

completed the demobilization of UNITA's armed forces and officially ended the conflict.

Following the April 2002 Memorandum of Understanding, USAID/OFDA participated in several assessments of the humanitarian situation from May through August 2002. The assessment teams highlighted the need for humanitarian assistance in the family reception areas (FRAs), public health support, food security initiatives, and emergency assistance to IDPs and returnees. On October 23, 2001, U.S. Ambassador Christopher W. Dell redeclared a disaster in Angola in response to the ongoing humanitarian crisis.

To support the peace process, USAID/OFDA provided more than \$2.1 million in non-food emergency assistance commodities during June 2002 to meet the humanitarian relief needs of vulnerable populations in the FRAs. In total, three airlifts and one sealift delivered 50,000 blankets, 50,000 water containers, more than 6.1 million sq. ft. of plastic sheeting, 50,016 bars of soap,



A food distribution program, funded by USAID/OFDA, begins in the newly accessible town of Cuemba (photo by Jeff Bryan, USAID/OFDA).

“Angola’s Maternal Mortality Rates,” continued at the community-level to manage obstetric emergencies, and to increase the demand for prenatal and essential obstetric care.

***USAID/OFDA’s strategy in Angola focused on the need for emergency obstetrical care and supported activities that increased traditional birth attendant effectiveness by further strengthening institutional systems.***

*While the MCH situation in Angola is beginning to improve, current maternal mortality rates remain among the highest in the southern Africa region. As emergency obstetric care programs mature, TBAs will become significantly more effective. In FY 2003, USAID/OFDA will continue to monitor the MCH situation in Angola and work closely with USAID/Angola to address the ongoing emergency health concerns of vulnerable Angolan women. ❖*

—By Kasey Channell

and 25,000 kitchen sets to IOM for distribution. USAID/OFDA also provided a total of 36 10,000-person emergency health kits, valued at more than \$217,000, through IMC and IOM to meet the needs of 360,000 vulnerable FRA residents, IDPs, and resettling populations.

In addition to the commodities provided by USAID/OFDA, U.N. agencies, and NGOs received more than \$17.7 million to implement emergency health, supplemental feeding, water and sanitation, and food security programs. USAID/OFDA also supported \$5.5 million in emergency health initiatives that included maternal and child health programs, public health initiatives, and immunization programs implemented by AAH/USA, Africare, CONCERN, CRS, GOAL, IMC, and UNICEF. USAID/OFDA provided \$2 million to CRS, Africare, and CONCERN to support emergency nutrition activities, such as supplementary and therapeutic feeding centers. WVI and FAO received nearly \$3.5 million to conduct agriculture and food security activities. USAID/OFDA supported AAH/USA efforts with \$780,000 to meet the emergency needs of vulnerable

residents of newly accessible locations. In addition, USAID/OFDA contributed more than \$6 million to support several U.N. activities in Angola, including UN OCHA's Emergency Response Fund and coordination efforts, UNDP security initiatives, WFP logistics support, and UNICEF IDP health surveys.

During FY 2002, USAID/FFP provided 89,000 MT of P.L. 480 Title II emergency food assistance valued at \$65 million through WFP. USDA contributed 39,700 MT of Section 416(b) surplus food commodities, valued at \$28.7 million. State/PRM provided \$2.3 million through ICRC and UNHCR to support refugee programs.\* In FY 2002, State/PRM funded \$5.8 million in humanitarian demining programs.

**USAID/OFDA Assistance .....\$20,537,667**  
**Other USG Assistance.....\$101,850,000**  
**Total USG Assistance .....\$122,387,667**

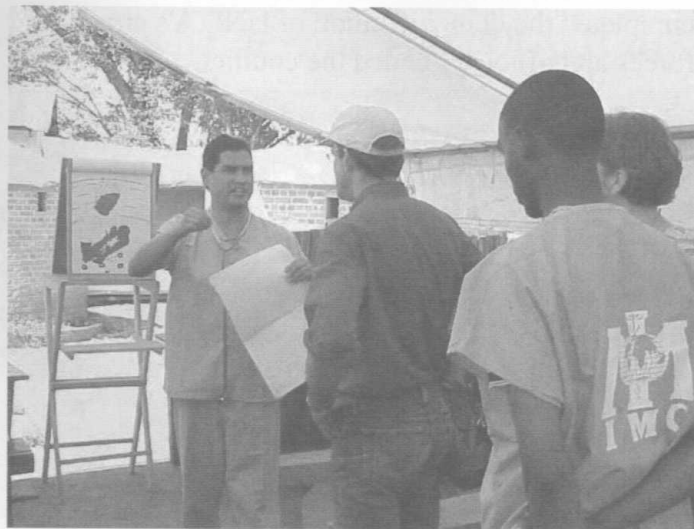
\* *State/PRM figures only include funding within Angola. State/PRM also provided assistance to Angola refugees throughout the region in FY 2002, totaling approximately \$10 million. These figures do not reflect unearmarked State/PRM contributions to UNHCR and ICRC, valued at \$31.4 million and \$42.4 million respectively, for refugees and returnees throughout Africa.*

## Burundi

### Complex Emergency

During FY 2002, ethnic conflict between the Tutsi and Hutu populations continued in Burundi for the ninth consecutive year. In August 2000, 19 Burundian political parties signed the Arusha Peace and Reconciliation Accords, which included provisions for an ethnically balanced army and legislature, and for democratic elections to occur after three years of a transitional government. However, one year after the installation of the transitional government in November 2001, a cease-fire agreement still had not been reached between all opposition groups and the Government of Burundi (GOB), although cease-fire negotiations continued.

Clashes between opposition groups and GOB forces continued on a regular basis around the



*International Medical Corps (IMC) personnel at their Muyinga, Burundi therapeutic feeding center consult with USAID/OFDA staff (photo by Pia Wanek, USAID/OFDA).*

capital, Bujumbura, and sporadically across the country, sometimes prompting temporary population displacements. In FY 2002, an estimated 820,000 Burundians fled the country, most relocating to Tanzania, with others moving to the Democratic Republic of the Congo (DRC), Rwanda, and Zambia.

On October 11, 2001, U.S. Ambassador James Yellin redeclared a disaster due to the ongoing conflict and subsequent population displacements. During FY 2002, USAID/OFDA's funding focused on maintaining programs in the food security, emergency health, water and sanitation, nutrition, and non-food sectors, while strengthening the capacity of early warning and crisis management structures to respond to and mitigate new crises. In FY 2002, USAID/OFDA provided more than \$13.3 million in humanitarian assistance to Burundi through grants to CONCERN, CRS, Gruppo di Volontariato Civile, IMC, IRC, MSF/B, Solidarities, UNDP, UNICEF, UN OCHA, WFP, and WVI.

USAID/FFP supported WFP's Regional Protracted Relief and Recovery Operation (PRRO) in the Great Lakes Region during FY 2002, which targeted more than 1.1 million vulnerable people in Burundi. During FY 2002, USAID/FFP provided 4,620 MT of P.L. 480 Title II emergency food commodities consisting of corn, pulses, and corn-soy blend to WFP for the Burundian portion of its Great Lakes program, valued at more than \$2.4 million.

In FY 2002, USDA provided 140 MT of Section 416(b) surplus food commodities to Burundi to assist in emergency food needs. The surplus food commodities, valued at \$98,574, included corn-soy blend for WFP's PRRO. State/PRM contributed \$1.2 million to UNHCR in FY 2002 to support UNHCR's refugee programs within Burundi.\*

**USAID/OFDA Assistance .....\$13,397,788**  
**Other USG Assistance.....\$5,883,422**  
**Total USG Assistance .....\$19,281,210**

\* These contributions are in addition to State/PRM's unearmarked contribution to UNHCR for Africa, totaling \$31.4 million in FY 2002. State/PRM also contributed

\$42.4 million to ICRC for its Africa-wide programs, a portion of which was used to support ICRC's programs in Burundi.

## Democratic Republic of the Congo

### Complex Emergency

During FY 2002, insecurity, the lack of infrastructure, and restricted access to vulnerable populations continued to hamper the distribution of humanitarian assistance in the Democratic Republic of the Congo (DRC). A tenuous cease-fire held throughout FY 2002 in accordance with the Lusaka Accords brokered in July and August 1999. Insecurity in

## Strengthening Food Security in Burundi

*With an ongoing civil war that has severely weakened the health and social services infrastructure of Burundi, much of the population has become vulnerable to food insecurity. Erratic rainfall and the resulting diminished harvests have compounded food security concerns, while increasing the need for an early warning system. To strengthen food security and limit the effects of malnutrition and related diseases, USAID/OFDA has invested in Burundi's food security early warning and coordination mechanisms. The U.N.'s Food and Agriculture Organization (FAO) has developed a multi-sector response to malnutrition by establishing an early warning system in collaboration with UN OCHA, WFP, UNICEF, and other humanitarian partners with USAID/OFDA support. For example, as drought conditions cause water supplies to decrease, early warning systems could provide a timely response to potential sanitation problems. Also, factors such as diminished harvests and increased admissions to nutritional and health centers may be triggers for increased food assistance activity and a more robust health response.*

*In addition to providing assistance to the U.N. system in early warning and coordination, USAID/OFDA has been committed, through its NGO partners in Burundi, to providing funding for urgent health and nutrition initiatives to meet basic humanitarian needs for vulnerable populations.*

*As local populations become unable to produce sufficient levels of foodstuffs, the resulting food insecurity can lead to widespread malnutrition. Malnourished residents often require additional health assistance to treat diseases such as malaria and tuberculosis that adversely affect weakened populations. Severely malnourished people, particularly children, pregnant and lactating mothers, and the elderly, often require targeted therapeutic or supplementary food as nutritional supplements.*

### ***To strengthen food security and limit the effects of malnutrition, USAID/OFDA has invested in food security, early warning, and coordination mechanisms in Burundi.***

*USAID/OFDA supports community-based health services that provide training, supervision, follow-up, and other technical assistance for health workers through its implementing NGO partners. Many USAID/OFDA-funded programs provide humanitarian assistance in both the immediate and medium term, such as linking seeds and tools and education programs with the provision of emergency nutrition at therapeutic and supplementary feeding centers. Internal population displacement is a continuing problem in Burundi with local residents*

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