

**Refugee Nutrition Information System (RNIS), No. 08 – Report on the
Nutrition Situation of Refugee and Displaced Populations**

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ACC/SCN

UNITED NATIONS ADMINISTRATIVE COMMITTEE ON
COORDINATION SUB-COMMITTEE ON NUTRITION



REFUGEE NUTRITION INFORMATION SYSTEM (RNIS)

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HIGHLIGHTS

The total number of refugees and displaced people in Africa has remained virtually constant over the last two months, and approximately six million people remain at considerable nutritional risk in Angola, Liberia, Sierra Leone, Ethiopia, Burundi, Rwanda, Zaire and Tanzania. However, the situation for the approximately 2 million people affected by conflict in Southern Sudan has improved as deliveries of relief supplies have increased. Micronutrient deficiencies are being seen in Kenya and Nepal.

Angola Access to all formerly besieged areas has now become possible with the signing of a truce between the GOA and UNITA in November and return of control to the government. Recent surveys conducted in several locations have shown the nutritional status of populations which were cut off from food aid for several months has deteriorated markedly. The recently improved access to these areas means aid supplies are now getting through regularly, and the nutrition situation should begin to improve.

Liberia Region Intensified fighting in the region has resulted in the continued influx of Liberian refugees into Cote d'Ivoire. In Sierra Leone, increased rebel activity has led to the displacement of up to 200,000 more people. The continued absence of NGOs in insecure areas has meant that most food aid deliveries can only take place when there is an ECOMOG presence. Although there are no data, it is probable that at least 600,000 people are at considerable nutritional risk in those areas of Liberia and Sierra Leone currently made inaccessible by insecurity.

Rwanda/Burundi Region The regional crisis affecting over five million people is still the largest in Africa. Although international relief efforts have managed to reduce the extreme levels of wasting and mortality seen in Zairian and Tanzanian refugee camps as recently as August, the relief programmes are still facing enormous difficulties. Insecurity in Burundi, overcrowding in the Tanzanian refugee camps and ethnic discrimination during food distribution in the Zairian refugee camps, are all hampering relief efforts. Although the wasting and mortality rates recently recorded in Rwanda, and the refugee camps in Zaire and Tanzanian are much lower than previously, levels are still three to ten times normal. The number of people at heightened nutritional risk in the region is estimated to be over three million.

Southern Sudan Improved deliveries of relief supplies in Southern Sudan are undoubtedly stabilizing the food security situation for large numbers of people. However, surveys continue to identify population groups where levels of wasting are still 20%–40%.

Kenya Although levels of wasting among the Somali refugees in Kenya are very low, recent, and possibly seasonal, outbreaks of scurvy are giving cause for concern.

Nepal Micronutrient deficiency diseases including, beri-beri, scurvy and pellagra, are still affecting the Bhutanese refugees in Nepal. However, reported cases are dwindling, which probably reflects the improved food basket.

Afghanistan Region The continuing war in Afghanistan is affecting over three million people. Approximately 600,000 have been displaced to Kabul and Jalalabad and are at considerable nutritional risk. The intensity of fighting in Kabul and resulting casualties and displacement has increased significantly in the previous months.

ADEQUACY OF FACTORS AFFECTING NUTRITION

| Factor | Liberia | Ogaden | E, W, C, Sudan | Somalia | Mozambique | Angola | S. Sudan | Shaba | Burundi/Rwanda |
|---|---------|--------|----------------|---------|------------|--------|----------|-------|----------------|
| 1. Degree of accessibility to large population groups due to conflict | X | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | X |
| 2. General resources | | | | | | | | | |
| – food (gen. stocks) | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | X | X |
| – non-food | ✓ | X | X | ✓ | ✓ | ✓ | ✓ | ? | X |
| 3. Food pipeline | ✓ | X | ? | ✓ | X | X | ✓ | X | X |
| 4. Non-food pipeline | ✓ | X | ✓ | ✓ | ✓ | ? | ?✓ | ? | ?X |
| 5. Logistics | ✓ | X | ✓ | ✓ | X | ✓ | ?✓ | X | X |
| 6. Personnel* | ✓ | X | X | X | ✓ | ✓ | ✓ | ? | X |
| 7. Camp factors** | ?X | ?✓ | ? | ✓ | ✓ | ✓ | ?X | X | X |
| 8. Rations – kcals | X | X | ?✓ | ✓ | ✓ | ?✓ | ? | X | X |
| – variety/micronutrients | X | X | ?✓ | ✓ | ✓ | ?✓ | ? | ?X | ? |
| 9. Immunization | X | ? | ? | ?✓ | ? | X | X | ? | ?X |
| 10. Information | X | X | X | X | ✓ | X | X | X | ✓ |

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

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

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

INTRODUCTION

The UN ACC/SCN¹ (Sub-Committee on Nutrition), which is the focal point for harmonizing policies in nutrition in the UN system, every two months issues these reports on the nutrition of refugees and displaced people. Distributing this information is intended to raise awareness and facilitate action to improve the situation. This system was started on the recommendation of the SCN's working group on Nutrition of Refugees and Displaced People, by the SCN in February 1993. This is the eighth of a regular series of reports, and is the fourth in the series to include reports on some Asian refugees and displaced people.

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Information is obtained from a wide range of collaborating agencies, both UN and NGO (see list at end of report). The overall picture gives context and information which separate reports cannot provide by themselves. The information available is mainly about nutrition, health, and survival in refugee and displaced populations. It is organized by "situation" because problems often cross national boundaries. We aim to cover internally displaced populations as well as refugees. Partly this is because the system is aimed at the most nutritionally vulnerable people in the world – those forced to migrate – and the problems of those displaced may be similar whether or not they cross national boundaries. Definitions used are given in the box on the next page.

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

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

INDICATORS

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

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

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

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

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

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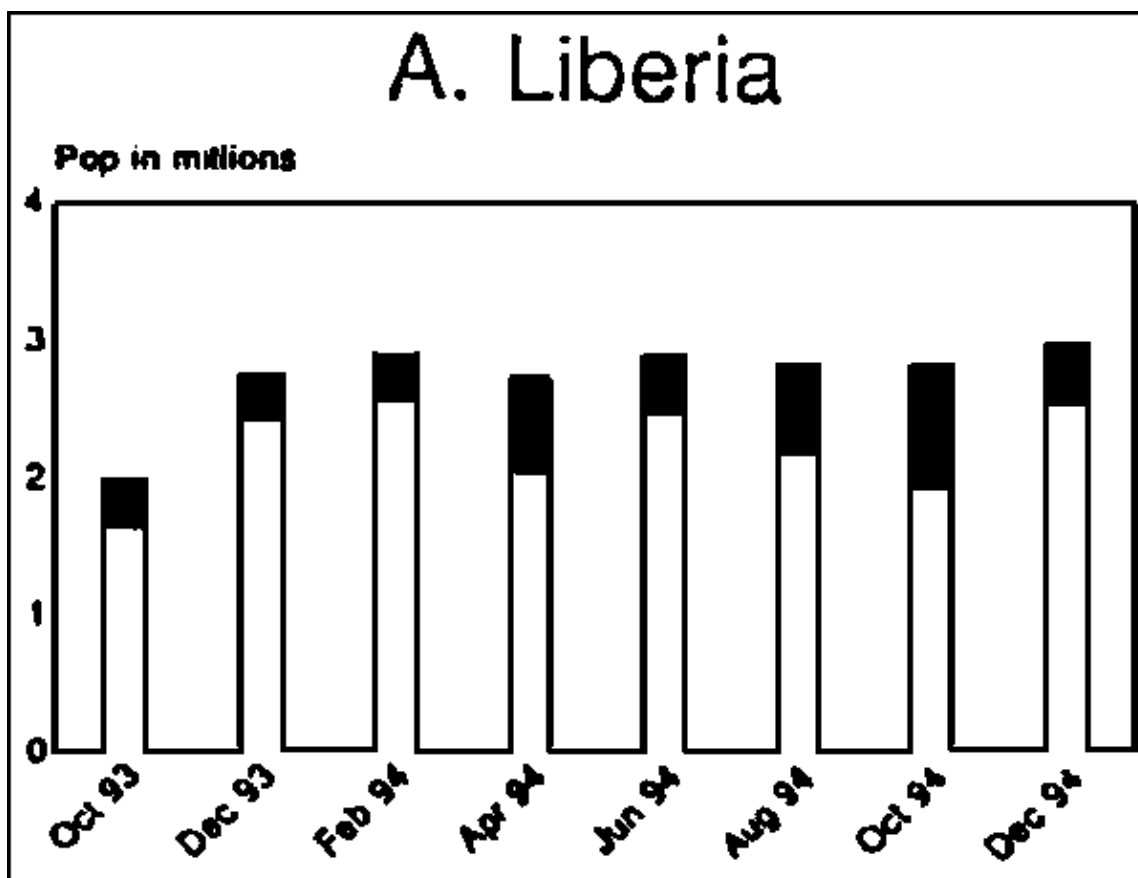
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Schofield C. and Mason J. (1994) *Evaluating Energy Adequacy of Rations Provided to Refugees and Displaced Persons*. Paper prepared for Workshop on the Improvement of the Nutrition of Refugees and Displaced People in Africa, Machakos, Kenya, 5–7 December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

CURRENT SITUATION (Sub-Saharan Africa)

1. Liberia Region (see Map 1 and Figure 3A)

The security situation in Liberia and Sierra Leone has continued to deteriorate over the last two months and is now affecting an estimated 3 million people in the region. The increase in total population affected since the last RNIS report (2.85 million) is due to revised estimates of the number of internally displaced in Sierra Leone [UNHCR 24/11/94, WFP 11/11/94].



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

Current estimates of the populations affected by the conflict are summarized in the box below.

| Location | Dec 93 | Feb 94 | April 94 | June 94 | Aug 94 | Oct 94 | Dec 94 |
|----------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Liberia | 1,750,000 | 1,750,000 | 1,750,000 | 1,750,000 | 1,750,000 | 1,692,000 | 1,615,000 |
| Sierra Leone | 150,000 | 300,000 | 297,000 | 300,000 | 300,000 | 300,000 | 506,000 |
| Cote d'Ivoire | 250,000 | 250,000 | 250,000 | 234,000 | 250,000 | 325,000 | 333,000 |
| Guinea | 600,000 | 600,000 | 415,000 | 628,000 | 539,000 | 534,000 | 534,000 |
| TOTAL | 2,750,000 | 2,900,000 | 2,712,000 | 2,912,000 | 2,839,000 | 2,851,000 | 2,988,000 |

Liberia Recent attempts to advance the peace process have achieved little effect on the ground. The Liberian National Conference and a separate meeting held between a number of armed factions, who feared marginalization at the conference, generated several important resolutions concerning disarmament, demobilization and governance. However, it appears that recommendations made at the two meetings are not being followed through and widespread fighting persists with consequent displacement of more refugees to Cote d'Ivoire, and to a lesser extent, Guinea [UNHCR 11/11/94].

Fighting has intensified in the South East and throughout October and November there have been reports of fighting in Grand Cape Mount County, Bomi/Lower Lofa County (within ULIMO) and in Southern River Cess County (between the NPFL and LPC). Most of the country has been inaccessible during this period with relief operations largely suspended except in ECOMOG controlled areas, e.g. Monrovia. Relief supplies have continued to be distributed to 830,000 beneficiaries in urban Monrovia (30,000 are in displaced centres), 180,000 beneficiaries in rural Montserrado (80,000 refugees and displaced in centres) and 200,000 beneficiaries in Lower Margibi and Lower Grand Bassa (almost all are displaced in centres or towns). During this reporting period depletion of WFP rice stocks led to partial substitution of the rice ration with CSB and bulgar wheat [WFP 28/10/94, WFP 11/11/94].

A nutrition survey in Buchanan in Grand Bassa County in July recorded 15.3% wasting among new arrivals (see Annex 1 (1a)) which was a marked reduction compared to the 29.5% levels found in May. The improvement was attributed to better organized centres for new arrivals [AICF Jul 94]. A nutrition survey in a

camp for the displaced in Paynesville (population 32,000) in Montserrado county during October/November found 5.8% levels of wasting and general ration receipts of less than 1,500 kcals. Another survey in a displaced centre (population 1,400) in Samokai town in Montserrado country in November found wasting levels of 7.7% (see Annex 1 (1b,c)). The survey team concluded that disease may have been a significant cause of wasting as incidence of diarrhoea was 29% [MSF-H 14/11/94, MSF-H 15/11/94].

ECOMOG has managed to establish "safe havens" in Bomi and Cape Mount Counties where refugees and the internally displaced can receive some assistance. Other food deliveries in insecure areas are sporadically carried out on a "hit and run" basis where the security of an ECOMOG escort allows. For example, only some ten tons of food and other relief supplies were delivered into upper Nimba hospitals in the second week on December. Although UNOMIL (UN peace keeping force) mandate has now been extended until January 1995, the scaling down of both ECOMOG and UNOMIL forces is gradually eroding this capacity [WFP 16/12/94].

The skeleton NGO presence in the field has meant that there are virtually no recent data on the nutritional status of the population in the conflict areas. However, it can be assumed that with near cessation of relief supplies to many areas, the nutritional situation, which was precarious before the withdrawal of international NGOs in August/September, has deteriorated further.

Sierra Leone It is currently estimated that there are 500,000 displaced people and 6,000 assisted refugees in Sierra Leone. This increase in the number of displaced (300,000 in the last RNIS report) is due to rebel attacks on all fronts in the South East and the North. As a result, large numbers of people have fled to "safe areas" under government control in Bo, Kenema, Makeni and Segbwema. The vast majority of this population are not in camps [WFP 27/11/94].

The level of insecurity continually interrupts relief efforts with food convoys being ambushed on major highways. However, in October successful food distributions were completed in Bo, Makeni, Kanema and Segbwema [WFP 27/11/94].

A nutrition survey in Garihun camp for the displaced (population 20,356) who have fled rebel incursions into Kenema and Kailahun district was carried out in August and found 8% levels of wasting (see Annex 1 (1d)). General ration receipts were 1,140 per capita per day while measles vaccination coverage was extremely low at 12.1% [AICF 26/08/94].

There are no further reports on the nutritional situation of the 6,000 Liberian refugees in Waterloo camp whose condition was reported to be deteriorating in the last RNIS. Reasons for this apparent deterioration were being looked into.

Cote d'Ivoire The recent upsurge in fighting in southeast Liberia has caused a new influx of approximately 100,000 refugees into Cote d'Ivoire since mid-September. This brings the estimated total number of Liberian refugee in Cote d'Ivoire to 330,000. This is a provisional figure, and a proper census of new arrivals is scheduled for early 1995 [UNHCR 07/11/94, WFP 16/12/94].

Currently, new arrivals in Cote d'Ivoire receive a standard daily ration., and the nutrition situation appears to be adequate. A nutrition survey carried out in Cote d'Ivoire in September measured wasting at 3.3% and severe wasting at 1.3% (see Annex 1 (1e)) [AICF 28/09/94].

Guinea With the recent influx of 50,000 Liberian refugees the current refugee population in Guinea is estimated to be between 534,000–600,000 [UNHCR 09/11/94, RNIS #7, WFP 16/12/94]. There is no new information on the nutritional status of this population.

Overall, there are approximately 1.2 million people in Monrovia and the surrounding counties with access to food aid and they are not currently considered to be at heightened nutritional risk (category IIc in Table 1). The inaccessible population in Liberia (estimated to be 405,000) can be considered to be at high risk (category IIa in Table 1). Most of the displaced population in Sierra Leone is not currently at heightened risk (category IIc in Table 1) excepting the camp populations of Waterloo and Garihun, who are considered to be at moderate risk (category IIb in Table 1). The refugee population in Cote d'Ivoire is not currently considered to be at risk (category IIc in Table 1), and the population in Guinea could be considered to be at moderate risk (category IIb in Table 1).

How could external agencies help? In Liberia, general opinion is that current levels of insecurity prevent assistance to the estimated 400,000 or more people inaccessible in Liberia and Sierra Leone. International

efforts that enhance security in Liberia would create more situations where relief deliveries can be carried out and allow a greater NGO presence.

Overall, resources made available by donors for those programmes that can be implemented seem to be adequate at present, at the food and non-food resources in the pipeline are reported satisfactory. In the few places, mainly near Monrovia, where access is feasible, logistics (fuel, transport, storage) are not reported as major problems. Equally, accessible camps and settlements (about 1.2 million people) have generally adequate food supplies. In the accessible areas, lack of information is not a major constraint, except perhaps in Guinea.

From information made available in the last two months, specified needs identified are as follows. In Montserrat county, efforts could be increased to improve sanitation and water availability in the camps for the displaced. In Gerahun camp in Sierra Leone there is an urgent need to increase measles immunization coverage.

2. Western Ethiopia/Eastern Ethiopia/Ogaden (see Map 2)

The number of refugees/returnees in Ethiopia is currently estimated at 266,500. The estimated increase from an earlier population of 191,000 during the last two months is due to the continued influx of Southern Sudanese into Western Ethiopia, a new influx of Somalis from Somaliland into Eastern Ethiopia, and the availability of more complete information.

The continuing influx of Sudanese refugees into Western Ethiopia is approximately 150 per month. Current estimates are that there are almost 50,500 refugees in the three settlements. There are no new nutritional survey data since May and June 1994 when levels of wasting were recorded at between 7.8% and 14.2% [UNHCR 22/11/94].

Most recent estimates are that there are now approximately 210,000 Somali refugees in Eastern Ethiopia. This represents an increase of approximately 100,000 since the last RNIS report and is due to more accurate census data and the influx from Somaliland following renewed inter-clan fighting. Anecdotal reports are that up to half of the population of Hargeisa (Somaliland) has fled across the border into Ethiopia. The majority of new arrivals are in Hartisheik camp. Although repatriation of this refugee population is being planned it is not clear when the process will begin [UNHCR 22/11/94, SCF 29/11/94].

There have been no further nutritional surveys on this population since May and June when levels of wasting were reported to be above 21 % in two of the five camps.

There are no reports of changes in the nutritional status of the approximately 41,000 returnees in the Ogaden who have consistently been in nutritional and health crisis over the preceding two years due to lack of food provision and a poor health environment.

There are also about 6,500 Kenyan refugees in Southern Ethiopia and 10,000 refugees from Djibouti in Northeast Ethiopia [UNHCR 22/11/94]. No details on the nutritional situation of these two groups are currently available.

Overall, there are no reports of changes in the critical state of the population of Gode (category I in Table 1). Approximately 45,000 Somali refugees are considered to be in a critical state (category I in Table 1), and the remaining Somali refugees in the East could be considered to be at moderate risk (category IIb in Table 1). The approximately 50,500 Sudanese refugees are not currently considered to be at risk (category IIb in Table 1), and no details are available on the 16,500 refugees from Kenya and Djibouti (category III in Table 1).

How could external agencies help? The long-term problem in the Ogaden is complex. Few external agencies remain involved with the internally displaced (e.g. in Code), and heightened assistance has periodically been called for. One aim would be to increased self-sufficiency. Many more agencies work with the Somali refugees in the south east of the region; here too assistance could be more effective, however.

In the south east, the main difficulty arises from the intractable problem of refugee over-registration, whereby ration cards exceed estimates of refugee numbers by as much as a ratio of three to one. As donors have reduced pledges in an effort not to waste resources, the significant minority of refugees with legitimate numbers of rations cards receive what is effectively a partial ration. The consequence is a form of long-term

"structural" malnutrition amongst the population. As it has proven impossible to re-register this population, other options to safeguard this minority group must be explored, e.g. family rations for those with malnourished children in supplementary feeding programmes.

3. East, Central and West Sudan (see Map 3)

The estimated number of displaced Sudanese in East, West and Central Sudan remains at 1.7 million people, 450,000 of whom are currently assisted. The largest numbers are displaced Southerners in camps such as those around Khartoum and other large urban centres.

The good rains during 1994 have led to a huge reduction in cereal prices in Darfur and Kordofan although paradoxically, prices are so low that this years harvest may be adversely affected. The only other potential problem reported is desert locust infestation in Red Sea State for which control operations are being mounted [WFP 11/11/94].

There have been no further reports, since the previous RNIS, on the nutritional condition of the 200,000 Ethiopian refugees in camps in Eastern Sudan. There was some concern in August over deteriorating nutritional status in at least two camps which may have reflected inadequacy of the general ration and miscalculations of the degree of agricultural self-sufficiency in some of the camps. A plan to repatriate up to 50,000 refugees to Eritrea and Ethiopia is currently being developed. Talks are in progress with regional authorities in Ethiopia over possibilities of obtaining land for re-integration [UNHCR 17/11/94. WFP 16/12/94].

The refugee/displaced population can be considered to be at moderate nutritional risk (category IIb in Table 1).

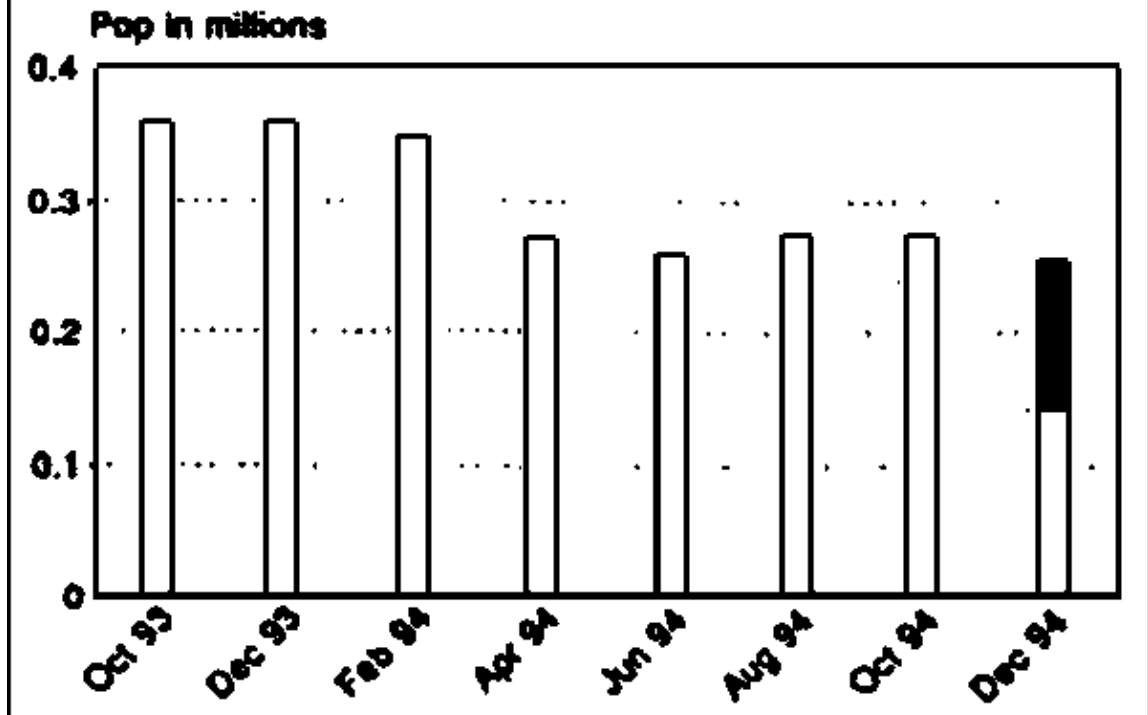
How could external agencies help? Overall, there are substantial difficulties for external agencies in assisting the population in Central Sudan, and most external agencies have been withdrawing their presence. As far as possible, many have started to work through local NGOs. The current harvest is expected to be excellent, alleviating some pressures on food supplies. However, non-food assistance has been hampered, and remains a constraint. Overall, external assistance in camps is relatively minor. If it were possible, there is little doubt that additional supplies to populations in camps would improve nutrition and health.

4. Kenya (see Map 4 and Figure 3B)

Most recent estimates are that there are 255,000 registered refugees in Kenya. This includes approximately 200,000 Somali refugees, 44,000 Sudanese refugees and 11,000 Ethiopian refugees.

The decreased total number of refugees in Kenya (276,000 in the previous RNIS) mainly reflects more rigorous identification of beneficiaries. However, there have been a small number of repatriations; for example in October a total of 647 refugees returned home. Most repatriation is to Middle and Lower Juba in Somalia. The much awaited massive return to Somalia is only likely if there is a marked reduction in clan warfare and factional rivalry in Somalia.

B. Kenya



Trend in numbers of refugees.

There continues to be a steady influx of refugees from Southern Sudan into Kenya at the rate of up to 1,000 per month [UNHCR 31/10/94, UNHCR 27/11/94].

There are no recent nutritional survey data on the Sudanese refugees in Kakuma camp although health centre data indicates levels of wasting to be below 10%. Most cases of wasting are in the new arrival population. There were reports in October of lack of cooking oil and CSB for the general ration. Water availability at 17 litres per person per day is generally satisfactory. A census is scheduled to take place in Kakuma during December 1994 [UNHCR 02/11/94, WFP 16/12/94].

Nutritional survey data for the Somali refugee population indicates a mixed situation. Crude mortality rates during August and September were measured at 0.5/10,000/day (slightly above normal) while the under five rate was 1.5/10,000/day. Nutrition surveys in Dagahaley camp (estimated population 30,000) found 6.7% wasting with 0.8% severe wasting and in Ifo (estimated population 39,000) found 8.9% wasting with 1.4% severe wasting (see Annex 1 (4a,b)). However, a major outbreak of scurvy is looming in the Dadaab area camps (total population 110,000) with 420 cases reported during August and September. The reason for the outbreak is being investigated, but may reflect shortages of vegetables and fruits in the markets since the drought began in June, and over-cooking of CSM thereby destroying its vitamin content. This may be compounded by seasonal factors affecting food availability. In an effort to avert a major epidemic, vitamin C tablets are being distributed twice weekly to the entire Somali refugee population over a period of 6–12 weeks [UNHCR 19/10/94].

In general, food distributions have been adequate to all camps. Some problems have, however, been reported from the coastal camps, where allocations are now a whole month behind schedule due limited camp level storage and government pressure to close camps. Water supply to the refugees continues at an average of 12–15 litres per person per day [UNHCR 19/10/94].

Despite efforts to improve security there continues to be serious violent incidents both within and around several of the Somali camps [UNHCR 01/11/94].

Overall, the population in the Dadaab area camps are considered to be at high risk due to the presence of scurvy (category I in Table 1), and the remaining refugee population is not currently considered to be at particular risk (category IIc in Table 1).

How could external agencies help? The most urgent nutritional issue at present concerns scurvy. First, it is necessary to decide on preventive and curative action, including preparation for the likely resurgence of scurvy this time next year. Probably better provision of blended foods, as well as supplementation with vitamin C (possibly in the water supply), and exploring other sources such as camels' milk, need to be looked into. Distribution of vitamin C tablets themselves is difficult because of the frequency required, hence lack of adequate compliance, which requires careful monitoring.

Aside from this, the present situation is relatively good. However, contingency plans may be necessary for the significant risk of major new inflows of new refugees from Somalia, if the situation deteriorates when the UN forces withdraw in the near future.

5. Somalia (see Map 5)

The number of assisted internally displaced people in Somalia remains at 400,000, and UN agencies are assisting government in identifying optimal ways of re-settling this population [UNHCR 30/09/94]. Reconciliation talks have continued among factions in Mogadishu, but have achieved no significant breakthrough to date [WFP 27/11/94].

During September IRC closed operations in Kismayo and Bu'ale because of increasing security problems and Swedish Church Relief were forced to pull out of Sacco Weyn. During October, security incidents in Mogadishu led to the temporary evacuation of WFP staff. Following armed clashes between government forces and airport militia during October UNHCR staff in Hargeisa were also temporarily evacuated. As UNISOM forces gradually withdraw from various locations, e.g. Wajid and Baidoa, UN and NGOs are either withdrawing or making contingency plans for withdrawal in anticipation of deteriorating security.

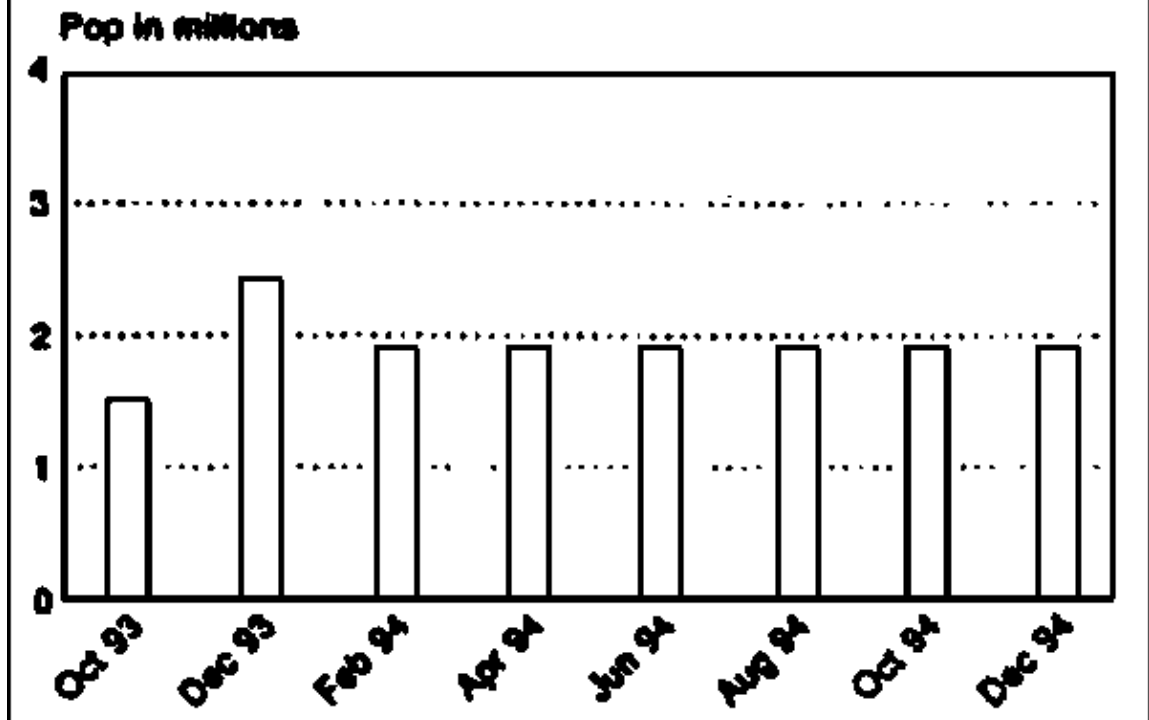
The displaced population in Somalia is not currently considered to be at heightened nutritional risk (category IIc in Table 1).

It is widely feared that the withdrawal of UN troops will be followed by renewed fighting. If external agencies are unable to influence this, they have to prepare for renewed flows of refugees and displaced people.

6. Mozambique Region (see Map 6 and Figure 3C)

The number of people in the region in need of assistance remains at 1.8 million. Most of these beneficiaries are returnees and demobilized soldiers. The elections that were scheduled for the end of October took place, although Renamo issued conflicting signals as to whether it would accept the results.

C. Mozambique



Trend in numbers of refugees/returnees.

Repatriation is moving ahead, and is now completed for Swaziland and Zambia. The total number of returnees in Mozambique is estimated to be 1.5 million, 700,000 of whom returned in 1994. It is hoped that repatriation from South Africa, Tanzania and Zimbabwe will be completed by early 1995, and from Malawi by September 1995 [WFP 21/10/94, WFP 16/12/94, UNHCR 27/10/94].

The increased number of returnees to Mozambique from July to September has put pressure on food resources. It is, therefore, anticipated that shortages of pledges for maize and vegetable oil will result in breaks in the food pipeline by March 1995. Local and regional purchases for prepositioning of two months requirements are being organized for the northern provinces [WFP 21/10/94, WFP 16/12/94].

Mozambique as a whole will remain in need of food assistance until next years harvest due to the failure of much of this years crops. The northern areas of Manica and Sofala provinces, the southern region of Tete, and areas of Maputo and Gaza were most adversely affected by shortfalls of rain. Crop production was further affected by the proliferation of rats, particularly in the drought affected areas. CIS food habit surveys confirm this picture where 75% of households in the districts of Chicualacuala, Guija and Mbabane in Gaza province reported that they lacked food reserves. The proportion of households reporting complete dependence on wild foods the day before had also increased considerably in many of these drought affected areas.

Three nutrition surveys during August in the districts of Caia and Marromin in Sofala province found low levels of wasting of between 2.4%– 4.9% (see Annex 1(6a–c)) [AICF Aug 94].

Food distribution is currently targeted to returnees, demobilized soldiers and "affected" populations. However, many agencies have faced difficulties in reorganizing distributions for returnees, many of whom have returned to inaccessible areas. This situation is exacerbated in those areas which have recorded poor harvests.

At the end of the dry season, problems with water supply and quality were reported throughout the province of Tete. Access to safe water was also a problem in parts of Manica province [MSF–CIS Jul 94].

Early in October, an outbreak of bubonic plague was reported in Tete province. Cases were also reported in some refugee camps in Malawi, in spite of temporary closure of the border between Mozambique and Malawi. The outbreak now appears to have been successfully contained [WHO 03/10/94, UNHCR 07/10/94].

The refugee/returnee population in the region is not currently thought to be at particular nutritional risk (category IIc in Table 1).

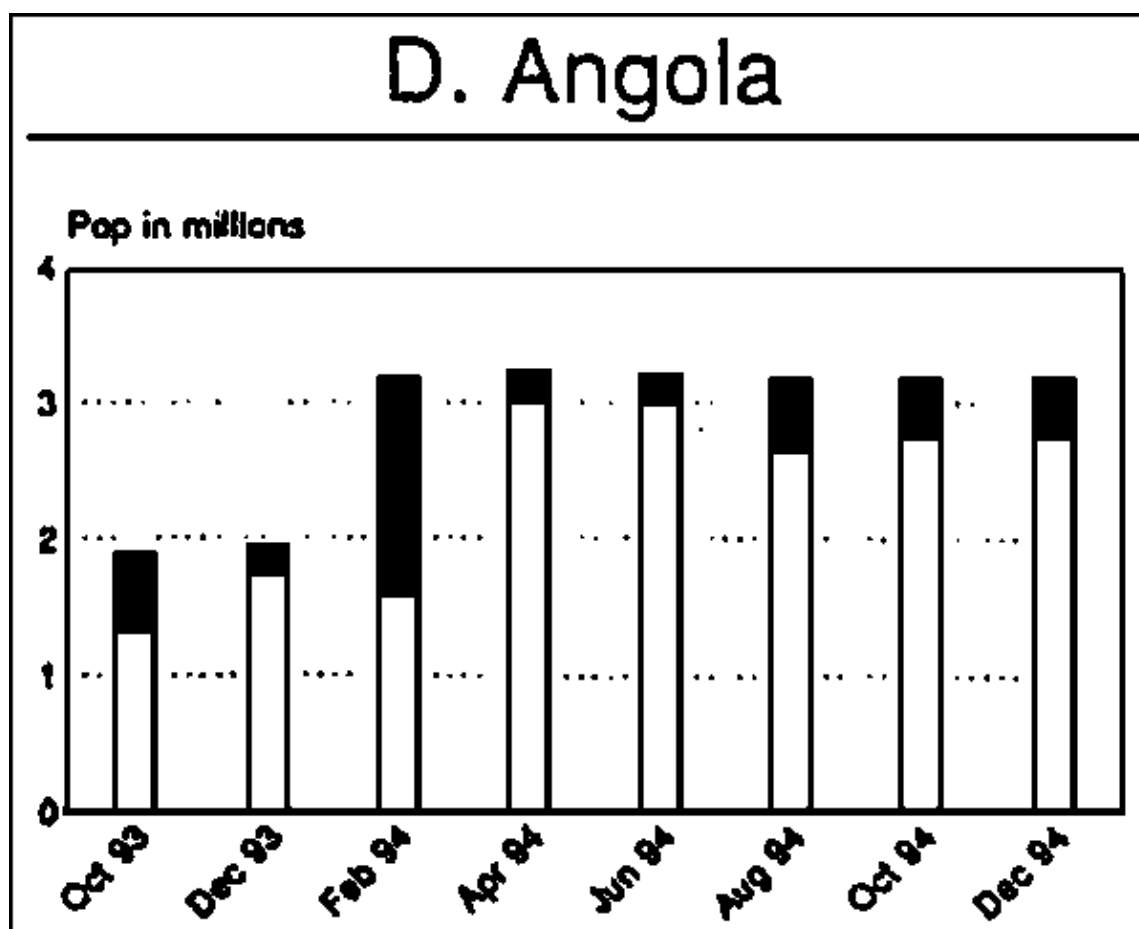
How can external agencies help? Donors need to rapidly pledge more maize and vegetable oil for 1995. There is also a need to plan more carefully for future returnees so that the food security of those travelling to more inaccessible areas can be better safe-guarded. This might necessitate providing cash or food coupons for those returning to known remote areas.

7. Burkina Faso (see Map 7)

There has been a recent upsurge of fighting in Northern Mali with clashes between the "Ghanda Koy", armed local residents, and Tuareg rebels as well as between the army and the Tuareg. As a result, approximately 20,000 Tuaregs have been forced to seek refuge in neighbouring Burkina Faso. There are currently no details on the nutritional status of this newly displaced population (category III in Table 1) [UNHCR 31/10/94].

8. Angola (see Map 8 and Figure 3D)

The estimated number of people in need of food and non-food relief supplies remains at 3.2 million. In spite of earlier agreement between UNITA and the GOA in Lusaka on the time-tabling of a cease-fire, subsequent disarmament and de-mobilization, fighting continued in most of the country up until the signing of the truce on 20th of November. Nevertheless, humanitarian flights continued, with some interruptions to all destinations, (including Kuito), throughout October. Access to Kuito had previously been extremely limited [WV 04/11/94].



Trend in numbers of displaced/war affected.

In order to avoid a gap in the food pipeline between January and March 1995 there is a pressing need for donors to contribute more vegetable oil and blended foods [WFP 16/12/94].

Nutritional information from areas affected by the conflict gives cause for concern. A survey carried out in July in Mucoso displaced persons camp (8,100) near Dondo in Kwanza Norte Province found that 16.5% of children were wasted and 3.7% were severely wasted (see annex 1 (8a)). Statistically, these results show no improvement from rates of 21.4% wasting in February. This situation is thought to reflect the fact that between March and June food convoys could not reach Dondo\Mucoso due to fighting. Furthermore, at the end of May and early June a cholera epidemic broke out (735 reported cases) in the camp and in neighbouring Dondo. In the same period, hundreds of displaced persons started arriving from N'dalatando following the recapture of this large city by government forces. Many of the new arrivals were malnourished. Immunization rates are equally worrying with only 42% of children vaccinated against measles in Mucoso camp [WV Jul 94].

A more recent survey in N'dalatando found 29% wasting with 12% severe wasting (see Annex 1(8b)). Emergency food distributions have begun in the area. Other survey results from the provinces of Huila, Cunene, and Namibe show levels of wasting ranging from 6% in Namibe city to 37% in Matala (see Annex 1(8c,d)) [WFP 21/11/94].

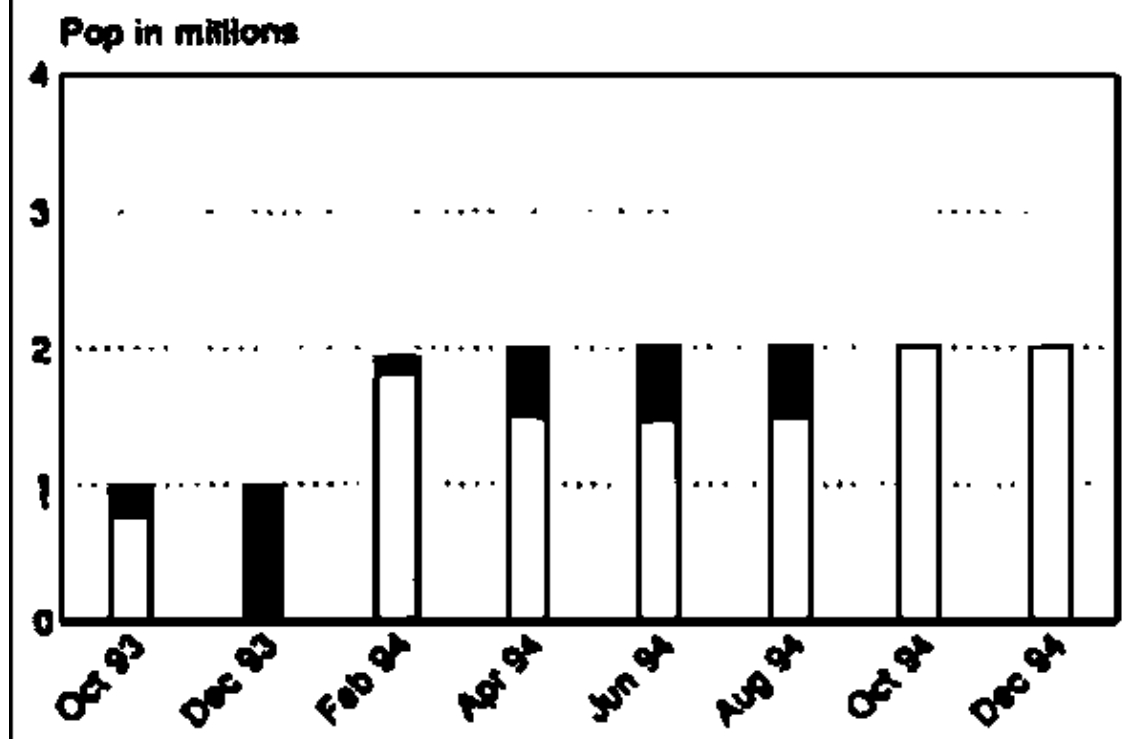
Overall, the populations in Malange, Kuito and Huambo are considered to be at high risk (category IIa in Table 1) with a tendency toward improvement with the increased food supply. The population of Musco is probably also at high risk (category IIa in Table 1) due to low rates of measles immunization. The remainder of the affected population can be considered to be at moderate risk (category IIb in Table 1).

How could external agencies help? Angola presents a major opportunity at present for external agencies to provide effective assistance. This follows the recently–signed peace accord, with better access to major towns, a number of which are now in government hands. Thus committing resources now, both food and non–food, might be particularly effective in rehabilitation and prevention of future malnutrition. Donors need to urgently pledge more vegetable oil and blended foods for 1995. There are also needs to increase immunization coverage for the displaced e.g. in Mucoso camp in Dondo.

9. Southern Sudan (see Map 9 and Figure 3E)

The total number of displaced/war affected people in the region is estimated to be 2 million. Food has continued to be successfully brought into the region using a combination of road and river carriage as well as air–drops. Some towns are reporting adequate food stocks for up to two months [WFP 11/11/94]. The greatly improved access and subsequent food deliveries, due to both greater donor support for air transport and reduced military activity, and a good harvest is undoubtedly having a positive effect on the population.

E. Southern Sudan



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

Nevertheless, the situation in Southern Sudan continues to be highly insecure with unconfirmed reports of fighting and aerial bombardment at Malagotore, and the recapture of Alero by the SPLA. Fighting is also reported between the SPLA and SPLA United, and between the Dinka from Bor and from Bar-El-Ghazal [UNHCR 11/11/94]. In early December loading of WFP relief trains for the Wau corridor were put on hold due to military activity along the rail line [WFP 09/12/94].

A baseline nutritional survey was carried out in Yirol and Rumbek districts during July and August in response to alarming reports of malnutrition amongst the Dinka population. Many of the population have been displaced by successive years of drought, inter-factional fighting within the SPLA and cattle raids by the Nuer tribe in 1993. The survey was conducted in three areas although one set of results was not felt to be admissible due to probable measurement error. In Akot wasting was measured at 25% with 6% severe wasting. Measles immunization coverage was only 33%. In Billing wasting was measured at 21.4% with 11.2% severe wasting. Here, immunization coverage was only 9.5% (see Annex 1 (9a,b)). The cultural practice in Dinka society of allocating scarce food supplies to children before adults may determine that these results mask an even more serious situation as measurements of adult nutritional status were not under-taken. The survey also found that no grains were available at household level and that groundnuts were the major source of food. Since this survey, there has been a harvest so that a follow-up survey would be helpful in determining whether these levels were "hungry" seasons levels, or indicative of a more serious problem [Oxfam 13/08/94].

An earlier survey carried out in July in Waat found 13.4% wasting (see Annex 1(9c)), which was a marked improvement to levels of 25% found in a survey in March. However, the crude mortality rate of 4.4/10,000/day remains virtually unchanged and is extremely high (14 x normal). The improvement in levels of wasting are thought to reflect a combination of factors including more regular general ration distributions, targeting all under fives for supplementary feeding and high under-five mortality in previous months [MSF-H Jul 94].

Most recently, UNICEF reported 46% levels of wasting (using MUAC measurements) along the Juba river corridor from Shamba to Mongula [WFP 09/12/94].

Overall, the affected population in Southern Sudan can be considered to be at moderate risk (category IIb in Table 1). It is known that some populations have high levels of malnutrition, but accurate population breakdowns are not currently available.

How could external agencies help? Food flows have increased substantially for the displaced in Southern Sudan in the last four months, especially by road and river. Moreover the current harvest is expected to be good. The main issue remains accessibility. The resources available and in the pipeline are not presently the overriding constraint. When opportunities arise because accessibility improves, application of additional resources should be effective in improving the situation. Continued support for logistics, including airlifting, is reported as necessary. Additional information on the situation, and on the access of indigenous agencies to the affected population, would be important.

From recent information, there is a clear need for improved immunization coverage in Akot and Billing as well as a repeat nutrition survey in Yirol as the previous survey data were felt to be unreliable.

10. Uganda (see Map 10)

The total number of refugees in Uganda has further increased to 290,000 due to the continued influx of refugees fleeing conflict in Southern Sudan [UNHCR 21/11/94]. Current estimates over time are summarized below:

| Origin | Feb 94 | April 94 | June 94 | Aug 94 | Oct 94 | Dec 94 |
|--------------------------|---------|----------|---------|---------|---------|---------|
| Sudanese Refugees | 188,000 | 190,000 | 206,000 | 230,000 | 268,000 | 274,000 |
| Zairian Refugees | 5,000 | 5,000 | 15,000 | 16,000 | 16,000 | 16,000 |
| TOTAL* | 193,000 | 195,000 | 221,000 | 246,000 | 284,000 | 290,000 |

* Rwandan refugees are discussed under # 15.

There have been refugee influxes into both Arua and East Moyo district. Transfers of refugees from both Koboko and Bake camps in Arua district have been postponed due to an expressed reluctance to move by the refugees unless all facilities in new camps are assured. Temporary problems also arose in Gbenga camp in Arua district where many refugees complained that they had not received a fair ration [UNHCR 28/10/94, WFP 16/12/94].

There have been no new nutritional survey information for this population since the last RNIS which indicated that the populations in Koboko and East Moyo were at moderate risk due to low vaccination coverage and slightly elevated levels of wasting (category IIb in Table 1). The remaining refugee population is not thought to be currently at heightened nutritional risk (category IIc in Table 1).

11. Shaba/Kasai Regions, Zaire (see Map 11)

We have little new information on the estimated 400,000 people who have been displaced by ethnic violence which erupted in Shaba region in 1992. The previous RNIS indicated a generally improved, but nonetheless precarious, nutritional situation for the large majority of this displaced population.

The flow of people from Shaba into Mwene Ditu continues, with approximately 15,000 arrivals in September. Many of these displaced continue on into the Kasai regions and some remain in camps around Mwene Ditu [MSF-B Sep 94].

We have no updated information on the camp populations of Mbuji Mayi or Kabinda (combined population 151,000) and it is assumed that the high levels of wasting recorded in previous RNIS reports have not changed (category I in Table 1). The populations of Mwene Ditu and Likasi can be considered to be at moderate risk (category IIb in Table 1) and the approximately 200,000 people in West Kasai are not currently thought to be at risk (category IIc in Table 1).

12. Ghana, Togo, Benin Region (see Map 12)

Ghana There are approximately 14,000 Liberian refugees in Ghana. This number is slowly increasing with continuing new arrivals from Cote d'Ivoire [UNHCR 21/11/94].

There are approximately 95,000 assisted Togolese refugees in the Volta region of Ghana. Food rations in all camps except Klikor (estimated population 14,000) were recently reduced by 50% [UNHCR 21/11/94].

Benin Current estimates are that there are 50,000 Togolese refugees in Benin. Dialogue between the governments of Benin and Togo have raised hopes that an agreement will soon be reached on granting general amnesty to the Togolese refugees. This would be an important step towards an organized repatriation [UNHCR-a 22/11/94].

Overall, the Togolese refugees in Ghana can be considered to be at moderate nutritional risk (category IIb in Table 1). The remaining refugee populations are not currently at risk (category IIc in Table 1).

13. Central African Republic (see Map 13)

The slow but steady increase in the number of Chadian refugees in the CAR noted in the last RNIS report has continued and by the end of September, the assisted refugee population was just over 13,000. There are also 1,200 unassisted Chadian refugees. During September there were reported problems with food distributions. Due to insufficient food stocks, only half rations of cereals were allocated and oil was only distributed to "vulnerable" cases. As this population has some arable land, many households had a small harvest during September. However, the limited ration during September has meant that much of this meager harvest has already been consumed [UNHCR-a 25/10/94].

Shortage of drugs in the health centres has meant that the number of refugees seeking medical help has halved [UNHCR-a 25/10/94].

The number of assisted Sudanese refugees has increased slightly to approximately 25,500. There have also been food distribution problems for this population, despite an air-lift, and they only received a maize and salt distribution in September [UNHCR-a 25/10/94].

The refugees in the Central African Republic are not currently thought to be at heightened nutritional risk (category IIc in Table 1).

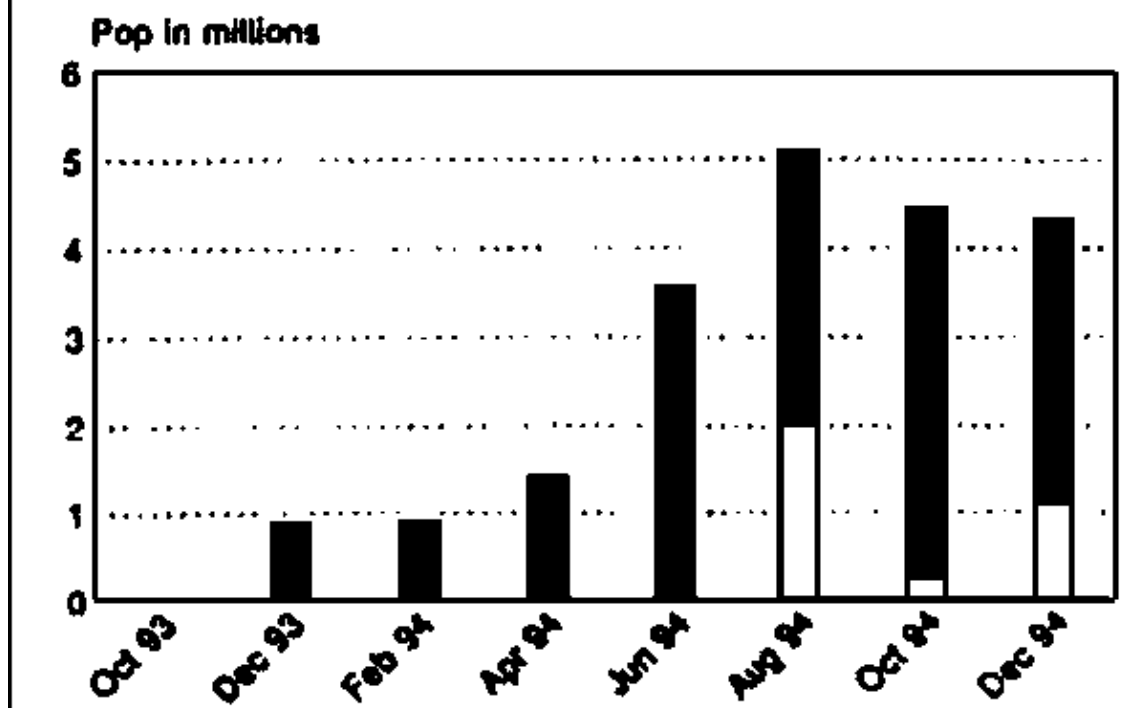
14. Zaire (Refugees) (see Map 11)

The number of assisted refugees in Zaire is now approximately 102,700 people, excluding the Rwandan and Burundi refugees in Eastern Zaire, discussed in section #15. This total is comprised of 41,000 Angolan refugees, 60,000 Sudanese refugees and 1,700 Ugandan refugees. These planning figures are a reduction from previous ones and follow a recent assessment mission to Haut-Zaire, where the camps for the Sudanese and Ugandan refugees are located. There have recently been about 2,000 Ugandan refugees who repatriated. No details of the nutritional situation of these populations are currently available, but it is thought that their nutritional state is adequate (category IIc in Table 1) [UNHCR 17/10/94].

15. Burundi/Rwanda Situation (See Map 15 and Figure 3F)

Although levels of malnutrition and mortality are improving amongst those populations affected by the Rwanda/Burundi crisis, increasing insecurity, particularly in Burundi, Rwanda and Zaire, is seriously hampering relief efforts. Outbreaks of fighting in Burundi have led to large displacements within the country and to Zaire and Tanzania. In Rwanda, vulnerable groups are being targeted for free food rations. Agencies are focussing resources on supporting efforts of the population to produce a harvest in January and February 1995, and overt ethnic discrimination in the Rwandan refugee camps in Zaire has resulted in a highly inequitable general ration distribution system..

F. Burundi/Rwanda Region



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

Refugees from Rwanda and Burundi continue to arrive in Tanzania, where several camps have had food distribution problems due to shortages of food and logistical difficulties. Many of these camps are still reportedly overcrowded.

The overall number of refugees/internally displaced and returnees affected by the crisis in the region is 5.2 million, as summarized below:

| | Dec 93 | Feb 94 | April 94 | June 94 | Aug 94 | Oct 94 | Dec 94 |
|-----------------|---------|---------|----------|-----------|-----------|-----------|-----------|
| Burundi | 150,000 | 282,000 | 536,000 | 1,000,000 | 1,230,000 | 770,000 | 1,200,000 |
| Rwanda | 375,000 | 272,300 | 250,000 | 2,060,000 | 2,040,000 | 2,500,000 | 1,860,000 |
| Tanzania | 325,000 | 300,000 | 60,000 | 410,000 | 353,000 | 556,000 | 607,000 |
| Zaire | 58,600 | 60,000 | 60,000 | 113,000 | 1,500,000 | 1,240,000 | 1,506,000 |
| Uganda | – | – | – | 10,000 | 10,000 | 10,000 | 4,000 |
| TOTAL | 908,600 | 914,300 | 906,000 | 3,593,000 | 5,133,000 | 5,076,000 | 5,177,000 |

Burundi A volatile security situation in Burundi has led to further displacements within and from the country. In October and November violent clashes were reported in the provinces of Ngozi, Bururi, Karuzi and Cibitoke. In Cibitoke an estimated 30,700 people have recently fled to Zaire. There are also reports of Burundi refugees in Zaire spontaneously repatriating. The level of insecurity is increasingly affecting humanitarian operations with food deliveries and agency staff movements affected [WFP 28/10/94].

There is also considerable internal movement of Rwandan refugees within Burundi as well as into and out of the country. Some of the movement is due to threats to security. For example, at the end of October over 50 Hutu refugees were killed in Gittwa transit camp [WFP 14/11/94].

From mid-September to the end of October an estimated 36,000 Rwandan refugees arrived in Cibitoke province. Due in part to the level of insecurity none of these refugees are installed in UNHCR camps. An

estimated 200 Rwandan refugees arrive daily at each camp in Ngozi, allegedly for safety reasons. Refugees are also leaving Burundi with 2,500 departing from camps in Bujumbura to return to Rwanda and others leaving for Tanzania [WFP 27/11/94].

This high level of population movement makes it very difficult to be precise about numbers of refugees and internally displaced in Burundi. Best estimates are that there are currently 200,000 Rwandan refugees and 1 million internally displaced Burundis [WFP 11/11/94, WFP 21/11/94].

Limited off-loading capacity at Bujumbura port is still a constraint for the relief programme in Burundi although trucking resources have increased considerably with the arrival of vehicles from Eritrea and Zimbabwe. However, fuel shortages and muddy roads are complicating secondary deliveries [WFP 27/11/94].

Although violent incidents regularly occur, the gradual strengthening of government structures is now said to be helping relief agencies develop more coherent relief and rehabilitation strategies with plans to move away from general distributions towards specific rehabilitation schemes [WFP 28/10/94].

Rwanda The main types of relief activity currently taking place in Rwanda are feeding of internally displaced persons, returnees and unaccompanied children, food rations to civil servants and teachers, supplementary and vulnerable group feeding. Food distributions in conjunction with distribution of seeds was carried out during the planting season in September–October 1994 [WFP 28/10/94, WFP 11/11/94, WFP 16/12/94],

A food programme was initiated in October which is targeted to vulnerable groups which include the physically handicapped, the elderly, single parent families with more than three children under seven hosting unaccompanied children, and selected, destitute foster families. Food can also be obtained at reception centres for returnees, e.g. in Kigali and at waystations where returnees can get food while in transit [WFP 28/10/94, WFP 16/12/94, WFP 27/11/94].

Violence continues at a low level in Rwanda. Security incidents occurred in October around Kigali and UNAMIR reported fresh mines being laid in and around Kigali. An estimated 2–3 children are injured each day in Rwanda by mines. At the end of October violence erupted in the camps near Butare with a reported 8–10 people killed. Local officials are exerting pressure to have the displaced population moved. Outbreaks of violence also occurred at the end of November in the camps north of Gikongoro (estimated population 160,000) [WFP 10/28/94, WFP 11/11/94].

A recent nutritional survey conducted in Kibeho camp for the displaced in Gikongoro prefecture (estimated population 100,000) showed 17.5% wasting with 4.6% severe wasting (see Annex 1 (15a)). The crude mortality rate was 4.7/10,000/day (11 x normal) and the under-five mortality rate was 6.7/10,000/day. It is felt that dysentery is contributing to these high levels of wasting and elevated CMRs [AICF 27/09/94]. A survey carried out in Kirado, Gikongoro Prefecture (estimated population 3,500) showed 9.4% wasting with 1.5% severe wasting (see Annex 1 (15b)). Water availability is 7 litres/person/day [AICF 15/10/94]. In Cyanika camp, Gikongoro Prefecture, wasting was measured at 6.8% with 0.7% severe wasting (see Annex 1 (15c)). This represents an improvement over a survey conducted in August when wasting was 26.3% and severe wasting was 11.5% (measured using MUAC) [AICF 20/10/94].

In the prefecture of Ruhengeri (estimated population 760,000) a small scale survey found a relatively good situation, with wasting rates of 2.4% in early November and 0.8% severe wasting (see Annex 1 (15d)). Measles immunization coverage was 85% and estimates of the daily per capita ration receipts were 1500 kcals. Most of the population in this prefecture are now back on their farms [AICF 14/10/94].

In the transit camp of Gisenyi, a survey using MUAC measured 9.1% wasting with 2.6% severe wasting (see Annex 1 (15e)) [AICF 23/10/94].

The beans and maize that will be harvested in the coming months should have a positive effect on the food security situation for those in Rwanda.

Tanzania The total number of refugees in Tanzania is just over 607,000 and the security situation in camps is described as fragile due to both shortages in food and heightened political tension [WFP 21/10/94]. There have been 6,500 new arrivals from Burundi to the Ngara region [WFP 11/11/94] and a continuing influx of Rwandan refugees into Kyabilisa (Karagwe district) with over 2,500 people registered in the first week of November [UNHCR 07/11/94].

During the last two months there have been food distribution problems in most of the camps. Shortage of maize meal meant that half rations were distributed throughout much of October. Camps in Karagwe district received neither CSB nor oil for six weeks. Earlier data from September indicated that rations were at times low in Ngara (1775 kcals) and Karagwe (1575 kcals) districts. There were also reports in November that all therapeutic and supplementary feeding programmes in camps were experiencing shortages in food stocks especially sugar and CSB [UNHCR 07/11/94].

The food distribution problems have been due both to shortage of various commodities and to logistical problems. There is an urgent need to procure maize for the Tanzanian refugee camps from December/January onwards.

The steady influx of refugees into Tanzania is compounding problems of camp congestion, thereby affecting camp management, aggravating the security situation and leading to shortages of water and firewood. There are continuing reports of military training in the camps by ex-Rwandan military. Decongestion measures, including demarcation of plots and latrine construction, were undertaken in Benaco camp (population 253,000). There are also plans to re-locate 70,000 refugees from the camp [UNHCR 07/11/94]. Dysentery is still reported as a major cause of death among children under five years of age [WFP 9/12/94].

Crude mortality rates recorded for the first week of November in the five camps in Karagwe district ranged from 0.6/10,000/day (2 x normal) to 2.2/10,000/day (7 x normal) while the under five mortality rates ranged from 0.0/10,000/day to 3.4/10,000/day [UNHCR 07/11/94].

Goma, Zaire There are approximately 740,000 Rwandan refugees in the four camps in the Goma area of Zaire. There are also an estimated 30–50,000 refugees scattered in areas northeast of Katale who are not in camps [UNHCR 20/11/94].

Between mid-September and mid-November approximately 171,000 refugees spontaneously repatriated from the area while a further 9,000 arrived in the camps [UNHCR 20/11/94]. At the end of October a tripartite agreement was signed between the governments of Rwanda and Zaire, and UNHCR, on the repatriation of Rwandan refugees from Zaire. Most recent estimates are that about 1,500 refugees cross the border back to Rwanda daily but that only 25% are from the recently displaced population. The remainder are mostly from the population which fled to Zaire in 1959 [WFP 9/12/94].

Continued security incidents have threatened both the refugees and international personnel so that some NGOs have ceased operating in the camps. Many suspected RPA infiltrators have been killed and agency staff have frequently been harassed particularly with regard to general food distributions.

General ration distributions have continued to be very problematic. Those responsible for general ration distributions in the camps have excluded many households on the basis of ethnic origin. Much food has also been diverted to militia within the camps. Agencies have discussed increasing the number of distribution points and their monitoring capacity to prevent these practices, but due to insecurity and lack of staff they have limited capacity to make an impact. There has also been some recent discussion about introducing increased distribution of cooked food ("wet feeding") as a way around inequitable distribution of the general ration [UNHCR 20/11/94].

The general ration programme has also been adversely affected by food shortages. A shortage of beans in the region has meant that bean ration allocations have either been reduced or completely absent. Based upon imprecise population figures and a highly inequitable distribution system, estimates of per capita calories supplied by the general ration were 1,890 kcals in late October and between 1,480 and 1,660 kcals in the second week of November. During the third week of November per capita rations stood somewhere between 1,600–1,700 kcals [UNHCR 20/11/94].

Average crude mortality rates for the four camps at the end of November were 0.98/10,000/day (3 x normal) with an under five rate of 2.36/10,000/day. The highest CMR was 1.42/10,000/day in Mugunga camp. Although these rates are still elevated, they show a dramatic improvement over rates of over 40/10,000/day recorded as recently as August 1994 [UNHCR 20/11/94].

Nutritional surveys also show some improvement in these camps. In October levels of wasting in Mugungua camp were 16.4% with 8.2% severe wasting (see Annex 1 (15f), similar to a survey in My. In Katale camp rates of wasting in October were measured at 10.4% with 6.6% severe wasting (Annex 1(15g)) This may be somewhat low as selective feeding programme centres remained open during the survey thereby excluding a number of malnourished children. However, results still compare favourably with July when wasting rates

were 23.6%. Wasting rates in Kahindo camp were found to be 17.5% in October (see Annex 1 (15h)), compared with 20.2% found in July. In Kibumba camp, an October survey found only 6.3% wasting (see Annex 1(15i)) which indicates a much unproved situation compared to July, when 20.2% wasting rates were found amongst children. In response to the high levels of wasting found in Kahindo camp, a food basket survey was implemented in November. The survey found that 72% of households received a ration of less than 2,000 kcals, compared with a survey at the end of October in Katale camp where only 23% of households received a ration of under 2,000 kcals [MSF Belgium 4/11/94, MSF Holland 31/10/94, UNHCR 01/11/94].

Bukavu, Zaire It is currently estimated that there are 390,000 refugees in Bukavu [WFP 2S/11/94]. The vast majority of this population reside in 26 settlements with the remainder in villages. Although there have been some violent incidents in the settlements, the security situation is generally calm. Population movements to and from the settlements are continuing and at the start of October it was estimated that 200 Rwandan refugees were arriving each day while at the end of the month 100 people were reported to be repatriating each day.

Heavy rains in October impeded food deliveries to settlements and it is anticipated that road conditions will deteriorate further during the month of December. However there have still been regular food deliveries to refugees with an average daily ration allocation of just under 1,800 kcals. Due to inequitable general ration distributions, a new distribution system was introduced in Kashusha settlement (population 42,560) whereby food was delivered directly to family heads rather than to heads of settlement sectors.

A nutrition survey at the end of October in Kalehe settlement (population 8,000) found only 4.3% wasting and 0.8% severe wasting (see Annex 1(15j)). Meningitis cases have been reported in a number of settlements [UNHCR 25/10/94].

Uvira and Kamanyola, Zaire The total number of registered beneficiaries in Uvira and Kamanyola is 376,152 although UNHCR and WFP have agreed to cut the numbers being assisted to 270,000 as figures are recognized to be inflated. This figure includes 15,000 new arrivals from Burundi. UNHCR is making some progress in transferring refugees from urban areas to camps located mainly in the northern corner of the region. UNHCR also wish to move the three Rwandan camps away from the borders of Burundi and Rwanda as these camps contain a large number of Rwandan militia and therefore pose a considerable security threat.

Food distributions between 8th and 19th of October could not take place due to a shortage of maize. Furthermore, it has been reported that the recent arrival of new refugees from Burundi has "compromised" the existing food distribution system. Lack of food is also said to have reduced the ability of local church groups to carry out selective feeding programmes of malnourished individuals [UNHCR 25/10/94].

Uganda The number of Rwandan refugees in Uganda has decreased to approximately 4,000. Some of the reduction is due to refugees returning home when, for security reasons, their camps were moved further from the Rwandan border. A number of refugees have also moved to Tanzania in an effort to re-unite their families [UNHCR 21/11/94].

Overall, the refugee and displaced populations in Burundi can be considered to be at risk (category IIa in Table 1) due to insecurity. The populations of Kibeho and Kirado camps in Gikongoro Prefecture are at high risk (category I in Table 1) with very high mortality rates. The population of Cyanka camp in Gikongoro Prefecture can be considered to be at moderate risk, as can the groups dependant on food for work plans (category IIb in Table 1). Those newly returned home in Ruhengeri Prefecture are not currently at heightened risk (category IIc in Table 1). The refugees in Tanzania can be considered to be at high risk (category IIa in Table 1) with many, although not all, camps reporting high mortality rates. The population in Goma is considered to remain at high risk (category I in Table 1), although the tendency is one of improvement. The refugees in Bukavu are considered to be at high risk (category IIa in Table 1) with the exception of the populations in Kalehe and Kashusha camps who are considered to be at moderate risk (category IIb in Table 1). The refugee population of Uvira and Kamanyola can be considered to be at high risk (category IIa in Table 1).

How could external agencies help? Insecurity in the region is a major cause for concern. It is widely considered that violence could erupt and spread in Burundi and that all possible diplomatic avenues have to be explored to avoid this possibility. It may be prudent to gear up for a major exodus from Burundi. In Rwanda, it is also widely feared that violence could erupt again. Disarming the militias in the camps may help avoid that situation.

Specifically, donors could provide more support for the costs of fuel in Burundi and support all efforts to secure more maize and beans for the December and January general ration in Tanzania, as well as foods for supplementary and therapeutic feeding programmes in the camps. This may require cash for local purchases. In spite of the difficulties, all implementing agencies need support for their efforts to improve the general ration distribution system in the Rwandan refugee camps in Zaire. International agencies could also consider unproved support for local church groups in Uvira and Kamanyola in Zaire, operating feeding programmes for those refugees not in camps.

17. Djibouti (see Map 17)

There are currently approximately 30,000 refugees in Djibouti. This reduction since the last RNIS report is due to the repatriation of over 2,000 Ethiopian refugees. No further details are currently available [UNHCR 31/10/94].

18. Zambia (see Map 18)

There are no reports of change in the situation of the approximately 36,000 refugees in Zambia and estimates of the current assisted population are as follows:

| Origin | February/December 1994 |
|------------------|------------------------|
| Zairian Refugees | 18,000 |
| Angolan Refugees | 17,000 |
| Somali Refugees | 1,000 |
| TOTAL | 36,000 |

CURRENT SITUATION (Asia – Selected Situations)

As of end-1993, over half the estimated 5.2 million refugees in Asia were Afghans in Pakistan (1.4 million) and in Iran (1.9 million). There are reported to be 650,000 Iraqis in Iran. Other large groups are refugees from Myanmar in Bangladesh (200,000), Vietnamese in China (290,000), Sri Lankans in India (115,000), as well as considerable numbers from the conflicts in Cambodia, Laos and Vietnam, in other countries (data from UNHCR, Statistical Overview, 1994).

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

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

19. Bhutanese Refugees in Nepal

The estimated number of Bhutanese refugees in Nepal remains at just under 85,000 [SCF 29/11/94, UNHCR 20/10/94]. The overall situation seems well controlled, with normal indicators. For instance, crude mortality rates amongst this population were recently estimated to be 0.09/10,000/day, while the under five mortality rate was 0.06/10,000/day, levels of wasting measured by screening under fives was found to be 2.9% (see Annex 1 (19a)) [SCF 29/11/94].

However, at the end of September the incidences of micronutrient deficiency diseases were 2.2/10,000/day for mild beri-beri, 0.09/10,000/day for severe beri-beri, 1.37/10,000/day with angular stomatitis, 0.005/10,000/day with pellagra, and 0.6/10,000/day with scurvy. This is a significant reduction compared to earlier in the year but a continuing cause for concern.

UNILITO (a micro-nutrient fortified blended food) is continuing to be distributed as part of the general ration. Dried skimmed milk, which had been unavailable for supplementary feeding programmes due to lack of stock, has now arrived in the camps [UNHCR 20/10/94].

During this period an epidemic of plague occurred in the camps although the disease is now reportedly under control.

Overall, this refugee population can be considered to be at high risk of micronutrient deficiencies (category I in Table 1). With the changes made to the food basket, the tendency in the population should be one of improvement.

20. Refugees from Rakhine State, Myanmar in Bangladesh

There are no new reports on the approximately 190,000 refugees from Myanmar in Bangladesh. It is assumed that repatriation is continuing and that this population is not currently at heightened nutritional risk (category IIc in Table 1).

21. Southern Iraq

The most recent reports on the Marshland Arabs in Southern Iraq (approximate population 220,000) describe a deteriorating situation.

Interviews with Marshland Arab refugees newly arrived in Iran indicate a dramatic decline of water in the southern marshes, especially in the summer months. This is mainly due to the drainage programme carried out by government of Iraq forces. The reduction in the water level has deprived the population of food, construction materials and means of transportation. Furthermore, there is almost no drinkable water left in any part of the marshes [UN: Situation of Human Rights in Iraq, 8 Nov 1994].

Difficulties for the Marshland Arabs are further compounded by the fact that they have limited access to the monthly government food ration cards that are normally available to every Iraqi citizen. In most cases this is simply due to political discrimination. With no direct access to food, many have become dependent upon intermediaries and smugglers who sell them flour, sugar and oil at black-market prices. However, increased control of the marshes by government forces further restricts movements making populations more isolated and dependent on depleted natural resources. The final insult is the aerial bombardment and artillery shelling of the marshes indiscriminately pursued by government. Eventually, many refugees have little choice but to flee their natural territory [UN: Situation of Human Rights in Iraq, 8 Nov 1994].

There is no doubt that the violations referred to above have continued up until this report and indeed the flow of Marsh Arabs seeking refugee status into South West Iran has continued unabated. Most of the new arrivals are in very poor physical and psychological condition which partly reflects the fact that access to health care is extremely limited for the inhabitants of the marshes as there are no clinics inside the marsh area [UN: Situation of Human Rights in Iraq, 8 Nov 1994].

Overall, the refugees in camps in Iran are not considered to be at heightened nutritional risk (category IIc in Table 1), while the Marshland Arabs still in Iraq are considered to be at high risk (category IIa in Table 1).

22. Afghanistan Region

The situation for the approximately 3.1 million people in the region affected by the continuing civil war in Afghanistan remains largely unchanged since the last RNIS report. The "Consolidated Inter-Agency Appeal for Emergency Humanitarian Assistance for Afghanistan" covering the period October 1994 – October 1995

envisages the provision of assistance to some 1 million internally displaced persons and covers relief activities, mine clearance and voluntary repatriation programmes.

Displaced in Kabul The level and intensity of fighting between forces loyal to the President, and those of the Supreme Coordination Council, increased dramatically in August. Over 6,000 casualties were reported during the month with many families fleeing towards the relative safety of Jalalabad. Given the continuing blockade of the city and absence of government stocks or subsidized food, it can safely be presumed that the 32% level of wasting recorded amongst the displaced in May 1994 (approximately 440,000) has not changed significantly.

Displaced in Jalalabad The overall security situation in the Eastern region of Afghanistan has remained stable. During August over 20,000 people arrived in Jalalabad fleeing the fighting in and around Kabul. There are two large camps for the displaced in Jalalabad (population over 180,000) and a number of smaller ones. One camp (Sarashahi) is now said to be over-full so that efforts are being made to locate a new camp site. There are no new nutritional survey data since August when levels of wasting in Sarashahi camp were recorded at 14.6% and 18.6% in two different camp sections [UNHCR 16/09/94].

Refugees in Pakistan There has been a marked reduction in the rate of voluntary repatriation of the approximately 1.4 million Afghan refugees currently residing in Pakistan. With widespread fighting in Afghanistan it is expected that this trend will continue into 1995. Despite the border closure policy of the Government of Pakistan, it is expected that just over 100,000 new Afghan refugee arrivals will be registered by the end of 1994.

A nutritional survey carried out in May 1994, showed that the proportion of acutely malnourished children in the refugee camps in Baluchistan has almost doubled since 1991 and 1992 and was significantly higher (3.7%) than in North West Frontier Province and Punjab (1.7%) (see Annex 1 (22a)). The higher prevalence of diarrhoea in Baluchistan (25.1%) than in NWFP/Punjab (12.7%) may be an important contributory factor in explaining this difference [UNHCR May 94].

The general ration for refugees will be halved from the beginning of 1995 and will contain 5 kgs of wheat and 300 gms of oil per person per month. Prior to this, efforts are being made to provide vulnerable group feeding and targeted food for-work programmes to act as safety nets once the ration is reduced [UNHCR 31/08/94, SCF 29/11/94].

Refugees in Iran The rate of repatriation of the approximately 13 million Afghan refugees in Iran has also markedly slowed and is not expected to speed up significantly without an improvement in security in Afghanistan. In August only 11,013 people returned which is a 47% decrease compared to July.

Overall, the displaced population in Kabul can be considered to be at high risk (category I in Table 1) with high levels of wasting, and the population in Jalalabad could also be considered to be at high risk (category IIa in Table 1) due to over-crowding. The refugees in Pakistan and Iran are probably not currently at heightened nutritional risk (category IIc in Table 1).

How can external agencies help? There is a continued need for a general ration programme for the displaced in Kabul and those in camps in Jalalabad. Given the rate of influx into the Jalalabad camps there is a need for more regular nutritional and mortality surveillance. The significantly higher levels of diarrhoea in the Baluchistan camps compared to the NWFP camps in Pakistan suggest the need for improving sanitation conditions in the former. Furthermore, given the planned general ration reduction for 1995 in the Afghan refugee camps in Pakistan, it will be important to implement more regular nutritional surveys in order to detect as early as possible any adverse effects of the ration reduction upon nutritional status.

LISTING OF SOURCES FOR DECEMBER 1994 RNIS REPORT

| Org* | Date | Title of Report |
|------|---------|--|
| | | |
| AICF | Aug. 94 | Inquerito Nutricional – Distritos de Marromeu, Caia (Sofala) |
| AICF | Jul. 94 | Nutritional Survey – Buchanan FDA Shelter Liberia |

| | | |
|-----------------|----------|--|
| AICF | 14/10/94 | Enquete Nutritionelle – Ruhengeri (Rwanda) |
| AICF | 15/10/94 | Enquete Nutritionelle – Kirado (Rwanda) |
| AICF | 20/10/94 | Enquete Nutritionelle – Cyanika (Rwanda) |
| AICF | 23/10/94 | Evaluation au MUAC – Gisenyi |
| AICF | 26/08/94 | Nutritional Survey, Sierra Leone – Gerihun Camp |
| AICF | 27/09/94 | Enquete Nutritionelle – Kibeho (Rwanda) |
| AICF | 28/09/94 | Enquete Nutritionelle – Refugies Liberiens Prefecture de Tabou Cote d'Ivoire |
| MSF-B | 11.04.94 | Food Basket Survey – Goma |
| MSF-B | Sep. 94 | Rapport Mensuel d'Activities MSF – Mwene Ditu |
| MSF-H | Jul. 94 | Nutritional Survey – Waat |
| MSF-H | 14/11/94 | Nutritional Survey: Paynesville, Montserrat County |
| MSF-H | 15/11/94 | Nutritional Survey: Samokai Town, Montserrat County |
| MSF-H | 31/10/94 | Minutes of Nutrition Meeting (Goma) |
| OXFAM | 13/08/94 | Nutritional Assessment: Rumbek/Yirol District |
| SCF | 29/11/94 | Information Update |
| UN Gen Assembly | 11.08.94 | Situation of Human Rights in Iraq |
| UNHCR | 11.01.94 | Sitrep – Dadaab |
| UNHCR | 10.05.94 | Mugunga – Monitoring du Panier Alimentaire (Goma) |
| UNHCR | 10.07.94 | Plague in Mozambique – Update |
| UNHCR | 11.07.94 | Situation Report (Tanzania) |
| UNHCR | 11.09.94 | Update (Guinea) |
| UNHCR | 2.11.94 | Sitrep #128 – Kenya |
| UNHCR | 7.11.94 | Sitrep #2 (Cote d'Ivoire) |
| UNHCR | 11.11.94 | Sitrep Sep–Oct (Liberia) |
| UNHCR | 16/09/94 | Monthly Sitrep (Afghanistan) |
| UNHCR | 17/10/94 | Sitrep (Zaire) |
| UNHCR | 17/11/94 | Support Request |
| UNHCR | 19/10/94 | Sitrep #10 – Kenya |
| UNHCR | 20/10/94 | Sitrep (Nepal) |
| UNHCR | 20/11/94 | Sitrep (Goma) |
| UNHCR | 21/11/94 | Personal Communication (Uganda) |
| UNHCR | 21/11/94 | Sitrep Oct 94 (Ghana) |
| UNHCR | 22/11/94 | Personal Communication (Ethiopia) |
| UNHCR | 24/11/94 | Personal Communication (Liberia) |
| UNHCR | 25/10/94 | Sitrep (Bukavu) |

| | | |
|---------|----------|--|
| UNHCR | 27/10/94 | Situation Report on the Mozambican Repatriation Operation |
| UNHCR | 27/11/94 | Personal Communication (Kenya) |
| UNHCR | 28/10/94 | Weekly Highlights. 20–27 October 1994 |
| UNHCR | 31/08/94 | Rationalisation of CM Programme in NWFP< Pakistan 1991–1994 |
| UNHCR | 31/10/94 | Secretariat Notes |
| UNHCR | May. 94 | Evaluation of the Nutritional Status of Afghan Refugee Children.... Pakistan |
| UNHCR–a | 22/11/94 | Sitrep Oct 94 (Benin) |
| UNHCR–a | 25/10/94 | Sitreps for September (CAR) |
| WFP | 12.09.94 | Weekly Update |
| WFP | 11.11.94 | Weekly Update |
| WFP | 14/11/94 | Weekly Update |
| WFP | 21/10/94 | Weekly Update |
| WFP | 21/11/94 | Weekly Update |
| WFP | 27/11/94 | Weekly Update |
| WFP | 28/10/95 | Weekly Update |
| WFP | 16/12/94 | Comments on Draft #8 |
| WHO | 10/03/94 | Plague Outbreak in Mutarara |
| WV | 11/04/94 | Angola – Monthly Report |
| WV | Jul. 94 | Nutritional Survey... Mucoso Displaced Persons Camp. Dondo |
| AICF | | Action International Contre la Faim |
| FAO | | Food & Agricultural Organization of the United Nations |
| ICRC | | International Committee of Red Cross |
| IFRC | | International Federation of Red Cross |
| MSF–B | | Medecins Sans Frontieres – Belgium |
| MSF–CIS | | Medecins Sans Frontieres – Celula Inter–Seccoes |
| MSF–H | | Medecins Sans Frontieres – Holland |
| SCF | | Save the Children Fund |
| UCAH | | United Nations Humanitarian Assistance Coordination Unit |
| UNHCR | | United Nation's High Commission on Refugees |
| UNICEF | | United Nation's Children Fund |
| WFP | | World Food Programme |
| WHO | | World Health Organization |
| WV | | World Vision |

Table 1

Information Available on Total Refugee/Displaced Populations (as of December 1994)

| | | | | | | | | |
|--|-----------------|---|-------------------|-------------------|-------------------|--------------|--|-----------------------|
| <i>I</i> | | <i>Those reported on with high prevalences of malnutrition and/or micronutrient disease and sharply elevated mortality (at least 3x normal)</i> | | | | | | |
| <i>Ila</i> | | <i>At high risk. Limited data available, population likely to contain pockets of malnutrition</i> | | | | | | |
| <i>Ilb</i> | | <i>At moderate risk, may not be data available. Population may contain pockets of malnutrition</i> | | | | | | |
| <i>Ilc</i> | | <i>Probably not currently in critical situation, nor known to be at particular risk</i> | | | | | | |
| <i>III</i> | | <i>Population known to exist, but condition unknown</i> | | | | | | |
| | | | | | | | Total From | |
| | <i>I</i> | <i>Ila</i> | <i>Ilb</i> | <i>Ilc</i> | <i>III</i> | Total | Comments | October Report |
| Sub-Saharan Africa | | | | | | | | |
| <i>1. Liberia/Sierra Leone/ Guinea/Cote d'Ivoire</i> | | 405'000 | 560'000 | 2'023'000 | | 2'988'000 | 405.000 Inaccessible hence at risk: refugees in Guinea in category <i>Ilb</i> . | 2'851'000 |
| <i>2. Ethiopia</i> | 86'000 | | 113'500 | 50'500 | 16'500 | 266'500 | 41,000 in the Ogaden still in crisis, along with approx. 45,000 Somalis in East. | 191'000 |
| <i>3. E. Central&W. Sudan</i> | | | 1'700'000 | | | 1'700'000 | Mainly displaced from the South. | 1'700'000 |
| <i>4. Kenya</i> | 110'000 | | | 145'000 | | 255'000 | Those in Dadaab area camps at high risk due to presence of scurvy. | 276'000 |
| <i>5. Southern Somalia</i> | | | | 400'000 | | 400'000 | Stable now, but grave risk when troops withdraw. | 400'000 |
| <i>6. Mozambique Region</i> | | | | 1'850'000 | | 1'850'000 | Pockets of malnutrition exist. | 1'850'000 |
| <i>7. Burkina Faso</i> | | | | | 20'000 | 20'000 | Tuaregs from N Mali. | 0 |
| <i>8. Angola (id/wa)</i> | | 448'100 | 2'751'900 | | | 3'200'000 | Improvement with cease-fire and | 3'200'000 |

| | | | | | | | | |
|-----------------------------------|-----------|-----------|-----------|-----------|--------|------------|---|------------|
| | | | | | | | opening of cities to regular aid deliveries. | |
| 9. Southern Sudan (id) | | | 2'000'000 | | | 2'000'000 | Food flows increased, but fighting continuing. | 2'000'000 |
| 10. Uganda | | | 196'000 | 94'000 | | 290'000 | Inadequate water supplies In many camps. | 284'000 |
| 11. Shaba, Zaire (id) | 127'000 | 266'000 | | 200'000 | | 593'000 | Situation continues. | 593'000 |
| 12. Ghana/Togo/Benin Region | | | 95'000 | 64'000 | | 159'000 | Togolese refugees at moderate risk. | 338'000 |
| 13. Central African Republic | | | | 38'500 | | 38'500 | Chadian and Sudanese refugees. | 37'600 |
| 14. Zaire (r) | | | | 102'700 | | 102'700 | Angolan. Sudanese and Ugandan refugees; lower numbers from reassessment | 163'000 |
| 15. Burundi/Rwanda Region | 843'000 | 2'501'500 | 1'068'500 | 764'000 | | 5'177'000 | Goma still high risk. | 4'507'000 |
| 16. Mauritania/Senegal | | | | 60'000 | | 60'000 | No reported change from RNIS #7 | 60'000 |
| 17. Djibouti | | | | 30'000 | | 30'000 | Decrease due to repatriation. | 32'000 |
| 18. Zambia | | | | 36'000 | | 36'000 | No reported change from RNIS#7 | 36'000 |
| Total (Sub-Saharan Africa) | 1'166'000 | 3'620'600 | 8'484'900 | 5'857'700 | 36'500 | 19'165'700 | | 18'518'600 |
| | | | | | | | | |
| Asia (Selected Situations) | | | | | | | | |
| 19. Bhutanese Refugees In Nepal | 85'000 | | | | | 85'000 | At high risk micronutrient deficiencies. | 85'000 |
| 20. Bangladesh | | | | 190'000 | | 190'000 | Repatriation for these refugees is | 190'000 |

| | | | | | | | | |
|------------------------|---------|---------|--|-----------|--|-----------|---|-----------|
| | | | | | | | <i>now underway.</i> | |
| 21. Southern Iraq | | 200'000 | | 22'000 | | 222'000 | Those in Marshes considered at high risk. | 222'000 |
| 22. Afghanistan Region | 440'000 | 180'000 | | 2'700'000 | | 3'320'000 | Displaced in Kabul at high risk. | 3'320'000 |

in millions

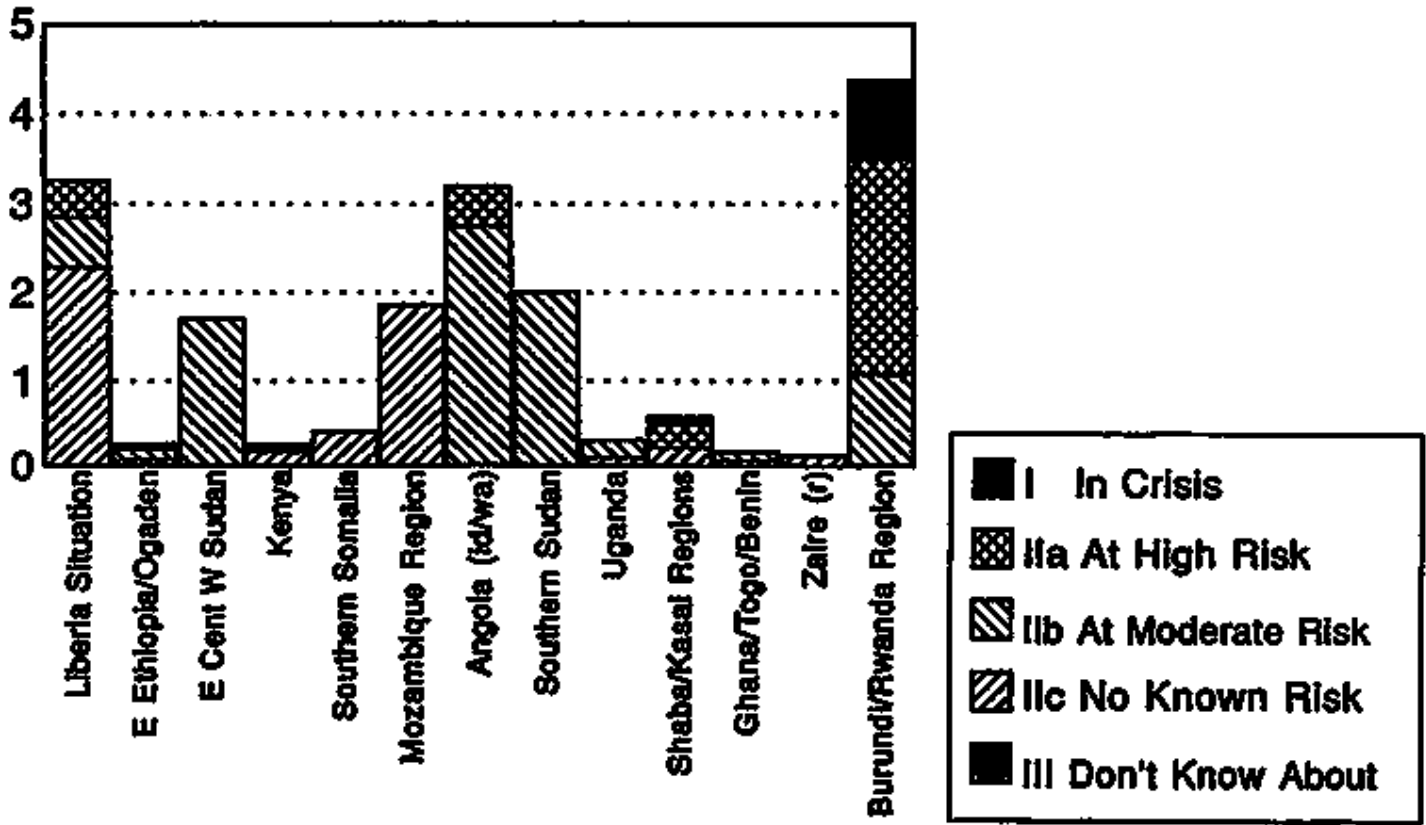


Figure 1. REFUGEE AND DISPLACED POPULATIONS – Selected Areas in Africa (December 94)

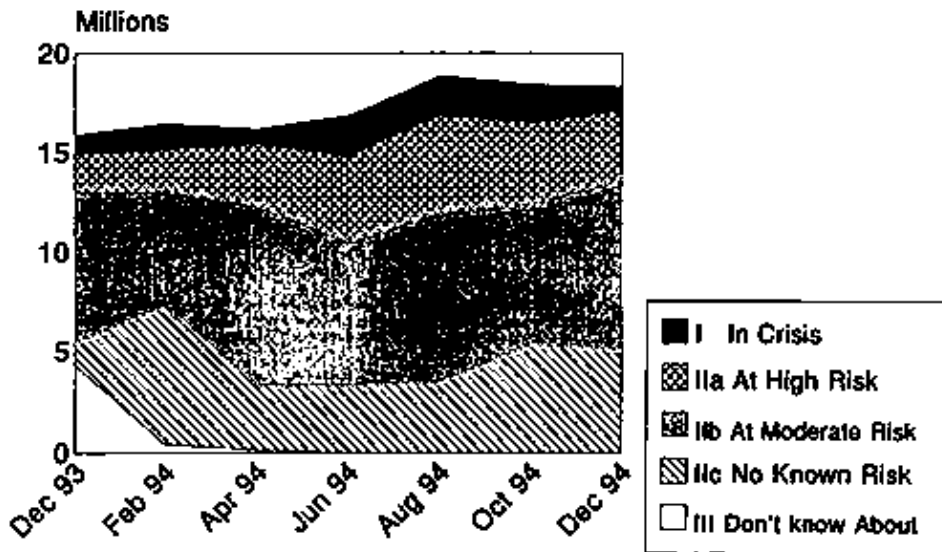
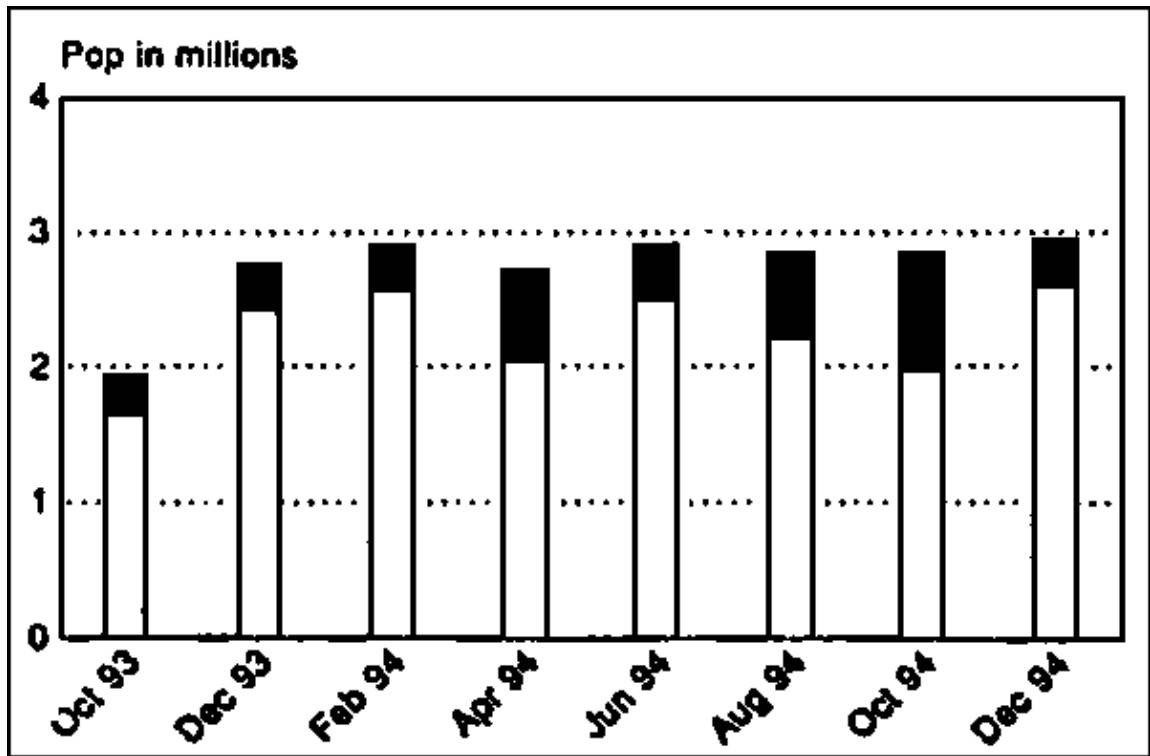
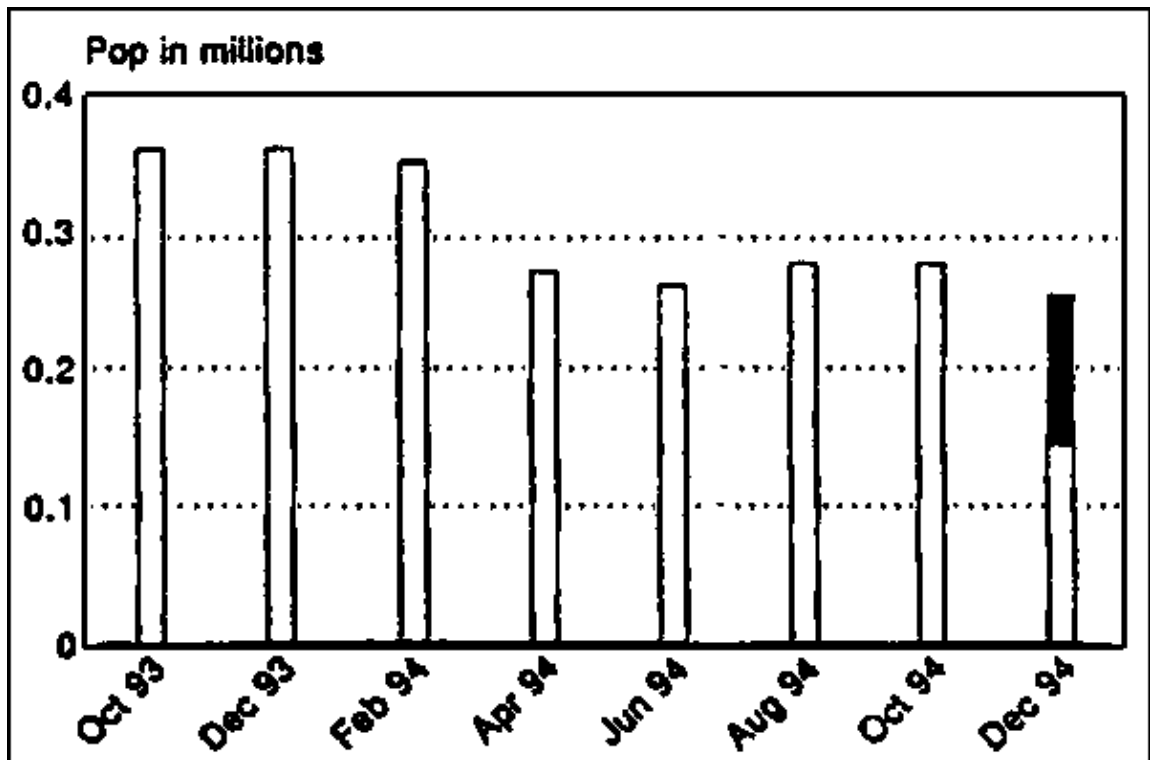


Figure 2. Trends in Total Refugee/Displaced Populations – By Risk Categories – Africa: December 1993–December 1994

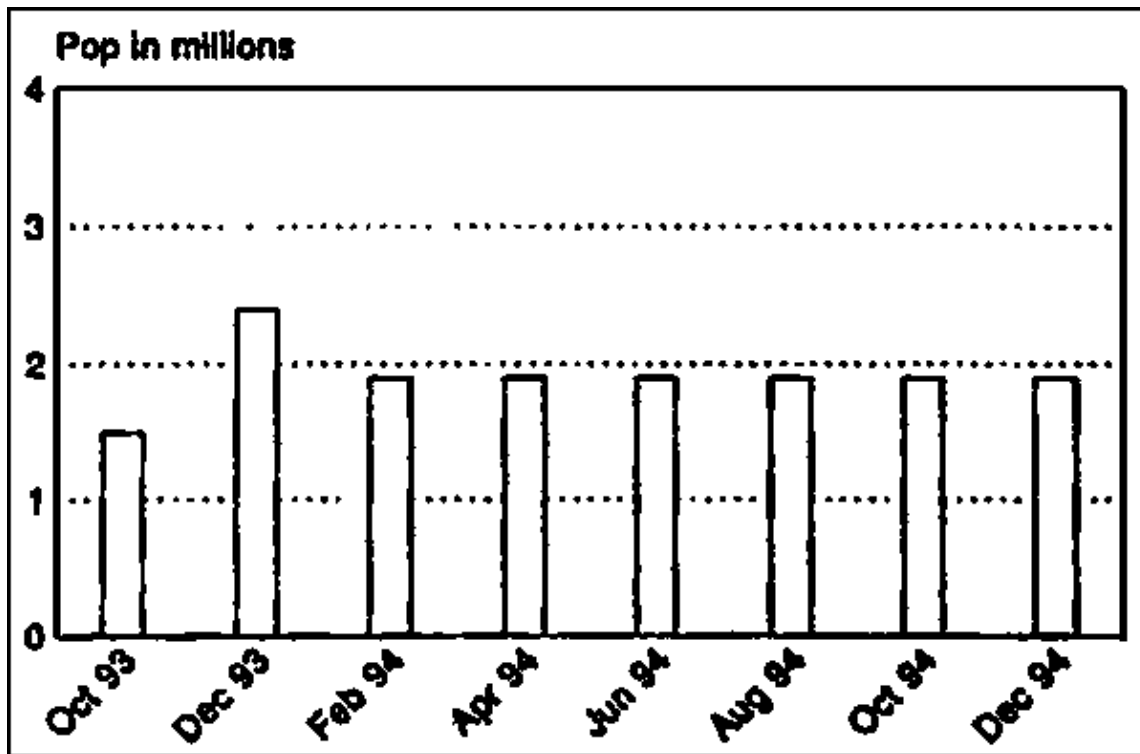
Figure 3



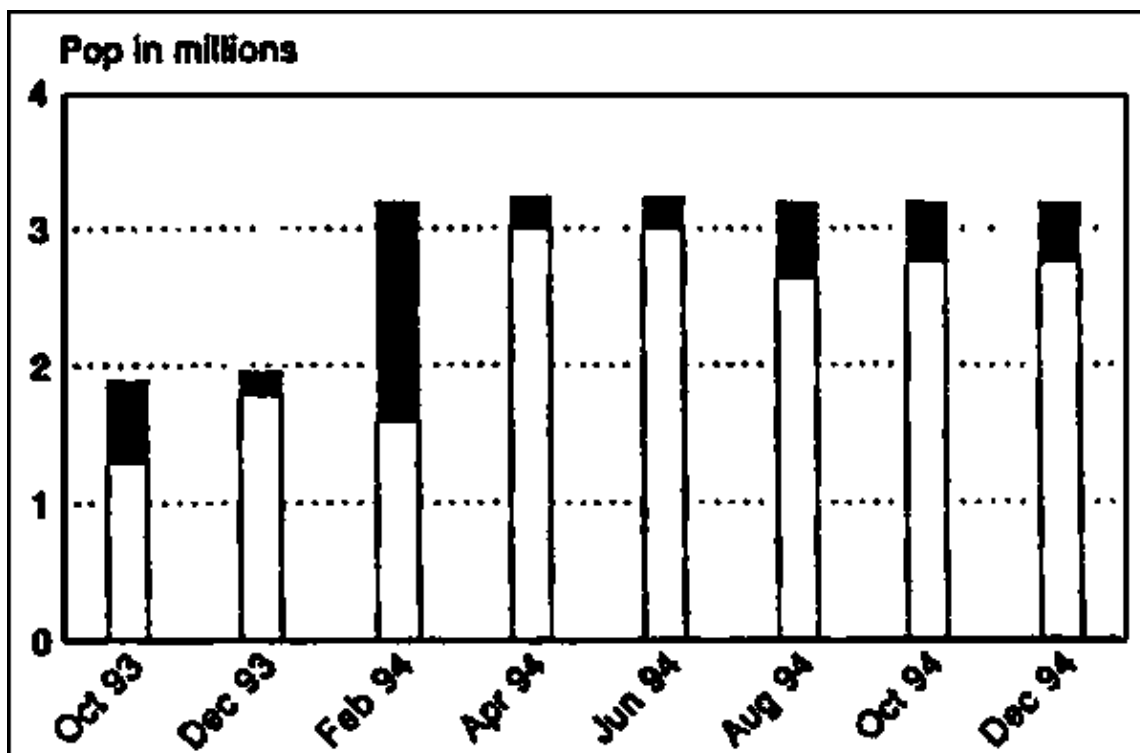
A. Liberia



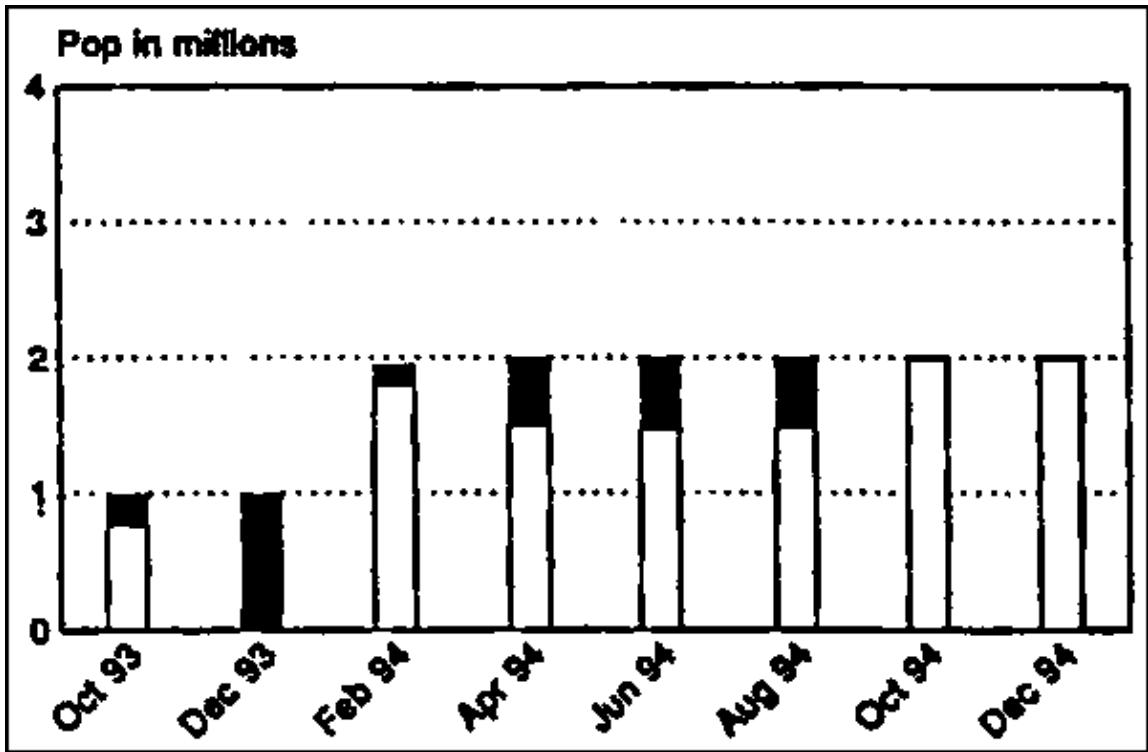
B. Kenya



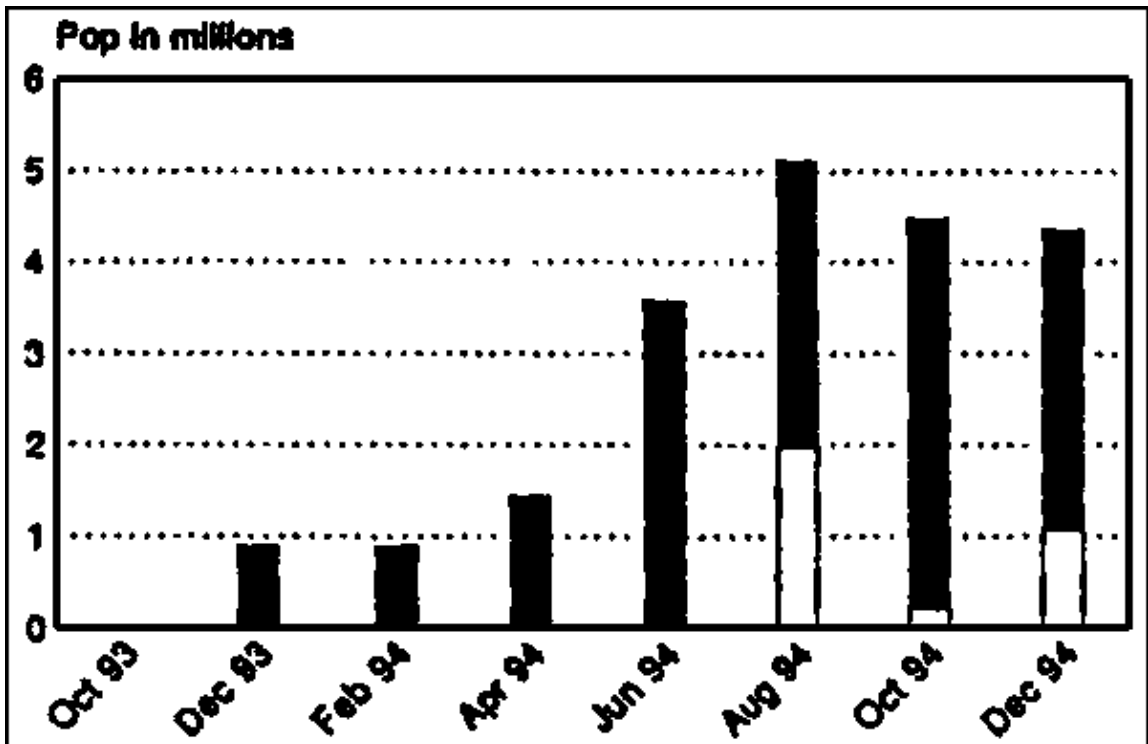
D. Angola



C. Mozambique



E. Southern Sudan



F. Burundi/Rwanda Region

Shaded areas indicate those at heightened nutritional risk.

ANNEXES

Annex 1. Results of Surveys Quoted in December 1994 Report

| | Survey | | | % Severely | Mortality | |
|------------------------------------|-----------------|----------|-----------|---------------|---------------|---------------------------------------|
| | Conducted by | Date | % Wasted* | Wasted* | (/10,000/day) | Other data |
| 1. Liberia | | | | | | |
| a. Buchanan | AICF | Jul. 94 | 15.3 | 2.1 | | Survey on new arrivals in Buchanan |
| b. Paynesville, Montserrado | MSF-H | 14/11/94 | 5.8 | 1.6 | | General ration <1500 kcals/person/day |
| c. Samokai Town, Montserrado | MSF-H | 15/11/94 | 7.7 | 2.6 | | General ration <1500 kcals/person/day |
| d. Gerihun Camp. Sierra Leone | AICF | Aug. 94 | 8.0 | 1.2 | | |
| e. Tabou. Cote d'Ivoire | AICF | 28/09/94 | 3.3 | 1.3 | | |
| 4. Kenya | | | | | | |
| a. Dagahaley Camp | UNHCR | Sep. 94 | 6.7 | 0.8 | | Scurvy outbreak noted. |
| b. Ifo Camp | UNHCR | Sep. 94 | 8.9 | 1.4 | | Scurvy outbreak noted. |
| 6. Mozambique Region | | | | | | |
| a. Caia (Murraca), Sofala District | AICF | Aug. 94 | 4.4 | 1.3 | | |
| b. Caia (Sena). Sofala District | AICF | Aug. 94 | 3.1 | 1.0 | | |
| c. Marromeu. Sofala | AICF | Aug. 94 | 1.8 | 0.6 | | |
| 8. Angola | | | | | | |
| a. Mucoso Camp. Dondo | WV | Jul. 94 | 16.5 | 3.7 | | 42% Measles immunisation coverage |
| b. N'Dalatando | CONCERN | Nov. 94 | 29.0 | 12.0 | | Shortage of protein-rich foods. |
| c. Matala | WFP | Nov. 94 | 36.8 | | | |
| d. Namibe City | WFP | Nov. 94 | 6.0 | | | |
| 9. Southern Sudan | | | | | | |
| a. Akot | OXFAM | 13/08/94 | 25.3 | 6.2 | | 33% Measles immunisation coverage |

| | | | | | | |
|---|-------|----------|--------------------|------|-----|--|
| <i>b. Billing</i> | OXFAM | 13/08/94 | 21.4 | 11.2 | | 9.5% Measles Immunisation coverage |
| <i>c. Waat</i> | MSF-H | Jul. 94 | 13.4 | 3.8 | 4.4 | |
| 15. Burundi/Rwanda Region | | | | | | |
| <i>a. Kibeho Camp. Gikongoro</i> | AICF | 27/09/94 | 17.5 | 4.6 | 4.7 | Under-five mortality rate: 6.7/10,000/day |
| <i>b. Kirado Camp, Gikongoro</i> | AICF | 15/10/94 | 9.4 | 1.5 | | Water availability: 7 litres/person/day |
| <i>c. Cyanika Camp, Gikongoro</i> | AICF | 20/10/94 | 6.8 | 0.7 | | |
| <i>d. Ruhengeri Prefecture</i> | AICF | 14/10/94 | 2.4 | 0.8 | | 85% Measles immunisation coverage, 1500 kcals/pe |
| <i>e. Gisenyi Transit Camp</i> | AICF | 23/10/94 | 9.1 (MUAC 110-124) | | | |
| <i>f. Mugungua Camp. Goma</i> | UNHCR | Oct. 94 | 16.4 | 8.2 | | |
| <i>g. Katale Camp. Goma</i> | MSF-H | Oct. 94 | 10.4 | 6.6 | | |
| <i>h. Kahindo Camp. Goma</i> | MSF-B | Oct. 94 | 17.5 | 4.5 | | |
| <i>i. Kibumba Camp. Goma</i> | MSF-B | Oct. 94 | 6.3 | 3.6 | | |
| <i>j. Kalehe Camp, Bukavu</i> | UNHCR | 25/10/94 | 4.3 | 0.8 | | Cases of meningitis reported. |
| 19. Bhutanese Refugees in Nepal | | | | | | |
| <i>a. All camps combined</i> | SCF | Oct. 94 | 2.9 | | 0.1 | Malnutrition form screening exercise |
| 22. Afghanistan Region | | | | | | |
| <i>a. Baluchistan. Pakistan</i> | UNHCR | May. 94 | 3.7 | | | Prevalence of diarrhoea: 25.1% |
| <i>b. NWFP. Pakistan</i> | UNHCR | May. 94 | 1.7 | | | Prevalence of diarrhoea: 12.7% |
| * wt/ht unless specified; cut-off=n.s. means not specified but usually -2SD wt/ht for wasting and -3SD wt/ht for severe wasting | | | | | | |

NOTES

1. Liberia

a. This survey was conducted by AICF and measured all children 6 months – five years old in a shelter for the newly displaced. The sample size was 376 and the survey was carried out from 1–5 July 1994. Wasting was defined as weight/height <-2 Z scores or oedema and severe wasting was defined as <-3 Z scores or oedema.

b. This survey was conducted by MSF–H from 28 October–1 November 1994. A cluster sampling method was used and 642 children 6 months to five years old were measured. Wasting was defined as weight/height <-2 Z scores or oedema, and severe wasting was <-3 Z scores or oedema.

c. This survey was conducted by MSF–H in early November 1994. All children 6 months to five years old in the centre were measured for a sample size of 312 children. Wasting was defined as weight/height <-2 Z scores or oedema, and severe wasting was <-3 Z scores or oedema.

d. This two–stage random sample cluster survey was conducted by AICF from 23–26 August 1994. There were a total of 588 children 6 months to five years old measured. Wasting was defined as weight/height $<- 2$ Z scores or oedema, and severe wasting was defined as $<- 3$ Z scores or oedema.

e. This survey was conducted by AICF from 21–28 September 1994. It used a two–stage cluster sampling method and measured a total of 454 children 6 months to five years old. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was defined as $<- 3$ Z scores or oedema.

4. Kenya

a. This nutrition survey defined wasting as weight/height $<80\%$ or oedema and severe wasting as $<70\%$. No further details are available.

b. This nutrition survey defined wasting as weight/height $<80\%$ or oedema and severe wasting as $<70\%$. No further details are available.

6. Mozambique Region

a. This survey was carried out by AICF in August 1994. The sample size was 523 children 6 months to five years old. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was defined as <-3 Z scores or oedema.

b. This survey was carried out by AICF in August 1994. The sample size was 491 children 6 months to five years old. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was defined as <-3 Z scores or oedema.

c. This survey was carried out by AICF in August 1994. The sample size was 502 children 6 months to five years old. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was defined as <-3 Z scores or oedema.

8. Angola

a. This nutritional survey was carried out by World Vision in July 1994. A two–stage cluster sampling technique was used, and 547 children 6 months to five years old were measured. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was $<- 3$ Z scores or oedema.

b–d. Information received from WFP, wasting defined using weight/height

9. Southern Sudan

a. This survey was carried out by OXFAM in July and August 1994. A total of 153 children 6 months to five years old were measured. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was $<- 3$ Z scores or oedema.

b. This survey was carried out by OXFAM in July and August 1994. A total of 210 children 6 months to five years old were measured. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was $<- 3$ Z scores or oedema.

c. This survey was carried out by MSF-H on 6 July 1994. A random sample was used (for comparison with earlier survey results), and 370 children were measured. Wasting was defined as $<- 2$ standard deviations below the median and severe wasting <-3 standard deviations.

15. Burundi/Rwanda Region

a. This survey was conducted by AICF from 25–27 September 1994. A cluster sampling method was used and 629 children 6 months to five years old were measured. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was $<- 3$ Z scores or oedema.

b. This survey was conducted by AICF from 14–15 October 1994. A cluster sampling method was used and 1135 children 6 months to five years old were measured. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was $<- 3$ Z scores or oedema.

c. This survey was conducted by AICF from 19–20 October 1994. A two-stage cluster sampling method was used and 294 children 6 months to five years old were measured. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was $<- 3$ Z scores or oedema.

d. This survey was conducted by AICF from 10–14 October 1994. A sampling method was used and 624 children 6 months to five years old were measured. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was $<- 3$ Z scores or oedema.

e. This evaluation was conducted by AICF on the 23 October 1994. A total of 153 children under five years old were measured. Wasting was defined as MUAC 110–124mm.

f. No further details are currently available.

g. No further details are currently available.

h. This survey was conducted by MSF-B on 16 October 1994. A total of 793 children 6 months–5 years old were measured. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was $<- 3$ Z scores or oedema.

i. This survey was conducted by MSF-B on 16 October 1994. A total of 703 children 6 months–5 years old were measured. Wasting was defined as weight/height $<- 2$ Z scores or oedema and severe wasting was $<- 3$ Z scores or oedema.

j. This information received from UNHCR. Wasting was defined as $< 80\%$ weight/height and severe wasting was $< 70\%$ weight/height No further details are currently available.

19. Bhutanese Refugees in Nepal

a. This is information on a screening received from SCF. No further details are currently available.

22. Afghanistan Region

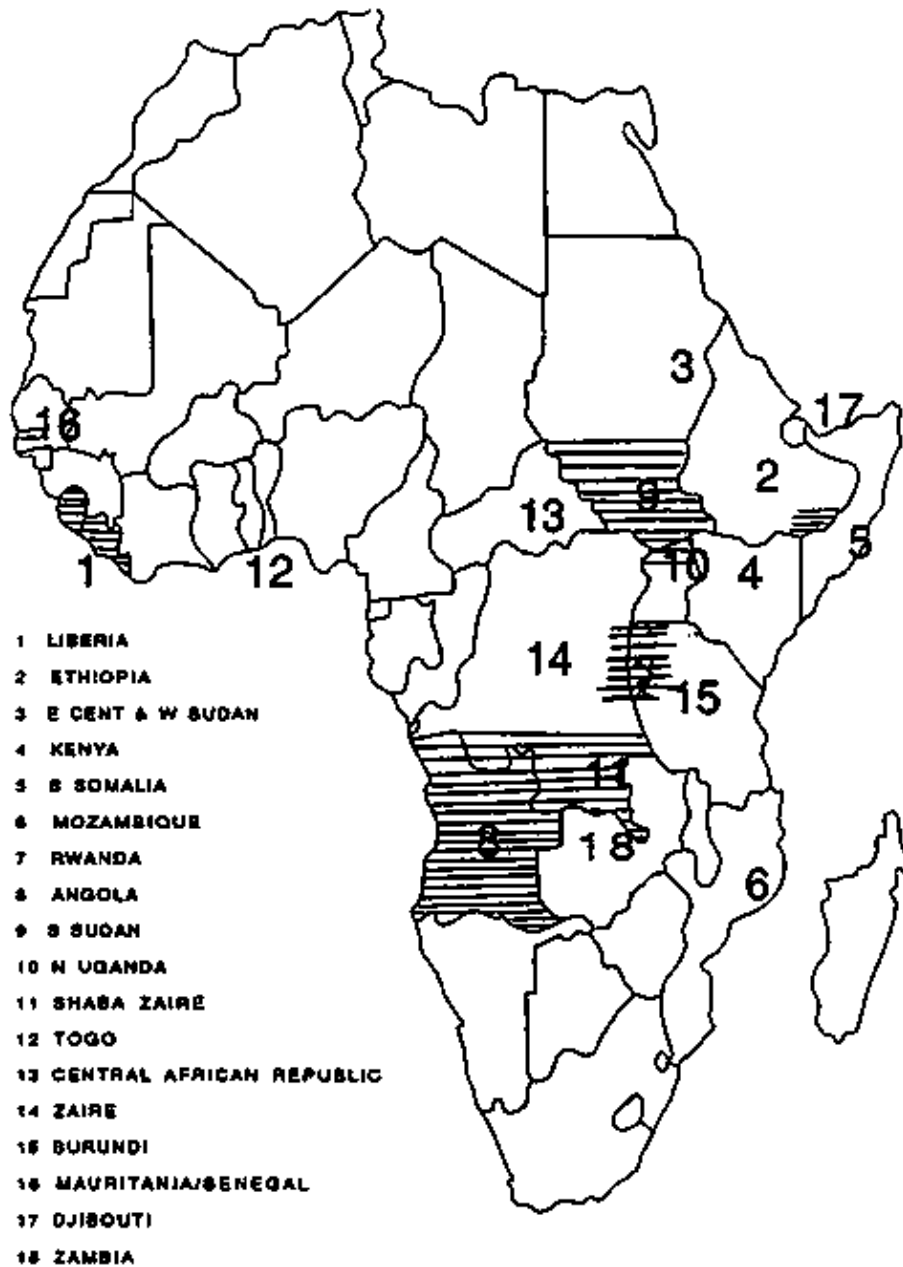
a. This information is from UNHCR. A total of 2262 children were measured. Wasting was defined as weight/height $<- 2$ Z scores and severe wasting was $<- 3$ Z scores.

b. This information is from UNHCR. A total of 2418 children were measured. Wasting was defined as weight/height $<- 2$ Z scores and severe wasting was $<- 3$ Z scores.

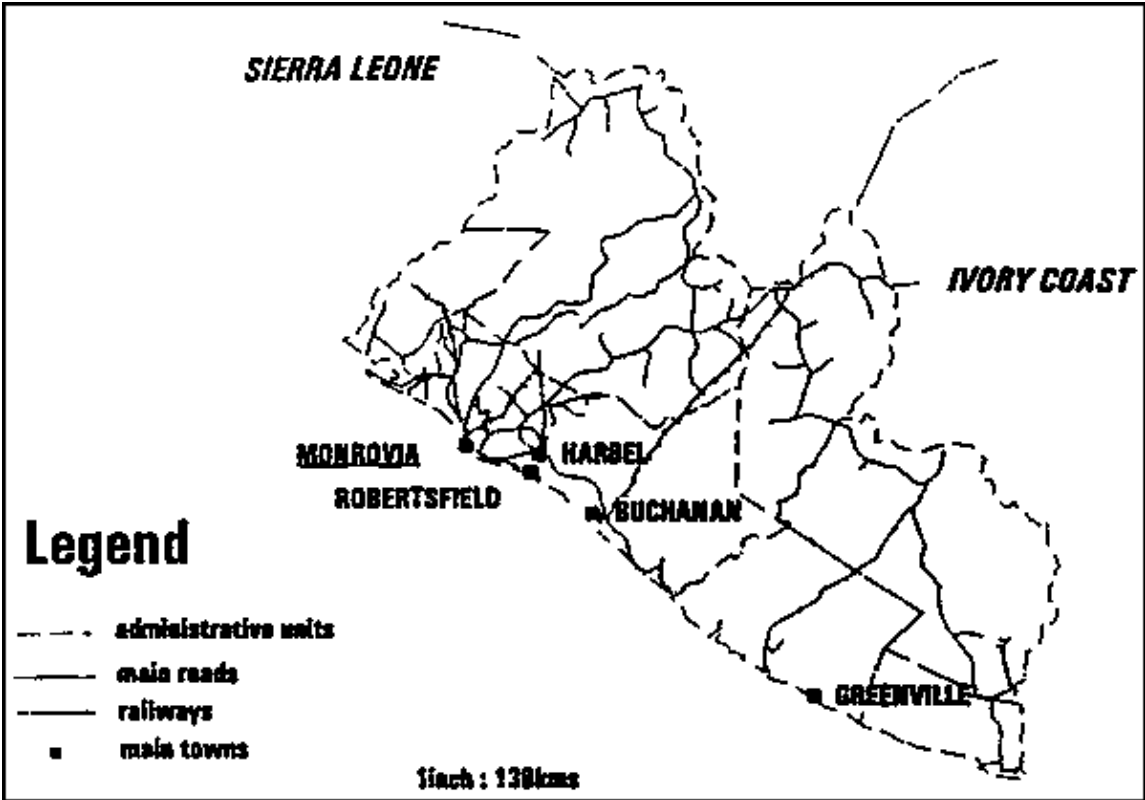
Annex 2. Seasonality in Sud-Saharan Africa*

* Information from "Food Supply Situation and Crop Prospects In Sub-Saharan Africa" by
FAO

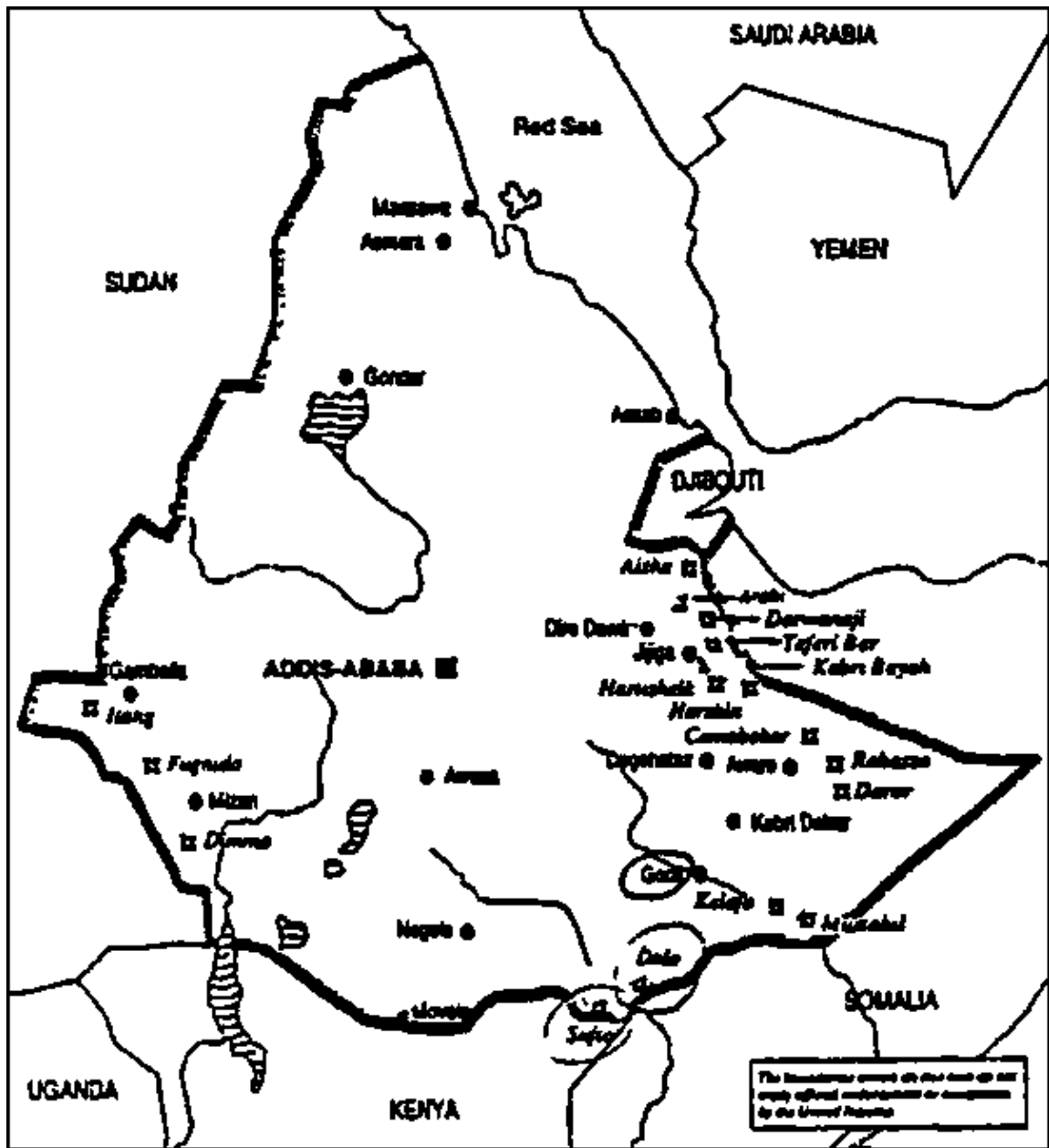
| Country | Climate/Rainy Season | |
|---------------------|---|--|
| | | |
| <i>Angola</i> | Coastal desert, SW semi-arid, rest rains Sept–April | |
| <i>Burundi</i> | Rains Feb–May and Sept–Nov | |
| <i>CAR</i> | Rains March–Nov | |
| <i>Djibouti</i> | Arid Climate | |
| <i>Ethiopia</i> | N coast, lowlands in S and E: semi-arid, rest rainy climate | |
| <i>Kenya</i> | N–E is semi-arid then arid, Central and SW rains: March–May and Nov–Dec | |
| <i>Liberia</i> | Rains March–Nov | |
| <i>Mozambique</i> | Coast is semi-arid, rest wet–dry | |
| <i>Rwanda</i> | Rains Feb–May and Sept–Nov | |
| <i>Sierra Leone</i> | Rains March–Oct | |
| <i>Somalia</i> | South is semi-arid, rest arid | |
| <i>Sudan</i> | Rains May–Oct | |
| <i>Togo</i> | Two rainy seasons in S, one in N | |
| <i>Uganda</i> | Rains Mar–Oct | |
| <i>Zaire</i> | Tropical climate | |



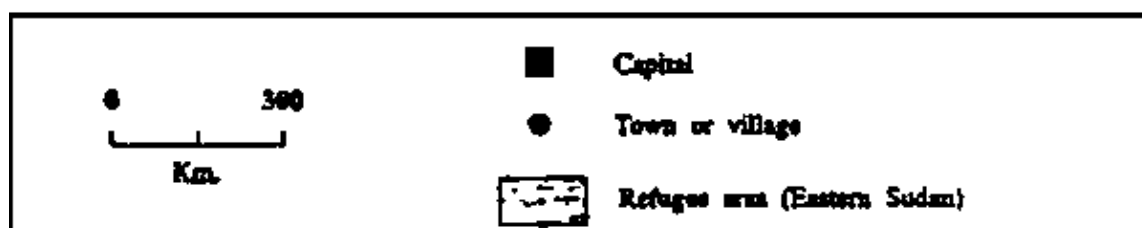
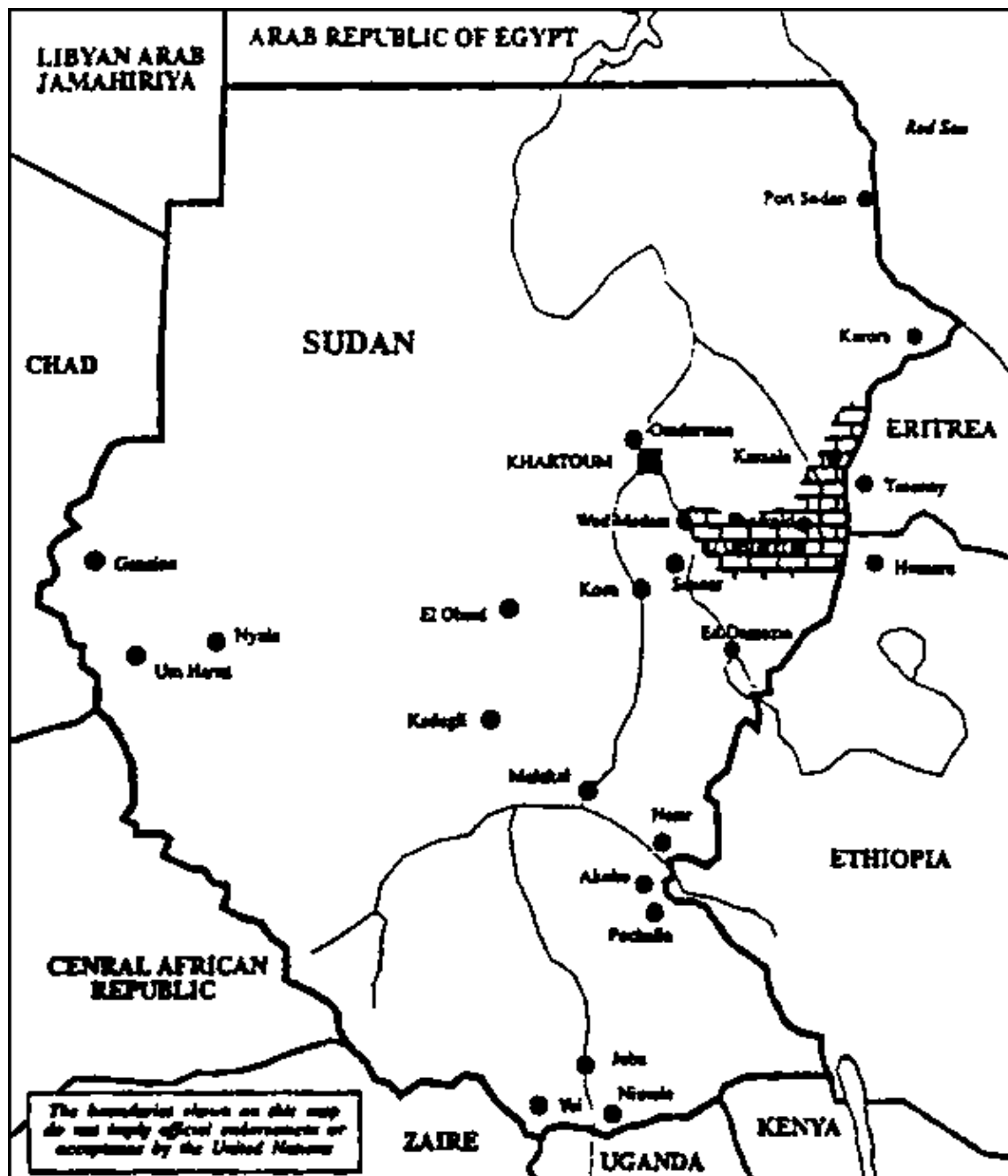
MAP A Situational Map



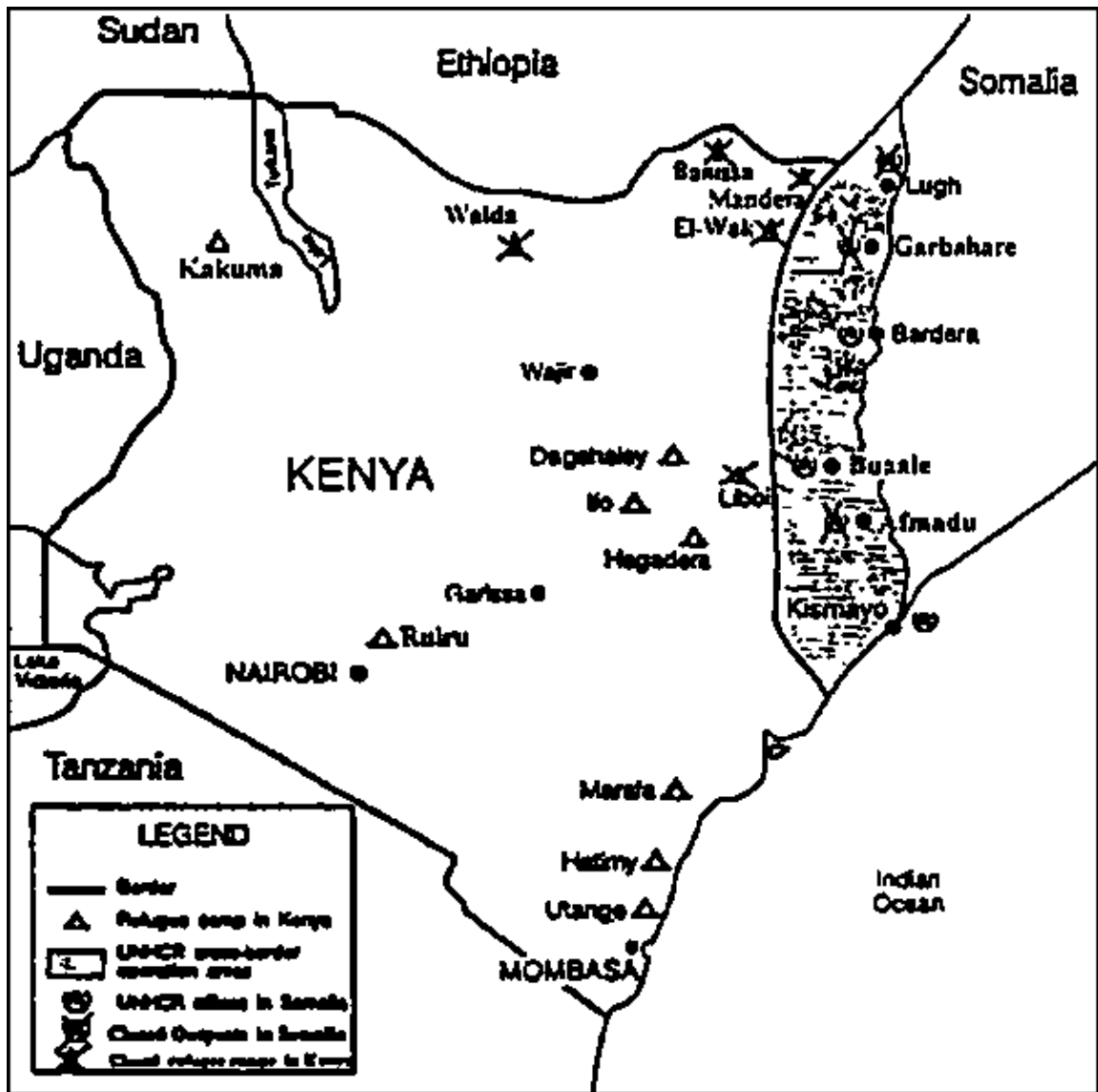
MAP 1 Liberia



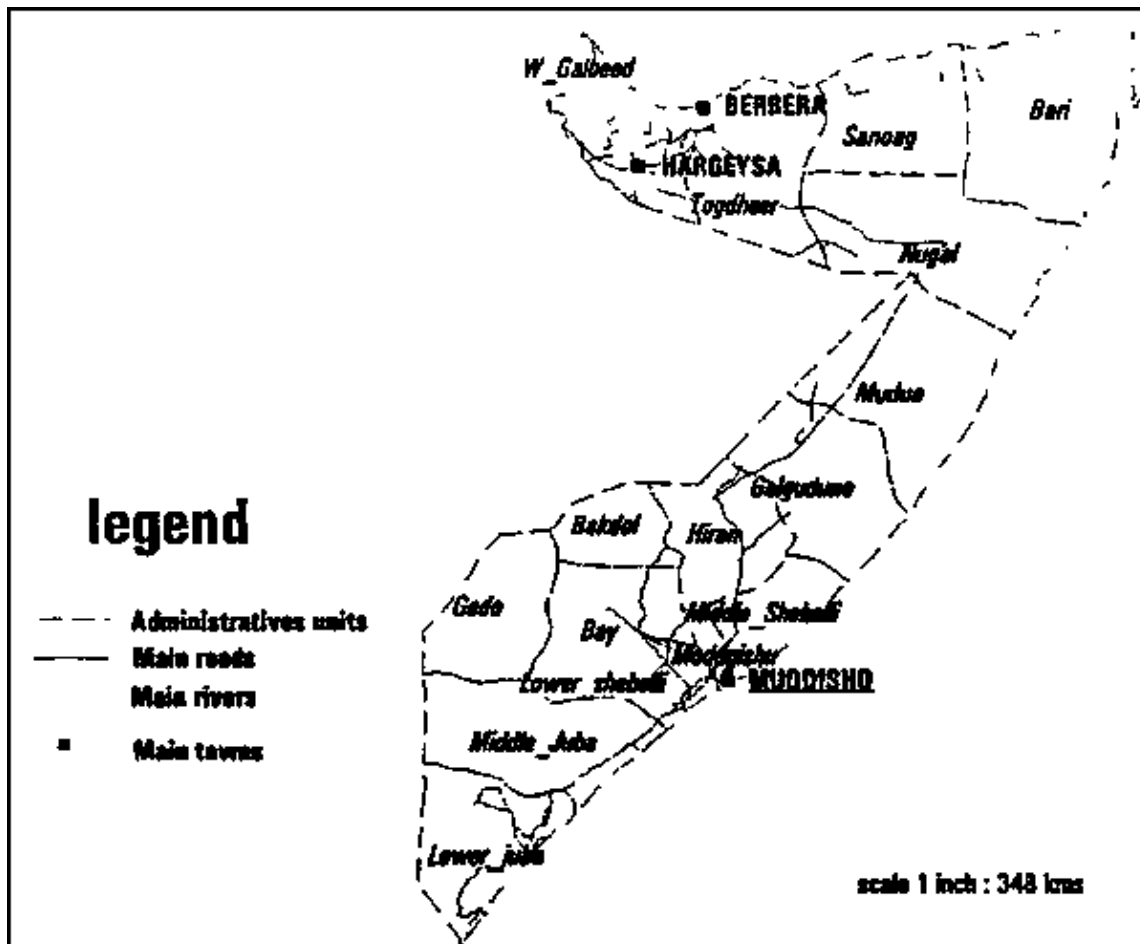
MAP 2 Ethiopia



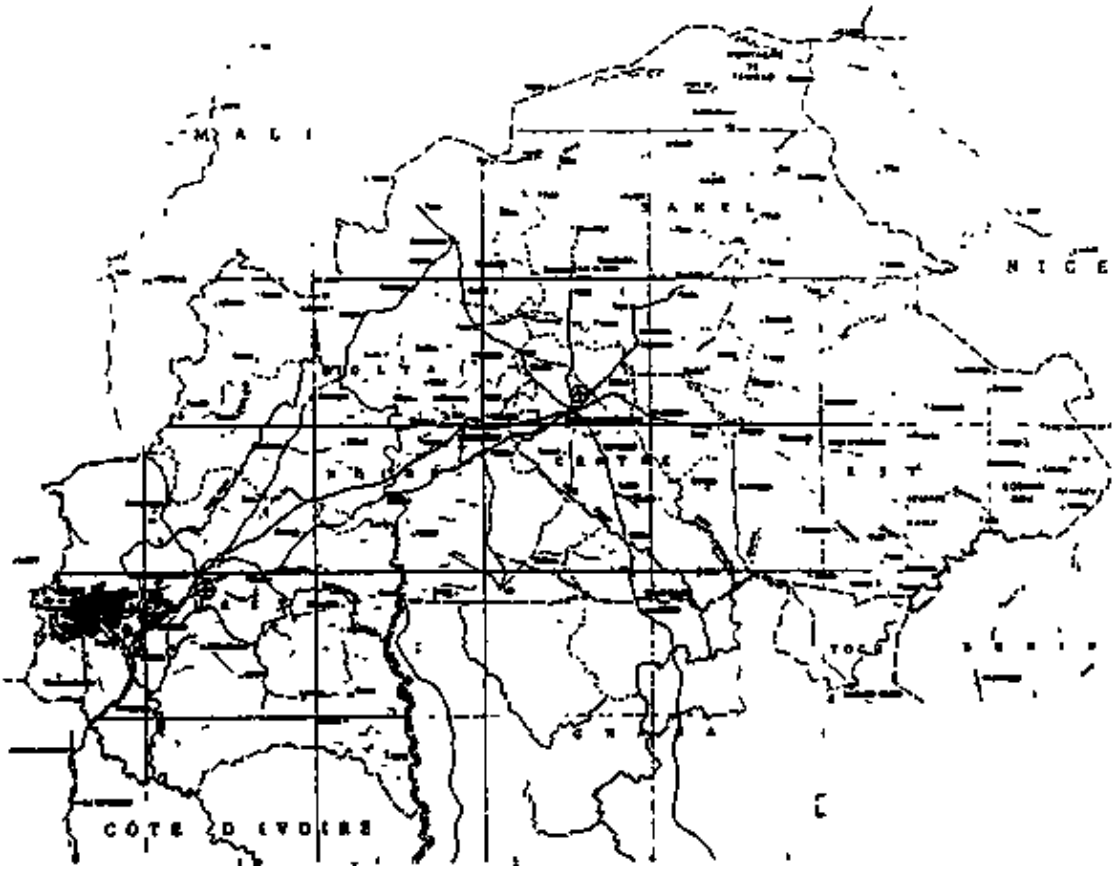
MAP 3 Sudan



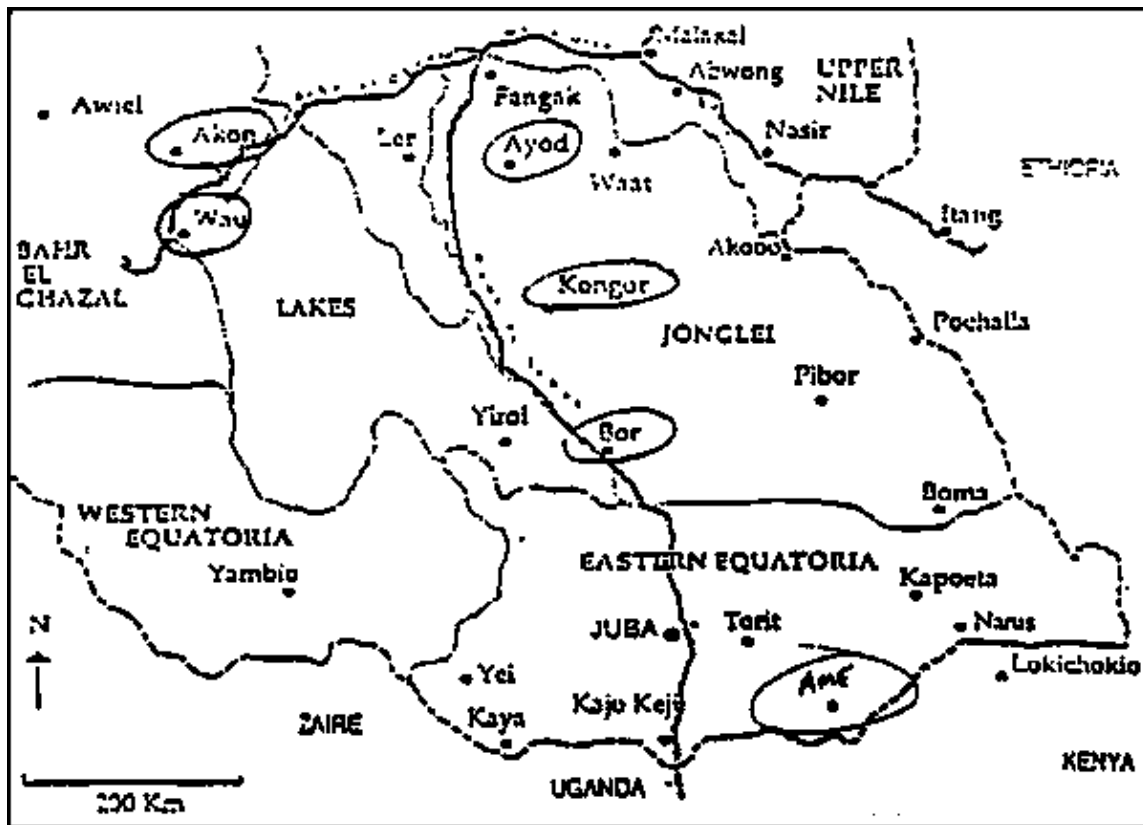
MAP 4 Kenya



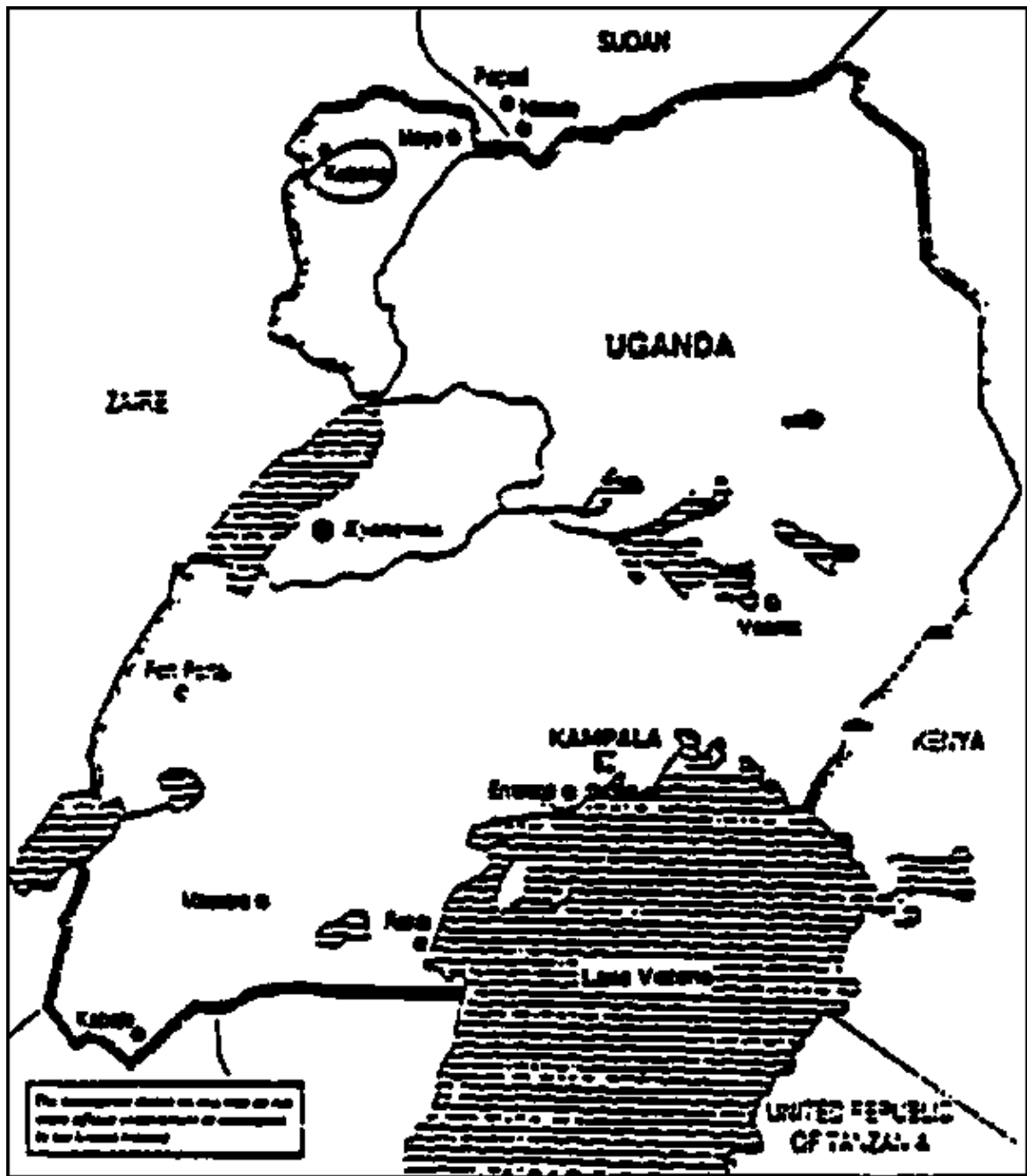
MAP 5 Somalia



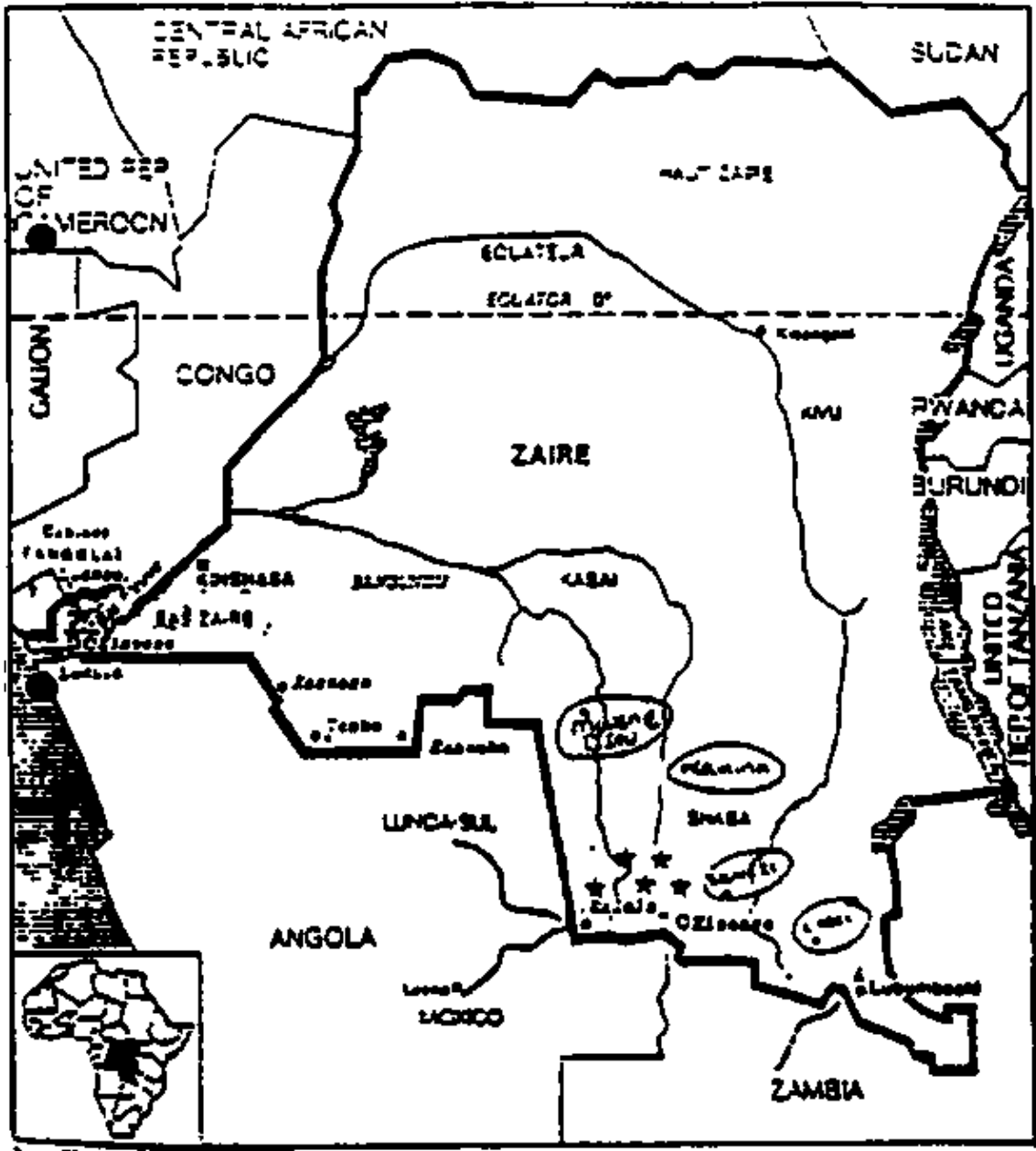
MAP 7 Burkina Faso



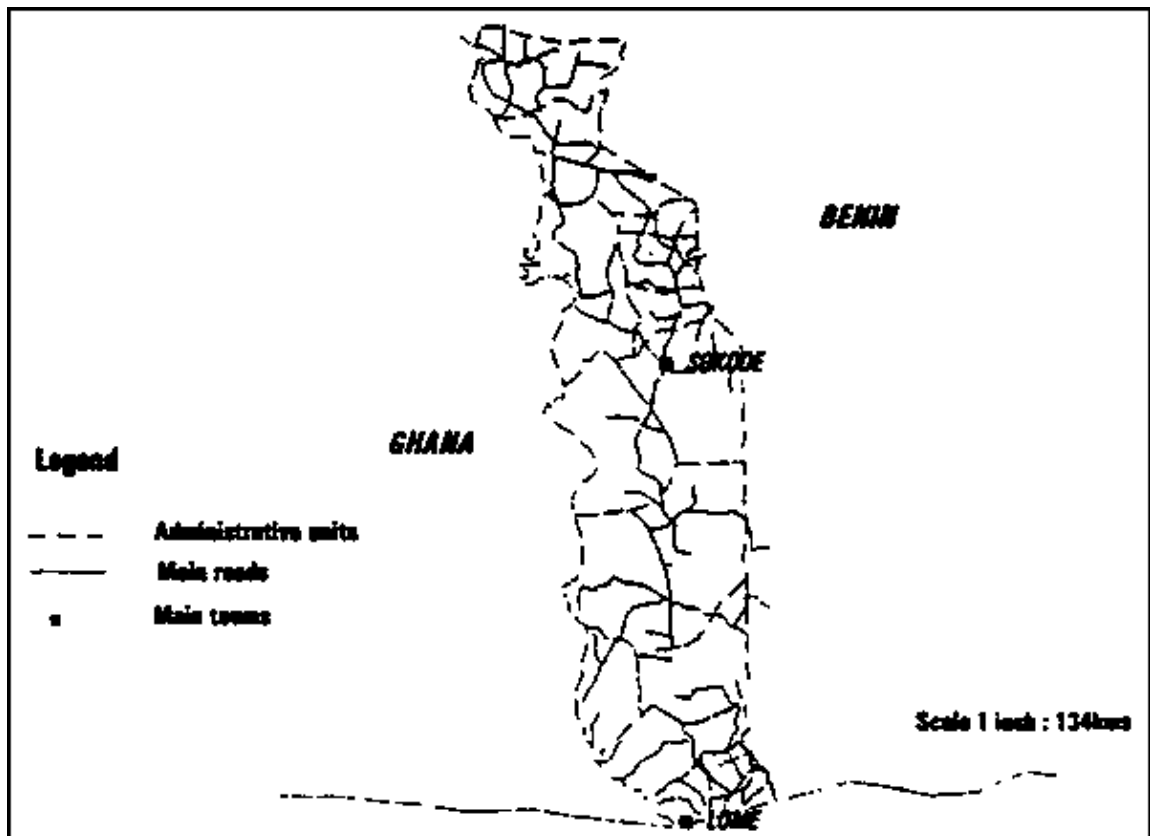
MAP 9 Southern Sudan



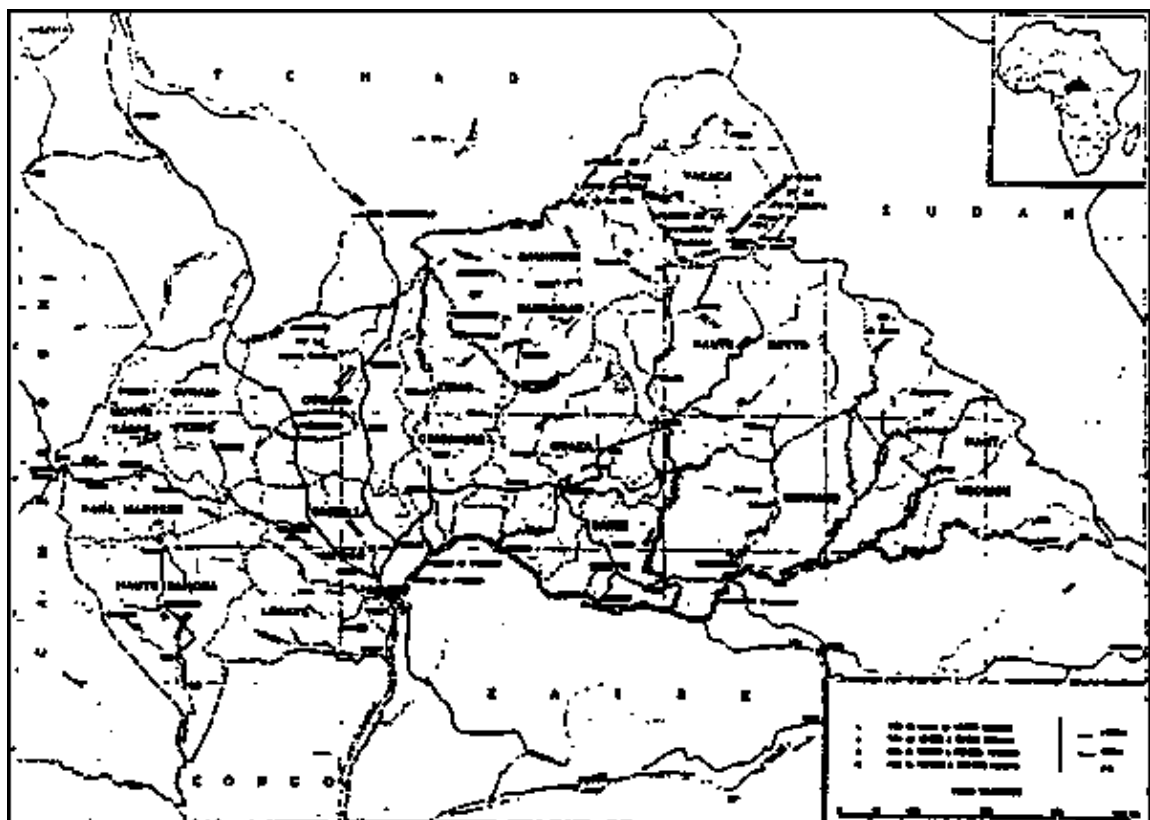
MAP 10 Uganda



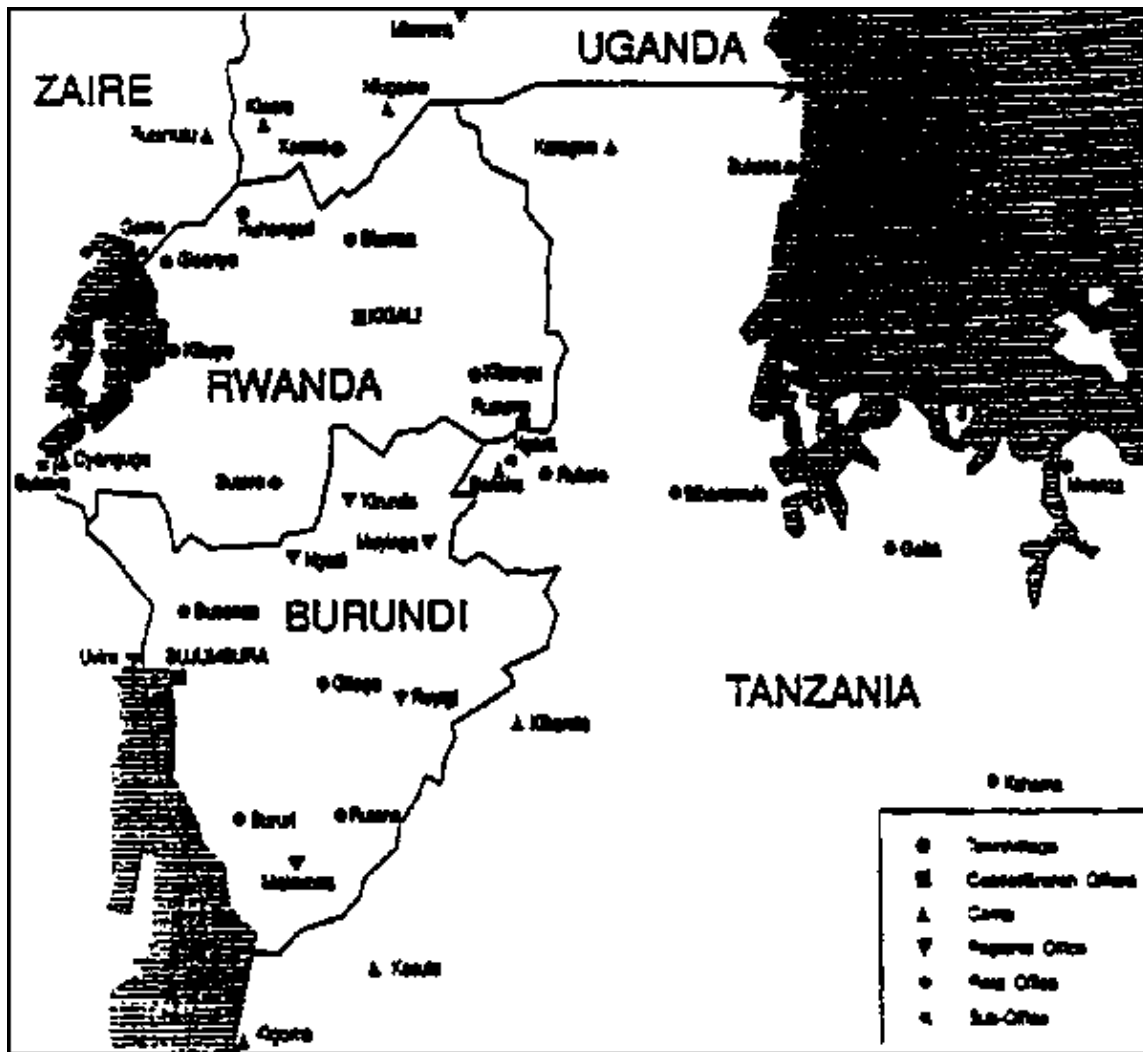
MAP 11 Zaire



MAP 12 Togo



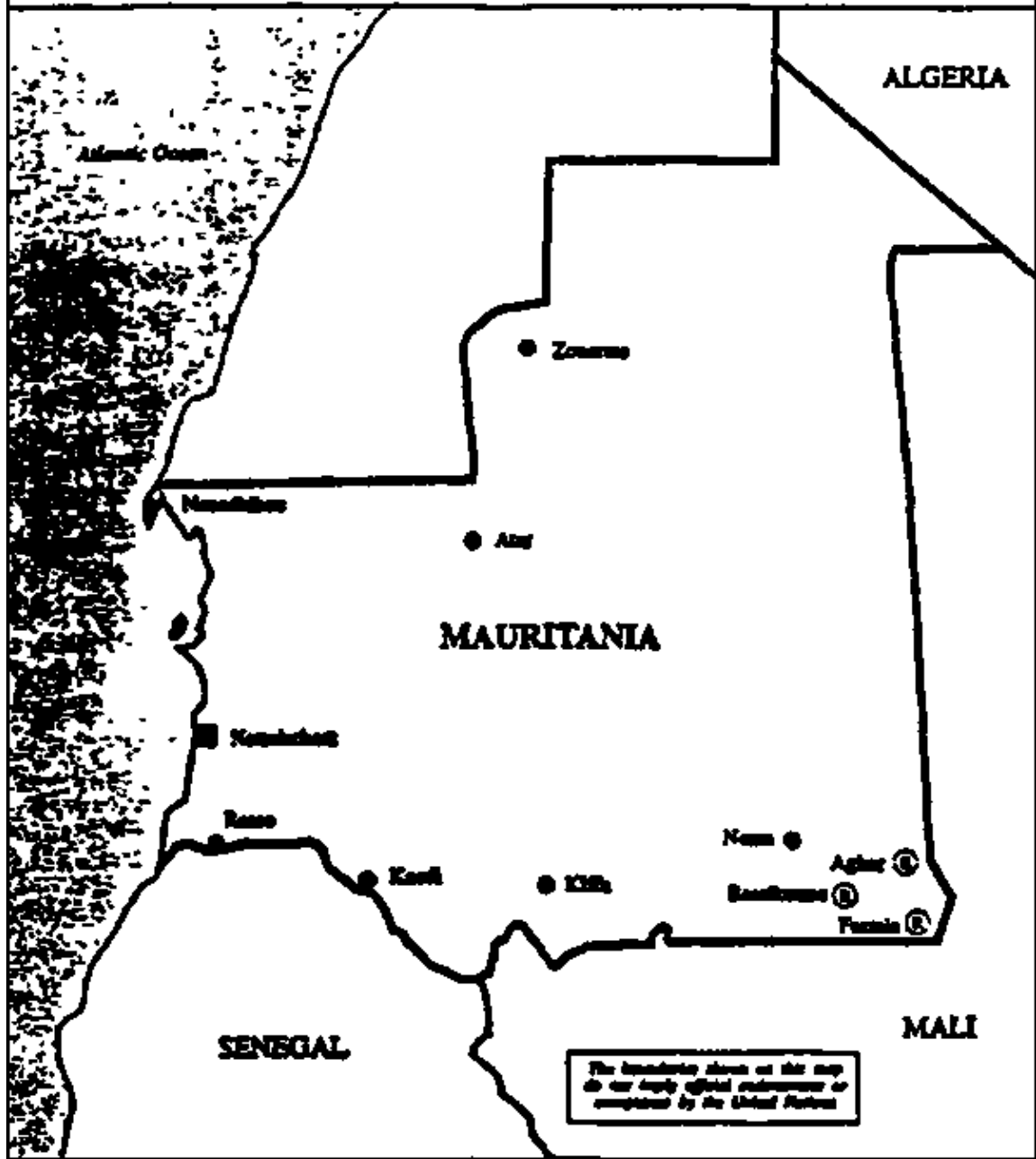
MAP 13 Central African Republic



MAP 15 Burundi

Area
 Estimated population
 Population density
 Rainy season

1,030,700 sq.km.
 2,140,000 (1992)
 2.08 per sq. km. (approx.)
 July - September



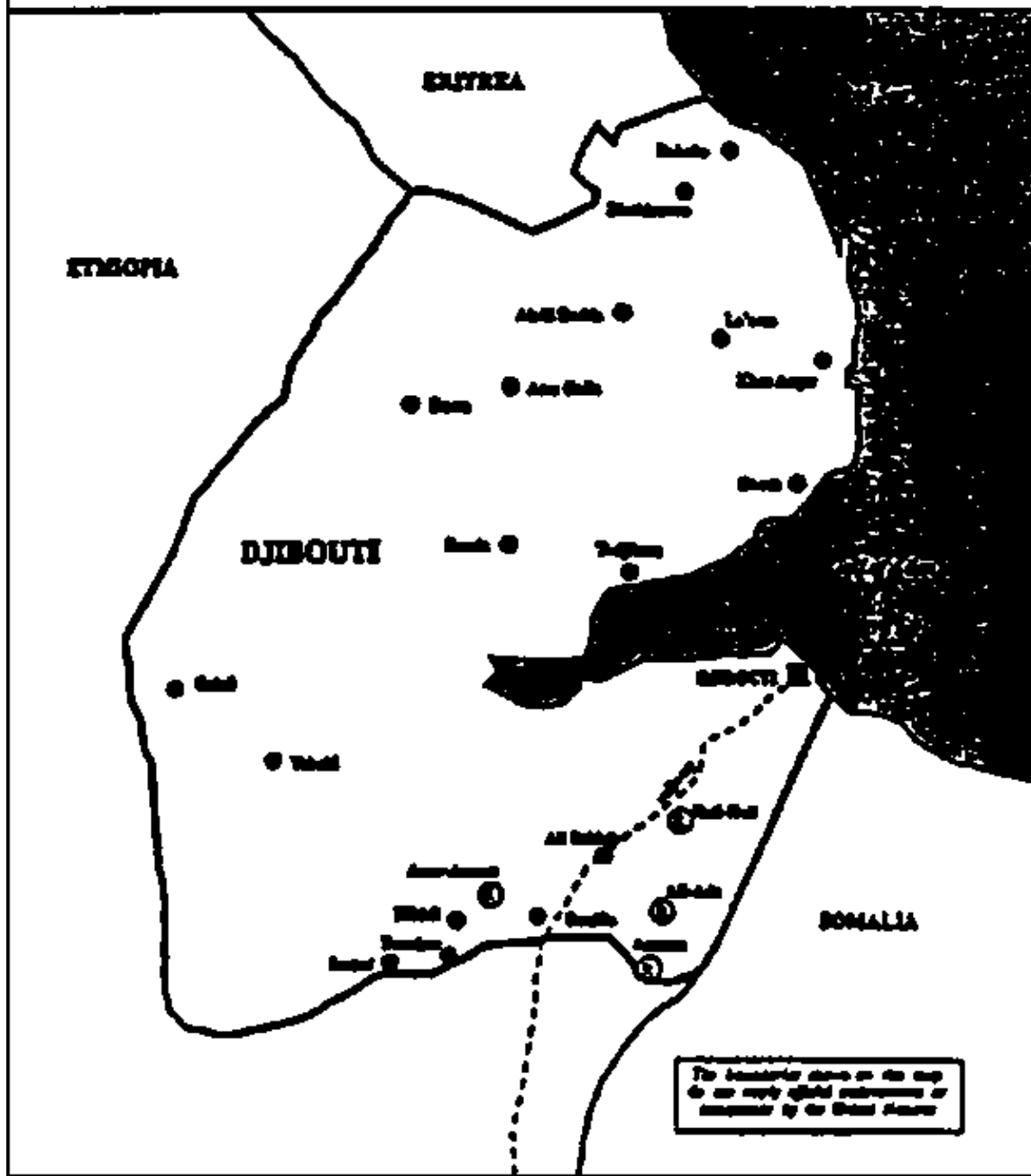
The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations



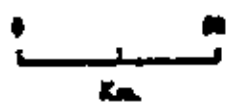
MAP 16 Mauritania/Senegal

Area
 Estimated population
 Population density

21,763 sq. km.
 470,000 (1972)
 21.6 per sq. km. (approx.)

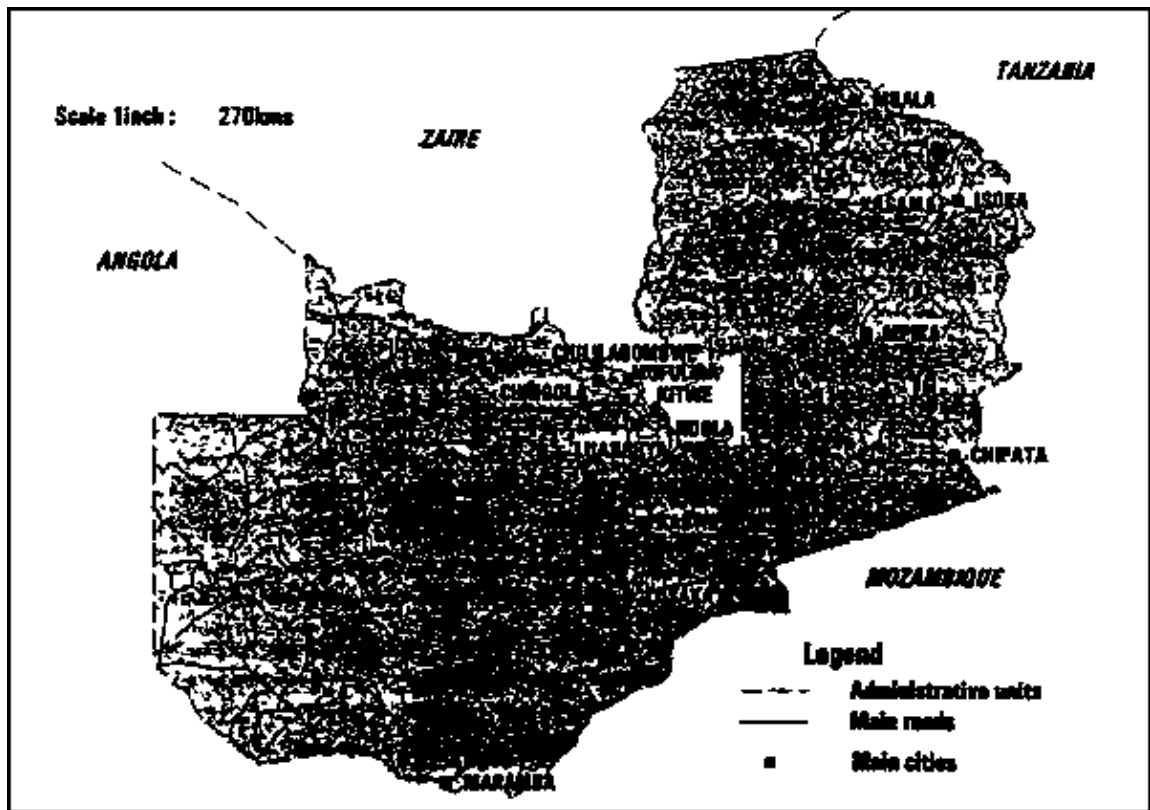


The boundary shown on this map
 is an early field estimate of
 agreement by the Great Powers



- Capital
- Town or village
- ⊙ Reception warehouse

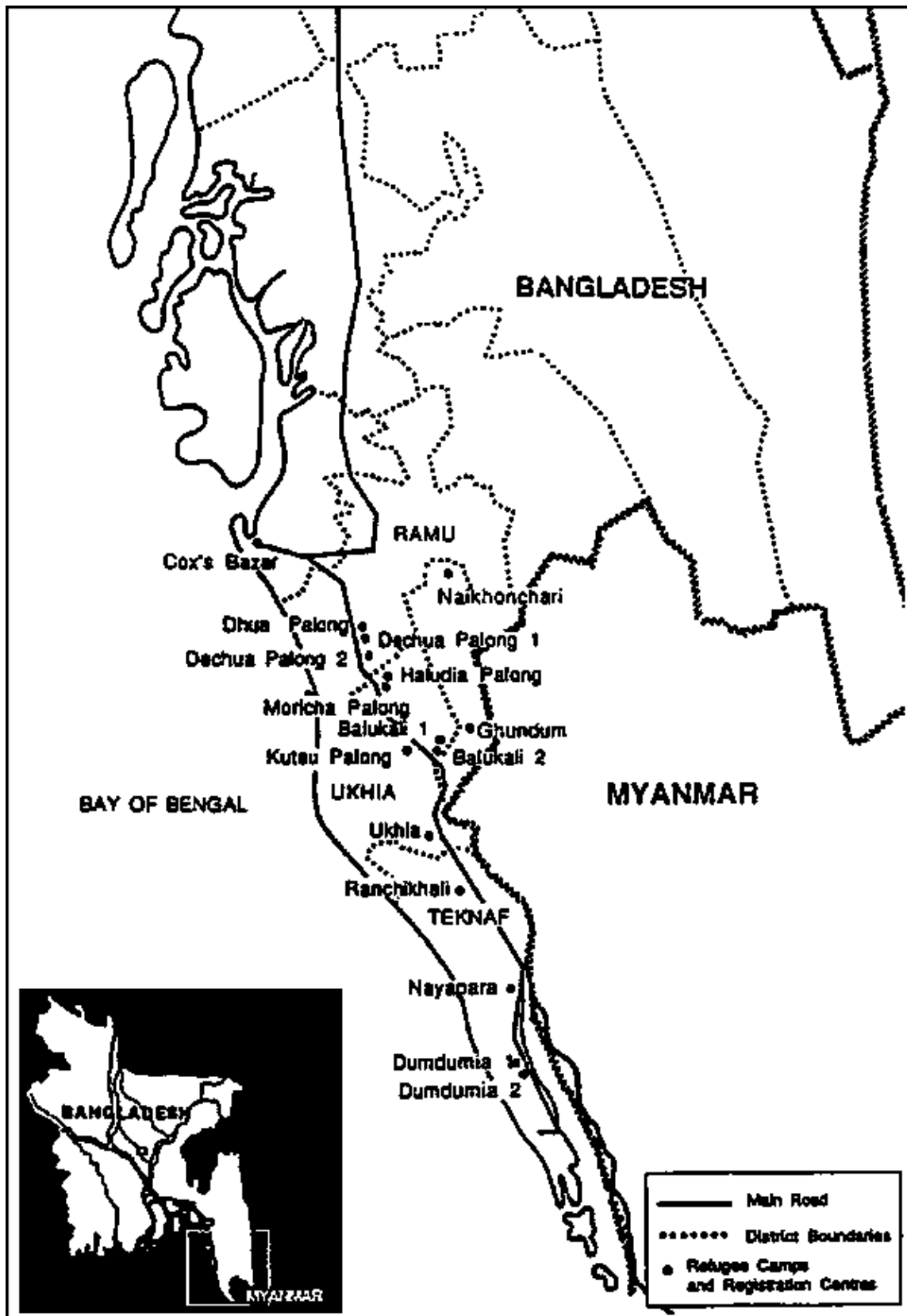
MAP 17 Djibouti



MAP 18 Zambia



MAP 19 Nepal



MAP 20 Bangladesh