

TARGETING IDPS WITH FOOD AID: WFP ASSISTANCE IN NORTHERN UGANDA

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Abstract

The World Food Programme (WFP) is the United Nations (UN) agency responding to humanitarian emergencies by delivering food aid to vulnerable populations worldwide. The protracted insurgency in northern Uganda resulted in the displacement of up to 1,619,807 people, largely women and children. The humanitarian situation among displaced persons in northern and eastern Uganda led to diminished coping abilities and increased food aid needs. Access to food through productive means varies but, on average, households can only access about 0.5 – 0.75 acres of land. Recent nutrition and health assessments conducted in Pader District, in Feb 2004 and in Gulu District, in June 2004, highlight high mortality rates of more than 1 death/10,000 people/day. While Global Acute Malnutrition (GAM) rates appear to fall within the normal range expected within African populations (<5% GAM), high mortality rates consistently highlight the severity of the health situation in the camps. The WFP Uganda Country Office currently implements a Protracted Relief and Recovery Operation (PRRO) and a Country Programme (CP). The PRRO targets Internally Displaced Persons in Northern Uganda through General Food Distribution (GFD) activities, school children, HIV/AIDS infected and affected households and other vulnerable groups. In partnership with the Government of Uganda (GOU), sister UN agencies, international and national NGOs and Community Based Organisations, WFP currently assists the 1,619,807 Internally Displaced Persons, (IDPs), including 178,741 school children in the Gulu and Kitgum, 19,900 people infected with or affected by HIV/AIDS in Gulu and Kitgum and more than 750 food insecure persons involved in asset creation. Whilst WFP and other humanitarian actors continue to provide relief support to the displaced communities of northern Uganda, it is clear that without increased security the crisis will continue.

Introduction

The World Food Programme (WFP) is the United Nations (UN) agency that responds to humanitarian emergencies, delivering food aid to vulnerable populations worldwide. WFP, as a UN agency, embodies the principle that food should reach hungry people when they need it, wherever they may be not only during disasters but also where grinding poverty and ill-health inhibit access to food on a daily basis. The core policies and strategies that govern WFP activities are to provide food aid in order to:

- Save lives in refugee and other emergency situations;
- To improve the nutrition and quality of life of the most vulnerable people at critical times in their lives; and
- To help build assets and promote the self-reliance of poor people and communities particularly through labour-intensive work programmes. (UN, 2004).

The ideals, though not unique to WFP, it is the largest multilateral player where food aid is concerned. Between 1962 and 2003, WFP delivered more than 65 million metric tonnes of food to people in 100 countries. In 2002, WFP fed 44 million individuals through emergency operations. WFP not only provides food but also aims to address some of the root causes of hunger by using food in development programmes. In both contexts, getting **enough** food to people who need it is critical both in terms of quantity and quality.

In recent years, the bulk of WFP's food assistance has been for addressing emergencies. The 1990s saw a large increase in the number of refugees and other people displaced by political instability or war. Humanitarian crises in Somalia, the Great Lakes region of Africa, the Balkans, the Democratic People's Republic of North Korea and elsewhere meant that WFP channelled almost US\$12 billion of humanitarian assistance during the decade. Unfortunately, the trend continues with simmering crises in Afghanistan, Angola and Sudan; these were joined in 2002 by

renewed large-scale emergencies in Ethiopia/Eritrea and Southern Africa (Van Den Briel and Webb, 2003).

Insecurity in Northern Uganda

The civil conflict and insecurity generated by the Lord's Resistance Army (LRA) in northern and eastern Uganda have resulted in a massive displacement of civilians into protected camps, with limited access to arable land and social services. Major humanitarian corridors outside of Gulu, Kitgum and Pader towns remain extremely insecure and inaccessible without military escort. The protracted insurgency by the LRA rebels has resulted in a current displacement of up to 1,619,807 people, largely women and children, from an earlier IDP caseload of 542,000 in April 2002 (a tripling of the number of displaced people over the past two years).

The extent of displacement in northern and eastern Uganda currently stands at 62% of the population in 188 cramped camps with limited social services, and are presently dependent on food aid for basic survival; 90 percent of the population in the worst affected Acholi sub-region are displaced in 62 cramped camps.

Since June 2002, the rebel activities in northern Uganda (Gulu, Kitgum and Pader districts) intensified and expanded to Lira, Soroti, Katakwi and Kaberamaido districts. The LRA rebels continue to attack IDP camps, ambush vehicles, abduct children, kill people and torch huts. Over 10,000 children were abducted by the LRA from June 2002 to December 2003, while over 40,000 children seek shelter overnight in churches, hospital compounds and shop verandahs in the municipalities of Gulu, Kitgum, Pader and Lira on a daily basis for fear of being abducted. This is better known as the "night commuters" phenomenon. The sight of children walking from their homes at the outskirts of these towns carrying mattresses to take shelter on shop verandahs or purpose built shelters is humbling and emphasizes the severity of insecurity in the region.

Food Crisis

While the security situation deteriorates, humanitarian needs continue to steadily increase. The humanitarian situation among displaced persons in northern and eastern Uganda continues to deteriorate with diminishing coping abilities and increasing food needs.

Access to food through productive means varies with displaced persons only able to exploit periods of relative calm depending on the length of calm. An

escalation of atrocities committed by the LRA in early 2004 severely limited access to fields for the March/April 2004 planting season, negatively affecting cultivation throughout northern Uganda. Food production, availability and access to food in northern Uganda have therefore been constrained by fear of abduction from the periphery of camps, and most of the displaced population is increasingly unable to complement food aid. Most recent Emergency Food Security Assessments (EFSA) in Gulu, Kitgum and Pader (WFP, April 2004) confirmed that the majority of the households have three major sources of food: own production, market and food aid.

Contribution from own production is limited because on average, most households can only access about 0.5 - 0.75 acres of land. From this land, maximum production can provide only two - three months of the 'grain equivalent' requirement for an average household of seven people. Various income-earning opportunities exist in the region with the most widespread activity in Gulu being the exchange of labour and sale of natural resource-based products in Kitgum and Pader. The assessments state that most households in the 3 districts are only able to cover 33 to 47 percent of recommended daily allowance (RDA) of nutrition requirements.

About 80 percent of households assessed indicated that they had suffered the strain of inadequate food. As a result, most of them were coping by eating less preferred foods, eating less by limiting the amounts and number of meals per day. From these findings, it was recommended that WFP food aid should provide between 67 to 80 percent of RDA composed of 350g of cereal per person per day (ppd), 100g of pulses ppd and 10g of vegetable oil per person per day (ppd).

Malnutrition is a recognized underlying contributor of high infant and child mortality and is associated with over 50% of under-five year deaths annually. Inadequate feeding practices including breastfeeding and complementary feeding practices are among the root causes of high malnutrition rates found in Uganda. According to the Uganda Demographic and Health Survey (UDHS) of 2001, only 43% of 4-5 months old infants are exclusively breastfed, and mixed feeding seems to be a very common practice. This worrying trend was confirmed by GOAL, an international NGO, (Feb 2004) in Kalongo/Pader who found that 33% (n=273) and 27% (n=229) of caregivers interviewed gave their children water in addition to breast milk and solid food before four months of age.

While this interferes with the benefits of breastfeeding,

it also increases the risk of mother-to-child transmission of HIV and should therefore be discouraged. Complementary feeding often begins either too early or too late, and foods are often nutritionally inadequate and unsafe. Though increased frequency of feeding - especially liquids - is recommended during illness, only 28% of children receive additional fluids when sick, 40% receives less or even nothing at all (UDHS 2001).

Nutrition and health assessments conducted in the region continue to reveal far from acceptable nutrition and mortality indicators. WFP and the Ministry of Health (MOH) documented the extent of the current crisis in January 2003 in Gulu district, with Global Acute Malnutrition (GAM) rates among children under five exceeding 18 percent in Pabbo IDP camp, and 32 percent in Anaka IDP camp (Ochia 2004; UN 2004).

This corresponded with a break in WFP pipeline and interruption in the food assistance to the IDPs. The food pipeline improved from March/April 2003 and full rations were received by the IDPs. Action Contre La Faim (ACF), an international NGO, conducted a 30x30 two-stage cluster sampling assessment of Gulu district in May 2003. Findings revealed a GAM rate of 6.7%, a severe acute malnutrition (SAM) rate of 1.33% and Mortality rate of 2.33/10,000/day. (WFP, 2004). Subsequent nutritional surveys undertaken jointly by WFP, UNICEF and the Ministry of Health in September/October 2003, indicated an improved nutritional status. Data from these detailed nutrition surveys (in 46 out of 55 camps in Gulu, Kitgum and Pader districts) funded by WFP and UNICEF indicated Global Acute Malnutrition (GAM) rates for children 6 to 59 months between 5.3 - 21%. In 6 camps the GAM was <10 percent; in 25 camps GAM was between 10-15 percent and in 16 camps above 15 percent (WFP1 & WFP3, 2004).

Most recent nutrition and health assessments conducted by GOAL in Kalongo, Pader district in Feb 2004 and ACF in Gulu (June 2004) highlight unacceptable mortality rates more than 1 deaths/10,000 people/day. Mortality rates within this range indicate a "serious situation". Whilst GAM rates appear to fall within the normal range expected within African populations (<5% GAM), high mortality rates consistently highlight the severity of the health situation in the camps. (Van den Briel and Webb, 2003)

Water and Sanitation

Water and Sanitation facilities in these camps are inadequate. Most people within the camps are not

accessing the required 151/person/day of water recommended with women and children spending over eight hours at water points to fetch water because most of the boreholes are not functioning. Latrines are present superficially with one latrine often being shared by 100 or more people in some camps far in excess of the recommended 20 people per latrine.

Health and Social services

Access to health care services is poor due to a health service system weakened by ongoing insecurity in the region. HIV/AIDS prevalence is believed to be 13.2% in Gulu district (OCHA, 2004). Social services in the camps are inadequate and the situation is absolutely desperate. Learning facilities in camps are also inadequate with limited number of teachers and textbooks.

WFP activities in northern Uganda

The WFP Uganda Country Office currently implements a Protracted Relief and Recovery Operation (PRRO) and a Country Programme (CP). The PRRO targets Internally Displaced Persons in Northern Uganda through General Food Distribution (GFD) activities, school children, HIV/AIDS infected and affected households and other vulnerable groups. General Food Distribution to the displaced persons has varied from 30 percent of the RDA (2,100 Kilo calories/person/day) before the escalation of the conflict in June 2002 to 89 percent of RDA in June 2002, 50-65% of the RDA in August 2003 and most recently to 78% of the RDA following findings of April 2004 EFSA.

In partnership with the Government of Uganda (GOU), sister UN agencies, international and national NGOs and Community Based Organisations, WFP currently assists the 1,619,807 Internally Displaced Persons, (IDPs), including 178,741 school children in the Gulu and Kitgum, 19,900 people infected with or affected by HIV/AIDS in Gulu and Kitgum and more than 750 food insecure persons involved in asset creation.

HIV/AIDS Infected and Affected People

The HIV/AIDS pandemic remains a major concern in Uganda. WFP Uganda began pilot projects to support HIV/AIDS infected and affected people with food assistance paired with vocational training, income generation and life skills in 2002. Working with the Italian NGO 'AVSI' and World Vision Uganda, nearly 20,000 people infected or affected by HIV/AIDS are currently assisted in Gulu and Kitgum Districts.

WFP has signed an agreement with WHO and the Ministry of Health to provide food assistance as part of a comprehensive home-based care package for people living with HIV/AIDS (PLWHAs). Food aid serves as an incentive for people to come forward for testing. In addition to nutritional benefits, the provision of food aid releases the members' time from looking for food, allowing people to invest limited income in other essential needs, such as school expenses for children. In close collaboration with NGOs and Ministry of Health, WFP food is also provided to patients undergoing TB treatment and mothers and children under the Prevention of Mother to Child Transmission (PMTCT) programme. This area of WFP assistance is projected to grow rapidly in the current year in collaboration with Ministry of Health, Ministry of Gender, Labour and Social Development. Funding is expected from the US Emergency Programme for AIDS Relief and the Global Fund for AIDS, Tuberculosis and Malaria.

Supplementary and therapeutic feeding

WFP provides food assistance to supplementary and therapeutic feeding centres targeting moderately and severely malnourished children in IDP camps in northern Uganda. 23 supplementary feeding centres in Gulu, Kitgum and Pader and 9 therapeutic feeding centres in Gulu, Kitgum, Pader and Lira have been supported since January 2003, reaching 16,000 beneficiaries per month (mainly children under five years, pregnant/lactating mothers, adolescents and the elderly). WFP provides assistance through partners including Action Against Hunger (ACF/USA), GOAL, International Medical Corps (IMC), MSF and District Health Authorities.

Nutrition and health assessments

Biannual camp by camp nutritional surveys in collaboration with UNICEF and MOH have been planned for Gulu, Kitgum and Pader districts. These employ a random systematic sampling technique based on Medecins Sans Frontieres (MSF) Nutrition Guidelines that enables better understanding of the nutritional situation in individual camps.; These assessments also aim to obtain data on access to health, water and sanitation facilities and will soon be identifying micronutrient deficiencies (iron deficiency anaemia and iodine deficiency disorders) in children under five and mothers.

Food Security and Vulnerability assessment

The Vulnerability Assessment and Mapping Section (VAM) was established to increase the effectiveness of WFP food aid programming through food security analysis. WFP Uganda has developed a comprehensive Emergency Food Security Assessment (EFSA) methodology in partnership with development professionals from food security agencies and the Government. The EFSA methodology has enabled WFP to better understand the food and income acquisition strategies and coping mechanisms among IDPs, refugees and food insecure populations in affected areas. EFSA's are conducted every six months in all operational districts, to determine the net food gap and accurately quantify food assistance requirements.

Conclusion

Whilst WFP and other humanitarian actors continue to provide relief support to the displaced communities of northern Uganda it is becoming quite clear that without increased security protection of the people in northern Uganda the crisis will continue. In the meantime, WFP and others strive to improve the lives of the internally displaced populations despite the difficulties inherent and potential threat to the lives of people working in this environment.

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