

HIGHLIGHTS

Thousands without vital aid in Darfur

Sudan/South Sudan border remains volatile

Sexual violence, pillage, extortion rampant in eastern DRC, displacing thousands internally and into Rwanda and Uganda

Kenya orders refugees out of Nairobi, into camps

Fragile gains in food security remain precarious across much of region

Malaria, measles, dengue, meningitis, hepatitis E major health concerns across region



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Conflict displaces thousands across region

Localized outbreaks of inter-communal and resource-based conflict have occurred in the region over the last month, displacing thousands of people internally and across borders. The most affected countries have been in parts of Sudan, South Sudan and eastern DRC and to a lesser extent in Kenya. Renewed outbreaks of conflict are undermining fragile improvements in food security in vulnerable areas.

In **Sudan**, up to 90,000 people are currently displaced as a result of inter-communal conflict and fighting between armed forces in Darfur. Following a request by the Government to respond to the crisis, humanitarian agencies are distributing food and non-food items. Given the large number of people affected and restricted humanitarian access, thousands still reportedly remain stranded without humanitarian assistance. Oxfam [warned](#) last week that tens of thousands of people currently face a severe shortage of clean water and sanitation services. While some staff of UN agencies and other international organizations have been able to visit some of the affected areas, in the absence of a more comprehensive assessment which has so far not been authorized by the Government, it is difficult to have a clear picture of needs and the scale of the emergency.

Further south, renewed clashes in the volatile border region of Sudan and South Sudan are displacing people in South Kordofan, and externally across the border. Humanitarian partners have started preparing a new refugee site in Unity State of South Sudan to deal with the influx of refugees from Sudan. Since the first week of January, 400 refugees were reportedly arriving in Yida camp every day. In **South Sudan's** Jonglei state, a cattle raid on 8 February left at least 100 people dead according to local officials and media reports. MSF have again [warned](#) of the high levels of violence in Jonglei, where people have repeatedly fled without shelter, food, or safe drinking water. In 2012, ongoing tensions with Sudan, inter-communal violence and non-state armed group attacks uprooted about 190,000 people from their homes, according to a new report by [OCHA South Sudan](#).

There has been no significant wave of new Sudanese arrivals into Ethiopia since July 2012, when 1,546 refugees were registered. Small numbers of new arrivals continue to enter through the Yabus corridor. In recent months, UNHCR and the Government refugee agency, ARRA, have focused their efforts on relocating the approximately 2,000 Sudanese refugees living in host communities in Sherkole *woreda* of Beneshangul Gumuz Region since September 2011, to existing camps. With camps in both Beneshangul Gumuz and Somali's Dollo Ado area quickly reaching their maximum expanded capacity, UNHCR and ARRA are exploring options to establish new camps in the two areas.

Shifting centres of conflict among a variety of armed groups continue to plague the people of eastern DRC

Shifting centres of conflict between and among a variety of armed groups and the national armed forces continue to plague the people of eastern **Democratic Republic of the Congo (DRC)**, offering the possibility of return in some areas and freshly displacing thousands of people in others. Sexual violence, pillage and extortion remain rampant, with humanitarian agencies facing major access constraints due either to conflict or impassable roads, potentially leaving tens of thousands beyond the reach of life-saving assistance. Meanwhile, in neighbouring **Rwanda**, the total number of Congolese refugees received at Nkamira Transit Centre stood at 8,519 as of 17 February during what UNHCR calls the “second wave” of influx that began in November 2012. During the “first wave” – 27 April to 31 October 2012 – a total of 19,989 Congolese crossed the border into Rwanda (of whom 14,779 were received at Nkamira). The current number of refugees hosted at Nkamira is 6,126. In neighbouring **Uganda**, from 1 January 2012 - 15 February 2013 a total of 60,631 Congolese were registered and assisted in the two transit centres of Nyakabande and Matanda in the south-western-most part of the country, according to UNHCR. Of these, 34,039 are in settlements and 4,124 are in the two transit centres. Slightly over 22,400 refugees are estimated to have either spontaneously returned to DRC or have been absorbed in host communities in Kisoro district.

A humanitarian contingency plan is in place to mitigate any possible effects of election-related violence in Kenya

Kenya has experienced further localized outbreaks of inter-communal conflict and cattle rustling in the run-up to the 4 March general elections, mostly in northern areas of Rift Valley and North Eastern Provinces. These incidents have had no serious humanitarian implications. Most recently, on 7 February, cattle raiders killed at least seven people in Rift Valley Province and on 15 February, 75 houses were burned down, 3 people were killed and an estimated 300 displaced in Western Province. The number of fatalities as a result of inter-communal conflict and electoral violence since January 2012 is now up to 507 deaths, with over 116,000 displaced. The humanitarian situation remains precarious in parts of Tana Delta District and Baringo County, which both experienced violence and displacement late last year. Recent assessments have shown that there are major gaps in the provision of health services, access to clean water and food. Peace building efforts have been scaled up in the run up to the elections, although concern has been expressed that these initiatives have not reached the remote areas where tensions between communities remain high. A humanitarian contingency plan has been put in place to mitigate any possible effects of election-related violence. The plan, which has been closely coordinated with the Government, focuses on pre-positioning of stocks, training and capacity building, simulation exercises, and coordinated needs assessments with UN agencies and NGO partners in eight hubs. As the lead national humanitarian responder, the Kenya Red Cross Society (KRCS) is able to provide food and NFIs to 150,000 IDPs for a period of one month. The Government, KRCS and international agencies are all using common assessment methodology – the Kenya Initial Rapid Assessment (KIRA) – which has already been successfully tested in different areas.

Humanitarian assistance remains inadequate or absent in many areas of Somalia while needs remain acute

In **Somalia**, despite continued improvements in food security, humanitarian partners have warned that large parts of south-central Somalia are still conflict-ridden and many peoples’ ability to produce enough food and get adequate medical care is severely limited. Humanitarian assistance remains inadequate or absent in many areas while needs remain acute, according to a new [report](#) by MSF. Conflict in Somalia continues to push Somali refugees into **Ethiopia**.

The Dollo Ado camps in Ethiopia’s Somali Region saw a surge in new arrivals from Somalia between November and December 2012 with 3,652 and 6,164 refugees registered in those months respectively, compared to 770 in October and 1,709 in September 2012. January 2013 saw a drop-off in new arrivals during the first three weeks, but a renewed surge in the last week, when 795 refugees were registered (compared to 97 the week before). The majority of the new arrivals came from Gedo Region, with lesser numbers from Bakol. Insecurity and failed November rains, which have disrupted livelihoods, are the reasons commonly cited for their decision to flee Somalia. Countrywide, some 381,722 refugees were hosted in the various camps and communities of Ethiopia as of 31 January 2013. The majority are from Somalia (60 per cent), followed by Sudanese and South Sudanese (23 per cent) and Eritreans (17 per cent). UNHCR has announced plans to enhance efforts to transition away from

emergency to more sustainable refugee response in Ethiopia, and to improve relations between refugee and host communities.

Refugees ordered out of Nairobi, into camps

A few thousand Somali refugees living in Kenya have crossed back into Somalia following a directive issued by the Government of Kenya discontinuing the reception and registration of asylum-seekers in Nairobi and other urban areas, asking them to be relocated to the refugee camps. A challenge to this is currently before the High Court of Kenya. Humanitarian partners continue to express serious concerns about the impact of this policy from the protection, human rights and humanitarian points of view. There is limited space in Kenya's overstretched refugee camps and the education and livelihoods of thousands of refugees who have settled and lived lawfully in urban centres would be severely disrupted. UNHCR has since been working to ensure that any such implementation would be properly managed, consistent with essential refugee protection and humanitarian principles. The Government subsequently **established** an Inter-Ministerial Committee to establish how these principals would be assured in implementing the new policy.

Regional Food Security Outlook

During the past month, the Famine Early Warning Systems Network (FEWS NET) released six-month food security outlook reports for all countries except Eritrea in the OCHA-Eastern Africa area of coverage. A summary of reports, which can be found at www.fews.net, follows.

Some 14.9 million people in Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan and Tanzania continue to face Stressed to Crisis levels of food insecurity

Across **eastern Africa**, significant improvements in food security have been noted since the start of harvests in October 2012 in most countries in the region. Despite improvements, an estimated 14.9 million people in Burundi, Djibouti, Ethiopia, Kenya, Rwanda, Somalia, South Sudan, Sudan and Tanzania (not in the OCHA-EA region of coverage) continue to face Stressed (IPC Phase 2) to Crisis (IPC Phase 3) levels of food insecurity. October to December rains have been well above normal over surplus-producing cropping areas in Burundi, Rwanda, Uganda, and western Kenya while some localized areas faced significant cumulative rainfall deficits, including parts of the south-eastern lowlands, north-east and southern coastal marginal agricultural areas in Kenya; southern parts of Somali, Oromia, and Southern Nations, Nationalities, and Peoples' Region (SNNPR) in Ethiopia; and neighbouring agropastoral areas in southern Somalia.

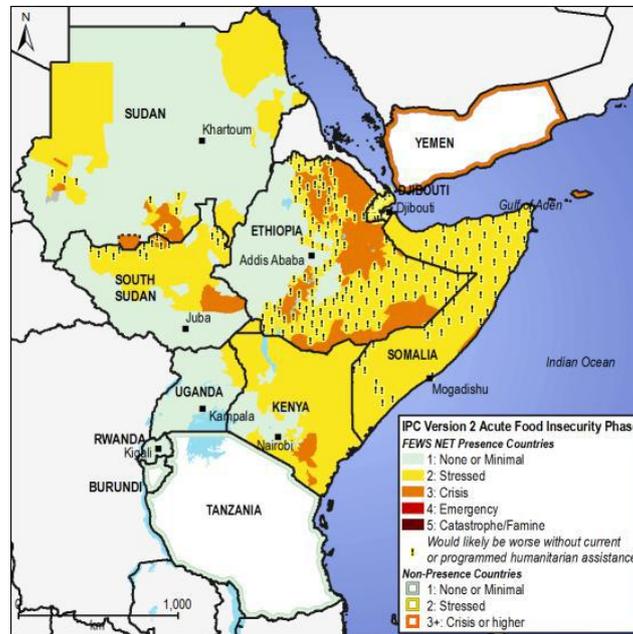
In Kenya, 2.1 million people remain food insecure; this number is likely to increase following poor performance of the Short Rains

In most parts of **Burundi**, households will face Minimal/None (IPC Phase 1) acute food insecurity conditions through June 2013. However, returnees living in rural integrated villages, refugees living in camps, and poor households living in warm lowlands and *hauts plateaux humides* areas will be Stressed at times during the next six months. In **Djibouti**, the situation remains bleak, as the majority of the country remained and would remain at Stressed or Crisis levels. The region of Obock, in the north-east, suffers from an elevated level of food insecurity, with rains "practically non-existent", and rural areas classified as Crisis. In **Ethiopia**, the generally good *kiremt* (June to September) 2012 rains have supported improved food security in benefiting areas nationwide. According to the Government of Ethiopia, national *meher* (October to December) grain production should increase by five per cent compared to last year. However, pocket areas that received poor seasonal rains reported poor crop and livestock production, including the eastern marginal *meher*-producing areas of Amhara and Tigray Regions, some agropastoralist and pastoralist areas in Somali and southern Oromia Regions, and some sweet potato-growing areas of SNNPR. Coupled with above-average staple food prices and declines in income, poor households in these areas remain in crisis. Despite the slight seasonal decline in food prices following the start of the *meher* harvest, staple food prices are expected to remain higher than last year and the five-year average. In **Kenya**, 2.1 million people remain food insecure, and this number is likely to increase following the poor performance of the October-to-December Short Rains in parts of the south-eastern and coastal marginal mixed farming zones; an assessment will determine how many people are in need of humanitarian assistance by March. The March-to-May Long Rains are likely to be average to below-average. The likelihood of high temperatures in the meantime means that grazing conditions are likely to degrade quicker than usual

during the January-to-March dry season, further increasing food prices as demand in pastoral areas rises. In **Rwanda**, household food stocks are being replenished, enabling most people to meet essential food and non-food needs through June and face minimal to no food insecurity. However, certain areas of the country affected by rain storms early in the season suffered significant crop damage and below-normal harvests are expected. Households in these areas will deplete food stocks approximately one month earlier than normal and will face Stressed food insecurity conditions from late-March through June.

Projected food security outcomes, January to March 2013

While the number of people in Crisis and Emergency has halved to 1.05 million since August, malnutrition rates in Somalia remain among the highest in the world



Source: FEWS NET

This map represents acute food insecurity outcomes relevant for emergency decision-making. It does not necessarily reflect chronic food insecurity.

In **Somalia**, as a result of good *Deyr* rains and continued humanitarian assistance, the number of people in Crisis and Emergency has halved to 1.05 million since August. However, malnutrition rates in the country remain among the highest in the world – with 215,000 children under age-5 acutely malnourished – and humanitarian assistance to protect livelihoods, reduce acute malnutrition, and help the most food insecure populations remains necessary. Early forecasts are that the April to June *Gu* rains will be normal to below-normal. If total seasonal rainfall is well below average or very poorly distributed, the food insecure population

would likely increase. In **South Sudan**, while the harvest has improved food security in some areas, the impacts of border tensions, cattle raiding, civil strife, and flooding continue to drive widespread Stressed and Crisis levels of food insecurity. Benefits from the good harvest will be limited, as poor infrastructure and market development hinder the transport of food from surplus to deficit areas of the country. Cattle raiding and inter-communal conflict in parts of Jonglei, Lakes, Unity, and Warrap states could cause increased internal displacement as the dry season progresses. Markets and humanitarian access will be significantly disrupted by conflicts in parts of these areas. Through June, the areas of most concern include parts of Jonglei, Northern and Western Bahr el Ghazal, Unity, Warrap, Upper Nile, and Lakes States. Crisis levels of food insecurity are already present in Jonglei, Unity, and Warrap States due to the impact of conflict, displacement, and floods on production, and food security is expected to deteriorate around March. Border areas will be particularly impacted by exceptionally high food prices, restricted access to labour in Sudan, and high levels of insecurity. In **Sudan**, about 3.5 million people face Stressed and Crisis levels of food insecurity, with 80 per cent of food-insecure people in conflict-affected areas of Darfur, South Kordofan, Blue Nile, and Abyei. Last year at the same time, 4.5 million people were estimated to be food insecure. The decrease is mostly attributed to a good 2012/13 harvest. In spite of the surplus national cereal production, Stressed and Crisis levels of food insecurity persist in South Kordofan, Blue Nile, Darfur, and Abyei due to the impacts of conflict on production, market access, and livelihood options. Crisis levels are expected to persist at least through June in SPLM-N-controlled areas of South Kordofan and Blue Nile, and conflict-affected areas of Darfur (Jebel Mara and Serief Beni Hissein areas). In **Uganda**, ongoing harvests from the second season are expected to be average to above-average, which will improve food security conditions throughout the bimodal areas of the country. Minimal to no acute food insecurity is expected throughout these areas through June. In most areas of Karamoja (the unimodal area of the country), harvests were below-average and household food stocks are expected to deplete two to three months early. Many households are relying on a combination of market purchases and food assistance. With

Through June, areas of most concern include parts of Jonglei, Northern and Western Bahr el Ghazal, Unity, Warrap, Upper Nile, and Lakes States

In most areas of Karamoja harvests were below-average and household food stocks could deplete two to three months early

normal income sources falling short, poor households will only be able to meet basic food needs. Over the next six months, these households are classified as Stressed.

Regional Health Updates

Over 1,200 malaria cases in Somalia; Ethiopia reports a gradual decrease

The number of malaria cases reported each week in Ethiopia has gradually decreased countrywide since December, although cases continue to be reported in Afar, Amhara, Gambella, Oromia, SNNP and Somali Regions. The peak malaria season in Ethiopia occurs between September and December. New cases of measles and meningococcal meningitis continue to be reported from various parts of the country.

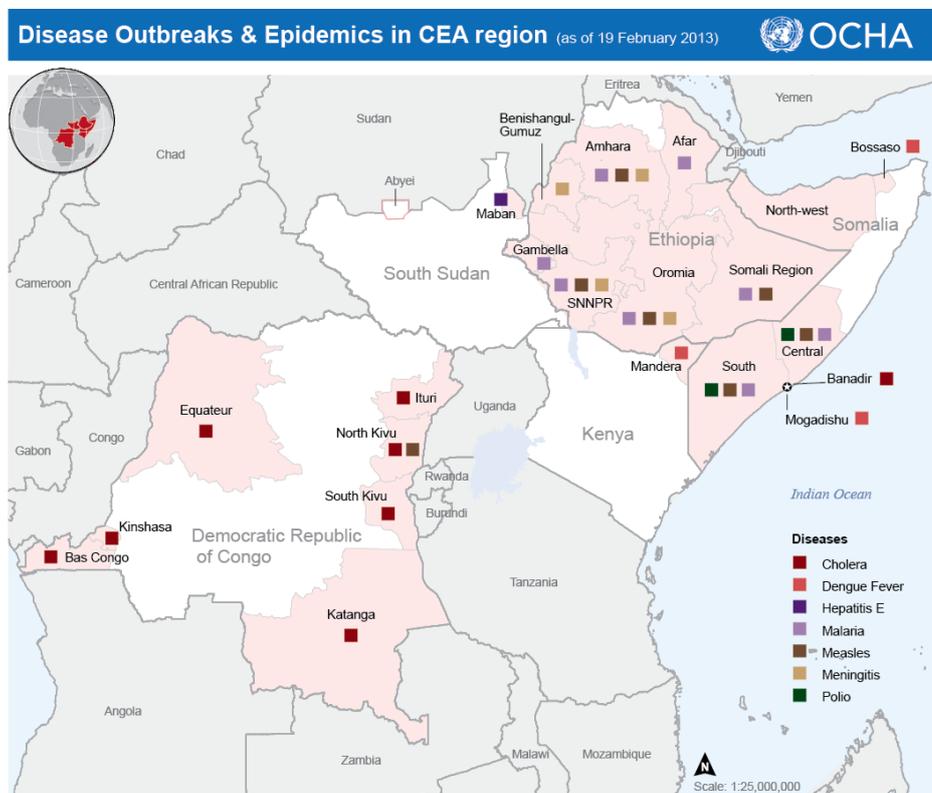
In Somalia, health authorities and partners continue to respond and undertake preventive measures against the malaria outbreak reported in Bossaso (Puntland) since 2 December 2012. Some 1,227 confirmed cases, including 171 children, have been reported as of 27 January 2013. Central and southern Somalia reported 55 and 33 per cent of all the cases, respectively. Adequate water and sanitation supplies have been provided by UNICEF and partners.

Measles, meningitis reported in Ethiopia as Somali issues measles alert

The latest data available indicates that 208 cases of measles were reported from Amhara, Oromia, SNNP and Somali Regions during the first week of January, while 20 cases of meningitis were reported from Amhara, Beneshangul Gumuz, Gambella, Oromia and SNNPR. The Government and health partners continue to support prevention and control activities, including enhanced surveillance, distribution of drugs and medical supplies and technical support for *woreda* health offices and personnel.

Somalia has issued alerts for suspected measles in parts of Bay and Bakool regions, where health partners have reported more than 47 cases, including 31 children under age 5. Countrywide some 115 suspected cases have been reported, 76 per cent of which were in central Somalia, while southern and Puntland reported 14 and 10 per cent, respectively.

Somalia has issued alerts for suspected measles in parts of Bay and Bakool regions



Dengue fever was last reported in Kenya in 2011

Kenya issues dengue alert following 28 confirmed cases in Somalia

WHO has issued an alert on dengue viral disease in Kenya. This followed a positive identification of seven out of eight samples of the disease tested by the Department of Public Health in mid-January. Dengue fever was last reported in Kenya in 2011, in Mandera town, bordering Somalia and Ethiopia. The disease, associated with large population movements, was at the time traced to African Union Mission in Somalia (AMISOM) troops stationed in the war-torn country, and who frequented the Kenya border.

Meanwhile, WHO and partners have taken immediate action for dengue control in Mogadishu and other parts of Somalia. As of 27 January, 28 cases had been reported in Mogadishu.

According to WHO, the disease, whose symptoms are similar to those of malaria, is now present in 125 countries and was in 2012 ranked as the world's fastest spreading vector-borne viral disease, with an estimated 6,000 deaths annually. According to WHO, there is no specific treatment for dengue but early detection and access to proper medical care lowers the risk.

Suspected cholera cases up by 50% in Somalia, parts of eastern DRC

In Somalia, an estimated 140 suspected cholera cases were reported between 21-27 January, a 57 per cent increase compared to the previous week, reports WHO. All suspected cases were reported in Banadir region of central Somalia. Of these, 67 per cent are children under age 2. WHO and partners have enhanced surveillance and increased intensive health and hygiene promotion campaigns to curb the spread of the disease.

In DRC, despite the lull in the cholera outbreak in Equatorial and Bas Congo Provinces that reported no cases during the first months of 2013, the epidemic continued to spread in the provinces of Kinshasa, Katanga, North Kivu, Ituri and South Kivu.

Poor access to safe drinking water and insecurity are the main reasons for the high risk of epidemics, particularly affecting displaced people. Late arrival of patients at treatment centres is among the reasons for high mortality.

Hepatitis E kills more than 100, affects some 6,000 refugees in South Sudan

Poor water and sanitation and limited access to functioning latrines is reportedly the major cause for the rapid spread of the hepatitis E pandemic affecting all refugee camps in Maban County, South Sudan. The camps, hosting some 110,000 Sudanese refugees fleeing fighting in Blue Nile and Southern Kordofan States, lack adequate clean water and have few latrines and hand-washing points, reports UNHCR. Since July, an estimated 6,000 people have been affected with 111 deaths reported. Médecins Sans Frontières (MSF) report that as at the beginning of February, it has treated 3,991 patients in its health facilities in the camps and recorded 88 deaths, including 15 pregnant women. Worst affected is the Yusuf Batil camp in Upper Nile State, which accounts for 70 per cent of the affected cases (3,937 cases) and 77 deaths. The camp is host to more than 37,200 refugees. Jamam Camp, also in Upper Nile, has recorded 1,320 cases and 25 deaths, followed by the Gendrassa Camp with 577 cases and 3 deaths and Doro Camp with 58 cases, including 2 deaths.

Humanitarian agencies operating in the camps have scaled up efforts to control the situation and prevent further spread of the disease. Emergency measures, including latrine construction and soap distribution, are being taken to curb the increase. UNHCR reports further that enhanced disease surveillance, water chlorination, and an intensive health and hygiene promotion campaign in markets, schools, and at the household level are underway. Effective response is however hindered by a lack of health professionals and facilities. There are currently 1.5 doctors and 2 nurses for every 10,000 citizens, according to the Government of South Sudan.

In South Sudan, there are currently almost 113,000 Sudanese refugees in Upper Nile and some 67,000 in Unity State.

Cholera continued to spread in the provinces of Kinshasa, Katanga, North Kivu, Ituri and South Kivu

There are 1.5 doctors and 2 nurses for every 10,000 citizens in South Sudan

Hepatitis E distribution in Maban County, South Sudan as of 9 February

Refugee Camp	Camp Population	Affected Population	Deaths
Yusuf Batil	37,229	3,973	77
Jamam Camp	16,086	1,320	25
Gendrassa	14,944	577	3
Doro	44,722	58	2
Totals	112,981	5,928	107

Over one million children vaccinated against measles in the DRC

Preliminary results of a joint Government-interagency immunization campaign in eastern DRC show that 96 per cent of the targeted 1.18 million children aged between 6 months and 15 years were vaccinated in the 7 health zones of North Kivu Province during the last week of January. According to the UN Children's Fund (UNICEF), the number of measles cases reported in the eastern province of North Kivu, repeatedly devastated by fighting and displacement in 2012, was six times higher than the previous year. In 2012, measles outbreaks were reported in all 11 provinces of the DRC resulting in over 73,000 cases of

DRC Children targeted by measles campaign (Jan 2013)	Number vaccinated
1,180,000	1,132,800 (96 per cent)

measles. Ultimately over 2,000 children died from the disease in 2012. Insecurity and poor access to affected areas continues to threaten progress made through previous routine immunization campaigns in the province. Displaced children and returnees often miss their scheduled

vaccinations as they are forced to flee from one area to another, observes UNICEF. The Ministry of Health (MoH) in collaboration with the World Health Organization (WHO) and partners are targeting all children at risk with the mass immunization campaigns against measles.

Uganda bill to compel parents to routinely immunize their children

Most childhood diseases affecting the region can be prevented through immunization. According to WHO and UNICEF, the current decline in Uganda's national immunization coverage dropped from 71 per cent in 2006 to 55 per cent in 2010, and the re-emergence of preventable childhood diseases is a result of increasing challenges in the health system. These include inadequate funding, shortage of health staff, poor or lack of access to proper health care, and poor adherence to vaccination schedules.

Culture and religion have further hindered immunization of children in Karamoja, Mount Elgon and Mount Ruwenzori regions of Uganda, where residents do not see the benefit of vaccines and believe in divine healing. The Uganda Immunization Bill 2012 seeks to impose penalties and fines on parents and guardians who fail to take their children for routine immunisation against childhood diseases.

Insecurity hinders polio immunisation in Somalia

In Somalia, insecurity, culture and religious beliefs remain major challenges especially in parts controlled by Al-Shabaab. BBC reports that Al-Shabaab militants banned a polio vaccine exercise in Lower Shabelle region during the week of 13 February and threatened to kill WHO workers if they continued to carry out the exercise.

The announcement comes at a time when WHO has issued an appeal for immediate response to some 215,000 children in Somalia in urgent need of health care. Worst affected are southern and central Somalia as well as some rural areas of Somaliland where health facilities are in poor condition with shortage of health equipment, supplies and skilled health workers. Low vaccination coverage and poor access to vulnerable

The number of measles cases reported in North Kivu was six times higher than the previous year

WHO appeals for immediate response to some 215,000 children in Somalia in urgent need of health care

populations across Somalia pose major challenges to control of preventable childhood diseases.

More funding is required to be able to sustain emergency health services by humanitarian agencies that have moved into Somalia. The US\$90 million funding request for the health sector in the Somalia Consolidated Appeal (CAP) has received no funding.

Somalia 2013 CAP: Health Sector	
Funds Requested	Funding at 19 Feb 2013
\$90 million	0 per cent
	(source: http://fts.unocha.org/)

Key reports and analysis

- **Food security**
Building Resilience to Food Security Shocks in the Horn of Africa ([Disaster Risk Reduction East & Central Africa](#))
Regional approaches to food security in Africa - Early lessons from IGAD ([European Centre for Development Policy Management](#))
- **Humanitarian Communications & Accountability**
Use of Mobile Technology during Emergencies ([Save the Children](#))
Time to Listen: Hearing People on the Receiving End of Aid ([CDA](#))
- **Health:** Somalis on Living in a Humanitarian Crisis ([MSF](#))
- **Conflict & Displacement:** Hasty Repatriation: Kenya's Attempt to send Somalia refugees home ([The Heritage Institute](#))
- **Humanitarian Evaluation:** Final Evaluation Report: Cash Programs East Africa Drought Appeal ([Humanitarian Coalition](#))
- **Humanitarian Financing:** Finance for Emergency Preparedness: Links to Resilience ([ODI](#))
- **Opinion Piece:** Humanitarian action in a changing landscape: fit for purpose? ([ICRC](#))

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