

**Refugee Nutrition Information System (RNIS), No. 10 – Report on the
Nutrition Situation of Refugees and Displaced Populations**

Table of Contents

<u>Refugee Nutrition Information System (RNIS), No. 10 – Report on the Nutrition Situation of Refugees and Displaced Populations</u>	1
<u>HIGHLIGHTS</u>	1
<u>INTRODUCTION</u>	3
<u>CURRENT SITUATION (Sub-Saharan Africa)</u>	4
1. Angola.....	4
2. Benin/Ghana/Togo Region.....	6
3. Burkina Faso.....	6
4. Burundi/Rwanda Situation.....	7
5. Central African Republic.....	11
6. Djibouti.....	11
7. Western Ethiopia/Eastern Ethiopia/Ogaden.....	11
8. Kenya.....	12
9. Liberia Region.....	13
10. Mauritanian Refugees in Senegal.....	15
11. Mozambique Region.....	15
12. Shaba/Kasai Regions.....	17
13. Somalia.....	17
14. Sudan.....	18
15. Uganda.....	20
16. Zaire (Refugees).....	20
17. Zambia.....	21
<u>CURRENT SITUATION (Asia – Selected Situations)</u>	21
18. Afghanistan Region.....	21
19. Bhutanese Refugees in Nepal.....	22
20. Refugees from Rakhine State, Myanmar in Bangladesh.....	22
21. Southern Iraq.....	22
<u>LIST OF SOURCES</u>	23
<u>LIST OF TABLES, FIGURES AND ANNEXES</u>	25
<u>Table 1 – Information Available on Total Refugee/Displaced Populations (as of end of April 1995)</u>	26
<u>Table 2 – Summary of Origin and Location of Major Populations of Refugees, Returnees and Displaced People in Africa as of April 1995 (population estimates In thousands)</u>	29
<u>Figure 1 – Refugee and Displaced Populations</u>	29
<u>Figure 2 – Trends in Total Refugee/Displaced Populations and Risk Categories</u>	30
<u>Figure 3 – Shaded areas indicate those at heightened nutritional risk</u>	31
<u>Annex 1 – Results of Surveys Quoted</u>	34
<u>Annex 2 – Seasonality</u>	38
<u>LIST OF MAPS</u>	39
<u>MAP A – Situational Map</u>	39
<u>MAP 1 – Angola</u>	40
<u>MAP 2 – Benin/Ghana/Togo</u>	41
<u>MAP 3 – Burkina Faso</u>	42
<u>MAP 4 – Burundi/Rwanda Region</u>	43
<u>MAP 5 – Central African Republic</u>	44
<u>MAP 6 – Djibouti</u>	45
<u>MAP 7 – Ethiopia</u>	46
<u>MAP 8 – Kenya</u>	48
<u>MAP 9 – Liberia</u>	48
<u>MAP 10 – Mauritania/Senegal</u>	49
<u>MAP 11 – Mozambique</u>	50
<u>MAP 12 – Zaire</u>	51
<u>MAP 13 – Somalia</u>	52
<u>MAP 14 – Sudan</u>	53
<u>MAP 15 – Uganda</u>	56
<u>MAP 17 – Zambia</u>	57
<u>MAP 19 – Nepal</u>	57
<u>MAP 20 – Bangladesh</u>	58

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ACC/SCN

UNITED NATIONS ADMINISTRATIVE COMMITTEE ON COORDINATION SUB-COMMITTEE ON NUTRITION

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HIGHLIGHTS

Angola Although the cease–fire is generally holding, the anticipated large–scale return to land has not occurred as in many areas safety cannot be guaranteed. Greater relief programme access throughout the country has led to improved nutrition in many areas. However, there are notable exceptions where levels of wasting are still extremely high.

Rwanda/Burundi Region This regional emergency is still affecting over 4 million refugees/returnees and internally displaced people. Numerous security incidents have taken place throughout the region with the most recent culminating in over 2000 deaths in Kibeho camp for the internally displaced in South West Rwanda. Nutrition in refugee camps in Zaire, Tanzania and Burundi is at risk due to continued low pledges of food aid resulting in delivery of half rations over the past 8 weeks to many of the camps. Nevertheless a round of nutrition surveys in Rwanda, Burundi and Zaire indicate the success of the relief effort up until February as levels of wasting and mortality were mainly very low. A deterioration in nutritional status is probable due to the reduced general ration allocations; planned nutrition surveys may provide surveillance indicators.

Kenya Although the situation for the Somali refugee population in Kenya is generally adequate there have been some recent concerns over gradually increasing levels of wasting in certain camps and an increased seasonal risk of scurvy as the amount of corn soy blend in the general ration has been reduced.

Liberia Region Over 3 million refugees and internally displaced people are still affected by this crisis regionally. Unfortunately the hoped for improvements in security and resulting increased delivery of humanitarian assistance following the signing of the peace accord in December 1994 have largely failed to

materialise in Liberia as many areas of the country are still inaccessible due to fighting. Similarly, continued fighting in Sierra Leone makes many areas of the country inaccessible for relief purposes. Refugee outflows continue from Liberia and Sierra Leone into Cote d'Ivoire and Guinea where there are frequent reports of difficulties in providing adequate basic needs for new arrivals.

Mozambique Although the situation for returnees to Mozambique is generally stable, it still remains difficult to target sufficient resources to relatively recent returnees in certain areas. Partly as a result of this, levels of malnutrition appear to have recently increased in a number of locations while there are also reports of food poisoning due to consumption of unprocessed cassava and toxic famine foods.

Somalia The security situation has not changed greatly following the withdrawal of UNOSOM troop in February. Indeed the signs of clan militia co-operation have been sufficiently encouraging for the NGO and UN community to confirm that their relocation from Mogadishu is temporary.

Sudan In spite of the renewed dry season offensive by government troops and increased numbers of refugees arriving in Uganda, food deliveries have been continuing well throughout southern Sudan. Indeed relief agencies have been consolidating programmes with attempts to improve targeting to vulnerable groups in a number of areas.

Iraq The situation for the approximately 222,000 marshland Arabs in southern Iraq continues to deteriorate with the drainage of the southern marshes and military operations threatening the population's means of subsistence. Although lack of access prevents any formal survey in this area, the observed deterioration in nutritional and health status amongst the population in other parts of Iraq due to the economic crisis is almost certainly worse in the marshlands where economic circumstances are even worse.

ADEQUACY OF FACTORS AFFECTING NUTRITION

Factor	Angola	Burundi	Liberia	Mozambique	Rwanda	Sierra Leone	Sudan	Tanzania	Zaire
1. Degree of access-ability to large population groups due to conflict	?	?	X	?	?	X	?	?	?
2. General resources									
– food (gen. stocks)	X	?	?	?	?	X	?	X	X
– non-food	X	?	?	?	?	X	?	X	X
3. Food pipeline	X	?	?	X	X	?	?	X	?
4. Non-food pipeline	?	?	?	X	?	?	?	X	?
5. Logistics	?	X	X	X	?	X	?	X	?
6. Personnel*	?	?	?	?	?X	?	?	?	X
7. Camp factors**	?	X	?X	?	X	?	??	X	?
8. Rations – kcals	??	X	X	?	?X	X	?	X	?
– variety/micronutrients***	??	?X	X	?	?X	X	?	X	?
9. Immunization	?	??	?X	?	X	X	?	??	?X
10. Information	X	X	X	?	X	X	?	X	X

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

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

** This refers to problems in camps such as registration, water/sanitation, crowding, etc.

*** Rations may be inadequate due to inaccessibility.

INTRODUCTION

The UN ACC/SCN¹ (Sub-Committee on Nutrition), which is the local point for harmonizing policies in nutrition in the UN system, every two months issues these reports on the nutrition of refugees and displaced people. Distributing this information is intended to raise awareness and facilitate 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. This is the tenth of a regular series of reports, and is the sixth in the series to include reports on some Asian refugees and displaced people.

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Information is obtained from a wide range of collaborating agencies, both UN and NGO (see list at end of report). The overall picture gives context and information which separate reports cannot provide by themselves. The information available is mainly about nutrition, health, and survival in refugee and displaced populations. It is organized 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. Definitions used are given in the box on the next page.

At the end of most of the situation descriptions, there is now a section entitled "**How could external agencies help?**". This responds to many suggestions, and is included when there is enough agreement on current needs and opportunities.

The tables, figures and maps at the end of the report can provide a quick overview. Map A shows the location of the situations described and the shaded areas are those in a critical situation. To give context, in Table 1, we give an estimate of the probable total refugee/displaced/returnee population, broken down by numbers at risk. Populations in category I in Table 1 are currently in a *critical situation*, based on nutritional survey data. These populations have one or more indicators showing a serious problem. Populations *at high risk* (category IIa in Table 1) of experiencing nutritional health crises are generally identified either on the basis of indicators where these are approaching crisis levels and/or also on more subjective or anecdotal information often where security and logistical circumstances prevent rigorous data collection. Populations *at moderate risk* (category IIb in Table 1) are potentially vulnerable, for example based on security and logistical circumstances, total dependency on food aid, etc. Populations in category IIc are not known to be at particular risk and no information is currently available on populations in category III. Table 2 is an attempt to break down the refugee populations by country of origin and country of asylum. Figure 3 shows trends in estimated population and risks in six countries. Each of these graphs shows the population broken down into the portion estimated to be at high risk (shaded area) and low or no risk (white area). Annex I summarizes the surveys quoted in the report and Annex II gives a general idea of seasonality in Sub-Saharan Africa.

INDICATORS

Wasting is defined as less than -2SDs, or sometimes 80%, wt/ht by NCHS standards, usually in children of 6-59 months. For guidance in interpretation, prevalences of around 5-10% are usual in African populations in non-drought periods. We have taken more than 20% prevalence of wasting as undoubtedly high and indicating a serious situation; more than 40% is a severe crisis. Severe wasting can be defined as below -3SDs (or about 70%). Any significant prevalence of severe wasting is unusual and indicates heightened risk. (When "wasting" and "severe wasting" are reported in the text, wasting includes severe – e.g. total percent less than -2SDs, *not* percent between -2SDs and -3SDs.) Evidence from refugee camps shows elevated levels (approximately 15%) of wasting to be associated high mortality rates (CDC, 1992). Equivalent cut-offs to -2SDs and -3SDs of wt/ht for arm circumference are about 12.0 to 12.5 cms, and 11.0 to 11.5 cms, depending on age.

Oedema is the key clinical sign of kwashiorkor, a severe form of protein–energy malnutrition, carrying a very high mortality risk in young children. It should be diagnosed as *pitting* oedema, usually on the upper surface of the foot. Where oedema is noted in the text, it means kwashiorkor.

A crude mortality rate in a normal population in a developed or developing country is around 10/1,000/year which is equivalent to 0.27/10,000/day (or 8/10,000/month). Mortality rates are given here as “times normal”, i.e. as multiple of 0.27/10,000/day. [CDC has proposed that above 1/10,000/day is a very serious situation and above 2/10,000/day is an emergency out of control.] Under–five mortality rates (U5MR) are increasingly reported. The average U5MR for Sub–Saharan Africa is 181/1,000 live births (in 1992, see UNICEF, 1994), equivalent to 1.0/10,000 children/day.

Food distributed is usually estimated as dietary energy made available, as an average figure in kcals/person/day. This divides the total food energy distributed by population irrespective of age/gender (kcals being derived from known composition of foods); note that this population estimate is often very uncertain. The adequacy of this average figure can be roughly assessed by comparison with the calculated average requirement for the population (although this ignores maldistribution), itself determined by four parameters: demographic composition, activity level to be supported, body weights of the population, and environmental temperature; an allowance for regaining body weight lost by prior malnutrition is sometimes included. Formulae and software given by James and Schofield (1990) allow calculation by these parameters, and results (Schofield and Mason, 1994) provide some guidance for interpreting adequacy of rations reported here. For a healthy population with a demographic composition typical of Africa, under normal nutritional conditions, and environmental temperature of 20 °C. the average requirement is estimated as 1,900–2,000 kcals/person/day for light activity (1.55 BMR).

Indicators and cut–offs indicating serious problems are levels of wasting above 20%, crude mortality rates in excess of 1/10,000/day (about four times normal – especially if still rising), and/or significant levels of micronutrient deficiency disease. Food rations significantly less than the average requirements as described above for a population wholly dependent on food aid would also indicate an emergency.

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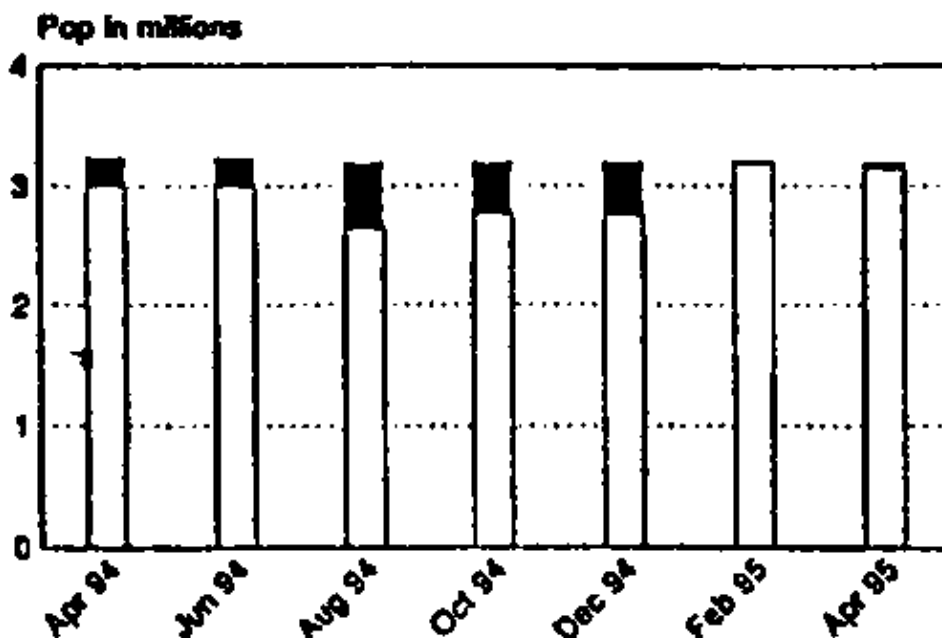
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CURRENT SITUATION (Sub–Saharan Africa)

1. Angola

(see Map 1 and Figure 3A)



A. Angola – Trend in numbers of displaced/war affected.

The total number of people in need of humanitarian assistance in Angola remains at 3.2 million. The cease-fire is generally holding, although there have been security incidents affecting aid agencies in Benguela Province, and accounts of fighting and a seriously deteriorating security situation in parts of Bie Province. The much predicted large-scale return to land has not occurred as in many areas safety cannot be guaranteed. Indeed, many NGOs continue to report the arrival of displaced persons who urgently require food assistance. For example, in N'Dalatando 5,000 new arrivals were reported during March. In Malange there are daily arrivals from nearby Cacuso and internally displaced people are arriving daily in Menongue and Kuito. The virtual ceasefire has, however, allowed a much improved relief capacity with road convoys of aid occurring and rebuilding of crucial road and bridge infrastructure [WFP 10/03/95, WFP 25/03/95].

Nutritional and food security information on affected populations is still patchy although, with some exceptions, most surveys in 1995 have indicated levels of wasting below 10%. Subject to the results of the coming harvest, some agencies are planning to phase out general ration distributions. There are however, still numerous reports of large numbers of people in desperate need of food aid. For example, one recent assessment found 21,000 people in need of immediate food assistance in UNITA controlled Quibala town, which recently became accessible. Additional relief requirements have also been identified in Huambo and resumption of full general rations (rations had recently been cut to half) have been reported as necessary in Cubal given the loss of the maize crop [WFP 25/03/95, WFP 07/04/95].

A survey conducted in Luena, Moxico province in December 1994 where an estimated displaced population of 57,000 people were receiving a general ration, found wasting levels of 13.5% with 3.4% severe wasting (see Annex 1 (1a)). A high percentage (2.6%) of severe wasting occurred with oedema. These results show a deterioration in nutritional status since March 1994 when a survey found only 7.1 % wasting. There was no significant difference in wasting rates between the displaced and resident population. This deterioration was believed to reflect numerous factors including poor general ration deliveries, the fact that many displaced were not registered for the general ration distribution, and that December is a pre-harvest "hungry season" month [MSF-B Dec 94].

More recent information from Luena is that wasting levels have continued to rise and are currently as high as 20.3% (see Annex 1 (1b)). Several measures to improve the food distribution system have been taken as a result of this. These include automatic referral of families with malnourished children for enrolment on the general ration programme, opening 20 feeding kitchens serving all children under five years old, ex-camp residents and displaced persons identified as food insecure [WFP 07/04/95].

A survey in Huambo in January recorded levels of wasting of 7.9%(see Annex 1 (1c)). The most recent survey in Malange (in April) found wasting rates of only 2.8% (see Annex 1 (1d)) which is similar to results obtained at the beginning of the year. However, agency staff have reported that there are undoubtedly pockets throughout the country where high levels of wasting exist and where surveys have yet to be undertaken. For example, UNITA have reported alarming levels of malnutrition in Cuando Cubando province and have requested an immediate assessment by UN agencies [CONCERN 21/04/95].

There are concerns amongst some agency staff that plans to reduce general ration allocations may not be properly informed by rigorous needs assessment and that where rations are reduced careful monitoring must be established in order to detect any early signs of an adverse effect upon nutritional status [CONCERN 21/04/95].

An FAO/WFP Food Assessment Mission is due to visit Angola at the end of April to assess food aid needs following the harvest. Currently, further pledges of maize, pulses, vegetable oil and CSB are needed to meet projected 1995 emergency food aid requirements for Angola [WFP 25/03/95].

Overall, the population of Luena is known to be at high risk with elevated levels of wasting (category I in Table 1). The remaining population in Angola dependant on humanitarian aid is considered to be at moderate risk (category IIb Table 1).

How could external agencies help? There is a need for further donor pledges of maize, pulses, oil and CSB as well as money for non-food items such as transport for the Angola humanitarian programme. Furthermore, it is vital that planned ration reductions are only implemented on the basis of assessments and targeting criteria which encompass appraisal of food security and self-reliance. Also, reductions should only be considered where there is sufficient nutritional surveillance to ensure that any early signs of nutritional deterioration can be responded to with a resumption of full ration allocations.

2. Benin/Ghana/Togo Region

(see Map 2)

The Togolese refugee crisis began over two years ago due to the eruption of political violence in January 1993. At the peak of the exodus, approximately 300,000 refugees were registered, some 150,000 in each of the two main asylum countries, Benin and Ghana. A UNHCR/WFP joint assessment mission is planned for May 1995 [WFP 27/04/95].

Benin There are almost 49,000 assisted refugees in Benin, the majority of whom are Togolese. There have been some recent breaks in the maize food pipeline for this population resulting in half ration allocations for many of these refugees [UNHCR 10/03/95].

Ghana There are currently about 99,000 assisted refugees in Ghana. This number is comprised of 15,000 Liberian refugees and 84,000 Togolese. The number of assisted Togolese refugees may change with the results of a re-registration exercise planned for the end of April or early May [UNHCR 20/03/95].

There have been reports of a sharp rise in the number of health centre consultations in March at the camp for Liberian refugees. An assessment mission is planned for April for both Benin and Ghana which will hopefully provide a clearer appraisal of the nutritional and health situation of refugees in both countries [UNHCR 20/03/95].

There is no new information on the approximately 180,000 people in Northern Ghana displaced by ethnic violence which broke out in February 1994. The last RNIS reported some concern over the lack of agency presence to assist with rehabilitation programmes for this internally displaced population.

3. Burkina Faso

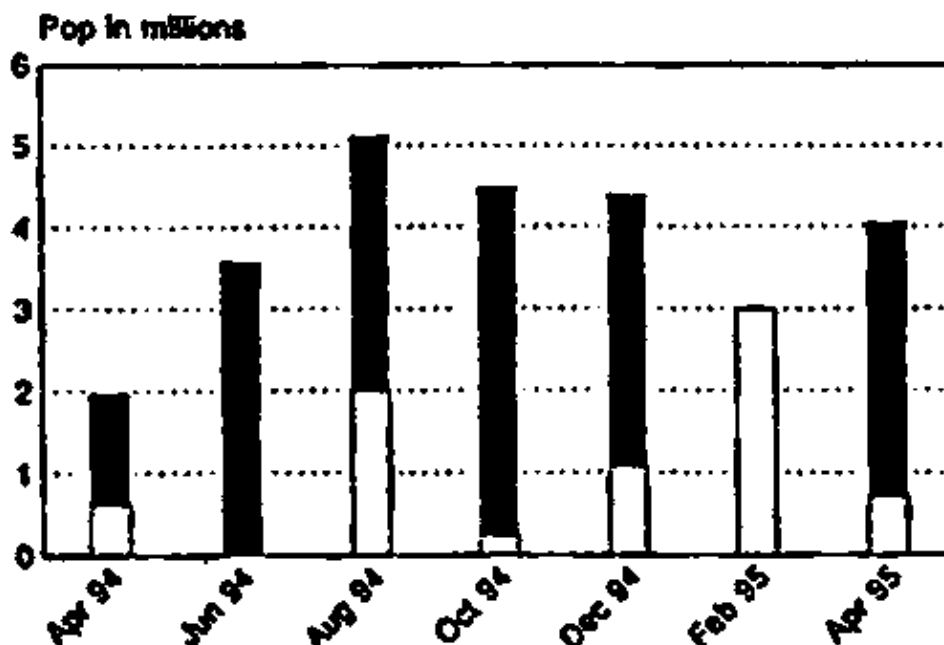
(see Map 3)

There have been no recent reports on the situation for the approximately 20,000 Malian refugees in Burkina Faso, the majority of whom arrived in a second wave of displacement during June/July 1994. The last RNIS report indicated a lack of support for this second wave population and an urgent need for baseline nutritional and health information to help identify their requirements for assistance. As many of this population have linkages with the urban sector as well as familial connections, any assessment of humanitarian aid required will need to take into account a variety of factors.

How could external agencies help? There is still a need for baseline nutritional and health information on this population to determine the type and extent of assistance and so that subsequent nutritional and health trends can be monitored.

4. Burundi/Rwanda Situation

(See Map 4 and Figure 3B)



B. Burundi/Rwanda Region – Trend in numbers of refugees/displaced and proportion severely malnourished or at high nutritional risk (black area).

Surveys conducted in the region at the end of 1994 and early 1995 showed low levels of wasting in camps for refugees and internally displaced people. However, recent interruptions in food delivery at the camp level may determine that this situation is not sustainable. There had been repeated warnings since early January that the Burundi/Rwanda region food aid pipeline for the coming months was inadequate. This has resulted in shortages of food aid which have meant that emergency general rations for refugees and internally displaced people in Burundi, Zaire and Tanzania have frequently had to be cut throughout March and April. WFP made a public appeal from Rome on the 9th of February alerting donors to the shortfall in both food aid pledges and operational costs while urging them to react in time to avert catastrophe. In March 1995, OXFAM and Save the Children UK issued a joint statement warning that the lack of available food aid would have dire consequences [OXFAM/SCF 16/03/95].

The results of a current round of surveys will determine whether ration reductions have had a pronounced effect upon nutritional status and mortality. The partial rations allocated in response to these shortages have led to greater insecurity in the camps, thereby jeopardising the lives of many of their relief workers and beneficiaries. It is hoped that the installation of large numbers of Zairean military personnel to oversee future food distributions in the Goma and Bukavu camps will reduce existing tensions among these populations.

The latest information is that some deficits are expected for Tanzania and Zaire in May. In addition to the pipeline shortfalls, the situation in Zaire is compounded by logistical problems on the ground, especially border closures. The pipeline in Burundi is reportedly adequate – warehouses are said to be full. Logistical problems do exist which include bottlenecks at Bujumbura port and difficulties in moving food from Tanzania to Burundi [WFP 28/04/95].

As a result of regional food shortages, the EU plans to establish a food buffer stock in Uganda of about 20,000 tons which could be used to act as a stop-gap for future shortfalls in the pipeline. There have been frequent difficulties with purchases on the Ugandan market due to a poor bean harvest in that country. Furthermore, a poor cereal harvest in Southern African and low availability of pulses regionally have limited options for regional purchases of cereal and beans [FAO 28/03/95, WFP 07/04/95].

Apart from problems of food supply, it is the volatile security situation in Burundi which commands most attention. There have been reports of insecurity in numerous provinces with resulting displacement of refugees and Burundi nationals into neighbouring Tanzania and Zaire. At the same time, the numbers of internally displaced people within Rwanda continue to decline with numerous camps closing as people return home. However, the recent harvest indicates that many returnees will require humanitarian assistance for several months to come.

Current population estimates for the region are summarised below:

	Apr 94	Jun 94	Aug 94	Oct 94	Dec 94	Feb 95	Apr 95
Burundi	536,000	1,000,000	1,230,000	770,000	1,200,000	740,000	492,500
Rwanda	250,000	2,060,000	2,040,000	2,500,000	2,500,000	335,000	1,750,000
Tanzania	60,000	410,000	353,000	556,000	556,000	630,000	686,000
Zaire	60,000	113,000	1,500,000	1,240,000	1,240,000	1,290,000	1,130,900
Uganda	–	10,000	10,000	10,000	10,000	5,000	5,000
TOTAL	906,000	3,593,000	5,133,000	5,076,000	5,076,000	3,000,000	4,064,400

Burundi Most recent estimates are that there are approximately 192,500 Rwandan refugees and 300,000 internally displaced people in Burundi in need of emergency general rations. Continued insecurity has been reported throughout March and early April. For example, in Muyinga province over 8,000 Rwandan refugees and 14,000 Burundi nationals fled to Tanzania as a result of escalating insecurity. Insecurity has also affected relief efforts in Kirundo province and led to withdrawal of some relief agencies. Outbreaks of violence and grenade threats have been a daily occurrence at Bujumbura markets. Violence escalated further following the assassination of three ex-patriates on March 19th with security incidents reported in Cibitoke and Ngozi and student strikes in Bubanza [WFP 02/04/95, WFP 07/04/95].

There has been both an influx and exodus from Burundi in recent weeks. Up to 400 Rwandan refugees have been arriving daily from South West Rwanda. Many of this population are in transit to Zaire. There has also been a total of 13,000 Burundi refugees returning. Fears for their security propelled 40,000 Rwandan refugees to leave Magara camp in northern Burundi en route to Ngara in Tanzania. Many of these refugees settled in Kabanga (40 km from the Tanzanian border) where relief agencies set up a temporary transit camp. Water and sanitation were said to be problematic at this site [WFP 10/03/95, WFP 25/03/95, WFP 02/04/95]. Most of this population have now moved back to Magara camp [WFP 21/04/95].

Current plans are to phase out general food distribution for the internally displaced by the end of May. Indeed a gradual phasing out of distributions has been taking place since March with beneficiaries receiving return packages of food. However, some of this programme has been disrupted by shortages of resources. Furthermore, delivery of general rations for internally displaced people has been constrained throughout March and early April by lack of food which is currently affecting the whole regional programme. By the end of March the distributed ration was anticipated to be as low as 1240 kcals/person/day. Actual deliveries at the end of March were even lower in areas such as Kayanza where quarter rations were allocated. Rations for Rwandan refugees have also been drastically cut in recent weeks [WFP 10/03/95, WFP 02/04/95, WFP 07/04/95].

A number of nutritional surveys carried out before the current regional food crisis showed an adequate nutritional status amongst the Rwandan refugee population in camps in Ngozi province.

In *Rumuvu* camp (estimated population 170,000) in December found 1.0% wasting with no severe wasting (see Annex 1 (4a)). This was a marked improvement compared to August 1994 when a survey found 8% wasting. The crude mortality rate in December was 0.3/10,000/day and the under-five mortality rate was 0.5/10,000/day, both of which are within usual ranges [AICF Dec 94]. In *Rumuvu 2* camp which opened in November 1994 to accommodate newly arrived Rwandan refugees, a survey in January 1995 found 2.8% levels of wasting with 0.6% severe wasting (see Annex 1 (4b)) [AICF 28/01/95].

The nutritional situation in February in *Kibezi* camp, Ngozi province (estimated population 23,000) was similarly satisfactory. Wasting was measured at 1.6% and severe wasting was 0% (see Annex 1 (4c)). The crude mortality rate was 0.5/10,000/day and the under five mortality rate was 1.5/10,000/day [AICF Feb 95]. In *Magara* camp (estimated population 40,000), wasting was measured at 2.4% with 0.6% severe wasting (see

Annex 1 (4d)). The crude mortality rate was 0.3/10,000/day and the under five mortality rate was 0.7/10,000/day. Both these rates are within normal limits [AICF 03/02/95].

These surveys showed a vast improvement over the situation seen in August when levels of wasting were generally around 10% in these camps. Recent short-falls in the general ration are very likely to have an adverse nutritional effect upon these populations. For example, a basket monitoring exercise at the end on April showed that on average 1300 kcals/person/day were received [AICF 27/04/95].

Rwanda Out of an estimated national population of 5.6 million people, between 250–280,000 are still believed to be internally displaced. Most of these are in Gikongoro prefecture. ‘Operation Retour’ is continuing to assist those wishing to return home by providing food packages. Over 700,000 internally displaced people have now returned home of whom approximately 100,000 are still believed to be in need of humanitarian assistance. Refugees have continued to return with over 5,000 new returnees from Uganda in March and over 10,000 from Zaire in January/February. However, numbers of returnees from Zaire have dropped from 200 per week to 200 per month. In total, it is expected that food aid will be necessary to support rehabilitation activities and that the total number of food aid beneficiaries including returnees and internally displaced for the first semester of 1995 would be 1.75 million [WFP 24/02/95, WFP 03/03/95, WFP 10/03/95].

There had been several more security incidents reported throughout Rwanda involving either relief agency staff and beneficiaries or government troops and Interahamwe confrontation. The closing of Kibeho camp (estimated population before camp closure of 200,000 people) resulted in a reported 2,000 deaths [IHT 24/04/95]. There are approximately 30,000 people remaining in the camp. It is now reported that sanitation facilities are non-existent in the camps, and water is being brought in by trucks [UNICEF 21/04/95]. There had also been reports of increased tensions in certain areas such as Gesenyi and Kibuye which have had some impact on relief efforts [WFP 03/03/95, WFP 02/04/95]. As the facts regarding the circumstances of the Kibeho camp clearance by government forces and the resulting deaths are still emerging, it is unclear how overall security in Rwanda and neighbouring countries will be affected.

In spite of the insecurities, food aid deliveries have generally continued smoothly with almost the entire March food requirements delivered to sub-offices warehouse, except in Kibuye where only 70 percent was delivered due to bad road conditions and problems with local transporters. Further closure of camps for internally displaced people are anticipated in the coming weeks [WFP 07/04/95].

A recent FAO/WFP crop and food supply assessment mission indicated that the expected harvest this season compared to average pre-war harvest would be approximately 50% for cereals, beans and roots and tubers. The prefectures with the worst deficits include Gikongoro, Butare, Cyangugu and Kigali. The mission also indicated that the increased demand for food aid at the communal level rather than in camps was straining the logistic capacity of agencies who required increased transport facilities. It was also noted that co-operation between agencies and NGOs needed improving in order to ensure timely and comparable reports on food distribution [FAO 24/03/95, WFP 17/03/95].

Tanzania Current estimates are that there are 686,000 Rwandan and Burundi refugees in Tanzania. During February approximately 30,000 refugees from both Rwanda and Burundi arrived in Tanzania with the influx continuing throughout March until closure of the border on the 2nd of April. The majority of refugees new arrivals are from Burundi [WFP 03/03/95, WFP 10/03/95, WFP 17/03/95, WFP 25/03/95, WFP 07/04/95].

Security has generally been stable in the camps although there have been tensions both amongst refugees and between refugees and the local population. Furthermore, there has been considerable concern that the shortage induced reduction in general rations may place beneficiaries and aid agency staff at risk. However, meetings with refugee leaders to forewarn of ration reductions seems to have pre-empted any general ration related security incidents [WFP 17/03/95, WFP 07/04/95].

With the regional food shortages, general rations have been reduced during March and early April with half rations being allocated in Ngara and Karagwe camps on a number of occasions. The reduction was carried out in order to stretch current stocks until the food pipeline could be fully restored [WFP 03/03/95, WFP 17/03/95, WFP 25/03/95, WFP 07/04/95]. Most recent reports are that the food supply situation is improving with current pledges received ensuring that near full rations of most commodities can now be guaranteed until the end of May/June depending on the commodity. A food basket monitoring exercise at the end of April in Benaco camp, however, showed that on average 1200 kcals/person/day were received and that neither beans nor oil were included in the ration [AICF 27/04/95].

The cholera outbreak in Ngara camps highlighted in the previous RNIS report appears to be under control. Crude mortality rates in Ngara and Karagwe camps were less than 1/10,000/day (approximately 3x normal) in January. However, water provision remains extremely poor with only five litres/caput available in the Ngara camps and even less in certain Karagwe camps where lack of rain has meant that surface water sources are drying up [UNHCR 27/02/95].

Goma, Zaire There are an estimated 720,000 refugees in Goma. The main developments over the previous two months have been reduced general ration distributions due to supply shortages and resulting security incidents. Rations began to be reduced at the end of February and are still providing less than 1,100 kcals/person/day. Relief agency staff responsible for general ration distribution in Kibumba and Mugunaga camps have been threatened because of these shortages and in some cases held hostage. To date, 620 Zairean troops have been deployed in the Goma camps which it is hoped will improve security. Another difficulty for the Goma programme has been due to land-mines on roads used to transport relief items. This has necessitated WFP re-routing convoys to avoid passage through Rwanda [WFP 03/03/95, WFP 17/03/95, WFP 07/04/95].

Initial results from one recent nutrition surveys carried out in *Kahindo* camp, indicates rising levels of wasting which may reflect the reduction in general ration provision. Wasting levels of 6.4% with 3.2% severe wasting (see Annex 1 (4e)) compare unfavourably with a survey carried out in January where wasting levels were found to be only 3.8% with 0.9% severe wasting [MSF-B/WFP 02/04/94].

However, another survey in *Mugunga* camp in March only found 1.8% wasting with 1.3% severe wasting (see Annex 1 (4f)). This compares very favourably with a survey in February where levels of overall wasting and severe wasting were 9.5% and 4.5% respectively. During February crude mortality rates were 0.9/10,000/day and under five rates were 1.97/10,000/day. Both rates are within usual limits [UNHCR 17/03/95].

A survey carried out in *Katale* camp in April showed similarly low levels of wasting of 2.2% with 0.1% severe wasting. No oedema was seen (see Annex 1 (4g)). Since the observed food basket over the last two months has provided less than 1000 kcals/person/day, it is hypothesised that other sources of food are available [MSF-H 18/04/95]. A survey in *Kituku* camp showed 1.3% wasting and 0.3% severe wasting (see Annex 1 (4h)) [MSF-H-a 18/04/95].

Bukavu, Zaire The security situation in Bukavu has also been tense with threats to agency staff, partly as a result of a census which was carried out at the end of February. This led to a 17% reduction in the population figure which is now estimated to be 305,000 [WFP 03/03/95, WFP 17/03/95]. In the second week of April Birawa camp was attacked by armed men resulting in 35 deaths and 56 injuries. There are fears that camps near the Rwandan border may face similar attacks. A 300 strong Zairean military contingent have now arrived and will soon be posted in the camps to maintain security [WFP 07/04/95, WFP 13/04/95].

In mid-March a ration providing almost 2,000 kcals/person/day was distributed to the camps for two weeks. This was the first time since October 1994 that a full ration had been allocated. The ration was again reduced by the end of March due to the unavailability of cereals and transit problems at the Rwandan border [WFP 07/04/95]. By mid-April low food stocks had obliged WFP to reduce rations to 1,000 kcals/person/day, a level which existing food stocks could support for a further three weeks [WFP 21/04/95].

Nevertheless, in spite of general ration short-falls, the crude mortality rate in Bukavu at the end of February was only 0.2/10,000/day and the under-five mortality rate was 0.6/10,000/day; both of these rates are within usual range) [WHO 28/02/95]. Furthermore, the apparently good nutritional situation in the camps led to the supplementary feeding ration being reduced from 180 gms of CSB to 20 gms/day.

Uvira/Kamanyola, Zaire Most recent estimates are that there are 105,900 refugees in the Uvira/Kamanyola area. This total includes a new influx of 3,000 Rwandans. It also includes approximately 27,000 people who fled Burundi at the end of March/early April comprising 13,000 Zaireans who were working in Bujumbura, 7-8,000 Burundi refugees who are currently in Uvira town and 7-8,000 Burundi refugees who are now in camps. The number of camps has been reduced from 23 to 11 [WFP 03/03/95, WFP 02/04/95, WHO 31/03/95]. In early April agencies began distributing food to female heads of households in order to ensure greater equity of distribution. This initiative was met with some resistance but was eventually implemented [WFP 21/04/95].

Uganda There are approximately 5,000 Rwandan refugees in Uganda whose nutritional status is described as adequate [UNHCR 13/04/95].

Overall, the refugee population in Uganda is not currently considered to be at heightened nutritional risk (category IIc in Table 1). The population in Tanzania is considered to be at moderate risk (category IIb in Table 1) due to some problems in the pipeline. The remaining refugee populations in Burundi, Rwanda and Zaire are considered to be at high nutritional risk due (category IIa in Table 1) either to insecurity and/or pipeline problems.

How could external agencies help? Every effort should be made to re-secure the food aid pipeline for this regional emergency programme and, if necessary, supply sufficient financial resources to ensure that necessary local and regional purchases of food can be made as required. It is also important that food basket monitoring is carefully implemented in all camps affected by the planned ration reductions to determine the extent to which inequity in food distributions further reduces rations for certain vulnerable groups. Also, during this period of ration reductions care should be taken to protect the food supply pipeline for selective feeding programmes which may need to enrol greater numbers of beneficiaries. Furthermore, agencies may need to devote even greater efforts to active case-finding of malnourished individuals for inclusion in selective feeding programmes.

More specifically, there is a need for donors to support the logistic and transport requirements of NGOs currently working in Rwanda who are increasingly having to work at commune, rather than camp level. An additional requirement is for better co-ordination amongst agencies in Rwanda so that procedures for monitoring food distributions in Rwanda become more standardised.

5. Central African Republic

(see Map 5)

There are no reports of any change in the situation for the 13,300 Chadian refugees in the CAR. In the past few months their situation has been described as precarious due to erratic and sometimes incomplete distribution of general rations. There are a reported 7,000 refugees who wish to repatriate [WFP 27/04/95].

There is also no reported change in the situation of 25,500 Sudanese refugees where the main problems in the past few months have been inadequate water supply with resulting adverse impact upon hygiene and health. A joint UNHCR/WFP assessment mission in March 1995 found a certain degree of self reliance among these refugees [WFP 27/04/95].

6. Djibouti

(see Map 6)

Repatriation of Ethiopian refugees has continued with 12,000 repatriated since mid-February. The remaining refugee population, who are mainly Somali, now number approximately 15,000.

7. Western Ethiopia/Eastern Ethiopia/Ogaden

(see Map 7)

The total number of refugees/returnees in Ethiopia has increased slightly to 402,500 people. This total number is mainly comprised of 259,000 Somali refugees in Eastern Ethiopia and 51,000 Sudanese refugees in the west. This increase is largely due to the repatriation of approximately 12,000 refugees from Djibouti and the inclusion of a population of roughly 11,000 displaced Eritreans in camps around Addis Ababa for whom recent information is available.

The displaced population around Addis Ababa was part of a larger group of 59,000 Eritreans displaced in May 1991. Roughly half settled in Addis Ababa while the remainder moved to 19 camps scattered around the city where they have received irregular and often inadequate food rations of wheat or sorghum. This camp population are said to live in "appalling conditions without adequate shelter, in over-crowded and unsanitary camps and without adequate access to clean and safe water" [GOAL 19/04/95].

However, a recent survey carried out in eight of the displaced camps in Addis Ababa (estimated population 11,000) found 3.2% levels of wasting which is lower than the national average of 8%. No cases of oedema were identified (see Annex 1 (7a)). The survey also established that 70% of households are female headed and that high levels of chronic malnutrition (38.6% less than 80% weight for age) reflect the level of poverty amongst these households and the consequent need for intervention measures to improve family income within these groups [GOAL 27/01/95].

The influx of Somali refugees into Eastern Ethiopia has reportedly stopped, and the estimated number of refugees remains at 259,000. There has been no reported change in the nutritional or health status of this population since the last RNIS report when crude mortality rates were within the normal range at 0.2/10,000/day. There are also no further reports on the nutritional or health status of the approximately 51,000 Sudanese refugees in Western Ethiopia since the previous RNIS report when levels of wasting in camps varied from between 5.4% to 15.7%.

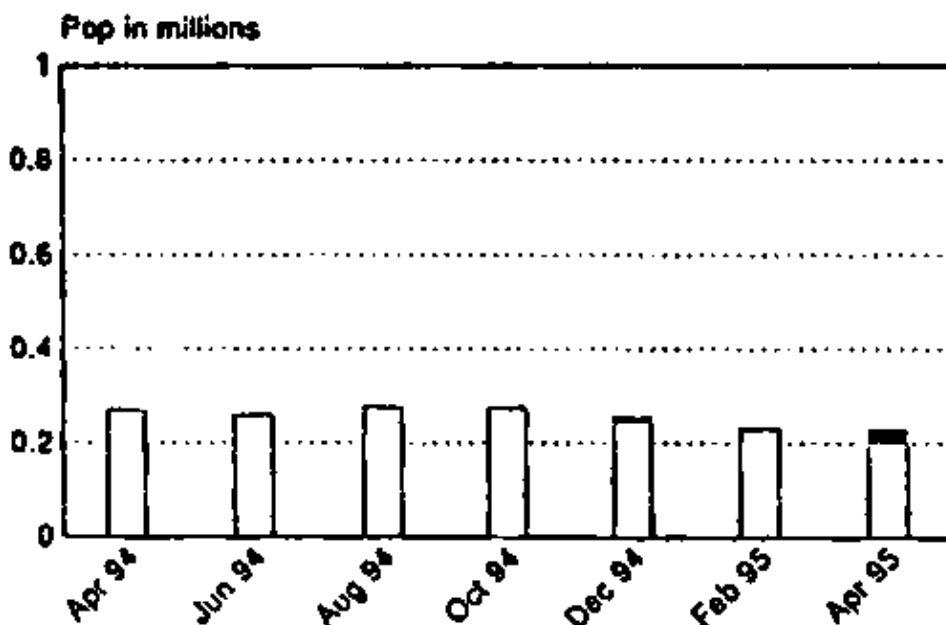
There are no reports of any significant change in the nutritional status of the approximately 28,000 returnees in Gode camp in the Ogaden region who have consistently been in nutritional and health crisis over the preceding two years due to erratic provision of general rations and inadequate health services. The most recent nutritional information is still from a survey in August 1994 when wasting was measured at 19.8% with 1.4% severe wasting and water and sanitation provision were described as inadequate and unsafe.

How could external agencies help? There is a need for other NGOs to become involved with the displaced Eritrean population around Addis Ababa in order that more resources can be provided for this population and also to lobby for donors and the Ethiopian government to provide a better level of basic need provision.

The continuing crisis in Gode urgently requires that measures are taken to provide regular general rations to the displaced population and that sanitation and water supply are improved.

8. Kenya

(see Map 8 and Figure 3C)



C. Kenya – Trend in numbers of refugees.

There are currently 230,000 assisted refugees in Kenya. This number represents a decrease since the February RNIS and is due to the continued repatriation of Somali refugees and the start of the repatriation programme for Ethiopian refugees. At the same time the anticipated renewed dry season government offensive in southern Sudan caused a further influx of 3,500 refugees to Kakuma since mid-February [UNHCR 21/03/95].

Crude mortality rates for Sudanese refugees in Kakuma camp have been estimated at 0.17/10,000/day with

an under five mortality rate of 0.67/10,000/day. Both these rates are within usual limits [UNHCR 21/03/95].

Reports indicate that there has been a general improvement in food management at camp level for Somali refugees in Hagadera, Ifo and Dagahaley camps with the supply of most food commodities remaining stable. However, stocks of blended foods continue to be exceptionally low with no blended foods allocated in February.

Furthermore, recent information shows that although the officially allocated ration for 1994 for the Dadaab camps (total population approximately 142,000) has been 2,400 kcals/person/day, ration allocations to non-officially registered refugees determines that ration receipts may only be in the region of 1800 kcals/person/day [MSF-F Mar 95].

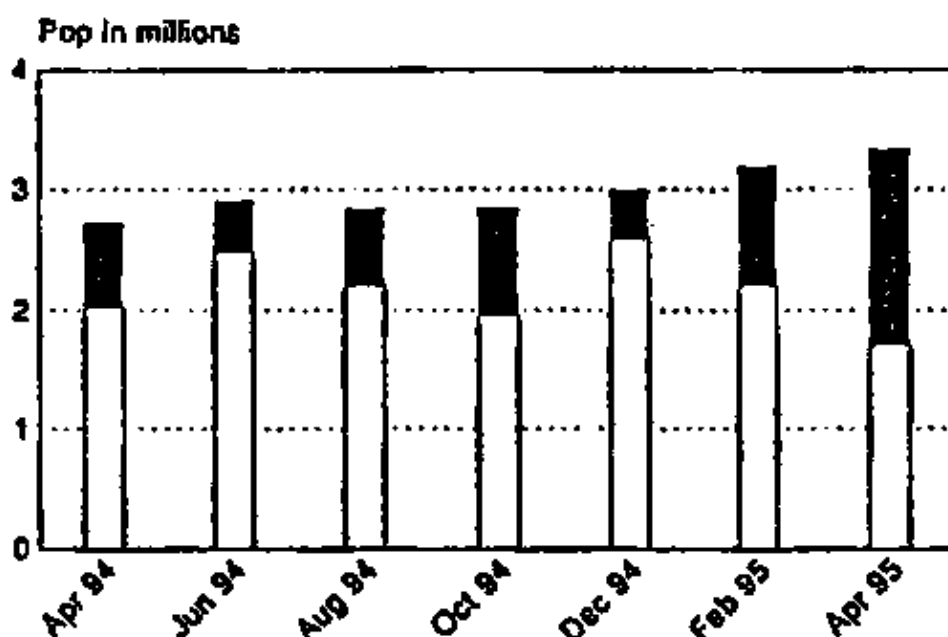
A survey which was conducted in March 1995 found 15.4% wasting with 1.9% severe wasting (see Annex 1 (8a)) in Ifo camp (estimated population 31,000) which shows a deterioration compared to results obtained in an August 1994 survey. In Dagahale (estimated population 38,000) the prevalence of wasting appears to have remained the same at approximately 6.5% (see Annex 1 (8b)) although levels of severe wasting have increased to 3%. A number of agencies have expressed the fear that as the general ration contains insufficient vitamin C and the as proportion of blended foods has been reduced for 1995, it is likely that the outbreak of scurvy which occurred towards the end of 1994 will recur in 1995 at around the same time unless sufficient quantities (50 gms) of blended foods to ensure adequate intake of vitamin C are provided in the general ration [MSF-F Mar 95].

Overall, the population in Ifo camp in Dadaab can be considered to be at moderate risk with elevated levels of wasting (category IIb in Table 1). The remaining refugee population in Kenya is not currently considered to be at heightened nutritional risk (category IIc in Table 1).

How could external agencies help? The nutritional situation in Ifo camp needs to be closely monitored and supplementary feeding programmes re-established if levels of wasting increase further. It may also be necessary to increase the general ration amount in those camps where large numbers of un-registered refugees receive food unofficially and where levels of wasting appear to be increasing. The need for this may be most easily detected by careful food basket monitoring. There is also a need to safe-guard against the seasonal recurrence of scurvy in all the camps by, for example, increasing the amount of blended food in the general ration, or, it has been suggested, by the provision of vitamin C tablets.

9. Liberia Region

(see Map 9 and Figure 3D)



D. Liberia – Trend in numbers of refugees/displaced and proportion severely malnourished and at high risk (black area).

The overall situation in the region appears to be deteriorating. In Liberia, the ceasefire that appeared to be operational in early 1995 is no longer holding with reports of skirmishes throughout the country. Increased insecurity in Sierra Leone is adding to the internally displaced population who already number several hundred thousand and has also caused the repatriation of up to 1,000 Liberian refugees. Others have fled the country to Guinea where reports indicate the need to improve humanitarian support for new arrivals. Similarly, the deteriorating condition of Liberian new arrivals in Cote d'Ivoire indicates the need to strengthen present relief efforts.

Current estimates of the refugee and displaced populations in the region are as follows:

Location	Apr 94	Jun 94	Aug 94	Oct 94	Dec 94	Feb 95	Apr 95
Liberia	1,750,000	1,750,000	1,750,000	1,692,000	1,615,000	1,800,000	1,900,000
Sierra Leone	297,000	300,000	300,000	300,000	506,000	506,000	500,000
Cote d'Ivoire	250,000	234,000	250,000	325,000	330,000	330,000	330,000
Guinea	415,000	628,000	539,000	534,000	534,000	568,000	603,000
TOTAL	2,712,000	2,912,000	2,839,000	2,851,000	2,988,000	3,198,000	3,333,000

Liberia It is estimated that there are approximately 1.9 million people in Liberia in need of humanitarian assistance. This includes approximately 1.8 million Liberians who are internally displaced and 120,000 Sierra Leonean refugees. Many of these people are still inaccessible due to widespread insecurity. All areas in the southeast and Rivercess county are inaccessible as fighting continues between the NPFL and LPC forcing people into Buchanan and Tabou in Cote d'Ivoire. ULIMO clashes have also been reported in Lower Lofa and Cape Mount while the situation in the Bong Mines area is reported to have worsened with sieges, abductions and food shortages [UNHCR 24/02/95, UNHCR 14/03/95, WFP 24/02/95, WFP 10/03/95].

As has been the case for many months food is still only delivered in ECOMOG secured areas such as Monrovia, Montserrado and Buchanan although WFP plan to visit Bong, Nimba and Upper Margibi in April in order to assess the food needs of the area and the possibility of a cross-border food delivery convoy. Due to fighting on the border of Bong and Nimba counties, nearly 50,000 people including Sierra Leonean refugees entered the displaced camps in Buchanan. In spite of earlier reports of serious problems with shelter and sanitation, their health situation is reported to be generally satisfactory [UNHCR 24/02/95, UNHCR 14/03/95, WFP 24/02/95, WFP 10/03/95].

A recent nutritional survey in Montserrado county showed 7.3% wasting with 1.2% severe wasting (see Annex 1 (9a)). The crude mortality rate was 0.89/10,000/day (approximately 2x normal) [MSF-H 27/04/95].

Continued insecurity in Sierra Leone has caused further displacement of Sierra Leoneans and Liberian refugees to Liberia. However, due to insecurity at their likely points of arrival, verification of numbers displaced is currently not possible [UNHCR 14/03/95].

Sierra Leone Most current estimates are that there are over 500,000 people in Sierra Leone in need of humanitarian assistance. Insecurity exists throughout the countryside so that most aid agencies are now operating out of the capital city, Freetown. However, recent attacks on Mile 38 village and rumours of rebel advances on the capital led to widespread panic at the end of March [UNHCR 22/03/95].

Further attacks on the Kenema-Segbwema road, a main supply route, have constrained attempts to supply relief up-country while price inflation and massive job losses as businesses collapse further undermine food security for large numbers of people. An assessment mission for the Western area has recommended immediate relief assistance for 60,000 displaced in the area [WFP 02/04/95].

The increase in the number of people displaced is said to be straining existing water capacity in many locations. Relief agencies are attempting to rehabilitate traditional wells, and in some cases construct new ones, in areas where population density is greatest [WHO 03/04/95].

Cote d'Ivoire Most current estimates are that there are 330,000 Liberian refugees in Cote d'Ivoire. Relatively new arrivals (those who arrived in the last three months of 1994) are estimated to number between 85-120,000.

A January 1995 survey conducted in Tabou prefecture in January 1995 examined both the refugee (96,000 people) and local (24,000 people) population. Among the refugee population, many of whom fled fighting in Liberia during September 1994, prevalence of wasting was measured at 14.8% with 4.5% severe wasting (see Annex 1 (9b)). This shows a marked deterioration in nutritional status since the previous survey in September 1994 (3.3% wasting). The crude mortality rate was 2/10,000/day (7x normal) and the under five mortality rate was 5.6/10,000/day. Much of this situation can be attributed to the fact that less than 50% of new arrivals claim to have received a general ration. Furthermore, the general ration has only been providing 950 kcals/person/day which is inadequate for those new arrivals who have yet to develop means to supplement their ration [MSF–F Jan 95].

Among the local population, prevalence of wasting was measured at 5.4% with 0.4% severe wasting (see Annex 1 (9c)). The crude mortality rate was 1.5/10,000/day (4x normal) and the under-five mortality rate was 1.9/10,000/day. In total 80.6% of the children were immunised against measles [MSF–F Jan 95].

Guinea There are approximately 603,000 Liberian and Sierra Leonean refugees in Guinea. This number includes the 45,000 recently arrived Sierra Leonean refugees in Forecariah prefecture who are living amongst the local population and a further 25,000 Liberian refugees who have arrived in Guinea Forrestiere over the past two months [UNHCR 01/03/95].

It has been reported that all the new arrivals have been receiving the same ration of 1,400 kcals/person/day consisting of cereals and oil. While other food is reportedly available to those refugees in Guinea Forrestiere to supplement this ration, concern has been expressed that this is not the case for those in Forecariah prefecture where the new arrivals are felt to be completely dependant on food aid. There are also concerns that the water supply in the prefecture is not adequate, especially in certain sub-prefectures such as Bentry. Lack of water is adding to sanitary problems caused by over-crowding and a few cholera related deaths have already been reported. A number of NGOs are working intensively to support these various sectoral needs [UNHCR–a 17/03/95].

Overall, the newly arrived refugees in Cote d'Ivoire and the those newly arrived in Guinea from Sierra Leone are at high risk (category I in Table 1). The inaccessible population in Liberia and the displaced population in Sierra Leone are also considered to be at high risk (category IIa in Table 1). The population in Liberia sporadically accessible and the new arrivals from Liberia to Guinea are probably at moderate nutritional risk (category IIb in Table 1). The rest of the refugee population in Guinea and Cote d'Ivoire are not currently considered to be at heightened nutritional risk (category IIc in Table 1).

How could external agencies help? Due to the level of insecurity the most realistic achievement in Liberia and Sierra Leone would be that nutritional assessments and necessary interventions are implemented when and as security permits. Donors should also be alert to the possible need to provide more resources for water programmes in Sierra Leone as the increasing numbers of displaced exert pressures on existing supplies. In Cote d'Ivoire there is an urgent need to speed up the registration procedure for refugee new arrivals and also to review their existing general ration level which may be inadequate. Similarly, there is a need to review and possibly increase ration levels for new refugee arrivals in Forecariah prefecture in Guinea.

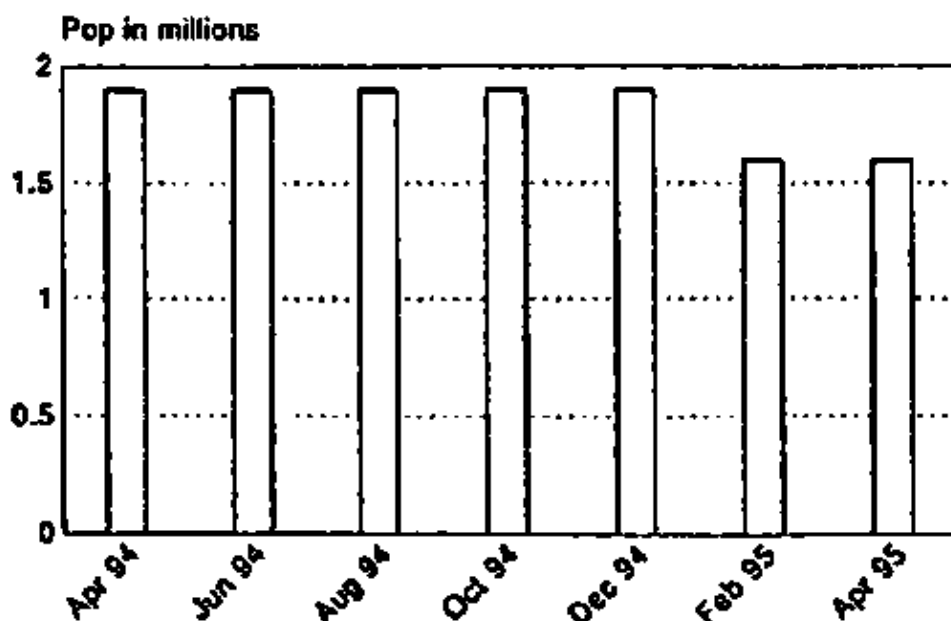
10. Mauritanian Refugees in Senegal

(see Map 10)

There are approximately 52,000 Mauritanian refugees in Senegal. The population currently receive humanitarian aid although there are plans to phase out assistance by the end of 1995 when it is hoped that refugees will either have been repatriated or achieved self-sufficiency [UNHCR 20/04/95].

11. Mozambique Region

(see Map 11 and Figure 3E)



E. Mozambique – Trend in numbers of refugees/returnees.

The pace of repatriation to Mozambique was fastest between April and October 1994 partly as a result of the October elections and also so as to returnees could prepare land in time for the 1994–5 crop season. Since October 1994, the rate of return slowed to more or less 1,000 people per month. The total number of refugees/returnees in the region is now estimated at 1.6 million. Approximately 1.5 million of these are returnees/internally displaced within Mozambique who are targeted beneficiaries for food distributions. There are approximately 100,000 new arrivals expected back in Mozambique in 1995 from the following countries. Malawi (50,000), South Africa (5,000) Tanzania (35,000) and Zimbabwe (20,000) [UNHCR 01/05/95].

However, it would appear that food distributions only reach a proportion of this population. For example, data from Tete province in December indicated that only approximately 55% of the planned beneficiaries received their food entitlement with the main obstacles being lack of transport capacity, difficult access due to the rains and lack of pre-positioning and commodity shortages. WFP have confirmed their intention to stop free food distributions to current beneficiaries by the end of April 1995 so that subsequent beneficiaries will only include refugees who have returned after December 1994 (close to 100,000) and identified vulnerable populations. It should be noted that returnees receive seeds and tools during the first year of their settlement to enable them to contribute to their food self-sufficiency [UNHCR 01/05/95].

Prices of food grains have continued to rise in pre-harvest 1995 and in certain places the markets are reported to have no staple foods on sale. There are also indications that an increasing number of families have no food reserves and are eating famine foods as well as reducing the number of meals each day. As occurred last year, there are reports of deaths due to toxic food poisoning from consumption of famine food [MSF-CIS Dec 94, MSF-CIS Jan 95].

Good harvests are anticipated in the north of the country, while the South will probably see poor ones. Expectations for the central region are mixed. An assessment mission was planned for April 1995 [MSF-CIS Dec 94, MSF-CIS Jan 95].

High levels of growth faltering were reported in various parts of the country during December and January. Growth faltering rates at some health centres in Tete province were over 25%, over 20% in some areas of Manica province and a particularly alarming 46% in Chokwe. This apparent decline in nutritional status led to a number of nutritional surveys. One of these surveys was conducted in villages in Angonia district and found the prevalence of wasting to be 7.7% with 3.7% severe wasting (see Annex 1 (11a)). This led to the opening of a nutritional rehabilitation centre in the north of the district [MSF-CIS Dec 94, MSF-CIS Jan 95].

Other surveys in Mutarara-North and Alua (Namapa) found 11.9% and 18.9% levels of wasting with 2.7% and 4.5% severe wasting respectively (see Annex 1(11b,c)) [MSF-CIS Dec 94, MSF-CIS Jan 95].

A measles outbreak has been noted in two districts of Zambezia province where access is difficult for vaccination teams [MSF-CIS Dec 94].

Overall, the refugee/returnee population in the region is not currently considered to be at heightened nutritional risk (category IIc in Table 1).

How can external agencies help? There is a need for more financial support for agencies delivering relief in Mozambique so that their capacity to transport relief items can be improved. The food pipeline could also be improved and planning is necessary to pre-position food in advance of the next rainy season. It is also important that the planned re-targeting of the general ration should be based on rigorous food security and self-reliance criteria and that where populations are omitted from the programme, that nutritional surveillance is established in order to closely monitor any potential negative impact. Care must also be taken that nutritional survey methodologies are standardised across the country to avoid a situation where results cannot be properly compared between areas and population groups.

12. Shaba/Kasai Regions

(see Map 12)

There are approximately 600,000 people who have been displaced by ethnic violence which erupted in Shaba region in 1992. These people fled the region and moved into the Kasai regions further north, for example Likasi and Mwene Ditu.

A nutritional survey was carried out in Likasi (estimated population of displaced people 7,000) in February 1995. Prevalence of wasting was found to be 7.7% with 1.1% severe wasting (see Annex 1 (12a)). These levels show a continuation of a trend toward improvement noted in past surveys – in December 1992 wasting was 27.1%, in June 1993 15.1% and in July 1994, 9.9%. The general ration distribution has until now provided for 1000 kcals/person/day in recognition of the partial self-reliance of this population. However, the implementing agency planned to stop this ration at the end of March. Observers have indicated that it is therefore vital to resettle this population as quickly as possible in Kasai or ensure full assimilation into Likasi in order to avoid an increase in levels of wasting. This need is given added urgency as the hungry season approaches and maize prices increase [MSF-B Feb 95].

A recent nutritional survey in the rural areas surrounding Mwene Ditu showed 6.2% wasting and 1.6% severe wasting (see Annex 1 (12b)). In the town of Mwene Ditu, wasting was measured at 13.9% with 2.7% severe wasting. In neither case was a difference noted between the displaced and resident populations. Most of those who are living outside the town of Mwene Ditu are able to engage in some agricultural activities, while in the town itself conditions are described as crowded [MSF-B Mar 95, MSF-B 05/04/95].

We have no further information on the population of Mbuji Mayi or Kabida (combined population 151,000) who according information from August October 1994 were experiencing levels of wasting as high as 30%.

Overall, the population of Mwene Ditu and Likasi may be considered to be at moderate nutritional risk (category IIb in Table 1) while the approximately 200,000 people in West Kasai are probably not at heightened nutritional risk (category IIc in Table 1).

How could external agencies help? There is a notable shortage of data on the nutritional and health status of the population displaced from Shaba. This may reflect the limited number of international NGOs working with this population. Indigenous NGOs might therefore be given greater encouragement and resources to conduct nutritional and health assessments of the populations with whom they are currently working.

13. Somalia

(see Map 13)

The withdrawal of UNOSOM troops from Somalia which was completed by the beginning of March did not result in the much feared all-out inter-clan war. Most encouraging of all has been the decision taken by Somali clan militia leaders to open the port of Mogadishu and to set up a joint committee to control the seaport and airport, and safeguard local expatriate assets. Partly as a result of these encouraging signals, UN agencies and international NGOs have now confirmed that they will continue to work in Somalia and that staff are only "temporarily relocated" from Mogadishu.

During the month of February 2,656 Somali refugees were repatriated to Somalia. International NGOs have also continued to operate a variety of water, health, sanitation and agricultural programmes through cross-border operations in Kismayo, Lower, Middle and Upper Juba, Saco Weyn, Afmadu, Buaale and Gedo. These regions have generally been calm with few reported security incidents [UNHCR 21/03/95].

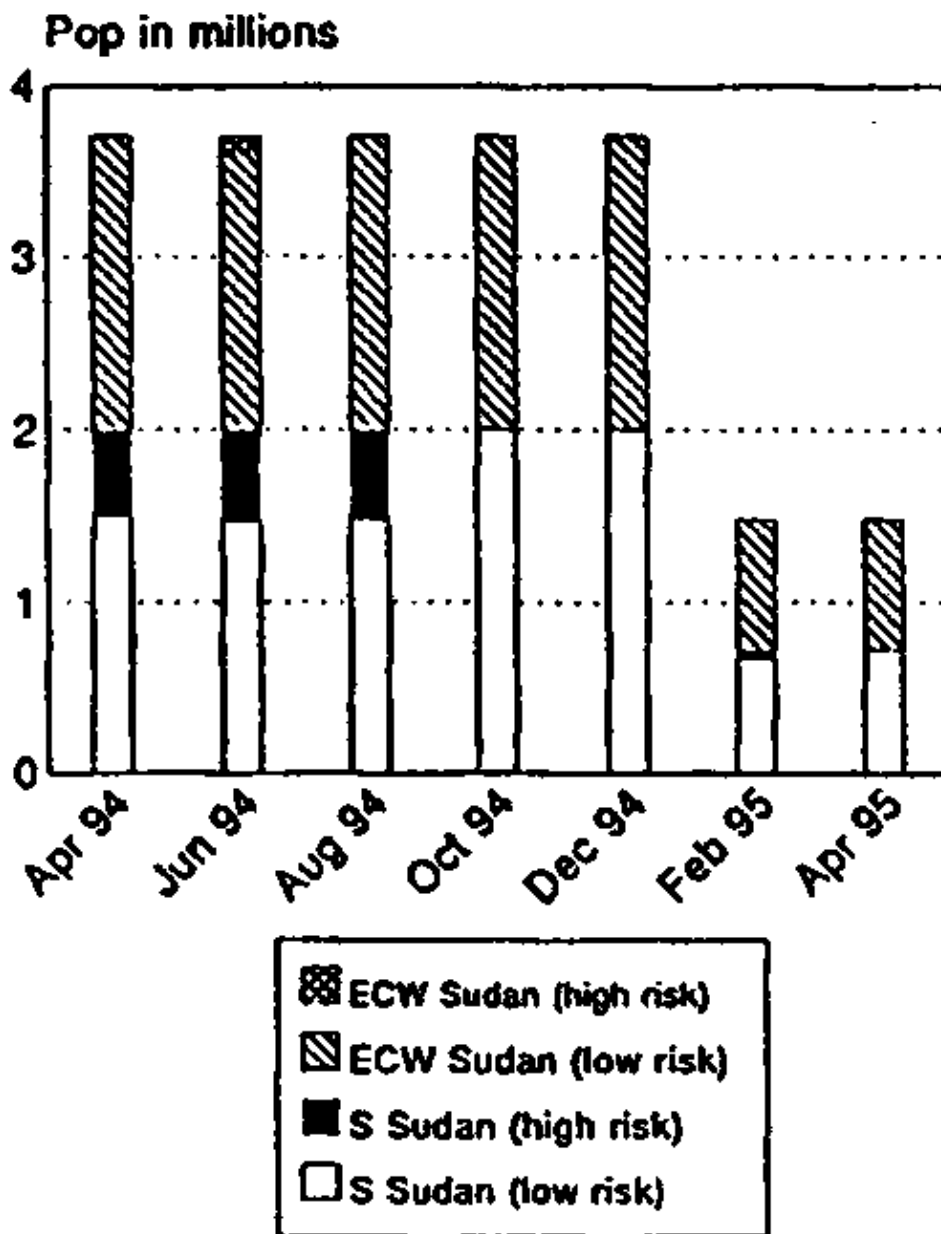
The most recent nutritional information available is from a survey conducted in Mogadishu in November 1994. This survey found 11.1% wasting with 2.1% severe wasting (see Annex 1 (13a)) among the displaced population (estimated at 115,000). Approximately 58% of the children included in the survey had been immunised against measles. Among the resident population (estimated at 1.3 million) wasting was measured at 12.5% with 2% severe wasting. Approximately 66% of the children were immunised against measles. These data show no significant difference in rates of wasting or immunisation between the resident and displaced population [AICF Nov 94].

Overall, the approximately 600,000 people assisted in Somalia can be considered to be at moderate risk with somewhat elevated levels of wasting and low measles immunisation coverage.

14. Sudan

(see Map 14 and Figure 3F)

The total number of refugees, and displaced and war affected people in Sudan is estimated to be 1.4 million. Of this total number, there are approximately 200,000 Ethiopian refugees, and 1.2 million people are estimated to be either displaced or war-affected Sudanese. The displaced and war-affected population in Sudan is comprised of approximately 720,000 displaced and war-affected people in Southern Sudan, 335,000 displaced people in the transitional zone (just north of Southern Sudan) and Khartoum, and an additional 125,000 war-affected people in other areas.



F: Sudan – Trend in numbers of refugees/displaced and proportion severely malnourished and at high risk (black area). N.B. the change Dec 94 to Feb 95 is due to revised data, see text.

The figure on the right shows the estimated numbers of refugees and displaced people over the last year by area (i.e. East, Central, West compared with the South) and nutritional risk. A revision between Dec 94 and Feb 95 reduced the estimated numbers by 2.5 million from both pans of the country. The revised estimate was based on the forward planning figure for food aid needs for 1995 from an FAO crop assessment mission. The decrease was because the good harvest in late 1994 meant that far fewer people were considered in need. It is unclear how many of these were previously displaced and now settled, or whether substantial numbers remain displaced but were considered able to fend for themselves. If the latter, they should be in the risk category IIC in Table 1; however, since there is no detailed information, the more conservative approach has been taken here of excluding this 2.4 million from the estimates. It does not mean that there was a sudden resettlement of 2.4 million people between December 1994 and February 1995.

Food deliveries and distributions are continuing throughout the country with barge convoys and rail services now being utilised in the South. In order to improve targeting of food deliveries in Southern Sudan, relief committees have now been set up in conjunction with local authorities in the Jonglei and Bahr El Ghazal area. These committees, which include women, participate in identifying most needy beneficiaries for WFP relief feeding through community based projects and vulnerable group assistance.

The humanitarian programme in Sudan still requires additional funding for the 1995 programme for transportation, operational support, and food monitors [WFP 02/04/95].

A nutritional survey carried out in Tonj county, Bahr El Ghazal, (population approximately 150,000) found 4.4% wasting and 0.7% severe wasting (see Annex 1 (14a)). This survey was conducted shortly after the harvest period so that low levels of wasting were predicted. Measles immunisation rates were only 6.7% which was unsurprising given that the EPI programme had only been operational since August 1994 [WV Dec 94].

Overall, the assisted population in Sudan is not considered to be at heightened nutritional risk (category IIc in Table 1).

How could external agencies help? Continued efforts must be made to improve targeting within the southern Sudan relief programme. The success of the newly established relief committees described above should be evaluated and if found to improve targeting effectiveness should be extended to other areas. Donors still need to provide extra financial resources to ensure adequate transportation, operational support and food monitors for this programme.

15. Uganda

(see Map 15)

The total number of assisted Sudanese and Zairean refugees in Uganda is approximately 323,000. This represents an increase in numbers over the last two months due to an influx of Sudanese refugees caused by the government dry season offensive in Southern Sudan. Plans are currently being made for a census, and it is thought that this may result in a decrease in total numbers [WFP 27/04/95]. Estimates over time are summarised below:

Origin	Apr 94	Jun 94	Aug 94	Oct 94	Dec 94	Feb 95	Apr 95
Sudanese Refugees	190,000	206,000	230,000	268,000	274,000	300,000	310,000
Zairian Refugees	5,000	15,000	16,000	16,000	16,000	313,000	13,000
TOTAL*	195,000	221,000	246,000	284,000	290,000	313,000	323,000

*Rwandan refugees in Uganda are discussed in Section #4.

A survey carried out in the Koboko camps (estimated population 64,500) in February showed 7.2% wasting and 2.5% severe wasting (see Annex 1 (15a)) [MSF-H Feb 95].

During March Sudanese refugees were arriving at a rate of 1,000 per week, but by April new arrivals had diminished considerably. The influx initially led to some congestion and overcrowding in the camps on the Sudanese border. New arrivals are now being transferred to camps and settlements farther from the border [UNHCR 13/04/95].

There have been no reported changes in the adequate nutritional situation of the approximately 13,000 Zairean refugees in Uganda [UNHCR 13/04/95].

Overall, despite the high rate of influx of Sudanese refugee, the situation in the camps and settlements appears to be under control so that this refugee population is not considered to be at heightened nutritional risk.

16. Zaire (Refugees)

(see Map 12)

There is no new information on the approximately 104,700 assisted refugees in Zaire. This total number does not include refugees from Burundi and Rwanda in Eastern Zaire discussed in section #4.

17. Zambia

(see Map 18)

There are no reports of change in the nutrition or health situation of the approximately 12,700 Angolan and Zairean refugees in Zambia.

CURRENT SITUATION (Asia – Selected Situations)

As of end-1993, over half the estimated 5.2 million refugees in Asia were Afghans in Pakistan (1.4 million) and in Iran (1.3 million). There are reported to be 650,000 Iraqis in Iran. Other large groups are refugees from Myanmar in Bangladesh (100,000), Vietnamese in China (290,000), Sri Lankans in India (115,000), as well as considerable numbers from the conflicts in Cambodia, Laos and Vietnam, in other countries (data from UNHCR, Statistical Overview, 1994).

No comprehensive data are available on the numbers of internally displaced populations in Asia. The numbers are certainly in the millions. Figures of 600,000 Afghans internally displaced are quoted, and over one million each in Iran and Pakistan.

In this section of the report, the current situation for the Afghan refugees/displaced populations, the largest single group in Asia with approximately three million affected people, is described. Available information on the relatively small populations of Bhutanese refugees in Nepal and refugees from Myanmar in Bangladesh are included because of previous reports of micronutrient deficiencies. As in the past, we also include information on Southern Iraqi refugees in Iran.

18. Afghanistan Region

The situation for the approximately 3.1 million people affected by the continuing war in Afghanistan remains largely unchanged, although there are signs of improvement in access to food in Kabul.

Displaced in Kabul The recent confrontation between government and Taleban forces in Kabul led to the displacement of up to 100,000 people within the city. Prior to this, Kabul hosted approximately 400,000 displaced people. Government forces pushed Taleban forces out of Kabul and thus, for the first time in several years, effectively taking control of the entire city. The front line is now currently about 30 km outside of Kabul and so not within military striking distance of the city. Consequently, Kabul is said to be quiet with supply trucks arriving more frequently. Thus, while food is still very expensive, it is more readily available. There have been no nutritional surveys since November/December 1994 when levels of wasting were recorded at 40% amongst the displaced and 35% among the resident population [ICRC 01/01/95, ICRC 13/04/95].

Displaced in Jalalabad The on-going conflict in and around Kabul has, over many months, displaced large numbers of people to camps in Jalalabad. Most of the displaced population have settled in Sharashahi and Hadda camps where previously high levels of wasting were reported as declining in the last RNIS report. However, an anecdotal report from another camp in the area (an ICRC administered camp) indicated that levels of wasting may be as high as 28% with 3% severe wasting (see Annex 1 (18a)). Full general rations are still distributed in this camp so that these high levels of wasting are attributed mainly to endemic diarrhoea which is apparently related to difficulties in providing adequate supplies of potable water [ICRC 13/04/95].

Refugees in Pakistan There are no reports of any change in the satisfactory nutritional situation of approximately 1.4 million Afghan refugees in Pakistan. Plans are currently being developed for the repatriation of approximately 200,000 of these refugees although no timetable has been announced [UNHCR 28/02/95].

Refugees in Iran There are no reports of any change in the satisfactory nutritional situation of approximately 1.3 million Afghan refugees in Iran. Although no timetable has been announced, plans are currently being developed for the repatriation of approximately 500,000 refugees [UNHCR 28/02/95].

Overall, with increased access to food in Kabul, this population is not currently thought to be at heightened nutritional risk (category IIc in Table 1).

19. Bhutanese Refugees in Nepal

The number of Bhutanese refugees in Nepal has continued to increase and has now reached 87,000. The main reason for leaving Bhutan was stated to be a new census conducted by the government of Bhutan since December 1994 [UNHCR 05/04/95].

The health and nutrition situation of this refugee population appears satisfactory. There are currently no children enrolled in the therapeutic feeding programme and the general health situation is reported to be improving with incidence of diarrhoea and ARI decreasing [UNHCR 05/04/95].

20. Refugees from Rakhine State, Myanmar in Bangladesh

Repatriation to Myanmar is continuing with almost 15,000 refugees voluntarily returning in February bringing the total number repatriated since September 1992 to 167,000 people. Returnees are given a 60 day food ration at the repatriation centre before departure to the village of origin. At the end of February 1995 almost 84,000 refugees remained in Bangladesh [UNHCR 16/03/95].

During February full general rations were distributed to remaining refugees with the addition of fish and blended foods. The numbers of children in selective feeding programmes in the camps decreased slightly during February and crude mortality rates measured in February were 0.3/10,000/day and the under-five mortality rate was 0.54/10,000/day. Both these rates are considered well within normal limits. Reviewed data for the whole of 1994 indicated that wasting rates amongst the refugee population were 7.2% [UNHCR 13/02/95].

There is still a reported shortage of funding for non-food items for food-for-work projects which are planned for the current dry season as part of the repatriation and reintegration programme. It is during this period (November 1995–May 1996) that the bulk of returnee reintegration is envisaged [WFP 16/02/95].

21. Southern Iraq

Most recent estimates are that there are approximately 222,000 Marsh Arabs whose very existence continues to be threatened by the destruction of habitat and livelihood. So far approximately 28,000 Marsh Arabs have crossed the border and are living as refugees in camps in Iran.

The dire situation for the Marshland Arabs in Iraq has been underscored once again by the February 1995 report of the Special Rapporteur of the Commission of Human Rights. This report re-iterates and makes more current the following already well-documented facts.

Refugees continue to flee the Southern Marsh area despite increased impediments to departure. Many of these refugees, who have been interviewed at Himmet and Ulm–Na'aj along the southern Iraq–Iran border, report arbitrary detention, extrajudicial execution, deteriorating living standards, religious persecution and continuous draining of the marshes resulting in loss of habitat and livelihood. In some instances civilian settlements have been shelled and razed to the ground.

The drainage programme has gradually reduced the opportunities for fishing, buffalo herding and crop cultivation. It has also made it increasingly difficult to locate drinkable water.

The situation along the strip of road on the Iraq–Iran border known as Himmet is particularly difficult for the approximately 4,000 people waiting for entry into Iran. Malnutrition, diarrhoea and infections are widespread amongst this group and pregnant women have no access to obstetric care [Statement to the commission on human Rights 27/02/95].

Although lack of access has determined that there are virtually no quantitative data on the nutritional or health status of the Marshland Arabs, information from the northern governorate and other areas of Iraq may allow some extrapolation to the situation in the Marshlands. In October 1994 the government reduced food rations by 33% so that the number of calories supplied by the food rationing system, which very few Marshland Arabs

have ever had access to, provided for less than 50% of requirements. For many the short-fall could not be adequately made up through market purchase as inflation had placed even the most basic food items beyond their reach.

Data are available for other parts of Iraq indicate that since August 1993 food prices in northern Iraq have increased by 84% while in central and southern governorate inflation may have reached 600%. The effect of this reduced access to food has been a marked increase in the number of cases of protein energy malnutrition seen at health centres, a prevalence of 48% severe anaemia amongst pregnant women, large increases in the number of cases of moderate and severe goitre and a prevalence of 1.6% night-blindness in children under five years of age during 1994 [DHA 10/03/95]. It can only be assumed that there has been an equivalent if not greater deterioration in the nutritional status amongst the Marshland Arab population.

It has recently been reported that 2,000 Marsh Arab refugees in Iran would be moved from camps close to the border to areas in the western and central provinces so as to ensure their greater safety and to allow more regular access by UNHCR [UNHCR 28/02/95].

How can external agencies help? Notwithstanding the many political initiatives which are being taken by the international community, the support of those few indigenous humanitarian agencies with limited access the Marshland Arabs should be strengthened. In particular efforts should be made to strengthen basic need provision for those people stranded at Himmeth where some access is possible.

LIST OF SOURCES

<i>Listing of Sources for April 1995 RNIS Report (#10)</i>		
Org*	Date	Title of Report
AICF	Nov-94	Nutritional Survey in Mogudishu – Displaced and Resident
AICF	Feb-95	Enquete Nutritionelle Anthropometrique – Kibenzi Camp (Burundi)
AICF	03/02/95	Enquete Nutritionelle Anthropometrique – Magara Camp (Burundi)
AICF	27/04/95	Personal Communication
AICF	28/01/95	Enquete Nutritionelle Anthropometrique – Rumuvu 2 Camp (Burundi)
AICF	Dec-94	Enquete Nutritionelle Anthropometrique – Rumuvu Camp (Burundi)
Comm. Human Rights	27/02/95	Statment to the Commission on Human Rights by Special Rapporteur for Iraq
CONCERN	21/04/95	Personal Communication
DHA	10/03/95	Update on Iraq
FAO	28/03/95	FAO/WFP Crop and Food Supply Mission to Rwanda
GOAL	19/04/95	Background Information on Displaced Population Around Addis Ababa
GOAL	27/01/95	Survey Results – Displaced Camps Around Addis Ababa
ICRC	Jan-95	Follow-up to Nutritional Survey of Displaced and Resident Populations of Kabul
ICRC	13/04/95	Personal Communication
IHT	24/04/95	International Herald Tribune –Article on Rwanda
MSF-B	Dec-94	Enquete Nutritionelle – Municipio de Luena, Province de Mexico

MSF-B	Feb-95	Enquete Nutritionelle Refoules Kasains, Likasi, Zaire
MSF-B	Mar-95	Enquete Nutritionelle Villages de la Zone de Mwene Ditu, Zaire
MSF-B	05/04/95	Enquete sur la Situation Agricole dans la Region de Mwene Ditu
MSF-B/WFP	02/04/95	Survey results reported in Weekly Telex
MSF-CIS	Jan-95	Information for the Month of January
MSF-CIS	Dec-95	Information for the Month of December
MSF-F	Jan-95	Deplaces Liberiens en Cote d'Ivoire, Mission d'Evaluation
MSF-F	Mar-95	Nutrition Survey in the Camps of Ifo and Dagahale
MSF-H	Feb-95	Nutritional Survey Results Koboko Refugee Camps, Uganda
MSF-H	18/04/95	Survey Results from Katale
MSF-H	27/04/95	Nutrition Surevey Results From Montserrado, Liberia
MSF-H-a	18/04/95	Survey results from Kituku
OXFAM/SCF	16/03/95	Joint Press Release on Food Situation In Burundi/Rwanda Region
UNHCR	01/03/95	Updated on Forecariah, Guinea
UNHCR	10/03/95	Situation Report - Benin
UNHCR	05/04/95	Situation Report - Nepal (Feb 95)
UNHCR	13/04/95	Personal Communication
UNHCR	14/03/95	Situation Report - Liberia (Feb 95)
UNHCR	15/02/95	Situation Report - Bangladesh (Jan 95)
UNHCR	16/03/95	Situation Report - Bangladesh (Feb 95)
UNHCR	17/03/95	Enquete Nutritionelle, Camp de Mugunga, Goma, Zaire
UNHCR-a	17/03/95	Food Report - Forecariah, Guinea
UNHCR	20/03/95	Situation Report - Ghana
UNHCR	20/04/95	Personal Communication
UNHCR	21/03/95	Situation Report - Kenya (Feb 95)
UNHCR	22/03/95	Sitrep - Sierra Leone (Jan/Feb 95)
UNHCR	24/02/95	Notes on Liberia
UNHCR	27/02/95	Situation Report - Tanzania (Jan 95)
UNHCR	28/02/95	Notes (16-28 Feb 95)
UNHCR	01/05/95	Update on Mozambique
UNICEF	21/04/95	UNICEF Communication on Rwanda
WFP	3/03/95	Weekly Update
WFP	10/03/95	Weekly Update
WFP	2/04/95	Weekly Update
WFP	7/04/95	Weekly Update
WFP	13/04/95	Weekly Update

WFP	16/02/95	Repatriation in Myanmar
WFP	17/03/95	Weekly Update
WFP	21/04/95	Weekly Update
WFP	28/04/95	Current Status on Food Pipeline for Burundi/Rwanda Region
WFP	25/03/95	Weekly Update
WFP	25/03/95	Weekly Update
WFP	27/04/95	Faxed comments on draft report
WHO	03/04/95	Updated Information on Displaced People
WHO	28/02/95	Bulletin Epidemiologique Bimensuel No 6
WHO	31/03/95	Update – Uvira
WV	Dec-94	Nutritional Survey Tonj County, Bahr-el-Ghazal
*Org		
AICF	Action International Contre la Faim	
FAO	Food & Agricultural Organization of the United Nations	
GOAL		
ICRC	International Committee of Red Cross	
IFRC	International Federation of Red Cross	
MSF-B	Medecins Sans Frontieres – Belgium	
MSF-CIS	Medecins Sans Frontieres – Celula Inter-Seccoes	
MSF-F	Medecins Sans Frontieres – France	
MSF-H	Medecins Sans Frontieres – Holland	
SCF	Save the Children Fund	
UCAH	United Nations Humanitarian Assistance Coordination Unit	
UNHCR	United Nation's High Commission on Refugees	
UNICEF	United Nation's Children Fund	
WFP	World Food Programme	
WHO	World Health Organization	
WV	World Vision	

LIST OF TABLES, FIGURES AND ANNEXES

Table 1 – Information Available on Total Refugee/Displaced Populations (as of end of April 1995)

<i>I</i>	:	<i>Those reported on with high prevalences of malnutrition and/or micronutrient disease and sharply elevated mortality (at least 3x normal)</i>							
<i>Ila</i>	:	<i>At high risk. Limited data available, population likely to contain pockets of malnutrition</i>							
<i>Ilb</i>	:	<i>At moderate risk, may not have data available. Population may contain pockets of malnutrition</i>							
<i>Ilc</i>	:	<i>Probably not currently in critical situation, nor known to be at particular risk</i>							
<i>III</i>	:	<i>Population known to exist, but condition unknown</i>							
								Change in total	Total From
	<i>I</i>	<i>Ila</i>	<i>Ilb</i>	<i>Ilc</i>	<i>III</i>	Total	Comments	Population	Feb Rep
<i>Sub-Saharan Africa</i>									
1. Angola (id/wa)	57'000		3'143'000			3'200'000	The dependence on food aid makes this population vulnerable to interruptions in food del(...)	0	3'200'
2. Benin/Ghana/Togo Region			49'000	279'000		328'000	Some refugees may be at moderate risk due to half rations supplied.	15'000	343'0'
3. Burkina Faso			14'000	6'000		20'000	Newly arrived Touaregs at moderate risk.	0	20'0'
4. Burundi/Rwanda Region		3'378'400	681'000	5'000		4'064'400	Shortages of food beginning to lead to deterioration in nutritional status.	1'064'400	3'000'
							Increased total due to revised estimate in Rwanda	0	
			38'800			38'800		0	38'8'

5. <i>Central African Republic</i>							Somewhat precarious situation due erratic rations and inadequate water supply.	
6. <i>Djibouti</i>				15'000		15'000	Decreased number is due to recent repatriation.	-15'000
7. <i>Ethiopia</i>	28'000		11'000	353'500	10'000	402'500	Increased total due to repatriation Iran Djibouti and the inclusion of displaced.	23'000
8. <i>Kenya</i>	31'000			199'000		230'000	Total continues to decrease due to repatriation. Ifo camp at high risk.	-2'000
9. <i>Liberia/Sierra Leone/</i>	141'000	1'500'000	925'000	767'000		3'333'000	New arrivals In Cote d'Ivoire at high risk due to elevated levels of wasting. New	135'000
<i>Guinea/Cote d'Ivoire</i>							arrivals In Guinea Forecariah also at high risk due to inadequate rations.	0
10. <i>Mauritania/Senegal</i>				52'000		52'000	Food assistance to be phased out by the end of 1995.	0
11. <i>Mozambique Region</i>				1'600'000		1'600'000	Some newly returned and inaccessible people likely to be vulnerable.	0
12. <i>Shaba, Zaire (id)</i>			393'000	200'000		593'000	Information from Likasi a downward trend in levels of	0

							wasting.		
13. Somalia			600'000			600'000	No information indicating a change in the situation, despite the pullout of UN forces.	0	600'000
14. Sudan				1'400'000		1'400'000	This is revised estimate for 1994.	200'000	1'200'000
15. Uganda				323'000		323'000	Increased total due to continuing influx of Sudanese.	10'000	313'000
16. Zaire (r)				104'700		104'700	No change noted from RNIS 19.	0	104'700
17. Zambia				12'700		12'700	No change noted from RNIS IV.	0	12'700
Total (Sub-Saharan Africa)	257'000	4'878'400	5'854'800	5'316'900	10'000	16'317'100		1'400'400	14'916'700
								0	
Asia (Selected Situations)								0	
18. Afghanistan Region			680'000	2'715'000		3'395'000	Displaced in Kabul at high risk with high levels of waiting.	75'000	3'320'000
20. Bhutanese Refugees In Nepal			87'000			87'000	The improved food basket is probably reducing incidence of micronutrient deficiency(...).	2'000	85'000
19. Bangladesh				84'000		84'000	Repatriation for these refugees is now underway.	-106'000	190'000
21. Southern Iraq		194'000		28'000		222'000	Those in Marshes considered at high risk.	0	222'000

Table 2 – Summary of Origin and Location of Major Populations of Refugees, Returnees and Displaced People in Africa as of April 1995 (population estimates In thousands)

<i>From</i>	<i>To</i>										
	<i>Angola</i>	<i>Benin</i>	<i>Burundi</i>	<i>Cote d'Ivoire</i>	<i>Ethiopia</i>	<i>Ghana</i>	<i>Guinea</i>	<i>Kenya</i>	<i>Liberia</i>	<i>Malawi</i>	<i>Mozambique</i>
<i>Angola</i>	3'200										
<i>Benin</i>											
<i>Burundi</i>			300								
<i>Cote d'Ivoire</i>											
<i>Ethiopia</i>					11			10			
<i>Ghana</i>						180					
<i>Guinea</i>											
<i>Kenya</i>											
<i>Liberia</i>				330		15	450		1'800		
<i>Malawi</i>											
<i>Mozambique</i>										50	
<i>Rwanda</i>			193								
<i>Sierra Leone</i>							153		100		
<i>Somalia</i>					259			191			
<i>South Africa</i>											
<i>Sudan</i>					51			29			
<i>Tanzania</i>											
<i>Togo</i>		49				84					
<i>Uganda</i>											
<i>Zaire</i>											
<i>Zambia</i>											
<i>Zimbabwe</i>											
TOTAL	3'200	49	493	330	321	279	603	230	1'900	50	
NOTES:	(1) This chart is intended to include major population groups in Africa (i.e. over 100.000 people affected)										
	(2) The breakdowns between the origins of the refugees in Guinea and Zambia are estimates.										
	(3) Boxes on the diagonal (bold outline) show internally displaced populations.										
	(4) Numbers referred to in the text are usually by the country where the population is located (i.e. column)										
	For the regional situations of Burundi/Rwanda and Mozambique the description is by country of origin										

Figure 1 – Refugee and Displaced Populations

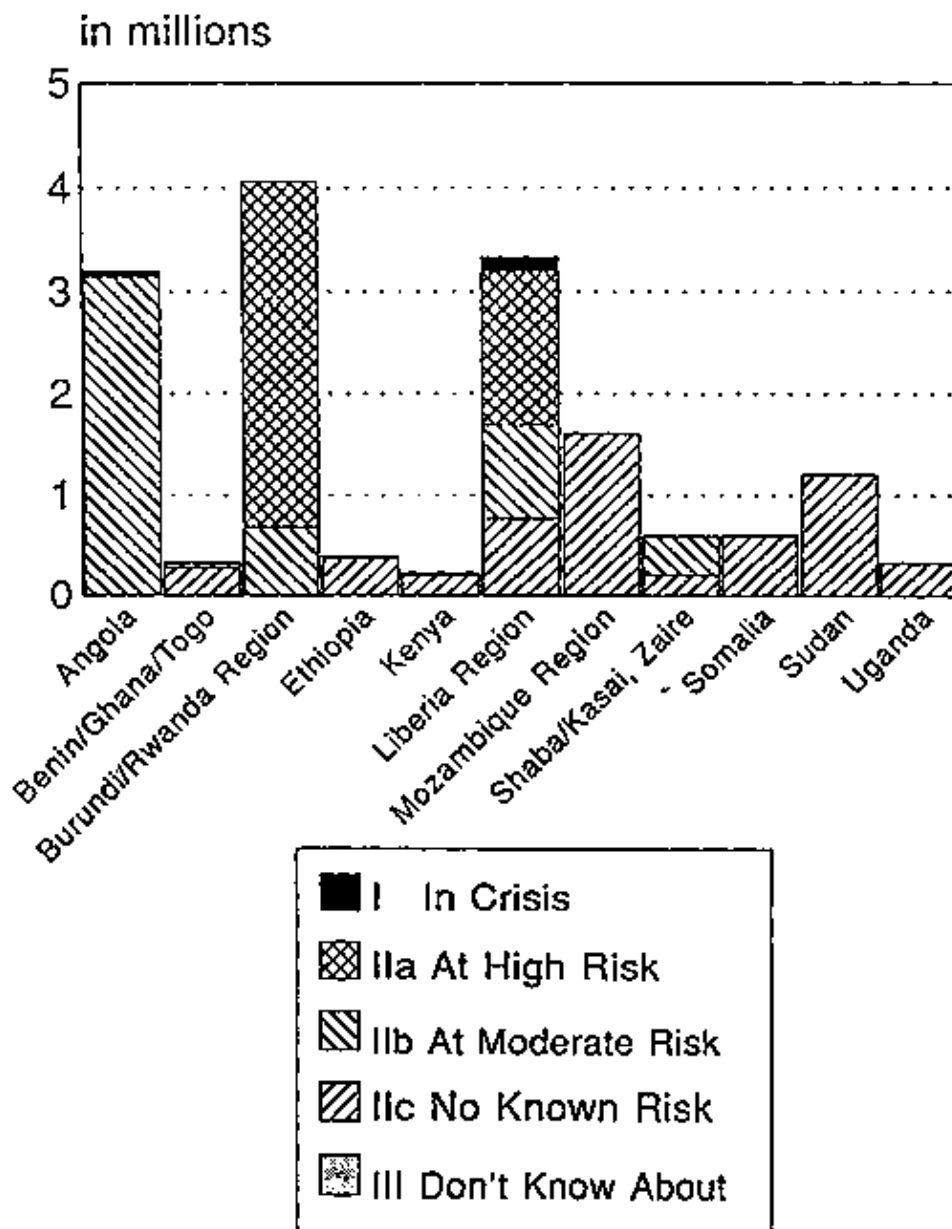


Figure 1 – REFUGEE AND DISPLACED POPULATIONS – Selected Areas in Africa (April 95)

Figure 2 – Trends in Total Refugee/Displaced Populations and Risk Categories

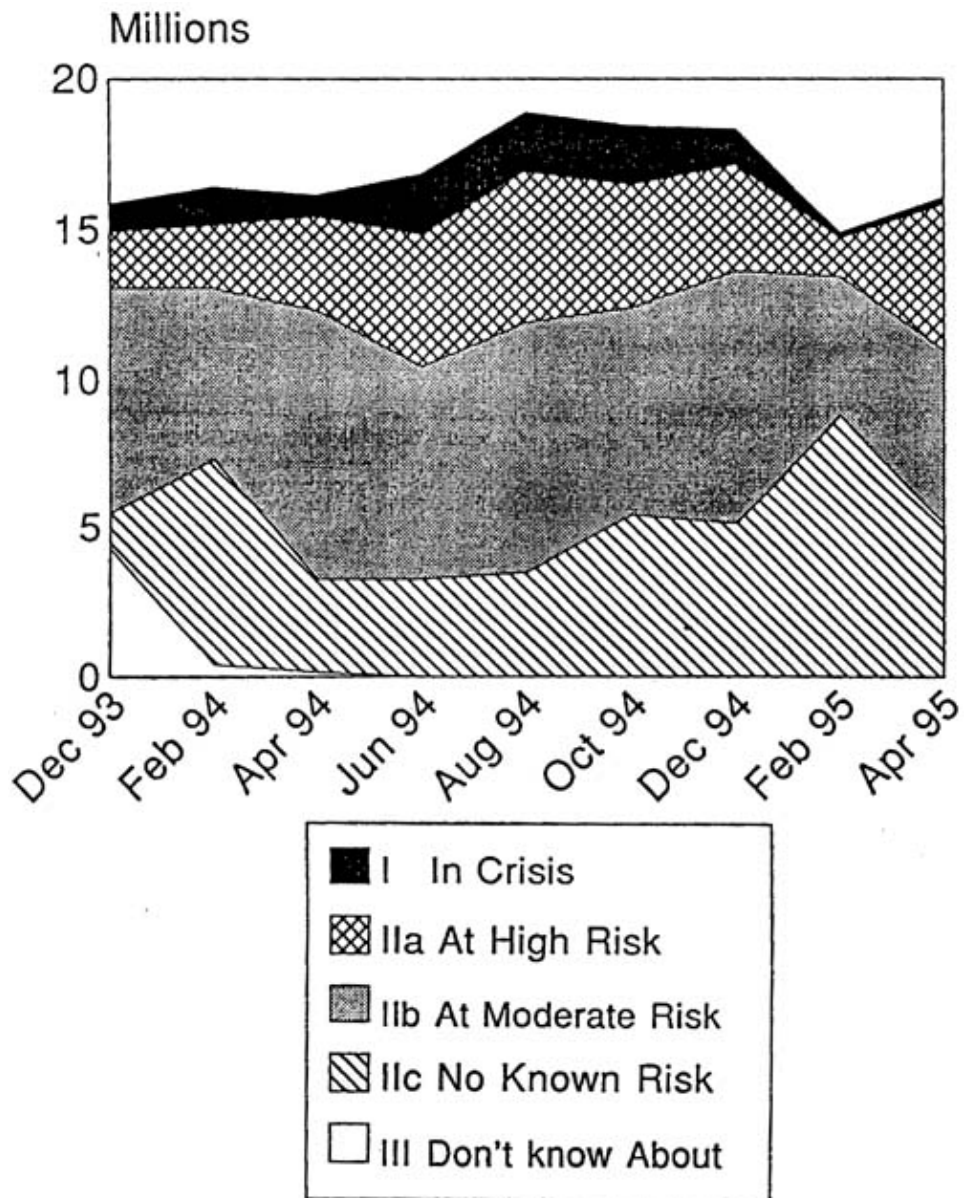


Figure 2 – Trends in Total Refugee/Displaced Populations – By Risk Categories Africa: December 1993–April 1995

Figure 3 – Shaded areas indicate those at heightened nutritional risk

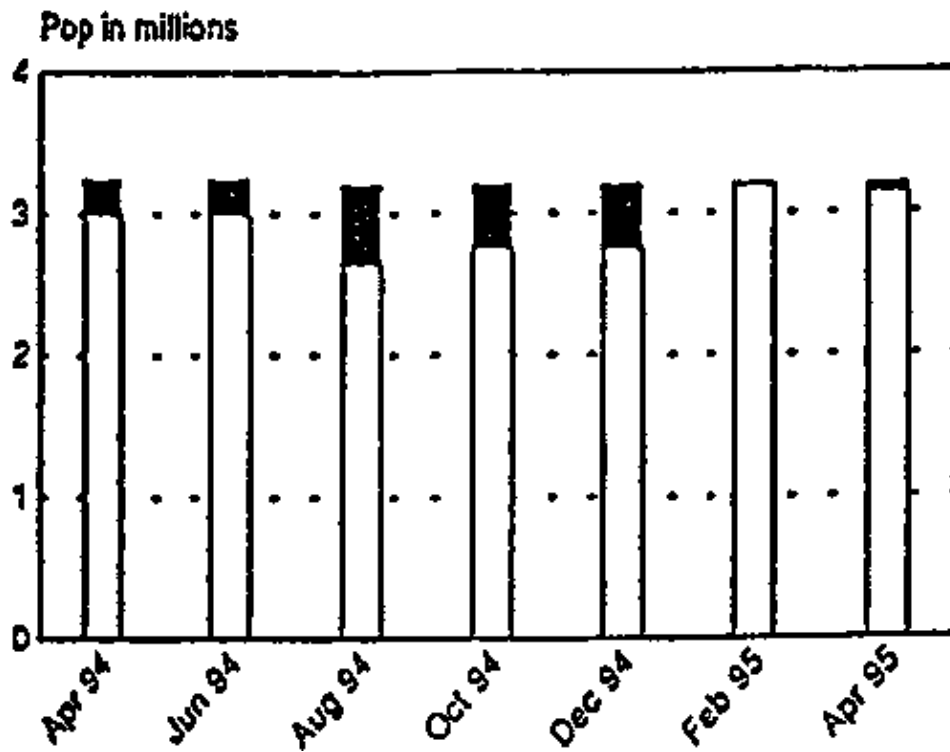


Figure 3 - A. Angola

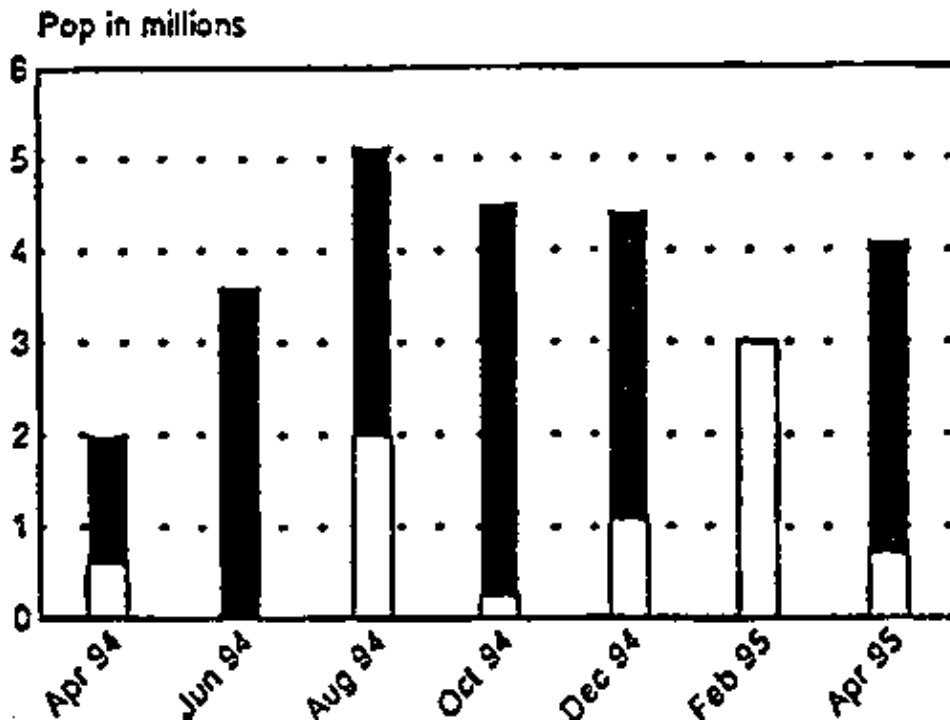


Figure 3 - B. Burundi/Rwanda Region

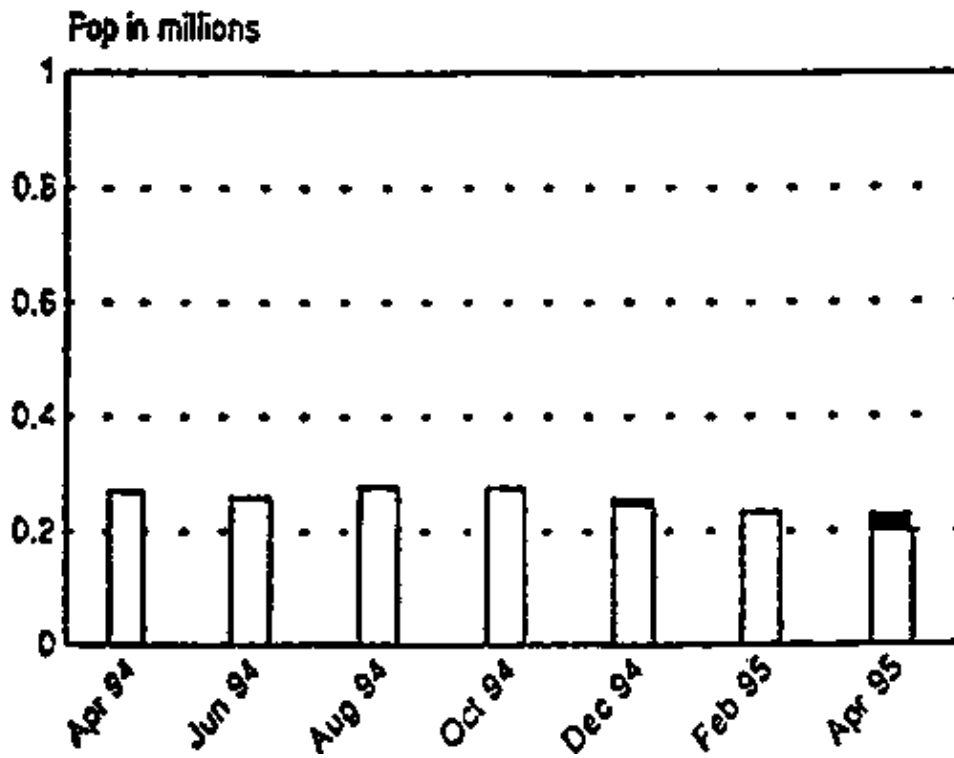


Figure 3 - C. Kenya

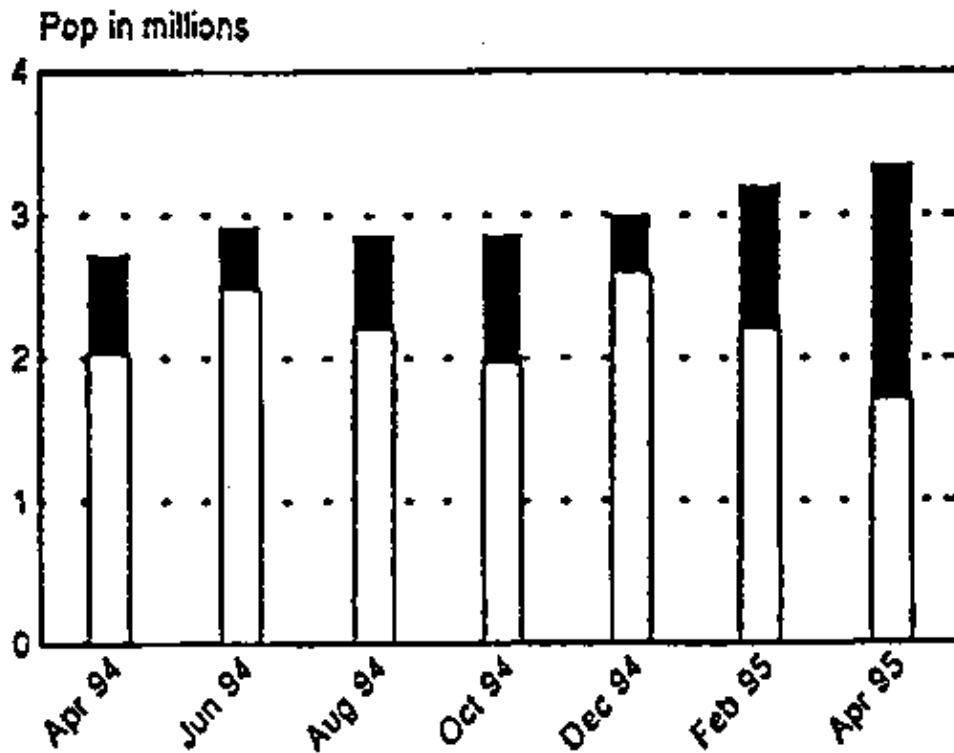


Figure 3 - D. Liberia

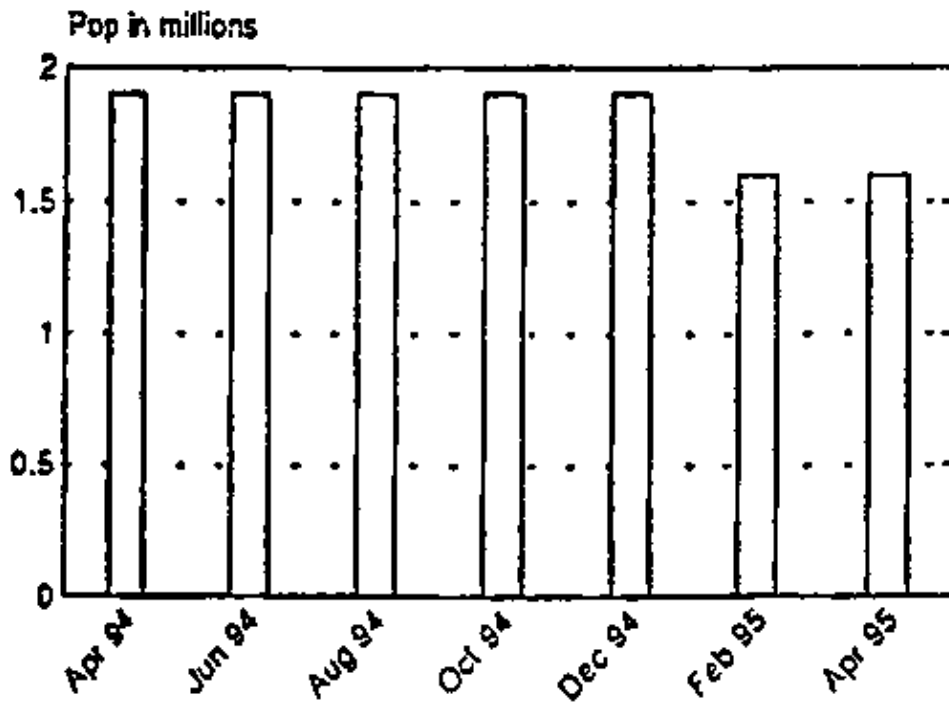


Figure 3 - E. Mozambique

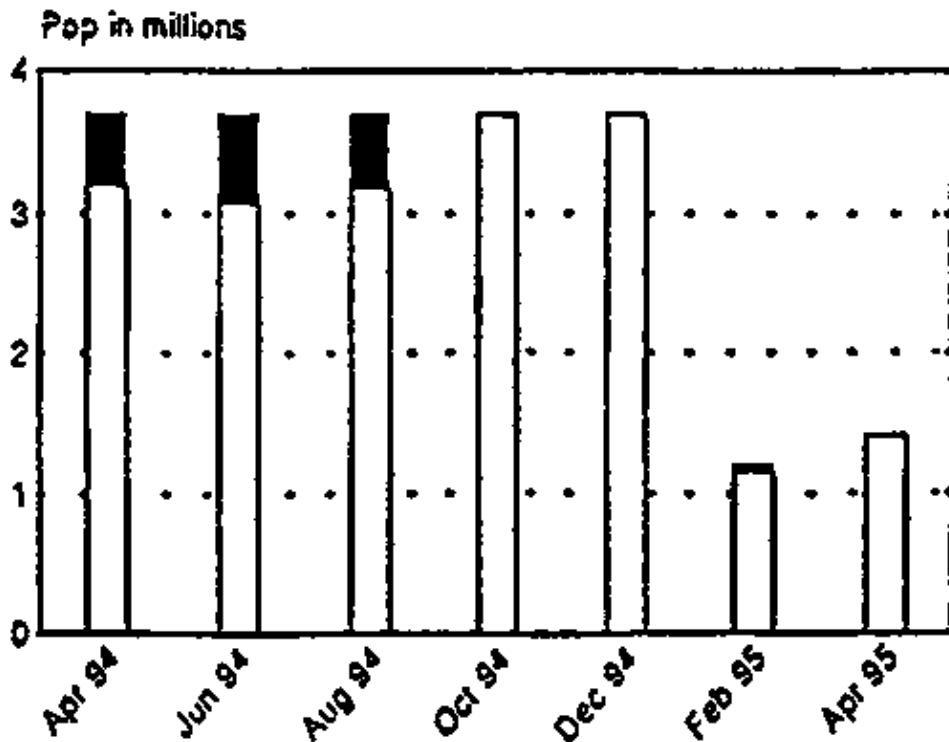


Figure 3 - F. Sudan

Annex 1 - Results of Surveys Quoted

<i>Results of Surveys Quoted in April 1995 RNIS Report (#10)</i>						
	<i>Survey</i>			<i>% Severely Wasted*</i>	<i>Mortality (/10,000/day)</i>	
	<i>Conducted by</i>	<i>Dale</i>	<i>% Wasted*</i>	<i>Wasted*</i>	<i>(/10,000/day)</i>	<i>Other data</i>

1. Angola						
<i>a. Luena, Moxico</i>	MSF-B	Dec.94	13.5	3.4		2.6% of wasting measured was oedema.
<i>b. Luena. Moxico</i>	WFP	Apr.95	20.3			Information from WFP Weekly Update.
<i>c. Huambo</i>	CONCERN	Jan.95	7.9			
<i>d. Melange</i>	CONCERN	Jan.95	2.8			
4. Burundi/Rwanda Region						
<i>a. Rumuvu Camp (Burundi)</i>	AICF	Dec.94	1.0	0	0.3/10,000/day	Under-five mortality rate was 0.5/10.000/day.
<i>b. Rumuvu 2 Camp (Burundi)</i>	AICF	Jan.95	2.8	0.6		
<i>c. Kibezi Camp (Burundi)</i>	AICF	Feb.95	1.6	0	0.5/10.000/day	Under-five mortality rote was 1.5/10.000/day.
<i>d. Magara Camp (Burundi)</i>	AICF	Feb.95	2.4	0.6	0.3/10.000/day	Under-five mortality rate was 0.7/10.000/day.
<i>e. Kahindo Camp (Goma. Zaire)</i>	MSF-B	Apr.95	6.4	3.2		
<i>f. Mugunga Camp (Goma. Zaire)</i>	UNHCR	Mar.95	1.8	1.3	0.9/10.000/day	Under-five mortality rate: 1.97/10.000/day. (Note: mortality rates from Feb)
<i>g. Katale Camp (Goma. Zaire)</i>	MSF-H	Apr.95	2.2	1.0		No oedema was seen during the survey.
<i>h. Kituku Camp (Goma. Zaire)</i>	MSF-H	Apr.95	1.3	0.3		No oedema was seen during the survey.
7. Ethiopia						
<i>a. Displaced Camps – Addis Ababa</i>	GOAL	Jan.95	3.2			
8. Kenya						
<i>a. Ho Camp</i>	MSF-F	Mar.95	15.4	1.9		
<i>b. Dagahale Camp</i>	MSF-F	Mar.95	6.5	3.0		
9. Liberia Region						
<i>a. Montserrado County. Liberia</i>	MSF-H	Apr.95	7.3	1.2	0.89/10.000/day	

<i>b. Tabou. Cote d'Ivoire (refugee pop)</i>	MSF-F	Jan.95	14.8	4.5	2/10.000/day	Under-five mortality rate was 5.6/10.000/day.
<i>c. Tabou. Cote d'Ivoire (resident pop)</i>	MSF-F	Jan.95	5.4	0.4	1.5/10.000/day	Under-five mortality rate was 1.9/10.000/day.
11. Mozambique Region						
<i>a. Angonia District</i>	WV	Jan.95	7.7	3.7		
<i>b. Mutarara North</i>	MSF-B	Feb.95	11.9	2.7		
<i>c. Alua</i>	WV	Feb.95	14.6	2.8		
12. Shaba/Kasai Regions, Zaire						
<i>a. Likasi</i>	MSF-B	Feb.95	7.7	1.1		Continuation in a trend toward improved nutritional status of this group.
<i>b. Mwene Ditu</i>	MSF-B	Mar.95	13.9	2.7		
13. Somalia						
<i>a. Mogadishu</i>	AICF	Nov.94	11.1	2.1		
14. Sudan						
<i>a. Tonj (S Sudan)</i>	WV	Dec.94	4.4 (80%)	0.7(70%)		Measles immunisation coverage of 6.7%.
15. Uganda						
<i>a. Koboko</i>	MSF-H	Feb.95	7.2	2.5		
18. Afghanistan Region						
<i>a. Jalalabad Camps</i>	ICRC	Feb.95	28 (QUAC Stick)	3 (QUAC Stick)		Problems with water supply noted.
* wt/ht unless specified; cut-off=n.s. means not specified but usually -2SD wt/ht for wasting and -3SD wt/ht for severe wasting						

NOTES

1. Angola

a. This was a random cluster survey conducted by MSF-Belgium in March 1995. A total of 937 children 6 months to 5 years old were measured. Wasting was defined as weight/height <-2z scores and or oedema and severe wasting was defined as <-3z scores and/or oedema.

b. This information was included in the WFP Weekly Telex. No further details are currently available.

c and d. This information was received through a personnel communication, and no further details are currently available.

4. Burundi

- a. This survey was conducted by AICF in December 1994. A total of 880 children 6–59 months old were included in the survey. Wasting was defined as weight/height $<-2z$ scores and or oedema and severe wasting was defined as $<-3z$ scores and/or oedema.
- b. This survey was carried out by AICF in January 1995. This survey aimed to measure all the children in the camp. A total of 353 children 6–59 months old were included. Wasting was defined as weight/height $<-2z$ scores and or oedema and severe wasting was defined as $<-3z$ scores and/or oedema.
- c. This survey was carried out by AICF in February 1995. A total of 865 children 6–59 months old were included in the survey. Wasting was defined as weight/height $<-2z$ scores and or oedema and severe wasting was defined as $<-3z$ scores and/or oedema.
- d. This survey was carried out by AICF in February 1995. A total of 1372 children 6–59 months old were included in the survey. Wasting was defined as weight/height $<-2z$ scores and or oedema and severe wasting was defined as $<-3z$ scores and/or oedema.
- e. This survey was carried out by MSF–Belgium in April 1995. No further details are currently available.
- f. This survey was carried out by UNHCR in March 1995. This was a cluster survey that included 772 children 6–59 months old. Wasting was defined as weight/height $<-2z$ scores and or oedema and severe wasting was defined as $<-3z$ scores and/or oedema.
- g. This survey was carried out by MSF–Holland in April 1995. This survey measured children 65cm–110cm in height. Wasting was defined as weight/height $<-2z$ scores and or oedema and severe wasting was defined as $<-3z$ scores and/or oedema.
- h. This survey was carried out by MSF–Holland in April 1995. It included 780 children. Wasting was defined as weight/height $<-2z$ scores and or oedema and severe wasting was defined as $<-3z$ scores and/or oedema.

7. Ethiopia

- a. This survey was conducted by GOAL at the end of January. Wasting was defined as 80% weight for length, and a total of 880 children were included in the survey.

8. Kenya

- a. This survey was carried out by MSF–France in March 1995. A total of 629 children were included in the survey. Wasting was defined as weight/height $<-2z$ scores and or oedema and severe wasting was defined as $<-3z$ scores and/or oedema.
- b. This survey was carried out by MSF–France in March 1995. A total of 601 children were included in the survey. Wasting was defined as weight/height $<-2z$ scores and or oedema and severe wasting was defined as $<-3z$ scores and/or oedema.

9. Liberia Region

- a. This survey was carried out by MSF–Holland at the end of April 1995. No further details are currently available.
- b and c. This survey was carried out by MSF–France and EPICENTRE in January 1995. This was a random cluster survey that included children 6–59 months old. Wasting was defined as weight/height $<-2z$ scores and or oedema and severe wasting was defined as $<-3z$ scores and/or oedema.

11. Mozambique Region

- a. This survey was carried out by World Vision in January 1995. No further details are currently available.
- b. This survey was carried out by MSF–Belgium in February 1995. No further details are currently available.
- c. This survey was carried out by World Vision in February 1995. No further details are currently available.

12. Shaba/Kasi Regions

a. This survey was conducted by MSF–Belgium in February 1995. A total of 443 children 6–59 months old were measured. Wasting was defined as weight/height <–2z scores and or oedema and severe wasting was defined as <–3z scores and/or oedema.

b. This survey was carried out by MSF–Belgium in March 1995. A total of 920 children 6–59 months old were measured. Wasting was defined as weight/height <–2z scores and or oedema and severe wasting was defined as <–3z scores and/or oedema.

13. Somalia

a. This survey was conducted by AICF in November 1994. This was a random cluster survey that measured 477 children 6–59 months old. Wasting was defined as weight/height <–2z scores and or oedema and severe wasting was defined as <–3z scores and/or oedema.

14. Sudan

a. This survey was carried out by World Vision in December 1994. It was a cluster survey measuring 433 children 75–115 cms in height. Wasting was defined as <80% weight/height and severe wasting <70%.

15. Uganda

a. This cluster survey was carried out by MSF–Holland in February 1995. A total of 600 children 6–59 months old were included. Wasting was defined as weight/height <–2z scores and or oedema and severe wasting was defined as <–3z scores and/or oedema.

18. Afghanistan

a. This information is from a personal communication, and no further details are available.

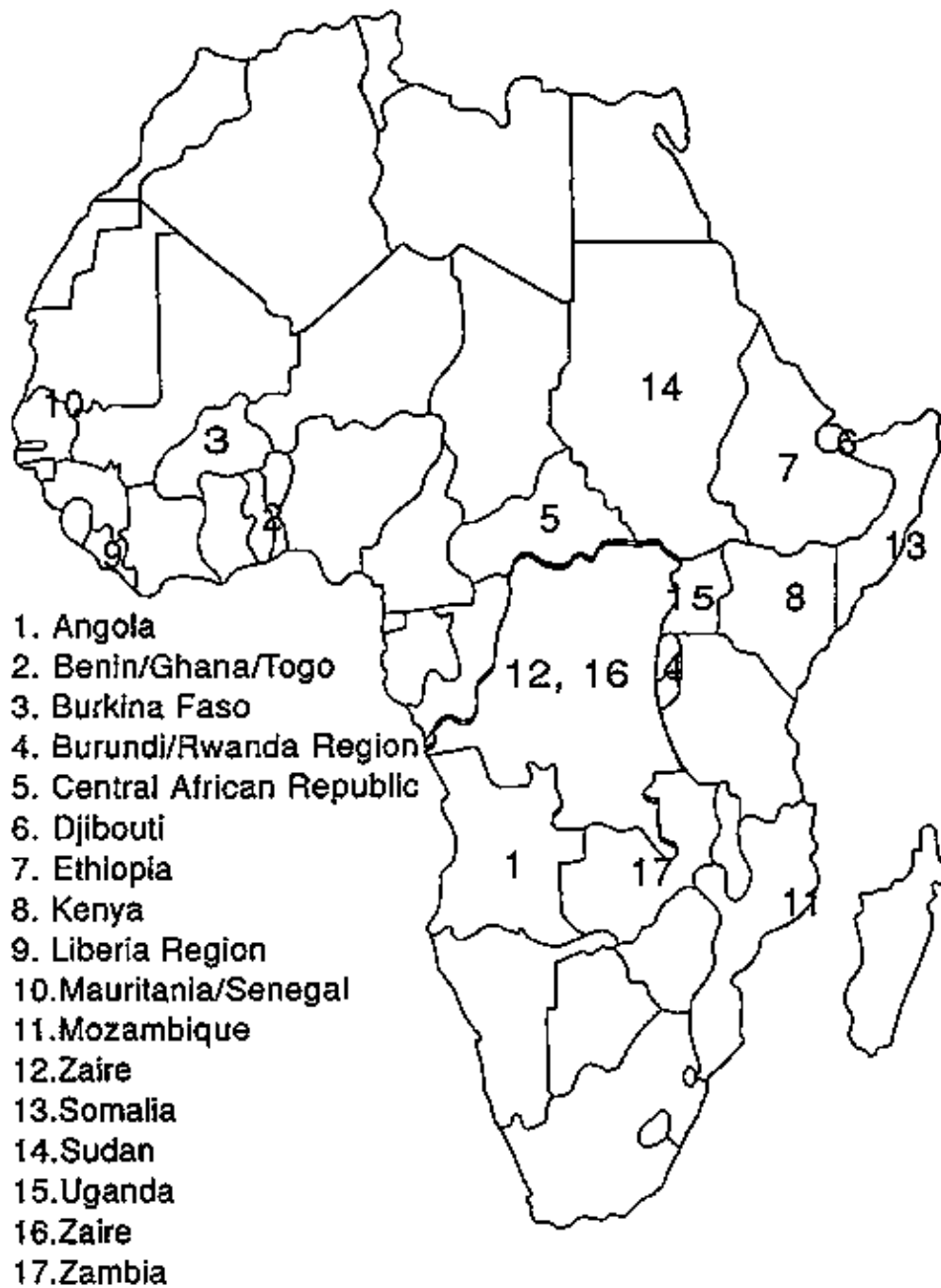
Annex 2 – Seasonality

Seasonality in Sub-Saharan Africa*	
<i>Country</i>	<i>Climate/Rainy Season/Harvest</i>
<i>Angola</i>	Coastal area desert, SW semi-arid, rest of country: rains Sept–April
<i>Burundi</i>	Three crop seasons: Sept–Jan, Feb–Jun, and Jul–Aug
<i>CAR</i>	Rains March–Nov
<i>Djibouti</i>	Arid Climate
<i>Ethiopia</i>	Two rainy seasons February to May and June to October
<i>Kenya</i>	N–E is semi-arid to arid, Central and SW rains: March–May and Nov–Dec
<i>Liberia</i>	Rains March–Nov
<i>Mozambique</i>	Coast is semi-arid, rest wet-dry. Harvest May
<i>Rwanda</i>	Rains Feb–May with Aug harvest and Sept–Nov with Jan harvest
<i>Sierra Leone</i>	Rains March–Oct.
<i>Somalia</i>	Two seasons: April to August (harvest) and October to January/February (harvest)

<i>Sudan</i>	Rains April–Oct
<i>Northern</i>	Rains begin May/June
<i>Southern</i>	Rains begin March/April
<i>Togo</i>	Two rainy seasons in S, one in N. Harvest August
<i>Uganda</i>	Rains Mar–Oct
<i>Zaire</i>	Tropical climate. Harvest in N; November; in S January
SOURCES:	
FAO, "Food Supply Situation and Crop Prospects in Sub-Saharan Africa", Special Report; No 4/5, Dec. 90.	
FAO, "FAO/WFP Crop and Food Supply Assessment Mission to Somalia" 9 Dec 94	
FAO, "FAO/WFP Crop and Food Supply Assessment Mission to Burundi" 16 Dec 94	
FAO, "FAO/WFP Crop and Food Supply Assessment Mission to Ethiopia" 16 Dec 94	
FAO, "FAO/WFP Crop and Food Supply Assessment Mission to Sudan" 22 Dec 94	
FAO, "FAO/WFP Crop and Food Supply Assessment Mission to Rwanda" 21 Dec 94	

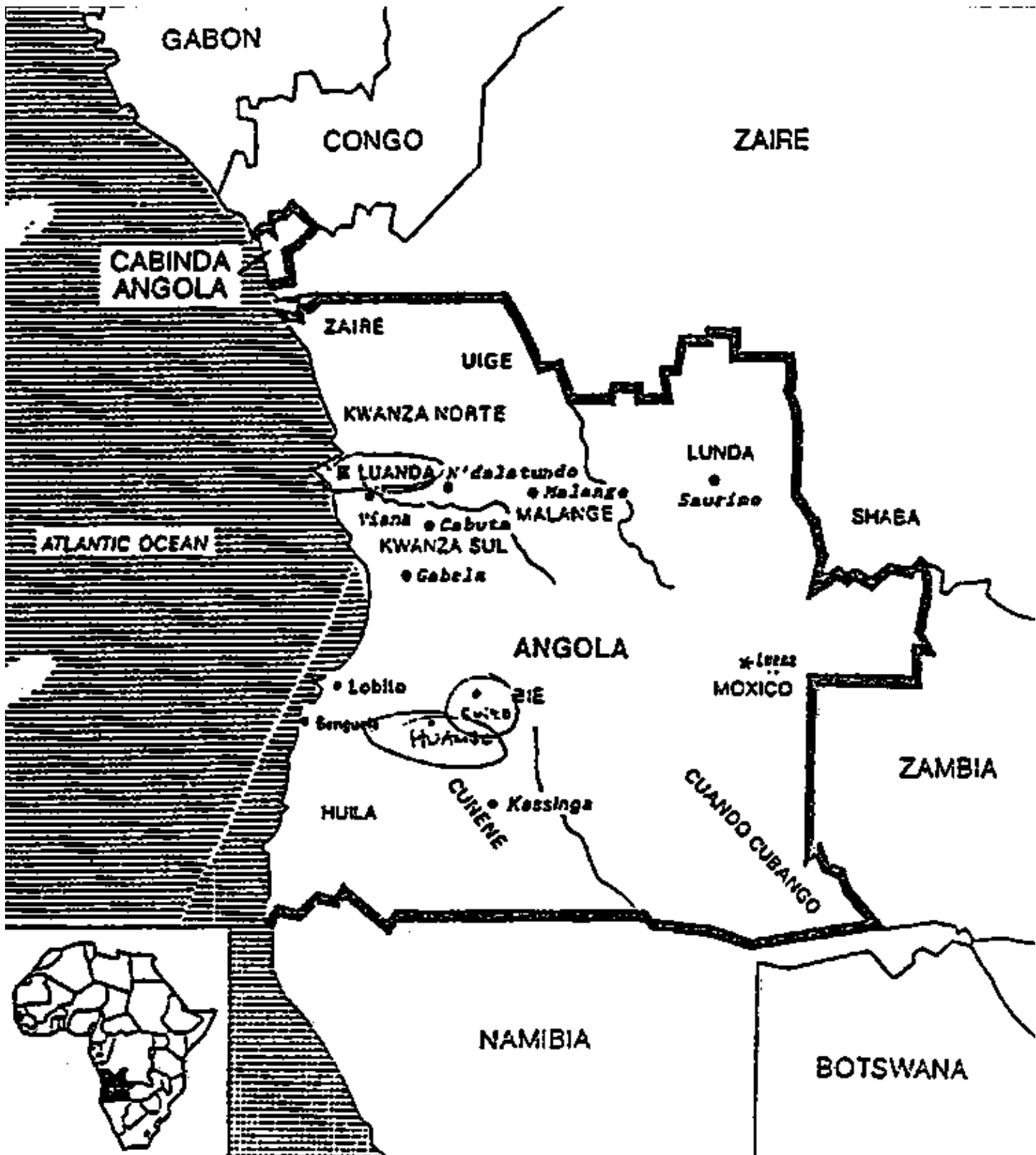
LIST OF MAPS

MAP A – Situational Map



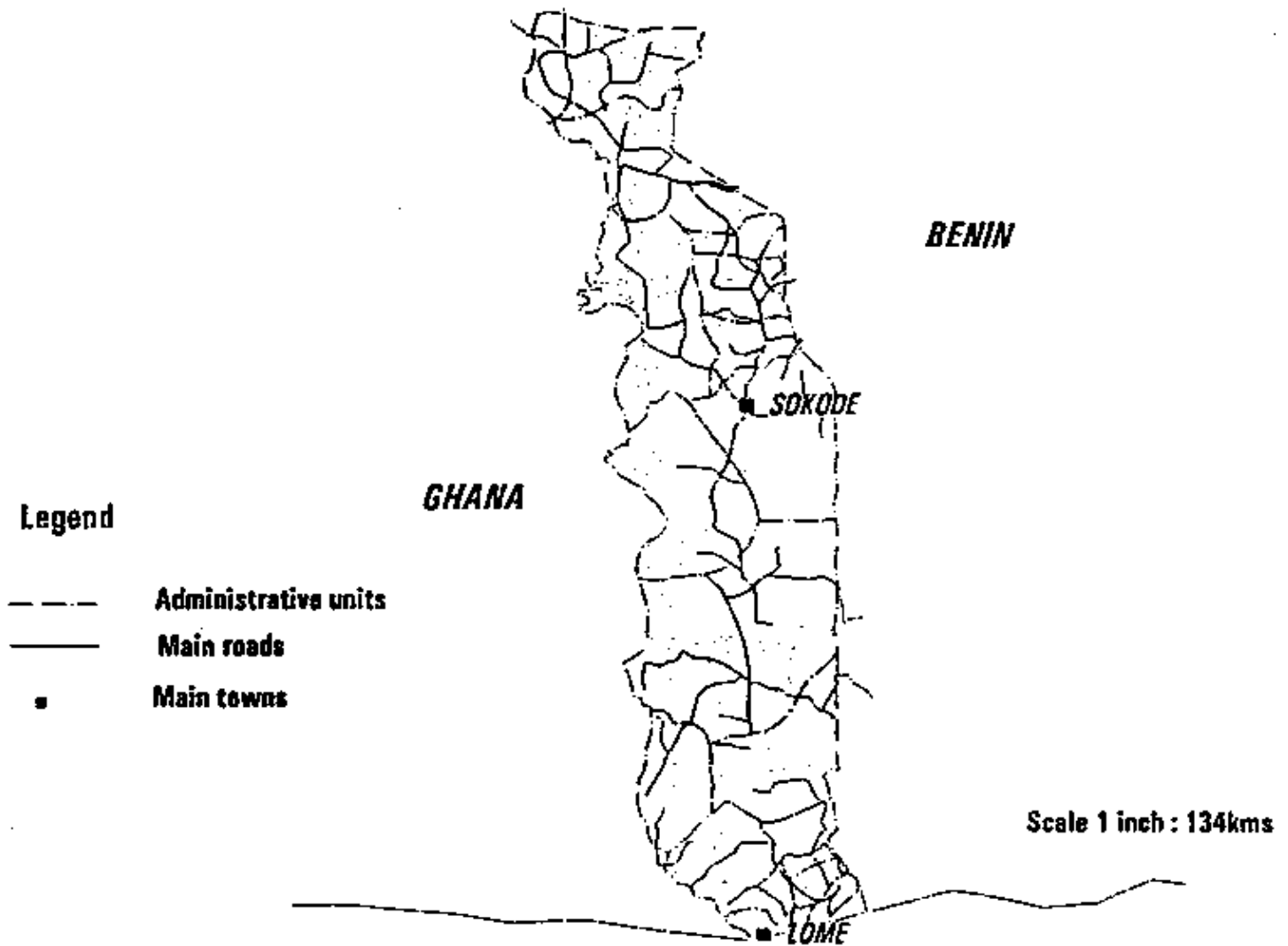
MAP A – Situational Map

MAP 1 – Angola

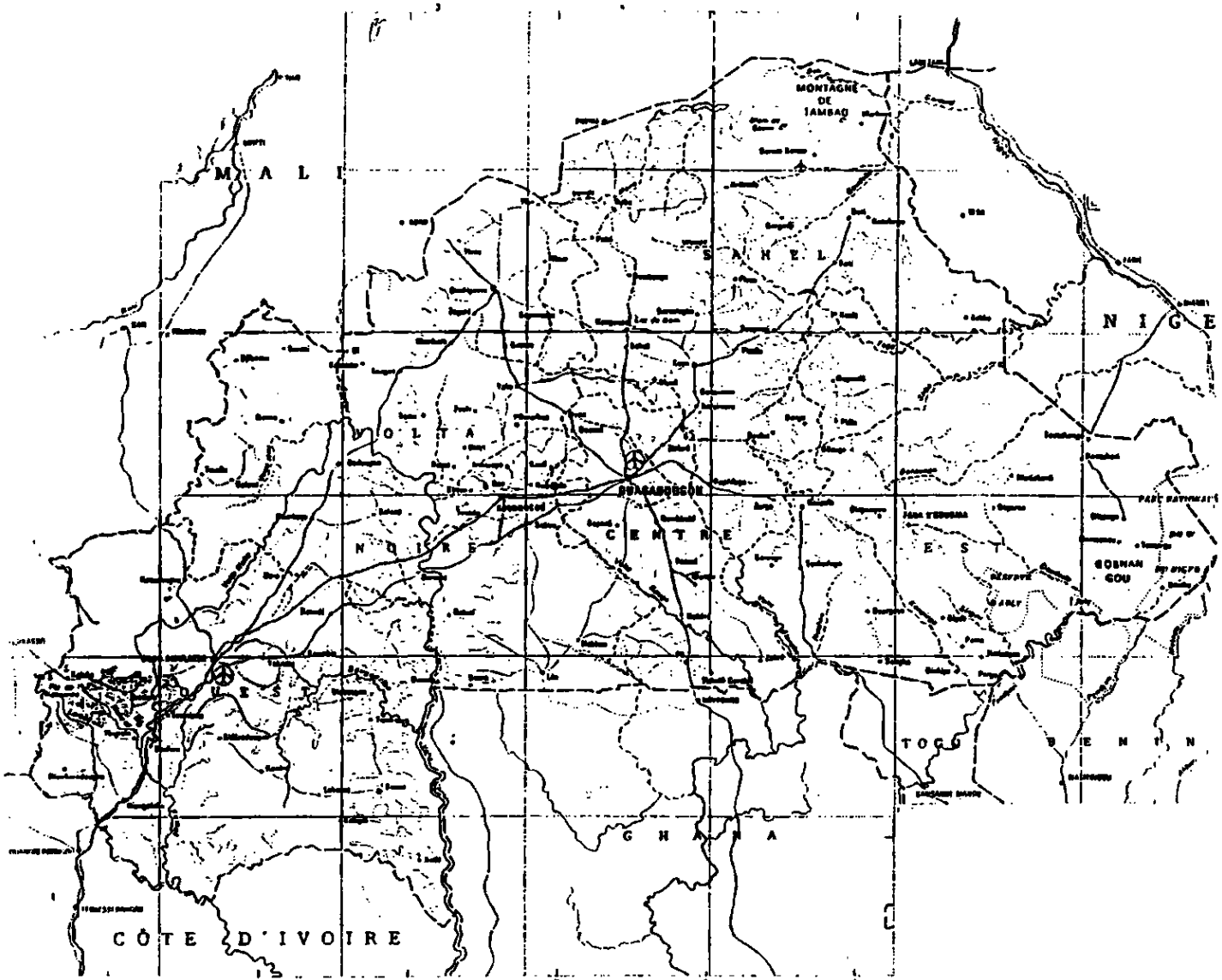


MAP 1 - Angola

MAP 2 - Benin/Ghana/Togo

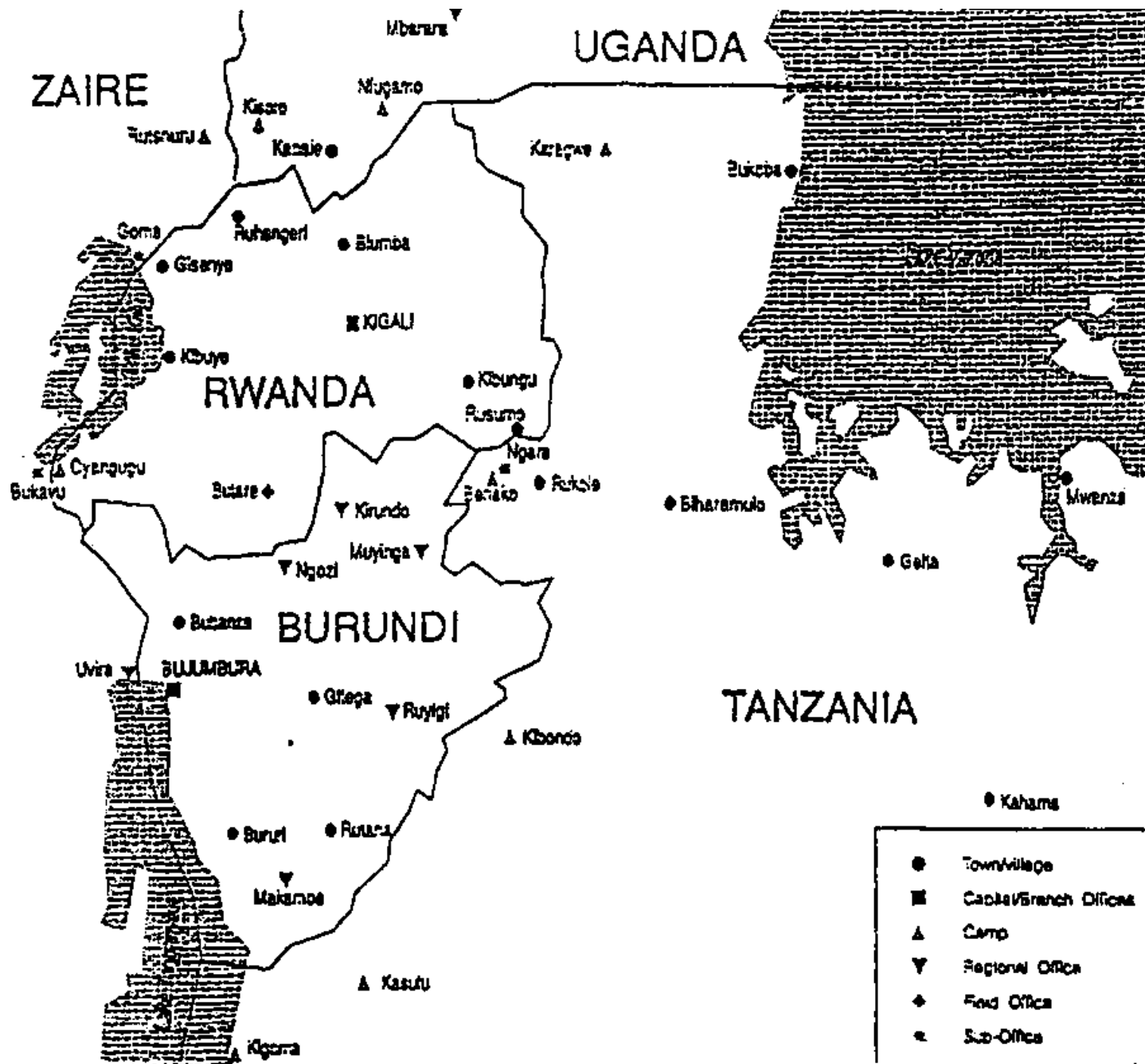


MAP 3 - Burkina Faso



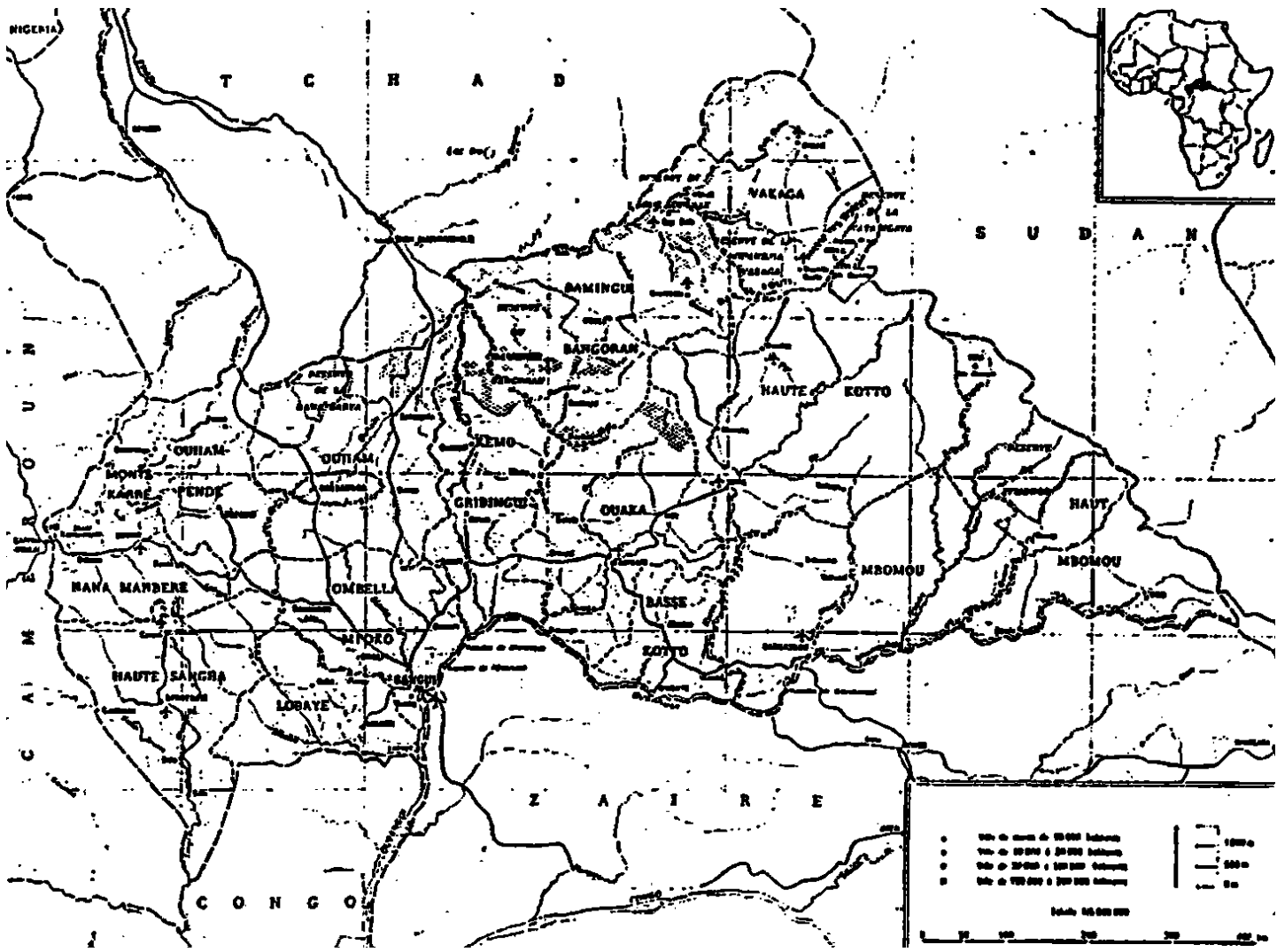
MAP 3 - Burkina Faso

MAP 4 - Burundi/Rwanda Region



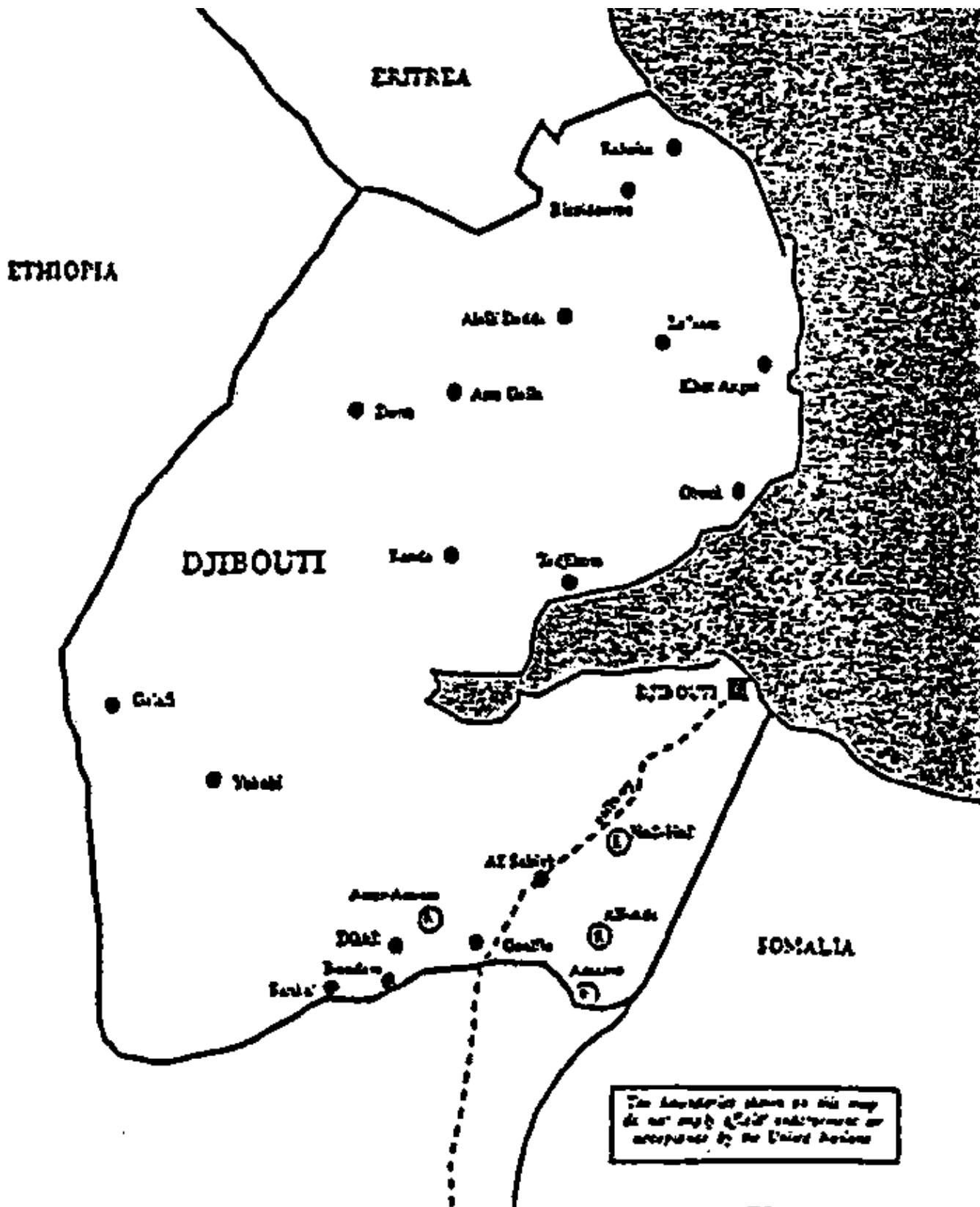
MAP 4 - Burundi/Rwanda Region

MAP 5 - Central African Republic



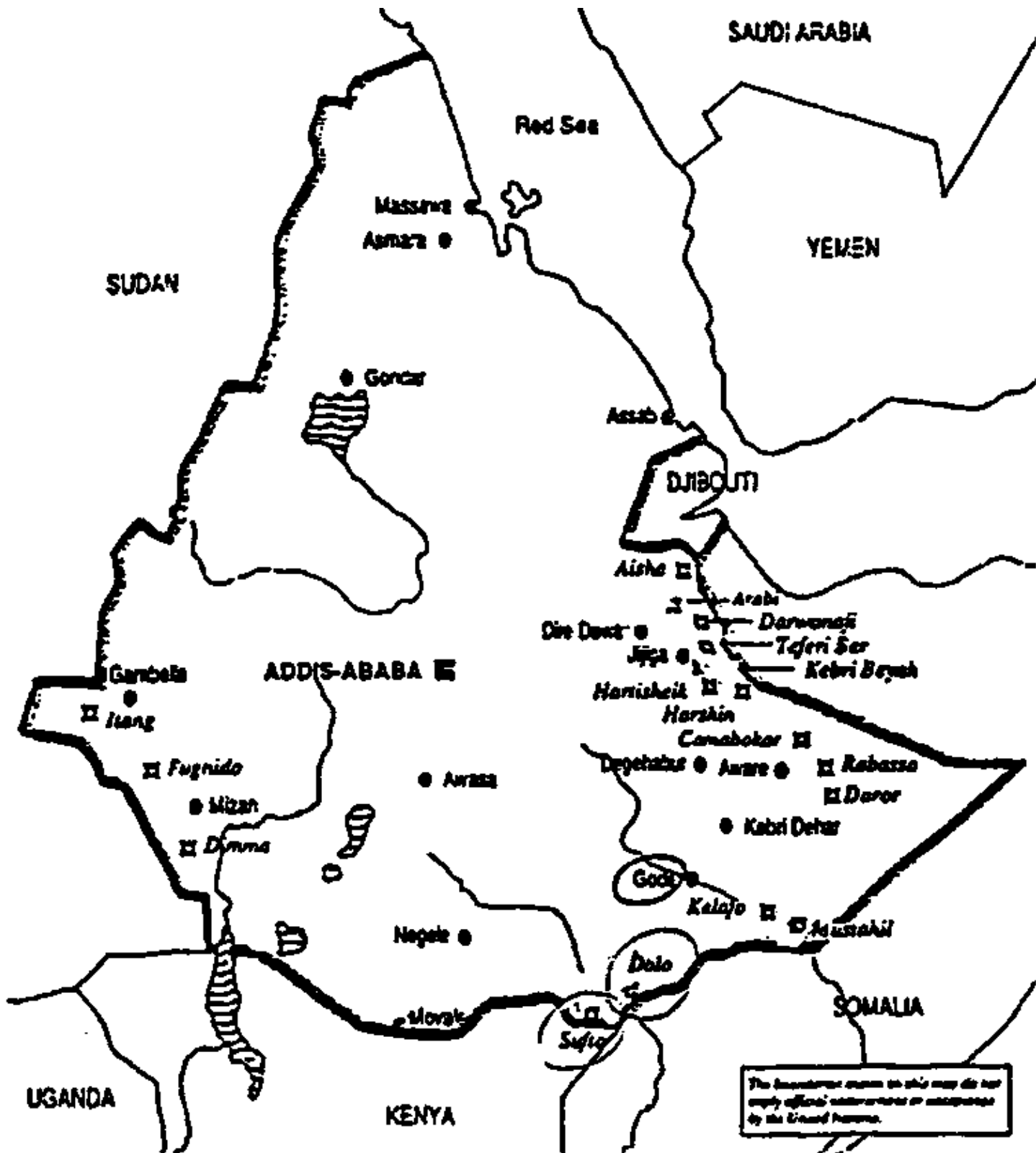
MAP 5 - Central African Republic

MAP 6 - Djibouti



MAP 6 - Djibouti

MAP 7 - Ethiopia



- Capital
- Town or village
- ▤ Shelters/reception centers

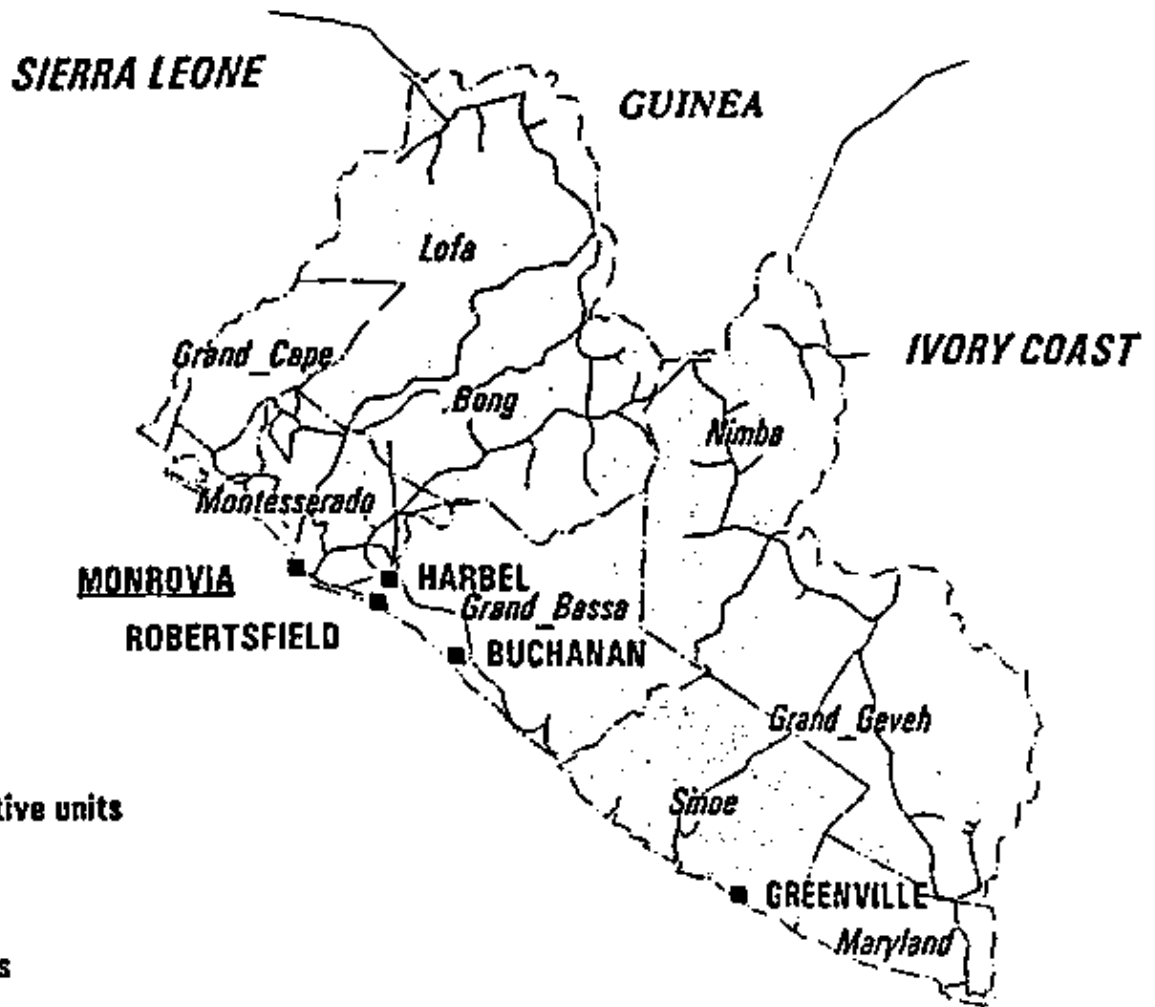
MAP 7 - Ethiopia

MAP 8 - Kenya



MAP 8 - Kenya

MAP 9 - Liberia

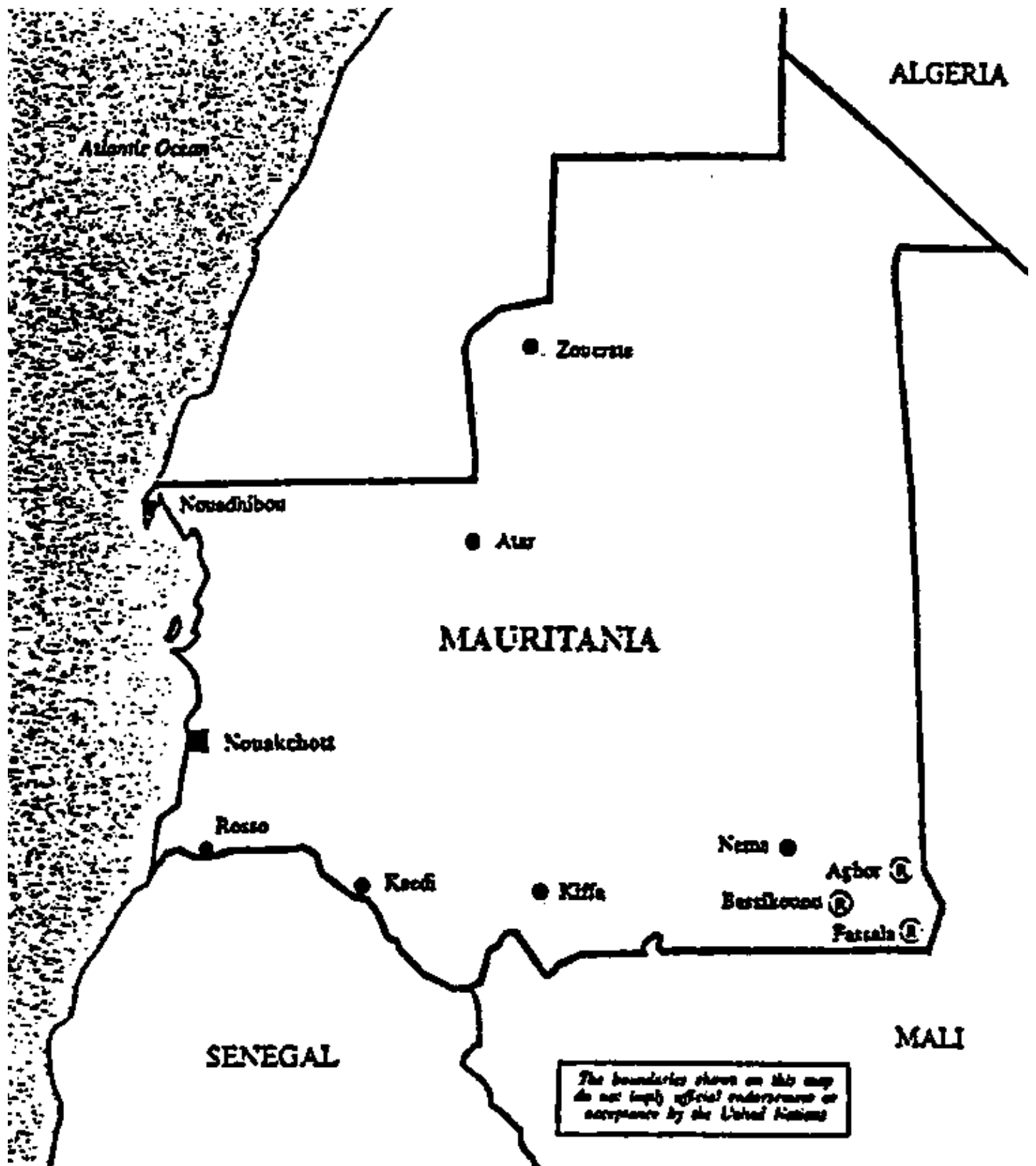


Legend

- — — administrative units
- — — main roads
- — — railways
- main towns

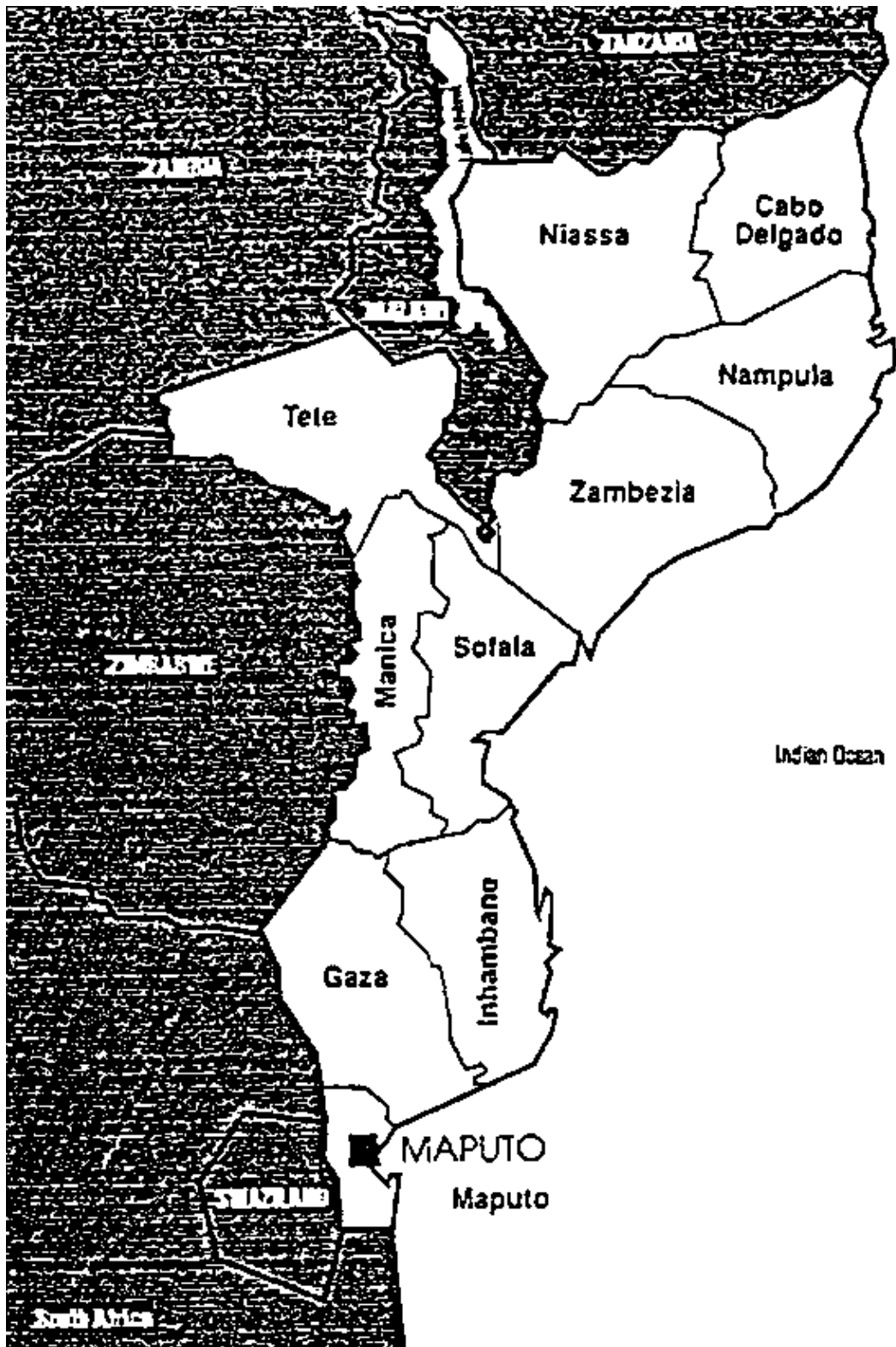
MAP 9 - Liberia

MAP 10 - Mauritania/Senegal



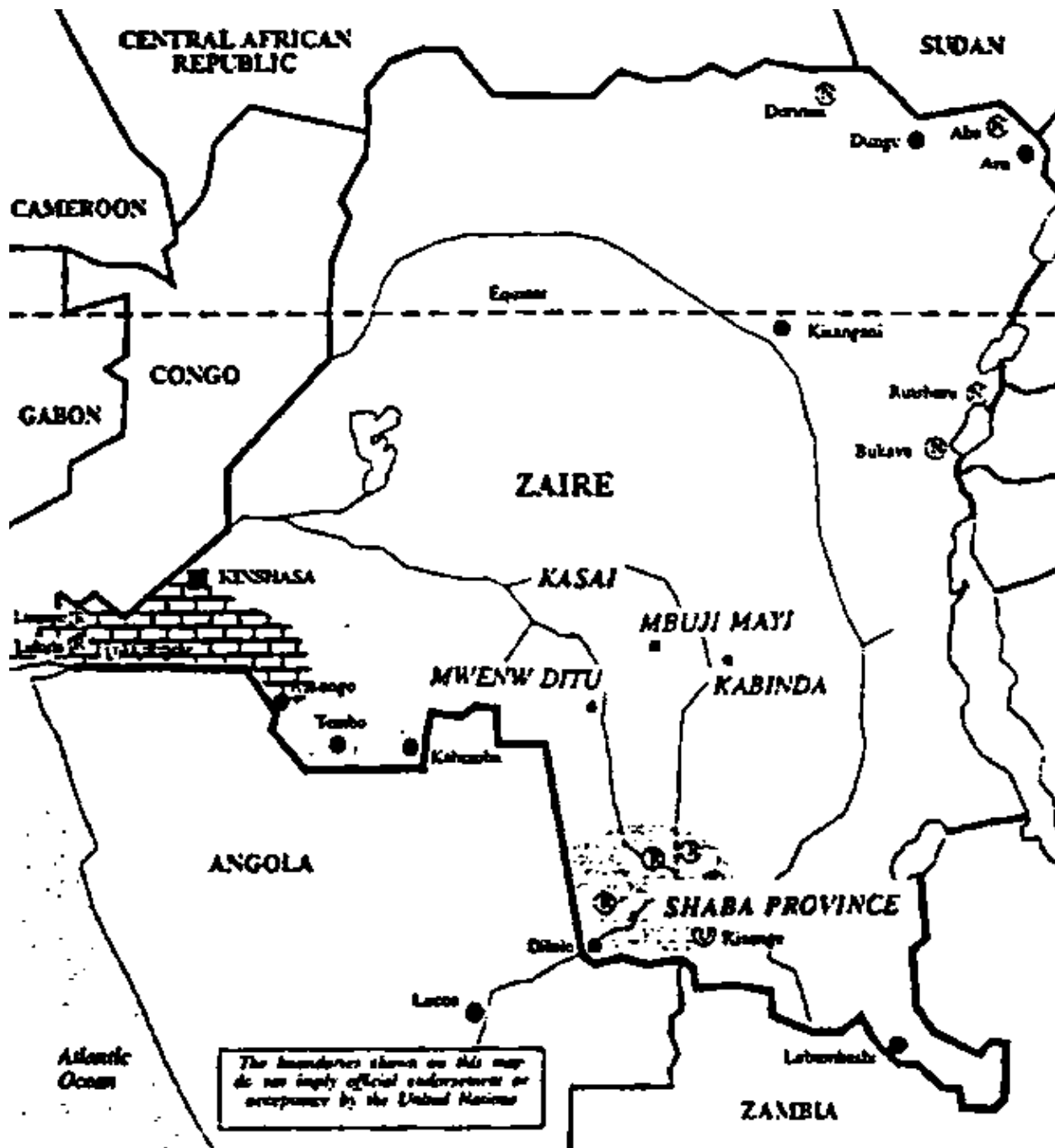
MAP 10 – Mauritania/Senegal

MAP 11 – Mozambique



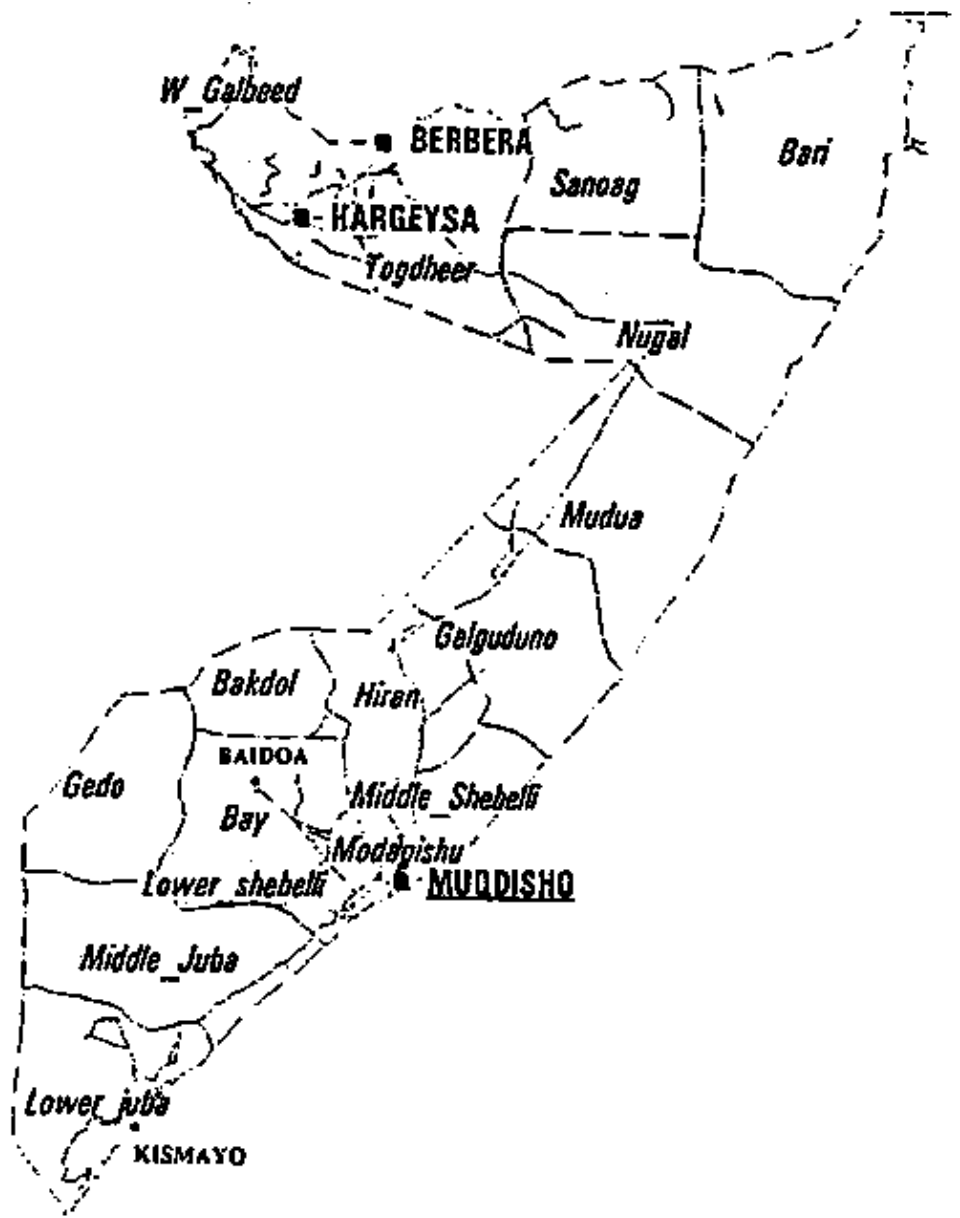
MAP 11 – Mozambique

MAP 12 – Zaire



MAP 12 - Zaire

MAP 13 - Somalia

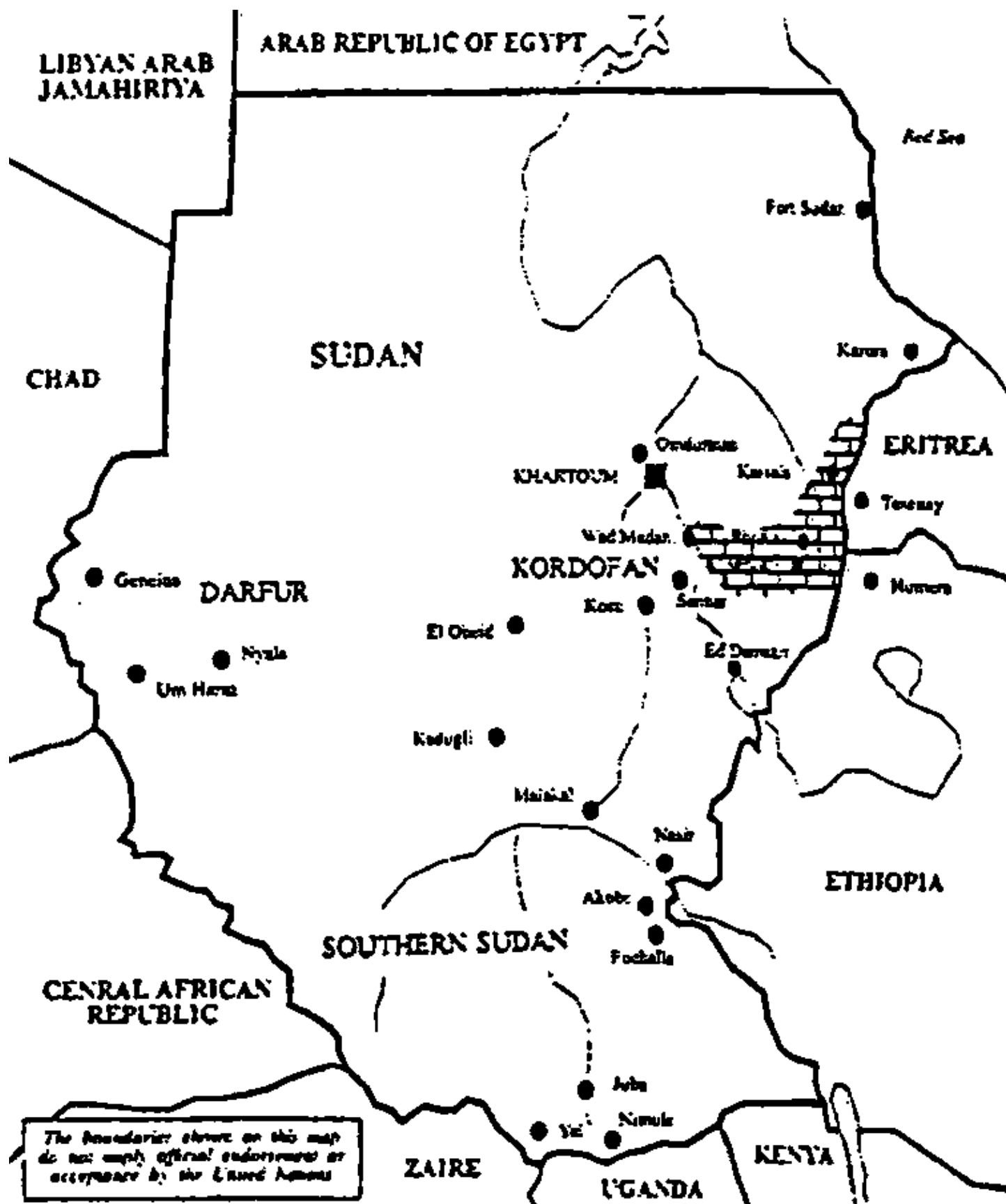


legend

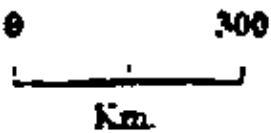
- Administratives units
- Main roads
- ... Main rivers
- Main towns

MAP 13 – Somalia

MAP 14 – Sudan



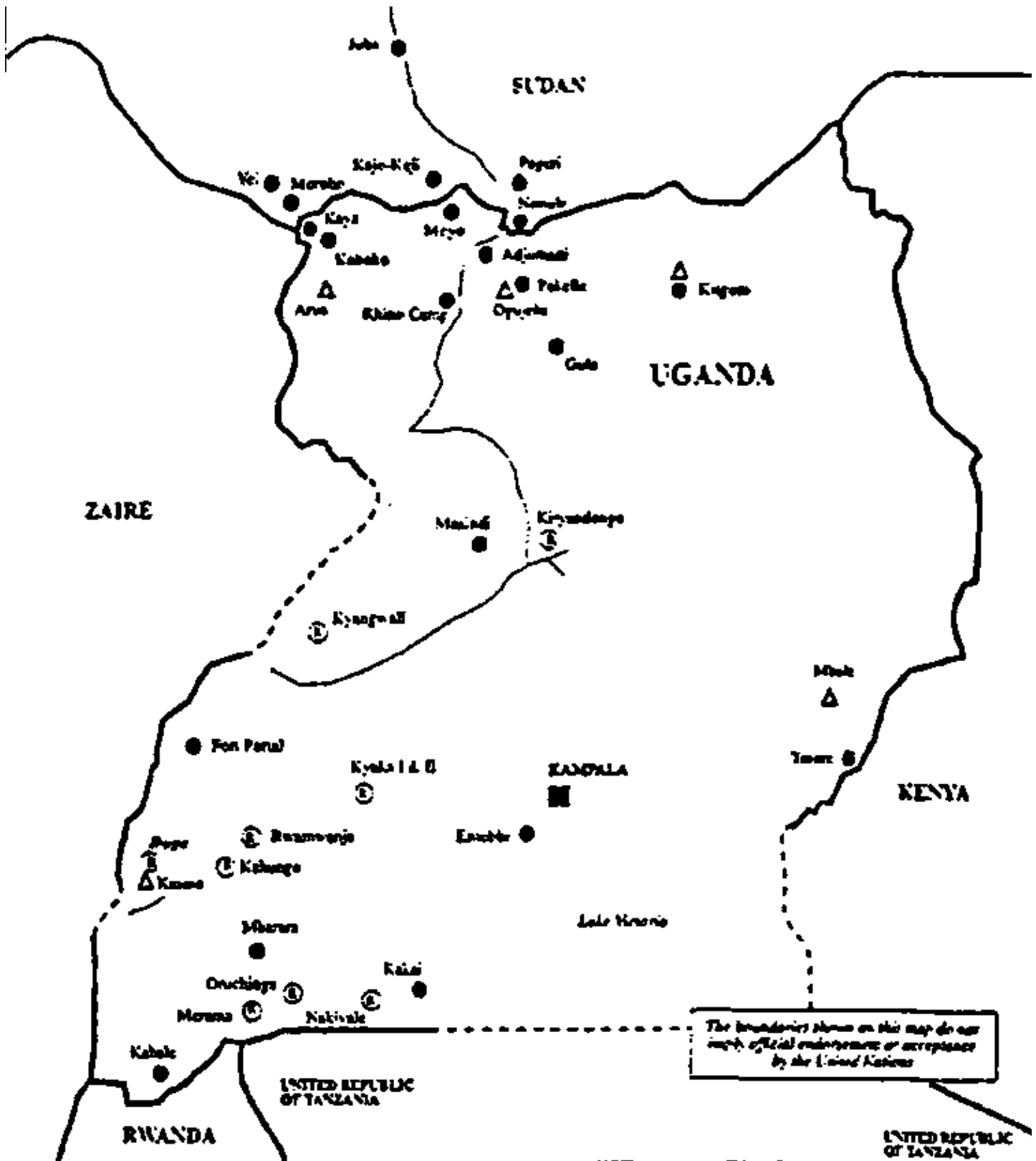
The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations



- Capital
- Town or village
- ▨ Refugee area (Eastern Sudan)

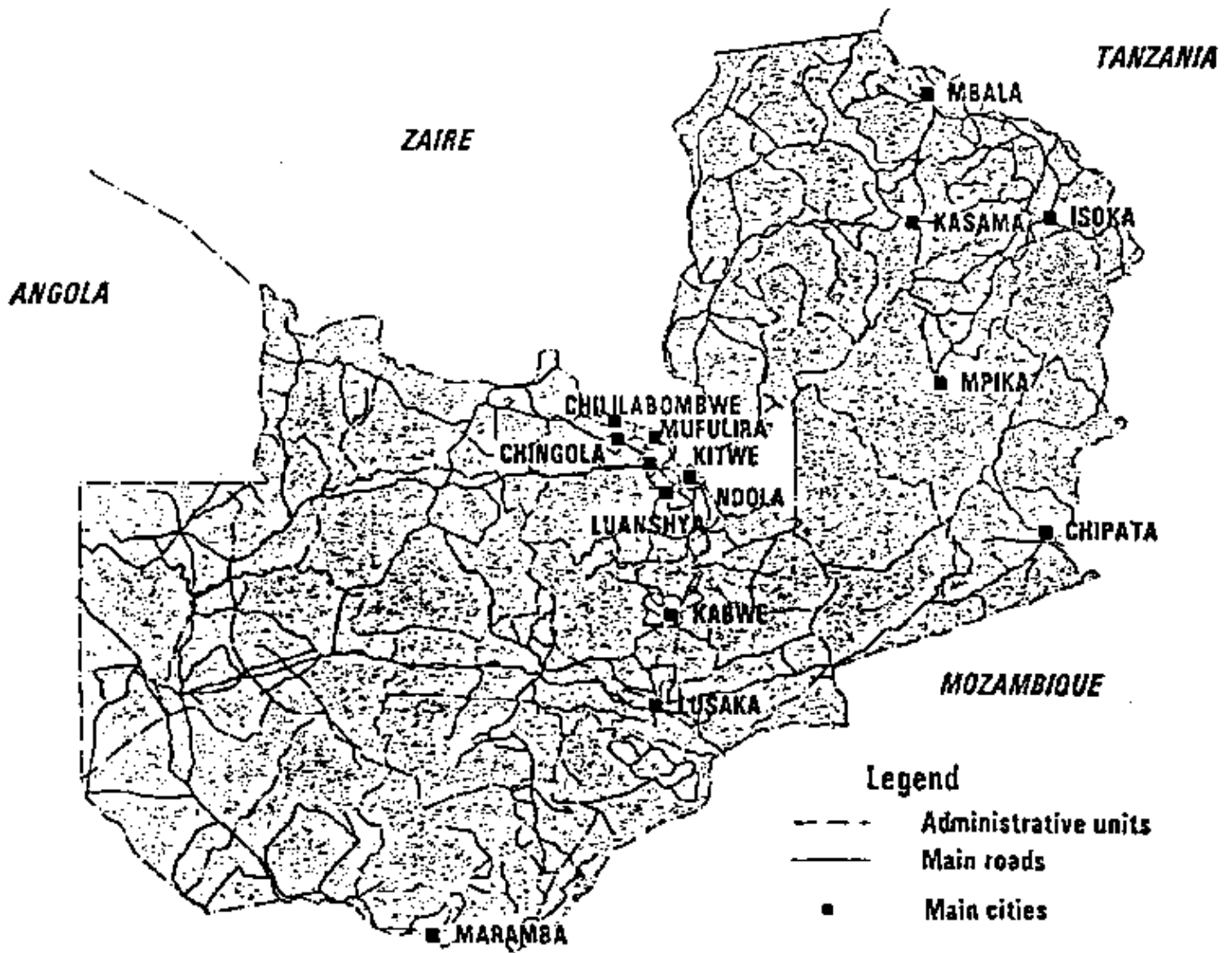
MAP 14 - Sudan

MAP 15 - Uganda



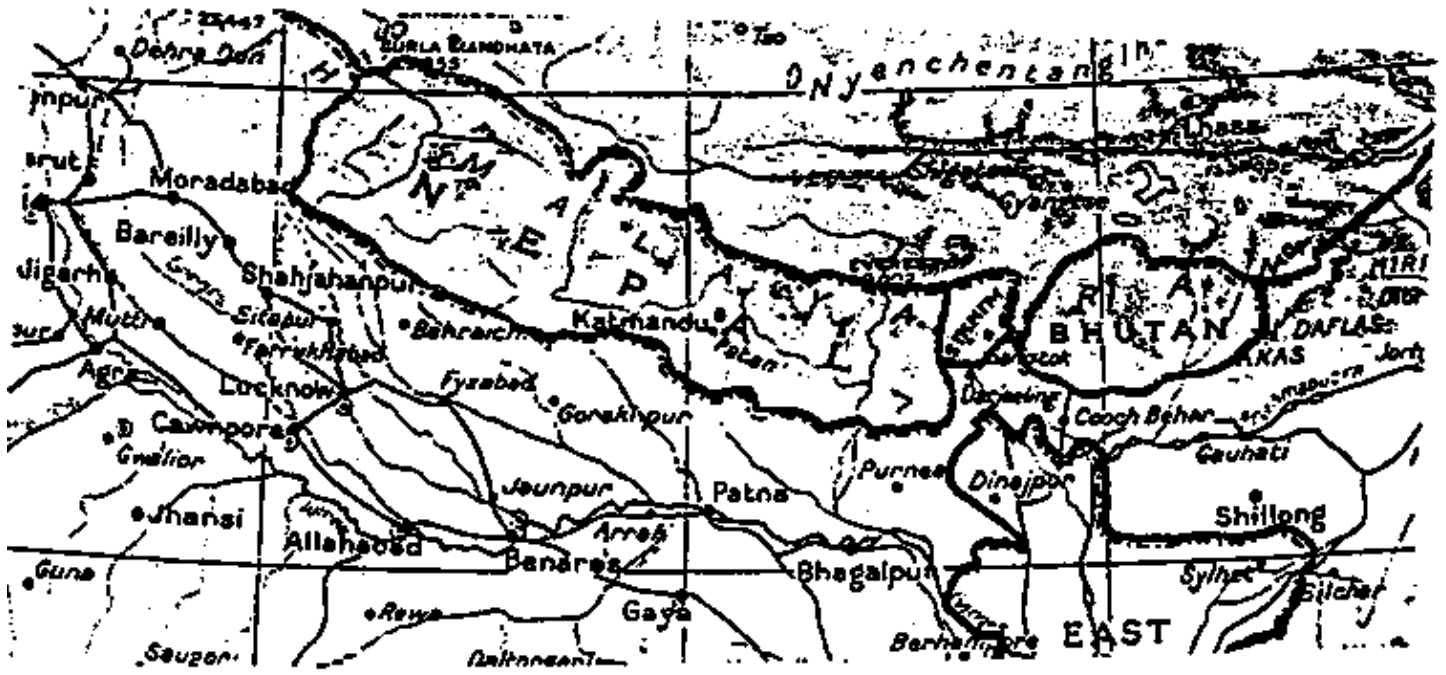
MAP 15 - Uganda

MAP 17 – Zambia



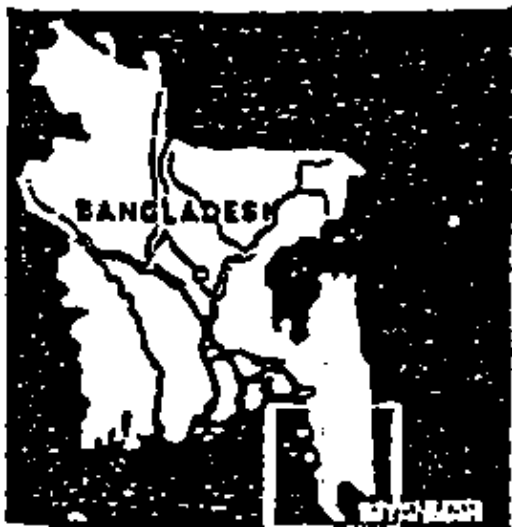
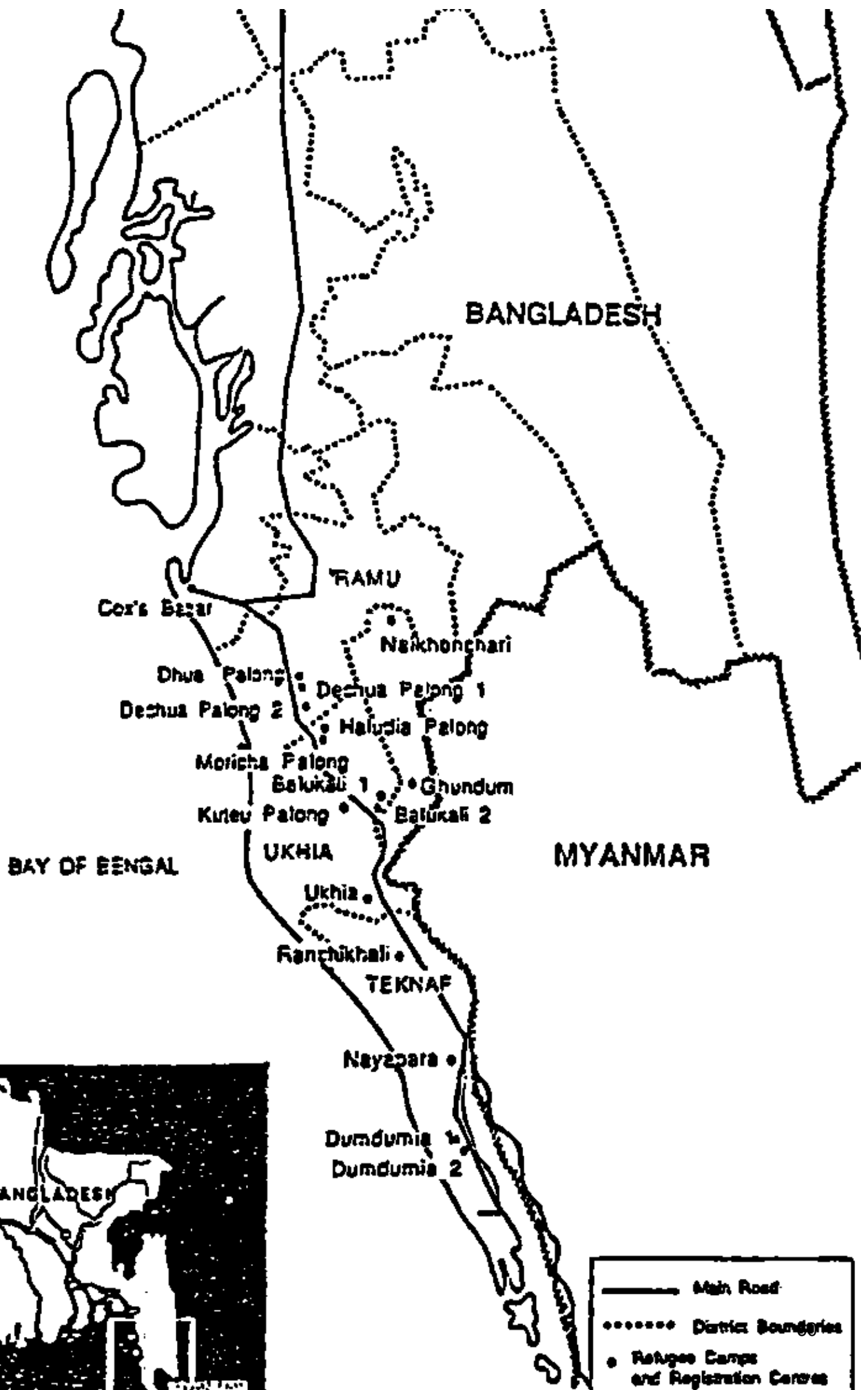
MAP 17 – Zambia

MAP 19 – Nepal



MAP 19 - Nepal

MAP 20 - Bangladesh



MAP 20 – Bangladesh

