Refugee Nutrition Information System (RNIS), No. 27 – Report on the Nutrition Situation of Refugee and Displaced Populations

Table of Contents

Refugee Nutrition Information System (RNIS), No. 27 – Report on the Nutrition Situation of Refugee and Displaced Populations

United Nations
Sub–Committee on Nutrition

7 July 1999

This report was compiled by Arabella Duffield, ACC/SCN Secretariat, with the help of Helen Young and Susanne Jaspars.

We would like to thank all those agencies who contributed information to this report, particularly:

AAH, ACF–France, ACF–UK, ACF–USA, ARC, CAD, CONCERN, EPICENTRE, FAO, FSAU, IFRC, ICRC, LWF, Medair, Merlin, MSF–Belgium, MSF–France, MSF–Holland, OLS, OXFAM, RI, SCF–UK, SCF–US, UNHCR, UNICEF, USAID, WFP, WHO, World Vision

If you have information to contribute to forthcoming reports, or would like to request back issues of the *Reports on the Nutrition Situation of Refugees and Displaced Populations (RNIS),* please contact:

Arabella Duffield (RNIS Coordinator)
ACC/Sub–Committee on Nutrition
20, avenue Appia
1211 Geneva 27
SWITZERLAND

Tel: +(41–22) 791.04.56
Fax: +(41–22) 798.88.91
Email: accscn@who.ch
Web: http://www.unsystem.org/accscn/

Funding support is gratefully acknowledged from CIDA, DFA (Ireland), NORAD, DFID (UK), UNHCR, UNICEF and WFP.

Highlights

Angola. The recent insecurity in Angola continues to create massive humanitarian needs. Surveys and assessments have confirmed the critical nutritional situation. Humanitarian assistance is severely hampered due to reduced access caused by insecurity. Many of the cities in the Central Highlands are experiencing near siege–like conditions. An influx of IDPs into the provincial capitals has created public health crises affecting both the resident and displaced populations.

Great Lakes Region. A lack of funding is jeopardising the entire GLR programme. The situation in Brazzaville has reached "catastrophic proportions" as a result of a large influx of people in a very poor nutritional state. WFP is able to move food from Pointe Noire into Brazzaville, but funding is seriously constraining this operation. Access remains problematic to rebel–held areas of DRC, but relief programmes are operational in some areas. The general nutritional situation in Rwanda and Burundi is improving. In Tanzania, despite a very large influx of refugees from DRC, the nutritional status of the refugees is good. although the funding problems may alter this.

Ethiopia. The failure of the *belg* rains has led to huge increases in estimates of the numbers of people requiring assistance in Ethiopia. The conflict−affected population in the north of the country continues to be at increased nutritional risk and the WFP appeal for this group remains under−resourced.

Liberia/Sierra Leone Region A cease−fire agreement in Sierra Leone has resulted in humanitarian organisations obtaining increased access to parts of the country, thus WFP has been able to deliver food to IDPs in areas which it could not previously reach. The nutritional situation in Liberia is improving, but much of the newly resettled population remains food insecure. The nutritional situation in Guinea−Conakry and Cote d'Ivoire remains stable.

Somalia. The nutritional situation is improving in much of Somalia. However, there are still isolated pockets of very severe malnutrition. The authorities in Puntland have declared a state of emergency as a result of the prolonged drought in this area.

Sudan. The situation in Southern Sudan has generally improved. As the hunger season approaches there are concerns as to how the population will fare, although the very high prevalences of malnutrition seen in 1998 are not expected this year. Insecurity in the transitional zone has increased the risk of malnutrition for the population living in these areas as humanitarian organisations are unable to provide assistance to them. A UN mission was granted access to the Nuba mountains for the first time since the 1980s.

Uganda. The situation of the IDPs in North−west Uganda is stable, however the IDPs in the south are affected by the Great Lakes Regional conflict. Displacement has created serious overcrowding and concomitant public health problems with sanitation and water in Bundibugyo.

Afghanistan. A survey in Kabul reports that the prevalence of wasting is slowly rising and that the population is becoming increasingly food insecure. Assessment missions to other parts of the country report similar findings.

Nepal. Although the general nutritional situation of the Bhutanese refugees in Nepal is Satisfactory, there has been a recent dramatic increase in the incidence of angular stomatitis (vitamin B2 deficiency) since December 1998. This has raised concerns about the quality of the rations given to the refugees – in particular, the removal of the blended food component of the ration and the shortfall in the provision of vegetables.

Kosovo crisis. There is no apparent problem of acute wasting in this area. Although considerable human and financial resources have been allocated for this crisis, there have been serious problems of standardisation and co−ordination of food assistance programmes.

Adequacy of Factors Affecting Nutrition

Factor	Angola	DRC	Congo	Burundi	Ethiopia	Tanzania	Sierra−Leone	Somalia	S. Sudan	Uganda	Kos
1. Degree of accessibility to large population groups due to conflict or flooding	***X***	***O***	***O***	***O***	***?***	***?***	***O***	***O***	***O***	***O***	***O***
2. General resources											
– food (gen stocks)	***X***	***X***	***X***	***X***	***X***	***X***	***??***	***O***	***?***	***X***	***1***
– non−food	***X***	***X***	***X***	***X***	***?X***	***X***	***??***	***O***	***?***	***X***	***1***
3. Food pipeline	***X***	***X***	***X***	***X***	***X***	***O***	***??***	***O***	***?***	***X***	***1***
	X	***?X***	***X***	***?X***	***?X***	***?X***	***??***	***O***	***?***	***X***	***1***

4. Non–food pipeline										
5. Logistics	***X***	***O***	***X***	***??***	***?X***	***?***	***X***	***O***	***?X***	***?***
6. Personnel*	***?***	***O***	***O***	***?***	***??***	***?***	***??***	***??***	***??***	***??***
7. Public health risk factor	***X***	***O***	***X***	***O***	***O***	***?***	***X***	***X***	***X***	***O***
8. Rations – kcals	***X***	***O***	***X***	***?X***	***O***	***?***	***O***	***X***	***X***	***O***
– variety/micronutrients**	***X***	***O***	***X***	***?X***	***O***	***O***	***O***	***X***	***O***	***O***
9. Immunisation	***?X***	***?X***	***?X***	***O***	***?X***	***?***	***X***	***O***	***O***	***O***
10. Information	***O***	***X***	***X***	***?***	***?***	***?***	***O***	***O***	***O***	***?***

? Adequate **O** Problem in some areas **X** Problem
?? 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

** Rations may be inadequate due to inaccessibility

1. Angola

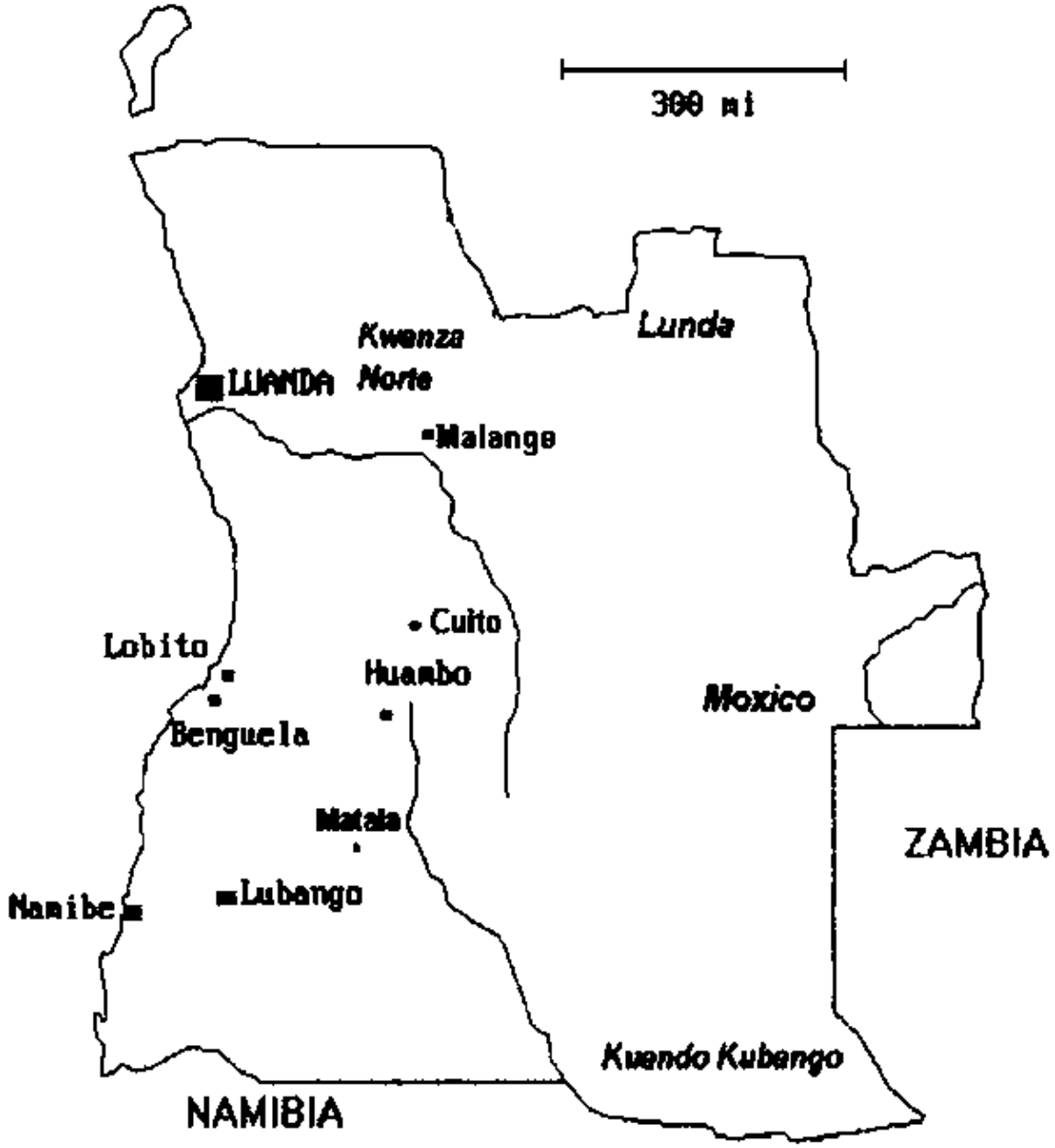
Sub–Saharan Africa

The humanitarian crisis in Angola has become extremely severe. Following the collapse of the peace process and renewed warfare in late 1998, an estimated 1.7 million people have now been displaced from their homes out of a total population of 13 million. Approximately 900,000 of these people have been displaced since December last year. Insecurity has been experienced in virtually all provinces but the provinces of Bie, Huambo, Malange, Kuanza Sul, Moxico, Benguela and Huila have been most severely affected. Huambo, Malange and Kuito are virtually besieged. In addition, landmines are being laid down by both the Angolan armed forces and the UNITA rebel movement which are causing more accidents and deaths amongst civilians (FAO/WFP – 16/06/99; IRIN–SA – 02/06/99; OCHA – 02/06/99, 11/06/99, 01/07/99; WFP – 04/99, 05/99).

The prospects for peace in Angola seem remote, the country has been at the centre of a civil war since, and even before, its independence. The current crisis, which is the most severe since the Lusaka Peace Protocol was signed in 1994, began in December 1998 when the government launched a major offensive against UNITA. The government seems committed to end the conflict by military means and has stated that "Angola had to wage war in order to achieve peace". The international community largely holds UNITA responsible for – the collapse of the peace process and is trying to tighten sanctions against the organisation. In particular, they are trying to tighten sanctions on diamonds – it is estimated that UNITA earned US $200 million from trading diamonds in 1998 alone (IRIN–SA 08/06/99; UNHCR– 11/06/99).

The conflict has seriously disrupted food security and hence negatively affected the nutritional situation. Despite good climatic conditions for this year's harvest, and no dramatic reductions in planting, significantly reduced yields are anticipated in many areas due to the abandonment of fields. Looting of crops before they have reached maturity has also been a problem. In addition, the closure of most roads in the conflict–affected areas will prevent surpluses in some provinces from reaching deficit areas. Thus urban areas will face food deficits and farmers will have difficulties marketing their crops. Very few of the IDPs will have any harvest at all this season. The food security situation is reported to be satisfactory only in the south–western parts of the country, where security is stable (FAO/WFP – 16/06/99; OCHA – 01/07/99).

Access to IDPs and others in need



Large−scale movements of the population began from rural areas to municipalities and later to provincial capitals. Many of the IDPs arrived in the urban areas in very poor condition and with only small supplies of food. However, obtaining access to the IDPs and other vulnerable groups found in the towns and cities of Angola is becoming increasingly difficult for humanitarian agencies, particularly in the Central Highlands. The strategic roads around many of these cities have been cut off by UNITA for months and ambushes on the remaining roads have increased. Logistical capacities for food assistance are very much dependent on the local security situation. Whereas WFP was previously able to deliver food assistance by road to over 200 destinations, the resurgence of the conflict has resulted in the number of locations accessed by road diminishing to less than 50. Frequent attacks, fluctuating road tariffs and the scarcity of fuel in some provinces have all led to increased costs of transport and decreased capacity. Air deliveries are also hindered by poor security situations. Factors such as inadequate aircraft ground support operators, poor maintenance and repair of airstrips and very high insurance costs all contribute to increased transport costs. Taking into account all these factors, the internal transport and storage costs for WFP have risen from US$ 219/tonne in 1998 to US$ 330/tonne (FAO/WFP −16/06/99).

It is clear from preliminary surveys and reports carried out in some of these cities that the rates of undernutrition are increasing and will continue to do so unless food and other forms of assistance are provided. The small supplies of food which were brought with the IDPs following their displacement are now largely exhausted and these populations are becoming increasingly dependent on humanitarian assistance. Food security for the resident population is also expected to deteriorate in the coming months as they

compete with the IDPs for the same resources. In many cases, the children of residents are reportedly brought to the feeding centres in equal proportion to the children of the IDPs (WFP – 05/07/99).

Huambo

An SCF–UK/Concern/MOH survey undertaken in Huambo city in May recorded exceptionally high levels of malnutrition for this area (see Annex), exceeding all previously reported results since 1994. The prevalence of acute wasting among children under five years of age was 14.5%, with 1.3% severe wasting (compared with 3.7% acute, and 0.1% severe reported in April 1995). The prevalence of oedema was 2.2%. The current prevalence rates indicate that an estimated 11,700 children are malnourished and need supplementary or therapeutic feeding (based on a conservative estimate, the population is 350,000 including an estimated 70,000 children under–five). At the time the survey report was published the capacity of the feeding centres was just 2,800, i.e.: the number of facilities were totally inadequate. An unknown number of adults and children older than five years old may also be malnourished.

Reduced access to agricultural land as a result of insecurity was suggested as a main factor explaining the very poor nutritional status seen in this survey, but similarly high levels of malnutrition were found among resident and displaced groups – that is in groups with and without access to land. This was probably because of the increased strain on resident households due to greater numbers of household members (displaced persons). In addition, local food production has been reduced due to insecurity and in some areas the staple food (maize) was harvested earlier than normal resulting in food reserves being used up already. Food is available in the markets, but most of the population is unable to afford it as prices have tripled since the same period last year. Shortages of salt, oil, sugar, fish, meat, flour and soap have been reported. Insecurity on the roads outside the city make it dangerous for the population to buy (or sell) goods outside of Huambo.

The nutritional outlook for Huambo's population is very poor. Future harvests will be reduced due to low seed conservation. WFP's on–going operation, which will end in August, was not planned to cater for the very much increased needs currently described and the food for the new operation starting in September has not yet arrived. Usual coping strategies are restricted due to insecurity (e.g.: the collection of firewood). In addition, the politico–military situation is still very fragile in this area and could deteriorate even further (CONCERN –06/99; SCF–05/05/99, 09/06/99; OCHA – 11/06/99, 01/07/99, WFP – 05/07/99).

Kuito, Bie Province

A joint WFP/UNDP/UCAH mission to Kuito, in Bie province, in late April described the humanitarian situation of the approximately 45,000 registered IDPs in the area as very poor, but not yet critical (WFP –04/99). A more recent report from MSF–B, however, suggests that the situation is now very serious. In the first week of June there were more than 500 beneficiaries in their Therapeutic Feeding Centre – an increase of more than 400% in the past few months. There are also an estimated 1,500 people in the Supplementary Feeding Centre. It is estimated that 61,000 newly displaced people have come to the city since December and the total population of the city is currently estimated to be 220,000 (MSF–B – 04/06/99; OCHA – 01/07/99). As in many of the other besieged cities, fuel shortages are a major hindrance to the delivery of humanitarian assistance (OCHA – 11/06/99).

Malanje

Malanje has been the scene of sporadic shelling for nearly four months, and the Province Hospital has registered more than 1,000 deaths since the beginning of the year. The city is has registered more than 100,000 IDPs. Emergency food distributions have been temporarily halted because of continual bombardment and attacks on the Malanje–Luanda road. Food stocks are currently being targeted only to children, pregnant women, elderly people, the disabled and the sick (WFP – 02/05/99, SCF – 05/05/99; IRIN–SA – 07/06/99, 08/06/99). Security conditions have prevented a nutritional survey being undertaken in the city in the past few months, but given that acute undernutrition was measured at 11% in January of this year (see RNIS 26) and that the city has practically been under permanent siege status since this time it is feared that the prevalences of undernutrition will be high (OCHA – 17/06/99).

Moxico

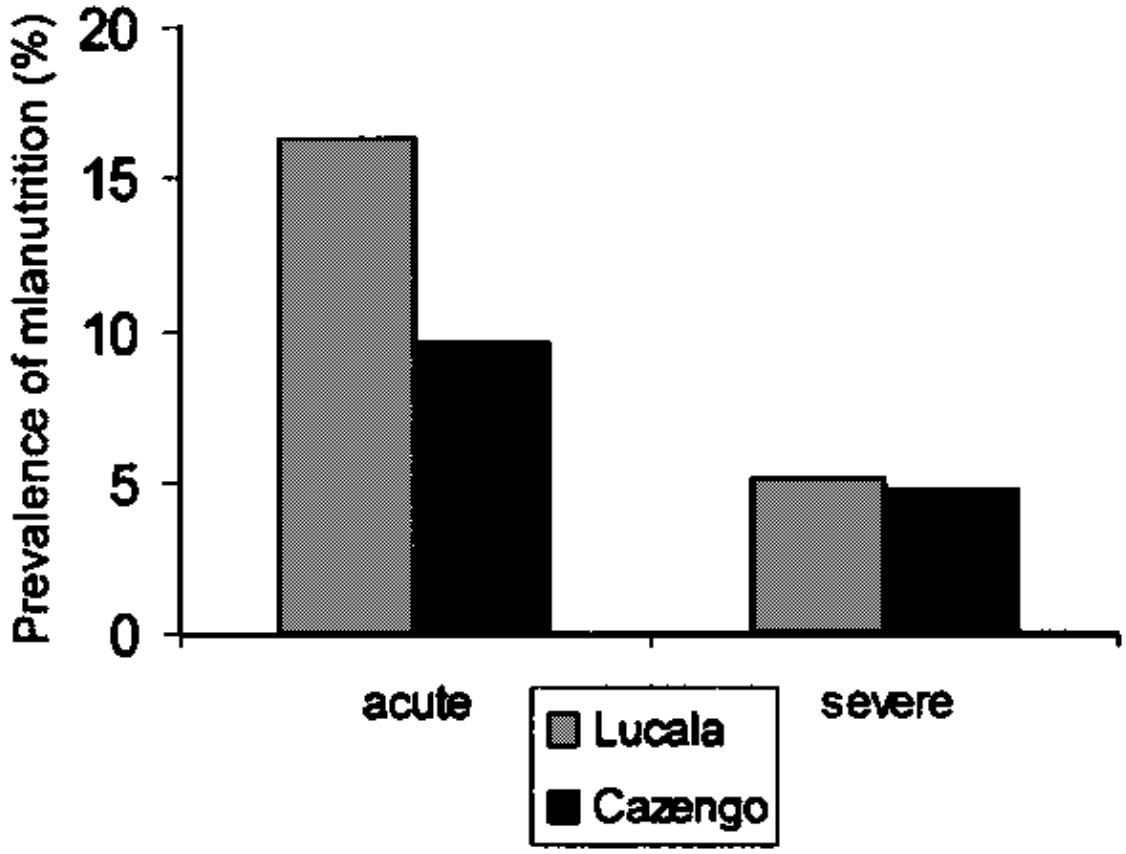
In Moxico province, the insecurity continues to force the displacement of the population from war affected rural areas into Luena. Fields in the periphery of Luena are also difficult to access because of the security conditions, which has reduced the supply of food to the town Thus food insecurity also affects the local population, some of whom have had to resort to posing as IDPs in order to obtain humanitarian assistance.

(OCHA–11/06/99).

The condition of some 19,000 recent arrivals in Kuito Kuanavale from areas in Moxico was reported to be particularly extreme, with evidence of severe malnutrition in both adults and children. In addition to food aid, these people – who have been cut off from the rest of Angola for up to 10 to 15 years because of the civil war and hence can speak no language other than their own local dialect – desperately need medicine and clothing: many of them are wearing clothing made out of tree–bark (OCHA – 02/06/99).

Kwanze Norte

World vision has recently reported the results of three nutritional surveys undertaken in two localities of Kwanza Norte Province (see Annex and graph). It can be seen that the prevalence of malnutrition is relatively high. A further report suggests that the prevalence of wasting may be even higher in Samba Caju district (up to 43%), but the study methodology is not know and hence the results are not shown. The NGO reports that most of the new IDPs arriving at the camps in Kwane Norte are from Malang and most need immediate attention. The majority of the children are undernourished and are suffering from diarrhoeal diseases, malaria, acute respiratory tract infections or other illnesses. World Vision has been running a therapeutic feeding centre in Cazengo since April, but new arrivals from insecure areas are frequently arriving in very poor condition, hence the high prevalence of malnutrition. The main constraint of programmes in these areas is funding (WV – 23/06/99).



Benguela

A recent Angolan Red Cross nutritional survey reported 13% acute and 3% severe wasting and/or oedema in Chongorio, while in Caimbambo acute wasting and/or oedema was estimated at 19% and severe wasting and/or oedema at 2%. Depending on the availability of WFP stocks, food assistance will be given to the most vulnerable (OCHA –24/06/99).

Other areas

A report from a recent UNICEF meeting suggests that in some areas of the country such as Zaire and Uige there are no evident signs of a nutritional problem. In these areas there is much better access to crops and/or the humanitarian agencies are able to deliver some assistance to the communities. Although, the most recent report from Zaire Province states that there is a shortage of health facilities and medical equipment in this

area (OCHA – 22/06/99, 01/07/99).

An emergency vaccination campaign against polio is currently being undertaken by UNICEF and the national health authorities. The latest figures indicate that 958 cases (almost all are children under five years) have now been reported with 84 deaths (SCF – 22/06/99). Most of the cases are in the slum areas around Luanda, although some have been reported in Benguela (OCHA – 28/04/99). Over a million children have been vaccinated and the campaign continues. An outbreak of meningitis amongst young adults has also been established in the province of Kuando Kubango (OCHA – 07/05/99), although an immunisation campaign appears to have brought this under control.

Overall, the situation in Angola is critical in many areas, although in other areas the situation is not as severe. The numbers of people involved are difficult to estimate (note that only IDPs are shown in summary tables, although the resident population is also at great risk). The 462,000 IDPs in the cities in the central highland provinces are at high risk (category IIa), although the IDPs in Huambo (175,000) are known to have very high rates wasting and are therefore classified as category I (these numbers are from UCAH – WFP, 05/0799). IDPs in other areas are probably at moderate risk (category IIb).

Priorities and recommendations:

• Funds are urgently needed to support humanitarian operations in Angola. At the time of going to press the appeal for Angola was only 29% funded (OCHA – 01/07/99). The funds are required to charter additional cargo aircraft to transport desperately needed food and medicines to the war–affected cities. Low levels of emergency food stocks are reported in several areas. Breaks in the food aid pipeline breaks are expected in the next few months.

• Support the Government of Angola's commitment to the temporary resettlement of IDPs on productive agricultural land

• Expand the capacity of supplementary and therapeutic feeding programmes and distribute a regular general ration distribution programme in order to make the selective feeding effective.

Recommendations from the CONCERN/SCF/MOH survey in Huambo

• Increase the number of targeted feeding programmes (supplementary and therapeutic)

• Ensure close collaboration between targeted programmes and soup–kitchens, providing referrals

• Elaborate a nutritional/agricultural educational programme highlighting alternative possibilities of food cultivation and preparation with currently available foods. This programme should target the most vulnerable families.

• Provide agricultural and food interventions for the most vulnerable families where possible.

2. Great Lakes Region

Security conditions in the Democratic Republic of the Congo (DRC) and Congo–Brazzaville are still very poor in some areas resulting in continued displacement of the population. The IDPs returning to Congo–Brazzaville are reported to be in very poor nutritional condition. Little is known about the condition of the IDPs in the rebel–held areas of DRC. Large numbers of refugees continue to seek asylum in the United Republic of Tanzania. In Burundi and Rwanda the nutritional situation continues to improve in the areas where there have been improvements in security. The table below shows the numbers of refugees, IDPs and returnees who require assistance in the Great Lakes region.

	Jun. 97	**Sep. 97**	**Dec. 97**	**Mar. 98**	**June 98**	**Mar. 99**	**Jun. 99**
Burundi	265,000	260,000	570,000	600,000	670,000	222,000	451,000*
Rwanda	2,600,000	727,000	1,400,000	690,000	550,000	690,000	670,000

Tanzania	390,000	311,000	318,000	345,000	329,000	328,000	373,000
DRC	514,000	823,000	585,000	568,500	621,000	788,000	952,000
Congo–B		465,000	650,000	400,000	50,000	213,000	211,000
Total	3,769,000	2,586,000	3,542,200	2,603,500	2,220,000	2,241,000	2,657,000

*Burundian IDPs/returnees assisted by WFP has increased due to expanded seed protection programmes

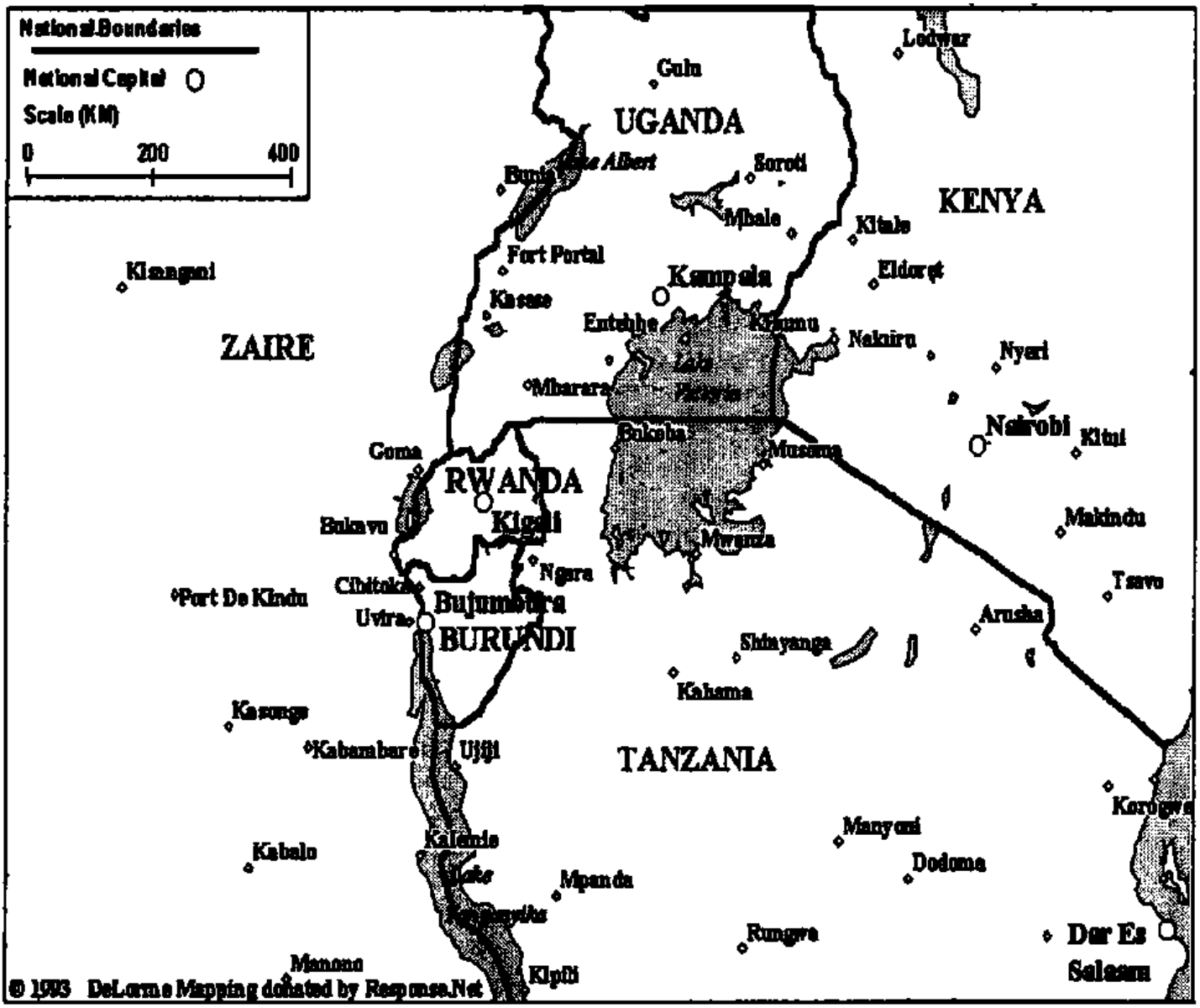
In June, WFP appealed for additional donor contributions (US$ 13 million) for the WFP operation to provide assistance for IDPS and refugees in Burundi, Rwanda, Tanzania and Uganda. Delays in delivery of food commitments may bring operations to a halt in August. Thus to make existing stocks last longer, country offices in Burundi, Rwanda, Tanzania and Ugana have been requested to reduce rations by 20 –30% immediately, or to reduce distributions (WFP – 04/06/99).

Burundi

The initial optimism which greeted the suspension of the economic sanctions on Burundi earlier this year is beginning to fade. The price of an average family's food basket has fallen slightly since the lifting of the embargo but still remains nearly twice as high as it was before the sanctions were imposed. At the same time, the local currency has continued to devalue compared to both official and unofficial US dollar rates partially because of a severe shortage of foreign currency in the country (OCHA –05/05/99).

Security incidents and attacks on civilian populations continue particularly in Bubanza, Bujumbura, Bururi and Makamba provinces. Burundian Government sources claim that the attacks in the South have been launched from Tanzania by Interahamwe militia and rebels of the Force de Defense pour la Democratie (IRIN –06/04/99, 09/04/99, 28/05/99). Of particular concern was the attack in Ruyigi's Kinyinya commune where the destruction of some 600 households was confirmed. This area was previously considered relatively secure and had seen considerable progress in the reconciliation process (OCHA – 05/05/99).

Despite the fighting, further peace talks took place in Arusha in May (IRIN– 1/05/99, 27/05/99). The government has unveiled a "plan for society" which details its vision of a proposed ten–year transition period. The plan envisages a democracy based on "consensus" and an enlarged national assembly which will include groups taking part in the Arusha peace process which are not currently represented in parliament (IRIN –04/06/99). It remains to be seen how the government's opponents react to this proposal.



THE GREAT LAKES REGION

update by ReliefWeb: 7.6.96

> The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations or ReliefWeb. These maps may be freely distributed. If more current information is available, please update the maps and return them to ReliefWeb for posting.

War–affected populations

There are currently estimated to be over half a million displaced people in Burundi. The situation remains fluid: new people are forced to flee even while others return. For example, violence in Makamba caused the displacement of 12,000 people in areas along the Tanzanian border and the local authorities have asked for WFP's assistance (WFP –21/05/99).

WFP provides food assistance to approximately 451,000 people per month, which includes the following categories, emergency distributions – 119,000; nutritional support – 47,500; vulnerable groups – 25,000; seeds protection rations – 126,000; returnee packages – 3,500; and food for work – 130,000. The original planning figure was 282,000, but this figure has been increased as a result of a large seeds protection ration distribution programme jointly implemented by WFP and FAO. Emergency distributions target not only IDPs but also resettled IDPs and residents who are considered food insecure (WFP – 24/06/99).

As reported in RNIS 26, the nutritional situation of many of the war–affected populations in Burundi does appear to be slowly improving. The surveys described below all show a decrease in the prevalence of malnutrition in these populations. Additional data from UNICEF covering the period from September 1998 to February 1999 indicates the prevalence of malnutrition in 10 Provinces ranged from 5.6% to 14.7%. This represents an improvement compared with data collected between January and August 1998 (which ranged between 10.0% to 23.8% in seven Provinces). Reports from these surveys are not currently available to the RNIS, and thus the representativeness of the sample is unknown (UNICEF – 21/06/99).

Kayanza Province

A survey undertaken by ACF in Kayanza Province in January recorded a decrease in the prevalence of wasting in children under five since the last survey in this area in 1997 (see Annex). Acute wasting and/or oedema had decreased from 14.0% to 9.8% and severe wasting and/or oedema was estimated at 1.7% compared to 2.3%. (Oedema was recorded in 0.9% of the children surveyed). However, the two survey populations were different: – the earlier survey was only in the camps and the second survey included residents, thus the decrease in the rates of wasting and/or oedema found might be expected even without an improvement in the nutritional status of IDP's.

Adult nutritional status was also measured as a large proportion of beneficiaries in the feeding centres in this area were adults. The table below shows the distribution of the population by Chronic Energy Deficiency (CED) level. It can be seen that only 52% of the adult (aged 15y+) population were categorised as "normally" nourished according to the classification employed; 8.4% of the total adult population were defined as severely malnourished.

BMI (kg/m^2)	CED level	Male (%)	Female (%)
<= 15.9	Severe	9.2	7.7
16–16.9	Moderate	10.6	13.4
17–18.4	Marginal	27.8	26.9
=> 18.5	Normal	52.5	52.0

* please note that the RNIS will soon be issuing a special report on the classification of adult nutritional status

One of the problems with this classification scheme is that it does not take into account physiological changes during ageing. The data obtained in this study (and many others) describe a decreasing BMI as age increases. If adults younger than 50 years are examined separately then only 4.0% of the population is classified as severely malnourished (<16 kg/m^2 and/or oedema), 2.2% of women and 5.6% of men. In adults over 50 years, 6.8% of women and 7.7% of men were defined as severely malnourished (BMI<15.0 kg/m^2). Oedema was reported in 0.2% of the under–50 age group and 3.4% of the over–50 age group. (The presence of oedema in the younger age group is used as an admission criterion to the TFC, but cannot be in the older group as oedema may be caused by various common pathological conditions as well as malnutrition in this group).

For less severe adult malnutrition, ACF uses a BMI of 16.0–16.9 kg/m^2 and/or a MUAC<21 cm as adult admission criteria into their supplementary feeding programme in the study area. Using this definition, 18.6% of adult women and 12.9% of adult men were classified as malnourished.

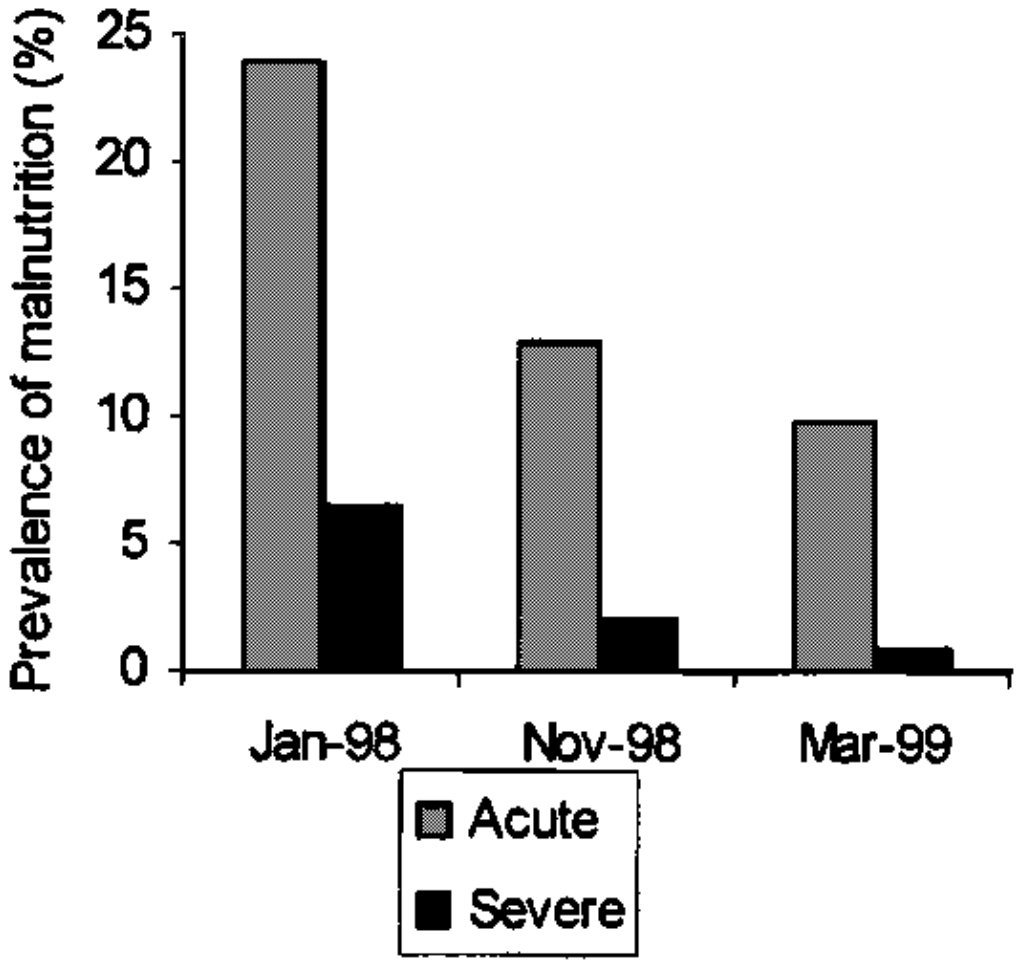
In general, coverage of the nutritional programmes was low – only 12.3% of wasted children and 4.9% of malnourished adults were enrolled in a programme. Measles vaccination was confirmed by card for 66.4% of the children. The retrospective CMR for the study population showed an improvement compared to 1997 and was estimated to be 0.56/10,000/day. Under five mortality was 0.93/10,000/day compared to 4.5/10,000/day in August 1997.

By questioning respondents about their activities, sources of food and revenue, agricultural systems, household social structure (sex of head of household etc), origins and access to health care, the survey also examined possible indicators of vulnerability in this community. Although no causal relationships could be established, an association between head of household's gender and malnutrition in children was clearly seen – children in female–headed households were more likely to be wasted. In addition, a wasted child was less

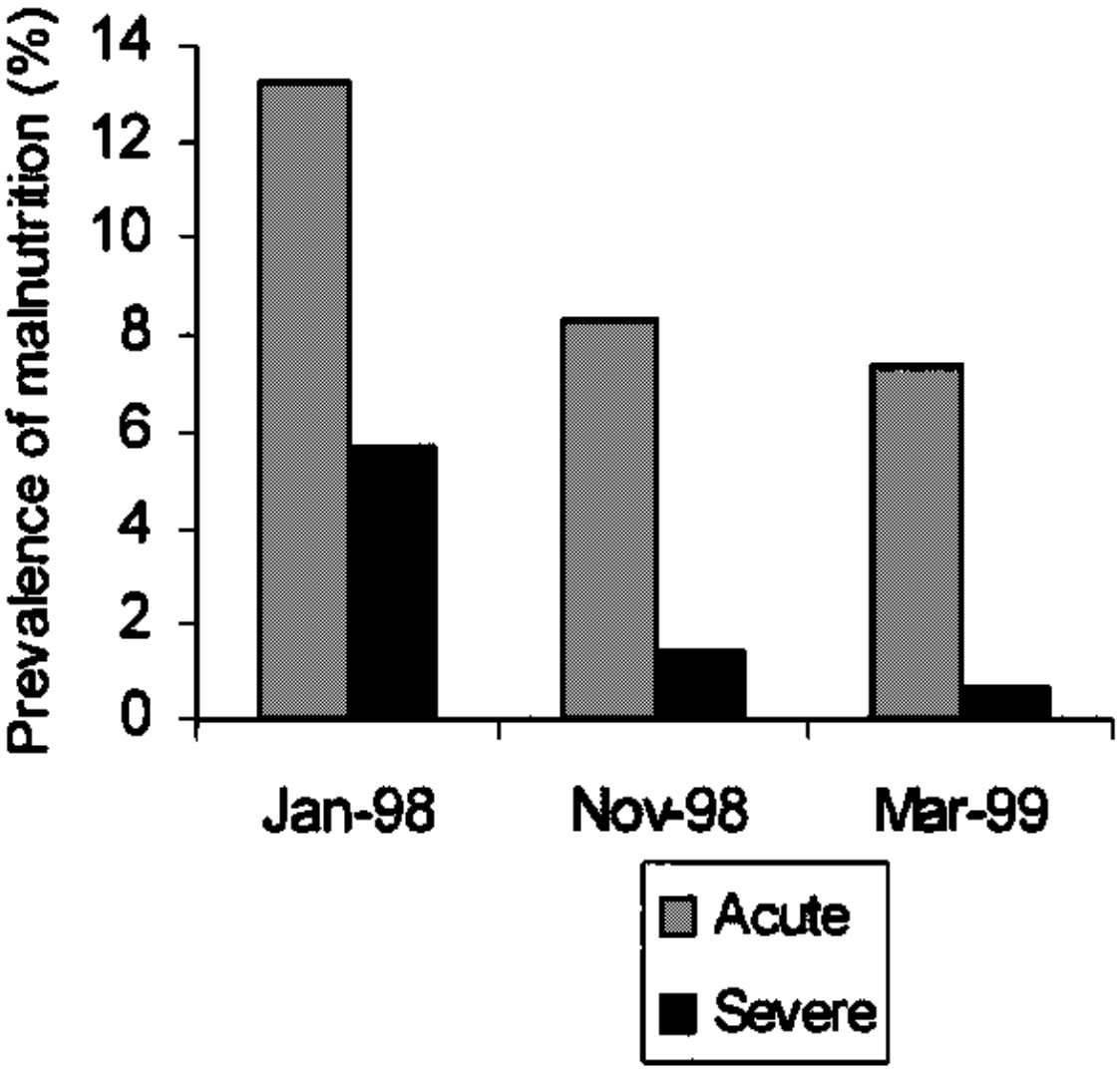
likely to live in a household possessing at least one animal. The elderly living alone were also vulnerable. The authors of the study were careful to stress that the study population is a relatively homogenous group in terms of activities and income and thus these indicators alone will not be sufficient to differentiate between vulnerable and non–vulnerable households.

Gitega Province

Oxfam/SCF–UK/Solidarites/MOH conducted a follow–up survey in March in Gitega province where Oxfam has established a supplementary feeding programme (see Annex). The results of all three surveys are shown in graphs below. It can be seen that the level of wasting and/or oedema has decreased in both the north and southern areas of the province over the past fifteen months. CMR in the northern part of the province also decreased from 0.57/10,000/day in November to 0.25/10,000/day in March. In the South, CMR decreased from 0.79/10,000/day to 0.44/10,000/day. Mortality for children under five years also decreased during the period in both regions – from 0.67/10,000/day to 0.38/10,000/day in the North and from 1.23/10,000/day to 0.96/10,000/day in the South. According to vaccination cards carried by the mother, 53.5% of children were vaccinated in the north and 60.1% in the south. This can be compared to 63% and 64% respectively in November.



Prevalence of wasting and/or oedema in Northern Gitega



Prevalence of wasting and/or oedema in South Gitega

Other indicators of an improving nutritional situation included a drop in new admissions to the feeding programmes, and increased land cultivation by the population. Health services are now functioning in the province. Given these improvements Oxfam is now working towards a hand–over of the management and logistics of the feeding programme to the provincial Ministry of Health. It is envisaged that this will take six months. Oxfam will train health centre staff and mothers in best nutrition and hygiene practices (OCHA –05/05/99, Oxfam – 27/04/99, 19/05/99).

Muramvya and Mwaro provinces

Results from a nutritional survey undertaken by Solidarites in February in Muramvya and Mwaro provinces among children under five years old recorded 11% acute wasting with 1.5% severe wasting. CMR was reported to be 0.53/10,000/day (OCHA – 18/05/99).

Bubanza Province

Children's Aid Direct in collaboration with the DPAE (Department of Agriculture) conducted a food security survey in Bubanza Province in March as a complement to the anthropometric survey undertaken in February (which found a prevalence of 9.75% acute malnutrition, of which 2.7% was nutritional oedema). The population is estimated at 270,000 with almost 60% being internally displaced. The displaced have been moved from large camps to smaller sites with the aim of moving people closer to their origin and hence improve accessibility to land.

No significant difference was found between residents and the internally displaced in terms of their cultivation and food production. The IDPs may have smaller fields to cultivate, but the residents have insufficient seeds and other agricultural inputs to plant the whole area. Unlike the IDPs they do not benefit from seeds and tools distributions.

Insecurity has contributed to a 40% decrease in agricultural production, as a result of restricted access, and increased prices of fertilisers and pesticides. Small livestock have been affected particularly badly, and have decreased by 90%, while large livestock have decreased by 37%, as compared with the situation before the crisis. However in recent months, improved security has increased access to markets, health centres and fields, but despite this, instability in some parts of Bubanza prevents the population returning to their original collines. The on−going food insecurity is reflected in the many re−admissions reported by the supplementary and therapeutic feeding programmes, as discharged children become malnourished once again.

Army worm infestation

More generally, FAO has identified some 20,000 hectares of land which have been infested by army worm in the north−eastern areas of Burundi. The infestation threatens to reduce cereal crops including wheat, rice, maize, millet, sorghum and sugar cane crops. Pasture lands are also affected and cause a negative impact on livestock. WFP and government officials are reviewing the situation in order to discuss possible food aid requirements resulting from the infestation (WFP – 14/05/99).

Refugees in Burundi

A new UNHCR verification exercise carried out in Citiboke revealed that only 363 Congolese remained on site, approximately 100 less than during the last survey carried out in February (OCHA – 16/04/99). There are also some 2,000 urban Rwandan refugees in the country.

Overall, the improvements in the nutritional situation in Burundi reported in RNIS 26 have been sustained, and the IDPs are currently considered to be at moderate nutritional risk (category IIb).

Priorities and Recommendations:

• Although the nutrition surveys describe an improving situation the food security of the IDPs in Burundi is still fragile. Food assistance may still be required in some areas where previously it was not necessary and in other cases assistance may be slowly phased out. Ongoing food economy assessments carried out by WFP and others should establish which areas are most in need of assistance.

• Funds are urgently needed for the WFP operation to provide assistance for the refugees in the region generally, including those in Burundi. Breaks in the pipeline mean that rations will either be cut or distributions undertaken less frequently.

From the ACF survey:

• Given the fragile state of the population's nutritional status the supplementary and therapeutic feeding programmes should be continued.

• Ensure that the population is aware of these facilities, and hence that the coverage of the programmes will improve, this is particularly true for adult males.

• Undertake further studies on the nutritional situation of the population

From the CAD study in Bubanza:

• Include vulnerable residents in the collines in seed distribution programmes.

• Encourage breeding of small livestock where security allows through associations of credit schemes.

Rwanda

The last RNIS reported large numbers of IDPs in the northwest of the country who had left their homes as a result of Interahamwe militia violence in the area. The government has currently largely re−established stability in the area and many of the IDP camps in Ruhengeri and Gisenyi prefectures have been dismantled. Most of the formerly displaced people are now living in new settlements known as *"imudugudu"* following

massive resettlement programmes organised by the government which started in December last year (IRIN –09/04/99, 20/05/99, SCF–UK – 19/05/99). These *imidugudu* are situated close to the roads and families are grouped according to their original cellules and secteurs. The intention is that families should be closer to their fields than when they were in the large camps which were close to the administrative centres (SCF – 02/99).

In terms of humanitarian assistance, the cereals pipeline situation for Rwanda is cause for concern, as there are no cereal stocks for Rwanda in the region. This is due to shipping delays with an expected shipment due in April now not expected until August (WFP – 25/04/99). Local purchases in Uganda have been unsuccessful due to insufficient stocks on the market as a result of the Tanzanian drought.

Ruhengeri Prefecture

The nutritional situation of the IDPs in Ruhengeri has improved in the past three months. In January very high rates of severe wasting and/or oedema were recorded (6.4%) but this rate is reported to have declined since then.

Food Economy assessment in Ruhenegri Prefecture

Following the nutrition survey in January 1999, Save the Children Fund UK undertook an assessment of the food economy of the displaced population in Ruhengeri Prefecture (SCF – 02/99). The population of Ruhengeri prefecture is estimated to be 869,000, of which possibly 573,000 were displaced. The assessment concluded that families were able to meet their energy (kilocalories) requirements between July 1998, and January 1999, however their diet was extremely monotonous and of poor nutritional quality (with 80% of energy from sweet potatoes, and very limited sources of protein). Sources of food in the larger camps and the *imidugudu* included harvest from own or others fields; agricultural labour; food aid; and market purchase or begging. A deficit of two thirds of food requirements was predicted for the period January to June 1999, when food and income sources should stabilise with the harvest.

From the descriptions of parents of severely malnourished children a number of possible causal factors were identified, including; repeated illnesses, (often measles, diarrhoea and/or vomiting); living in hiding in the bush or forest for prolonged periods; and lack of appropriate care due to the death of one or even two parents (SCF –02/99).

Not all Ruhengeri Prefecture was equally affected by the insecurity in 1998. SCF divided up the prefecture into three regions; region A was relatively secure throughout and less displacement occurred, whereas in regions B and C massive displacement occurred, and currently this is where the *imidugudu* are. Region C appeared to have the highest prevalence of severe malnutrition, which was attributed to a worse security situation which occurred earlier – hence the displacement of the population from Region C was longer and there was greater disruption to harvests. The soil is also less fertile in this region. Many health centres destroyed during the insecurity were yet to be rehabilitated, hence access to health care was limited. Also this region is more inaccessible, which limits trading networks and hinders the delivery of humanitarian assistance (SCF – 02/99).

Situation begins to stabilise

Since this assessment the number of admissions to feeding programmes has in fact decreased. This is attributed to improved targeting by WFP, increased frequency of food deliveries, increased NGO presence and activity in the nutritional sector (supplementary and therapeutic feeding programmes were put in place), and an early harvest in some communes. Agricultural activities in Ruhengeri prefecture have resumed in most communes as a result of improved security: most of the IDPs now have access to their farmlands (IRIN – 20/05/99; WFP –19/04/99, 06/05/99; SCF–UK – 18/05/99).

Despite the progress described above, the nutritional situation of these people is still precarious. Food will continue to be scarce until the harvest in late July and WFP will need to provide essential food assistance until at least then. There is a need to remove restrictions on residents wishing to provide agricultural and general labour outside their own communes. Such restrictions – which are in place because of security concerns – have a direct impact on well being as a substantial proportion of income currently comes from paid labour. These restrictions should therefore be removed wherever security allows, as a means to raising the standard of living. There is also a need for further investigation of, and support for, alternative income generating activities for *imudugudu* residents who have no, or very limited, access to land for cultivation (SCF–UK –18/05/99).

Gisenyi Prefecture

The RNIS has not received a report which focuses specifically on the nutritional situation of the IDPs in Gisenyi prefecture although a survey has been planned for later in the year (WFP – 06/05/99). A WFP assessment of Mubuga cellule, in Kanombe Sector, Gisenyi, observed destroyed and abandoned houses. In Mugbuga cellule where 3,092 IDPs are living in makeshift camps, no agricultural activities were observed.

Returnees from DRC

In the past few months some 15,000 Rwandans are reported to have returned to the northwest of the country from North Kivu in DRC. These people, who left Rwanda in 1994, have told UNHCR that they returned home because local officials in eastern DRC warned them to do so. The relative calm in north–western Rwanda also encouraged them to return. UNHCR staff have helped the returnees back to their communes of origin and have distributed blankets, plastic sheeting and other materials to the group. WFP provides a three month resettlement ration to the returning refugees. Local authorities have indicated that several thousand more returnees could follow (UNHCR – 04/05/99, WFP –19/04/99,21/05/99).

Army Worm Infestation

More generally, agriculture in Rwanda is suffering from an infestation of army worms, especially in the prefectures of Mutara, Kibungo, Beera and Kigali Rural. Army worms have so far infested about 6,000 hectares of agricultural land according to estimates by the Ministry of Agriculture. Humanitarian sources warned that the invasion could seriously impact the season's agricultural production as well as the country's limited livestock resources if no action was taken. The ministry of Agriculture and FAO initiated some rapid interventions and, combined with the favourable effects of the rains, the impact of the infestation has been reduced. However, there are still concerns about a potential second invasion of the worms at the end of their next reproductive cycle (IRIN – 27/04/99, 04/05/99, 13/05/99).

Refugees in Rwanda

There is no new information on the nutritional status of the approximately 30,000 Congolese refugees from North Kivu in Rwanda.

Overall, The nutritional situation of 625,000 (UNHCR – 10/06/99) IDPS in the north–west remains precarious, as they have not yet re–established their livelihoods and there are major problems assuring a continuous food aid pipeline. The IDPs are therefore considered at moderate risk (category IIb). The nutritional situation of returnees from DRC is apparently adequate (category IIc). The nutritional situation of the Congolese is unknown (category III).

Priorities and recommendations:

- Additional donor contributions for Rwanda are urgently required to prevent the nutritional status and health of IDPs and others deteriorating.

From the SCF–UK report, recommendations for Ruhenegeri include (SCF–UK– 18/05/99):

- Distribute seeds, fertilisers, pesticides and tools. Particular emphasis should be placed on a seed distribution (especially beans and soya) in time for the next planting season in August/September. This would contribute to increasing households' income in a sustainable manner.

- Support for the feeding programmes is still required

- Support is needed to repair access roads and bridges to Communes receiving the WFP ration. Some of the most food–insecure communities are those for whom physical access during the rainy season is most difficult.

- Distribute non–food items such as plastic sheeting, blankets, children's clothing and soap. These are particularly required to help in the treatment and prevention of scabies, a condition which affects the majority of children in the *imudugudu.* A substantial number of residents live in houses roofed only with banana leaves which give little protection against the current rains and have an inevitable effect on health.

Congo–Brazzaville

The health and nutritional situation of the people returning to Brazzaville is reported to be "catastrophic". Over 30,000 people have returned to Brazzaville from places where they have been hiding since December 1998. Much of the capital (particularly the southern suburbs of Makelekele and Bas Congo) was emptied during fierce fighting between the government and rival militia forces in December and January. Many of the IDPs have been hiding in the forests for months, subsisting only on roots and other wild foods; thousands are believed to still be there.

Some of the displaced people are now being transported back to their homes by the Congolese army and UNHCR. It is estimated that the influx of IDPs could reach 100,000 by the end of June (IRIN – 06/05/99, IRIN–19/05/99, 23/06/99; WFP– 10/06/99, 16/05/99, 31/05/99).

Fighting still continues sporadically. Ninja militia aligned with former prime minister Bernard Kolelas have attacked army forces in the Brazzaville area several times resulting in civilian deaths and short term population displacement. The militiamen are also active in the south of the country (IRIN – 11/05/99, 13/05/99, 07/06/99). Moreover the Ninja militiamen have warned that they will obstruct any humanitarian aid to the south of the country by military means unless certain conditions are met. Any assistance to areas under the control of the rebels must first be negotiated with their leaders and humanitarian agencies may not be escorted by government troops (IRIN – 26/05/99).

Brazzaville

MSF–F reports that in Makelekele between 6th and 29th May, 822 individuals (approximately 75% of whom were children under five) were admitted to the therapeutic feeding centre. Over 75% of these individuals were oedematous. In addition, in a single two week period in May approximately 2,900 individuals were admitted to a supplementary feeding programme. Security conditions do not permit a full–scale survey or screening of the population, but there can be no doubt that a large number of the newly returned children and adults in the city are in very poor nutritional condition. MSF–F states that a general food distribution is urgently required. In addition to this, the NGO reports that the risk of a cholera epidemic in the city is very high (MSF–F –03/06/99).

WFP has responded to the crisis by borrowing money from its emergency fund to meet the most immediate food needs of 100,000 of the worst affected people. This is an addition to the 50,000 people it is already assisting in the country (25,000 in Brazzaville and 25,000 in Pointe Noire).

Poole area

The security situation in the Poole area is very poor and it is difficult even for local NGOs and Churches to gain access. The latest reports suggest that the army is making way against the Ninja rebels (IRIN – 13/04/99, 30/06/99). An unknown number of displaced people are in the area around Pool, however increasing numbers of refugees from this area are reported to be crossing into the Bas–Congo province of DRC (IRIN – 30/06/99).

In contrast, security is reported to be improving in some parts of the country and some of the 120,000 IDPs who fled from the southern towns of Dolisie and Nkayi are returning to their homes (WFP – 20/04/99). A UN–Government team which visited the towns in early April described very poor health and sanitation services in the almost deserted town of Dolisie; cases of Kwashiorkor were reported amongst some of the children present (IRIN–13/04/99).

Refugees in Congo–Brazzavile

As reported in RNIS 26, Kintele camp has become militarised and hence UNHCR has withdrawn (and ceased most activities). 2,600 Rwandans remain in the north (Lukolela) of the country and continue to be assisted (UNHCR – 28/06/99). No information on the nutritional status of these refugees, or the 8,000 Angolan refugees in the country, is available to the RNIS.

Overall, the situation is extremely serious, and although no surveys have been undertaken, reports from feeding centres indicate that the IDPs and returnees within Brazzaville have a high prevalence of malnutrition (category 1). Information is not available for the rest of the country, but it is also considered to be at high risk (category IIa). The nutritional status of the refugees is unknown (category III).

Priorities and Recommendations:

• A response is urgently needed to WFP's recently−approved emergency operation to feed a total of 200,000 war−affected people over the next three months (WFP – 10/06/99).

In Brazzaville, given the very serious situation:

• Distribute a general food ration as soon as possible, particularly to those recently returned from Pool, DRC.

• Begin cholera preparedness campaigns and stock pile anti−cholera drugs.

Democratic Republic of Congo (DRC)

The crisis in the DRC continues and now involves at least a dozen African countries, either directly as combatants in the fighting or indirectly as mediators in various peace initiatives. The rebel forces, comprising Congolese soldiers, Congolese Tutsi Banyamulenge, Rwandan, Ugandan and some Burundian government troops, accuse President Kabila of behaving like a dictator and increasing regional instability by his support for the guerilla groups opposed to the governments of his former allies, including the Rwandan 'genocidaires'. Kabila is resisting the rebel movement with support from Angolan, Zimbabwean and Namibian troops and accuses Rwanda and Uganda of aggression and "foreign adventurism" in regard to Congolese territory and natural resources (ICG – 21/05/99).

The rebels currently control approximately a third of the country (in the north and east), including Goma and Uvira (IRIN – 09/06/99). The violence continues in many parts of the country. Uvira and Goma were both bombed by forces allied to the government in May resulting in civilian deaths (IRIN−12/05/99).

Progress in the search for a negotiated peace is elusive. Proposals for a national debate have been put forward and the government has declared its willingness to hold "direct talks" with the rebels, but the start of the talks has been postponed several times (IRIN – 17/05/99, 09/06/99). In late May Rwanda declared a unilateral ceasefire in DRC (IRIN – 31/05/99), but the government continued to bomb rebel held areas and hence the ceasefire no longer holds (IRIN – 03/06/99). The rebel factions have also held talks to discuss a peace settlement, but cracks in their alliance have begun to appear and they have ousted their leader Wamba dia Wamba (IRIN −18/05/99).

IDPs in DRC

There is only limited information available concerning the nutritional situation of the people of DRC. Thus it is difficult to estimate the scale of the humanitarian crisis and needs. Given the current security situation, no surveys have been undertaken recently in rebel held areas, because of limited access and as a result of the near−complete destruction and/or loss of infrastructure. It is estimated that there may be up to 660,000 IDPs in the country, the majority of whom are in South Kivu (220,000) and Katanga (150,000) (IRIN – 22/06/99).

Kinshasa

In Kinshasa the recent devaluation of the currency has affected market prices and basic food costs have increased substantially. A study conducted by FAO and UNDP noted that food insecurity has been increasing in the city since August 1998. This is linked to both a reduction in food availability due to; insecurity, lack of currency for importing goods, and shortage of fuel, and also restricted access to food due to high inflation and unemployment. The study, which was undertaken between mid−March and early April, found that the purchasing power of the city's population had diminished by 30−35% since the beginning of the war (IRIN −06/05/99, WFP – 27/04/99). Anecdotal reports have described increases in the prevalence of wasting among children (IRIN – 16/04/99). Fuel has also become expensive – disrupting the transport system and hence the city's economy. WFP airlifts from Pointe−Noire to Brazzaville continue as rail traffic between the two cities is not possible due to insecurity. Part of this food is then ferried across the river to for distribution in Kinshasa (WFP – 28/04/99).

Lubumbashi, South East DRC

ACF conducted a study in Lubumbashi district, Katanga province in May (see Annex). The most recent census (1997) estimated the population of the district to be approximately one million people. Lubumbashi town developed around the mining activities in the province – there are large quantities of zinc, silver, lead and cobalt deposits in the area. The socio–economic and political situation of the town's population, who are mainly salaried workers, is precarious. The recent insecurity has caused massive population displacements and increased unemployment. Many of the labourers have not received their salaries for several months. In addition, the devaluation of the congolese franc to the dollar has increased the population's difficulty in purchasing sufficient food.

The survey estimated 2.1% acute wasting and 0.1% severe wasting in children under–five. Oedema was recorded in 0.7% of the children. A much higher proportion of the children were defined as stunted (low height–for–age): 50.8%; 16.2% were defined as severely stunted.

Maternal nutritional status was also studied. 18.8% of the women had a BMI<18.5 kg/m^2 of which 7.5% of these had a BMI < 17. kg/m^2. 6.1% of the women had a MUAC < 220mm. If the women's MUAC and BMI were considered together (BMI<18.5 kg/m^2 and MUAC<220 mm) it was found that 8.5% were classified as undernourished. This figure was reduced to 2.0% when only those with a very low BMI and low MUAC were considered (BMI<16.0 kg/m^2 and MUAC<220 mm). A further 12.4% were considered to have marginal nutritional status (BMI>18.5 kg/m^2 and MUAC<220 mm).

Enquiries about vaccination status revealed that only 19% of the children had been vaccinated against measles as confirmed by a card, however, based on mothers' reporting vaccination coverage increased to 80%. Approximately half of those children vaccinated were less than nine months of age, which is generally considered to be too young.

Given the population's precarious socio–economic and political situation, the prevalence of wasting amongst the children is not as high as might be expected. There are virtually no facilities for caring for undernourished children in this area. Maternal nutritional status appears to be poorer than that of children and therefore may be a more serious problem. A simple analysis found no association between maternal and child nutritional status. In addition, there was no significant difference between the nutritional status of households who possessed a garden plot (46%) as compared with those who did not.

Lukaya district, Bas–Congo

ACF also conducted a study in Lukaya district, Bas–Congo province in March (see Annex). During August–September 1998 this area was directly affected by the war when the aggressors fought along the main roads from Kisantu–Kinshasa and Kisantu–Angola. There were numerous civilian deaths, houses were looted and demolished and agricultural fields were destroyed. The health centres were emptied of medicines and equipment. Many farmers lost their seeds and tools and were forced to delay planting their crop. The survey, which was conducted six months after these events, was undertaken at the request of UNICEF who reported an increase in the number of admissions to the supplementary feeding centres in the villages. The survey estimated acute wasting at 4.9% and 0.5% severe wasting in children under–five. Oedema was recorded in 0.2% of the children. A much higher proportion of the children were defined as stunted (low height–for–age): 43.5%; 19.6% were severely stunted.

Maternal nutritional status was also studied. 20.4% of the women had a BMI<18.5 kg/m^2 of which 5.2% of these had a BMI < 17.0 kg/m^2. 8.0% of the women had a MUAC < 220mm. If the women's MUAC and BMI were considered together (BMI<18.5 kg/m^2 and MUAC<220 mm) it was found that 8.4% were classified as undernourished. This figure was reduced to 1.6% when only those with a very low BMI and low MUAC were considered (BMI<16.0 kg/m^2 and MUAC<220 mm). A further 13.1% were considered to have marginal nutritional status (BMI> 18.5 kg/m^2 and MUAC<220 mm).

Enquiries about vaccination status revealed that only 34.5% of the children had been vaccinated for measles as confirmed by a card, however this figure reached 43.9% when based on mothers' verbal reports. About half of the children with cards had been vaccinated before the age of nine months. An estimated 7% of the children were reported to have had diarrhoea in the two weeks before interview and 42.8% had suffered from a fever. The treatment of those who suffered from diarrhoea was not always ideal – only 45.2% were given oral rehydration salts and food was withheld from some (30.6%).

The crisis six months prior to this survey does not appear to have had lasting effects on nutritional status of children. The area is sufficiently well equipped with nutritional centres to deal with the estimated number of undernourished children in the population. Maternal nutritional status was, once again, less satisfactory. A

weak significant association was found between the maternal and child nutritional status.

Rebel held areas

Approximately 20,400 IDPs and malnourished children are receiving supplementary and therapeutic feeding in Goma through a WFP–funded project. An FAO–sponsored food security programme is providing seeds to some 10,000 displaced families in the region (IRIN– 06/05/99). No further information on the nutritional situation of the population in these areas is available.

Measles and polio vaccination campaigns have been carried out in North and South Kivu by IRC/UNICEF/WHO/MSF/SCF–UK in collaboration with local health authorities. The campaign followed earlier reports of deaths from measles in these areas in February. Stocks of meningitis vaccines are currently being built up in response to a continuing epidemic in the province (IRIN – 06/05/99, 11/05/99).

An outbreak of a viral haemorraghic fever has been confirmed by WHO in the north–eastern region of the country. The latest figures suggest that there have been 90 confirmed cases and 60 deaths. The majority of these patients were men working in gold mines around Duba in Province Orientale. The epidemic was not caused by the Ebola virus, but may have been due to the related Marburg virus. The most recent reports suggest that the epidemic is diminishing (IRIN – 12/05/99).

Refugees in DRC

Angolan Refugees

There are estimated to be 145,000 Angolan refugees in the DRC (UNHCR – 10/06/99). The assistance programme to 50,000 Angolans in southern parts of the country continues to be hampered by several constraints. There have been serious and chronic delays in food arrivals due to the scarcity of wagons for the transport of food and poor road conditions. Airflights are also scarce and very expensive. As a result of inadequate food deliveries, UNHCR has been required to purchase much of the food for these refugees locally. The nutritional situation of the refugees, which was reported to be extremely poor in February, has improved following a decision to extend food assistance and health care to all children under–five (WFP – 30/04/99).

Refugees from Congo Brazzaville

Over 30,000 Congolese fled to Bas–Congo in the DRC at the height of the conflict. UNHCR has assisted approximately 13,000 Congolese refugees to return from the DRC to Brazzaville and more are scheduled to return. Approximately 10,000 other refugees are thought to have returned without assistance (IRIN – 14/05/99, 30/06/99).

Fresh waves of violence have, however, precipitated more fleeing from the Pool area. Constant movement in and out of the area renders it difficult to provide an exact caseload of the refugees (the most recent estimate is that there are 32,000 refugees from Congo–Brazzaville). The new arrivals are reported to be in poor health and nutritional condition as many had been hiding in the forest around Pool for up to four months without regular access to food. The most recent report from UNHCR states that mortality rates are very high. Health facilities are available in Luozi camp which has a capacity of 15,000 people. UNHCR plans to buy food for these refugees locally, as WFP has not been able to provide the required ration (IRIN – 11/05/99,14/05/99, 30/06/99; UNHCR – 28/06/99, 30/06/99, WFP – 31/05/99).

Burundian, Rwandan and Sudanese refugees in DRC

There are estimated to be some 20,000 Burundian refugees in S. Kivu and some 60,000 Sudanese people in the country. Approximately 25,000 of the Sudanese may have regrouped in Am where UNHCR is in the process of opening an office in order to assist them. No information is available on their nutritional situation of the others as they were scattered by the recent conflict and have been hiding in the hills and forest. UNHCR has reopened its office for the Goma region which had been closed since October 1997. A large number of Rwandans remain unaccounted for in this area (UNHCR – 28/06/99).

Overall, the IDPs in the government held areas are at moderate risk (category IIb). Those in the rebel–held areas may be at higher–risk (estimated number: 370,000), but no information is available to the RNIS (category III). The Angolan refugees in Bas–Congo are considered to be at high risk (category IIa). High mortality rates are reported for the refugees from Congo–Brazzaville (category I). No information is available

on the nutritional status of the other refugees (category III).

Priorities and recommendations:

- Access to the rebel–held areas is still the priority for the humanitarian community in DRC.

Recommendations from the ACF survey in Lubumbashi include:

- Set up therapeutic and supplementary programmes for the treatment of the undernourished children.

- Create a surveillance programme which will refer children to these centres

Recommendations from the ACF survey in Bas–Congo include:

- Continue the treatment of the undernourished children in the existing programmes

- Continue growth monitoring programme of the children in health centres but add height monitoring to this (currently just weight–for–age)

- Educate and sensibilise the population about the proper treatment of diarrhoea

Both surveys recommend:

- Develop food security activities in order to respond to the longer–term problem of stunting among the children.

- Improve and strengthen the measles vaccination campaign.

United Republic of Tanzania

Recent influx of refugees from DRC and Burundi

The surge in fighting in Eastern DRC has led to a dramatic influx of refugees into the country. More than 87,000 new arrivals have entered the country since the outbreak of hostilities in August 1998. The newly arrived refugees, who have consistently reported being caught in the middle of ongoing skirmishes in the DRC, are generally in good health and have a satisfactory nutritional status. Before this recent influx, there was one camp for Congolese refugees – Nyarugusu, refugees were then transferred to Lugufu (Kigoma). Recent reports have suggested that the present capacity of Lugufu camp is near to saturation and efforts are being made by UNHCR to secure alternative camps sites (UNHCR – 03/06/99, 11/06/99, 29/06/99).

New Burundian arrivals were also registered over the reporting period, with the influx peaking in late April–early May when some 5,000 Burundians entered the country due to hostilities in the Burundian province of Ruyigi. This influx was concurrent with the repatriation of smaller numbers of refugees – between January and April of this year 5,000 Burundians repatriated from Tanzania (UNHCR –29/06/99; WFP – 05/05/99, 27/05/99).

As part of an information campaign to encourage the voluntary repatriation of Rwandans in United Republic of Tanzania, a delegation of former Rwandan refugees recently visited the Ngara region. A small number of refugees decided to return voluntarily. A group of more than 60 refugees is due to return to their place of origin in order to report back to the camps on the situation in Rwanda. It is not known how many will eventually repatriate (IRIN – 28/04/99, WFP – 06/05/99).

Nutritional Status in Kagera and Kigoma camps

The nutritional status of the refugees in the Tanzanian camps is satisfactory. A recent survey conducted by UNHCR in the camps in the four districts in Kigoma and Kagera regions (i.e.: the camps in the west of the country) estimated the prevalence of acute wasting to be 1.8% and severe wasting to be 0.2% (see Annex). No cases of oedema were reported and no child was found with a MUAC<110 mm. The prevalence of chronic undernutrition – measured by stunting – was much higher at 44.1% with 18.8% severe stunting, and closer to

that found in the resident population surrounding the camps. These results suggest that although the current nutritional situation is adequate the children's previous nutritional history may have been poor.

The survey report gives credit for the improved nutritional situation to WFP and its donors for providing a stable food pipeline to this refugee population and, indeed, in the current reporting period the food supply continued to be adequate, as did the supply of water (WFP – 05/05/99, 12/05/99). Credit is also given to UNICEF and the other agencies which have provided a series of preventative and curative health services including growth monitoring, malarial control and de–worming programmes as well as micronutrient supplements, post–natal care and selective feeding programmes.

The survey also examined the prevalence of anaemia in the refugee population. Among children under–five, 18.8% were found to have moderate/mild anaemia (10.0–10.9 g/dl) and 14.3% were suffering from severe anaemia (<9.0 g/dl). The mean haemoglobin level was 11.8 g/dl in this age group. No direct relationship between severe undernutrition and anaemia was found (possibly because only a very few cases of severe wasting were seen).

Haemoglobin levels were also assessed amongst the children's mothers and fathers. The mean haemoglobin level for the women was 13.2 g/dl; 13.8% of them were classified as mildly anaemic (11.0–11.9 g/dl) and 9.7% suffered from severe anaemia (<10.9 g/dl). The men's mean haemoglobin level was 14.9 g/dl and only 6.7% had haemoglobin levels < 12 g/dl. Thus the haemoglobin levels were better in men than in women or children.

A high (90.7%) proportion of the children had vaccination cards. The vaccination programme, however, is aiming for full coverage and hence problems such as the loss of cards (mainly in the older children), poor filing and misinformation on the cards, which are relatively common, need to be addressed. In addition, it was apparent that many of the children did not receive their vaccinations at the right age (e.g.: amongst those with cards it could be seen that 91.3% of children received a measles vaccination, however only 52.6% of these received their vaccination within one year of birth).

Acute respiratory infections in the two weeks prior to interview were reported among 43.1% of the children and 40% also reported fever in the same time period. The prevalence of diarrhoea was low in comparison – only 20%. These findings were supported by reports from the out–patients clinic. Analysis revealed an association between wasting and reported illness.

A health NGO in Matabila and Muyovozi camps in Kasulu reported that they are planning to commence an HIV test programme in the camps. This has arisen in light of reports received from Lukole camps where 25% of blood donors were found to be HIV positive (WFP – 05/05/99). HIV is a very serious problem in Tanzania, the latest UNICEF/Government estimates suggest that there will be between 800,000 and one million children orphaned by AIDs by the year 2000 (IRIN –17/06/99).

Drought response

Nine regions of Tanzania are being targeted for food distributions under the WFP operation for assistance to drought affected persons. In some regions food allocations for a one month distribution, instead of the planned three months, are to be distributed to the most severely affected persons (WFP 26/04/99). WFP's targeted assistance to the population in drought affected areas of Singida and Dodoma (EMOP 6112) has been extended to June (WFP – 21/05/99, 27/05/99). A joint UN/Government crop and food supply assessment mission was scheduled for the end of May 1999 (WFP – 21/05/99). Initial reports from the mission in the field indicate that some areas in Dodoma will face food shortages after the harvest in July due to the rains stopping at the critical ripening stage of the crop (WFP –11/06/99).

Overall, the nutritional situation among the refugees in the western camps appears stable as a result of effective humanitarian response programmes, and hence their nutritional situation is not critical (category IIc). However, the funding shortfalls could place them at greater risk in future.

Priorities and Recommendations:–

- Funds are urgently needed for the WFP operation to provide assistance for the refugees in the United Republic of Tanzania. Breaks in the pipeline mean that rations will either be cut or distributions undertaken less frequently.

Recommendations from the UNHCR survey include:–

• Maintain levels of wasting at current levels through regular general food distributions. The referral of undernourished children to the feeding centres should be continued and improved if possible.

• Reinforce efforts to prevent and treat anaemia (although the levels found were lower than expected).

• Improve de−worming and immunisation programmes.

3. Ethiopia

Impact of the Ethiopia/Eritrea border conflict

One year after the outbreak of the conflict between Ethiopia and Eritrea, peace remains remote. A peace mission by the Chairman of the Organisation for African Unity, Blaise Compaore, to the two countries has been postponed. Fighting continues on the Badme front and also in other areas, particularly the Tsorona area in Zai Ambessa and around the Mereb river (IRIN – 07/05/99, 25/05/99, 15/06/99). In mid−May the Ethiopian airforce bombed the Eritrean Red Sea port of Massawa (IRIN −17/05/99).

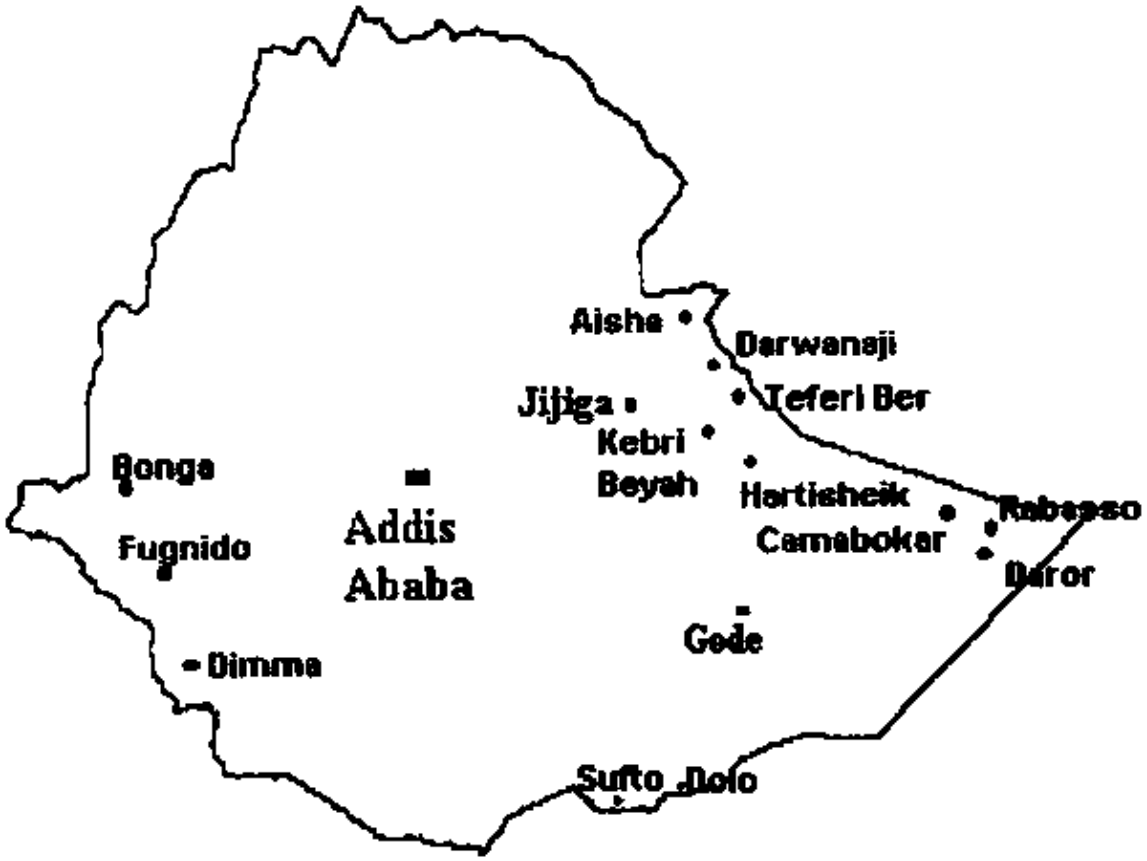
Observers and analysts are increasingly concerned at the destablising effects of the war on the wider Horn of Africa. New supplies of weapons and ammunitions are fueling conflict while cross−border security incidents are on the rise. Deployment of land mines, refugee movements, population displacement and military recruitment of individuals aged less than eighteen are also spill−over humanitarian effects (IRIN −14/05/99).

An estimated 384,000 Ethiopians displaced by the conflict require assistance, but WFP's appeal remains under−resourced (UNDP – 10/06/99). Reports indicate that the living conditions of the displaced communities in Tigray are very poor. The IDPs are living in congested properties, which are lacking sanitation facilities and decent water supply for drinking and hygiene (Oxfam – 27/04/99; RI – 22/06/99). UNICEF has allocated 27 million birr (3.4 million US$) for a co−ordinated district infrastructure development in Tigray and Amhara and Benishangul−Gumz regional states for next year. Approximately half of this amount will be used for health, water, nutrition, hygiene and education programmes (IRIN – 07/06/99).

Drought and harvest failure in Ethiopia

Following successive marginal harvests in recent years in the northern region and a complete failure of this year's short *(belg)* rains, an acute shortage of food has emerged in many *belg* growing areas of the country. These include North and South Wello, North West Shoa (Oromia and Amhara), and South Tigray.

Faced with acute food insecurity, many people are reported to be migrating to urban areas in search of food and work. The most affected are the rural asset−poor, with limited access to arable land, low productivity and subsequent low purchasing power to secure their food requirements. Even in a relatively good year, it is estimated that some 43% of rural, crop−based households in Ethiopia are to some degree food insecure. Several joint assessment teams (the Disaster Prevention and Preparedness Commission of the Ethiopian Government, in conjunction with various donors, UN agencies and NGOs) have undertaken rapid assessments of the situation in North and South Wello, North Shoa, South Tigray and Hararghe. Without exception, the need for food aid intervention was in evidence in all *woredas* (districts) visited, although the degree of severity varied (FEWS – 28/05/99; UNDP – 27/05/99; WFP – 05/99



A range of coping and adaptive strategies which reflects the impact of the drought and harvest failure on food security have been reported. For example, abnormal out–migrations in search of paid work in the lowland areas have been confirmed in all *woredas* visited, with at least 13,000 migrations from South Tigray and North Wello alone. This usually does not occur until September to November. Farmers have been collecting firewood and selling it. Another coping mechanism is the sale of livestock. In many cases, however, people no longer have livestock to sell. For those who do, negative terms of trade work against them, with cereal prices increasing and livestock prices decreasing – the latter due to surplus on the market and the deteriorating condition of the animals. Other indicators of increasing stress include the consumption of wild plants, a decrease in school attendance and anecdotal reports of rising mortality, morbidity and rates of malnutrition. There have also been reports of an increased number of destitute people in urban centres (FEWS – 28/05/99; UNDP – 27/05/99; WFP – 05/99).

The current food security prospects are considered to be very poor in these areas. Though forecasts predicted a normal *meher* rainy season (long rains), plantings for the main season have already been delayed in many areas because of drought. As a result, the Government of Ethiopia has issued two consolidated appeals for assistance which outline an increase in the total tonnage required as compared with the amounts requested in December 1998. In response to these conditions WFP has approved a new emergency operation in Ethiopia for some additional 1.2 million people in drought stricken areas of the country for a period of seven months from June through to December (WFP – 04/06/99). This figure represents 31% of the most recent estimate of 4 million people in need of assistance in Ethiopia, although some regional governments have suggested that this estimate is low and that up to 5 million people require assistance (UNDP – 27/05/99).

South–eastern Ethiopia

The distribution of food continues to the drought affected people in the Somali–speaking area of Ethiopia where high prevalences of malnutrition were reported in this area in February (WFP – 07/05/99). In addition, some 2.3 million people are estimated to require assistance as a result of the 1998 *meher* crop failure (UNDP – 27/05/99).

Refugees in Ethiopia

A joint WFP/UNHCR Food Aid Assessment Mission was undertaken in April/May. The findings of the mission are summarised below.

Somali refugees in Eastern Ethiopia

In eastern Ethiopia there are an estimated 193,400 Somali refugees. Ethnic Somali clan areas cross the Somali–Ethiopian border. This means that numbers of refugees are difficult to estimate as they cannot be easily distinguished from either the resident population or the many Ethiopian refugees who have returned from Somalia. Voluntary repatriation of the Somalis is ongoing as the security situation in the northwest of their country has improved (the repatriation operation from Ethiopia was temporarily suspended by the Somaliland authorities in November 1998, resumed again in mid–June (UNHCR – 23/06/99)). Approximately 50,000 of the refugees have already repatriated and UNHCR plans to assist a further 130,000 people to repatriate by the end of 2000.

The Somali refugee camps are located in a semi–arid region where erratic and insufficient rainfall limits production of food crops considerably. Many of the Somali refugees are traders by profession and trading provides an important source of income for some of the wealthier refugees. Other sources of income include livestock, collection and sale of firewood and limited labour opportunities in the local communities. A survey in August 1998 reported that between 0–45% of the households had a backyard garden (depending on which camp they were in).

The mission noted that in both Hartishek and Kebrebeyah camps the number of admissions to their selective feeding programmes increased significantly. This may have been due to several factors including: severe drought conditions in the area which brought many Ethiopian nationals into the camp health programmes seeking assistance, the discontinuation of the blanket supplementary feeding programme several months before (see RNIS 26) and insufficient outreach by the health team.

Although nutritional surveys have not been undertaken specifically amongst the Somali refugee population during the reporting period, an SCF–US report on the nutritional status of children under five in the Dollo region in the far south of Ethiopia, did include some Kenyan and Somali refugees (see Annex). A nutritional screening found that the prevalence of acute wasting among the resident population was 22.7%, with 3% severe wasting, while the refugee children suffered a higher prevalence of malnutrition (29.9% acute wasting and/or oedema). However, only a small number of refugee children were assessed in this survey.

Sudanese refugees in Western Ethiopia

The situation of the approximately 61,120 Sudanese in camps in the west of the country is quite different from that of the Somalis. Repatriation is only considered on a case–by–case basis and it is anticipated that their numbers will, increase as the conflict in Southern Sudan continues. The mission found that refugees have somewhat better opportunities to attain some level of self–sufficiency in food production than the Somalis as all but one of the camps are located in areas with the potential for agricultural activities. Agricultural production is, however, seriously limited by restrictions imposed by the Ethiopian Government on the use of land by the refugees. Refugees are not allowed to fish, hunt or collect firewood around the camps, although many do so illegally (and may damage the environment around the camps in doing so). An estimated 76% of households cultivate a backyard garden in three of the camps. These plots may provide up to 10–15% of the households food requirements. One problem noted by he mission is that the Sudanese refugees have a very high population growth and the increase in the number of households (after marriage) and subsequent division of the backyard plots will result in the reduction of agricultural production per family over time.

In general the health situation of the refugees in Ethiopia is reported to be satisfactory. The average CMR and under–five mortality in the eastern camps are 0.2 and 0.2/10,000/day and 0.2 and 0.3/10,000/day in the western camps. There have been no epidemics over the last year and the general health situation is reported to be stable. The nutritional situation of the refugees is also reported to be generally satisfactory. Amongst the refugee children under five less than 10% acute wasting (<80% median weight for height) is reported in all except three camps.

One criticism made by the Joint Assessment Mission was that due to resourcing difficulties there were disruptions in the distributions of some commodities (oil, sugar and salt) to the beneficiaries. This resulted in the distribution of different commodities for use over a different time period. In such circumstances it is extremely difficult for the beneficiaries to keep track of the quantity of their entitlement or plan the use of their food ration accurately. This can result in serious hardship. A further pipeline break for sugar and salt was expected last month (June). A further criticism was that, in general, it was observed that the mechanical mills provided by WFP were not providing a satisfactory service to the refugees as in many camps the mills were not running to full capacity due to lack of spare parts, poor management and restricted hours. WFP is in the process of providing 98 new manual grinding mills to the camps.

In addition to the Somalis and the Sudanese there are some 5,000 Kenyan refugees in the south of Ethiopia who receive food assistance from WFP (UNHCR – 23/06/99). There are also some 3,000 Djiboutians. Many of these refugees are in the process of repatriating and thus will not require food assistance in the future.

Overall, acute food shortages are expected in many *belg* growing areas of the country, as a result of drought. The drought–affected population are considered to be at high risk (category IIa), partly because even though WFP has already committed to providing emergency assistance this is yet to be resourced. Note that the RNIS has only received reports of 13,000 people becoming displaced by the drought, although it is expected that the actual figure is considerably higher given the total numbers of people affected. The conflict–affected population is also considered to be at high risk (category IIa), principally because of the public health problems. The refugees are considered to be at moderate risk (IIb).

Priorities and Recommendations:

- Funds must be made available to WFP's emergency appeal for the drought–affected populations in order to prevent a full–scale famine.

Recommendations from the Joint Food Aid Assessment Mission to Ethiopia:

- Reinstall the blanket–feeding programmes for children under–five in the eastern camps.

- WFP must address the issue of timely food deliveries to the refugee camps as a matter of priority. Where breaks in the food aid pipeline are inevitable, revised distribution schedules must be made available at all camps and communicated to refugees in order to allow them to manage their household resources better.

- Ensure that the manual grinding mills are installed in the refugee camps without delay.

- Dialogue between UNHCR and the Government of Ethiopia should continue with the aim to increase the amount of agricultural land available to the Sudanese refugees.

- Investigate the possibilities of undertaking food–for–work projects for the Sudanese refugees in order to repair the environmental damage around their camps.

- Develop horticulture, bee–keeping, poultry and livestock activities in the camps.

Recommendations from the SCF survey in Dollo include:

- Re–establish supplementary feeding centres

4. Eritrea

WFP has also launched an emergency operation in Eritrea for the most vulnerable among the war–affected. Assistance will be given to 268,000 people consisting of 246,000 IDPs and 21,500 Eritreans from Ethiopia (either forced deportees or voluntary arrivals). Unfortunately to date the response to this appeal has been very poor. Sanitation and water supply to the IDPs is inadequate, and the public health risks are high. Food is also reported to be in "short supply" as are medicines and medical equipment (IRIN – 15/06/99; Oxfam – 27/04/99, RI–23/06/99).

Overall, the IDPs and returnees in Eritrea are thought to be at high risk as (category IIa), principally because of the public health problems and lack of funding in reposes to the appeal.

Priorities and recommendations:

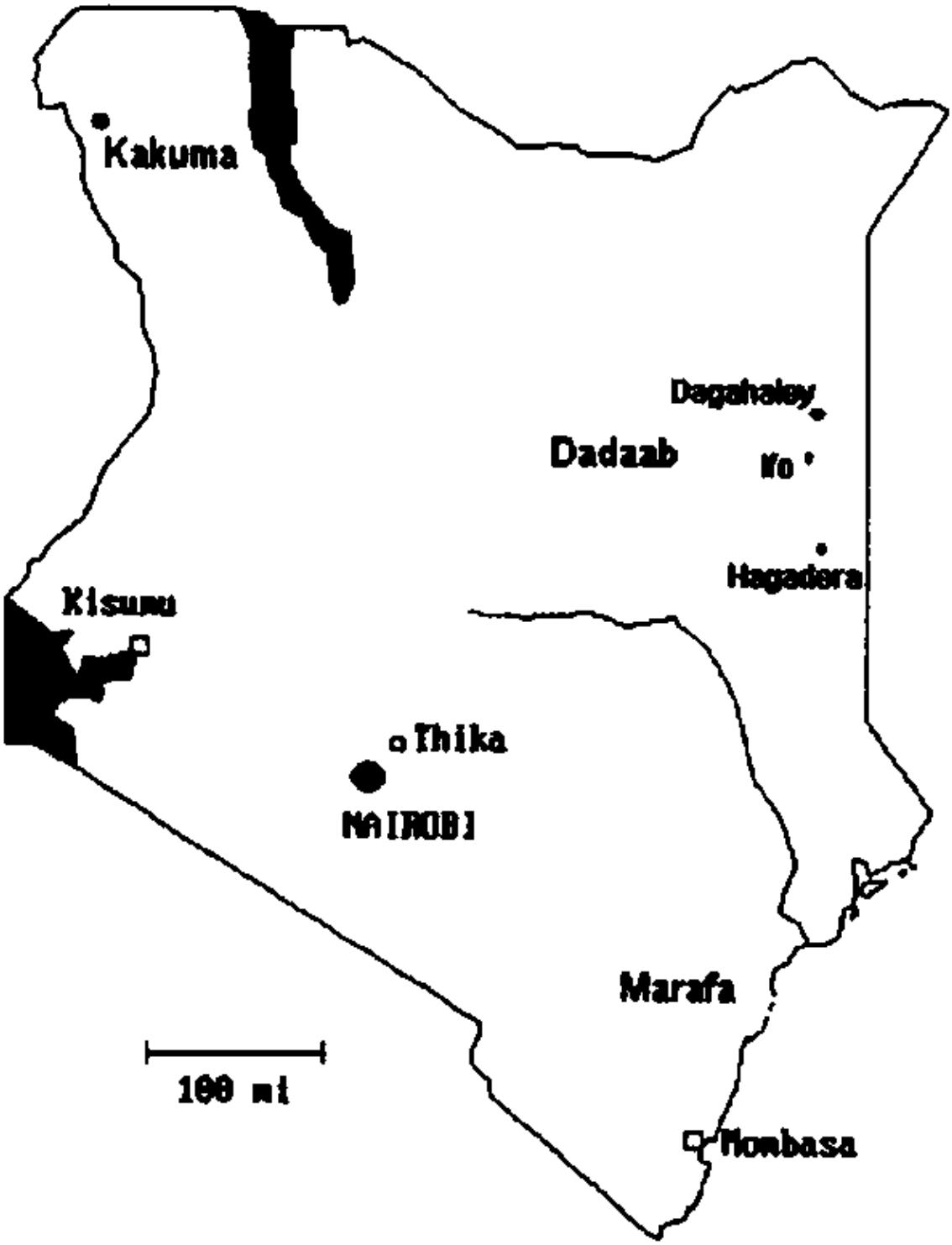
- Funding is required for the Eritrean war–affected population appeal.

5. Kenya

Refugees in Kenya

At the end of May there were approximately 182,000 UNHCR registered refugees in camps in Kenya (WFP –05/07/99). The majority of these are Somalis and Sudanese, but there are also approximately 5,000 Ethiopians. The camps are in two areas: Kakuma near the Sudanese border (camp population 71,927) and Dadaab, near the Somalian border (camp population 110,342). These are semi–arid areas which are traditionally populated by pastoral nomads. The refugees face many barriers to self–reliance; there is little opportunity for food production, income generation or trade. The Kenyan Government's policies also discourages the refugees from integrating with the local populations. Thus the refugees remain heavily reliant on the general ration provided by WFP and its donors (WFP – 24/03/98).

President Daniel arap Moi has claimed that the Somali refugees in Kenya are contributing to crime and insecurity in north–eastern Kenya. UNHCR is looking at ways to support the Kenyan government's efforts in maintaining security in the area and will also look at the possibilities for voluntary repatriation for the refugees to safe parts of Somalia (IRIN –05/05/99).



On average 1,200 Sudanese refugees have entered Kenya from South Sudan per month over the reporting period. They are seeking asylum mainly because of war and drought in the areas where they live. The refugees, who are reported to be weak, will probably be resettled in Kakuma camp (IRIN –10/06/99; UNHCR – 05/07/99).

The most recent health report (March 1999) stated that the CMR for the first three months of the year was satisfactory, ranging from 0.44–0.54/10,000/day in all the camps (UNHCR – 19/05/99). The under–five mortality rate ranged from 0.27–2.0/10,000/day. The main causes of death were malaria and respiratory tract infections in all age groups. The incidence of malaria was 58.6/1,000/month in March, which is normal for the onset of the rainy season. A few cases of meningitis were also reported and this situation is being closely monitored, especially in Kakuma, given the outbreak of meningitis which has been reported in South Sudan.

No reports of any change in the nutritional situation in the camps have been received and WFP reports that the nutritional status and health of the population remains "very good". The most recent surveys in the Dadaab camps (September 1998) estimated the prevalence of acute wasting at around 10%, with 2% severe

wasting. In Kakuma the most recent survey estimated a prevalence of wasting of 15.6% and 1.7% severe wasting (October 1998). Food basket monitoring from Dadaab has shown that WFP continues to provide an adequate general ration to the population, currently the average is 2,100 kcal/day/person. A vitamin−A distribution organised in March reached 82.1% of the population aged between 6 − 59 months (UNHCR − 19/05/99; WFP − 05/07/99).

Poor rains in May

More generally, a recent FEWS report said that most parts of Kenya remained unusually dry in May, with the exception of the western and coastal areas. The continued absence of rainfall was of "pronounced concern" in pastoral districts, drought−prone marginal areas and some key−grain producing districts in Rift Valley province. The welfare of farm households in marginal agricultural areas was reported to have been significantly undermined and livestock migration in pastoral districts has been earlier than usual (IRIN − 18/06/99). The results of an anthropometric survey by MSF−Spain in the Mandera area of Northeastern province in May have confirmed these findings (IRIN − 23/06/99). An estimated 39.2% of the population surveyed was suffering from acute wasting and/or oedema compared to 21% in January (see Annex). This rate is close to that reported during the severe drought of 1996/97. Many vulnerable people with no income source are reported to have moved to Mandera town from the surrounding districts.

Overall, the nutritional situation of the refugees in Kenya remains satisfactory (category IIc). An unknown number of people may be at risk because of the poor rains.

6. Liberia/Sierra Leone Region

The nutritional situation for much of this region is stable or improving. The IDPs in Liberia and refugees outside continue to be resettled and repatriated. Although the returnees' food security situation is fragile, the surveys below indicate an improvement in nutritional status. The nutritional situation of the refugees in Cote d'Ivoire and Guinea−Conakry are not critical. Negotiations for a peace agreement in Sierra−Leone are underway as we go to print. A cease−fire agreement has led to the opening−up of parts of the country which were previously inaccessible, and a poor nutritional situation has been described in these areas. The table gives an estimate of the number of IDPs, refugees and returnees requiring assistance in these countries.

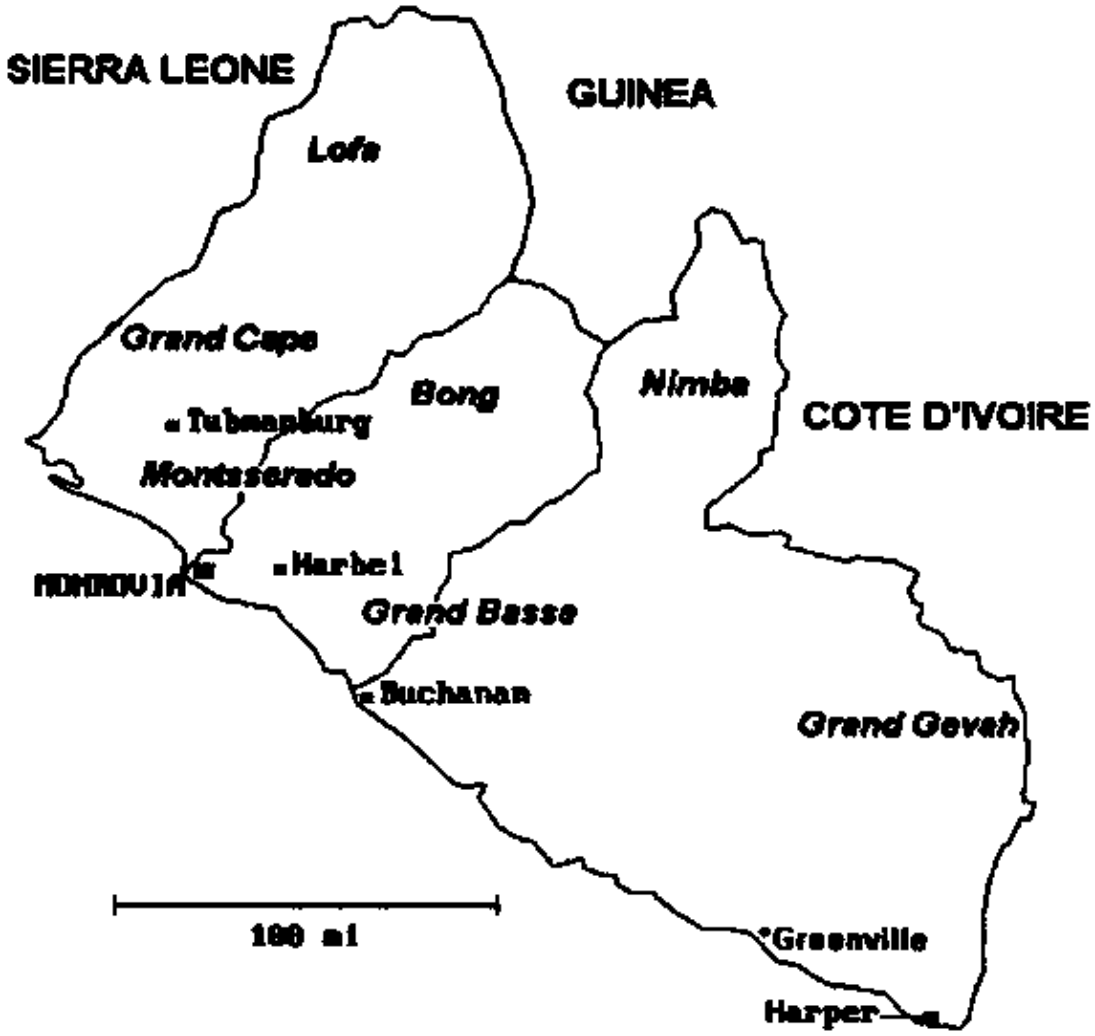
	Jun. 97	Sep. 97	Dec. 97	Mar. 98	Jun. 98	Mar. 99	Jun. 99
Liberia	710,000	700,000	700,000	726,000	209,000	495,000	505,000
Sierra−Leone	453,000	453,000	200,000	200,000	300,000	400,000	708,000
Cote d'Ivoire	305,000	210,000	210,000	210,000	140,000	101,500	103,000
Guinea−C.	545,000	405,000	405,000	405,000	614,000	470,000	400,000
Total	2,013,000	1,768,000	1,515,000	1,541,000	1,263,000	1,466,500	1,716,000

* numbers requiring humanitarian assistance may be far higher than the current estimate

Note that the nos. given for Liberia are those who WFP is giving food assistance to (including IDPs and returnees). This figure may have been underestimated previously.

Liberia

The Liberian civil war which began in 1989 led to massive population displacements both within Liberia and into neighbouring countries. Since the elections in July 1997, when Charles Taylor was elected President, security conditions have improved considerably, which has prompted increasing numbers of refugees and IDPs to return to their homes. The return and assistance operation has proceeded with impressive results, despite the often adverse conditions (IFRC − 28/04/99: OCHA −12/98).



IDPs and returnees

Since the start of the repatriation of Liberian refugees in late 1977, over 110,000 Liberians (of an original estimate of 480,000 refugees) have been assisted home by UNHCR. Some 160,000 are believed to have returned unassisted. UNHCR plans to wind down its Liberian repatriation operation by June 2000. Convoys will operate until the end of December 1999 and it is hoped that by this point all Liberians in countries of asylum will have been given the chance to be assisted home. The agency will continue reintegration projects in Liberia itself for another six months (UNHCR – 03/06/99).

The Government inter–agency resettlement commission, in co–operation with the Red Cross and other humanitarian agencies, have also been successful in their attempts to assist IDPs to resettle. An estimated 48,000 (out of an initial total of 187,000) IDPs remain in Monrovia located in eleven of the remaining fifteen shelters. These people require assistance to relocate, but due to resource constraints the Red Cross programme has been suspended and the balance of IDPs have not be able to return before the rains (IFRC – 28/04/99).

Food security

The last RNIS reported on the findings of an FAO assessment of the food and crop situation in Liberia, which indicated a significantly improved overall "food situation" for the country, although paddy production remains about 70% of pre–civil strife levels (FAO – 26/01/99).

Inter–agency food security assessments have been undertaken in Margibi County in early October, 1998 (SCF – 01/01/99) and Grand Cape Mount County in November, 1998 (SCF – 01/02/99). These are intended to serve as baseline food and livelihood security information for future food security monitoring.

Margibi County –food security assessment

Margibi County was divided into three production zones, within each of which 3 to 5 socio–economic groups were identified.

• Zone 1: Upper Margibi's Gibi and Worhn Districts where the main source of livelihood is subsistence rice farming, with cassava inter–cropping, and sugar cane production. Own food production is insufficient to cover a households food requirements, which must be met through income earned from contract labour, and the collection of wild foods. Market activity is limited by the poor road conditions in the rainy season and restricted access.

• Zone 2: Central Margibi encompasses and is dominated by the Firestone rubber plantation, which employs more than 8,500 employees officially in the area, and many more on an unofficial casual basis. As a result there is a wide variation in incomes. Women and children often work for Firestone employees in collecting latex and 'under–brushing' the plantation. The report predicts a "dangerously high shortfall in food needs in 1999" as only between 0 and 10% of food requirements are met by own food production. Strategies to make up this shortfall include; consumption of Firestone–issued subsidised rice, reduced rice consumption between February and November, casual labour, and gathering wild foods. Because of the presence of Firestone, the local population consider this area to be better–off than the other zones because of the availability of subsidised rice and also the greater access to cash through labour.

• Zone 3: Lower Margibi's coastal area, where fishing and charcoal production are common. Five socio–economic groups were identified in this zone, all of which rely mainly on fishing activities and charcoal production for food and income. There is little suitable agricultural land, which restricts subsistence rice production and cassava farming. Late and limited access to seeds reduced the amount of rice grown, and production was only expected to last 3 months. Charcoal production is now a permanent adaptive strategy, rather than a coping strategy.

In all three zones in Margibi County, the recent return from asylum and limited access to seeds and tools, combined to reduce the size of the 1998 harvest. The coping strategies carry social, health and educational costs particularly for children. For example, rice consumption tends to decrease during the 'hungry season'.

Interagency Food Security Assessment in Grand Cape Mount County

Grand Cape Mount is an area supporting a high number of returnees and has varying degrees of war damage. The assessment divided Grand Cape Mount into five production areas:

• Tewor/Garwula is a palm and cassava producing area. Rice production is not substantial, and the processing of palm oil has all but ceased since the closure of the processing plantation during the war. There is now more emphasis on mining of diamonds through the Greater Diamond Company, and tapping rubber, with the revitalisation of the Guthrie rubber plantation. These companies draw workers into the area from other counties, including Bong and Lofa.

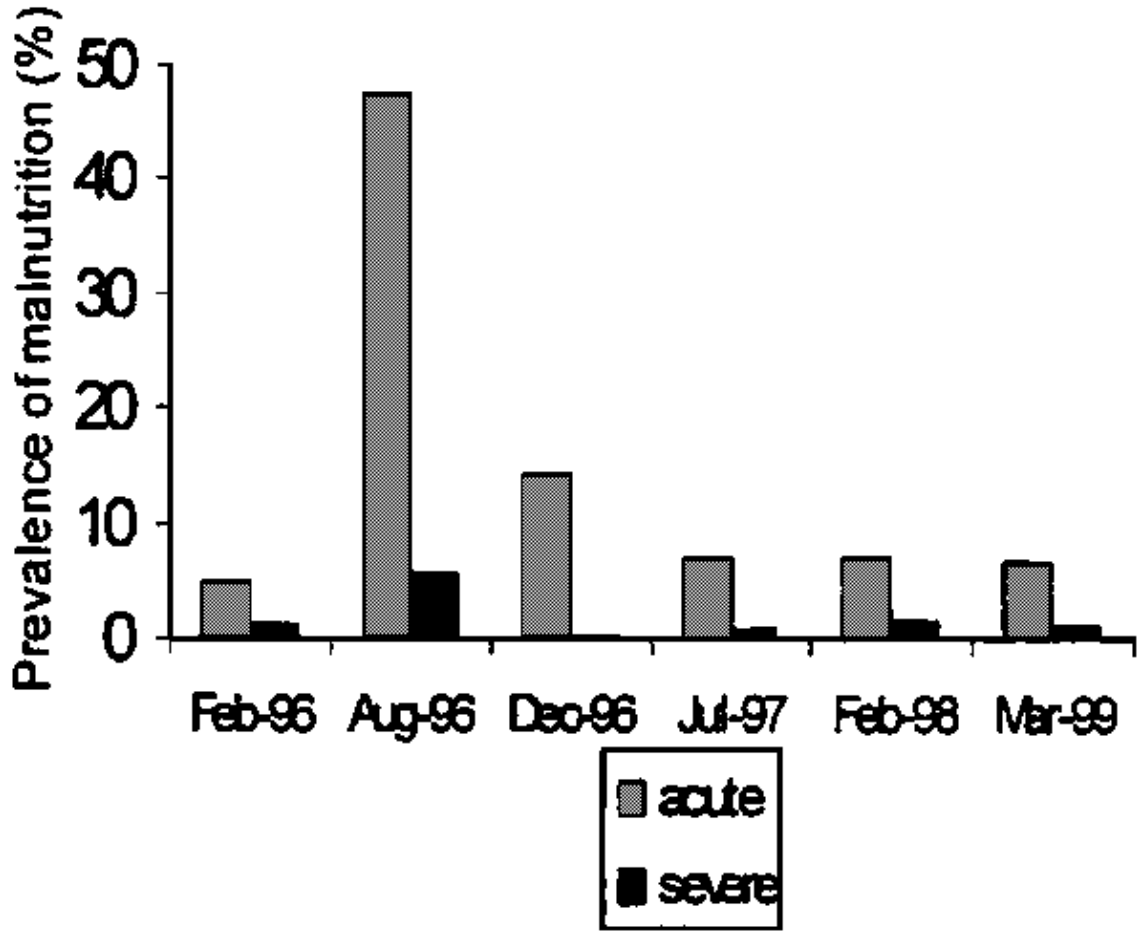
• Robertsport is a fishing area, but suffers from limited opportunities to market its fish as a result of very poor roads. Women are directly involved in the drying and petty trading of fish. Agriculture is limited by the area's topography.

• Porkpa is an agricultural area which borders Sierra Leone and traditionally was an area of high rice production. Farming continued throughout the war so a supply of seed rice and cassava exists. Although rice is a major component of the diet amongst growers, it only comprises 35% of the staple food needs of poorer groups, who must depend on a range of coping strategies to make up the shortfall. These include the collection of wild food, trapping bush animals, and migration to the diamond mines for work especially during the hungry season. The conflict in Sierra Leone is more likely to impact on this border area than other districts in Cape Mount.

• South Gola Konneh is a rice and cassava producing area, to which many returnees came prior to or in 1997. A further large group returned in 1998. Most are agriculturally productive, and have established cassava and vegetable gardens. In addition, they rely on savings and assistance from relatives, wild foods and trapping animals for consumption and sale. Many of the cocoa and coffee farms are yet to restart production.

• Central and North Gola Konneh District is a gold and diamond mining area with less emphasis on agriculture. The majority of staple food is brought in from other areas. Gold mining tends to provide a steadier source of income, whereas diamond mining is more speculative. Recent returnees and poorer groups earn income by casual labour on local farms particularly in northen Gola Kennah. Because of the high demand for foodstuffs and other essentials, prices are high which creates difficulties for poorer groups.

Buchanan, Grand Bassa county



The prevalence of wasting oedema in Grand Basa County

An ACF survey conducted in the community of Buchanan city (population approximately 72,000) in Grand Bassa county in March 1999 reported a prevalence of 6.8% acute wasting and 1.0% severe wasting (see Annex). No oedema was reported. The results of earlier surveys can be seen in the graph opposite. At the time of this most recent survey no new demographic data for the community was available, thus the survey sample was drawn from a population screening conducted by ACF in 1997. The level of wasting has remained relatively stable since July 1997. The report suggests that most of the displaced have relocated to their county of origin and that those remaining are now well–integrated into the community and the prevalence rates of wasting are returning to the pre–crisis levels of February 1996.

The report notes, however, that a significant number of malnourished children were still found. It is suggested that some, probably socially isolated, households have not become involved in the general process of improvement seen elsewhere. The coverage of the nutrition programme was low at 28.2%, which suggests that these socially isolated families either do not know of the existence and/or location of the Day Care Centre and dry ration distribution programmes, or alternatively are unable to, or prefer not to, attend.

Retrospective mortality rates were found to be relatively high at 1.13/10,000/day and under–five mortality was recorded at 2.07/10,0000/day. Deaths were attributed to a variety of illnesses including malaria and diarrhoea. The measles vaccination rate (according to possession of a card) was low at 41.1%, although this figure is considerably increased (to 86%) if based on the mother's confirmation.

Sierra Leonean Refugees

There are some 105,000 refugees from Sierra Leone in Liberia. About 50,000 of these receive WFP food rations in camps of Kolahun, Vahun, in the eastern town of Sinje and in settlements around Monrovia (UNHCR – 03/06/99; WFP – 23/05/99).

MSF undertook an athropometric survey amongst the refugees in Kolahun camps I and II Upper Lofa County in April (see Annex, UNHCR – 22/06/99). The survey found 3.4% acute wasting in camp I (population approximately 13,900); no cases of severe wasting or oedema were seen. In Camp II (population approximately 5,700) there was estimated to be 5.9% acute wasting and/or oedema and 0.9% severe wasting and/or oedema. CMR was estimated at 0.28/10,000/day in camp I and 0.2/10,000/day in camp II. These results indicate an improvement in the nutritional situation since the last survey undertaken in these camps in June 1998. The level of measles immunisation has also improved from 37.9% last year to 72.4% in April.

The main reason for the improvement was the timely general food distribution which met 80% of the basic minimum needs, for three months prior to the survey. Additional means of obtaining income were also possible for most households. The public health and sanitary conditions of the camp were reported to be satisfactory: water availability varied from 14.7–23.4 litres/person/day and between 16–23 people shared a latrine.

A security incident in Voinjama in late April led to heightened anxiety and tightened security. Residents are reported to have fled in large numbers from some towns in the area, although most have since returned. WFP food distributions were suspended in Kolahun and Vahun camps for over a month, but deliveries have since restarted (WFP –11/06/99).

A preliminary report of an exercise to verify refugee numbers in Kolohun camps indicated a 30% reduction, which was attributed to the relocation of some refugees to other parts of the country due to economic and other reasons, and also it was suspected that a number of refugees recycled during the initial registration period. Harassment of refugees, especially in Vahun, in the market place, on farms and on the road, apparently continues (WFP, 04/99).

Overall, the IDPs and returnees are still considered to be at moderate risk (category IIb), and will remain so until their livelihoods become more secure. Improvements in the nutritional situation of the Sierra–Leonean refugees, means their situation is not critical (category IIc).

Priorities and recommendations:

Given the current rate of return of both IDPs and refugees to their places of origin the needs for assistance are significant:

- Re–habilitate water and sanitation facilities.
- Re–start crop production with seeds and agricultural tools.
- Re–build health and education systems.
- Ensure the IDPs receive cooking utensils, clothing, blankets and other relief supplies.
- Rehabilitate and improve roads and bridges in areas where trade links are weak, and hence improve access to markets.

Recommendations from the Interagency Food Security Assessment in Margibi County include:

- Ensure greater efforts are made to target the poorer households, as previously the poor and better–off have been targeted equally.
- Conduct food security monitoring throughout 1999, with a view to intervene with food assistance if necessary.
- Invite the Firestone Rubber Plantation to discuss the assessment results and participate and co–operate in local initiatives to address food insecurity.
- Explore options for rehabilitating cash cropping by subsistence farmers in Upper Margibi.

• Explore ways to increase cassava production and fishing in Lower Margibi as alternatives to charcoal production.

Recommendations from the Interagency Food Security Assessment in Grand Cape Mount County include:

• Ensure Cape Grand Mount is prioritised for food security monitoring, in particular the area that borders Sierra Leone.

• Establish micro−credit projects for women's groups

Recommendations from the ACF study in Buchanan city include:

• Assess the underlying causes of malnutrition in the families with malnourished children and continue to monitor the nutritional situation.

• Provide training and support to the Ministry of Health, in order to incorporate the treatment or referral of malnutrition into their routine work.

• Inform and sensitise the population about malnutrition and its prevention and treatment at home and through the Day Care Centre and dry ration programme.

Recommendations from the MSF study in the Kolahun camps

• Review the need for reducing selective feeding programmes given the satisfactory nutritional status of the population in these camps.

• Continue screening of new arrivals, the distribution of a general ration, and the identification and referral of malnourished children. The surveillance of the population's nutritional status (through surveys) should also continue.

• Review the situation of the most vulnerable families (e.g.: those who cannot obtain income) as rations only cover 80% of food requirements.

• A sustainable water supply is required and should be considered by UNHCR.

Sierra Leone

The fighting in Sierra Leone which broke out in December 1998 between the Revolutionary United Front (RUF) and ECOMOG, the West African peacekeeping force that backs Sierra Leone's government, has de−stabilised the country. The fighting was often accompanied by widespread looting and burning of property and appalling human rights violations during attacks on villages (IRIN−WA − 29/04/99, IRIN−WA − 17/05/99). Currently two thirds of the country (eastern, northern and western parts) are not controlled by the government. Approximately 2.6 million (55%) of the population live in these areas.

President Ahmed Tejan Kabbah, having long refused to talk to the rebels, has been under much pressure from the international community to make peace, and eventually government officials met with RUF representatives in May in Lome. A settlement is still to be determined. The RUF wants a transitional government, which includes its own representatives. The government has yet to agree to this (IRIN−WA − 18/06/99). Given the failure of the past two settlements, it is very possible that this set of negotiations may not succeed in finding a peace agreement acceptable to all those concerned (Oxford Analytica − 24/05/99).

A cease−fire between the two groups came into came force on May 24th and it has generally held, with a few exceptions. Subsequently the two sides agreed to the principle of "safe and unhindered access" for humanitarian organisations throughout the country. Although neither of these agreements have translated into free access to much of the north of the country, it has enabled relief agencies to access some previously inaccessible RUF−controlled areas (IRIN−WA −18/06/99).

IDPs in Sierra Leone

It is estimated that there are 370,000 displaced people in government–held areas of the country, with the most significant displacement into Freetown, Bo, Kenema, Kambia and Blama. Estimating the numbers of IDPs in rebel–controlled areas is extremely difficult. These areas have remained inaccessible to aid agencies for many months and thus there is very limited information about the humanitarian situation, as few people are able to go in and out of the rebel–controlled territory. The most recent estimates suggest there may be up to 700,000 displaced people in the country. There are also approximately 450,000 refugees in other countries (OCHA –01/05/99,17/05/99; UNHCR – 08/06/99,25/06/99; USAID – 30/04/99, 18/05/99; WFP – 19/4/99, 26/05/99).

The lack of access and the destruction of infrastructure has been one of the main problems facing the humanitarian community trying to deliver assistance in Sierra Leone, Until very recently, humanitarian agencies were unable to transport substantial quantities of relief goods beyond Freetown. Food security has been compromised in many areas by looting or destruction of farmers' stocks. Many of the IDPs have not been able to farm at all (WFP – 19/04/99). The situation in large parts of the country is still unclear as assessments have not yet been undertaken.

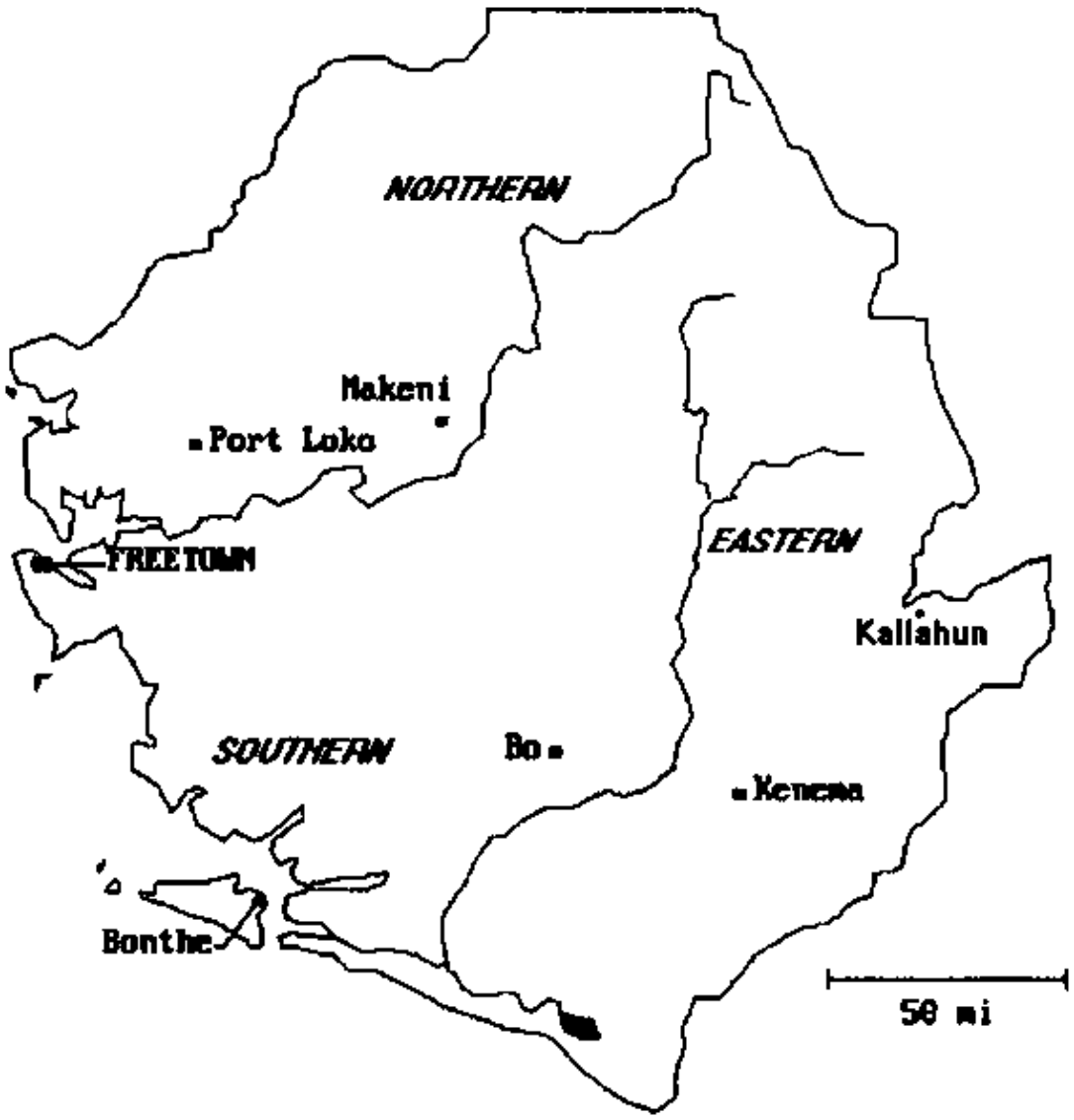
Freetown

WFP reports state that available information indicates that the nutritional situation of the population in Freetown is relatively stable, including those living in IDP settlements. The reports refer to an ACF screening exercise in the IDP camps which revealed 11.3% acute malnutrition and 1.4% severe malnutrition in the 0–23 month age group (WFP – 01/04/99, 19/04/99). The other emergency health needs in Freetown are also generally considered to be under control. Much of the humanitarian effort in Freetown is now concentrated on providing shelter as the rains approach. Assistance is provided for the reconstruction and rehabilitation of damaged or destroyed buildings in areas that have recently become accessible and relatively safe for resettlement. Temporary shelter is being provided for the displaced whose area of origin remains unsafe. Cholera prevention activities are also underway (OCHA – 17/05/99, USAID – 30/04/99).

Kenema and Blama

Secure access to Bo, Blama and Kenema has been a critical problem for WFP and other agencies. WFP was unable to deliver food stocks between early April and early June to Bo, Kenema or Blama (Merlin – 05/99, 06/99; WFP – 07/06/99). More recently WFP was able to move 1,600MT of food by ship to the south of the country and from there by road to Bo and Kenema. Food has also been moved directly by road from Freetown to Bo and Kenema and 48,575 IDPs in Kenema, Blama and Ngofor have received rations (WFP – 24/06/99).

Merlin undertook a nutritional survey amongst the approximately 14,000 IDPs who came from the eastern part of Kenema district and had fled to Blama in late April (see Annex). The prevalence of acute wasting was 7.8% and severe wasting was 1.4%. Oedema was present in 1.3% of the children under five. CMR was relatively high at 2.5/10,000/day and the under–five mortality rate was 5.3/10,000/day. The major causes of death in the younger group were fever, diarrhoea and measles and in the older group, fever and malaria.



The authors considered the prevalence of wasting and/or oedema to be of concern because, although it was not yet extremely high, the population's food security was very poor. In particular, 70% of the households reported that they had no food stocks and 22% of the households' primary source of food was relief food. The majority of households' primary food source was the market, but prices in the market had fluctuated and increased greatly due to the inconsistent supply of commodities brought into the town. Other households relied either on collecting wild foods from around the town or on food donated by other people. The proportion of households which had land and were able to cultivate was low. The lack of seeds, tools, labour, land and fear of further rebel attacks were all given as reasons for not planting.

A survey conducted by Merlin in Kenema two months later (early June) seemed to bear out the concerns described above (see Annex). The prevalence of acute wasting was assessed to be 18.4% and severe wasting was found in 1.5% of the children under–five. Oedema was recorded at 3.8%. The CMR of IDPs was estimated at 1.2/10,000/day compared with 0.8/10,000/day for residents. The under–five mortality rates were 3.3/10,000/day in IDPs and 1.1/10,000/day in residents. The leading causes of death in the younger group were fever, diarrhoea and measles and in the older group, diarrhoea.

The basic data collected on food stocks and livelihood sources served only to confirm what was expected given such a high prevalence of wasting and/or oedema. The primary source of food (80% of households) was the market place. The last distribution of relief foods was in April. 16% of households were relying either on food collected from the bush or donated by other families. The vast majority of households had no food stocks and had only eaten one meal the day before interview. 85% of families stated that their primary source of income was the collection and sale of firewood, almost none had livestock. 96% of the households had no land to cultivate – a severely limiting factor for the self–sufficiency of the group.

The high mortality rates are cause for immediate concern. Many of the smaller camps have poor sanitation

and limited access to water supply. A measles campaign has been undertaken in response to an outbreak in Kenema District by Merlin in collaboration with UNICEF and the MOH and a "significant reduction" in the number of children admitted to paediatric wards in the area has been reported (IRIN– WA – 04/05/99). Reported immunisation rates still remain low, but these figures are hard to verify as although the number of children with cards is low, evidence from BCG scarring and mothers histories indicate that figure is much higher.

Needs assessments in other parts of the country

As stated above access to much of Sierra Leone has been virtually impossible in many areas until the last few weeks. Needs assessments are currently being undertaken in parts of the country which have had no assistance since the outbreak of the latest round of hostilities. These assessments are reporting mixed results.

A recent UN assessment to Daru, in the Kailahun district, which is the furthest east that humanitarian agencies have been since late 1998, reported that the food situation is relatively stable but that immediate medical assistance is required. A supplementary feeding programme for the displaced children may also be required (WFP – 04/06/99). An assessment in Rogberi, some 60km east of Freetown, found a very poor situation in terms of food security and sanitation. Rebels had destroyed much of the previous year's supply of seeds so farmers were unable to plant. Much of the population had been subsisting on cassava and mangoes. In addition, the risk of waterborne diseases was "considerable" given that inadequate water and sanitation facilities were available and that overcrowding was severe (IRIN–WA – 16/06/99).

A WHO/Ministry of Health Epidemic Rapid Intervention Team undertook an assessment mission on Tasso Island in the Western Area to investigate reports of diarrhoea, dysentery and cholera. According to the report, the outbreaks were due to a lack of good water supply, poor environmental sanitation conditions and overcrowding compounded by a lack of medical supplies in the area. Some 5,000 IDPs hare reported to have joined the resident population on this small island (OCHA – 17/05/99).

Liberian refugees

WFP is providing assistance to approximately 8,000 Liberian refugees in Bo, Kenema and Freetown. Their condition has not been assessed recently. According to WFP field reports, their condition is not expected to differ from that of the local population (WFP – 19/04/99; 15/06/99).

Overall, it is extremely difficult to classify the nutritional status of the IDP population in most of Sierra Leone as there has been little or no access to much of the country since December 1998. An estimated 40,000 IDPs in Freetown are probably at moderate risk (category IIb). Higher prevalences of malnutrition in the IDPs in Kenema and other government–held areas outside Freetown have been recorded and these people may be at high risk, although they have received food rations from WFP very recently (category IIa). The nutritional situation of the remaining IDPs (an estimated 600,000) is unknown, as is that of the Liberian refugees.

Priorities and recommendations:–

- Access to rebel–held areas remains a top priority, as until this can be assured, it will be impossible to fully assess and deliver humanitarian assistance to all the affected population.

- Food agencies are prioritising emergency assistance to IDPs, therapeutic and supplementary feeding programmes and hospital feeding programmes. As more of the country becomes accessible regular programmes will also resume (WFP – 24/06/99).

- Food security – seeds and other agricultural inputs (tools, fertilisers) are urgently required to allow farmers to start planting for the next agricultural season.

- IDPs safety – IDPs and refugees cannot be expected to return to their homes without assurances for their safety. In the meantime, a high proportion of food aid resources will continue to be used for emergency programmes, and displacement will have severe consequences on the country's overall agricultural production.

- Cholera preparedness – UNICEF and other NGOs anticipate that there will be a serious outbreak of cholera during this year's rainy season due to the large concentrations of people in areas with poor sanitation. Thus chlorine powder and cholera–prevention training is

required (OCHA – 17/05/99, USAID – 30/04/99).

• Infrastructure – destruction and damage to homes, roads and other infrastructure has been extreme in many parts of the country and the need for reconstruction is evident. In particular, shelter is required for the IDPs during the rainy season.

• Regular surveys and surveillance activities – including surveys of urban residents and IDPs. Screening in order to identify and refer the undernourished to appropriate feeding programmes.

• Government capacity – this has been diminished in recent years as many qualified personnel have left the country. WFP emphasises the importance of building Government counterpart capacity to progressively undertake responsibility for analysing and determining the uses of food aid in the country (WFP –19/04/99).

Additional recommendations from the MERLIN survey in Blama include:

• Maintain and strengthen supplementary feeding programmes.
• Maintain and strengthen the mortality and morbidity surveillance.

Additional recommendations from the MERLIN survey in Kenema include:

• The registration and verification of IDPs which is currently underway and the subsequent distribution of food aid should be given the utmost priority. Distribution should be on the basis of full rations (2,100 kcal/person/day), rather than vulnerable group feeding. Note that since this survey was undertaken WFP has provided a ration for 48,575 IDPs in Kenema, Blama and Ngofor (WFP – 24/06/99).

• Expand the targeted supplementary feeding programme and investigate the feasibility of providing blanket feeding to all under fives or other strategies should be investigated to prevent the situation worsening and strengthen the capacity for therapeutic feeding.

• Prioritise diarrhoeal and malaria control.

• Improve water, sanitation and shelter in the camps, alternatively move the displaced to where sufficient water, sanitation and shelter is provided.

Guinea Conakry

The situation in Guinea–Conakry is relatively stable, although violent tensions elsewhere in the region may have an impact on the country. Increasing border tensions with both Liberia and Sierra Leone have been reported (EIU–18/06/99).

Rebels from the RUF in Sierra Leone have extended their terrifying campaign over the border into Guinea, raiding the villages and nearby refugee camps. These attacks have resulted in a number of civilian (both refugee and Guinean) deaths and injuries. Guinean soldiers are reported to have killed up to 400 Sierra Leonean rebels in a recent cross–border attack in retaliation for the attacks on villages near the border. In addition, the Guinean authorities have also closed their border with Sierra Leone intermittently, preventing new refugees from arriving (IRIN–WA – 10/06/99; USCR – 03/06/99).

Latest UNHCR figures estimate that there are 450–500,000 refugees in Guinea–Conakry. Of these there are approximately some 100,000 from Liberia and some 300,000 are from Sierra Leone; the others are from a variety of countries (UNHCR– 25/06/99).

Sierra–Leonean Refugees

As a result of the cross–border raids, UNHCR has started to transfer some 50,000 refugees from vulnerable camps near Gueckadou to sites further away from the border at Katkama and Guelo. Unfortunately, the transfers are reported to have been hampered by poor road conditions and the short supply of trucks. Only 10,000 refugees had been transferred by mid–May. Given that the unpaved roads leading to these areas

become virtually impassable during the rainy season, which has just begun, it is improbable that many more transfers will be undertaken in the immediate future. Refugee camps and villages in the Forecariah area were repeatedly raided in April and May, prompting UNHCR to approach authorities in this area to discuss shifting camps as well (HRW – 31/05/99; UNHCR –14/04/99, 03/06/99: USCR – 09/06/99).

In the last RNIS report it was reported that the nutrition situation of the Sierra Leonean refugees was improving. No new information is available at this time.

Liberian Refugees

Significant new influxes of Liberian refugees ceased in 1997 because of improving security in Liberia. An estimated 130,000 Liberians returned home in Guinea during 1998 and tens of thousands more have repatriated since the beginning of this year (USCR – 09/06/99). There is no new information on the nutritional situation of the Liberian refugees in Guinea. The latest RNIS reports suggested that the situation was stable.

Overall, no new information on the nutritional situation of the Sierra Leonean refugees in Guniea–Conakry has been received, it is assumed that their nutritional status remains the same as did it in March, i.e.: not critical (category IIc). No information is available on the nutritional status of refugees from other countries.

Priorities and recommendations

- Funding is required to enable UNHCR to transfer the Sierra Leonean refugees at risk from attack away from the border.

Cote d'Ivoire

Cote d'Ivoire currently hosts more than 100,000 Liberian refugees and several thousand Sierra Leoneans (UNHCR – 02/02/99). No new information is available on the nutritional situation of these refugees which was reported to be satisfactory in the last RNIS (category IIc).

7. Guinea Bissau

The outbreak of fighting between Junta and Government forces on May 6th altered the political and military landscape of Guinea–Bissau. Malam Sanha has been sworn in as President replacing ousted President Joao Vieira and all ECOMOG troops have now withdrawn from the country. At least 100 civilian and military deaths due to the fighting were reported (IRIN–WA – 08/06/99; OCHA –17/05/99)

IDPs

Large population displacements, due to fighting between Government and Junta forces, have occurred in the country in the past twelve months. Most of the residents who fled the capital last year have now returned home (OCHA – 16/04/99). The coup has not resulted in an acute humanitarian situation; there are no reports of large numbers of new IDPs or people fleeing the country. Indeed, UNHCR has stated that the security condition is sufficiently stable to proceed with the voluntary repatriation of refugees back into the country. Several thousand refugees fled the country last year and UNHCR is still assisting around 900 in Senegal, 720 in the Gambia, 600 in Cape Verde and 1,800 in Guinea–Conakry (OCHA –15/06/99; UNHCR – 07/05/99).

WFP is providing a general food distributions to approximately 220,000 people within Guinea–Bissau (this represents a decrease since the last RNIS report). The agency is in the process of gradually shifting from general ration distribution programmes to IDPs and other war–affected groups, to food for work, and school and hospital feeding programmes. The food reserve/pipeline situation is reported to be satisfactory for the next five months (OCHA –15/06/99, WFP – 22/04/99).

More generally, a recent FAO report found that cereal production in Guinea Bissau is anticipated to be well below average due to the civil strife which hampered agricultural activities. It is estimated that the 1998 harvest will be reduced by 31% compared to 1997 (WFP – 22/04/99).

A nation−wide vaccination campaign against meningitis which was conducted in response to an epidemic which began in January had successfully covered more than one million persons, or 95% of the total population, by the end of the May (OCHA − 31/05/99).

Refugees in Guinea−Bissau

Latest reports estimate that Guinea−Bissau is providing asylum to 6,600 refugees. This figure includes 5,400 Senegalese dispersed in the northern frontier areas and approximately 750 grouped at Jolmette camp, some 200km east of Bissau. Other refugees from Liberia and Sierra Leone are in the urban areas of Bissau. There is no new information on the nutritional situation of these refugees (IRIN−WA −16/04/99).

Overall, although the RNIS has not received the results of any nutritional surveys amongst the IDPs in Guinea−Bissau it is probable that their nutritional situation is probably improving and is not considered to be critical (category IIc).

Priorities and recommendations:

- Agricultural inputs are required to enable the returnees to start farming again.

- Assistance is required to help the refugees from Guinea−Bissau in neighbouring countries to repatriate.

8. Somalia

Somalia continues to be divided in terms of political, military and economic developments, with some areas of the country experiencing impressive political development and economic recovery and other areas continuing to be plagued by many of the characteristics of crisis and complex emergencies. As a result, it is difficult to generalise about Somalia and an accurate analysis must account for three broad categories of political and economical realities in the country: zones in crisis, zones of recovery and zones in transition.

Much of southern and central Somalia, including the capital Mogadishu and Bay/Bakool areas, comprises 'zones of crisis'. There are high levels of insecurity, abuse of human rights, sporadic armed conflicts, and frequent population displacements. External aid to assist the victims is severely constrained by the insecurity in these areas. In contrast, in the recovery zones there is progress towards economic recovery and the area is usually safe and secure. These areas include most of Somaliland' (Northwest Somalia) and parts of the newly−established non−secessionist State of 'Puntland' (Northeast Somalia). The zones of transition, which include Middle and Lower Shabelle, Hiran, Middle Juba and parts of Gedo, are characterised by highly localised (clan based) political activity but relative security (UNICEF − 05/99).

A very positive development for Somali pastoralists over the reporting period has been the formal lifting of the livestock ban by the Government of the Kingdom of Saudia Arabia on May 25th. This was imposed last year after an outbreak of Rift Valley Fever. The ban severely restricted the numbers of livestock exported to the Near East. The lifting of the ban has resulted in an immediate increase in the price of livestock. Large movements of livestock to the sea ports are reported (WFP − 31/05/99).

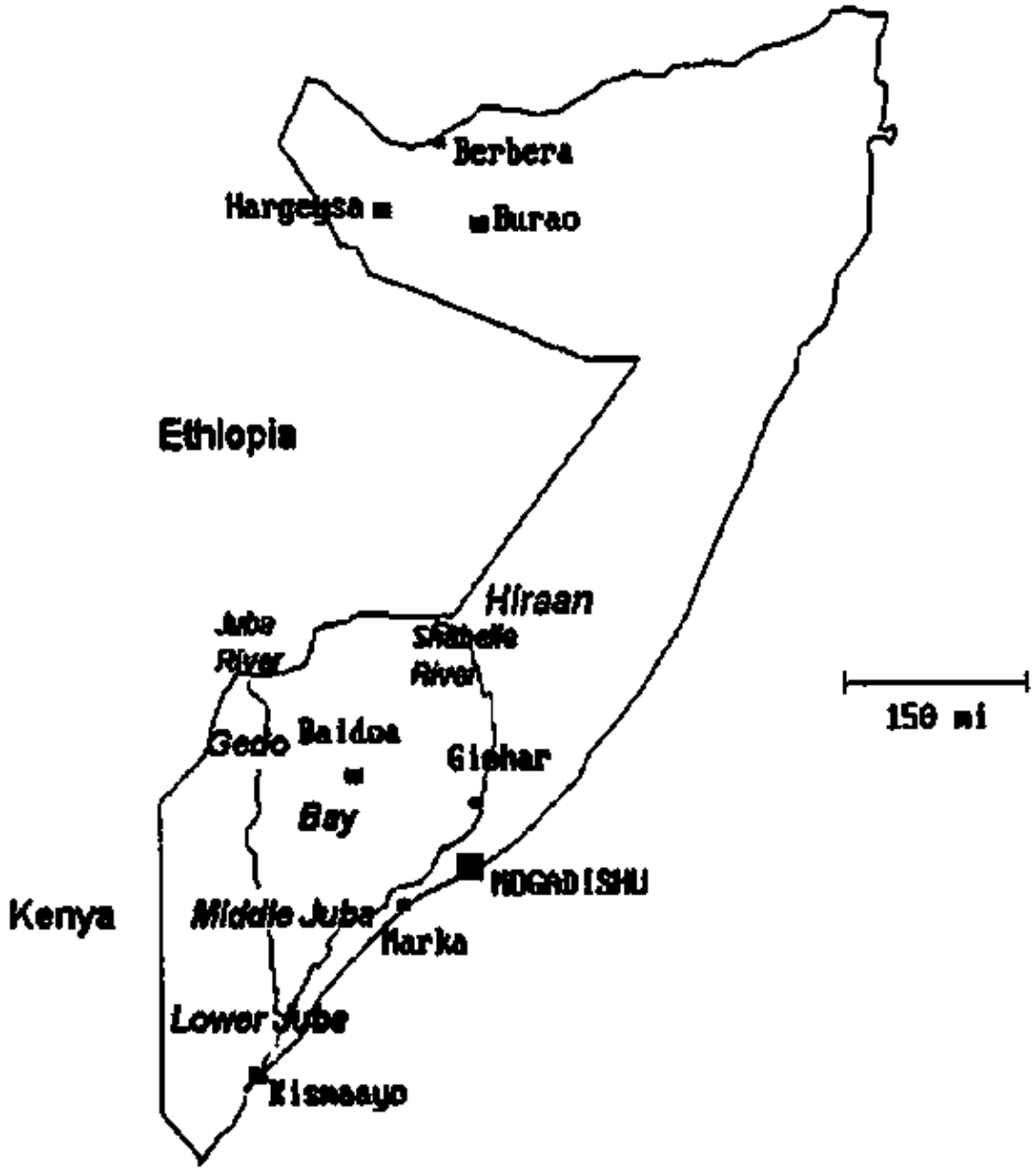
The last RNIS presented an alarming picture of the nutritional situation for much of southern Somalia, including Bay and Bakool, as well as areas in Gedo and Hiran. In response to an appeal launched in November 1998, seeds were distributed to 75,000 families in advance of the *Gu* season. Food aid was also provided and alleviated the acute food security situation. However, the *Gu* rains have been erratic, with poor rainfall in many areas and long dry spells. Mid−June normally coincides with full water catchments and the peak of pasture and crop growth, but recent reports from FSAU contradict these normal patterns. The projected estimate of cereal crops is 11% below the post−war average. In addition, the erratic rainfall is adversely affecting the growth of wild foods and condition of pasture. River levels are likely to remain low as drought is affecting southern Ethiopia (the watershed of both the Juba and Shabelle rivers) and hence the availability of water for irrigation will remain poor (FSAU − 22/04/99, 15/06/99; IRIN − 30/04/99).

Zones of crisis − Bay and Bakool

Population movements are reported throughout the regions. WFP reports that at the same time as IDPs flee from Kismayo to Baidoa and Burhakaba, other IDPs have returned to their farms in these areas (WFP −

29/06/99, 02/07/99). Numbers affected will be confirmed by the next FSAU food needs assessment in August.

The most recent reports for Bay and Bakool show that prices for staple food are high and employment opportunities are limited. Food aid deliveries in central and Southern Somalia (Bay, Bakool, Gedo and Lower Shabelle regions) are likely to be reduced in the coming months because of increased insecurity in these areas (FSAU – 16/06/99; WFP – 18/06/99). Also, WFP expect increased difficulties of unloading of vessels while the monsoon winds cause rough seas. Shortfalls of food are likely to occur in these regions. Note that high levels of wasting were recorded earlier in the year in Bay and Bakool.



Luuq IDP camp, Gedo

An ACF/FSAU rapid assessment in Luuq IDP camp in Gedo region in mid–March found that the nutritional and public health situation had deteriorated to appalling levels since the last assessment in December 1998 (see Annex and FSAU – 29/12/98). The numbers of IDPs entering the camp had grown steadily since December and the average inflow was recorded at 12–13 families a day (compared to 5 families in December). By late March, it was estimated that the camp population was approximately 7,200 (this figure does not include those integrated into host community). Many of the IDPs are from the Bakool, Gedo and Bay regions. The main reason for displacement was drought. The IDPs reported that much of their livestock and crops had died and some households had also had their assets looted.

The mortality rate was extremely high in children under five at 10.6/10,000/day. This was approximately double that found in December. A rapid nutritional assessment showed that the situation was very serious.

Using MUAC, a prevalence of 15.2% severe acute malnutrition was recorded (MUAC<110mm and/or oedema) and acute malnutrition was recorded at 57.2% (MUAC<125mm and/or oedema). This has increased from 32% in December. No major differences were observed between the old and new IDPs.

The households interviewed had no stock of food or seeds. The food was obtained by income earned from the sale of firewood, begging or from other households. Only a small number of the IDPs had found employment; they were paid 1–2kg of potatoes per day. Most were consuming only one meal a day – generally sorghum porridge purchased from the market and, in some households, potatoes. Some of the households were observed eating animal skins.

General food distributions were found to be inadequate in terms of the amounts distributed and the low coverage of distribution; many (52%) of the households had not received a food distribution at all. Additional health risk factors included the lack of sanitation facilities in the camp, limited supplies of unsafe river water (3.21itres/per person/day), poor housing and low measles vaccination coverage (8.2% by verification of cards).

Note the conditions in Luuq camp are localised and are not representative of the overall IDP or resident population. Other IDP populations may have access to more assistance or a wider range of coping strategies. Preliminary indications from a study in Bardera IDP sites suggest that the situation is far better in areas other than Luuq (WFP – 29/06/99).

Puntland

Authorities in Puntland have declared a state of emergency as prolonged drought in parts of Mudug, Nugal and Sool Regions, has led to severe water shortages and deteriorating pasture conditions. Large numbers of livestock have perished and herd sizes of sheep and goats are 25–50% below normal. Milk production is 20% below normal. The remaining livestock are the only source of livelihood for many nomads and the local economy is dependent on the trade of the animals. Nomadic communities have started to move in large numbers towards urban centres, which has led to overcrowding and a general deterioration in environmental health, in particular supplies of adequate amounts of clean water. WFP is providing assistance to approximately 100,000 highly vulnerable nomadic people (FEWS – 29/04/99, FSAU – 22/04/99, Oxfam – 27/04/99, UNICEF – 05/99, WFP – 30/04/99).

Somaliland – impact of drought on livestock

Livestock is the major source of livelihood in the rural areas of Somaliland; agriculture is considered as a compliment to livestock production. Insufficient rains in the first part of 1999 and, probably, overstocking (due to the livestock ban imposed by Saudia Arabia) has caused a grazing deficit and weak animals. There has also been a reduction in the amount of land cultivated in this area because of the short and irregular rainfall and insufficient income from livestock resulting in limited access to agricultural inputs. Food stocks are nearly exhausted in most households and a rise in the local cereal prices and the fall in the agro–pastoralists' purchasing power exacerbate food insecurity. This group of people are thus in need of assistance as their coping mechanisms are being stretched. On a more positive note, the lifting of the livestock ban has resulted in the improvement of employment opportunities (FSAU – 27/05/99, 16/06/99).

Overall, in Somalia, despite the current poor nutritional situation and predicted harvest shortfalls, improvements in the nutritional situation are expected as a result of increased access to food post–harvest, and the lower incidence of malnutrition related illnesses, particularly diarrhoea. However, these improvements are likely to be short–lived as the effects of harvest shortfalls are felt, and the rains resume in September/October. The most recent WFP estimates suggest that there are some 425,000 vulnerable people at risk in southern Somalia –category IIb (WFP – 29/06/99) and at least one million people who are food insecure (WFP – 02/07/99). The IDPs in Luuq are have a high prevalence of wasting (category I) and the other IDPs (an estimated 26,5000) in the south are probably at high risk (category IIb). In Puntland there are some 100,000 people at high risk (category IIa). An unknown number of people are at risk in Somaliland.

Priorities and recommendations:

- The most recent FSAU reports suggest that there will be food shortages in households in Hiran, Bakool, Gedo, Bay and Shabelle regions and Somaliland before the next harvest (FSAU –16/06/99).

Recommendations from the ACF/FSAU study in Luuq IDP camp include:

• Assist families that are willing to return to their places of origin (54%). Give them a returnee package of seeds and tools and a seed protection food ration. Distribute non−food items in order to improve housing, allow more efficient water collection and better hygiene.

• Distribute a general food ration in the camps. Improve water supply and sanitation within the camps.

• Put a measles immunisation programme in place.

Recommendations for action in Somaliland, from FSAU, to prevent another poor cropping season in August include:

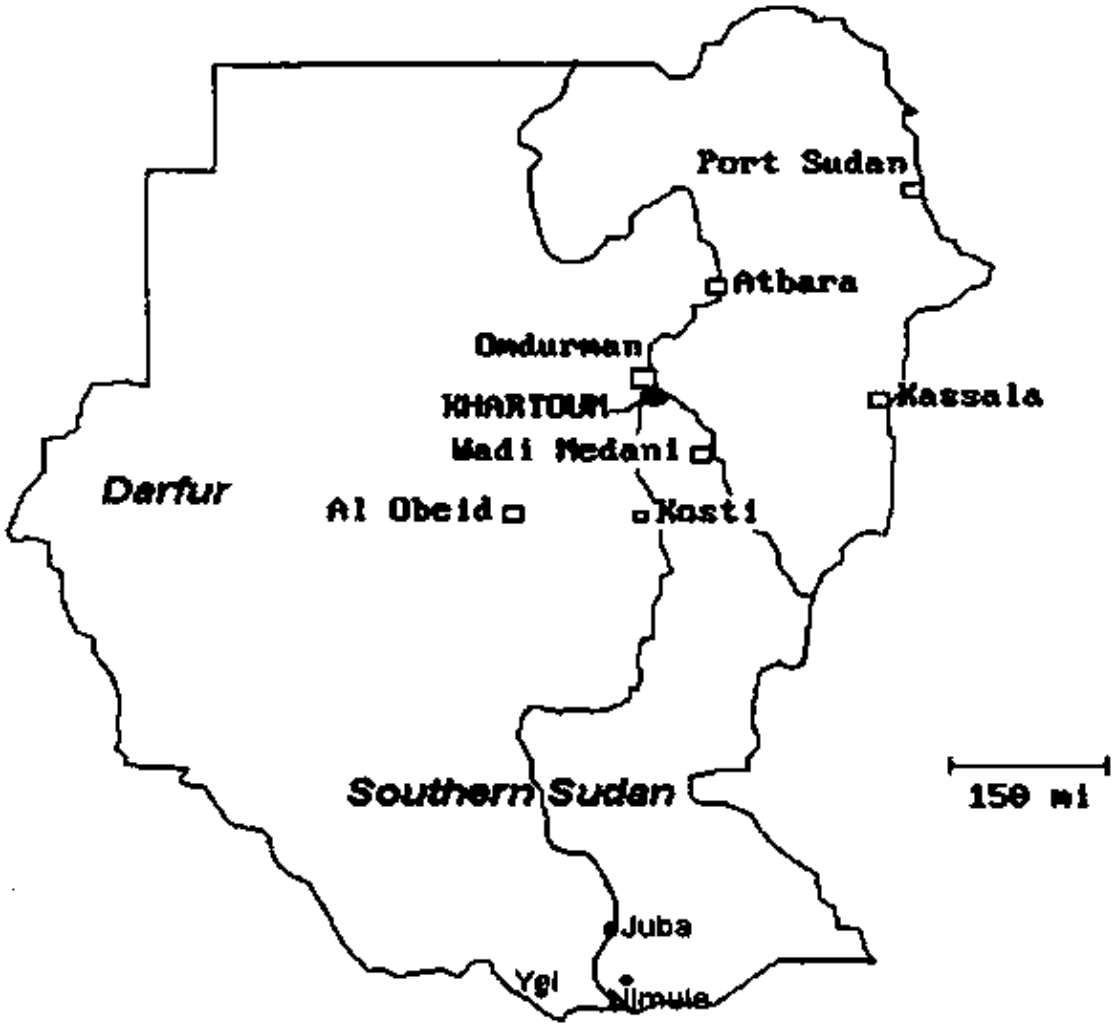
• Improve access to seed and tillage.

• Provide food for work for the poorest households until October when the next cropping season's harvest is due.

9. Sudan

Southern Sudan

In 1998, after a prolonged civil war and consecutive population displacements, southern Sudan faced a catastrophic humanitarian situation, with population displacement, acute food insecurity, localised health crises, extremely high levels of wasting and concurrent loss of life. The last RNIS described an improving nutritional situation for much of the population and this is still true for some areas. In other areas, however, the nutritional situation appears to be deteriorating and there are reports of increasing numbers of wasted children. Thus it must be stated that the nutritional situation at this time remains very fragile in many areas: an increase in insecurity and/or reduction in food assistance could result in a very poor nutritional situation developing again, particularly as the current season (May to September) is the traditional "hungry season".



On April 5th the Government of Sudan announced a comprehensive cease fire starting on April 15th, covering all parts of southern Sudan. The Sudan People's Liberation Movement (SPLM) announced a three month extension of the existing cease fire that is effective in Bahr el Ghazal region (BEG) in order to facilitate humanitarian assistance. Despite these announcements insecurity continues in some areas. Bombings, attributed to government forces, were reported in BEG in the villages of Akak and Nyamlell. These bombings have a particularly bad impact on the humanitarian situation in the "hungry season" as they not only cause civilian casualties and damage to property but may also prevent people from showing up to planned food distributions (IRIN –17/05/99).

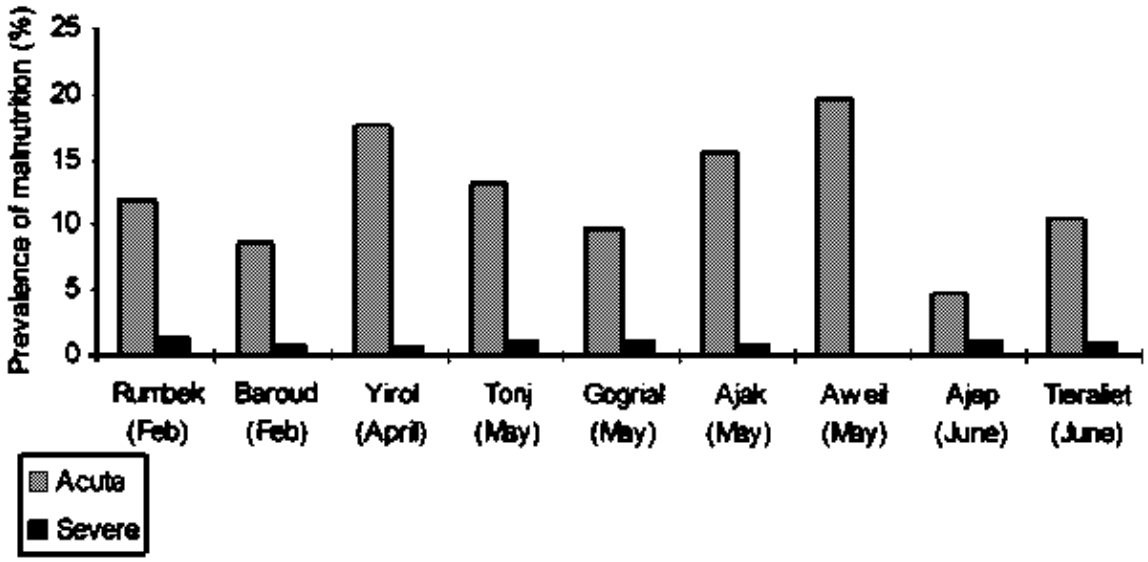
Militia raids in northern BEG, which usually coincide with movements of the Government of Sudan (GoS) train between Aweil and Wau cause recurring displacements of population and affect their food security. Fighting between SPLM and GoS in Gumriak area (Western Upper Nile) and between SPLM and pro–government troops in Thiekthou area (BEG) resulted in burned villages and displacement of around 40,000 and 30,000 people respectively. Continuously denied flight access to several areas in Eastern Equatoria and Jonglei regions, reportedly on security grounds, resulted in lower relief inputs to these areas than expected, causing additional future requirements. Influx of returnees into Aweil East and West Counties has increased the needs for these areas where malnutrition is on an increase.

Recent positive donor response to the Sudan Emergency considerably improved the pipeline However, WFP is still under–resourced in Corn–Soy–Blend (CSB) and some 6,000 MT are required to cover the 1999 needs.

Non–GOS controlled areas

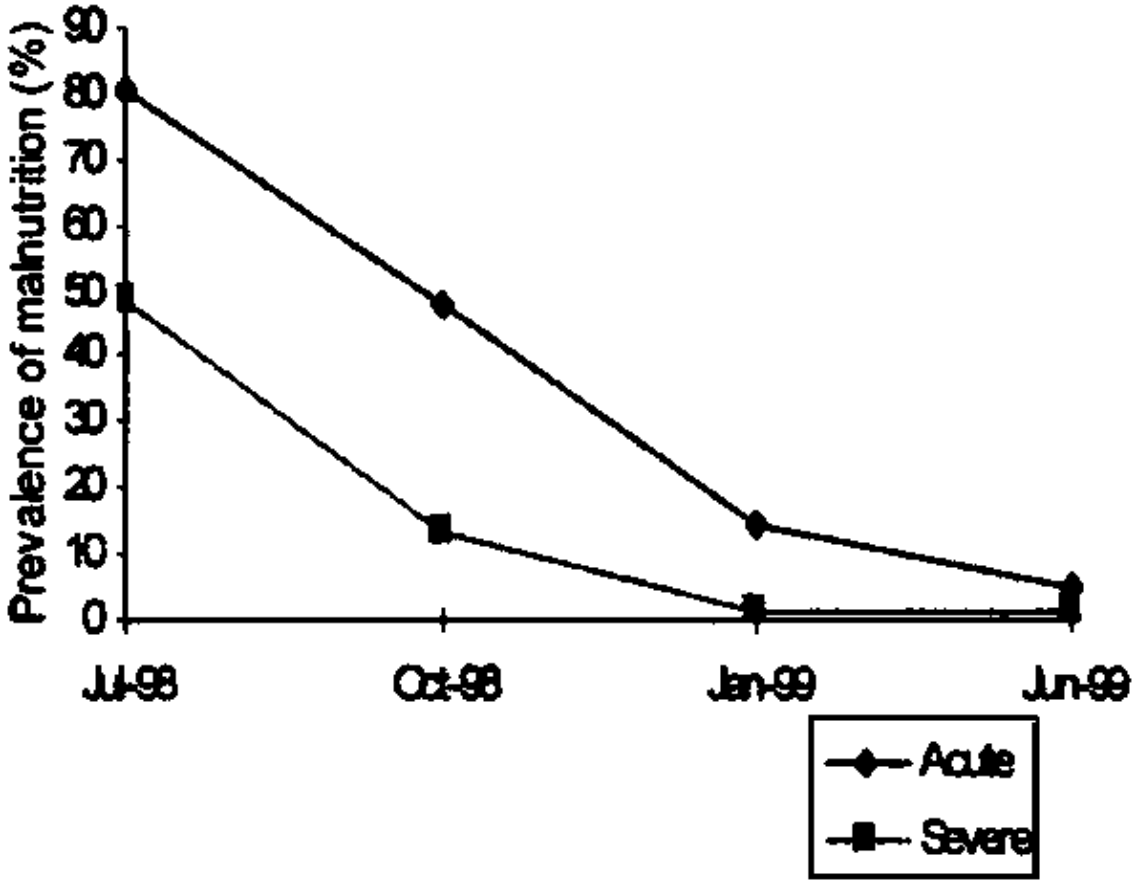
WFP operations are reaching 1.5 million beneficiaries in the southern sector. Note that, as stated above, the nutritional situation in Southern Sudan is variable. The surveys summarised below are only valid for the area where they were conducted and the results should not be generalised to other regions.

Bahr el Ghazal



Prevalence of wasting and/or oedema at various sites in Bahr El Ghazal between Feb–Jun 1999

A large number of surveys have been undertaken in BEG during the reporting period (see Annex). The prevalences of wasting and/or oedema in Rumbek, Baroud, Yirol, Tonj, Gogrial, Ajak, Aweil West, Ajep and Tieraliet can be seen in the graph below. All of these surveys have estimated the prevalence of wasting and/or oedema to be under 20%. The prevalence of severe wasting and/or oedema was less than 1.5% in all the surveys (no information is available on the prevalence for severe wasting and/or oedema for Aweil West). This represents an improvement in the nutritional status of the populations since the last surveys undertaken in all areas except Aweil West. However, it should be noted that some of the prevalences seen are still relatively high (e.g.: Yirol, Ajak and Tonj). The results of the previous surveys can be seen in RNIS 26.



Prevalence of wasting and/or or oedema in Ajep, Bahr El Ghazal

The graph opposite shows the decrease in wasting and/or oedema in just one site, Ajep, since July 1998 last year. Ajep is a relatively extreme example – very high rates of wasting were seen in this area last year – but it is clear from the graph that there has been a very substantial and continuous decrease in the prevalence of wasting and/or oedema since July 1998. Explanations given for the improvements in the results of the surveys

shown include:– (i) many of these surveys were undertaken after the main harvest in December whereas those last year were conducted in the middle of the hungry season, (ii) improvements in the quality, quantity and regularity of ration distribution, and, (ii) some households had gone to cattle camps in the latest survey. ('Elite' families move to cattle camps at the beginning of the year. Traditional support mechanisms require that these families take their relatives unhealthy children to the cattle camp for feeding with milk. This could explain the fairly low level of both moderate and severe wasting found in the villages).

CMR and under–five mortality rates had also decreased in all sites where they were estimated except Aweil West which remained the same as that in January. The table below summarises the mortality rates recorded. In some areas such as Ajep, Tieraliet and Ajak the decreases in mortality rates were very steep. The mortality rates are high in Ajak, although they were recorded at 12.4/10,0007day (CMR) and 25.3/10,0007day (under–five) between December and February.

Site (period when mortality estimated)	CMR (deaths/10,000/day)	Under–five Mortality (deaths/10,000/day)
Baroud (Feb)	1.8	2.4
Ajak (Feb–May)	5.7	11.1
Aweil West (May)	1.1	2.2
Ajep (Jan–Jun)	1.0	2.2
Tieraliet (Feb–Jun)	2.1	1.4

The survey in Aweil West was carried out by Concern Worldwide in the accessible areas of three of the six payams of the county specifically Malual West, Gomjuer and Ayat. The three payams correspond to the target area of Concern's emergency food security and nutrition programme. Based on the results of the survey, there are indications to suggest that the nutritional situation has deteriorated since January 1999 when the prevalence of wasting was reported to be 14.3% compared to 19.6% in May. The situation is expected to further deteriorate over the next five months up until October, when the next harvest is expected.

Preliminary results suggest that the prevalence of relatively severe adult malnutrition (using MUAC cut–offs of <20cm for men and < 19 for women) was low for both men and women, and has remained stable. These results are similar to those found in January which were 0.0% and 1.4% respectively. Relative to the children's nutritional status, a deterioration in adult nutritional status would not have been expected at this stage

One of the reasons given for the high rates of wasting and/or oedema seen was the water source – the main source of water for the population was the river (70%). Only 9.2% of the population had access to a protected bore–hole source. At least 20.2% of the population used water from stagnant pools or unprotected wells. A child was more likely to become malnourished using water from stagnant pools or unprotected wells in comparison to bore–hole or a river source (Relative Risk = 1.44, $p<0.05$).

From observation, it was noted that almost all the households were cultivating. The seed being used had been received from either Concern or ICRC. Negligible amounts of seed had been kept from last year's stores due to the loss of harvests last year as a result of flooding. Many households were eating mainly wild foods (normal) with small amounts of cereal (generally maize from the general ration). The wild foods were reported to be in less abundance in comparison to previous years, possibly due to over–exploitation and uncharacteristic weather patterns. Fish had contributed significantly to household food over previous months partly due to the availability of fishing equipment this year. In comparison to last year, households appeared to be experiencing relatively better access to food (e.g. trading has revived and fishing activities have occurred) and improved availability of food assistance (50% general ration in three established food distribution sites).

The authors of all these surveys (including those which showed an improvement) stressed that the nutritional situation is fragile and is dependent on the potential to cultivate and harvest (i.e.: the amount of seeds and land available for planting). Any factor which restricts cultivation, such as increased insecurity, related population movements or drought, will have direct and serious consequences for the nutritional situation of the population. It was noted that groups without access to land and seeds will be at particular risk in the next few months.

Even under favourable conditions, no group in Southern Sudan is expected to be completely food secure during the hungry season and thus assessments of the situation should continue. Several food economy assessments described in WFP's Sudan Emergency Bulletins indicate a deficit from May–July 1999 for the

very poor, poor and medium households in many areas of BEG. For example, a food economy assessment in Twic County has predicted that the poor and very poor socio−economic groups will face a food deficit of 15−25% from May−August. This is mainly due to insecurity which resulted in population displacement since February. Furthermore, the county has seen influxes of returnees from northern Sudan who have placed an additional strain on the local food security situation. The local population have tried to expand their consumption of fish and certain wild foods to meet their need but a deficit remains for certain groups (WFP − 22/04/99, 21/06/99).

Unity/Upper Nile/Jongelei/Equatoria

Insecurity in Western Upper Nile State in May seriously affected WFP operations in the area and has limited access to vulnerable populations in need of food aid. Food distributions have been scaled down and food economy assessments planned for June have been put on hold pending an improvement in the security situation (WFP − 04/06/99).

An MSF−B survey conducted in Akobo district, Pibor County Jongelei Region recorded a prevalence of acute wasting of 33.4% and severe wasting of 4.8% at the beginning of April (see Annex). This represents a deterioration in the nutritional situation of the study population as a survey in October 1998 recorded the prevalence of acute wasting at 24.8%. The number of children admitted to the feeding centres (both therapeutic and supplementary) increased by 50% between January and April of this year. CMR for the four months prior to the survey was estimated at 2.0/10,000/day and under−five morality was estimated at 2.5/10,000/day. The measles vaccination rate was low at 27.4%.

In response to these findings WFP undertook a food economy assessment in the area in mid−April in order to investigate the causes of the high level of wasting recorded as generally Akobo district is a surplus producing area (WFP − 05/99). The assessment found that the survey population did have sufficient food over the January−April period and would continue to do so for May and June. It was suggested that the high prevalences of malnutrition were associated with diarrhoea and cholera, which were due to the children drinking contaminated water. The majority of the population took water from a river which had a very low level of water and a high sediment content between January−April. In addition, due to a security incident, many of the children were evacuated from their homes to another area with contaminated water and returned a few weeks later with diarrhoea.

Normal seasonal population movements may also have added to the problem − as many people within the district migrate to this area at this time of year to access food and medical services. A concentration of people in the area may have resulted in the steep increase in the number of admissions to the centres and an increase in the number of people drinking from the contaminated river. The assessment concluded that the rates of malnutrition were not related to food security but more to disease prevalence in the area due to contaminated water in the rivers. Thus the rates of malnutrition should decrease as the water level starts to rise, the water quality improves and the people migrate away from the area to prepare for cultivation.

In March MEDAIR conducted a random assessment of children in Gumriak (Upper Nile). 23% of the children surveyed were acutely wasted. Gumriak has been closed to OLS operations on and off since mid−February (WFP − 09/06/99).

A number of recent food economy assessments in Unity/Upper Nile/Jongelei revealed that in certain areas, e.g. Leech and Bieh States, the local populations are facing food deficits across all socio−economic groups (WFP −11/05/99). In other areas such as Latjor State fishing and kinship sharing will be able to cover the populations food need until the next harvest in August (WFP − 22/04/99).

Southern Sudan, GOS controlled areas

In the government held towns of Aweil and Wau, WFP continues to distribute food to IDPs, children in school feeding programmes, orphans and war affected beneficiaries (WFP, 30/05/99). There are reports of population movements from Wau to the rebel held location of Acumcum (Wau County) (WFP, 30/05/99). A very recent report indicates increased insecurity in Wau, particularly in the southern part of the town. The local authorities have approved a new site for WFP distributions (WFP − 21/06/99).

There have been reports of fighting around oil installations in Unity State. The SPLM/A has warned foreign oil companies against investing in the country, but the government remains determined to export oil (IRIN −04/05/99, 06/05/99, 11/05/99). The twelfth Juba barge convoy delivered food to a total of 373,688 beneficiaries in 35 locations in Upper Nile, Unity, Jonglei and Equatoria regions (WFP, 24/04/99). Relief

workers for WFP and UNICEF were attacked on a river barge in Unity State returning from delivering food supplies to Southern Sudan. In light of the attack, WFP temporarily suspended barge convoys, a cost−effective method of transporting food to more than 300,000 people in the South. A comprehensive security assessment is underway before the deliveries by barge resume (IRIN − 20/05/99, WFP − 22/05/99).

Northern Sudan

Displaced around Khartoum

There continue to be nearly two million displaced southern Sudanese people in camps around Khartoum. The ongoing civil war in the south and, to a lesser extent, recurrent droughts and floods are the main causes of their displacement. Targeted food assistance continues to the most vulnerable IDPs in squatter camps whose previous homes have been destroyed by GoS's rebuilding programme, although these food distributions are occasionally interrupted by insecurity. Supplementary feeding programmes co−ordinated by ADRA reach approximately 3,000 children under five (WFP −15/05/99).

Transitional Zone, South Darfur, West Sudan

An estimated 5,000 new IDPs have recently arrived at Khor camp in South Darfur. Approximately 35 families per day are reported to be arriving via Safawa and Meiram from parts of Northern BEG and Gogrial. An estimated 80% of the new arrivals are women and children. The most recent arrivals are reported to include several hundred wasting children. A recent nutrition survey carried out by SCF−UK in South Darfur in April 1999 revealed that the prevalence of acute wasting and/or oedema in South Darfur has increased to 18.2% from 13.7% in March 1998 (see Annex). As a result of the insecurity in the northern Bhar el Ghazal, new arrivals are continuously coming through "Safawa". The new IDPS arriving in Ed Daein are severely malnourished and require selective feeding. WFP has being providing full rations to these newly displaced persons who may not be able to cultivate during this planting season and may depend on relief food aid for a long period.

The IDPs indicated that they left their villages because of food shortages. They claimed that the food airdrops were insufficient for all the needy in northern BEG and some villages are too far away from the drop zones and people had no, or very limited, access to the zones. The IDPs also alleged that much of the food is being taken by SPLA forces in the area. An unspecified number of IDPs, mostly people who are too weak or too poor to make the journey to Dafur, are stranded in Safaha (IRIN − 18/05/99; SCF−UK − 04/99; WFP − 15/05/99, 09/06/99).

South Kordofan:

Abu Gebeha and Sidra camp: A recent nutritional survey conducted by SCF−US in South Kordofan indicated that the prevalence of acute wasting and/or oedema among the IDPs in Abu Gebeha is 12.7% and that of Sidra 16% (See Annex). SCF−US also recorded an influx of approximately 2,500 IDPs to these camps in May and June 1999. The nutritional status of the new arrivals is reported to be poor (SCF−US − 10/06//99).

In Kadugli, a recent nutrition assessment conducted by SCF−US and UNICEF in May, revealed a prevalence of acute wasting and/or oedema of 22.3% among the 600 IDPs in the resettlement areas in Kadugli town. WFP will provide relief food to these beneficiaries during the next four months (June−September 1999) (UNICEF −02/05/99).

Nuba mountains

The first UN assessment mission to the rebel held areas of the Nuba mountains (population 100,000−350,000) since the early 1980s, found evidence of malnutrition (including "signs of iron deficiency and goiter") and food insecurity, but "no signs of widespread famine". The mission reported that displaced persons have moved into the general population and are the most at risk of food insecurity, particularly those who have lost their cattle. Significant humanitarian needs were identified, including targeted food aid (following a food assessment mission) as well as seeds and tools. The water supply was described as "extremely difficult" in the dry season and the building of shallow wells was noted as a priority. Negotiations are underway in order to allow follow−up access for the delivery of humanitarian assistance (IRIN − 30/06/99, UN − 25/06/99).

Red Sea State

In Halaib Province, the failure of the winter rains in 1998 has resulted in poor pasture growth which has negatively affected grain production and livestock condition. Consequently household milk production and intake among, the mainly pastoral population, has been reduced. In addition, the poor condition of the livestock coupled with the low grain production in 1998 has led to a deterioration in the terms of trade between livestock and cereals. Households have had to trade live animals in exchange for grains to meet their requirements and thus those that have fewer numbers of livestock have had to reduce their milk and grain consumption. Food aid interventions will be provided by WFP from May to August (MOH – 12/98; WFP/SRC – 04/99; 05/99).

Kassala

A caseload of 30,000 displaced persons is assisted by WFP each month in Kassala area. The situation in the eastern border has remained highly insecure since March 1998, and these IDPs have not been able to cultivate, nor return to their homes of origin near the Eritrea border, nor re–establish their usual coping mechanisms. As a result they depend on emergency food aid for survival. The food insecurity situation in the area has further been exacerbated by the continued influx of newly displaced persons who are arriving in the area a poor physical and nutritional status. Selective feeding programmes are required for these new IDPs for a limited period (WFP –30/06/99).

Unity State

As a result of fighting among local militia for the control of the producing area, the security situation in Unity has deteriorated during the past months. Kidnappings, killings and displacements have been reported. Recent WFP monitoring visits to Pariang have found that a total of about 3,400 newly displaced people have gathered in the town due to the continued inter–factional skirmishes in and around Pariang and surrounding areas. Although the environmental conditions are favourable, the Ministry of Agriculture in Bentiu has predicted that the area under cultivation this year is far less than the previous years because of the uncertainty and volatility of security situation. Ministry officials have also reported a deterioration in the health situation in Bentiu and Mayoum as a result of the onset of rains, a shortage of drugs for prevalent diseases like diarrhea and malaria and lack of medical facilities (WFP – 06/99).

As a result of these developments, the rates of malnutrition have increased in Unity State. A recent CARE report indicated that an increased number of children had been admitted to the supplementary and therapeutic feeding centers in Bentiu during the past three months. Those admitted were reported to have come from Rubkona, Mayoum, Pariang and the newly displaced populations that have come into Bentiu from the surrounding areas (CARE–07/06/99).

White Nile, Displaced in Kosti

A survey in IDP camps in Kosti revealed a prevalence of wasting of 29.4% amongst children under five and 4.2% were severely wasted. Oedema was recorded in 7.6% of the children. The survey noted that the prevalence of wasting followed an outbreak of diarrhoea in March, poor medical facilities and poor sanitation were cited as contributing factors to the diarrhoeal outbreak, and hence the high prevalence of wasting (WFP –11/05/99).

Food distributions are targeted at 8,500 vulnerable persons in Gos es Salaam and Laya IDP camps by WFP. In addition, WFP supports the Sudan Council of Churches and IARA to run supplementary and therapeutic feeding programmes for 1,200 children and their carers in these camps (WFP, 30/05/99). A total of 500 IDP women, who attend training courses in child–care, treatment of diarrhoea, breast–feeding, immunization, sanitation, water use and hygiene, also receive family food rations on the days they attend (WFP, 24/04/99).

Meningitis outbreak

Throughout Northern Sudan, nearly 1,800 people have died from meningitis and a further 30,000 have been infected since the beginning of the epidemic last December. The disease, which was first reported in the northern Darfur state, has spread across the country. The epidemic is expected to last until June–July depending on the geographical location of the states. Vaccination campaigns are underway and 12.8 million doses of vaccine have been given throughout the country by various agencies. Further funds have been requested in order to implement a grassroots prevention training programme (IRIN – 4/29/99, 07/05/99, 20/05/99; IFRC –02/05/99. 17/06/99).

Ethiopian and Eritrean Refugees

Sudan has provided asylum since 1967 to a large number of refugees from Chad, Uganda, Zaire, Eritrea and Ethiopia. During the late 1980's most of these refugees returned to their respective countries, especially those from Chad, Uganda and Zaire. Over the years, many Eritrean and Ethiopians returned to their countries, but new influxes occurred in 1990/91 because of continued civil unrest in Ethiopia and Eritrea.

During the second quarter of 1999, food aid assistance was provided to approximately 133,000 refugees (91 % Eritrean and 9 % Ethiopian) who are living in 22 camps divided into three categories: reception centre, wage–based and land–based settlements. In addition, some 7,300 vulnerable refugees, mostly women and children were assisted under supplementary feeding programme. Nutrition surveys in the camps are annually undertaken in October. The most recent survey (October 98) estimated that the prevalence of acute wasting and/or oedema in the camps ranged from 5 % to 16 %. Malnutrition rates were consistently higher in the reception camps and in some of the wage–based settlements than in the land–based settlements. From March 1999 to May, WFP has implemented a blanket–feeding programme in six refugee camps for targeted beneficiaries. An assessment of the nutritional situation will be conducted in June–July 1999 in order to determine the level of impact of this feeding programme (WFP – 30/06/99).

Overall, the nutritional situation in Sudan appears variable, many areas have seen improvements in nutritional status, but there are exceptions where high rates of malnutrition continue to be found and are attributable to a combination of food insecurity, and public health risk factors (which in turn are usually attributable to the local security situation). However, at this time of year with the approaching rainy season a deterioration in the general nutritional situation is expected. It is felt the situation will not deteriorate as dramatically as last year, partly because of the pre–positioning of food by WFP (the pipeline is secure until August). Locally however, the situation could rapidly deteriorate in the event of conflict and increased insecurity. Thus the current risk category appears to be moderate (category IIb), but in the coming months the risk may increase. In parts of Unity State and Blue Nile the security situation is already unstable and NGOs are denied access, therefore the population i these areas are at higher risk (category IIa). The refugees are not considered to be at heightened nutritional risk (category IIc).

Recommendations and priorities:

- Given the fragile food security situation described it is important to monitor the nutritional situation of the population through regular surveys and assessments, particular in the event of conflict which could rapidly change the situation.

- Follow–up to the humanitarian needs in the Nuba mountains, which partly hinges on securing access.

- General recommendations proposed by all survey reports include; strengthening immunisation programmes and health referral systems.

LWF in Yirol and Rumbek recommends:

- Continue food assistance to alleviate the possibility of deterioration of nutritional status especially during the hunger period when the last crop has been consumed before the new harvest i.e.: To ensure there is adequate food until July–August, in particular to maintain levels of wasting below 15% during the hunger period.

- Increase the number of distribution sites in order to increase the geographical coverage, ensuring that food aid reaches as many people as possible.

- In terms of food rations (i) that the amount of oil in the food ration should be adjusted upwards to meet the WFP ration, (ii) a dry supplementary take–home ration for all children less than five years old should be considered depending on the availability of food.

- Increase the dialogue on targeting and vulnerability, involving community leaders, relief organisations, women's representatives and civil authority, in order to increase the likelihood of the most vulnerable groups benefiting from food relief.

In Ajak, MSF–I recommends:

• Improve the coverage of the supplementary and therapeutic feeding programmes.
• Assess the causes of mortality. Check the mortality rates are accurate.

In Aweil West CONCERN recommends:

• the commencement of a decentralised supplementary feeding programme to meet acute needs over the next five to six months related to the hungry season.

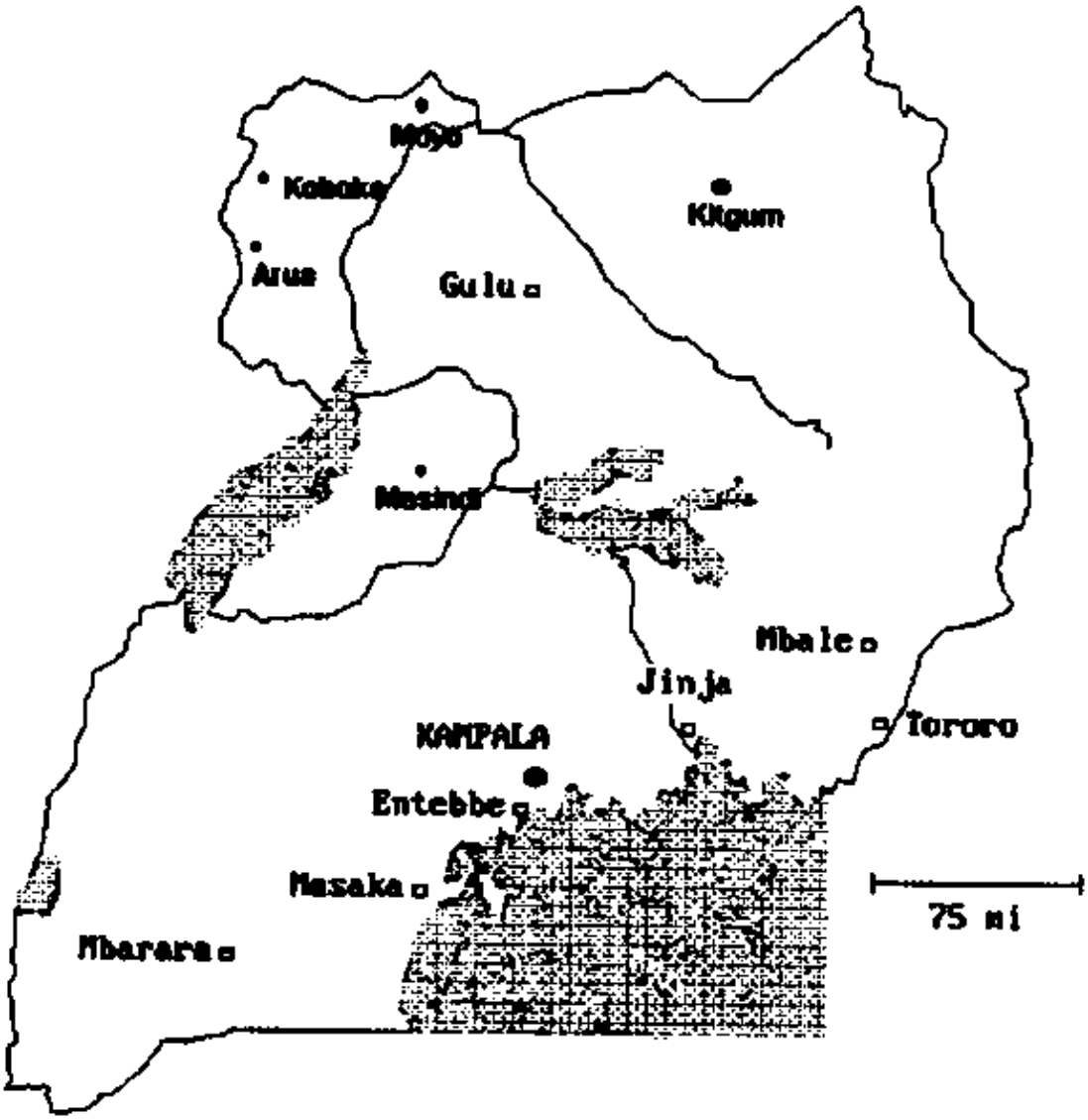
10. Uganda

IDPs in North Uganda

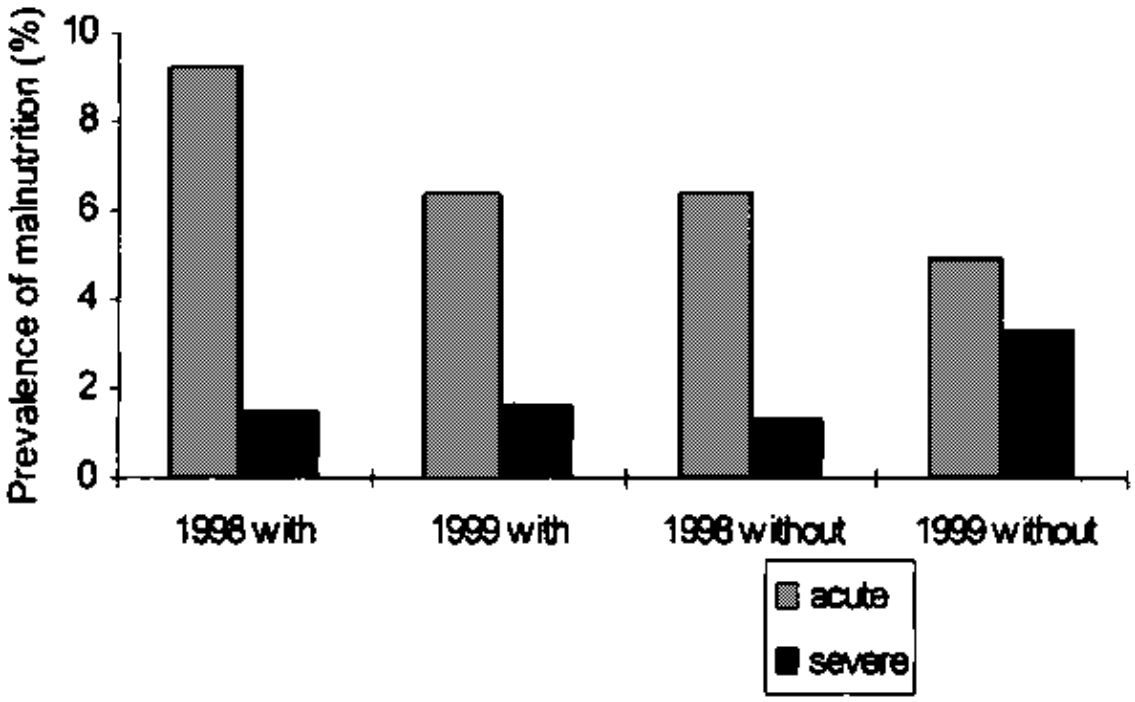
In the North, particularly in Gulu and Kitgum districts, twelve years of violence by the rebel group, the Lord's Resistance Army (LRA) has forced over 200,000 people from their homes. A further 22,000 are estimated to have been abducted, including 6,000 children according to UNICEF estimates. These people have either congregated in "protected villages", moved in with host families, or have found shelter in public buildings. The instability and relocation has prevented farming in many cases and has resulted in a food shortage amongst the displaced, although some are able to cultivate in their new location. WFP is currently providing food assistance to approximately 318,000 IDPs in both Gulu and Kitgum districts. WFP has covered a pipeline shortfall of cereals for the displaced by a loan from another emergency operation in Uganda (CRS – 11/05/99; IRIN – 27/05/99, 18/06/99; WFP – 03/05/99, 26/05/99).

Gulu District

Insecurity between 1996 and 1998 led to displacement of much of the population. Security improved from November 1997, and since December 1998 better access to land meant some IDPs were able to harvest crops at the end of last year (ACF – 06/99).



ACF–USA undertook a nutritional survey in the accessible IDP camps in Gulu district in March 1999 (see Annex). The prevalence of wasting and oedema had fallen to relatively low levels as compared with the same period in 1998 (see graph below) – as would be expected with an improvement in the security situation and an increase in agricultural activities. Improvements in the nutritional situation were apparent in camps with and without health facilities, which indicates that the decrease in malnutrition was more likely to be food related, and not disease related. The prevalence of severe wasting and/or oedema however, did not decrease in the camps with medical facilities indicating that there were some new cases of severe undernutrition. Levels of stunting (height–for–age) among children remained high in both camps; in camps with health facilities 39.0% were moderately stunted, 16.9% of these severely so. In the camps without health facilities 41.8% were stunted, and 17.4% severely so.



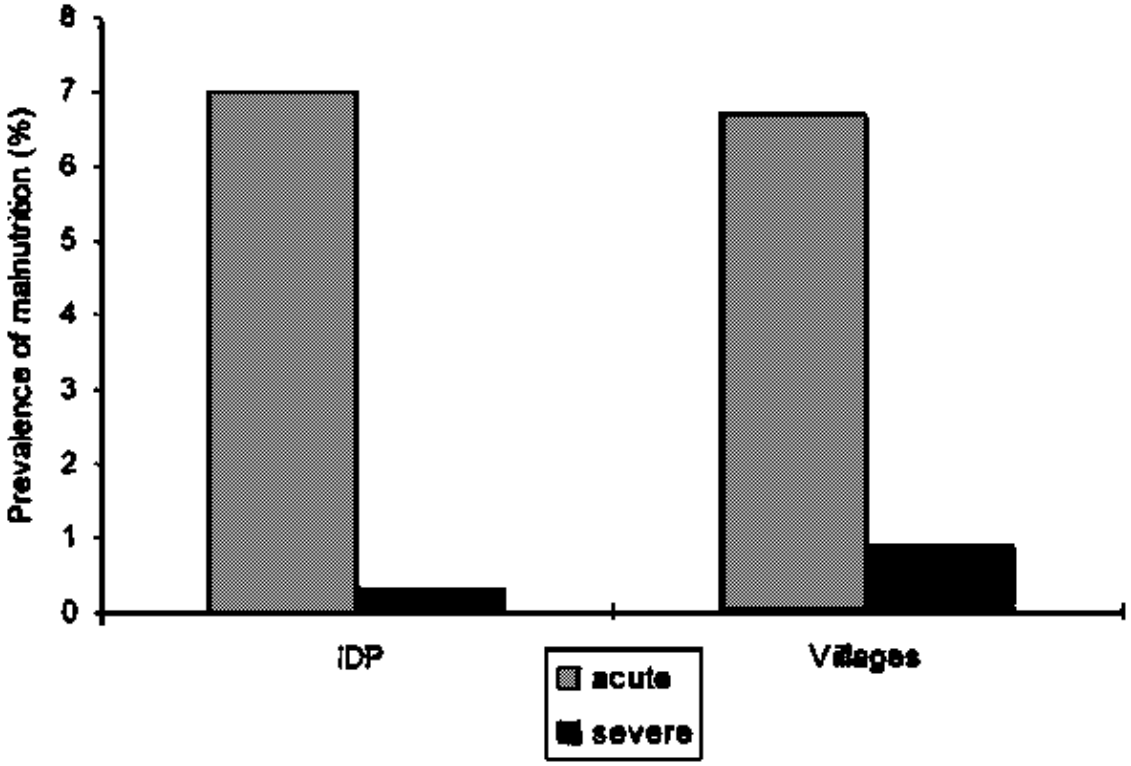
The Prevalence of wasting and/or oedema in IDP camps with and without health facilities in Gulu district

Other indicators examined included measles vaccination, under–five mortality and the coverage of feeding programmes (see table below). Under–five mortality had decreased since the previous year in both types of camps. The feeding programme coverage had actually decreased in the camps with health facilities, although it had increased in the other camps. The measles vaccination rate as confirmed by card was low in both camps.

	Camps with health facilities		Camps without health facilities	
	1998	1999	1998	1999
Under – five mortality	2.2/10,000/day	1.4/10,000/day	2.2/10,000/day	1.3/10,000/day
Feeding programme coverage	39.2%	32.6%	0.1%	29.4%
Measles vaccination	32.6%	38.3%	18.6%	33.7%

Kitgum District

ACF–USA also undertook a survey in Kitgum district in March 1999. Agriculture is traditionally the largest source of income for this population and many farmers now suffer from extreme poverty as a consequence of the insecurity and the loss of their cattle in raids. As a result of a massacre a large proportion of the population (around 25%) was displaced from the west of the country to six IDP camps in January 1997. These people are largely dependent on food distributions for their needs as they have difficulties in accessing their land. Since January 1999 the security situation has improved and many of the displaced have had more access to their land and have been able to harvest their crops.



The prevalence of wasting and/or oedema in IDP camps and villages in Kitgum District

This survey compared the nutritional status of IDPs and residents in the area (see graph). The prevalence of acute wasting and/or oedema was similar in both groups, although the villagers had slightly higher levels of severe wasting and/or oedema. 39.3% of IDP children were stunted, 12.7% severely so. The table below shows the distribution of other indicators collected. The main difference seen is that the feeding programme coverage in the IDP camp is much higher than that of the villages.

	IDP camps	Villages
Under – five mortality	0.6/10,000/day	1.1/10,000/day
Feeding programme coverage	37.2%	5.6%
Measles vaccination	29.0%	32.5%

Bundibugyo District

The security situation continues to deteriorate in the Western district of Bundibugyo. Aid agencies and government officials estimate that 50,000–70,000 have been recently displaced from their homes. Reports indicate that Ugandan rebels crossing over from the Rwenzori mountain area of DRC have been attacking villages, killing people and burning houses before returning to the DRC. Similar attacks took place throughout much of 1998, although security had improved sufficiently to allow families to return home by September. WFP and other agencies were forced to temporarily suspend their activities in the area but have restarted delivering food very recently to 146,000 displaced people in eight camps in and around Bungibugyo town (IRIN – 06/04/99, 12/05/99, 20/05/99, WFP – 23/04/99; 03/06/99)

A nutritional survey was conducted by Epicentre amongst IDPs in Bundibugyo town in February (see Annex). Insecurity prohibited surveys outside of the town. The IDP population at this time was estimated to be approximately 12,000 people and the resident population was estimated at 9,000. The IDPs were not found in separate camps (except in one location where 2,149 were clustered) but were living amongst the resident population's houses. The prevalence of acute wasting was estimated at 5.7% and severe wasting at 1.5%. Oedema was found in 0.7% of the survey population.

CMR was recorded at 1.37/10,000/day and the under five mortality rate was 1.68/10,000/day. The main causes of death amongst the under fives were malaria (67%), diarrhoea (13.3%) and measles (13.3%). In the population aged over five injuries accounted for 39% of deaths; diarrhoea and malaria were responsible for 45% of deaths. The attack rate (the cummulative incidence rate) of watery diarrhoea varied between 0.5–2.8% (mean 1.0%) in the two weeks prior to interview. Those of bloody diarrhoea from 0–0.6% (mean

0.2%). The very high proportion of deaths caused by injuries indicates how insecure the area is; it may also explain the reported sex ratio of 0.9 males to females. Measles vaccination coverage confirmed by card was low at 24.4% although from interviews with mothers it was estimated that 77.0% of the children aged 6–59 months had been immunised.

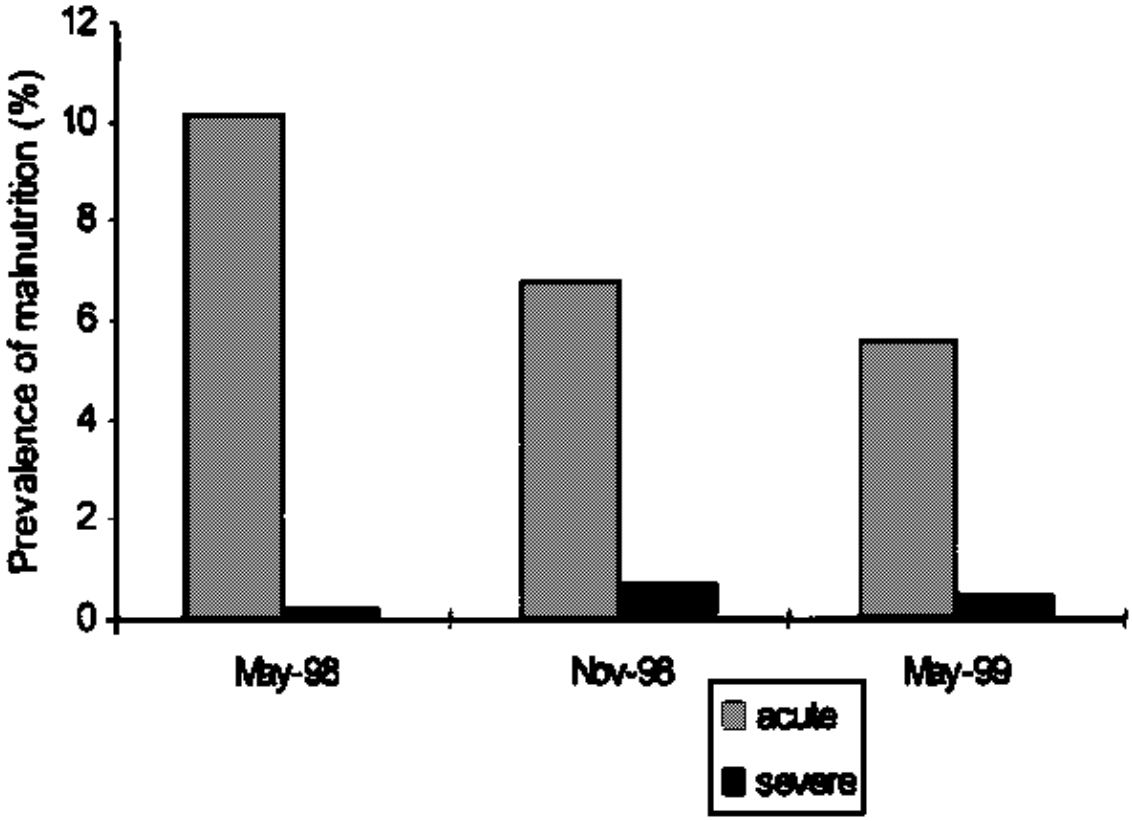
Bundibugyo district is facing a major public health crisis according to this report. This is caused by; the constant influx of newcomers, severe overcrowding, restricted amounts of water of unknown quality (3.0 litres/day of water) and few latrines (which were shared between 25 and 534 people). The high number of deaths due to diarrhoea were a direct result of the overcrowding and poor sanitary conditions. Although the absolute prevalence of wasting and/or oedema was not exceptionally high, the current situation will be exacerbated by the increasing number of IDPs and the approaching rainy season. Also, with insecurity increasing the population was less likely to go to their farms and collect food, hence it was predicted that the food security and hence the nutritional situation were likely to deteriorate.

Sudanese Refugees

A new influx of refugees has been expected because of the recent inter–ethnic fighting in Southern Sudan and also the continuing insecurity in north–eastern DRC. WFP has set–up a contingency plan to provide food assistance in this instance. To date, however, only a small number (372) have sought protection and assistance (UNHCR – 17/06/99; WFP – 16/04/99).

The number of Sudanese refugees assisted by WFP in Uganda currently stands at 161,100. A joint Food Needs Assessment was undertaken in the refugee camps in June. The mission recommended that food distributions from WFP should be phased out completely by June 2001, with gradual reductions to be effected through the two year period. In many of the camps only partial rations are currently provided as the refugees have access to agricultural land. The refugees in Palorinya and Pakelle camp were assessed as self–reliant at the time of the mission and hence will have their rations phased out from next month (WFP – 21/06/99).

An ACF–USA survey was undertaken in Kiryandongo camp (approximately 14,700 refugees) in April 1999 (see Annex). These results were compared to surveys in this camp in May and November 1998 (see graph). The nutritional situation has remained stable since November – there has been a significant decrease in the prevalence of acute wasting and/or oedema since May 1998 (particularly in the younger age groups). Feeding programme coverage for the camp was still low at 22.2% and had fallen from 31.3% in November. The measles vaccination coverage was also low at 40% according to card, although this figure was increased to 74.2% after interview with the children's parents.



The prevalence of wasting and/or oedema in Kiryandongo camp

The official WFP caseload for the Rwandese, Burundians, Congolese and Somalis in the camps in southern Uganda stands at 17,577 (WFP – 03/06/99). The nutritional situation of the refugees in these other camps was also reported to be adequate in the last RNIS; no new information has been received since this time.

Overall, the population most at risk is that in the western district of Bundibugyo, where there is a public health crisis as a result of displacement caused by insecurity (category IIa). The nutritional situation among the IDPs in Gulu and Kitgum, and has improved, but remains precarious (category IIb). The situation among the refugees is not critical (category IIc).

Priorities and recommendations:

Recommendations from the epicentre survey in Bundibugyo include:

- The local authorities must resettle the IDP population in Bundibugyo town in peripheral camps. These camps must be secure as otherwise the people will not remain there

- Collect mortality and morbidity data in all camps.

- Implement a mass vaccination campaign against measles. This should include the resident population.

- Provide this population with food assistance.

- Provide an adequate supply of safe water and sufficient numbers of latrines are essential to avert further public health crises.

The surveys from Kitgum, Gulu and Kiryandongo all recommend the following:

- Continue to regularly monitor the nutritional situation in the camps.

- Establish a referral system for nutrition within the health structure of the area. Facilitate home visits in order to identify and refer malnourished children to feeding centres.

- Strengthen the education programme, focusing on child care and nutrition

• Strengthen the measles vaccination coverage programme

In addition the surveys in Kitgum and Gulu also recommend:

• Design more appropriate programmes aimed at aiding the self–sufficiency of the displaced populations if security remains stable.

11. Zambia

Zambia is currently providing asylum to refugees from Angola and the Great Lakes region – DRC, Burundi and Rwanda. The upsurge in hostilities in DRC and Angola has resulted in the arrival of over 25,000 refugees into Zambia. This has disrupted repatriation back into these countries: a number of refugees who had spontaneously repatriated are returning to Zambia.

Refugees from DRC

The most recent figures estimate that there are 25,000 refugees from the DRC in Zambia of which some 11,000 are in Mwange camp. The rest are in Kafuta town or villages around it. WFP has launched an appeal (PRRO 6134.00) for these refugees and is planning to assist some 21,900 beneficiaries – this planning figure includes an old caseload of 11,400 and an allowance for 14,800 new arrivals (IRIN–SA – 18/06/99; WFP – 16/04/99, 21/05/99,28/06/99).

The nutritional and health situation of the refugees in Mwange camp is not critical. An MSF–H survey in the camp estimated the prevalence of acute wasting and/or oedema at 8.6%, with 2.0% severe wastinga and/or oedema (see Annex). Oedema was reported in 1% of the survey population. Measles immunisation coverage was high at 93.4%. The main causes of morbidity were malaria and acute respiratory infections which is normal in the colder months. Sanitation and shelter facilities are reported to be adequate. The general food ration is reported to be relatively regular, although no sugar or CSB is given out as CSB is used in the community growth programmes (MSF – 02/06/99).

Refugees from Angola

There are approximately 26,000 Angolan refugees in Maheba settlement and 4,700 in Mayukwayuka settlement. WFP reports that their nutritional status is satisfactory except for the children under–five who are receiving targeted supplementary rations in the form of high energy protein supplements (WFP – 28/06/99).

Overall, the nutritional situation of these refugees is not considered to be critical (category IIc).

Asia – Selected Situations

The most recent overview of the numbers of refugees and displaced people in Asia (as of end of 1998) estimates that there are 4.7 million refugees on the continent. Over 1.2 million of these were Afghans in Pakistan and Iran (1.4 million). There are reported to be 580,000 Iraqis in Iran. Comprehensive figures on the number of displaced in Asia are unavailable but are certainly in the millions.

This section of the report gives updated information on some of these situations. The current nutritional situation of the Afghan refugees/displaced is described. Information on the Bhutanese refugees in Nepal and refugees from Myanmar in Bangladesh is also included.

12. Afghanistan Region

Afghanistan

There has been conflict in Afghanistan for the last twenty years, leading to massive displacements both within Afghanistan, and as refugee movements, into Iran and Pakistan. Ten years after the withdrawal of the last

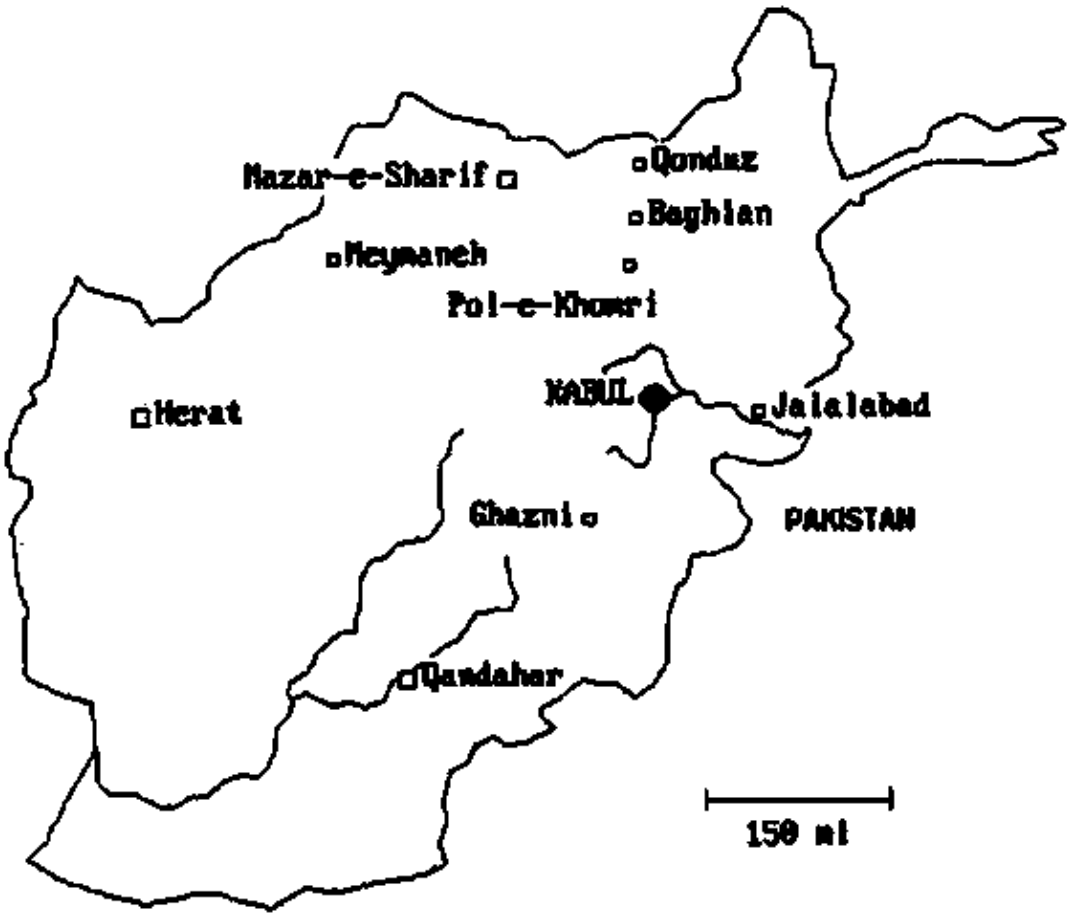
soviet soldier in 1989 an armed conflict between opposing political factions still continues. Currently the Taliban control approximately 85% of the country and the Northern Alliance forces, led by Commander Ahmad Shad Masood, about 15%. Fighting has been reported in the front–line areas of the Central and North regions including Bamyan and Faizabad during the reporting period. The fighting has resulted in civilian casualties and humanitarian assistance to these areas has been interrupted (WFP – 23/04/99, 30/04/99).

As a consequence of the war, several million refugees are scattered throughout the region, mainly in Pakistan (1.2 million) and Iran (1.4 million). Repatriation is ongoing. WFP estimates that there are up to 2.5 million IDPs in Afghanistan: the agency assists some 1.25 million people in the country (WFP – 29/09/98).

UN presence is returning slowly to Afghanistan. WFP, FAO, UNHCR and UNICEF have all increased their presence and some NGOs are beginning to return. WFP continues to run bakeries in Kabul and other areas, as well as food for work programmes. An emergency feeding programme is underway in Bamyam province targeting the landless and female–headed households as well as IDPs in Panjao (OCHA – 02/06/99; WFP –23/04/99). The recently returned UN staff have undertaken several assessment missions around the country, the results of which are summarised below.

Food Security

Initial results from an FAO/WFP crop and food supply assessment mission suggest that the country's crop production is likely to be low for 1999, particularly in the northern regions. The main problem seems to have been a lack of snow and rainfall in the surplus crop production areas. In addition, there are indications of a serious problem of rust infection in the north and reports of red locusts in the north–east (WFP –04/06/99). Anecdotal reports from Mazar (a province in the north of the country) indicate that the food security situation of the most vulnerable people is deteriorating. Household assets are continuing to be sold and begging is on the rise. Labour wages have decreased as a result of an increased amount of labourers available. Although crop prices are currently low, preliminary indications are that many households are finding it difficult to buy enough (OCHA – 27/05/99).



A WFP food security study for Jalalabad reported that the most vulnerable families are those without a male wage earner. Without assistance these households earn only 70% of the minimum cash income required for food and non–food items. Thus they cannot afford to buy essential items such as fuel and clothing.

Households with only one man, working in casual labour or as a government employee, were the next most vulnerable group. This group earn about 85% of their minimum requirement. In these circumstances WFP food boosts the low income and allows poor households to achieve minimum income requirements. Begging and the sale of assets in Jalalabad are reported to be less visible than in Kabul or Mazar (OCHA – 27/05/99).

In the provinces of Parwan and Kapsia (central region) market prices for cereals are now reported to have increased by 100% over normal inflation since a military–blockade was set up by the Taliban in 1997. Due to a lack of agricultural input and rust infestation of the wheat, the 1998 crop production was much below average in this region. If the 1999 crop production does not improve families dependent on purchasing their food will be unlikely to maintain their minimum needs (WFP – 04/06/99).

A recent report from WFP stated that the agency is preparing to introduce corn–soya blend (CSB) into selected programme activities throughout Afghanistan in order to "improve the nutritional status of the people in Afghanistan". Acceptability testing in Kabul suggested that CSB is well accepted by Afghan beneficiaries. In order to ensure the correct use and understanding of the commodity WFP's implementing partner's are conducting information campaigns which highlight CSB' nutritional value and show the various ways it can be used (WFP–02/07/99).

Kabul

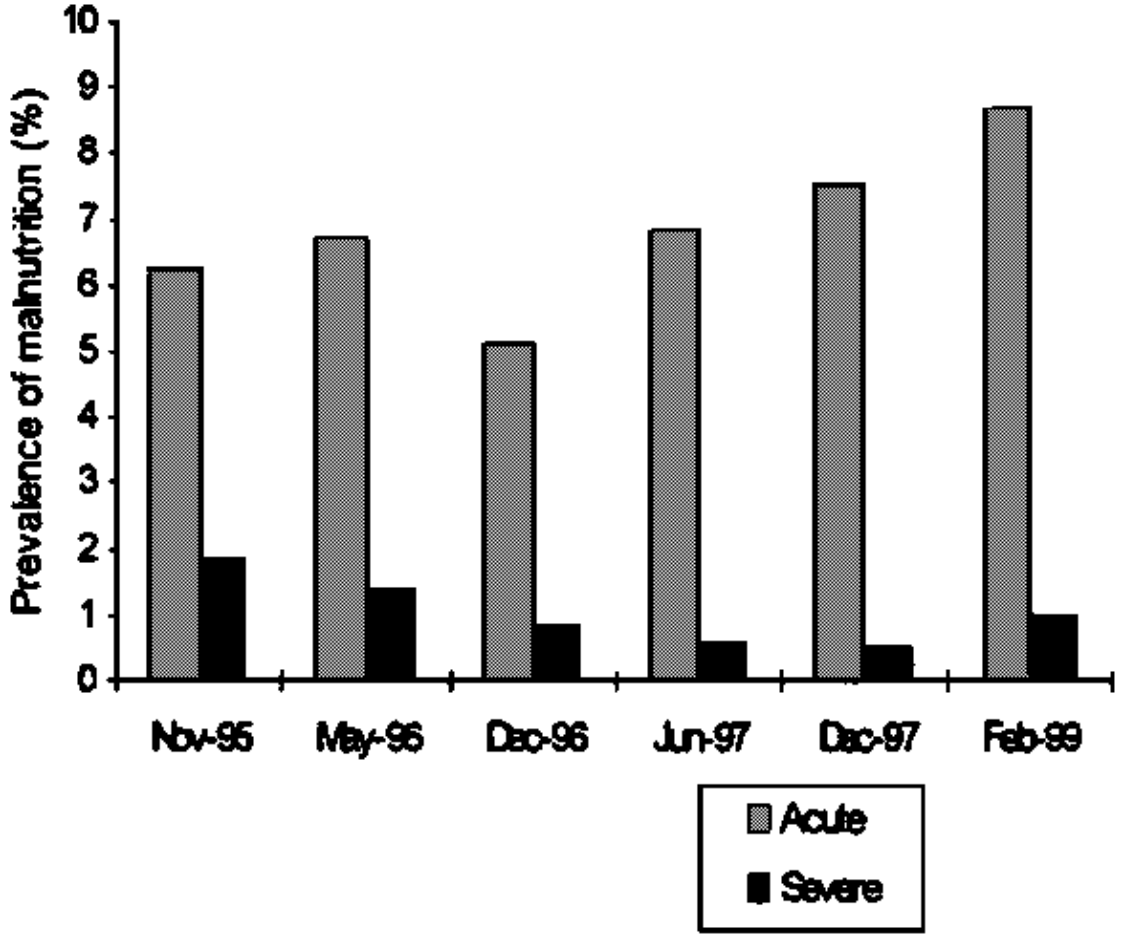
ACF undertook a study of the nutritional situation of mothers and children under–five in Kabul in February (see Annex). Amongst children under–five, the prevalence of acute wasting was estimated at 8.4%, including 0.7% severe wasting. Oedema was found 0.3% of the children surveyed. The level of stunting (height–for–age) was much higher: 61.3% of the children were stunted, including 32.2% severe stunting. The authors, however, cautioned that the validity of the data on the children's ages was questionable. The prevalence of acute wasting in infants who were longer than 49cm (n=132) was 6.1%. Amongst those infants who were less than 49cm long (n=20), most of whom were less than a month old, 85% weighed less than 3.5kg which is considered to be a "normal" birthweight. Of these, 4% were actually below the low birthweight cut–off (2.5kg).

Using the chronic energy deficiency (CED) classification scheme, 17.2% of the mothers were defined as undernourished (BMI < 18.5 kg/m^2), 5.4% of these more severely undernourished (BMI < 17.0 kg/m^2). Analysis of the mothers' MUACs gave a similar result, 20.2% were classified as undernourished (MUAC<22.0 cm). 10% of the women had both low BMI and low MUAC (BMI < 18.5 kg/m^2 and MUAC<22.0cm). 10.3% of the women were classified as overweight (BMI > 24.9 kg/m^2) and 2.3% as obese (BMI > 29.9 kg/m^2).

For the month prior to interview, CMR was estimated at 0.74/10,000/day and the mortality rate of children under–five at 0.61/10,000/day. The main causes of death amongst the general population were heart disease, hypertension and complications arising from child delivery. Amongst the under–fives measles, heart disease and delivery complications accounted for equal numbers of deaths. The major (72.3% of all children surveyed) cause of morbidity in the under–five age group were acute respiratory infections (as would be expected in a survey conducted in the winter), diarrhoea (20.9%), measles (2.4%) and "other symptoms" (43%).

The graph below compares the results of this survey to others conducted in Kabul in previous years. It can be seen that the prevalence of malnutrition in children under–five has increased incrementally since December 1996. The prevalence of mildly undernourished women remains below that found in December 1996, but the number of severely undernourished (BMI<16.0 kg/m^2) women has increased from 1.1% to 2.5% over the same time period.

The authors of the survey conclude that the nutritional situation of the population in Kabul remains precarious. The general standard of living remains low for the majority of households and their nutritional status does not appear to have improved since late 1996. In general, the food security situation is fragile. The markets in Kabul are well supplied, but the prices of basic food and non–food stuffs have been increasing continuously since 1995. This is partly due to the decreased value of the Afghani (local currency) compared to the dollar. Another reason is that many of the items in the Afghans' diet are imported from Pakistan and the closure of the border between the two countries pushed up the prices of many foods. In addition, some Pakistanis have been speculating on various foods produced within Afghanistan itself (e.g.: onions) resulting in an increased price of local foods. One result of these price increases is that the bakers have decreased the weight of a standard *nan,* the basis of most households' meals, from 200 to 120g whilst maintaining the price.



The prevalence of wasting and/or oedema in Kabul between November 1995 and February 1999

Concurrent with price increases are decreases in many households' income. Unemployment levels have risen dramatically and many households are now dependent on income earned on a daily basis. Government employees are vulnerable as they do not receive their salary (which has not been properly adjusted to inflation rates) on a regular basis. Thus the purchasing power of Kabul's citizens has decreased. This is evidenced by an increased amount of selling of household goods – an unsustainable coping strategy. The withdrawal of the NGOs and UN has also had a poor effect on the nutritional situation of this population.

Women and infants are at particular risk of malnutrition in this population because of social beliefs and traditions in Afghanistan. Weaning practices are not well–adapted to young children's needs: the supplementary foods traditionally given to children during weaning (tea, biscuits, bread) are not suitable or well–balanced in terms of nutrients for this age group. It was also observed that some infants are given tea which may increase their exposure to infectious diseases. There is some evidence that women, whose activities are restricted by the Taliban, may have a lower daily intake than men because of social constraints imposed on them.

Additional risk factors for poor health in this population include a low immunisation coverage. The immunisation programme coverage (all valid doses) was estimated to be 34.2% in children under two years old. Nearly half the children had not been vaccinated for measles. 69.5% of the children had BCG scars. 31.1% of the women interviewed had been immunised for neonatal tetanus. In general, it was noted that women were unaware of the benefits of vaccination for themselves. UNICEF, WHO and the Ministry of Public Health are currently conducting a country–wide immunisation campaign aimed at eradicating polio and giving vitamin A supplementation to children between 6–59 months of age. The most recent report suggests that they have reached over 3.6 million children out of a target 4.3 million (OCHA – 30/04/99, 02/06/99).

Returnees from Iran and Pakistan

UNHCR anticipates that 220,000 refugees from Iran and Pakistan will return to Afghanistan in 1999. WFP has allocated food for repatriation packages for 130,000 returnees expected in four areas of the country. The returnee package consists of 300kg of food aid to be shared between a family, no individual returnees are assisted. The returnees are expected to settle in the areas of Heart and Kandahar initially (WFP – 23/04/99,

07/05/99).

Pakistan

UNHCR provides indirect assistance to 1.2 million people in at least 200 refugee villages in Pakistan. The agency helps to sustain government activities in health and education by providing medicine and salaries etc. It s also active in other areas such as helping start community services run by the refugees or Pakistan government officials (UNHCR – 08/06/99).

There are no reports of a change in the adequate nutritional status of the approximately 320,000 Afghani refugees requiring food assistance in Pakistan. 20,000 of the newest (most recently registered) refugees are provided with a ration of 2,102/kcal/day by WFP and are given non–food inputs by UNHCR. One of the problems with this method of targeting is that it encourages the recycling of refugees, i.e., many of new arrivals are not new arrivals at all. A further 300,000 (targeted) vulnerable refugees receive assistance under a Social Safety Net and Environmental Rehabilitation Programme. A well organised community network which has been set–up identifies the most vulnerable groups which are then targeted. The remaining refugees have established themselves in Pakistan and are considered to be self–reliant and self–sufficient (UNHCR – 08/06/99).

Iran

There are some 2 million refugees in Iran including 508,000 Iraqi Kurds, 58,000 Iraqi Arabs and 1,425,000 Afghans. In most cases the refugees are not in camps and are allowed to live and work alongside Iranians; only the most vulnerable 94,000 are hosted in official camps (UNHCR– 02/99).

There is no new information on the nutritional situation of the refugees in Iran. A joint WFP/UNHCR mission which visited Iran in December 1998 reported that there were no discernible nutritional deficiencies (either observed or reported) amongst the refugees, although there were a number of vulnerable refugees who were housed outside the camp.

Overall, the IDPs in Afghanistan are considered to be at moderate nutritional risk (category IIb). The 40,000 refugees in Iran who outside the camps are also considered to be at moderate risk of malnutrition. The other refugees in Iran and those in Pakistan are considered to be at low nutritional risk (category IIc).

Recommendations and Priorities:

- A stronger UN and NGO presence is required in Afghanistan in order to fulfil the populations' humanitarian needs.

Recommendations from the ACF survey in Kabul include:

- Continue the close monitoring of the nutritional status of mothers, children under–five, infants and the new born in Kabul to prevent a nutritional crisis situation developing.

- Perform active Mother and Child health preventative activities, especially reinforce pre– and post–natal care follow–up.

- Screen all children under five (particularly those less than 29 months) for malnutrition when they pass through the Health Services clinics in Kabul. Refer those with poor nutritional status to the Therapeutic Feeding Centres or Day Care Centres in order to prevent them becoming more severely undernourished.

- Continue to constantly enforce/renew health education activities within all medical community based structures. Focus particularly on weaning practices, breast feeding and the prevention of diarrhoea and acute respiratory infections. Train mobile health workers and home visitors to give health education.

• Expand and strengthen the immunisation programme for women and children. Routinely check the vaccination status of women when they bring their children to a clinic. Make the benefits of maternal vaccination more widely known through an education campaign.

13. Bhutanese Refugees in Nepal

There are approximately 96,500 Bhutanese refugees registered in seven camps in Nepal's Jhapa and Morang districts. These refugees began entering Nepal in late 1990; the influx peaked in the first half of 1992. Since the beginning of 1998 no new arrivals have been accepted by His Majesty's Government of Nepal (HMGN). The refugees, who are mostly ethnic Nepali speaking groups from the southern plains of Bhutan, fled their country in fear of the enforcement of new citizenship laws and the "one nation, one people" policy of cultural assimilation in the late 1980's. Seven official ministerial–level talks have been held between the Bhutanese government and HMGN without any effective resolution being achieved thus far – this indicates that the problem is unlikely to be resolved in the near future.

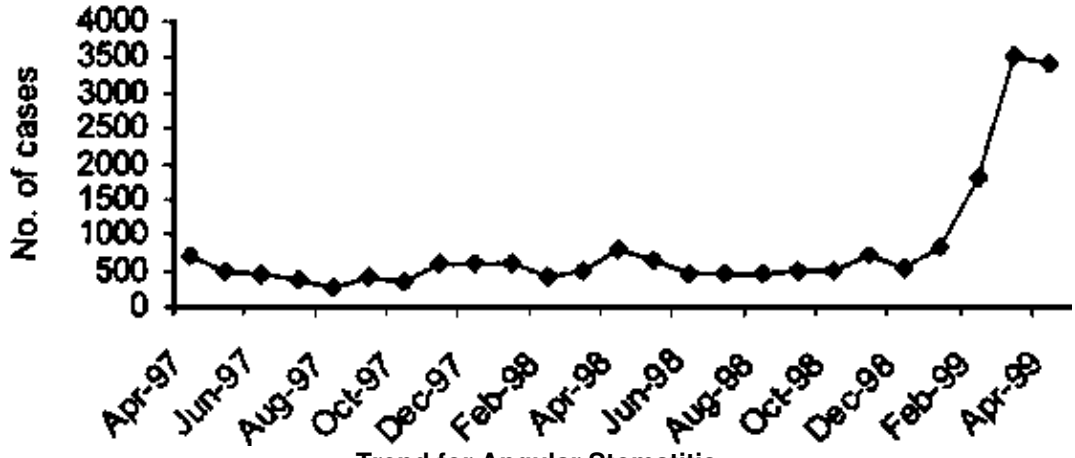
The natural increase in the refugee population has declined over the years and is currently 2% per year, reflecting the effective family planning campaigns and the education efforts in the camps. The population is young with 47% under the age of 17 years and a large and growing number of up to nearly 18,000 individuals who were born in the camps. A total of 5% are over the age of 60 years.

General health and nutritional situation

The health and nutrition of the camps is generally stable. The prevalence of wasting and mortality rates have been maintained at low levels. Average CMR is 0.84/10,000/day and the under–five mortality rate is 1.35/10,000/day. The latest SCF–UK survey in June 1998 reported a prevalence of acute wasting of 4.3% and 0.5% severe wasting. The incidence of acute wasting has remained low since this time (UNHCR – 18/05/99). It should be noted, however, that this survey showed that only 57% of the undernourished children sampled were enrolled in the selective feeding programme. No serious epidemics have been reported. Health–related needs are adequately covered by SCF–UK and referrals to the district and regional health facilities for those requiring special medical treatment. Sanitary conditions in the camp are also reported to be satisfactory. An uninterrupted and adequate (approximately 22 litres/person/day) supply of chlorinated water was available in all camps throughout 1998. The proper disposal o human waste and vector control is well managed (SCF–UK – 05/99; UNHCR –18/05/99; WFP – 11/06/99).

Micronutrient deficiencies

Concerns raised in the previous issue of RNIS about a possible increase in micronutrient deficiency disorders (MDD) following the withdrawal of fortified blended food from the general ration have been confirmed. Since the beginning of 1999, there has been a steep increase in the number of cases of angular stomatitis – vitamin B2 deficiency (see graph). Micronutrient deficiency disorders have been the main nutritional problem reported among these refugees, dating back to shortly after their arrival in Nepal 1992. A range of strategies have been put in place to address this problem, including in particular, the inclusion of parboiled rice (rather than polished rice), fortified blended food and vegetables in the general ration. Iodized salt and vegetable oil fortified with vitamin A is also included in the ration. These changes were accompanied by nutrition information and communication campaigns related to the washing of rice and the health benefits of parboiled rice and blended food. These combined strategies were followed by significant reductions in levels of MDDs and greater awareness on the part of the community (Mears –1995).



Trend for Angular Stomatitis

Note that angular stomatitis can be confused with viral infections of the mouth and although it has not been possible to confirm through biochemical assay that the current increased incidence is attributable to B2 deficiency, most cases have been successfully treated with a one week course of vitamin B complex tablets (SCF – 9/06/99). Responding to treatment is often taken as confirmation of micronutrient deficiency, where facilities for biochemical analysis are unavailable (there are no facilities in Nepal).

The incidence rates of a range of micronutrient deficiency incidences for 1999 and 1998 are shown in the table. The graph shows the increase in incidence in the first four months of 1999. The incidence varied between camps and was as high as 44.5/1,000/month in Khundunabari camp. The rate was similar in both sexes, but highest (almost twice as common) in the 5–18 year old age group. According to SCF the disease is rarely seen among people who are in supplementary feeding (SCF – 09/06/99).

Disease/deficiency	Jan.–Apr. 1998 (per 1.000/month)	Jan.–Apr. 1999 (per 1,000/month)
Vitamin A deficiency (eye signs)	0.33	0.27
Mild Beriberi	3.2	2.5
Severe Beriberi	0.06	0.11
Angular Stomatitis	5.97	24.2
Scurvy	0.54	0.76
Pellagra	00	0.01

An insufficient intake of riboflavins causes Angular stomatitis. Other points to note about the distribution of the disease in this refugee population include:

• The withdrawal of blended food from the standard ration at the end of 1998 reduced the amount of vitamin–B2 available in the diet (see RNIS 26). The current general ration provides 0.37 mg vitamin–B2, which is only about one third WHO minimum recommended daily requirements for emergency affected populations (1.4 mg) (WFP – 11/06/99; WHO, 1997)

• The camps in which refugees have more opportunities to earn income and supplement their rations have lower levels of angular stomatitis, whereas the more restrictive camps, particularly Kundunabari reported the highest incidences of angular stomatitis.

• The incidence was lower amongst those families who said they consumed more green leafy vegetables (SCF – 09/06/99).

• Refugee families with an additional income source (e.g.: a member earning incentive payments) have lower incidences (SCF – 09/06/99).

• The supply of fresh fruit and vegetables to the camps to supplement the general ration, which is the responsibility of UNHCR, has been very erratic and often during the past fifteen months (January 1998 to March 1999) the supply has fallen short of the agreed requirements

by the following amounts (WFP –11/06/99):

	Potato	Garlic	Onion	Green Chilli	Tumeric	Cabbage
Shortfall (%)	–12.5	–4.6	–43.0	–3.6	–13.5	–14.1

• The aetiology of micronutrient deficiencies among these refugees is no doubt complex, with a range of contributing risk factors. The response strategies available to address these problems are limited, and to be most effective a range of combined strategies are usually applied. The withdrawal or failure of key strategies to prevent micronutrient deficiency diseases, such as the distribution of vegetables and blended foods, places these vulnerable refugee populations at increased risk.

• In prior years the incidence of angular stomatitis was always higher amongst the under five year olds compared to those aged 5 to 18 years. That the problem is now more prominent amongst the school age group is unexplained (WFP –11/06/99).

The observations described above suggest that the distribution of angular stomatisis is indeed related to micronutrient deficiencies in the diet in this population. It should be noted that lack of effective nutrition education, inappropriate food preparation practices and oral hygiene were also identified by UNHCR as likely contributing factors that may require attention, particularly for children (UNHCR – 01/07/99)

Overall, the nutritional situation of the Bhutanese refugees appears to have stabilised, although the history of micronutrient deficiency disorders in this population and current concerns about increased incidence of angular stomatitis mean that they are considered at moderate nutritional risk (category IIb).

Priorities and Recommendations:–

In terms of the micronutrient problem:

• In the short/immediate term the UNHCR/WFP food assessment mission recommended that the most vulnerable group, children under five years old, be provided with an emergency supply of blended food for the next three months. However, given the obvious nutritional benefits of blended food, every possible consideration should be given to reinstating blended food as part of the general ration, or at the very least extending the target group for blended food to include older children and adolescents, who suffered higher incidence of angular stomatitis.

• UNHCR should explore every possibility for the timely procurement and regular delivery of green vegetables to the camps. Contractual arrangements with vegetable suppliers should be scrutinised with a view to improving the delivery of vegetables according to the requirements of the programme and providing green vegetables to the greatest extent possible.

• UNHCR spends over US$ 500,000 annually for the purchase of vegetables from external suppliers. UNHCR, Nepalese Red Cross Society (NRCS) and Helen Keller International (HKI) should explore the possibility of promoting large scale, and possibly irrigated, green vegetable production in local villages surrounding the camps. The produce could be bought by UNHCR and supplied to the refugees through NRCS.

• WFP's new home gardening project, which is being implemented by HKI and NRCS, offers the potential to increase the production of green vegetables within the camps. This project should move quickly to incorporate all of the camps with maximum coverage of the refugee communities as soon as possible. Those refugee families with extremely limited space should be encouraged and allowed to cultivate vegetables in public areas within the camps (school grounds, health centres, etc.).

• In the same context, other efforts to further address micronutrient deficiencies should be supported. For example, evaluating and developing the WFP–sponsored backyard poultry project (launched mid–1998 in Khudunabari and Goldap, but soon stopped due to apparent non–acceptance by refugee organisations and camp authorities).

• Regular nutritional surveys (that also track micronutrient deficiencies) should be undertaken every six months (or even on quarterly basis when nutritional problems persist).

More general requirements and priorities for this population include:–

• Given that the majority of the refugees have been in the camps for eight years, a long–term view must be taken. More active encouragement is required to provide an effective enabling environment so that the refugees can continue to better meet their needs. It is necessary for the refugees to be given every opportunity to supplement their food requirements through improving the potential for own–production, or through income earning activities. There is also a need for support to better equip the refugees for their self–reliance and repatriation in the future. As part of this strategy, the implementation of refugee food assistance as well as WFP–sponsored income generating, vocational training and home gardening activities should be encouraged.

• The current level of assistance for non–food items (i.e., kerosene, soap, stoves, replacement parts etc.) is adequate and should be maintained. An urgent alternative to the lack of funding from NRCS/IFRC for the provision of clothing during 1999 is required. The ration composition and scale for the supplementary feeding programme should be maintained for malnourished children, pregnant and nursing women, and TB and elderly sick patients needing intensive support. Efforts to increase programme coverage must be made.

14. Refugees from Rakhine State, Myanmar in Bangladesh

An estimated 22,500 refugees from Rakhine state in Myanmar live in two camps in southern Bangladesh (UNHCR – 06/99). They were among the 250,000 people who originally fled Myanmar in 1992, claiming widespread human rights abuses. Repatriation began in 1992 and by April 1997 some 230,000 refugees had been repatriated. However, the repatriation programme was suspended in mid–1997 and, although a list of 7,000 refugees who wish to return from Bangladesh has been approved by the Government of Myanmar, no schedule has been set for their return.

The Government of Bangladesh does not allow the refugees to undertake employment or income–generating activities. WFP food aid is thus the primary means of meeting the basic nutritional needs of this population. UNHCR continues to supply other non–food items to the refugees such as soap, kerosene, plastic sheeting and clothing. The sanitation facilities in the camps are adequate and average water use is 21–22 litres/per person/day (UNHCR – 06/99).

A nutrition survey completed in March 1999 by UNHCR revealed an increase in the prevalence of acute wasting from 11.5% in February 1998 to 14.3%, with 0.7% severe wasting (see Annex). Oedema was reported in 0.2% of the population. The explanations given for the level of wasting found included: a monthly average under–distribution of food of 5–7%, selling of rations, certain food items such as pulses or blended foods were sometimes not available in the ration and were substituted with other items and the coverage of the supplementary feeding programmes was not complete. In addition it was suggested that the population may not have been adequately informed by the camp health workers about how to best cook and eat the food types given to them (UNHCR – 14/06/99, 28/06/99).

As part of a response to these findings, consultations between UNHCR/WFP and the NGOs have resulted in the abolition of the wet feeding programmes. Instead, the undernourished children are given High Energy Milk twice a day at the feeding centre twice a day.

Priorities and recommendations

• Assess the causes for the increase in the prevalence of wasting seen.

Overall, the refugees in Bangladesh are not considered to be at heightened nutritional risk (category IIc).

15. Kosovo Crisis

The situation in the Balkans has changed significantly since the last RNIS update (May 12th). Large numbers of people are returning to Kosovo from the Former Yugoslav Republic of Macedonia, Albania and Montenegro since the signing of a peace agreement on June 9th and the deployment of Nato troops within Kosovo. The latest figures from UNHCR estimate that up to 606,000 people had returned by July 6th. Note that this number changes constantly as more refugees are leaving. UNHCR and other agencies had not established organised−repatriations, up until very recently as security remains a concern due to mines and booby−traps on roads and in dwellings. UNHCR−organised repatriations are now underway (UNHCR – 28/06/99, 06/0799; WFP −18/06/99).

Situation within Albania and Macedonia

The camps in Albania and Macedonia are *(reported to be)* emptying very quickly. Reports indicate that the more at−risk refugee caseloads, for example female−headed households, the elderly or those with limited financial resources, remain in the camps. Most camps in Kukes are now almost empty and are used as transit centres for refugees coming from the rest of Albania before going back to Kosovo. In Kukes WFP is providing a basic food ration for refugees going back to Kosovo (UNHCR – 27/06/99).

In Macedonia, 3 out of an initial 7 camps have now closed (as of 4th July), and UNHCR estimate the remaining camp population to be 12,598 (as compared with 110,000 refugees in camps in early June). At the height of the crisis the total caseload was almost 270,000, which according to most recent estimates has fallen to 26,972. Estimates of refugees in host families are estimated at 14,374, although this figure is disputed by the Macedonian government.

UNHCR recommends that all returnees are provided with food aid on arrival in Kosovo, and thus a repatriation ration is not provided. Reports from NGOs indicate that refugees in camps are stockpiling food to take with them. Refugees in host families usually collect their monthly ration before they return (distribution in camps is on a daily basis and in host families on monthly basis).

The distribution of WFP food commodities continues to those refugees remaining. These distributions are carried out by national and international NGOs, some of whom have an independent food pipeline which increases the complexities for effective food co−ordination. As a result rations vary according to geographical location. A lack of food distribution reports and adequate information about different food aid pipelines means that it is not possible to know what is actually distributed

The rations scales that are available in Macedonia indicate that some camps provide as little as 1700 or 1800 kcal, which in practice may be further reduced (because of leakage or under−distribution). Many refugees were unable to cook food and received bread, canned meat, milk, cheese and later fruit and vegetables for a period of 3 months (UNHCR – 03/07/99). During April WFP distributed some 1.5 million rations of bread, 290,500 'humanitarian daily rations', 250,000 rations of biscuits and 130,000 rations of canned fish to beneficiaries in Albania. In addition, some 32,600 weekly rations of basic commodities were distributed (WFP −11/06/99,22/06/99).

As bread is the main staple food for the refugee and host family population in the region, UNHCR and WFP have agreed to produce and distribute bread instead of wheat flour to refugees in camps on a daily basis. WFP is responsible for supplying the wheat flour and UNHCR is responsible for the cost of production, transportation and distribution of the bread. WFP produced bread through arrangements with some 71 bakeries in Albania by early June. This number will probably decrease as the refugees leave the country. Some mobile bakeries will soon be moved to Kosovo (WFP – 11/06/99; 22/06/99). Refugees in host families are generally provided with a monthly ration of wheatflour (UNHCR – 03/07/99).

Wasting does not appear to be an issue in this crisis. The nutritional situation of the refugees remaining in the camps in Albania and Macedonia is reported to be satisfactory and stable. A recent survey by UNHCR/AAH/IMCH/UNICEF (see Annex), reported that the prevalence of wasting was 2.3%, which is virtually identical to the NCHS/CDC/WHO reference population. The prevalence of stunting (height−for−age) was 10.4%. This prevalence was similar to that reported in a province−wide survey of Kosovo undertaken in December 1998 indicating that the protein−energy status of the refugees in the camps has not been negatively affected by the crisis.

The most worrying finding from the survey was that 23% of children less than 4 months received neither breastmilk nor infant formula. Anecdotal evidence indicates that cows milk is given to these children. This

practice is reinforced by distribution of UHT milk in the general ration and through MCH without adequate warning of the dangers of providing this to children less than six months.

All agencies managing camps have agreed to stop the unsupervised distribution of infant formula. Remaining camp stocks will be collected by AAH and stored by UNICEF. AAH is also preparing instructions in Albanian for the use of infant formula and canned baby foods. There are still some agencies distributing infant formula, and milk powder, to refugees in host families.

Virtually all households were found to receive food in the general distribution. 56% of households bought food in the camps to complement the general ration. In camps with unrestricted access, almost one third bought food outside the camp. Also, whilst refugees were not permitted to cook in camps at the time of the survey, over 40% of refugees had the ability to cook.

It is also worth noting that both in the camp and host family refugee population, the proportion of elderly people is much lower than that found in the AAH survey in December 1998. This indicates that elderly people remained in Kosovo.

Less information is available on the nutritional situation of the refugees who are housed with host families. In some cases they have been hosted by these families for several months before the escalation of the crisis in March. The resources of the host families in the affected areas are normally only sufficient for their own needs and they are being stretched by the additional burden of providing for the essential needs of the refugees in their care.

Rations for host families and related refugees

An agreement between WFP, UNHCR and the Albanian Red Cross has resulted in the Red Cross being responsible for the provision of food parcels for the majority of the refugees living with host families and for the host families themselves for June and July (FAO – 29/04/99; WFP – 04/06/99). In Macedonia, the Macedonian Red Cross distributes WFP food rations to refugees in host families, and CRS (with OFDA funding) provides food rations for host families. A number of NGOs provide complementary foods, such as milk, fruits and vegetables, canned meat, baby–foods, pasta, beans etc.

Situation within Kosovo

Many agencies have now re–opened offices which had to be closed when the war broke out in the urban centres of Kosovo, and also in Serbia. Tensions in Kosovo remain high. Although NATO troops are attempting to protect both ethnic Serbs and Albanians, some deaths, mainly Serb, have been reported. Initial assessments in the rural areas of the province have reported that extensive rebuilding will be required in many areas before commercial or agricultural activities can resume as normal (UNHCR –28/06/99).

Anecdotal reports suggest that the some of the IDPs who remained in Kosovo during the bombing, often hiding in woods around villages, may have micronutrient deficiencies. Complementary feeding programmes are being established to target children under five years old and breast–feeding mothers (AAH – 21/06/99). No further information specifically on the nutritional status of the IDPs who remained within Kosovo is currently available to the RNIS.

The most recent reports from within Kosovo indicate that there are no diseases of public health importance with epidemic potential, or any significant incidence of malnutrition. Access to most rural villages, however, is still restricted and thus a complete and comprehensive assessment of the situation has not been made yet (UNHCR–27/06/99).

The commercial food supply in Kosovo is nearly non–existent therefore creating a huge demand for food assistance. Since June 13th WFP has been organising daily convoys of food from Skopje to Kosovo. In some of the more remote areas the organisation has had to use helicopters to drop the food as the roads are unsafe (WFP – 25/06/99). Eight food distribution points are now operational throughout Kosovo and other micro–distribution points are being set–up (UNHCR – 27/06/99).

NGOs are distributing return packages, for example, CRS and Doctors of the World (DOW), with OFDA funding, are planning to distribute 3 day ready to eat food packages to internally displaced and returnees who are unable to cook for themselves for the first few days. The European Community Humanitarian Office (ECHO) is also funding the distribution of return–packages.

IDPs in Serbia and Montenegro

On June 23rd WFP started to distribute food aid to some 50,000 Kosovan Serb IDPs in central Serbia and some 10,000 in FYR Montenegro (WFP – 25/05/99). An estimated 72,000 ethnic Serbs have been displaced from Kosovo to date (UNHCR – 06/07/99).

Overall, the international community has been successful in preventing acute wasting, among the Kosovan refugees. The situation of Kosovan refugees in the region is therefore category IIa – not critical. The continued provision of humanitarian assistance to Kosovan returnees inside Kosovo is expected to reduce their nutritional risk, however, until the full situation within Kosovo is assessed, it is possible that pockets of malnutrition, particularly micronutrient deficiencies associated with acute food insecurity remain. Hence the situation within Kosovo remains category IIb – moderate risk. Little information is available about the situation of the Kosovan Serbs, and given their recent displacement they are considered to be category IIb – moderate risk.

Recommendations and Priorities:

The international community has been successful in preventing wasting and associated humanitarian crises. However, there has been much criticism of the international community's handling of the Kosovo crisis. The main criticism has centred around the issue of co–ordination of humanitarian action, which is critical in order to plan a standardised response, which both integrates the main players, and takes a multi–sectoral approach to reducing risk and addressing humanitarian needs.

There are unprecedented number of agencies and institutions involved in this humanitarian operation, including for example, UN agencies, donor organisations, NATO and more than 350 non governmental organisations, all of whom are involved in delivery of humanitarian assistance.

An enormous (and possibly disproportionate) amount of financial and human resources have been spent on this situation. The distribution of these resources, however, has been uncoordinated and uneven; recently the United Nations Assistant High Commissioner for Refugees complained to donors that only about one third of the $400 million for refugees had been donated, and that UNHCR was operating on a 'hand–to–mouth' basis (BBC website, 1/7/99). Much of the assistance has been channelled bilaterally through NGOs working in the Balkans, for example, the food directed through CRS described above. This means that a substantial part of the humanitarian assistance programme in Kosovo falls outside UN co–ordination.

The effects of this lack of co–ordination have included:

- The distribution of inappropriate and costly foodstuffs as food assistance to refugees. This includes potentially lethal breastmilk substitutes and nutritionally inadequate low protein biscuits;

- Controversial airdrops of food into Kosovo, which have been criticised as unnecessary;

- A general dearth of information on the health and nutritional problems of the affected population and how they might best be dealt with, particularly those refugees hosted in local families;

- Ad hoc as opposed to co–ordinated approaches to the provision of food supplies that resulted in great discrepancies in rations depending not on need but rather on location (WFP – 11/06/99).

- A lack of transparency and accountability due to unacceptably low reporting requirements for the millions of dollars spent.

The immediate task before the international community now is to focus on the current phase of humanitarian assistance and peacekeeping in Kosovo in order that internationally agreed principles, guidelines, and standards are adhered to by all parties – humanitarian, political, civilian and military. Proper assessments by appropriate technical staff will ensure that subsequent decision–making and response are based on sound analysis. The need for co–ordinated strategies based on humanitarian principles, should not be obviated by the wider political agenda.

Listing of Sources for June 1999 RNIS Report *27

AAH	21/06/99	Summary of the Action Against Hunger programs in Albania, Macedonia and Montenegro
ACF−F	04/99	Nutritional and Vaccination Survey in Kabul, Afghanistan
ACF−F	04/99	Enquete Nutritionelle Anthropometrique: Province de Kayanza, Burundi
ACF−Liberia	04/99	Nutritional Anthropometric Survey in Buchanan, Grand Bassa County, Liberia
ACF−USA	06/99	Nutritional Anthropometric Survey in Lubumbashi District, DRC
ACF−USA	06/99	Nutritional Anthropometric Survey in Lukaya District, Bas−Congo, DRC
ACF−USA	06/99	Nutritional Anthropometric Survey in Gulu District, Uganda
ACF−USA	06/99	Nutritional Anthropometric Survey in Kitgum District, Uganda
ACF−USA	06/99	Nutritional Anthropometric Survey in Kiryandongo refugee camp, Uganda
ACF/FSAU	09/04/99	Situation report on the IDPs of Luuq camp, Gedo Region
CARE/GOS/UNHCU	07/06/99	Assessment Mission Report
CONCERN	06/99	Report of the Nutritional Survey: Aweil West, BEG, S. Sudan
CONCERN	07/99	Report of the Nutritional Survey: Huambo city
CRS	11/05/99	Uganda Update: May 1999
EIU	18/06/99	Guinea: Country Outlook
EPICENTRE	04/99	Evaluation of the Health Situation of the Displaced Population in Bundibugyo Town, Uganda, March 1999
FAO	29/04/99	Special Alert: Kosovo
FAO/WFP	16/06/99	Crop and Food Supply Assessment Mission to Angola
FEWS	29/04/99	Bulletin April 1999 – Eastern Africa and the Horn
FEWS	28/05/99	Eastern Africa and the Horn: May 1999
FSAU	04/99	Food Security Highlights: March 1999
FSAU	08/04/99	FLASH: Deteriorating Food Security Conditions in Luuq IDP Camp
FSAU	22/04/99	FLASH: Early Rains Provide Relief in Somaliland
FSAU	22/04/99	FLASH: Livelihood Threat to Poor Pastoralists in Puntland
FSAU	15/06/99	Southern Somalia *Gu* 1999 Crop Establishment Assessment and Food
FSAU	16/06/99	Food Security Highlights May 1999 (and also the reports for each region)
FSAU	27/05/99	FAO/FSAU *Gu* 1999 Crop Establishment Assessment in Somaliland
FSAU	29/12/98	Update on IDP situation in Luuq (Gedo region) and Wajid (Bakool region)
HRW	31/05/99	Refugees in Guinea must be protected
ICG	21/05/99	Africa's Seven Nation War (International Crisis Group)

IFRC	02/05/99	Meningitis: over a million at risk in Eastern Sudan
IFRC	17/06/99	Meningitis outbreak situation report no. 3 for Sudan
IFRC	28/04/99	Liberia: Relief, resettlement and rehabilitation Situation Report no. 1
IRIN	26/03/99	Weekly Round up 12−1999
IRIN	29/03/99	Uganda: Health Situation of Bundibugyo displaced critical
IRIN	06/04/99	Update 643
IRIN	09/04/99	Update 646
IRIN	09/04/99	Update 649
IRIN	14/04/99	Update 649
IRIN	16/04/99	DRC: Kabila's guard kills demonstrator
IRIN	27/04/99	East Africa: Crops threatened by army worms invasion
IRIN	28/04/99	Update 658
IRIN	29/04/99	Sudan: Risk of Meningitis Epidemic Spreading
IRIN	30/04/99	Somalia: News Brief
IRIN	01/05/99	Update 668
IRIN	04/05/99	Sudan: News Briefs
IRIN	04/05/99	Update 663
IRIN	04/05/99	Sudan: News Briefs 504
IRIN	05/05/99	Somalia News Briefs
IRIN	05/05/99	Update 664
IRIN	06/05/99	Update 665 IRIN 06/05/99 Sudan: News Briefs
IRIN	07/05/99	Ethiopia: OAU peace mission put back
IRIN	07/05/99	Update 666
IRIN	07/05/99	Weekly round−up 181999
IRIN	11/05/99	Agencies probe reports of high malnutrition in Bahr−el−Ghazal
IRIN	10/05/99	Republic of Congo: Civilians killed
IRIN	11/05/99	Sudan News Briefs 511
IRIN	11/05/99	Update 668
IRIN	12/05/99	Update 669
IRIN	13/05/99	Republic of Congo: People displaced as government bombs Ninja
IRIN	13/05/99	Update 670
IRIN	14/05/99	Horn of Africa: Armed Factions and the Ethiopia−Eritrea conflict
IRIN	14/05/99	Republic of Congo: Upsurge in refugee influx from Pool
IRIN	17/05/99	Ethiopia/Eritrea News Brief 517
IRIN	17/05/99	Sudan: Concern after Bahr el Ghazal villages bombed
IRIN	17/05/99	Update 672

IRIN	18/05/99	Sudan: News Briefs 518
IRIN	18/05/99	Update 673
IRIN	19/05/99	Update 674
IRIN	20/05/99	Sudan: News Briefs 520
IRIN	20/05/99	Update 675
IRIN	25/05/99	Ethiopia/Eritrea/Somalia News Brief 525
IRIN	26/05/99	Update 679
IRIN	27/05/99	Update 680
IRIN	28/05/99	Update 681
IRIN	04/06/99	Update 686
IRIN	07/06/99	Horn of Africa: News Briefs 607
IRIN	07/06/99	Update 687
IRIN	09/06/99	DRC: Chronology of the rebellion
IRIN	10/06/99	Sudan: Child Refugees cross into Kenya and Uganda
IRIN	05/06/99	Horn of Africa: News Briefs 615
IRIN	17/06/99	Update 695
IRIN	18/06/99	Update 696
IRIN	22/06/99	Update 698
IRIN	23/06/99	Update 699
IRIN	30/06/99	Update 704
IRIN–SA	05/04/99	ANGOLA: World Bank stops farther Lending
IRIN–SA	06/04/99	ANGOLA: Humanitarian crisis "dramatic in the extreme"
IRIN–SA	02/06/99	Angola: Special Report on landmine crisis
IRIN–SA	07/06/99	Angola: Concern at situation in Malanje
IRIN–SA	08/06/99	Angola: Annan says humanitarian effort threatened
IRIN–SA	08/06/99	Angola: Special report on UNITA Sanctions
IRIN–SA	18/06/99	Zambia: DRC rebels arrested
IRIN–WA	01/04/99	Update 435
IRIN–WA	12/04/99	Update 440
IRIN–WA	16/04/99	Update 444
IRIN–WA	29/04/99	Update 453
IRIN–WA	04/05/99	Update 456
IRIN–WA	17/05/99	Update 465
IRIN–WA	24/05/99	Update 470
IRIN–WA	08/06/99	Update 481
IRIN–WA	10/06/99	Update 483

IRIN–WA	16/06/99	Update 487
IRIN–WA	18/06/99	Update 489
LWF	02/99	Household Nutrition Survey: Rumbek and Yirol counties, Bahr El Ghazal
Mears, C.	1998	Acceptability and Use of Cereal–Based Foods in Refugee Camps. Case–studies from Nepal, Ethiopia and Tanzania. An Oxfam Working Paper.
Merlin	05/99	Nutritional Survey: Blama, Sierra Leone
Merlin	06/99	Nutritional Survey: Kenema, Sierra Leone
MOH Sudan	12/98	Red Sea State Nutritional Survey Report
MSF	06/99	Nutritional Survey: Kolahun Camp, Liberia
MSF	02/06/99	Personal Communication from MSF in Zambia
MSF–B	04/06/99	Personal Communication from MSF Belgium
MSF–B	10/04/99	Akobo Nutritional and Retrospective Mortality Survey
MSF–B	07/99	Nutritional Survey Tieraliet, BEG, S. Sudan
MSF–B	07/99	Nutritional Survey Ajep, BEG, S. Sudan
MSF–F	03/06/99	Personal communication
MSF–H	06/99	Nutritional Survey Ajak, BEG, S. Sudan
OCHA	12/98	United Nations Consolidated Inter–Agency Appeal for Liberia
OCHA	16/04/99	Guinea–Bissau: Humanitarian Report: April 1st–15th 1999
OCHA	16/04/99	Humanitarian Operations in Burundi Information Bulletin 1st–15th April
OCHA	28/04/99	Humanitarian Operations in Angola: reporting period 22–29 April
OCHA	30/04/99	Afghanistan Weekly Update No. 310
OCHA	01/05/99	Sierra Leone Humanitarian Situation Report: April 1999
OCHA	05/05/99	Humanitarian Operations in Burundi Information Bulletin 16–30th April
OCHA	07/05/99	Humanitarian Operations in Angola: reporting period 30 April – 6 May
OCHA	17/05/99	Guinea–Bissau: Humanitarian Report: May 1st–15th 1999
OCHA	17/05/99	Sierra Leone Humanitarian Situation Report: 1–17 May 1999
OCHA	18/05/99	Humanitarian Operations in Burundi Information Bulletin 1st–15th May
OCHA	27/05/99	Afghanistan Weekly Update No. 314
OCHA	31/05/99	Guinea–Bissau: Humanitarian Report: May 15–30th 1999
OCHA	02/06/99	Afghanistan Weekly Update No. 316
OCHA	02/06/99	Angola Information Bulletin 21–27 May
OCHA	11/06/99	Angola Information Bulletin 4–10 June
OCHA	15/06/99	Guinea–Bissau: Humanitarian Report: June 1st–15th1999
OCHA	17/06/99	Angola Information Bulletin 11–17 June
OCHA	24/06/99	Angola Information Bulletin 18–24 June

OCHA	01/07/99	Angola Information Bulletin 25 June–1 July
Oxfam	27/04/99	Oxfam Emergency Bulletin April 1999: Africa
Oxfam	19/05/99	Personal communication
OA	.24/05/99	Sierra Leone – talking peace
RI	22/06/99	Ethiopian IDPs desperately need food and shelter
RI	23/06/99	Eritreans have nowhere to hide from fighting
SCF–UK	05/99	Health and nutrition situation in Bhutanese refugee camps: Notes for a UNHCR/WFP Joint Assessment Mission.
SCF–UK	05/05/99	Angola Emergency Bulletin Three
SCF–UK	09/06/99	Personal communication from SCF London
SCF–US	22/01/99	OFDA Dollo Flood rehabilitation project: final nutritional survey report Security Outlook
SCF–US	04/99	Nutritional survey report on IDPs in South Darfur Camps
SCF–US	10/06/99	Monthly progress report
UN	25/06/99	Nuba Assessment Mission Briefing
UNDP	27/05/99	Situation Report for Ethiopia: May 1999
UNHCR	02/99	Background paper on Iran
UNHCR	02/02/99	Press Briefing Notes
UNHCR	14/04/99	Country Updates: Great Lakes and West Africa April 1999
UNHCR	14/04/99	Great Lakes & Western Africa Country Update
UNHCR	04/05/99	UNHCR Briefing Notes: Rwanda
UNHCR	07/05/99	Briefing Notes: Guinea Bissau
UNHCR	09/05/99	Health Situation Report no. 3 for FYROM
UNHCR	10/05/99	Food Report – Albania
UNHCR	18/05/99	Health and Nutrition at Bhutanese Refugee Camps
UNHCR	19/05/99	Kenya: Health Report – March 1999
UNHCR	06/99	Refugees from Myanmar in Bangladesh: Situation Report no. 101
UNHCR	06/99	Nutrition Survey Results, Western Tanzania. April/May 1999.
UNHCR/AAH	06/99	Nutrition and health survey of Kosovar refugees in camps in Macedonia
IMCH/UNICEF		
UNHCR	03/06/99	Country Updates: Africa Fact Sheet June 1999
UNHCR	08/06/99	Briefing notes
UNHCR	08/06/99	Personal communication with Afghanistan desk officer
UNHCR	10/06/99	UNHCR Great Lakes Operation Caseload
UNHCR	11/06/99	Briefing Notes on Great Lakes
UNHCR	11/06/99	Background Paper on Refugees and Asylum Seekers from Angola

UNHCR	14/06/99	Personal communication from Bangladesh office
UNHCR	17/06/99	Uganda Refugee Influx Information Bulletin no. 1
UNHCR	20/06/99	Nutrition Survey Results, Western Tanzania April/May 1999 (draft)
UNHCR	25/06/99	Personal communication from UNHCR Geneva West African Desk
UNHCR	27/06/99	Kosovo Sitrep.
UNHCR	28/06/99	Kosovo Crisis Update
UNHCR	28/06/99	Personal communication from Bangladesh office
UNHCR	28/06/99	Personal communication UNHCR Geneva, Great Lakes desk
UNHCR	29/06/99	Personal communication from UNHCR Geneva, Great Lakes desk
UNHCR	30/06/99	Great Lakes Update
UNHCR	01/07/99	Personal communication from Nepalese office
UNHCR	03/07/99	Personal communication with UNHCR Macedonia
UNHCR	06/07/99	Kosovo Crisis Update
UNICEF	05/99	Somalia Review April 1999
UNICEF	05/99	Emergency Country Profile: Somalia May 1999
UNICEF/SCF–US/SRC	02/05/99	Kadugli Displaced Nutritional Situation Assessment Report
UNICEF	21/06/99	Personal communication from UNICEF Rwanda
USAID	30/04/99	Sierra Leone Complex Emergency Fact Sheet #15
USAID	18/05/99	Sierra Leone Complex Emergency Fact Sheet #16
USCR	09/06/99	USCR update on African Refugees
WFP	24/03/98	Protracted Refugee and Displaced Person Project for Kenya 4961.04
WFP	01/04/99	Emergency Report no. 13
WFP	04/99	Angola Situation Report 15–28th April
WFP	16/04/99	Emergency Report no. 15
WFP	19/04/99	Briefing Note on IDPs and Refugees in Sierra Leone, April 1999
WFP	19/04/99	Great Lakes Weekly Report week. 12
WFP	20/04/99	Great Lakes Weekly Report no. 15
WFP	22/04/99	Personal communication from WFP Rome West African Desk
WFP	22/04/99	Sudan Bulletin no. 82
WFP	23/04/99	Emergency Report no. 16
WFP	27/04/99	Great Lakes Weekly Report no. 16
WFP	30/04/99	Emergency Report no. 17
WFP	05/99	Angola May 1999 Overview
WFP	05/99	EMOP 6143: Relief food assistance to victims of *meher* and *belg* crop failure
WFP	05/99	Joint WFP/UNHCR Food Aid Assessment Mission with Government of Ethiopia and Donor Participation: Ethiopia

WFP	02/05/99	Angola Sitrep. no. 7 of 1999
WFP	05/05/99	Tanzania Sit. Rep. Week ending 2nd May
WFP	06/05/99	Great Lakes Weekly Report week 15
WFP	07/05/99	Emergency Report no. 18
WFP	10/05/99	Personal communication
WFP	11/05/99	Sudan Bulletin no. 83
WFP	12/05/99	Tanzania Sit. Rep. Week ending 9th May
WFP	12/05/99	Personal communication
WFP	15/05/99	Sudan Bulletin no. 86
WFP	21/05/99	Emergency Report no. 20
WFP	18/05/99	Great Lakes Region Weekly Report Week 17
WFP	21/05/99	Great Lakes Region Weekly Report no. 18
WFP	22/05/99	Sudan Bulletin no. 87
WFP	23/05/99	Press Release
WFP	26/05/99	Press Release
WFP	26/05/99	Weekly Update on relief/emergency operations in Uganda
WFP	27/05/99	Tanzania Sit. Rep. Week ending 23rd May
WFP	28/05/99	Emergency Report no. 21
WFP	31/05/99	Great Lakes Region Weekly Report no. 19
WFP	06/99	Weekly Field monitoring report: Bentiu (8–20th June)
WFP	03/06/99	Weekly Update on relief/emergency operations in Uganda
WFP	04/06/99	Emergency Report no. 22
WFP	07/06/99	Press Release
WFP	07/06/99	Zambia PRRO 6134.00
WFP	09/06/99	WFP Sudan Bulletin no. 88
WFP	10/06/99	Press Release
WFP	11/06/99	Calories available to populations in camps in FYRoM
WFP	11/06/99	Joint Mission Report for Bhutanese Refugees in Nepal.
WFP	11/06/99	Emergency Report no. 23
WFP	15/06/99	Great Lakes Region Weekly Report Week 21
WFP	15/06/99	Personal Communication from WFP Sierra Leone
WFP	18/06/99	Emergency Report no. 24
WFP	21/06/99	Great lakes Weekly report Week 22
WFP	21/06/99	Sudan Bulletin no. 90 Annex for Sudan
WFP	22/06/99	Kosovo Crisis: Weekly Brief
WFP	24/06/99	Personal communication from Burundi

WFP	25/06/99	Emergency Report no. 25
WFP	28/06/99	Personal communication from Zambian office
WFP	29/06/99	Personal communication from WFP Somalia
WFP	30/06/99	Personal communication from Khartoum office and WFP Rome
WFP	02/07/99	Emergency Report no. 26
WFP/SRC	04/99	Monthly Field Monitoring Reports April 1999
WFP/SRC	05/99	Monthly Field Monitoring Reports May 1999
WHO	1997	Nutritional requirements in emergencies, extract from *The Management of Nutrition in Major Emergencies,* WHO, Geneva (NUT/96.16 Rev.3)
World Vision	06/99	Nutritional Survey: Gogrial county, BEG, S. Sudan
World Vision	06/99	Nutritional Survey: Tonj county, BEG, S. Sudan
World Vision	23/06/99	Personal communication from World Vision Angola

Abbreviations used in the text

AAH	Action Against Hunger
ACF−F	Action Contre la Faim−France
ACF−UK	Action Contre la Faim−UK
ACF−USA	Action Contre la Faim−USA
CAD	Children's Aid Direct
EIU	Economist Intelligence Unit
FAO	Food & Agricultural Organization of the United Nations
FSAU	Food Security Assessment for Somalia
HRW	Human Rights Watch
ICG	International Crisis Group
ICRC	International Committee of Red Cross
IFRC	International Federation of Red Cross
IRIN	Integrated Regional Information Network (of DHA)
IRIN−WA	Integrated Regional Information Network for West Africa (of DHA)
IRIN−SA	Integrated Regional Information Network for Southern Africa (of DHA)
MSF−B	Medecins Sans Frontieres − Belgium
MSF−F	Medecins Sans Frontieres − France
MSF−H	Medecins Sans Frontieres − Holland
MSF−S	Medecins Sans Frontieres − Spain
OA	Oxfors Analytica
OCHA	Office for the Co−ordination of Humanitarian Assistance

OLS	Operation Lifeline Sudan
RI	Refugees International
SCF−UK	Save the Children Fund – US
SCF−US	Save the Children Fund – US
UNDPI	United Nations Department of Public Information
UNHCHR	United Nations High Commissioner for Human Rights
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
WFP	World Food Programme
WHO	World Health Organization

Tables and figures

Table 1: Information Available on Total Refugee/Returnee/Displaced Populations (as of July 1999)

	Population Numbers								
Situation	***Condition***					***Total***	***Change from***	***Nutr Stat****	***Comm***
	I: High	*IIa: High*	*IIb: Mod*	*IIc: Not*	*III:*		***Mar−99***		
	Prev	*Risk*	*Risk*	*Critical*	*Unknown*				
Sub−Saharan Africa									
1. Angola	*175,000*	*462,000*	*1,063,000*			*1,700,000*	*1,050,000*	*det.*	*IDPs in Highland at high r Those In Huambo prev. Ot IDPs at risk.*
2. Great Lakes Region									
Burundi			*451,000*			*451,000*	*229,000*	*imp.*	*Nos. of IDPs/ret assisted WFP ha due to esapanc prog. Nu gen. imp*
Rwanda			*625,000*	*15,000*	*30,000*	*670,000*	*−20,000*	*Imp.*	*IDPs at moderat still. Ret OK. Nut situation refugees unkown.*

	Congo−Brazzaville	*30,000*	*170,000*			*11,000*	*211,000*	*−2,000*	*det.*
	E Dem Rep of Congo	*32,000*	*50,000*	*290,000*		*580,000*	*952,000*	*164,000*	*stat.*
	Tanzania				*373,000*		*373,000*	*45,000*	*stat.*
3. Ethiopia			*397,000*	*259,000*			*656,000*	*124,000*	*det.*
4. Eritrea			*268,000*				*268,000*	*268,000*	*det.*
5. Kenya					*182,000*		*182,000*	*4,000*	*stat.*
6. Liberia/Sierra Leone Region									
	Liberia			*400,000*	*105,000*		*505,000*	*10,000*	*imp.*
	Sierra Leone		*330,000*	*40,000*		*338,000*	*708,000*	*308,000*	*stat.*
	Guinea−Conakry/Cote d'Ivoire				*503,000*		*503,000*	*−68,000*	*stat.*

7. Guinea–Bissau				*222,000*		*222,000*	*0*	*imp.*	*Nos. of decreas Situ. imp*
8. Somalia	*7,600*	*126,500*	*425,000*			*559,000*	*141,000*	*imp.*	*Nut situ. due to h Patches risk/prev Unkown risk in Somalila*
9. Sudan		*374,000*	*2,026,000*	*133,000*		*2,533,000*	*–188,000*	*imp.*	*High risk security unstable (transitio elsewhe improve Refugee critical.*
10. Uganda		*146,000*	*318,000*	*179,000*		*643,000*	*122,000*	*det.*	*Pubic he crisis in Bundibu puts IDP high risk IDPs mo Refugee critical*
11. Zambia				*56,000*		*56,000*	*12,000*	*stat.*	*Refugee situ. is n critical*
Total (Sub–Saharan Africa)	*244,500*	*2,323,500*	*5,897,000*	*1,768,000*	*959,000*	*11,192,000*	*2,199,000*		
Asia Europe (Selected Situations)									
12 Afghanistan Region			*1,290,000*	*116,000*		*1,406,000*	*0*	*det.*	*Afghan moderat*
13. Bhutanese Refugees in Nepal			*96,500*			*96,500*	*1,605*	*det.*	*Increase prevaler micro–n deficienc Dec. in to regist problem*
14. Bangladesh				*22,500*		*22,500*	*200*	*det.*	*Prevaler wasting increase slightly s same tir year.*
15. Kosovo			*678,300*	*150,100*		*828,400*	*366,300*	*stat.?*	*Nos. are changing constant Returne Kosovo displace at mod.*

I: High Prev– Those reported with high prevalences of malnutrition (where available >20% wasting) and/or micronutrient deficiency diseases and sharply elevated mortality (x 3 normal)

IIa: High Risk – Population at high risk, limited data available, population likely to contain pockets of malnutrition (e.g. wasting).

IIb: Mod Risk – Population at moderate risk. may be data available, pockets of malnutrition may exist.

IIc: Not Critical – Probably not at heightened nutritional risk.

III: Unknown – No information on nutritional status available.

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

Table 2: Summary of Origin and Location of Major Populations of Refugees, Returnees and Displaced People in Africa July 1999 – RNIS #27 (population estimates in thousands) Please note these are best estimates at time of going to press

	To/In								
From	***Angola***	***Burundi***	***Congo/Brazzaville***	***Cote d'Ivoire***	***Dem Rep Congo***	***Eritrea***	***Ethiopia***	***Guinea Bissau***	***Gu Co***
Angola	1700		8		145				
Burundi		451			20				
Congo/Brazzaville			200		32				
Cote d'Ivoire									
Dem Rep Congo					660				
Eritrea						268			
Ethiopia							397		
Guinea Bissau								222	
Guinea Conakry									
Kenya							5		
Liberia				100					
Rwanda			3		35				
Sierra Leone				3					
Somalia							193		
Sudan					60		61		
Tanzania									
Uganda									
Zambia									
TOTAL	1700	451	211	103	952	268	656	222	

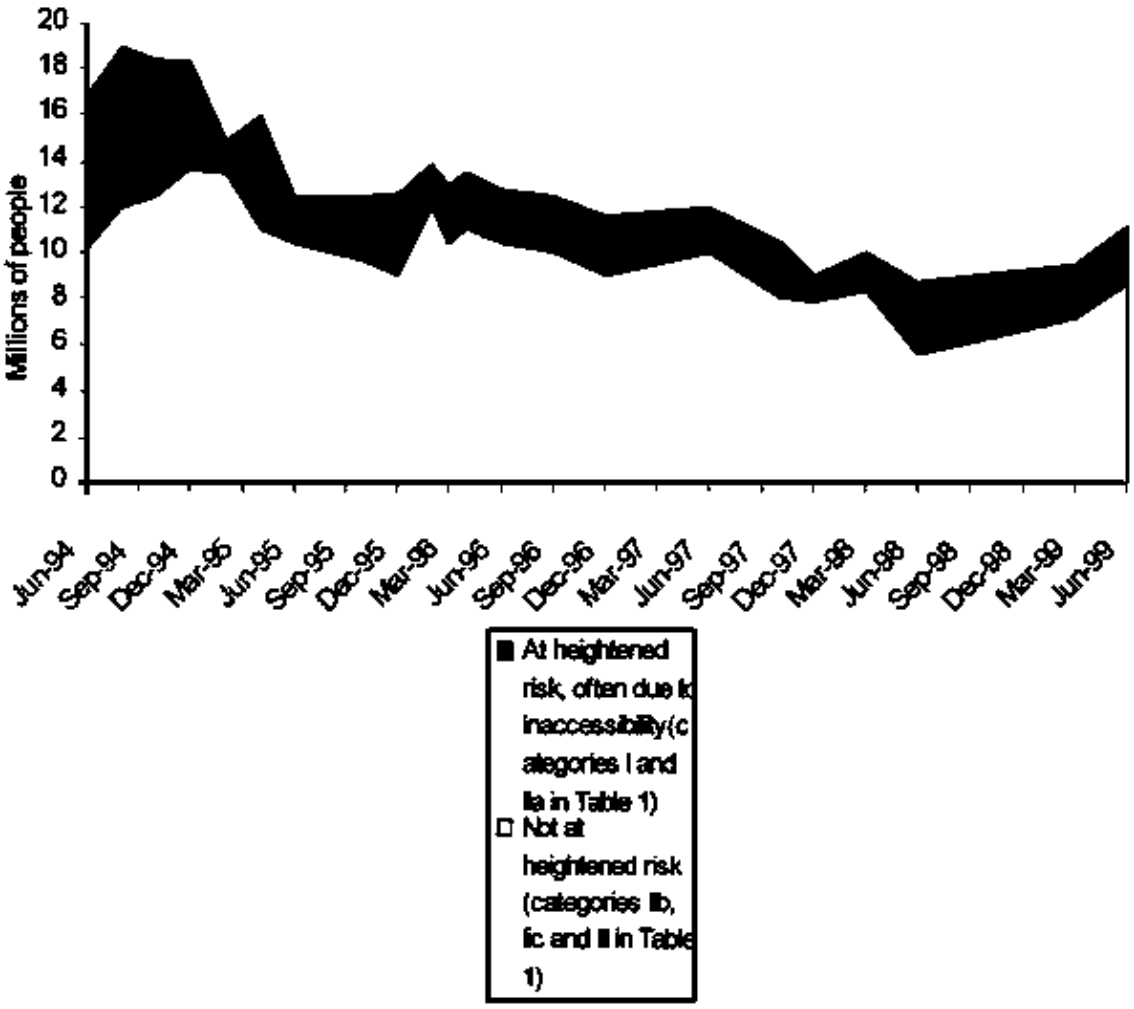
NOTES:

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

(2) Boxes on the diagonal (shaded) show internally displaced populations (total = 9,061,000).

(3) 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 Liberia/Sierra Leone the description is by country of origin (i.e. row totals).



Numbers of Refugees, Returnees and IDPs in Sub−Saharan Africa and their Estimated Nutritional Risk Over Time

Annex I: Results of Surveys Quoted in July 1999 RNIS Report (#27) − usually children 6−59 months

Survey Area	*Survey Conducted by*	*Date*	*% Wasted***	*% Severely Wasted***	*Oedema (%)*	*Crude Mortality (/10,000/day)*	*Under 5 Mortality (/10,000/day)*
1. Angola							
a. Huambo	SCF−UK/Concern	May−99	14.5	1.3	2.2		
b. Lucala District, Kwanza Norte	World Vision	Feb−99	16.3*	5.1*			

c. Cazengo, Kwanaza Norte	World Vision	May–99	9.6*	4.7*			
d. Chongorio, Benguela	ARC	May/Jun–99	13.0*	3.0*			
e. Caimbambo, Benguela	ARC	May/Jun–99	19.0*	2.0*			
2. Great Lakes Region							
a. Kayanza province, Burundi	ACF–F	Jan–99	8.9	0.8	0.9	0.56	0.9
b. Gitega province (North). Burundi	Oxfam/SCF/	Mar–99	6.9*	0.9*		0.25	0.3
Gitega Province (South)	Solidarites/MOH		7.4*	0.6*		0.44	1.2
c. Muramvya Province, Burundi	Solidarites	Feb–99	11.0*	1.5*		0.53	
d. Lubumbashi, DRC	ACF–USA	May–99	2.1	0.1	0.7		
e. Lukaya, bas–Congo, DRC	ACF–USA	Mar–99	5.4	0.5	0.2		
f. Kigoma and Ngara camps (Tanzania)	UNHCR	May–99	1.8	0.2	0.0		
3. Ethiopia							
a. Dollo (residents)	SCF–US	Jan–99	22.7	3.0	0.0		
Dollo (refugees)	SCF–US	Jan–99	20.8	2.6	6.5		
5. Kenya							
Mandera town	MSF–S	May–99	39.2*				
6. Liberia/Sierra Leone Region							
c. Grand Bassa, Liberia	ACF–F	Mar–99	6.8	1.0	0.0	1.1	2.1
d. Kolahun camp I, Liberia	MSF	Apr–99	3.4	0.0	0.0	0.28	
			5.9*	0.9*		0.2	

Kolahun Camp II							
e. Freetown (under 23 months)	ACF	Apr–99	11.3	1.4			
f. Blama	MERLIN	Apr–99	7.8	1.4	1.3	2.5	5.3
g. Kenema	MERLIN	Jun–99	18.4	1.5	3.8		
8. Somalia							
a. Luuq IDP camp	ACF/FSAU	Mar–99	57.2*(MUAC)	15.2*(MUAC)			10.6
9. Sudan							
a. Rumbek and Yirol, BEG	LWF	Feb–99	11.8	1.3	0.0		
b. Baroud, BEG	MSF–H	Feb–99	8.5*	0.7*		2.8	4.5
d. Yirol, BEG	Concern/MEDAIR	Apr–99	17.7*	0.7*			
e. Tonj, BEG	World Vision	May–99	13.2	1.2	0.3		
f. Gogrial, BEG	World Vision	May–99	9.7	1.1	0.2		
g. Ajak, BEG	MSF–H	May–99	15.5*	0.7*		6.7	11.1
h. Aweil West, BEG	Concern	May–99	19.6			1.1	2.2
i. Ajep, BEG	MSF–B	Jun–99	4.9*	1.1*		4.9	1.1
j. Tieraliet, BEG	MSF–B	Jun–99	10.6*	1.2*		2.1	1.4
k. Akobo, Jongelei	MSF–B	Apr–99	33.4*	4.4*		2	2.5
k. Gumriak, Upper Nile	MEDAIR	March	23*				
l. Khor IDP camp, S. Darfur	SCF–US	Apr–99	18.2*				
m. Abu Gebeha IDP camp, S. Kordofan	SCF–US	May–99	12.7*				
n. Sdira IDP camp, S. Kordofan	SCF–US	May–99	16*				
o. Kadugli, S. Kordofan	SCF–US	May–99	22.3*				
p. Kosti		Mar–99	29.4	4.2	7.6		
10. Uganda							

a. Camps with health facilities, Gulu district	ACF–USA	Mar–99	6.4*	1.6*			1.4
Camps without health facilities			4.9*	0.5*			1.3
b. IDP camps, Kitgum	ACF–USA	Mar–99	7.0*	0.3*			0.6
Villages			6.7*	0.9*			1.1
c. Bundibugyo	Epicentre	Feb–99	5.7	1.5	0.7	1.4	1.7
d. Kiryandongo refugee camp	ACF–USA	May–99	5.6	0.5	0.0		
11. Zambia							
a. Mwange Refugee Camp	MSF–H	May–99	8.6	2.0	1.0		
12. Afghanistan							
a. Kabul	ACF–F	Feb–99	8.4	0.7	0.3	0.7	0.6
14. Bangladesh							
a. Camps	UNHCR	Mar–99	14.3	0.7	0.2		
15. Kosovo							
a. Macedonian camps	UNHCR/AAH	May–Jun–99	2.4	0.04	0.0		
	IMCH/UNICEF						

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

*Oedema is included in this figure.

Measles immunisation coverage is usually determined by card

NOTE: see box on back cover for guidance in interpretation of indicators.

Notes on Annex 1

1. Angola

a Huambo. This survey was undertaken by SCF–UK/Concern/MOH in Huambo City in May 1999. Standard two stage cluster methodology was employed. 977 children were measured. Acute wasting was measured as <–2z scores and severe wasting was measured as <–3z scores. Oedema was measured separately.

b Lucala District. This survey was undertaken by World Vision–Angola amongst IDPs in Lucala District, Kwanza Norte province in February 1999. 411 children were measured. Oedema was not reported separately.

No further details are available.

c Cazengo District. This survey was undertaken by World Vision−Angola amongst IDPs in Cazengo District, Kwanza Norte province in May 1999. 756 children were measured. Oedema was not reported separately. No further details are available.

d Chongorio. This survey was undertaken by the Angolan Red Cross in Chongorio, Benguela province in May/June 1999. Oedema was not reported separately. This information was reported by OCHA and no further information is currently available.

e Caimbambo. This survey was undertaken by the Angolan Red Cross in Caimbambo, Benguela province in May/June 1999. Oedema was not reported separately. This information was reported by OCHA; no further details are available.

2. Great Lakes Region

a Kayanza. This survey was undertaken by ACF−F in Kayanza Province in late January 1998. Standard two−stage cluster methodology was employed. 897 children were measured and 890 adults. Acute wasting was defined as <−2z scores and severe wasting as <−3z scores. Oedema was given separately. Adult undernutrition was measured by the BMI (kg/m^2). Estimated CMR was obtained by interview. Measles vaccination was confirmed by card.

b Gitega. This survey was undertaken by Oxfam GB in collaboration with provincial health authorities, SCF−UK and Solidarites in Gitega province in March 1999. Acute wasting was defined as <2z scores and severe wasting as <3z scores. Oedema was not reported separately.

c Muramvya and Mwaro. This study was undertaken by Solidarites in Muramvya and Mwaro in February 1999. Oedema was not recorded separately. This information was reported in an OCHA report; no further details are available.

d Lubumbashi. This survey was undertaken by ACF−USA in Lubumbashi district, DRC in May 1999. Standard two stage cluster methodology was employed. 885 children were measured. Acute wasting was measured as <−2z scores and severe wasting was measured as <−3z scores. Oedema was measured separately. Adult undernutrition was measured by the, BMI (kg/m^2). Measles vaccination was confirmed by card.

e. Lukaya. This survey was undertaken by ACF−USA in Lukaya district, Bas−Congo, DRC in March 1999. Standard two stage cluster methodology was employed. 883 children were measured. Acute wasting was measured as <−2z scores and severe wasting was measured as <−3z scores. Oedema was measured separately. Adult undernutrition was measured by the BMI (kg/m^2). Measles vaccination was confirmed by card.

f. Kigoma and Ngara Refugee Camps. This survey was undertaken by UNHCR in April−May 1999. Standard two stage cluster methodology was employed. 658 children were measured. Acute wasting was defined as <−2z scores and severe wasting as <−3z scores. Oedema was recorded separately. Haemoglobin levels were measured using a Hemocue haemoglobinometer. The morbidity of the children was established by interview with mothers. Vaccination status was assessed by card.

3. Ethiopia

a. Dollo. This survey was undertaken by SCF in Dollo district in January 1999. All children in the district were screened. A total of 1,934 children were measured, of which 77 were refugees. Wasting was defined as <80% weight−for−height and severe wasting as <70% weight−for−height. Oedema was reported separately.

5. Kenya

Mandera. This survey was undertaken by MSF−Spain in Mandera area of Northeastern Province, Kenya in May. Oedema was not reported separately. This information was reported by OCHA and no further information is available at this time.

6. Liberia/Sierra Leone Region

a Margibi County. Inter−agency Annual Food Security Assessment Reports for Margibi County, conducted in early October 1998, the report was released in January 1999. Participating agencies included Save the Children Fund UK, the SCF/Don Bosco Homes Community Child Welfare Monitoring System, Catholic Relief Services (CRS), United Methodist Committee on Relief (UMCOR), and Action Contre le Faim (ACF). The methodology was based on qualitative approaches, including for example, semi−structured interviews, seasonal calendars, and proportional piling, with key informants and focus groups.

b Grand Cape Mount County. Inter−agency Annual Food Security Assessment Reports for Grand Cape Mount County, conducted in November 1998, report released in February 1999. Participating agencies and methodology as above.

c Buchanan. This survey was conducted by ACF−F in Buchanan, Grand Bassa County in March 1999. Standard two stage methodology was employed. 921 children under five were measured. Wasting was defined as <−2z scores and severe wasting as <−3z scores. Odema was reported separately. Measles immunisation coverage was confirmed by card. Mortality rates were estimated by asking 1273 families (including those without children under five) about mortality in the household for the three months prior to the survey.

d. Kolahun. This survey was undertaken by MSF in the Kolahun refugee camps, Upper Lofa County, Liberia in April 1999. Systematic sampling methodology was employed. 377 children under−five were measured in camp I and 539 in camp II. Wasting was defined as <−2z scores and severe wasting as <−3z scores. Oedema was not given separately. Measles immunisation coverage was confirmed by an immunisation card.

e. Freetown. This screening was undertaken by ACF in Freetown amongst children under 24 months old. Oedema was not reported separately. This information was reported by WFP and no farther information is available at this time.

f. Blama. This survey was conducted by MERLIN in Blama township on the 25−26th April 1999. Standard two stage cluster methodology was employed. 631 children under five were measured. Acute wasting was defined as <−2z scores and severe wasting was defined as <−3z scores. Oedema was recorded separately. Measles vaccination status was assessed by asking the mother. Mortality was determined retrospectively for the two months prior to interview.

g. Kenema. This survey was conducted by MERLIN in Kenema township on the 2nd−5th June 1999. Standard two stage cluster methodology was employed. 944 children under five were measured. Acute wasting was defined as <−2z scores and severe wasting was defined as <−3z scores. Oedema was recorded separately. Measles vaccination status was assessed by asking the mother. Mortality was determined retrospectively for the month prior to interview.

8. Somalia

a Luuq IDP camp. This rapid assessment was conducted by ACF/FSAU in Luuq IDP camp in Gedo Region on March 18−25th. Children were selected randomly through house to house movement, following protocols that would be carried out in a cluster survey. A total of 243 children/households were involved before a security incident made it necessary to leave the camp. Wasting was defined as a MUAC < 125mm and severe wasting as MUAC <110mm. Oedema was not given separately. Mortality rates were determined by asking each household about deaths in the three months prior to interview and were verified by grave analysis.

9. Sudan

a. Rumbek and Yirol Counties. This survey was conducted by LWF in Rumbek and Yirol counties of BEG in February 1999. Standard two stage 30 cluster methodology was employed. 1008 children under five were measured. Acute wasting was measured as <−2z scores and severe wasting as <−3z scores.

b. Bararoud, Wau County. This survey was conducted by MSF−B in Bararoud, Wau County in BEG from February 27th to March 1st 1999. Standard two stage 30 cluster methodology was employed. 1008 children under five were measured. Acute wasting was measured as <−2z scores and severe malnutrition as <−3z scores. Measles immunisation was determined by three questions (due to recent looting and insecurity it was thought that the families would no longer possess the vaccination cards). Mortality rates were estimated by retrospectively over three months prior to the survey.

c. Yirol. This survey was conducted by CONCERN/MEDAIR in Yirol county in April 1999. No further information is currently available

d. Tonj. This survey was conducted by World Vision Sudan in Tonj county, BEG in May 1999. Standard two stage cluster methodology was employed. 600 children were measured. Acute wasting was defined as <80% weight−for−height and severe wasting as <70% weight−for−height. Oedema was recorded separately. Measles vaccination status was established by card.

e. Gogrial. This survey was conducted by World Vision Sudan in Gogrial county, BEG in May 1999. Standard two stage cluster methodology was employed. 569 children were measured. Acute wasting was defined as <80% weight−for−height and severe wasting as <70% weight−for−height. Oedema was recorded separately. Measles vaccination status was established by card.

f. Ajak. This survey was conducted by MSF−Holland in Ajak from May 23rd−25th. Standard two stage 30 cluster methodology was employed. 437 children under five were measured. Acute wasting was measured as <−2z scores and/or oedema; severe wasting as <−3z scores and/or oedema. Mortality rates were estimated by retrospectively over five months prior to the survey. Measles immunisation rates were determined interview with mother.

g. Aweil West Country. This survey was conducted by Concern Worldwide in the accessible areas of three of the six payams of Aweil West county specifically Malual West, Gomjuer and Ayat from May 26−30th 1999. Standard two stage 30 cluster methodology was employed. 780 children were measured and 805 adults. Acute wasting in children under five was measured as <−2z scores. Malnutrition in adults was defined as MUAC<20 in men and MUAC<19 in women.

h. Ajep. This survey was conducted by MSF−Holland in Ajep in BEG from June 5−8th. Standard two stage 30 cluster methodology was employed. 466 children under five were measured. Acute wasting was measured as <−2z scores and/or oedema; severe wasting as <−3z scores and/or oedema. Mortality rates were estimated by retrospectively over four months prior to the survey.

i. Tieraliet. This survey was conducted by MSF−Holland in Tieraliet in BEG from June 17−20th. Standard two stage 30 cluster methodology was employed. 454 children under five were measured. Acute wasting was measured as <−2z scores and/or oedema; severe wasting as <−3z scores and/or oedema. Mortality rates were estimated by retrospectively over five months prior to the survey.

j. Akobo. This survey was conducted by MSF−B in April 1999. Standard two−stage cluster methodology was employed. Acute wasting was defined as <−2z scores and severe wasting as <−3z scores. Oedema was not given separately. Retrospective mortality was obtained for the four months prior to interview. Vaccination rates were established by card.

k. Gumriak. This random assessment was conducted by MEDAIR in Gumriak in March 1999. 448 children were measured. No further information is currently available.

l. Khor camp. This assessment was conducted by SCF−US in Khor camp, South Darfur in April 1999. The information was given to be the RNIS by WFP−Khartoum and no further details are available.

m. Abu Gebeha camp. This assessment was conducted by SCF−US in Abu Gebeha IDP camp, South Kordofan in May 1999. The information was given to be the RNIS by WFP−Khartoum and no further details are available.

n. Sidra camp. This assessment was conducted by SCF−US in Sidra IDP camp, South Kordofan in May 1999. The information was given to be the RNIS by WFP−Khartoum and no further details are available.

o. Kadugli. This assessment was conducted by SCF−US and UNICEF amongst IDPs in Kadugli, South Kordofan in May 1999. The information was given to be the RNIS by WFP−Khartoum and no further details are available.

p. Kosti. This information was reported in a WFP Sudan Bulletin. The sample size was 500. Oedema was reported separately. No further information is currently available.

10. Uganda

a. Gulu. This survey was undertaken by ACF−USA amongst IDP camps in Gulu district. Standard two−stage cluster methodology was employed. Acute wasting was defined as <−2z scores and severe wasting was defined as <−3z scores. Oedema was not given separately. Measles vaccination status was checked by card.

b. Kitgum. This survey was undertaken by ACF−USA amongst IDP camps and villages in Kitgum district. Standard two−stage cluster methodology was employed. Acute wasting was defined as <−2z scores and severe wasting was defined as <−3z scores. Oedema was not given separately. Measles vaccination status was checked by card.

c. Bundibugyo. This survey was undertaken by Epicentre amongst IDPs in Bundibugyo Town, Uganda. An exhaustive survey was carried out. 717 children were measured. Acute wasting was defined as <−2z scores and severe wasting was defined as <−3z scores. Oedema was given separately. Measles vaccination status was checked by card. Mortality rates were estimated for the two months prior to the survey. Morbidity data was collected by interview for the two weeks prior to the survey.

d. Kiryandongo. This survey was undertaken by ACF−USA in Kiryandongo refugee camp, Ugnada. Sytematic sampling methodology was employed. 395 children were measured. Acute wasting was defined as <−2z scores and severe wasting was defined as <−3z scores. Oedema was given separately. Measles vaccination status was checked by card.

11. Zambia

a. Mwange Refugee Camp. This survey was undertaken by MSF−H in Mwange Refugee Camp in May. Systematic sampling methods were employed. 512 children aged 6−59 months were measured. Acute wasting was defined as <−2z scores and severe wasting as <−3z scores. Oedema was given separately.

12. Afghanistan

a Kabul. This survey was undertaken by ACF in Kabul, Afghanistan from February 8−16th. Standard two stage cluster methodology was employed. 922 children, 152 infants and 692 non−pregnant mothers were measured. In children under−five, acute wasting was defined as <2z scores and severe wasting as <3z scores. Oedema was reported separately. In adults chronic energy deficiency and overweight were defined by the BMI (kg m/^{2}). Morbidity estimates for the ten−days prior to the survey was obtained by interview with the children's carers. Mortality estimates for the month prior to the survey was also obtained this way. Immunisation programme coverage was estimated by reference to vaccination record cards and oral history from the mothers.

14. Bangladesh.

a. Camps. This survey was undertaken by UNHCR in the camps in Bangladesh in March 1999. Standard two−stage cluster methodology was employed. 951 children were measured. Acute wasting was defined as <−2z scores and severe wasting as <−3z scores. Oedema was reported separately.

15. Kosovo

a. Macedonian Camps. This survey was undertaken by UNHCR/AAH/IMCH/UNICEF in the camps in Bangladesh in March 1999. Standard methodologies were employed. 906 children were measured. Acute wasting was defined as <−2z scores and severe wasting as <−3z scores. Oedema was reported separately.

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 arid. 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.
North	Rains begin May/June
South	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 S January

*SOURCES:

FAO, "Food Supply Situation and Crop Prospects in Sub–Saharan Africa", Special Report; No 4/5, Dec. 90 plus various FAO/WFP Crop and Food Supply Assessment Missions.

Map of Africa

Back Cover

The UN ACC/SCN[1], which is the focal point for harmonizing policies in nutrition in the UN system, issues these reports on the nutrition of refugees and displaced people with the intention of raising awareness and facilitating 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 twenty seventh of a regular series of reports. Based on suggestions made by the working group and the results of a survey of RNIS readers, the Reports on the Nutrition Situation of Refugees and Displaced People will be published every three months, with updates on rapidly changing situations on an 'as needed' basis between full reports.

[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, Website: http:/www.unsytem.org/accscn/

Information is obtained from a wide range of collaborating agencies, both UN and NGO (see list of sources). 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

organised 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 the situation descriptions, there is a section entitled "Priorities and recommendations" which is intended to highlight the most pressing humanitarian needs. The recommendations are often put forward by agencies or individuals directly involved in assessments or humanitarian response programmes in the specific areas.

The tables, and figures at the end of the report can provide a quick overview. Table 1 gives an estimate of the probable total refugee/displaced/returnee population, broken down by risk category. 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. In Table 2, refugee and displaced populations are classified by country of origin and country of asylum. Internally displaced populations are identified along the diagonal line. Figure 1 shows trends over time in total numbers and risk categories for Africa. Annex I summarises the survey results used in the report.

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.) Data from 1993/4 shows that the most efficient predictor of elevated mortality is a cut off of 15% wasting (ACC/SCN, 1994, p81).

BMI (wt/ht^2) is a measure of energy deficiency in adults. We have taken BMI<18.5 as an indication of mild energy deficiency, and BMI<16 as an indication of severe energy deficiency in adults aged less than 60 years (WHO, 1995).

MUAC (cm) is a measure of energy deficiency in both adults and children. In children, 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. In adults a MUAC<22 cm in women and <23 cm in men may be indicative of a poor nutritional status. BMI and MUAC are sometimes used in conjunction to classify adult nutritional status (James et al, 1994).

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. Any prevalence detected is cause for concern.

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 175/1,000 live births, equivalent to 1.4/10.000 children/day and for South Asia the U5MR is 0.7/10,000/day (in 1995. see UNICEF, 1997, p.98).

FOOD DISTRIBUTED is usually estimated as dietary energy made available, as on overage 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 (see Schofield and Mason 1994 for more on this subject). 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 1,950–2,210 kcals/person/day for light activity (1.55 BMR). Raised mortality is observed to be associated with kcal availability of less than 1,500 kcals/person/day (ACC/SCN, 1994, p81).

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:

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

James. W.P.T., Mascie–Tayléor, C.G.N., Norgan, N.G., Bistrian, B.R., Shetty, P.S. and Ferro–Luzzi, A. 1994. The value of MUAC in assessing chronic energy deficiency in Third World Adults. Eur. Jour. Clin. Nut. 48:883–894.

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 December 1994. ACC/SCN, Geneva.

ACC/SCN (1994) *Update on the Nutrition Situation, 1994* (p81).
UNICEF (1997) *State of the World's Children* p.98. UNICEF, New York.
WHO (1995) *Bulletin of the World Health Organization,* 1995,**73** (5): 673–680.