Refugee Nutrition Information System (RNIS), No. 03 – Report on the Nutrition Situation of Refugee and Displaced Populations

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ACC/SCN

REFUGEE NUTRITION INFORMATION SYSTEM

UNITED NATIONS ADMINISTRATIVE COMMITTEE ON COORDINATION
SUB–COMMITTEE ON NUTRITION

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Note: The numbering of situations evolved from earlier reports and has no implications for priority, etc.

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HIGHLIGHTS

At least six civil wars continue to cause displacement of about ten million people, and severe malnutrition among well over one million of these. These conflicts are leading to nutritional crises in Angola, Burundi, Liberia, Rwanda (in DMZ), Shaba Province in Zaire, and Southern Sudan. In addition, a chronic nutritional disaster affects people in the Ogaden in Eastern Ethiopia. A large proportion of this ten million is in war zones, although substantial numbers are being reached by external assistance; nonetheless their nutritional situation could be brought under control faster, which would save more lives. Lack of resources and logistic constraints inhibit progress. In Central African Republic, Rwanda outside the DMZ, Uganda, and Zaire, the nutritional situation of the refugee/displaced populations (about two million) is better although still unsatisfactory. Finally, in Djibouti, in N. Kenya, and for Mozambicans and Togolese, their nutritional situation has been controlled and indicators are nearly normal.

The total refugee/displaced population in Sub–Saharan Africa is estimated here at over 16 million, with 13 million severely malnourished and two million at high risk. Some details of the more critical situations are as follows.

***Angola** With recently improved information, the estimated numbers affected have been increased to 3.2 million. Supply delivery rates cannot keep up with need in besieged cities and the countryside, and renewed fighting threatens to reduce relief further. About 1.5 million are severely malnourished already or at high risk. One recent survey (Huambo, in December) reported nearly 50% of children wasted, and eye witness*

accounts from other towns speak of a "catastrophic nutritional and medical situation".

Burundi *While some repatriation has begun from Tanzania and Zaire, the nutritional condition of over half a million (of the one million) refugee/displaced population in the area is reported to be very serious. Several recent surveys give around 20–40% wasting in children, up to 10% severe wasting, and mortality rates many times normal (from dysentery, malaria, and malnutrition). Nutrition and health programmes have started, but resources –supplies and personnel – are still very inadequate.*

Liberia *Many of the refugee/displaced population of nearly three million people in the area migrate in response to the changing – but generally deteriorating – security situation. Around 300,000 are estimated to be severely malnourished or at high risk. Recent surveys report significant wasting, widespread oedema from kwashiorkor, and high mortality rates. Evacuation of relief personnel from one critical area (Vahun) will reduce assistance, and internal logistics have been widely hampered.*

Rwanda *(in DMZ) Drought affects about one quarter of a million people (in the demilitarized zone), who have had only half rations, and whose nutrition is deteriorating. This is in contrast to displaced populations outside the DMZ, where recent surveys show nearly normal nutrition and mortality indicators.*

Shaba Region, Zaire *A population here estimated at around 300,000 displaced by ethnic violence is suffering severe malnutrition; recent surveys show 20–40% wasting, up to 10% severe wasting, and greatly raised mortality. Hardly any food distribution is getting through to this land–locked area, and donor response has been inadequate to cover high delivery costs.*

Southern Sudan *At least two million people are affected by the war in Southern Sudan, which appears to be of recently renewed intensity. Logistical problems for supplying food and medicines are already severe, and further interruption of relief flows could cause severe malnutrition in much of the population – already showing high wasting levels from the one recent survey available.*

Ogaden, Ethiopia *Chronic supply problems and consequent malnutrition–including scurvy, vitamin A deficiency, and anaemia continue to affect around 50,000 people in Gode.*

Total numbers of displaced and refugee populations, with their estimated nutritional conditions, are given in Table 2 and Figure 1. Recent survey results are in the Annex. The trend in numbers of people and their nutrition over the last six months are plotted in Figure 2. In this figure the earlier overall increase shown from September to November may be due to better reporting; however, the estimated increase November to January in numbers at risk (category Ha and b) is probably both a genuine deterioration – in particular with the sudden crisis in Burundi and drought in Rwanda as well as due to new information on the extent of malnutrition in Angola, Sudan, and Zaire. It is worth noting that severe malnutrition and high mortality have been brought under control in some situations – for example in the successful operations for Mozambicans and in Northern Kenya. A major issue is how to do this more quickly when security conditions permit.

* * *

In mid–1993 the nutritional situation of refugees and displaced people in S. Iraq/W. Iran was drawn to our attention and we continue to report this (as an addition to the rest of the report, which covers Sub–Saharan Africa). This nutrition situation continues to be particularly severe, with many reports of micronutrient deficiency, starvation, and epidemics of dysentery, resulting in part from drainage of the marshes in Southern Iraq which had provided livelihood for perhaps a quarter of a million people.

INTRODUCTION

The UN ACC/SCN[1] (Sub–Committee on Nutrition), which is the focal point for harmonizing policies in nutrition in the UN system, decided to set up an information system to track the nutrition of refugees and displaced people. Distributing this information should help to bring action to improve the situation. This decision was made, 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 third of a regular series of reports, issued every two months, starting with the problems in Africa.

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Information is obtained from a wide range of collaborating agencies, both UN and NGO (see list at end). Increasingly, the information exchange will be in both directions: you tell us what is known, we compile and get reports back to you. The overall picture gives context and information which separate reports cannot provide by themselves. Those receiving our reports may be able to directly initiate action to deal with the problems being monitored. In due course, it may become possible to monitor responses, which would clearly provide additional important information.

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 below.

Wasting is defined as less than –2SDs, or sometimes 80%, w(...) by NCHS standards, in children of 6–60 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. Evidence from refugee camps shows such levels to be associated high mortality rates (MMWR Vol.41 No.RR–13). Severe wasting can be defined as below –3SDs (or about 70%). Any significant prevalence of severe wasting is unusual and indicates heightened risk. Equivalent cut–offs to –2SDs and –3SDs of w(...) for arm circumference are about 13.5cm and 12.5cm; however in practice surveys using MUAC measurements tend to give higher rates of wasting than surveys using w(...) measurements on the same population.

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 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.]

1,900 ke(...)/day is often used as the target requirement for a food aid–dependent population. These requirements are however (...) elevated by cold temperatures, essential activity levels and needs for catch–up growth, restoration of weight (...) and illness.

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 1,900 kcals for a population wholly dependent on food aid would also indicate an emergency.

The population groups identified here are the main existing refugee/returnee populations currently in Sub–Saharan Africa (see Map A). Also included are large population groups, displaced from their homes, currently experiencing hardship as a result of civil war and/or drought

A summary of information on populations in camps currently most affected is given in Table 1, located as shown in Map B. To give context, in Table 2, we give an estimate of the probable total refugee/displaced/returnee population involved, numbers at risk and how many on which we have information. Populations in category I in Table 2 are currently in a critical situation, generally based on nutritional survey data. These populations have one or more indicators mentioned above (in box) higher than cut–offs indicating a serious problem. Populations *at high risk* (category IIa in Table 2) of experiencing nutritional health crises are generally identified on the basis of the above indicators where these are approaching crisis cut–off levels and also on more subjective/anecdotal information where security and logistical circumstances prevent rigorous data collection but suggest a high degree of risk. Populations *at moderate risk* (category IIb in Table 2) are potentially vulnerable based on security and logistical circumstances or total dependency on food aid. Populations in category IIc are not known to be at particular risk.

CURRENT SITUATION

1. Liberia Region (see Maps 1A and 1B)

The refugee and displaced population affected by civil war in the region is approximately 2,900,000 although the fluid security situation – particularly in Liberia and Sierra Leone – causes some refugees to spontaneously repatriate to newly liberated areas while other groups are displaced as the front line changes, e.g. 3000 people recently moved from River Cess and Grand Bassa into Buchannan while 11,000 Liberian refugees returned from Cote d'Ivoire, 800 Sierra Leonean refugees returned from Guinea and most recently 1200 Liberians fled to Guinea from Upper Lofa.

Current estimates of refugees/displaced people in the region are:

Liberia	1,750,000
Sierra Leone	300,000
Cote d'Ivoire	250,000
Guinea	600.000
Total	2.900.000

There are still major shortfalls in food and cash pledges for the regional operation so that food stock levels are already low. There are worries that food shortages may occur as a result in one or more of the affected counties in February/March. In general, the security situation is reported as continuing to deteriorate. [WFP 11/2/94]

Available surveys and information are summarized below.

Liberia General Although food and health service provision continued to improve throughout November and December administrative delays have hindered food aid distributions coming from Monrovia. These problems have been seriously compounded by events in early January 1994 when cross–line operations were suspended following ULIMO decisions to block all aid convoys along the Kakata–Gbaranga road which connects Monrovia to the northeast (e.g. Nimba County). Cross–border operations from Cote' d'Ivoire have been intensified in view of this with many NGOs involved.

NPFL Area (see Map 1B) A survey conducted by MSF– Belgium in December in Nimba County found 9.6% wasting and 4.3% severe wasting (see Annex I(la) for details) and a crude mortality rate of 1.5/10000/day, which is five times normal. Measles vaccination coverage of this population was 55%, indicating high risk of epidemic in case of an outbreak of measles. [MSFB–A 7/1/94]

In Grand Bassa county, MSF– Belgium conducted a nutritional survey at the end of November to assess the effectiveness of its feeding program after two months in operation. The level of wasting was 9.2% while severe wasting was 2.6% (see Annex I(1b) for details). These relatively low prevalences were considered to be due to MSF– Belgium's distributing half rations for two months at the time of the survey, and to the rice harvest in October. 44% of those under five in the survey were vaccinated against measles, again indicating a high risk of epidemic. The crude mortality rate was 2.1/10000/day, which is 7 times the normal rate. [MSFB–B 7/1/94]

Rapid assessments in January in Upper Margibi, Bong, Lofa and Grand Bassa counties showed between 15 and 55% wasting. Crude mortality rates were over 2/10000/day while under–five rates were over 5/10000/day. Five to eight time normal morbidity was mainly due to measles and diarrhoeal diseases (see Annex I(lc) for details). [MSFH 25/1/94] The situation in Upper Margibi is still out of control, but more assistance is becoming available.

ULIMO Area (see Map 1B) Renewed fighting in Vahun in Upper Lofa County has precipitated the departure of all international personnel. As Vahun is the base for all activities in Upper Lofa, this will adversely affect support to the estimated 175,000 refugees/displaced in the area and may provoke fresh refugee influxes into Sierra Leone. [UNHCR 13/1/94 and UNHCR–A 25/1/94]

The limited harvest in many of the war affected areas (noted in last RNIS report) will probably determine that prevalences of wasting will rise as limited food stores run out later in the year.

The population breakdown for those being provided with food aid are 455,000 in NPLF areas including 130,000 in Upper Margibi, Lower Bong and West Bong/East Lofa and 45,000 in Lac, Grand Bassa and Riverine counties in need of urgent attention. There are approximately 390,000 people in ULIMO areas and 175,000 of those in Upper Lofa are now made vulnerable due to the events described above. There are a further 905,000 (approximately 150,000 displaced) urban Monrovia, rural Montserando, Lower Margibi and Grand Bassa whose situation is stable. [SCF 1/11/93] Recent surveys show an improvement over information in December's RNIS.

Sierra Leone The small Liberian refugee population in Sierra Leone (6,000) and larger war displaced population (approximately 150,000) are generally believed to be food secure although pockets of malnutrition may exist in areas where fighting prevents agency access and disrupts agricultural production. The main problems appear to be health related and although many NGOs are helping the government in providing health services, epidemics do periodically occur (e.g. measles). [AICF 4/11/93] Other major health problems are malaria, respiratory track and skin infections, sexually transmitted diseases and malaria. [WFP 13/12/93]

An assessment was conducted in Waterloo refugee camp (5590 Liberian refugees) in Sierra Leone in early November. Results were that the refugees received, on average, 1270 kcal/person/day which includes 21 grams of protein/person/day. A rapid assessment was conducted using mid–upper arm circumference (MUAC) (see Annex I(1d) for details). The results of the survey showed 5.8% wasting (MUAC<12 cm) and 1.7% severe wasting (MUAC<11 cm). Results from other districts housing displaced populations were similar wasting levels were between 4–13.1% and severe wasting was 0.2–5%. The rates in this reported range are similar to prevalences observed in the non–displaced population in Sierra Leone. [AICF 4/11/93]

There continues to be major food distribution problems in Sierra Leone caused mainly by faulty registration systems so that many beneficiaries are not receiving their full ration entitlement. However, the low levels of wasting reported above reflect a substantial level of self–sufficiency and market–accessibility among the refugees and displaced persons. [WFP 13/12/93]

Most recent reports indicate an intensification of fighting in the South East of Sierra Leone with strategic towns falling to rebels. As a result Catholic Relief Services (CRS) has had to suspend distribution in some camps. There are also reports of new influxes of refugees and latest planning figures are now 300,000 internally displaced and refugees although it is not clear how this population is distributed between the two categories. [WFP 3/2/94]

As there is very little survey data available from Sierra Leone, it is difficult to assess the situation. However, reports of new influxes of refugees and intensified fighting could indicate a situation coming out of control.

Liberia region It is estimated that 65,000 people in the Liberia region have high prevalences of malnutrition (category I in Table 2). This estimate includes half the population of Upper Margibi, Nimba, Bong, and Grand Bassa Counties based on survey data cited above. The other half of this population is considered to be at high risk (category IIa in Table 2). The population of Upper Lofa (175,000) can also be considered to be at high risk due to the departure of international personnel (category Ha in Table 2). An additional 45,000 people from Lac, Grand Bassa, and Riverine counties are also considered to be at high risk (category IIa in Table 2). As food has been reaching the other areas of the region, they are not currently considered to be in a critical condition (category IIc in Table 2).

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

There are currently an estimated 245,000 refugees in Ethiopia – 150,000 Somalis in Eastern Ethiopia, 50,000 Sudanese in the West, and 45,000 in the Ogaden. 376,000 people from Dolo and Suftu on the Kenya and Somali borders are now reassimilated and are therefore no longer included in the displaced population (i.e. estimated as 620,000 in December).

Western Ethiopia The situation is reportedly unchanged since the last RNIS newsletter which recorded generally (...) nutritional status apart from the newer arrivals (15–25% wasting) reflecting well controlled food distribution and some subsistence crop production. [UNHCR 11/10/93]

Eastern Ethiopia The situation for this population also remains reportedly unchanged since the last newsletter which indicated generally moderate nutritional status (5−16% wasting) in spite of low per capita ration receipts. Repatriation to Somalia is expected to begin relatively soon and some NGO programs are slowing down. For example, SCF have stopped accepting new TB patients into the health programme. [SCF 27/01/94]

Ogaden The situation in the Ogaden where several camps house displaced and returnee populations, continues to cause grave concern. In October and November, crude mortality rates were reported as between 0.9 and 1.7/10,000/day while the under five mortality rate varied from 1.2 to 2.7/10,000/day. These crude mortality rates are three to six times normal and the under five mortality rate is three times that expected in Ethiopia. Recent reports (December) show the levels of wasting in Gode are rising and may be as high as 31% (see Annex I (2a) for details). [MSFB 20/12/93] Scurvy, vitamin A deficiency and anaemia are still being seen at clinics. For example the incidence rate of scurvy seen at Gode camp clinic in November was 3.5/1000/month. [MSFB−F 7/1/94] These consistently high mortality and malnutrition rates have been reported since at least mid−1992, and can partly be explained by the fact that throughout this period general radon food delivery has been erratic. The RRC controlled food distributions have been sporadic due, in part, to insecurity in the area. For example, there have been attacks against truck drivers and at least six have been shot and killed. [WFP 4/2/94] Plans are currently being made to resettle the population of displaced/returnees in the Ogaden. [WFP 7/1/94] The general impression here is, however, of a situation which remains out of control and there appears to be little prospect of this changing in the near future unless different measures are taken.

The population of Gode camps (45,000) is considered to be in crisis (column I in Table 2) while the remaining 200,000 are probably not currently at high risk.

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

The total affected population in this area is estimated at 1,753,000 with an estimated 453,000, displaced by the war in the South, presently in the transitional zone and Khartoum, and 1.3 million affected by drought in the North. The recent FAO/WFP food supply assessment mission to Sudan forecast an overall cereal deficit of 564,000 MT in 1993/4 following the poor 1993 harvests. [WFP 7/12/93] Most recent information is that only 35% of the food needs have been pledged by donors, and relief activities will come to a halt unless new pledges are received immediately. [WFP 7/1/94, WFP 28/1/94] In January the Ministry of Agriculture announced a halt to all sorghum exports in recognition of serious national grain deficit

Darfur A recent state survey in December indicated a wasting rate of 8.5%. [WFP 17/12/93] While still relatively low, this is a deterioration from previous surveys and was largely attributed to an out−break of diarrhoea and whooping cough, and to increasing grain prices and food shortages due to massive crop failure. [WFP 7/1/94] Movements of whole families to urban peripheries have been reported in Kutum and Kebkabiya.

Kordofan There have been no reported influxes of displaced people in the last two months, but it is feared that escalating food prices are reducing the purchasing power of the population and could eventually precipitate migration. [WFP 7/1/94]

Central Concern will be distributing food for 66,000 displaced around Kosti town. [WFP 17/12/93] These are mostly long−term displaced Southerners and locally displaced drought affected people.

Red Sea Hills In December, 130,000 drought affected beneficiaries were identified for general radon distribution. [WFP 17/12/93] By January favourable winter rains improved grazing conditions and the value of fodder and livestock rose due to increasing cross border trade with Egypt WFP therefore plans to reduce food allocations accordingly. [WFP 7/1/94]

The entire population can be considered to be at moderate risk. While there is only some hard data to indicate problems, this population's dependency on outside food aid and seasonal factors affecting crops and grazing makes them vulnerable.

4. Northern Kenya (see Map 4)

While there is a small number of refugees now arriving in Northern Kenya, many camps in the Mandera district are scheduled to close and the Somalis living there will either be repatriated of moved to camps farther from the border, where insecurity will be less of a problem. The current refugee population in Northern Kenya is 352,000 and food stocks for the refugee program are reportedly adequate for all commodities for 4–6 months. [WFP 13/1/94]

The most recent information available from Mandera camp (population 30,000) shows a crude mortality rate of 0.59/10,000/day and an under–five mortality rate of 0.95/10,000/day. The level of wasting was 6.1 % and severe wasting was 0.5% (see Annex I (4a) for details). These numbers are low and nearly normal for the region. [MSFB–G 7/1/94] UNHCR plans to close Mandera camp as soon as possible. [UNHCR 1/2/94]

In Hagadera camp the situation is much the same as in Mandera. Crude mortality rates were 0.46/10,000/day while the under–five rate was 1.87/10,000/day (both around twice normal). Wasting levels in August were 6% and severe wasting was 0.4% (see Annex I (4b) for details). These numbers are relatively low for the region. The area around the camp is not secure – bandits are active in the area. Security is a problem – rape and thievery have been reported. [MSFB–G 7/1/94]

The nutritional indicators from El Wak camp on the Somali border are similar to those of the surrounding area. The crude mortality rate of 0.21/10,000/day is normal as are the levels of wasting (2.1% with no severe wasting measured) (see Annex I (4c) for details). MSF– Belgium in November, had decided to gradually withdraw from the camp. [MSFB–G 7/1/94] El Wak was scheduled to close officially on 15 December, but is now planned to close at the end of February or the beginning of March. [WFP 13/1/94, UNHCR 1/2/94]

There has been an influx of refugees from the Sudan into Kakuma camp of about 120–200 refugees per week, and the Kakuma camp population is 37,000. [UNHCR 1/1/94] The government of Ethiopia has agreed to receive 18,000 returnees from Banissa camp. [WFP 17/12/93] By January 7000 refugees had been repatriated and the camp is now closed. [WFP 13/1/94, WFP 11/2/94, UNHCR 1/2/94]

The number of refugees in Kenya is decreasing due to an emphasis on repatriation of Somali and Ethiopian refugees. This situation appears to be now under control and the refugees are not currently at unusual risk (population catagorized as IIc in Table 2).

5. Southern Somalia (see Map 5)

The political situation in Southern Somalia remains unstable, while security is often only just maintained. There have been numerous security incidents since the last RNIS report; therefore UNISOM guards will be providing escorts to international personnel in some areas. The work of international aid agencies is now largely concerned with rehabilitation through food and cash for work projects although some agencies are still planning dry ration distributions (e.g. Concern in Bay region). Recent assessments show that in Bay and South Bakool approximately 160,000 people are in danger of food insecurity due to poor harvests. [WFP 7/1/94] It is estimated that food for work schemes will be needed throughout Southern Somalia until the next planting period before the long rainy season. [WFP 17/12/93]

One set of nutritional data from Southern Somalia has become available from Kismayo since the last RNIS newsletter. This more recent information shows 11.9% wasting and 2.7% severe wasting for the displaced camps and 8.8% and 1.8% for the town (see Annex I (5a) for details). These data reflect a worrying situation but one that is considerably better than in October, when survey results showed 24% wasting. [MSFB 20/12/93]

The overall situation seems to be just barely under control, with some areas worse than others (e.g. Kismayo). However, with any security problems or renewed fighting the situation could rapidly deteriorate. There are 160,000 people in Bay and Bakool regions considered to be at moderate risk. The rest of the population (1,280,000) is not currently known to be at particular risk (category IIc in Table 2).

6. Mozambicans (see Map 6)

In November reports indicated a serious shortage of food in the provinces of Sofala, Manica, and Zambezia as a result of spoilt food aid imports and absence of mechanisms to transfer grain from food surplus to deficit provinces. October/November rains were insufficient in certain key provinces, e.g. Nampula. As a result, relief food aid needs for 1994–5 are estimated at 119,340 MTS. [MSF–CIS 1/11/93]

In principle only refugees and internally displaced people qualify for free food aid. During January 1994 some 666,000 returnees and 1,200,000 internally displaced were receiving emergency assistance. Repatriation from South Africa started in January with refugees returning to homes in Maputo and Gaza.

The latest reports on the nutrition situation are from November when the situation appeared stable throughout the country. The only worrying nutritional data concerned refugees crossing the Tanzania/Mozambique border and returnees to Mecula District of Niassa (population approximately 21,000). There is no food assistance available for these returnees, and five deaths due to starvation have been reported. [MSFCIS 1/11/93]

Although cholera continued to affect Nampula and Cabo Delgado province in November, cases were dwindling and an outbreak in Chuire was said to be under control. [MSFCIS 1/11/93]

Latest reports in January indicate that some areas are becoming inaccessible because of rains or land mines and that it may become necessary to airlift food, although funding for such an operation is not yet available. [WFP 28/1/94]

This situation in general appears to be under control, although there are areas of concern. The population is not currently considered to be at any particular heightened nutritional risk (category IIc in Table 2).

7. Rwanda (see Map 7)

It was feared that the recent influx of Burundi refugees in the South would draw down resources meant for the population of over a half a million internally displaced in the North. It now appears that this has not been the case. However, a drought in the demilitarized zone (DMZ) is thought to be causing a deterioration in the health of the population there. Prevalence of wasting is believed to be high although a nutritional survey has still not been completed for security reasons. [ICRC 27/01/94]

Food assistance to 240,000 beneficiaries in the DMZ (half rations), which was scheduled to end in January, has now been extended to June 1994 because of the effects of the drought. [WFP 7/1/94, UNICEF 22/12/93] However, some of the therapeutic and supplementary feeding programmes are not operational due to security problems.

The situation outside the DMZ continues to improve with 330,000 people displaced to camps north of Kigali having an improving nutritional status. Survey data from January show low levels of wasting at less than 2.5%, which is comparable to the local population (see Annex I (7a) for details). This is in spite of a continued shortage of beans in the ration which have now been replaced by lentils. Distribution was suspended for one week in January due to non–availability of all items for a full food basket. [WFP 7/1/94, UNICEF 22/12/93]

Other surveys in January in the nine displacement camps outside the DMZ showed levels of wasting at 2.5% with severe wasting between 0–1%. Crude mortality rates were less than 0.5/10000/day with an under–five mortality rate of less than 1/10000/day (see Annex I (7b) for details). These levels are nearly down to those expected in a non–displaced population. On average seven litres of water are available per person per day (20 litres/person/day are recommended) and 1870–2040 kcal/person/day were distributed. [MSFH 25/1/94]

The nutritional situation *inside* the DMZ appears to be deteriorating, and the population is considered to be at high risk (column IIa in Table 2). The population *outside* the DMZ, however, appears not to be currently at particular risk (column IIc in Table 2).

8. Angola (see Map 8)

Following a resumption of the Angolan civil war in October 1992, access by humanitarian aid agencies to much of Angola was restricted. However, recent political initiatives have considerably improved access, and allowed better assessment of the needs of Angola's war and drought affected populations. It is now estimated that 3.2 million people are in need of some type of assistance – food or non–food aid. [DHA 10/12/93] WFP is now airlifting food to 14 major cities and will begin delivery to coastal cities by sea. [WFP 7/1/94] Unfortunately, even the steady increase in delivery capacity (20 fold since July) cannot meet the current needs in Angola. WFP estimates that the tonnage required (almost 30,000 MT) exceed current delivery rates by a factor of two. The humanitarian needs in some of the besieged provincial capitals are acute and the normal pre–harvest "hungry" season (until March) is beginning. This already serious situation could, therefore, deteriorate rapidly. [DHA 10/12/93]

Aid agencies recognise the importance of diminishing reliance on air transport as capacities in Melange and Luanda airports are insufficient. Thus, agreement between the government and UNITA on the use of main roads must be reached. [Statement at Brussels 18 Jan, 1994] However, Angola is now one of the most heavily mined countries in the world This will obviously constrain initiatives to increase resource flows by road as well as the population's ability to return to subsistence agriculture. [DHA 10/12/93]

The most recent WFP emergency food assessment mission found that fighting over the last six months has substantially increased the numbers of internally displaced. The current figure has grown to 951,000 from initial estimates of 344,000. The mission also reported that many populations particularly in besieged cities urgently require therapeutic and supplementary feeding facilities with associated health care provision.

There is still limited hard data available although numerous nutritional surveys are planned or are under way. A survey in January showed crude mortality rates in Melange of 1.3/10000/day (four times normal) and that the water supply is adequate (see Annex I (8a) for details). [MSFH 25/1/94] This is an improvement since October/November when crude mortality rates ranged between 2.8–5.7/10,000/day (up to twenty times normal) and reflects the improved food supply since January. However, the fate of over 20,000 orphans and unaccompanied children is of particular concern as these children cannot be discharged from therapeutic and supplementary feeding as the basic ration is still inadequate. This, therefore, overburdens the selective feeding programme and prevents deserving new cases from being enrolled.

Reports from Huambo alarmingly show 36–48% wasting using MUAC for height (see Annex I (8b) for details). This was Angola's second largest city yet now has a population reduced from 500,000 to 150,000. There is a small harvest at the end of January, but the main harvest will not be ready until March. The prospects for this main harvest are good, but the intervening period will most likely be very difficult [ICRC 27/1/94]

Eye–witness accounts from Kuito and Menongue in January describe a "catastrophic nutritional and medical situation". [ICRC 20/1/94] Reports of intensified fighting around Kuito have led to government threats to block aid flights into UNITA held towns. [BBC 11/2/94]

Most recently there have been reports of heavy fighting in the municipality of Libolo while a WFP/World Vision convoy containing food and non–food items was stopped at Catete (Bengo). There are also concerns that delayed shipments out of the US and improved access and accelerated deliveries within Angola have created a food pipeline gap in the emergency operation between March and May. [WFP 28/1/94]

Overall the situation is out of control. As access to transport possibilities improve, in more secure areas the situation could probably come slowly under control, unless security problems hamper the work. The populations of Huambo and Melange, estimated at 560,000, are suffering very high malnutrition and mortality rates (category I in Table 2). The remaining 2,640,000 are at considerable risk: it is reported that about half the required food is now being delivered to the country, but encountering huge distribution problems, so roughly 1,000,000 people are probably at high risk (category IIa in Table 2).

9. Southern Sudan (see Map 9)

The continuing civil war, effects of drought, logistical constraints and limited food reserves within the country exacerbate the precarious situation of many population groups in the South. There are estimated to be about two million displaced/war affected people in Southern Sudan. By the end of December the food supply crisis at the national level and resulting delays in government release of sorghum were expected to hamper NGO

and WFP special transport operations to supply these groups.

A survey in October in the camp housing 15,000 displaced in Kotobi showed levels of wasting of 22% with 3.5% severe wasting (see Annex I (9a) for details). This is an improvement on the 41% level of wasting recorded in May 1993 but still indicates a very serious situation. Much of this ongoing problem can be related to inadequate general ration distributions. As examples: in November 1993 the food basket received contained only one commodity– 400 gms of cereal, in December, 2,000 people were displaced from Kotobi in Western Equatoria due to inadequate relief food supplies. [AICF 1/10/93]

In Juba, sorghum prices in January were the highest in the country and relief stocks were very low. The CART steering committee (a NGO/government consortium with responsibility for food distribution) was taking action to target remaining relief stocks to wet feeding centres. In early January the Juba airlift was temporarily stopped due to lack of government sorghum, and of fuel. The number of people attending the 61 supplementary feeding centres in Juba increased rapidly due to the delay in food distribution and reached about 35,000 children, lactating mothers and other vulnerable individuals.

There were also reports of daily increases in numbers attending supplementary feeding centres in Obel camp in Upper Nile province, while cereal prices were observed to be rocketing in Wau, Bahr El Ghazal Province, due to crop failure and the isolation of the town. Many families had reduced food intake to one meal/day and the water situation in the province was said to be serious and compounded by the continued influx of people into the region. Latest estimates are of the arrival of 150 families per day in search of food, with one third of the population of Wau in serious need of food. [WFP 21/1/94, WFP 28/1/94]

We have also received reports at the end of January of a steady influx of displaced people into Torit, Eastern Equatoria with numbers reaching 15,000. These numbers are expected to rise. [WFP 28/1/94] Logistical problems due to lack of aircraft also emerged in January, affecting food deliveries to areas in Southern Sudan not accessible by road. [WFP 21/1/94]

In early February, it was report that the government bombing in Southern Sudan forced approximately 100,000 to flee to northern Uganda. [SCF 11/2/94, IHT 9/2/94]

In general this situation remains very serious. Any interruption of the relief flow would immediately adversely affect the population. We know of 35,000 in supplementary or therapeutic feeding programs who are at high risk along with 15,000 in Katobi (column I in Table 2), while the 100,000 people who fled to Uganda are high risk. The rest of the population (1,821,000) can be considered to be at moderate risk, although this could change for the worse.

10. Uganda (see Map 10)

The refugee situation in Uganda is summarized below:

Sudanese Refugees	188,000 (North West)
Zairean Refugees	5,000 (South West)
Rwandese Refugees	11. 350 (South)
Total	204.350

Sudanese Refugees in the North West Many (approximately 40,000) of these refugees live in settlements. They have land and seeds and although their crops are not enough to make them entirely self sufficient, their general ration has been decreased to a partial ration. Nutritional status in these camps appears stable although some camps anecdotally report high levels of malnutrition, e.g. Allere 1 and 2 and Ribider settlements. [UNHCR 3/12/93]

The remaining 148,000 refugees are in transit camps and are entirely dependent on food aid. Anecdotal reports from Ogujibe transit camp indicate high levels of malnutrition. A survey conducted in January in Koboko found 11.4% wasting and 1.8% severe wasting with mortality rates of 1.1/10,000/day. The under–five mortality rate was 2.8/10,000/day (see Annex I (10a) for details). The major cause of morbidity is dysentery

due to the poor water and sanitation situation in some of the Koboko camps. Although still high, the trend in crude mortality rates is down. The priority now appears to be adequate water/sanitation provision more than food. [MSFH 25/1/94]. According to UNHCR, an average of 3000 new refugees per month is expected, although there could be as many as 5000 per month during the dry season (December to February).

Zairean Refugees in the South West These refugees live in settlements and are provided with land and tools for farming. The situation amongst this population appears satisfactory although increased fighting in the Kivu district of Zaire has already resulted in a new influx of 1,000 refugees at the end of January. [WFP *3/2/94]*

Rwandese Refugees in the South These refugees are in a transit camp, but since repatriation is expected in the near future, there is no plan to allocate land for settlement [UNHCR 3/12/93, MSFH 1/11/93]

The population in the Koboko camps in the North West can be considered to be at high risk (column IIa in Table 2) due to elevated poor levels and a worrying water situation. The remainder of the population does not appear to be at particular risk (column IIIc in Table 2).

11. Shaba Region, Zaire (see Map 11)

Ethnic violence continues in the Shaba region of Zaire, causing thousands of people of Kasaian origin to flee northward. In December 1993 it was estimated that 140,000 had returned to East and West Kasai while up to 150,000 were displaced and in transit camps/locations. There is currently no formal general ration distribution for the population in transit. Although there has been some food distributed by NGOs, it has been in insufficient quantities. WFP is planning food distribution operations, but donor response has been inadequate to cover high costs of delivery in this land−locked area. [WFP 3/2/94]

Approximately 13,000 displaced arrived in the town of Mwene Ditu from Shaba in October. This represented a decreased trend compared to September. Half of this population is integrated into the transit camps and the other half is transported to more permanent camps (Mbuji Mayi and Kabinda− see below). In Mwene Ditu new arrivals are seen by MSF−Belgium health staff and where appropriate children between 6 months and 12 years are vaccinated.

The most common illness seen amongst the population in Mwene Ditu is malaria and accompanying anaemia. There has been a recent outbreak of measles but this is now under control. Crude mortality rates in October were 4.1/10,000/day and the under−five rate was 9.6/10,000/day. These rates are very high (12 x normal). Malaria and measles remain the leading causes of death for children, although the vaccination campaign should substantially reduce measles mortality. The level of wasting measured in September was 25.3% while severe wasting was 7.1% (see Annex I (11a) for details). These levels indicate a very serious situation. [MSFB−D 7/1/94]

Reports from Kabinda (eastern Kasai) reveal a catastrophic situation for the approximately 20,000 displaced people. Among the displaced population, wasting prevalence is estimated as 38%, with 10% severe wasting. For the population overall (including non−displaced), these figures are 15.1% and 5.7% (see Annex I (11b) for survey details). These statistics indicate a severe crisis. Approximately 60% of the children are vaccinated against measles. There has, to date, been only one distribution of food in Kabinda (by small local agencies) although WFP is seeking the necessary resources to start regularly distributions. [MSFF 4/12/93, WFP 4/2/94] The previous RNIS report indicated that political considerations and high transport costs, as well as shortage of funds for WFP, had delayed allocations of a general ration. It would appear that this situation continues for the displaced from Shaba. The current hungry season (November−February) can only lead to further nutritional and health deterioration amongst this poorly served population.

Recent information regarding the status of the displaced in Kolwezi and Likasi transit centres (whose population numbered 90,000 at the end of last year) states that ICRC is providing food and non−food assistance to them before their departure by train into Kasai. [WFP 4/2/94] We have no recent information on their nutritional status.

This situation appears out of control for those populations in transit camps not yet receiving general rations (e.g. Mwene Ditu and Kabinda population (33,000), in column I in Table 2). The remaining 257,000 displaced population from Shaba is considered to be at moderate risk (category IIb in Table 2).

12. Togo (see Map 12)

When fighting broke out last January, approximately 100,000 Togolese fled to Benin and another 135,000 fled to Ghana. These refugees were accepted by their host countries and quickly integrated into the community. Renewed fighting in January caused an new influx of 700 refugees into Ghana before the border was closed. Approximately 800 refugees fled to Benin. [UNHCR 25/1/94]

This situation appears to have been without any nutritional problems. This was due to largely to the fact that the refugees were housed by family and friends in the host countries. The need for immediate food distributions was not, therefore, essential to the survival and well–being of these refugees. [UNHCR country files] These refugees are not currently at particular risk (column IIc in Table 2).

13. Central African Republic (see Map 13)

[2] Northern Uganda is now included in Section 10.

The civil conflict in Chad early in 1993 caused many people to seek refuge in neighbouring Central African Republic, and 11,000 refugees remain in Boubou camp which is near Bossangoa. In general, the population is in stable condition although the levels of wasting are still too elevated, especially given this is now a well–established camp.

A nutritional survey carried out in November showed 8.8% wasting with 2.6% severe wasting. The crude mortality rate was 1.2/10,000/day (3–4 times normal) and the under five mortality rate was 1.8/10,000/day. Causes of morbidity noted were anaemia (4.6% of morbidity) and goitre (2.3% of morbidity). [AICF 20/11/93]

This population receives a general ration of 880 kcal/day. There must be a certain level of self–sufficiency and/or market access since nutritional status (as indicated by wasting prevalences) has not severely deteriorated. Goitre is reported among the refugee population, indicating the need to provide iodized salt This population is currently at moderate risk (column IIb in Table 2) due to the presence of goitre. [AICF 20/11/93]

14. Zaire (refugees) (see Map 11)

There is no reported change in this situation since the December RNIS newsletter (see Table 2) which reported a generally satisfactory situation for the 426.600 refugees (this excludes the approximately 60.000 Burundi refugees in Zaire who are included below – situation #15). The text from the December report is reproduced for ease of reference.

"Apart from the Burundi refugee crisis (see no. 15 below) and ethnic conflict in Shaba discussed earlier (see no. 11) there are a number of other current refugee/displaced person emergency problems in Zaire.

"There are 27,600 Angolan refugees in Shaba region distributed over three sites. This population is on partial rations as they are partly self–sufficient. Their nutritional status is believed to be good. There are also 200,000 Angolan refugees in Lower Zaire and 60,000 in Kinshasa. These latter refugees live amongst the local population. We have no data on their nutritional or health status.

"There are between 100–125,000 Sudanese refugees and 15,000 Ugandan refugees in Upper Zaire. There have been enormous difficulties in providing food to these refugees due to poor road infrastructure. One of the three camps is said to be virtually unreachable. Zairian authorities have also occasionally held up food deliveries. Nevertheless, assessment missions have reported an adequate food situation, partly due to economic assimilation with the local population, and even recommended ration reductions in one camp.

"Approval by WFP has recently been given to operate an emergency feeding programme for 60,000 displaced people in Kivu (7 November 1993). The displaced are residing mainly in churches and schools and the situation has arisen from tribal conflict. We have no data on health or nutritional conditions amongst this population.

"Overall, these refugee populations are not reported to be in critical situations, although there is concern regarding the populations in Upper Zaire due to difficulty in transporting food to them."

15. Burundi situation (Burundi, Rwanda, Tanzania, Zaire) (see Map 15)

The failed October coup in 1993 in Burundi and subsequent civil war forced the movement of up to one million people both within Burundi and to surrounding Rwanda, Tanzania and Zaire. The appalling conditions endured by this population continue and remain little changed since the previous RNIS newsletter two months ago. The current refugee and displaced population in the four affected countries is as follows:

Burundi	282,000
Rwanda	272,334
Tanzania	300,000*
Zaire	60.000*
Total	914.334

* an unconfirmed number of these refugees has spontaneously repatriated, but some of these will still be displaced.

The political situation in Burundi may stabilize with the appointment of a new president although there are still reports of fighting within the country.

Increased stability and the arrival of the planting season may encourage many refugees to return home. Repatriation is already evident from Tanzania in spite of the rains and there are estimates that up to 80% of refugees will return from Tanzania and 50% from Zaire in the next few months. Insecurity in the Northern region of Burundi is preventing significant repatriation of refugees from Rwanda. Overall up to 120,000 refugees may have already returned to Burundi. [WFP 21/1/94, WFP 28/1/94] but this number is still included in the figures given above.

Rwanda The situation for the Burundi refugees in Rwanda continues to deteriorate. Reports as recently as the end of January record continuing shortage of food at camp level and very bad sanitary conditions. Many camps are situated on the flanks of hills and risk being washed away in rains. Sewage has been building up and also seeps into the valleys polluting water sources.

After a recent census, the estimates of the refugee population in Rwanda were reduced from about 400,000 to 272,000 living in 25 camps. [WFP 21/1/94] UNHCR reports wasting levels of almost 40% (using MUAC) (see Annex I (15a) for details). [UNHCR 7/1/94] January surveys in Kagina and Rugogwe camps also show high levels of wasting (25.4% and 16.6% respectively) with 10.8 and 6.1% severe wasting (see Annex I (15b) for details). [MSFH 25/1/94] In Kigali prefecture Nzangwa, Rutonde, Burenge and Nyarungenge sites were found to have wasting levels of almost 30% with 6% severe wasting in January. These particularly worrying statistics are thought to be due to over–crowding, poor quality maize meal, and distribution problems. Crude mortality rates from three camps (Kagina, Rugogwe and Ngoma) recorded in January vary from 3.7/10,000/day to 5.6/10,000/day with under–five mortality rates of about 11.5/10,000/day. [MSFH 25/1/94, UNHCR 7/1/94] This translates into over 100 deaths per day of whom 20 are children under five years of age, and this is 10–15 times normal. Supplementary and therapeutic feeding programmes have been implemented in most camps but approximately 30% of camps are uncovered. [UNHCR 7/1/94]

In general incidence of dysentery in decreasing, but case fatality is still high at 7–8%. The incidence of measles is now reported to be under control, but again case fatality remains high (up to 50%). [UNHCR 7/1/94] Malaria is currently the most common health problem with many refugees coming from areas of low endemicity to camps situated near swamps.

The distribution system of food to the refugees remains problematic. In Burenge where there are 40,000 refugees, the food basket received for the last week of December was only 700 kcal/person. While such a low quantity may not be representative, it did reflect the overall inadequacy of ration provision during this period. [UNHCR 7/1/94] While delivery problems, e.g. lack of transport, played an important role in this situation, they were compounded by the flawed registration system and high rates of ration card theft. [WFP 21/1/94] Thus, the quantity of food distributed to the refugees in inadequate. More recent reports indicate that the food basket improved considerably in January due to a reorganisation of the distribution system. [WFP 28/1/94, MSFH

25/1/94]

It has recently been decided to transfer some refugees to newly developed camps in an effort to alleviate the congestion of some of the existing camps. The largest of these is Maza camp, designed to house up to 50,000 refugees. Transfer of refugees to Maza began at the end of January. [UNHCR 18/1/94] This transfer will also be an opportunity to re–register some of the refugees and will allow the space necessary for proper sanitation and dispensaries.

Given the very high rates of malnutrition and the greatly elevated mortality rates, this situation should be considered to be out of control. However, new camp sites and improving distribution systems at the camp level may help alleviate the situation.

Tanzania The Burundi refugee population in Tanzania is also in a state of crisis. There are reports of spontaneous repatriation of some 10,000 of the 300,000 refugees. This may be due in part to the continuing shortage in camps of food, cooking items, milling machines and fuelwood, and the absence of a proper registration and distribution system. Some of the difficulties emanate from low trucking capacity and the inaccessibility of many of the 45 sites. [WFP 23/12/93]

In December data showed crude mortality rates ranging from 1.4/10,000/day in Nyarulama camp to 12.2/10,000/day in Kabanga. This latter is extremely high. The main causes of death were dysentery. Data on prevalence of wasting varied between camps ranging from 5.% to 17% using MUAC and 13% in Nyarulama using weight for height measurements (see Annex I (15d) for details). [UNHCR 21/1/94]

By the end of January reports were describing a further deterioration in refugees' nutritional status. Crude mortality rates varied between 2–7/10,000/day in different camps giving an average of 3/10,00/day. The main causes of death were identified as malnutrition, malaria, and/or dysentery. It was estimated that 43% of deaths in Kibondo district at the end of January were due to malnutrition (see Annex I (15e) for details). [LSHTM 3/2/94, UNHCR 21/1/94] The situation is clearly still deteriorating rapidly.

Zaire The number of Burundi refugees in Zaire is now estimated to be 60,000 in 17 different sites. The last RNIS report recorded a rapidly deteriorating situation, with over–crowding, lack of shelter, insufficient food and epidemics of cholera and dysentery in certain camps. Since then, preliminary investigations have been conducted at three new sites in Eastern Zaire. As yet, no decision has been taken to move the refugees to new sites. [UNHCR 18/1/94]

Burundi Within Burundi, the number of displaced people has increased to 282,000. [WFP 7/1/94] The planting season is about to begin in Burundi, and this is encouraging many refugees to return. [WFP 21/1/94] However, many will be in very poor health so that there will be an urgent need for support and rapid expansion of existing health services. The food supply situation is causing concern as food received falls far short of the estimated requirement of 800 metric tons/week due to problems of supply. The planting season is about to begin in Burundi and may encourage large numbers of refugees to return. Latest reports in January already report increasing numbers of malnourished children with up to 10% of children under five severely wasted in some provinces. [WFP 28/1/94]

The situation for the refugees/displaced in the region is out of control. Malnutrition in the refugee population in Rwanda and Tanzania (572334) is considered to be critical (column I in Table 2) based on the data available. The remaining 342,000 refugees/displaced in Zaire and Burundi are certainly at high risk but there is little dam on this.

16. Mauritania/Senegal (see Map 16)

There is no reported change in this population since the last RNIS report where a stable situation for the 60,000 Mauritanian refugees was reported.

17. Djibouti (see Map 17)

Voluntary repatriation of 15,000 Somalis will begin in the near future. This will halve the refugee population in Djibouti. [SCF 8/1/94]

Southern Iraq

There have been many reports of severe food shortages among the Marsh Arab population in the southern marsh area of Iraq – for example, from February 1993 that "the inhabitants remaining in the marshes are apparently no longer able to feed themselves as the environmental destruction taking place has removed local food sources and they are not able to purchase food due to the blockade..." [UN–ECOSOC 19/2/93]. Further reports are coming in from several sources on the conditions, including nutritional, of (a) the population in the Marshlands, and (b) refugees from the Marshlands, in Iran or on the border strip [AI 23/11/93, Amar/Nicholson 11/2/94, UN–GA 18/11/93].

All the available reports point to a very serious nutritional situation for many of the people within the marshland area, e.g. "in terms of needs, reports and testimonies indicate that malnutrition and disease are widespread within the marsh area... coupled with inadequate food, the effects of disease have been severe, particularly for infants, lactating mothers and the elderly." "The complex of controls effectively denying access to food and healthcare in the marsh area similarly forces Marsh Arabs to move in an effort to obtain sufficient food and medical supplies and services." [UN–GA 18/11/93].

The population from which refugees continue to flee has been estimated at somewhere around one quarter of a million before the current situation, although "The exact number of people who live in the marshes is unknown, but several hundreds of thousands live in small towns and villages on the edges of the area". [UN–SC, 5/8/92]

The refugee camps within South West Iran for Southern Iraqi refugees are accommodating just under 27,000 of these refugees. Another 11,000 unregistered Southern Iraqi refugees are thought to be sheltered in Iranian border towns and villages. Almost 1,600 refugees are now sheltered at Himmet, an 8 metre wide strip of road spanning the marshes between Iraq and Iran on the Iranian side. Around 30 new refugees arrive daily. [ICA 27/1/94]

The health conditions for refugees arriving in South Western Iran were previously reported by the UN to be very bad – for example in August 1993 80% of patients seen had amoebic dysentery [UN–GA 18/11/93]. Aside from general malnutrition, specific deficiencies such as anaemia are reported to be very widespread. Dysentery, diarrhoea and respiratory infections continue to be reported. The situation of the 1,600 refugees at Himmet is reported to be that they are living in plastic tents and reed huts with limited fresh water supplies, but have some access to basic food staples.

No surveys have been carried out on the marsh population within S Iraq, but it is expected that the nutritional state of the population is extremely poor. This is likely for a variety of reasons including the unofficial government embargo on the marsh area, the drainage of the marshes and consequent destruction of environment, and the fact that vulnerable groups such as the elderly are sometimes reported to be left by the fleeing population. [ICA 27/1/94, Amar/Nicholson 11/2/94] Recent reports from medical teams in Himmet show that "malnutrition" was the commonest single diagnosis, nearly 20%, both in children one to ten years and in adults (next commonest were diarrhoea and bloody diarrhoea), with anaemia also very common. [Amar/Nicholson 15/2/94]

Listing of Sources for February 11,1994 RNIS Newsletter		
Org.*	**Date**	**Title of Report**
AI	23.11.93	Press Release
AICF	1.10.93	Nutritional Survey in Mundri. Kotobi Displaced Camp. South Sudan
AICF	4.11.93	Quick Assessment on Nutritional Status in Some War Affected Areas of Sierra Leone
AICF	20.11.93	Enquete Camps de Refugies Tchadiens de Boubou Republique Centre Africaine
Amar/EN	11.02.94	Conversation with Ms Emma Nicholson. MP. UK

Amar/EN	15.02.94	Fax from Amar Appeal. Emma Nicholson
BBC	11.02.94	News Broadcast
DHA	10.12.93	Mission Report on Angola
ICA	27.01.94	Faxed Update from Iraqi Civilian Aid
ICRC	20.01.94	ICRC News
ICRC	27.01.94	Conversation
LSHTM	3.02.94	Mortality Graphs from Tanzania
MSFB	20.12.93	Faxed Information
MSFB−A	7.01.94	Nutritional Survey−Nimba County Liberia
MSFB−B	7.01.94	Nutritional Survey−Grand Bassa County Liberia
MSFB−C	7.01.94	Report on the Nutritional Activities in Greater Liberia
MSFB−D	7.01.94	Monthly Report From Mwene Ditu (Oct 93)
MSFB−E	7.01.94	Monthly Activity Report Ogaden. Ethiopia (Oct 93)
MSFB−F	7.01.94	Monthly Activity Report Ogaden. Ethiopia (Nov 93)
MSFB−G	7.01.94	Sitrep Nov 1993−Kenya
MSFCIS	1.11.93	Monthly Bulletin
MSFF	4.12.93	Enquete Nutritionelle et de Couverture Vaccinale a Kabinda−Ville
MSFH	1.11.93	Monthly Report Koboko Camps. Uganda
MSFH	25.01.94	Faxed Summary of Information
SCF	1.11.93	Report: Liberia Situation
SCF	8.01.94	Meeting Report (Djibouti)
SCF	11.01.94	Conversation
SCF	27.01.94	Conversation
SCF	11.02.94	Conversation
SCF	1.11.94	Nutritional Assessment Liberia
UN−ECOSOC	19.02.93	Sit Of Human Rights in Iraq by Special Rap (par 128) Doc E/CN.4/1993/45
UN−GA	18.11.93	UN Commission on Human Rights (paras 37 & 31). General Assembly doc A/48/600
UN−SC	5.08.92	at of human rights in Iraq. Sec. council doc S/24386; also GA doc A/47/367
UNHCR	11.10.93	Fax on Situation in Ethiopia
UNHCR	1.01.94	Population Figures For Kenyan Camps
UNHCR	7.01.94	Sitrep #7 Health and Nutrition
UNHCR	13.01.94	Conversation with Desk Officer
UNHCR	14.01.94	Comprehensive Set of Measures Taken by UNHCR to Improve Food Situation

UNHCR	18.01.94	Sitrep #*2* Infrastructure
UNHCR	21.01.94	Situation Report for Tanzania in December
UNHCR	25.01.94	Comments on MSFF report on Situation in Kibondo District
UNHCR	1.02.94	Conversation
UNHCR	3.12.94	WFP/UNHCR/MOLG Joint Food Assessment Mission Report
UNHCR		Country Files
UNHCR–A	25.01.94	Conversation with Desk Officer
UNICEF	22.12.93	Nutritional situation of the Displaced in Rwanda
WFP	7.12.93	FAO/WFP Crop and Food Supply Assessment Mission to Sudan
WFP	13.12.93	Liberia Regional refugee/Displaced Person Assessment: Health and Nutrition
WFP	17.12.93	Weekly Report
WFP	23.12.93	Weekly Report
WFP	7.01.94	Weekly Report
WFP	13.01.94	Weekly Report
WFP	21.01.94	Weekly Report
WFP	28.01.94	Weekly Report
WFP	3.02.94	Conversation
WFP	4.02.94	Faxed additions to February newsletter
	18.01.94	Statement on Angola made in Brussels

Org*.		
AI		Amnesty International
AICF		Action Internationale Contre la Faim
Amar/EN		Amar Appeal/Emma Nicholson MP
DHA		Department of Humanitarian Affairs
ICA		Iraqi Civil Aid
ICRC		International Committee of the Red Cross
LSHTM		London School of Hygiene and Tropical Medicine
MSFB		Medecins Sans Frontieres – Belgium
MSFCIS		Medecins Sans Frontieres – Celula Inter–Seccoes
MSFF		Medecins Sans Frontieres –France
MSFH		Medecins Sans Frontieres – Holland
SCF		Save the Children Fund
UN–ECOSOC		United Nations Economic and Social Council
UN–GA		United Nations General Assembly
UNHCR		Untied Nations High Commission on Refugees

UNICEF		United Nations Children's Fund
WFP		World Food Programme

Table 1.	***Camps and Displaced Populations in Crisis (as of January 1994)***			
Note:	***Situations ore Included when there is some data; those not included for lack of data may not be better***			
	Population (date of report)	**% Wasting <80% wt/ht**	**Mortality/ 10000/day (factor x normal)**	Other Data
Liberia Region				
Upper Margibi	80000(1/94)	15–55%(MUAC)	2 (6.7)	Under five mortality: 5/10,000/day Measles noted.
Upper Lofa	175000(1/94)			
Ethiopia				
Gode	45.000(12/93)	31%	.9–1.7	Under five mortality:2.7/10,000/day Scurvy, VAD,.anaemia noted at clinic
S Somalia				
Kismayo		11.90%		
Angola				
Huambo		36% (MUAC)		
Melange			1.3(4.3)	Water supply described as "adequate"
Shaba, Zaire				
Mwene Ditu	13000(11/93)	25.3% (9/93)	4.08 (13.6)	Under five mortality: 5/10.000/day
Kabinda		38.10%		
Burundi Region				
Rwanda	272334(1/94)	25.40%	5.6(18.7)	Under five mortality: 11.5/10.000/day
Tanzania	300.000(1/94)		3(10)	

Table 2		*Information Available on Total Refugee/Displaced Populations (as of January 1994)*
I		*Those reported on with high prevelences of malnutrition and/or micronutrient disease and sharply elevated mortality (at least 3x normal)*
IIa		*At* high *risk. Limited data available, population likely to contain pockets of malnutrition*
IIb		*At* moderate risk. may *not be data available. Population may contain packets of malnutrition*

IIc		*Probably not currently In critical situation, nor known to be at particular risk*						
III		*Population known* to *exist, but condition unknown*						
	I	*IIa*	*IIb*	*IIc*	*III*	*Total*	*Comments*	*Total From D Repor*
1. Liberia/Sierra Leone/ Guinea/Cote d'Ivoire	65'000	285'000		2'400'000	150'000	2'900'000	Half the pop In Margibi. Nimba. Bong. Lofa. Grand Bassa In crisis. Upper Lofa at high risk due to departure of Int'l personnel. Higher total reflects better Info.	2'750'00
2. Ethiopia	45'000			200000		245'000	Total decreased by 376.000 Returnees (Dolo/Sutlu) now assimilated	620'000
3. E. Centra&W. Sudan			1'753'000			1'753'000	This is revised estimate for 1994	2'500'00
4. Kenya				352'000		352'000	Situation drought under control	359'000
5. Southern Somalia			160'000	1'280'000		1'440'000	Unknown number from Kismayo in crisis. Total Is revised estimate	1'600'00
6. Mozambicans				1'866'000		1'866'000	Situation under control	2'365'00
7. Rwanda (Id)		240'000		330'000		570000	Decreased number of beneficiaries In DMZ. despite drought	830000
8. Angola (Id/wa)	560000	1'040'000	1'600'000			3'200'000	Melange and Huambo have data showing crisis, but only half required food can be delivered due to logistical constraints	1'963'00

9. Southern Sudan (Id)	49'000	100000	1'821'000			1'970'000	34.000 in supplementary feeding plus 15000 In Katoba In crisis	1'000'000
10. Uganda		94'000		99'000		193'000	Koboko Camp at high risk but not currently In crisis	163'000
11. Shaba. Zaire (Id)	33'000		257'000			290000	Currently no general distribution In Mwene Ditu or Kabinda although planned to start	290'000
12. Togolese Refugees				235'000		235'000	Population reported stable	
13. Central African Republic			11'000			11'000	At risk due to goitre	
14. Zaire (r)			75'000	87'600	264'000	426'600	No reported change from RNIS#2	426–600
15. Burundi Region	572'000	342'000				914–000	The Burundi population In Rwanda and Tanzania Is	908'600
							In crisis. ID and Zaire ref at high risk	
16 Mauritania/Senegal				60'000		60000	No reported change from RNIS#2	60000
17 Djibouti				32'000		32'000	No reported change from RNIS#2	32'000
Total	1'324'000	2'101'000	5'677'000	6'941'600	414'000	16'457'600		15'867'200

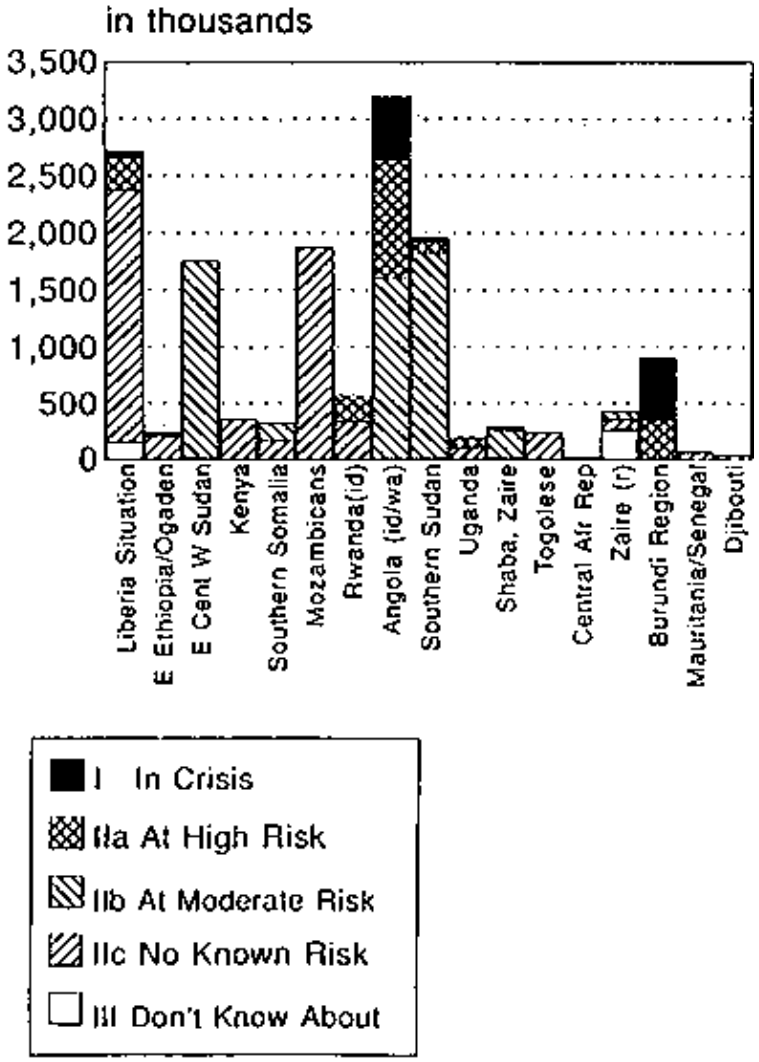


Figure 1 REFUGEE AND DISPLACED POP Selected Areas (Jan 1994)

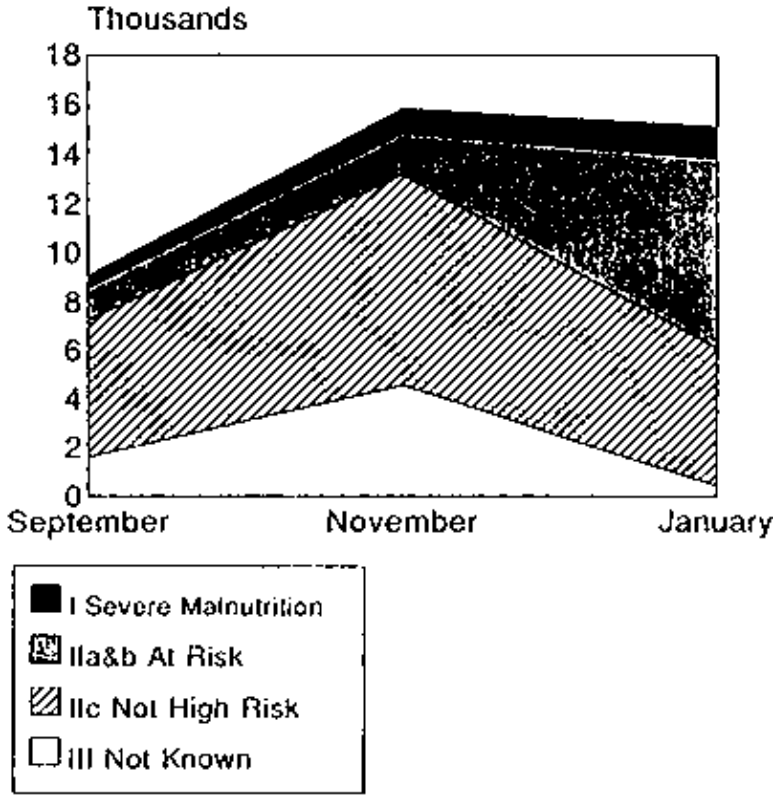


Figure 2 Total Population Estimates Over Time Africa: September 1993–January 1994

Note 1: The increase from Sept to Jan is largely due to better reporting

Note 2: The classification in category was changed between Nov and Jan data (see Table 2). IIa in Nov is now split into IIa (high risk) and IIb (moderate risk). IIb in Nov is now IIc.

*Remits of Surveys Quoted in February N*ewsletter						
	Survey				*Mortality*	
	Conducted by	*Date*	*% Wasted'*	*% Severely Wasted'*	*(/10.000/day)*	*Other data*
1. Liberia Region						
a. Nimba County	MSF–B	6–10 Dec 1993	9.6% (wt/ht <–21 and/or oedema	4.3% (wt/ht<–3z and/or oedema)	15	
b. Grand Bassa County	MSF B	16–21 Nov 1993	9.2% (wt/ht <–21 and/or oedema)	2.6%(wt/ht<–3z and/or oedema)	2.1	
c. Upper Margibi Bong	MSF–H	Jan. 94	5 55% (MUAC. 120mm and/or oedema)			
Lofa. Grand Bassa						
d Waterloo Camp. Sierra Loene	AICF	4. Nov.93	5.8% (MUAC < 12cm)	1.7% (MUAC < 11cm)		
2. Ethiopia						
a. Ogaden	MSF –B	Nov 93			0.9 – 1.7	Under live mortality: 1.2– 2.7/10.000/day
4. Kenya						
a. Mandera Camp	MSF B	Sep. 93	6.1% (n.s.)	0.5% (n.s.)	0.59	Under live mortality: 95/10.000/day
b. Hagadera Camp	MSF B	Aug. 93	6% (n.s.)	0.4% (n.s.)	046	Under live Mortality: 1.87/10.000/day
c El Wak Camp	MSF B	Sep. 93	2.1% (n.s.)	0% (n.s.)	0.21	
5. Somalia						
a Kismayo (displaced)	.MSF–B	Dec. 93	11.9% (n.s.)	8.8% (n.s.)		Levels of wasting among residents: 8.8% with 1.8% SEVERE

7. Rwanda						
a Out side DMZ	WFP	Dec. 94	<2.5%(n.s.)			
b. Out side DMZ	MSF–H	Jan. 94	2.5% (<–2SD and/or oedema)	0–1% (<–3SD and/or oedema)	<.5	Under live mortality <1/10.000/day
8. Angola						
a. Melange	MSF–H	Jan. 94			1.3	Water supply sald to be 'adequate'
b. Huambo	ICRC	Dec. 93	36–48% (MUAC for height)			
9. S Sudan						
a. Katobi Camp	AICF	Oct. 93	22% (<–2SD and/or oedema)	3.5% (.3SD and/or oedema)		Oeddema alone measured at 8%
10. Uganda						
a. Koboko	MSF–H	Jan. 94	11.4% (<80% wt/ht)	1.8% (<70% wt/ht)	1.1	Under live mortality: 2.8/10.000/day
11. Shaba. Zaire						
a. Mwene Ditu	MSF–B	Sep. 93	25.3% (<–2z scores and/or oedema)	7.1% (<–3z scores and/or oedema	4.1 (Ocl)	Under live mortality rate: 9.6/10.000/day in Oct
b. Kabinda	MSF–F	Dec.93	38% (<–2SD and/or oedema)	9.5% (< 3SD and/or oedema)		
13. Central African Republic						
a. Boubou Camp	AICF	Nov. 93	8.8% (<–2SD and/ex oedema)	2.6% (<–3SD and/or oedema)	1.17	Under live mortality 1.76/10.000/day
15. Burundi Region						
a. Rwanda	UNHCR	Dec. 93	38.4% (MUAC< 125 mm)	5.9% (MUAC < 110mm)		
b. Kagina.	MSF–H	Jan. 94	25.4% (<–2SD and/or oedema)	10.8% (<–3SD and/or oedema)	37–56	Under live mortality: 11.5/10.000/day

	c. Rugogwe	MSF−H	Jan 94	16.6% (< 2SD and/or oedema)	6.1% (<−3SD and/or oedema)	3.7 − 5.6	Under live mortality: 11.5/10.000/day
	d. Tanzania	UNHCR	Dec. 94	5−17% (MUAC < 125 mm)	2.9% (MUAC < 110 mm)	1.4 − 12.2	Under live mortality 2.2−18.1/10.000/day
	e. Tanzania. Kibondo	LSHTM	Jan 94			3	43% of deaths due to malnutrition
'Wt/ht unless MUAC specified; cut−off=n.s. moans not specified, but usually −2SD wt/ht for wasting and −3SD wt/ht for severe wasting							

Notes

1. Liberia Region

a. Survey in Nimba County conducted by MSF−Belgium (6−10 December 1993) This was a rapid nutritional assessment with 30 clusters and a sample size of 798 children aged 6−59 months. Acute malnutrition (called wasting in this newsletter) was defined as weight/height <−2z scores and/or oedema and severe malnutrition (called severe wasting in this newsletter) was defined as weight/height <−3z scores and/or oedema.

b. Survey in Grand Bassa County conducted by MSF−Belgium (16−21 November 1993) The sampling method used was two stage duster sampling'. Thirty dusters were randomly chosen and 23 children were surveyed within each duster. The actual sample surveyed was 742 children between 6−59 months. Height between 65−110 cm was used as substitute when age was not known. Cut−off used for global acute malnutrition was weight/height <−2z scores and/or oedema, and severe acute malnutrition was weight/height <−3z scores and/or oedema.

c. Survey in Upper Margibi, Bong, Lofa, and Grand Bassa Counties conducted by MSF−Holland (January 1994). This survey used MUAC <120mm and/or oedema to define malnutrition. No further details are available.

d. Survey in Waterloo Camp, Sierra Leone conducted by AICF (4 November 1993). This was a quick assessment on children between 6−59 months old, with children under 110 mm taken when age not known. Moderate acute malnutrition was defined as MUAC <−12 cm and severe acute malnutrition was defined as MUAC<=11 cm.

2. Ethiopia

a. Survey in the Ogaden conducted by MSF−Belgium (October and November 1993). This information is compiled by GOAL and MSF−Belgium based on patients seen at clinics and feeding centres.

4. Kenya

a. Survey in Mandera Camp conducted by MSF−Belgium (September 1993). No survey details available.

b. Survey in Hagadera Camp conducted by MSF−Belgium (August 1993). No survey details available.

c. Survey in El Wak Camp conducted by MSF−Belgium (September 1993). No survey details available.

5. Somalia

a. Survey in Kismayo with information from MSF−Belgium (December 1993). The figures quoted are estimations from a random duster survey. Complete details are not yet available.

7. Rwanda

a. Information from WFP (1 January 1994). No details available.

b. Survey outside the DMZ conducted by MSF−Holland (January 1994). Cut−offs used for wasting levels were: <−2SD and/or oedema for wasting and <−3SD and/or oedema for severe wasting. Further details not available.

8. Angola

a. Information from MSFH (25 January 1994). No details available.

b. Information from ICRC (December 1993). This information was informally transmitted, so no survey details are available at this time.

9. Southern Sudan

a. Survey in Kotobi Displaced Camp, Mundri, Southern Sudan (October 1993) conducted by AICF. This was a cluster survey which included children 6−59 months old. Cut−off used for wasting was <−2SD and/or oedema and severe wasting was <−3SD and/or wasting.

10. Uganda

a. Survey in Koboko conducted by MSF−Holland (January 1994). The cut−off used for wasting was <80% weight/height and severe wasting was <70% weight/height. No further details are available at this time.

11. Shaba, Zaire

a. Information on Mwene−Ditu from MSF−Belgium (September−October 1993). Children between 6−59 months were surveyed with a total sample size of 481. Cut−offs used for wasting were <−2z scores and/or oedema and severe wasting <−3z scores and/or oedema. No further details are available.

b. Information from Kabinda from MSF−France (26−30 November 1993). Children between 6−59 months old were surveyed with a total number surveyed of 734. A duster sample was used. The cut−off used to define wasting was height/weight <−2SD and/or oedema and severe wasting was <−3SD and/or oedema.

13. Central African Republic

a. Survey conducted 18−20 November 1993 by AICF. This was a cluster survey and the sample size was 465 children 6−59 months.

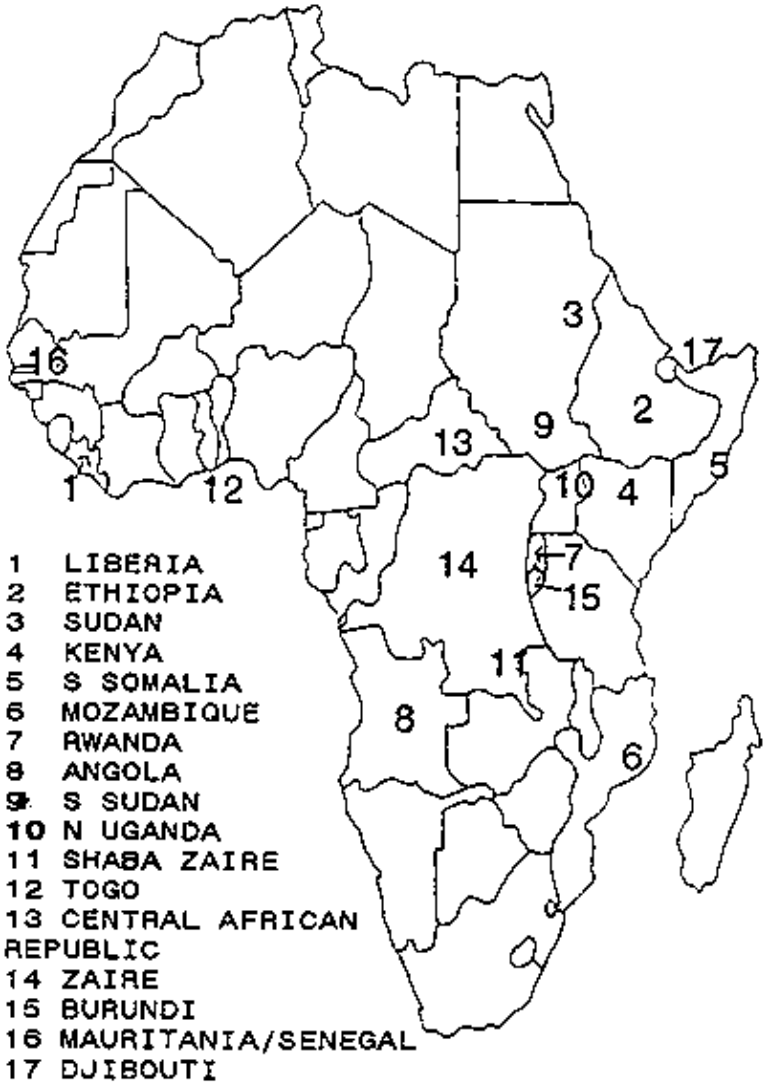
15. Burundi Region

a. Information from UNHCR (30 December 1993). This was a survey on children under five years old. A MUAC <125 mm was considered to indicate 'moderate malnutrition' and MUAC <110 mm was considered to indicate 'severe malnutrition'. No further details are available.

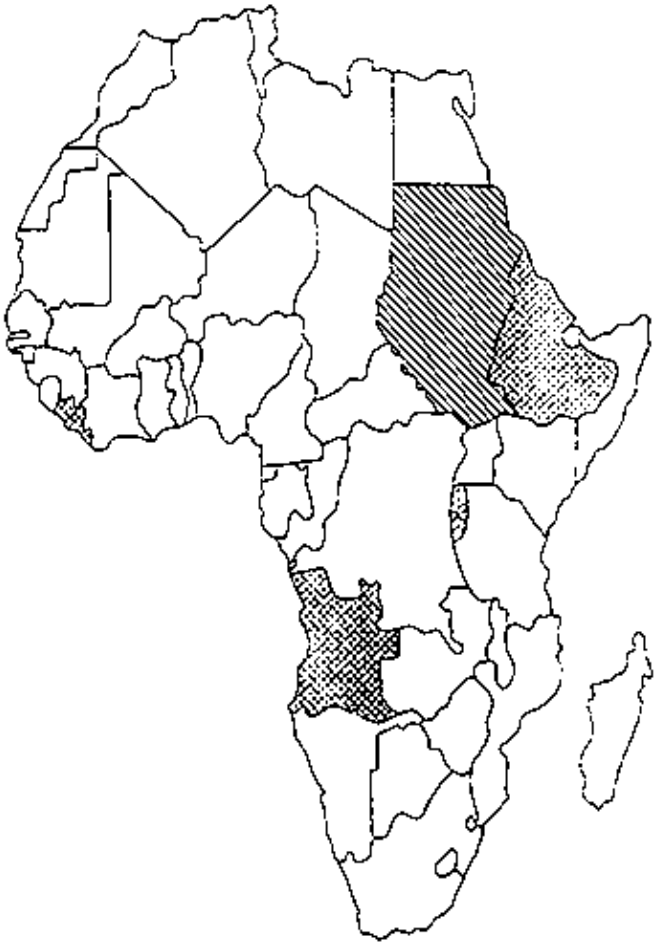
b and c. Survey in Kagina and Rugogwe conducted by MSF−Holland (16 January 1994). Cut offs used were: wasting weight/height <−2SD and/or oedema and severe wasting weight/height <−3SD and/or wasting. No further details are available at this time.

d. Information from UNHCR (21 January 1994). One survey measured MUAC on children under five using a cut−off of <120 mm for wasting and <110 mm for severe wasting. Another survey used two stage duster method to sample 882 children 6−53 months old (survey conducted by MSFF/MSFS 10−13 December). Cut−off for wasting was <80% weight/height and/or oedema and severe wasting was <70% weight/height and/or oedema.

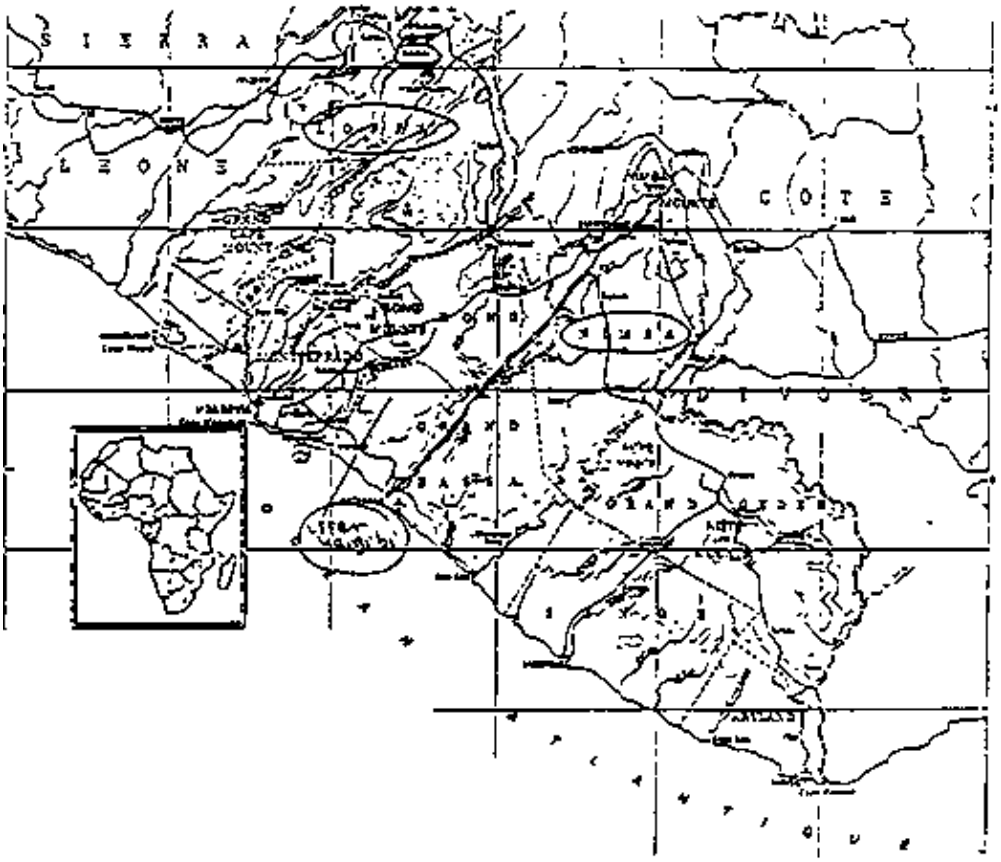
e. Information from London School of Hygiene and Tropical Medicine (LSHTM). Graphs showing breakdown of mortality by attributable causes.



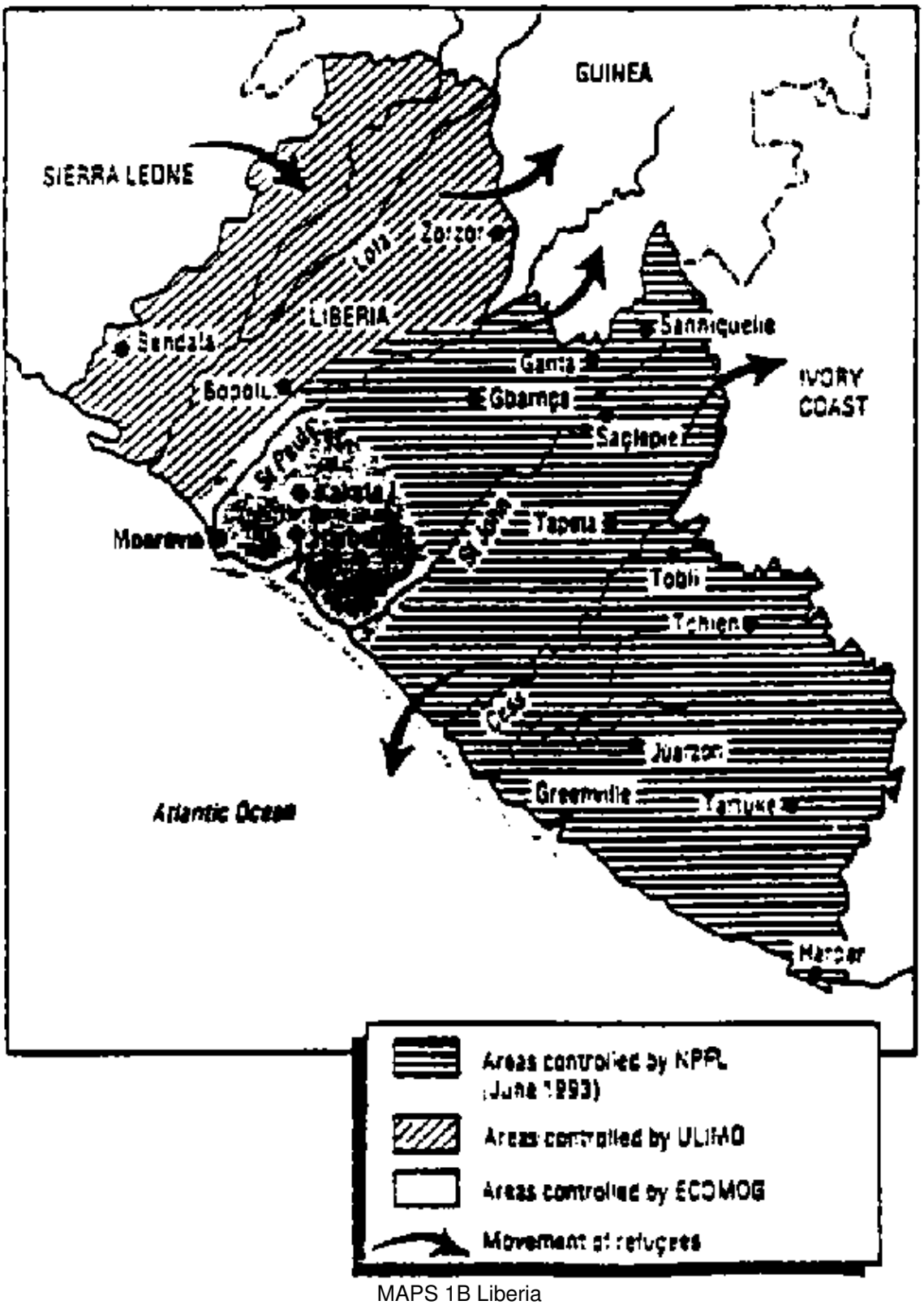
MAP A Situational Map



MAP B Location of Populations in Table 1

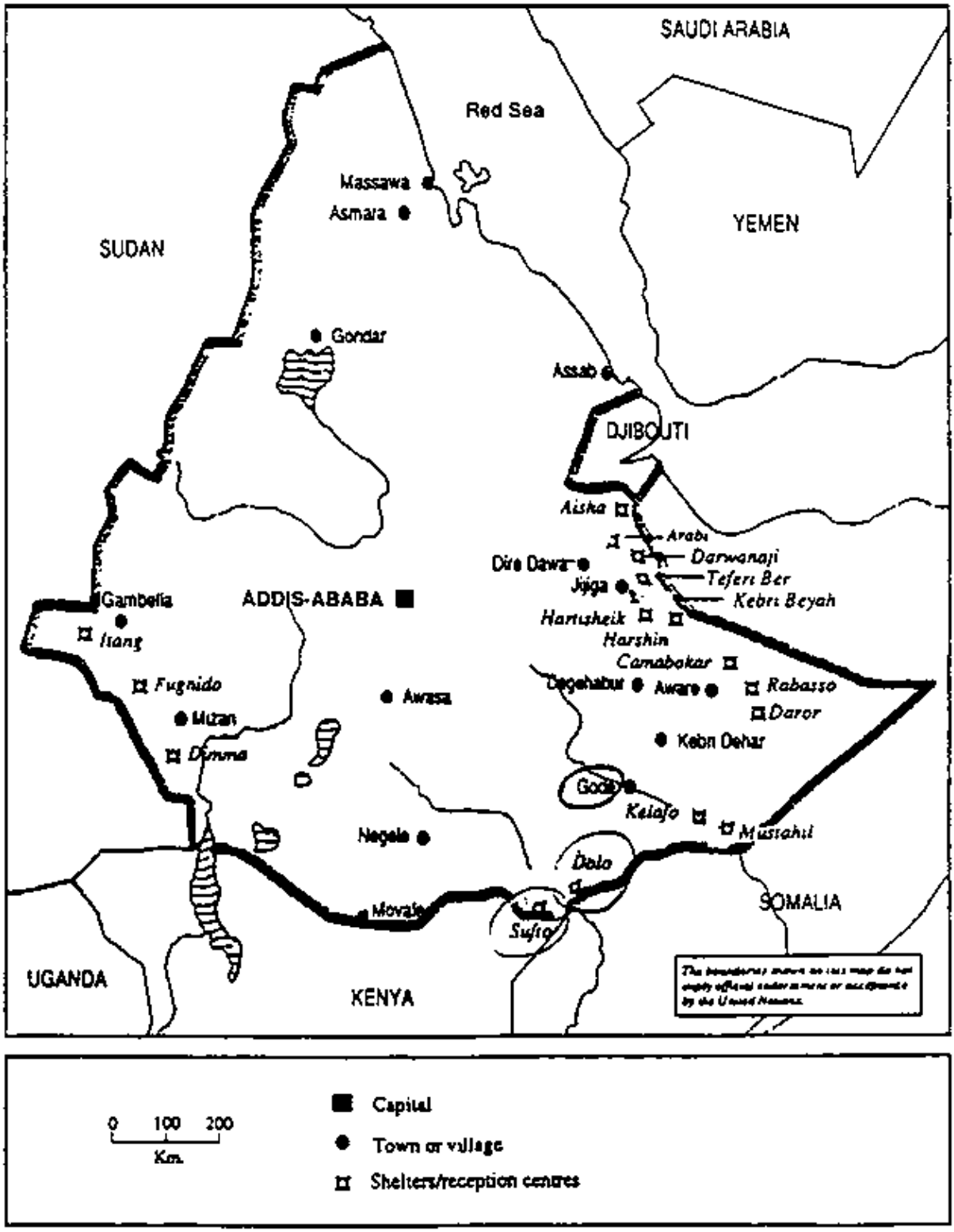


MAPS 1A Liberia

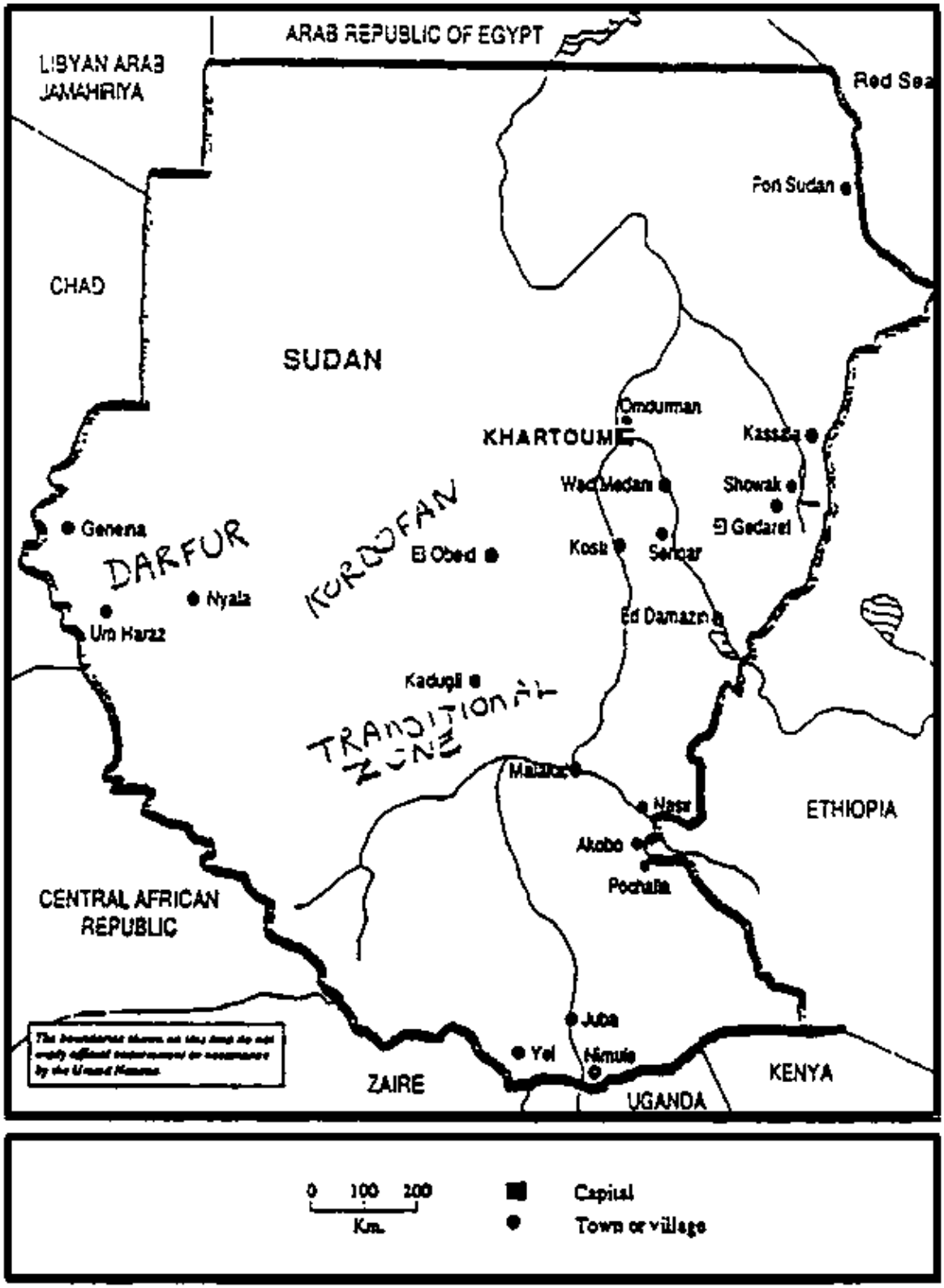


MAPS 1B Liberia

Source: "Life, Death and Aid", MSF, 1993
Reproduced with permission from MSF–UK and Routledge.



MAP 2 Ethiopia


ARAB REPUBLIC OF EGYPT
LIBYAN ARAB JAMAHIRIYA
Red Sea
Port Sudan
CHAD
SUDAN
Omdurman
KHARTOUM
Kassala
Wad Medani
Showak
El Gedaref
Geneina
DARFUR
KORDOFAN
El Obeid
Kosti
Sennar
Nyala
Um Harz
Ed Damazin
Kadugli
TRANSITIONAL ZONE
Malakal
Nasir
ETHIOPIA
Akobo
Pochalla
CENTRAL AFRICAN REPUBLIC
Juba
Yei
Nimule
KENYA
ZAIRE
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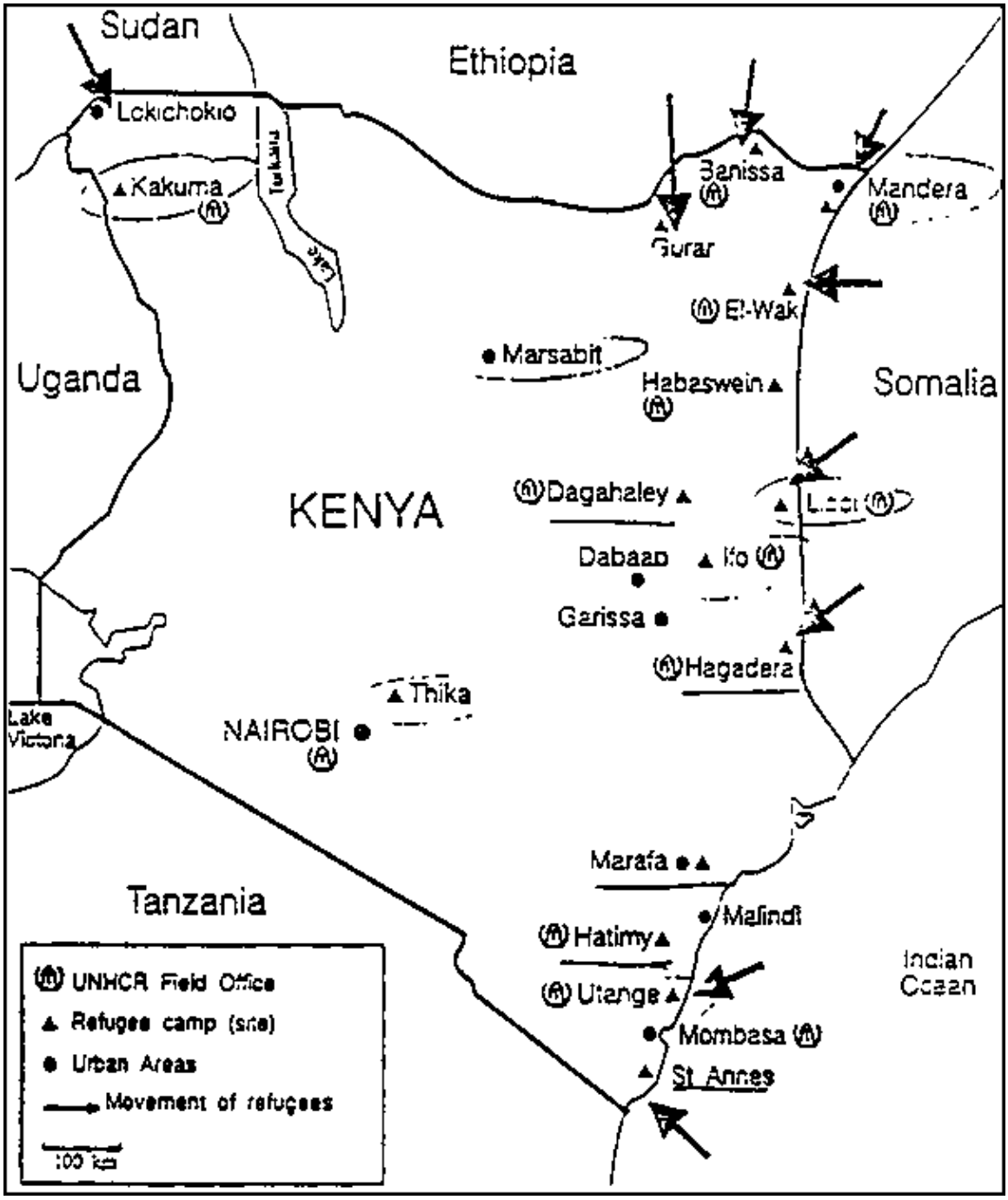
Km.
Capital
Town or village

MAP 3 Sudan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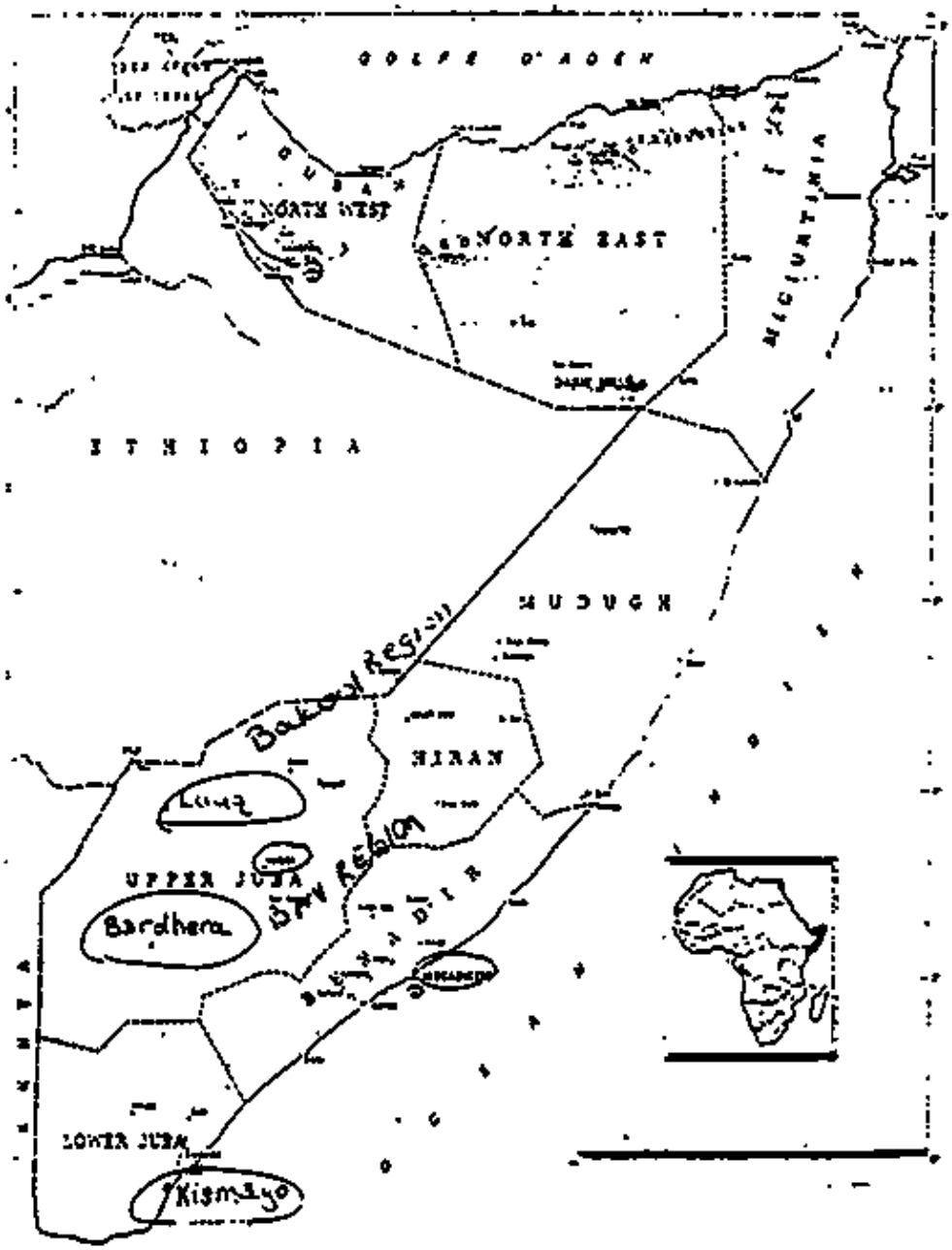
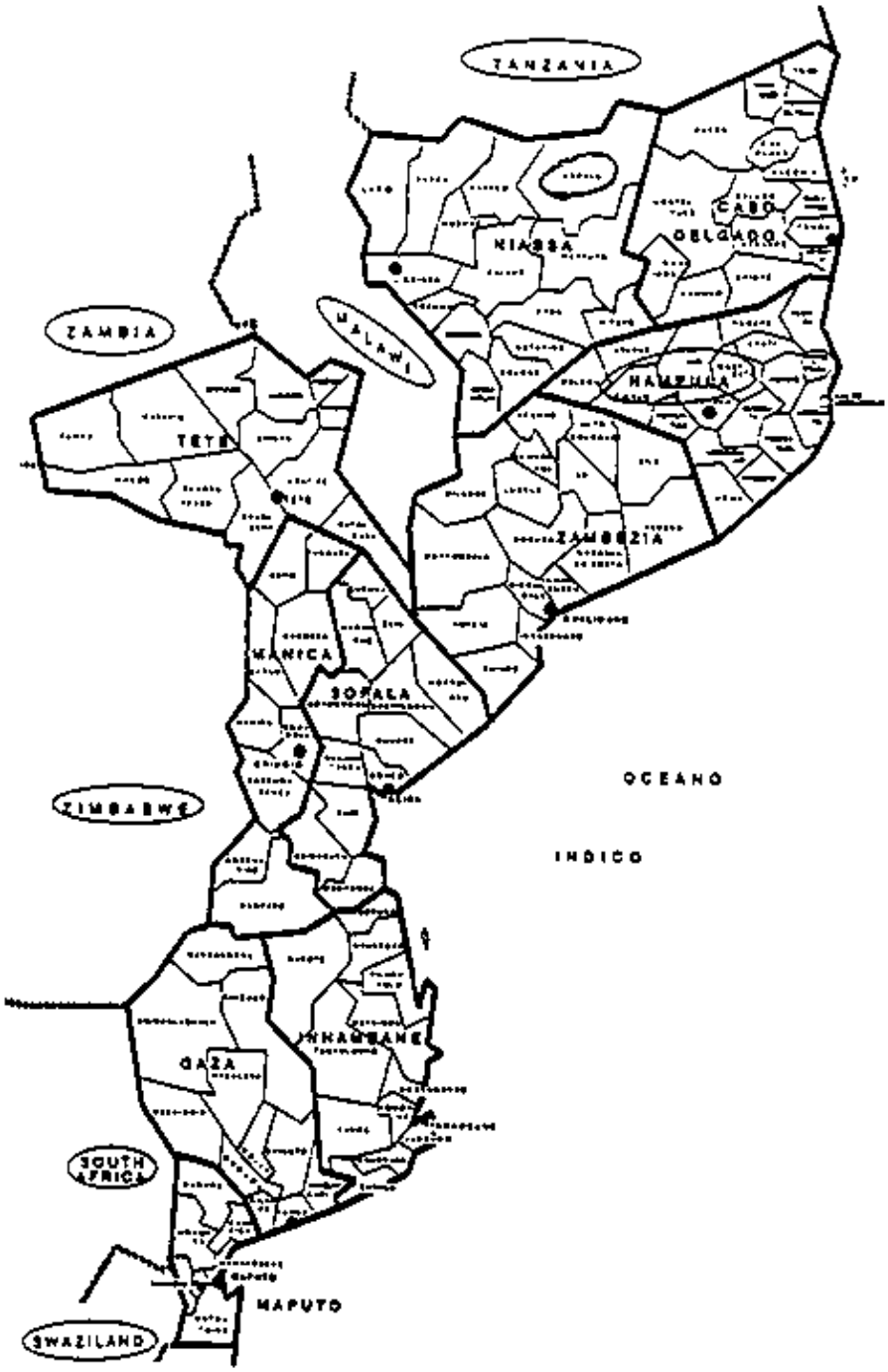
Ethiopia
Lokichokio
Kakuma
Turkana
Lake
Banissa
Mandera
Gurar
El-Wak
Marsabit
Uganda
Habaswein
Somalia
KENYA
Dagahaley
Dabaab
Ifo
Garissa
Hagadera
Thika
NAIROBI
Lake Victoria
Marafa
Tanzania
Malindi
Hatimy
Indian Ocean
Utange
Mombasa
St Annes
UNHCR Field Office
Refugee camp (site)
Urban Areas
Movement of refugees
100 km

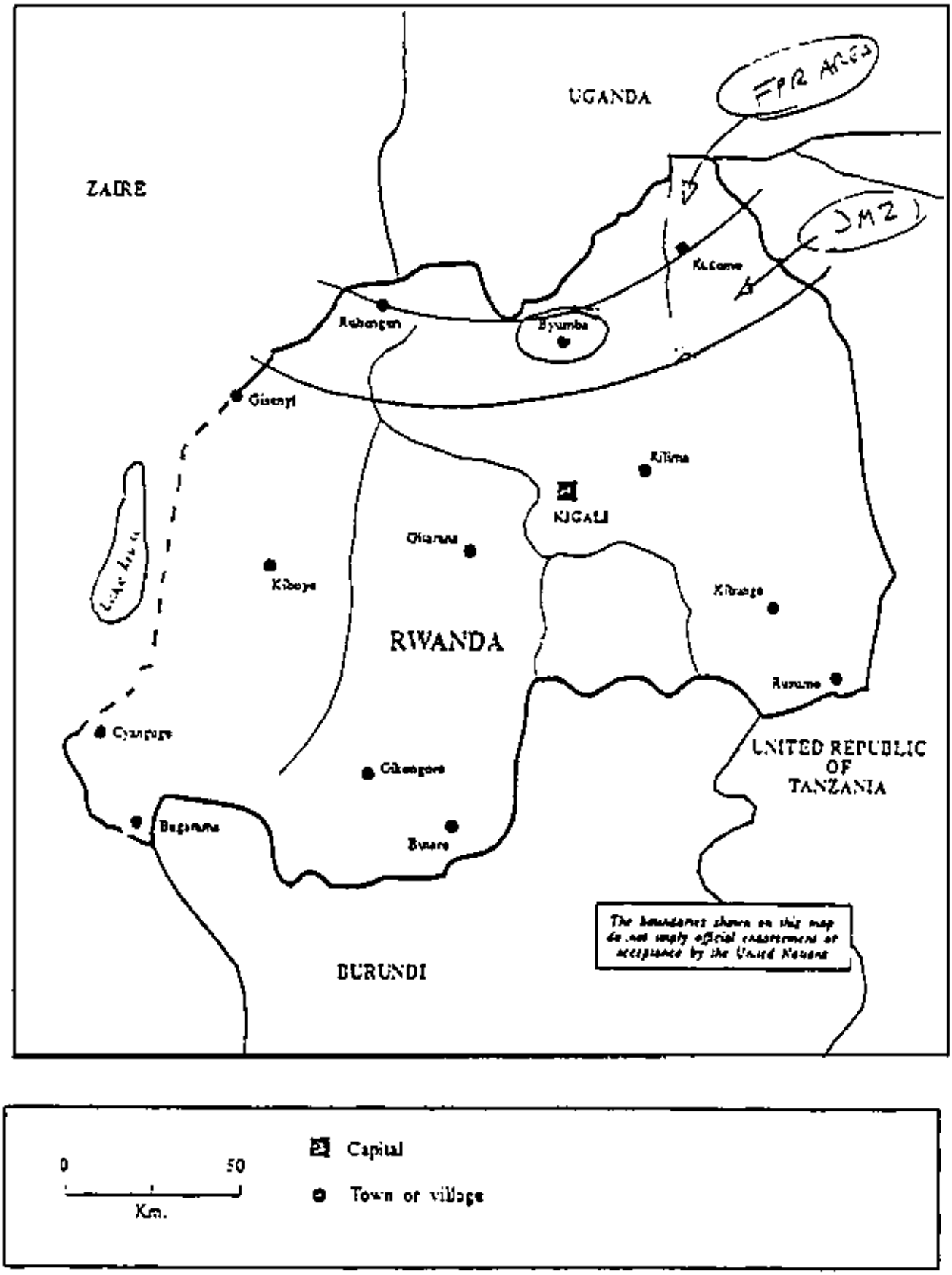
MAP 4 Kenya



MAP 5 Somalia



MAP 6 Mozambique


UGANDA
ZAIRE
FPR AREA
DMZ
Ruhengeri
Byumba
Kibuye
RWANDA
KIGALI
Kibungo
Cyangugu
Gikongoro
Butare
UNITED REPUBLIC OF TANZANIA
BURUNDI
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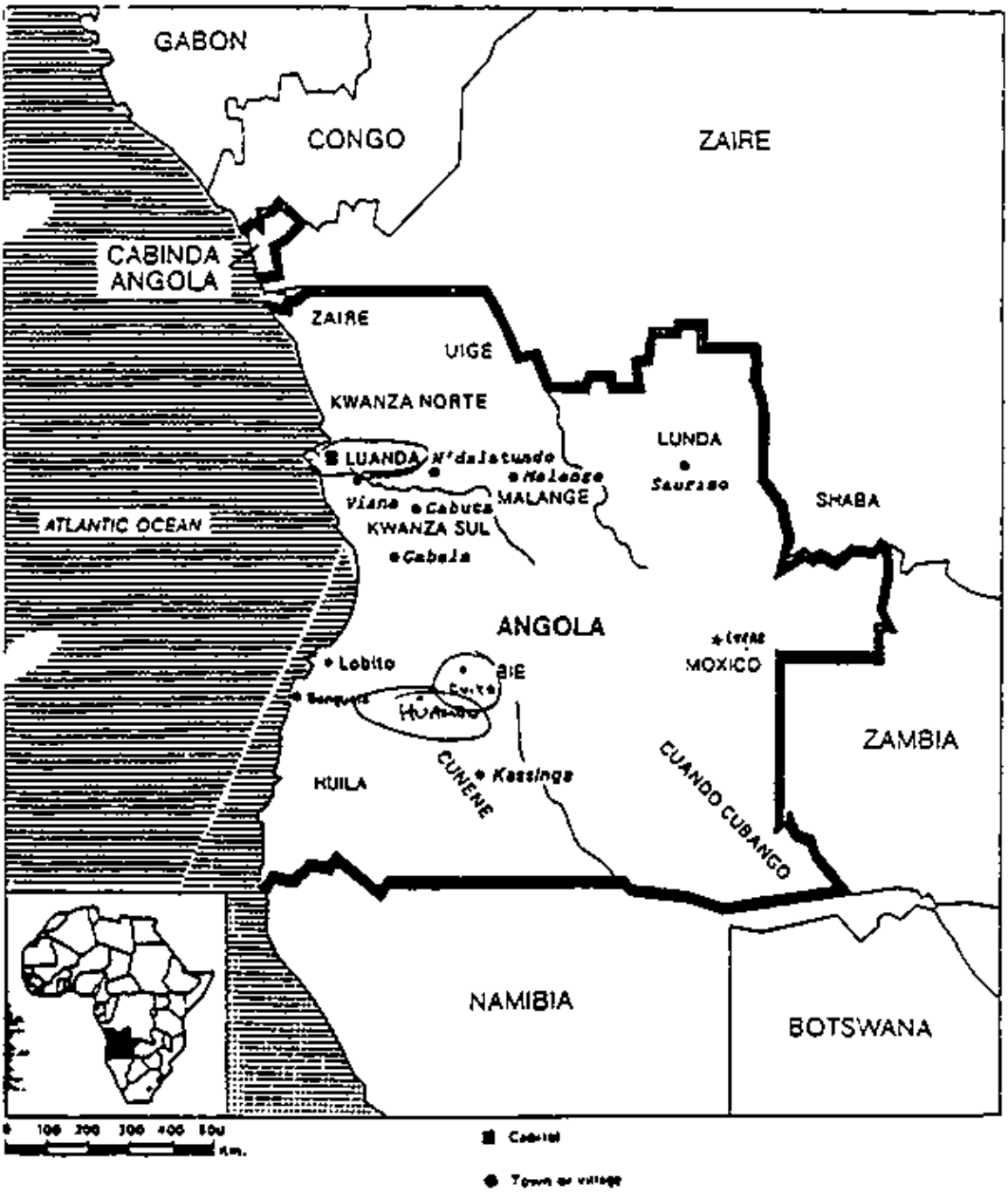
50
Km.
Capital
Town or village

MAP 7 Rwanda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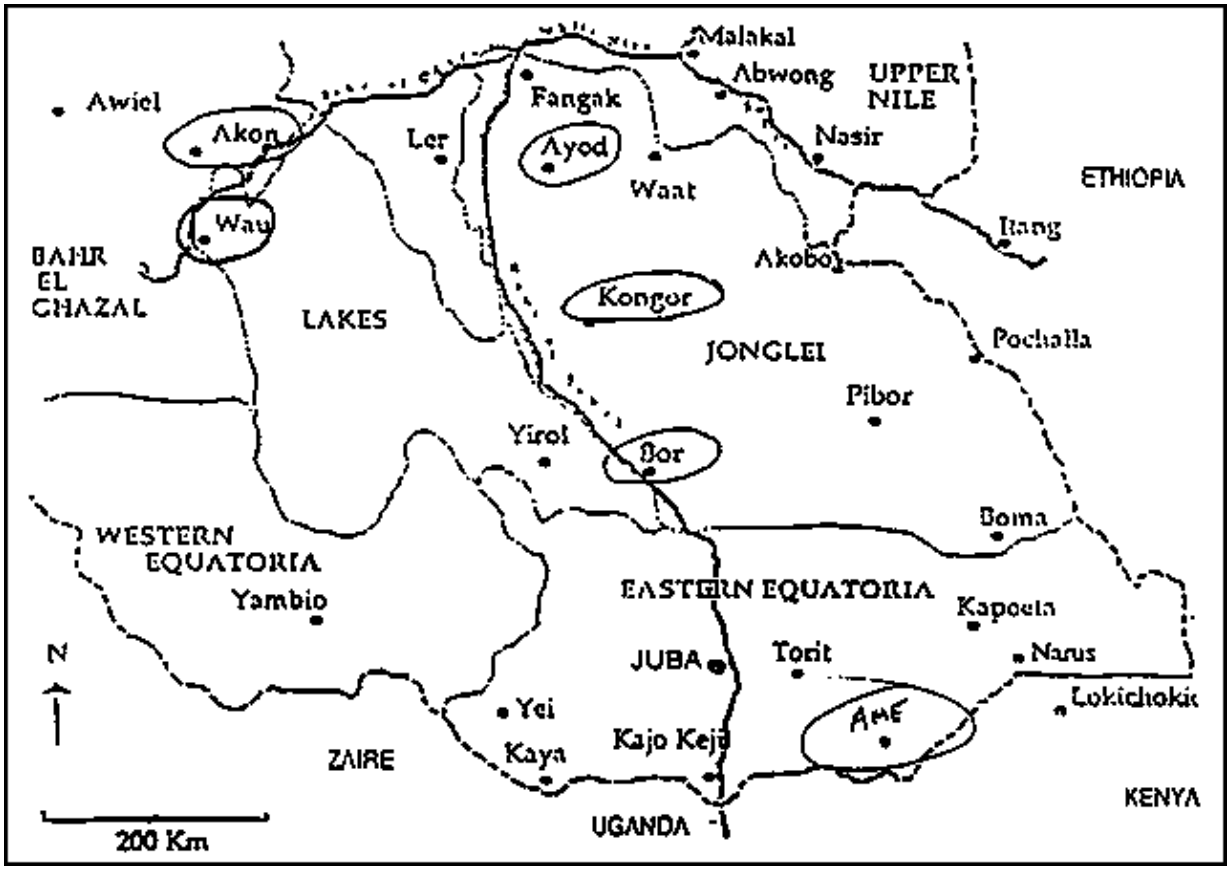
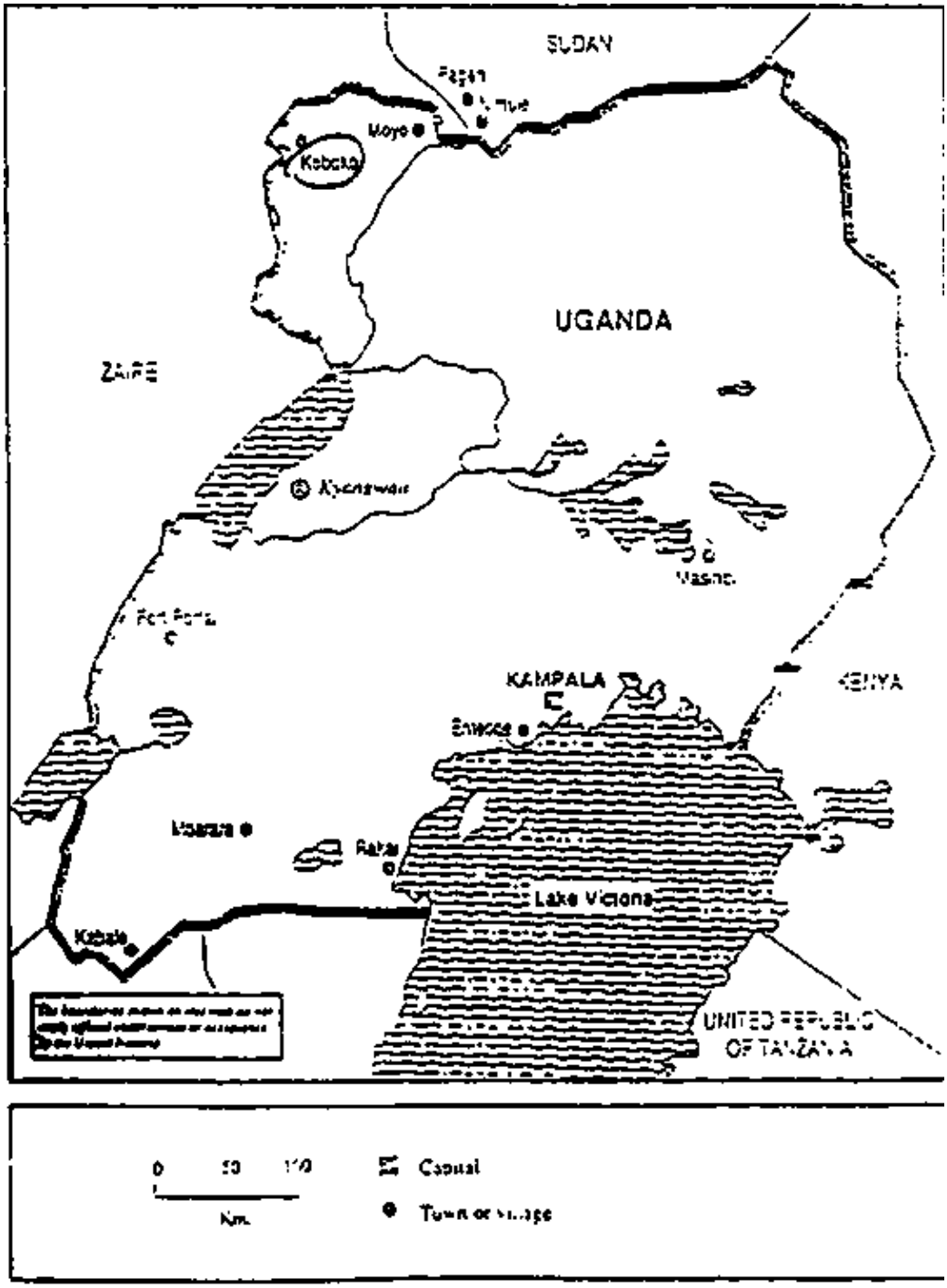
ZAIRE
CABINDA
ANGOLA
ZAIRE
UIGE
KWANZA NORTE
LUANDA
N'dalatando
Malanje
MALANGE
Viana
Cabuta
KWANZA SUL
Gabela
ATLANTIC OCEAN
LUNDA
Saurimo
SHABA
ANGOLA
Lobito
Benguela
Huambo
BIE
MOXICO
ZAMBIA
HUILA
CUNENE
Kassinge
CUANDO CUBANGO
NAMIBIA
BOTSWANA
Capital
Town or village

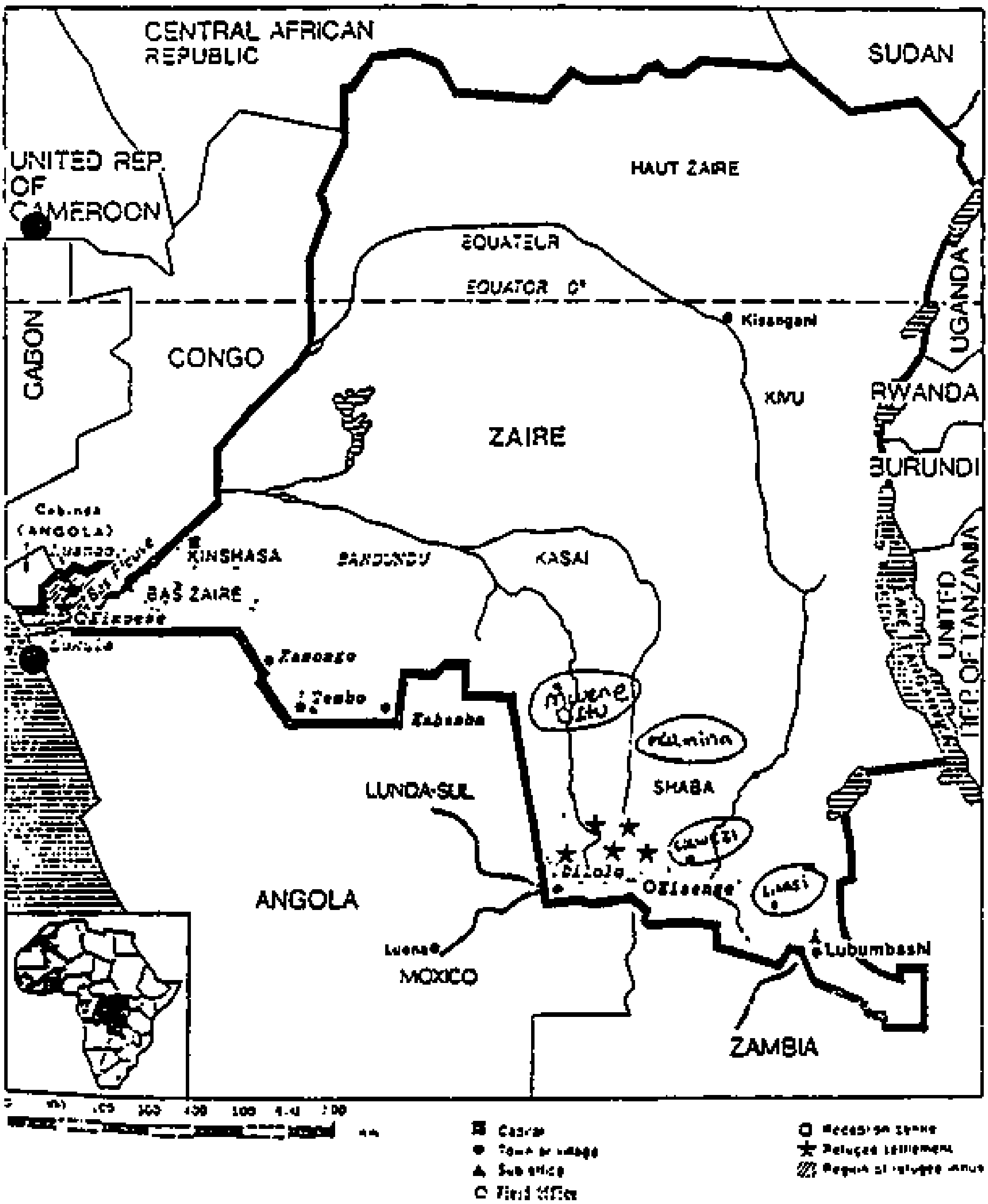
MAP 8 Angola



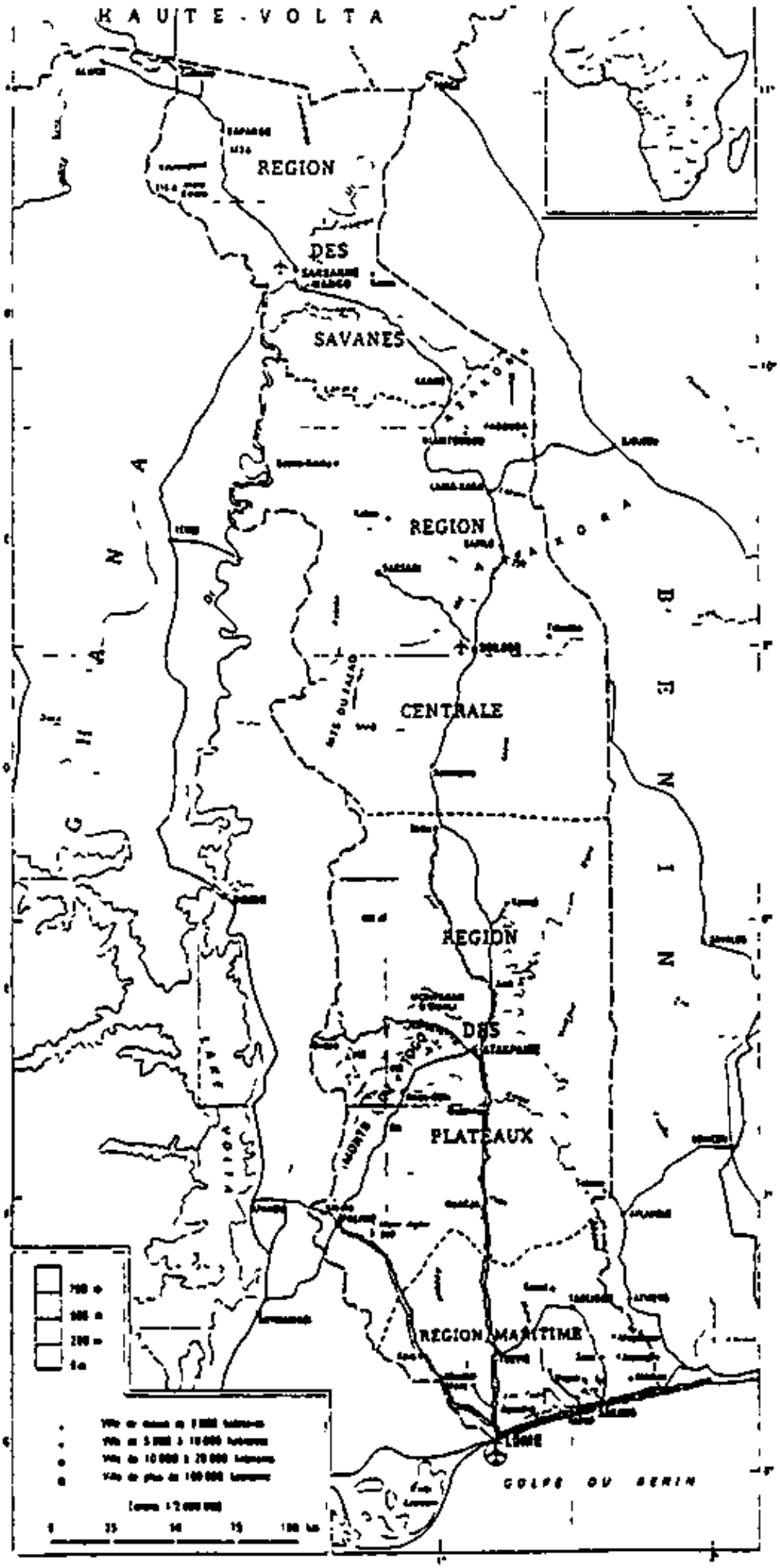
MAP 9 Southern Sudan



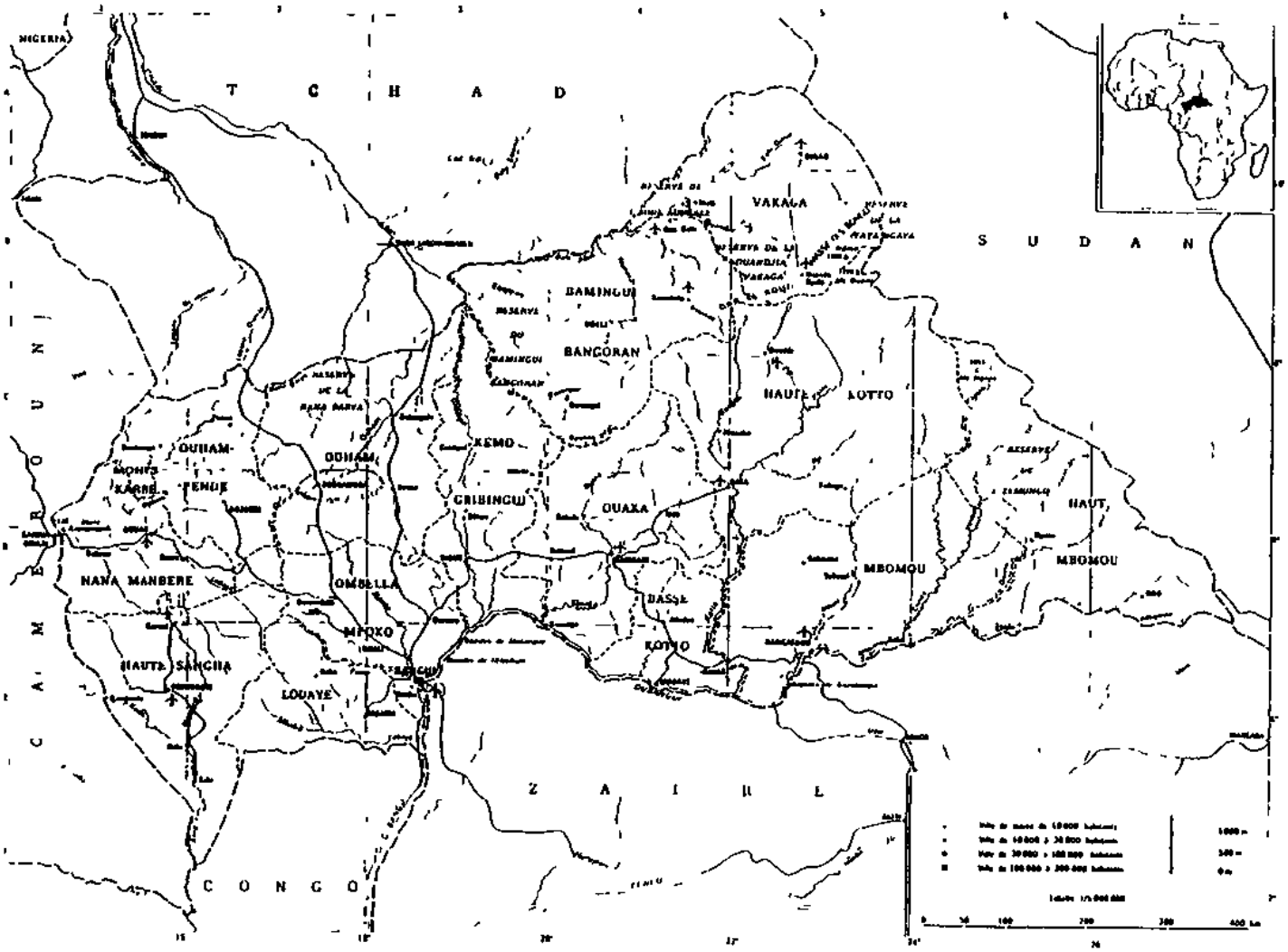
MAP 10 Uganda


CENTRAL AFRICAN
REPUBLIC
SUDAN
UNITED REP.
OF
CAMEROON
HAUT ZAIRE
EQUATEUR
EQUATOR 0°
Kisangani
GABON
CONGO
UGANDA
KIVU
RWANDA
ZAIRE
BURUNDI
KINSHASA
BAS ZAIRE
KASAI
UNITED
REP. OF TANZANIA
SHABA
LUNDA-SUL
ANGOLA
MOXICO
Lubumbashi
ZAMBIA

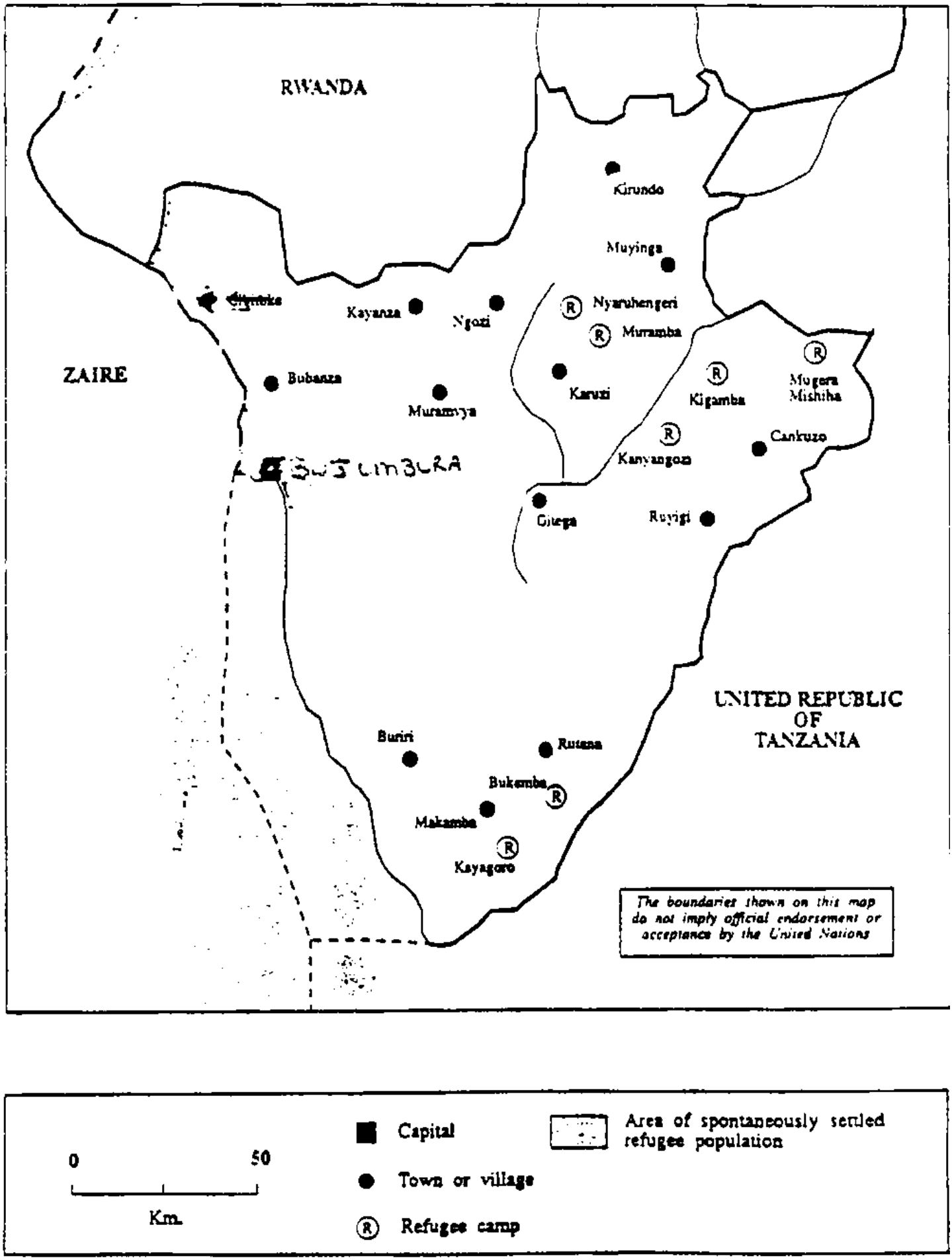
MAP 11 Zaire


HAUTE-VOLTA
REGION
DES
SAVANES
REGION
CENTRALE
REGION
DES
PLATEAUX
REGION MARITIME
GOLFE DU BENIN

MAP 12 Togo



MAP 13 Central African Republic



MAP 15 Burundi

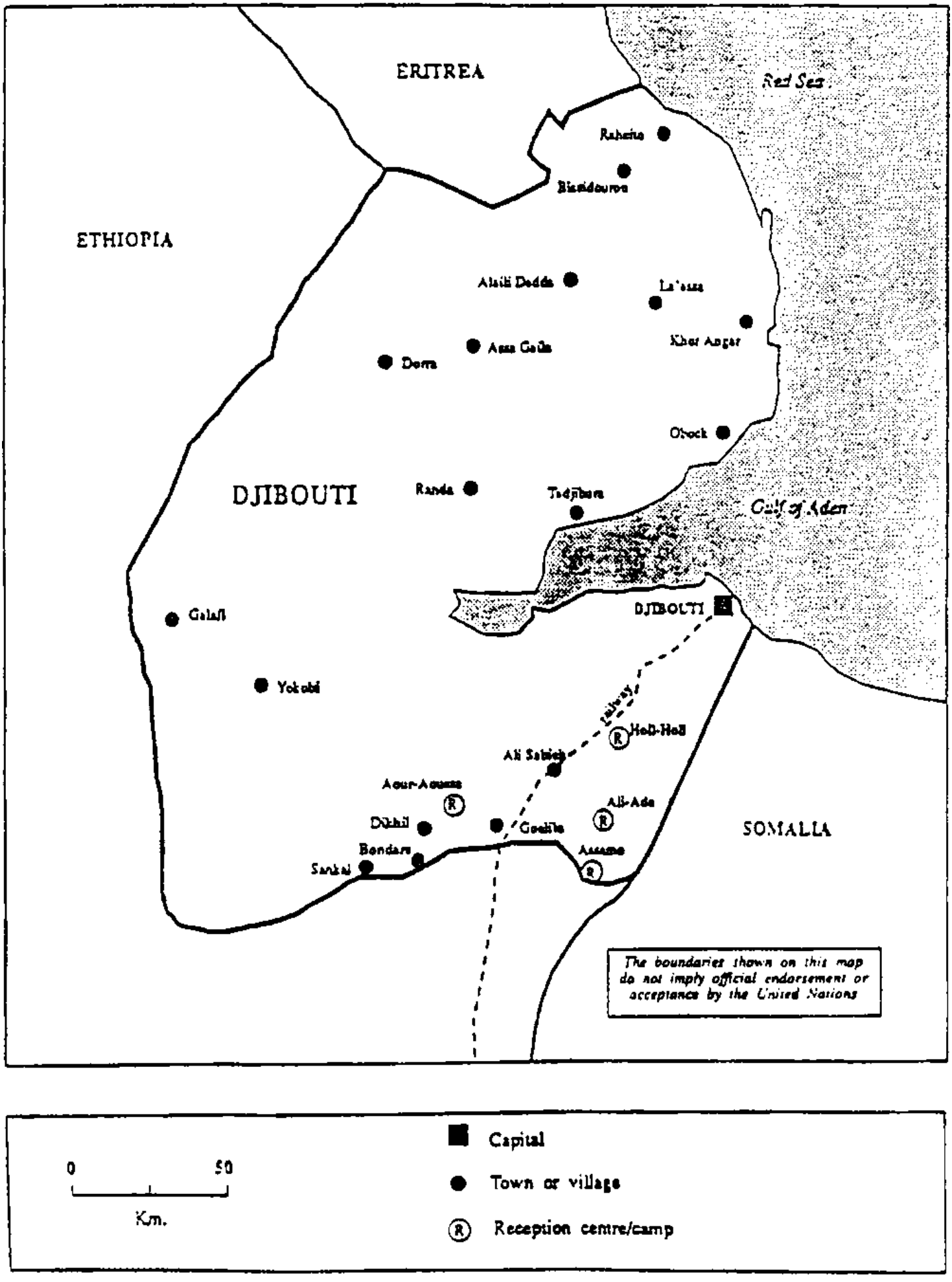
MAURITANIA

Area	1.030.700 sq.km.
Estimated population	2.140.000 (1992)
Population density	2.08 per sq.km. (approx)
Rainy season	July – September

MAP 16 Mauritania/Senegal

DJIBUOTI

Area	21.783 sq.km.
Estimated population	470.000 (1992)
Population density	21.6 per sq.km. (approx.)



MAP 17 Djibouti