Refugee Nutrition Information System (RNIS), No. 43 – Report on the Nutrition Situation of Refugees and Displaced Populations

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November 2003

United Nations System
Standing Committee on Nutrition

HIGHLIGHTS

Eritrea Whilst donors' responses to the humanitarian appeal was low at the beginning of the year, their commitment to the crisis in Eritrea has since increased and so far has reached 62% of the revised 2003 Consolidated Appeal (CAP). Additional funds are, however, urgently needed. The nutrition situation does not seem to have improved. The expected average next harvest will probably temper the food insecurity for some months, but food aid will probably still be required in 2004.

Kenya Malnutrition rates are unacceptably high in refugee camps around Dadaab. Refugees, and especially the poorest seem to be highly dependent on external aid. Donors should ensure that adequate food rations and basic items are regularly provided to the refugees.

Sudan According to the nutrition survey results made available to RNIS, the nutrition situation is still serious in Sudan. A new crisis has emerged both among internally displaced people in Darfur, and in Chad where there are refugees. They are thought to have a high risk of malnutrition, unless adequate assistance is provided.

Tanzania The recent restrictions of movement outside the refugee camps and the reduction in assistance and especially of food assistance seemed to have had a slight impact on the nutrition status of children underfive, which is, however, still under−control. Moreover, thousands of refugees have left the camps, partly because of the hardship conditions. Had they remained, the nutrition status may have been worst.

Uganda Attacks on the civilian population by the Lord's Resistance Army (LRA) have spread from northern Uganda to Teso region over the past months. It is estimated that, in addition to the 800,000 displaced in the north, about 300,000 people are displaced in the east. Increased commitments in terms of funding, humanitarian action and crisis resolution are needed to mitigate the dire situation in northern/eastern Uganda.

Occupied Palestinian Territories The Palestinian Territories have been under hard military and economic pressure since the beginning of the second Intifada in September 2000. The economy has suffered badly and unemployment and poverty have risen. There has been a decrease in access to food and the public health system has deteriorated. However, good structures were in place before the Intifada, donors' support to the Palestinian Authority or through relief assistance has risen considerably during the Intifada and families have had good coping mechanisms. This may explain the mitigation of the effects of the crisis. However, coping mechanisms tend to become exhausted during the Intifada and donors' support to decrease. The longer the current crisis lasts, the more difficult will be the ability of Palestinian Society to cope.

RNIS summaries

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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	**ERITREA**	**KENYA Refugees in Dadaab**	**TANZANIA Refugees**	**SUDAN**	**UGANDA IDPs in Pader district**	**AFGHANISTAN Southern Kapissa, northern Shamali–southern Pansheer vally**	**Occupied Palestinian Tertitories**
1. Nutritional risk category	I/II	II	III	I	II	II	III
2. Public Health Environment (water, shelter, overcrowding, access to health services)	O	O	O	X	X	?O	O
3. Social & Care Environment (Social organisations and networks, Women's role, status and rights)	X	O	O	x	X	?O	O
4. Food Security	X	X	O	X	X	?O	O
5. Accessibility to population	*?*	O	*?*	X	X	O	O
6. General resources							
– food (gen stocks)	X	O	O	X	X	?O	O
– non–food	X	O	O	x	X	?O	O
7. Personnel*	?	?	?O	x	O	?O	?
8. Information	O	O	O	O	O	O	*?*

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

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

SUB–SAHARAN AFRICA – GREATER HORN REGION

Eritrea

Whilst donors' responses to the humanitarian appeal was low at the beginning of the year, their commitment to the crisis in Eritrea has since increased and so far has reached 62% of the revised 2003 Consolidated Appeal (CAP). About 75% and 40% of the funds requested have been secured in the food sector and in the non−food sector, respectively (ICC, 16/10/03). Additional funds are, however, urgently needed.

About 60,000 people are still displaced in the country; they are mainly settled in camps in Gash Barka and Debub regions (ICC, 16/10/03).

The *Azmera* rains (March−May) were poor, affecting the performance of long−cycle crops, but the *Kremti* season (June−September) went reasonably well and agricultural production is expected to be average in 2003 and to represent a significant improvement over production in 2002 (FEWS, 16/09/03; FEWS, 21/10/03). Livestock condition has also improved with the onset of the rains. However, staple food prices are much higher than last year (FEWS, 16/09/03; FEWS, 21/10/03).

The water situation has deteriorated in the country and, according to a survey carried out by the water resource department and UNICEF, and covering 46% of the rural population, the average daily water consumption was 13 litres/person/day, which is very low (ICC, 16/10/03).

Nutrition situation

The nutrition situation does not seem to have improved in 2003 compared to 2002, as suggested by the comparison of the prevalence of malnutrition in 2002 and 2003 in the different regions of Eritrea (UNICEF−E, 09/03). In 2003, malnutrition rates stood above 15% in Northern Red Sea, and Southern Red Sea (UNICEF−E, 09/03), and were especially high in Gash Barka, varying between 20.2% and 27.1% depending on the area (FEWS, 21/10/03).

The malnutrition rates were below 10% in Maekel (UNICEF−E, 09/03) and varied from 10.7% to 13.3% in Debub (FEWS, 10/03). The fact that many families are headed by women, mostly because men have enrolled in the National Service, seems to play a significant role in both food security of the household and the ability of the women to care for the children. Mortality rates seem, however, to remain under−control, which may be partly attributed to disease control and high immunisation coverage (UNICEF, personal communication).

Prevalence of malnutrition, Eritrea, 2003 (Concern, 03/03; CRS, 06/03)

Survey Area	Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Mothers' BMI < 18.5	Mothers' BMI < 16
Asmat, Hagaz and Habero, Anseba	03−03	19.9 (16.9−23.2)	2 (1.1−3.5)	52.5%	11.3%
Dekemhare, Mendefera, Dwarwa, Segheneyti and Azera, Debub	06−03	13.1 (12.1−15.5)	2.2 (1.4−3.4)	37.1%	5.4%

Anseba

In three sub−zones of Anseba (Asmat, Hagaz and Habero), a random−sampled nutrition survey carried out in March 2003, revealed that the nutrition situation was still of concern (see table) and had not improved since 2002 (Concern, 03/03). The nutrition status of women was also worrying (see table). Under−five and crude mortality rates were, however, under−control (0.38/10,000/day, 0.15/10,000/day, respectively). Food distributions targeted about 60% of the population and were estimated to provide 50% to 80% of a full ration (2,100 Kcal). According to informal group discussions, food aid was thought to be insufficient and was shared between all the members of the community.

Debub

A random−sampled nutrition survey was conducted in the rural parts of five of the 12 administrative sub−zones of Debub (CRS, 06/03). The nutrition situation was of concern (see table). Measles vaccination coverage was 83.8% and 93% of the children had received a vitamin A supplement in the six months preceding the survey.

People in the area are mostly reliant on agriculture and experienced a very bad harvest in 2002. About half of the households surveyed reported having received food aid the month prior to the survey. On average, the amount of cereal received was 243 g/pers/day, which is only about half the full cereal ration. The main coping strategies of the population were food aid, borrowing from relatives and casual labour.

Access to clean water was scarce, with only about 10% of the households having access to clean water. The average amount of water available was low: 16 litres/pers/day. Health facilities were reported to be located far from villages and to suffer from a lack of medicines. Child feeding practices were average.

Breast−feeding and complementary feeding practices, Debub, Eritrea (CRS, 06/03)

Starting breast−feeding within one hour of delivery: 53%
Starting breast−feeding within 24 hours of delivery: 72%

Exclusive breast−feeding for six months: 75%
Exclusive breast−feeding for less than six months: 6%
Exclusive breast−feeding for more than six months: 17.5%

94% of the 6−12 month olds were breast−fed
79% of the children were fed three to five times a day, 6% more than 5 times and 15% less than 3 times

Overall The nutrition situation does not seem to have improved in 2003 (category II). The expected average next harvest will probably temper the food insecurity for some months, but food aid will probably still be required in 2004.

Ethiopia

Food assistance has improved over the last months, with close to 100% of requirements delivered in July, August and September (FEWS, 16/10/03). The *Meher* agricultural production is expected to be average when compared to the years 1994−2001, and 20% higher than in 2002 (FEWS, 06/10/03). Livestock is reported to be in good condition because of the improved access to water and pasture during the rainy season (FEWS, 16/10/03). These good prospects are expected to mitigate the current food security crisis, but food distributions will still be necessary in 2004.

Negative long−term prospects in food security

A survey carried out in Wollo, Amhara Region, showed that destitution has increased over the past ten years, according to the communities and households (IDS/SCF, 04/03). They estimated that destitute and vulnerable households have increased from 5.5% to 14.6% and from 17.4% to 54.9%, respectively, over the past ten years. Most of the households are highly dependent on rain−fed agriculture and the poorest face many resource constraints such as land, livestock, labour, inputs or credits. They are highly vulnerable to shocks such as poor rainfall or loss of work force and recover from them with difficulty.

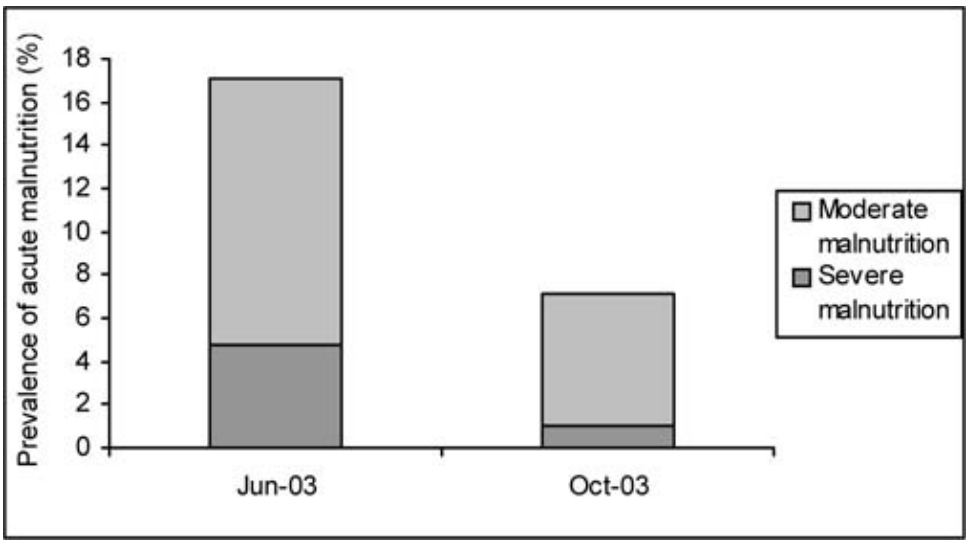
FEWS estimates that food shortage will increase over the next few years, because of slowly decreasing rainfall and steadily increasing food requirements (FEWS, 06/10/03).

Both reports recommend the development of nonagricultural livelihood activities, and the IDS/SCF report also recommends investment in physical infrastructure and public services and in social protection.

Nutrition situation

A nutrition survey carried out in the rural area of *Admitulo district*, *East Shoa*, *Oromia region*, in October 2003, showed an average nutrition situation (MSF−H, 10/03). The prevalence of acute malnutrition was 7.1% (4.9−9.2), including 1% severe malnutrition (0.3−1.3), and had steadily decreased since the last survey done in June 2003 (see figure). Under−five and crude mortality rates were under control (0.48/10,000/day and 0.83/10,000/day, respectively). Food distributions have been carried out since February 2003, blanket supplementary feeding since May 2003 and therapeutic and supplementary feeding programmes have been intensified since June 2003. Food distributions were, however, irregular, with oil and Famix irregularly distributed. Food distributions stopped in September 2003. The Meher crop was estimated to be generally good in the area and, at the time of the survey, food availability had already

improved.



Acute malnutrition, Admitulo district, East Shoa, Oromia, 2003

Following appalling rates of malnutrition and mortality found in April 2003 (see RNIS 42) *in* ***Fik zone***, ***Somali region***, food distributions have been increased both in terms of number of beneficiaries and of ration scale; a blanket feeding programme has been implemented for under–five year olds; and supplementary and therapeutic feeding programmes have been put in place.

Exhaustive nutrition assessments were carried out in ***two settlements (Abrihijira and Abdurafi) of the resettlement programme*** of the Ethiopian government in **Western Tigray**, in October 2003 (MSF–H, 10/03). **The prevalence of acute malnutrition was dramatically high: 36.4% acute malnutrition, including 13.2% severe malnutrition in Abrihijira; 24.7% acute malnutrition, including 6.8% severe malnutrition in Abdurafi.**

A nutrition survey was conducted in ***Offa Woreda***, ***Wolayita zone***, ***Southern Nation and Nationalities People's Region (SNNPR)***, in September 2003 (Concern, 09/03). **The nutrition situation was of concern (see table) and had remained stable since May 2003. The under–five and crude mortality rates were average (see table) and measles immunisation coverage was low.**

Prevalence of malnutrition, Offa woreda, Wolayita zone, SNNPR, Ethiopia, September 2003 (Concern, 09/03)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
19.4 (16.9–22.2)	1.3 (0.7–2.4)	0.5	1.6

Most of the households interviewed were eating three meals a day (64.4%), whilst 31.1% were eating two meals and 2.2% were eating one meal. The number of meals eaten was reported to have increased when compared to May 2003, especially because of the availability of "temporary food", such as sweet potatoes, green maize and vegetables, during the rainy season. The main source of staple food was own production (82.2% of the families interviewed), followed by purchase (13.3%); 25.3% of the households had received food aid.

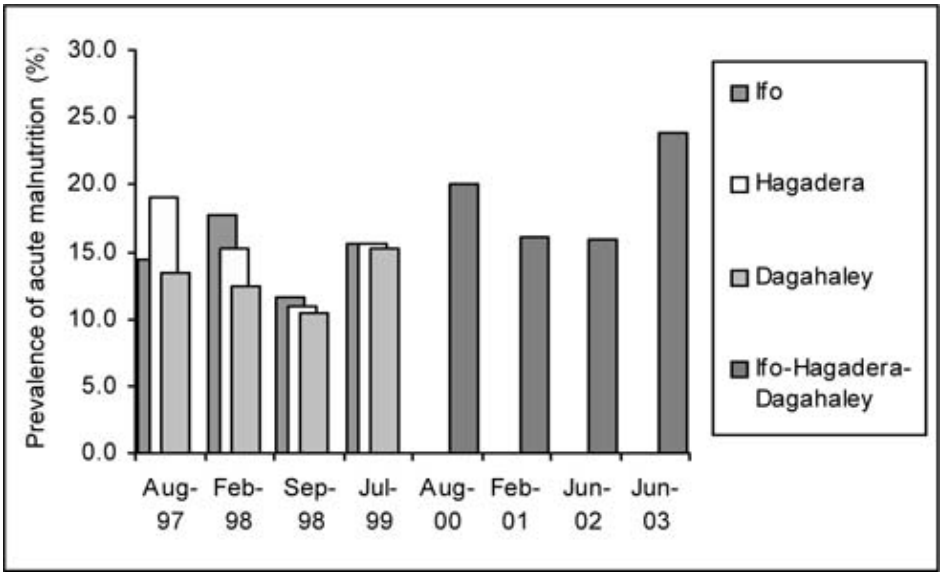
Overall The nutrition situation seemed mixed, with reported improvement in some areas, but still critical rates in some others. The meher agricultural season is expected to improve food security in Ethiopia. However, long–term destitution and heavy reliance on rain–fed agriculture in some areas are key factors of vulnerability. Only long–term strategies will be able to reverse the impoverishment of the population.

Kenya

Refugee camps in Dadaab

The three refugee camps, Ifo, Daghaley and Ha−gadera, located around Dadaab town in Garissa district, were established in 1991 and 1992. The camps host about 130,000 refugees, mainly from Somalia.

A random sampled nutrition survey was carried out in the three camps in June 2003 (MSF−B, 06/03). **The prevalence of acute malnutrition was 23.9% (20.0−27.7) including 3.7% (2.5−4.9) severe acute malnutrition. The prevalence of malnutrition has remained high since 1997 and has increased significantly since last year (see graph). A retrospective mortality survey was also carried out. The results showed a high under−five mortality rate (2.1/10,000/day), whilst crude mortality rate remained under−control (0.5/10,000/day). These results were not in accordance with the results of the mortality routine surveillance, which showed lower mortality rates.**



Prevalence of acute malnutrition, Dadaab refugee camps, Kenya

Household food security seems to be precarious, with the majority of the refugees having few income opportunities (see box). The main constraints to income opportunities are arid environment, government policy which restricts freedom of movement and lack of employment opportunities. Moreover, at the beginning of 2003, food distributions were lower than the intended full food ration, as recorded by food basket monitoring (GTZ, 08/03) (see graph).

Household food security and public health environment, Dadaab camps

Household food security

Food distribution

Intended full ration distributions (2,100 Kcal)

But, irregular distributions (see graph)

Sources of food

Access to wild food, livestock or agriculture is negligible

Sources of income

Sale of food aid to diversify the diet and buy essential non food items

Wealth groups

Rich: traders owning cereal grinding meals; 5−15% of the population

Better−off: traders and incentive workers; 10−15% of the population

Middle: small traders; 15% of the population

Less poor: daily workers; 15−20% of the population

Poor: no access to regular income; 35−45% of the population

Assets

Distribution of firewood, but the distribution is constrained by funding shortfalls

Public health

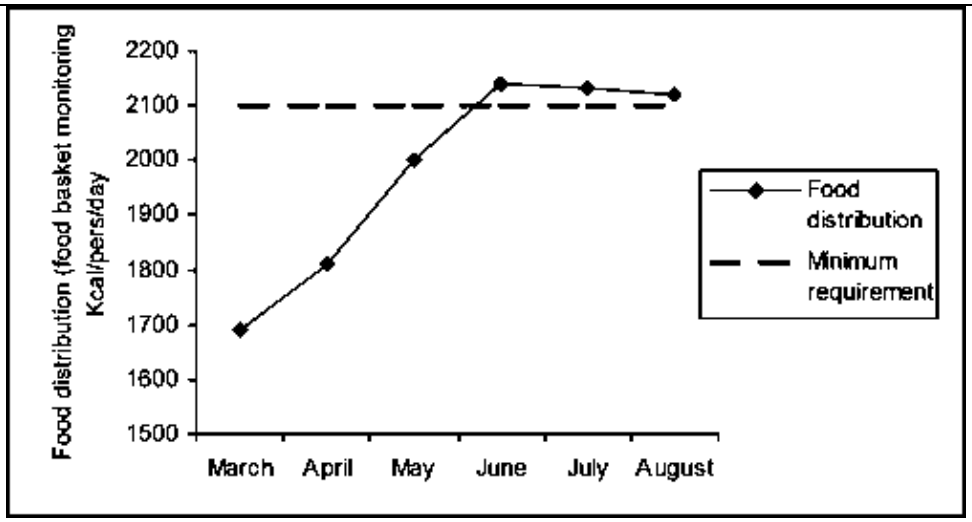
Health care

In each camp: 3 health posts, 1 hospital, reference to Garissa hospital, community health workers

No outbreak reported

Nutrition care

Therapeutic and supplementary feeding programmes, for children under–five, pregnant and lactating women



Food distribution, Dadaab refugee camps, Kenya, 2003 (GTZ, 08/03)

Overall Malnutrition rates are unacceptably high in Dadaab camps (category II). Refugees, and especially the poorest are highly dependent on external aid. Donors should ensure that adequate food rations and basic items are regularly provided to the refugees.

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, are on–going, without significant advancements. The security situation is still extremely tense (OCHA, 07/10/03; IRIN, 16/10/03).

Southern Somalia

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

The *Gu* cereal production is estimated to be 25% less than in 2002 and 8% less than the post–war average (see table). Key factors contributing to a decline in production are: erratic rainfall, pest infestations, insecurity and poor irrigation infrastructures (FSAU/FS, 10/03).

The *Deyr* rainy season has started unfavourably in most parts of Somalia, except in Lower and Middle Juba (FEWS, 12/11/03).

Western Jilib, Juba valley

Several assessments reported high rates of malnutrition and oedema in villages along the Juba river in June–July 2003. The same pattern had been reported in 2002. An MSF assessment reported that, in Marere, 26 children had died in one week from oedema. It seems that the occurrence of oedema was strongly linked to food scarcity (children were mostly fed with mangoes and maize occasionally) and a measles outbreak (MSF–H, 06/03). A MUAC assessment carried out by the FSAU at the end of July 2003 confirmed the alarming situation (see table). The assessment also found that staple food, such as plantains and pumpkins, had been unavailable since the beginning of the year, that fishing was restricted by limited fishing equipment and drought, and that wild food was also scarce. The poorest households were mainly reliant on mangoes. A TFC has been established by MSF–H.

Gu cereal production, southern Somalia, November 2003(FSAU/FS, 10/03)

Regions	**2002 crop harvest as a % of 1995–2001 average**	**2003 crop harvest as a % of 1995–2002 average**
Hiran	–89%	–86%
Bakool	–65%	–89%
Gedo	–53%	–42%
Lower Juba	–15%	–15%
Middle Juba	–6%	–56%
Middle Shabelle	+26%	–5%
Bay	+47%	–36%
Lower Shabelle	+55%	+34%
Total	**+28%**	**–8%**

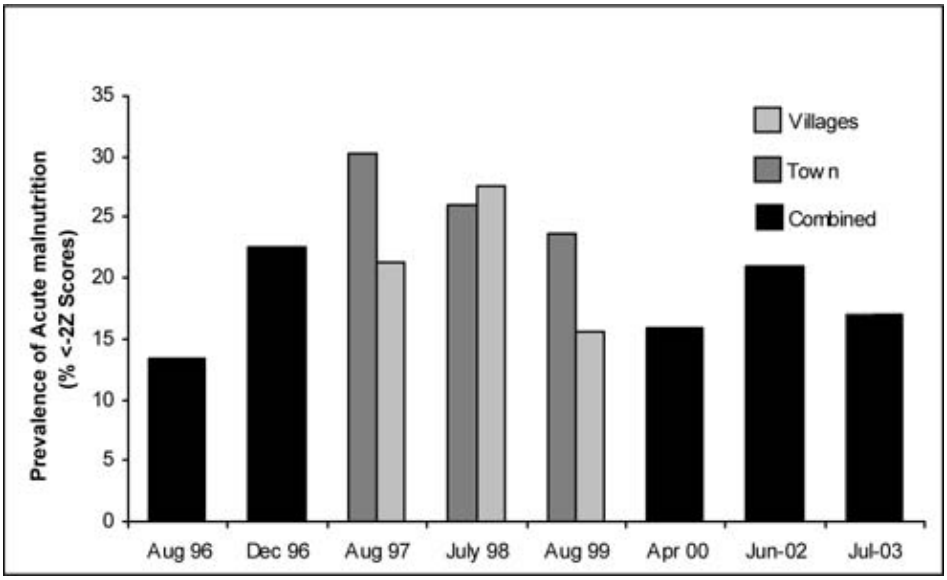
A follow–up assessment in October 2003, showed an improvement of the situation (see table). Food security had improved with the *Gu* harvest and replenishment of water– ways, which improved fishing access; sources of employment had also increased. The measles outbreak was under–control.

MUAC assessments, Western Jilib (FSAU/N, 08/03; FSAU/N, 10/03)

Date	Number of children screened	MUAC < 11 cm and/or oedema	MUAC < 12.5 cm and/or oedema	Oedema
July 2003	571	8 %	28.0%	7%
October 2003	455	1.3 %	14.0%	0%

Beletweyne district, Hiran

The 2002 *Gu* harvest was poor but the 2002 *Deyr* harvest was the best since 1997. However, the *Gu* 2003 rains were below normal in the area. **A nutrition survey was undertaken in July 2003 and revealed worrying rates of malnutrition (17.1% (14%–20.9%) acute malnutrition, including 2.3% (1.5–3.6) severe acute malnutrition), which had not improved over the past years (see figure) (UNICEF/FSAU, 07/03). Mortality rates were also high; crude and under–five mortality rates were 1.43/10,000/day and 3.5/10,000/day, respectively.** Poor households were reported to be unable to purchase sufficient amounts of cereals. The different interventions which had been established since the beginning of 2003, such as supplementary feeding programmes, including targeted food distribution for the families with malnourished children, intensified health service provision, and improved access to safe drinking water, do not seem to have had a major impact on the nutrition situation.



Prevalence of acute malnutrition, Belet Weyne district, Hiran, Somalia, 1996–2000

Northern Somalia

IDPs and refugees in Bossaso

An exhaustive nutrition survey was conducted in the "IDPs" settlements in Bossaso town, in August 2003 (UNICEF, 08/03). The survey revealed that 45.1% of the families were refugees from Ethiopia, the others were displaced families, mainly originating from southern Somalia. About half of the households had arrived before 1998. The nutrition situation was precarious: 16.2% of the children were acutely malnourished, including 3.2% severely malnourished. The nutrition situation had deteriorated since 2000 (see figure). About 58% of the children had been vaccinated against measles, according to cards and mothers' statements.

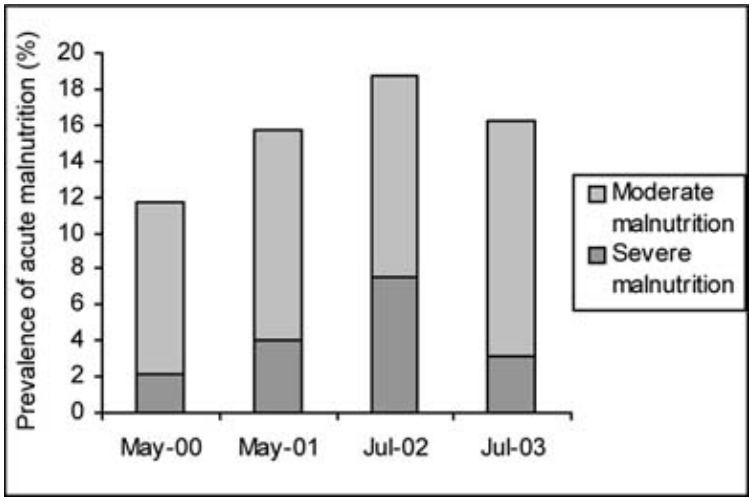
Nearly all of the IDPs/refugees were relying on purchasing as their source of food.

Casual employment, such as porters, loading/unloading at the seaport/shops, workers at construction sites, was the main source of livelihood. Different factors have recently affected the livelihood of the IDPs/refugees: reduction in the port activity as a result of a livestock band imposed in September 2000 by the Gulf States, inflation, and increased rural urban migration occasioned by drought. It seems that in 2003 the food security situation should have improved because of a boost in livestock exchange and in the construction sector. However, this was probably not sufficient to significantly improve the nutrition situation. Moreover, the nutrition survey was carried out during the months when there was much less activity at the sea–port.

Coping strategies included borrowing for 86% of the households, followed by begging (10%) and food aid (9%).

The population relied on tanker/truck vendors (46%), protected wells (26%) and berkads (21%) as sources of drinking water. Sanitation facilities were inadequate.

Only half of the 6–24 month olds were still breast–feeding and 70% of the children received complementary food before 6 months; 52% of the children were fed four times or more and 42% were fed three times.



Prevalence of acute malnutrition, IDPs/refugees Bossaso, Somalia, 2000–2003

Hawd of Togdheer

The area is mainly pastoralist. Land degradation has led to a reduction in livestock over the past ten years. Overall, it is estimated that livestock has declined by 45%; cattle have experienced the greatest drop with a 95% decline. However, at the time of the survey, livestock condition was good and the terms of trade were favourable to the pastoralist. **A nutrition survey carried out in August 2003 showed that the nutrition situation was average: 10% (8.1–12.1) acute malnutrition, including 1.3% (0.7–2.4) severe acute malnutrition (FSAU/MOHL/SRCS, 08/03). Under–five and crude mortality rates were 2/10,000/day and 0.83/10,000/day, respectively.** The food security situation was mixed, with a reduction in livestock over the past years, but with an average situation at the time of the survey (see box). Health care, water availability and child feeding practices were inadequate (see box). The nutrition situation was in the same range as in the neighbouring area, hawd of Hargeisa, as assessed by a survey conducted in June 2002.

Sool plateau

The failure of the *deyr* rainy season will further worsen the precarious situation in the Sool plateau (see RNIS 42). A targeted response has been implemented with food distributions to 1,200 families and supplementary feeding (FSAU/N, 08/03). The Plateau has experienced a four–year drought, which has led to livestock deaths, to a drop in livestock reproduction, and to a decrease in milk availability. The purchasing power of the population has decreased dramatically, although cereals are available in the market. Even if the next *Gu* season (due by April 2004) is normal, the population will need some time to recover. The situation will therefore not improve for several months (FEWS, 12/11/03).

As a primary intervention, an inter–agency assessment recommends a cash–based response to improve populations' access to food which is available in the area; if not possible, a food–based intervention should be envisaged.

Overall High rates of malnutrition are still recorded in the south of the country and among displaced and refugee populations (category I/II). The pastoralist has also experienced hardship conditions, with a high loss of livestock.

Recommendation

From the FSAU assessment in Jilib

- Implement medium to long–term intervention in the area in order to strengthen food security, such as distribution of fishing equipment and seeds for vegetables, or diversification of income through bee –keeping or poultry

- Improve access to clean water and existing health facilities

Food security, public health and child feeding practices, Hawd of Togdheer, August 2003 (FSAU/MOHL/SRCS, 08/03)

Food security

Food availability and access
Cereals and milk
Few vegetables/fruits
Sources of food
Purchase:75.4%
Own animal/product:16.9%

Sources of income
Small business: 33.2%
Sale of animal and animal products:25%
Casual work:18.7%

Coping strategies
Social support: 35.2%
Remittances: 29.6%
Sale of more livestock: 27.5%

Wealth group
Poor: 20–35% of the population
Middle: 45–55%
Better–off: 10–25%
Rich: 2.5%

Trends
Decrease in livestock over the last decade
Over the past 5 years, alternate normal and bad years

Public health

Health care
4 MCH and 9 public health posts, serving about 68% of the population
Not seeking assistance when a child is sick: 36.7%, because of distance and cost of transport
When seeking assistance: Private clinic/pharmacy: 57%
Traditional healer: 20.8%
Public health facility: 20.2%
Measles vaccination coverage: 18.9%
Disease in the previous 2 weeks; diarrhoea: 16.3%, malaria: 17.1%, ARI: 17.1%; measles in the previous month: 7.1%

Water
Water shortage especially during January–April
Main source of drinking water; berkads: 70%; protected wells: 13.2%; open wells and pounds: 12.8%

Sanitation
Latrine: 17.4%

Child feeding practices

6–24 month olds breast–fed: 46.8%
Breast–feeding stopped at 0–5 months: 17.4%; at 6–11 months: 41.6%
Weaning age: 0–3 months: 35.1% (introduction of goat or cow milk); 3–5 months: 46% (introduction of porridge); more than 6 months: 18.9%
Feeding frequency: 3 times: 67%; 4 times or more: 20.8%
Children are given priority in getting food, even during times of crisis, but the number of meals can be reduced in times of scarcity.
Less time is devoted to the children during bad seasons, because mothers spend more time in getting water, food and grazing

Sudan

The peace deal between the government of Sudan and the Sudan People's Liberation Movement/Army (SPLM/A) continues. Both parties have recently come to an agreement regarding the deployment and the size of their respective forces (AFP, 24/09/03). The security situation, however, remains tense on the ground.

The food security situation was expected to improve following the sorghum harvest in late September/October (FEWS, 27/10/03). WFP was only able to deliver 44% of the food aid planed in August 2003 (WFP, 08/03).

UNICEF reported a steady worsening of the nutrition situation from 2001 to 2003, especially in Bahr−el−Ghazal and Upper Nile, as shown by the review of nutrition survey results (UNICEF−S, 08/03).

Darfur

There has been an upsurge in violence in Darfur, western Sudan, over the past months. The Sudan Liberation Movement/Army (SLM/A) took up arms against the government in March 2003 (OCHA, 17/10/03). In addition to this, there have also been regular raids from Arab nomad militia on sedentary populations; attacks have been widespread and villages have been burned and looted (IRIN, 03/10/03). As of November 2003, it was estimated that, since February 2003, 500,000 to 600,000 people had been displaced in Darfur and that an additional 70,000 had fled to Chad (UNICEF, 10/11/03).

A cease−fire agreement between the Government of Karthoum and the SLM/A was signed at the beginning of September and was renewed for one month at the beginning of November (IRIN, 5/11/03). Humanitarian access has improved since the signing of the cease−fire agreement, but remains difficult because of insecurity and a complicated system of travel permits; some areas are totally inaccessible (IRIN, 03/10/03; UNCEF, 10/11/03). Assessments and adequate provision of assistance have therefore been limited.

WFP has, however, begun to distribute food in the most accessible areas, but has faced serious security constraints; a food convoy was attacked in October (WFP, 03/10/03; WFP, 31/10/03)

IDPs

An assessment, carried out in early October 2003, around Mukjar in West Darfur showed that the displaced persons and the host population faced appalling living conditions (MEDAIR, 10/03). There were an estimated 31,100 IDPs and 7,000 residents. The IDPs fled after their villages were raided and they have lost all their belongings and livestock. The security situation in the area was tense. Sanitation was almost non−existent; access to water was inadequate with most of the people digging water from the river; there was no health facility and food provided by the host population and the locality had run out. **Screening among under−five year olds showed a high number of malnourished children. Of 902 children screened, 11% had a MUAC < 110 mm, and 29% had a MUAC between 110 mm and 125 mm.**

Refugees in Chad

There are an estimated 70,000 refugees from Dar−fur scattered in 20 locations over 600 kms along the Sudan−Chad border. The area is unsafe, with reported incursions of raiders from Sudan (UNHCR, 09/10/03). Delivery of assistance to the refugees has been slow to start and refugees, settled among host populations, have been living in hardship conditions; they have had no shelter, no access to water, apart from digging from the river, and very little access to food and health care (MSF, 08/10/03). Malnutrition cases seemed to be on the rise (MSF, 08/10/03). Some food and non−food item distributions, and provision of medical care have been implemented recently (MSF, 30/09/03; UNHCR, 30/10/03). The remoteness of the area and the rainy season make access to the refugees difficult. UNHCR was working to find a suitable location to resettle the refugees (UNHCR, 09/10/03).

Eastern Equatoria

An assessment was carried out in seven villages ***in Lafon Rural Council, Imotong province*** in August 2003 (ACF−F, 08/03). Lafon Rural Council is an enclave controlled by the government of Kart−houm. Of 621 children screened, 157 (25.3%) were moderately malnourished and 42 (6.8%) were severely malnourished. Populations rely mainly on livestock and small−scale agriculture; about 20% of the population received a three−month half ration of cereals in June 2003. There is a community health worker in each village, but the drug supply is limited.

Bhar el Ghazal

Two random sampled nutrition surveys were conducted in ***Gogrial county*** and ***Tonj county*** in May 2003 (WV, 05/03; WV, 05/03). **The results showed a serious situation in Tonj, and a dramatic high prevalence of malnutrition in Gogrial** (see table). In both counties, but especially in Go−grial, the nutrition situation has worsened over the past years and the prevalence of malnutrition recorded in the current surveys were higher (two fold higher in Gogrial) than any recorded from 1994 until 1999, except during the famine in 1998. 22.2% acute malnutrition, including 4% severe malnutrition was reported in Aweil East in June 2003 (WFP, 08/03).

Eastern Upper Nile

A nutrition survey, carried out in Maban Province, Latjor State, in August 2003, revealed a nutrition situation of concern and appalling mortality rates (see table) (AAH−USA, 08/03). The main causes of under−five mortality were bloody diarrhoea, malnutrition and fever. None of the children surveyed seemed to have received measles vaccination. The area has been relatively safe for years. The survey was done during the hunger−gap period, but about three−quarters of the population had received a 75% cereal ration in July. The area is fertile and agriculture is the main source of food and income, completed by livestock. There is one health centre in the area providing curative care. Access to water is inadequate as are the sanitary conditions.

Prevalence of acute malnutrition, Bhar el Gazal, Sudan, May 2003 (WV, 05/03)

Survey Area	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)
Thiet, Pagol, Warrap and Tonj payams, Tonj county	20.1 (17.6−22.9)	3.5 (2.5−5.0)
Toch and Pathuon payams, Gogrial county	32.0 (29.0−35.1)	5.3 (4.0−6.9)

Overall According to the nutrition survey results made available to RNIS, the nutrition situation was still serious in Sudan (category I/II). A new crisis has emerged both among internally displaced people in Darfur, and in Chad where there are refugees. They are thought to have a high risk of malnutrition (category I), unless adequate assistance is provided. Funds are urgently required.

Recommendation

From UNICEF

• Donor community and OLS members to support intensive monitoring of the situation, review their activities in all sectors and implement appropriate and effective interventions

Prevalence of acute malnutrition, Eastern Upper Nile, Sudan, August 2003 (AAH−USA, 08/03)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
13.1	1.9	4.4	8.9
(9.8−17.1)	(0.8−4.1)		

WEST AFRICA

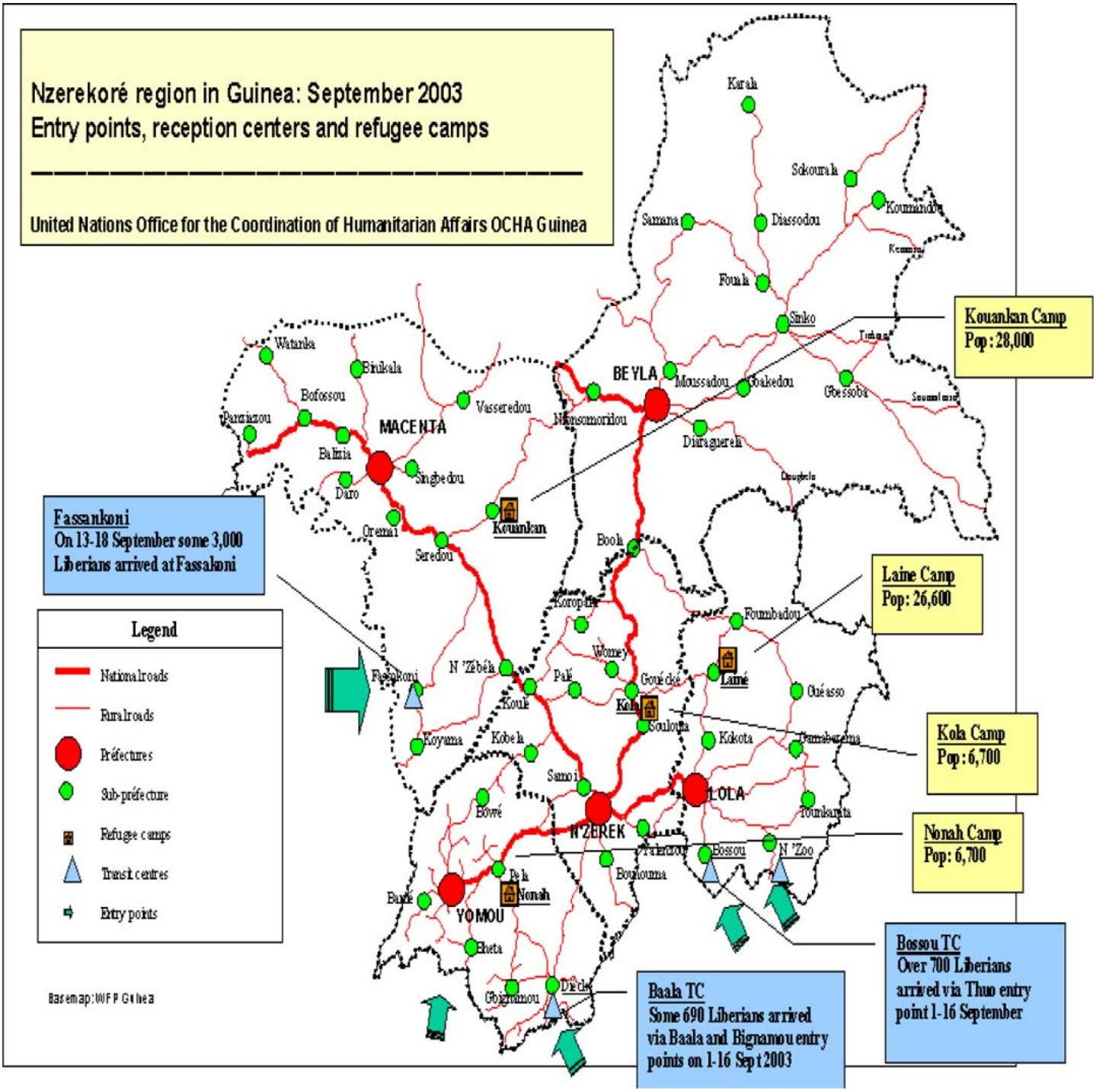
It is estimated that about 2,230,000 people are affected by the recent conflicts in West Africa; 18% are refugees, 47% are IDPs and 35% are returnees (see table). Most of them (61%) live among host communities, whilst the rest are settled in camps (OCHA, 16/10/03). Strengthening the capacity of the host community is one of the main challenges.

Guinea

A new wave of about 11,000 refugees entered Guinea from Liberia in September 2003, following fighting or insecurity in Lofa, Bong and Nimba counties (see map) (OCHA, 19/10/03; UNHCR, 30/09/03). The movement decreased in October (OCHA, 20/10/03). Refugee International reported that the conditions of the camps in the Nzerekore region have highly improved in the past years. The assessment reported that in Laine, Kouankan and Kola camps, the water−supply system was adequate, food distributions were regular and consistent and health care was provided. Refugees can also engage in farming, trading or local employment (RI, 03/09/03).

IDPs, refugees, returnees, West Africa, October 2003 (OCHA, 16/10/03)

	IDPs	**Refugees**	**Returnees**
Ivory Coast	550,000	Liberian 63,585 Sierra Leonese 334	4,000
Guinea	–	Liberian 142,371 Sierra Leonese 33,107 Ivorian 6,824	100,719
Liberia	500,000	Sierra Leonese 38,870 Ivorian 38,325	43,830
Sierra Leone	–	Liberian 66,296	244,718
Ghana		Liberian 72,388 Sierra Leonese 977 Ivorian 128	6,400
Mali			38,424
Burkina Faso			341,825



Ivory Coast, Sierra Leone, Liberia

Sierra Leone

Refugee movement has been low over the past months. Most of the refugees are settled in eight camps and some live in host communities. Seeds will be distributed to refugees, both in camps and in host communities, in order that they can improve their access to food (OCHA, 31/08/03).

Ivory Coast

The implementation of the peace agreement between the "Forces Nouvelles" and President Laurent Gbagbo, signed in January 2003, is chaotic. The former rebels have suspended their participation in the Government of National Reconciliation and in the disarmament programme, since the end of September 2003 (BBC News, 24/09/03).

The humanitarian situation remains precarious. In Yamoussoukrou district, an assessment showed that the host population has less and less capacity to cope with the high number of displaced (OCHA, 06/10/03). In the west, the security situation remains tense, which hampers efforts of humanitarian organisations. Expulsion of Ivorians not native to the area and of immigrants workers has been reported in the south−west area (OCHA, 04/09/03). The administration has not redeployed in the north and the west, greatly limiting access to health care (WFP, 17/10/03).

Liberia

Heavy fighting between the government army and armed opposition factions, the Liberian United for Reconciliation and Democracy (LURD) and the MODEL (Movement for Democracy in Liberia), in the first semester of 2003, ended with the departure of the former president, Charles Taylor, on 11 August 2003. He has been replaced by the former vice−president, Moses Blah, and peacekeep−ers of the Economic Community of West African States (ECOWAS) deployed in Monrovia in early August (see RNIS 42). The armed opposition factions control a large part of the country; LURD controls the north and the centre of the country, whilst MODEL controls the south and east.

A peace agreement between the Government of Liberia, the LURD, the MODEL and the political parties was signed in Accra on 17 August 2003 (GOL/LURD/MODEL/PP, 18/08/03). The peace accord includes a total and permanent cessation of hostilities and cease−fire monitoring by a Joint Monitoring Committee; the deployment of an International Stabilisation Force; the disbanding of irregular forces, reforming and restructuring of the Liberian armed forces; security guarantees for safe and unhindered access by all humanitarian agencies throughout the country; organisation of elections not later than October 2005 and establishment of a transitional government and of a National Transitional Legislative Assembly (NTLA). The transitional government was established on 14 October 2003; it is composed of five ministers each from LURD, MODEL and the GOL and six ministers from unarmed political parties (USAID, 15/10/03). The members of NTLA have also been nominated.

The UN Security Council unanimously adopted a resolution to establish the United Nations Mission in Liberia (UNMIL), a 15,000−strong stabilisation force (UNSC, 19/09/03); the ECOWAS was transferred to the authority of the UNMIL on first October 2003. The UNMIL is expected to reach 15,000 troops by the end of the year. Monrovia has been declared a weapons−free zone (USAID, 15/10/03).

Humanitarian situation

Despite the implementation of the peace process, the security situation has been volatile, with fighting between the armed parties and harassment of civilian populations, especially in Lofa, Bong and Nimba counties. Totota, Kakata, Salala, Gbarnga and Sanoyea have been especially affected (OCHA, 23/09/03; UNHCR, 24/09/03; WV, 08/09/03). This has led to the displacement of more than 50,000 people inside Liberia, of whom some were already displaced people living in camps, and more than 10,000 persons fled into Guinea (see Guinea). Camps have been looted and civilians harassed. It seems that deployment of ECOMIL forces in Kakata, Salala and Totota has calmed the situation (OCHA, 11/09/03). Camp conditions in Salala and Totota were reported to be inadequate, with overcrowding and insufficient sanitation facilities (OCHA, 21/10/03).

The more than 250,000 displaced people, who were settled in camps near Monrovia, and had sought refuge in public buildings in the town in June 2003, have begun to be transferred back to camps outside Monrovia (USAID, 08/10/03). An outbreak of violence in Monrovia at the beginning of October, also touched some of the camps in Monserrado counties, which were looted, and the civilian population harassed (USAID, 08/10/03).

Assessment missions which were carried out in Zwedru (Gran Gedeh county) Voinjama, (Lofa county) and Tubnamburg (Bomi county), revealed dire situations. At the end of September 2003, Zwedru was inhabited by about half of the prewar population. People barely managed to have one meal per day, harvesting cassava and looking for wild food. Food prices were reported to be extremely high and the purchasing power of the population very low (OCHA, 30/09/03). The town of Voinjama has been completely destroyed; people were mostly relying on wild food (OCHA, 20/10/03).

An outbreak of cholera has occurred in Monrovia since June 2003. A total of 17,561 cases have been reported. The case fatality rate was below 1%. Cholera treatment centres, rehydration corners and chlorination of wells have been implemented. The caseload seems to have begun to decline in Monrovia, but an increase in cholera cases has also occurred in Buchanan (WHO, 30/09/03). A measles vaccination and vitamin A distribution campaign has been carried out in Monrovia, Buchanan, Tubnam−burg and Totota

(OCHA, 21/10/03).

As of mid−October, food had been distributed to about 250,000 IDPs in Monserrado, Totota, Kakata, Salala, Harbel, Buchanan and Bensonville (WFP, 10/10/03).

A rapid nutrition screening (not using a random sampling methodology), carried out in Tubnamburg, Bomi county, in September 2003, showed a high level of malnutrition (WV/MOH/UNICEF, 09/03). Among 503 children measured, 22 had oedema (4.1%), 11 (6.5%) had weight for height Z−score below −3, and a total of 83 (16.5%) were acutely malnourished.

Overall Despite the implementation of a peace agreement, the security situation has remained volatile. Access to the population has, however, increased and some assessments have shown that many civilians are facing hard living conditions (category I).

Recommendations

From the assessment in Tubnamburg

• Implement general food distribution to the vulnerable families, depending on the continued improvement of the security situation

• Set up a therapeutic feeding centre and provide supplementary feeding

GREAT LAKES REGION

Burundi

There was an upsurge in violence in August and September 2003, which, among other things, has led to the displacement of about 53,000 people in Bujumbura rural Province and 21,000 people in Bubanza Province (OCHA, 29/08/03; WFP, 26/09/03). After the signature of a peace agreement between the Burundian President and the country's largest Hutu rebel group, the Forces for the Defence of Democracy (FDD), in early October, the situation has calmed down but has remained volatile (AFP, 07/10/03; UNICEF, 06/11/03). An enlarged government with members of the FDD, should be formed by the end of November 2003 (AFP, 07/11/03). However, the other Hutu rebel group, the National Liberation Force (FNL) was not part of the cease−fire negotiations (AFP, 08/10/03).

The deployment of about 3,000 peacekeepers from Ethiopia, Mozambique, and South Africa, to help in the demobilisation, disarmament, demobili−sation and reintegration of rebel troops and to monitor the transition to democracy, has been completed (OCHA, 02/11/03).

As of end October 2003, UNHCR reported 26,690 facilitated returns of Burundian refugees and 42,103 spontaneous returns in 2003 (OCHA, 02/11/03).

Nutrition situation

Admissions to TFCs and SFCs diminished slightly in July and August 2003, compared to June 2003, which is in line with the seasonal patterns. However, in some Provinces, the diminution in admissions might be due to a decrease in accessibility caused by insecurity (UNICEF−B, 09/03).

Rains have been inadequately distributed and the 2004 A agricultural season might be difficult (SAP−SSA, 09/03).

A random sampled nutrition survey was done in Karuzi Province in July 2003 (MSF−B, 07/03). The nutrition situation was not critical: the prevalence of acute malnutrition was 4.8% (3.3−6.2), including 0.8% (0.3−1.6) severe malnutrition, and was in the same range as malnutrition rates in September 2001 and March 2002 (see RNIS 36/37 and RNIS 38). Crude and under−five mortality rates were average (respectively, 0.5/10,000/day and 1.8/10,000/day) and were similar to the mortality rates recorded in March 2002.

Democratic Republic of the Congo

Whilst the peace–process continues, with the recent authorization for former rebel groups to function as political parties (IRIN, 06/10/03), violence is still widespread in Eastern DRC. The mandate and means of the UN peace keeping force (MONUC) have been expanded (ISS, 19/09/03). In Ituri region, Orientale Province, which has known an incredible level of violence over the past months, the peace–keeping forces will eventually number 5,000. The troops took over Bunia town from the French–led Interim Emergency Multinational Force, in September, and they have begun to deploy outside Bunia town (Reuters, 08/10/03; Reuters 23/10/03). High insecurity has prevented humanitarian access to needy populations around Bunia town for months.

Oicha and Mutwanga, Beni, North Kivu

About 50,000 people arrived in Beni area, mostly from Orientale Province, around April 2003. The are settled in host communities, in camps or in public buildings.

Two random sampled nutrition surveys were carried out in Oicha and Mutwanga health zones in June 2003 (WV, 06/03). Both surveys included a significant number of displaced families (see table).

The prevalence of malnutrition was of concern (see table) but had improved since the last surveys carried out in December 2002. It seemed that children of displaced families had a higher risk of malnutrition than children of resident families. The main source of food was agriculture (76% in Oicha, 93% in Mutwanga), followed by food aid (15.7% in Oicha, 1.4% in Mutwanga) and purchase (7.3% in Oicha, 4.0% in Mutwanga). Food aid was mostly received by IDPs.

Prevalence of acute malnutrition, Beni area, North Kivu, DRC, June 2003 (WV, 06/03)

Survey Area	% of displaced children	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition	% oedema
Oicha health zone, Beni area	22	12.4 (10.7–14.4)	7.2	2.2
Mutwanga health zone, Beni area	9.5	11.3 (9.5–13.5)	6.0	3.1

Kabala, Kalemie, Katanga Province

The area has been prone to insecurity for years; the situation seems to have recently stabilised. A random–sampled nutrition survey was carried out in Kabalo health zone in April 2003 (MSF–S, 04/03). Because of insecurity, 40% of the health zone was not included in the survey. The survey was carried out during the harvest period; people had access to agriculture, fishing and hunting. The prevalence of acute malnutrition was average: 7.7 % (5.7–9.8) acute malnutrition, including 1.8% (0.5–3.1) severe malnutrition. Crude and under–five mortality rates were, however, worrying (1.9/10,000/day and 5.4/10,000/day, respectively). The major causes of under–five mortality were fever (malaria) and measles. Measles vaccination coverage was low; only 37.9% of the children had been vaccinated, according to cards and mothers' statements.

Overall The nutrition situation seems to be mixed in DRC and malnutrition seems to be highly related to insecurity and population displacement.

Recommendations

From the WV survey in Beni

- Continue nutrition programmes
- In depth analysis of the food security in the area

From the MSF–S survey in Kalieme

• Continue nutrition programmes

• Increase detection of malnutrition cases

• Improve health care

• Carry out a measles vaccination campaign

United Republic of Tanzania

Tanzania hosts about 500,000 refugees, of whom 150,300 are Congolese refugees in the camps of Lugufu and Nyarugusu, and 350,000 refugees from Burundi hosted in Kasulu, Kibondo and Ngara districts. As at 4 September 2003, UNHCR estimated that about 55,500 Burundi refugees had returned home since the beginning of 2003; 20,000 benefited from facilitated repatriation by UNHCR, whilst 35,000 returned spontaneously (OCHA, 14/09/03). Spontaneous returns have especially increased since May 2003, and have probably been due to the reduction in aid assistance in the camps combined with a restriction of movements outside the camps imposed by the Tanzanian government; this has undermined the ability of the refugees to fulfil their basic needs (see RNIS 42).

The impact of hosting refugees

A study on the impact of hosting refugees, commissioned by humanitarian organisations, was carried out by the Centre for the Study of Forced Migration, University of Dar el Salaam, (OCHA, 15/10/03).

The main findings of the study were: that the high insecurity prevailing in the regions hosting refugees could not be mainly attributed to refugees, the ratio of criminals among refugee population being comparable to the ratio of criminals among local populations; that, although environment degradation has occurred in the years following the influx of refugees, recent environmental programmes have redressed former negative impacts; that, in the same way, the initial burden on infrastructure, health services and education has been reversed after the setting up of humanitarian operations; that although the lack of internal security may have contributed to the lack of productivity in agriculture, local purchase by WFP has supported producers and suppliers, business has increased due to increased disposable income and agricultural activity in the area has been expanded due to the presence of a cheap workforce of refugees. Tax collection from humanitarian agencies is also a non−negligible source of income.

However, aid to the Tanzanian authorities for local governance and administration has been far too low.

Nutrition situation

A nutrition survey was carried out by UNHCR in 13 refugee camps, in August 2003 (UNHCR/UNICEF, 08/03). The nutrition situation of under−five children was under−control, although the prevalence of malnutrition had increased slightly compared to July 2002 (see table). There has been report of an increase in admissions to TFCs and SFCs. Average crude and under−five mortality rates in 2003 were below the threshold: CMR was 0.10/10000/day and under−five mortality rate was 0.29/10000/day, as recorded by routine surveillance. Full vaccination coverage among infants under one year old was reported to be more than 90% in most of the camps.

Food security

Refugees are meant to receive 1857 Kcal/pers/day, which is less than the full 2,100 recommended ration; this was based on the assumption that refugees were able to complement the food ration distributed, with other sources of food or income (WFP/UNHCR, 06/03). Because of food shortage, food rations were halved from January to March 2003. Food rations were then increased but some food items were, however, only distributed at 50 to 75% of the full ration. WFP/UNHCR mission found that the decrease in food ration led to an increase in social unrest at household level and in banditry in and outside the camps (WFP/UNHCR, 06/03). Full ration distributions at about 1,800 Kcal resumed in October 2003 (WFP, 26/09/03). Because of restrictions of movement outside the camps, refugees have had difficulties in obtaining fresh food (OCHA, 10/10/03) and they have no longer been able to carry out income−generating activities or the collection of fire−wood.

Refugee were selling part of their food rations for other food items (cassava, banana, vegetables) or for non–food items (WFP/UNHCR, 06/03).

Availability of non–food items

Non– food items, such as blankets, jerry cans or cooking sets, are distributed on arrival at the camp but they are not replaced when worn; sanitary material and soap should be distributed regularly, although there are recurrent breaks (WFP/UNHCR, 06/03). Firewood is not distributed and the collection of firewood is one of the main problems. Women can go as far as 30 km two to three times a week to collect firewood, which also expose them to security problems (WFP/UNHCR, 06/03).

Public health

There were no reports of particular health or water and sanitation problems in the camps, although a funding shortfall and decrease in sources of income may have an impact. Breaks in distribution of sanitary material and soap are recurrent (see above).

Social and care environment

According to the survey, 75% to 85% of the 6–24 month olds were breast–fed, depending on the camp. The majority of the children were receiving three to four meals a day, but a significant proportion (varying from 7% to 70%, depending on the camp) was only receiving one to two meals a day. It seems that the overall social behaviour has deteriorated, for example, there was a high degree of domestic violence in June 2003.

Acute malnutrition, Tanzania refugee camps, 2002–2003

Camps	Date	Acute malnutrition % (95% CI)	Severe acute malnutrition % (95% CI)	Date	Acute malnutrition % (95% CI)	Severe acute malnutrition % (95% CI)
Lugufu I	07–02	3.5 (2.8 – 4.1)	1.4 (0.8 – 2.4)	08–03	3.8 (2.4–6.1)	1.0 (0.5–2.0)
Lugufu II	07–02	3.8 (1.5 – 4.5)	1.1 (0.5 – 2.0)	08–03	4.9 (3.3–7.4)	1.5 (0.9–2.6)
Mtabila I & II	07–02	3.2 (1.4 – 3.9)	0.8 (0.3 – 1.6)	08–03	Mtabila I 5.0 (3.4–7.3) Mtabila II 5.3 (3.7–7.8)	Mtabila I 0.9 (0.4–1.8) Mtabila II 0.8 (0.4–1.7)
Muyovozi	07–02	2.9 (1.3 – 5.1)	0.7 (0.3 – 1.6)	08–03	4.9 (3.4–7.4)	0.9 (0.5–1.9)
Nyarugusu	07–02	2.9 (0.8 – 3.8)	0.6 (0.3 – 1.5)	08–03	4.9 (3.4–7.4)	0.9 (0.5–1.9)
Mkugwa	07–02	3.3 (1.4 – 5.6)	0.3 (0.1 – 1.8)	08–03	3.6 (1.6–8.0)	0.8 (0.2–2.7)
Nduta	07–02	3.0 (1.7 – 3.8)	0.5 (0.2 – 1.3)	08–03	5.1 (3.6–7.3)	0.4 (0.1–1.1)
Kanembwa	07–02	2.2 (1.1 – 3.0)	0.4 (0.1 – 1.2)	08–03	5.2 (3.5–7.8)	1.4 (0.8–2.5)
Mtendeli	07–02	3.0 (1.3 – 3.3)	0.9 (0.4 – 1.7)	08–03	5.4 (3.6–7.9)	1.7 (1.0–2.8)
Karago	07–02	3.3 (1.8 – 4.0)	0.6 (0.3 – 1.4)	08–03	4.9 (3.3–7.4)	1.4 (0.8–2.5)
Kitali	07–02	3.2 (1.3 – 3.5)	1.0 (0.5 – 2.0)	08–03	–	–
Lukole A & B	07–02	3.3 (1.8 – 4.0)	0.6 (0.3 – 1.4)	08–03	Lukole A 5.6 (3.8–8.3) Lukole B 5.8 (4.1–5.5)	Lukole A 1.5 (0.8–2.6) Lukole B 1.1 (0.9–1.4)

Overall The recent restrictions of movement outside the camps and the reduction in assistance and especially of food assistance seemed to have had a slight impact on the nutrition status of children underfive, which is, however, still under–control (category III). Moreover, thousands of refugees have left the camps, partly because of the hardship conditions. Had they remained, the nutrition status may have been worst.

Recommendations

From the UNHCR nutrition survey

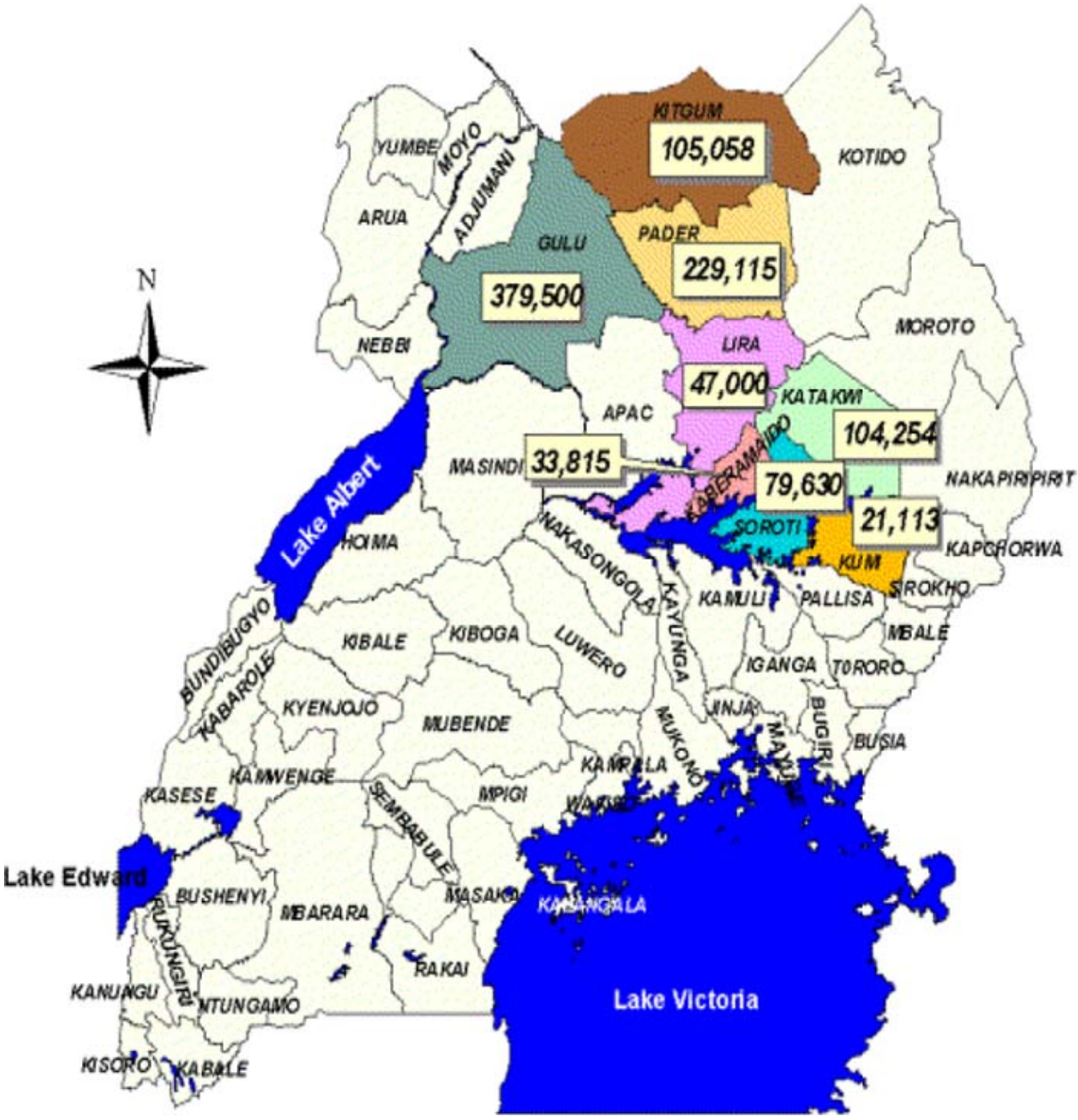
- Ensure that the food basket as agreed by UNHCR/WFP is provided to the refugee population
- Implement sustainable income generating activities
- Intensify case−findings for malnourished cases through community health workers

From the WFP/UNHCR joint assessment

- Increase the food ration of 1,857 Kcal/pers/day to an appropriate level, where required, based on an expanded analysis of refugee needs and coping mechanisms
- Promote, advocate and negotiate for increased opportunities for refugees to increase income−generating activities inside and outside the camps
- Replace worn out NFIs
- Ensure that refugees have access to a reli−ablesource of fire−wood
- Support refugee host areas, by providing marketing and agricultural assistance to farmers in order to enable increased local procurement from the area

Uganda

Attacks on the civilian population by the Lord's Resistance Army (LRA) have spread from northern Uganda to Teso region over the past months. It is estimated that, in addition to the 800,000 displaced in the north, about 300,000 people are displaced in the east (see map): 150,000 in Ka−takwi district, 80,300 in Soroti, 33,800 in Kaberamaido and 21,100 in Kumi (WFP, 25/09/03). The health status of the displaced people in the east has been reported as deteriorating(IRIN, 25/09/03). Concerns about the fate of the IDPs are growing. Despite an increase in funds dedicated to this crisis, additional funds are needed, and the UN agencies have been called to increase their action towards the IDPs (RI, 15/10/03). New cash contributions are urgently needed for WFP to continue carrying out highly−needed food distributions (WFP, 14/11/03).



Internally–Displaced Persons (IDPs) in Uganda (Sep 2003)

FEWS NET/Uganda, September 2003;
Source of Information: UN OCHA, UN WFP

On the other hand, food security has normalised in Karamoja, following a normal crop harvest. Prices of cereals were decreasing and prices of livestock were on the rise (FEWS, 10/10/03).

Kalongo town, Pader district

A random–sample nutrition survey was conducted in Kalongo town in August 2003 (GOAL, 08/03). About 70% of the households surveyed were displaced. **The nutrition situation and the mortality rates were worrying (see table).** The IDPs seemed to be at higher risk of malnutrition. The food security situation was poor and the public health system was inadequate (see box).

Results of a nutrition survey, Kalongo town, Pader district, Uganda, August 2003 (GOAL, 08/03)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Crude Mortality (/10,000/day)	Under 5Mortality (/10,000/day)	Measles immunisation cover– age (%)[1]
11.6 (8.6–14.2)	2.9 (1.6–4.2)	1.0	2.1	19

[1] According to cards

Overall Increased commitments in terms of funding, humanitarian action and crisis resolution are needed to mitigate the dire situation in northern/eastern Uganda.

Recommendations

From the GOAL survey in Pader district

- Implement a full general distribution on a monthly basis
- Increase capacity of the TFC and SFC
- Improve access to water, hygiene, sanitation, and measles vaccination coverage
- Monitor the situation closely

Food security and public health, Kalongo town, Pader district, 08/03 (GOAL, 08/03)

Food security

Food distribution
Two food distributions had taken place in April and August 2003
74% of the families interviewed were registered for the general ration and 70% received it in August The ration distributed was less than a full ration

Sources of food
Purchase: 85.5%, own production: 13.9% vs own production: 96.4% in a normal year
Price of staple food had doubled when compared with 2002

Cropping and livestock
Only 29% of the families had planted this year, vs 95% of the households who would have planted in a normal year; the main reason for not planting was insecurity
Only 39% of the families had access to land
17.8% of the families had livestock vs 86% in a normal year

Sources of income
The main source of income was daily labour (59%), followed by collection and sale of water (16%) and sale of own crop (12.5%) vs sale of own crop: 89.4% in a normal year

Public health

Health care
One hospital, one health centre and one private clinic
49.5 % of the children were ill in the 15 days prior to the survey (fever/malaria, cough and diarrhoea)

Nutrition care
Supplementary and therapeutic feeding provided by the hospital, but overcrowded and under–staffed The number of patients in TFC increased from 50 in June to 150 in July

Water and sanitation
34.3% of the population used unprotected water sources

85% of the population used latrines

SOUTHERN AFRICA

Angola

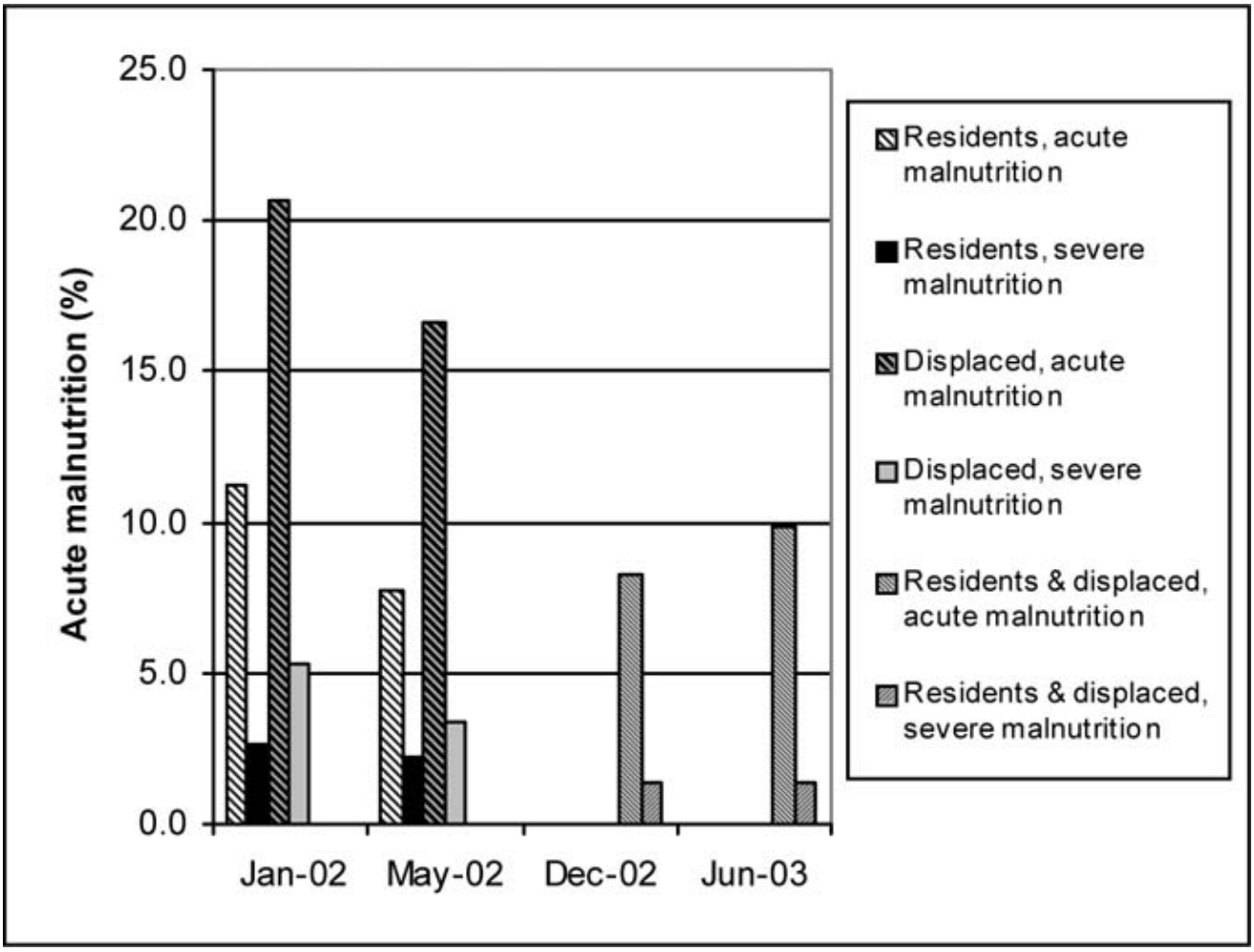
About 35,000 refugees have been repatriated since the beginning of the voluntary repatriation programme, launched by UNHCR in June 2003; 15,000 refugees returned from Zambia, 17,000 from DRC and 3,000 from Namibia. It is also estimated that about 34,000 refugees returned home spontaneously in 2003 (UNHCR, 09/10/03). However, only half of the districts of return are opened to repatriation, the others being considered unsuitable for repatriation because of poor road conditions, land−mines and lack of basic social services (WFP, 10/10/03).

WFP food distribution has increased over the last months, from 1.6 m in August 2003 to 1.8 m in September and 2.2 m in October (WFP, 10/10/03). This is mainly due to seasonal factors, as food stock has begun to decline in some areas, and to the caseload of IDPs and returnees, and also to the distribution of seed protection rations to accompany distribution of seeds and tools. Major distributions of seeds and tools to 600,000 families are on−going to unable cultivation in the October−December period (FAO, 19/09/03). The FAO will also support rehabilitation of livestock. However, some humanitarian operations are under−funded; UNICEF has only received 20% of the funds required (OCHA, 21/10/03) and WFP has had to lower dramatically non−food and passenger air transport because of a severe lack of funds (WFP, 14/10/03). Due to transportation related delays of commodities, WFP will distribute a half ration of cereals for returning refugees and IDPs during November and December (WFP, 23/10/03).The average cost of the food basket was lower in July and August than the average in the four previous years. Commercial activity has developed in most of the provinces, although it has been limited in Moxico and Luanda Sul province because of poor road conditions. It is expected that commercial activity will decrease with the forthcoming rainy season (FEWS, 08/03). The nutrition situation seems to remain stable.

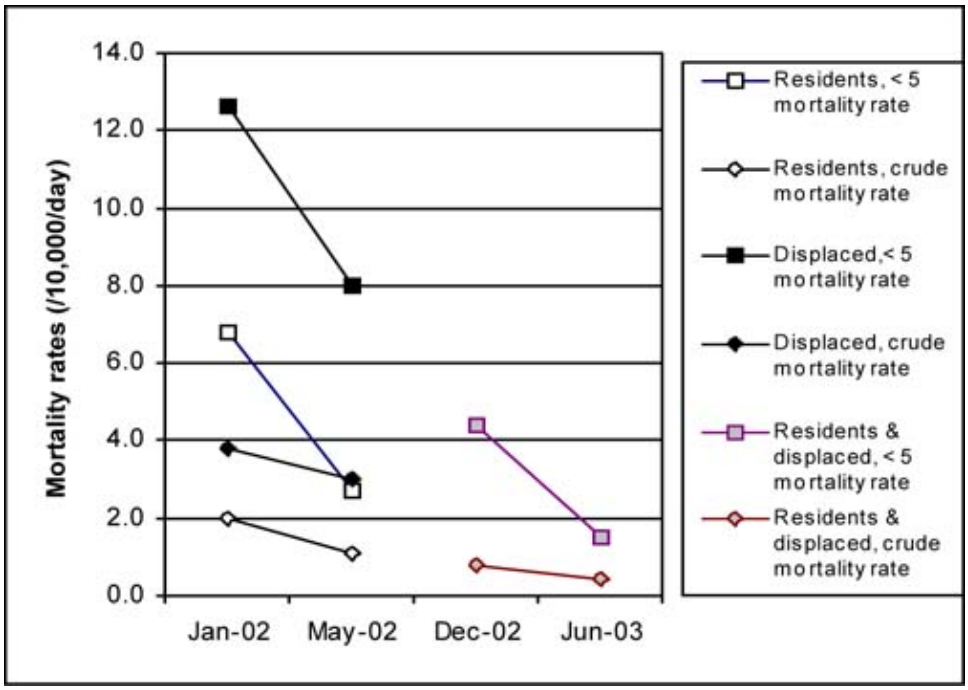
Caconda municipality, Cuando Cubango

A survey was carried out in accessible areas of Caconda and Cusse communities in June 2003 (ACH, 06/03). About 54% of the surveyed population were displaced people, 42% were residents and 4.4% were returnees, of whom 15% were former UNITA soldiers; the proportion of the different groups was about the same in December 2002. The nutrition situation was average and has not improved since December last year (see figure). On the other hand, mortality rates have dropped, compared to December 2002 (see figure), but the under−five mortality rate was still above an acceptable threshold. The decrease in mortality rates may be mainly attributed to better public health. The measles vaccination coverage was 88.8%, according to cards and mothers' statements.

About 75% of the displaced people received food distribution the month prior to the survey, as well as 85% of the ex−UNITA soldiers. However, only 9% of the returnees and 1% of the resident populations received food distribution.



Prevalence of malnutrition, Caconda Municipality, Angola, 2002–2003

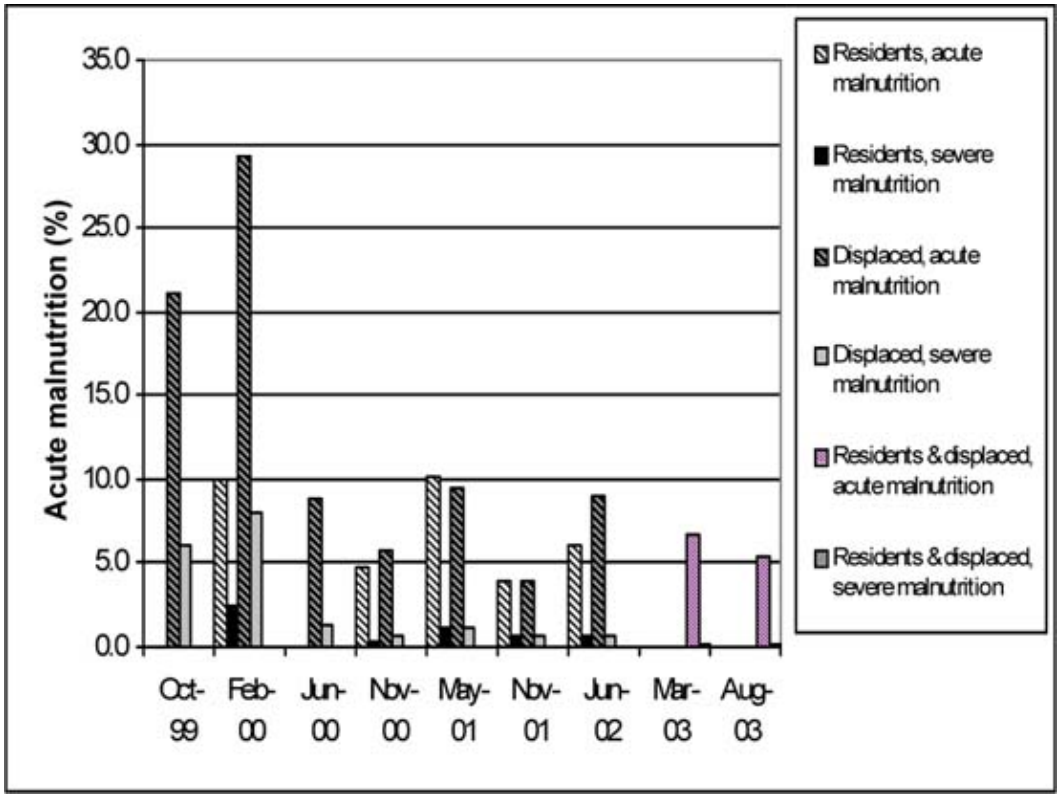


Mortality rates, Caconda Municipality, Angola, 2002–2003

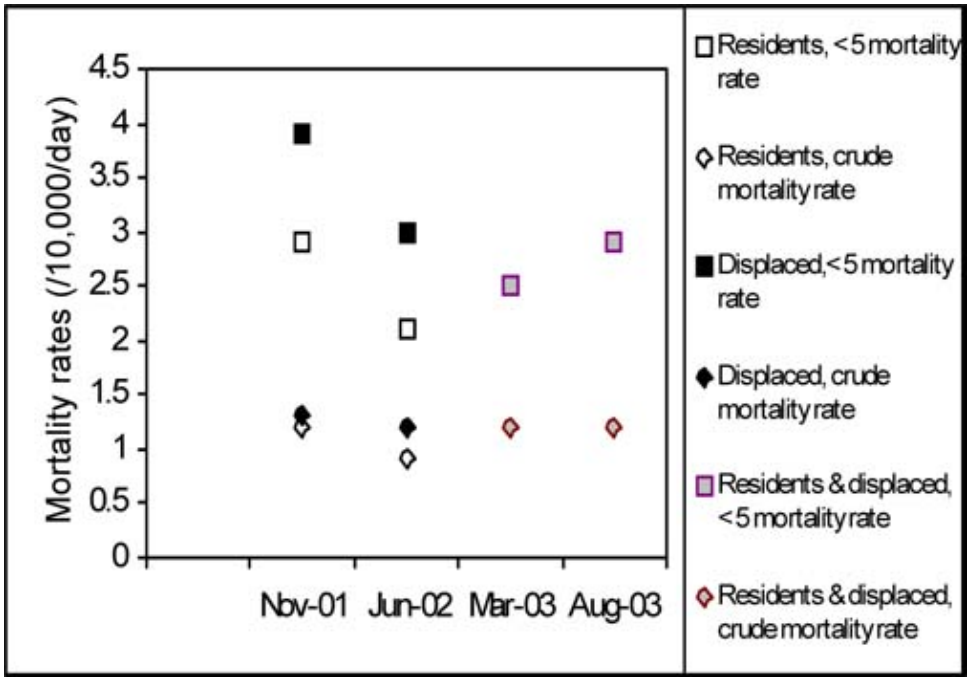
Ganda municipality, Benguela province

A random –sampled nutrition survey was undertaken in Ganda municipality in August 2003 (ACH, 08/03). The population surveyed comprised 78% of residents, 13% of displaced people and 7% of returnees. The nutrition situation was under–control and has remained stable since 2000 (see figure); mortality rates were still high

(see figure). The measles vaccination coverage was estimated at 93.6% according to cards and mothers' statements. Only 16% of the displaced families and 13% of the returnees had received food distribution. Ganda municipality experiences bad water and sanitary conditions.



Prevalence of malnutrition, Ganda Municipality, Angola, 2002–2003



Mortality rates, Ganda Municipality, Angola, 2002–2003

Overall Despite a better harvest this year than in 2002, a high number of people are still in need of food aid. The nutrition situation is stable (category III).

Afghanistan Region

Insecurity, human rights abuses and attacks against aid workers are on the rise in Afghanistan (AFP, 09/10/03; Care, 07/10/03; IRIN, 14/08/03; IRIN, 19/09/03).

The UN security Council unanimously adopted a resolution that authorizes expansion of the NATO–led International Security Assistance Force (ISAF) outside Kabul (UNSC, 13/10/03). The expansion of ISAF had been asked for by the Afghan government, NGOs and the UN, for a long time. However, Afghan civilians and NGOs remain sceptical and wait to see how the resolution will translate into practice: will there be a substantial deployment of troops; will the troops deploy to high–insecurity areas, will they have the mandate to intervene in fighting and disarmament process (CARE, 16/10/03; IRIN, 09/10/03; RFE/RL, 22/10/03)? As of end of October 2003, no other country apart from Germany had formally announced troop commitments for the expanded ISAF (RFE/RL, 22/10/03).

A disarmament and demobilisation programme has been launched, with the aim of disarming 100,000 members of the Afghan Military Forces (UNDP, 24/10/03); 1,000 ex–soldiers have been voluntarily demobilised in Kunduz (UN NS, 30/10/03).

Land and housing tenure is one of the most crucial problems in Afghanistan today, with returnees having difficulty claiming their properties (see RNIS 41) and ongoing speculation in land and property, especially in urban centres. This leads to allocation of lands and housing to wealthy Afghans and to the hardest access to housing for poor Afghans (IRIN, 12/09/03). For example, 30 families have been violently evicted by the police from their homes in Kabul city and have seen their homes and some of their belongings destroyed (IRIN, 04/09/03). UNHCR has announced the rehabilitation of 24 public buildings in Kabul, that could house about 200,000 returnees, and the funding of the construction of 52,000 basic homes throughout Afghanistan this year (UNHCR, 24/10/03).

Refugees and IDPs

As of end October 2003, UNHCR announced that 223,000 Afghans had returned from Iran and 333,000 from Pakistan so far this year (UNHCR, 28/10/03). UNHCR estimates that about 1.1 m Afghans are still hosted in camps in Pakistan as well as an unknown but substantial number in towns; about one million Afghans might still be in Iran (UNHCR, 28/10/03).

The number of IDPs dropped in 2003, especially in the western provinces. According to UNHCR, about 40,000 people have gone home from the camps in Herat province (UNHCR, 15/08/03). The food assistance had been cut in some of these camps (see RNIS 42).

Economy and agriculture

A report from the International Monetary Fund stated that economic growth in Afghanistan reached about 30% during 2002–2003 and was anticipated at around 20% in 2003–2004. Growth was especially high in the agricultural sector and services fuelled by donor assistance (BAAG, 30/09/03).

The FAO/WFP crop assessment mission found that the cereal production in 2003, estimated at 5.37 m tonnes, is the highest on record and is 50% above last year (FAO/WFP, 13/08/03). The rain–fed production has increased by 130% whilst the irrigated production has increased by 43% compared to last year. The good production may be imputed to timely and well distributed precipitation, increased use of fertiliser and of improved seeds. However, whilst some areas have a surplus, others, especially in the south, are experiencing deficits. Bad road conditions and logistical constraints limit the transportation of cereals from surplus to deficit areas (FEWS, 30/09/03). In September, wheat prices declined slightly in surplus areas, but remained near or above last year's level in the east and southern markets (FEWS, 30/09/03). There is a fear that low cereal market prices may result in financial difficulties for farmers and reductions in area planted next season.

Good precipitations also benefited vegetable production (FAO/WFP, 13/08/03).

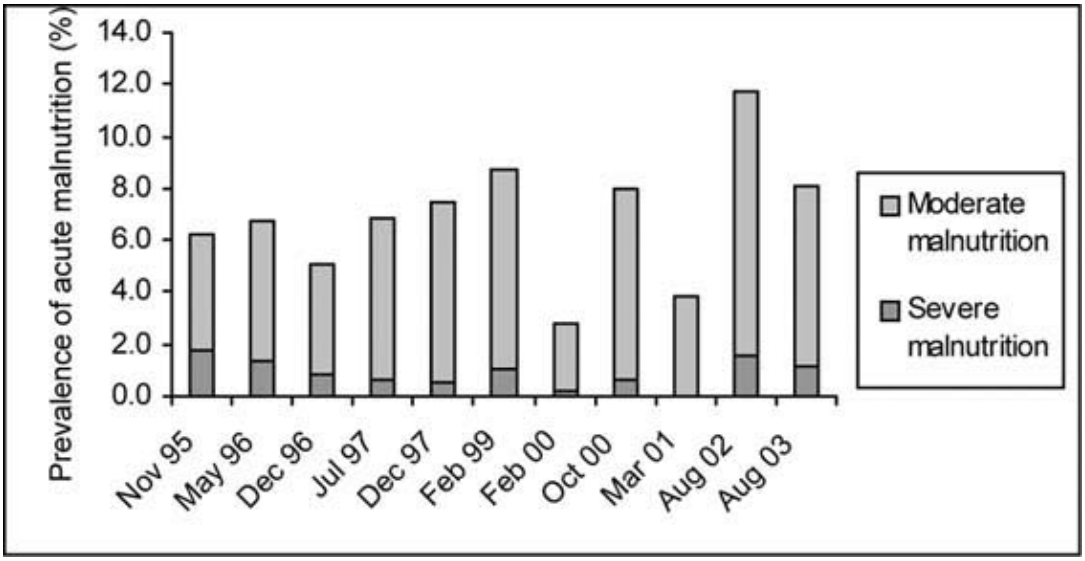
The supply of livestock and livestock products has not yet recovered; animal prices have increased. In 2003, sheep and horse herds are estimated to be 60% less than in 1995; camels and goats are estimated to be

respectively 18% and 37% less than in 1995; there has been no change in cattle herds, and poultry has increased by 60% (FEWS, 30/09/03).

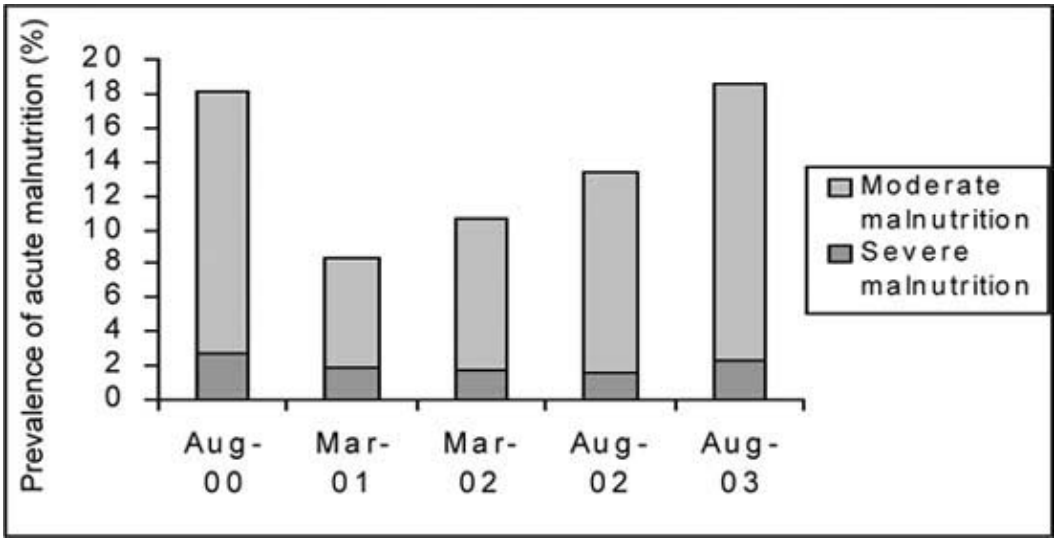
Poppy production remains at the same level in 2003 as in 2002 and is the world's leading production (FAO/WFP, 13/08/03). Poppy production seems to be linked with a high level of household debt.

Nutritional status

Several random–sampled surveys were carried out during the summer. The results showed average to worrying nutritional status (see table). In Kabul city, the nutrition situation has remained average since last year (see figure). In southern Kapisa and the northern Shamali–southern Pansheer, worrying levels of malnutrition have been recorded; in Pan–sheer valley, the nutrition status has deteriorated when compared to last year at the same period (see figure). RNIS does not have, however, sufficient information to be able to give an explanation about this high prevalence of malnutrition. Mortality was under–control (see table).



Malnutrition rate, Kabul, Afghanistan



Malnutrition rate, Pansheer valley, Afghanistan

Results of nutrition surveys, Afghanistan, 2003 (ACF, 08/03)

Survey Area	Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)	Measles immunisation coverage
Northern Shamali–southern	08–03	18.5 (16.1–21.2)	2.3 (1.2–4.2)	0.24	0.74	80.7

Pansheer						
Southern Kapissa	08–03	14.5 (11.5–18.1)	1.0 (0.4–2.6)	–	–	83.8
Kabul city	08–03	8.1 (5.8–11.2)	1.1 (0.4–2.7)	0.47	0.59	90.1

Refugees in the North West Frontier Province (NWFP), Pakistan

A random–sampled nutrition survey was carried out in seven "new" camps (Basu, Old Bagzaï, Asha–garo, Kokti, Bar Kalay, Shelmann and New Sham–shatoo), which were established in NWFP, between 1999 and 2001 (ACF–F, 06/03); it was the first nutrition survey to be done since the camps were established. As of June 2003, the camps counted around 77,000 people; most of them sought refuge in Pakistan between 1999 and early 2002. The camps are located in remote areas and are far from any town, except for New Shamsha–too, which is only one hour from Peshawar city. All camps receive basic need services (see box). However, income generating opportunities were different in each camp, depending on the camp surroundings.

The prevalence of malnutrition was average: acute malnutrition was 7.2% (5.0–10.1), including 1.3% (0.6–3.0) severe malnutrition. Under–five mortality rate was under–control: 0.29/10,000/day. Measles vaccination coverage according to cards or mothers' statements was 90.9%. The prevalence of malnutrition varies probably according to camp.

Wealth groups have been defined in Shelmann and New Shamshatoo camps; wealth seems to depend on the workforce in the household and on work opportunities (see box). Few families seemed not to be reliant on food distribution.

Overall Whist the situation in Kabul city has remained average and stable since last year (category II/III), the nutritional status of children in southern Kapisa and northern Shamali–Pansheer valley is worrying and has deteriorated since last year in Shamali –Pansheer valley (category II). Living conditions in these areas need to be documented and adequate action to be taken, to prevent further deterioration of the situation. In the "new" camps in NWFP, in Pakistan, the nutrition situation was average.

Food security, public health and social and care environment, "new" camps in NWFP, June 2003 (ACF, 06/03)

Household food security
Food distribution
2,000 Kcal, 16% protein, 19% fat
Regular monthly distribution
Some families, arrival after March 2002, are not registered
Trade of distribution cards
Free bakery services provided in Shelmann and New Shamshatoo
Market availability
Shops selling vegetables, fruits and meat available at camp level
Sources of income
Depending on the camp; for example: daily work in brick factories or shop in bazaars, carpet weaving in New Shamshatoo camps
Very few work opportunities in Shelmann camp
Assets
Distribution of a basic set upon arrival (tents, mattress, blankets and kitchen set)
Monthly distribution of charcoal and soap stopped in March 2003 Ad hoc distributions of clothes, shoes…

Public health
Health care
Basic Health Units in each camp
Referral system to hospitals
Nutrition care
Screening for malnutrition in the BHU
Supplementary feeding in five camps (interruption between August 2002 and April 2003 because of a lack of food)

No reference for the treatment of severe malnutrition
Water
Availability of drinkable water of more than 15 l/person/day, meeting the minimum standard
Sanitation
Availability of one latrine/household in most of the camps, meeting the minimum standard
Washing areas available
Collection of waste water
Hygiene and health education
Widely dispensed through home visiting or sessions

Social and care
Availability of community services (social mobilization, skills development, protection…)
Availability of schools
Child feeding practices
Introduction of food at 1–4 month age: 9%; 4–6 month age: 56%; more than six months: 35%

Wealth groups, Shelmann and Shamshatoo camps, June 2003 (ACF, 06/03)

Better–off (may be able to cope without food distribution)
At least three workers in the family
The household is supported by people working outside the camp
Represents 20% of the families in New Shamshatoo, 10% of the families in Shelman

Middle wealth group (manage to have a decent life, could hardly cope without humanitarian assistance)
One or two workers in the family
Represents 60% of the families in New Shamshatoo, 50% of the families in Shelman

Poor (completely dependant on aid)
No regular worker in the family
Represents 20% of the families in New Shamshatoo, 40% of the families in Shelman

MIDDLE EAST

Occupied Palestinian Territories

1917	The British capture Palestine from the Ottomans. The Balfour declaration, issued by the British Government, expresses support for "the establishment in Palestine of a national home for the Jewish people", and the safeguard of the civil and religious rights of the existing "non–Jewish" communities in Palestine.
1922	Palestine is placed under a British Mandate, by the League of Nations with the objective of the implementation of the Balfour declaration.
1922–1947	Large–scale Jewish emigration. Violent clashes between the Palestinian Arabs and the Jewish population, and between the British and the two parties.
1947	The British Government appeals to the United Nations to take over the problem and indicates its intention to give up the mandate. The United Nations' General Assembly approved a partition plan of the territory between an Arab state (52% of the land) and a Jewish state (48% of the land), with Jerusalem as an international zone. The plan is accepted by the Jews, but rejected by the Arab League.
1947	End of the British Mandate in Palestine and proclamation of the independent State of Israel on the 14th of May. Arab states (Egypt, Iraq, Jordan, Lebanon, Syria and Palestinian guerrillas) attack Israel on the 15th of May.

	War ends in December 1948, with Israel controlling 77% of the territory of Palestine, Egypt controlling the Gaza strip and Jordan controlling the West Bank, including East−Jerusalem. About half (700,000) of the Palestinians flee their homes or are expelled.
1947	Israel becomes a member of the UN.
1964	Creation of the Palestinian Liberation Organisation (PLO)
1967	Six−Day War, between Israel and Egypt, Jordan and Syria. Israel occupies several territories, including the West Bank and Gaza Strip. New exodus of about 500,000 Palestinians. The UN Security Council calls on Israel to withdraw from territories it has occupied during the 1967 conflict.
1974	The General Assembly reaffirmed the rights of the Palestinians to self−determination, national independence and sovereignty and to return. PLO obtains the status of observer in the General Assembly.
1987	First "Intifada", an uprising against the Israel occupation in the occupied territories, which will end in 1993.
1988	The Palestine National Council (parliament in exile) recognises the right of Israel to exist and declares an independent State of Palestine.
1991	Beginning of negotiations between Israel, Syria, Jordan and Palestinian representatives in Madrid.
1993−1995	Series of negotiations, coming to mutual recognition of Israel and PLO, establishment of Palestinian Authority, withdrawal of Israel from most of the Gaza Strip and Jericho, division of the West Bank into three areas with different levels of control by the Palestinian Authority and Israel, treaties on security and economic relations.
1996−2000	Stalemate in the peace negotiations and escalating violence.
2000−2003	Second Intifada begins in September 2000. Increasing violence including bomb attacks in Israel, closure of the territories, curfews and destruction of houses in Gaza and West Bank, have so far resulted in 862 deaths and 5,868 injured among Israelis (IDF, 17/09/03), and 2,307 deaths and 22,705 injured among Palestinians (PRCS, 08/03). Further increase in restrictions in March/April 2002: Operation Defensive Shield. June 2002: Beginning of the construction of a "security barrier" by the Government of Israel, to physically separate the West Bank from Israel, which has raised a lot of concerns (UNRWA, 15/07/03). The UN Security Council publishes the "road map" in April 2003, a performance based roadmap to a permanent two−state solution to the Israeli−Palestinian conflict within two years (MEQ, 07/05/03). Despite some improvements, violence still continues.

Since the beginning of the second Intifada, in September 2000, the Government of Israel has imposed a series of sanctions, including internal restrictions on movement of Palestinians and goods within the West Bank and the Gaza strip, reinforced by curfews; external closure of the border between Israel and Palestinian territories and limitation on access by Palestinian workers to work in Israeli settlements. The government of Israel has also withheld taxes collected on the Palestinian Authority's behalf.

These sanctions have had a major impact on the Palestinian economy. In 2002, gross national income decreased by 38% from 1999 level and real per capita income was 46% lower than in 1999 (WB, 05/03). Imports and exports decreased by one third between September 2000 and December 2002 and total investment declined by about 90% (WB, 05/03).

The monthly Palestinian Authority revenue fell from a monthly average of US$ 82 million in late 2000 to US$ 33 million by the end of 2002. This sharp drop may be attributed to rising unemployment, the reduced demand and the withholding by the Government of Israel of taxes collected on the Palestinian Authority's behalf (WB, 05/03). The municipalities have also seen their revenues and expenditures diminished by about 40% since the

Intifada (WB, 05/03).

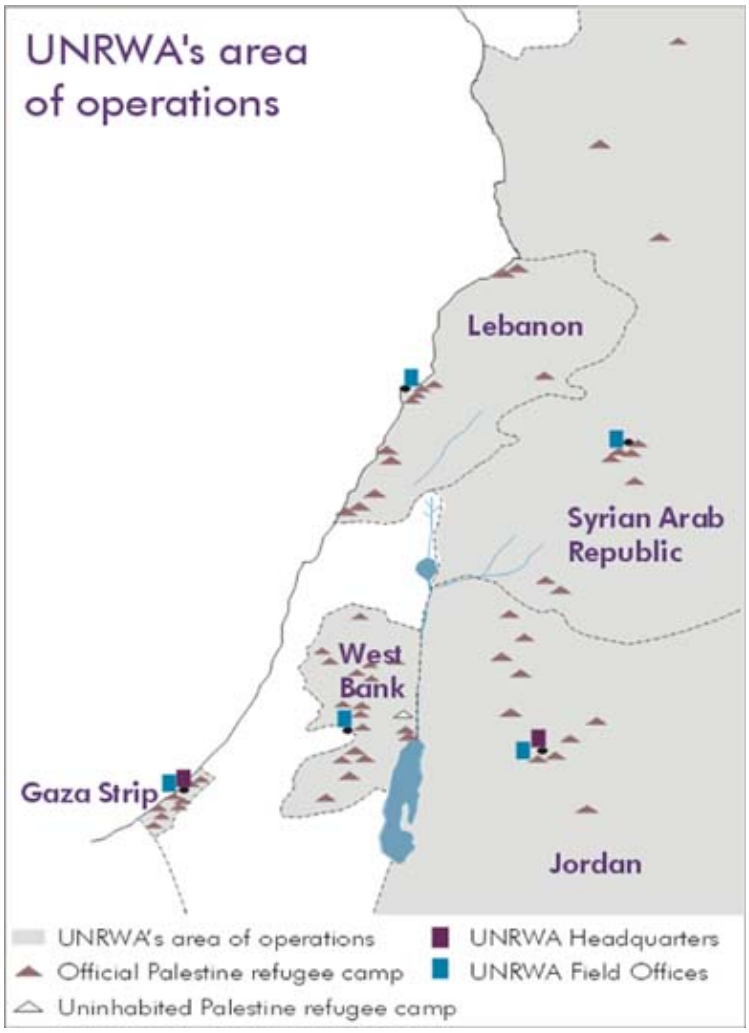
Population of the Palestinian territories and refugees

The total population of the Palestinian Territory (including refugees) is estimated at 3,634,495 in 2003 (PCBS).

As of June 2003, it has been estimated that there are more than four million registered Palestinian refugees in host countries and in Gaza Strip and the West Bank (see table). Palestinian refugees are defined as persons whose normal place of residence was Palestine between June 1946 and May 1948, who lost both their homes and means of livelihood as a result of the 1948 Arab–Israeli conflict, and their descendants (UNRWA).

About one third of the registered refugees live in 59 refugee camps in Jordan, Lebanon, the Syrian Arab Republic, the West Bank and Gaza Strip. The others live in and around the towns.

About one and a half million refugees live in Gaza Strip and the West Bank, of whom 42% (636,578 persons) are settled in 8 refugee camps in Gaza Strip and 19 refugee camps in the West Bank (see map).



UNRWA's area of operations

Number of registered Palestinian refugees as of June 2003, (UNRWA)

	West Bank	Gaza Strip	Lebanon	Syria	Jordan	Total
Number of registered refugees	654,971	907,221	391,679	409,662	1,718,767	4,082,300
Number of registered refugees in camps	176,514	478,854	222,125	119,766	304,430	1,301,689

Number of official camps	19	8	12	10	10	59

The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) was established by a United Nations General Assembly resolution in 1949, and became operational the first of May 1950. UNRWA activities are essentially directed to the provision of relief services, and include a development component (UNSGB, 17/02/00). UNRWA has, however, no mandate to guarantee the safety, security or legal and human rights of the refugees (SCF).

Nutritional status

Several nutrition surveys were carried out in the Occupied Palestinian Territories in 2002 and 2003 (AEI/ACH, 03/03; AQU/JHU/Care, 09/02; PCBS, 2002) (see table). All the surveys used random sampling methodologies but the results were not consistent; one of the surveys reported much higher rates of malnutrition in Gaza Strip. At the request of the John Hopkins University and the Palestinian Central Bureau of Statistics (PCBS), the World Bank was to provide a neutral expert to assess the survey methodologies and findings (WB, 05/03). RNIS does not know about the status of this intended assessment.

If the PCBS and AEI/ACH nutrition surveys are taken into account, the nutrition status of the children was satisfactory (AEI/ACH, 03/03; PCBS, 2002). Moreover, the distribution curve of the weight–height index for the children surveyed in Gaza Strip was similar to the distribution curve of the population used as a reference (healthy American children, National Center of Health Statistics) (AEI/ACH, 03/03).

On the other hand, the AQU/JHU/Care survey showed a worrying situation in the Gaza Strip (AQU/JHU/Care, 09/02). According to the PCBS surveys, it seems that wasting and stunting have remained within the same range since 1996. Wasting was 2.8% in 1996, 1.4% in 2000 and 2.5% in 2002; stunting was 7.7% in 1996, 8% in 2000 and 9% in 2002 (PCBS).

Prevalence of acute malnutrition, Occupied Palestinian Territories, 2002–2003

Date	Agency	West Bank		Gaza Strip		OPT	
		Acute malnutrition	Severe acute malnutrition	Acute malnutrition	Severe acute malnutrition	Acute malnutrition	Severe acute malnutrition
June–August 2002Al Quds	University/ John Hop–kins Univer–sity, Care	4.3*	0.2*	13.3*	3.8*	7.8*	2.2*
May–June 2002	PCBS	2.9*	0.8*	2.0*	0.7*	2.5*	0.7*
March 2003	Ard El Insan/Action contra el Hambre	–	–	1.7** (1.1–2.6)	0.2** (0.0–0.6)	–	–
		Stunting	Severe stunting	Stunting	Severe stunting	Stunting	Severe stunting
June–August 2002	Al Quds University/ John Hopkins University, Care	7.9	2.9	17.5	7.9	11.7	5.7
May–June 2002	PCBS	8.0	2.1	10.5	2.8	9.0	2.4
March 2003	Ard El Insan/Action contra el	–	–	6.7 (5.4–8.4)	1.8 (1.1–2.8)	–	–

	Hambre						

* Oedema not assessed
** No nutritional oedema

The nutrition status of non−pregnant women aged 15−49 years was evaluated in the AQU/JHU/Care nutrition survey (AQU/JHU/Care, 09/02). The results showed that a very low percentage of women had a BMI < 18.5. On the other hand, a significant proportion of women had a BMI >= 30, which is considered as obesity (see table). However, the proportion of obesity among women of reproductive age seems to have significantly decreased, compared to 1998 when 25% of women were obese (AQU/JHU/Care, 09/02).

BMI distribution, Palestinian Territories, 2002 (AQU/JHU/Care, 09/02)

	West Bank	Gaza Strip	OPT
BMI< 18.5	1.6	2.1	1.8
BMI>= 30	10.4	11.9	10.9

Food security

Decrease in food consumption

Several sources reported a decrease in food consumption since the beginning of the Intifada in September 2000. The World Bank estimated that the real per capita food consumption has decreased by 25% compared to 1998 (WB, 05/03).

According to the AEI/ACH survey in Gaza Strip, 69% of the 1251 families interviewed were eating 3 meals a day, whilst 22% were eating two meals a day and 9% were eating only one meal a day, in March 2003 (AEI/ACH, 03/03).

The AQU/JHU/Care survey reported a 13% decrease in protein consumption and a 15−20% decrease in carbohydrate and fat consumption for women (AQU/JHU/Care, 09/02). According to the same survey, a Sentinel Surveillance System, which consisted of seven rounds of 320 interviews between mid−May and mid August 2002, revealed that 55% of the families interviewed experienced a decrease in the amount of food eaten for more than one day during the two weeks prior to the interviews. There was no difference between the West Bank and Gaza Strip. In the same way, a MOH/WHO/AQU survey showed that 53% of the 1897 households interviewed had experienced a food shortage between March 2002 and January 2003 (MOH/WHO/AQU, 08/03).

Consumption of meat, fish and chicken as well as fruits was the most affected (AEI/ACH, 03/03; AQU/JHU/Care, 09/02; FAFO, 2003). According to the Sentinel Surveillance System of AQU/JHU/Care, between 60 and 70% of the households experienced a decline in meat, fish and chicken consumption, whilst 50−70% of the households experienced a decrease in fruit consumption. The decline in milk consumption was somewhat less, with a 40−50% decline. Bread, rice and potato consumption decreased by 26−42%. According to FAFO, fresh meat, fish, chicken and fruits were the first dropped from the consumer basket, then frozen meat and fish.

Availability of food but decrease in access to food

Availability of food

According to a AQU/JHU/Care market survey, food shortages have been largely experienced at wholesale and retail levels (AQU/JHU/Care, 09/02). During the month of June 2003, disruptions in the market place were especially high for meat, fish, chicken and dairy products, whilst fruits, vegetables, grains, frozen and canned goods were more available. The most commonly given reason for the shortage was the border closure in Gaza Strip and road closures and curfews in the West Bank.

On the other hand, food prices have not significantly increased (AQU/JHU/Care, 09/02; WB, 05/03), probably because of a reduction in demand. The WB estimates that there was no general problem of food shortage (WB, 05/03).

Decrease in access to food

Access to food has decreased as described above (see decrease in food consumption). According to the AQU/JHU/Care survey and the PCBS survey, the main reasons explaining the drop in access to food were a lack of money and restrictions of movement (AQU/JHU/Care, 09/02; PCBS, 2002). According to the PCBS survey, 63% of the people faced difficulties in obtaining food during the In−tifada, because of combined factors: loss of income (57%), curfew (41%) and siege (87%) (PCBS, 2002).

Sources of food

According to a survey carried out by the IUED (Graduate Institute of Development Studies) in November 2002, 13% of the 1370 Palestinians interviewed were relying on food assistance, 17% were relying on their extended family and 70% were relying on their own incomes (IUED, 12/02). According to a PCBS survey, undertaken in August 2003, 82% of the 886 households interviewed were primarily relying on their own income for food, whilst 10% were depending primarily on food assistance and 7% were depending on relatives (PCBS, 09/03). Although the surveys are probably not directly comparable, it seems that the number of households depending on relatives decreased between November 2002 and August 2003, which may reflect the increasing difficulties for the better−off households in supporting relatives.

Decrease in incomes and increase in poverty

Loss of employment and wages

Unemployment has risen constantly since the beginning of the Intifada, from 10% in September 2000 to 26% in December 2001 and 37% by the end of 2002 (WB, 05/03).

Some of the main reasons for the decrease in employment were the restriction of access to Israel where many Palestinians used to work, and the collapse of the Palestinian private sector. Although the Palestinian Authority has developed a strategy to create new jobs, the 17,000 new jobs created between September 2000 and December 2002 (WB, 05/03) did not compensate for the overall lost of jobs.

According to the World Bank, in September 2000, 128,000 people were working in Israel and Israeli settlements; this represented 21% of employment and 21% of Palestinian incomes. In 2001, only 51,000 people were still working in Israel and Israeli territories, with a further drop in March 2002. The number of work permits increased again slightly at the end of 2002 (32,000 permits were given but only half were used) and in 2003 (WB, 05/03).

In Palestine, more than 25% (43,000 employment) of the private sector workforce has been laid off since the beginning of the Intifada (WB, 05/03).

The type of employment has also changed since the beginning of the Intifada; there has been a switch from stable employment to temporary work and self−employment. According to the World Bank, self−employment has increased by 26,000 since the beginning of the Intifada (WB, 05/03). According to the IUED survey, in addition to the increase in unemployment between November 2001 and November 2002, full−time employment has decreased (see table) (IUED, 12/02). In March 2003, 19% of the households interviewed in Gaza Strip had no resources, whilst 32% had official work, 25% had temporary earnings and 18% had private work (AEI/ACH, 03/03).

Employment in Occupied Palestinian Territories (IUED, 12/02)

	November 2001	November 2002
Unemployed	27%	33%
Part−time	18%	8%
Full−time	55%	44%
Few hours/day	–	15%

Moreover, wages have decreased for the employed. The World Bank stated that real wages have decreased by 5%, since the beginning of the Intifada (WB, 05/03). According to the IUED survey, 55% of the employed

respondents have experienced a decrease in wages, whilst 44% earned the same salaries, and 1% experienced an increase in income (IUED, 12/02).

According to the people interviewed during the IUED survey, 20% of the respondents did not have enough to cope financially, 38% could barely manage now, 12% might be able to manage for a few months to one year, and 31% could manage as long as it takes (IUED, 12/02).

Olive oil is also a significant source of income, but 48% of the families reported that cultivating land was difficult and 16% had been prevented from cultivating land, in the first semester of 2003 (PCBS, 09/03).

Damage to properties

Since the beginning of the Intifada, 24% of the people interviewed in the IUED survey had experienced damage to houses, 33% have experienced damage to equipment and 22% have had their orchards ravaged (IUED, 12/02). The West Bank was more affected than Gaza Strip. Damage to the Infrastructure and public buildings represented 37% of all damage (WB, 05/03).

Increased poverty

Poverty has increased steadily. The IUED survey showed that the proportion of households below the poverty line increased from 40% in November 2001 to 56% in November 2002 and reached 70% of the households in Gaza Strip (IUED, 12/02). According to the World Bank, 21% of the families were considered as poor before the Intifada, rising to 46% in 2001 and 60% in December 2002 for the whole Palestinian territories and 75% in Gaza Strip (WB, 05/03).

Copy mechanisms and mitigation

Families have had different ways of coping but coping mechanisms tend to become scarce over the Intifada.

Safety net

There is great cohesion and resilience in the society, which acts as a safety net. Inter–household redistribution may concern food, cash or help to set up income– generating activities (FAFO, 2003). However, as the crisis continues, there are more and more people in need and fewer and fewer people who can help.

Debts and credits

Another coping mechanism is the non–payment of water and electricity bills and to ask for credit in shops. Shop–keepers are, however, less and less keen according to give credit to people who have lost their source of income (FAFO, 2003).

According to the AQU/JHU/Care survey, 52% of the people were borrowing money to buy food, 18% of the people were selling assets (AQU/JHU/Care, 09/02). According to the AEI/ACH survey, about 40% of the families were borrowing from relatives, 27% from shops and 15% from the bank (AEI/ACH, 03/03). 38% of the families used the loan for food.

Asset selling

The extent of the sale of assets is not clear but it does not seem to play a major role; this may also be due to a lack of demand because of the low purchasing power of the population.

Increase in work by women and children

It seems that the number of women and children under 18 years who are working has increased. Women's employment increased from 23% in November 2001 to 31% in November 2002 (IUED, 12/02). The percentage of children under 18 years who were employed also increased from 10% in November 2001 to 20% in November 2002; the increase was especially marked in low–income families (IUED, 12/02).

Huge assistance to the Palestinian Authority

Although the Palestinian Authority has lost 80% of its revenue since the Intifada, assistance from external donors has mitigated the situation. Since the beginning of the Intifada, donor support to the Palestinian

authority has doubled from pre−Intifada level; on average US$ 39 million/month (more than half of the whole budget) was provided to the Palestinian Authority between November 2000 and December 2002 (WB, 05/03). Support came essentially from the Arab states and the European Union. However, the amount of aid has declined since mid−2002.

Despite this assistance, the Palestinian Authority's monthly expenditure has declined regularly since the beginning of the Intifada. The strategy that has been adopted by the Palestinian Authorities has been to ensure the payment of salaries and to create new jobs; 17,000 new jobs were created between September 2000 and December 2002. In December 2002, the Palestinian Authority was employing 125,000 people, which represented 26% of overall employment and 40% of do− mestic wages (WB, 05/03). On the other hand, non−salary recurrent expenditures, such as on infrastructure or operating budgets for health, have been reduced.

Increased assistance to families

Direct assistance to families has also risen since the beginning of the Intifada. UNRWA has increased by a multiple of nine the number of refugees, who were assisted (Bertini report, 19/08/02). Similarly, WFP was assisting 500,000 beneficiaries in 2002, compared to 150,000 before September 2000 (Bertini report, 19/08/02). However, UNRWA is experiencing a budget shortfall and its June 2003 appeal was only 30% funded as of September 2003 (UNRWA, 24/09/03): the number of food distributions had to be cut by one−quarter in Gaza Strip and the content of the food parcel has been reduced to only 30% of nutritional needs. ICRC has also implemented a voucher programme, which permits 120,000 people in urban centres in the West Bank to buy essential items (Bertini report, 19/08/02).

Although the structural assistance of the Ministry of Social Affairs to the hardship cases has been delayed or interrupted since the beginning of the Intifada, and especially in 2001, it seems that households have been able to compensate by obtaining assistance from other sources, such as NGOs (FAFO, 2003).

According to interviews with Palestinians, the overall level of assistance seems to have remained within the same range between February 2001 and November 2002 (IUED, 12/02); in November 2002, 49% of the families were receiving assistance. Assistance seemed to have increased in rural areas (from 23% in November 2001 to 43% in November 2002). The level of assistance has not varied much in towns and camps since November 2001 and was 45% in towns and 78% in refugee camps, in November 2002. It seems that poor refugees were more covered by assistance than poor non−refugees. Food assistance was the main type of assistance received, followed by financial assistance. Food aid donations mainly consisted of wheat flour/cereals (AEI/ACH, 03/03; IUED, 12/02).

According to the AEI/ACH survey, 56% of the families interviewed in Gaza Strip had received food aid, from international NGOs (83%) or national NGOs (16%) (AEI/ACH, 03/03).

The first needs according to the population were employment and then food, health, housing and financial assistance (PCBS, 09/03; IUED, 12/02).

Public health

According to the AEI/ACH survey in Gaza Strip, 57.3% of the children included in the survey had a disease within the month prior to the survey; the majority presented respiratory infections (55.8%), whilst 11% had respiratory allergic conditions and 7.5% suffered from diarrhoea (AEI/ACH, 03/03).

Regarding vaccination coverage in children aged 12−23 months, it seems that there has been a slight decrease in polio and DPT vaccination in 2002, compared to 2000 (polio: 98.3% coverage in 2000 vs 92.2% in 2002; DPT 98.7% coverage in 2000 vs 92.8% in 2002). On the over hand, measles vaccination coverage remains stable: 94.5% coverage in 2002, compared to 92.7% coverage in 2000 (PCBS; MOH/WHO/AQU, 08/03). The vaccination coverage has remained high overall.

Decrease in access to medical care

Decrease in capacity of the health structures

In 2002, the MOH reported that because of curfews and closures, facilities operated at 30% of their capacity and that there was a 60% decline in implementation of school health programmes (WHO, 27/09/02). There has also been a severe shortage of operating budgets and an increase in emergencies, following the

beginning of the Inti−fada, which has led to a reduction in health service capacity, especially in 2001; the situation improved in 2002 (WB, 05/03).

Restriction of access to medical facilities

Restrictions of access to medical care have been widely reported. According to PCBS in 2002, the main reasons people cited for having difficulties in accessing medical care were: siege, cost, curfew, distance, and non −availability of services. According to the IUED survey, 17% of the households were denied access to health facilities, whilst 45% experienced a delay and 13% were not restricted (25% did not seek medical treatment) (IUED, 12/02).

According to a MOH/WHO/AQU survey, at the end of 2002, most of those individuals seeking assistance during the month prior to the survey received care (more than 95%), although with delay; 4% of patients needing emergency care did not receive any treatment (MOH/WHO/AQU, 08/03). Delays in access have increased since March 2002. The proportion of people who needed more than an hour to reach health facilities doubled (22% vs 10%) after March 2002, and the proportion of people seeking hospital care, who needed more than one hour to access the facility tripled (36.5% vs 12%). Moreover, 51% of people changed health facilities after March 2002 because of restriction of movement or breakdowns in service (MOH/WHO/AQU, 08/03).

According to the PCBS, in the first semester of 2003, 39.5% of the households did not have any problems getting medical care, whilst 17.6% had a few problems and 41.3% found it difficult; access to health care was impossible for 1.4% of the households (PCBS, 09/03).

Although the MOH adopted a strategy of decen−tralisation including the implementation of mobile clinics, with the aim of facilitating access to health services, this strategy has not compensated for the sharp drop in access. Moreover, after March 2002, mobile clinics were often prevented from moving (Bertini report, 19/08/02).

The Palestinian Authority also introduced free health insurance at the beginning of the Intifada, for the unemployed and their families (FAFO, 2003). According to MOH/WHO/AQU, 55% of the households who had health insurance did not pay for it (MOH/WHO/AQU, 08/03).

Nutrition care

Sixty−eight clinics were surveyed by the AQU/JHU/Care survey, of which, 45 were MOH facilities and 23 were UNRWA clinics (AQU/JHU/Care, 09/02). All of the clinics had a weighing scale and 97.1% of the weighing scales worked properly. Tools to measure height were not available in all of the clinics. Half of the clinics did not have protocols to standardize diagnosis and treatment of malnutrition. 60% of children's records in the clinics had weight measurements: 95% of the children 6−12 months, 71% of the children 13−24 months and only 18% of the children 25−36 months; the youngest were more likely to be measured than the oldest. The clinics diagnosed 60% of the malnourished children, according to the clinics' criteria.

Water and sanitation

There has been a deterioration in the water supply and waste disposal, especially due to the decrease of PA revenues. However, according to PCBS, 93.8% of households had access to safe drinking water in 2002. MOH/WHO/AQU reported that 72% of the households were using a public water supply and that 64% of the households reported interruption of three days or more in the water supply in the second semester of 2002, and interruption of water chlorination (MOH/WHO/AQU, 08/03). According to the World Bank, water services have deteriorated. In urban areas, the deterioration was primarily due to physical damage and inadequate maintenance. Problems were more crucial in rural areas which were not served by piped water networks and relied on water transported by tanker. The price of water has increased by up to 80% since September 2000, and the water supply may represent one third of the household income; some families sought alternative, dirty water (WB, 05/03).

In August 2003, the average water supply in 31 communities was 39.5 litres but was far less in some rural communities: 11 to 18 litres/person/day (OCHA, 15/08/03). Collection and disposal of solid waste have also been reported to be problematic (WHO, 27/09/02).

Overall The Palestinian Territories have been under hard military and economic pressure since the beginning of the second Intifada in September 2000. The economy has suffered badly and

unemployment and poverty have risen. There has been a decrease in access to food and the public health system has deteriorated. However, good structures were in place before the Intifada, donors' support to the Palestinian Authority or through relief assistance has risen considerably during the Intifada and families have had good coping mechanisms. This may explain the mitigation of the effects of the crisis. However, coping mechanisms tend to become exhausted during the Intifada and donors' support to decrease. The longer the current crisis lasts, the more difficult will be the ability of Palestinian Society to cope.

ABBREVIATIONS USED IN THE TEXT

AAH–USA	Action Against Hunger USA
ACF–F	Action Contre la Faim France
ACH–S	Action Contra El Hambre Spain
AEI	Ard El Insan
AFP	Agence France Presse
AQU	Al Quds University
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
ICC	Information Coordination Centre
ICG	International Crisis Group
IDP	Internally Displaced Person
IDS	Institute of Development Studies
IDF	Israel Defence Forces
IRC	International Rescue Committee
IRIN	International Regional Information Network
ISS	Institute for Security Studies
IUED	Graduate Institute of Development Studies
JHU	John Hopkins University
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	Norvegian Refugee Council
OCHA	Office for the Co−ordination of Humanitarian Assistance
PCBS	Palestinian Central Bureau of Statistics
PRCS	Palestine Red Crescent Society
RFE/RL	Radio Free Europe/Radio Liberty
RI	Refugees International
SCF−UK	Save the Children Fund − UK
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Work Agency
UNSC	United Nations Security Council
URD	Groupe Urgence−Réhabilitation−Développement
USAID	US Agency for International Development
USCR	US committee for Refugees
WB	World Bank
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

Eritrea

ICC	16/10/03	ICC humanitarian update
CRS	07/03	Nutrition survey report, Zoba Debub, Dekemhare, Mendefera, Dwarwa, Sergheneyti and Azera
Concern	03/03	nutrition survey report, Anseba zone (asmat, hagaz and Habero sub−zones)
FEWS	16/09/03	Monthly food security update
FEWS	21/10/03	Monthly food security update
UNICEF	09/03	Nutritional situation in Eritrea

Ethiopia

Concern	09/03	Offa, executive summary of nutritional survey results

FEWS	06/10/03	Estimating Meher crop production using rainfall in the Long Cycle region of Ethiopia
FEWS	16/10/03	Monthly food security update
IDS/SCF	04/03	Destitution in Ethiopia's northeastern highlands (Amhara National Regional State)
MSF−H	10/03	Nutrition survey, Adamitulu Jido woreda, East Shoa, Oromya
MSF−H	10/03	Nutrition survey, Abdurafi and Abrihijira settlements, Western Tigray

Kenya

GTZ	08/03	GTZ Dadaab monthly report
MSF−B	06/03	Anthropometric survey, Ifo, Hagadera and Dahagaley camps, Dadaab, north eastern province, Kenya

Somalia

FEWS	12/11/03	Monthly food security update
FSAU/FS	10/03	Annual post Gu 2003−11−17
FSAU/N	08/03	Nutrition update
FSAU/N	10/03	Nutrition update
FSAU/MOHL/SRCS	08/03	Nutrition survey
IRIN	10/03	Somalia: hundreds fleeing Baidoa
MSF−H	06/03	Mortality assessment among children under five years in Marere
OCHA	07/10/03	Emergency relief co−ordinator demands protection for civilians aid workers in Somalia
UNICEF/FSAU	07/03	Belet Weyne district, Hiran region, Central Somalia
UNICEF	08/03	Bossaso IDP nutrition survey report, Bossaso district, Bari region, Somalia

Sudan

AAH−USA	08/03	Nutritional anthropometric survey, children under 5 year old, Bugaya, Maban Province, Eastern Upper Nile
ACF−F	08/03	Nutrition anthropometric assessment report, 7 villages in Lafon rural council: Kor, Angulumere, Malanyang, Bura, Pacuwa, Pugeri and Watua
AFP	24/09/03	Khartoum, Sudan rebels agree on key peace process issues
FEWS	27/10/03	Sudan−monthly food security update
IRIN	03/10/03	Sudan: widespread insecurity in Darfur despite cease−fire
IRIN	05/11/03	SUDAN: Gov't, Darfur rebels extend ceasefire for one month
MEDAIR	10/06	Rapid assessment report of Mukjar, Wadi Sali, 1−6 October 2003
MSF	30/09/03	MSF readies itself in Abeche, Chad, for refugee intervention

MSF	08/10/03	Darfur refugees "invisible", says NGO
OCHA	17/10/03	Darfur rebels keen to extend cease fire
UNHCR	09/10/03	UNHCR still working to move refugees from Chad–Sudan border
UNHCR	30/10/03	UNHCR hands out emergency food aid to Sudanese in Chad
UNICEF–S	08/03	Update on the nutrition situation of southern Sudan, August 2003
UNICEF	10/11/03	Displacement up as access declines
WFP	08/03	WFP southern Sudan OLS monthly report, August 2003
WFP	3/10/03	WFP emergency report n° 40
WFP	31/10/03	WFP emergency report n° 44
WV	05/03	Nutrition survey, Gogrial county, Bahr el Ghazal
WV	05/03	Nutrition survey, Tonj county, Bahr el Ghazal

West Africa

OCHA	16/10/03	West Africa: humanitarian overview

Sierra Leone

OCHA	1/08/03	Sierra Leone: humanitarian situation report, August 2003

Guinea

OCHA	19/10/03	Influx of Liberian refugees to Guinea
OCHA	20/10/03	OCHA Guinea Humanitarian Update
RI	03/0903	Political gains and refugee welfare depend on stability in Guinea
UNHCR	30/09/03	Despite improved security, Liberians trickle into Guinea

Ivory Coast

BBCNews	24/09/03	Ivory Coast's former rebels are suspending their participation in a power–sharing government formed to end the civil war
OCHA	04/09/03	Côte d'Ivoire: insecurity, rising tensions hamper aid efforts
OCHA	06/10/03	Côte d'Ivoire: rapport de situation humanitaire n° 14
WFP	17/10/03	WFP emergency report n° 42

Liberia

GOL/LURD/MODEL/PP	18/08/03	Peace agreement between government of Liberia, LURD, MODEL and political parties
OCHA	11/09/03	Calm returns to Liberia's war–weary
OCHA	23/09/03	Liberia humanitarian situation update n° 50
OCHA	20/10/03	UN undertakes first humanitarian mission to Voinjama in four years

OCHA	21/10/03	Liberia humanitarian situation update n° 60
OCHA	21/10/03	Liberians displaced by fighting continue to stream into camps, UN inter−agency needs−assessment team finds
UNHCR	24/09/03	Renewed clashes prompt civilians to flee central Liberia
UNSC	19/09/03	UN SC establishes 15,000−strong stabilisation force for Liberia to assist peace process, unanimously adopting resolution 1509
USAID	08/10/03	Liberia: complex emergency situation report #14
USAID	15/10/03	Liberia: complex emergency situation report #3
WFP	10/10/03	WFP emergency report n° 41
WHO	30/09/03	Cholera in Liberia − update 6
WV	08/09/03	New fighting sends up to 80,000 IDPs fleeing towards Monrovia
WV/MOH/UNICEF	09/03	A rapid nutrition screening in Tubnamburg, September 8−9, 2003

Great Lakes

Burundi

AFP	07/10/03	Burundian government, rebels agree on ceasefire
AFP	08/10/03	Second Burundi rebel group rubbishes latest ceasefire deal
AFP	07/11/03	Burundi government to include rebels by November 23: president
MSF−B	07/03	Enquête nutritionnelle anthropométrique, Province de Karuzi, Burundi
OCHA	9/08/03	Burundi: UN food agency assists 20,800 displaced in Bubanza Province
OCHA	02/11/03	Burundi, situation report, 27/10/03−02/11/03
SAP−SSA	09/03	Système d'alerte précoce, surveillance de la sécurité alimentaire au Burundi
UNICEF	06/11/03	UNICEF humanitarian action Burundi donor update 06 Nov 2003
UNICEF−B	09/03	Bref aperçu sur l'évolution des admissions dans les services nutritionnels du Burundi
WFP	26/09/03	WFP sounds alarm at rising displacement and hunger in Burundi due to fighting

Democratic Republic of the Congo

IRIN	06/10/03	DRC: Former rebel groups authorised to function as political parties
ISS	19/09/03	MONUB and the challenges of peace implementation in DR Congo
MSF−S	04/03	Enquête nutritionnelle, Kabalo
Reuters	08/10/03	UN troops to deploy deeper in Congo after killings
Reuters	23/10/03	Cruel dilemma confronts Congo's terrified refugees
WV	06/03	Health and nutrition survey report, Eastern DRC, Oicha, Mutwanga

Tanzania

OCHA	14/09/03	OCHA−Burundi situation report, 07−14/09/03
OCHA	10/10/03	Burundi−Tanzania: focus on factors spurring refugees to go home
OCHA	15/10/03	Tanzania: focus on the impact of hosting refugees
UNHCR/UNICEF	08/03	Nutrition survey, refugee camps in Western Tanzania
WFP	26/09/03	WFP emergency report n° 39
WFP/UNHCR	06/03 2003	Joint assessment mission, Kigoma and Kagera regions

Uganda

FEWS	10/10/03	Uganda monthly report 10/03− better household food security
GOAL	08/03	Findings of a nutrition survey, Klongo town, Parabongo sub−county, Agago county, Pader
		district, Northern Uganda
IRIN	25/09/03	Uganda: concern over health of displaced people in east
RI	15/10/03	Uganda: with more than a million displaced and conflict continuing, hope fade for peace
WFP	25/09/03	WFP warns of crisis as food runs out for more than one million displaced in Uganda
WFP	14/11/03	WFP emergency report n° 46

Southern Africa

Angola

ACH	06/03	Inquerito Nutricional e de mortalidade, Municipio de Caconda, provincia de Huila, Angola
ACH	08/03	Inquerito Nutricional e de mortalidade, Municipio de Ganda, provincia de Benguela, Angola
FAO	19/09/03	Seeds and tools for nearly 2 million farmers
FEWS	08/03	Angola food security update
OCHA	21/10/03	UNICEF programmes severely underfunded
UNHCR	09/10/03	Organised returns to Angola reach 35,000, UNHCR ups pace before rains
WFP	0/10/03	WFP emergency report n° 41
WFP	14/10/03	Humanitarian operations in Angola threatened by lack of resources
WFP	23/10/03	WFP forced to cut food rations by half

Afghanistan

ACF−F	06/03	Nutritional anthropometric survey, children 6−59 months, new camps of Afghan refugees in NWFP, Pakistan

ACF−F	08/03	Nutritional anthropometric survey, summary report, southern Kapisa, Afghanistan
ACF−F	08/03	Nutritional anthropometric survey, summary report, northern Shamali−southern Pan sheer, Afghanistan
ACF−F	08/03	Nutritional anthropometric survey, summary report, Kabul city, Afghanistan
AFP	09/10/03	Factional fighting leaves nearly 80 dead and wounded in Afghanistan
BAAG	30/09/03	BAAG Afghanistan monthly review September 2003
CARE	7/10/03	Aid workers under attack in Afghanistan
CARE	16/10/03	CARE International welcomes UN decision to expand Afghan peacekeeping
FAO/WFP	13/08/03	FAO/WFP crop and food supply assessment mission to Afghanistan
FEWS	30/09/03	FEWS Afghanistan monthly food security bulletin September 2003
IRIN	14/08/03	Special insecurity in the south
IRIN	04/09/03	Police violently evict Kabul residents
IRIN	12/09/03	Afghanistan: interview with the UN special rapporteur on housing
IRIN	19/09/03	Afghanistan: rights violations on the rise, says commission
IRIN	09/10/03	NGO sceptical on extension of peacekeeping force beyond Kabul
RFE/RL	22/10/03	Kabul welcomes ISAF expansion, despite unanswered questions
UNDP	24/10/03	Demobilisation programme aims to disarm 100,000 Afghan combatants
UNHCR	15/08/03	UNHCR Afghanistan humanitarian update n° 68
UNHCR	24/10/03	Afghan returnees step up house building as temperatures dip
UNHCR	28/10/03	More than 2.5 million Afghans return with UNHCR
UNSC	13/10/03	UN SC seeks expansion of role of international effort in Afghanistan, to extend beyond − resolution 1510 (2003) adopted
UN NS	30/10/03	Demobilisation in northern Afghanistan about half way finished, UN says

Occupied Palestinian Territories

AEI/ACH	03/03	Nutrition assessment, anthropometric survey, Gaza Strip
AQU/	09/02	Nutritional assessment of the West Bank and Gaza Strip
JHU/Care		
Bertini,	19/08/02	Mission report
personal envoy of the Secretary General		
FAFO	2003	Fafo−report 408: Coping with conflict, Palestinian communities, two years into the Intifada
IDF	17/09/03	http://www.idf.il/english/news/jump_2_eng_300900.stm

IUED	12/02	Palestinian public perceptions on their living conditions, the role of international and local aid during the second Intifada, report V
MOH/WHO/AQU	08/03	Access to health services in the West Bank and Gaza Strip
OCHA	15/08/03	OCHA humanitarian update Palestinina Territories 1–15 August 2003 Palestinian Central Bureau of Statistics http://www.pcbs.org/inside/selcts.htm
PCBS	09/03	Survey on the perception of palestinian population towards the soicio–economic conditions, August 2003
PRCS	08/03	http://prcs.intellinetinc.com/

Save the Children, http://www.savethechildren.org.uk/eyetoeye/teachers/guidance/chron_right.html

UNRWA	http://www.un.org/unrwa/publications/statis–01.html	
UNRWA	24/09/03	UNRWA pleads for emergency funds for the West Bank and Gaza
UN Secretary General's Bulletin	17/02/00	Organization of the United Nations Relief and Works Agency for Palestine Refugees in the Near East
World Bank	05/03	Twenty–seven months–Intifada, closures and Palestinian Economic Crisis, an assessment
WHO	27/09/02	Health situation of Palestinian people living in the occupied Palestinian territory

NUTRITIONAL ASSESSMENTS

Results of surveys quoted in RNIS # 43

Survey Area	Population	Survey conducted by	Date	Acute Malnutrition* (%) (95% CI)**	Severe Acute Malnutrition* (%) (95% CI)**	Oedema (%)	Crude Mortality (/10,000/day) (95% CI)**
The greater horn of Africa							
Eritrea							
Asmat, Hagaz and Habero, Anseba	Residents	Concern	03–03	19.9 (16.9–23.2)	2.0 (1.1–3.5)	0.1	0.15
Dekemhare, Mendefera, Residents Dwarwa, Sergheneyti and Azera, Debub		CRS	06–03	13.1 (12.1–15.5)	2.2 (1.4–3.4)	0.6	–
Ethiopia							

Oromiya region							
Rural areas, Zigway, Admitulo, Jido districts, East Showa zone	Residents	MSF–H	10–03	7.1 (4.9 – 9.2)	10. (0.3–1.3)	0.2	0.48
SNNPR							
Offa Woreda, Wolayita zone	Residents	Concern	09–03	19.4 (16.9–22.2)	1.3 (0.7–2.4)	0.2	0.5
Kenya							
Ifo, Dagahaley, ha– gadera camps (Daddab), Garissa district	Refugees	MSF–B	06–03	23.9 (20.0–27.7)	3.7 (2.5–4.9)	0.8	0.5 (0.3–
Somalia							
Beletweyne district, Hiran	Residents	UNICEF/ FSAU	07–03	17.1 (14.0–20.9)	2.3 (1.5–3.6)	–	1.43
IDP/refugees in Bossaso, Bari	Displaced/ refugees	UNICEF	08–03	16.2	3.2	0.3	–
Hawd of Togdheer	Residents	FSAU/MOHL/SRCS	08–03	10.0 (8.1–12.1)	1.3 (0.7–2.4)	0.7	0.83
Sudan							
Thiet, Pagol, Warrap and Tonj payams, Tonj county, Bahr el Gazal	Residents	WV	05–03	20.1 (17.6–22.9)	3.5 (2.5–5.0)	–	–
Toch and Pathuon payams, Gogrial county, Bahr el Gazal	Residents	WV	05–03	32.0 (29.0–35.1)	5.3 (4.0–6.9)	–	–
Maban province, Latjor state	Residents, displaced	AAH–USA	08–03	13.1 (9.8–17.1)	1.9 (0.8–4.1)	0	8.9
Central Africa							
Burundi							
Karuzi Province	Resident	MSF–B	07–03	4.8 (3.3–6.2)	0.8 (0.3–1.6)	–	0.5
DRC							
Oicha, Beni area, North Kivu	Residents, IDPs	WV	06–03	12.4 (10.7–14.4)	7.2	2.2	–

Mutwanga, Beni area, North Kivu	Residents, IDPs	WV	06–03	11.3 (9.5–13.5)	6.0	3.1	–	
Kabalo, Kalemie area, Katanga	Residents	MSF–S	04–03	7.7 (5.7–9.8)	1.8 (0.5–3.1)	1.0	1.9 (1.3–2.4)	5
Tanzania								
Lugufu I	Refugees	UNHCR	08–03	3.8 (2.4–6.1)	1.0 (0.5–2.0)	–	–	
Lugufu II	Refugees	UNHCR	08–03	4.9 (3.3–7.4)	1.5 (0.9–2.6)	–	–	
Mtabila I	Refugees	UNHCR	08–03	5.0 (3.4–7.3)	0.9 (0.4–1.8)	–	–	
Mtabila II	Refugees	UNHCR	08–03	5.3 (3.7–7.8)	0.8 (0.4–1.7)	–	–	
Muyovozi	Refugees	UNHCR	08–03	4.9 (3.4–7.4)	0.9 (0.5–1.9)	–	–	
Nyarugusu	Refugees	UNHCR	08–03	4.9 (3.4–7.4)	0.9 (0.5–1.9)	–	–	
Mkugwa	Refugees	UNHCR	08–03	3.6 (1.6–8.0)	0.8 (0.2–2.7)	–	–	
Nduta	Refugees	UNHCR	08–03	5.1 (3.6–7.3)	0.4 (0.1–1.1)	–	–	
Kanembwa	Refugees	UNHCR	08–03	5.2 (3.5–7.8)	1.4 (0.8–2.5)	–	–	
Mtendeli	Refugees	UNHCR	08–03	5.4 (3.6–7.9)	1.7 (1.0–2.8)	–	–	
Karago	Refugees	UNHCR	08–03	4.9 (3.3–7.4)	1.4 (0.8–2.5)	–	–	
Lukole A	Refugees	UNHCR	08–03	5.6 (3.8–8.3)	1.5 (0.8–2.6)	–	–	
Lukole B	Refugees	UNHCR	08–03	5.8 (4.1–5.5)	1.1 (0.9–1.4)	–	–	
Uganda								
Kalongo town, Pader	IDPs/	GOAL	08–03	11.6 (8.6–14.2)	2.9 (1.6–4.2)	0.6	1.0	2
district	residents							
Southern Africa region								
Angola								
Ganda municipality, Benguela province	Residents, displaced, returnees	ACH–S	08–03	5.4 (3.6–8.0)	0.2 (0.0–1.3)	0	2.9	
Caconda and Cusse municipalities, Huila province	Resident, displaced, returnees	ACH–S	06–03	9.8 (7.3–13.0)	1.4 (0.6–3.1)	0.1	0.43	
Afghanistan region								
Northern Shamali–southern Pansheer	Resident, returnees, IDPs	ACF–F	08–03	18.5 (16.1–21.2)	2.3 (1.2–4.2)	–	0.24	
Southern Kapissa	Resident, returneed	ACF–F	08–03	14.5 (11.5–18.1)	1.0 (0.4–2.6)	–	–	

Kabul city	Resident, returnees	ACF–F	08–03	8.1 (5.8–11.2)	1.1 (0.4–2.7)	–	0.47
Basu, Old Bagzai, Ashgaro, Kotki, Bar Kalay, Shelmann, New Shamshatoo, NWFP, Pakistan	Refugees	ACF–F	06/03	7.2 (5.0–10.1)	1.3 (0.6–3.0)	0	–
Middle East							
Occupied Palestinian							
Territories							
West Bank	Resident/ refugees	AQU/JHA/ Care	05 –07/02	4.3****	0.2****	–	–
Gaza Strip	Resident/ refugees	AQU/JHA/ Care	05 –07/02	13.3****	3.8****	–	–
West Bank and Gaza	Resident/ refugees	AQU/JHA/ Care	05 –07/02	7.8****	2.2****	–	–
West Bank	Resident/ refugees	PCBS	06–02	2.9****	0.8****	–	–
Gaza Strip	Resident/ refugees	PCBS	06–02	2.0****	0.7****	–	–
West band and Gaza Strip	Resident/ refugees	PCBS	06–02	2.5****	0.7****	–	–
West Bank	Resident/ refugees	AEI/ACH	03–03 6.7 (5.4–8.4)		1.8 (1.1–2.8)	0	–

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

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

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

Measles vaccination coverage for children aged 9–59 months

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

Notes on surveys quoted in RNIS # 43

The Greater Horn Region

Eritrea

Asmat, Hagaz and Habero, Anseba The survey was conducted by Concern in March 2003. A two−stage cluster sampling methodology of 46 clusters was used to measure 1324 children between 6−59 months. Under−five and crude mortality was estimated retrospectively over the previous 4 months. The survey also estimated occurrence of diseases 15 days prior the survey and coverage of food aid distribution.

Dekemhare, Mendefera, Dwarwa, Sergheneyti and Azera, Debub The survey was conducted by CRS in June 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 962 children between 6−59 months. The survey also estimated occurrence of diseases 15 days prior to the survey, measles immunisation coverage and coverage of food aid distribution.

Ethiopia

Oromia

Rural areas, Zigway, Admitulo, Jido districts, East Showa zone The survey was conducted by MSF−H in October 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. The survey also estimated occurrence of diseases 15 days prior the survey and coverage of food aid distribution.

SNNPR

Offa Woreda, Wolayita zone The survey was conducted by Concern in September 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 905 children between 6−59 months. Under−five and crude mortality was estimated retrospectively. The survey also estimated occurrence of diseases 15 days prior the survey and measles immunisation coverage.

Kenya

Ifo, Dagahaley and Hagadera camps (Dadaab), Garissa region The survey was conducted by MSF−B in June 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 897 children between 6−59 months. Under−five and crude mortality was estimated retrospectively over the previous three months. The survey also estimated measles immunisa−tion coverage.

Somalia

Beletweyne district, Hiran The survey was conducted by UNICEF/FSAU in July 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 901 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 immunisa−tion coverage, vitamin A supplementation coverage, occurrence of diseases 15 days prior to the survey and various food security and public health indicators.

IDP/refugees settlements, Bossaso, Bari

An exhaustive survey was conducted by UNICEF in August 2003. 1077 children between 6−59 months were measured. The survey also estimated measles im−munisation coverage, vitamin A supplementation coverage, occurrence of diseases 15 days prior to the survey and various food security and public health indicators.

Hawd of Togdheer The survey was conducted by FSAU/MOHL/SRCS in August 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 904 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, occurrence of diseases 15 days prior to the survey and various food security and public health indicators.

Sudan

Thiet, Pagol, Warrap and Tonj payams, Tonj county, Bahr el Gazal The survey was conducted by WV, in May 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 911 children between 6−59 months.

Toch and Pathuon payams, Gogrial county, Bahr el Gazal The survey was conducted by WV, in May 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 948 children between 6−59 months.

Maban province, Latjor state, Eastern Equatoria The survey was conducted by AAH−USA in August 2003. The sample only included villages situated within a 4 hours walk from the centre of Bawac. A two−stage cluster sampling methodology of 30 clusters was used to measure 734 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.

Central Africa

Burundi

Karuzi Province The survey was conducted by MSF−B in July 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 924 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.

Democratic Republic of Congo

Oicha and Mutwanga health zones, Beni area, North Kivu The surveys were conducted by WV in June 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 1,223 children between 6−59 months in Oicha health zone and 1,020 children in Mutwanga health zone.

Kabalo health zone, Kalieme area, Katanga The survey was conducted by MSF−S in April 2003. 40% of the health zone was discarded from the sampling frame because of insecurity. A two−stage cluster sampling methodology of 30 clusters was used to measure 928 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

Tanzania

Refugee camps 13 surveys were conducted by UNHCR in August 2003. Cluster sampling methodology of 30 clusters was used in each camp, except in Mkugwa, where an exhausted survey was carried out.

	Sample size
Lugufu I	967
Lugufu II	971
Mtabila I	984
Mtabila II	972
Muyovozi	969
Nyarugusu	953
Mkugwa	354
Nduta	982
Kanembwa	969
Mtendeli	981
Karago	971
Lukole A	940
Lukole B	975

Uganda

Kalongo town, Pader district The survey was conducted by GOAL in August 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 898 children between 6−59 months. Crude and under five mortality was estimated retrospectively over the previous 3 months. The survey also estimated various food security and public health indicators.

Southern Africa

Angola

Ganda municipality, Benguela province The survey was conducted by ACH−S in August 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 958 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.

Caconda and Cusse municipalities, Huila province

The survey was conducted by ACH−S in June 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 941 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

Northern Shamali−southern Pansheer (Kohband, Ko−histan 1 and 2, Mahmud−e−Raqi districts, Kapisa province. Jabul Sarj, Sayed Khil, Charikar, Anaba and Rokha 2 districts, ¨Parwan province) The survey was conducted by ACF−F in August 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 965 children between 6−59 months. Crude and under five mortality was estimated retrospectively over the previous 3 months by the current household census method. The survey also estimated measles vaccination coverage.

Southern Kapisa (Alasay, Nejrab and Tagab districts) The survey was conducted by ACF−F in August 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 965 children between 6−59 months. The survey also estimated measles vaccination coverage.

Kabul city The survey was conducted by ACF−F in August 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 by the current household census method. The survey also estimated measles vaccination coverage.

"**New" refugee camps, NWFP, Pakistan** The survey was conducted by ACF in June 2003. A two−stage cluster sampling methodology of 30 clusters was used to measure 919 children in Basu, Old Bagzai, Ashgaro, Kotki, Bar Kalay, Shelmann, New Shamshatoo camps. Under five mortality was estimated retrospectively over the previous 3 months by the current household census method. The survey also estimated and various food security indicators.

Middle East

Occupied Palestinian Territories

West Bank and Gaza Strip, AQU/JHU/Care The survey was conducted from May to July 2002. The sample was a stratified multi−stage random sample. 936 children were measured.

West Bank and Gaza Strip, PCBS survey

The survey was conducted in June 2002. The sample was a stratified multi−stage random sample. 5,228 households were included in the sample.

Gaza Strip, AEI/ACH The survey was conducted by ACH in March 2003. A systematic sampling methodology was used to measure 1251 children.

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 oe–dema.

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–nutritient deficiencies are reported when data are available.

Nutrition indicators in adults

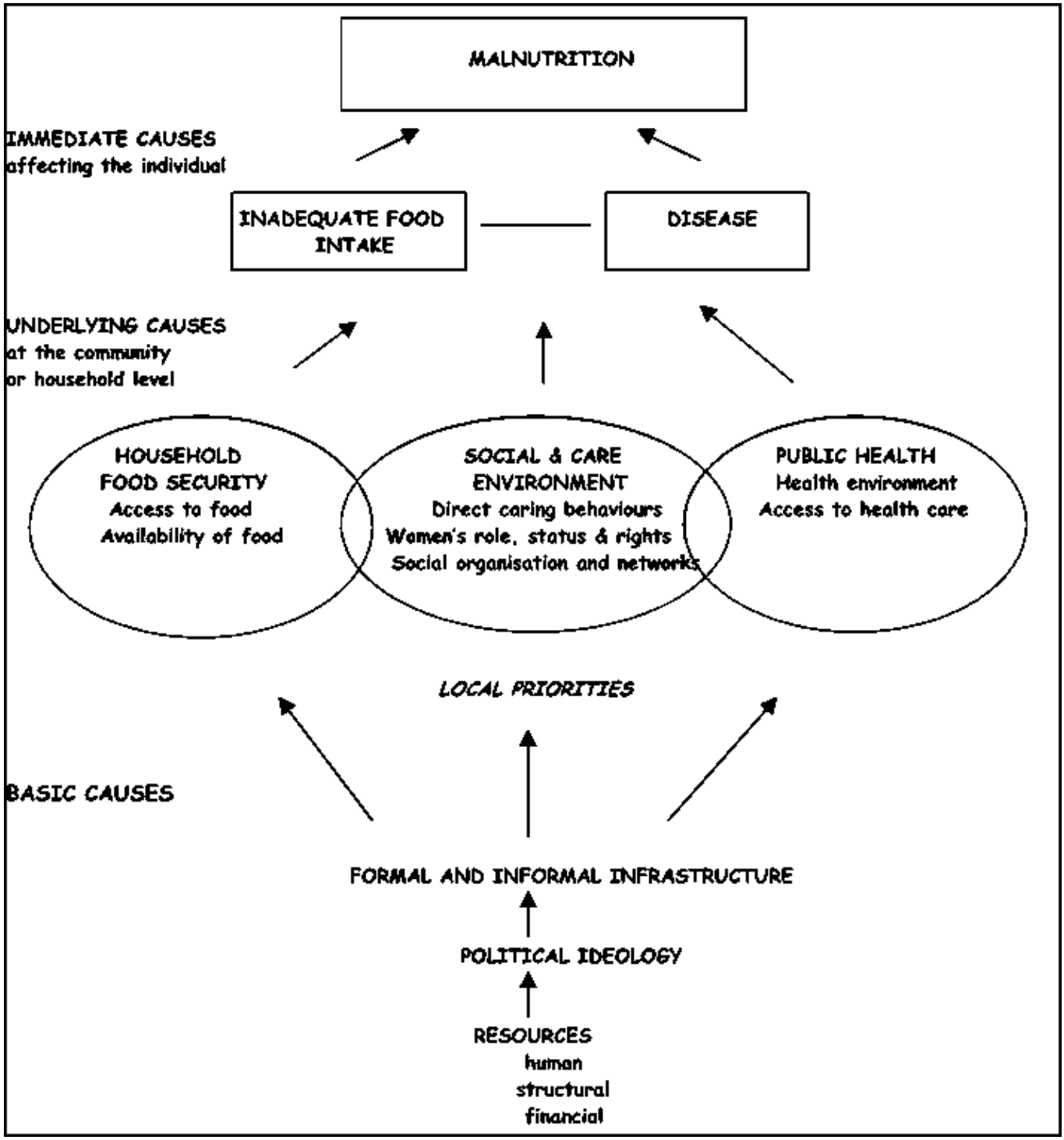
No international consensus on a definitive method or cut–off to assess adult under–nutrition has been reached (SCN, 2000). Different indicators, such as Body Mass Index (BMI, weight/height^2), MUAC and oedema, as well as different cut–offs are used. When reporting on adult malnutrition, the RNIS always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

References

Action contre la Faim (2002) *Assessment and treatment of malnutrition in emergency situation.* Paris: Action contre la Faim.

Médecins sans Frontières (1995) *Nutritional guidelines*. Paris: Médecins sans Frontières

SCN (2000) *Adults, assessment of nutritional status in emergency affected population*. Geneva: SCN.

University of Nairobi (1995) *Report of a workshop on the improvement of the nutrition of refugees and displaced people in Africa*. Geneva: SCN.

SMART (2002) www.smartindicators.org

Young (1998) Food security assessment in emergencies, theory and practice of a livelihoods approach

This report was compiled by Claudine Prudhon of the UNS/SCN Secretariat
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If you have information to contribute to forthcoming reports, or would like to request back issues of the *Reports on the Nutrition Situation of Refugees and Displaced Populations (RNIS),* please contact:

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