Refugee Nutrition Information System (RNIS), No. 31 – Report on the Nutrition Situation of Refugee and Displaced Populations

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United Nations
Sub–Committee on Nutrition

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Highlights

Angola The nutritional situation in Angola has improved, in the short term at least, following the recent harvest. However, the civil war continues and the national food situation remains extremely precarious: Angola is dependent on food imports for at least 60% of its requirements. UNITA–controlled areas remain inaccessible to humanitarian organisations and others.

Great Lakes. The dismantling of the camps in Burundi is progressing, but over 10% of the population remains displaced. The humanitarian crisis in the DRC remains severe. Access to large numbers of war–affected people is limited. It is estimated that some 1.7 million excess deaths have occurred in eastern DRC since the

outbreak of the current round of hostilities. Most of the displaced people in the Republic of Congo have returned to their places of origin; hence their situation is improving. Due to funding shortages, WFP has had to reduce the ration of refugees living in the United Republic of Tanzania by 40%. This will probably lead to increases in the prevalence of malnutrition in vulnerable groups. A severe drought is affecting the region.

Eritrea and Ethiopia. The June ceasefire between Eritrea and Ethiopia has held. However, an estimated one million Eritreans have been displaced by the conflict. Their food security outlook is very poor as many areas have been mined. The effects of the drought combined with chronic food insecurity in Ethiopia have resulted in a period of unusually severe food insecurity, social disruption and increased risk of disease. The extremely high rates of malnutrition and catastrophic mortality rates constitute a serious famine.

Liberia and Sierra Leone Region. The situation in Sierra Leone has deteriorated once again. The humanitarian community cannot access rebel–held areas, approximately half of the country.

Somalia. High rates of malnutrition continue to be recorded in southern Somalia, although recent rains and improved security should ameliorate the situation. An assessment of the IDPs in Mogadishu, the first in five years, did not find especially elevated rates of malnutrition.

Sudan. Hostilities between the Government of Sudan and the rebel movements intensified during the reporting period. Assessments of populations in Upper Nile have reported very high rates of malnutrition, although other areas are not as affected. A measles outbreak has led to catastrophic mortality rates in the displaced camps in the transitional zone. The newly arrived Eritrean refugees have relatively high rates of malnutrition.

Afghanistan. A severe drought is affecting Afghanistan and surrounding countries. The most recent harvest has failed completely and food aid will be required for some 3 to 4 million people until the 2001 harvest. This has interrupted the repatriation of Afghan refugees.

Indonesia and East Timor. The agricultural sector of East Timor's economy has made a rapid recovery. The nutritional situation of the refugees in West Timor has improved. Other areas of Indonesia remain very unstable particularly the Moluccan islands where many people have been displaced.

Other areas. Situations which have not changed significantly since the last report include: Guinea Conakry, Liberia, Cote d'Ivoire, Rwanda, Uganda, the Balkans, Zambia, and Nepal.

Table 1
Risk Factors Affecting Nutrition in Selected Situation

Situations in the table below are classed into five categories (row 1) relating to prevalence and or risk of malnutrition (I–very high risk/prevalence, II–high risk/prevalence, III–moderate risk/prevalence, IV–not at elevated risk/prevalence, V–unknown risk/prevalence, for further explanation see inside of the back page). The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care (rows 2 – 4, and also Figure 1 at back of report) and the constraints limiting humanitarian response (rows 5–8). These categories are summations of the causes of malnutrition and the humanitarian response, but should not be used in isolation to prescribe the necessary response.

Factor	IDPs in Kuito, Angola	War–Affected in East DRC	Refugees in Tanzania	IDPs in Eritrea	IDPs in Governement Areas, Sierra Leone	IDPs in Mogadishu, Somalia	IDPs in Transitional Zone, Sudan	Refu in N
1. Nutritional risk category	**III**	**I**	**II**	**II**	**II**	**III**	**I**	**IV**
2. Public Health Environment(water, shelter, overcrowding, access to health services)	*X*	*X*	✔	*?X*	*X*	*O*	*X*	✔
	?X	*X*	✔	*?X*	*X*	*X*	*X*	✔

3. Social A Care Environment(Social organisations and networks, Women's role, status and rights)							
4. Food Security	*O*	*X*	*X*	*?O*	*O*	*O*	*O*
5. Accessibility to population	*O*	*X*	✔	✔	*O*	*O*	*O*
6. *General* resources							
– food (gen stocks) – non–food	*X* *?X*	*?X* *?X*	*X* *X*	*?X* *?X*	*?O* *?O*	*O* *?O*	*O* *X*
7. Personnel*	✔	*X*	✔	*?*✔	*X*	*O*	*?*✔
8. Information	✔	*O*	✔	*O*	*O*	*X*	✔

✔ *Adequate O Mixed 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*

Sub–Saharan Africa

1. Angola

The prospects for peace in Angola seem remote. The current crisis, which began in December 1998, continues despite calls for peace from international, religious and grassroots groups. Fighting between government and UNITA forces has been reported in most provinces during the reporting period and consequently the long–term humanitarian situation has not improved significantly. According to the OCHA database, approximately 2.5 million persons have been displaced since December 1998. Of these, more than one million people have been officially registered as IDPs by a UN agency or NGO. The IDPs are currently settled in 120 locations of which 36 remain inaccessible to the international community (OCHA – 18/06/00).

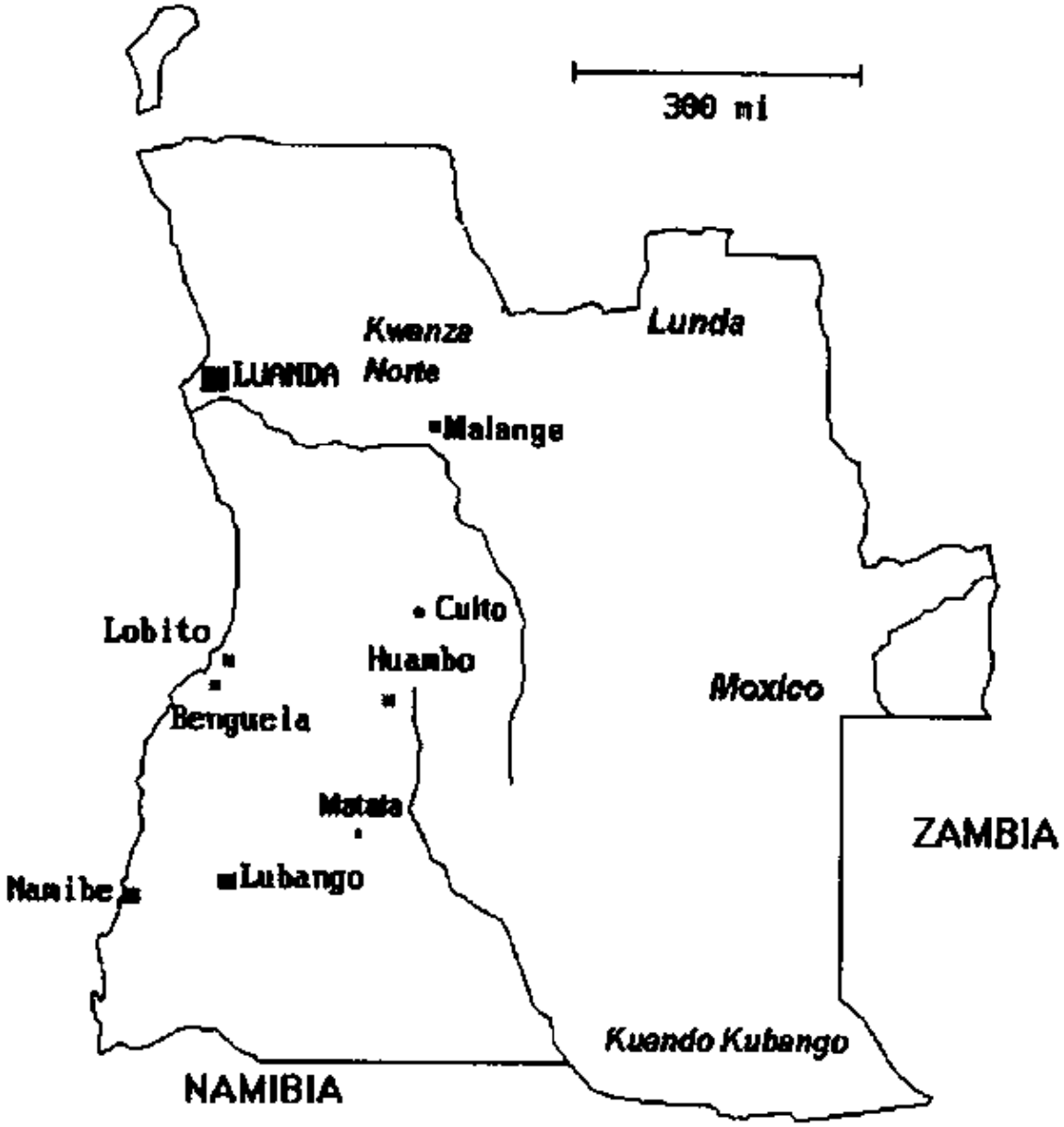
Guerrilla activities persist in many parts of the country, perpetuating the prevailing insecurity among the population and considerably reducing the amount of humanitarian assistance that can be delivered by road. As a result most relief is delivered by airlifts, which are extremely expensive.

Nutritional Situation

An FAO/WFP Crop and Food Supply Assessment Mission to Angola in April indicated that cereal production is about 5% lower than last year, due mainly to unfavourable rain patterns, reduced access to land, and shortages of essential inputs. The mission, which visited every province where food aid is distributed, estimated that some 1.86 million people will require food aid in 2000–20001. The mission noted that although Angola used to be self–sufficient in major food crops, and even a net exporter of staples, the impact of the protracted civil war has reduced the country's total cereal production to less than 40% of the country's total requirement. This was felt to underscore the acute food insecurity of the populations, IDPs and residents alike (FAO/WFP – 17/05/00).

In general, the results of nutritional surveys recently conducted indicate that the prevalence of acute malnutrition has decreased in most areas. This improvement is in part due to the maize harvest in April/May, and a general fall in prices in most provincial capitals as well as improved targeting of food aid to vulnerable groups. The nutritional situation of areas outside government control, which are inaccessible to the humanitarian community, is unknown. This seasonal improvement is likely to be short–term. Land distribution

schemes have only been partially successful, income−generating opportunities remain restricted and the limited harvest will all contribute to continuing vulnerability, especially for the displaced populations. Until the IDPs are better able to integrate into the local economies (by giving them access to fertile land), and the resident population able to cultivate without fear and freely market their produce, this situation will continue (FAO/WFP − 17/05/00).



WFP has reported that food stocks for Angola are very low. Despite recent pledges, donor contributions have amounted to less than 40% of the projected requirements. As a result of the shortages, WFP may have to reduce food distributions in many locations (IRIN−SA − 14/07/00; OCHA−04/06/00).

Malange

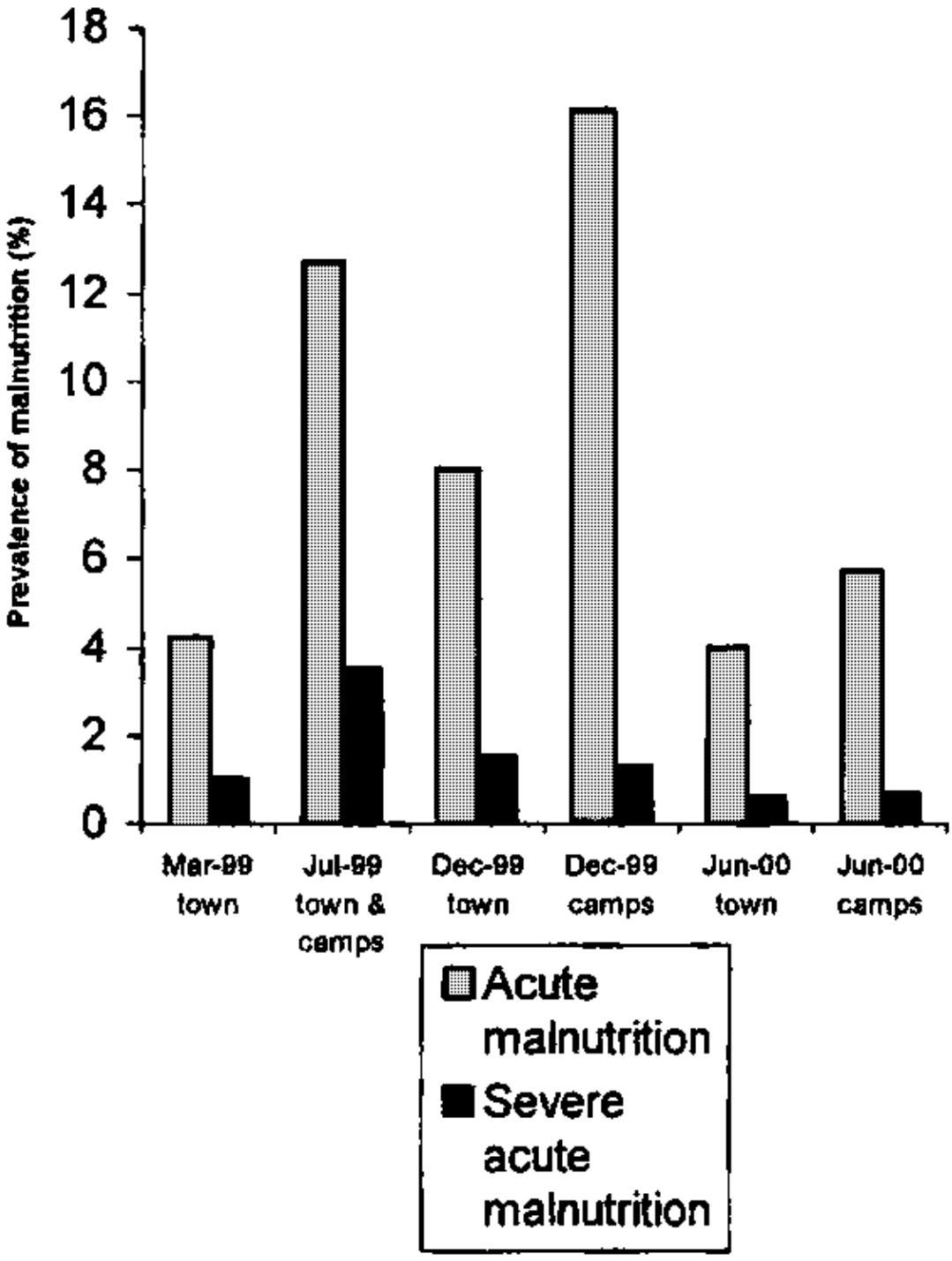
In May, MSF−H closed two therapeutic feeding centres in Malange town due to the improvements in the nutritional 04/06/00).

Kuito, Bie Province

The nutritional situation of the population living in Kuito town and its surrounding camps has improved. The population of the town and its suburban barrios is estimated at 111,500 and the population of Kunje town (about 5km from Kuito) and its suburban barrios at 19,200. There are also some 56,000 registered IDPs living in and around the town, the majority of these live in camps, but some also live outside camps. Two main waves of IDPs have been registered − December 1998 and September 1999 − corresponding to high levels of military activities in the province, and new arrivals were still being registered. The Government is encouraging

the population to return to their places of origin, but this is not always possible because of the security problems.

MSF–B/Concern conducted two surveys of children aged 6–59 months in the area – one in the camps and one among the non–camp population of Kuito and Kunje – in June (see annex). Some IDPs were included in the non–camp population. It was not possible to include newly arrived IDPs who did not have a house or a shelter. The prevalence of acute malnutrition has decreased since December 1999, especially for the camp population (see graph). Previously, the rates of malnutrition were significantly higher in the camps (RNIS 30). Currently, no significant differences in the prevalence of acute malnutrition were found between the camp and non–camp populations. There was also no significant difference in the prevalence of malnutrition between the IDPs who arrived after December 1999 and those who arrived before. However, the majority of children being treated in the Therapeutic Feeding Centre in Kuito were recent arrivals, indicating that these people, who may be without a house or shelter, are the most nutritionally vulnerable (MSF–B/Concern – 6/00).



The prevalence of malnutrition (defined using z scores and/or oedema) in Kuito town and camps

The improvement in nutritional status was attributed to the maize harvest in April, the opening of roads into the city which resulted in more food in the markets, more regular food distributions by WFP, and seed and tool distributions for the IDP's vegetable gardens. An FAO/WFP analysis of the April harvest, however, reported that the yields were below those achieved in 1999, and that there would not be sufficient food to cover the population's needs for the rest of the year. There are also logistical constraints to providing food to this population. In particular, access to the city by road is unreliable due to security constraints and the airstrip needs major repair work (during which time it will be shut) (MSF–B/Concern – 6/00).

The table below summarises some of the surveys' other findings. Mortality rates remained worryingly high, and were attributed to seasonal increases as a result of malaria. Such high rates clearly indicate the inadequacy of anti–malaria programmes and treatment through health structures. The health structures were reported to be overloaded prior to the survey. The majority of the registered families received their food ration in June (80% in town and 98% in camps). The number of registered beneficiaries may have been underestimated if the households expected some benefit from a positive answer. A delay in the registration of newly arrived households was noted, this may explain some of their increased vulnerability to malnutrition (MSF – B/Concern – 6/00).

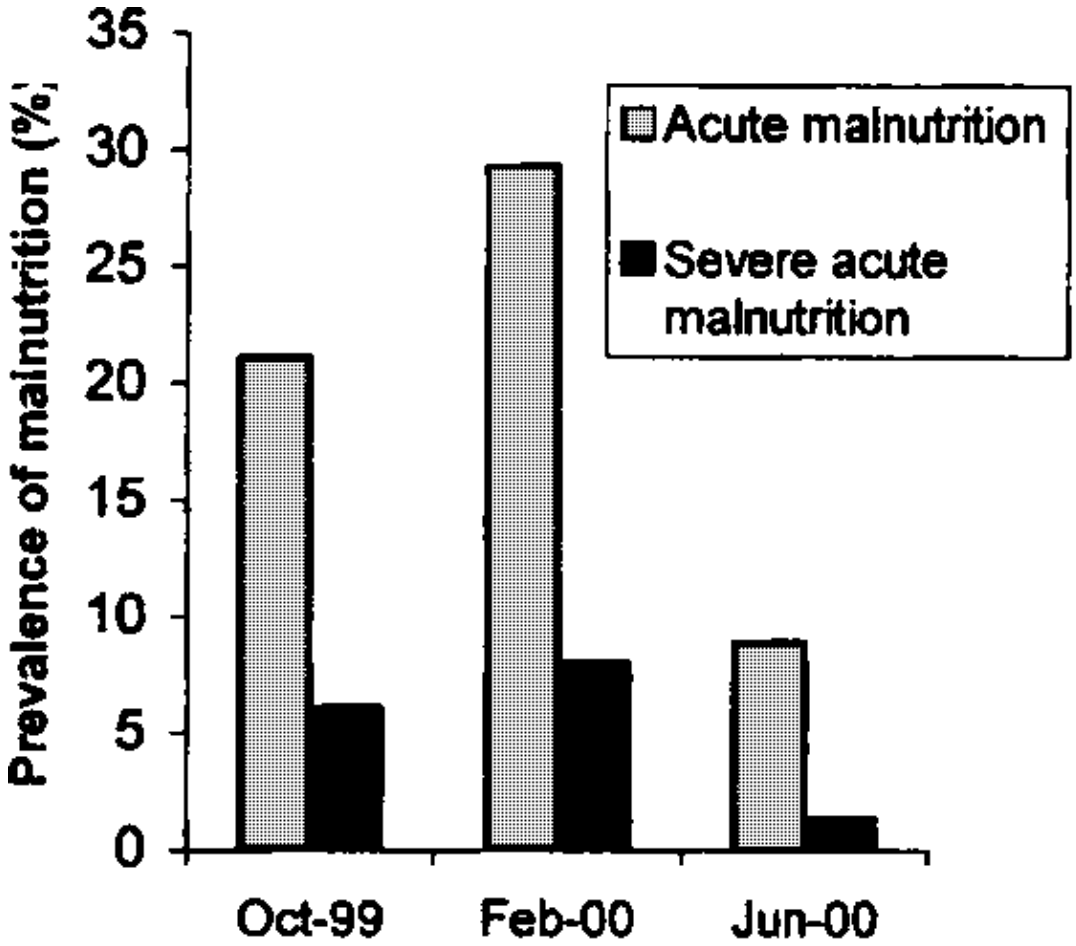
Results of surveys in Kuito town and camps

	Town	**Camps**
Proportion of IDPs	29%	100%
CMR	1.75/10,000/day	2.3/10,000/day
Under–five mortality	2.0/10,000/day	4.3/10,000/day
Measles vaccination	32%	44%
Registered food aid beneficiaries	43%	53%

WFP has reported that more cases of pellagra (caused by niacin deficiency) have been registered in Kuito (WFP – 25/05/00). An outbreak of pellagra was reported between August and November 1999 (see RNIS 29). WFP responded to the problem by providing niacin rich food supplements for the cases identified and also their families. MSF–B/ICRC distributed vitamin B complex tablets to all women over 15 years old in December. The RNIS does not have any information on the severity of the current outbreak.

Ganda, Benguela Province

An ACM nutritional survey was conducted among children aged 6–59 months in the displaced camps in Ganda, Benguela Province in February as a follow–up to surveys in October 1999 and February 2000 (see annex). At the time of the February survey, the population of Ganda was estimated at about 36,000 residents and 3,000 IDPs in official camps and a further 6,300 IDPs living in the town either with host families or in rented accommodation. (ACH – 02/00). The most recent survey found that the prevalence of acute malnutrition had decreased dramatically (see graph) (ACH – 06/00). No further information is currently available.



The prevalence of malnutrition (defined using z scores and/or oedema) in Ganda, Benguela Province

Cuando Cubango Province

Menongue

The population of Menongue is estimated at 131,500 including some 50,000 IDPs most of who have arrived since December 1998. ACH undertook a nutritional survey of children aged 6–59 months living in the camps and in the town (see annex). Both the nutritional status and the mortality rates of the town population were satisfactory. The nutritional status of the camp population was also acceptable. Sixty–eight percent of the families living in the camps had received a food distribution from WFP prior to the survey (ACH – 05/00a).

Results of surveys in Menongue town and camps

	Town	Camps
Proportion of displaced	8%	100%
Acute malnutrition (<–2z scores and/or oedema)	5.1%	4.3%
Severe acute malnutrition (<–3z scores and/or oedema)	0.6%	0.7%
CMR	0.8/10,000/day	
Under–five mortality	1.25/10,000/day	
Measles vaccination	36.1%	45.3%

Cuito Canavale

ACH conducted a nutritional survey of children aged 6–59 months in Cuito Canavale province of Cuando Cubango in late May (see annex). The population of Cutio Canavale is estimated at 20,500 including some 5,000 IDPs. The prevalence of acute malnutrition was estimated at 6% and 1.1% severe acute malnutrition. Oedema as recorded in 0.2% of the sample. These rates represent an improvement in the nutritional situation. The risk of malnutrition was higher among the displaced than the residents. CMR was estimated at

1.22/10,000/day and under–five mortality at 1.85/10,000/day. Vaccination coverage was low at 37.3% (ACH–05/00b).

Moxico Province

There are an estimated 75,000 IDPs living in six camps in Moxico Province. WFP is reducing its food distributions in this area based on the findings of the recent FAO/WFP assessment, but NGOs have expressed concern over these plans. Food stocks are low and hence expensive, and the rates of malnutrition increased in May (OCHA – 19/06/00).

Huila Province

The number of IDPs in Huila Province has increased to an estimated 246,000 IDPs, including 176,000 people who have been displaced since December 1998. The increase is due to insecurity in the south of Huambo Province. Reports of serious humanitarian situation in Caconda, where 1,200 displaced people have recently arrived and are without assistance, have been received (OCHA – 18/06/00).

Huambo

An FAO/WFP/MINDARS delegation visited Huambo, Caala and Longonjo in late April to verify food and nutrition needs. The mission reported that, due to heavy rains, less food had been harvested this year than in previous years. Harvesting took place earlier due to hunger and to prevent theft. Rates of malnutrition are reported to have increased in some areas, but decreased in others (this report is not available to the RNIS) (OCHA 23/05/00).

In April, ICRC halted its general food distributions in Huambo in response to the harvest; they will restart their programme in September. ICRC stressed that although the nutritional situation in Huambo had improved in places, the situation is still very fragile and could deteriorate rapidly in the event of further population displacements, increased insecurity, poor climate or post–harvest looting. They noted that the displaced population was more generally more vulnerable than the residents (ICRC – 20/06/00). IDPs have continued to enter Huambo Province during the reporting period (OCHA – 18/06/00).

Uige Province

UNHCR has begun a relief operation in Uige Province. An estimated 150,000 people are displaced in the Province (UNHCR – 27/06/00). MSF–S undertook a nutritional survey of both resident and displaced children aged 6–59 months in Uige Province in May (see annex). The prevalence of acute malnutrition was estimated at 6.8%, including 0.6% severe acute malnutrition. The rate of acute malnutrition was significantly higher in the IDP group than the resident group, indicating that the displaced are more vulnerable. This was because the IDPs were not receiving a general food distribution and the supplementary food provided to them was insufficient to prevent their nutritional status from deteriorating (MSF–S – 06/00).

Refugees

Congolese refugees

UNHCR is planning the repatriation of at least 1,850 Congolese refugees in Angola, some of who have been in exile for more than 20 years. In all, there are an estimated 11,000 Congolese still living in Angola. Most of these people are assisted in the Viana camp near Luanda (UNHCR – 26/05/00). There is no information on the nutritional situation of these refugees, which is assumed to be satisfactory.

Angolan refugees in Namibia

The fighting along the Namibian border has intensified. As a result, an estimated 1,120 Angolan refugees arrived at Osire camp in Namibia in June, bringing the total number of registered refugees at the camp to approximately 11,950. WFP plans to provide food assistance to these refugees in a new EMOP, which allows for 14,000 people, which will start in August (IRN–SA – 14/07/00).

Overall, in the short–term at least, the nutritional situation in Angola has improved, following the recent harvest. In addition the situation of the IDPs is now similar to that of town residents in most areas where the humanitarian community has had access, which reflects a significant improvement and must in part be attributable to international relief efforts. However, the national food situation remains extremely precarious as

Angola is dependent on food imports, notably food aid, for at least 60% of its requirements (in contrast to self–sufficiency prior to the conflict). This suggests that current improvements cannot be sustained without substantial international aid or return to peace and extensive rehabilitation. The population is therefore considered at moderate to high risk (category III and II). A serious break in the WFP pipeline would lead to a rapid deterioration in the situation, particularly of IDPs.

Recommendations and priorities:

- Provide funds to WFP and other agencies assisting the Angolan population.

From the FAO/WFP Crop and Food Supply Assessment

- In more secure areas, support rural development programmes that will begin to contribute to more sustainable livelihoods for farming communities.

From the surveys in Kuito, Bie Province (MSF–B/Concern – 6/00):

- Continue to support displaced populations.

- Adapt nutritional structures to the lower prevalence of malnutrition, but continue active case finding and surveillance.

- Target new arrivals for nutritional and health screenings, vaccinations, food and non–food items. Improve the registration system.

From the survey in Ganda, Benguela Province (ACH – 06/00):

- Continue the nutritional programmes in the area, including the general food distribution.
- Re–evaluate the nutritional situation at the end of the year.

From the surveys in Menongue and Cuito Canavale, Cuando Cubango Province (ACH–05/00a, 05/00b):

- Integrate the therapeutic and supplementary feeding programmes into the local health structures.
- Continue to monitor the nutritional situation regularly.
- Improve the measles immunisation rates.

From the survey in Uige (MSF–S – 06/00):

- Advocate for the provision of a general food distribution to the displaced populations.
- Continue with the supplementary and therapeutic feeding programmes.
- Continue to monitor the nutritional situation through surveillance activities and further surveys.

2. Great Lakes

The dismantling of the regroupment camps in Burundi is underway, but a very high proportion of the population are still displaced. The humanitarian crisis in the Democratic Republic of Congo remains severe. Access to war–affected and other vulnerable populations remains limited. The humanitarian situation in some of the eastern provinces is particularly poor. Large numbers of displaced people have returned to their homes in the Republic of Congo after the peace agreements were signed in December 1999. Funds are urgently required to support the reconciliation process. A large number of refugees from Burundi and Democratic Republic have sought refuge in the United Republic of Tanzania since October 1999. The table below shows the estimated number of refugees, IDPs and returnees in need of assistance in the Great Lakes Region. A severe drought is currently affecting the horn of Africa including several countries in the Great Lakes Region.

Estimated numbers of refugees, IDPs and returnees in the Great Lakes Region

	June–1998	**Mar–1999**	**Jun–1999**	**Sep–1999**	**Dec–1999**	**Mar–2000**	**Jul–2000**

Burundi	670,000	222,000	451,000	617,000	821,000	830,000	670,000
Rwanda	550,000	690,000	640,000	673,000	650,000	652,000	69,000*
RoC	50,000	213,000	213,000	343,000	823,000	438,000	233,000
DRC	621,000	788,000	952,000	1,104,000	1,185,000	1,418,000	1,759,500
Tanzania	329,000	328,000	373,000	373,000	400,000	465,000	440,000
Total	2,220,000	2,241,000	2,629,000	3,110,000	3,880,000	3,803,000	3,171,500

* this figure has decreased dramatically because of a new definition of an IDP in Rwanda (see text for more details)

Burundi

Since its independence in 1962, Burundi has suffered from large–scale communal and political violence. Conflict between the Hutu rebel groups and the armed forces persists and has forced huge numbers of civilians to leave their homes and farms. The Arusha peace process is ongoing, but no significant gains have been made during the reporting period; the insecurity continues, particularly in Bujumbura Rural, Ruyigi and Makamba Provinces (IRIN – 11/07/00; WFP – 15/06/00).

Displacement

Population displacement now affects an estimated 670,000 people, or about 10% of the population. Most of the long–term displaced are living in 320 sites across the country. Short–term displacements take place constantly without necessarily being recorded. In addition, numerous IDPs are hiding in the forests or living with relatives (NRC – 30/06/00).

The displaced population increased dramatically in September and October 1999, reaching a total of more than 800,000 people, as a result of a policy of forced relocation or "regroupment" of approximately 300,000 civilians into 50 newly created camps located mainly in Bujumbura Rural. The international community was concerned that the "regroupment" was carried out without adequate consideration of water, sanitation and access to food. President Buyoya recently assured the international community that these sites would be dismantled by July 31.

The dismantling process is underway, and recent figures from OCHA/WFP suggest that approximately 112,000 people have returned. However, the situation is fluid and people are moving back and forth in the wake of military operations. In some cases the IDPs have returned to the sites or created new ones due to insecurity in their home areas. Others have chosen not to leave their sites until the security situation has improved. The dismantling process has shown that the majority of the population are living in the sites voluntarily because the security situation is poor in their home areas (NRC – 30/06/00; WFP – 04/07/00, 13/07/00).

Drought

Government authorities have reported a low yield of crops for Season 2000B due to insufficient rains in many parts of the country. Beans and other pulses have been particularly adversely affected. WFP has distributed food to an estimated 1.4 million drought–affected Burundians since September 1999 (WFP – 15/06/00).

Bujumbura Rural

An estimated 58% of the population of Bujumbura Rural is displaced. No new information on the nutritional situation of these people has been received by the RNIS during the reporting period. The most recent reports suggested that the prevalence of malnutrition is variable. Insecurity restricts movements of the displaced to their farms and frequently prevents the humanitarian community from conducting assessments and providing assistance within the camps. Health care facilities are very poor and there are few skilled staff remaining in the affected areas (NRC – 30/06/00; WFP – 04/07/00).

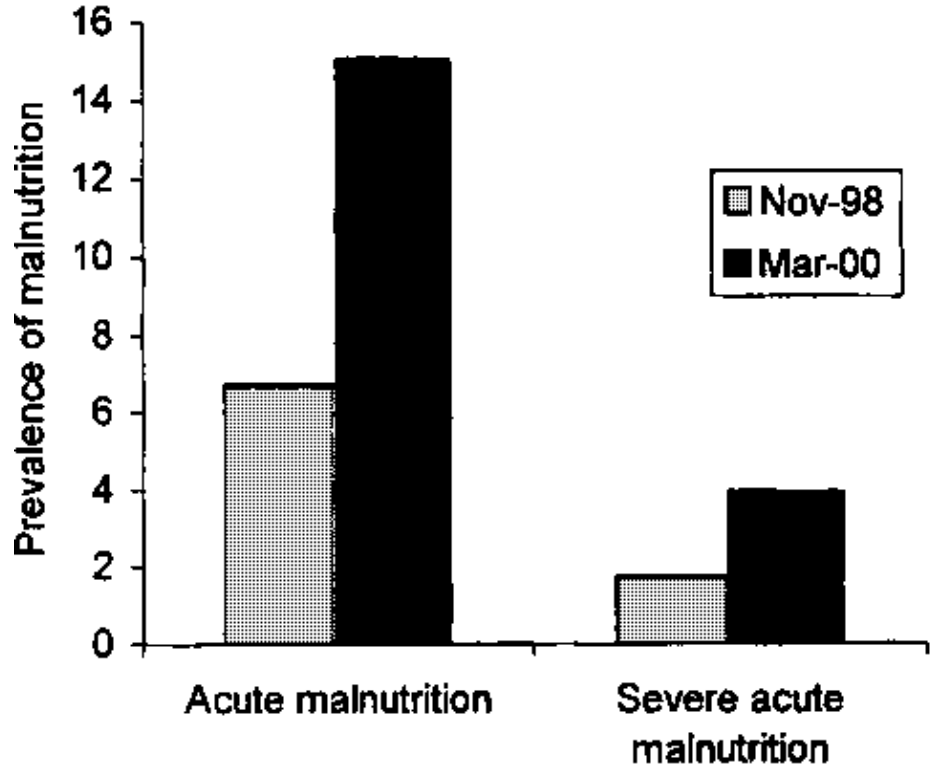
Karusi

MSF−B undertook a nutritional survey in Karusi Province in March 2000 in response to an increasing number of admissions to their feeding programmes (see annex). The prevalence of acute malnutrition was estimated at 15%, including 3.9% severe acute malnutrition. Oedema was recorded in 2.9% of the sample population. Most of the malnourished children were living in Gitaramuka and Buhiga communes. CMR in the three months prior to the survey was estimated at 0.6/10,000/day and under−five mortality at 0.75/10,000/day. The coverage of the therapeutic feeding programme was low at 12.5%; 53% of the moderately malnourished children were in the supplementary feeding programme. Forty−nine percent of the children had a card to show they had been vaccinated for measles (a further 38% claimed to have been vaccinated, but did not have a card) (MSF−B−03/00).

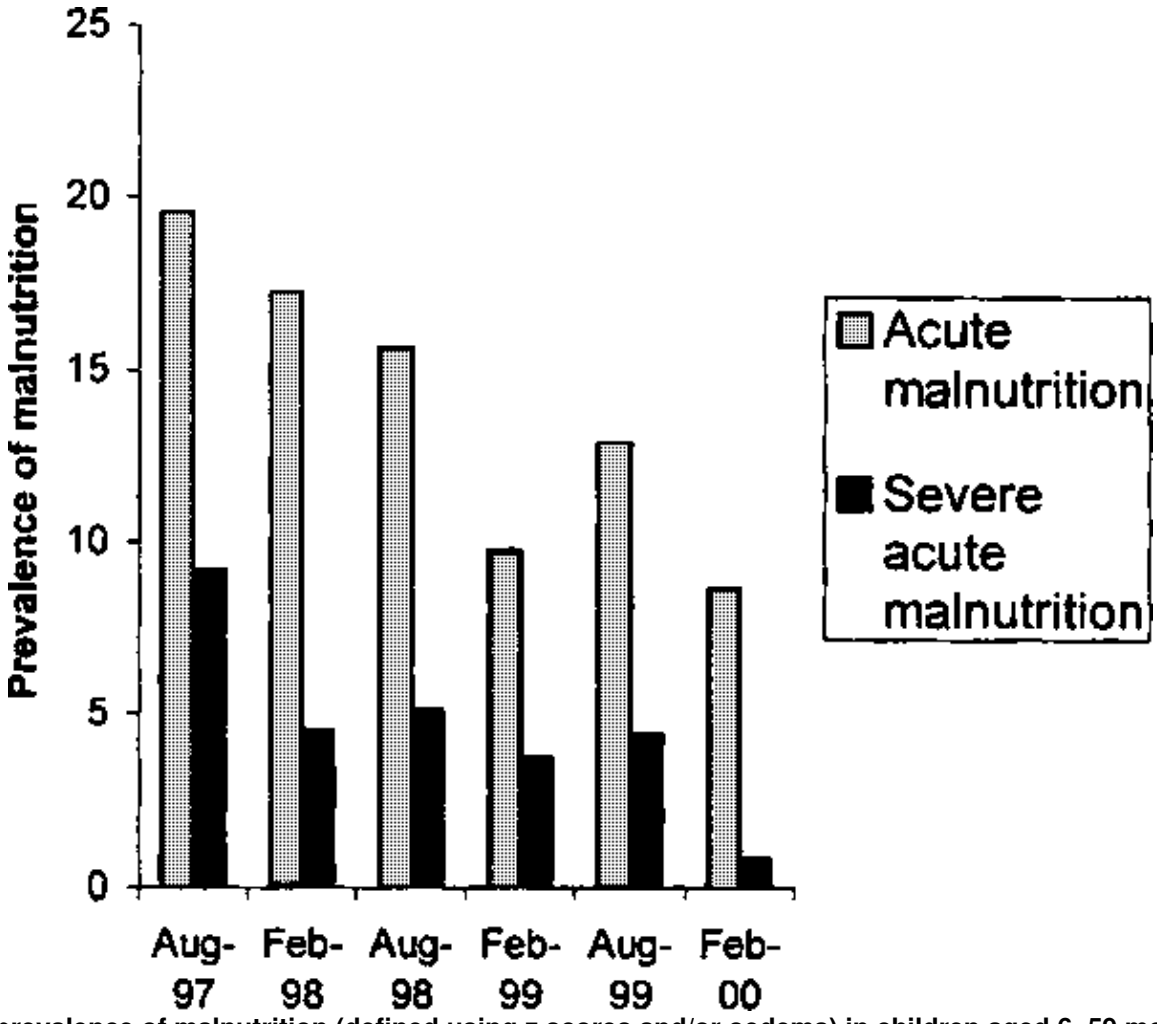
The prevalence of malnutrition in Karusi has increased since the last survey in November 1998 (see graph), although the mortality rates have remained approximately the same. The increase can be partially explained by the fact that the most recent survey was conducted during the "lean" season, whereas the first was not. The malnutrition in the area is mainly due to a shortage of food, which in turn was caused by several factors including the drought affecting the whole Horn of Africa, the province's very poor economic situation (high inflation has reduced purchasing power), and the overcrowding in the province that prevents access to sufficient land for some households. Poor health also contributed to the high prevalence of malnutrition (MSF−B − 03/00). Late rains are expected to result in a lower than normal harvest.

Bubanza Province

Bubanza Province is one of the areas most affected by the continuing unrest in Burundi, and up until the recent crisis, had the greatest number of IDPs (approximately 45−50% of the total population of 250,000 are displaced). Bubanza is one of the most fertile provinces, and before the current crisis, was often referred to as one of Burundi's granaries. The civil war and subsequent economic problems and insecurity have led to land degradation and a scarcity of agricultural inputs. CAD undertook a nutritional survey in February, of children aged 6−59 months, the results of which are shown in the graph (see annex). Displaced, regrouped people and residents from all 5 communes of Bubanza were represented in the survey. The prevalence of malnutrition (particularly severe acute malnutrition) was lower than it has been at any point since CAD began their work in the area in August 1997. CMR had also decreased to 1.1/10,000/day although under−five mortality remained relatively high at 2.9/10,000/day. Fever and diarrhoea were reported to be the main causes of mortality (CAD − CAD also undertook a nutritional survey of adults in the province in response to the increasing number of adults being admitted to therapeutic feeding programmes (see table and annex). It is not possible to compare these results to previous surveys of adults in the Province as none have been conducted before. However, ACF reported relatively similar prevalences in a survey in Kayanza Province undertaken in November 1999 (see RNIS 30). The prevalence of malnutrition is particularly high for older adults, although this group is notoriously difficult to measure accurately. The authors of the survey commented that it was difficult to ensure that all healthy adults remained in the village on the day of the survey and hence it is possible that these results are biased towards less healthy individuals. A gradual increase in the number of TB patients in the feeding programmes has been observed for some time and recent statistics for Burundi reveal very high HIV infection rates (20% in urban areas and 8% in rural areas) suggesting that these illnesses may be contributing to the high levels of adult malnutrition recorded (CAD − 02/00).



The prevalence of malnutrition (defined using z scores and/or oedema) in children aged 6–59 months in Karusi Province



The prevalence of malnutrition (defined using z scores and/or oedema) in children aged 6–59 months in Bubanza Province

Results of adult survey in Bubanza

	18–49 years	>49 years*
Grade II chronic undernutrition (BMI<17 and/or oedema)	11.4%	23.6%
Grade III chronic undernutrition (BMI<16 and/or oedema)	3.3%	10.3%

* Note that oedema was not used as a symptom of malnutrition in the older age group as oedema in this age group is often due to other (medical) problems.

A food security survey by CAD indicated that 61% of the sample population have only one meal per day and only 10% have three meals per day. The frequency of meals was associated with the amount of land owned. Market prices had started to fall in February, but erratic rains suggested the B harvest in May /June would probably be adversely affected. Although FAO had distributed seeds and tools during the six months prior to the survey, fertilisers and pesticides remained scarce (CAD – 02/00).

The significant improvement in the children's nutritional status coincides with a general improvement in the security situation, facilitating access to health care, fields and markets. In general, living conditions have improved, for example new health care centres have been opened. At the time of the survey, many of the larger camps were in the process of being dismantled and new, smaller camps or villages closer to the population's original homes were being established. These positive changes were particularly apparent in the west of the Bubanza commune in the northwest of the province. Conversely, areas bordering Bujumbura Rurale have been affected by the recent difficulties there and the majority of new admissions to feeding centres are reported to be either from these areas or from Kibira Forest. The authors of the survey stressed that the nutritional situation in Bubanza, although improving, remains extremely fragile and is highly susceptible to poor harvests, climatic change, market prices, access to land for cultivation and healthcare. Access to health care and land for cultivation is very dependent on the security situation (CAD – 02/00).

Overall, the nutritional situation in Burundi is variable. As no new data on the nutritional situation of the IDPs in Bujumbura Rural have been received it is assumed that they remain at high to very high risk (category I or II). IDPs in other parts of the country, including Bubanza and Karusi are considered to be at moderate risk (category III).

Recommendations and priorities:

• Continue to urge the Government and the international community to ensure the provision of basic humanitarian assistance and protection to the displaced; in particular access to the camps must be obtained in Bujumbura Rural.

From the survey in Karusi Province (MSF–B–03/00):

• Reinforce and improve the supplementary and therapeutic feeding programmes in Karusi Province. Open new therapeutic feeding centres in the most affected areas (Gitaramuka and Nyabikere).

• Improve the referral of malnourished children to the nutritional programmes.

• Continue to monitor the nutritional situation.

From the survey in Bubanza Province (CAD – 02/00):

• Stabilise and sustain the improvement in the nutritional situation in Bubanza by continuing the therapeutic and supplementary nutrition programmes and surveillance.

• Expand and consolidate income–generation schemes and skill–building programmes for people in the camps so that they can take them back to their places of origin. Focus on anti–erosion techniques to improve soil quality.

Rwanda

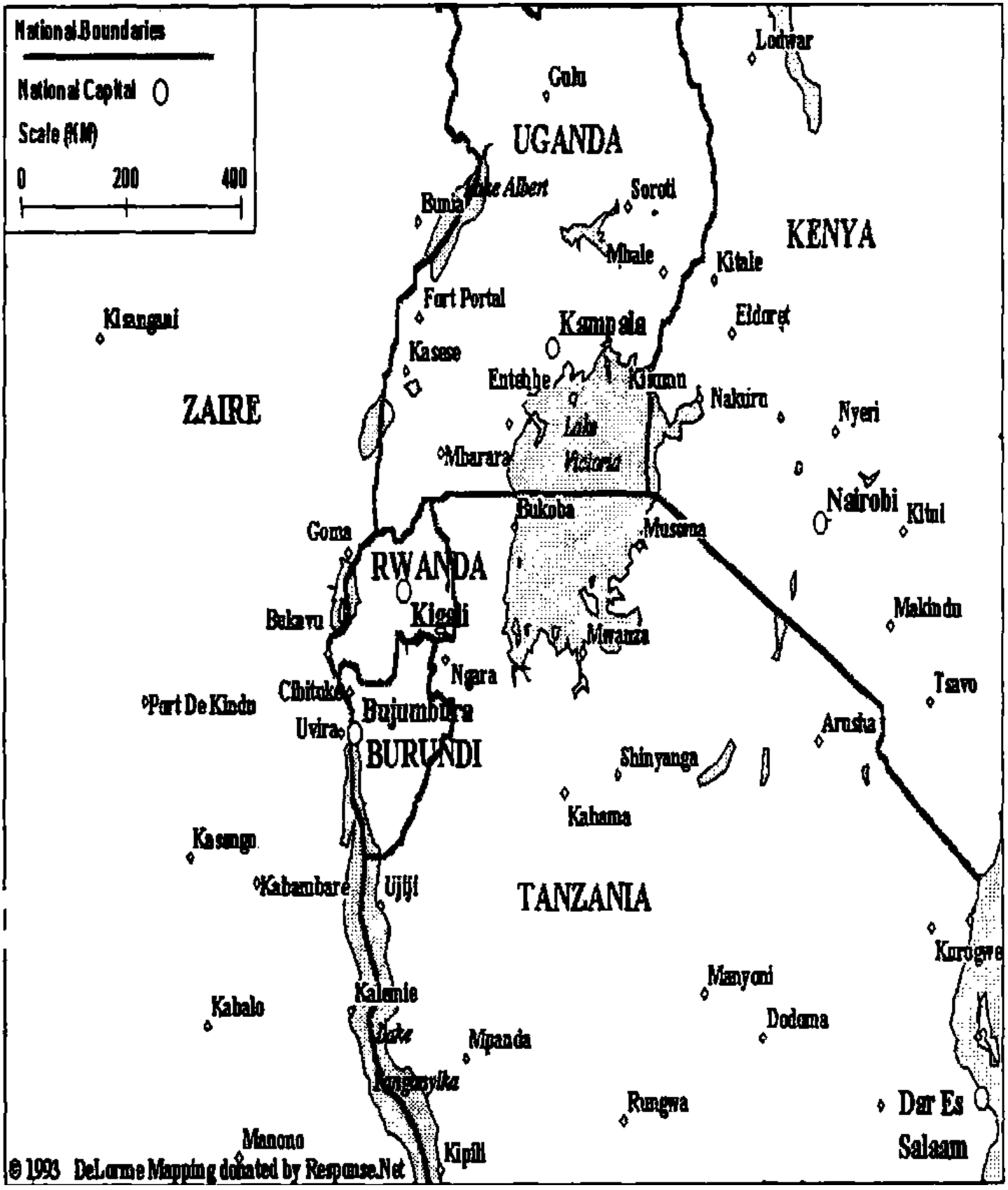
Insecurity remains a problem within Rwanda. Recent tensions with Uganda and a military build–up on the border has led to increased security measures for the UN and other international agencies. Major General Paul Kagame was elected as the new President of the country in April (OCHA–08/06/00).

The Rwandan government has been following a policy of "villagisation" whereby people are resettled in new villages or "imidugu", mainly in Ruhengeri and Gisenyi Prefectures. Previously, the RNIS has referred to these people as displaced, however, following OCHA's lead they will no longer be described as displaced, but simply as vulnerable. OCHA has reported that some 40,000 Rwandans are truly displaced in Gisenyi, having fled from the Gishwati forest. A further 370,000 people are reported to be living in refugee–like situation (that is in the new villages). Rwanda also houses a staggering 121,000 detainees (OCHA – 08/06/00).

The RNIS has not received any new information on the nutritional situation of the vulnerable or displaced groups in Rwanda. WFP continues with its programmes in the area (WFP – 15/05/00,15/06/00).

Refugees

A refugee census in the Kiziba and Kibali refugee camps in the Prefectures of Kibuye and Byumba indicated a reduction of 11.5% of the estimated refugee population. After the census, the caseload in Kibali camp was reduced to 15,500 refugees and 13,000 refugees in Kiziba camp. Thus the Rwandan Government hosts 28,500 Congolese refugees (WFP 15/06/00). There are also some 500 Burundian refugees in the country.



THE GREAT LAKES REGION
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UNHCR/WFP/NGOs and the GOR conducted a joint food needs assessment for refugees in camps in March 2000. This is the first JFAM since the establishment of the camps in 1996. The main problem identified with the food distribution system was the length of time the distributions take, and the lack of food distribution monitoring. Also, milling facilities are not always available close to the camps, and whole grains currently distributed are not suitable to prepare as weaning foods for children. The mission recommended the provision of maize flour rather than grain. In addition, the provision of CSB and salt was erratic (UNHCR/WFP – 24/03/00).

Refugees remain entirely dependent on food aid. Income–generating activities have not been as successful as hoped, and refugees are prohibited from planting on land around the camps. Some refugees have arrangements with local families to rent small plots of land, but this was very limited (WFP/UNHCR–24/03/00).

No micronutrient deficiencies were observed among the refugees. While no nutritional surveys have been conducted in the camps, the nutritional situation appeared satisfactory. This assumption was based on levels of malnutrition estimated from the feeding centres, which are thought to cover a very high proportion of malnourished children. On this basis, the prevalence of malnutrition in Gihembe camp was estimated at 5–10% (with 0.5 – 1% severe malnutrition), and in Kitiza camp was estimated at 7–8%, with similar rates of severe malnutrition (WFP/UNHCR – 24/03/00).

Returnees

Some 12,200 people have returned to Rwanda since the beginning of the year (UNHCR – 21/07/00). There is no information on their nutritional status.

Overall, as there has been no new information on the nutritional situation of the displaced and newly resettled populations in Rwanda it is assumed that the populations remain at moderate risk of malnutrition (category III). The nutritional situation of the refugees is not critical (category IV).

Recommendations and priorities:

- Obtain more information on the nutritional situation of the displaced and newly resettled populations.

From the UNHCR/WFP Mission (UNHCR/WFP – 24/03/00):

- Provide wheat flour, not grains.
- Improve the distribution of salt and CSB.
- Continue discussions with the GOR to allow refugees access to land to farm.
- Undertake a nutritional survey after a registration exercise.

Republic of Congo (RoC)

The situation in the Republic of the Congo (RoC) has improved dramatically during the first half of the year. The ceasefire agreement has held and much of the civilian population has returned to their homes. Some 630,000 of 810,000 IDPs (of a total population of 2.9 million) are reported to have returned to their places of origin. Humanitarian access has expanded rapidly. Thousands of militia members have been disarmed and disbanded. However, the country requires significant assistance in order to build on these achievements, and avoid a return to war. To date, only 10% of the funds requested by the UN consolidated appeal for the RoC have been received (OCHA – 06/07/00).

Humanitarian situation

Almost complete access to the country is now possible and assessment missions have reached most of the affected areas. Overall, the most serious humanitarian needs are decreasing, although expanded access has increased the potential to actually meet the needs. Needs are also diversifying, shifting in emphasis towards social reintegration and basic community–level reintegration. Health care needs are most pronounced, having accumulated during several years of non–access in some areas. There is also a requirement for clean water and other basic services (OCHA – 06/00).

The conflict seriously affected food security in the southern regions of the country, which previously accounted for 57% of total crop production, supplying two−thirds of the urban consumption. According to recent missions to war−affected areas, the revival of agriculture and livestock production has not yet started, except for limited vegetable production in some areas (OCHA – 06/00).

Republic of the Congo

WFP provided food to some 200,000 persons in Brazzaville, Pointe Noire and accessible areas of Pool, Bouenza, Niari and Lekoumou regions in the first half of this year. The agency anticipates providing food to an average of 120,000 beneficiaries until the end of the year (OCHA – 06/00).

Brazzaville

The nutritional situation in Brazzaville has stabilised. The most recent nutritional surveys by ACF−F of children and adults in north and south Brazzaville found a low prevalence of malnutrition (see RNIS 30). The prevalence of malnutrition was higher in both adults and children in south Brazzaville than north Brazzaville (ACF−F – 03/00).

All age groups in southern Brazzaville were equally affected by malnutrition. In the northern parts of the city, malnutrition affected the 6−29 month group more. This indicates that the population in the south was more severely affected by the recent conflict; almost the entire population was displaced from this area. Malnutrition is more common among the displaced and returnees than the people who stayed in the city (ACF−F – 03/00).

ACF also undertook a mortality survey at the same time. The results indicated that 13.5% of children less than 5 years died in the Pool region during the period of displacement. The primary cause of death was malnutrition. Approximately 6% of the total population of Pool died during the same period. However, CMR

estimated over the 30 days prior to the survey was lower (0.79/10,000/day) as was mortality under−five, which was estimated at 1.7/10,000/day. These results imply that the problems of food security and nutrition arose mainly when the population was displaced in the Pool Region (ACF−F – 03/00).

Measles vaccination rates were low (21.8% according to vaccination cards, and an additional 32% according to mothers). Vaccination should be a priority (ACF−F – 03/00).

At the time of the survey, Brazzaville's economy was reported to be improving, however food security remained fragile. Market prices continue to fluctuate because of irregular supply (due to strikes, poor or unopened railways, high oil prices) and a lack of seeds for market gardens (ACF−F – 03/00).

Southern Regions

A recent humanitarian mission to Pool, Kinkala, Boko, Mindouli and Kibuende reported that the nutritional situation in these areas is generally under control. However, the need for shelter and health services are acute, especially in Kibuende. Between 4,000 and 5,000 people have returned to Kibuende where almost all housing has been destroyed. No health or sanitation facilities exist (OCHA – 06/00, 06/07/00).

Approximately 41,000 households have been registered as potential beneficiaries for WFP food in the Pool, Niari, Bouenza and Lekoumou regions following recent assessments (WFP – 16/06/00). FAO plans to assist some 100,000 farming households affected by the crisis in these areas through the distribution of essential inputs including seeds and tools. The agency will also assist with the resumption of small−scale livestock production and the rehabilitation of fish farms. ICRC has begun to assist a food security and income−generation programme for IDPs returning to Pool and Lekomou. (IRIN – 14/07/00; OCHA – 06/00).

Refugees

Between 11−12,000 refugees have arrived in the first two weeks of July in Liranga and Njoundou, about 500 km north of Brazzaville, escaping renewed fighting in Equateur province in DRC. The fighting in Equateur has also forced UNHCR to suspend all relief interventions on the Congo River and use much more difficult land routes. UNHCR is investigating the possibility of moving the refugees away from the volatile river area. A shigella outbreak has been reported among the new refugees (IRIN – 14/07/00; UNHCR – 21/07/00).

In addition to the refugees in Liranga and Njoundou, a further 20,000 refugees from Equateur have settled further along the Ubangui river in RoC. UNHCR estimates that there are between 5,000 and 10,000 refugees in wholly inaccessible areas along the river border area, bringing the overall total of refugees from DRC in RoC to over 40,000 (IRIN – 14/07/00; UNHCR – 21/07/00).

There is no new nutritional information on the 8,000 Angolan or 5,000 Rwandan refugees in RoC. UNHCR has appealed for funding to assist in the integration of up to 5,300 Rwandan and Burundian and 5,000 Angolan refugees in RoC. The agency also plans to assist some of the Angolan refugees to repatriate (OCHA – 06/00).

Overall, the nutritional situation in RoC has stabilised. The IDPs and returnees are still considered to be at moderate risk because many have lost their livelihoods (category III). They may be considered more food−secure after the next harvest. The newly arrived refugees from the DRC are considered at higher risk (category II) because of the insecurity in the areas in which they have settled, and UNHCR's difficulties in providing assistance. The nutritional situation of the Angolan and Rwandan refugees is unknown (category V).

Recommendations and priorities:

- Provide funds for the programmes in RoC, in particular for rehabilitation activities.
- Monitor the nutritional situation of the returnees.
- Assist in the reintegration of ex−combatants into society.
- Ensure contingency planning for the possibility of renewed hostilities and population displacements.
- Relocate the refugees from DRC to a more secure area.

From the survey in Brazzaville (ACF−F – 03/00):

- Ensure coverage of the feeding programmes for all the displaced in both north and south Brazzaville.

- Undertake regular nutritional surveillance.
- Improve the referral system.
- Improve vaccination coverage.

Democratic Republic of the Congo (DRC)

Despite the Lusaka ceasefire agreements, the parties involved in the conflict in the DRC (Governments, rebels and their backers) multiplied their offensives during the reporting period and continued to demonstrate a lack of willingness to allow a peaceful resolution to their differences. The opposition in the DRC is supported by Burundi, Rwanda and Uganda. The Government is supported by Angola, Namibia, Zimbabwe and, reportedly, Sudan. The Government also has links with armed groups collectively known as *mayi–mayi* as well as an alliance with *interahamwe* militia. Accusations of ceasefire violations by all sides have continued since the beginning of the year. Human rights violations have been reported in both government and non–government controlled areas. Credible reports of military and communications equipment being airdropped to armed non–state actors who are not party to the Lusaka agreement have been received. (AI – 31/05/00; OCHA – 08/06/00, 12/07/00).

The estimated number of IDPs has increased to 1,502,000. This is partially due to a large increase in the Kivus, where numbers have increased dramatically after more displaced people were identified by an assessment Mission. In reality, the total number of IDPs has probably not increased.

Humanitarian situation

A recent IRC report has provided mortality information in 5 different locations in eastern DRC. The recall period was 16 months. RNIS has converted mortality rates from deaths/1000/month, to deaths/10,000/day for easy comparison with the other mortality data reported here. Several methodological limitations are described for the Kalongi displaced survey. The results can be seen in the table below (IRC – 05/00):

Results of the mortality studies in eastern DRC

Location	Sample size	CMR	Under 5 mortality
Kisangani	2305	0.87/10,000/day	1.6/10,000/day
Kabari	1273	0.9/10,000/day	1.9/10,000/day
Katana	1219	0.9/10,000/day	2.3/10,000/day
Kalongi displaced	1330	2.1/10,000/day	4.7/10,000/day
Moba	1212	3.8/10,000/day	8.2/10,000/day

High mortality and a decrease in fertility rates are also indicated by 30–40% fewer children under 2 years of age than would be expected (IRC – 05/00).

Violence was a major cause of death in all locations, and particularly in those with the highest mortality rates. Causes of death ranged from malaria in Kisangani, female genital mutilation in Kabari, malaria and diarrhoea in children in Katana and violence to people more than five years old. The violence in 1999 was between *Mayi–Mayi* and Rwandese or RCD forces, whereas in 2000, it is attributed to violence of *Interahamwe* against citizens of the area. Violence was also a major cause of death in the Kalongi displaced (people from previously inaccessible parts of South Kivu). The increase in violence was also associated with deaths from other causes. The main causes of mortality in children in Moba were cholera, dysentery, TB, and violence. Maternal mortality was estimated at 11% of full term pregnancies (IRC – 05/00).

Despite the reservations expressed by the authors, these mortality rates were extrapolated to estimate the number of excess deaths in the whole of Eastern Congo since the outbreak of the recent fighting. As the total estimated population in Eastern Congo is 19.9 million, the number of excess death was estimated at is 1.7 million. Clearly, there may be some problems in extrapolating survey data from five areas to cover half a country and it is not known how accurate this summary figure is (IRC – 05/00).

Most IDPs have lost their homes and possessions. Health centres and hospitals in conflict areas lack basic medical equipment and qualified personnel. Due to low vaccination coverage rates, epidemics of measles and cholera are rising (UNICEF – 07/07/00).

Nutritional situation

The RNIS has not received any new nutritional surveys for DRC during the reporting period. An OCHA study in west–em DRC revealed that soaring consumer prices and large food deficits are the norm in urban areas (OCHA – 12707/00). Prolonged lack of access to food and basic health care usually leads to increased levels of malnutrition. However, most nutritional surveys recently conducted do not show alarmingly high prevalences of malnutrition (see RNIS 29,30). It is probable that the most food–insecure populations are inaccessible.

Kinshasa

There is no new information on the nutritional situation of the population of Kinshasa, The most recent surveys, conducted in October 1999, did not find especially elevated rates of acute malnutrition (see RNIS 29). A food security assessment indicated that the population living on the outskirts of the city were most at risk of food insecurity because of poor infrastructure and limited employment opportunities (RNIS 30).

Orientale

There are an estimated 215,000 displaced people in Orientale Province (OCHA – 12/07/00).

Ituri district

Ituri district has been the scene of violent clashes between the Lendu and the Hema. Joint assessment missions during the period have identified new pockets of displacement and need. However, the humanitarian situation of the IDPs in Ituri is reported to be improving as a result of multi–sector health, nutrition, sanitation, and food security responses by the international community. There are an estimated 115,000 IDPs in Bunia and the surrounding area (OCHA – 08/06/00,12/07/00).

Kisangani

The humanitarian situation in Kisangani reached a new low during the reporting period. Ugandan and Rwandan forces fought each other even as the UN was supervising a withdrawal of troops in an attempt to demilitarise the town. The resident population (estimated at 600,000) was caught in the middle and at least 750 civilian deaths were reported. Around 70% of the housing and infrastructure was destroyed. Huge numbers of landmines were laid. Massive displacement followed. Recent reports indicate that there remain an estimated 30–60,000 displaced people in the Kisangani area, of which 5,000 are within the town. The majority of the urban IDPs are expected to re– turn to their homes as soon as the security situation has stabilised (IRIN – 26/06/00; MSF – 24/06/00, 05/07/00; OCHA – 12/07/00).

Health and nutrition have been acute problems for a long period, both within and outside the town. MSF, which has 12 feeding centres in Kisangani, has reported an increase in admissions to its centres over the past few weeks. Market prices have risen and there is a shortage of some goods. Health care centres are too expensive for much of the population. In addition, the water supply is insufficient (MSF – 05/07/00).

WFP delivered and distributed food to the town population by air in mid–June. An estimated 12,500 people in collective sites were assisted. A further 35,000–40,000 people in the greater urban areas also require food aid. The delivery of humanitarian assistance to the IDPs outside the town is more problematic, given the security situation. WFP has stressed that aid flights are only a temporary solution and that humanitarian corridors must be opened, particularly on the Congo River (MSF – 24/06/00; WFP – 16/06/00).

North and South Kivu

The war in the Kivus has intensified. Fighting and raiding have been reported in Bukavu, Uvira and Bwito (IRIN – 09/06/00, 30/06/00, 07/07/00). There are now an estimated 282,000 IDPs in North Kivu and 220,000 in South Kivu. The number of IDPs in South Kivu has risen as a result of an ongoing assessment exercise. The humanitarian needs of many of the displaced remain unmet, mainly because of insecurity and insufficient resources. In early July several international NGOs suspended their operations in South Kivu due to attacks on their staff (AAH – 11/07/00; OCHA – 08/06/00,12/0700).

An SC(UK) survey in October 1999 of children aged 6–59 months in Nyambita and Nyakariba in the Masisi health zone of North Kivu estimated the prevalence of acute malnutrition at 9.7%, including 5.9% severe acute malnutrition (SC(UK) – 10/99). This survey was undertaken in conjunction with a food economy assessment of the area that reported very poor food security for much of the population in the area (see RNIS 30).

Katanga

There are an estimated 250,000 displaced people in Katanga Province who are dispersed throughout the province, scattered in camps (for example in Lumumbashi) or resettlement sites, or hosted in local communities. The IDPs are both on sides of the frontline of the rebels and the Government's armed forces. An Assessment Mission to Ankoro in Katanga province in May, the first since the outbreak of hostilities in 1998, estimated that there are 44,000 IDPs and 190,000 residents in the town. The town is situated on the Congo river, but the populations on either side are unable to fish due to insecurity. Although no formal assessment was conducted, visible signs of malnutrition were evident. Sanitation and health facilities were poor. WFP delivered food to the area soon after the mission, and other international organisations are planning to start programmes in the area (OCHA – 23/05/00, 12/07/00).

Maniema

An FAO mission to Maniema in May estimated that 110,000 IDPs remain in the forest in Maniema. Fish breeding programmes are being supported in order to improve food security. Water projects are also underway (OCHA – 12/07/00).

Eastern Kasai

The high level of military activity in this province restricts access to the communities in need. The bulk of the displaced (conservatively estimated at 140,000) are reported to be hiding in the forest. The IDPs are in desperate need for protection (appalling human rights abuses have been reported) and also require relief supplies (mainly medicines). No information on their nutritional situation is available (OCHA – 12/07/00).

Western Kasai

Data on displacement in this province are very scarce, most of the estimated 140,000 IDPs are living along the railways. The frontline intersects the most densely populated zones. An OCHA study reported that the food security situation was very poor due to the large scale displacement of farmers growing staple foods. No assistance is provided in a systematic manner to this area (OCHA – 12/07/00).

Equateur

Equateur remains the most active part of the frontline. There are an estimated 250,000 IDPs in the province. Reports of civilians fleeing areas of intensive combat have been received. A WFP barge left Kinshasa to Mbandaka in early July, the first of such operations since the start of the war. Food commodities and other emergency supplies will be dispatched to areas affected by displacement, including those across the frontline (OCHA – 12/07/00). At least 35,000 refugees have arrived in RoC from Equateur Province during the reporting period.

Refugees

Angolan refugees

The influx of Angolan refugees into DRC continues. An excess of 1,600 refugees are reported to have arrived in Kimpese camp in March and April. Insecurity along the borders is restricting access and hence UNHCR and NGOs are unable to assess the situation and the numbers. As of late May, there were an estimated 155,000 Angolan refugees in DRC in Bas Congo, Bandundu and Katanga. No new information on their nutritional situation is available (OCHA – 08/06/00; UNHCR – 21/07/00).

Burundian refugees

There are an estimated 19,000 Burundian refugees in South Kivu and 500 in Mbuji–Mayi. Most of these are unassisted due to the insecurity in the region. Their nutritional situation is unknown (OCHA – 08/06/00; UNHCR – 21/07/00).

Congolese refugees (from RoC)

Luozi camp (Bas Congo), which hosted refugees and extended services to the resident population, was closed on April 5. UNHCR has assisted the majority of the refugees to return to Brazzaville. The remaining caseload, mainly political refugees, were transferred to Kimbanza camp. There are an estimated 9,000 Congolese refugees in DRC. No new information on their nutritional situation is available (OCHA – 08/06/00).

Sudanese refugees

There is no new nutritional information available for the estimated 72,000 Sudanese refugees in Orientate province. Approximately 35,000 of these refugees are unassisted (OCHA – 08/06/00).

Rwandan refugees

The repatriation of Rwandan refugees from North and South Kivu is ongoing. UNHCR reported that approximately 32,000 Rwandans were assisted to repatriate from the Kivus in 1999. An estimated 60,000 Rwandans remain in DRC and are unassisted. There are a further 1,250 Rwandan refugees in Mbuji–Mayi who are assisted by UNHCR. There is no new information on the nutritional situation of the Rwandan refugees (OCHA – 08/06/00).

Ugandan refugees

There are an estimated 3,200 Ugandan refugees in Orientate Province. There is no new information on their nutritional situation (OCHA – 08/06/00).

Overall, it is extremely difficult to draw any definite conclusions about the nutritional situation of the displaced in DRC because humanitarian agencies are unable to gain access to many of the affected areas and hence there is very little information available. However, it seems probable that the areas in which there has been recent righting and displacement will be the most nutritionally vulnerable (Orientale, Kivus, Equateur, East and West Kasia). The IRC survey in eastern Congo also indicates that areas of violence, particularly those that are inaccessible, are likely to suffer high mortality rates. These people are therefore considered to have a high to very high risk of malnutrition (category I and II). The displaced in other areas are considered at high to moderate risk (category II and III). The nutritional situation of the people in Kinshasa is currently stable (category IV). The nutritional situation of the Angolan refugees is assumed to be unchanged, that is non–critical (category IV). The Congolese are at moderate risk (category III). The nutritional situation of the other refugees in DRC is unknown (category V).

Recommendations and priorities:

- Advocate for peace in DRC.
- Establish humanitarian corridors to reach the populations most affect by the war.
- Continue with programmes to assist the IDPs and other vulnerable populations in accessible areas.

United Republic of Tanzania

The political and military conflicts in the Great Lakes region of Africa continue to cause refugees to enter the United Republic of Tanzania. In particular, continued civil and political unrest in Burundi and DRC hinders voluntary repatriation to these countries and continues to cause new influxes of refugees. UNHCR provides assistance to over 440,000 refugees (out of a total of 800,000 estimated by the Government) from Burundi, DRC, Rwanda and Somalia (the Somalis are no longer assisted by WFP). A re–registration exercise was undertaken in June in the west–em camps. This information is currently being processed. Since the beginning of the year an estimated total of 53,600 refugees (of Congolese, Burundian and Rwandan origin) have sought refuge in the United Republic of Tanzania (UNHCR – 19/07/00,21/07/00; WFP – 20/07/00).

UNHCR and the Burundian government have prepared a contingency plan for refugee repatriation in the event that the ongoing Arusha peace process delivers an accord (IRIN– 02/06/00).

Joint Food Assessment Mission

A Joint Food Assessment Mission to the camps in the United Republic of Tanzania was undertaken by WFP and UNHCR in May, the following findings were noted (UNHCR/WFP – 07/00):

• The average CMR in 1999 was 0.15/10,000/day, with a peak in June and July. Under–five mortality rates averaged 0.43/10,000/day. Both of these rates are within acceptable limits. Malaria was the most important cause of mortality, followed by pneumonia and diarrhoea.

• The nutritional status of the population is generally satisfactory. The most recent surveys estimated the prevalence of acute malnutrition at 1.8% in the camps in Kigoma and Kagera regions, although the prevalence of stunting was much higher at 44.1% (see RNIS 27). In light of these results, the supplementary feeding programmes in the camps will be decentralised as a community–based activity and will be integrated into the health posts. Case detection of malnourished children will be systemised in the outreach activities.

• According to UNHCR's health information system, only 9% of babies born in the camp had low birth–weights (<2,500g) compared to 20–30% in previous years. This decrease was attributed to a combination of interventions in antenatal care, malaria prophylaxis, and supplementary feeding for pregnant women.

• Micronutrient deficiencies, particularly anaemia, were still reported (see RNIS 27). This was attributed to a combination of factors including the prevalence of malaria and infectious diseases, and reliance on a limited number of foods.

• Several food economy surveys conducted in the camps in 1999 and 1998 (these reports are not available to the RNIS) have indicated that most of the refugees are dependent on WFP's food rations, although a few have some level of self–reliance. As the refugees are not allowed to move beyond the 4km perimeter of their camps without special permission and as it is illegal for them to either engage in agricultural activities (although some do) or paid labour, it is not possible to contemplate large–scale reductions in the provision of food. The assessments found qualitative and quantitative confirmation of the inter–relationship between land allocated for home production and the level of self–sufficiency. A small reduction in the pulses ration may be considered if the refugees are allowed to maximise their potential for home production.

• Food requirements were met during 1999, with the exception of transient shortages of pulses, cereals and CSB. These shortages did not have an obvious effect the nutritional status of the beneficiaries.

• The scarcity of firewood remains an issue of concern. In some camps, for example Ngara and Mtabila, refugees are forced to travel great distances to obtain sufficient amounts of wood to meet their basic needs. On average, refugees spend two entire days a week obtaining adequate amounts of firewood. Women, who are usually responsible for the collection of firewood, are also put at risk. Local officials have complained that the environment is being damaged and that the refugees are competing with the residents for a scarce resource.

• The nutritional situation of the surrounding populations is worse than that of the refugees (see RNIS 28). There are an estimated 1 million local inhabitants in the refugee–affected areas who are mainly subsistence farmers with very low incomes. Subsistence food production and poor farming practices with poor roads and weak marketing systems is common in both regions. The refugees' presence has resulted in sharp price rises in the prices of local food, deteriorating security as well as environmental degradation.

UNHCR in collaboration with its implementing partners is currently undertaking a nutritional survey in Kagera and Kigoma regions. In addition, the agency has obtained funds from the United Nations Foundation to implement projects aimed at enhancing the nutritional status of women, adolescents and children in four African countries. The multi–agency project has recently been launched in the United Republic of Tanzania (UNHCR – 19/07/00).

Resources

Although funding for the refugee programme in the United Republic of Tanzania has previously been generous, WFP is facing a severe shortfall in food resources for the refugees in Kigoma and Kagera Region. Only about 50% of the desired ration is available. In order to stretch the available food resources until the end of the year, WFP will have to reduce the current food aid rations for the refugees by 40%, starting immediately. On a daily basis, this means a reduction from 600g to 360g (WFP – 20/07/00).

All efforts will be made to protect the most vulnerable refugees by maintaining a full ration for the elderly, patients in hospital, pregnant and lactating mothers and small children. The reduction in the food ration will clearly lead to increased food insecurity and may lead to nutritional problems for the poorest group of refugees. In addition, the pipeline break may increase personal insecurity and tensions between local populations and refugees in some areas (UNHCR/WFP – 07/00; WFP – 21/07/00).

In addition to the problems associated with cut in the rations described above, WFP's preparedness to deal with any more population movements in the region, including repatriation, will be severely compromised. This is due to the current reduction of food supplies and buffer stock (WFP – 20/07/00).

***Overall**,* although the most recent surveys and assessments of the refugees in the United Republic of Tanzania do not show elevated rates of malnutrition, WFP has been forced to cut the population's rations. Thus the refugees are considered at high risk of malnutrition (category II).

Recommendations and priorities:

- Provide funding for WFP's refugee programmes.

From the UNHCR/WFP assessment mission (07/00):

- Continue to monitor the nutritional status of the population on an annual basis, after the rainy season.

- Conduct a registration exercise.

- Continue with iron supplementation and de–worming programmes in order to reduce the incidence of anaemia. Monitor the prevalence of anaemia in annual surveys and through antenatal screening.

- Assist refugees with seeds and tools in order to support existing horticultural activities.

- Establish a formal mechanism for high–level dialogue with the Government with a view to obtaining additional access to land for refugee agricultural activity.

- Work with GOT to formulate a policy regarding agricultural activity, land access and utilisation, also allowing Congolese fishermen to fish in Lake Tanganyika.

- Plant fast–growing trees for firewood in the areas surrounding the camps. Promote the use of fuel–efficient stoves.

- Assist the local communities in infrastructure rehabilitation, education, agriculture, environment management, health and potable water supply.

3. Eritrea

The border war between Eritrea and Ethiopia, which started in May 1998, escalated dramatically on May 12 on the Merb–Sebit front, and displaced huge numbers of people on both sides. A ceasefire agreement, negotiated by the Organisation of African Unity, was signed on June 18. The agreement has brought an end to the fighting for the time being, but several key issues remain unresolved and the final demarcation of the border still needs to be agreed.

The humanitarian situation in Eritrea deteriorated very seriously during the months of May and June. The Eritrean Relief and Refugee Commission (ERREC) estimates that more than one million people are currently internally displaced (out of a total population of approximately 3 million). UNHCR has registered 95,000 new

Eritreans refugees in eastern Sudan (IRIN – 03/07/00; UNHCR – 12/07/00). Despite the ceasefire, food security will remain a problem at least until next year. Like the rest of the Horn of Africa, the population is facing a severe drought, and competing claims for assistance with other drought–affected populations in the region. In addition, the southern parts of the country will have to be de–mined before many of the displaced can return home and resume their normal lives.

War–affected displaced

Some 265,000 people were internally displaced in Eritrea before the latest fighting began. The IDPs were located in Gash–Barka Region, close to Badme in the southwest lowlands, the Debub Region, south of Asmara in the highlands and also in the Assab area of the Southern Red Sea Region. However, the fighting forced most of the population of Gash Barka to flee. More than 70% of the refugees in Sudan are from this zone and over half a million of the IDPs originate from there. Thus many of the displaced have been forced to flee twice (UNHCR – 12/07/00).

Precise estimates of IDP numbers are difficult to obtain, as population movements are fluid. UNHCR operates on the basis of a 550,000 figure for IDPs in and from Gash–Barka, while the overall IDP population is one million. Some of the displaced have started to return to their home areas since the ceasefire, but many more are spread throughout the country in 30 or more camps. Others are staying with relatives, or are simply living in the open, along riverbanks. Only one third of Eritrean IDPs are believed to have adequate shelter. Thus shelter materials are urgently required. Many IDPs are prevented from returning home because roads and bridges have been destroyed. The seasonal rains have also begun, making many roads impassable. Flash flooding may be dangerous in dry riverbeds where people are seeking refugee. In addition, some home areas have been mined are therefore not safe for return (IRIN – 03/07/00; RI – 27/06/00; UNHCR – 05/07/00).

Many of the IDPs lack the most basic items and have only restricted access to food and clean drinking water. Increased quantities of water are needed, but an inadequate supply of tankers for transport has limited supplies. No reports of increased incidences of malnutrition or morbidity have been received by the RNIS to date. However, the onset of the rainy season is likely to contribute to the spread of diarrhoeal disease and the malarial incidence will probably rise. Hospitals and health clinics have also been destroyed in the fighting (IRIN – 03/07/00; RI – 27/06/00; USAID – 21/06/00, 10/07/00; UNHCR – 07/07/00).

The food situation is reported to be very precarious, with food stocks in the country sufficient to cover the needs of IDPs and other affected populations for only another month (UNHCR – 05/07/00).

The long–term food security outlook is very poor. Even those IDPs who have been able to return home to *a* non–mined area will have difficulty planting their crops in time. In addition to displacement, the region is facing severe drought–induced food insecurity. Up to 100,000 animals have been killed. WFP is planning to provide food assistance to 750,000 displaced and war–affected people in Eritrea until April 2001. NGOs and other agencies will provide food to the rest of the affected population (RI – 27/06/00; WFP – 07/07/00, 21/07/00).

Drought

In addition to the problems caused by the war, Eritrea's population is also suffering from the drought that is affecting the rest of the Horn of Africa. An estimated 335,000 people are affected. WFP is providing assistance to people in the Anseba region (WFP – 30/06/00). The RNIS has not received any nutritional information on the drought–affected population.

Refugees in Sudan

WFP and the ERREC have jointly prepared distribution plans to meet the food requirements of approximately 80,000 Eritreans expected to return to Eritrea from the Sudan. According to UNHCR, the refugees will bring nonfood items donated to them during their stay in Sudanese camps. WFP aims to have the stock in position prior to the rainy season (WFP – 30/06/00).

Overall, the humanitarian situation in Eritrea is critical. Although no reports of elevated levels of malnutrition or morbidity have been received so far it seems likely that the next few months will be very difficult for the displaced populations in Eritrea, unless the relief operation is expanded and maintained. They are therefore classified at high to moderate risk (categories II and III).

Recommendations and priorities:

- Support the UN Appeal for the war−affected populations in Eritrea.
- Obtain accurate estimates of the number of IDPs requiring assistance.
- Provide shelter and other basic needs to the IDPs as soon as possible.
- Reconstruct roads and other infrastructure.
- De−mine affected areas.

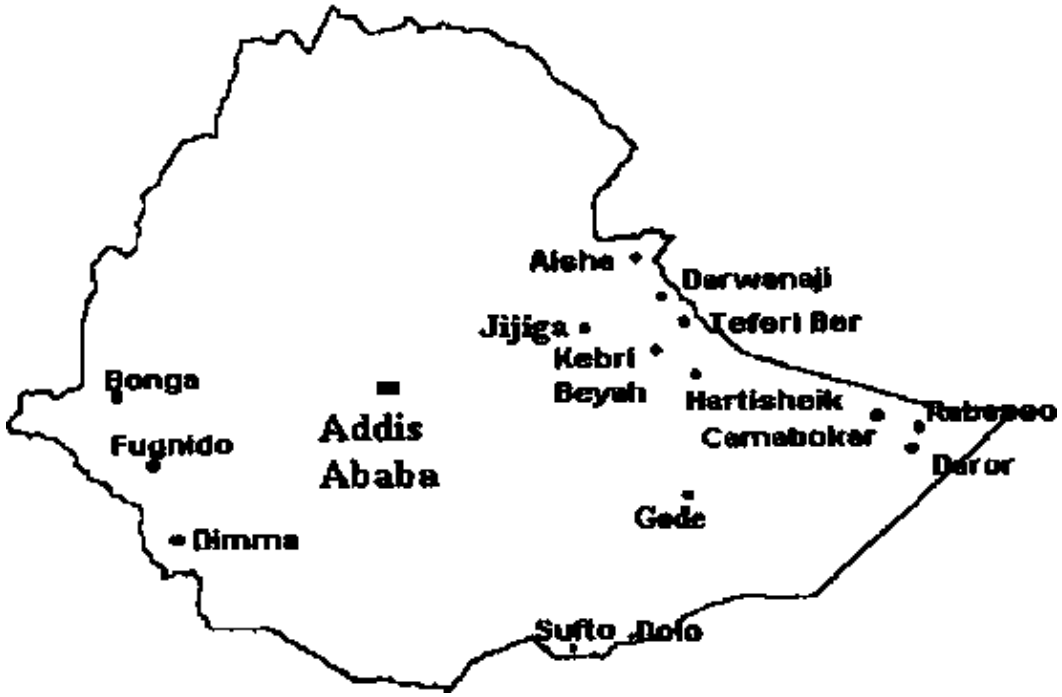
4. Ethiopia

The UN estimates that some 10 million people are currently affected by the drought in Ethiopia. A further 350,000 people have been displaced by the war with Eritrea.

War−displaced population in Tigray and Afar

An estimated 316,000 Ethiopians have been internally displaced by the conflict with Eritrea in Tigray and a further 34,000 in Afar. The Ethiopian Government is anxious to support the return of the IDPs to their homes in border areas, but landmines and unexploded ordnance remain a dangerous threat (UNDP – 10/07/00).

Reports suggest that the major health problems facing the IDPs are malaria, acute respiratory tract infections and diarrhoeal diseases. The most recent nutritional surveys (conducted in August 1999) did not indicate an elevated prevalence of malnutrition, although this situation has almost certainly changed, given the current famine in Ethiopia. WFP continues to provide relief food to 272,000 of the displaced, however the EMOP is under−funded (UNDP – 10/07/00).



Some of the IDPs have returned to their homes in Tigray. A UN Inter Agency Mission to the area noted that the returnees' most pressing needs include agricultural inputs, shelter, water, health, and transport assistance. As the rainy season has just begun in the northern parts of Tigray, it is important that agricultural programmes are implemented as soon as possible (UNDP – 30/06/00, 10/07/00).

Drought

Note that the RNIS is mandated to provide information on the nutritional situation of refugees and displaced populations only. The effects of the drought combined with chronic food insecurity in Ethiopia have resulted in a period of unusually severe food insecurity, social disruption, and increased risk of disease. RNIS cannot report the complexities of this crisis, but extremely high rates of malnutrition have been reported associated with catastrophic mortality rates. RNIS believes this situation constitutes a serious famine. More detailed information is available from www.reliefweb.int and from the UNDP Emergencies Unit for Ethiopia.

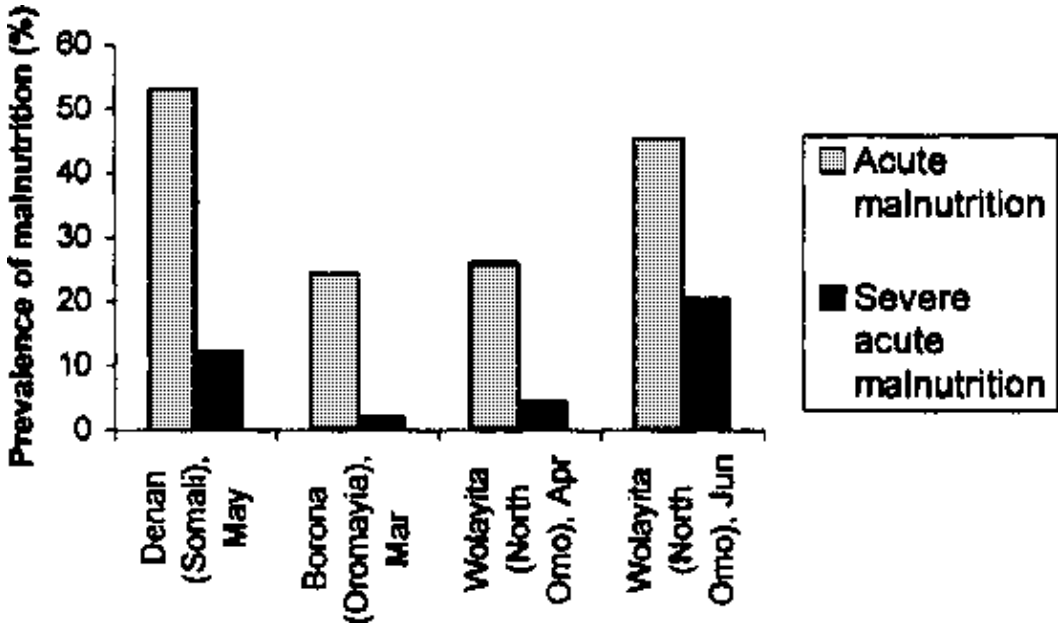
Failed or poor rains, over the past three years to four years, combined with increasing impoverishment of a section of the population, have rendered many agriculturists, agro–pastoralists, and pastoralists increasingly vulnerable to famine. Currently, an estimated 10 million people are affected, in terms of food security, water shortages and poor sanitation and health. This number has increased from the 8 million referred to earlier in the year as the most recent *belg* harvest has failed in many areas (OCHA – 06/00; UNDP – 10/07/00).

Populations most affected by drought are the pastoral and agro–pastoral populations in the south and southeast of Ethiopia, for example, the Somali and Oromiya zones and also parts of the Southern Nation and Nationalities Peoples Region (SNNPR). The Somali Region, or the Ogaden, has suffered from drought, war, and displacement for almost 30 years, thus rendering the population vulnerable to any periods of drought.

Farming populations in the highlands are also severely affected. Some of the most affected people are those who are mainly dependent on the *Belg* harvest for example, people in parts of North Omo Region of SNNPR, Amhara Region and Tigray (OCHA – 06/00). Sections of the population have become chronically food–insecure over the past decade. This is the combined result of repeated famine and increasing indebtedness of farmers. Farmers, even with very small land–holdings and/or degraded land, have to take loans for agricultural inputs such as fertilizer, and hybrid seeds. These loans have to be repaid immediately following the harvest. This has deepened the cycle of indebtedness and poverty. The failure of the recent *belg* rains has caused famine in this already chronically food–insecure population. Parts of North Omo Region and Wollo are some of the most densely populated areas in Ethiopia, with very small land–holdings per family. People have few sources of food other than farming (Oxfam – 07/00).

Nutritional Situation

The RNIS has received a number of nutritional surveys of the drought–affected communities in Ethiopia. The graph below shows a summary of the surveys that are comparable as they were all conducted using the same methodology (cluster sampling). Extremely high prevalences of malnutrition have been recorded in some areas. Other assessments from Gode in the Somali Region, North and South Welo (in Amhara), and North Omo Zone in SNNPR region, Derashe, Konso Special, Damot Weyde and Boloso Sorie Weredas, of the SNNPR Region have also reported high prevalences of malnutrition and food insecurity (CARE – 04/00; CONCERN – 02/05/00; MSF–B – 05/00; SC(UK) – 14/04/00, 15/06/00; UNDP – 27/05/00, 27/06/00; Oxfam – 07/00) Recent survey reports from Denan, in the Ogaden, showed extremely alarming mortality rates (MSF–B–05/00).



The prevalence of acute malnutrition (defined using z scores and/or oedema) in selected drought–affected populations of Ethiopia

Displaced populations may be included in some of these assessments and surveys. For example, in Denan MSF–B reports that a camp outside the town, where people began to gather in January, had 13,000 displaced people living in it at the time of the survey. There was no significant difference in the prevalence of malnutrition between the IDPs and residents. The situation in Denan is extremely severe, it was reported that one in three children aged less than 59 months had died in the four months prior to the survey (MSF–B – 05/00).

Other than Denan, reports of unusual population movements in the Somali Regional State have been received from Code, Imi and other local centres. While the search for drinking water initially seemed an important factor that made people decide to move, the existence of feeding centres and food distributions may also be acting as pull factor. Most of the migrants are reported to have come from areas where no feeding centres have been set–up (UNDP – 10/06/00). However, it is surprising that more people are not migrating in search of relief at this time. Although surveys undertaken during previous famines in the Somali Region show significantly higher mortality rates associated with malnutrition in relief centres than in non–camp populations.

Food security outlook

WFP has appealed for food for some 9.3 million people. The overall pledging response has improved significantly since mid–April and a substantial amount of food is due to arrive at the ports in the coming month. Recent road closures due to rains have highlighted the acute shortage of four–wheel drive vehicles and the need to pre–position food in more remote areas (OCHA – 06/00).

The long–term food security outlook is very poor in the most affected areas. It is estimated that up to 3 million cattle, calves and milking cows have died as a result of the drought. In some areas, livestock losses have reached 90%. Mortality figures for camels vary from 5–10%, for sheep between 10–20%. These deaths will clearly lead to severe food insecurity in livestock–dependent communities. The pastoral communities in Somalia Regional State, Borena Zone of the Oromiya Regional State and South Omo Zone of the SNNPR are the most affected, having had three consecutive years of little or no rainfall (OCHA – 06/00).

Preliminary assessments indicate that around 1.6 million agricultural households in Ethiopia have been seriously impacted by the drought in primary crop production areas. Cuttings, seeds, tools and irrigation pumps are all required before the next meher–growing season and *belg* in 2001. Without assistance, many impoverished *belg* farmers will not be able to plant next year. Target areas for emergency agricultural assistance include the North Omo Region of SNNPR, Amhara Rehion and Tigray (OCHA – 06/00). As farmers have not been able to repay their loans for last season's inputs, they will not be able to purchase seeds for the coming agricultural season. As seeds have to be bought through parastatals (Corbett – 11/07/00), options for providing farmers with cash may have to be considered.

Refugees

There are an estimated 250,000 Sudanese, Somali and Kenyan refugees in Ethiopia. The camps in the west of the country are mainly Somalis (population estimated at 151,000) and those in the east are mainly Sudanese (an estimated 72,000 people). No new information on the nutritional situation of these groups, which was reported to be non–critical in the most recent report, has been received (UNDP – 14/02/00). The current drought, however, may affect the nutritional situation of the refugees as market prices increase.

The most recent health report from UNHCR, from April, estimates the CMR in the Eastern camps at 0.09/10.000/ day and at 0.11/10,000/day in the Western camps. Underfive mortality is estimated at 0.3/10,000/day and 0.07/10,000/day respectively. These rates are below acceptable limits. Primary causes of mortality were watery diarrhoea, acute respiratory infections and malaria (UNHCR – 19/07/00).

Overall, The situation for the famine–affected populations in Ethiopia is extremely alarming. Significant numbers of people are already dying. Urgent life–saving assistance is required to alleviate famine conditions (Category I). The war–affected displaced are considered at high to moderate risk (category II and III). The nutritional situation of the refugees is currently not critical.

Recommendations and priorities:

- Support the UN's consolidated appeal for the drought in the Horn of Africa.
- Provide funding to the EMOP for the IDPs in Tigray and Afar
- Obtain more information on population movements in the drought–affected areas.
- Encourage donor governments to support NGO initiatives for feeding and health programmes.

5. Kenya

Note: the RNIS is mandated to provide nutritional information on internally displaced and refugee populations. The RNIS cannot report comprehensively on the drought–affected populations of Kenya, although the situation is very severe in some areas. More information can be obtained from www.reliefweb.int

Refugees

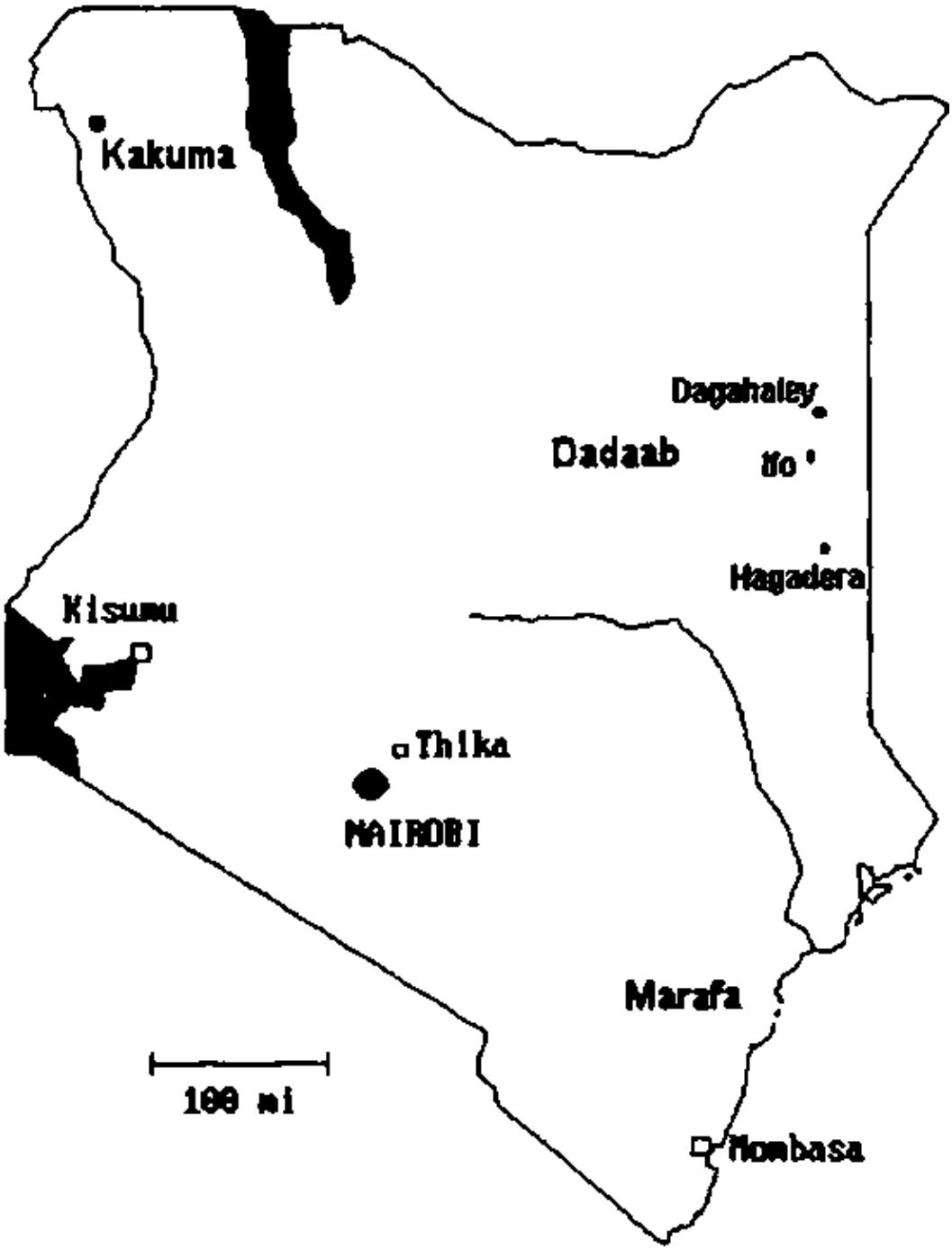
Kenya hosts some 215,000 Sudanese, Somali and Eritrean refugees in UNHCR camps in Dadaab and Kakuma. There is no new information on the nutritional situation of the refugees, which was reported to be uncritical in the most recent surveys and assessments (RNIS 29). However, it is likely that the refugees will be affected by the drought. The prices of local goods, including milk, will increase as their availability decreases. The refugee population are mainly pastoralists and regularly trade their relief food for milk. In addition, water will be more limited than normal, possibly causing hygiene and sanitation problems. These factors will probably result in an increase in the rate of malnutrition in the refugee populations.

Drought

Prolonged drought is increasing food insecurity throughout Kenya. Nearly 3.3 million people are in urgent need of food assistance. Apart from some areas in Western and Nyanza provinces, there has been very little or no rainfall in the rest of the country, leading to widespread crop failure and large livestock losses in pastoral areas in the north, northeast and northwest. Pastoral communities are of particular concern, as they are faced with the fourth consecutive failure of the rainy season. Prospects for the 2000 main cereal crop, which is normally harvested in October, are very unfavourable (WFP – 21/07/00).

As recorded in earlier droughts, destitute pastoralists are settling in the outskirts of district centres, however large numbers of displaced people have not yet been reported.

Turkana is one of the most affected districts. In March just before the long rains were expected, an Oxfam survey estimated the prevalence of acute malnutrition at 21.6%, including 4.6% severe acute malnutrition. CMR was estimated at 2.1/10,000/day and under–five mortality at 5.6/10,000/day. Since then, the long rains which normally account for 80% of total food production have failed. The prevalences of malnutrition can therefore be expected to increase until the end of the year. This situation calls for urgent action (Oxfam – 04/00).



An extension to WFP's EMOP for the drought–affected Kenyans was approved at the end June. About 30% of the operational requirements have been resourced so far. The food pipeline situation is thus not good for any commodities, particularly non–grains (WFP – 21/07/00).

Overall, the refugees are considered at heightened nutritional risk because of the drought (category III). The drought affected Kenyan population are at high risk of malnutrition and mortality.

Recommendations and priorities:

- Support the appeal for the drought in Kenya.
- Continue to monitor the nutritional situation of the refugees.

6. Liberia/Sierra Leone Region

The humanitarian situation in Sierra Leone has severely deteriorated following the resumption of hostilities between the rebels and pro–government forces. Large numbers of people have been newly displaced and

access to the rebel−held areas is non−existent. No significant changes in the humanitarian situation in Liberia, Cote d'Ivoire or Guinea−Conakry have been reported. The table below shows the numbers of affected people requiring assistance in these countries

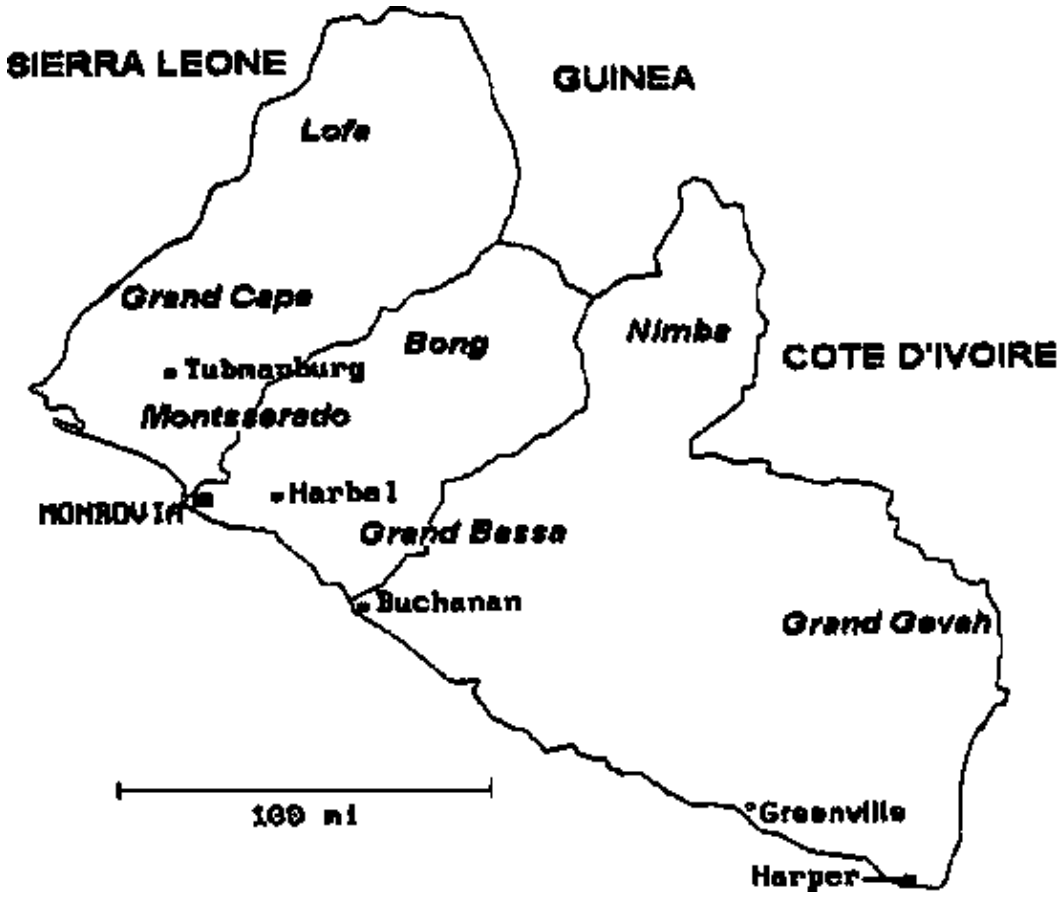
Estimated numbers of refugees, IDPs and returnees In the Liberia/Sierra Leone Region

	June−1998	Mar−1999	June−1999	Sep−1999	Dec−1999	Mar−2000	Jul−2000
Liberia	209,000	495,000	505,000	505,000	510,000	96,000	87,000
Sierra−L.	300,000	400,000	708,000	758,000	758,000	757,000	1,156,000
Cote d'Iv.	140,000	101,500	103,000	108,500	101,500	101,500	88,000
Guinea−C.	614,000	470,000	400,000	488,000	488,000	489,000	450,000
Total	1,263,000	1,466,500	1,716,000	1,859,500	1,857,500	1,443,500	1,781,000

Note that the numbers, given for Liberia are refugees only (returnees no longer Included In this table). Numbers, for Sierra Leone are based on estimates of IDPs and refugees.

Liberia

Liberia's seven−year civil war ended in July 1997. Since this time the international relief community in Liberia has focused its efforts on the resettlement and reintegration of returning refugees and IDPs. Some 150,000 Liberian refugees have been assisted by UNHCR to return home and at least 200,000 people have spontaneously repatriated. since the start of the repatriation programme in May 1997. Following the regional review of the progress made on the repatriation operation in February 2000, it has been decided to continue the assisted returns from Cote d'Ivoire and Guinea until the end of 2000 (UNHCR – 12/12/99, 27/03/00, 20/07/00; WFP – 17/12/99).

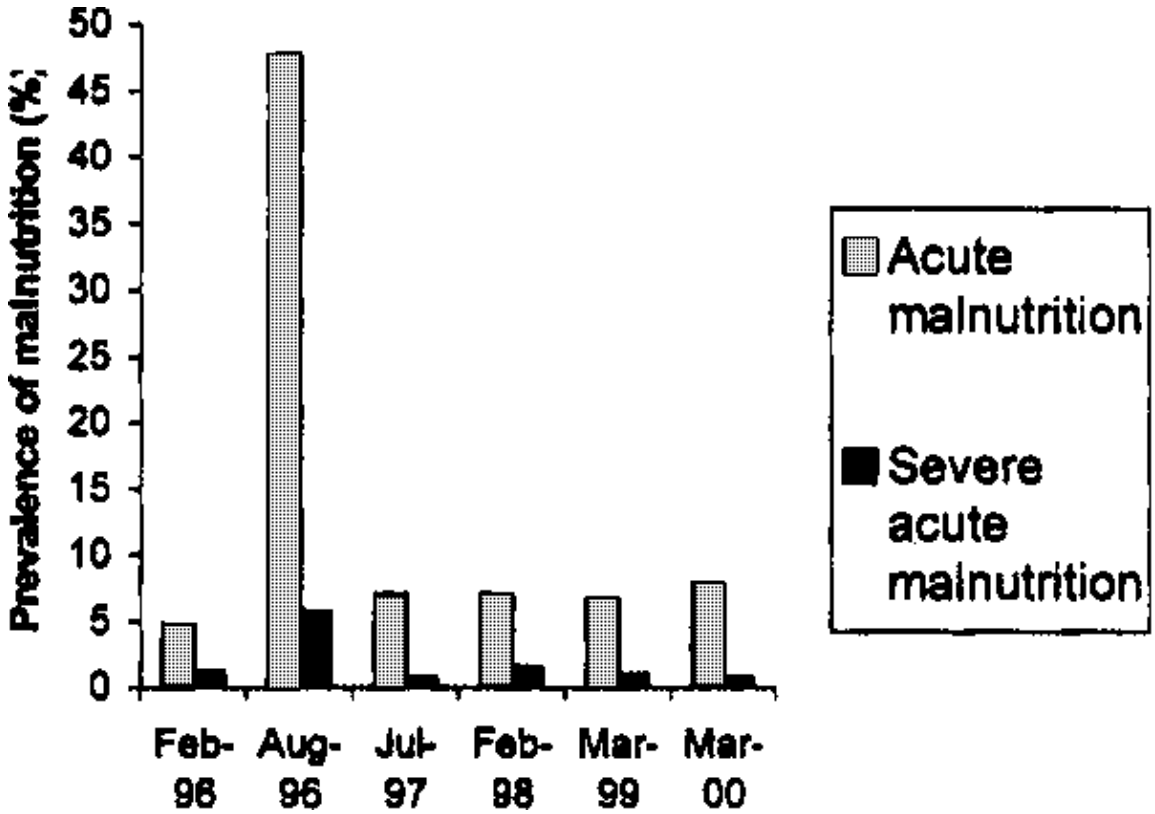


Despite the relatively calm security situation, Liberia's economy is very poor. The country's infrastructure and provision of basic services including health care are well below pre−war levels. Unemployment remains high, and the literacy rate is only about 20%. It has been suggested that donor reluctance to provide assistance to Liberia is associated with Charles Taylor's links with the rebels in Sierra Leone (IRIN−WA − 17/07/00,18/07/00).

Situation of returnees

An estimated 75% of IDPs have returned to their places of origin and it is probable that the remaining 25% may settle permanently where they are. The Government of Liberia and WFP no longer consider these people to be displaced. WFP, however, continues to provide assistance to some 420,000 people (many of them returnees) in Liberia under a variety of programmes including food−for−work projects, vulnerable−group feeding and also school feeding (WFP − 17/12/99).

A nutritional survey by ACF in Grand Bassa County (estimated population 60−80,000) estimated the prevalence of acute malnutrition at 6.7%, including 1.0% severe acute malnutrition (see annex). The level of malnutrition in this community, which is home to many returnees, seems to have stabilised (see graph). CMR was estimated at 0.49/10,000/day and under−five mortality at 0.79/10,000/ day. Measles vaccination coverage, verified by a card, was estimated at 36.5% (ACF−F − 03/00).



The prevalence of malnutrition (defined using z scores and/or oedema) in Grand Bassa County

Refugees In Liberia

There are an estimated 87,000 Sierra Leonean refugees in Liberia. Over 33,000 refugees assisted by UNHCR are now concentrated in camps in Montserrado and Sinje in Grand Cape Mount County. UNHCR estimates that there are a further 54,000 non−assisted refugees living in Grand Cape Mount, Bomi, Bong, Margibi and Lofa Counties (UNHCR − 20/07/00).

Dissidents have attacked locations in Upper Lofa in August 1999 and again in June/July 2000. In August 1999 most of the refugees in Kolahun were forced to flee the area. Government troops are currently fighting the dissidents, who are believed to have come from Guinea, in Voinjama (the county capital). MSF has suspended its operations in the area (IRIN−WA − 11/07/00, 12/07/00). Due to the fighting, UNHCR has also had to temporarily suspend the organised repatriation of Liberian refugees from Guinea (UNHCR−20/07/00).

UNHCR is consulting with the Liberian government on the latter's unilateral decision to relocate Sierra Leonean refugees from the Sinje camp to a new camp. At the same time they are developing contingency

plans with various partners should the refugees choose to return to Sierra Leone rather than be relocated (OCHA – 11/07/00; UNHCR – 20/07/00). The most recent nutritional survey in Sinje camp found relatively low levels of acute malnutrition among the refugees, although their food–security situation was poor (see RNIS 30). If the refugees are relocated again it is likely that their food security will deteriorate further, at least in the short term.

Overall, there is no new nutritional information on the refugees in Liberia. It is assumed that the nutritional situation of the refugees in Vahun remains non–critical (category IV). However, those in Sinje are considered at heightened risk because of the insecurity and the possibility of relocation (category III).

Recommendations and priorities:

- Monitor the situation of refugees in Sinje given the heightened insecurity.

- Support UNHCR in consultations with the Liberian government to stop the forcible relocation of refugees.

Sierra Leone

The situation in Sierra Leone is constantly changing. Tracking displaced populations and their needs is therefore very difficult. More up–to–date information can be obtained from www.reliefweb.int

Sierra Leone has been embroiled in a civil crisis since 19991. The war has claimed at least 20,000 lives and caused massive displacement both within Sierra Leone and as refugee movement into neighbouring countries. Appalling civil rights abuses have been recorded. In July 1999, the warring parties signed the Lombe Peace accord. In November, a Disarmament, Demobilisation and Reintegration (DDR) programme was set–up and UN troops entered the country. However, in the first week of May 2000, the peace process was dealt a serious setback when Revolutionary United Front (RUF) fighters killed at least four UN peacekeepers and took others hostage in a series of attacks in the north and east of the country. There was a lull in the fighting in June, after the rebel leader Fodah Sankoh was captured, but recent reports suggest that the fighting between pro–Government forces and RUF rebels has escalated again (IRIN–WA – 09/06/00, 07/07/00).

The renewed fighting has resulted in a deterioration of the humanitarian situation. Two months after the resumption of hostilities, poor security in many parts of the country continues to trigger mass population movements. At the same time, the prevailing security situation severely hampers efforts to address the needs of those who are being forced to leave their homes. Agencies are still unable to ascertain the situation of civilians in most of the north as there is no formal contact with RUF officials to facilitate access initiatives (OCHA – 11/07/00).

Displaced population

Up to 150,000 new IDPs have been registered in accessible areas in southern and western Siera Leone since May. Some of these have settled in official sites (many of which are already overcrowded), others are occupying abandoned buildings or are living in squatter camps. A further 160,000 IDPs living in various parts of the country were registered before the recent fighting. An estimated 500,000 displaced people are thought to be living in communities in government–controlled areas with host communities. Many of the hosts in these areas (estimated at 500,000 people) are also considered to be in need of assistance as their resources are being shared with so many displaced people. In addition to these populations a further one million people may be affected by the war in rebel–controlled areas (either as IDPs or as hosts) and are inaccessible to humanitarian agencies. Thus an estimated total of more than two million people are in need of assistance in Sierra Leone. The total population of the country is less than 5 million (OCHA–11/07/00).

Nutrition and health situation

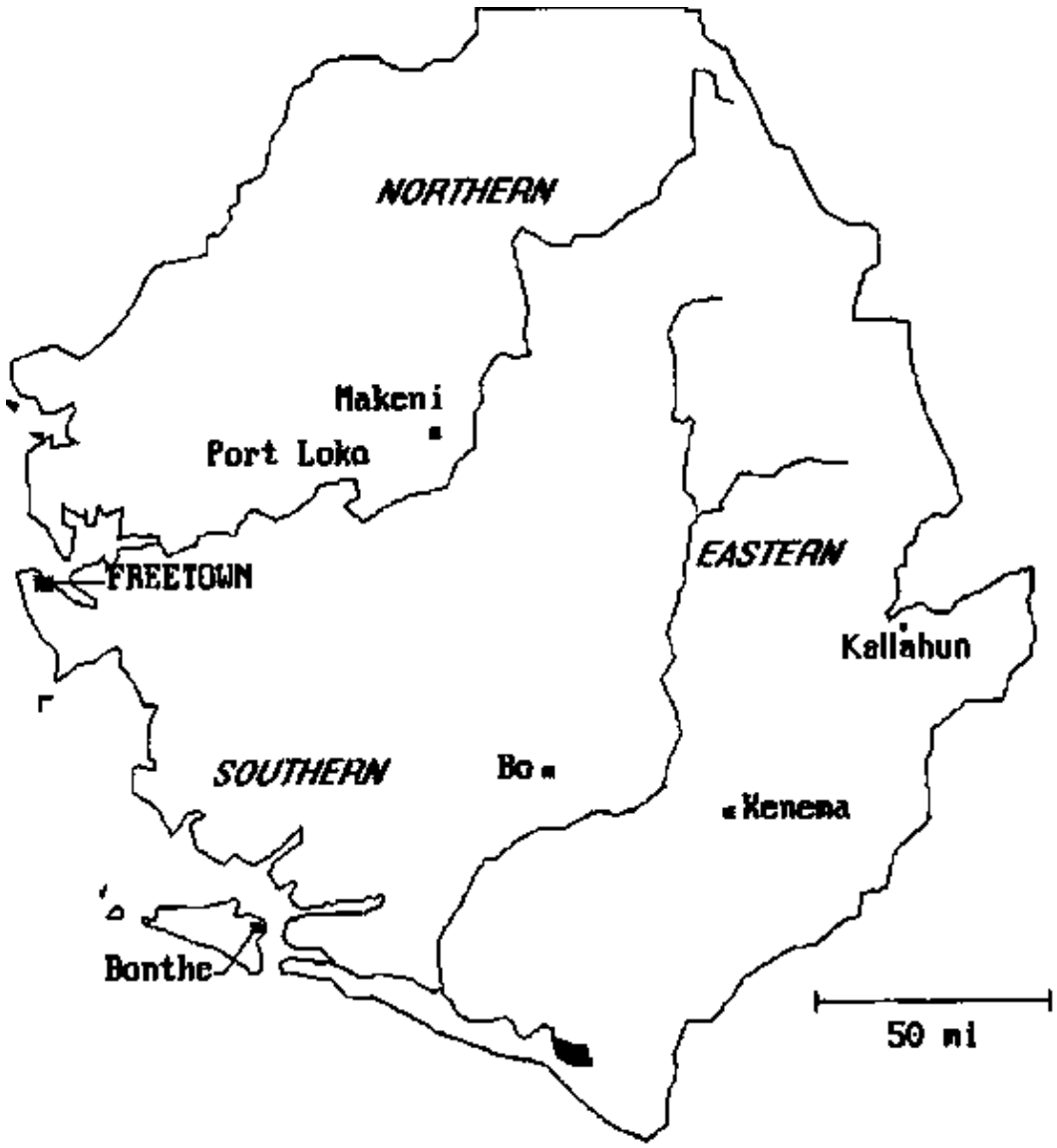
The RNIS has not received any nutritional surveys of the affected population during the reporting period. The country's food security situation was poor even before the resumption of hostilities (see RNIS 30). Reports indicate that the nutritional situation in Freetown and the surrounding areas are stable, but more problems are reported outside the capital. The nutritional situation of the population in rebel–controlled areas is unknown.

In spite of the insecurity, WFP in collaboration with NGOs are continuing to distribute food−aid commodities. The agencies reached approximately 100,000 beneficiaries, including some of the new IDPS, in the two weeks prior to publication of this report. A two−year expansion of a special operation providing logistics support for humanitarian operations, including the repair of roads and rehabilitation of bridges has recently been approved (IRIN−WA – 17/07/00; OCHA – 11/07/00).

The population's current health situation is poor. Large influxes of IDPs into urban centres are leading to outbreaks of diseases such as the recent outbreak of Lassa fever in Freetown. Malaria also remains a significant problem. An estimated one million people are without health care in the northern and eastern areas of the country (IRIN−WA – 09/06/00, 07/07/00; OCHA – 11/07/00).

Northern Province

The fighting between the rebels and pro−government forces has been most intense in this region, and hence the population living in the area is the most affected.



Mile 91

The situation in Mile 91 remains precarious and highly volatile. It is not clear how many IDPs remain in the area, as reports indicate that a significant number have moved out in search of food and safety. Prior to the most recent outbreak of fighting an estimated 45,000 displaced people were thought to require assistance. UNAMSIL troops reported that humanitarian conditions of the IDPs are dire, but security prevents interventions at the moment. Before the situation deteriorated, some of the IDPs in Mile 91 and surrounding villages had benefited from non−food and food distributions. As there is no official camp for the displaced in the area, shelter is reported to be the population's most pressing need (IRIN−WA – 23/06/00; 14/07/00;

OCHA – 11/07/00).

The lack of basic health services is also a major concern, as many of the IDPs developed health problems due to exposure to harsh conditions during their flight. ACF continues to maintain one therapeutic and one supplementary feeding centre for the under–five population in the Mile 91 area (OCHA – 11/07/00).

Lungi/Pot Loko area

There are a total of 60,000 new IDPs in this area. WFP was able to distribute rations to these groups at the end of July. The population of the islands of Tasso and Kakum, and the 8,000 IDPs living there, are reported to be in facing severe food shortages. This is due to limited arable land and a curfew limiting fishing activities (OCHA – 11/07/00, 25/06/00).

Western Province

A 'horseshoe' of UNAMSIL deployment protects the Freetown and Lungi peninsular areas and hence this zone has been the least affected by the fighting. However, security remains poor in some locations of Western Province, including Waterloo. Some 48,000 IDPs were registered in Western Province before the latest hostilities (IRIN–WA – 30/06/00; OCHA – 26/06/00, 11/07/00).

Overcrowding is a serious problem in the Freetown IDP camps. Health facilities are limited. An inter–agency verification of needs, origin and numbers of IDPs is currently underway. ACF has reported that the nutritional status of vulnerable groups in the Freetown area has been relatively stable. The number of severely malnourished children decreased between April and June. Many of the admissions to the Therapeutic Feeding Centre were new IDPs (OCHA – 26/06/00).

In response to the overcrowding in Freetown, the camps in Waterloo are being expanded. The problem of land allocation remains (OCHA – 26/06/00).

Southern and Eastern Provinces

The Southern province is currently free of fighting, and has been the least affected area during this recent outbreak of hostilities. However, humanitarian access is hindered by the general security situation (IRIN–WA – 14/07/00).

Kenema and Bo

Approximately 72,000 IDPs were registered in Kenema and Bo before the current outbreak of hostilities. WFP has been able to distribute food in these areas intermittently. MERLIN has intensified outreach services for prevention and treatment of Lassa fever, which is prevalent in the area. They are also conducting a nutritional survey of IDPs in camps. ACF has reported a marked increase in admissions to their Therapeutic Feeding Centres in the past few weeks (IRIN–WA – 14/07/00; OCHA – 26/06/00, 11/07/00).

Liberian refugees

UNHCR is conducting a screening of over 6,000 Liberian refugees to determine those who are eligible for international protection, following the termination of the organized voluntary repatriation programme (OCHA – 11/07/00). The RNIS has not received any new nutritional information on these refugees.

Outflow of refugees

Some 420,000 Sierra Leoneans are refugees. Most of them are in Guinea and Liberia. The recent military clashes and other security incidents in the Kambia area have led to a further outflow of populations into Kalako camp in Forecariah, in Guinea. According to UNHCR, over 5,000 new Sierra Leonean refugees have been registered in the camp since May, arriving mainly from Kambia and Port Loko Districts (IRIN–WA – 22/06/00; OCHA – 11/07/00; UNHCR – 20/07/00).

Returnees

Some spontaneous returnees have been reported at a time when the security situation in the places of origin is not favourable. Already, 1,400 refugees who returned from Liberia since the end of 1999 have settled in IDP camps in Blama and Kenema and with host communities, as they are mostly from areas presently under rebel

control. The situation may create more pressure in the already over−stretched camps. While UNHCR is prepared to provide limited relief assistance for the returnees in IDP camps, they do not encourage a situation where returnees become IDPs (OCHA – 11/07/00; UNHCR – 20/07/00).

Overall, the humanitarian situation in Sierra Leone is very poor. Huge numbers of people are affected by the war and are in need of assistance. The IDPs in Freetown and its immediate surroundings are at moderate risk (category III). Those in other Government−held areas are probably at greater risk (category I and II), as assistance can only be provided to them sporadically. The nutritional situation of the displaced (and resident) populations in the rebel−controlled areas is unknown (category V).

Recommendations and priorities:

- UN to negotiate access to affected populations with the RUF.
- Monitor the health status of the populations in displaced camps carefully. Improve sanitation and reduce overcrowding in these areas.
- Continue to deliver food and other items where possible.

Guinea−Conakry

Guinea−Conakry hosts approximately 450,000 refugees, principally from Liberia (120,000) and Sierra Leone (325,000). The remaining refugees are from a variety of countries, including Guinea−Bissau. The majority of refugees are housed in Gueckedou, Forecariah and N'zerekore. New refugees from Sierra Leone continue to arrive at a steady pace in Forecariah. Since the beginning of May, over 5,000 new refugees have been registered in the newly established camp of Kalako (UNHCR – 20/07/00).

Guectodou

There are several categories of refugees in the Gueckedou region: (i) 'old' Liberian refugees, who arrived before April 1999, (ii) 'old' Sierra−Leonean refugees who arrived before 1998, (iii) 'new' Liberians who arrived in April 1999 and, (iv) 'new' Sierra Leonean refugees who have arrived since 1999. Different schemes for food and health assistance are provided to these different groups. The 'new' groups of refugees receive both food and health assistance. The 'old' group of Liberians do not receive food assistance and only the most vulnerable cases receive medical assistance. The old group of Sierra Leoneans receive medical assistance, but only vulnerable cases receive food (UNHCR – 04/00).

ACF undertook nutritional surveys of refugee and resident children aged 6−59 months in Gueckadou (see annex). The (preliminary) results can be seen in the table below, Compared to the last survey, which took place in June 1999, the nutritional status of the refugees has remained stable. However, the prevalence of acute malnutrition has doubled among the Guinean children (severe rates have not changed). The rates of malnutrition are within acceptable levels for both groups. Food distributions to the refugees are reported to have been regular. (ACF – 07/00; UNHCR – 10/07/00).

Results of surveys of refugees and residents in Gueckadou

	Acute malnutrition	**Severe acute malnutrition**
Refugees	2.6%	0.2%
Guineans	4.2%	0.4%

An analysis of UNHCR's health data found that respiratory infections were the most frequently reported illnesses. Diarrhoeal disease was also common. A measles epidemic highlighted the need to improve vaccination coverage. Mortality rates remained within acceptable limits between January 1999 and February 2000 (CMR ranged from 0.22−0.6/10,000/day and under−five mortality from 0.79−1.84/10,000/day) (UNHCR – 04/00). The ACF survey estimated that 80% of the children had been vaccinated for measles.

Forecariah

The nutritional situation of the refugees in Forecariah is reported to be satisfactory. ACF–F will undertake a nutrition survey will take place among the Sierra Leonean refugees in Forecariah later this year (UNHCR – 10/07/00).

Repatriation

In June, UNHCR organised the repatriation of some 470 refugees from Guinea–Bissau. The voluntary repatriation of Liberians, mainly from N'zerekore, resumed in May, following the opening of the border between the two countries. Since then, about 5,160 refugees returned, of which 1,673 went through organised repatriation. Following the most recent fighting in Lofa County (Liberia), however, the repatriation convoys were temporarily suspended. In addition, this repatriation exercise will be put on hold during the rainy season (July–September) as transport will become impossible. The Liberian refugees who settled in the camps in Macenta are mainly from Lofa County in Liberia and will not be repatriated at the moment because of the security problems in Lofa (UNHCR – 20/07/00).

Overall*,* the nutritional situation of the refugees in Guinea is satisfactory (category IV).

Recommendations and priorities:

From UNHCR's mission to Gueckedou (UNHCR – 04/00):

- Continue with the general food distribution to the selected beneficiaries.
- Reinforce agricultural and income–generating programmes; prioritise families with malnourished children in these programmes.
- Strengthen medical programmes, particularly the vaccination campaigns.

From the nutritional survey in Gueckadou (ACF–F – 07/00):

- Continue to distribute food and non–food items to the refugees.
- Strengthen income–generating activities and provide seeds and tools.

Cote d'Ivoire

Cote d'Ivoire currently hosts some 86,000 Liberians and some 1,500 Sierra Leoneans. WFP/UNHCR undertook a joint assessment mission of the Liberian refugees in Cote d'Ivoire in February. The mission was sent to assess the nutritional situation and also the impact of the changes in the medical arrangements in the camps in Tabou, Danané and Guiglo since January 2000 (UNHCR is no longer responsible for providing health care to all the refugees) (UNHCR /WFP– 03/00; UNHCR – 20/07/00).

Repatriation

Since the beginning of 2000, over 17,000 Liberian refugees have been assisted by UNHCR to return home, bringing the accumulated total of refugees assisted home from Cite d'Ivoire to some 64,000 since the start of the operation in 1997. The organised convoys have now been completed (as of June 30). However, semi–assisted repatriation (with the provision of repatriation packages, but not organised transport assistance) will continue until the end of 2000 (UNHCR – 20/07/00).

Tabou

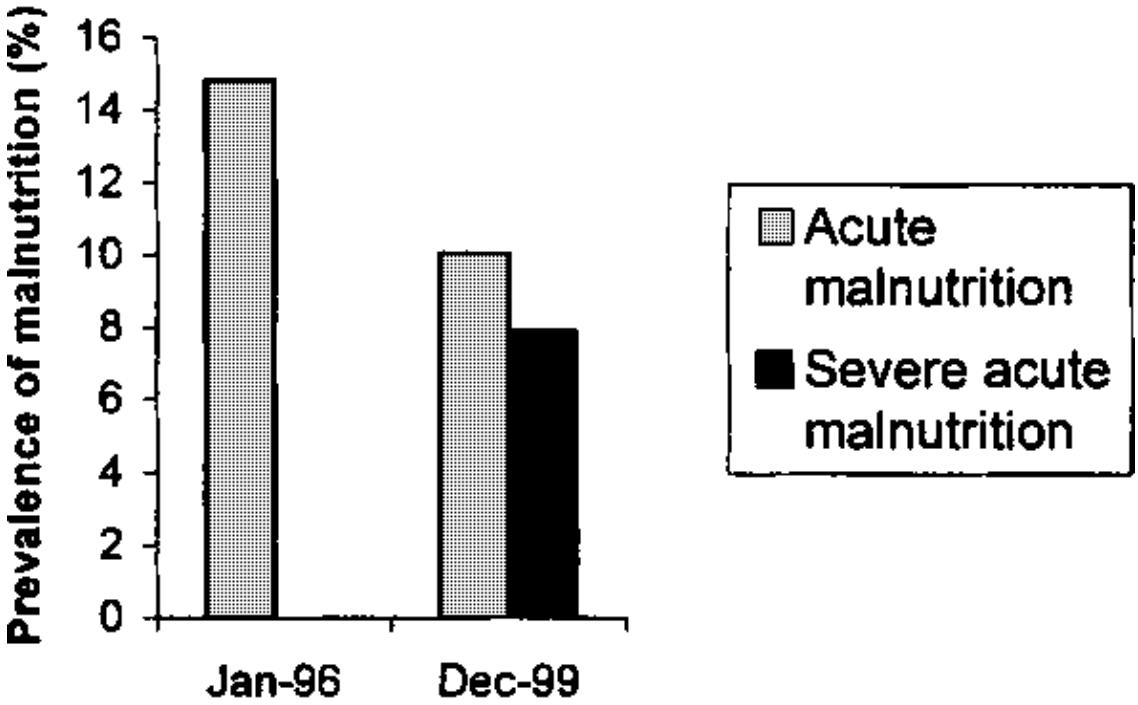
There have been no nutritional surveys in Tabou since March 1996 when MSF estimated the prevalence of acute malnutrition at 4.2% (<80% median), including 1.1% severe acute malnutrition (<70% median). The NGO closed down its feeding centre at the beginning of 1998 as the prevalence of malnutrition remained low. Recent reports from UNHCR medical personnel have indicated that the nutritional status of the refugees is similar to that of the resident population and is satisfactory. The mission reported that this has resulted in a serious reduction in the collection of surveillance data and health statistics are unavailable (UNHCR/WFP – 03/00).

Danané–Guiglo

The most recent nutritional survey in Danané–Guiglo, in May 1997, estimated the prevalence of acute malnutrition at 1.2% (<80% median), including 0.6% severe acute malnutrition (<70% median). The JFAM did not report the methodology used for this survey. An NGO provides assistance to the local hospital for its therapeutic feeding programme, although some of the cost of treatment is incurred by the household. The mission was told that there had been a decrease in the number of refugees seeking both nutritional and medical treatment since the beginning of the year, this might be due to an increase in the costs of treatment, or an improvement in the nutritional situation or a change the recording of admissions to the clinics (for example, refugees no longer always recorded separately from residents). The mission noted the refugee committees' concerns that the new arrangements for medical services had impacted negatively on the most vulnerable groups (UNHCR/WFP – 03/00).

Nicla

At the time of the mission there were an estimated 10,200 refugees in Nicla, of which 6,800 were new. The results of the most recent nutritional surveys in Nicla are shown in the graph. The differences in sampling methods between the survey in January and December 1999 make comparisons of the surveys difficult. However, the prevalence of severe malnutrition of 7.9% in the December survey is alarming. This survey reported very low levels of immunisation for measles (UNHCR/WFP – 03/00). The causes of the high rate of severe malnutrition were not reported.



The prevalence of malnutrition (defined using medians) in Nicla camp

Overall, the nutritional situation of the refugees in Cote d'Ivoire remains satisfactory, apart from possibly the refugees in Nicla, who must be considered at category II (high risk) provided the survey data is reliable (category IV).

Recommendations and priorities:

From the assessment mission (UNHCR/WFP–03/00):

- There is no need to conduct a nutritional survey of the refugees specifically in any of the areas. If a survey is to be undertaken it should also include residents.

- Improve surveillance of systems for both nutrition and health in all the areas, by screening refugees before they are repatriated and placing HCR agents in the local health care facilities.

- Conduct a house–to–house nutritional surveillance programme for the refugees in Nicla.

• Investigate the causes of severe malnutrition in Nicla.

7. Somalia

NB: the Food Security Unit for Somalia has recently started to produce regular 'Nutrition updates' on nutrition and related issues in Somalia. These reports contain more detailed data than the RNIS. To receive these reports please contact: noreen.prendiville@wfp.org

Nine years after the fall of the Siad Barre regime, Somalia is still without a central government and exists as a mosaic of political entities with fragile administrative and civil society structures. The key political, military and economic trends continue to be those of divergence, with some areas of the country – such as Somaliland and Puntland – experiencing impressive political development and economic recovery, while others suffer many of the characteristics of complex emergencies and crises. Despite the ongoing peace talks in Djibouti, Somalia is likely to remain fragmented for the foreseeable future (IRIN–08/05/00, 14/07/00; UNICEF – 20/04/00).

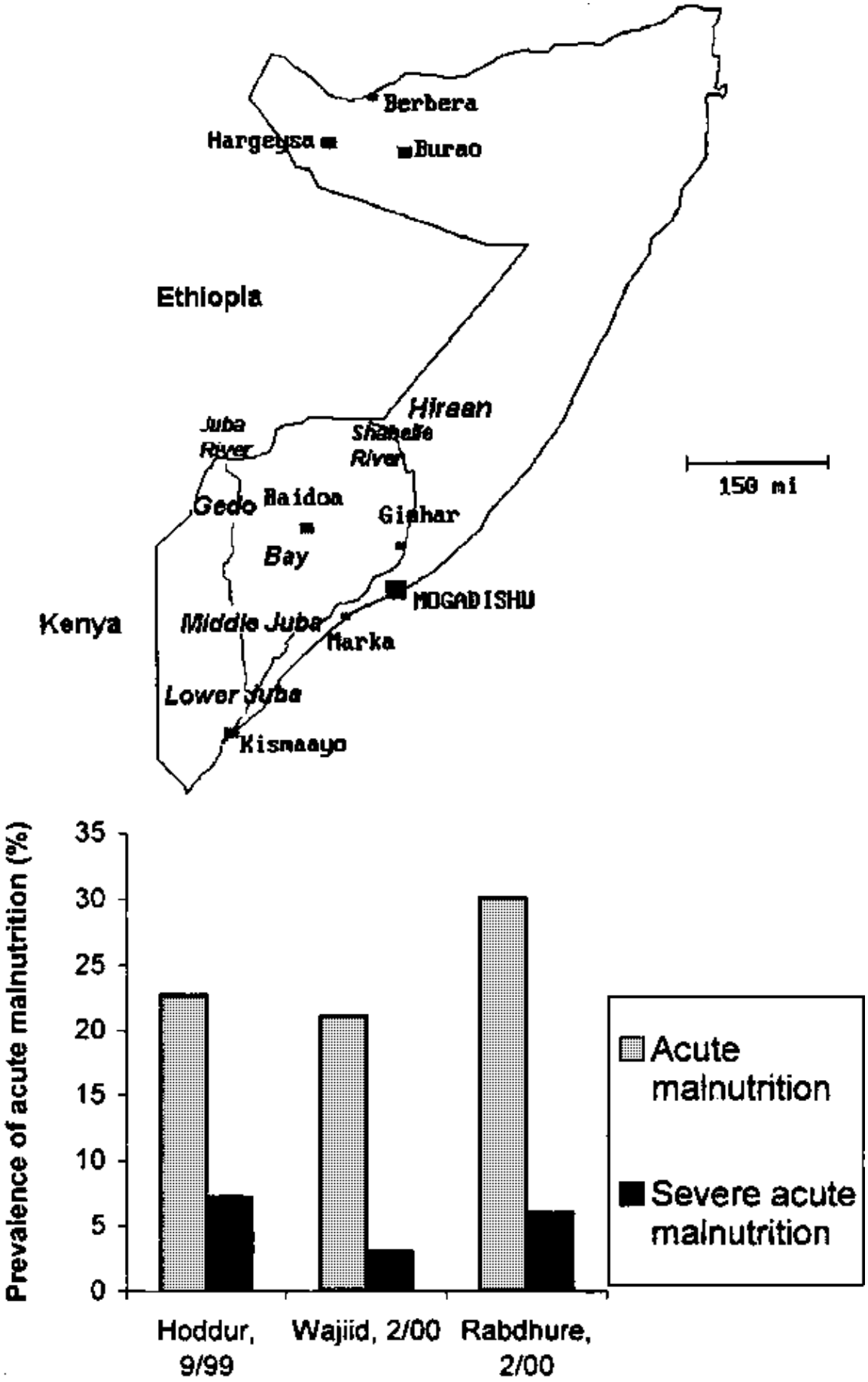
Due to seven consecutive poor harvests including the recently failed harvest in January 2000, coupled with the effects of ongoing fighting, theft and banditry in many regions, food security is deteriorating. Before the recent heavy rains, an estimated 750,000 people were considered acutely vulnerable without sufficient resources to protect or improve their livelihoods. The country is now facing the effects of long–term drought combined with sudden flash flooding and burst river embankments. Gedo, Bay, and Bakol regions continue to be areas of particular concern (FSAU – 17/05/00; UNCT – 31/05/00).

Gu Crop Establishment

FSAU and FAO Field Monitors completed the 2000 *gu* crop establishment assessment in all agricultural regions of southern Somalia. The field reports indicate good prospects for sorghum and maize production, due to (i) widely distributed rainfall during the first *dekad* of May, (ii) improved security in many areas allowing more people to farm, (iii) seed aid distributions and (iv) rehabilitation of irrigation and infrastructure in some areas. However, dry spells and poor crop production were observed in pockets of Gedo, Bakol and the Juba Valley (FSAU – 12/07/00).

Bakol Region

Bakol is recognised as one of the most food–insecure regions of Somalia. Over the course of the last six months the food security situation has been very poor, as evidenced by the nutritional surveys undertaken by UNICEF (see graph and RNIS 28,29,30) and the unseasonal population movements reported. Successive crop failures and insecurity have made the population (estimated at between 210,000–255,000) extremely vulnerable. The region's conflict and political instability have resulted in a lack of safe drinking water and health services and poor sanitation. In addition, the insecurity has prevented humanitarian agencies from accessing many areas resulting in low immunisation coverage, inadequate nutrition and epidemiological data and low implementation capacity. Poor co–ordination among aid agencies and delays in the process of funding have caused further problems. (FSAU – 04a/00,04b/00)



The prevalence of acute malnutrition (defined using z scores and/or oedema) in Bakol

FSAU has reported that rainfall in May was satisfactory, improving the availability and quality of water, pasture, grazing and wild foods. Increased agricultural activities have provided employment and have improved prospects for agricultural production in the future, with the exception of a few localised areas in

Hoddur and Wajiid. However, as a result of the extreme weather conditions in the past 2–3 years, the insecurity and looting, and the increased livestock sales (used as a coping strategy), livestock levels have been significantly reduced in these areas. Many of the poorest households are destitute (FSAU – 12/07/00).

Continued food aid is critical for improving the nutritional status of the population, maintaining supplies of cereals (keeping prices low) and preventing additional sales of livestock. Recently, improved security has allowed some NGOs to return to the region, this will hopefully result in an increase in health–related activities and food deliveries (FSAU – 05/00, 12/07/00; UNICEF – 20/04/00).

Bay Region

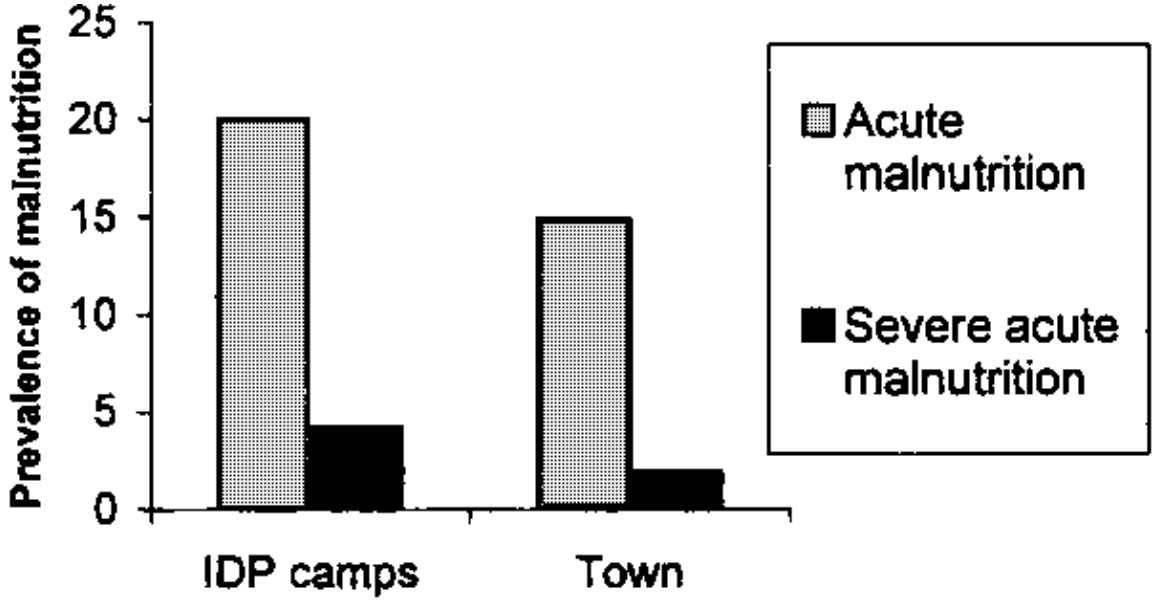
The most recent nutritional data from Bay, in Baidoa and Burkhaba, in August 1999, indicated a very severe nutritional situation, although this was reported to have improved (RNIS 29). UNICEF is currently undertaking a nutrition survey in Burhakaba. FSAU reports that the May rains were normal resulting in improved pasture and water availability and a concomitant increase in activity in farming areas. Prices of staple foods, however, remain high due to a lack of cereal stock at the household level. Livestock prices have decreased as sales increased (FSAU – 12/07/00).

Gedo

Luuq and its surroundings

Luuq town is situated some 80 kms from both the Kenyan and Ethiopian borders and is situated on the banks of the Juba river. Rainfall in the area has been lower than expected over the past few years resulting in a downturn in the town's economy, formerly an important trading centre. Luuq has experienced influxes of displaced people due to the worsening of the drought conditions in Bay and Bakol and also insecurity in other parts of Gedo (ACF–F – 05/00).

ACF–F undertook anthropometric surveys in Luuq town and the IDP camps close by in April, just before the start of the *gu* rain season (ACF–F – 05/00). High prevalences of acute malnutrition were reported, particularly in the IDP camps (see graph). A prevalence of 15% acute malnutrition may not be abnormal in April. However, the prevalence of 20% acute malnutrition among displaced in the camps is alarming. Access to food is limited and many displaced were reported to have left to find work elsewhere. None of the severely malnourished measured during the survey were in the feeding programme, indicating that efforts are needed in finding and referring children to the programme (ACF–F – 05/00).



The prevalence of malnutrition (defined using z scores and/or oedema) in Luuq IDP camps and town

The majority of the IDPs had been in the camps for at least three months, and reported having moved to the area from Bay and Bakol region mainly because of drought, hunger and insecurity (ACF–F – 05/00). The influx of IDPS has slowed down because of increased security in those regions.

Mortality rates for children under−five in the three months prior to the survey were very high at 6.6/10,000/day in the IDP camps and 5.8/10,000/day in the town. The major cause of death in children was measles. Measles vaccination rates were low according to cards, but higher according to mother's recall (36.4% in camps, 63.7% in town) (ACF−F−05/00).

ACF−F also carried out rapid nutritional assessments in the villages of Qorbolo (18 km north of Luuq) and Amarayle (20 km south of Luuq), which are both on the banks of the Juba River. Both villages' populations are made up from newly arrived displaced families and tenant farmers' households. The displaced from Bay and Bakol regions said they had left because they were hungry. The results of the assessments, analysed in terms of WHO'S nutritional categories for MUAC, can be seen in the table below (note that the sample sizes are small).

Results of the assessments in Qorbolo and Amarayle

	Qorbolo (n=78)	**Amarayle (n=53)**
Acute malnutrition MUAC<135mm	47.4%	18.9%
Severe acute malnutrition MUAC<120mm	2.6%	0%
Measles vaccination (without card)	44.8%	6.8%

A large number of deaths occurred in children under 5 for the small population seen. Six deaths were reported: four died from measles, one from diarrhoea and one at birth. These are preventable causes, and were due to lack of access to health facilities. In addition, in both villages, the only water source was the river. Although the prevalence of severe acute malnutrition was relatively low the authors of the report cautioned that food security in the villages was poor, particularly as the availability of work in the agricultural sector was about to decrease. People reported eating only one meal a day. Food aid was last received in February 2000 (ACF−F − 04/00).

Beled−Hawo (Bulla Hawa)

Beled−Hawo District is one of the most populated districts in Gedo region (estimated at 60,000), and is on the border with Kenya. The district has experienced periodic unrest during the past two years. The 1997 floods badly affected Beled−Hawo town, resulting in a collapse of the fledgling economic infrastructure and destruction of the productive capacity in the district. Furthermore, two years of consecutive drought and lack of sufficient rains deteriorated the already fragile situation. However, recently there have been signs of improvement in the security situation with negotiations between the two sides of SNF in spite of lack of recognised local administration (FSAU − 05/00; UNICEF − 05/00).

Around 15% of the population of Beled−Hawo District are urban, 80% are pastoral and agro−pastoral and 5% riverine. Agro−pastoralists and pastoralists are considered the most vulnerable, primarily due to the poor condition of much of the livestock, especially cattle, due to continuing water shortage and failure of the *deyr* harvest. The riverine and urban population is less effected. The *gu* rains were very late this year and were reported to be inadequate in much of the district. Cereal prices remained high and supplies were limited in spite of recent food distributions. Virtually no employment activities exist in the region (FSAU − 05/00; UNICEF−05/00).

UNICEF undertook a survey of children aged 6−59 months in Beled−Hawo District in May (see annex). The prevalence of moderate wasting was estimated at 18%, severe wasting at 3% and oedema at 1%. In the 6 months prior to the survey, 22% of assessed children were vaccinated against measles, 47% were vaccinated against measles before 6 months and 31% were not vaccinated against measles. During the six months prior to the survey, 76% of the children were provided with Vitamin A supplements. This was largely the result of the second round of the NID campaign conducted in the district in January. In the two weeks prior to the survey, 27% of children had experienced an episode of diarrhoea and 21% ARI. The survey results also indicate that 9% of the 544 households visited were female−headed and 9% were displaced from other parts of the district. The survey did not focus specifically on the 4,000 displaced people in the town (FSAU − 05/00; UNICEF − 05/00).

More generally, FSAU reports that pasture and water in Qedo are normal, although rainfed crops are facing a serious lack of water, reducing prospects for a normal harvest. Irrigated crops are healthier. Cereal supplies are low and prices are high, thus poor households and IDPs have only limited access to food (FSAU – 12/07/00).

Juba Valley Region

Crop conditions in the Juba Valley are reported to be poor to normal because of sparse rainfall. Livestock condition is largely normal. Low, and highly priced, cereal stocks are affecting the riverine and agropastoral/pastoral poor/ middle wealth groups. The food security situation may worsen because of clan hostilities and tensions around Dobley and factional fighting around Kismayo (FSAU – 12/07/00).

Lower and Middle Shabelle

Rains in Middle Shabelle have improved overall animal health and have provided opportunities for crop production on both rain–fed and irrigated farms. Household stocks of cereal are reported to be normal and food is available in the markets. Rain fell sporadically throughout May in Lower Shabelle resulting in improved livestock condition in most areas. Based on observation, levels of malnutrition are reported to be normal in both regions (FSAU – 05/00, 12/07/00).

Central Rangelands

Hiran

Belet Weyne District has experienced political unrest, insecurity, flooding, drought and pest infestations in recent years. This has led to successive poor harvests. The population, which is estimated at 120,000, is composed of about 40% urban dwellers, 35% pastoralists and agro–pastoralists, and 25% riverine farmers. A survey undertaken by UNICEF in Belet Weyne District in April estimated the prevalence of acute malnutrition at 17%, including 3% severe acute malnutrition. The agro–pastoralists and pastoralists were considered most vulnerable because of the poor condition of their livestock, as well as water shortages and the failure of the *deyr* harvest in rainfed areas ((FSAU – 04b/00, 05/00; UNICEF – 06/00).

Twenty–seven percent of the children sampled were vaccinated against measles in the six months prior to the survey, 42% in the six months prior to that and 31% were not vaccinated at all. Vitamin A had been provided to 79% of the children in the past six months. Twenty–two percent of the children had had an episode of diarrhoea in the two weeks prior to the survey and 20% had had an episode of ARI (FSAU – 04/00b; UNICEF – 06/00).

Heavy rains, resulting in flash floods in some areas, fell at the start of May. Although the rains signal the start of the planting, a shortage of seeds has prevented farmers from planting as few communities have benefited from seed production and/or distribution. Rains were so heavy in some areas that those who could plant lost their seeds due to the waterlogging and flooding (SC(UK) – 31/05/00).

Cow Pea Belt and Galgudud

Rainfall is reported to have been satisfactory and household food security is nearly normal, but pockets of vulnerability still exist. AMREF has reported an increase in the number of cases of malnutrition in Abudwak and Northwest Galgudud (FSAU – 05/00, 12/07/00).

Mogadishu

An estimated 237,000 IDPs live in camps in and around Mogadishu. ACF–F undertook a nutritional survey of approximately 57% of the IDPs (those in camps which were accessible to the NGO) in June (see Annex). The majority of the IDPs sampled (97%) had been in Mogadishu for more than one year, although the ACF Health Education Team has collected data that indicates that there has been quite a large influx of IDPs into the city in the last 12 months. This is the first statistically representative nutritional survey of the displaced population in Mogadishu since 1995. The prevalence of acute malnutrition in children aged 6–59 months was estimated at 12.9%, including 2% severe acute malnutrition. Oedema was recorded in 0.6% of the sample (ACF–F – 30/06/00).

CMR was estimated at 0.67/10,000/day and under–five mortality was very high, at 7.1/10,000/day. The main cause of mortality was diarrhoea. The survey was conducted after the seasonal peak in cholera. The overall

sanitation in Mogadishu is poor, although 90% of the IDPs sampled reported using a latrine. There is a need to improve rubbish collection and the water distribution system. Average water use per day was 12.5 litres/person/ day (ACF–F – 30/06/00).

Measles vaccination rates were very low when confirmed by card (10%). A further 63.4% of carers said their children had been immunised although they did not have the vaccination card (ACF–F – 30/06/00). The high prevalence of diarrhoea could be a symptom of measles.

While there is no information on the nutritional situation of the resident population, it is assumed that IDPs are more vulnerable than the residents because their income–generating activities and employment opportunities are more limited. In addition, IDPs are twice as likely to visit ACF's Therapeutic Feeding Centres in Mogadishu than residents (although this may be because of the referral system) (ACF–F – 30/06/00).

The nutritional situation is poor but not catastrophic. Moreover, the period before the *gu* rains is the hungry season when malnutrition is expected to be high. The prevalence of malnutrition is lower than expected given the poor health environment and the time of the year. No explanation was given for this in the survey report.

The nutritional situation of the IDPs in the camps that are inaccessible to ACF is not known. The authors of the survey speculated that they may be worse off, as they do not benefit from referral to Therapeutic Feeding Centres, Health Education Sessions and Water and Sanitation work. ACF is the only international NGO in Mogadishu with a permanent expatriate presence in both north and south Mogadishu.

Heavy rains in early July caused flash floods in Mogadishu, damaging buildings and washing away several hundred of the shanty structures in the displaced camps in the south of city. The floods brought a tide of sewage through the shanty towns, raising concerns about the potential for the spread of disease. No further information is currently available (IRIN – 07/07/00).

Northern Regions

Somaliland

The President's Office of Somaliland has been put out a drought alert for Hawd and Jidihi areas. Assessment missions are being organised to further explore the problem (FSAU – 12/07/00).

Puntland

The region has experienced normal rainfall. With the exception of the destitute pastoralists in Jeriban and Semade and the displaced at Margago camp, the overall food security situation is reported to be improving (FSAU – 13/05/00, 12/07/00).

Overall*,* the nutritional status of the surveyed displaced populations in Mogadishu is not critical, although mortality in under fives is high, (category III). The situation of other displaced populations in southern Somalia is expected to improve with the rains, increased security and improved access for humanitarian agencies. The IDPs, however, are still considered at high risk (category II). Furthermore, there are still some population groups who suffer high rates of malnutrition, for example the displaced in Luuq (category I).

Recommendations and Priorities:

From FSAU's analysis of the nutritional situation in Bakol (FSAU – 04a/00):

- Examine reasons for the failure of the humanitarian community to understand and act on early warning systems and food security information.
- Improve the health information reporting system in Somalia.
- Strengthen regional co–ordination and communication of the agencies involved in humanitarian response.
- Determine if people are leaving displaced centres following improved security/food security.

For Gedo:

• Ensure access to general food distribution for the displaced and follow up their nutritional situation.

From the surveys in Luuq (ACF–F – 05/00):

• Improve access to medical services and conduct a further vaccination campaign.

• Continue the therapeutic feeding programme and commence a supplementary feeding programme at a centre that will cater to the populations of both the town and displaced.

• Evaluate the water and sanitation needs.

From the survey in Beled Hawo District (UNICEF– 05/00):

• Continue the general and supplementary food distributions until the *gu* harvest.

• Continue immunisation services and maintain the vitamin A coverage.

• Improve the health service delivery in the MCH centre through timely provision of supplies and routine EPI service deliveries.

• Increase the coverage of iron supplementation programmes.

• Improve the system of assessing pre–pregnancy nutritional status and provide supplementation during pregnancy and lactation.

• Initiate water projects in the area.

From the survey in Belet Weyn (UNICEF – 06/00):

• Continue the supplementary food distributions until the *gu* harvest.

• Continue immunisation services and maintain the vitamin A coverage.

• Improve the health service delivery in the MCH centre through timely provision of supplies and routine EPI service deliveries.

• Increase the coverage of iron supplementation programmes.

• Improve the system of assessing pre–pregnancy nutritional status and provide supplementation during pregnancy and lactation.

• Initiate water projects in the area.

From the survey in Mogadishu (ACF–F – 30/06/00):

• Review the necessity of having four therapeutic feeding centres, given the prevalence of malnutrition. Continue with active case finding.

• Review the collection of information on IDPs moving in and out of Mogadishu.

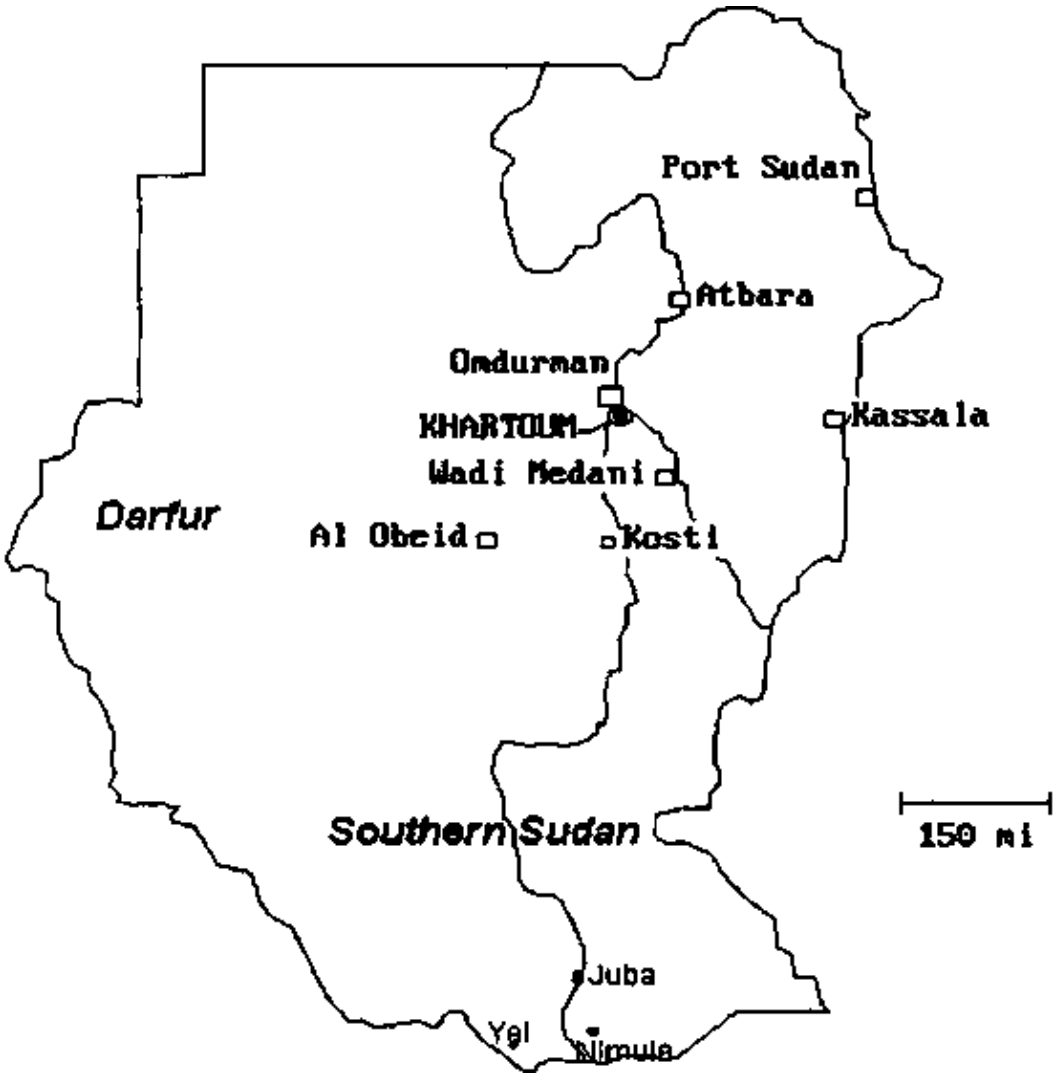
• Undertake nutritional surveys more regularly. At a minimum, conduct one before the next cholera outbreak for baseline information.

• Determine the causes of the high mortality rates recorded.

8. Sudan

Hostilities between the Sudanese People's Liberation Movement (SPLM) and the Government of Sudan (GoS) have resumed despite the ceasefires agreed to earlier this year. Reports of fighting around Gogrial in

Bahr El Ghazal (BEG) and Mabadan in Upper Nile have been received. There have also been GoS air raids on Rumbek and other locations in BEG and Rains intensified in May, following a late and inconsistent start during March and April. Generally, the rains were good and in line with seasonally expected levels (FEWS – 09/06/00). Rates of malnutrition are expected to rise throughout the region until the first early–maturing crops are harvested around late August. The main crops will not be harvested until October/November (WFP – 07/07/00).



South Sudan, non–GoS controlled areas

(OLS Southern Sector)

Four of the major international agencies whose refusal to sign a Memorandum of Understanding (MOU) with the Sudan Relief and Rehabilitation Association (SRRA) forced their withdrawal from SPLM controlled areas have now reached an agreement with the authorities. They will resume operations in South Sudan shortly (IRIN – 30/06/00).

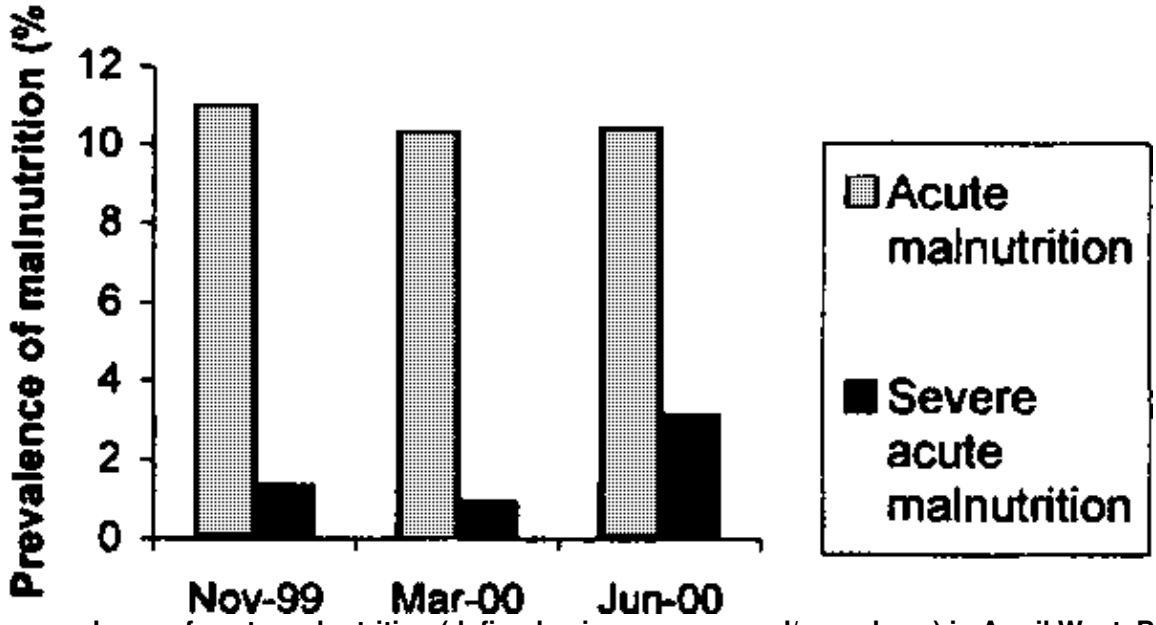
Bahr El Ghazal (BEG)

During June WFP distributed 77% of the relief food planned for BEG. The partial delivery of food aid can be explained by a shortage of cereals and CSB in Lokichoggio, insecurity in the region and heavy rains that made several airstrips impossible to land on (WFP – 07/07/00).

Aweil West County

Preliminary results of CONCERN'S survey in four *payams* of Aweil West estimated the prevalence of acute malnutrition at 11.3%, including 1.3% severe acute malnutrition (see annex). The rate of malnutrition has not changed significantly over the last 9 months (see graph). However the under–five mortality rate has increased from 1.9/10,000/day in November 1999 to 2.26/10,000/day, which may be linked with inadequate supplies of

dean water and an increased incidence of diarrhoeal disease. The community has continually highlighted the need for support regarding access to clean water. A WFP monitoring assessment in the county confirmed that 5–10% of the population are returnees (an estimated 13,000 people) and that both returnees and vulnerable residents continue to require food assistance. Repeated militia attacks have led to a loss of livestock through raiding, as well as looting and burning of assets including grain stores. Continued insecurity along the river Kiir has reduced fishing and hampered the collection of wild foods (WFP – 09/06/00, 07/07/00).



The prevalence of acute malnutrition (defined using z scores and/or oedema) in Aweil West, BEG

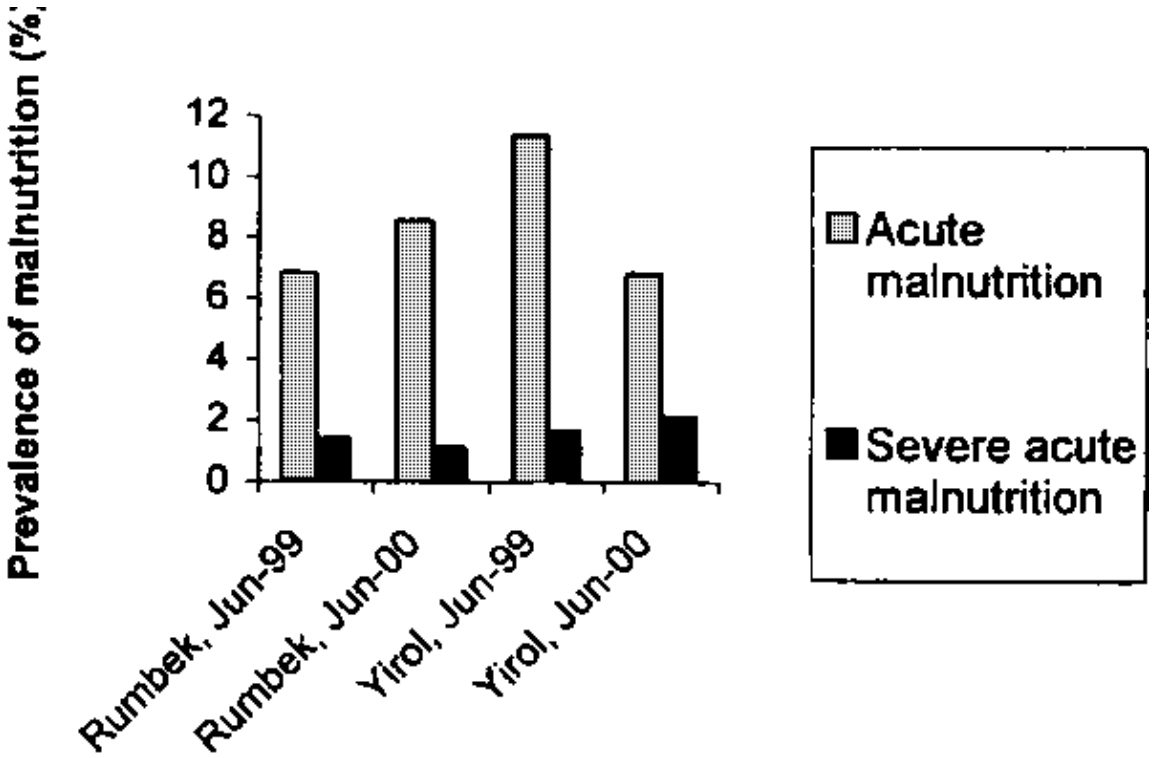
Tonj County

WFP has reported that a rapid MUAC assessment by MSF–CH in Makuac, Tonj County in early June estimated the prevalence of acute malnutrition at 1.1% and found no severe acute malnutrition. However, the report identified an overall food deficit in the area and a shortage of food stocks. The prevalence of malnutrition is expected to increase in the next few months (WFP – 07/07/00).

According to WFP, the initial findings of a monitoring assessment in Tonj County showed an estimated 20,000 displaced people who had fled insecurity in Leer (Upper Nile) in June 1999. They arrived in the area too late to cultivate last year. The 1999 annual needs assessment recommended that this group receive 100% ration as well as tools prior to the cultivation season, although, owing to better access to fish, indigenous wild foods and kinship support, the projected food deficits are now lower. However, these populations have received no humanitarian assistance since February when World Vision halted their activities in the area because of the MOU (WFP – 09/06/00).

Rumbek and Yirol Counties

Tearfund/LWF undertook nutritional surveys of children aged 6–59 months in Rumbek and Yirol in March (see annex). The prevalence of malnutrition has decreased slightly in Yirol and increased slightly in Rumbek since June 1999 (see graph). The rates of malnutrition were higher in the displaced population than in residents of both counties. Mortality rates in the two counties remained similar to those recorded in June 1999. CMR was estimated at 0.9/10.000/ day in Rumbek and 0.4/10,000/day in Yirol. Under–five mortality rates were estimated at 0.7/10,000/day and 0.3/10,000/day respectively. The surveys also indicated that 30% of children were reported to have a fever and 20% diarrhoea in the two weeks prior to the survey. Low immunisation rates were recorded (WFP – 29/06/00). These survey reports are not available to the RNIS.



The prevalence of acute malnutrition (defined using z scores and/or oedema) in Rumbek and Yirol Counties, BEG

Gogrial County

The SPLM have announced that they have captured the garrison town of Gogrial. Wau, Juba and Aweil now remain the only major towns in the south of the country that are controlled by GoS (IRIN – 30/06/00).

WFP has received reports of increasing number of malnourished children, linked to food insecurity, in Alek, Rieu and Gogrial *payams* of Gogrial County (WFP – 07/07/00).

Equatoria

The GoS flight ban on eastern Equatoria continued to prevent access to WFP locations by air in May, although in some regions road access was possible. Bombings took place during June. During June 2000 WFP distributed 38% of the planned amount of food to the Equatoria region. Insecurity and looting prevented distributions in several locations (WFP – 09/06/00, 07/07/00). There is no new nutritional information from this area.

Upper *Nile/Jongelei*

Several locations in Upper Nile remained closed to WFP operations due to insecurity. WFP distributed 57% of the planned food to Upper Nile. Partial–delivery was attributed to insecurity and the shortage of stocks (WFP – 07/07/00).

Leech State

In March, an emergency assessment in Leech State and Gumriak in Ruweng County found that over half the local population in these areas will face food deficits in the months to come. WFP aims to increase ration sizes across the board in these areas (WFP – 05/05/00).

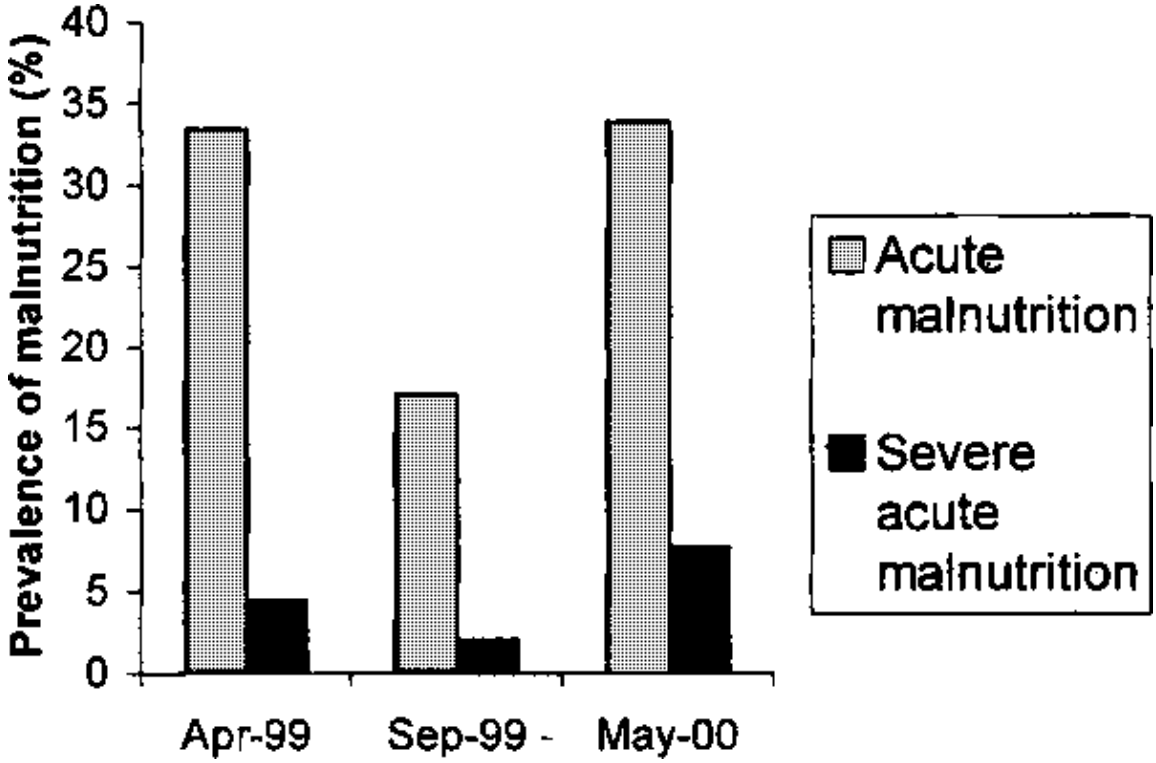
Padeah District

Paddeah district is located in Leech State. The populations (estimated at 40,000 people) are mainly concentrated on an insland surrounded by tributaries of the Nile River. An MSF–H survey of children aged 6–59 months in Padeah district in June estimated the prevalence of acute malnutrition at 28.6%, including 8.7% severe acute malnutrition. For the four months prior to the survey, CMR was estimated at 1.5/10,000/day and under–five mortality at 1.4/10,000/day (MSF–H – 29/06/00).

The population of Padeah district have endured repeated poor harvests and displacements due to armed conflict. MSF−H reported that insecurity in the area in May 1999 resulted in the displacement of almost 75% of the population surveyed. Furthermore, the population's isolation has resulted in very limited access to markets and cash flows, and poor access to health services. Thus high prevalences of guinea worm, malaria and other infections are reported. Ninety−four percent of the population also reported cattle losses due to raiding. Prior to this survey, WFP and other agencies had not been able to distribute food to this population since June 1998 because of the insecurity in the district and its geographical isolation. (MSF−H – 29/06/00).

Bieh State

Bieh state is made up of seven districts − Akobo, Diror, Lankien, Nyirol, Pulchuol, Waat and Wuror and is inhabited almost exclusively by the Luo Nuer (population estimated at 200,000). A nutritional survey of children aged 6−59 months undertaken by MSF−B in May in Akobo District estimated the prevalence of acute malnutrition at 33.8%, including 7.7% severe acute malnutrition (see annex). This is an increase in the prevalence of acute malnutrition since September 1999, but is similar to that recorded in April 1999. The prevalence of severe acute malnutrition is higher than in both in September and April (see graph). CMR over the four months prior to the survey was estimated at 3.2/10,0000/day and under−five mortality at 3.7/10,000/day. These rates are higher than those in the earlier surveys (MSF−B – 09/05/00).



The prevalence of malnutrition (defined using z scores and/or oedema) in Akobo, Bieh State

The malnutrition was reported to be associated with a combination of food deficits, and a lack of water and health services. In response to these findings the NGO opened a therapeutic feeding centre in Akobo, and supplementary feeding centres in Akobo, Birmath and Wanding linked to medical services (treatment, immunization etc). Other locations are also being considered in order to prevent large population influxes to a few areas. MSF−B has suggested that the population living in other, inaccessible, areas of the state may be even more affected by the current crisis as they are without any support from the international community (MSF−B – 09/05/00, 27/06/00).

A WFP assessment of Bieh State in May concluded that the population was facing severe food shortages mainly because of conflict. Conflict has resulted in the disruption of the agricultural cycle (for both crops and livestock), reduced labour for food production, decreased labour opportunities, lack of access to markets (for selling or restocking), restricted humanitarian agency access (resulting in decreased coverage of food, health, seeds and tools programmes), and disruption of restocking through marriage and kinship. In addition, looting, over−demand, restricted access and poor rainfall patterns have all led to a decrease in the availability of indigenous foods which are important sources of food and income for the majority of the population in a normal year (WFP – 06/00).

In June, WFP distributed food to the most vulnerable areas of Bieh State including Walgak and Akobo, where malnutrition rates were particularly high. In Wagak, the distribution was undertaken at the same time as MSF−B's vaccination campaign and targeted 8,000 people. MSF−B has started a blanket supplementary feeding programme (using CSB) for 73,500 children under 130 cm in height at WFP distribution sites (WFP − 07/07/00).

South Bor County

A MEDAIR/WFP food economy assessment was undertaken in Athoc *payam,* South Bor County in order to better understand the findings of a nutritional survey in December 1999 that reported relatively high prevalence of malnutrition (see RNIS 30). The assessment established that even the very poor and poor population groups in Athoc *payam* were able to meet their food requirements in the 8 months prior to the study. The malnutrition was mainly caused by a combination of environmental health and care factors contributing to disease, and indirectly malnutrition (due to flood−contaminated water sources and a deterioration of hygiene and sanitation) (MEDAIR − 03/00).

South Sudan, Gos controlled areas (OLS Northern Sector)

The RNIS has not received any new nutritional information for Wau, Juba or the other parts of BEG which are controlled by GoS. The most recent reports suggest the nutritional situation in Juba and Wau towns are acceptable (see RNIS 29 & 30), although the recent fighting and imminent hunger season may alter this.

Upper Nile

A nutritional assessment on children was conducted by GOAL/UNICEF/WFP in various locations of Upper Nile in April/May 2000 in response to a decline in indicators of food security (see annex) (WFP − 21/07/00). The results of the surveys can be seen in the table below. This information was provided by WFP−Khartoum and the report is not currently available to the RNIS and hence the survey methodologies are unknown.

Results of surveys in GoS controlled areas of Upper Nile

	Sample size	**Prevalence of acute malnutrition (<80% median)**
Tonga	282	9%
Nagdier	240	20%
Kodak	267	12%
IDP camps	650	16%
Malakal town	905	13%
Obel 1	217	16%
Obel 2	182	16%
Obel 3	99	11%
Canal	152	20%
Total	2994	15%

WFP has commented that although Upper Nile State is classified as war−affected, nutritional trends in this area resemble those of the transitional zone where malnutrition is largely a result of diseases arising from poor sanitation (rather than food insecurity). Typically the rates of malnutrition double during the rainy season. Since poor sanitation mainly affects children, especially those aged between 1−3 years, selective feeding programmes to mitigate disease are highly recommended as well as efforts to improve sanitation for Malakal town (WFP − 21/07/00).

Unity State

Insecurity, population movement and inaccessibility have necessitated frequent reviews of ration levels in order to meet beneficiaries' changing needs in Unity State. Insecurity has interrupted trade links with the rural areas, agricultural activities have been abandoned and areas of fishing and wild food collection have been cut

off. Populations living along the Nile River basin are not even accessible, as insecurity continues to hinder the delivery of food aid by barge (WFP – 21/07/00).

Given the high level of insecurity in the area, access to beneficiaries remains a continuing challenge, and food aid has only been provided sporadically this year. This has had a serious impact on the nutritional status of the population still resident in GoS towns. A recent survey in Bentiu (see annex) showed high malnutrition rates in nearly a third (28%) of the children, similar to the situation six months ago when the last survey was carried out. (The RNIS does not have this report).Consequently, assistance should be geared towards correcting the situation as well as preventing widespread malnutrition in other vulnerable groups. WFP proposes to modify the ration size in this area (WFP – 21/07/00).

Northern Sudan

The RNIS has received no new information on the nutritional situation of the IDPs in northern Sudan, including those in White Nile, south Kordofan, the Nuba Mountains and Red Sea State.

Khartoum

There continue to be nearly two million displaced southern Sudanese people in camps in and around Khartoum. Approximately 222,000 are living in four official IDP camps, while the remainder are settled in 15 main squatter areas. The RNIS has not received any nutritional surveys for these populations since January 1999, which represents a serious information gap.

WFP has reported that the agency is in high–level talks with the Government to discuss plans to support the IDPs in and around Khartoum. However, it is yet not known what type of nutritional assistance will be given. Given the upcoming hunger season, it is probable that the IDPs will face nutritional difficulties in the short term, particularly those in Mayo camp (population 36,000) and Jabal Aulia (population 16,000), who are dependent on migrant labour in rural farm areas (WFP – 21/07/00).

Transitional zone

North Darfur

El Laeit and El Tweisha Rural Councils occupy the southeastern parts of North Darfur State, bordering Ed Daein Province in South Darfur State. The population is estimated at 152,000 including some 25,000 southern Dinkas who have fled insecurity in BEG. Displaced southerners have been settled in Darfur over the past 10 to 15 years. The authorities claim to encourage a policy of integration but the BEG Dinkas undoubtedly form a separate underclass, and are known as Semi–Resident Southerners (SRSs). They are economically distinct, working as sharecroppers or engaged in daily labour.

The findings of a recent nutritional survey by SC(UK) in late April indicate an 'emergency out of control' for the population surveyed. The prevalence of acute malnutrition was estimated at 22.7% in the SRS group and 14.5% in the host population, including 3.2% severe in the SRS group and 1.5% severe in the host population (see annex). Mortality among the under–fives in the SRS group was extremely high at 8.49/10,000/day (compared with 1.03 among the local under–five population), while CMR was 3.7/10,000/day. The prevalence of vitamin A deficiency (as indicated by night blindness) in the SRS group was well above that which the SPHERE guidelines report as a public health problem (1%) (see table below).

Results of surveys of SRS and hosts in north Darfur

	SRS (n=661)	**Host population (n=661)**
Prevalence of moderate wasting	19.5%	13.0%
Prevalence of severe wasting	2.9%	1.5%
Prevalence of oedema	0.3%	0%
CMR	3.73/10,000/day	0.7/10,000/day
U5MR	8.49/10,000/day	1.03/10,000/day
Child sickness	56.0%	32.5%

Measles	53.5%	10.7%
Diarrhoea	19.7%	13.5%
ARI	34.3%	65.1%
Fever	6.2%	7.0%
Night blindness	3.0%	0.0%
Measles immunisation	26.3%	84.9%

The morbidity figures reveal an extremely serious measles outbreak, which must have contributed to the excessive mortality rates. Given the massive wasting effect of measles and its impact on body stores of vitamin A (which are rapidly depleted), this is a classic example of acute malnutrition occurring as a result of disease and not food insecurity. The very low average nutritional status (86.9% of the median reference weight for height value) of the SRS population would normally indicate a higher prevalance of malnutrition than was found. (This may have been mitigated by the high mortality rate, that is, the severely malnourished with measles died.) Disease is further implicated as the major cause of malnutrition (and not food security) by the spread of malnutrition among age groups. Younger children are disproportionately affected by disease and are reported to suffer higher rates of morbidity and mortality. Thus if morbidity is the cause of malnutrition, higher rates of malnutrition will be evident in younger children, as shown in this survey report. (If the cause of malnutrition is food insecurity it is often more equally spread among all age groups – as older children are unable to meet their food needs).

The authors of the survey noted that health services in this area were unacceptable. Dispensaries and health centres lack drugs and although some medicines are available on the market they are too expensive for the poorer groups. Vitamin A distribution was not considered as a recommendation but is obviously a priority. Hygiene conditions were also poor and water was available but prohibitively expensive, which restricted use by the SRS population to < 5 litres per day (SC(UK) – 05/00a).

The household food economy assessment estimated that in total, the SRS households will generate approximately 79% of their annual food requirements in 2000 as a maximum, and thus that they will face a deficit of 15–25%. The reasons given for this include the low prices of groundnuts (due to a stagnation of groundnut trade), high grain prices (due to low cereal production in the area), reduction in the agreement terms for the sharecropper's wages for groundnut cultivation for next season, and reduction in labour opportunities (due to the decrease in groundnut prices). Fifty–three percent of the host population ate three meals a day compared to only 2.9% of the SRS group (SC(UK) – 05/00b).

The host community was in a better position in terms of access to food and cash, because they cultivate their own crops and own assets such as livestock. Only the poorest host households (approximately 40%) will have an annual food deficit and this will be less than 10% (SC(UK) – 05/00b).

Refugees in Sudan

UNHCR had been planning to begin the repatriation of Eritreans from Sudan in April, but the hostilities between Ethiopia and Eritrea over the disputed border areas led to new influxes of refugees into areas around the Sudanese–Eritrean border in Kassala State. Some 95,000 people are living in four camps located in hot, arid areas in which water and other natural resources (e.g., firewood) are extremely limited. The area also contains settlements of long–term Eritrean refugees (estimated at 150,000) and Sudanese displaced by flooding and instability on the border. Most of the newly displaced refugees have expressed their desire to return to their homes as soon as possible. However, it is not known when they will be able to return home, in spite of the recent cease–fire agreement, because many of the return areas are not yet considered safe (ICRC – 22/06/00; UNHCR – 12/07/00).

UNHCR conducted two nutritional surveys of refugees aged 6–59 months in Laffa and Gulsa reception centres (see annex). The prevalence of acute malnutrition was high (see table). Very little oedema was recorded

Results of the surveys in Laffa and Gulsa reception centres

	Laffa (n=900)	Gulsa (n=900
Acute malnutrition (<–2z scores and/or oedema)	23.4%	24.2%
Severe acute malnutrition (<–3z scores and/or oedema)	2.8%	2.7%

Environmental conditions in the reception centres are reported to be poor. The centres are overcrowded and shelter materials are limited to plastic sheets and a few tents. Trench latrines are under construction, but were not finished at the time of the survey. Diarrhoeal diseases were reported to be increasing. The drinking water supply was far below the required amount/person/day. The refugees in the camp depend mainly on the dry ration provided by WFP, although many people have managed to bring personal possessions, farming equipment and herds of animals with them (ICRC – 22/06/00; UNHCR – 18/07/00). Given that these centres are the main entry point for refugees arriving in Sudan, the condition of the new arrivals is also obviously a result of recent conditions in Eritrea and their journey.

Overall, several surveys in South Sudan have reported high prevalences of malnutrition. In particular, the IDPs and resident population in Upper Nile are at high risk (category II) and in some areas very high prevalences of malnutrition have been recorded (category I). The nutritional situation in BEG is currently not as severe, although as the hunger season approaches and hostilities between the GoS and the SPLM intensifies, it is probable that an increase in the prevalence of malnutrition will also be seen in these areas (category III). The nutritional status of the displaced in the transition zones has been and remains critical (category I), and even the residents in these areas remain at risk. There is no new nutritional information on the IDPs in northern Sudan around Khartoum (category V). This is particularly cause for concern given the morbidity and mortality among the displaced in Darfur. The nutritional condition of the new refugees is poor (category II). There is no new information on the nutritional situation of the longer–term refuges.

Recommendations and priorities:

• Continue to monitor the nutritional situation of the population in south Sudan closely as the lean period approaches.

• Obtain information on the nutritional situation of the IDPs and refugees in Northern Sudan.

From the MSF–H survey in Padeah District, Upper Nile (MSF–H – 29/06/00):

• Start a general food distribution in the region immediately.

• Implement feeding programmes after the general food distribution has been set–up.

From the SC(UK) assessments in North Darfur (SC(UK) – 05/00a, 05/00b):

• Immunize the displaced southerners in Darfur against measles and treat vitamin A deficiency by undertaking a vitamin A distribution immediately, to prevent further mortality.

• Improve the water supply in the area.

• Respond to the health problems in the area; provide drugs to the health centres.

• Distribute a full general ration to the SRS population.

• Construct supplementary feeding centres in the large SRS settlements and distribute dry supplementary rations in the smaller settlements.

• Intervene to reduce and/or stabilise grain prices.

• Distribute non–food items for shelter, cooking and water storage to the SRSs.

• Continue to monitor the food security and nutrition situation closely.

• Enter into negotiations with the hosts and authorities about the provision of land for vegetable farms to the SRSs in order that they can become more self–sufficient.

For the refugees in Kassala (UNHCR – 18/07/00):

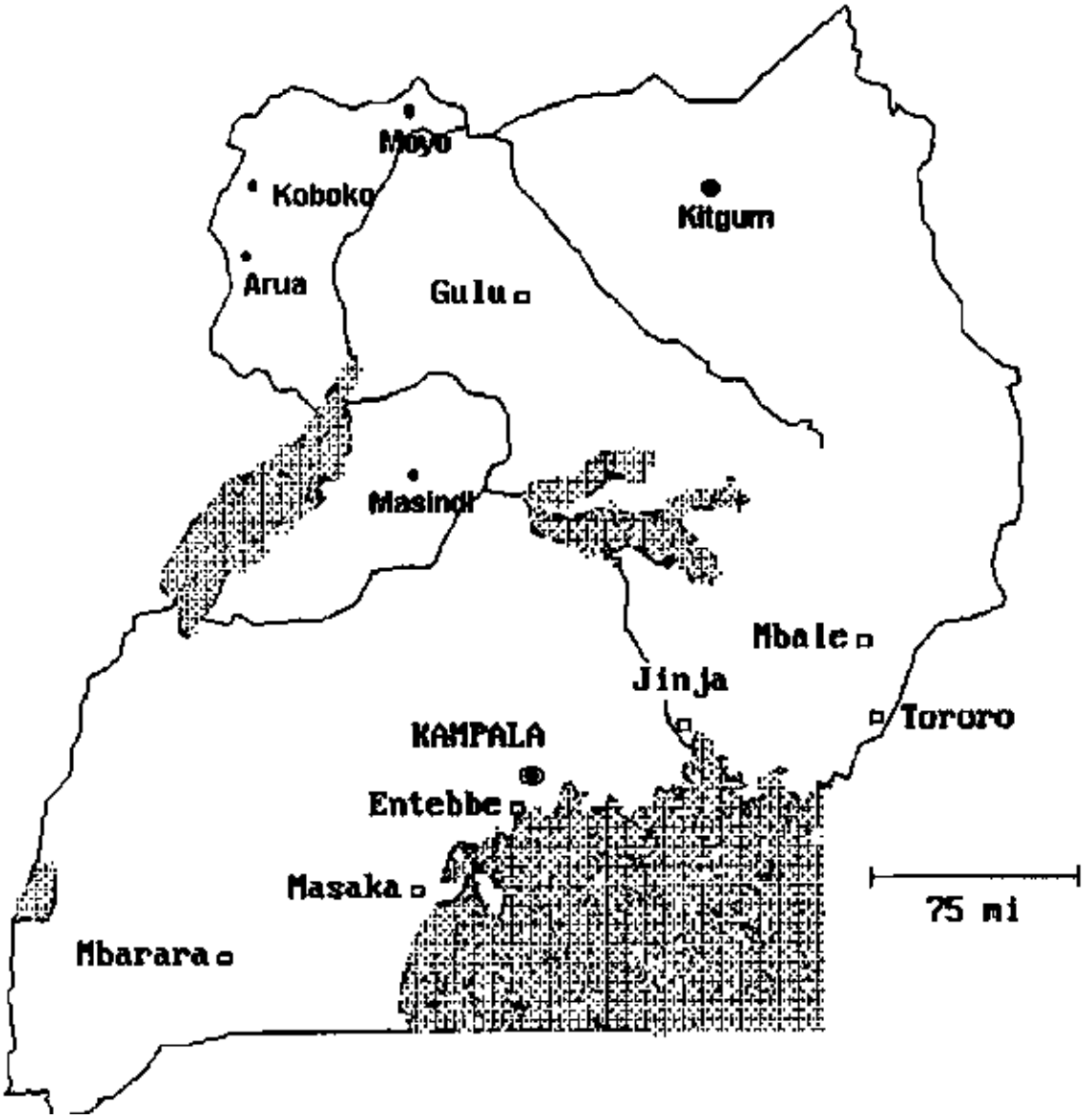
- Procure shelter materials as soon as possible.
- Improve the camps' environmental conditions (water and sanitation especially).
- Start a blanket supplementary feeding programme for all children under five.

9. Uganda

There are an estimated 724,000 IDPs and 207,000 refugees living in Uganda (OCHA – 14/07/00).

IDPs in North Uganda

Security remains very poor in large parts of Gulu and Kitgum. The Lord's Resistance Army (LRA) continues to regularly attack camps and trading centres, ambush vehicles and engage in battles with the Ugandan Patriotic Defence Force (UPDF). LRA activities have recently extended to neighbouring Adjumani, although not to the same degree as Gulu and Kitgum.



Nearly the entire population of Gulu is now living in displaced camps or in Gulu town. There are an estimated 370,000 displaced people in the district. Eighty–two thousand people live in official displaced camps in Kitgum, but there may be another 10–20,000 in transient or unofficial camps. There are an estimated 10,000 IDPs in Adjumani (OCHA – 14/07/00).

Food security and nutrition

Many of the IDPs have little access to their homes or to land for cultivation. WFP is currently targeting 370,000 displaced people in Gulu and 82,000 in Kitgum. The agency has increased the ration size because it is currently the hunger season. Insecurity continues to make agricultural outreach programmes difficult, however seeds and cassava cuttings have been delivered to some areas. WFP is also starting a programme to buy 50% of its food needs from small, poor Ugandan farmers whose markets have deteriorated (OCHA – 14/07/00).

The most recent nutritional surveys of villages and camps in Kitgum District estimated relatively low prevalences of acute malnutrition (below 10%), although the prevalence of stunting was much higher. Similar results were found in the camps in Gulu (see RNIS 30). Further surveys should be undertaken in these districts in October (WFP – 13/07/00).

IDPs in Western Uganda

Allied Democratic Forces (ADF) attacks in Bundibugyo and Kabarole have decreased during the reporting period, although some areas in Bundibugyo remain insecure. There are an estimated 120,000 IDPs in Bundibugyo and 20,000 in Kabarole. The number of displaced people in Kasese is decreasing and is currently estimated at 35,000 (OCHA – 14/07/00).

The improvement in security conditions has allowed some of the IDPs to start farming again which should improve their food security. The population continues either to stay in the displaced camps at night or sleep in the bush near their homes when going to the fields during the day (OCHA – 14/07/00).

The health care coverage in these areas is still very low. Reports from the field suggest that the situation has deteriorated recently, and an increasing numbers of cases of secondary malnutrition, as a result of disease, have been found (UNHCR – 19/07/00).

Karamoja District

The security situation in Karamoja District, northeast Uganda bordering Kenya, has improved. Most of the pastoralists who migrated to neighbouring districts have returned to the area. Tension was mounting in the district following the Ugandan parliament's approval of a law to disarm the Karamojong and directions to the army to remove them from neighbouring districts within 6 to 12 months. Movement of the Karomojong is in part through necessity because they have to look for water and pasture for their livestock. The improved security in Lira, Soroti and Kumi and rainfall in home areas has resulted in IDPs in these districts returning home (OCHA – 06/06/00; Oxfam – 07/00).

An OXFAM survey of children aged 6–59 months in Kotido in May estimated the prevalence of acute malnutrition at 10.7%, including 2.1% severe acute malnutrition (see annex). CMR was estimated at 1.03/10,000/day and under–five mortality at 2.1/10,000/day. The measles immunisation rate was 58% (Oxfam – 07/00).

High prevalences of disease were reported, particularly for diarrhoea, which was reported for 75.7% of the children. Respiratory tract infections and malaria were also common. The drought in the area has affected the livestock health and thus the market and terms of trade. Milk availability was also reduced, however this was expected to improve with the rains. The current drought situation is exacerbated by conflict and ongoing insecurity. This has resulted in the loss of assets and the inability of the population to employ normal coping mechanisms because of restricted mobility. The most affected people are those who have lost their livestock due to rustling or droughts and the socially vulnerable among the community (Oxfam – 07/00).

Drought

WFP is currently assisting 160,000 drought–affected persons in the agro–pastoral areas of Moroto and Kotido in Karomoja district, northeastern Uganda.

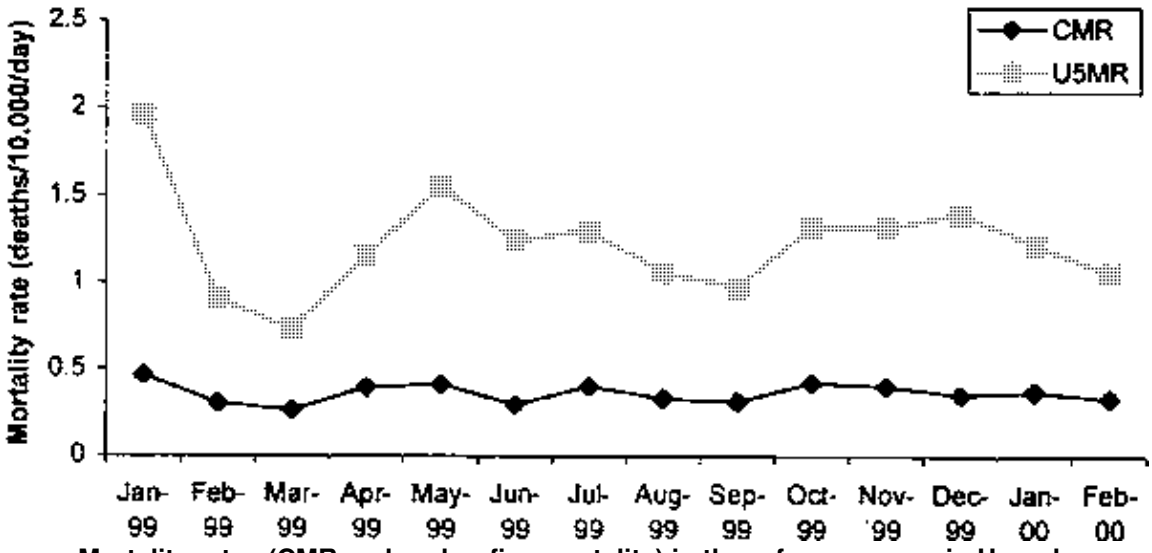
Short and inadequate rains in the first season have raised fears of serious food insecurity in Uganda for the rest of the year. The Ministry of Agriculture, Animal Industry and Fisheries conducted a survey representing 33 of the country's 45 Districts. The reports forecast low cereal productivity in most areas because of the moisture stress suffered by crops. However, FEWS anticipates only localised household food insecurity (and not a famine) because of the availability of other crops such as bananas, cassava and sweet potatoes. FEWS

noted that Kotido and Moroto might be possible exceptions (OCHA – 14/07/00; WFP – 15/06/00).

Refugees

Uganda hosts an estimated 207,000 Sudanese, Rwandan and Congolese refugees in seven districts. New arrivals have been registered during the reporting period. These people are mainly Dinka fleeing the escalating conflict around Wau, Bentiu, Juba and Aweil in the Sudan (OCHA – 14/07/00).

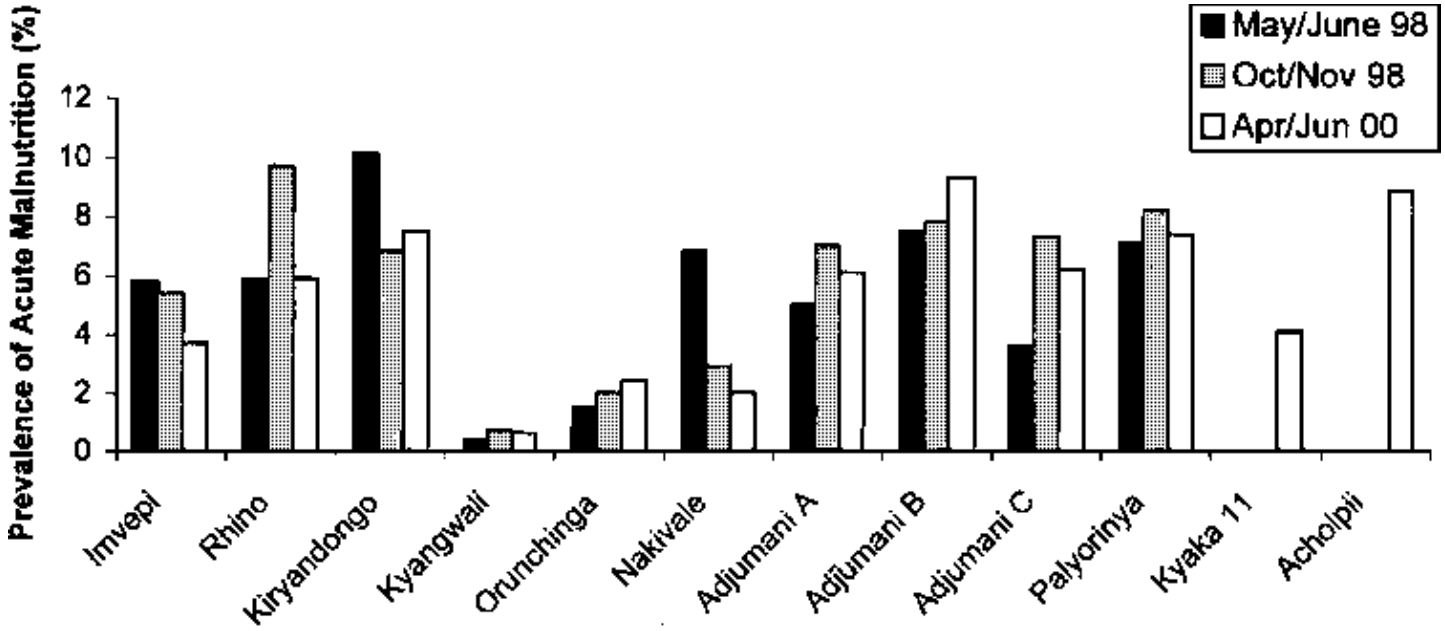
The most recent health statistics for the refugee camps in Uganda show a stable situation. Mortality rates have remained well below acceptable levels (see graph) (UNHCR – 01/00,02/00, 03/00).



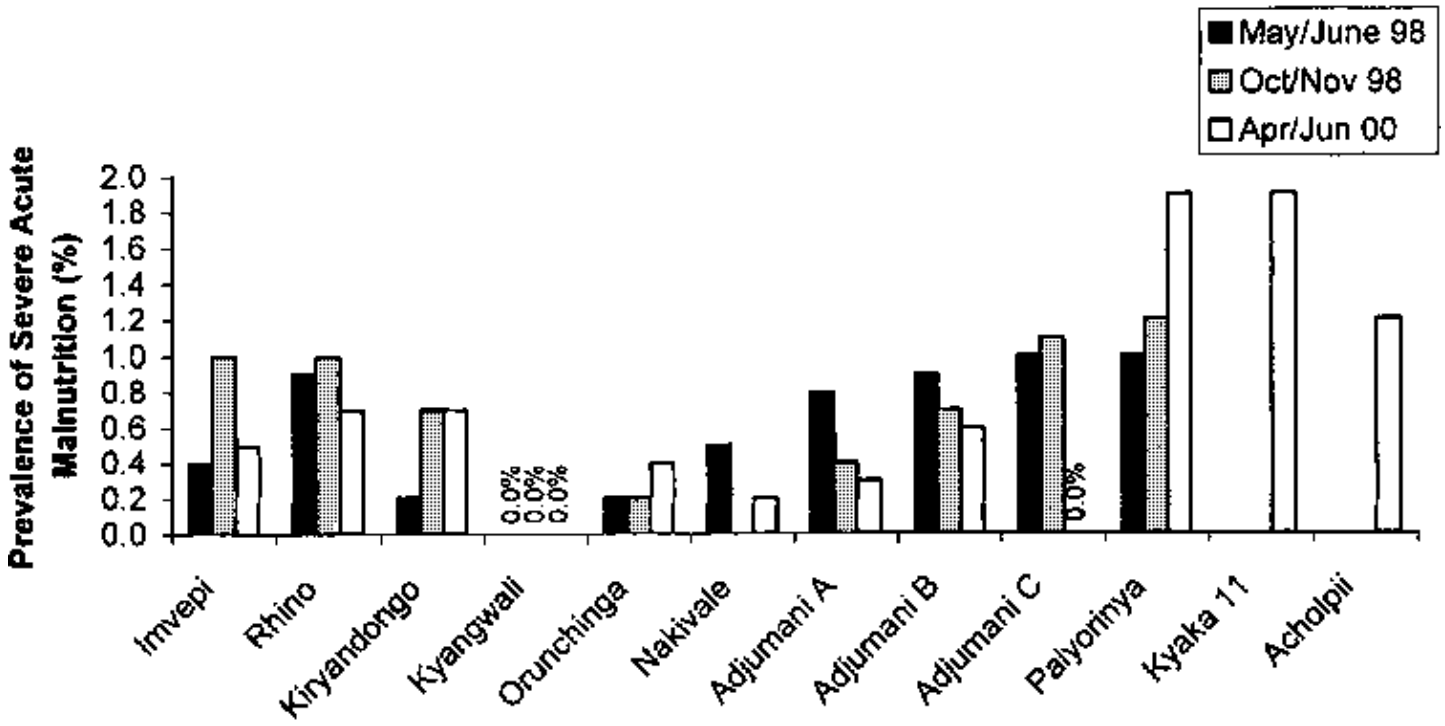
Mortality rates (CMR and under–five mortality) in the refugee camps in Uganda

The results of the annual nutritional surveys from the camps in Uganda can be seen in the graphs (see annex). There has been no significant change in the nutritional situation of the refugees since the last set of surveys in October/ November 1998 (see RNIS 26) (ACF–USA – 07/00). All supplementary feeding activities in the Ugandan refugee settlements were terminated at the beginning of April. The levels of malnutrition are such that the programmes were no longer necessary. Instead, more emphasis will be placed on the prevention of malnutrition through community–based activities (WFP – 13/07/00).

Overall, the IDPs in Gulu and Kitgum are considered to be at increased risk of malnutrition. Although the survey results from late last year reported relatively low prevalences of acute malnutrition the increased insecurity places them at greater risk (category II and III). Those in western Uganda are also considered at high risk (category II), given the poor health situation, although their food security has improved due to the security situation and therefore some of these people will probably be only at moderate risk (category III). The nutritional situation of the refugees is not considered to be critical (category IV).



Prevalences of acute malnutrition (defined as <–2z scores and/or oedema) in Ugandan Refugee Camps



Prevalence of severe acute malnutrition (defined as <–3z scores and/or oedema) in Ugandan Refugee Camps

Recommendations and priorities:

- Monitor the nutritional situation of the IDPs as closely as possible given the security conditions.
- Support programmes to improve health care in Western Uganda.

Recommendations from the Kotido survey (Oxfam – 07/00)

- Support the community until the harvest period in September/October.
- Distribute food relief in the area to support agricultural activities.

• Improve information on entitlements of beneficiaries and targeting so the community knows how and why the system works.

• Improve the drought monitoring system and design an emergency preparedness plan.

• Intensify conflict resolution efforts in order to decrease cattle rustling which affects the communities' livelihoods.

• Conduct a measles immunisation campaign.

10. Zambia

Since October 1999, influxes of Angolan refugees have been recorded in Zambia's Western and North−western Provinces. In total some 30,000 refugees have crossed the border since the end of last year. The height of the influx was recorded in December 1999, although refugees have continued to enter Zambia during the reporting period. Similarly, insecurity in DRC has also caused an influx of Congolese refugees into Northern Province (MSF−H – 07/00).

In addition to the refugees, recent reports have indicated that there are some 10,000 internally displaced Zambians in Northwestern Province. Armed groups from Angola (both UNITA and Angolan Armed Forces) have been terrorising villagers in the border areas around Chavuma, forcing many to flee their homes. The IDPs are not in camps, but have settled with relatives. UNICEF and the Zambian Government are providing assistance to this population (IRIN−SA – 27/06/00).

Nutritional situation

An MSF−H nutritional survey of Angolan refugee children aged 6−59 months in a camp near Nangweshi, in the south−western part of the country in April (see annex). The prevalence of acute malnutrition was estimated at 16.1% including 3.8% severe acute malnutrition. Two percent of the children sampled had oedema (this survey report is unavailable to the RNIS). The NGO reports that the overall health is stable and under control. A water supply system has been set up (MSF−H – 28/06/00, 07/00).

MSF−H reports that the most recent nutritional survey in Kalabo indicated an improvement in the population's nutritional status. The prevalence of acute malnutrition was reduced to 6.8%, including 1.8% severe acute malnutrition (this report is currently unavailable to the RNIS). CMR and under−five mortality rates are reported to have dropped to normal levels. Kalabo is currently acting as a way station for refugees, who are moved on by UNHCR to Mayukwayukwa. This may change if another large group of refugees seek assistance in Zambia (MSF−H – 07/00).

Food security and resources

A break in the food pipeline for the refugee programme is imminent. UNHCR plans to try and procure food locally, Should this fail the general distribution to the refugee camp populations will have to be reduced. This may well lead to a deterioration in the nutritional situation (MSF−H – 07/00; UNHCR – 27/06/00).

Overall, the nutritional situation of the refugees is precarious given the funding problems (category III).

Recommendations and priorities:

• Provide funds to UNHCR's programmes for the refugees.
• Continue to monitor the nutritional situation.

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 approximately 500,000 Iraqis in Iran. Accurate estimates of the number of displaced people in Asia are unavailable.

This section of the report gives updated information on some of these situations. The current nutritional situation of the Afghan refugees/displaced persons is described. Information on the Bhutanese refugees in Nepal and refugees is included. There is also information on the nutritional situation of the population in East Timor, the refugees in West Timor and displaced people in other parts of Indonesia although this section is not comprehensive.

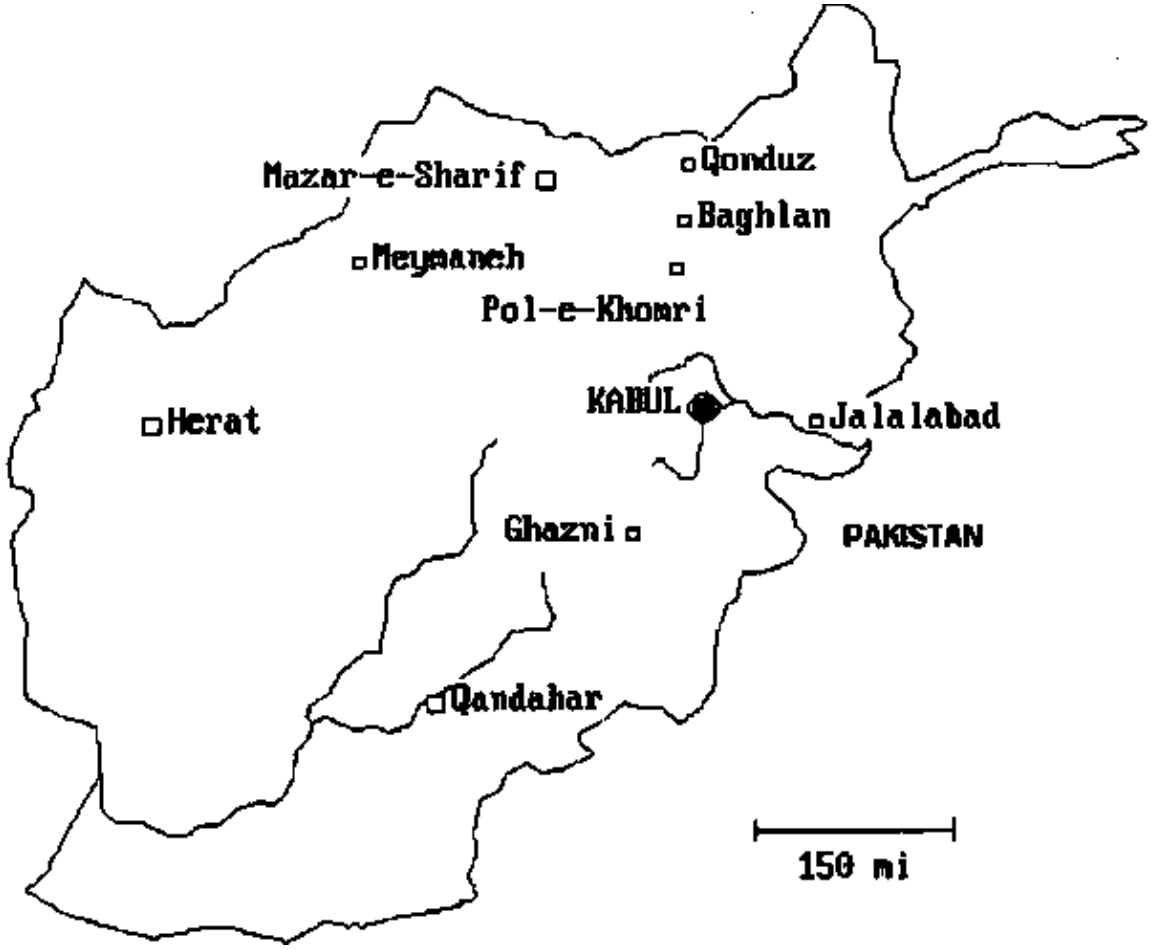
11. Afghanistan Region

The conflict in Afghanistan has been ongoing for more than twenty years, leading to massive displacement both within the country and, as refugee movements, into Iran and Pakistan. An estimated 300,000 people are internally displaced in Kabul, the Panjsheer Valley, Hazajarat, Darri Souf, Khoja Ghar and Khunduz (OCHA – 11/05/00).

Drought

Afghanistan is facing a very serious food crisis due to a second year of severe nationwide drought, shortages of irrigation water as a result of the mildest winter for 40 years, combined with its continuing political and economic problems. Initial assessments showed the southwest of the country to be the most affected area, but recent reports confirm the whole country has been severely affected. Preliminary estimates suggest that until June 2001 at least half of the country's population will be affected; 3 to 4 million people severely and a further 8 to 12 million more moderately. Those most affected are rain–fed wheat producers whose crop, normally harvested between May and June, has almost totally failed. Livestock owners are also affected (FAO/WFP – 08/06/00; OCHA – 06/06/00).

About 85% of Afghanistan's estimated 21.9 million people are directly dependent on agriculture. The most vulnerable people in these communities are those with weak links to the land and livestock (for example, the landless, sharecroppers and wage labourers). Urban populations are primarily dependent on cereals purchased from the market with income earned. Hence the most vulnerable groups are those that have weak links to labour markets (for example, female–headed households). 1998/9 was not a normal year for Afghanistan, with a reduction in the amount of grain produced. This eroded traditional social security systems, forced the distress sale of assets and, critically, reduced the ability of households to cope with this year's drought (FAO/WFP – 08/06/00).



Most households who are able to do so have sent able–bodied males to Pakistan to earn what they can in the casual labour markets. Emigration of entire families has not been widely reported, but it is reasonable to expect that some households will have no choice but to move as a matter of survival (FAO/WFP – 08/06/00; UNHCR – 06/07/00).

Kabul

Three thousand families (approximately 16,000 people) displaced from Shamalle since August continue to be housed in the ex–Soviet Embassy compound. WFP, other UN agencies and NGOs, continue to provide assistance to this group. A further 65,000 IDPs in Kabul are housed by relatives, who are often poor and vulnerable themselves. No reports on the nutritional situation of the IDPs in Kabul are currently available to the RNIS. WFP supports soup kitchens in the city (OCHA – 11/05/00).

IDPs in Panjshir Valley

Displacement from the Shamalle Plain into the Panjshir Valley and Kabul began in August 1999 as a result of fighting between the Taliban Government and opposition forces in the area. Panjshir is one of the main strongholds of the government opposition within Afghanistan. A WFP assessment in February identified some 7,600 displaced families in the valley. IDPs sheltered in Gulbahar City, Jabal–Seraj and Charikar were not included in the assessment. There is some concern that, should another offensive occur, new IDPs and people displaced previously will once again be forced to flee to the valley (OCHA – 12/07/00).

The IDPs are living in either official or unofficial camps, public buildings or with host families. New shelters have been constructed for some families. Some of the IDPs are reported to have moved back to their land, if it was not mined or too close to the frontline, to farm this summer. The assistance provided to the IDPs is minimal, but is reported to be adequate. The most recent nutritional survey estimated the prevalence of acute malnutrition at between 7.5 and 12%. A further survey is planned for August (OCHA – 12/07/00).

Hazarajat

Mazarajat comprises Bamiyan province and parts of adjacent provinces. It is one of the poorest parts of

Afghanistan with some of the coldest, most mountainous and least productive agricultural land. An estimated 22% of the population is landless. Conflict and poor food security have lead to population movement, both temporary and permanent. Population movements include emigration to find employment; returnees from Iran (usually forced); and internal displacements. There are an estimated 100,000 IDPs in Hazarajat (OCHA – 11/05/00, 23/05/00).

The food security situation is poor. Diets are reported to be limited to bread and tea: meat is only consumed for religious events. Land–holdings are usually very small. Environmental degradation, land loss and the consequent reduction in the food supply are serious problem. Cash labour opportunities are also limited. In addition, access to health care services is very restricted (OCHA – 23/05/00).

Return of Refugees

Since the UNHCR programme to assist Afghans to repatriate started in April, some 41,400 refugees have crossed the Islam–Qala border between Iran and Afghanistan with UNHCR's assistance. Rehabilitation and monitoring projects have been initiated in various districts of Heart and Kabul (OCHA – 05/07/00). Refugees also continue to return from Pakistan.

The drought, however, is affecting the rate of return of the refugees. UNHCR advises against return to drought–affected areas (OCHA – 23/05/00; UNHCR – 06/07/00).

Pakistan

Pakistan hosts 1.2 million refugees in 203 villages in the northwest frontier, Baluchistan, and Punjab provinces. The RNIS has not received any new reports on a change in the adequate nutritional status of the approximately 320,000 Afghan refugees who receive food assistance in Pakistan. The remaining refugees are considered self–sufficient and receive no food assistance, although UNHCR helps to sustain government activities in health and education in the villages where they live.

UNHCR is making plans to consolidate refugee villages in the province of Baluchistan, which is considered one of the most affected by the drought, to other areas within the province where adequate water and other services are available (OCHA – 23/05/00; UNHCR – 06/07/00).

Islamic Republic of Iran

An estimated 1.4 million Afghan refugees and some 500,000 Iraqi refugees remain in the Islamic Republic of Iran. UNHCR and the Government of the Islamic Republic of Iran have reached an agreement to allow unregistered refugees a choice to return home or to normalise their presence in Iran. Afghans who opt for voluntary repatriation will receive assistance. Those who are unable to return will have their claims examined jointly by UNHCR and the Government (OCHA – 22/05/00).

There is no new information on the nutritional situation of these refugees, the most recent reports indicated that the situation was not critical (see RNIS 28).

Overall, the IDPs in Afghanistan are considered nutritionally vulnerable (category III); however this may change given the severity of the drought situation, and the scale of the required humanitarian assistance. The nutritional situation of the refugees in Pakistan and the Islamic Republic of Iran remains uncritical (category IV), but may also be affected by the drought.

Recommendations and priorities:

For the drought–affected populations (FAO/WFP – 08/06/00):

- Provide assistance to the drought–affected populations in Afghanistan to prevent a deterioration of the nutritional situation and large–scale migration to Pakistan or over–crowded cities within Afghanistan.

For the IDPs in Afghanistan:

• Continue to monitor the nutritional situation of the IDPs.

For the refugees in Iran and Pakistan:

• Obtain information on the nutritional and health status of the refugees in Pakistan and the Islamic Republic of Iran.

12. Nepal

Bhutanese refugees started to enter eastern Nepal towards the end of 1990 following the Bhutanese authorities' enforcement of restrictive immigration and citizenship laws. The total population registered in the seven camps in March 2000 was 97,940.

The most significant change for this refugee population since the last RNIS report has been new developments with regard to the resolution of their plight. Definite commitments have now been given by both His Majesty's Government of Nepal and the Bhutanese Government to begin the process of establishing a basis for repatriation. Bhutan is committed to relaxing its citizenship definitions and has given a general agreement to repatriate those refugees who can meet the requirements. It is hoped that a joint verification of the refugees will begin within the next few months (WFP/UNHCR – 05/00).

WFP/UNHCR Joint Food Assessment Mission

WFP/UNHCR undertook a Joint Food Assessment Mission to the Bhutanese refugee camps in Nepal in May, the following points were noted (WFP/UNHCR – 05/00):

General nutritional and health situation

• The overall situation of the refugees in the seven camps continues to be adequate. Health indicators show a satisfactory situation. CMR for January to March 2000 was estimated at 0.09/10,000/day and under–five mortality at 0.07/10,000/day (UNHCR – 04/00).

• Regular reports from SC (UK) show a low and constant level of wasting among children aged 6–59 months (RNIS 28).

Angular Stomatitis and anaemia

• There has been a substantial decrease in the incidence of Angular Stomatitis (AS) (deficiency of vitamin B2) over the dry season this year compared to 1999 (<20 cases/1,000 people/month, SC(UK) – 13/07/00) (see graph). Possible explanations for the decrease include: the refugees' increased awareness of the deficiency, improved and regular supply of fresh vegetables by UNHCR and the WFP–supported home gardening project, which was started in April 1999. In addition, the availability of fresh vegetables on local markets (with marked price reductions) is also seen as a main factor in increasing refugee access to these foods this year.

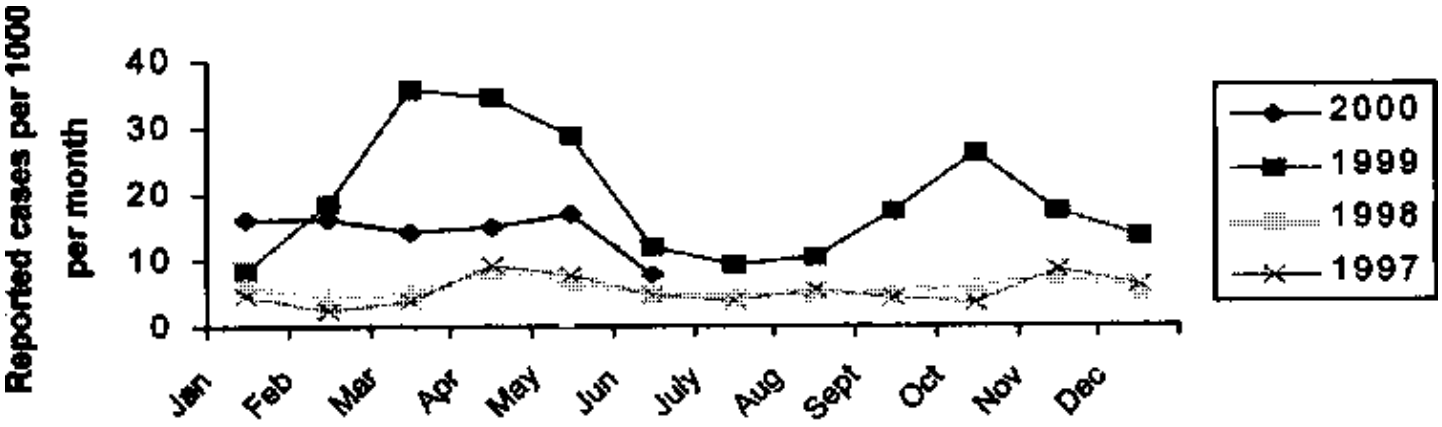
• During the mission the population was offered several options to improve the food basket so as to provide additional micronutrients, by replacing part of the rice and/or sugar ration with fortified wheat or com flour. The refugees clearly stated their preference for keeping the current food basket unchanged as they consider AS a minor problem that can be treated on a case–by–case basis with vitamin tablets. They also felt that the situation had improved as a result of the above factors.

• In order to respond to the increased requirements for micronutrients of adolescents, a school feeding programme distributing fortified foods was proposed. This programme will be implemented instead of a blanket general distribution of fortified food to the whole population. An estimated 38,000 children will receive 25g of fortified UNILITO (locally–produced fortified blended food) during the three dry season months (March–May) when the availability of fresh foods is low and the incidence of AS tends to be highest. Additionally, SC(UK) will conduct active screenings of all school–going children to detect and treat AS.

• Approximately one–third of all adolescent girls were found to be anaemic. SC(UK) will provide all girls aged 14 to 18 years in schools with routine iron folate/vitamin tablets to treat and prevent anaemia.

• SC(UK) will also continue with the de–worming programmes in schools as these parasites compete actively for micronutrients with the body.

• Part of the pulses ration (currently all split lentils) will be supplied as whole beans to allow sprouting, which increases the micronutrient content of the pulses. Sprouting whole pulses and fermentation of leafy vegetables are both indigenous food preparation practices.



Incidence of reported angular stomatitis among Bhutanese refugees of all ages

Food supply

• Food basket monitoring shows, that for most commodities, the average requirements received were within +/– 5% of the entitlement. However, calculations of the nutritional value of the food commodities received show that households are receiving inadequate amounts of calcium and vitamin B2, when compared to the Recommended Daily Allowance (RDA).

• The supply of vegetables was regular and sufficient from April 1999 to March 2000, which is a major improvement over 1999 when there were long periods of supply shortfalls. The vegetable basket includes potato, onion, green chili cabbage or pumpkin or green banana (depending on seasonal availability) and also dry garlic and turmeric. Given that the refugees are not permitted to work outside the camps and have no access to agricultural land, further reductions in the ration are not considered an option in the foreseeable future. Current rations are in line with the minimum level of requirements for this population.

Recommendations and priorities:

Note that most of these recommendations will not be implemented until 2001 as there is no budget provision for them this year (UNHCR – 20/07/00).

From the WFP/UNHCR assessment Mission (WFP/ UNHCR – 05/00).

• Maintain the basic food basket composition and general ration scale at the current level. The support should cover a period of 24 months during which time it is expected that there will be agreement on the movement of refugees out of the camps and this food support will be converted into a repatriation or reintegration package.

• Partially substitute the pulse ration for whole peas to improve micronutrient availability.

• Introduce a targeted school–feeding programme to provide 25 grams of UNILITO to each school child to help address AS during the dry season.

• Provide all girls aged 14 to 18 years in schools with routine iron folate/vitamin tablets to prevent and treat anaemia.

• Screen all school−age children for AS and treatment.

• Conduct a bi−annual de−worming campaign for children through the school system.

• Revise camp rules to allow the refugees more opportunity and flexibility to undertake supplementary activities. For instance the home garden project should be incorporated in all the camps.

WFP to continue to purchase food commodities on the local or regional markets in order to provide a cost−effective and reliable supply.

13. Refugees from Rakhine State, Myanmar in Bangladesh

An estimated 22,260 Muslim refugees from Rakhine state in Myanmar live in two camps in southern Bangladesh. 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. The repatriation programme was suspended in mid−1997 and resumed only in November 1998. Since then almost 1,000 refugees have repatriated, out of a list of 7,000 the Government of Myanmar has cleared for repatriation (UNHCR – 12/12/99).

Nutritional situation

These refugees are not allowed to undertake employment or income−generating activities and hence are completely dependent on WFP and UNHCR for their survival.

The RNIS has not received any new information on the nutritional situation of these refugees. The most recent information from UNHCR suggested that their nutritional status was not critical (RNIS 29).

14. Indonesia/East Timor Region

East Timor

Before the crisis last year, the population of East Timor was estimated at 890,000 people. Almost the entire population was either internally displaced or sought refuge in West Timor as a result of the violent conflict. At least 750,000 people have now returned (FAO/WFP – 19/04/00).

The UN Transitional Authority in East Timor (UNTAET) and humanitarian organisations continue to implement projects based on six main priorities: facilitating the voluntary return of East Timorese from West Timor and other locations; ensuring food security through the provision of daily rations, seeds and tools; providing a basic health−care network; ensuring potable water where the water system has been damaged or destroyed; revitalising communities through education programmes, counselling and micro−credit schemes; and repairing and reconstructing approximately 35,000 residential shelters.

Nutritional situation

The RNIS has not received any new nutritional surveys from East Timor. The most recent data did not indicate an elevated level of malnutrition. ACF has recently initiated a nutritional surveillance system that should provide more information.

Food Security

An FAO/WFP crop and food supply assessment mission to the country in April observed that East Timor's agricultural operations have suffered less disruption than at first predicted. The territory's infrastructure was badly damaged, food and seed stocks were destroyed, and most of the population was displaced during the violence. The rate of return to farms to commence planting was a major concern, but although maize planting was later this season, compared to the optimum planting date, the delay itself did not matter as overall rainfall

has been favourable and extended. In spite of the obvious difficulties, maize and rice yields are expected to be satisfactory, and certainly better than the severely reduced crop in 1997/8 due to the El Nino drought. The mission estimated that, from July, 285,000 people will remain vulnerable and need to be targeted for food aid (FAO/WFP – 19/04/00).

Normal economic activity in the territory continues to be hampered in many areas due to the disruption of internal markets, absence of small traders and merchants, poor roads and decimated commercial and private transport systems. The situation is compounded by the sudden cessation of access to trading, distribution and supply routes to West Timor and the rest of Indonesia. Previously, these were essential for a wide range of economic functions such as wage labour, input supply and trading. Income–generating possibilities are limited and formal employment has been greatly reduced by the lack of public sector jobs. Following Indonesia's withdrawal last September, various government support measures, such as the sale of subsidised rice to poor rural households, no longer exist. Market surveys conducted in several locations indicate that prices are higher than they were at the same time last year (FAO/WFP – 19/04/00).

Since their return from West Timor or within East Timor, many households have had, and are continuing to rely heavily on the production of kitchen gardens rather than on farming. The gathering of wild forest foods, particularly tubers of various types, has provided substantial amounts of food. In the absence of rice (the preferred staple) or maize in rural areas there is reported to be an increased reliance on tubers (cassava, sweet potato, yam and taro). In some western areas close to the border with West Timor, fear of militia activity remains pervasive and people are reluctant to clear land to farm. The most vulnerable households are those that rely primarily on cash income from non–export crops, for which the internal market has collapsed due to unemployment and the lack of effective purchasing power, while no trade exists across the border with West Timor. The most vulnerable area is the Oecussi enclave (FAO/WFP – 19/04/00).

As the political situation has stabilised, WFP and its partners have tried to provide emergency aid towards reconstruction and development. Food aid agencies have begun distributing food through a variety of programmes including: seed for food exchanges; food for work; food for training; school feeding and vulnerable group feeding (FAO/WFP – 19/04/00). Clearly the objectives of such programmes reflect a dramatic shift from relief to rehabilitation and reconstruction.

Overall, given the wide array of food sources available to the population, the nutritional situation of the returnees to East Timor is not considered to be critical (category IV).

Recommendations and priorities:

From the FAO/WFP mission to East Timor (FAO/WFP – 19/04/00):

- Continue to closely monitor the situation and improve vulnerability mapping in order to better define food insecure areas.

- Continue to utilize food as a catalyst for rehabilitation activities.

Indonesia

West Timor

An estimated 120,000 East Timorese refugees remain in West Timor following the crisis in August 1999. UNHCR is currently undertaking a registration exercise, which has been repeatedly postponed because of insecurity, in order to obtain more precise population figures. The majority of the refugees are living in one of more than 200 sites in Belu or Kupang district (OCHA – 06/00; UNHCR – 11/07/00; WFP/UNHCR/UNICEF – 05/00).

The Government of Indonesia (GoI) is encouraging the refugees to return to East Timor. However, attempts will be made to settle those who do not wish to repatriate in West Timor and other parts of Indonesia. Resettlement plans are hampered by a lack of funds and suitable land. In May, repatriation movements had virtually come to a standstill, in part due to a reluctance of the refugees (the longer they stay in West Timor, the more likely they will be considered in East Timor as collaborators, or alternatively the more likely their homes will have been occupied or destroyed). It is therefore difficult to predict the rate of resettlement. UNHCR currently expects that 20,000 refugees will repatriate to East Timor by the end of the year and that a

further 10,000 will be resettled within Indonesia (WFP/UNHCR/UNICEF – 05/00).

Approximately 40,000 refugees are known to be Indonesian National Armed Forces, police, civil servants and their families. This group are not currently eligible for UN assistance as the GoI continues to provide them with salaries and other benefits. The GoI is making plans to settle this group on other islands of NTT or elsewhere in Indonesia (WFP/UNHCR/UNICEF – 05/00).

Nutritional situation

A WFP/UNHCR/UNICEF mission to West Timor took place in mid–May in order to review the developments in the nutritional situation of the refugees since the last assessment mission conducted in January 2000 (see RNIS 30). The mission reported an improvement in the overall nutritional situation as evidenced by a decrease in the prevalence of malnutrition in Belu District and TTU (WFP/UNHCR/UNICEF – 05/00).

UNICEF undertook a nutritional survey of the refugees in Belu district in May. The prevalence of wasting was estimated at 8.8%, including 0.8% severe wasting. No oedema was reported. These prevalences are considerably lower than those reported in a survey conducted in December 1999 although the survey methodologies were not identical and therefore the data not strictly comparable (UNICEF – 05/00). The present survey results are likely to be more representative of the wider refugee community in Belu district than the former survey.

According to the mission report, the nutritional situation of the refugees in North Central Timor has also improved. A screening in mid–February had estimated the prevalence of acute malnutrition at 33%, but this has decreased to 8.2% (WFP/UNHCR/UNICEF – 05/00). This assessment is currently unavailable to the RNIS.

The improvement in the nutritional situation was attributed mainly to: (i) the distribution of general food rations in most areas (despite variable food baskets and ration scales), (ii) post–harvest season surpluses among local communities, (iii) access to employment during the harvesting season, (iv) successful supplementary feeding programmes, and (iv) improved water and sanitation. In addition some of the refugees were also able to benefit from living with or near by relatives. It is likely all these factors simultaneously contribute to nutritional improvements, although the report points out that some positive influences such as supplementary feeding have little impact if the general food ration is insufficient (WFP/UNHCR/UNICEF – 05/00).

More recently, however, reports have indicated that health and nutrition staff in West Timor are concerned that the refugees are not receiving an adequate diet. WFP provides only rice to the refugees and it is possible that the population will develop micronutrient deficiencies (UNHCR – 20/07/00).

Food Security

Most of the refugees are not restricted to the environs of a refugee camp, and hence have access to employment opportunities, although these are limited because of high unemployment in West Timor. Opportunities also exist for small–scale agricultural activities such as livestock raising (pigs, chickens, goats), kitchen gardening and subsequent trade. These activities need to be expanded. Access to more productive farmland, however, is virtually nonexistent and this may limit the refugees' ability to become self–sufficient in the long–term (WFP/UNHCR/UNICEF – 05/00). While supporting the GoI in the care and maintenance of refugees, the UN agencies recommend a strategy for phasing out international assistance, including a systematic reduction in food aid (WFP/UNHCR/ UNICEF – 05/00).

The UN Consolidated Appeal for West Timor has outlined various strategies to improve the food security of the refugees, including the provision of seeds and tools for more vegetable gardens, the provision of chickens, and the provision of maize seeds (in locations where land is available). WFP, UNHCR, ICRC and other NGOs will continue to provide food assistance to the vulnerable section of the population (OCHA – 06/00).

The Maluku Crisis

Clashes between members of Christian and Muslim communities in the Moluccan island region of Indonesia have lead to more than 3,000 deaths since the conflict first broke out in January 1999. An estimated 500,000 people have been displaced either within Malaku, North Maluku or to provinces in Sulawesi, Irian Jaya and elsewhere in Indonesia. The violence escalated in late June resulting in a complete break down in law and order in some areas, particularly Ambon (HRW – 29/06/00).

The latest round of fighting has resulted in the destruction of property and infrastructure and further mass population movements. This has taken place in areas both previously affected and unaffected by the conflict. In many cases people are being displaced for the second or third time (ACF–F – 30/06/00).

Gaining access to the population is currently a crucial issue. Many international organisations have been forced to withdraw due to insecurity. A state of civil emergency has been declared by the GoI, but the population distrusts the security forces, in large part because some members of the military and police units have taken sides in the conflict. It is unclear how a humanitarian corridor can be established given the current security situation (ACF–F – 30/06/00; HRW – 29/06/00).

The situation in North Maluku is less critical, where NGOs are still operational. ACF and MSF are providing assistance to approximately 3,500 IDPs on the island of Bacan (ACF–F – 30/06/00).

Nutritional situation

The displacement and destruction of property has profound implications for the population's food security. Coping mechanisms are severely hampered, particularly in areas that have suffered earlier in the crisis. Reports suggest that the cost of living has risen dramatically (some food items have more than doubled in cost), and widespread shortages of basic products (rice, noodles, fuel) are reported. ACF–F expects acute food insecurity and associated increases of malnutrition, morbidity and mortality to emerge in the area if a solution is not found soon (ACF–F – 30/06/00).

At an operational level, ACF–F was forced to abandon its food distribution in May for Ambon. Thus the beneficiaries in this area have not received any food aid for over a month (ACF–F – 30/06/00).

Other parts of Indonesia

Sectarian violence is also spreading to other parts of the country. Between 20–40,000 IDPs have been reported in Poso city and its surroundings in central Sulawesi. Others are present in Manadao, north Sulawesi. IDPs also remain in Aceh and west Kalimantan. Earthquakes have also caused displacement in Sulawesi and Sumatra (ACF–F – 30/06/00; WFP – 20/06/00). The RNIS has not received any new information on the nutritional situation of these groups.

Overall, the refugees in West Timor have a satisfactory nutritional status (category IV). There is no information on the nutritional situation of the IDPs in Maluku, but they are considered to be at moderate to high risk (category II and III). The IDPs elsewhere are at moderate risk (category III).

Recommendations and priorities:

From the WFP/UNHCR/UNICEF mission to West Timor (WFP/UNHCR/UNICEF– 05/00):

- Continue with the current distribution system of food distribution until the UNHCR registration exercise is completed. Then distribute a full ration to all eligible refugees on a family–based ration card system.
- Improve the monitoring of food distributions.
- Implement a growth monitoring system in selected sentinel sites. Continue to undertake nutritional surveys regularly.
- Supply vegetable seeds and gardening tools to refugees who live in areas that can sustain kitchen gardens.
- Establish a system to phase out international assistance including a systematic reduction in ration size, increased dialogue with the GoI to better understand repatriation plans, promotion and support of local repatriation schemes and plans for repatriation food packages.

Elsewhere:

- Monitor the situation as closely as possible.

• Advocate the establishment of a humanitarian corridor to provide assistance to the population of Maluku.

15. Balkans Region

Kosovo

More than 850,000 Kosovo Albanians have returned to Kosovo, of which 150,000 were assisted by UNHCR or IOM. It is estimated that some 14,000 refugees from Kosovo, including Albanians, Serbs and Roma remain in neighbouring countries. Others, mainly Serbs and Roma, are internally displaced in Serbia and Montenegro (UNHCR – 15/06/00).

The emergency relief effort in Kosovo, which is led by the Humanitarian Affairs Pillar of the UN Mission in Kosovo (UNMIK) and UNHCR, has been one of the largest–ever per capita international relief operations. The programme is winding down as the emergency relief needs of Kosovo have been successfully met. UNMIK and other agencies are now focusing their efforts on the transition from emergency to rehabilitation and development (UNHCR – 15/06/00).

Nutritional situation

The most recent nutritional survey in Kosovo, conducted in January, found low levels of acute malnutrition (see RNIS 30).

The second set of food reductions have been implemented. Between April and June the beneficiary caseload was reduced by an average of 20% each month throughout Kosovo. At the end of June there were approximately 328,500 WFP food beneficiaries in the province (reduced from approximately 553,400 in March). A further 62,800 people from minority groups are receiving food through separate distribution points (UNHCR – 11/07/00).

Reductions are also being implemented in July, with a standard 35% reduction in each municipality. (WFP plans to distribute food to 189,300 people in July.) Further reductions for August and September are also being discussed. These reductions are being closely coordinated with the transition to UNMIK's permanent social assistance scheme (UNHCR – 11/07/00).

A new permanent social assistance scheme for all people in Kosovo began on 1 June 2000. The criteria for admission into this scheme, which are different from those of the emergency financial assistance programme, are as follows:

• Category I: families without resources, where there is no–one capable or work, or who is expected to make themselves available for work (for example, the disabled, men and women over the age of 65, children).

• Category II: families without resources who are capable of work, and must make themselves available for work, but are unable to find work.

The category I families will receive cash and food assistance from August. Category II households will be able to apply for social assistance from autumn, after which they will receive cash payments, but no food. Mechanisms to ensure minorities' access to the scheme are currently being discussed (UNHCR – 11/07/00; UNMIK – 07/07/00).

Agriculture

An FAO/WFP Crop and Food Supply assessment mission to Kosovo in June reported a sharp recovery in agricultural production in the province. Wheat production is forecast to double compared to last year's crop, although only 60% of the pre–1989 level has been achieved. This harvest will be sufficient to ensure access to food commodities required for consumption by a large part of the rural population over the next 12 months. Thus, a further phase–down of food aid in July–September period can continue as planned (FAO/WFP – 24/07/00).

The price of wheat flour has remained relatively stable throughout late 1999 and early 2000, probably reflecting the strong stabilising role of food aid distributions on the market. The outcome of the 2000 wheat harvest in the wider area of the Balkans and the rest of central and eastern Europe, where Kosovan traders buy wheat, is likely to have some influence on the eventual price of wheat/flour on the Kosovo market in the coming months. Although drought has affected several countries in the region, forecast outputs are still expected to cover the countries' domestic needs and leave some exportable surpluses within the region, albeit probably less than in a normal year (FAO/WFP – 24/07/00).

In the context of the planned reductions in food aid, continuing close monitoring of basic commodity prices in Kosovo will be necessary to give early warning of any unacceptable price increases that could adversely affect vulnerable groups' purchasing power (FAO/WFP – 24/07/00).

Based on the positive results of the harvest predictions, FAO is planning to scale down its emergency assistance in the coming months and the number of beneficiary rural families for agricultural inputs should decrease from 70,000 to about 40,000 by the end of the year (FAO/ WFP – 24/07/00).

Minorities

The basic conditions for a safe and sustainable return of large numbers of minorities do not exist. Indeed, an outflow of minority households to Serbia has been recorded over the reporting period. The level of killings, violence and harassment against non–Albanians remains high. The adverse security situation restricts the minorities' freedom of movement and leads to difficulties in accessing basic public services, especially health care, education, social welfare and public utilities. UNHCR bus lines, with security escorts from KFOR, continue to provide a lifeline for many isolated ethnic communities across the province (UNHCR – 09/06/00, 15/06/00).

WFP will continue to monitor the special needs of minority communities who currently receive their food aid from separate distribution points (FAO/WFP – 24/07/00).

Overall, the nutritional situation of the returnees to Kosovo is not critical (category IV), although the minority groups are more vulnerable.

Recommendations and priorities:

- Continue to reduce the number of beneficiaries receiving food assistance.
- Monitor price changes in basic commodities and the population's nutritional situation as food aid is phased down.
- Continue to support minority groups.

Federal Republic of Yugoslavia – Serbia, Montenegro and Macedonia

A registration exercise in Serbia has led UNHCR to estimate that there are some 220,000 people from Kosovo in Serbia (188,000) and Montenegro (31,000). The IDPs are primarily Serbs, Roma and other minorities (UNHCR 15/06/00). There are currently some 9,444 refugees in Macedonia (WFP – 21/07/00).

Economy

In April 2000 the Centre for Policy Studies in Belgrade studied the effects of sanctions, hyperinflation and the bombings on the economy of FRY. The study estimated that $45 million of the country's foreign trade was lost and that $72 million was lost in industrial production. This study does not provide concrete, quantifiable evidence of the consequences for ordinary FRY citizens. Nevertheless, it makes a general conclusion that "sanctions inflict damage proportional to the disadvantage already suffered by certain groups and individuals in the division of income", while "the members of the ruling groups are the ones least affected by sanctions" (OCHA – 07/07/00).

Nutritional situation

WFP is providing food to an estimated 878,300 people in Serbia and 95,000 people in Montenegro (WFP – 27/06/00). The RNIS has received no new nutritional information on the IDP and refugee populations.

Between April and June the prices of food and basic hygiene items suffered a sharp rise in price. As a result the purchasing power of ordinary citizens has further decreased. The prices of wheat may soon increase further if the warnings about the harvest are correct (OCHA – 07/07/00).

Agriculture

Preliminary findings of the joint FAO/WFP Crop Assessment Mission to FRY indicate that the agricultural situation in FRY is more serious than expected (OCHA – 14/07/00).

Overall, the RNIS has not new nutritional information on the IDP populations in Serbia (category V).

Recommendations and priorities:

- Obtain information on the nutritional situation of IDPs in Serbia and Montenegro.
- Continue to monitor price changes in basic commodities.
- Assess the effects of sanctions on FRY's most vulnerable group further.

Listing of Sources for July 2000 RNIS Report 31

AAH	11/07/00	Press release: DRC
ACH	02/00	Nutritional survey report for Huila Province
ACH	05/00a	Anthropometric survey of Menongue, Cuando Cubango
ACH	05/00b	Anthropometric survey of Cuito Canavale, Cuando Cubango
ACH	06/00	Anthropometric survey of IDP camps in Ganda, Benguela
ACF	07/00	Nutritional survey in Gueckadou, June 2000
ACF–F	03/00	Nutritional survey in Brazzaville, March 2000
ACF–F	03/00	Nutritional survey in Buchanan, Grand Bassa County
ACF–F	05/00	Anthropometric surveys in Luuq town and IDP camps, Somalia
ACF–F	04/00	Rapid nutritional assessment in Qorbolo and Amarayle, Somalia
ACF–F	30/06/00	Anthropometric survey in the IDP camps in Mogadishu, Somalia
ACF–F	30/06/00	Personal communication from Jakarta office
ACF–USA	07/00	Summary of nutritional surveys of the refugees in Uganda (May–June 2000)
AI	31/05/00	Public document: Democratic Republic of Congo
CAD	02/00	Anthropometric survey of Bubanza Province, Burundi
CARE	04/00	Anthropometric survey of Borana Administrative Zone of Oromia, March 2000
Concern	02/05/00	Nutritional survey in Damot Weyde Wereda, Welayita, North Omo, April 2000
Corbett, M	11/07/00	Personal communication
FSAU	04/00a	Bakol Region: Nutrition surveys and analysis
FSAU	04/00b	Nutrition update: April 2000

FSAU	05/00	Nutrition update: May 2000
FSAU	17/05/00	Heavy rains cause flood damage
FSAU	12/07/00	Monthly food security report, June 2000
FAO/WFP	19/04/00	Crop and food supply assessment mission to East Timor
FAO/WFP	17/05/00	Crop and Food Supply Assessment Mission to Angola
FAO/WFP	08/06/00	Crop and Food Supply Assessment Mission to Afghanistan
FAO/WFP	24/07/00	Crop and Food Supply Assessment Mission to the UN–administered Province of Kosovo
FEWS	09/06/00	Rainfall and vegetative conditions in Southern Sudan
HRW	29/06/00	Moluccan Island: communal violence in Indonesia
ICRC	20/06/00	Update on Angola
ICRC	22/06/00	Press release: Eritrean refugees in Sudan
IRC	05/00	Mortality in Eastern DRC
IRIN	08/05/00	Interview with UN representative for Somalia
IRIN	02/06/00	Weekly update 22
IRIN	09/06/00	Weekly update 23
IRIN	30/06/00	Weekly update 26
IRIN	03/07/00	Horn of Africa Update
IRIN	07/07/00	Weekly update 27
IRIN	11/07/00	Update 964
IRIN	12/07/00	Update 712
IRIN	14/07/00	Weekly update 28
IRIN	14/07/00	Update 967
IRIN–SA	27/06/00	Update 627
IRIN–SA	14/07/00	Update 704
IRIN–WA	09/06/00	Weekly round–up 23
IRIN–WA	23/06/00	Weekly round–up 25
IRIN–WA	30/06/00	Weekly round–up 26
IRIN–WA	07/07/00	Weekly round–up 27
IRIN–WA	11/07/00	Update 757
IRN–WA	12/07/00	Update 758
IRIN–WA	14/07/00	Update 760
IRIN–WA	17/07/00	Interview with UN representative for Liberia
IRIN–WA	18/07/00	Update 761
MEDAIR	03/00	*Athoc payam,* So*uth Bor County household food economy assessment*
MSF	06/07/00	Press release: Alarming Malnutrition in South Sudan

MSF	12/06/00	Press release
MSF	20/06/00	Press release: DRC
MSF	21/06/00	Press release: DRC
MSF	24/06/00	Press release: DRC
MSF	05/07/00	Press release: DRC
MSF−B	03/00	Nutritional survey in Karusi Province, Burundi
MSF−B	05/00	Nutritional survey and retrospective mortality assessment, Denan, Ogaden
MSF−B	09/05/00	Nutritional Situation in Akobo District, South Sudan
MSF−B	27/06/00	MSF Press Release: MSF responds to emergency in Bieh State, South Sudan
MSF−B /CONCERN	06/00	Rapid nutritional & mortality survey Kuito, Bie Province
MSF−H	28/06/00	Personal communication from MSF−H nutritionist
MSF−H	29/06/00	Nutrition survey report of Padeah district, Leech State, South Sudan
MSF−H	07/00	Situation update of refugees in Zambia
MSF−S	06/00	Nutritional survey of Uige Province, May 2000
NRC	30/06/00	Internal displacement in Burundi: Updated Profile Summary
OCHA	11/05/00	Assistance to IDPs in Afghanistan
OCHA	23/05/00	Humanitarian situation in Angola: 1−23 May
OCHA	23/05/00	News Brief: DRC
OCHA	22/05/00	UNHCR and Iran programme aids Afghan refugees
OCHA	23/05/00	Afghanistan weekly update no. 364
OCHA	06/00	UN Special Drought Emergency Appeal for the Horn of Africa
OCHA	06/00	UN Transitional Appeal for the Republic of the Congo
OCHA	06/00	UN Revised Appeal for West Timor
OCHA	04/06/00	Humanitarian situation in Angola: 29 May− 4 Jun
OCHA	06/06/00	Humanitarian Update for Uganda, Volume II issue 4
OCHA	06/06/00	Afghanistan – drought situation report no 3
OCHA	08/06/00	Affected populations in the Great Lakes Region (May 2000)
OCHA	09/06/00	News Brief: DRC
OCHA	18/06/00	Humanitarian situation in Angola: 12 – 18 Jun
OCHA	19/06/00	Humanitarian situation in Angola: 5 – 11 Jun
OCHA	26/06/00	Humanitarian situation in Sierra Leone
OCHA	05/07/00	Afghanistan weekly update no. 369
OCHA	06/07/00	News Brief: Republic of Congo
OCHA	07/07/00	Humanitarian risk analysis no. 11 for FRY
OCHA	11/07/00	Sierra Leone humanitarian situation report

OCHA	12/07/00	Draft report on the humanitarian situation in DRC, May/June 2000
OCHA	12/07/00	Afghanistan weekly update no. 370
OCHA	14/07/00	Humanitarian update for Uganda, Volume II issue 5
OCHA	14/07/00	Belgrade situation report
Oxfam	04/00	Lokitaung Sub−district nutrition survey, food and livelihood security assessment report: turkana district
Oxfam	07/00	Nutritional survey in Kotido District, Uganda, May 2000
Oxfam	13/07/00	Nutritional assessment in Bolso Sorie Woreda, Woalyita, North Omo
RI	27/06/00	Press release: Eritrean IDPs in grave peril
SC(UK)	10/99	Nutritional survey in Nyambita and Nyakariba in the Masisi health Zone of North Kivu
SC(UK)	14/04/00	Northeat Amhara emergency assessment, March 20
SC(UK)	05/00a	Nutrition Survey Report of El Laeit and El Tweisha Rural Councils, North Darfur State
SC(UK)	05/00b	Household Food Economy Review of El Laeit and El Tweisha Rural Councils, North Darfur State
SC(UK)	31/05/00	Emergency Update: Somalia May 2000
SC(UK)	13/07/00	Personal communication from SC(UK) in the Bhutanese camps in Nepal
UNCT	31/05/00	Somalia Monitor May 2000
UNDP	14/02/00	Ethiopian Situation Report for December 1999 to January 2000
UNDP	27/05/00	Update on humanitarian situation in Ethiopia
UNDP	10/06/00	Update on humanitarian situation in Ethiopia
UNDP	27/06/00	Update on humanitarian situation in Ethiopia
UNDP	30/06/00	Update on humanitarian situation in Ethiopia
UNDP	10/07/00	Update on humanitarian situation in Ethiopia
UNHCR	12/12/99	Personal communication with HCR representative for W. Africa
UNHCR	12/12/99	Personal communication with medical officer in Bangladesh
UNHCR	01/00	Health statistics for Ugandan Refugee camps, 1999
UNHCR	02/00	Health statistics for Ugandan Refugee camps, January 2000
UNHCR	03/00	Health statistics for Ugandan Refugee camps, February 2000
UNHCR	03/00	Health statistics for Ethiopian Refugee camps, February 2000
UNHCR	27/03/00	Personal communication with HCR representative for W. Africa
UNHCR	04/00	Health statistics for Nepalese Refugee camps, January – March 2000
UNHCR	04/00	Analysis of nutritional situation of refugees in Gueckadou
UNHCR	26/05/00	UNHCR Briefing notes
UNHCR	07/06/00	Personal communication with HCR representative in Afghanistan
UNHCR	09/06/00	Update on the situation of ethnic minorities in Kosovo

UNHCR	15/06/00	Southeast Europe update
UNHCR	27/06/00	Preliminary results of Nutrition survey in Rhino camp, Uganda
UNHCR	27/06/00	Communication from UNHCR
UNHCR	27/06/00	Briefing notes: Horn of Africa & Angola
UNHCR	07/07/00	Eritrea Situation Report 2–4 July
UNHCR	07/07/00	Special funding appeal for UNHCR's programmes to Eritrean refugees and returnees
UNHCR	10/07/00	Personal communication with nutritionist for Gueckadou
UNHCR	12/07/00	Press briefing notes
UNHCR	18/07/00	Nutritional surveys in Laffa and Gulsa Reception areas, Kassala, Sudan
UNHCR	19/07/00	Personal communication from HCR head–office nutritionist
UNHCR	20/07/00	Personal communication from HCR representative in Kathmandu
UNHCR	20/07/00	Personal communication from HCR representative in W. Africa
UNHCR	21/0700	Personal communication from Great Lakes Officer
UNHCR/WFP	03/00	Joint food and medical assessment mission for the Liberian refugees in Cote d'Ivoire
UNHCR/WFP	24/03/00	Joint Food Assessment Mission for the Refugee Operation in Rwanda
UNHCR/WFP	07/00	External Joint Food Assessment Mission for the Refugee Operation in Tanzania
UNICEF	05/00	Nutritional survey in Beled Hawo district, Gedo Region
UNICEF	05/00	Nutritional survey in Belu District, Wesr Timor May 2000
UNICEF	05/00	OLS monthly update for May 2000
UNICEF	06/00	Nutritional survey in Beled Weyne district, Hiraan Region
UNICEF	07/07/00	DRC Donor update
UNMIK	07/07/00	Overview of the Social Assistance Scheme for Kosovo
USAID	18/05/00	East Timor Crisis
USAID	21/06/00	Ethiopia/Eritrea – Fact sheet no. 4
USAID	10/07/00	Ethiopia/Eritrea – Fact sheet no. 5
WFP	17/12/99	Personal communication with desk officer for W. Africa
WFP	05/00	OLS Southern Sector Monthly Report April 2000
WFP	25/05/00	Weekly situation report for Angola 18–41 May 2000
WFP	06/00	Technical support unit update for Southern Sudan
WFP	09/06/00	Press release
WFP	09/06/00	OLS Southern Sector Monthly Report May 2000
WFP	15/06/00	Great Lakes Monthly Report, May 2000
WFP	20/06/00	Provisional minutes of food co–ordination meeting for Indonesia
WFP	27/06/00	Bi–weekly Balkans operations situation report

WFP	29/06/00	Highlights of the NGO nutrition report for OLS, June 18–24
WFP	30/06/00	Emergency Report no. 26
WFP	04/07/00	Personal communication with officers in Burundi
WFP	07/07/00	OLS Southern Sector Monthly Report June 2000
WFP	07/07/00	Emergency report no. 27
WFP	13/07/00	Personal communication from nutritional officer for the Great Lakes
WFP	13/07/00	Personal communication from information officer for the Great Lakes
WFP	14/07/00	Emergency report no. 28
WFP	19/07/00	Personal communication from the nutritional officer for the Great Lakes
WFP	20/07/00	Personal communication from the information officer for the Great Lakes
WFP	21/07/00	Personal communication from nutritionist for North Sudan
WFP	21/07/00	Emergency report no. 29
WFP/UNHCR	05/00	Joint Food Assessment Mission to Bhutanese Refugees in Nepal
WFP/UNHCR/UNICEF	05/00	Joint Food Needs Assessment Mission to assess needs of East Timorese refugees in West Timor
WHO	16/06/00	Press release

Abbreviations used in the text

AAH–UK	Action Against Hunger UK
ACF–F	Action Contre la Faim France
ACF–USA	Action Against Hunger USA
ACH–S	Action Against Hunger Spain
AI	Amnesty International
BEG	Bahr El Ghazal
BMI	Body Mass Index
CAD	Children's Aid Direct
CMR	Crude Mortality Rate
DRC	Democratic Republic of Congo
FAO	Food & Agricultural Organization of the United Nations
FEWS	Famine Early Warning System
FSAU	Food Security Assessment for Somalia
ICRC	International Committee of Red Cross
IDP	Internally Displaced Person
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−CH	Medecins Sans Frontieres − Switzerland
MSF−F	Medecins Sans Frontieres − France
MSF−H	Medecins Sans Frontieres − Holland
MSF−S	Medecins Sans Frontieres − Spain
MOH	Ministry of Health
MUAC	Mid−ipper arm circumference
NGO	Non−governmental Organisation
OA	Oxfors Analytics
OCHA	Office for the Co−ordination of Humanitarian Assistance
OLS	Operation Lifeline Sudan
RI	Refugees International
RoC	Republic of Congo (Congo−Brazzaville)
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
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WHM	World Harvest Mission

Tables and figures

Table 1: Information Available on Total Refiugee/Returnees/Displaced Populations requiring assistance (as of July 2000). Please note that these are best estimates at the time of going to press

	Population Numbers								
Situation	**Condition**					**Total**	**Change from Mar−00**	**Nutr Stat***	***Comm***
	I: V. High	**II: High**	**III: Mode**	**IV: No**	**V:**				
	Risk	**Risk**	**Risk**	**Critical**	**Unknown**				
Sub−Saharan Africa									

1. Angola		400,000	606,100			1,006,100	*0*	imp.	Si in ar na se po
2. Great Lakes Region									
Burund	100,000	100,000	470,000			670,000	*–160,000*	imp.	ID Bu – ris m Dr no
Rwanda			40,000	29,000		69,000	*–583,000*	imp.	ID m Re cri Dr no
Congo–Brazzaville		40,000	180,000		13,000	233,000	*–205,000*	imp.	ID Re hig re
E Dem Rep of Congo	400,000	800,000	309,000	155,000	95,500	1,759,500	*341,500*	stat	ID ris wa ar to no
Tanzania		440,000				440,000	*–25,000*	det.	Re du ra Dr no
3. Eritrea		500,000	500,000			1,000,000	*628,000*	det.	W ID m to ar
4. Ethiopia		100,000	230,000	250,000		560,000	*–20,000*	det.	W hig Re V. dr po sh
5. Kenya			215,000			215,000	*0*	det.	Re he du se dr po sh

6. Liberia/Sierra Leone Region									
Liberia			36,000	49,000		87,000	*–9,000*	stat	Refs. in up Lola at hig due to inse
Sierra Leone	50,000	100,000	500,000		506,000	1,156,000	*399,000*	det.	IDP nos. v imprecise. in Govt. ar high/high t risk, others unknown. unknown.
Guinea–Conakry/Cote d'Ivoire				538,000		538,000	*–52,000*	stat.	Refs. not c
7. Somalia	40,000	73000	237,000			350,000	*0*	imp.	IDPs in Mogadishu moderate Others at very high r
8. S. Sudan	150,000	395,000	1,950,000	162,000		2,657,000	*95,000*	stat.	IDPs in Up Nike & tra zone high/ risk. Other New refs. risk. North IDPs not s
9. Uganda		337,000	300,000	207,000		644,000	*50,000*	stat.	IDPs high moderate Refs. not c
10. Zambia			210,000	10,000		220,000	*20,000*	stat.	Refs. at m due to fun problems. not critical
Total (Sub–Saharan Africa)	740,000	3,285,000	5,785,100	1,400,000	614,500	11,824,600	*424,100*		
Asia Europe (Selected Situation)									
11. Afghanistan Region			300,000			1,700,000	*0*	det.	IDPs at m risk. Driought–a people not Refugees Pakistan a not critical
12. Bhutanese Refugees in Nepal				97,900		97,900	*300*	stat.	Refugees critical.
13. Bangladesh				22,300		22,300	*0*	stat.	Refugees critical.
							0		

14. Indonesia/E. Timor region									
East Timor				750,000		750,000	*0*	imp.	Re cri
West Timor				120,000		120,000	*–33,000*	imp.	Re cri
15. Balkans Region				650,000	220,000	1,070,000	*–30,000*	imp.	Re Ko cri Se M ur

I: High Prev – Those reported with high prevalences of malnutrition (where available>20% wasting¸ and/or micronutrient deficiency diseases and sharply elevated mortality (x3 norma)

II: High Risk – Population at high risk, limited date 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 Requiring Assistance

July 2000 – RNIS #31 (population estimates in thousands)

Please note these are best estimates at time of going to press

									To
From	***Angola***	***Burundi***	***Congo /Brazzaville***	***Cote d'Ivoire***	***Dem Rep Congo***	***Eritrea***	***Ethiopia***	***Guinea Bissau***	***Guinea Conakry***
Angola	1061		8		155				
Burundi		670			19				
Congo/Brazzaville			180		9				
Cote d'Ivoire									
Dem Rep Congo			40		1,500				
Eritrea						1,000			
Ethiopia							330		
Guinea Bissau									5
Guinea Conakry									

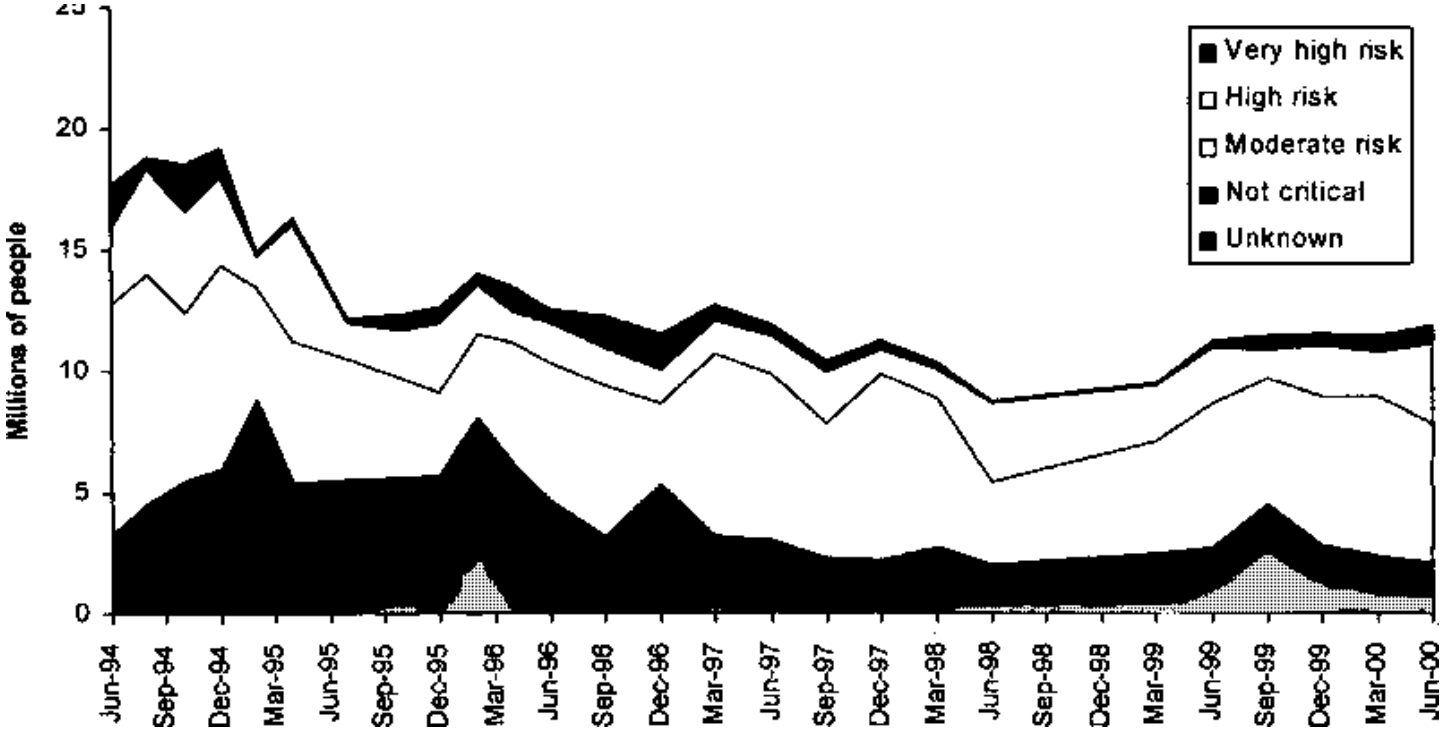
Kenya							5			
Liberia				86					120	
Rwanda			5		1					
Sierra Leone				2					325	
Somalia							185			155
Sudan					72		60			55
Tanzania										
Uganda					3					
Zambia										
TOTAL	1061	670	233	88	1759	1000	580	0	450	215

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 and returnees (total = 9,328,000).

(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).



The number of refugees, returnees and IDPs in Sub–Saharan Africa and their nutritional risk over time

Annex I: Results of Surveys Quoted in July 2000 RNIS Report (#31) – usually children 6–59 months

Survey Area	***Survey Conducted by***	***Date***	***% Wasted*****	***% Severely***	***Oedema(%)***	***Crude Mortality***	***Under 5 Mortality***	***M Imm***

				Wasted		***(/10,000/day)***	***(/10,000/day)***
1. Angola							
a. Kuito, Bie Province							
Town	MSF–B	Jun–00	4.0	0.6	0.6	1.8	2.0
IDP camps	MSF–B	Jun–00	5.7	0.8	0.2	2.3	4.3
b. Ganda, Benguela Province	ACH	Jun–00	8.9*	1.3*			
c. Menongue, Cuando Cubango							
Town	ACH	May–00	4.8	0.2	0.3	0.8	1.3
IDP camps	ACH	May–00	3.8	0.2	0.5		
d. Cuito Canavale, Cuando Cubango	ACH	May–00	5.8	0.9	0.2	1.2	1.9
e. Uigue	MSF–S	May–00	6.6	0.5	0.1		
2. Great Lakes Region							
a. Karusi, Burundi	MSF–F	Mar–00	15.0*	3.9*		0.6	0.8
b. Bubanza, Burundi	CAD	Feb–00	7.9	0.1	0.7	1.1	2.9
3. Ethiopia							
a. Denan, Somali Region	MSF–B	May–00	51.5	10.5	1.4	8.9	27.5
b. Wolayita, North Omo Zone	Concern	Apr–00	25.6*	4.3*			
c. Wolayita, North Omo Zone	Oxfam	Jun–00	39.5	14.9	5.5		
d. Oromia	CARE	Mar–00	24.2*	2.1*			
5. *Kenya*							
a. Turkana District	Oxfam	Mar–00	21.6*	4.6*		2.1	5.6
6. Liberia/Sierra Leone Region							
a. Buchanan,	ACF–F	Mar–00	7.8	0.7	0.0	0.5	0.8

Liberia								
b. Gueckadou, Guinea Conakry								
Refugees	ACF–USA	Jun–00	2.6	0.2				
Residents	ACF–USA	Jun–00	4.2	0.4				
c. Nicla, Cote d'Ivoire	UNHCR/CARITAS	Dec–99	10.0 (median)	7.9 (median)				
7. Somalia								
a. Luuq								
IDP camps	ACF–F	Apr–00	15.7	3.8	0.6		6.6	
Town	ACF–F	Apr–00	12.9	1.8	0.1		5.8	
c. Beled–Hawo	UNICEF	May–00	18.0	3.0	1.0			
d. Belet Weyn	UNICEF	Apr–00	13.7	2.3	0.8			
e. Mogadishu	ACF–F	Jun–00	12.9	2.0	0.6	0.6	7.1	

8. Sudan								
a. Aweil West, BEG	Concern	May–00	11.0*	1.3*				
b. Rumbek, BEG	LWF/Tearfund	Mar–00	8.5	1.1		0.9	0.7	
c. Yirol, BEG	LWF/Tearfund	Mar–00	11.3	1.6		0.4	0.3	
d. Padeah, Upper Nile	MSF–H	Jun–00	28.6*	8.7*		1.5	1.4	
e. Akobo, Jongelei	MSF–B	May–00	33.8*	7.7*		3.2	3.7	
f. Various locations, Upper Nile	Goal/UNICEF	May–00	15.0(median)					
g. North Darfur State								
IDP camps	SC(UK)	May–00	19.5	2.9	0.3	3.7	8.5	26.3
Residents	SC(UK)	May–00	13	1.5	0.0	0.7	1	84.9
h. Laffa camp	UNHCR	May–00	23.4*	2.8*				
i. Gulsa camp	UNHCR	May–00	24.2*	2.7*				
9. Uganda								
a. Kotido	Oxfam	May–00	10.7*	2.1*				
b. Adjumani A	ACF–USA	May–00	6.2*	0.0*				
c. Adjumani B	ACF–USA	May–00	9.3*	0.6*				
d. Adjumani C	ACF–USA	May–00	6.1*	0.3*				
e. Palorinya	ACF–USA	May–00	7.4*	1.9*				

f. Impevi	ACF–USA	May–00	3.7*	0.5*				
g. Rhino	ACF–USA	May–00	5.9*	0.7*				
h. Kiryandongo	ACF–USA	May–00	7.5*	0.7*				
i. Kiyangwali	ACF–USA	May–00	0.6*	0.0*				
/. *Kyaka 11*	ACF–USA	May–00	4.1*	1.9*				
k. Acholpii	ACF–USA	May–00	8.9*	1.2*				
1. Nakivale	ACF–USA	May–00	2.0*	0.2*				
m. Oruchinga	ACF–USA	May–00	2.4*	0.4*				
10. Zambia								
a. Nangweshi	MSF–H	Apr–00	16.1*	3.8*				
14. Indonesia								
a. Belu	UNICEF	May–00	8.8	0.8	0.0			

** wt/ht unless specified; cut–of=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.

MUAC unless specified cut–off for wasting is <124mm and <110mm for severe wasting

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

Notes on Annex 1 and other nutritional assessments in the text

1. Angola

a Kuito These surveys were conducted by MSF–B in the town of Kuito and the IDP camps around the town, Bie Province, 15–20 June 2000. Standard two–stage cluster sampling methodology was used to select 575 children aged 6–59 months in the town and 788 children in the camps. In the town, wasting (defined as <–2z scores weight–for–height) was estimated at 4.0% (C.I. 2.6–5.3%) and severe wasting (defined as <–3z scores weight–for–height) was estimated at 0.6%% (C.I. 0.1–1.2%). Oedema was recorded in 0.6% (C.I. 0.1–1.2%) of the sample. CMR, estimated over the three months prior to the survey was estimated at 1.75/10,000/day and under–five mortality at 2.0/10,000/day. In the camps, wasting (defined as <– 2z scores weight–for–height) was estimated at 5.7% (C.I. 4.1–7.3%) and severe wasting (defined as <–3z scores weight–for– height) was estimated at 0.8%% (C.I. 0.3–1.3%). Oedema was recorded in 0.2% (C.I. 0.0–0.5%) of the sample. CMR, over the three months prior to the survey was estimated at 2.3/10,000/ day and under–five mortality at 4.3/10,000/day. Measles vaccination status was confirmed either by card or by mother's/ carer's report.

b Ganda This survey was conducted by ACH in Ganda, Benguela Province, 22–25 June 2000. Standard exhaustive sampling techniques were used to select 763 children aged 6–59 months. Acute malnutrition (defined as <–2z scores weight–for–height and/or oedema) was estimated at 8.9%. Severe acute malnutrition (defined as <–3z scores weight–for– height and/or oedema) was estimated at 1.3%. No further information is currently available.

c Menongue This survey was conducted by ACH in the town of Menongue and the camps around the town, Cuando Cubango Province, 25 April – 2 May 2000. Standard two–stage duster sampling methodology was used to select 899 children aged 6–59 months in the town. Acute malnutrition (defined as <–2z scores weight–for–height and/or oedema) was estimated at 5.1%. Severe acute malnutrition (defined as <–3z scores weight–for–height and/or oedema) was estimated at 0.5 %. Oedema was recorded in 0.3%. of the sample. CMR,

estimated over the three months prior to the survey was estimated at 0.81/10,000/day and under−five mortality at 1.25/10,000/day. Exhaustive sampling techniques were used to select 581 children aged 6−59 months in the IDP camps. Acute malnutrition (defined as <−2z scores weight−for−height and/or oedema) was estimated at 4.3%. Severe acute malnutrition (defined as <−3z scores weight−for−height and/or oedema) was estimated at 0.7%. Oedema was recorded in 0.5% of the sample. Measles vaccination status was confirmed either by card or by mother's/carer's report.

d Cuito Canavale This survey was conducted by ACH in Cuito Canavale, Cuando Cubango Province, 26−30 May 2000. Standard two−stage cluster sampling methodology was used to select 810 children aged 6−59 months. Acute malnutrition (defined as <−2z scores weight−for−height and/or oedema) was estimated at 6% (C.I. 4−9%). Severe acute malnutrition (defined as <−3z scores weight−for−height and/or oedema) was estimated at 1.1% (C.I. 0.4−2.9%). Oedema was recorded in 0.2% of the sample. CMR, estimated over the three months prior to the survey was estimated at 1.22/10,000/day and under−five mortality at 1.85/10,000/day. Measles vaccination status was confirmed either by card or by mother's/carer's report.

e Uige This survey was conducted by MSF−S in Uige Province, 8−12 May 2000. Standard two−stage cluster sampling methodology was used to select 555 children aged 6−59 months. Acute malnutrition (defined as <−2z scores weight−for−height and/or oedema) was estimated at 6.7% (C.I. 3.8−9.6%). Severe acute malnutrition (defined as <−3z scores weight−for−height and/or oedema) was estimated at 0.6% (C.I. 0.3−3.8%). Oedema was recorded in 0.15% of the sample.

2. Great Lakes

a Karusi This survey was conducted by MSF−B in Karusi Province in March 2000. Standard two−stage duster methodologies were employed to measure 907 children aged 6−59 months. The prevalence of acute malnutrition (defined as <−2z scores weight−for−height and/or oedema) was estimated at 15% (95% C.I. 11.9−18.8%) and severe acute malnutrition (defined as <−3z scores weight−for−height and/or oedema) at 3.9% (95% C.I. 2.3−6.3 %). CMR in the three months prior to the survey was estimated at 0.6/10,000/day and under− five mortality at 0.75/10,000/day.

b Bubanza These surveys were conducted by CAD in Bubanza Province from 14−29 February 2000. Standard two−stage duster methodologies were employed to measure 893 children aged 6−59 months and 735 adults aged more than 18 years. In the children, the prevalence of acute malnutrition (defined as <−2z scores weight−for−height and/or oedema) was estimated at 8.6% (95% C.I. 6.4−12.2%) and severe acute malnutrition (defined as <−3z scores weight−for− height and/or oedema) at 0.8% (95% C.I. 0.2−2.4%). Oedema was recorded in 0.7% of the sample. CMR in the three months prior to the survey was estimated at 1.1/10,000/day and under− five mortality at 2.9/10,000/day. The prevalence of acute malnutrition in adults aged 18−49 years (defined as BMI<17kg/m^2 and/or oedema) was estimated at 11.4%. The prevalence of severe acute malnutrition (defined as BMI<16 kg/m^2 and/or oedema) was estimated at 3.3%. The prevalence of acute malnutrition in adults aged over 49 years (defined as BMI<17kg/m^2) was estimated at 23.6%. The prevalence of severe acute malnutrition (defined as BMI<16 kg/m^2) was estimated at 10.3%.

4. Ethiopia

a Denan This survey was conducted by MSF−B in Denan, Ogaden in the Somali Region between 16−18 May 2000. Standard two−stage cluster sampling methodology was used to select 765 children aged 6−59 months. Acute malnutrition (defined as <−2z scores weight−for−height and/or oedema) was estimated at 52.9% (C.I. 47.8−58.1%). Severe acute malnutrition (defined as <−3z scores weight−for−height and/ or oedema) was estimated at 11.9% (C.I. 9.6−14.2%). Oedema was recorded in 1.4% (C.I. 0.5−2.2%) of the sample. CMR in the four months prior to the survey was estimated at 8.9/10,000/day and under−five mortality was estimated at 27.5/10,000/day.

b Wolayita This survey was conducted by Concern in Damot Weyde Woreda of North Omo zone (formerly Wolayita) in the SNNNPR between 14−19 April 2000. Standard two−stage

cluster sampling methodology was used to select 960 children aged 6–59 months. Acute malnutrition (defined as <–2z scores weight–for–height and/or oedema) was estimated at 25.6% (C.I. 22.9–28.5%). Severe acute malnutrition (defined as <–3z scores weight–for–height and/or oedema) was estimated at 4.3% (C.I. 3.2–5.9%).

c Wolayita This survey was conducted by Oxfam in Bolsie Sorie Woreda of North Omo zone (formerly Wolayita) in the SNNNPR between 19–27 June 2000. Standard two–stage cluster sampling methodology was used to select 908 children aged 6–59 months. Acute malnutrition (defined as <–2z scores weight–for–height and/or oedema) was estimated at 45.06% (C.I. 40.5–49.6%). Severe acute malnutrition (defined as <–3z scores weight–for–height and/or oedema) was estimated at 20.42% (C.I. 16.7–24.1%). Oedema was recorded in 5.55% (C.I. 3.4–7.6%) of the sample.

d Oromia This survey was conducted by CARE in three *woredas* (Yabello, Dire and Teltele) of Borana Administrative Zone of Oromia in late March. Standard two– stage cluster sampling selected 1,548 children aged 12–59 months. The prevalence of wasting (<–2z scores weight–for– height) was estimated at 24.2%, including 2.1% severe wasting (<–3z scores weight–for–height).

6. Liberia/sierra Leone Region

a Buchanan This survey was undertaken by ACF–F in Buchanan, Grand Bassa County between 20–23 March 2000. Standard two–stage cluster sampling methodology was used to select 945 children aged 6–59 months. Acute malnutrition (defined as <–2z scores weight–for–height and/or oedema) was estimated at 7.8% (C.I. 5.6–10.8%). Severe acute malnutrition (defined as <–3z scores weight–for–height and/or oedema) was estimated at 0.7% (C.I. 0.2–2.2%). No oedema was recorded. CMR was estimated at 0.49/10,000/day in the three months prior to the survey and under–five mortality was estimated at 0.79/10,000/day.

b Gueckadou These surveys were undertaken by ACF–USA in conjunction with UNHCR in Gueckadou refugee camps and the surrounding villages. Standard two cluster sampling methodology was employed. In 958 refugee children aged 6–59 months, acute malnutrition (defined as <–2z scores weight–for–height and/or oedema) was estimated at 2.6% (C.I. 1.4–5.6%). Severe acute malnutrition (defined as <–3z scores weight–for–height and/or oedema) was estimated at 0.2% (C.I. 0.0–1.3%). Oedema was not presented separately. In 981 resident children aged 6–59 months , acute malnutrition (defined as <–2z scores weight–for–height and/or oedema) was estimated at 4.2% (C.I. 2.6–6.5%). Severe acute malnutrition (defined as <– 3z scores weight–for–height and/or oedema) was estimated at 0.4% (C.I. 0.0–1.6%). Oedema was not presented separately,

c Nicla This survey was undertaken by UNHCR/Caritas in Nicla refugee camps in December 1999. The RNIS does not have any information on the sampling methods or sample sizes. The prevalence of acute malnutrition (defined as <80% median weight–for–height) was estimated at 10%. Severe acute malnutrition (defined as <70% median weight–for– height) was estimated at 7.9%.

7. Somalia

a Luuq These surveys were conducted by ACF–F in Luuq town and IDP camps, Gedo, 16–20 April 2000. In the town, standard two–stage cluster sampling methodology was used to select 504 children aged 6–59 months. Moderate wasting (defined as <–2 to <–3z scores weight–for–height) was estimated at 12.9%. Severe wasting (defined as <–3z scores weight–for–height) was estimated at 1.8%. Oedema was recorded in 0.1% of the sample. Retrospective mortality for under–fives was estimated at 5.8/10,000/day over the three months prior to the survey. Measles vaccination status was confirmed either by card or by mother's/carer's report. In the camps, exhaustive sampling techniques were used to select 780 children aged 6–59 months. Moderate wasting (defined as <–2 to <–3z scores weight–for–height) was estimated at 15.7%. Severe wasting (defined as <–3z scores weight–for–height) was estimated at 3.8%. Oedema was recorded in 0.6% of the sample. Retrospective mortality for under–fives was estimated at 6.6/10,000/day over the three months prior to the survey. Measles vaccination status was confirmed either by card or by

mother's/carer's report.

b Qorbolo and Amarayle These assessments were conducted by ACF−F in Qorbolo and Amarayle villages, Gedo in April 2000. Systematic sampling techniques were employed to select 78 children between 75 and 130cm in Qorbolo and 53 in Amarayle. WHO nutrition categories of MUAC were employed. In Qorbolo 47.4% of the children were acutely malnourished (MUAC<135mm) and 2.6% were severely acutely malnourished (MUAC<120mm). The results in Amarayle were 18.9% and 0% respectively. Retrospective mortality was estimated over the three months prior to the survey. Measles vaccination status was confirmed either by card or by mother's/carer's report,

c Beled−Hawo This survey was conducted by UNICEF in Beled−Hawo, Gedo, 9−17 May 2000. Cluster sampling methodology was used to select 905 children. Moderate wasting (defined as <−2 & >−3 z scores weight−for− height) was estimated at 18%. Severe wasting (defined as <−3 z scores weight−for−height) was estimated at 3%. Oedema was recorded in 1% of the sample. Caretakers were interviewed about morbidity in the two weeks prior to the survey and vaccination or vitamin A doses in the six months prior to the survey.

d Belet Weyn This survey was conducted by UNICEF in Beledweyne, Hiraan, 11−19 April 2000. Cluster sampling methodology was used to select 903 children. Moderate wasting (defined as <−2 & >−3 z scores weight−for− height) was estimated at 13.7%. Severe wasting (defined as <−3 z scores weight−for−height) was estimated at 2.3%. Oedema was recorded in 0.8% of the sample. Caretakers were interviewed about morbidity in the two weeks prior to the survey and vaccination or vitamin A doses in the six months prior to the survey

e Mogadishu. This survey was conducted by ACF−F in the IDP camps in and around Mogadishu town, 17−27 June 2000. Standard two−stage cluster sampling methodology was used to select 900 children aged 6−59 months. Acute malnutrition (defined as <−2 z scores weight−for−height) was estimated at 12.9% (C.I. 10.0−16.5%). Severe acute malnutrition (defined as <−3z scores weight−for−height and/or oedema) was estimated at 2.0% (C.I. 1.0−3.9%). Oedema was recorded in 0.6% of the sample. CMR was estimated at 0.57/10.000/day and under−five mortality at 7.08/10,000/day over the three months prior to the survey. Measles vaccination status was confirmed either by card or by mother's/carer's report.

8. Sudan

a Aweil West This survey was undertaken by was undertaken by Concern in Aweil West, BEG in May 2000. The RNIS does not have any information on the survey methods (probably standard two duster methodology) or the number of children measured. Acute malnutrition (defined as <−2z scores weight−for−height and/or oedema) was estimated at 11%. Severe acute malnutrition (defined as <−3z scores weight−for−height and /or oedema) was estimated at 1.3%. No further information is currently available.

b Rumbek This survey was undertaken by LWF and Tearfund in Rumbek, BEG in March 2000. The RNIS does not have any information on the survey methods or the number of children measured. Acute malnutrition (defined as <− 2z scores weight−for−height) was estimated at 8.5%. Severe acute malnutrition (defined as <−3z scores weight−for−height) was estimated at 1.1%. CMR was estimated at 0.9/10,000/day and under−five mortality was estimated at 0.7/10,000/day. The length of recall for the mortality data is unknown to the RNIS.

c Yirol This survey was undertaken by LWF and Tearfund in Yirol, BEG in March 2000. The RNIS does not have any information on the survey methods or the number of children measured. Acute malnutrition (defined as <−2z scores weight−for−height) was estimated at 11.3%. Severe acute malnutrition (defined as <−3z scores weight−for−height) was estimated at 1.6%. CMR was estimated at 0.4/10,000/day and under−five mortality was estimated at 0.3/10,000/day. The length of recall for the mortality data is unknown to the RNIS.

d Padeah MSF−H undertook a nutritional survey in Padeah, Leech State, between June 19−22. Standard two−stage cluster sampling methodology was used within a radius of a 2.5 hour walk around the airstrip to select 518 children aged 6−59 months. Acute malnutrition

(defined as <–2z scores weight–for–height and/or oedema) was estimated at 28.6% (C.I. 23.3–34.6%). Severe acute malnutrition (defined as <–3z scores weight–for–height and/or oedema) was estimated at 8.7% (C.I. 5.7–13.0%). Oedema was not recorded separately. CMR was estimated at 1.5/10,000/day in the four months prior to the survey and under–five mortality was estimated at 1.4/10.000/ day.

e Akobo This survey was undertaken by MSF–B in Akobo, Jongelei, between 1–5 May 2000. Standard two–stage cluster sampling methodology was used to select 457 children aged 6–59 months. Acute malnutrition (defined as <–2z scores weight–for–height and/or oedema) was estimated at 33.8% (C.I. 28.0–39.5%). Severe acute malnutrition (defined as <–3z scores weight–for–height and/or oedema) was estimated at 7.7% (C.I. 4.6–10.6%). CMR was estimated at 3.2/10,000/day in the four months prior to the survey and under–five mortality was estimated at 3.7/10,000/day.

f Upper Nile These surveys were undertaken by GOAL/UNICEF/WFP in various locations in Upper Nile. The survey reports are unavailable to the RNIS and hence the sampling methods are unknown. A total of 2994 children were measured. The mean prevalence of acute malnutrition (<80% median weight–for–height) was estimated at 15%. No further information is currently available.

g North Darfur State SC(UK) undertook two nutritional surveys in El Laeit and El Tweisha Rural Councils, North Darfur State from 21 April to May 1 2000. The surveys were conducted in the camps for the Dinka displaced (SRSs) and in the host communities. The prevalence of acute malnutrition (<–2z scores weight–for–height and/or oedema) was estimated at 22.7% (C.I. 18.2–27.2%) in the SRS group and 14.5% (C.I. 10.7–18.3%) in the host population. The prevalence of severe acute malnutrition (–3z scores weight–for–height and/or oedema) was estimated at 3.2% in the SRS group and 1.5% in the host population. Oedema was reported separately. CMR was estimated at 3.73/10,000/day in the SRS group and 0.7/10,000/day in the host population. Under–five mortality was estimated at 8.49/10,000/day and 1.03/10,000/day respectively. (The RNIS does not know how long mortality rates were estimated over).

h Laffa This survey was conducted by UNHCR in Laffa camp in May 2000. Standard two stage cluster methodology was employed. 900 children aged 6–59 months were measured. The prevalence of acute malnutrition (<–2z scores weight–for–height and/or oedema) was estimated at 23.4%. The prevalence of severe acute malnutrition (<–3z scores weight–for–height and/or oedema) was estimated at 2.8%

i Gulsa This survey was conducted by UNHCR in Laffa camp in May 2000. Standard two stage cluster methodology was employed. 900 children aged 6–59 months were measured. The prevalence of acute malnutrition (<–2z scores weight–for–height and/or oedema) was estimated at 23.4%. The prevalence of severe acute malnutrition (<–3z scores weight–for–height and/or oedema) was estimated at 2.8%

9. Uganda

a Kotido This survey was conducted by Oxfam in Kotido District, 8–15 May 2000. Standard two–stage cluster sampling methodology was used to select 912 children aged 6–59 months. Acute malnutrition (defined as <–2 z scores weight–for–height) was estimated at 10.7% (C.I. 8.0–13.6%). Severe acute malnutrition (defined as <–3z scores weight–for– height and/or oedema) was estimated at 2.1% (C.I. 0.7–3.4%). CMR, over the three months prior to the survey was estimated at 1.03/10,000/day and under–five mortality at 2.1/10,000/day. Measles vaccination status was confirmed either by card or by mother's/carer's report.

b Adjumani A This survey was undertaken by ACF–USA in April/June 1999. Standard two–stage duster sampling was used. 900 children aged 6–59 months were measured. Acute malnutrition was defined as <–2z scores weight–for–height and/or oedema. Severe acute malnutrition was defined as <–3z scores weight–for–height and/or oedema. The prevalence of acute malnutrition was estimated at 6.1% (C. I. 4.1–8.9%) and severe acute malnutrition at 0.3% (C.I. 0.0–1.6%). No further details are currently available to the RNIS.

c Adjumani B This survey was undertaken by ACF−USA in April/June 1999. Standard two−stage cluster sampling was used. 840 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema. Severe acute malnutrition was defined as <−3z scores weight−for−height and/or oedema. The prevalence of acute malnutrition was estimated at 9.3% (C. I. 6.7−12.6%) and severe acute malnutrition at 0.6% (C.I. 0.1−2.1 %). No further details are currently available to the RNIS.

d Adjumani C This survey was undertaken by ACF−USA in April/June 1999. Systematic sampling was used. 385 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema. Severe acute malnutrition was defined as <−3z scores weight−for−height and/or oedema. The prevalence of acute malnutrition was estimated at 6.2% (C.I. 4.1−9.3%) and severe acute malnutrition at 0.0% (C.I. 0.0−1.2%). No further details are currently available to the RNIS.

e Palorinya This survey was undertaken by ACF−USA in April/June 1999. Standard two−stage cluster sampling was used. 900 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema. Severe acute malnutrition was defined as <−3z scores weight−for−height and/or oedema. The prevalence of acute malnutrition was estimated at 7.4% (C. I. 5.2−10.4%) and severe acute malnutrition at 1.9% (C.I. 0.9−3.8%). No further details are currently available to the RNIS.

f Imvepi This survey was undertaken by ACF−USA in April/June 1999. Exhaustive sampling was used. 571 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema. Severe acute malnutrition was defined as <−3z scores weight−for−height and/or oedema. The prevalence of acute malnutrition was estimated at 3.7% (21 children) and severe acute malnutrition at 0.5% (3 children). No further details are currently available to the RNIS.

g Rhino This survey was undertaken by ACF−USA in April/June 1999. Standard two−stage cluster sampling was used. 900 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema. Severe acute malnutrition was defined as <−3z scores weight−for−height and/or oedema. The prevalence of acute malnutrition was estimated at 5.9% (C. I. 3.9−8.6%) and severe acute malnutrition at 0.7% (C.I. 0.1−2.1 %). No further details are currently available to the RNIS.

h Kiryandongo This survey was undertaken by ACF−USA in April/June 1999. Systematic sampling was used. 425 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema. Severe acute malnutrition was defined as <−3z scores weight−for−height and/or oedema. The prevalence of acute malnutrition was estimated at 7.5% (C.I. 5.2−10.6%) and severe acute malnutrition at 0.7% (C.I. 0.1−2.2%). No further details are currently available to the RNIS.

i Kyangwali This survey was undertaken by ACF−USA in April/June 1999. Systematic sampling was used. 331 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema. Severe acute malnutrition was defined as <−3z scores weight−for−height and/or oedema. The prevalence of acute malnutrition was estimated at 0.6% (C.I. 0.1−2.4%) and severe acute malnutrition at 0.0% (C.I. 0.0−1.4%). No further details are currently available to the RNIS.

j Kyaka 11 This survey was undertaken by ACF−USA in April/June 1999. Exhaustive sampling was used. 314 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema. Severe acute malnutrition was defined as <−3z scores weight−for−height and/or oedema. The prevalence of acute malnutrition was estimated at 4.1% (13 children) and severe acute malnutrition at 1.9% (6 children). No further details are currently available to the RNIS.

k Acholpii This survey was undertaken by ACF−USA in April/June 1999. Systematic sampling was used. 418 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema. Severe acute malnutrition was defined as <−3z scores weight−for−height and/or oedema. The prevalence of acute malnutrition was estimated at 8.9% (C.I. 6.3−12.2%) and severe acute malnutrition at 1.2% (C.I. 0.4−3.0%). No further details are currently available to the RNIS.

l Nakivale This survey was undertaken by ACF−USA in April/June 1999. Exhaustive sampling was used. 489 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema. Severe acute malnutrition was defined as <−3z scores weight−for−height and/or oedema. The prevalence of acute malnutrition was estimated at 2.0% (10 children) and severe acute malnutrition at 0.2% (1 child). No further details are currently available to the RNIS.

m Orunchinga This survey was undertaken by ACF−USA in April/June 1999. Exhaustive sampling was used. 491 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema. Severe acute malnutrition was defined as <−3z scores weight−for−height and/or oedema. The prevalence of acute malnutrition was estimated at 2.4% (12 children) and severe acute malnutrition at 0.4% (2 children). No further details are currently available to the RNIS.

10. Zambia

a Nangweshi This survey was conducted by MSF−H in Nangweshi refugee camp in April 2000. The survey estimated the prevalence of acute malnutrition (<−2z scores weight−for−height and/or oedema) at 16.1% (C.I. 12.7−20.2%) and severe acute malnutrition (<−3z scores weight−for−height and/or oedema) at 3.8% (C.I. 2.2−6.3%). No further details are currently available.

14. Indonesia

a Belu This survey was conducted by UNICEF in camps in Belu district in May 2000. Standard two− stage cluster methodology was employed. 905 children were measured. The survey estimated the prevalence of acute malnutrition (<−2z scores weight−for−height and/or oedema) at 8.8% (C.I. 7.0−10.9%) and severe acute malnutrition (<−3z scores weight−for−height and/or oedema) at 0.8% (C.I. 0.3−1.7%). No oedema was recorded.

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Map of Africa

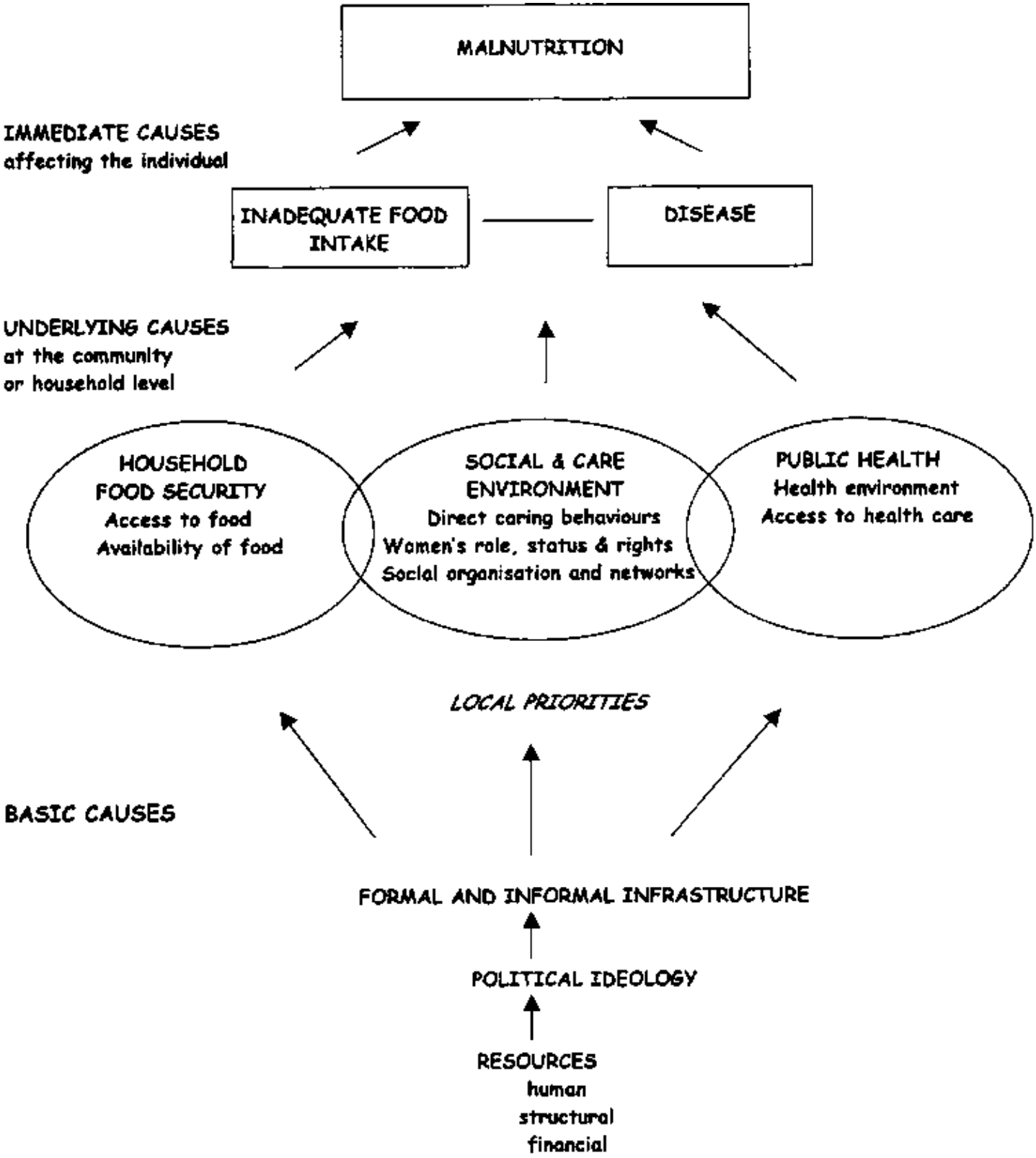
Seasonality in Sub–Saharan Africa*

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,



The SPHERE Project Conceptual Model of the causes of malnutrition in emergencies (draft, adapted from UNICEF)

Note: the Sphere project is an initiative to improve the quality of humanitarian assistance and to enhance accountability of the humanitarian system, through the production of globally applicable minimum standards. The humanitarian Charter is at the core of the Sphere project – it re–affirms what is already known from international humanitarian law and human rights treaties. The charter makes explicit links to the defined levels of service delivery set out in the five core sectors: water supply and sanitation; nutrition; food aid; shelter and site planning; and health services. Together, the Charter and Minimum Standards offer an operational framework for accountability in humanitarian response – a common set of criteria for

programme monitoring; a benchmark from which to make some judgement about the effectiveness of work; and, probably most importantly, a benchmark for use in advocacy to enhance levels of services. To obtain more information on the Sphere project at http://www.sphereproject.org or email: sphere@ifrc.org

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 thirty–first 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.

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 provide a quick overview. Table 1 gives an estimate of the total refugee/displaced/returnee population, broken down by 'risk' category. Situations are classed into five categories relating to risk and/or prevalence of malnutrition. The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care, and the constraints limiting humanitarian response. These categories are summations of the causes of malnutrition and the humanitarian response:.

• Populations in *category I* – the population is currently in a critical situation; they either have *a very high risk* of malnutrition or surveys have reported a very high prevalence of malnutrition and/or elevated mortality rates.

• Populations in *category II* are currently at *high risk* of becoming malnourished or have a high prevalence of malnutrition.

• Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there maybe pockets of high malnutrition in a given area.

• Populations in *category IV* are not at elevated nutritional risk.

• The risk of malnutrition among populations in *category V* is not known.

These risk categories should not be used in isolation to prescribe the necessary response.

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, which may also include some returnees. Figure I shows the trends over time in total numbers and risk categories for sub–Saharan Africa. Annex I summarises the survey results used in this 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. A 20% prevalence of wasting is undoubtedly high, although this may depend on the

context.

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.)

STUNTING is defined as less than –2SDs height–for–age by NCHS standards, usually in children aged 6–59 months.

SEVERE STUNTING is defined as less than –3SDs height–for–age by NCHS standards, usually in children aged 6–59 months. (When "stunting" and "severe stunting" are reported in the text, stunting includes severe – e.g. total percent less than –2SDs, *not* percent between –2SDs and –3SDs.)

BMI (wt/ht^2) is a measure of chronic undernutrition in adults. We have taken BMI<18.5 as an indication of mild chronic undernutrition, and BMI<16 as an indication of severe chronic undernutrition in adults aged less than 60 years (WHO, 1995). The BMI of different populations should not be compared without standardising for body shape. (See July 2000 RNIS supplement on measuring adult nutritional status).

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. In adults, 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). Acute adult undernutrition may be diagnosed using MUAC. A MUAC<18.5 may be indicative of acute undernutrition and MUAC<16 of severe acute malnutrition. (See July 2000 RNIS supplement on measuring adult nutritional status).

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.

ACUTE MALNUTRITION is the prevalence of wasting and/or oedema.

CHRONIC MALNUTRITION is the prevalence of stunting.

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 an average figure in kcals/person/ day. This divides the total food energy distributed by population irrespective of age/gender (kcals being derived from known composition of foods); note that this population estimate is of ten 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.

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