the returnees who do not possess any house and/or land or who have difficulty claiming their properties, which is the case for a vast majority of the returnees (AI, 06/03). Disputes over land and property are one of the major current issues in Afghanistan. Unaccompanied women have the greatest difficulty claiming their properties.

Many people who did not possess land came to Kabul to try to find a job. The population of Kabul is estimated to have doubled over the past ten years. Many of the returnees could not afford to rent a flat or house because of the sharp increase of rent prices due to the influx of people. Consequently, they live in temporary shelters in abandoned buildings, sometimes in dangerous conditions.

Moreover, most of the shelter programmes have targeted people who can prove their property and donors are reluctant to found programmes in towns for fear of a rural exodus. It is, however, a fact that almost half of the returnees have settled in Kabul, in makeshift facilities for the most of them.

Lack of job opportunities also makes people's lives difficult. The government is however looking for increasing exportation of goods such as carpets, handicrafts, dried fruits, and nuts. In April, it had proved to be possible to export the same quantity of carpets as during the whole of 2002 (BAAG, 31/05/03).

From emergency to development

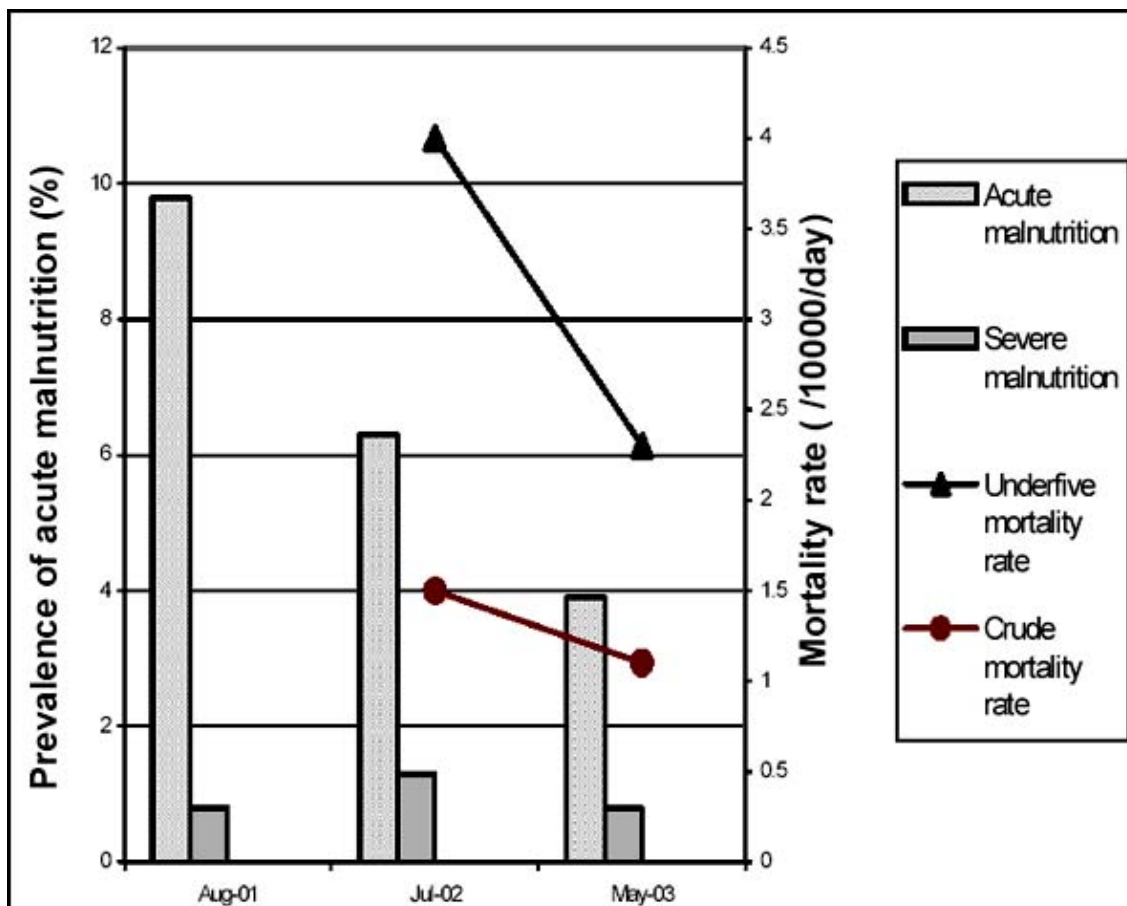
A mission conducted by the NGO "Urgence-Réhabilitation-Développement" (URD) in early 2003, stressed that one of the most impressive facts, when compared to mid 2002, was the emergence of a state, even if ministries still faced major constraints. According to this report, one of the major challenges that NGOs must face is to shift from emergency programmes (even if they remain necessary in some locations) to mid-long term pro-programmes, which should be sustainable by the Afghan structures. It seems that nutrition activities are well engaged in this process with increased coordination, and efforts to implement long-term strategies (URD, 02/03).

Maimana, Almar and Qaysar districts, Faryab province

A random sampled survey was undertaken in May 2003 in three districts of the northern province of Faryab (MSF-B, 05/03). The results showed an acceptable nutrition situation, which has gradually improved since 2001 (see figure). Admissions to the SFC and TFC implemented in the area have also regularly decreased since mid-2002, and MSF-B will close its nutrition programme.

Mortality rates have also improved over the past year but have remained high (see figure).

Faryab province used to be prosperous with production of wheat, barley, corn, sesame, grapes...The province was badly affected by the past years' drought. The 2002 rainfalls were good but the surface of land planted was restricted because of a lack of seeds and problems over land ownership.



Prevalence of acute malnutrition and mortality rate – under-five children – Faryab province – Afghanistan

Food security however improved between 2001 and 2002 and it was estimated that populations in Maimana and Qaysar districts would be able to cover 50–75% of their food needs, whilst people in Almar province would be able to cover 25–50% of their food needs, before the 2003 harvest (WFP/VAM, 2002–2003). The 2003 crop is expected to be very good.

Food distributions were implemented during the winter 2002. Few families, however benefited from them: from 535 families interviewed during the survey, about 12% received food distribution during the 2002 winter.

About 60% of the families in the rural Almar and Qaysar districts owned land; about the same percentage owned livestock. In the urban Maimana district, 18% of the families owned land and 25% owned livestock. About 40% of the families sold some property (animals, lands, household assets) since 2002–2003 winter and 60% still had a debt at the time of the survey.

Whilst the nutrition situation is at an acceptable level and the 2003 crop should be good, the population has not yet entirely recovered from the past years drought.

Refugees in Pakistan

Closure of the waiting area, Chaman

After being denied entry into Pakistan, following the closing of the border in February 2002, about 30,000 people have settled in a "waiting area", in the Chaman area, at the Pakistan border. Assistance to this camp has been made difficult by the status of the "waiting area" which was not recognized as a long-term settlement, and by insecurity (see RNIS 40). Following the decision to close the "waiting area" by mid-July, refugees were given the choice of either being relocated to an already existing camp (Mohamed Kheil) in Balochistan, Pakistan; being relocated to the Zhare Dasht camp near Kandahar in Afghanistan or returning home. Forty percents of the families made the decision to go to Pakistan, whilst 60% wanted to go to Zhare Dasht; only approximately ten families were willing to return home. The relocation took place between mid-May and mid-July (UNHCR, 14/07/03; RI, 30/06/03).

Balochistan – "new refugee camps"

Following the military action within Afghanistan and the fall of the Taliban regime in November 2001, a new flux of Afghans took refuge in Pakistan. Before the closure of the border in February 2002, about 250,000 were settled in new camps in Balochistan and the North West Frontier Province (NWFP).

Two randomly sampled surveys were carried out in the six camps of Balochistan, hosting new refugees, accounting for a population of about 120,000 refugees, in April 2003 (ACF, 04/03). Surveys were carried out in the camps near Chaman town (Dara 1, Dara 2, Roghani and Landi Karez) and in the two camps (Mohamed Kheil and Latif Abad) located further inland. Whilst all of the camps are located in arid plains, camps located near Chaman town are less isolated than the others, which are furthest from any city.

Results of nutrition and mortality surveys, refugee camps in Balochistan, Pakistan, April 2003 (ACF-F, 04/03)

	Acute malnutrition (%) (95% CI)	Severe acute malnutrition (%) (95% CI)	Oedema (%)	Measles vaccination coverage* (%)	Under-five mortality rate (/10,000/day)
Dara 1, Dara 2, Rhogani and Landi Karez camps	4.5 (2.8–6.9)	1.3 (0.5–3.0)	1.0	75.8	0.7
Mohamed Khail and Latif Abad camps	3.7 (2.2–6.0)	1.1 (0.4–2.7)	0.7	83.3	0.3

The results of the surveys show that the nutrition situation seemed to be under-control (see table) and was similar to the nutrition situation in late 2001. The under-five mortality rates were also below acceptable thresholds (see table); routine mortality surveillance indicated the same range.

Basic needs in term of food security and public health seemed to be covered (see boxes), which may explain the acceptable nutrition situation found in the camps.

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Immediate determinants of nutritional status and mortality, refugee camps in Balochistan, Pakistan, April 2003 (ACF, 04/03)

<p>Food intake*</p> <p><i>Sources of food</i> 75% from the food distribution 20% (22%) from the market (At the camp shops for the majority of people interviewed) 3% (5%) from loans/charity</p> <p><i>Number of meals/day</i> 3 meals 70% (87%) 2 meals 30% (13%)</p> <p><i>Food consumed beside the general food distribution</i> Fresh vegetables: 97% (100%) of the interview families Meat: 30% (78%) (in average once a month)</p> <p>Diseases Most common illnesses are respiratory infections (33% of the consultations) and diarrhoea (10%).</p>

Overall Despite a very good harvest in 2003, the fate of some of the returnees is worrying, especially those who do not possess any land and/or houses and have to live in makeshift facilities in towns and have difficulty finding jobs due to poor economic conditions. These people need continued assistance. Implementation of mid-long term programmes will also be crucial for the reconstruction of Afghanistan. The nutrition situation in three districts of Faryab province is acceptable (category IV), but people have still not fully recovered from the past years' drought. The nutrition situation among refugees in Balochistan province, Pakistan, who fled Afghanistan at the end of 2001/beginning of 2002 seems to be under control (category IV) and their basic needs seem to be covered. Assistance has to continue being provided.

Recommendations and priorities

From the ACF–F survey in refugee camps in Balochistan

- Continue to provide basic needs assistance to the refugees as long as repatriation is not possible under good and safe conditions

From the MSF–B survey in Faryab province

- Investigate causes of deaths

From the RNIS

- Provide assistance to the returnees, especially in terms of shelter, particularly in towns

Underlying determinants of nutritional status and mortality, refugee camps in Balochistan, Pakistan, April 2003

Household food security

Food distribution

2,000 Kcal, 16% protein, 19% fat

Regular monthly distribution

Some families, arrived after March 2002, are not registered

Trade of distribution cards

Market availability

Shops selling vegetables, fruits and meat available at camp level

*Sources of income**

50% of the men had daily works (shopkeepers or teachers

70% (90%) of the women were making either handicrafts or whole thread

11% (47%) have sold part of the food distribution

5% have sold some of the distributed non–food items

*Assets**

Distribution of a basic set upon arrival (tents, mattress, blankets and kitchen set)

Monthly distribution of charcoal

Ad hoc distributions of clothes, shoes...

23% (26%) of the families interviewed had livestock

The majority (half) of the families had debts towards parents or shops

The main use of the money was to buy food and some firewood in winter

Public health

Health care

Basic Health Units in each camp (including nutrition activities)

Referral system to the Chaman or Quetta hospitals

Nutrition care

Screening for malnutrition in the BHU, but according to different criteria depending on the camp

Supplementary feeding in some of the camps

Treatment of severe malnutrition in Quetta hospital, which is not in accordance with WHO protocol

Water

Availability of drinkable water of 15 l/person/day, meeting the minimum standard

<p><i>Sanitation</i></p> <p>Availability of one latrine/20 persons, meeting the minimum standard Washing areas available Collection of waste water Damages of the structure due to inadequate use</p> <p><i>Hygiene and health education</i></p> <p>Widely dispensed through home visiting or sessions Monthly distribution of soap</p> <p>Social and care</p> <p>Availability of community services (social mobilization, skills development, protection...) Availability of schools</p>

*According to interviews of 30 people in Chaman camps, 23 people in Latif Abad and Mohammed Kheil (ACF-F, 04/03); first figures refer to Chaman camps, figures in brackets refer to Latif Abad and Mohammed Kheil

IN BRIEF

Eritrea

The Eritrean Relief and Refugees Commission has estimated that about 1.4 m people are drought-affected and in need of food-aid in 2003. WFP intended to support 900,000 people. However, due to a lack of resources (WFP has only 62% of the food required), WFP can only assist 600,000 people (WFP, 14/08/03). Moreover, an emergency operation to help 500,000 people (including malnourished children, displaced populations, returnees and school children) had to be delayed for three months because of a lack of resources (OCHA, 13/08/03; WFP, 14/08/03). As of mid-July, there was also a gap of seeds of more than 50% of the requirements (FEWS,20/08/03).

Despite a reported good beginning of the *Kremti* rains, food insecurity is expected to worsen until the next harvest, due by October 2003, because people will have exhausted their food stocks (FEWS, 20/08/03).

There have been reports of high rates of acute malnutrition, reaching 14% to 20% (USAID, 24/07/03).

Funds are needed to support drought-affected Eritreans.

Kenya

The two huge refugee camp areas have been affected over these past months. In Dadaab area, 3,000 of the 130,000 refugees hosted in three camps were homeless after floods devastated their homes (AFP, 07/05/03).

In Kakuma refugee camps, a riot between Sudanese refugees and Turkana people, native to the area, has resulted in 12 deaths; 30,000 Sudanese refugees had temporarily fled their shelters (OCHA, 22/07/03). The violence emerged after a cattle-rustling incident. Rivalries between the Turkana people and refugees, comes partly because of the destitution of both communities, which are struggling to survive in the hard environment of this dry-hot area (OCHA, 22/07/03).

Food aid rations have been restored to their intended level (full ration), from a previously 75% ration in March 2003 (WFP, 08/08/03).

Guinea

It is estimated that as of July 2003, about 27,000 people had entered the country since the beginning of 2003, of whom 39% were Guineans returning from Ivory Coast, 43% were Liberians, 10% were Ivori–ans and 8% were third country nationals (OCHA, 31/07/03). Guinea was hosting an estimated 91,000 refugees as of 3 July 2003 (OCHA, 31/07/03).

During the same period, 25,000 Sierra Leonean refugees were repatriated to Sierra Leone (OCHA, 31/07/03).

Laine refugee camp, which has a capacity to host 6,000 people, is still hosting 28,000 people, whilst relocation from the Kouankan refugee camp to the Kissidougou area has begun; 6,100 out of 33,000 have been relocated so far (OCHA, 31/07/03).

Various studies tend to show that host–communities in Guinea are facing growing difficulty meeting their food needs and access to basic services (OCHA, 30/07/03).

RNIS READERSHIP SURVEY ANALYSIS AND PROPOSED DEVELOPMENT OF RNIS – MAY 2003

The readership survey was not intended to be representative of the readers as it is known that response rates are usually low for this type of survey. However, it was hoped that the survey would give us an idea of readers' perceptions of RNIS reports.

The questionnaire was not sent to all readers but only by email to the readers for whom we had an email address. 426 questionnaires were sent, which represents approximately one third of the single report mailing list and 20% of the total readership when including the bulk mailing list.

79 questionnaires were returned, corresponding to a response rate of 19%, which is in line with what one may expect for a readership survey. The last RNIS readership survey, which was done in 1997, had a response rate of 14%.

Analysis was conducted on all returned questionnaires. Additional comments of the respondents were also reported on.

Respondents profile

The majority of the respondents (33%) was affiliated to an academic establishment, from whom 10% were also affiliated with either a government, a NGO/PVO or a UN agency. 23% of the respondents were affiliated to a NGO/PVO, 17% to a government, 16% to a UN organisation, and 6.5% to a private company; three respondents were consultants.

The majority of the respondents were either Europe based (38%) or Africa based (26%). 17% were from North America, 15% from Asia and 4% from Latin America.

The response rates were 33% for Latin America, 20% for Europe, 18% for North America, 16% for Asia and for Africa.

Periodicity of the reports

86% of the respondents felt that the periodicity of the report was good, whilst 9% would like the reports to be more frequent (on a monthly or two monthly basis) and 5% felt the report is too frequent. The majority of the respondents who would like the report to be more frequent were from NGO/PVO. They felt that the timeliness of the report was not adequate and that information was out of date when the printed versions were received, especially in developing countries. Suggestions were made to edit updates more frequently than the printed report and to make them available through email or the website.

Information provided in the report

Of 74 people who answered the question, 88% felt that the analysis was adequate, and 89% felt that there

was enough contextual information given.

Some of the readers felt the report was too long; others would like that some information and analyses be strengthened, such as:

- ? food security
- ? nutrition causal analysis
- ? anthropometric assessment of children less than six months old and assessment of feeding practices
- ? trends in malnutrition prevalence and how they can be explained

Some of the respondents would like more countries reported on, especially situations outside Africa. Several respondents emphasised the fact that information provided in the reports is unique as it is the only source of consolidated nutrition information in emergency situations. However, there has also been expression of concern about how representative the surveys reported in RNIS reports are because they are dependent on the information received. Similarly, some of the readers felt RNIS should be more linked with experts in the field, in order that the analysis be more in –depth and reflect in –country interpretation and contribution.

Reading and use of the reports

The reports are read by between 1 and 120 people. 30% of the respondents (of 76 respondents) said its copy was read by one person, 50% said its copy was read by 2 to 5 people, 8% said its copy was read by 6 to 10 people and 12% said its copy was read by more than 10 people. The average number of readers of one copy was 5.

The pieces of the report which are the most often read are the highlights (78.5%), and the front table (57.1%). 58% of the readers often read about specific countries and 39% read about specific countries from time to time. The full report is often read by 33% of the readers, whilst 43% read it from time to time.

The report is often used by 46% of the respondents when they receive it (of 78 responses) and from time to time by 42% of the respondents. Of 72 responses, 97% of the respondents look at information in previous issues (often: 38%, from time to time: 59%).

78% of the 76 respondents to this question thought the report was very useful for information, whilst 22% thought it was moderately useful.

50% and 37% of the readers respectively, felt the report was very useful or moderately useful for training.

67% of the respondents felt the report was moderately useful for decision making, 20% felt it was very useful and 13% felt it was not useful. For 48% of the respondents, the report was moderately useful for lobbying, whilst 26% thought it was very useful or not useful.

RNIS format

The majority of the respondents would prefer to continue receiving a printed version (75%), of which 33% would also like to receive RNIS by Email or on a CD. Ten percent would prefer to receive RNIS by email and 5% on a CD.

Situation coverage

77% of the 74 respondents to this question felt that it will be very useful to enlarge the scope of the report to cover emergency nutrition situations not directly related to population displacement or conflict; 20% felt it would be moderately useful and 3% felt it would not be useful.

Other information which might be provided by RNIS

All of the respondents (of 78 responses) felt that supplements on technical issues would be useful, either very useful for 84% of the respondents or moderately useful for 16%.

Some of the most cited issues to be treated in such supplements were:

? nutrition survey: sampling methodologies, nutrition survey vs nutrition surveillance, complementary information to gather with a nutrition survey, when and why to conduct a nutrition survey.

? assessment of minus 6 month olds: anthropometric assessment, assessment of infant feeding and breast-feeding practices.

? assessment, prevention and control of micro-nutrient deficiencies

? HIV and nutrition in emergencies

Retrospective analysis of the evolution of nutrition situations as country cases were felt to be very useful by 70% of the respondents or moderately useful by 28% of the respondents. The most cited countries were: Afghanistan, Iraq, Southern Africa and Sudan

The development of a nutrition survey database available on the web was felt to be very useful by 81% of the respondents, whilst 14% thought it would be moderately useful and 5% not useful (of 75 responses).

72% of the respondents thought that mapping of nutrition results would be very useful, 23% felt it would be moderately useful and 5% it would be not useful (of 74 responses). Access on the web to RNIS reports classified by country was thought to be either very useful or moderately useful by respectively 59% and 26% of the respondents, whilst 15% felt it would not be useful (of 73 responses).

RNIS role

Some readers would like to see RNIS more involved in identifying recurrent problems, forgotten situations and what to do to address them. Others have suggested that RNIS could develop as a focal point for nutrition survey methodologies, implementation, and interpretation.

Proposed strategy for the continuation and development of the RNIS project

RNIS role's in providing consolidated information on nutrition situations in emergencies is well recognised. However, the use of RNIS for decision making and lobbying should be enhanced.

It is however difficult for a single report to answer the needs of a wide scope of readers, of whom some are directly involved in field operations and others are not. Different vectors may be developed to answer the different needs. It will, however, be impossible for RNIS to be as timely and in-depth as in country information.

RNIS regular reports

The scope of the reports could be enlarged to cover more countries outside Africa and nutrition emergencies not directly related to war and displacements. In order to reflect the inclusion of non-refugee populations, RNIS name could be changed.

The enlargement of contributing agencies and of the type of information gathered (especially food security information) is a day-to-day effort of RNIS and will be pursued.

In order to provide a more in-depth analysis, ways of improving RNIS links with people based in-country would be explored.

Timeliness and easier use of the information

There was an attempt, in 1998-1999, to edit regular electronic up-dates between the publication of the RNIS reports. This proved to be difficult because the information provided to RNIS is not usually sent on a regular basis but when asked for. The workload of the RNIS coordinator is another constraint.

To improve the timeliness of RNIS reports and respond to the fact that some people think it is too long, summaries of the information contained in the following RNIS printed report could be sent by email, before the full RNIS printed report is sent. This may enable the provision of both, more timely condensed information, and a full analysis of the information on a regular basis.

Development of tools which will make the nutrition data easier to look for should also be developed (mapping of nutrition data, database available on the web, classification of RNIS reports by country on the web).

More in depth analysis

More in-depth analysis of country cases and identification of recurrent problems, forgotten situations and ways to improve them and lobbying for best practices may be achieved through supplements on country cases or technical issues.

Your comments would be most welcome

Abbreviations used in the text

AFP	Agence France Presse
AAH–USA	Action Against Hunger USA
ACF–F	Action Contre la Faim France
ACH–S	Action Contra El Hambre Spain
BAAG	British Agencies Aghanistan Group
BMI	Body Mass Index
CMR	Crude Mortality Rate
< 5 MR	Under–five Mortality Rate
FAO	Food & Agricultural Organization of the United Nations
FEWS	Famine Early Warning System
FSAU	Food Security Assessment Unit for Somalia
HRW	Human Rights Watch
ICG	International Crisis Group
IDP	Internally Displaced Person
IRC	International Rescue Committee
MOH	Ministry of Health
MONUC	United Nation Organisation Mission in the DRC
MSF	Médecins Sans Frontières
MUAC	Mid–upper arm circumference
NGO	Non–governmental Organisation
NRC	Norwegian Refugee Council
OCHA	Office for the Co–ordination of Humanitarian Assistance
RI	Refugees International
SCF–UK	Save the Children Fund – UK
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children’s Emergency Fund
UNSC	United Nations Security Council

URD	Groupe Urgence–Réhabilitation–Développement
USAID	US Agency for International Development
USCR	US committee for Refugees
WFP	World Food Programme
WFP/VAM	WFP/Vulnerability Assessment Mapping Unit
WHO	World Health Organization
WV	World Vision

Listing of Sources

Greater Horn of Africa

Ethiopia

CARE/WFP	02/03	A follow-up nutritional assessment report, West Haraghe zone, Oromiya region
CARE/WFP	05/03	East Haraghe nutrition survey summary report
CARE/WFP	06/03	West Hararghe follow up nutrition survey summary report
ENFS	15/07/03	Monthly report
FEWS	23/05/03	Food emergency in Ethiopia worsens as 1.2 million additional people urgently need food aid
GOAL	04/03	Findings of a nutrition survey, Zone 3, Afar region
GOAL	05/03	Summary results of a 30/30 cluster nutrition survey, Fentale, East Shoa Zone, Oromiya region
GOAL	06/06	Summary results of a 30/30 cluster nutrition survey, Daro Lebu, West Haraghe zone, Oromiya region
MSF-H	06/03	Nutrition intervention emergency project, Zigway, Adamitulo Jido woreda, East Shoa, Oromia region
OCHA	11/07/03	Relief bulletin: weekly humanitarian highlights in Ethiopia
OCHA	14/07/03	Ethiopia: government increases food rations
OCHA	16/07/03	Ethiopia: new report criticises response to food crisis
SCF	17/07/03	Tackling famine in Ethiopia – 20 years of missed opportunities
SCF-UK	04/03	Nutritional survey for five districts of Fik zone, Somali regional state
SCF-UK	03/03	Nutrition assessment in Gubalafto woreda, North Wollo
WFP	08/08/03	WFP Emergency report n° 32
WV	06/03	Summary result of nutrition surveys, Tenta woreda, South Wollo, Amhara region
WV	06/03	Summary result of nutrition surveys, Omo Sheleko, Kembata and Timbaro, SNNPR
WV	06/03	Summary result of nutrition surveys, Kedida Gamilla woreda, Kembata and Timbaro, SNNPR
WV	06/03	Summary result of nutrition surveys, Hidhabu Abote woreda, Noth Showa, Oromia

Somalia

AFP	06/07/03	Somalia's interim government rejects Nairobi peace accord
AFP	21/04/03	Somaliland economy hit by livestock trade ban, lack of recognition
FSAU/N	06/03	Nutrition Update
FSAU/N	07/03	Nutrition Update
FSAU/FS	07/03	Food security update
FSAU	07/03	Focus <i>Gu</i> 2003 forecast and outlook for Somalia
ICG	28/07/03	Somaliland: democratisation and its discontents
OCHA	09/06/03	Somalia: fresh fighting in Middle Shabelle
OCHA	11/06/03	Somalia: renewed fighting in Mogadishu, at least seven killed
OCHA	30/06/03	Somalia: thousands protest against violence
OCHA	07/07/03	Medical workers halt work in Mogadishu
OCHA	10/07/03	Over 40 killed in fighting in central region
OCHA	16/07/03	Faction leader rejects "flawed" agreement
OCHA	30/07/03	Talks "will not stop" despite president's walkout
UNICEF/MOSA/FSAU	04/03	Nutrition survey report, Galkaio district, Mudug region, Somalia
UNICEF/MUSLIM AID-UK, FSAU/SRCS	05/03	Nutrition survey, Kisamyo district, lower Jubba region, south Somalia
Vanguard	22/04/03	Somaliland opposition leader rejects election outcome

Sudan

AAH-USA	04/03	Nutritional anthropometric survey, Old Fangak district, Phou state, Upper Nile
AAH-USA	04/03	Nutritional anthropometric survey, Pagak district, Upper Nile (Latjor state)
ACF-F	02/03	Nutritional survey in Wau town and IDP camps
ACF	28/05/03	Deterioration of humanitarian situation in Bhar el Ghazal
AFP	13/07/03	Sudanese government sees "setback" at peace talks in Kenya
AFP	25/07/03	Sudan peace talks to resume August 10
AFP	15/07/03	Heavy fighting in western Sudan
FEWS	04/07/03	Food security deteriorates in parts of Pibor county
FEWS	17/07/03	Fews southern Sudan food security monthly report 17/07/03- Hunger season near peak
GOAL & al	04/03	Nutrition survey report, Kassala IDPs (Old and new arrivals)
GOAL & al	05/03/03	Upper Nile State survey report, May 2003

MSF-H	06/03	Nutritional survey, Lankien, Bieh state, Jongley
OCHA	30/06/03	Sudan: Cessation of hostilities agreement renewed
OCHA	31/07/03	OCHA Sudan: heavy floods in Kassala state
UNHCR	05/08/03	UNHCR Eritrea info bulletin: 1,653 refugees repatriate before the rainy season
WFP/TSU	15/04/03	Southern Sudan food security update

West Africa

Ivory Coast

ACF-F	20/07/03	Rapport d'évaluation, sécurité alimentaire, sous-préfectures de Zouan Hounien et Bin-Houyé
AFP	04/07/03	Ivory Coast warring parties declare official end to conflict
HRW	05/08/03	Côte d'Ivoire: mercenaries and militias must go
MSF	10/07/03	The collapse of health care, malnutrition, violence and displacement in western Côte d'Ivoire
OCHA	16/07/03	Côte d'Ivoire: Peacekeepers say 2,000 gunmen still roam the Wild West
UN SC	04/08/03	Security council authorizes West African, French forces in Côte d'Ivoire for six more months, resolution 1498 (2003) adopted unanimously
UN SC	08/08/03	First report of the secretary-general on the UN mission in Côte d'Ivoire
USCR	07/08/03	Beyond Monrovia: Liberian refugees displaced in West Africa
WFP	22/08/03	WFP emergency report n° 34

Liberia

ACF-F	05/08/03	Food security and nutrition update, Monrovia, Liberia
AFP	02/08/03	Un resolution allows international intervention, no clear US involvement
AFP	12/08/03	New clashes in Liberia's key port city
Alertnet	11/08/03	Liberia's Taylor resigns and quits war-ruined land
DEC	12/08/03	Leading UK charities launch Liberia crisis appeal
Le Monde	12/08/03	Liberia: incertitudes et violences de l'après-Taylor
Le Monde	13/08/03	Les rebelles revendiquent le pouvoir dans le Liberia d'après-Taylor
Le Monde	13/08/03	Les Libériens affamés gagnés par l'impatience.
MSF	31/07/03	Liberia: a cholera outbreak in Monrovia goes unchecked as street fighting continues
OCHA	06/06/03	Liberia: displaced flee camps as rebels advance into Monrovia
OCHA	18/07/03	The Liberian conflict
UNHCR	31/07/03	Refugees may flee to Guinea as Liberian rebels advance, warns UNHCR
UNHCR	05/08/03	UNHCR briefing notes

Great Lakes

Burundi

AFP	14/07/03	40,000 civilians displaced by Burundi clashes, US diplomats to leave
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AFP	21/08/03	Burundi talks end in South Africa with some progress
OCHA	30/04/03	Burundi: president Buyoya transfers power to Ndayizeye
OCHA	15/07/03	Burundi: IDPs return home
OCHA	20/07/03	Situation report, 13–20 July 2003
OCHA	03/08/03	Situation report, 28 July–3 August 2003
OCHA	10/08/03	Situation report, 4–10 August 2003
RI	18/06/03	Burundian refugees in Tanzania: between a rock and a hard place
UNHCR	03/06/03	UNHCR briefing notes
UNICEF–Burundi	07/03	Analyse de la situation nutritionnelle

DRC

AAH	28/05/03	Nutrition situation critical in Lubumbashi, DR Congo–Action Against Hunger calls attention
AFP	04/06/03	DR Congolese begin returning to main Ituri town: UN
BBC News	05/08/03	DR Congo's lifeline returns
ICG	13/06/03	DRC: UN interim emergency force in Ituri is totally insufficient
IRC	04/03	Mortality in the DRC: results from a nationwide survey. Conducted September–November 2002
MSF	25/07/03	Ituri: Unkept promise? A pretense of protection and inadequate assistance
OCHA	02/07/03	DRC: thousands of residents returning to Bunia
RI	02/06/03	DRC: rapid deployment of emergency multinational force critical
UNICEF	19/05/03	UNICEF humanitarian action: Ituri crisis donor alert
USAID	30/07/03	DR Congo: complex emergency situation report #3

Uganda

AAH–USA	05/03	Nutrition survey in IDP camps, Gulu district, Northern Uganda
FEWS	09/07/03	Uganda, monthly food security update
IRIN	07/07/03	Uganda: LRA attacks aimed at dismantling camps–Red Cross report
OCHA	03/03	Report on the rapid assessment of IDPs in Katakwi district, 11–14 March 2003
OCHA	30/06/03	Humanitarian update–Uganda, volume V, issue 6
UNHCR	19/05/03	Uganda counts close to 20,000 new Congolese refugees from Ituri region
WFP/MOH	01/03	Nutrition survey among the internally displaced population in Northern Uganda
WFP	25/07/03	WFP emergency report n° 30 of 2003
WFP	29/07/03	WFP appeals for US\$ 54 million to tackle Uganda's worst humanitarian crisis in year

Republic of Congo

EC	14/04/03	European Commission supports peace process in Congo–Brazzaville
ICRC	15/07/03	Republic of Congo: help for 10,000 displaced persons in Brazzaville
MSF–H	03/03	Nutritional survey in south Brazzaville IDP camps, March 10–14 2003

MSF	04/03	Health levels inadequate in Congo Brazzaville IDP camps
MSF-H	06/03	Nutritional survey in south Brazzaville IDP camps, June 2003
OCHA	18/03/03	Government, rebels reaffirm commitment to peace
OCHA	02/06/03	Humanitarian evaluation mission underway in Pool region
OCHA	10/07/03	NGO lends its support to return of Pool IDPs
RI	21/05/03	Forgotten people: Republic of Congo
WFP	20/06/03	WFP Emergency report n° 25

Angola

ACH	03/03	Inquérito nutricional e de mortalidade, Março 2003, Municipio da Ganda, Provincia de Benguela, Angola
ACTSA	08/05/03	Angola peace monitor issue n° 8, vol IX
CRS/MINSA	04/03	Inquerito nutricional cobertura vacinal, Cubal, Angola
CRS/MINSA	04/03	Inquerito nutricional cobertura vacinal, Balombo, Angola
FAO/WFP	25/07/03	FAO crop and food supply assessment mission to Angola
GoA	19/06/03	Government declares the shutting down of sheltering areas
IRIN	19/06/03	Angola: Quartering areas closed, resettlement problems continue
MSF	22/07/03	MSF assists in repatriation of 440,000 Moxico refugees after 27 years of civil war in Angola
OCHA	10/07/03	Angola humanitarian co-ordination update, 10/07/03
UNHCR	11/07/03	UNHCR briefing notes: Zambia/Angola, Liberia

Afghanistan

ACF-F	04/03	Nutrition anthropometric survey, new camps of Afghan refugees in Balochistan province, Pakistan
AFP	02/07/03	Attacks in Afghanistan doubled in May: ISAF commander
AFP	12/06/03	Afghanistan heads for best harvest in 25 years: UN
AI	06/03	Afghanistan, out of sight, out of mind: The fate of the Afghan returnees
BAAG	31/05/03	BAAG Afghanistan monthly review May 2003
BAAG	30/06/03	BAAG Afghanistan monthly review June 2003-07-22
MSF-B	05/03	Nutrition survey and retrospective mortality assessment, Maymana, Almar and Qaysar districts, Faryab province, Afghanistan
NRC	01/07/03	Insecurity and lack of assistance are major constraints to IDP return
OCHA	18/07/03	Afghanistan: NATO prepares to take ISAF command
RI	30/06/03	Afghan refugees to finally leave the Shaman waiting area
RI	09/07/03	Return to Afghanistan
UNHCR	11/07/03	More than 300,000 Afghan refugees return from Pakistan, Iran
UNHCR	14/07/03	Relocations of Afghan from the border area continues
WFP	13/06/03	WFP Afghanistan pipeline news n° 5/2003

In brief

Eritrea

FEWS 20/08/03 Eritrea–monthly food security update, July 25, 2003

OCHA 13/08/03 Eritrean: Rains do not mean drought is over

USAID 24/07/03 USAID Eritrea drought fact sheet # 4

WFP 14/08/03 WFP emergency report n° 33

Kenya

AFP 07/05/03 Refugees desperate for shelter, aid after Kenyan floods

OCHA 22/07/03 Kenya: marginalised Turkana vie with refugees

WFP 08/08/03 WFP emergency report n° 32

Guinea

OCHA 31/07/03 Guinea humanitarian situation report n° 3

Results of surveys quoted in RNIS # 42

Survey Area	Population	Survey conducted by	Date	Acute Malnutrition* (%) (95% CI)**	Severe Acute Malnutrition* (%) (95% CI)**	Oedema (%)	C M (/10, (95
The greater horn of Africa							
Ethiopia							
<i>Somali region</i>							
Fik and Hamero districts, Fik zone,	Residents	SCF–UK	04–03	34.0 (30.0–37.9)	6.4 (4.5–8.2)	0.1	
Segeg, Duhun and Garbo districts, Fik zone	Residents	SCF–UK	04–03	31.3 (27.8–34.8)	3.8 (2.6–5.1)	0.3	
<i>Amahara region</i>							
Tenta district, South Wolo zone	Residents	WV	06–03	11.9 (9.1–15.3)	1.2 (0.5–2.8)	0.1	
	Residents	SCF–UK	06–03	3.8 (2.2–5.3)	0.2 (0.0–0.5)	0.1	

Gubalafto district, North Wollo zone							
<i>SNNPR</i>							
Omo Sheleko district, Kembata and Timbaro zone	Residents	WV	06-03	12.9 (10.0-16.4)	1.7 (0.4-2.6)	0.4	0.25
Kedida Gamilla district, Kembata and Timbaro zone	Residents	WV	06-03	6.9	1.1 (0.41-2.7)	1.0	0.17
<i>Oromiya region</i>							
Hidhabu Abote district, North Showa zone	Residents	WV	06-03	14.2 (11.2-17.8)	3.3 (1.9-5.6)	1.8	0.31
Fentale district, East Showa zone	Residents	GOAL	05-03	5.2 (3.9-6.9)	0.5 (0.2-1.4)	0	0.91
Rural areas, Zigway, Admitulo, Jido districts, East Showa zone	Residents	MSF-H	06-03	17.1 (13.7-20.4)	4.8 (2.5-7.2)	2.5	0.54
Daro Lebu district, West Haraghe zone	Residents	GOAL	06-03	5.1 (3.8-6.8)	0.3 (0.1-1.0)	0.1	0.72
Rural areas of lowlands and dry midlands, West Haraghe zone	Residents	CARE/WFP	06-03	10.1 (8.2-12.2)	1.3 (0.7-2.3)	0.5	0.33
Kurkfa Chelle, Grawa, Bedeno and Meyu, East Haraghe zone	Residents	CARE/WFP	05-03	14.9 (12.7-17.5)	1.5 (0.9-2.6)		0.67
<i>Afar region</i>							
	Residents	GOAL	04-03		1.0 (0.5-2.0)	0.1	1.83

Rural areas, Zone 3				11.6 (9.6–13.9)			
Somalia							
Galkaio town, Mudug region	Residents, displaced, returnees, refugees	UNICEF/MOSA/FSAU	04–03	8.3 (6.7–10.4)	2.3 (1.4–3.5)	0.2	
Kismayo district, Lower Jubba region	Residents, displaced	UNICEF/MUSLIM AID–UK/SRCS/FSAU	05–03	12.3 (9.6–15.6)	1.9 (1.1–3.0)	0	
Sool plateau (Sool and, Sanag region portion)	Residents displaced	FSAU/UNICEF/MOHL/SRCS	05–03	12.5 (10.5–14.9)	1.8 (1.1–3.0)	0.5	
Sudan							
Malakal, Tongo, Balliet and Fashoda provinces, Upper Nile	Residents, displaced	GOAL & al	05–03	18.4 (14.8–22)	2.6 (1.1–4.1)	0	
Old Fandak, Phou state	Residents displaced	AAH–USA	03–03	35.9 (31.2–40.9)	8.2 (5.8–11.5)	0.5	
Pagak, Latjor state, Upper Nile	Residents, displaced	AAH–USA	04–03	24.6 (20.6–29.8)	5.9 (3.9–8.6)	1.9	
Old IDP camps in Kassala	Displaced	GOAL/WFP/SRCMOH/Kuwaiti Relief Fund	04–03	15.7 (12.3–19.1)	1.7 (0.5–2.9)	0.1	
New IDP camps in Kassala	Displaced	GOAL/WFP/SRC/MOH/Kuwaiti Relief Fund	04–03	19.6 (16.0–23.4)	2.6 (1.1–4.1)	0	
Wau town, Bahr el Ghazal	Residents, displaced	ACF–F	02–03	14.4 (11.3–18.0)	0.8 (0.2–2.3)	–	
Eastern Bank displaced camp, Wau surroudings, Bahr el Ghazl	Displaced	ACF–F	02–03	24.5	2.6	–	
Marial Agieh displaced camp, Wau surroudings, Bahr el Ghazl	Displaced	ACF–F	02–03	23.4	1.9	–	
	Displaced	ACF–F	02–03	16.7	2.0	–	

Bar Yar displaced camp, Wau surroundings, Bahr el Ghazl							
Salvation displaced camp, Wau surroundings, Bahr el Ghazl	Displaced	ACF-F	02-03	12.1	0.0	-	-
Langkien, Bieh state, Jonglei	Residents, displaced	MSF-H	06-03	28.8 (23.6-34.6)	5.6 (3.3-9.2)	-	-
Central Africa							
DRC							
East DRC	Residents, IDPs	IRC	10-02	-	-	-	1.17 ²
West DRC	Residents, IDPs	IRC	10-02	-	-	-	0.67 ²
Uganda							
21 of the 31 IDP camps, Gulu district	IDPs	AAH-USA	05-03	6.7 (4.6-9.5)	1.3 (0.4-2.4)	0.4	5.67
Republic of Congo							
IDP camps near Brazzaville	Displaced	MSF-H	03-03	11.6			-
IDP camps near Brazzaville	Displaced	MSF-H	06-03	13.3	1.2	0.3	-
Southern Africa region							
Angola							
Ganda municipality, Benguela province	Residents, displaced, returnees	ACH-S	03-03	6.7 (4.7-9.5)	0.2 (0.0-1.4)	0	2.5
Cubal municipality, Benguela province	Resident displaced, returnees	,CRS	04-03	6.6 (4.5-9.4)	0.2 (0.0-1.4)	0.1	1.52
Balombo municipality, Benguela province	Resident, returnees, displaced	CRS	05-03	4.2 (2.6-6.7)	0.4 (0.0-1.8)	0.2	2.4
Afghanistan region							

Maimana, Almar and Qaysar districts, Faryab province	Resident, returnees	MSF-B	05-03	3.9 (2.4-5.3)	0.8 (0.2-1.3)	0	1.1 (
Dara 1, Dara 2, Rhoghani and Landi Karez refugee camps, Balochistan, Pakistan	Refugees	ACF-F	04-03	4.5 (2.8-6.9)	1.3 (0.5-3.0)	1.0	
Mohamed Kheil and Latif Abad refugee camps, Balochistan, Pakistan	Refugees	ACF-F	04-03	3.7 (2.2-6.0)	1.1 (0.4-2.7)	0.7	

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

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

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

Measles vaccination coverage for children aged 9-59 months

¹ Measles vaccination coverage among 6-59 month olds

² Calculated from the rate expressed as /1000/month; East: CMR/1000/month=3.5 (2.2-4.9), < 5 MR/1000/month=9.0 (4.0-14.0); West: CMR/1000/month=2.0 (1.5-2.6), <5MR=4.4 (3.2-5.7)

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

Notes on surveys quoted in RNIS # 42

The Greater Horn Region

Ethiopia

Somali region

Fik and Hamero districts, Fik zone The survey was conducted by SCF-UK in April 2003. The sample only included villages that consisted of more than fifty households and were accessible by road. A two-stage cluster sampling methodology of 30 clusters was used to measure 913 children between 6-59 months. Under-five and crude mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles immunisation coverage, occurrence of diseases 15 days prior the survey and various food security indicators.

Segeg, Duhun and Garbo districts, Fik zone The survey was conducted by SCF-UK in April 2003. The sample only included villages that consisted of more than fifty households and were accessible by road. A two-stage cluster sampling methodology of 30 clusters was used to measure 910 children between 6-59

months. Under-five and crude mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles immunisation coverage, occurrence of diseases 15 days prior the survey and various food security indicators.

Amhara region

Tenta district, South Wolo zone The survey was conducted by World Vision in June 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure children between 6–59 months. Under-five and crude mortality was estimated retrospectively. The survey also estimated measles immunisation coverage, occurrence of diseases 15 days prior the survey and various food security and public health indicators.

Gubalafto district, North Wollo zone The survey was conducted by SCF-UK in March 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 902 children between 6–59 months. Under-five and crude mortality was estimated retrospectively.

SNNPR

Kedida Gamilla district, Omo Sheleko district, Kem-bata and Timbaro zone The surveys were conducted by World Vision in June 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure children between 6–59 months. Under-five and crude mortality was estimated retrospectively. The surveys also estimated measles immunisation coverage, occurrence of diseases 15 days prior the survey and various food security and public health indicators.

Oromia

Hidhabu Abote district, North Showa zone The survey was conducted by World Vision in June 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure children between 6–59 months. Under-five and crude mortality was estimated retrospectively. The survey also estimated measles immunisation coverage, occurrence of diseases 15 days prior the survey and various food security and public health indicators.

Fentale district, East Showa zone The survey was conducted by GOAL in May 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 910 children between 6–59 months. Under-five and crude mortality was estimated retrospectively. The survey also estimated measles immunisation coverage, occurrence of diseases 15 days prior the survey and various food security and public health indicators.

Rural areas, Zigway, Admitulo, Jido districts, East Showa zone The survey was conducted by MSF-H in June 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 909 children between 6–59 months. Under-five and crude mortality was estimated retrospectively. The survey also estimated measles immunisation coverage, occurrence of diseases 15 days prior the survey and coverage of food aid distribution.

Rural areas of lowlands and dry midlands, West Haraghe zone The survey was conducted by CARE/WFP in June 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 924 children between 6–59 months. Under-five and crude mortality was estimated retrospectively over the previous three months.

Daro Lebu district, West Haraghe zone The survey was conducted by GOAL in June 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 910 children between 6–59 months. Under-five and crude mortality was estimated retrospectively. The survey also estimated measles immunisation coverage, occurrence of diseases 15 days prior the survey and various food security and public health indicators.

Kurkfa Chelle, Grawa, Bedeno and Meyu, East Haraghe zone The survey was conducted by CARE/WFP in May 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 910 children between 6–59 months. Under-five and crude mortality was estimated retrospectively over the previous three months.

Afar region

Rural areas, Zone 3 The survey was conducted by GOAL in June 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. Under-five and crude mortality was estimated retrospectively over the past three months. The survey also estimated measles immunisation coverage, occurrence of diseases 15 days prior the survey and various food security and public health indicators.

Somalia

Galkaio town, Mudug region The survey was conducted by UNICEF/MOSA/FSAU in the 3 north Gal-kaio sections (the south section was not included in the survey for security reason) in April 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 923 children between 6–59 months. The survey also estimated measles immunisation coverage, vitamin A supplementation coverage, and occurrence of diseases 15 days prior the survey. 523 heads of households were interviewed about various food security and public health indicators.

Kismayo district, Lower Juba region The survey was conducted by UNICEF/Muslim Aid-UK, SRCS and FSAU in May 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 913 children between 6–59 months. Under-five and crude mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles immunisation coverage, vitamin A supplementation coverage, and occurrence of diseases 15 days prior the survey. 470 heads of households were interviewed about various food security and public health indicators.

Sool plateau (Sool and Sanag region portion) The survey was conducted by UNICEF/MOHL/FSAU/SRCS in May 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 913 children between 6–59 months. Under-five mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles immunisation coverage, vitamin A supplementation coverage, occurrence of diseases 15 days prior the survey and various food security and public health indicators.

Sudan

Tonga, Balliet, Fashoda and Malakal provinces, Upper Nile The survey was conducted by GOAL in collaboration with MOH and a number of agencies, in May 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. Under-five mortality was estimated retrospectively over the previous 12 months. The survey also estimated vaccination coverage, occurrence of disease 15 days prior to the survey, under-five feeding practices, water and sanitation status and sources of food.

Old Fangak district, Phou state, Upper Nile The survey was conducted by AAH-USA in March 2003. An exhaustive survey was carried out. The sample only included villages situated within a 4 hours walk from the centre of each Boma. 814 children between 6–59 months were measured. Under five and crude mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage.

Pagak district, Latjor state The survey was conducted by AAH-USA in April 2003. An exhaustive survey was carried out. The sample only included villages situated within a 4 hours walk from Pagak airstrip. 900 children between 6–59 months were measured. Under five and crude mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage.

IDP camps (Old and new arrivals), Kassala Two surveys were conducted by GOAL in April 2003, respectively in camps hosting "old" IDPs and "new" IDPs. A two-stage cluster sampling methodology of 30 clusters was used to measure respectively 896 and 893 children between 6–59 months. Under-five mortality was estimated retrospectively over the previous 12 months. The survey also estimated vaccination coverage, occurrence of disease 15 days prior to the survey, under-five feeding practices, water and sanitation status and sources of food.

Wau town, Bahr el Ghazal The survey was conducted by ACF in February 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 954 children between 6–59 months. Under-five mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage.

Eastern Bank, Marial Agieh, Bar Yar and Salvation IDP camps, Wau surroundings, Bahr el Ghazal

Exhaustive surveys were conducted in each camp to measure respectively 420, 367, 203 and 66 children. Under-five mortality was estimated retrospectively over the previous three months by the current household census method. The survey also estimated measles vaccination coverage.

Langkien, Bieh state, Jonglei The survey was conducted by MSF-H in June 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 570 children between 6–59 months. The sample only included villages situated within a 3 hours walk from Langkien. The survey also estimated measles vaccination coverage and general food distribution coverage.

Central Africa

Democratic Republic of Congo

East and West DRC The survey was conducted by IRC between September and November 2003. Ten health zone in each area were randomly chosen proportional to population. In each of the health zone, 15 clusters were assigned to the smallest unit to which population could be attributed; 15 households were visited in each cluster. The sample excluded areas which were not accessible for security reasons.

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

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

Uganda

IDP camps, Gulu district The survey was conducted by AAH-USA in May 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. The sample excluded 10 IDP camps, which were not accessible for security reasons. Crude and under five mortality was estimated retrospectively over the previous 3 months. The survey also estimated measles vaccination coverage and food distribution coverage.

Republic of Congo

IDP camps near Brazzaville Exhaustive surveys were conducted; 1256 children were measured in March 2003, 685 children were measured in June 2003.

Southern Africa

Angola

Ganda municipality, Benguela province The survey was conducted by ACH-S in March 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 952 children between 6–59 months. Crude and under five mortality was estimated retrospectively over the previous 3 months. The survey also estimated measles vaccination coverage and food distribution coverage.

Cubal municipality, Benguela province The survey was conducted by CRS in April 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. Crude and under five mortality was estimated retrospectively over the previous 3 months. The survey also estimated vaccination coverage among the 12–23 month olds.

Balombo municipality, Benguela province The survey was conducted by CRS in April 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. Crude and under five mortality was estimated retrospectively over the previous 3 months. The survey also estimated vaccination coverage among the 12–23 month olds.

Asia selected situations

Afghanistan region

Qaisar, Almar and Maimana district, Faryab province The survey was conducted by MSF-B in May 2003. A two-stage cluster sampling methodology of 30 clusters was used to measure 927 children between 6–59 months. Crude and under five mortality was estimated retrospectively over the previous 4 months by the current household census method. The survey also estimated various food security indicators.

"New" refugee camps, Balochistan province, Pakistan

Two surveys were conducted by ACF in April 2003. Two-stage cluster sampling methodologies of 30 clusters were used to measure 918 in Dara 1, Dara 2, Roghani and Landi Karez, in the Chaman area and 923 children between 6–59 months in Mohamed Kheil and Latif Abad camps. Under five mortality was estimated retrospectively over the previous 3 months by the current household census method. The survey also estimated measles vaccination coverage and various food security indicators.

RNIS quarterly reports

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

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

RNIS reports are organised by "situation" because problems often cross national boundaries. We aim to cover internally displaced populations as well as refugees. Partly this is because the system is aimed at the most nutritionally vulnerable people in the world – those forced to migrate – and the problems of those displaced may be similar whether or not they cross national boundaries.

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

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

Indicators, interpretation and classification

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

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

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

used in each RNIS issue is to be found at the back of the publication.

Nutrition indicators in 6–59 month olds

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

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

Severe wasting, defined as weigh–for–height index < –3 Z–scores.

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

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

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

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

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

Micro–nutrient deficiencies

Mico–nutrient deficiencies are reported when data are available.

Nutrition indicators in adults

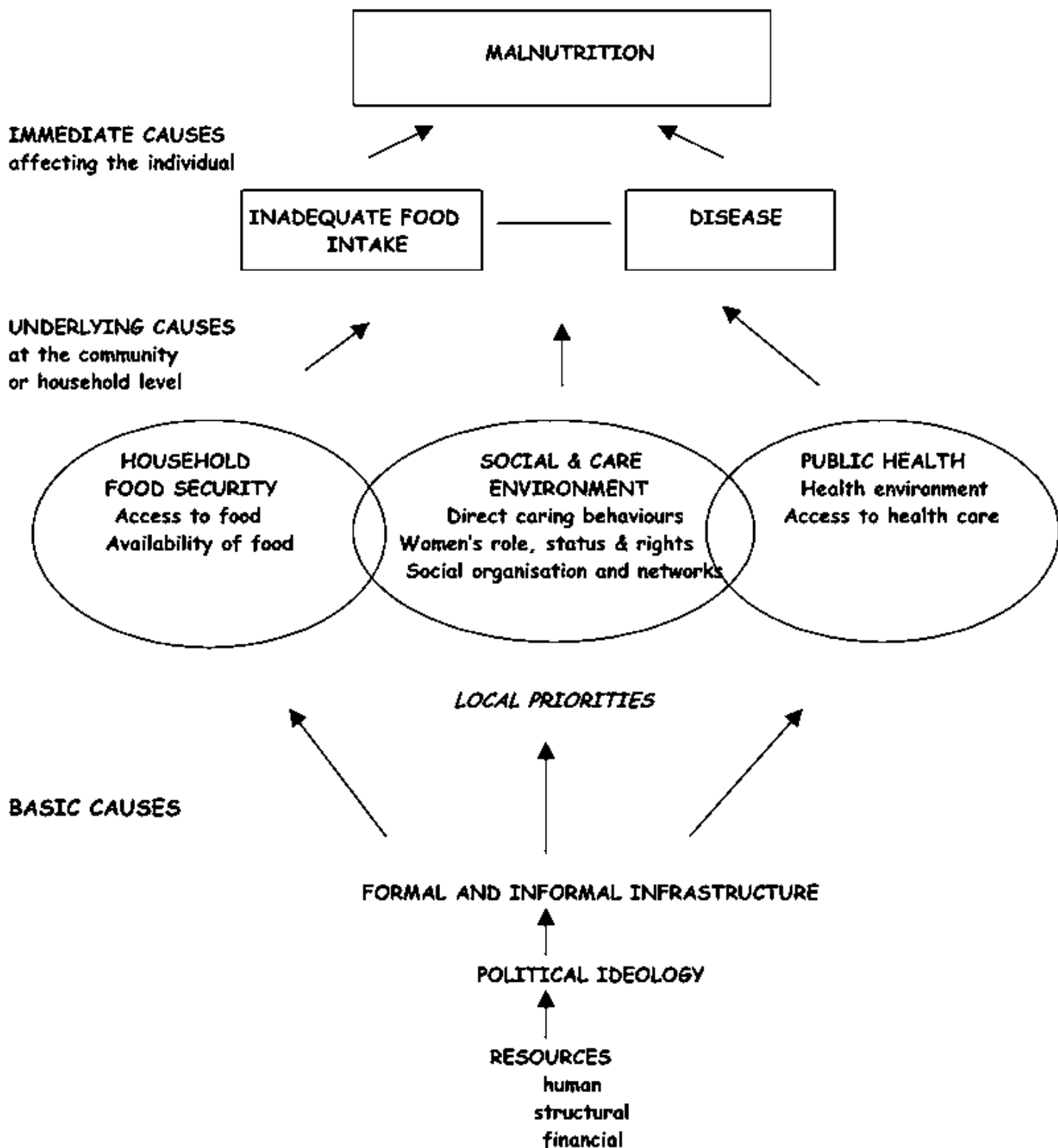
No international consensus on a definitive method or cut–off to assess adult under–nutrition has been reached (SCN, 2000). Different indicators, such as Body Mass Index (BMI, weight/height²), MUAC and oedema, as well as different cut–offs are used. When reporting on adult malnutrition, the RNIS always mentions indicators and cut–offs used by the agency providing the survey.

Mortality rates

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

Nutrition causal analysis

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



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

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

Interpretation of indicators

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

of acute malnutrition between 5–8% indicates a worrying nutritional situation, and a prevalence greater than 10% corresponds to a serious nutrition situation (SCN, 1995). The Crude Mortality Rate and under-five mortality rate trigger levels for alert are set at 1/10,000/day and 2/10,000/day respectively. CMR and under-five mortality levels of 2/10,000/day and 4/10,000/day respectively indicate a severe situation (SCN, 1995).

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

Classification of situations

In the RNIS reports, situations are classed into five categories relating to risk and/or prevalence of malnutrition.

The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care, and the constraints limiting humanitarian response. These categories are summations of the causes of malnutrition and the humanitarian response:

- Populations in *category I* – the population is currently in a critical situation; they either have a *very high risk* of malnutrition or surveys have reported a very high prevalence of malnutrition and/or elevated mortality rates.
- Populations in *category II* are currently at *high risk* of becoming malnourished or have a high prevalence of malnutrition.
- Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there maybe pockets of high malnutrition in a given area.
- Populations in *category IV* are not at elevated nutritional risk.
- The risk of malnutrition among populations in *category V* is not known.

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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.

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

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**Funding support is gratefully acknowledged from CIDA, DFA (Ireland),
DFID (UK), UNHCR, 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.

ISSN 1564-376X

