Refugee Nutrition Information System (RNIS), No. 11 – Report on the Nutrition Situation of Refugee and Displaced Populations

Table of Contents

Refugee Nutrition Information System (RNIS), No. 11 – Report on the Nutrition Situation of Refugee and Displaced Populations

ACC/SCN

UNITED NATIONS ADMINISTRATIVE COMMITTEE
ON COORDINATION SUB – COMMITTEE ON
NUTRITION

ACC/SCN, c/o World Health Organization, 20 Avenue Appia, CH–1211 Geneva 27, Switzerland
Telephone: [41–22] 791 04 56, Fax: [41–22]798 88 91, EMail: ACCSCN@WHO.CH

Geneva, 25 July 1995

This report was compiled by the ACC/SCN Secretariat, with the help of Jeremy Shoham, London School of Hygiene and Tropical Medicine.

Funding support is gratefully acknowledged from CIDA, NORAD, USAID*, UNHCR, and WFP, as are inputs in kind from UNICEF and Save the Children Fund, UK. UNHCR kindly provided most of the maps used.

We would like to thank all those agencies who contributed information to this report, particularly AICF, CONCERN, UN/DHA, FAO, ICRC, IFRC, MSF–Belgium, MSF–CIS, MSF–France, MSF–Holland, SCF–UK, UNHCR, UNICEF, WFP, and WV.

** This report was prepared with support from the United States Agency for International Development, Bureau for Global Programs, Field Support and Research. Office of Health and Nutrition and the Bureau for Humanitarian Response under The Food Security and Nutrition Monitoring (IMPACT) Project. Contract No. DAN–5110–C–00–0013–00.*

HIGHLIGHTS

The overall numbers of refugees and displaced people at heightened nutritional risk has markedly decreased over the past three months as has the total size of this population. This reflects significant improvements in security and agricultural performance in a number of emergency affected countries and improving self–sufficiency in others.

Angola *The continuing cease–fire has allowed large numbers of displaced people to return home. The improved security has permitted wide–spread assessments of need and relief provision where appropriate. However, as the harvest levels were well below "normal" pre–war levels, at least 1.4 million people will remain dependant on food aid over the next year. With occasional exceptions, most nutritional surveys are now indicating low levels of wasting.*

Rwanda/Burundi Region *Although 3.2 million refugees and internally displaced people are still affected by this regional crisis, the nutritional situation has improved considerably for much of this population. Refugees in the Coma and Bukavu camps of Zaire have very low levels of wasting and mortality despite inadequate general ration provision over the past few months. This reflects increasing self–sufficiency amongst this population. Levels of general ration provision for refugees in the Tanzanian camps have been better with prevalence of wasting remaining low amongst this population. Camps for the internally displaced in Rwanda were closed in April/May with many returning to their communes of origin. Prospects for the July harvest are thought to be good. The most worrying situation is in Burundi where in spite of predictions of a good second season crop, high levels of insecurity, which have effectively turned some parts of the country into a*

war–zone, are constraining relief efforts for the internally displaced and refugees, and may yet affect harvest prospects.

Liberia Region *Over 3.4 million people in the region still require emergency assistance. The situation in this region remains very serious with continued fighting in both Liberia and Sierra Leone. Surveys in some newly accessible areas of Liberia have shown high levels of wasting and very low measles immunisation coverage, while in Sierra Leone decreasing food availability is causing marked increases in food prices. Refugees in Cote d'Ivoire and Guinea are generally believed to be in a stable nutritional condition.*

Mozambique *The food and nutrition situation continues to improve throughout the country due to the relatively good harvest and as greater numbers of returnees resume agricultural and economic activity. However, recent returnees and those populations who are not easily accessible to relief agencies for logistical reasons may be at some nutritional risk.*

Somalia *Recent nutritional surveys in Mogadishu and Baidoa have indicated that Somalia may once again be heading towards a nutritional emergency. A marked increase in security incidents is affecting agricultural and economic activity with urban populations in particularly believed to be enduring considerable hardship. A number of NGOs are rapidly expanding feeding centre provision in several urban centres to address increased levels of wasting.*

Sudan *A combination of the excellent 1994/5 harvest and improved access by relief agencies is believed to be maintaining a relatively stable nutritional situation in most of southern Sudan.*

Iraq *The approximately 220.000 Marsh Arabs affected by the drainage of the southern marshes remain in a critical condition. The situation has not reportedly improved and recent reports indicate a possible vitamin A deficiency problem in this population.*

Afghanistan Region *The overall situation for the approximately 3.1 million refugees and displaced people in the region is reportedly improving. Recent reports from camps for the displaced in Jalalabad show levels of wasting of about 6%, which is considered normal for the region. It is also hoped that a large number of refugees in Iran will repatriate.*

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	***O***	***X***	***O***	***O***	✓	***X***	***O***	✓	✓
2. General resources									
– food (gen. stocks)	✓	✓	✓	✓	✓	***X***	✓	✓	***X***
– non–food	✓	✓	✓	✓	✓	***X***	***X***	✓	***X***
3. Food pipeline	✓	✓	✓	✓	✓	✓	✓	✓	✓
4. Non–food pipeline	✓	✓	✓	✓	✓	✓	***X***	✓	✓
5. Logistics	✓	***X***	***O***	***O***	✓	***X***	***O***	***X***	***X***
*6. Personnel**	✓	✓	✓	✓	✓	✓	***O***	✓	✓
*7. Camp factors***	✓	***O***	✓	***na***	***na***	***?X***	✓	***X***	***X***
8. Rations – kcals	✓	***?X***	✓	✓	✓	***X***	***X***	✓	***X***
*– variety/micronutrients****	✓	***?X***	✓	✓	✓	***X***	***X***	✓	***X***
9. Immunization	***?***	***?***	***X***	***?***	✓	***X***	***?***✓	✓	✓

10. Information	***X***	***X***	✓	✓	✓	***X***	***O***	✓	

✓ *Adequate*
O *Problem in some areas*
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.*

Note: *Situations for which detailed information is available are included in this fable. Other potentially critical situations (e.g. Ethiopia. Shaba, Zaire and Somalia) are not currently included due to a lack of detailed information. They will be included as more information becomes available.*

INTRODUCTION

The UN ACC/SCN[1] (Sub–Committee on Nutrition), which is the focal 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 eleventh of a regular series of reports, and is the seventh in the series to include reports on some Asian refugees and displaced people.

[1] ACC/SCN, c/o World Health Organization, 20 Avenue Appia, CH–1211 Geneva 27, Switzerland, Telephone: (41–22) 791 04 56, Fax: (41–22) 798 88 91. EMail: ACCSCN@WHO.CH.

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, equivalent to 1.2/10,000 children/day and for South Asia the U5MR is 0.8/10,000/day (in 1992, see UNICEF, 1995, p.84).

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.

References

CDC (1992) Famine−Affected. Refugee, & Displaced Populations: Recommendations for Public Health Issues, *MMWR* 41 (No. RR−13).

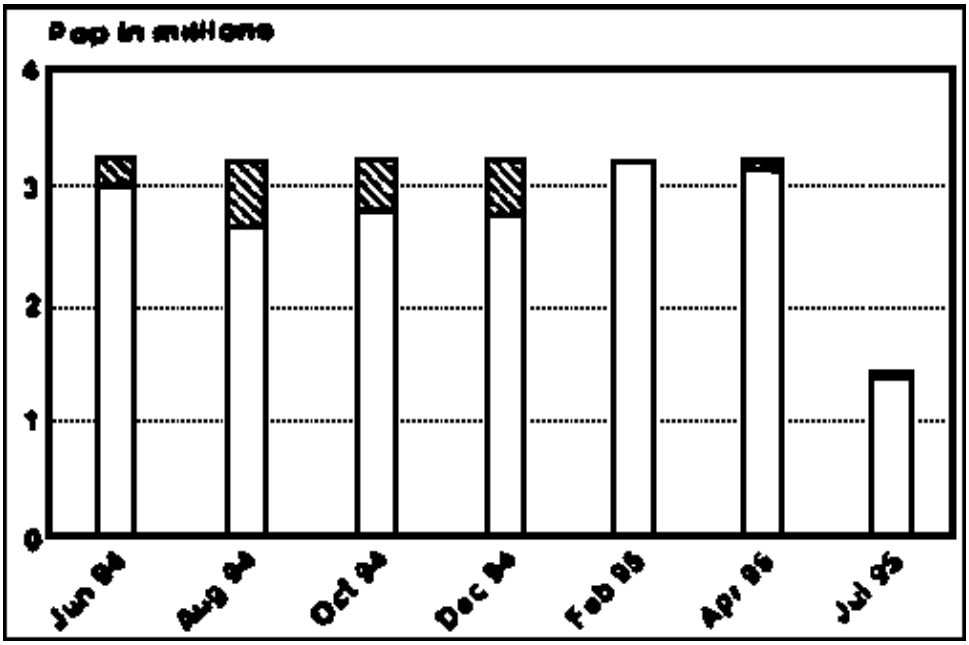
James W.P.T. and Schofield C. (1990) *Human Energy Requirements.* FAO/OUP.

Schofield C. and Mason J. (1994) *Evaluating Energy Adequacy of Rations Provided to Refugees and Displaced Persons.* Paper prepared for Workshop on the Improvement of the Nutrition of Refugees and Displaced People in Africa, Machakos. Kenya, 5−7

CURRENT SITUATION (Sub−Saharan Africa)

1. Angola

(see Map 1 and Figure 3A)



A. Angola – Trend In numbers of displaced/war affected. Shaded areas indicate those at heightened nutritional risk.

With the signing of the peace accord on May the 6th and the partitioning of government and UNITA troops, the country has remained generally calm. Improvements in security have therefore made it increasingly possible to determine relief needs in formerly inaccessible areas and to dispatch assistance where appropriate. It has been reported that many of the displaced are beginning to return home. Large numbers of displaced people returned from Kuito and Kunje to their former homes in Bie province at the end of June and the displaced camp in Kunje, which held over 8,000 people, is now almost empty. In contrast the continuing lack of security outside of Luena in Moxico Province makes the return of the displaced to their nearby homes impossible. It is expected that repatriation of some of the approximately 300,000 Angolan refugees, mainly residing in neighbouring Zaire and Zambia, may soon take place. Food is being pre–positioned in the northern border ares of Zaire and Uige provinces for such an eventuality. The majority of these refugees are expected to return spontaneously [DHA 23/03/95, UNHCR 14/06/95].

However, a recent crop assessment mission in April/May forecast only a marginal increase in the harvest over last years poor output, leaving approximately 1.4 million people dependant on food aid over the next year. It is estimated that up to 2.2 million people require some form of food or non–food aid support during 1995/96. This number comprises the displaced (approximately 1.3 million) and war affected, returnees, and demobilised soldiers. The main constraints on agricultural production have been sporadic fighting, massive displacement of farmers and the existence of millions of landmines. There has also been a shortage of complementary agricultural inputs such as fertilizer [DHA 23/03/95, FAO 29/05/95, WFP 16/06/95, WFP 30/06/95].

The relative peace in the country has led to an increase in the amount of humanitarian aid that is being delivered by road rather than airlifted, thereby reducing transport costs. However, it is still envisaged that in the coming months air transport will continue to play an important role. In mid–June the first WFP road convoy carrying relief supplies to Malange departed from Luanda and at the end of the month a road convoy had successfully supplied Huambo and Kuito with relief items. WFP has also conducted a road assessment from Kuito to Menongue in order to determine the possibility of future convoys of relief supplies to this isolated city [DHA 23/03/95, FAO 29/05/95, UNHCR 14/06/95, WFP 16/06/95, WFP 30/06/95].

In general, the nutritional situation in accessible areas appears to be improving although these populations are still believed to be heavily reliant on food aid. For example, a survey completed in N'Dalatando (estimated population 75,000) found wasting rates between 2.3–5.5% with 0–1.1% severe wasting (see Annex I (1a)). This is an improvement over an earlier survey in November 1994 which found 26.5%–33.1% wasting with 9.1–13.5% severe wasting. Much of this dramatic reduction in levels of wasting has been attributed to the regular provision of a general ration and establishment of selective feeding programmes [Concern 94/95].

However, the dependence of the population on external support is a matter of concern and they are likely to be vulnerable to disruptions in food aid supply until agricultural production has improved and increased economic self−sufficiency achieved.

A survey conducted in Soyo, Zaire Province (estimated population 30,000) found 5.4% wasting and 0.8% severe wasting (see Annex 1 (1b)). These relatively normal levels of wasting are not mirrored by crude mortality rates of 1.5/10,000/day (5x normal) and an under five mortality rate of 4.3/10,000/day [MSF−H Jun 95]. A recent nutritional survey in Jamba indicated normal levels of wasting and, as a result, the general ration was reduced to half rations in early June [WFP 30/06/95]. A survey in Dondo in Cuanza None province in July found overall wasting rates of only 5.5% with 1% severe wasting (see Annex I (1c)) [WFP 16/07/95].

In contrast to these results, a survey carried out in Cafunfo, Lunda None (estimated population 10,000) in April/May found a catastrophic nutrition situation. The government controlled town has effectively been under siege conditions for the past year with surrounding areas controlled by UNITA forces. Market availability of food has therefore been extremely limited. Wasting was measured at 29.2% with severe wasting at 20.9% indicating an extreme emergency (see Annex I (1d)). Many cases of malnutrition were also noted among older children and adults. The crude mortality rate was 8.3/10,000/day (about 20x normal) and the under five mortality rate was 10.3/10,000/day [AICF 04/05/95]. A general ration programme was started in mid−May 1995 [WFP 19/05/95].

Overall, most of the affected population in Angola can be considered to be at moderate nutritional risk due to their dependence on food aid (category IIb in Table 1). However, conditions should improve quickly as populations become more accessible to delivery of humanitarian relief by road. Known exceptions are Cafunfo where the population are at high risk (category 1 in Table 1) and it is likely that other pockets of “famine” exist in formerly besieged areas which have yet to be properly assessed.

How could external agencies help? As the situation in Angola gradually improves, caution needs to be exercised in planning reductions in general ration provision. Nutritional surveillances should be established to ensure that withdrawal of emergency food aid does not lead to any marked decline in nutritional status. Efforts to de−mine large tracts of land and provide agricultural inputs to returnees should be given maximum priority and agencies should gear up for the possible return of large numbers of Angolan refugees.

2. Benin/Ghana/Togo Region

The eruption of political violence in Togo in January 1993 triggered a refugee crisis which displaced up to 300,000 people more or less equally into neighbouring Benin and Ghana. The political situation in Togo has now stabilised to the extent that UNHCR are currently establishing plans for the voluntary repatriation of the remaining 161,000 refugees from Benin and Ghana [UNHCR 26/06/95].

Benin The latest indications are that the majority of the 49,000 Togolese refugees in Benin favour voluntary repatriation [UNHCR 26/06/95]. There are no reports of change to the generally adequate nutritional status of this population.

Ghana There are approximately 112,000 refugees in Ghana. This number is comprised of 98,000 Togolese refugees and a further 14,000 Liberian refugees. Although repatriation plans are underway for the Togolese refugees, there appears to be a more ‘wait and see’ attitude towards repatriation amongst this refugee population with many reluctant to return immediately. There have been reported problems with procurement of important drugs not on the “essential” drug list for refugees in Northern Volta camps while the Ministry of Health drug supply to the camp clinics in southern Volta are said to be inadequate [UNHCR−a 14/06/95, UNHCR 26/06/95].

There has been a slight increase in the number of Liberian refugees in Ghana due to recent displacement from fighting in Sierra Leone [UNHCR−a 14/06/95].

It is reported that most of the approximately 180,000 people in Northern Ghana, displaced by ethic violence which erupted in February 1994, have returned home. However, there have recently been some reports of renewed ethnic fighting although no indication of resulting displacement [UNHCR 26/06/95].

Overall, the 161,000 people affected regionally are probably not currently at heightened nutritional risk (category IIc in Table 1).

3. Burkina Faso

(see Map 10)

There are currently approximately 20,000 Touareg refugees from Mali and Niger in Burkina Faso comprising those who arrived between 1991–3 and others who arrived in June/July 1994. It is now hoped that the signing of a peace accord in Niamey in April will pave the way for repatriation of this population although extensive efforts to rehabilitate infrastructure will be needed before full–scale repatriation can occur [UNHCR 16/05/95].

There have been some reported difficulties with the provision of food aid for this refugee population who do not traditionally consume maize or sorghum. As a result, it appears that refugees have been exchanging their maize/sorghum rations for more traditional foods such as milk and millet. However, in spite of the provision of foods which are not normally consumed by this population the nutritional status of children appears not to have been adversely affected [UNHCR 16/05/95].

There are also approximately 41,000 assisted Touareg refugees from Mali in Mauritania. These refugees began arriving in southeast Mauritania at the end of 1991, fleeing ethnic conflict in Mali. During 1994 a planning figure of 80,000 refugees was used. An assessment mission in December 1994 resulted in a reduction of the cereal component of the ration by 25%. A subsequent census carried out in April 1995 identified 41,000 refugees in the camps. This population continued to receive a reduced general ration [UNHCR 29/06/95].

A recent nutritional survey conducted at the three refugee sites showed 17.1% wasting with 3.2% severe wasting. The crude mortality rate was 1.8/10,000/day (6x normal) and the under five mortality rate was 4.8/10,000/day. Principal causes of death were attributed to diarrhoea and malnutrition. Measles vaccination coverage was 88.4%. These high levels of wasting and mortality may be partially explained by a high incidence of diarrhoea and the overall reduction in the general ration provision for this population. It is reportedly possible that the high level of diarrhoea may in turn be related to the provision of DSM powder in the general ration which becomes contaminated when reconstituted at household level. Based on these survey results the ration, in particular the cereal component, will be increased in the near future. There will also be an additional one–off distribution of millet, oil and beans or lentils in August [MSF–F Jun 95, UNHCR 29/06/95, WFP 24–25/07/95].

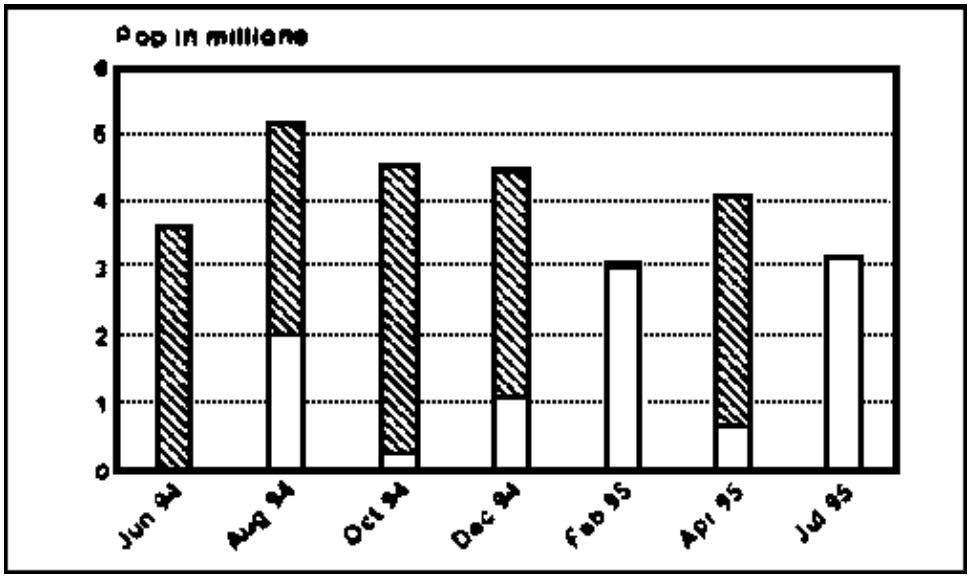
It is hoped that repatriation of these refugees will take place in 1995 due to the present stabilisation of the political situation in Mali and as infrastructure at returnee sites in Mali are restored [UNHCR 29/06/95].

Overall, the more recently arrived population in Burkina Faso can be described as at moderate nutritional risk (category IIb in Table 1) while the refugees who have been in Burkina Faso longer are probably not at heightened nutritional risk (category IIc in Table 1). However, the refugees in Mauritania, can be considered to be at high nutritional risk due to elevated levels of wasting and mortality (category I in Table 1).

How could external agencies help? There is a need to monitor the appropriateness of the general ration commodities given to Malian refugees in Burkina Faso and to determine whether the exchange of certain commodities by the refugees for other commodities of preference reduces the overall nutritional adequacy of the general ration. Nutritional status and mortality rates of the Malian refugees in Mauritanian camps needs to be carefully monitored in the coming weeks to determine whether the overall reduction in the general ration continues to have an adverse effect on nutritional status. There also needs to be a review of the advisability of providing dried skimmed milk in the general ration and its possible role in increasing rates of diarrhoea.

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).

There are approximately 3.2 million refugees and internally displaced people affected by this regional emergency. In Burundi, very poor security with frequent outbreaks of violence has hindered movement of relief supplies and created several new waves of displacement. Refugee camp populations have also been affected by the level of insecurity and have expressed fears of forced repatriation. Inside Rwanda, the rehabilitation programme is in full swing and targeted mainly to those communes which have received the largest number of returnees. Although there have been some security incidents in the country, a good July harvest is expected. Security around the refugee camps in Tanzania is said to be fragile but the food supply to refugees is now reported to be adequate. However, lack of water in the camps still continues to be a problem and is reflected in disease patterns. Despite inadequate food supplies to the Goma and Bukavu refugee camps in Zaire levels of wasting remain extremely low.

Current estimates of affected populations by country are given in the box below:

	Jun 94	Aug 94	Oct 94	Dec 94	Feb 95	Apr 95	Jul 95
Burundi	1.000.000	1.230.000	770.000	1.200.000	740.000	492.500	515.000
Rwanda	2.060.000	2.040.000	2.500000	2.500.000	335.000	1.750.000	800.000
Tanzania	410.000	353.000	556.000	556.000	630.000	686.000	644.000
Zaire	113.000	1.500.000	1.240.000	1.240.000	1.290.000	1.130.900	1.202.200
Uganda	10.000	10.000	10.000	10.000	5.000	5.000	6.700
TOTAL	3.593.000	5.133.000	5.076.000	5.076.000	3.000.000	4.064.400	3.167.900

Burundi The closure of the camps for the internally displaced in Rwanda led to an influx of Rwandan refugees into Burundi and most recent estimates are that there are now 215,000 refugees in need of assistance [UNHCR 14/06/95]. There are also an estimated 300,000 internally displaced people in Burundi, although the fluid security situation means that the numbers are constantly changing as people leave home and then return [WFP 29/04/95, WFP 03/05/95].

Security incidents have been continually reported over the past three months particularly in Bujumbura and in provinces such as Cibitoke leading to the temporary displacement of large numbers of people. There have been numerous reports of NGO vehicles and convoys being attacked and staff threatened. Security around refugee camps has become more precarious and Burundi officials are strongly advising that refugees return home. This insecurity is affecting access roads in and out of Bujumbura and to the northern provinces constraining food deliveries In mid–June 8–10,000 refugees from Mugano camp moved into the border area with Tanzania expressing fear of forced repatriation to Rwanda by the Burundian authorities [WFP 12/05/95, WFP 14/07/95, WFP 12/07/95].

In spite of these high levels of insecurity a joint government/WFP/Donor mission which completed its report in mid−June recommended that general food assistance to the internally displaced be phased out by March 1996 and that food should then be targeted to vulnerable groups and those without access to land, to replace the general food distribution. However, this missions findings were partly informed by the FAO/WFP crop and food supply assessment mission to Burundi in April which predicted a good second season crop before the pronounced deterioration in security of recent weeks. The Burundi government is presently studying these recommendations [FAO 24/03/95].

Rwanda The total number of internally displaced/returnees needing assistance is estimated to be 800,000 [WFP 21/07/95]. After the closure of the camps for the internally displaced in April/May 1995, a number crossed into Burundi, but many returned to their communes of origin [DHA 15/05/95]. Since the beginning of the year, food has been supplied to support a variety of first stage recovery activities in addition to continued support to recent returnees from refugee and internally displaced camps. Food for work programmes have been successfully undertaken in various sectors including infrastructure building, water and sanitation and education. Income generating activities have also been widely established.

These rehabilitation programmes are presently directed toward priority communes, estimated to have received 85% of the former IDP camp residents. Food is also supplied to hospitals, nutritional centres and unaccompanied children centres while rations to returnees continue to be provided through the way stations and transit centre system. Recent returnees currently receive a one month food distribution after which they are incorporated into targeted rehabilitation programmes.

UN and NGO vehicles are being regularly robbed and hijacked with threats to staff. In June and July there have been numerous reports of security incidents in Kigali, Gisenyi (partly due to incursions from Zaire), Butare and the Western prefectures of the country [WFP 23/06/95]. The UN security Council has extended UNAMIRs mandate for an additional six months although troops will gradually be reduced in number. Under the new mandate, UNAMIR will support and assist provision of humanitarian aid, contribute to security for UN staff, and assist in the training of the local police force [WFP 07/07/95, WFP 21/07/95].

The prospects for the harvest in July are reportedly encouraging, with approximately 60% of tillable land planted and adequate rainfall. Crop yields are expected to be near the pre−war average although a reduction in area planted will mean lower overall production [DHA 15/05/95, WFP 30/06/96].

Tanzania The total number of Burundi and Rwandan refugees has continued to rise slowly, despite the closure of the border by the government since March. It is currently estimated that there are just over 644,000 refugees in Tanzania [WFP 30/06/95]. Camp leaders from Ngara approached UNHCR at the end of June to discuss repatriation. This is the first time that such an initiative has come from the refugee community. The security situation in many of the camps is described as fragile [WFP 19/05/95, WFP 30/06/95]. Most recent reports indicate that the new distribution lists drawn up by camp leaders are creating tension in the camps, especially around distribution sites [WFP 21/07/95].

By mid−June satisfactory distribution of food was observed in all refugee camps with a full ration of maize, beans and CSB and the resource situation was said to be improving daily with new contributions. A joint WFP/Tanzanian Railways Corporation team completed its assessment in June and concluded that funds were urgently needed for the improvement of transport of food aid [WFP 24−25/07/95].

Recent nutritional information from *Kitali Hill* camp, in Kagera region (estimated population 58,000) found that 7.8% of children under five years of age were wasted and that 0.9% were severely wasted (see Annex 1 (4a)). Demographic analysis of the camp population showed that there were a greater number of children between 42−53 months than in the 6−17 month category possibly reflecting a higher mortality rate for those under 30 months in previous weeks or a low birthrate due to the war in Rwanda. The crude mortality rate was 0.9/10,000/day (3x normal) and the under−five mortality rate was 2.4/10,000/day. The camp had been receiving poor rations since the beginning of March and the theoretical general ration during April was only 1480 kcals per capita. The measles immunisation coverage rate was 94% [AICF 15/04/95].

A nutritional survey conducted in *Musuhura Hill Camp* in Ngara region (estimated population 58,000) found 11.2% wasting with 3.2% severe wasting (see Annex 1 (4b)). This does not compare favourably with an earlier survey result in November 1994 which only found 3.3% levels of wasting [MSF−H Jun 95].

Health conditions are generally said to be satisfactory in all camps with the most common health problems being lower respiratory tract infections, malaria and scabies. Adequate potable water is, however, a serious problem for all the refugee camps in Western Tanzania with average availability still only 6−7

litres/person/day. This is reflected in the high incidence of scabies. Efforts to improve the water supply are continuing [WFP 24−25/07/95].

Goma, Zaire There are approximately 722,000 refugees in Goma. It was reported at the end of April that the insecurity within Rwanda due to forced camp closures had temporarily stopped repatriation which had reached a peak of 1000/day by February. Repatriation began again in July 1995 [WFP 24−25/07/95]. In spite of a generally improved security situation in the Goma region, largely due to the presence of UNHCR Zairean security forced deployed since February, armed robberies of NGOs have been reported as well as unconfirmed information regarding an attack on Rwandan refugees from eastern Zaire.

Deliveries of food by truck have been inadequate over the last few months due to closure of the Rwandan/Zaire border, poor road conditions and escalating railway costs in Uganda. At the beginning of May, the general ration was only 1,140 kcals per capita and this was reduced further by mid−June to 1000 kcals per capita. Beans and/or CSB have periodically been missing from the ration [WFP 29/04/94, WFP 05/05/95, WFP 12/06/95]. There has also been concern over the lack of availability of maize meal. The high proportion of maize grain in the ration has been problematic for supplementary feeding programmes and young children in general. There has been a long−term shortage of milling facilities in the area with WFP lacking funds for milling costs [UNHCR 13/06/95].

Despite these problems with ration provision, recent nutritional surveys show an adequate nutritional situation. In *Kahindo* camp wasting rates were measured at 1.7% with 0.4% severe wasting (see Annex I (4c)). Nutritional survey results from *Lac Vert* camp showed 2.6% wasting and 0.6% severe wasting (see Annex I (4d)) and in *Kibumba* camp, wasting was measured at 3.5% with 1.9% severe wasting (see Annex I (4e)). Given the low levels of per capita rations distributed in recent weeks, it is likely that these extremely low levels of wasting reflect extensive coping strategies amongst these camp populations. A survey of camp markets in May and June showed a wide variety of food commodities available [MSF−B May/June 95, UNHCR 17/06/95, UNHCR 19/06/95].

Food distribution systems are still being improved in the camps with new family level systems being tested in Kibumba and Katale camps [WFP 30/06/95].

Bukavu, Zaire Most recent estimate are that there are 308,200 Burundi and Rwandan refugees in Bukavu [WFP 12/06/95]. The security situation is described as tense with numerous incidents reported between the Zairean authorities and Hutu politicians in the refugee camps largely as a consequence of the ban on certain political activities within the camps. A number of refugee killings have also been reported [WFP 03/05/95, WFP 16/06/95, WFP 23/06/95].

In early May, the Bukavu camps experienced a similar degree of food supply problems as the Goma camps largely as a result of closure of the border at Cyangugu. The per capita ration was only 960 kcals in early May rising to 1230 kcals by mid−May. However, these rations frequently lacked CSB and pulses and were therefore grossly deficient in key micro−nutrients. Increased use of food supplies via Burundi and some small scale local purchases determined that the food supplies had improved considerably by the end of June and were providing a per capita ration of 1500 kcals [WFP 12/05/95, WFP 19/05/95, WFP 23/06/95]. In the first two weeks of July shortages of pulses for the general ration were being reported [WFP 21/07/95].

There are no current nutritional data from the Bukavu camps although at the end of May levels of wasting were less than 5% with the consequent closure of many therapeutic feeding centres. Levels of wasting have generally been at this low level throughout the Bukavu emergency and, given the sporadic general ration supply to the Bukavu camps – especially in recent months, probably reflects the development of various coping strategies amongst this refugee population.

Uvira/Kamanyola, Zaire There have been some new arrivals in the region over the last few months largely due to the closure of the camps for internally displaced in Rwanda which led to over 23,000 new arrivals and violence in the Bujumbura area. Current estimates are that there are 172,000 Burundi and Rwandan refugees [UNHCR−b 14/06/95]. There have also been security incidents reported in this area, especially in Kamanyola camp [WFP 26/05/95].

The distribution system has been changed and food is now given directly to the oldest female in each household. This is reportedly improving equity and the amount of ration received by each family [WFP 03/05/95].

Uganda There are an estimated 6,700 Rwandan refugees in Uganda. Approximately 1,000 of these people had been refugees in Uganda before the April 1994 crisis erupted. The remaining 5,500 refugees arrived after April 1994 with many transiting through Tanzania or Zaire [UNHCR 03/07/94].

Overall, the population in Uganda is not currently considered to be at heightened nutritional risk (category IIc in Table 1). The population in Burundi is at moderate risk due to the high levels of insecurity with consequent threat to relief deliveries (category IIb in Table 1) and the refugee population in Tanzania may also be at moderate risk due to poor water supplies in the camps. Populations in the Goma, Bukavu and Uvira camps can be considered to be at low risk despite to the poor delivery of general (category IIc in Table 1). The population in Rwanda may be considered to be at moderate risk until they have fully re−established their normal agricultural and economic activities and until the infrastructure in the country has been properly rehabilitated (category IIb in Table 1).

How can external agencies help? The potential impact of the planned withdrawal of the general ration for the internally displaced in Burundi needs to be carefully monitored through nutritional and health surveillance. Furthermore, there needs to be a highly flexible approach to the targeted general ration withdrawal as security conditions within Burundi fluctuate so markedly. Cash resources are urgently needed for the Tanzanian refugee programme to support recommended improvements to the Tanzanian Railway to ensure regular deliveries of food aid to the refugee camps. Furthermore, continued efforts must be made by agencies to improve the water supply situation in the camps which have been problematic since the emergency began in April 1994. Donors must make even greater efforts to increase the provision of maize meal in the general ration for Rwandan refugees in the Goma camps due to the shortage of milling facilities. Where appropriate, donors could also provide milling costs for whole grain maize. Donors must continue to explore all options to ensure pulse and blended food provision in the general radon for the region as a whole. In some cases, this may require providing extra cash resources for local and regional purchase.

5. Central African Republic

Most recent estimates are that there are 13,300 Chadian refugees and 25,500 Sudanese refugees in the CAR. It is reported that a group of approximately 900 refugees from Mboki camp want to repatriate to the Sudan [DHA 24/05/95]. There are no reports of any change in the stable nutritional situation of these refugee populations.

6. Djibouti

Repatriation of Ethiopian refugees is completed, and, as of July 1995, the total number repatriated had reached 17,000, leaving approximately 23,000, mainly Somali refugee in country [UNHCR 03/05/95, WFP 24−25/07/95].

7. Western Ethiopia/Eastern Ethiopia/Ogaden

(see Map 7)

The total number of refugees/displaced/returnees in Ethiopia is currently estimated to be 380,000. This number is comprised of just over 55,000 Sudanese refugees in the West, 272,000 Somali refugees in the east, 18,000 Djibouti refugees in the north−east. 24,000 Somali and Kenyan refugees in the south and 11,000 displaced Eritreans in camps around Addis Ababa.

There continues to be a gradual increase in the number of Sudanese refugees in western Ethiopia, the most recent of whom arrived from Nasir town in the upper Nile province of southern Sudan to Fugnido camp [UNHCR 03/05/95, UNHCR May 95]. Recent survey conducted by the ARRA in two of these camps showed levels of wasting of 6% with little or no severe wasting (see Annex 1 (7a−b)). However, the situation in Fugnido camp is somewhat worrying as levels of wasting were 17.6% (see Annex 1 (7c)). This shows no change from a survey conducted a year ago, and may be explained by the continuing influx of Sudanese refugees who often arrive in a malnourished state [SCF 18/07/95].

The number of registered Somali refugees has also increased with the most recent new arrivals fleeing fighting that erupted in Northwest Somalia in March 1994 [UNHCR 03/05/95, UNHCR May 95]. Surveys conducted by the ARRA in the five Jijiga zone camps in March 1995 showed levels of wasting between 12% and 17.3% with severe wasting ranging between 0.4–2.2% (see Annex 1 (7d–h)). Although these surveys compare favourably with survey results from May/June 1994 when wasting rates were above 21% in two of these camps, levels are still somewhat high. This probably reflects the long–term problem of over–registration of this refugee population which has led to a reduction in general ration provision which may penalise certain vulnerable groups.

Surveys in four other Eastern camps for Somali refugees conducted in July 1995 found a range of 7.5–13.3% wasting with severe wasting of 0.5–2.2% (see Annex I (7i–l)). Daror camp (estimated population 42,000) had the highest level of severe wasting and it is reported that this may be due to the continuing arrival of severely malnourished refugees to this camp. Approximately 12,000 have arrived since April 1995 [SCF 18/07/95].

The returnees in the Ogaden region who included those in and around Gode, are now considered to be adequately re–integrated and no longer in need of assistance.

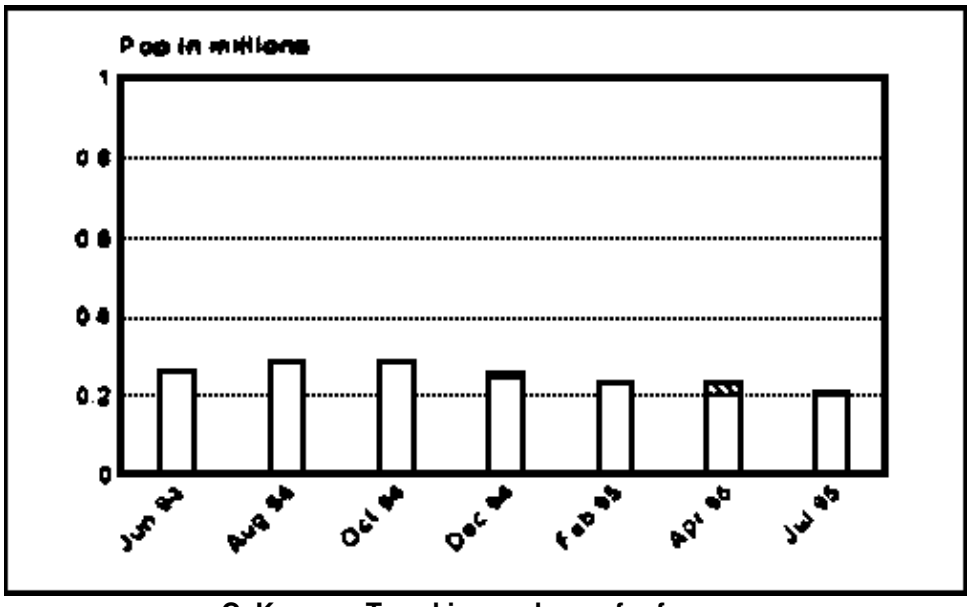
Repatriation of Ethiopian refugees from Djibouti is completed, and is continuing from Kenya and Sudan. Most recent estimates are that there have been 17,000 returnees from Djibouti since the beginning of the programme. During May 1995, 2,100 refugees from Sudan and 800 from Kenya repatriated to Ethiopia [UNHCR 03/05/95, UNHCR May 95].

Overall, the populations in Fugnido, Kebre Beyah and Derwonaji can be considered to be at risk due to high levels of wasting (category I in Table 1) and the populations of Hartisheikh, Terferiber, Daror and Aisha can be considered to be at moderate nutritional risk with somewhat elevated levels of wasting (category IIb in Table 1). The remaining Somali and Sudanese populations are not thought to be at heightened nutritional risk (category IIc in Table 1), and there are no reports of change for the nutritional situation for the displaced around Addis Ababa (category IIb in Table 1). No information is available on the Djibouti refugees in the North (category III in Table 1).

How can external agencies help? The nutritional survey results indicate that there needs to be further analysis of why high levels of wasting persist in Fugnido camp in the West and two camps for Somali refuges in the Jijiga area. Follow up nutritional surveys which attempt to identify causes of nutritional vulnerability should be conducted in the near future.

8. Kenya

(see Map 8 and Figure 3C)



C. Kenya – Trend in numbers of refugees.

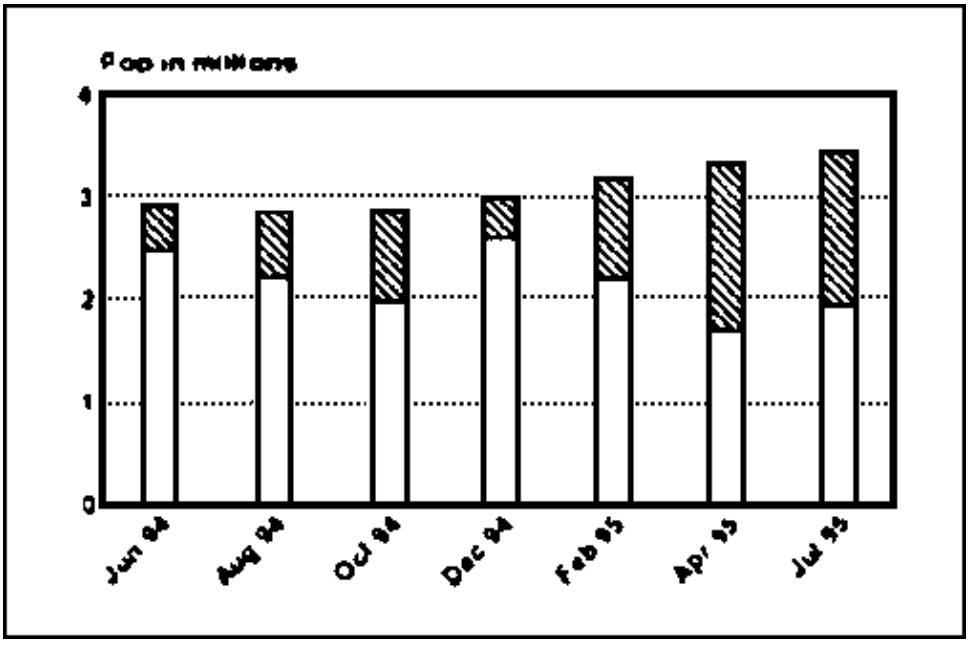
Most recent estimates are that there are approximately 197,000 refugees in Kenya. There are 158,000 Somali refugees, 31.000 Sudanese refugees and 6,000 Ethiopians (along with 2,000 refugees of other national origin). This is a decrease from 230,000 at the end of April, largely due to the continued repatriation of Somalia and Ethiopian refugees. The coastal camp of Utange is now closed [UNHCR May 95].

The re–establishment of CSB (which contains vitamin C) in the general ration for refugees is said to be reducing fears of a seasonal scurvy outbreak in the coming months. The situation will be carefully monitored to determine whether this prevents seasonal scurvy [WFP 24–25/07/95].

How can external agencies help? Agencies should continue to monitor trends in the incidence of scurvy as the traditional "scurvy season" approaches. These scurvy data should then be correlated with the provision of micro–nutrient fortified CSB in the general ration to determine whether the latter prevents seasonal increases of this condition.

9. Liberia/Sierra Leone 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. There are continued reports of skirmishes in Liberia, and despite the expansion of ECOMOG control into Cape Mount and Bomi counties, much of the country remains inaccessible to relief activities. Intensive rebel activity in Sierra Leone is continuing and estimates of the number of displaced people in the country vary from 730,000 to over a million people. Food distributions in Sierra Leone have been severely disrupted by the insecurity. The total number of people in need of humanitarian aid in the region has increased since the last RNIS report by over 100,000 to 3.4 million largely due to further displacements in Sierra Leone. This total population number is broken down by country as follows:

Location	Jun 94	Aug 94	Oct 94	Dec 94	Feb 95	Apr 95	Jul 95
Liberia	1.750.000	1.750.000	1.692.000	1.615.000	1.800.000	1.900.000	1.900.000
Sierra Leone	300.000	300.000	300.000	506.000	506.000	500.000	730.000
Cote d'Ivoire	234.000	250.000	325.000	330.000	330.000	330.000	227.000
Guinea	628.000	539.000	534.000	534.000	568.000	603.000	578.000
TOTAL	2.912.000	2.839.000	2.851.000	2.988.000	3.198.000	3.333.000	3.435.000

Liberia The prospects for peace in Liberia do not appear to be improving. A summit on the 17th of May called by the ECOWAS (Economic Organisation of West African Stales) was not attended by Charles Taylor (head of one ULIMO faction) so that little progress towards peace could be made. Although a subsequent meeting between Taylor and the president of Niger resulted in a commitment by the former to disarm, there has as yet been no indication of Taylor's ULIMO faction acting upon this commitment [DHA 19/06/95, UNHCR 26/06/95].

However, ECOMOG took control of the two main highways leading to Bomi and Cape Mount counties in mid−April, thereby greatly improving access to the populations in the western part of the country. In general the security situation has improved greatly in the major towns along these highways. Unfortunately, ECOMOG manpower is not sufficient to control areas off the highways where clashes between the two ULIMO factions have been reported as well as looting and atrocities committed against the civilian population. At the beginning of May ECOMOG extended its control over parts of Montserrado County, however, ECOMOG strength is gradually being weakened as the Tanzania military contingent start to leave. Throughout May there have been reports of skirmishes in many areas of Liberia including parts of Maryland county, Bong Mine and Gbarnga. Although it is difficult to gain precise information about the total number of newly displaced, approximately 200 people a day appear to be leaving Cess, Sinoa and areas north of Buchanan with another 500 per week from Bong Mine. The opening of the Bomi highway has allowed a large number of displaced people to travel to the camps around the Po River or to Monrovia [IFRC 02/06/95].

The total number of people requiring humanitarian assistance in Liberia remains at 1.9 million, but with the expanded control of ECOMOG forces, approximately 1.14 million of these people are now accessible to humanitarian aid in Monrovia (830,000), centres for the displaced in Rural Montserrado (90,000) and Lower Margibi and Lower Grand Bassa (215,000). It is reported that food is available in and around Monrovia both from the general ration distribution and on the markets [DHA 19/06/95, SCF 16/06/95, WFP 05/05/95].

A recent nutritional survey in Cape Mount in April showed 17% wasting with 5.3% severe wasting (see Annex 1 (9a)) [WFP 09/06/95]. Two other surveys in Margibi county showed a less severe situation. In Harbel Unification Town, wasting was measured at 7.4% with 1.1% severe wasting (see Annex 1 (9b)). The crude mortality rate was 0.69/10,000/day (2x normal) and measles immunisation coverage was 53.7%. In Goba Town, the prevalence of wasting was measured at 11.7% with 3.1% severe wasting (see Annex 1 (9c)). The crude mortality rate was 1.3/10,000/day (4x normal) and the measles immunisation coverage was 23.1% [MSF−H Jun 95].

There have also been a number of anecdotal reports from rapid assessment missions during April and May. One such report talks of deplorable human conditions around Harper in Maryland County, while another talks of no general signs of malnutrition in the towns visited in Grand Cape Mount County. Although various findings show that amongst the Liberian population there are pockets of malnutrition, the provision of medicines has been identified by some as an even higher priority than that of food [WFP 05/05/95, WFP 23/06/95].

Sierra Leone Rebel attacks have continued throughout the countryside in April and May with the anti−civilian characteristics that have come to be identified with this armed conflict, leading to further large scale civilian displacement. During June and early July there were reports that tension had eased in the Western Area and Freetown with unconfirmed news that the rebels had been routed from the rural western province, although there was also news of renewed rebel insurgence in Kono, Kenema and Kallahun. Attacks on highways have continued. Rough estimates are that there may be as many as 730,000 people internally displaced within Sierra Leone and a further 45,000 who have crossed the border into Guinea. As many as 40,000 people may have recently been displaced from Bo district while communities between Waterloo (only 25 miles from Freetown) and Lunsar have also reportedly had to move due to fighting [DHA 16/06/95, UNHCR 26/06/95].

Food convoys have regularly been looted and, based on the experience of last year, it has been suggested that rebel groups are stockpiling food for the rainy season. As a consequence food relief programmes are severely constrained. IFRC have reported that food is unavailable for distribution in Daru, Segbwema and Kenema as food stocks could not be positioned due to banditry and attacks on convoys. Food deliveries in June were therefore expected to be very poor. [WFP 23/06/95, DHA−a 15/05/95, IFRC 02/06/95]. It was also expected that distribution of foods in July for regions like Bo and Kenema would be delayed due to insufficient food available at WFP extended delivery points [WFP 21/07/95]. As security continues to deteriorate nationally, prices of basic food commodities are increasing daily.

A nutritional survey which was carried out in March 1995 in Freetown, showed 13.4% wasting with 7.2% severe wasting (see Annex 1 (9d)). No difference between the displaced and resident populations was found. Food was being distributed by different agencies in Freetown with allocated rations varying from 860 to 2240

Kcals per capita. The WFP assisted beneficiary caseload in the capital is still limited to less than 50,000 persons because of the difficulties of proper identification and registration. Measles immunisation coverage was found to be 53% [AICF 14/03/95].

Cote d'Ivoire There appears to be some confusion over the number of refugees in Cote d'Ivoire, and a recent attempt at a census was unsuccessful due to resistance by refugees. One estimate is that the number of refugees in need of humanitarian aid is approximately 270,000 [IFRC 02/06/95].

A poor nutritional situation for Liberian refugees in the Tabou prefecture of Cote d'Ivoire was described in the last RNIS report (14.8% wasting with 4.8% severe wasting). This situation has now reportedly improved considerably largely due to the interventions of various agencies [IFRC 02/06/95].

Guinea The total number of Liberian and Sierra Leonean refugees in Guinea is estimated to be 578,000. This represents a decrease from the last RNIS report (603,000) due to revised estimates of new arrivals from Sierra Leone [UNHCR 26/06/95]. We have no new information on the new arrivals in Forecariah prefecture who according to the previous RNIS were only receiving a per capita general ration of 1400 kcals and were therefore believed to be at some nutritional risk.

Overall, the population in Monrovia, Rural Montserrado, and Lower Margibi and Lower Grand Bassa who have access to humanitarian aid as well as refugees in Guinea and Cote d'Ivoire are not considered to be at heightened nutritional risk (category IIc in Table 1). Those in the newly accessible areas of Liberia are at moderate risk with many showing elevated levels of wasting and mortality and other populations showing low levels of measles immunisation coverage (category IIb in Table 1). The inaccessible populations of Liberia and Sierra Leone can be considered to be at high risk (category IIa in Table 1).

How can external agencies help? Urgent attention should be given to increasing measles vaccination coverage in the newly accessible areas of Cape Mount and Margibi county. Similarly, drug supplies need to be improved to these areas. Agencies should give priority to registering the "needy" displaced in Freetown in order to increase coverage of the general ration programme. Measles vaccination coverage also needs to be improved amongst this large urban population.

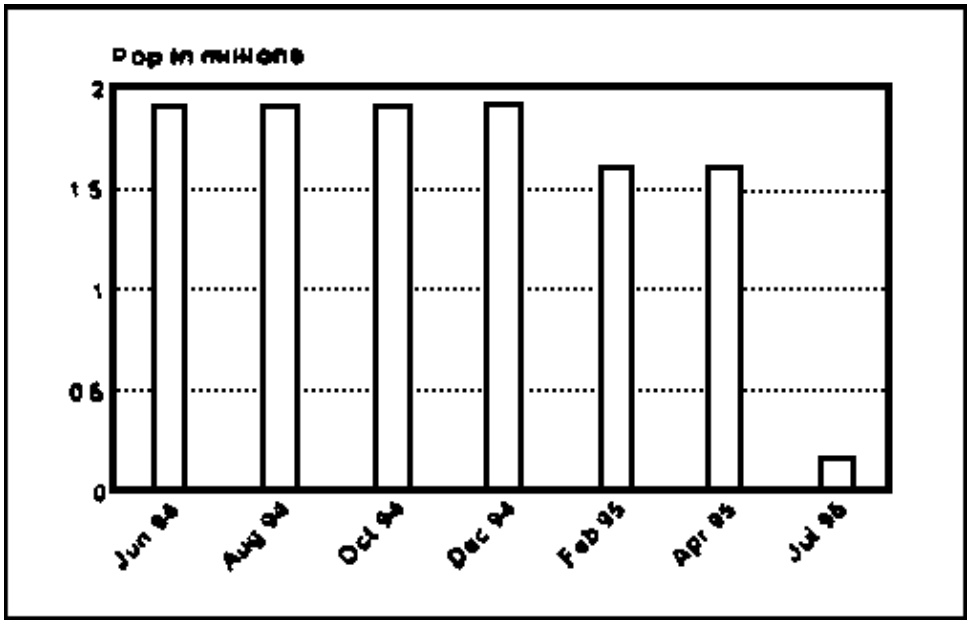
10. Mauritanian Refugees in Senegal

(see Map 10)

There are no reports of change in the situation for the approximately 52,000 Mauritanian refugees in Senegal currently receiving humanitarian aid. There are plans to phase out this assistance by the end of 1995, by which time it is hoped that the refugees will either have reached self–sufficiency or been repatriated.

11. Mozambique Region

(see Map 11 and Figure 3E)



Trend In numbers of refugees/returnees.

As of mid–June, the organised repatriation of Mozambican refugees in Malawi was completed, almost a year ahead of schedule [UNHCR 13/07/95]. Many of the returnees have now been in Mozambique long enough to have had a harvest and therefore are no longer considered to require food aid. Numbers of returnees and demobilised soldiers have accordingly decreased to 160,000. It is estimated that from May 1995, approximately 120,000 people who had no harvest, mostly in the provinces of Gaza and Maputo, would require emergency food aid and that this number was expected to increase to 400,000 in October, mostly from Tete and Gaza provinces, as food stores from limited harvests were used up. By the end of the marketing year the expected number of beneficiaries would be 700,000. In March a further 23,000 refugees from Malawi repatriated. This population, along with any other refugees who returned post November 1994, are eligible for continued returnee assistance until the next harvest in April 1996 [FAO 31/05/95, UNHCR 13/07/95, WFP 24–25/07/95].

An FAO/WFP crop assessment mission in April concluded that the recent harvest was, as predicted, a good one, with a 10–13% increase in area of land planted compared to the previous year and 140% greater yields than during the 1993/4 season. However, wide variation in output was anticipated with the four provinces in the north being roughly self–sufficient while other provinces would have far lower levels of production [FAO 31/05/95].

In spite of the recent harvest, nutritional data still indicate that there are vulnerable populations. A survey in Namacurra District in Zambezia province found 12.3% wasting (see Annex 1 (11a)) [Ministerio da Saude 07/04/95]. The recent harvest was variable throughout the district and the general food distributions were said to only be reaching a small proportion of the population so that further deterioration was feared [WV Apr 95].

Other surveys showed less worrying results. In Guija District (estimated population 99,000) in Gaza Province levels of wasting were recorded at 5.5% with 1.6% severe wasting (see Annex 1 (11b)) [MSF–CIS 10/04/95]. In Magude District (estimated population 73,000) in Maputo province, wasting was measured at 3.2% with 1.8% severe wasting (see Annex 1 (11c)) [MSF–CIS–a Apr 95]. In Guro District levels of 7.4% wasting were recorded (see Annex 1 (11d)). In all these surveys it was noted that household food reserves were low or non–existent and that wild foods were a significant part of the diet. The survey teams therefore recommended that it was advisable to closely monitor these populations as general food rations were being phased out from May onwards.

Overall, the assisted population is not currently at heightened nutritional risk (category IIc in Table 1), although it is likely that pockets of malnutrition exist in the more remote areas.

How could external agencies help? The situation appears to be improving as a result of the relatively good harvest, and as greater numbers of returnees have resumed agricultural activities. However, there are areas where crop production has been poor, or where new returnees have arrived too late to produce a crop. There are also population groups who are not easily accessible for delivery of food aid. The existence of these vulnerable groups is periodically reflected in nutritional survey results or high levels of growth faltering at Mother Child Health centres. Agencies should therefore give priority to the continued monitoring of these

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. This population fled the region and moved into the Kasai region farther north where many of their ancestors lived. Large numbers stayed in towns, e.g. Mwene Ditu and Likasi, along the route north to the Kasai region.

A recent survey in the town of Mwene Dim showed 25.8% wasting with 5.9% severe wasting (see Annex I (12a)). This represents a marked decline in nutritional status amongst this population since a survey conducted in March when wasting was measured at 13.9% with 2.7% severe wasting. It is not clear whether these high levels of wasting, which are similar to those found in Mwene Ditu shortly after the initial displacement from Shaba region in early 1993, reflect food price rises and hungry season shortages, or whether general ration supplies to this population have been reduced or stopped in recent months. As a consequence of these survey results, NGOs have requested the continuation of supplementary feeding programmes which were due to be phased out in August [MSF−B 27/06/95].

We have no new information on the displaced populations in Likasi, Mbuji Mayi or Kabinda (combined population of 158,000). These populations may however be at moderate risk (category IIb in Table 1) due to hungry season food shortages and in the event that the planned cessation of general ration programmes for populations, such as those in Likasi (March 1995), took place. The population of Mwene Ditu town can be considered to be at high risk (category I in table 1) with very high levels of wasting. The displaced/returnee population in the Kasai region are probably not currently at nutritional risk (category IIc in Table 1).

How can external agencies help? The high rates of wasting found in Mwene Ditu indicate an urgent need for a review of basic ration availability amongst this population. There is also a need for more current nutritional status information amongst displaced populations in urban centres such as Likasi and Kabinda.

13. Somalia

(see Map 13)

There are presently 600,000 assisted people in Somalia many of whom are working on NGO and UN supported water, sanitation, health and agricultural programmes. Most recent reports suggest that the situation in Somalia is gradually deteriorating. Although there were optimistic reports as recently as May that the two main faction leaders were managing to co−operate and hence limit inter−ethnic rivalry amongst their respective supporters, there are now increasingly worrying signs throughout the country. Since the withdrawal of UNOSOM in March security incidents have slowly escalated in frequency and significance with the most recent of note being the destruction by fire of Bakaara market in Mogadishu. It is expected that this will seriously disrupt economic activity for many individuals in the capital city. Fighting has also been reported in Kismayo, where the influx of refugee returnees from northern Kenya has created additional burdens for the host population. The suspension of all non−emergency UN activities in Kismayo continues and security incidents have also been reported recently in Baidoa.

Although, harvest predictions were initially good for Somalia, recent floods and untimely rains may reduce production is some areas. A recent ICRC assessment mission to Bantu villages in the Jilib area of Lower Juba found widespread crop failure due to lack of rains as well as flooding. Also, the increasing levels of insecurity are said to be affecting the confidence of farmers, many of whom have been unsure of where to plant crops while others are showing reluctance to enter whole−heartedly into agricultural activity out of fear of a return to full−scale civil war [WV May 95].

There is a sense that food security may be declining most rapidly in urban areas as economic confidence dwindles due to the decrease in security and that rural areas are as yet not significantly affected. By mid−July prices of locally grown maize and sorghum were reported to have increased by 55% in Mogadishu. Recent nutritional surveys by one NGO in Mogadishu and Baidoa found extremely high levels of wasting

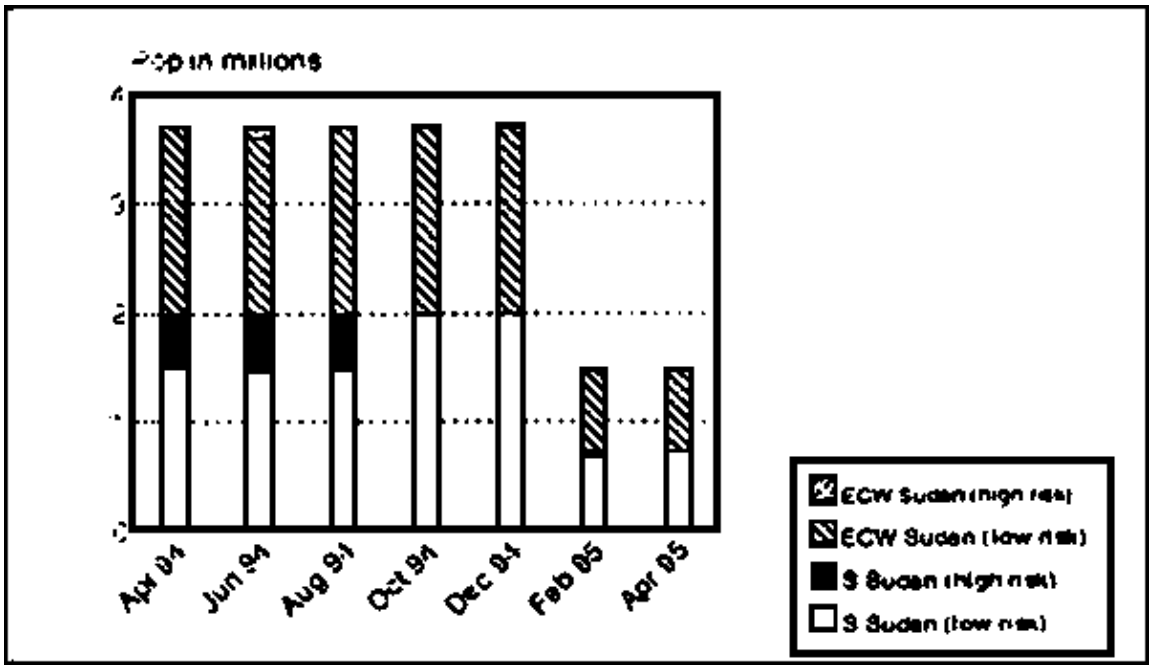
(approximately 25% and 18% with 6% and 4% severe wasting respectively) (see Annex I (13a–b)). These results compare very unfavourably with a nutrition survey conducted in Mogadishu in November 1994 when levels of wasting were 11.1% and 12.5% among the resident and displaced population respectively. Most observers concur that nutritional conditions, particularly in larger towns, are beginning to deteriorate markedly and a number of NGOs now plan to open up several more feeding centres in Mogadishu. Other nutrition surveys in urban areas have recently been completed and although details of these surveys are not yet available indications are that wasting levels are high [AICF 25/07/95, DHA 15/07/95].

Overall, the 600,000 internally displaced people, which is the current planning figure for Somalia, are considered to be at moderate nutritional risk (category IIb in Table 1). However, the number of people in need of humanitarian aid may be far higher than that as indicated by the survey above, especially in urban areas.

How can external agencies help? Given the apparent deterioration in food security in many parts of the country, there is a need for close nutritional monitoring, particularly in urban areas, in order to determine the need for selective feeding programmes and possible emergency general ration provision.

14. Sudan

(see Map 14 and Figure 3F)



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.

The total number of refugees, displaced and war affected people in need of food assistance in the Sudan remains at 1.4 million. This number is comprised of 200,000 Ethiopian refugees, 720,000 displaced and war affected people in Southern Sudan, 94,927 displaced in the transitional zone (just north of Southern Sudan) and 240,000 displaced in four settlements in Khartoum and an additional contingency for 125,000 war–affected people in other areas. The actual number of Eritrean and Ethiopian refugees in Sudan is over 500,000 with the majority in 27 rural settlements and eight reception centres in eastern Sudan. Gradual repatriation is still taking place in spite of the break in diplomatic relations between the governments of Eritrea and Sudan. The total number of Sudanese in need of non–food assistance is estimated to be 4.25 million people [DHA 24/05/95].

Although there are reports of numerous violations, particularly in northern Bahr–el–Ghazl, the cease–fire declared in May 1994 in Southern Sudan appears to be holding while in other areas government and SPLA forces appear to have reached a “stale–mate”. This relative stability has created opportunities for improved access to the civilian population and increased deliveries of humanitarian assistance by river, rail and air. The number of locations accessible by air increased from 45 to 66 in January 1995. Although there are no new nutritional data on populations in the South, better relief programme access in combination with the excellent

harvest last year appear to have safeguarded the nutritional situation of a large proportion of this population. However, as certain areas are not easily monitored by aid agencies and as the hungry season approaches it may be that some populations are beginning to experience nutritional stress [WFP 24–25/07/95].

By mid–June less than 15% of the inter–agency appeal for the Sudan, which was launched in January 1995, had been met. The lack of funds may lead to a scaling back of operations in the second half of 1995 although to date WFP has been able to adhere strictly to the policy of no delivery without assessment by international monitors and no distribution unless witnessed by international monitors [WFP 24–25/07/95].

Overall, the population accessible to humanitarian aid is probably not at heightened nutritional risk (category IIc in Table 1). However, there are large areas in Southern Sudan that are not accessible to humanitarian aid and nothing is known about the nutritional status of these people. Since it is now the hungry season, it is possible that these inaccessible populations are experiencing some food shortages.

How can external agencies help? Cash resources for WFP are urgently needed to ensure continued assessments and monitoring of food distributions in southern Sudan. In spite of the good 1994/95 harvest nutrition surveys in traditionally food insecure areas of the south should be conducted to identify whether pockets of nutritional stress are occurring during the present hungry season.

15. Uganda

(see Map 15)

The total number of assisted Sudanese and Zairean refugees in Uganda has increased to 335,400. This is due to the continued slow but steady influx of Sudanese refugees from southern Sudan. Population estimates over time are summarised below.

Origin	Jun 94	Aug 94	Oct 94	Dec 94	Feb 95	Apr 95	Jul 95
Sudanese Refugees	206,000	230,000	268,000	274,000	300,000	310,000	322,000
Zairian Refugees	15,000	16,000	16,000	16,000	313,000	13,000	13,400
TOTAL*	221,000	246,000	284,000	290,000	313,000	323,000	335,400

There are approximately 322,000 Sudanese refugees in Uganda, many of whom are in congested reception and transit centres. It is reported that there is currently a lack of food for all refugees due to regional food supply problems and that in the Koboko camps (estimated population 67,000) water supplies are inadequate and being made worse by current dry season conditions. These two factors are said to be leading to rising levels of malnutrition although there are no nutritional survey data to support this impression [IFRC 30/05/95, UNHCR 03/07/95].

The security situation in northern Uganda is described as fragile following the break in Ugandan–Sudanese diplomatic relations. Many refugees are being relocated to camps farther from the border, where it is hoped increased land availability and subsequent better prospects for farming will eventually lead to greater refugee self–sufficiency [IFRC 30/05/95, UNHCR 03/07/95].

Of the approximately 13,800 Zairean refugees in Uganda. 2,000 have requested support for repatriation. It is hoped that this first wave of repatriation will encourage other refugees to follow [UNHCR 03/07/95].

Overall, the Sudanese refugee population may be considered to be at moderate risk due to erratic general ration provision and in the case of the Koboko camps, poor water supplies (category IIb in Table 1). The Zairean and Rwandan refuges are not currently considered to be at heightened nutritional risk (category IIc in Table 1).

How can external agencies help? There continues to be a need to relocate refugees in order to de–congest reception and transit centres. The persistent water problems in the Koboko camps need to be addressed. Furthermore, nutrition surveys should also be implemented to determine whether the combination of poor general ration provision and water supply and over–crowding are having a significant impact on nutritional status.

16. Zaire (Refugees)

(see Map 12)

There are approximately 200,000 Angolan refugees in Zaire. 41,000 of whom are currently assisted. It is hoped that with the current positive political situation in Angola that many of these refugees will repatriate spontaneously [UNHCR 14/06/95]. There are no reports of change for the almost 64,000 Sudanese and Ugandan refugees in Zaire.

17. Zambia

There are approximately 96,000 Angolan refugees in Zambia. 10,000 of whom are currently assisted. It is hoped that with the current positive political situation in Angola that many of these refugees will repatriate spontaneously [UNHCR 146/06/95]. There are no reports of change to the reportedly adequate nutritional situation for the small number of 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

There are approximately 3.1 million refugees and internally displaced people who are still affected by the 15 year long war in Afghanistan. The situation for the majority of this population appears stable with some optimism that many refugees could soon be repatriated and that others are now considered to be self–reliant and will no longer require general ration support.

Displaced in Kabul Fighting in Kabul has reportedly slopped and although exact numbers are not known, it is felt that many of the displaced have returned home. The food security situation has most likely continued to improve as market availability of food increased. There are no recent nutritional data, but it is likely that the high levels of wasting shown among the displaced population in a survey in November/December 1994 have decreased, [WFP 24–25/07/95].

Displaced in Jalalabad Past fighting in and around Kabul has led to large–scale displacement of people towards Jalalabad. Two of the largest camps for the displaced from Kabul are Sarshahi and New Hadda camp. Information from Sarshahi camp in February (estimated population 80,000 with food distributed for a case–load of 120,000) was that wasting levels were 1.8% – 4.6% with 0.1–1.9% severe wasting. At that time the ration provided 1,250 kcals per capita and the under–five mortality rate was 0.54/10,000/day, In May 1995 the situation was little changed with 2.5% wasting and 0.3% severe wasting (see Annex I (18a–b)) [MSF–H Jun 95].

Rates of wasting in New Hadda camp (estimated population of 80,000) are consistently slightly higher. In March wasting was measured at 6.7% with 1.7% severe wasting. Logistical problems at the time were preventing over 60% of the camp population from receiving more than 1600 kcals per capita in their general ration. At the end of May wasting had increased to 9.3% with 2.2% severe wasting (see Annex I (18c–d)) [MSF–H Jun 95].

Refugees in Pakistan There are approximately 1.2 million Afghan refugees in Pakistan, many of whom are reportedly settled and becoming self–sufficient. It is planned to phase out general food distribution for this population by October 1995 for ail except the vulnerable groups and the approximately 80,000 newer arrivals (since 1992) who are not yet fully self–sufficient [UNHCR–a 29/06/95].

Refugees in Iran There are approximately 1.6 million registered refugees in Iran, and it is hoped tat 500,000 may repatriate over the next year. There are no reports of change to me stable nutritional situation of this refugee population [UNHCR–a 29/06/95].

Overall, the refugee populations in Iran and Pakistan are not at heightened nutritional risk (category IIc in Table 1) while in the absence of current nutritional survey data and in order to err on the side of caution the displaced population in Kabul are probably best defined as being at moderate risk in spite of improved food security (category 11b in table 1). The populations in the Jalalabad camps are probably not at heightened nutritional risk although slight increases in levels of wasting in New Hadda camp suggest a need for close monitoring (category IIc in Table 1).

How can external agencies help? The last nutritional survey on the displaced in Kabul, which found high levels of wasting, was conducted at the end of 1994, there is therefore a need for more current nutritional status information. Some attention should also be given to improving the equity of the food distribution system in New Hadda camp in Jalalabad while closer nutritional monitoring of this population is also needed given the slight increase in levels of wasting noted in the most current nutritional survey.

19. Bhutanese Refugees in Nepal

There have been no recent reports of any change in the satisfactory nutritional condition amongst the 87,000 Bhutanese refugees described in the previous RNIS report. There has recently been a large scale vitamin A distribution campaign for all children under 15 years of age [UNHCR–c 14/06/95].

20. Refugees from Rakhine State, Myanmar in Bangladesh

(see Map 20)

Repatriation to Myanmar is continuing, with an average of 15,000 people being repatriated per month in early 1995. By May, the number of people repatriating monthly had decreased substantially to just over 1,000 people and there were approximately 59,000 refugees remaining in Bangladesh [IFRC Mar 95, UNHCR 21/06/95].

The food and nutrition situation are described as normal and satisfactory. The crude mortality rate in May was 0.29/10,000/day and the under–five mortality rate was –0.63/10.000/day. Both these rates are within normal limits [IFRC Mar 95, UNHCR 21/06/95].

21. Southern Iraq

It must be assumed that the dire plight of the 220,000 Marsh Arabs is deteriorating further as sanctions against the Iraqi government reduce national resources and capacity for basic needs provision and as the government continues with marshland drainage. The Marsh Arabs, who have depended on the marshes for their livelihood for many generations, are being forced to flee due to me drainage programme and continued government acts of aggression including shelling of civilian settlements, arbitrary detention and execution and religious persecution.

Many of the 5,000 people who were trapped on the narrow stretch of road linking the marshes and Iran have now succeeded in crossing the border and have found safe haven in the refugee camps in Iran. Approximately 2,000 remain on this strip of land but are expected to be allowed to cross over into Iran fairly soon [UNHCR 29/06/95].

A recent report on the vitamin A status of children in the southern governorate of Basrah (where what remains of the marshes are located) found a public health problem with 1.3% of boys and 1.2% of girls suffering from nightblindness [DHA 26/06/95]. It has also recently been reported by UNICEF, WHO and WFP that in the northern governates, 23% of children under five year of age are malnourished. Given the extreme hardship experienced by those remaining in the marshes, it is likely that prevalence of wasting and avitaminosis are similar or possibly higher amongst the Marshland Arabs. [DHA 28/05/95, DHA 26/06/95].

Response to a recent appeal by the Inter–Agency humanitarian Programme in Iraq has so far been disappointing. Only 7.5% of the overall programme requirements have been pledged to dale to support planned UN activities [DHA 28/05/95].

Listing of Sources for July 1995 RNIS Report

Org*	Date	Title of Report
AICF	15/04/95	Nutritional Survey: Kitali Hill Camp, Tanzania
AICF	04/05/95	Anthropometric Nutritional Survey in Cafunfo, Provincia da Londa Norte, Angola
AICF	14/03/95	Nutritional Survey Freetown, Sierra Leone
AICF	25/07/95	Personal Communication (Somalia)
Concern	94/94	Nutritional Surveillance and Progress in N'Dalatando, Angola
DHA	04/05/95	Records of the Donor Consultations on the Sudan
DHA	13/06/95	Sudan 1995 Emergency Profile – Brief Description of Situation
DHA	15/05/95	Rwanda – Humanitarian Situation Report – 15 May 95
DHA	15/07/95	Bi–monthly Information Report – Somalia
DHA	16/06/95	Situation Report May 16–31, 1995 (Sierra Leone)
DHA	19/06/95	Situation Report – Liberia
DHA	23/03/95	Emergency Country Profile – Angola
DHA	24/05/95	Sudan 1995 Emergency Profile – Affected Population, Displaced Persons
DHA	26/06/95	VAD Survey Results (Iraq)
DHA	28/05/95	Current Situation/Implementation Summary Report April/May 95 (Iraq)
DHA–a	15/05/95	Situation Report May 1–15. 1995 (Sierra Leone)
FAO	24/03/95	FAO/WFP Crop and Food Supply Assessment Mission to Burundi
FAO	29/05/95	FAO/WFP Crop and Food Supply Assessment Mission to Angola
FAO	31/05/95	FAO/WFP Crop and Food Supply Assessment Mission to Mozambique
IFRC	01/05/95	Situation report No 1 – Somalia
IFRC	Mar. 95	Quarterly Situation Reports Bangladesh: Myanmar Refugee Relief Operation
IFRC	02/06/95	Situation Report No 2 – Refugees from Liberia and Sierra Leone

IFRC	30/05/95	Situation report No 2 – Uganda: Sudanese refugees
IOC	16/05/95	Weekly Report 6–15 May 1995
Min of Health	07/04/95	Relatorio de Inquerito Nutricional Distrito de Namacurra
MSF–B	Feb. 95	Nutritional assessment Northern Mutarara District, Tete Province
MSF–B	27/06/95	Nutritional Survey: Mwene Ditu, Zaire
MSF–B	May/Jun 95	Feeding Centre Reports – Goma and Nutritional survey results
MSF–CIS	Apr. 95	Bulletin No 33 (April 95)
MSF–CIS	May. 95	Information Bulletin for the Month of March
MSF–CIS	10/03/95	Inquerito Nutricional Distrito Guija Provincia de Gaza
MSF–CIS–a	Apr. 95	Inquerito Nutricional Distrito de Magude, Provincia Maputo
MSF–F	06.06.95	Enquete de Mortalite, Enquete Nitritonelle et Couverture Vaccinale Rougeole Chez les Refugies Maliens
MSF–H	Jun. 95	Nutritional Surveys (8) Worldwide
SCF	16/06/05	Personal Communication (Liberia)
SCF	18/07/95	Results of ARRA surveys In Ethiopia
UNHCR	03/05/95	Weekly Highlights 31 March–6 April 1995 (Ethiopia)
UNHCR	03/07/95	Personal Communication (Uganda)
UNHCR	May. 95	Monthly Statistics (Ethiopia, Kenya)
UNHCR	11/07/95	Personal Communication
UNHCR	13/06/95	Situation Report (Tanzania)
UNHCR	13/07/95	Mozambique – Press Release
UNHCR	14/06/95	UNHCR, ANGOLA to Promote Voluntary Repatriation
UNHCR	16/05/95	Sitrep Burkina Faso (April 95)
UNHCR	17/06/95	Enquete Nutritionelle–Camp Lac Vert, Goma
UNHCR	19/06/95	Enquete Nutritionelle–Camp de Kibumba, Goma
UNHCR	21/06/95	Situation Report 1 – 31 May Refugees from Myanmar's Rakhine State
UNHCR	26/05/95	Situation Report April 95 (Sierra Leone)
UNHCR	26/06/95	Personal Communication (Benin. Ghana. Togo and Liberia Region)
UNHCR	29/06/95	Personal Communication (Malian Refugees)
UNHCR	May. 95	Refugees Update (Ethiopia)
UNHCR–a	14/06/95	Sitrep (May 95) Ghana
UNHCR–a	29/06/95	Personal Communication (Pakistan, Iran)
UNHCR–b	14/06/95	Rwanda and Burundi Operation – Information Meeting
UNHCR–c	14/06/95	Nepal Sitrep for May 1995
UNICEF	14/06/95	Update on Rwanda
WFP	03/05/95	Rwanda/Burundi Regional Emergency Update 3 May

WFP	05/05/95	Weekly Update
WFP	07/07/95	Weekly Update
WFP	09/06/95	Weekly Update
WFP	12/05/95	Weekly Update
WFP	12/06/95	Weekly Update
WFP	14/07/95	Weekly Update
WFP	16/06/95	Weekly Update
WFP	16/07/95	Weekly Update
WFP	19/05/95	Weekly Update
WFP	21/07/95	Weekly Update
WFP	23/06/95	Weekly Update
WFP	24–25/07/95	Personal Communications
WFP	26/05/95	Weekly Update
WFP	26/05/95	Rwanda/Burundi Regional Emergency
WFP	29/04/95	Weekly Update
WFP	30/06/95	Weekly Update
WV	Apr. 95	World Vision Monthly Report for April 1995–Mozambique
WV	May. 95	Somalia – Monthly Report March 1995

***Org**	
AICF	Action International Contre la Faim
CONCERN	
FAO	Food & Agricultural Organization of the United Nations
GOAL	
ICRC	International Committee of Red Cross
IFRC	International Federation of Red Cross
IOC	Integrated Operation Centre Kigali
Min of Health	Ministerio da Sauda, Republica de Mocambique
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 and Figures

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

Situation	***Condition***					***Population #s***			
	I: High Prev	***IIa: High Risk***	***IIb: Mod Risk***	***IIc: Not Critical***	***III: Unknown***	***Total***	***Change from Apr 95***	***Nut Stat****	
Sub–Saharan Africa									
1 Angola (id/wa)	10’000		1’390’000			1’400’000	–1’800’000	imp	D to re d h
2 Benin/Ghana/Togo Region				161’000		161’000	–167’000	stat	D to re 1 in d
3 Burkina Faso/Mauritania	41’000		14’000	6’000		61’000	41’000	det	In d in T re M
4 Burundi/Rwanda Region			1’959’000	1’208’900		3’167’900	–896’500	imp	D to R ca re d p
5 Central African Republic				38’800		38’800	0	stat	S p s e a in w
6 Djibouti				23’000		23’000	8’000	stat	In in n S re
7 Ethiopia	81’000		173’000	108’000	18’000	380’000	–22’500	stat	D to

									pop in Og and repat from Djibo as self–suffic
8 Kenya				197’000		197’000	–33’000	stat	Total continues decrease to repatria
9 Liberia/Sierra Leone/Guinea/Cote d’Ivoire		1’490’000	310’000	1’635’000		3’435’000	102’000	stat	Pockets o malnutritio exist in Li variable security situation i Sierra Le
10 Mauritania/Senegal				52’000		52’000	0	stat	Food assistanc be phase by the en 1995.
11 Mozambique Region			160’000			160’000	–1’440’000	imp	Total num is a plann figure for Mar95–Ap Pockets o malnutritio exist.
12 Shaba, Zaire (id)	60’000		340’000	200’000		600’000	7’000	det	Informatio from Mwe Ditu show alarming in levels o wasting.
13 Somalia			600’000			600’000	0	det	Recent re that the situation i deteriorat Numbers affected m be far hig than indic
14 Sudan				1’400’000		1’400’000	0	stat	This does included l groups of inaccessi people
15 Uganda			67’000	268’400		335’400	12’400	stat	Increased due to continuing influx of Sudanese
16 Zaire (r)				104’700		104’700	0	stat	
17 Zambia				12’700		12’700	0	stat	

Total (Sub–Saharan Africa)	**192'000**	**1'490'000**	**5'013'000**	**5'415'500**	**18'000**	**12'128'500**	**–4'188'600**		
Asia (Selected Situations)									
18 Afghanistan Region		80'000	80'000	3'000'000		3'395'000	0	stat	U n d K re h
19 Bhutanese Refugees in Nepal			87'000			87'000	0	stat	T fo p re in m d
20 Bangladesh		194'000		59'000		59'000	–25'000	stat	R fo re c
21 Southern Iraq				28'000		222'000	0	det	T M c h

* Indicates status of nutritional situation. Imp = improving; det = deteriorating: stat = static (i.e. no change).

High prev – This reported with high prevalence of malnutrition and/or micronutrient deffiency diseases and sharply elevated mortality rates (at least 3x normal). II: High risk – At high nutritional risk, limited data available, population likely to contain pockets of malnutrition. IIb: Mod risk – Moderate risk, may be data available, pockets of malnutrition may exist. IIc: Not Critical – Probably not currently at heightened nutritional risk. III: Unknown – No information on nutritional status available.

Table 2

From	***Angola***	***Benin***	***Burundi***	***Cote d'Ivoire***	***Ethiopia***	***Ghana***	***Guinea***	***Kenya***	***Liberia***	***Malawi***	***Mozar***
Angola	1'400										
Benin											
Burundi			300								
Cote d'Ivoire											
Ethiopia					11			6			
Ghana											
Guinea											
Kenya											
Liberia				227		14	450		1'900		

Malawi											
Mozambique											160
Rwanda			215								
Sierra Leone							128		100		
Somalia					272			158			
South Africa											
Sudan					55			31			
Tanzania											
Togo		49				98					
Uganda											
Zaire											
Zambia											
Zimbabwe											
TOTAL	**1'400**	**49**	**515**	**227**	**338**	**112**	**578**	**195**	**2'000**	**0**	**160**

NOTES:

(1) This chart is intended to include major population groups in Africa (i.e. over 100,000 people affected from country of origin).

(2) The breakdowns between the origins of the refugees *i*n Guinea and Zambia are estimates

(3) Boxes on the diagonal (bold outline) show internally displaced populations (total = 7.7 million)

(4) Numbers referred to in the text are usually by the country where the population is located (i.e. column totals). For the regional situations of Burundi/Rwanda and Mozambique the description is by country of origin (i.e. row totals).

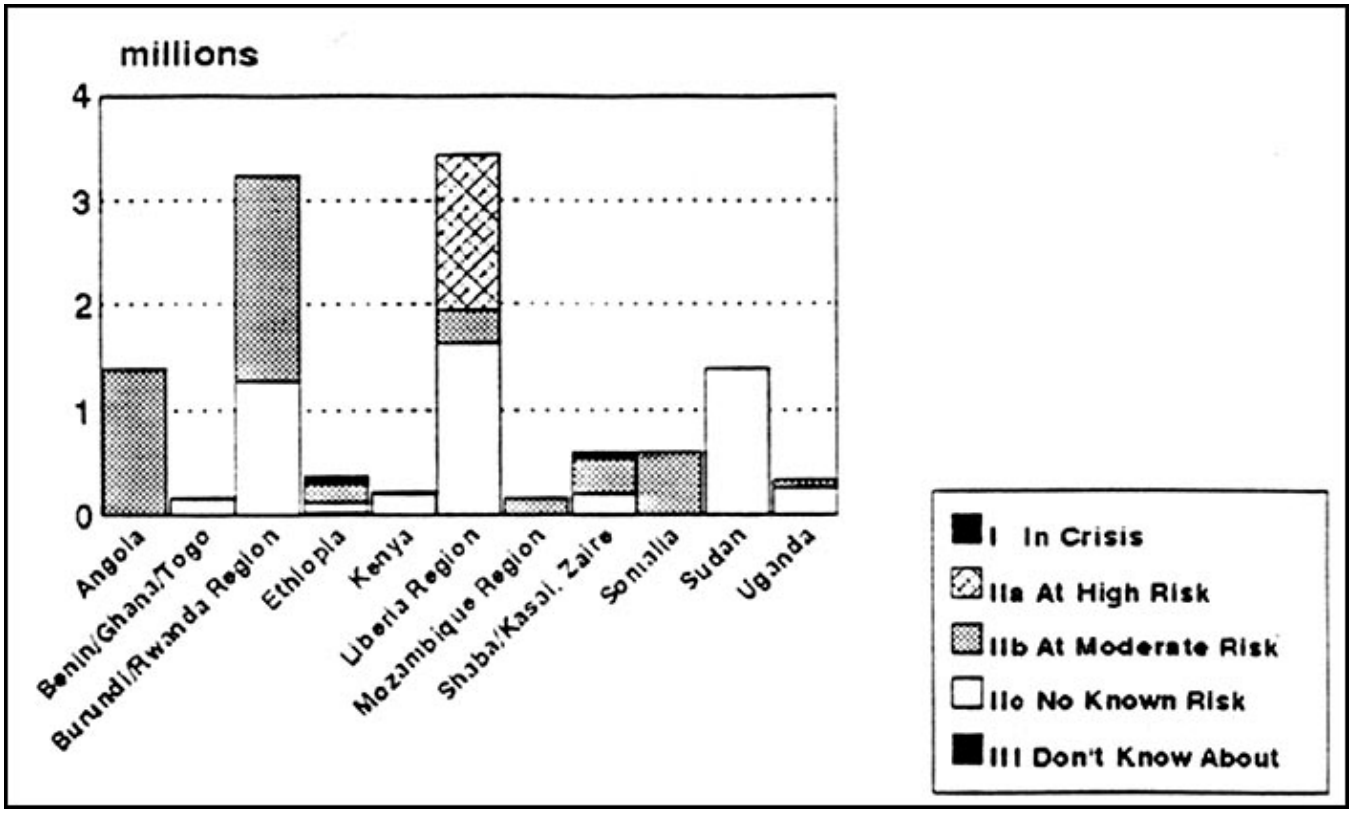


Figure 1: REFUGEE AND DISPLACED POPULATIONS – Selected Areas in Africa (July 95)

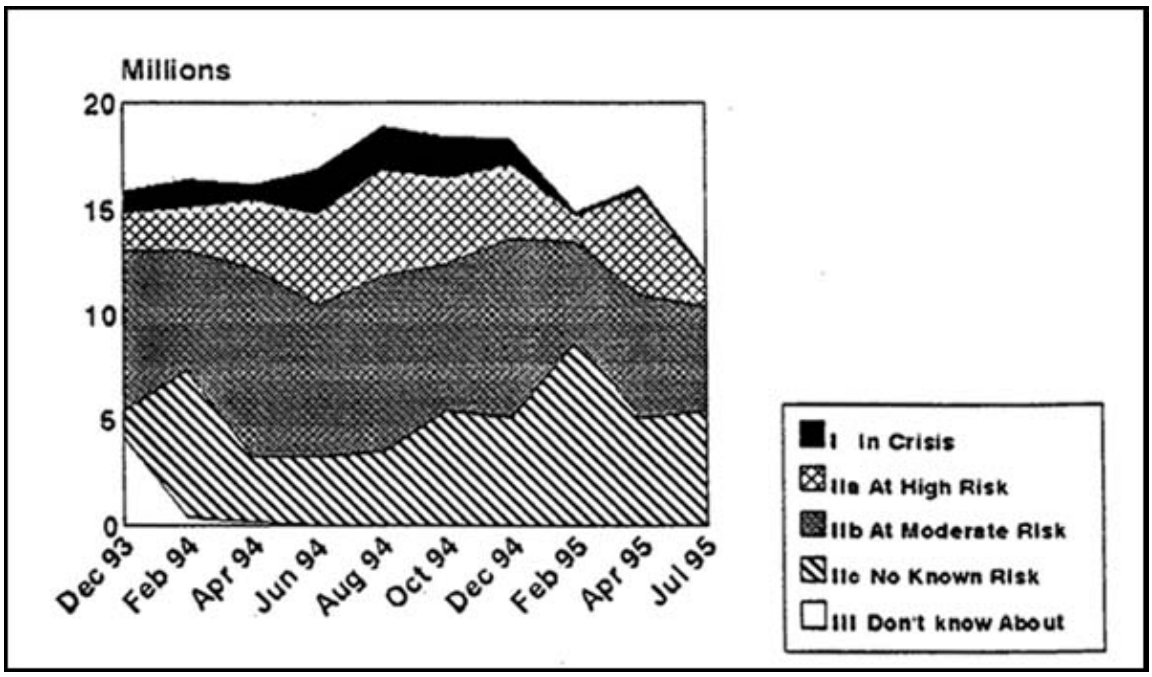
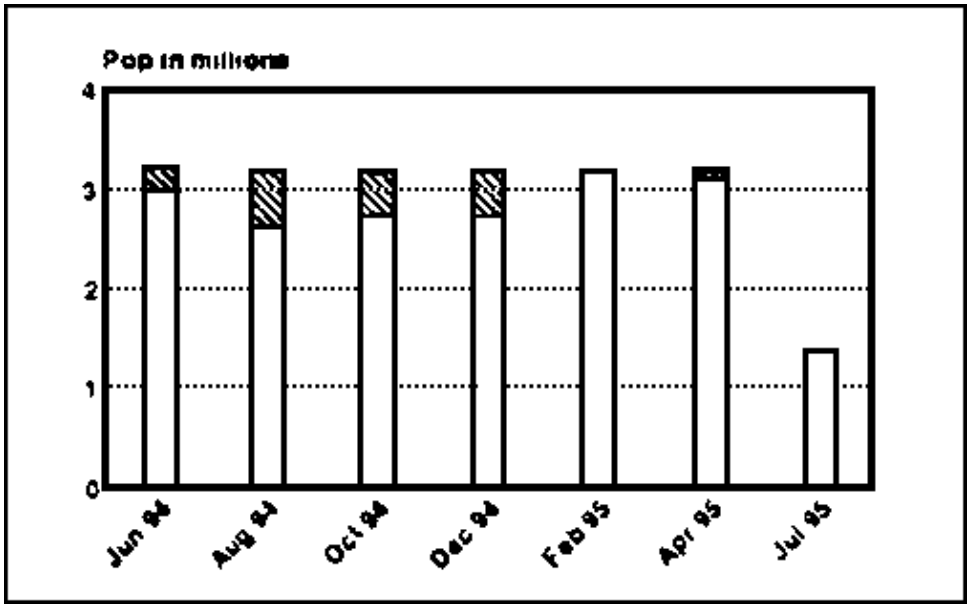
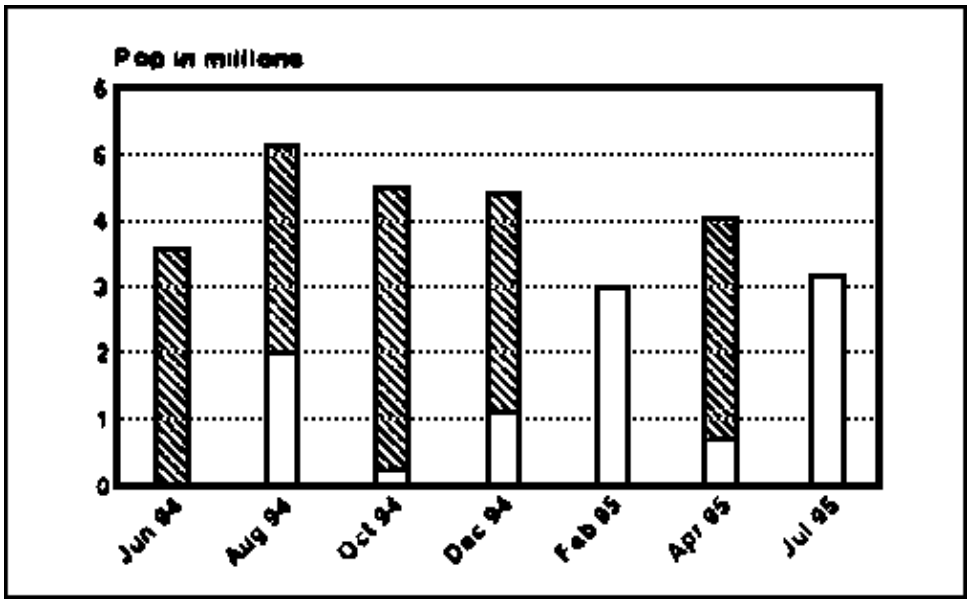


Figure 2: Trends in Total Refugee/Displaced Populations – By Risk Categories – Africa: December 1993–July 1995

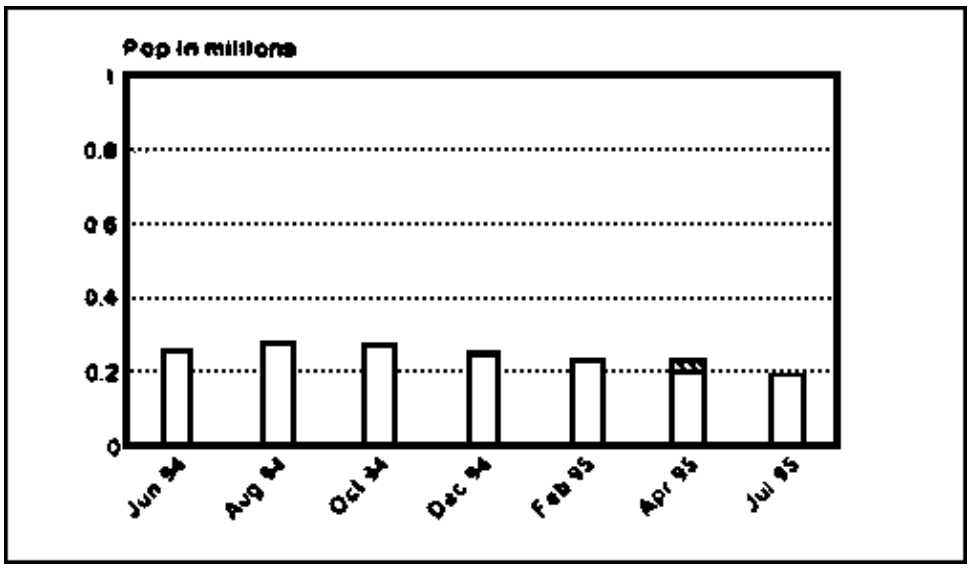
Figure 3: Shaded areas indicate those at heightened nutritional risk.



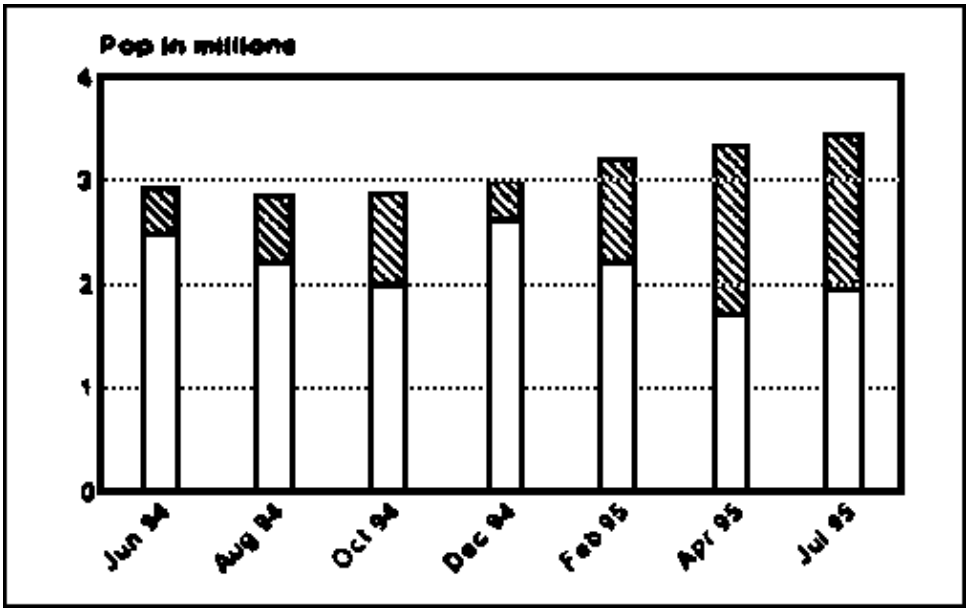
A. Angola



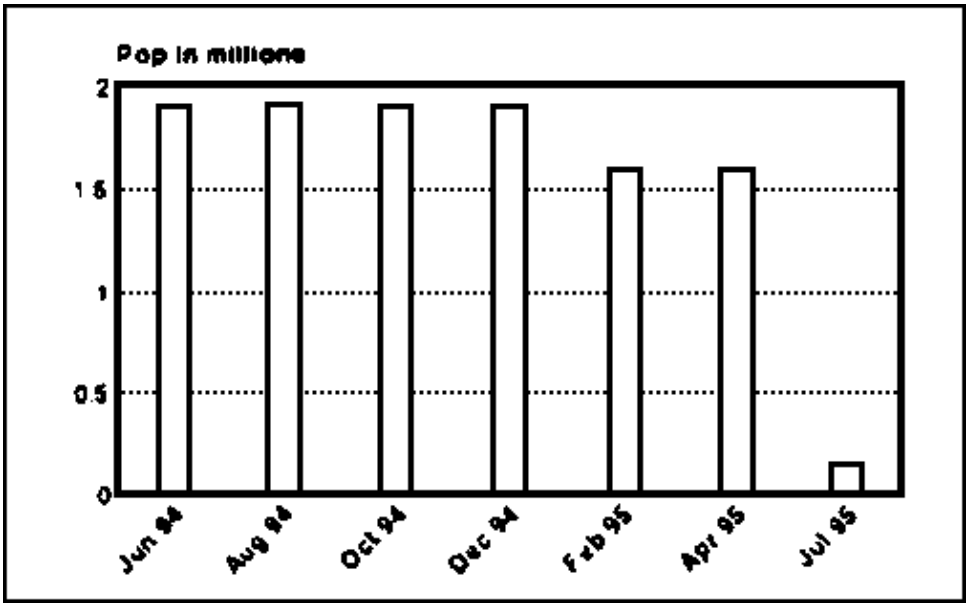
B. Burundi/Rwanda Region



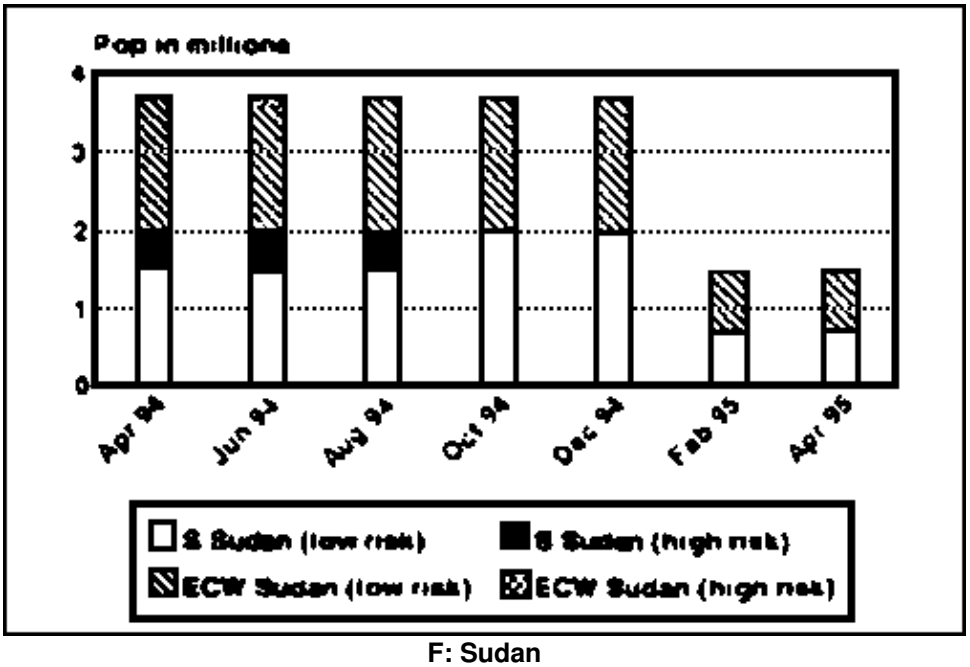
C. Kenya



D. Liberia



E. Mozambique



F: Sudan

Annex 1. Results of Surveys Quoted

Results of Surveys Quoted in July 1995 RNIS Report (#11)

	Survey Conducted by	***Date***	***% Wasted****	***% Severely Wasted****	***Mortality (/10,000/day)***	***Other data***
1. Angola						
a. N'Dalatando	Concern	Feb.95	3.9	0.5		
b. Soyo, Zaire Province	MSF–H	May.95	5.4	0.8	1.5	Under–five mortality rate: 4.3/10.000/day.
c. Dondo	WV	Jul.95	5.5	1		
d. Cafunfo, Lunda Norte	AICF	May.95	29.2	20.9	8.3	Under–five mortality rate: 10.5/10.000/day.
***3. Burkina Faso,* Mauritania**						
a. Bassikounou, Aghor, M'berra	MSF–F, MDM	Jun.95	17.1	3.2	1.8	Under–five mortality rate: 4.8/10.000/day.
4. Burundi/Rwanda Region						
a. Kitali Hill Camo (Tanzania)	AICF	Apr.95	7.8	0.9		Measles immunisation coverage estimated at 94%.
b. Musuhura Hill Camo (Tanzania)	MSF–H	Apr.95	11.2	3.2		Measles immunisation coverage estimated at 57.6%.
c. Kahindo Camo (Goma, Zaire)	MSF–B	Jun.95	1.7	0.4		
d. Lac Vert (Goma, Zaire)	UNHCR	Jun.95	2.6	0.6		
e. Kibumba Camo (Goma, Zaire)	UNHCR	Jun.95	3.5	1.9		
7. Ethiopia						
a. Dimma	ARRA	Jun.95	6.0 (<80%)	0.4 (<70%)		
b. Bonga	ARRA	Jun.95	6.1 (<80%)	0.0 (<70%)		
c. Fugnido	ARRA	Jun.95	17.6 (<80%)	0.8 (<70%)		

	d. Hartisheik A	ARRA	Mar.95	13.7 (<80%)	1.0 (<70%)		
	e. Hartisheik B	ARRA	Mar.95	12.0 (<80%)	0.4 (<70%)		
	f. Kebre Beyah	ARRA	Mar.95	17.3 (<80%)	2.2 (<70%)		
	g. Derwonaji	ARRA	Mar.95	16.4 (<80%)	2.0 (t70%)		
	h. Teferi Ber	ARRA	Mar.95	12.0 (<80%)	0.4 (<70%)		
	i. Rabasso	ARRA	Jul.95	7.5 (<80%)	0.6 (<70%)		
	j. Camabokar	ARRA	Jul.95	8.9 (<80%)	0.5 (<70%)		
	k. Daror	ARRA	Jul.95	10.3 (<80%)	2.2 (<70%)		
	l. Aisha	ARRA	Jul.95	13.3 (<80%)	0.7 (<70%)		
9. Liberia Region							
	a. Cape Mount, Liberia	Info from WFP	Jun.95	17	5.3		
	b. Harbel Unification Town, Margibi	MSF–H	Apr.95	7.4	1.1	0.7	Measles immunisation coverage 53.7%.
	c. Goba Town, Margibi	MSF–H	May.95	11.7	3.1	1.3	Measles immunisation coverage 23.1%.
	d. Freetown, Sierra Leone	AICF	Mar.95	13.4	7.2		Measles immunisation coverage 53%.
11. Mozambique Region							
	a. Namacurra, Zambezia Province	Min Health	Apr.95	12.3 (3rd %ile)			
	b. Guija, Gaza province	MSF–CIS	Mar.95	5.5	1.6		
	c. Magude, Maputo Province	MSF–CIS	Apr.95	3.2	1.8		
	d. Guro District	MSF–CIS	May.95	7.4	0.6		
12. Shaba/Kasai Regions, Zaire							
	a. Mwene Ditu	MSF–B	Jun.95	25.8	5.9		
13. Somalia							
	a. Mogadishu	AICF	Jun.95	25%	6		

	b. Baidoa	AICF	Jun.95	18%	4		
18. Afghanistan Region							
	a. Sarshahi Camp. Jalalabad	MSF−H	Feb.95	1.8	0		Under−five modality rate: 0.5/10.000/day.
	b. Sarshahi Camp. Jalalabad	MSF−H	May.95	2.5	0.3		
	c. New Hadda Camp	MSF−H	Mar.95	6.7	1.7	0.4	
	d. New *Hadda Camp*	MSF−H	May.95	9.3	2.2		

* wt/ht unless specified: cut−off = n.s. means not specified but usually <−2 SD wt/ht for wasting and <−3 SD wt/ht for severe wasting.

NOTES

1. Angola

a. This survey was conducted by Concern in N'Dalatando, Angola in February 1995. It was a cluster sample survey and 1088 children 6−59 months old were weighed and measured. Height (65−110 cms) was used to estimate age when it was not known. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

b. This survey was conducted by MSF−H in Soyo, Zaire Province in Angola in May 1995. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

c. This survey was carried out by WV in July 1995. No further details are currently available.

d. This survey was conducted by AICF in Cafunfo, Lunda None Province in Angola from 30 April − 4 May 1995. This survey used a systematic sampling method and 449 children 6−59 months old were weighed and measured. Height (65−110 cms) was used to estimate age when it was not known. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

3. Burkina Faso, Mauritania − Malian Refugees

a. This survey was conducted jointly by MSF−F and Medecins du Monde from 22 May − 6 June 1995. The survey was carried out in three refugee sites in Mauritania for Malian refugees (Bassikounou, Aghor, and M'Berra). This was a cluster sample survey and 1075 children under five years old were included. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

4. Burundi/Rwanda Region

a. This survey was conducted jointly by AICF and GOAL in Kitali Camp in Tanzania on 15 April 1995. This was a two stage random cluster sample survey which included 897 children 6−59 months old. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

b. This survey was conducted by MSF−H in Musuhura Camp in Tanzania on 24 March 1995. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

c. This survey was conducted by MSF−B in Kahindo Camp in Goma, Zaire. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

d. This survey was conducted by UNHCR in June 1995 in Lac Vert Camp, Goma. It is a cluster survey and 781 children 6−59 months old were included. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

e. This survey was conducted by UNHCR in June 1995 in Kibumba Camp, Goma. It is a cluster survey and 424 children 6−59 months old were included. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

7. Ethiopia

a−1. These surveys were conducted by the ARRA in camps throughout Ethiopia. Wasting was measured as wt/ht <80% and severe wasting was wt/ht <70%.

9. Liberia Region

a. This survey was carried out in Cape Mount County in Liberia in June 1995. No further details are currently available.

b. This survey was conducted by MSF−H in Harbel Unification Town, Margibi County in Liberia from 13−19 April 1995. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

c. This survey was conducted by MSF−H in Goba Town, Margibi County in Liberia from 13−19 April 1995. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

d. This survey was carried out in Freetown, Sierra Leone by AICF from 27 February − 14 March 1995. This was a two stage random cluster survey and 891 children 6−59 months old were included. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

11. Mozambique Region

a. This survey was conducted by the ministry of Health in Namacurra District of Zambezia Province from 3−7 April 1995. A total of 673 children under five were included. Wasting was defined as wt/ht less than the 3rd percentile.

b. This survey was carried out by MSF−CIS in Guija District, Gaza Province from 7−10 March 1995. A total of 807 children 6−59 months old were weighed and measured. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

c. This survey was carried out by MSF−CIS in Magude District, Maputo Province from 7−10 March 1995. A total of 726 children 6−59 months old were weighed and measured. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

d. This survey was conducted by MSF−CIS. It was a two stage random cluster survey and included 855 children 6−59 months old. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

12. Shaba/Kasai Regions. Zaire

a. This survey was conducted by MSF−B in Mwene Ditu Town in June 1995. Wasting was defined as wt/ht <−2sd and/or oedema and severe wasting was defined as wt/ht <−3sd and/or oedema.

13. Somalia

a–b. These surveys were conducted by AICF in June 1995. Full survey details are not yet available. Wasting was defined as wt/ht <–2sd and/or oedema and severe wasting was defined as wt/ht <–3sd and/or oedema.

18. Afghanistan Region

a. This survey was conducted by MSF–H in Sarshahi Camp from 20–22 February 1995. Wasting was defined as wt/ht <–2sd and/or oedema and severe wasting was defined as wt/ht <–3sd and/or oedema.

b. This survey was conducted by MSF–H in Sarshahi Camp from 20 May 1995. Wasting was defined as wt/ht <–2sd and/or oedema and severe wasting was defined as wt/ht <–3sd and/or oedema.

c. This survey was conducted by MSF–H in New Hadda Camp from 7–9 March 1995. Wasting was defined as wt/ht <–2sd and/or oedema and severe wasting was defined as wt/ht <–3sd and/or oedema.

d. This survey was conducted by MSF–H in New Hadda Camp from 20–24 May 1995. Wasting was defined as wt/ht <–2sd and/or oedema and severe wasting was defined as wt/ht <–3sd and/or oedema.

Annex 2. Seasonality in Sub–Saharan Africa

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

Zaire	Tropical climate. Harvest in N: November: in 5 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

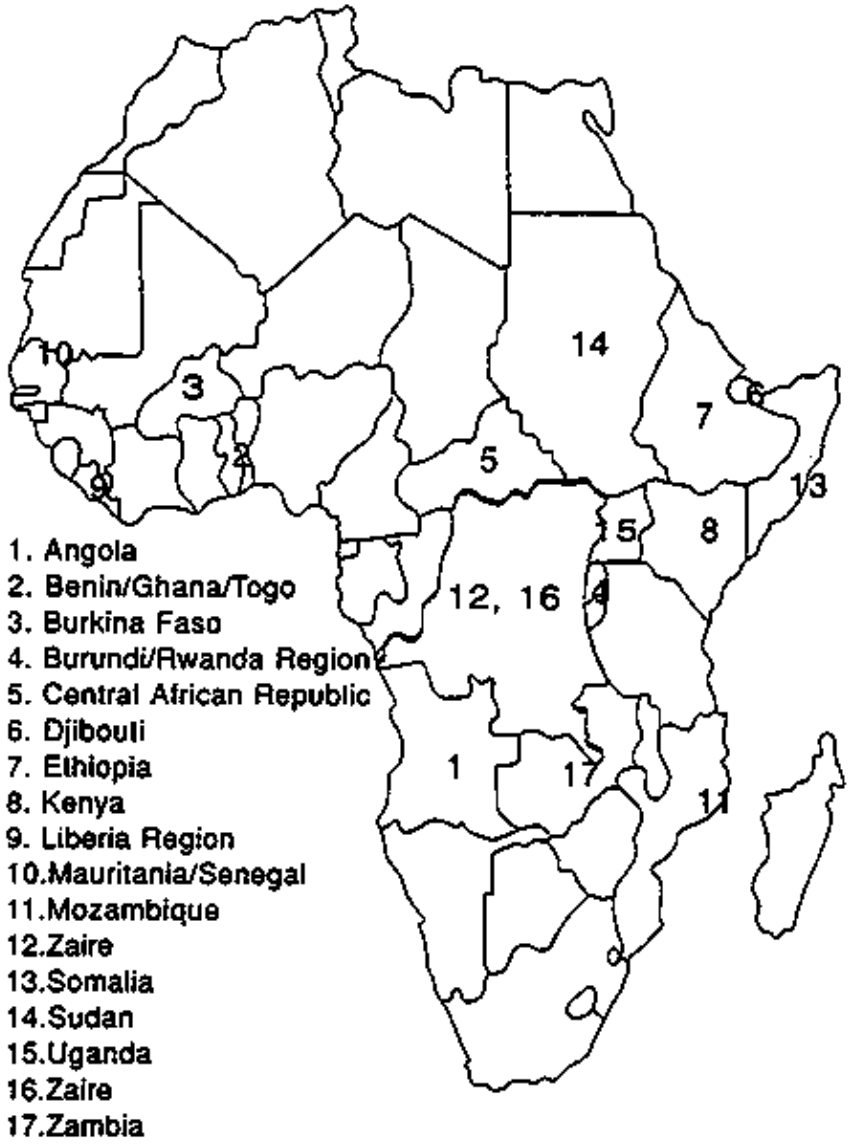
FAO. “FAO/WFP Crop and Food Supply Assessment Mission to Burundi” 16 Dec 94

FAO. “FAO/WFP Crop and Food Supply Assessment Mission to Ethiopia” 16 Dec 94

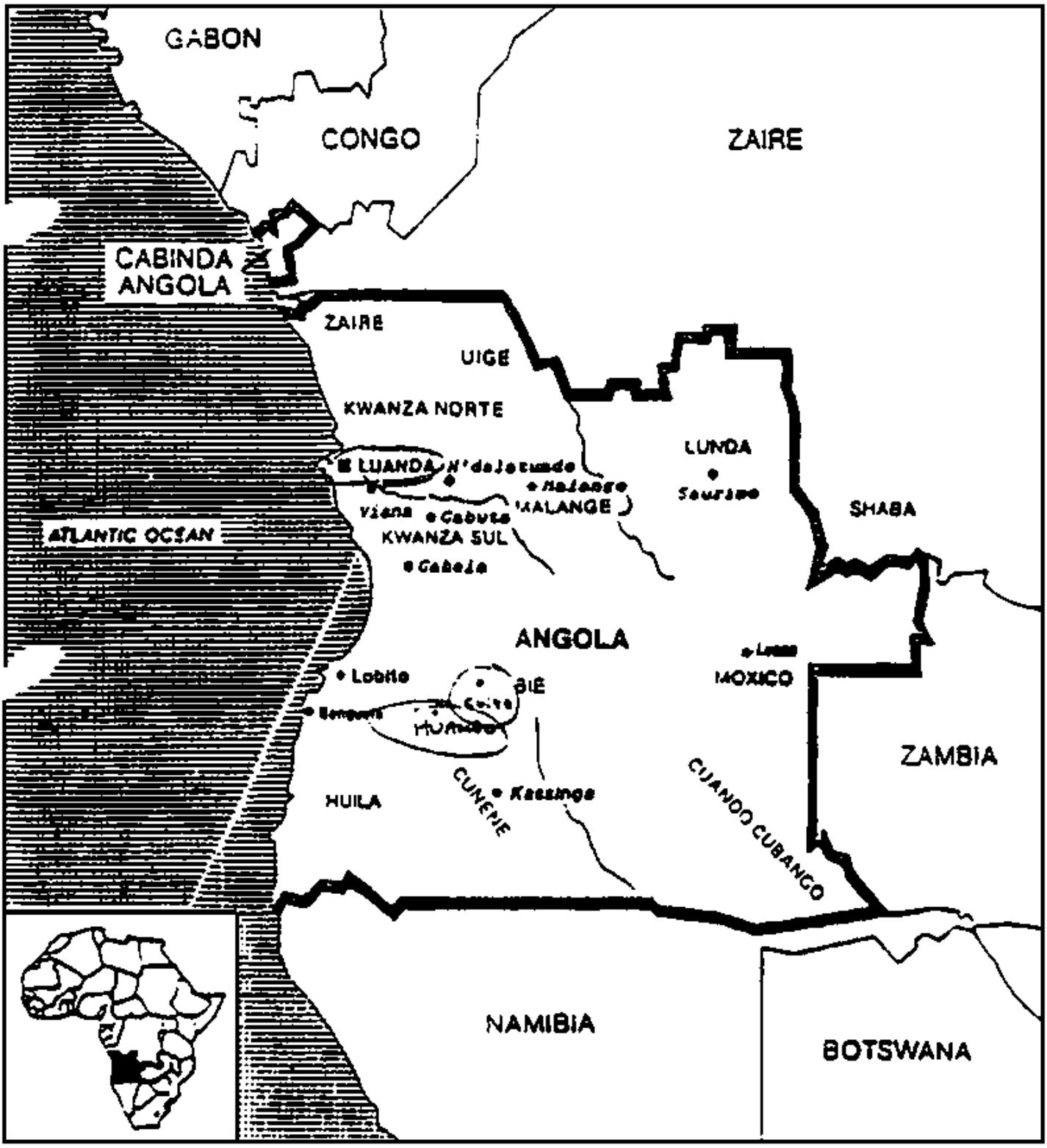
FAO. “FAO/WFP Crop and Food Supply Assessment Mission to Sudan” 22 Dec 94

FAO. “FAO/WFP Crop and Food Supply Assessment Mission to Rwanda” 21 Dec 94

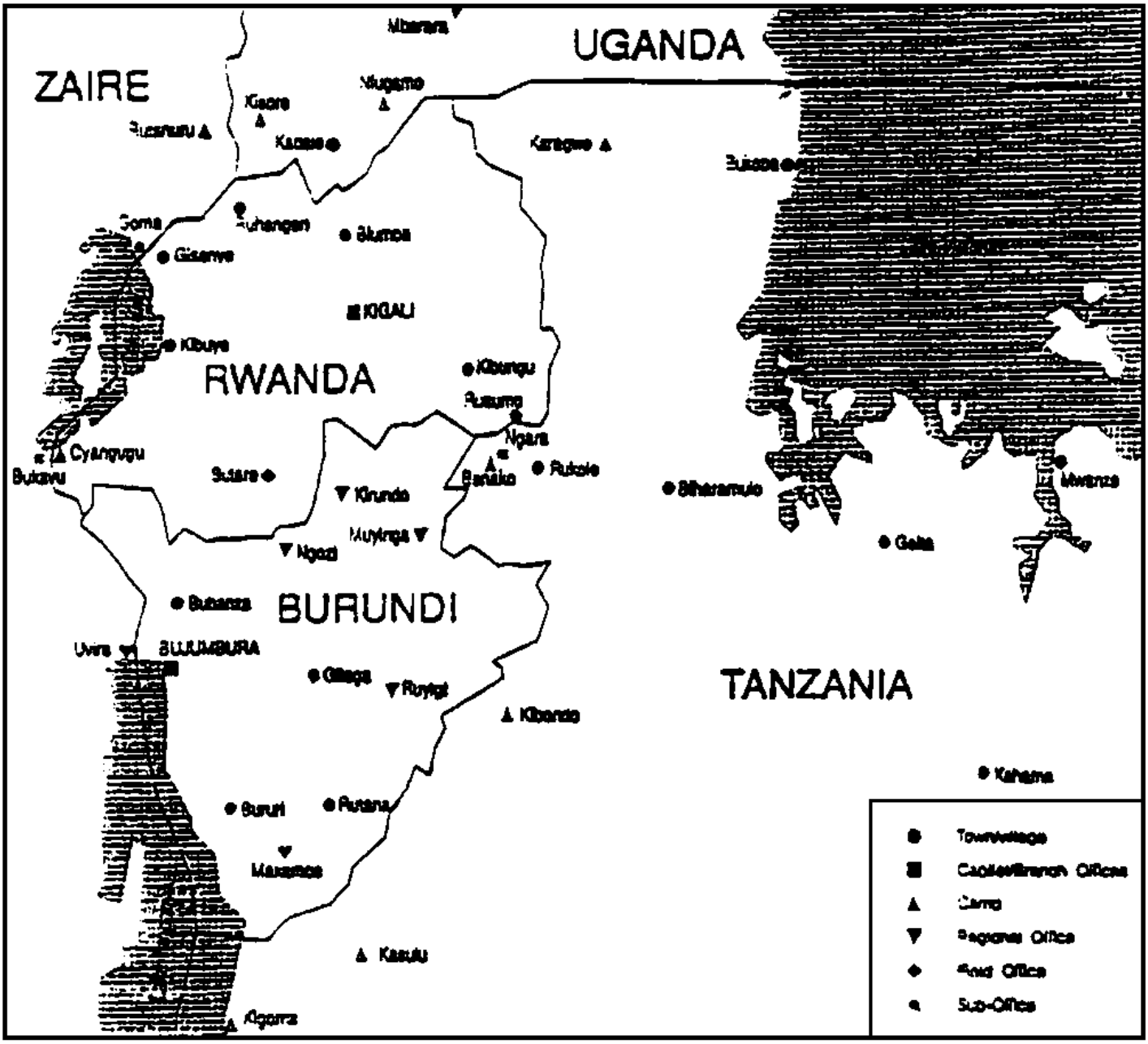
List of Maps



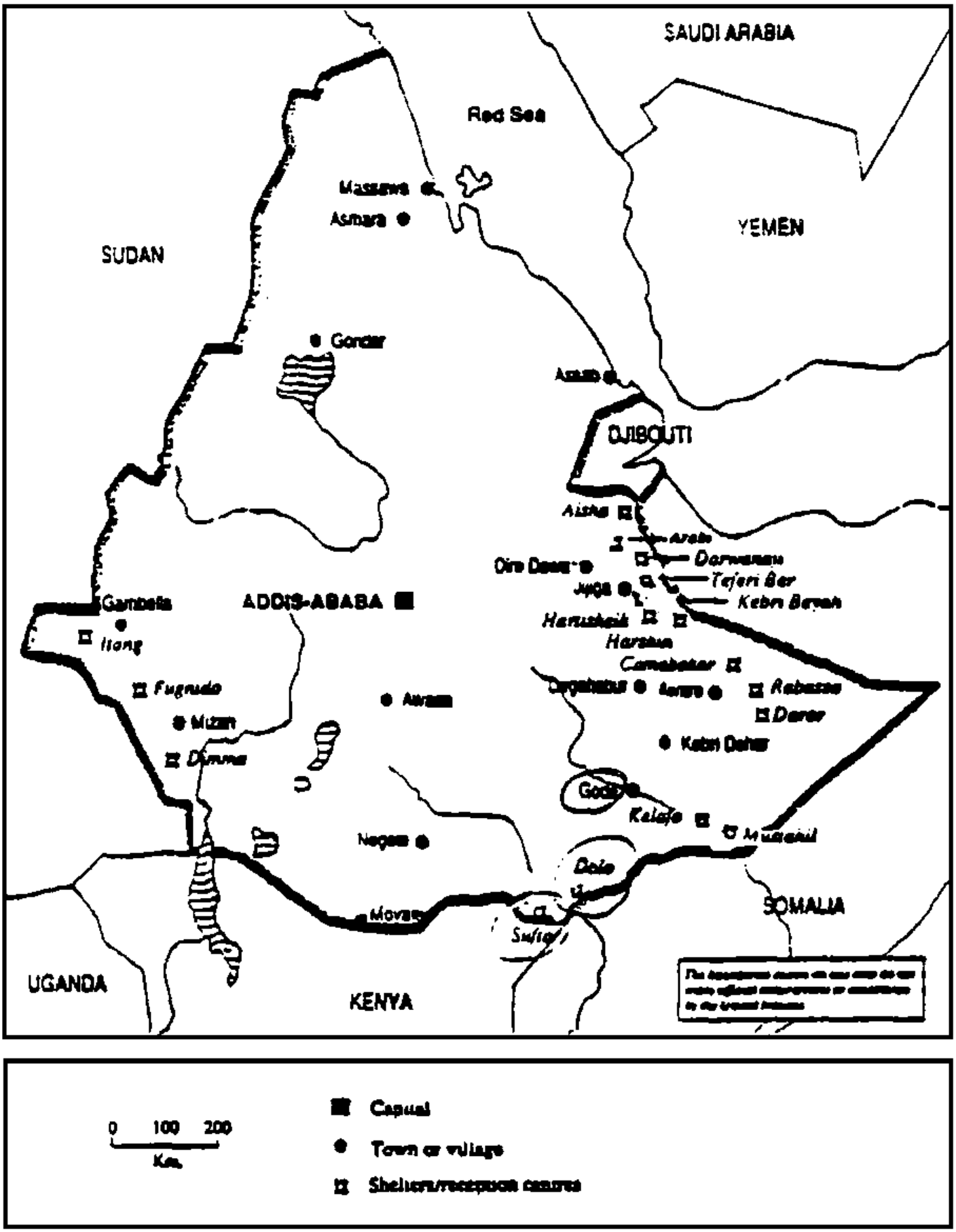
MAP A: Situational Map


GABON
CONGO
ZAIRE
CABINDA
ANGOLA
ZAIRE
UIGE
KWANZA NORTE
LUANDA
LUNDA
SHABA
ATLANTIC OCEAN
KWANZA SUL
ANGOLA
MOXICO
ZAMBIA
HUILA
CUNENE
CUANDO CUBANGO
NAMIBIA
BOTSWANA

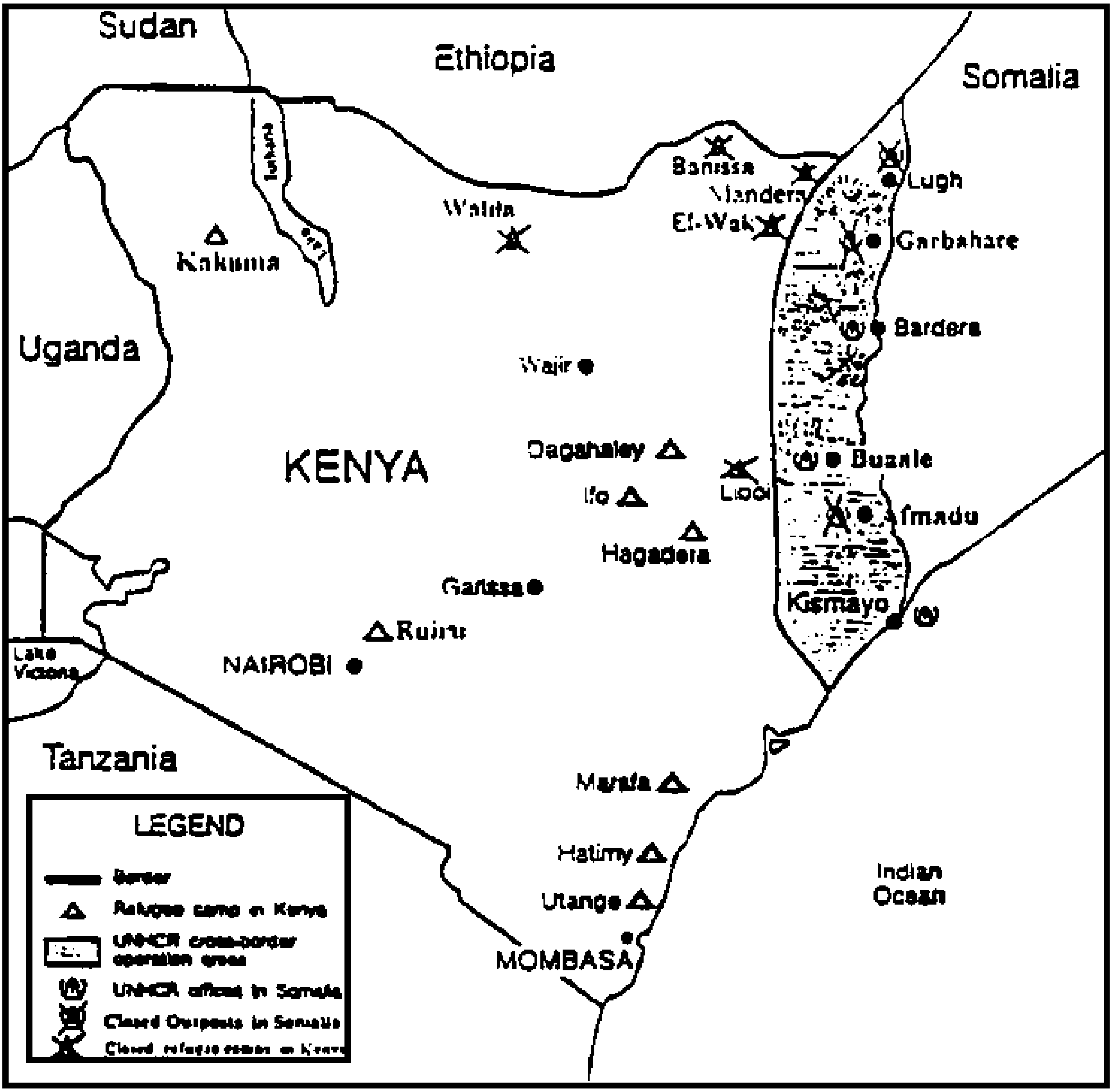
MAP 1: Angola



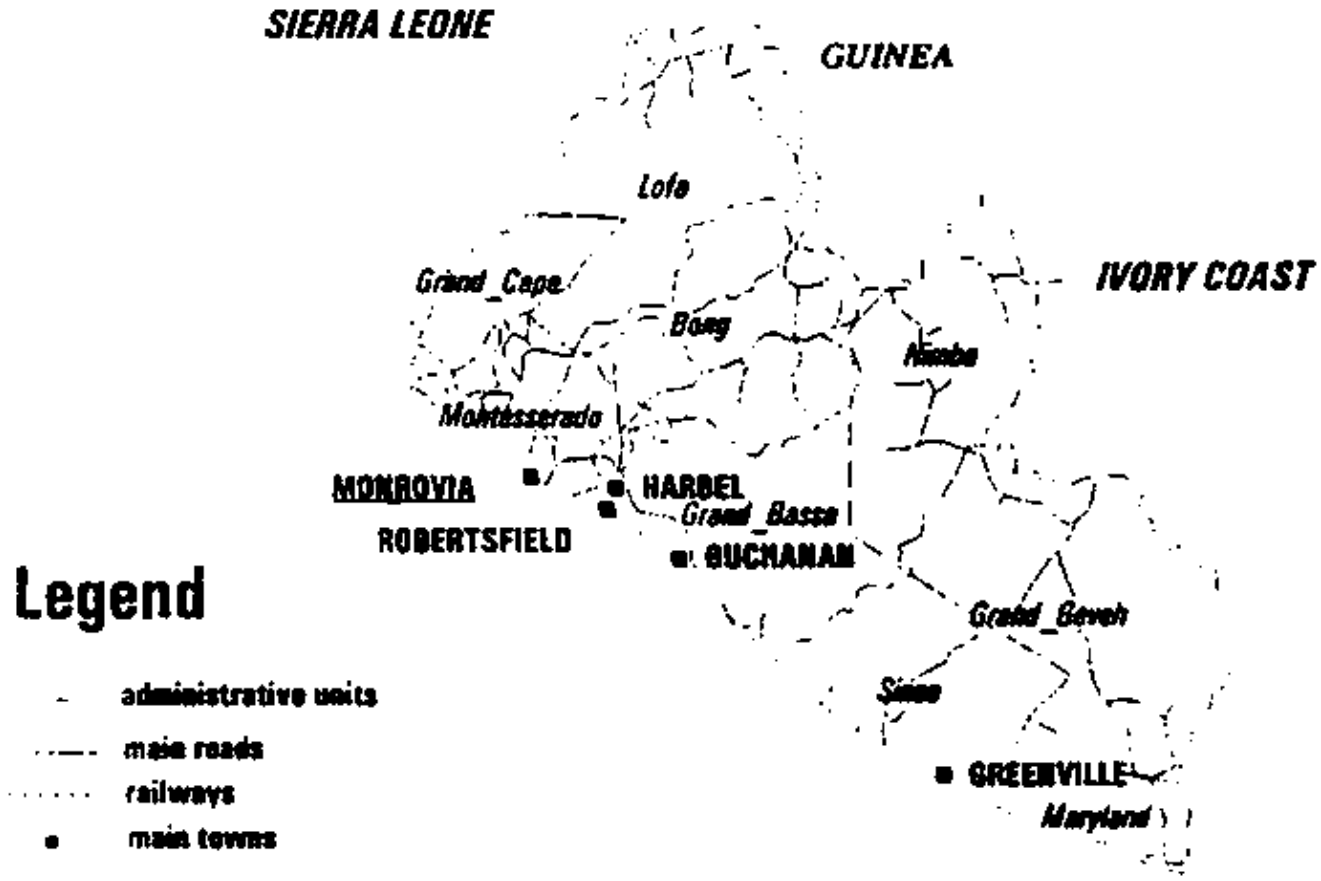
MAP 4: Burundi/Rwanda Region



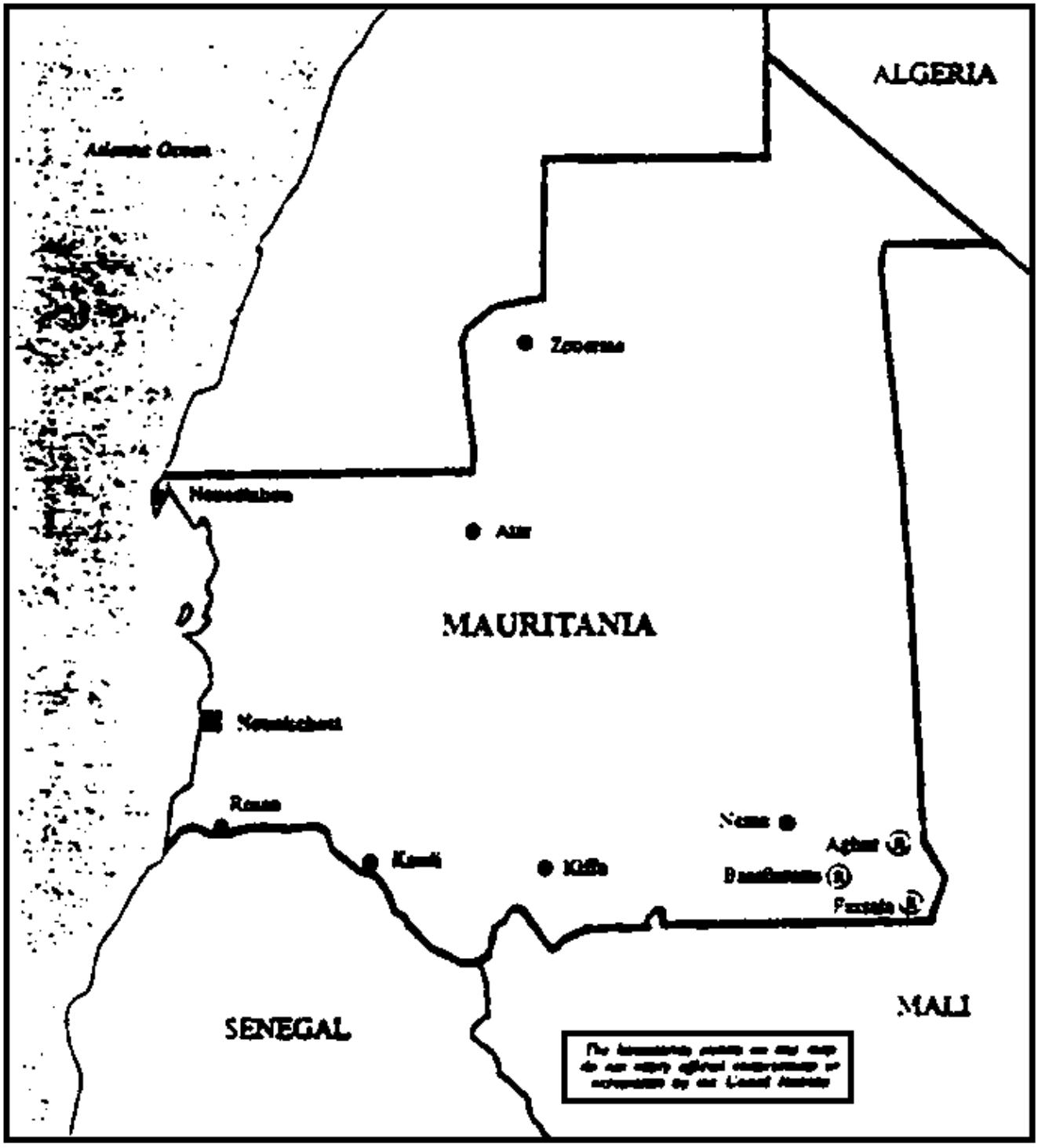
MAP 7: Ethiopia


Sudan
Ethiopia
Somalia
Uganda
KENYA
Tanzania
Kakuma
Banissa
Mandera
El-Wak
Lugh
Garbahare
Bardera
Wajir
Dagahaley
Ifo
Hagadera
Buaale
Kismayo
Garissa
Ruiru
NAIROBI
Lake Victoria
Marafa
Hatimy
Utange
MOMBASA
Indian Ocean
LEGEND
Border
Refugee camp in Kenya
UNHCR cross-border operation areas
UNHCR offices in Somalia
Closed Outposts in Somalia

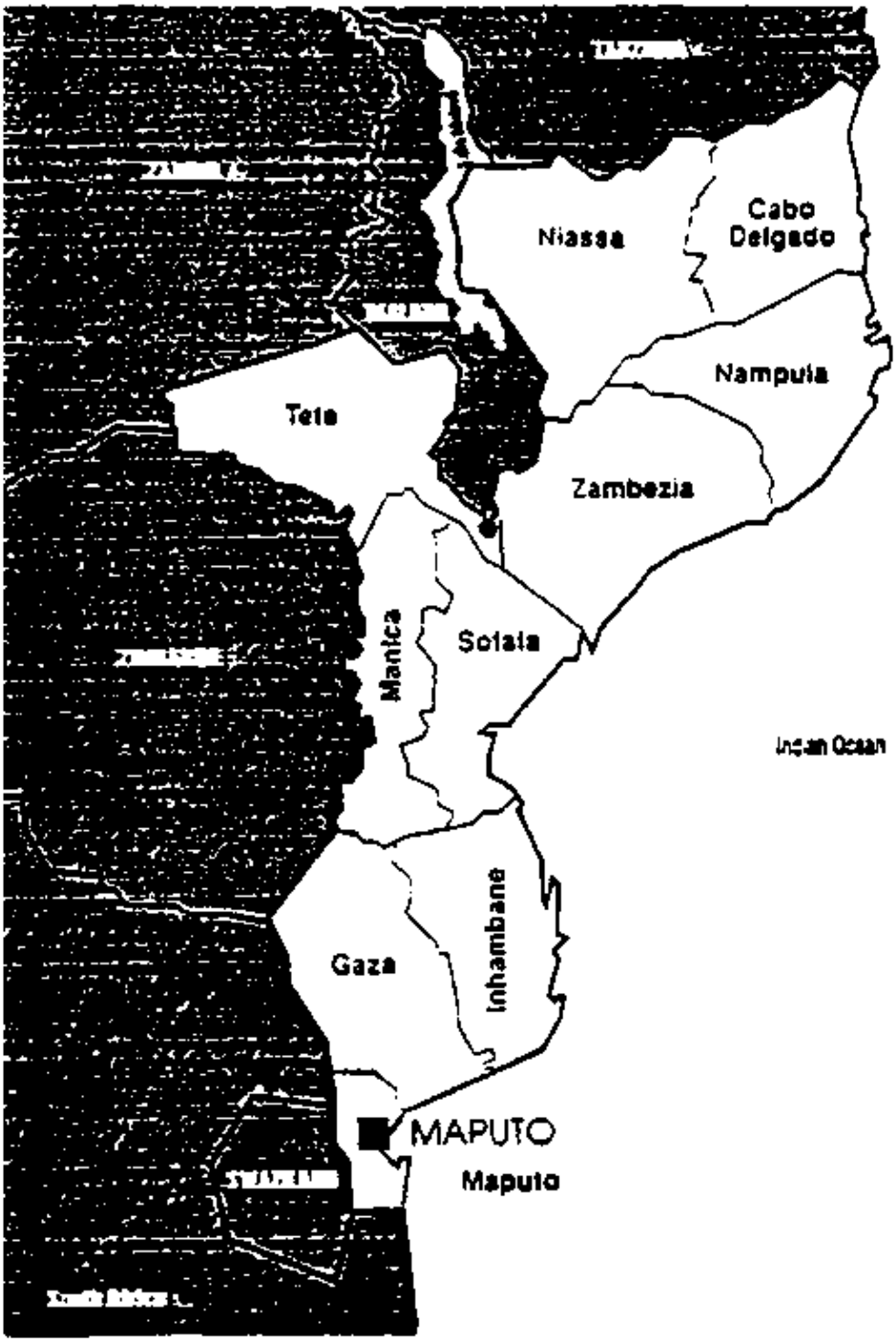
MAP 8: Kenya



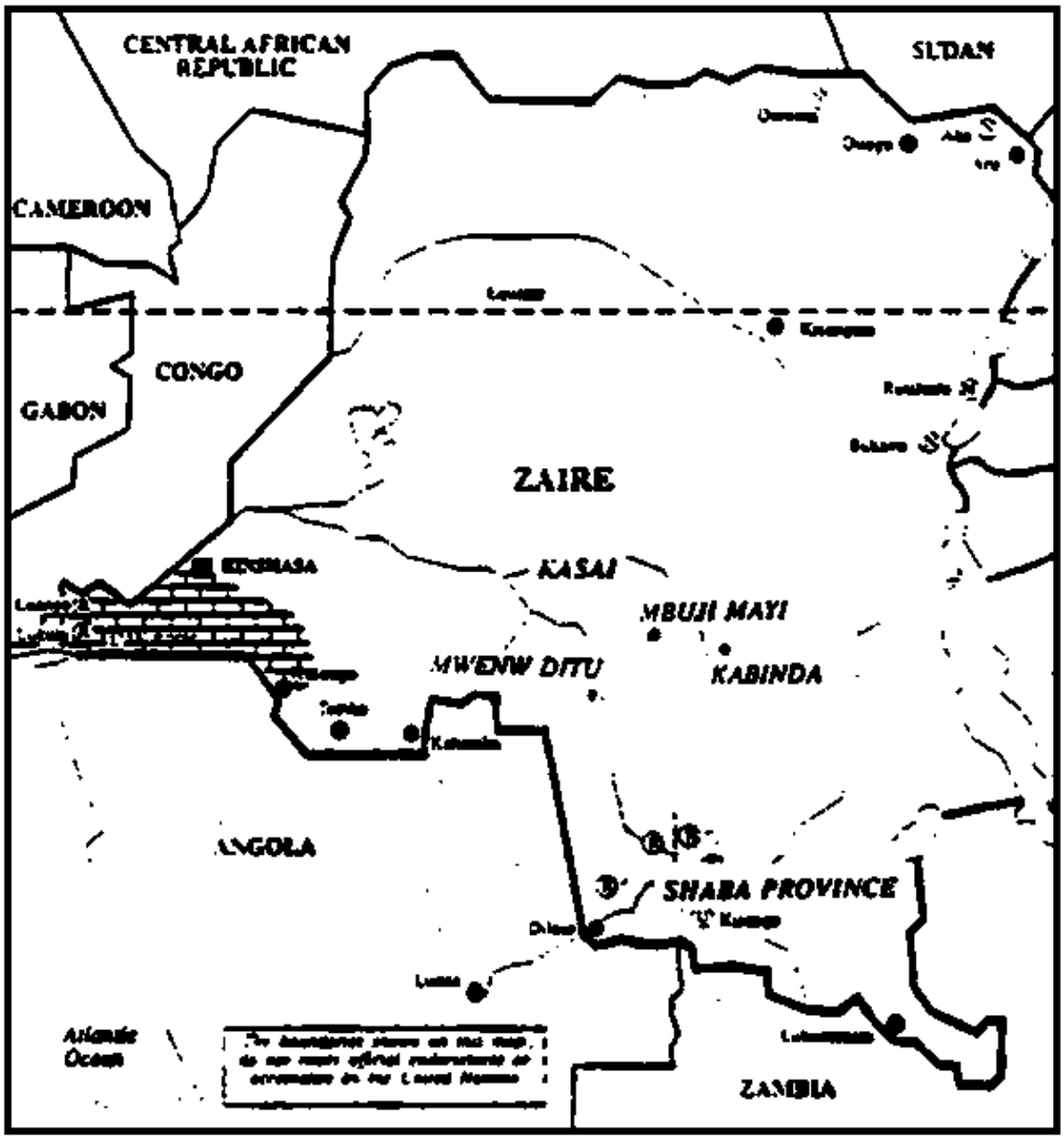
MAP 9: Liberia



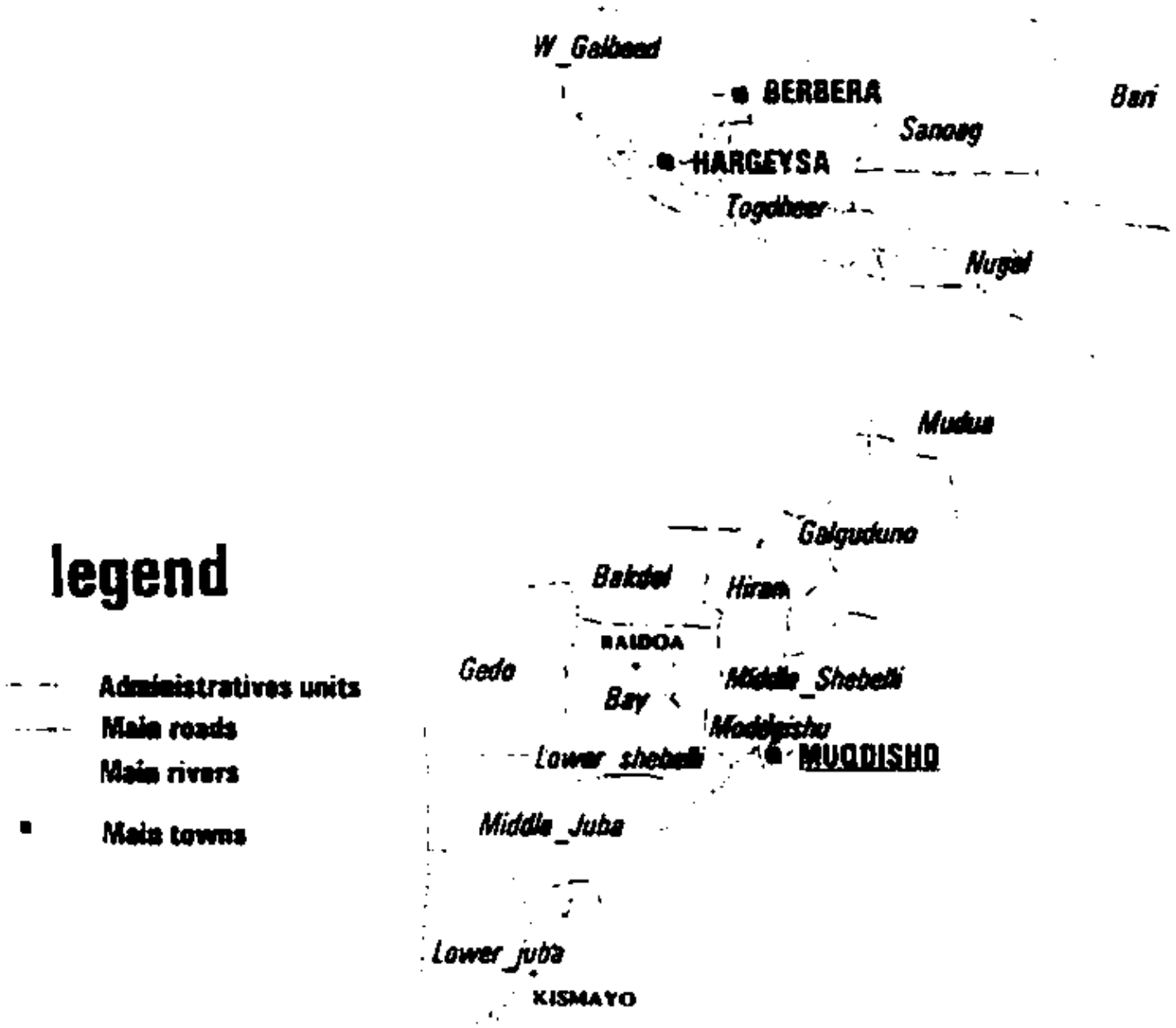
MAP 10: Mauritania



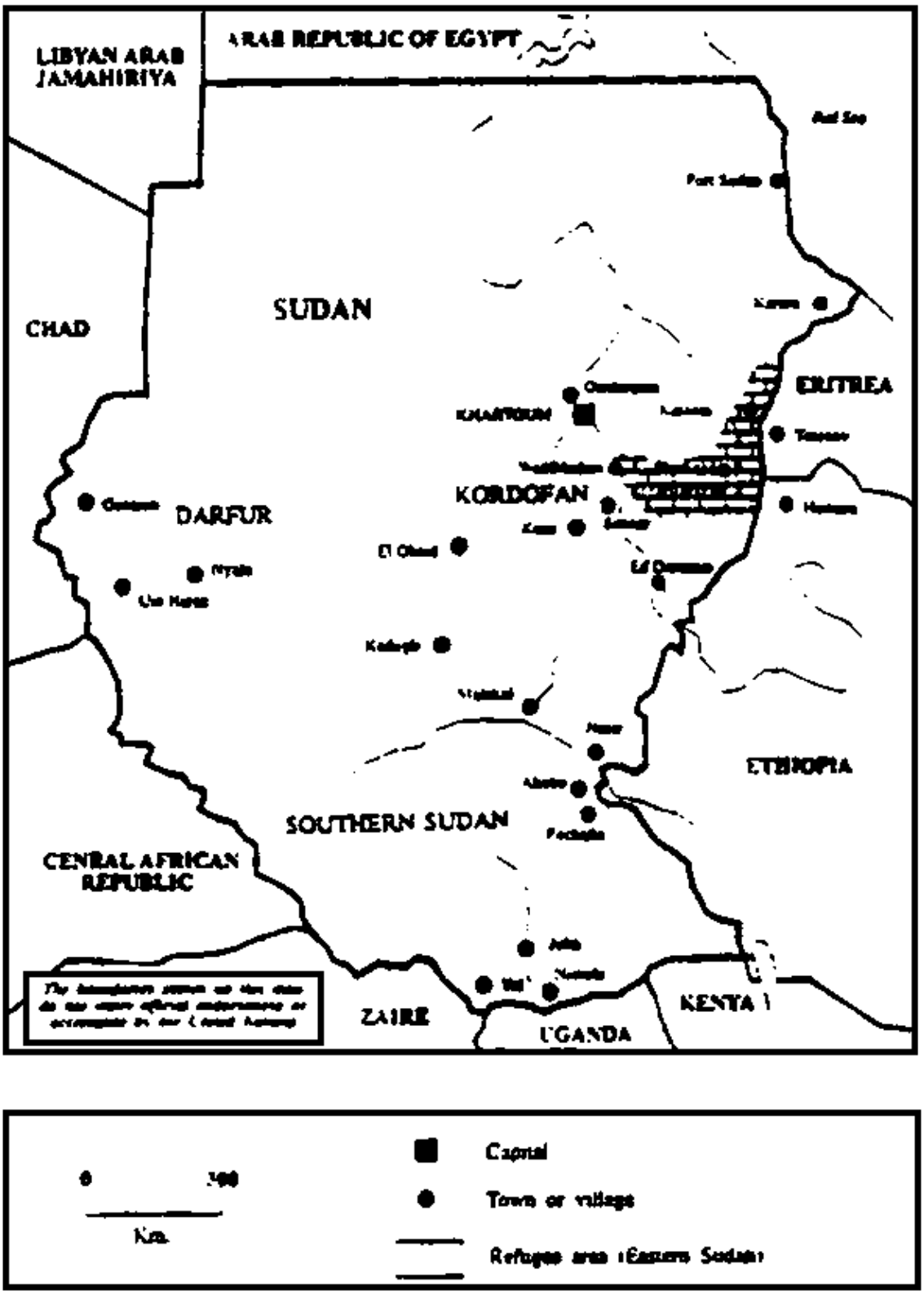
MAP 11: Mozambique


CENTRAL AFRICAN REPUBLIC
SUDAN
CAMEROON
CONGO
GABON
ZAIRE
KASAI
MBUJI MAYI
KABINDA
MWENW DITU
ANGOLA
SHABA PROVINCE
ZAMBIA

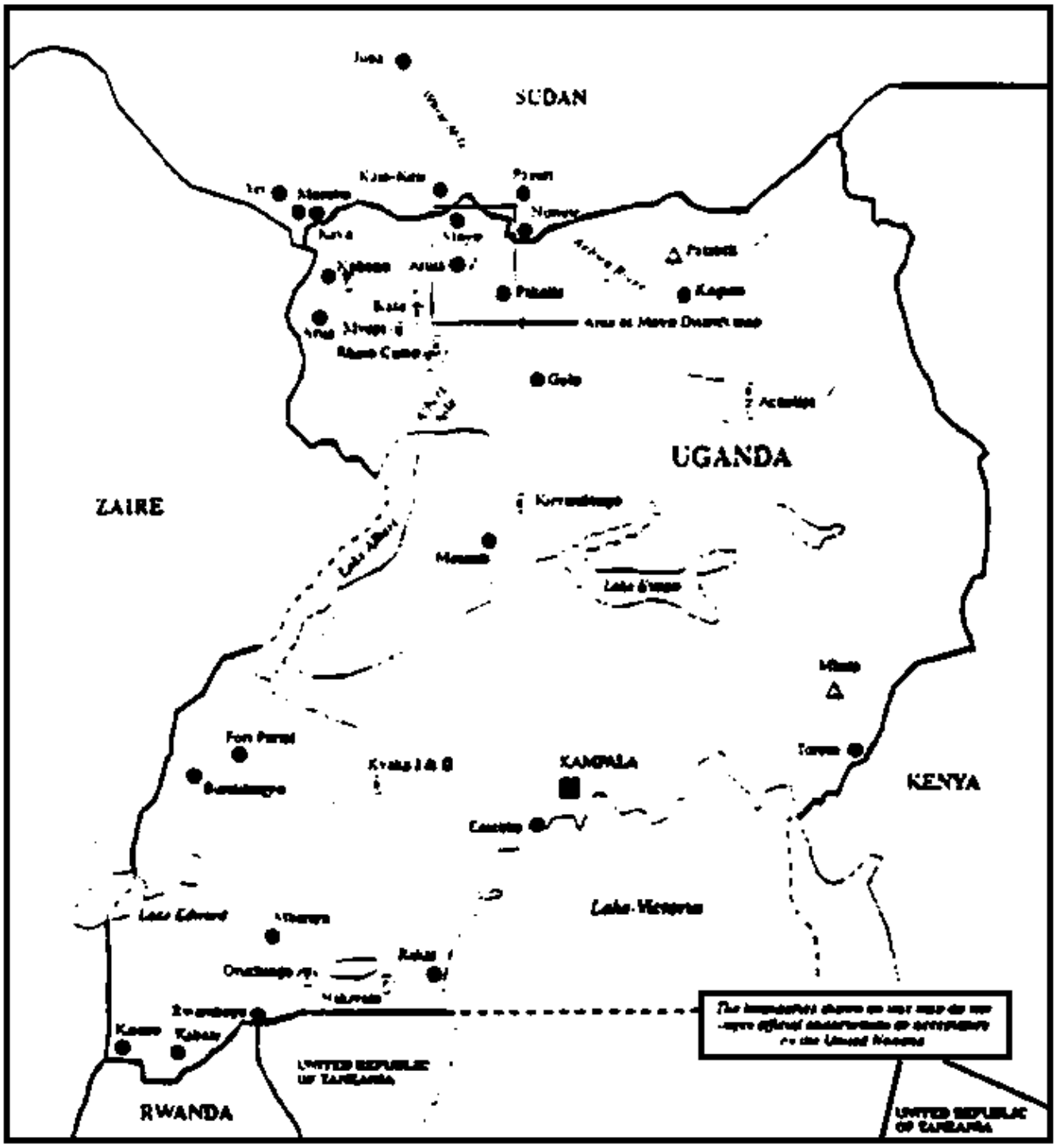
MAP 12: Zaire



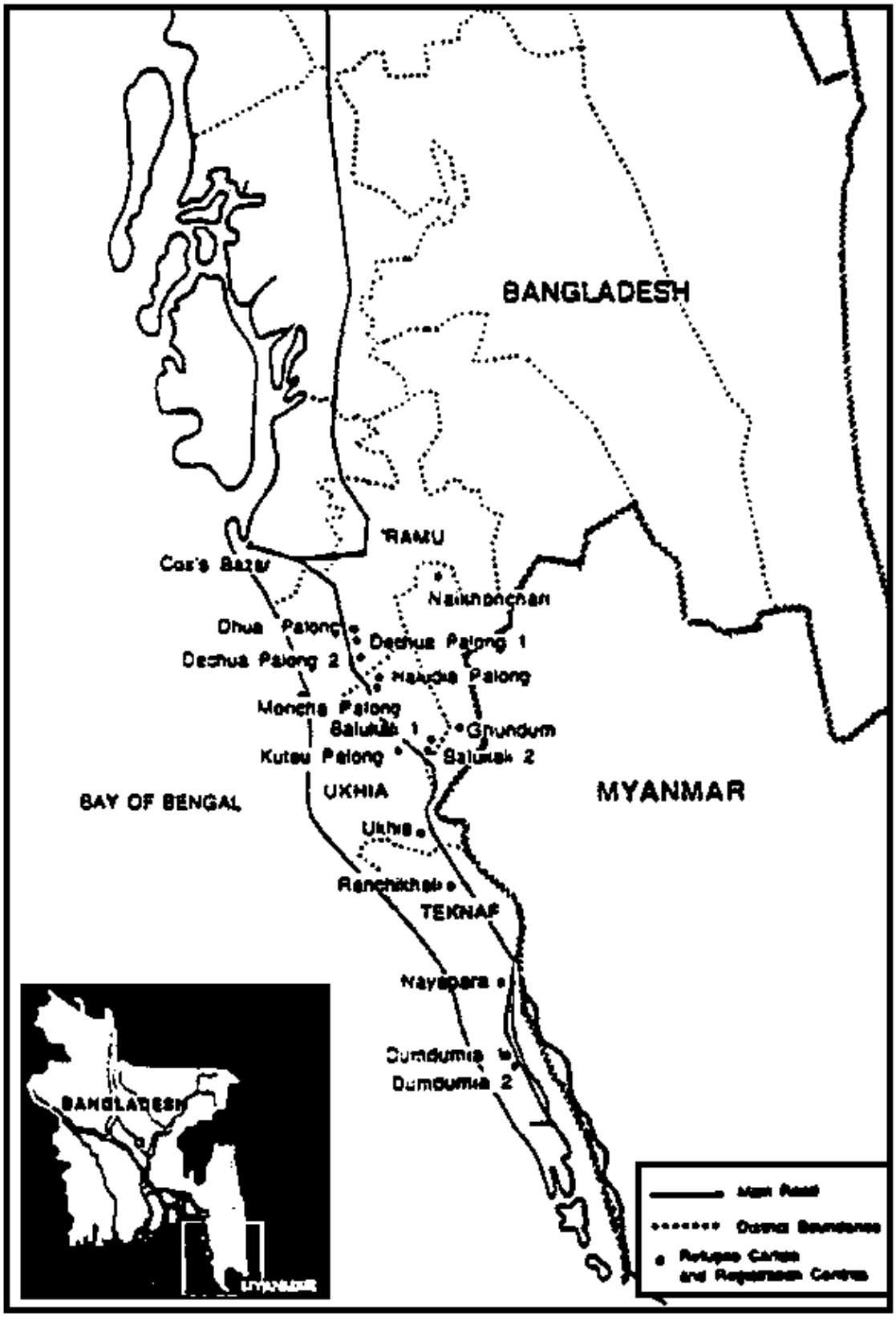
MAP 13: Somalia


LIBYAN ARAB JAMAHIRIYA
ARAB REPUBLIC OF EGYPT
SUDAN
CHAD
ERITREA
KHARTOUM
KORDOFAN
DARFUR
ETHIOPIA
SOUTHERN SUDAN
CENRAL AFRICAN REPUBLIC
ZAIRE
UGANDA
KENYA
Capital
Town or village
Refugee area (Eastern Sudan)
Km.

Map 14: Sudan



MAP 15: Uganda



MAP 20: Bangladesh