

**Refugee Nutrition Information System (RNIS), No. 07 – Report on the  
Nutrition Situation of Refugees and Displaced Populations**



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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.*

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## HIGHLIGHTS

*The total number of refugees and displaced people in Africa has remained virtually constant over the reporting period. Heightened nutritional risk is being seen in Angola, Ethiopia, Liberia and in the Rwanda/Burundi regional situation, accounting for over 10 million people. However, the situation for 2 million people in Southern Sudan, which has been disastrous for the entire year of reporting is showing some signs of improvement.*

**Angola** *With the progress achieved in the peace negotiations, access has been obtained to many of the besieged cities. Information from Malange shows wasting at worrying levels and the situation has indeed deteriorated due to the most recent aid blockade. It is thought that the situation in Kuito and Huambo is every bit as preoccupying as that in Malange.*

**Ethiopia** *Micronutrient deficiencies continue to be seen in the population in Gode. Recent information about approximately 45,000 Somali refugees in Western Ethiopia shows a declining nutritional situation with levels of wasting over 20%.*

**Liberia** *There is increasing fighting in Liberia and Sierra Leone, causing the displacement of over 500,000 people, many of whom were already displaced or refugees. The insecurity has also forced the evacuation of NGOs from the countryside, leaving only ECOMOG escorted convoys to deliver food on an "ad hoc" basis. No recent nutritional information is available due to the insecurity in the region, but since the situation was precarious before the evacuation, the lack of food aid is cause for grave concern.*

**Rwanda/Burundi Region** The regional crisis, affecting almost 5 million people, is the largest in Africa. Levels of wasting are rising within the refugee population in Burundi, Tanzania, and Goma, Zaire. Mortality rates measured at the height of the cholera epidemic in Goma were between 100–180 times the normal rate and were the highest ever recorded in the early stages of a refugee crisis. The epidemic is now under control, and mortality rates are coming down.

**Southern Sudan** There are signs that the situation in Southern Sudan is improving. Over the last few months, deliveries of food aid by air, barge and road have increased. This along with the harvest, has improved accessibility to food for the population. It is vital that these increased levels of food deliveries continue.

In Nepal, the presence of many micronutrient deficiencies (beriberi, scurvy, goitre and pellagra) has been confirmed. An analysis of the adjusted food basket shows adequate levels of micronutrients, with the possible exception of iron and vitamin B12.

There are approximately 2.5 million people affected by the continuing war in Afghanistan. Most of these people (just under 2 million) are refugees in Iran or Pakistan and they are reportedly in an adequate nutritional state. The situation for the approximately 600,000 displaced people in Afghanistan is more precarious. Wasting levels among the displaced in Kabul were 32% in May. In August in the camps at Jalalabad wasting varied from 14.6–18.6%.

### ADEQUACY OF FACTORS AFFECTING NUTRITION

Factor	Liberia	Ogaden	E, W, C, Sudan	Somalia	Mozambique	Angola	S. Sudan	Shaba	Burundi/Rwan
1. General resources									
– food (gen. stocks)	?	X	X	?	?	X	?	X	X
– non-food	?	X	X	?	?	X	?	?	X
2. Food pipeline	X	X	X	?	?	?	X	X	X
3. Non-food pipeline	?	X	X	?	?	?	?	?	X
4. Logistics	X	X	??	X	X	X	X	X	X
5. Personnel*	??	?	??	?	?	?	?	?	?
6. Camp factors**	?X	?	??	X	??	X	?x	X	X
7. Local rations – kcals	X	X	X	?X	?	?X	X	X	X
– variety/micronutrients	X	X	??	?X	?	X	X	?X	X
8. Immunization	?	?	?	X	?	?	X	?	?X
9. Information	?	?	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 applicable.

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

## INTRODUCTION

The UN ACC/SCN<sup>1</sup> (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.

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This is the seventh of a regular series of reports, issued every two months. This report is the third in the series to include reports on some Asian refugees and displaced people. Subsequent reports will be expanded to include more information on Asian refugee and displaced populations. As in the past, Southern Iraqi refugees in Iran are also included.

Information is obtained from a wide range of collaborating agencies, both UN and NGO (see list at end). 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 for such information, through the ACC/SCN's working group on Nutrition of Refugees and Displaced People.

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, 1994) provide some guidance for interpreting adequacy of rations reported here. For a healthy population with a demographic composition typical of Africa, with actual (observed) body weights under normal conditions, and environmental temperature of 25°C, the average requirement computes as 1,720 kcals/person/day for low activity (1.4 BMR), and 1,850 kcals/person/day for moderate activity (1.54 BMR); at 15°C, these figures are 1,900 and 2,040 kcals/person/day. Substituting NCHS reference weights for children adds about 130 kcals to these figures.

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

## References

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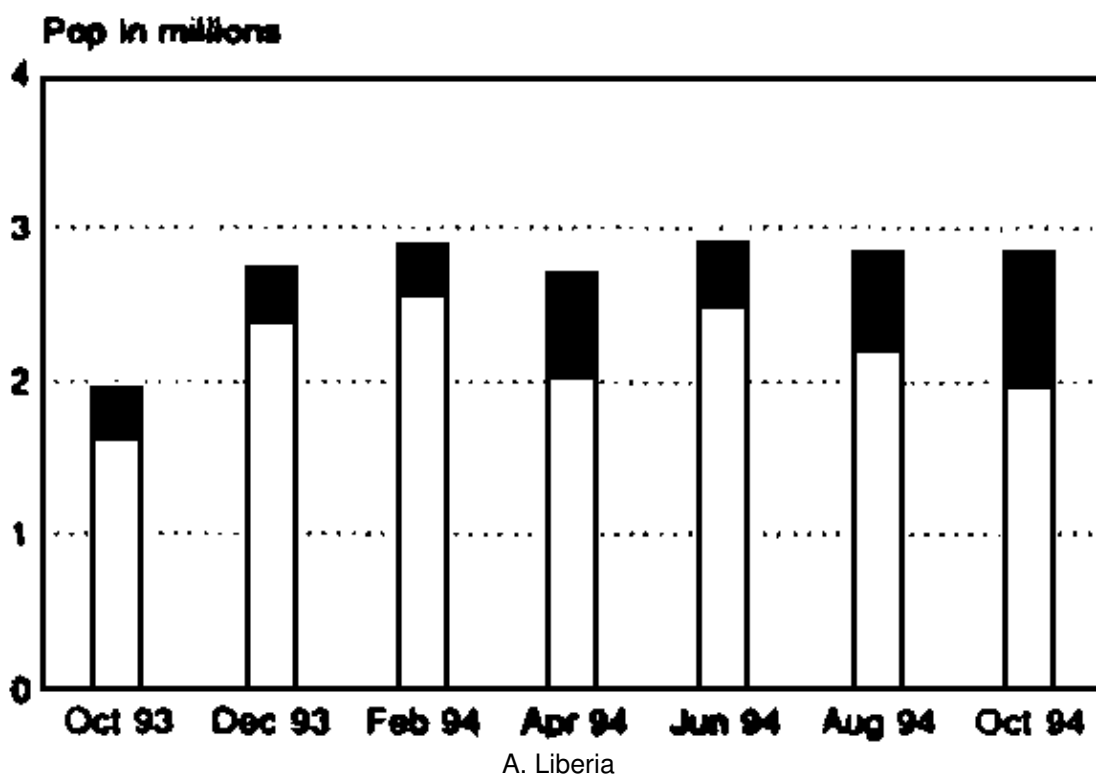
## CURRENT SITUATION (Sub-Saharan Africa)

### 1. Liberia Region

(see Map 1 and Figure 3A)

The security situation in both Liberia and Sierra Leone has deteriorated over the past two months leading to further movements of refugees and internally displaced people. However, the total number of people affected by the continuing conflicts in the region is thought to remain stable at approximately 2.8 million. In Liberia the increased level of conflict has led to the virtual suspension of international NGO activities in those areas not controlled by ECOMOG. Cross-line and cross-border food convoys have also been suspended while waiting for security guarantees. The elections that were scheduled for the 7th of September 1994 were not held and a new agreement was signed on the 12th of September providing for elections on the 10th of October 1995 [UNHCR 15/09/94, WFP 5/08/94].





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
Liberia	1,750,000	1,750,000	1,750,000	1,750,000	1,750,000	1,692,000
Sierra Leone	150,000	300,000	297,000	300,000	300,000	300,000
Cote d'Ivoire	250,000	250,000	250,000	234,000	250,000	325,000
Guinea	600,000	600,000	415,000	628,000	539,000	534,000
TOTAL	2,750,000	2,900,000	2,712,000	2,912,000	2,839,000	2,851,000

*Liberia* Although food distributions have continued regularly in the ECOMOG controlled areas of Greater Monrovia and Buchanan (approximately 1.1 million beneficiaries), humanitarian assistance within other parts of Liberia is now being provided on an ad hoc "hit and run" basis as security allows. Thus, urgently needed distributions to Bong county have been limited while most of Grand Gedeh, Rivercess, Central Bassa, Nimba and Sinoe counties have been inaccessible. Where possible deliveries of food and other basic needs are dropped along the main roads where the refugees and internally displaced people are concentrated [UNHCR 12/08/94, WFP 30/09/94].

Fighting is being reported between the LPC (Liberia Peace Council) and the NPLF in Bassa, Grand Cru and Grand Gedeh counties as well as within factions of the NPLF. There are approximately 30,000 people near Ggarnga in "a desperate security situation" and 500,000 are displaced by expanded fighting and the loss of NPFL command in Bong and Nimba counties [WFP 5/08/94, WFP 30/09/94].

Before the security situation led to the evacuation of NGOs from Nimba county (now under ULIMO command), a nutritional survey carried out between 29th of June and 5th of July found 7.3% wasting with 2.6% severe wasting (see Annex 1 (1a)). Measles immunization coverage had improved since March and was recorded at 84% and the crude mortality rate was 1.1/10,000/day (almost 4 times normal). Numbers of children enrolled on the supplementary feeding programme had increased marginally since March 1994. These results are not particularly alarming, although the deteriorating security situation and subsequent lack of humanitarian aid could easily threaten the situation [MSF-B 5/07/94].

Reports from Margibi, Grand Bassa and Bong counties in July show an overall average of 10.6% wasting with 2% severe wasting (see Annex 1 (1b)). However, these same reports indicated extremely high levels of wasting in certain towns such as Garney with 42% wasting and 18% severe wasting, and Jaingbetta with 26% wasting. The last food distributions to these towns was in October 1993 where poor water and sanitation and the lack of accessible health services is thought to have contributed to these crisis levels of wasting [MSF–H July 1994].

Fighting is also reported to be intensified in the areas of Bomi and Lofa counties. A recent influx of 4,500 Liberians from Lofa county into Guinea has been reported [WFP 5/08/94, UNHCR 15/09/94].

*Sierra Leone* The security situation is reportedly deteriorating in the countryside with increased fighting between government forces and rebels. Prior to this escalation, there were an estimated 300,000 refugees and displaced people in Sierra Leone. During August food distributions to Segbwema/Kenema in the Eastern province were delayed by insecurity on the Bo/Kenema highway and rebel attacks in Northern and Southern provinces have led to influxes of displaced populations into Freetown where food assistance for 23,000 displaced is now being provided [WFP 05/09/94, WFP 19/09/94].

There is food available in Freetown, but serious shortages exist in many rural areas as most of the country side did not have a harvest last year due to the poor security. Some areas on the Guinea/Sierra Leone border have not had a harvest since 1991 [CAMA 29/07/94]. A cholera epidemic has reportedly broken out in Freetown with about 10,000 cases currently reported [WFP 30/09/94].

A recent nutritional survey carried out in Waterloo Camp (estimated population 6,000 Liberian refugees) showed 13.5% of those under five years old were wasted (see Annex 1 (1c)). In addition 11.2% of those measured were on the borderline of being wasted (between 80–85% weight for height). This is an increase compared to results from a similar survey conducted in 1992 where the level of wasting was only 4.0%. It has been suggested that the increased levels of wasting may be associated with a reduced ration which was implemented in 1993. Rice was reduced from 300 to 200 gms per day and pulses were eliminated from the food basket [UNHCRa Jul 94]. A joint WFP/UNHCR food assessment mission is scheduled to visit Sierra Leone at the beginning of November to investigate the causes of the degradation in nutritional status [WFP 20/10/94].

*Cote d'Ivoire* The fighting in Liberia has lead to a new influx of approximately 75,000 refugees into Cote d'Ivoire [WFP 30/09/94]. This increases the Liberian refugees population to 325,000 [WFP 20/10/94]. Most recent reports indicate that there are no major nutritional or health concerns amongst this refugee population.

*Guinea* A census carried out in Nzerekore and Yomou prefectures lead to the elimination of approximately 37,000 beneficiaries from the food distribution rolls. This re-registration exercise is now continuing in the prefectures of Gueckedou and Macenta [WFP 5/08/94]. Prior to this new census, there were an estimated 539,000 Liberian and Sierra Leonean refugees in Guinea. However, the fighting in Liberia has reportedly lead to a new influx of 32,000 refugees into Guinea in the beginning of September. Therefore, the current refugee population is estimated to be 534,000 [WFP 30/09/94, UNHCR 20/09/94].

The 1.1 million people in Liberia receiving regular food aid are not currently thought to be at nutritional risk, nor are the approximately 325,000 refugees in Cote d'Ivoire or the longer standing refugee population in Guinea (category IIc in Table 1). Those newly arrived in Guinea are at moderate risk (category IIb in Table 1) and the newly displaced/inaccessible population in Liberia (approximately 594,000) and the population in Sierra Leone (approximately 300,000) are at high risk (category IIa in Table 1).

**How could external agencies help?** The evacuation of NGO's and subsequent looting of materials means that when it is possible for NGOs to return, they will need to start virtually from scratch. Donors should, therefore look favourably on requests for funds. It would also be useful to enhance/support ECOMOG operations for "hit and run" deliveries. In Waterloo camp, the ration should be reviewed and another survey would be useful to monitor any potential decline in the nutritional status of the camp population.

## 2. Western Ethiopia/Eastern Ethiopia/Ogaden

(see Map 2)

The number of assisted refugees/returnees/displaced in the region has increased slightly in the reporting period from 187,000 to 191,000. This is due to the fact that assistance to the returnees in Bohelagare town in the Ogaden has now been stopped as most of the population are original inhabitants and are reported to be in reasonable nutritional condition. At the same time, there has also been an influx of approximately 5,000 newly arrived Sudanese refugees into the camps in Western Ethiopia, and, at the same time, an influx of Somali refugees into Gode [UNHCR 2/09/94].

The recent influx of about 250 Sudanese refugees per week into Western Ethiopia has brought the total population to almost 50,000. Most current nutritional surveys between May and June show levels of wasting of 7.8–14.2% with 1.1 to 1.5% severe wasting (see Annex 1 (2a)) [UNHCRa 16/08/94, UNHCR 2/09/94]. Although these levels of wasting do not indicate a crisis, they are elevated compared to previous surveys. This may simply reflect a normal hungry season effect in conjunction with bias caused by the new arrivals, but in any event the situation needs to be carefully monitored to detect any further deterioration in the nutritional status of this population.

The situation for the approximately 100,000 Somali refugees in the East is more alarming. Most recent surveys in May and June show levels of wasting ranging from 9.0% in Hartisheik B to 21.4% in both Darwonji and Teferiber. Severe wasting ranges from 0.2% to 1.6% (see Annex 1 (2b)) [UNHCR 16/08/94]. This is a marked increase compared to previous surveys which only found 5–16% wasting in the camps. A three month supplementary feeding programme has begun due to these elevated levels of wasting [UNHCR 2/09/94]. There has been no progress reported on the plans to repatriate the Somali refugees [UNHCR 2/09/94].

Preliminary survey results of Ethiopian returnees from Eastern Sudan in Humera, Tigray Province have indicated a very serious situation with regard to vitamin A and iodine deficiency. Prevalence of xerophthalmia appears to range from 4.3–7.8% amongst different groups while prevalence of goitre ranges from 1.7% up to 50% amongst some groups [UNHCR 16/08/94].

An influx into Gode of approximately 5,000 Somalis brings the estimated population to 41,000 [UNHCR 2/09/94]. In July when the estimated population was 36,000, the crude mortality rate was 0.5/10,000/day (about twice normal) and the under-five mortality rate was 0.7/10,000/day which compares favourably with figures of 0.82/10,000/day and 1.4/10,000/day recorded in June. However, given that scurvy and vitamin A deficiency are still seen regularly at health centres and that the most recent nutrition survey in May found prevalence of wasting of 35.2% and also that there has been no general food distribution between January and July 1994, this population are clearly still in nutritional crisis [MSF–B Jul 1994].

The population of Gode continues to be in a critical state due to the presence of micronutrient deficiencies (category I in Table 1). The approximately 50,000 Sudanese refugees in the West can be considered to be at moderate risk with signs of deteriorating nutritional status (category IIb in Table 1) while 45,000 Somali refugees may be considered in crisis with levels of wasting above 20% (category I in Table 1).

***How could external agencies help?*** The situation in the western part of the country should be monitored to due signs of a declining nutritional status of the population. In the East, a analysis of why some Somali camps are in crisis and not others may be useful. The start of supplementary feeding programmes may only address the symptoms of the problem if it is one of, for example, general ration. In Gode, a regular, diversified ration is needed to address the continuing high levels of wasting and persistent micronutrient deficiencies.

### **3. East, Central and West Sudan**

(see Map 3)

The estimated number of displaced Sudanese in East, West and Central Sudan is 1.7 million. This population is mainly comprised of displaced Southerners in camps such as those around Khartoum and other large urban centres. There are also large numbers of Sudanese displaced from their farming areas due to a succession of droughts and increasing environmental marginalization of certain area in the North.

Recent heavy rains has caused flooding and closed roads in parts of Darfur and Kordofan. There is also fear of the Nile flooding in Central, Khartoum and Northern states as the Blue Nile is rising to dangerous levels. However, the rains are likely to ensure a very good harvest [WFP 19/08/94].

The latest round of nutritional surveys of Ethiopian refugees in Eastern Sudan (approximate population 200,000) gives variable results with certain camps clearly experiencing nutritional stress. A survey in August found 19.4% wasting in Shagarab camp (see Annex 1 (3a)) mainly attributable to poor water quality and high rates of diarrhoea amongst children. In Wad Sherife preliminary results show 14.1% wasting (see Annex 1 (3b)) which is two percent higher than in the previous year. In Fau 5 the prevalence of wasting is 13.% (see Annex 1 (3c)) which is slightly higher than the previous year and shows a clear deterioration over three consecutive years. The indication is that the degree of self-sufficiency and adequacy of the current ration for Fau 5 needs to be re-assessed. The remaining six camps all have satisfactory nutritional status with levels of wasting ranging from 1.7% to 9.6% [UNHCR 7/09/94].

This population can be considered to be at moderate risk with somewhat elevated levels of wasting (category IIb in Table 1).

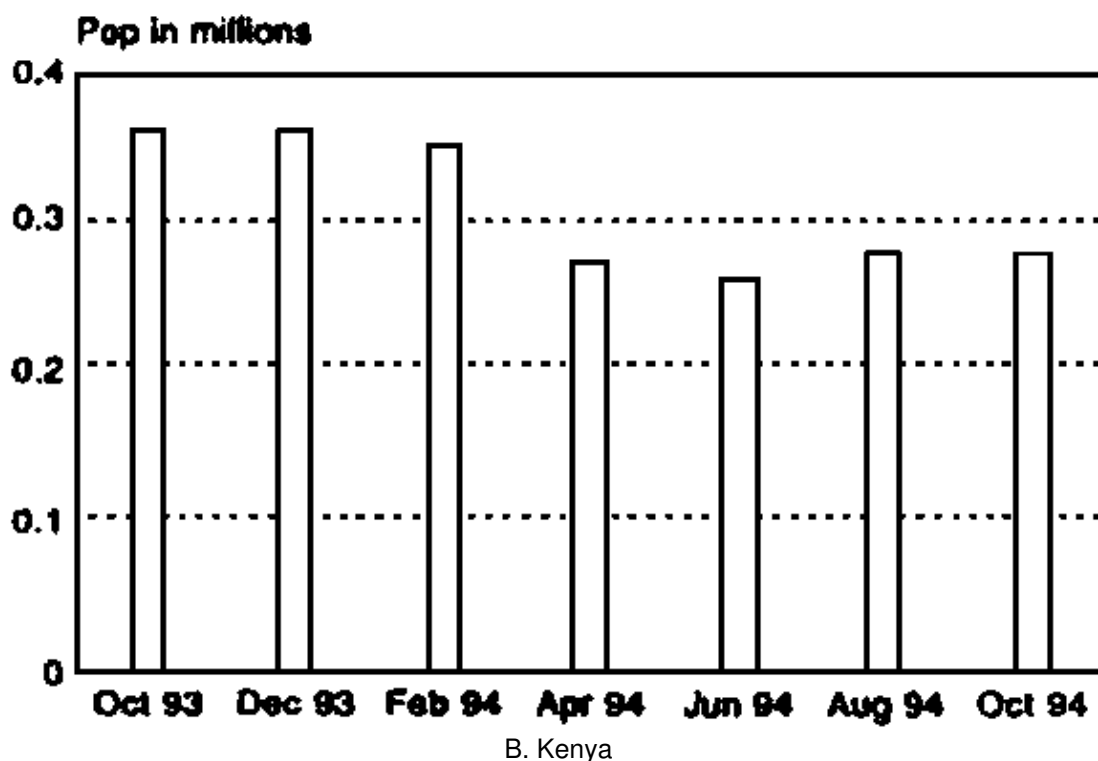
**How could external agencies help?** Improved monitoring in the camps and an analysis of why the nutritional status in certain camps is deteriorating would be useful. The problem of poor water quality in Shagarab needs to be addressed, as does the ration in camps with high levels of wasting.

#### 4. Kenya

(see Map 4 and Figure 3B)

The total number of Somali and Ethiopian refugees in Kenya is now estimated at 276,000, including 302 new arrivals in August.

Following the transfer of 18,750 Somali refugees to Dadaab and repatriation of 24,000 to Somalia, UNHCR reported the closure of Liboi refugee camp on 29th of June. Repatriation and camp transfer plans are currently underway following government of Kenya requests to close Utange camp which hosts 48,000 refugees [WFP 5/09/94].



Trend in numbers of refugees.

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

## 5. Somalia

(see Map 5)

The estimated number of displaced people in Somalia requiring assistance has remained stable at about 400,000 although there have been increasing numbers of Somali, Ethiopian and Yemeni refugees arriving in Bossaso as well as Ethiopian refugee influxes into Huddur.

Security incidents seem to be increasing in both frequency and severity causing the temporary evacuation of international agency staff from Bardera, Bossasso, and Kismayo. Security incidents in Mogadishu port and in Baidoa have also disrupted agency rehabilitation and food relief activities. There are now claims of malnutrition among the displaced in Kismayo [WFP 12/08/94].

Bumper harvests have been reported in many parts of Somalia, although some areas have reported crop damage due to disease and bird infestation [WFP 12/08/94, WFP 26/08/94, WFP 9/09/94].

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

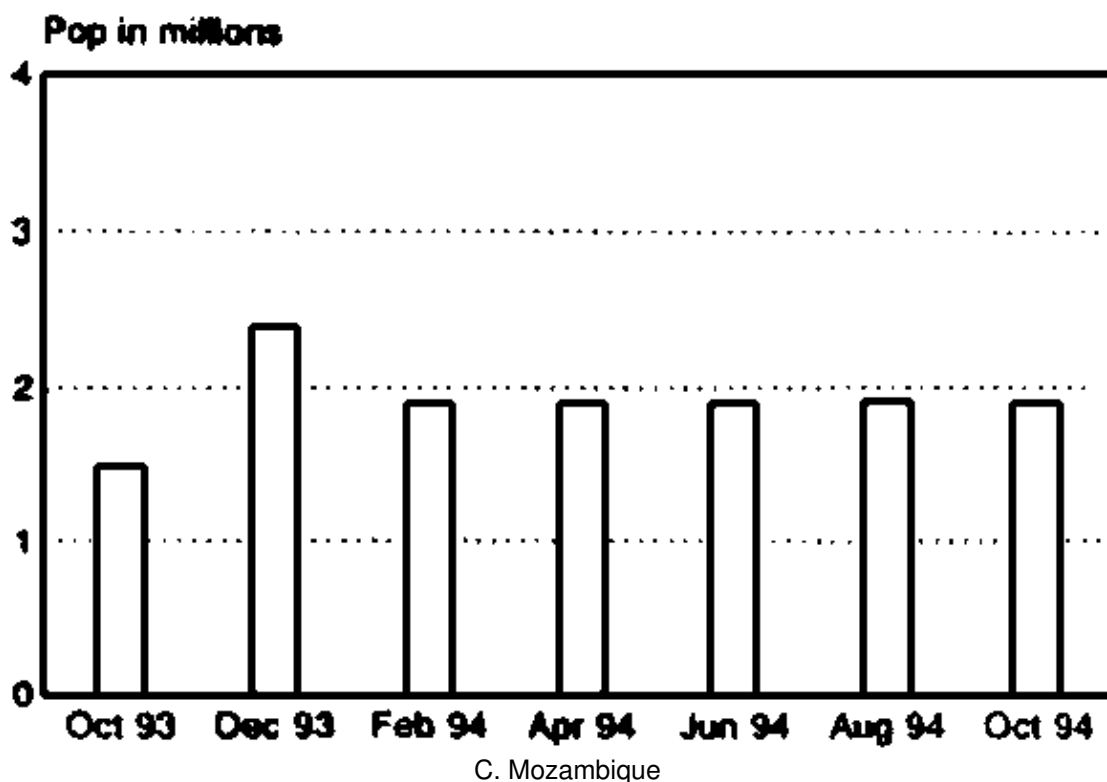
***How could external agencies help?*** It could be useful to strengthen UNISOM forces in country to protect convoys and keep things running smoothly at the port of Mogadishu. Claims of malnutrition in Kismayo need to be investigated. Some nutritional surveys would be useful to detect any nutritional problems arising from interrupted food deliveries.

## 6. Mozambique Region

(see Map 6 and Figure 3C)

As repatriation of refugees and demobilization of soldiers in Mozambique moves ahead, the number of people in the region in need of humanitarian aid remains stable at approximately 1.8 million. Registration for the elections in Mozambique scheduled for the 27th–28th of October continued into August despite some minor disturbances [MSF–CIS May 94].

Since the signing of the peace agreement between the Mozambican government and RENAMO in October 1992, about 900,000 Mozambican refugees have returned home. The greatest movement has been from Malawi from where approximately 700,000 refugees have returned. Large-scale repatriation of refugees from Tanzania and Zambia planned to start in July have been delayed. Official repatriation from Swaziland was completed on June 3rd [MSF–CIS May 94].



Trend in numbers of refugees/returnees.

Mozambique will remain in need of food assistance until next years harvests due to the failure of much of this years crops. The northern areas of Manica and Sofala provinces, the southern region of Tete province and areas of Maputo and Gaza provinces were the most adversely affected by rain shortfalls in the country this year [MSF-CIS May 94].

Nutritional status data in the country generally shows a stable situation. Levels of wasting measured in Manica Province were between 2–8% with 0.1% severe wasting in May. Other surveys carried out since January 1994 in Mozambique show consistently low levels of wasting. However, other data indicate that there are pockets of food stress. In Inhambane province, interviews conducted showed that 12% of households in Mussenge reported the consumption of only wild foods the day before and that approximately one third of households reported food stores of less than one month in May. Lack of access to parts of Niassa province have disrupted food distributions and is causing concern, while the Renamo zone of Mogincual district in Nampula province has been without organized food distributions between January and May 1994 despite demonstrable need and the occurrence of new cases of tropical neuropathy [MSF-CIS May 94].

Reports in June from Zambezia, Sofala and Tete province indicate that although the harvest in April and May has improved food security and overall numbers of admissions to nutritional centres are at their lowest since the beginning of the year, the harvest is unlikely to be sufficient for the entire year. Furthermore, people are still suffering from food shortages, as evident from numbers enrolled at feeding centre, but often not benefitting from food support. This applies particularly to returnees who are the most vulnerable as they are not yet established on land and are unable to rely on traditional support structures. At the same time, their mobility can make it difficult to identify them for registration into the food aid network [WVa June 94].

The refugee/displaced/returnee population in the Mozambique region is not currently considered to be at heightened nutritional risk (category IIc in Table 1).

**How could external agencies help?** Food aid deliveries need to be focused on returnees, and follow-up through to the next harvest will be necessary to detect any nutritional problems. Nutritional surveys in areas difficult to access could help to quantify potential problems.

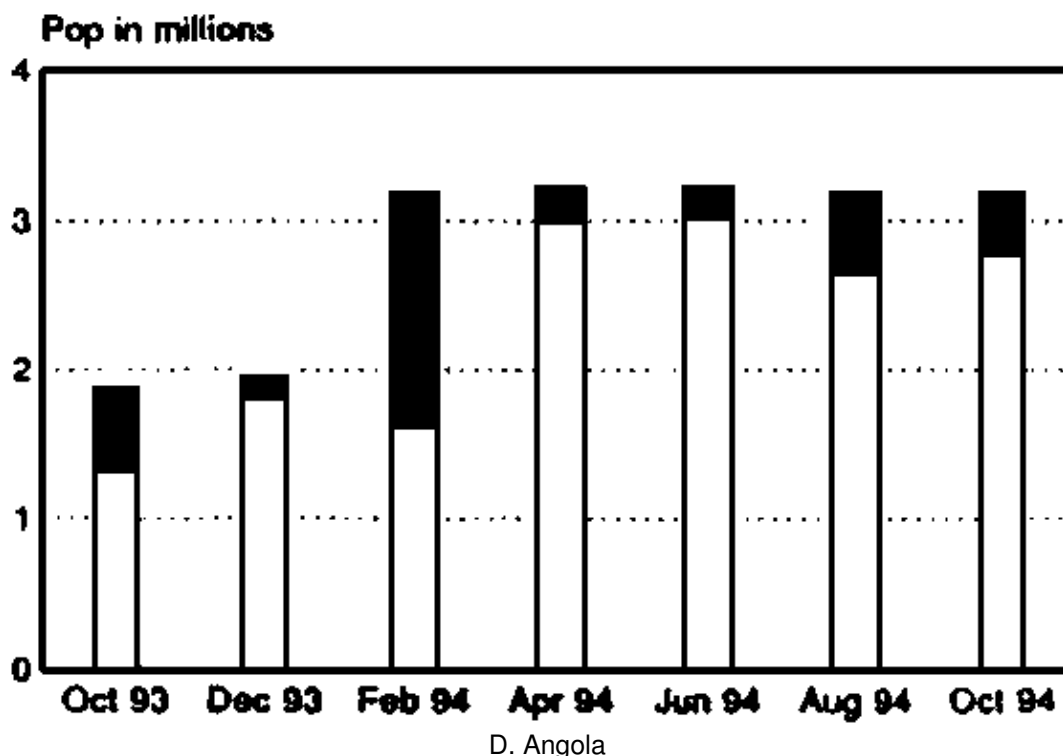
## 7. Rwanda

(see Map 7) (now included in section #15 below)

## 8. Angola

(see Map 8 and Figure 3D)

The estimated number of people in Angola in need of food and non-food aid remains at 3.2 million. Agreement between the government of Angola and UNITA was finally reached in August at the Lusaka peace talks, although the agreement is not yet signed. This agreement in conjunction with a general reduction in hostilities has resulted in resumption of relief flights to most cities [DHA 20/07/94, WFP 5/08/94, WFP 10/7/94].



Trend in numbers of displaced/war affected.

Consequently, the first regular relief deliveries since mid-May finally arrived in Huambo and Malange in August. In September limited relief flights also began to Kuito, which had been cut-off from outside assistance for over three months. Regular flights to Menongue were also re-started [WFP 12/08/94, WFP 26/08/94, WFP 9/09/94].

In spite of these encouraging signs, fighting has increased in certain areas such as in the northern province of Lunda Norte bordering Zaire where approximately 3,000 people are reported to be fleeing to the outskirts of Saurimo. Increasing hostilities have also been reported in NDalatando, Kuanza Norte province [WFP 9/09/94, WFP 19/09/94].

Now that many cities are accessible again, the effects of the break in assistance are being assessed. For example, preliminary results from a survey conducted in Malange (estimated population 250,000) in early September 1994 found levels of wasting of 15% and severe wasting of 5% (see Annex 1 (8a)). This represents a sharp increase in levels of wasting, which had decreased steadily before the most recent break in assistance from 34% in November 1993 to 6.6% in early May 1994. It is feared that similar nutritional deterioration will be found in cities such as Huambo and Kuito when nutritional surveys are under-taken [MSF-H 3/09/94].

A nutrition survey carried out in mid–July in Dondo measured the prevalence of wasting at 7.7% with 2.5% severe wasting (see Annex 1 (8b)). These relatively low levels of wasting were attributed to the success of NGO operated feeding programmes [DHA 7/08/94].

Outbreaks of meningitis have been confirmed in Huila province and measles in Saurimo. As a result, agencies such as UNICEF have given urgent priority to the procurement of cold chain equipment, and have requested more funds for the purchase of vaccines and related equipment [DHA 7/08/94].

The main planting season in Angola is September and every effort was being made to register beneficiaries eligible to receive agricultural packs of seeds and tools and to pre–position these inputs. However, with the increased access to many major cities there may well be conflict between the need to deliver food and these agricultural items. Furthermore, there are reports that the timely distributions of seeds are were jeopardized by the refusal of UNITA to grant flight security clearances for Bie and Benguela [WFP 26/09/94].

Improved access to the cities resulting from the agreement at the Lusaka peace talks gives ground for guarded optimism. The nutritional situation in the country has probably deteriorated in those cities and areas which have been cut off from assistance until recently. The survey in Malange showed levels of wasting indicative of a critical situation (category I in Table 1). Reports indicate that populations in Huambo and Kuito are likely to be amongst those at risk (category IIa in Table 1) and the rest of the population is likely to be at moderate risk (category IIb in Table 1).

***How could external agencies help?*** Continued funds for air transport will be needed, with the eventual transfer to ground transport. Nutritional surveys in newly accessible cities are necessary to assess any change in the situation. Pledges for all basic commodities are needed to avoid any gaps in the food pipeline. It may be useful to consider stockpiling some supplies in cities in anticipation of possible future inaccessibility.

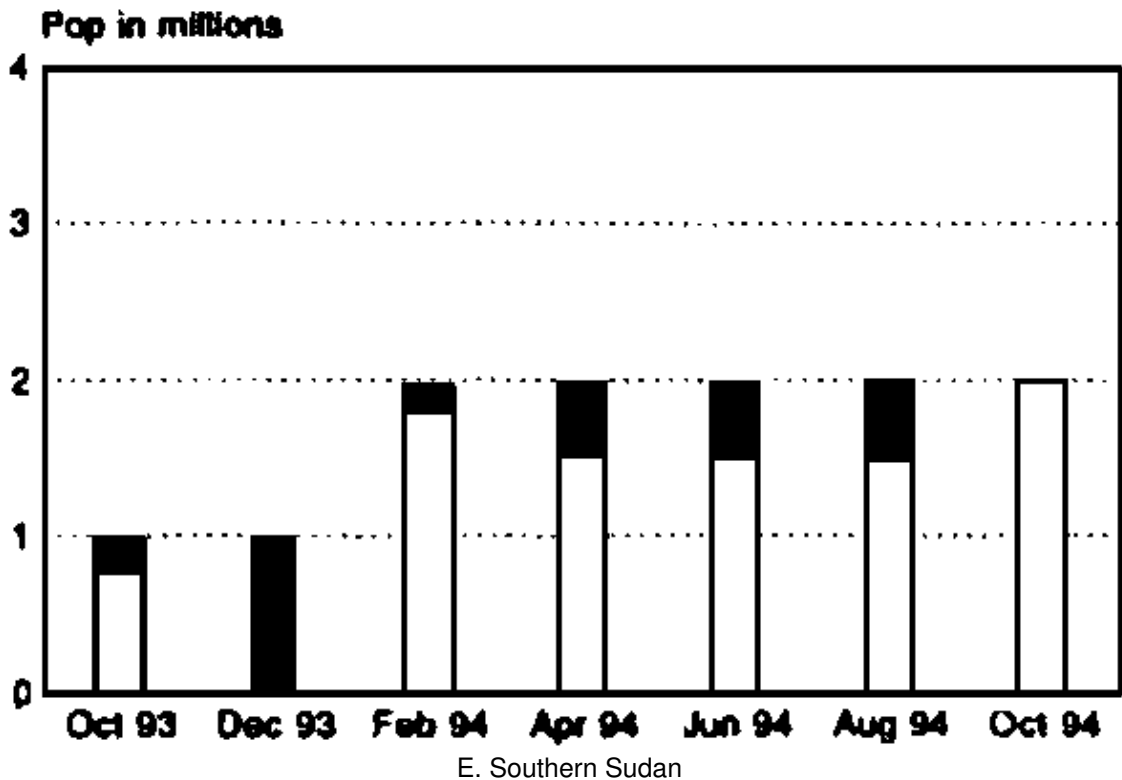
## **9. Southern Sudan**

(see Map 9 and Figure 3E)

The onset of the rainy season has reduced military activity in the region. Thus, improved security in conjunction with increased air capacity due greater donor support, has led to improved food delivery for the approximately 2 million war affected people in the region.

It is reported that 85% of food needs for the region were met for the month of August through a combination of air, road and barge deliveries. Furthermore, recent government clearance has cleared the way for deliveries along the Bor/Juba corridor for 467,000 beneficiaries. However, heavy rains have delayed air drops, for example to Gogrial, where hunger–related deaths were reported, while insecurity has delayed road convoys from northern Uganda and led to cancellation of scheduled air–drops in the Akon area [WFP 16/09/94, WFP 5/09/94].





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

*Equatoria* Cereal prices in Juba are reportedly dropping due to the harvest and continuing relief food deliveries. There has, however, been a sharp increase in the child mortality rate attributed largely to outbreaks of diarrhoeal disease, chest infections and malaria [WFP 16/09/94].

There were also reports in June of continued outbreak of measles in Yambio county [WV June 94].

*Upper Nile* The security situation in most of Upper Nile was reported as stable throughout the month of June and food distributions were markedly improved. Agencies working in the province hoped that with the August/September harvest rations could be cut by half [WV June 94].

*Bahr El Ghazal* An assessment the district of Tonj in June following destruction of the town by government forces, indicated that large quantities of food aid were needed for the district and that large numbers of people had been displaced to relief centres in search of food. Hunger in Thiet and Akop counties was observed to be acute. [WV June 94].

This population can be considered to be at moderate risk (category IIb in Table 1) with the improved status of the population attributable to increased access and the harvest.

**How could external agencies help?** The increased deliveries to the region were possible largely due to increased air capacity. Additional funds are needed for the leasing of aircraft and for operational support and monitoring. Funds may also be needed to set up supplementary and therapeutic feeding programmes, along with immunization programmes.

## 10. Uganda

(see Map 10)

The total number of refugees in Uganda has significantly increased to approximately 284,000 due to the continuing influx of Southern Sudanese refugees. Population estimates over time are as follows:

Origin	Feb 94	April 94	June 94	Aug 94	Oct 94
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<b>Sudanese Refugees</b>	188,000	190,000	206,000	230,000	268,000
<b>Zairian Refugees</b>	5,000	5,000	15,000	16,000	16,000
<b>TOTAL*</b>	193,000	195,000	221,000	246,000	284,000

\*Rwandan refugees are discussed under # 15.

A nutritional survey conducted in April 1994 in East Moyo District (population estimates at the time were 70,000 Sudanese refugees in transit camps and 35,000 in settlements) found levels of wasting of 8% in the transit centres (with 23% severe wasting) and 6% in the settlements (with 2.3% severe wasting) (see Annex 1 (10a)). Measles vaccination coverage was poor with only 57% vaccinated in the transit centres and 38% in the settlements. At this time, the ration provided just under 2000 kcals/person/day but distributions were reportedly irregular and the commodities were sometimes spoiled. Problems were noted with an inadequate water supply leading to a high incidence of diarrhoeal diseases [MSF-CH 22/04/92].

More recent survey data comes from Koboko camp in Arua district where there are approximately 85,000 Sudanese refugees with influxes continuing. A July survey found levels of wasting of 12.2% with 3% severe wasting (see Annex 1 (10b)). The crude mortality rate was 0.4/10,000/day (approximately normal) and the under five mortality rate was 0.93/10,000/day (also approximately normal). This indicates a marginal improvement compared to May when crude and under five mortality rates were recorded at 0.5 and 1.5/10,000/day respectively. Rations for this camp population are set at 2,100 kcals/person/day although distributions are reportedly irregular [MSF-H-2 13/09/94].

The populations in East Moyo and Koboko can be considered to be at moderate risk due respectively to a low vaccination coverage and slightly elevated levels of wasting (category IIb in Table 1). The rest of the population is probably not currently at heightened nutritional risk.

**How could external agencies help?** A measles immunization programme in East Moyo could be useful given the low immunization rates and an emphasis on oral rehydration at the household level could help with the high incidence of diarrhoeal diseases.

## 11. Shaba/Kasai Regions, Zaire

(see Map 11)

Ethnic violence that erupted in Shaba in 1992 has forced an estimate 400,000 people to flee the province and head north through various transit towns, (i.e. Likasi and Mwene Ditu) and eventually to the Kasai region.

A nutritional survey carried out in Likasi on the estimated 41,000 displaced people in July found 9% wasting with 3% severe wasting (see Annex 1 (11a)). Although not entirely comparable due the high rate of flux of the population, this appears to be an improvement over the levels of 15% wasting with 7.4% severe wasting measured in June 1993. This transit population receives a half ration amounting to 1000 kcals/person/day. Measles immunization coverage was recorded at 75.6% in the survey [MSF-Bb Jul 94].

The nutritional situation for the local residents of Likasi (estimated population of 160,000) in July was somewhat worse than that of the displaced population. Wasting was measured at 12.1% with 6.9% severe wasting. These relatively high levels of wasting probably reflect the economic crisis currently affecting much of Zaire which has been accompanied by rapid inflation and the resulting diminished capacity of many families to purchase basic food commodities. Measles immunization coverage for the local population was recorded at 63.4% (see Annex 1 (11b)) [MSF-Bc Jul 94].

There have been unconfirmed reports of pellagra in Likasi [MSF-B 15/09/94].

The number of arrivals to Mwene Ditu varies monthly with an estimated 15,000 arriving in June, and 6,000 arriving in July. Some of these arrivals continue north to Kasai region while some remain in Mwene Ditu town or in Simmons camp. A census carried out at the end of July found the actual camp population to be just under 5,000 people. The displaced population in the town itself is probably about 60,000.

The crude mortality rate in June, July and August in the camp was 0.2/10,000/day, which is a normal level, and the under five mortality rate was 0.4 – 0.26/10,000/day. Despite a vaccination campaign, cases of measles are still reported in the camp as the constant turn-over of the camp population makes it difficult to ensure complete coverage of the programme [MSF–Ba Jul 94, MSF–B Aug 94].

A nutritional survey carried out in the camp in mid-July found 16.3% wasting and 4.2% severe wasting (see Annex 1 (11c)). This level of wasting compares favourably with results obtained in March 1994 (31.4%) although there is a slight increase in the prevalence of severe wasting (3.8% in March) [MSF–Ba Jul 94].

We have no updated information on the camp populations of Mbuji Mayi or Kabinda (combined population 24,000) or the displaced living amongst local residents (127,000). The previous RNIS indicated high levels of wasting amongst the camp populations with increasing hardship for those subsisting amongst the local community. We are assuming that these population groups remain at high risk (category I in Table 1). The populations of Likasi and Mwene Ditu (displaced and local residents) can be considered to be at moderate risk with elevated levels of wasting (category IIb in Table 1). The approximately 200,000 people who have resettled in West Kasai are not currently thought to be at heightened nutritional risk.

***How could external agencies help?*** Immunization coverage for the displaced populations needs to be improved, and anecdotal reports of pellagra need to be investigated. Family rations for children in feeding programmes may be useful. Programmes to enhance food security may provide a longer term solution.

## 12. Ghana, Togo, Benin Region

(see Map 12)

The political situation in Togo is believed to be stabilizing with some refugees repatriating spontaneously as a result. The estimated number of Togolese refugees in Ghana is at 100,000 and it is hoped that large-scale repatriation can begin early in 1995. There are reports of water problems in Klikor camp in Volta region where there are approximately 14,000 Togolese refugees. There were also difficulties in resourcing and purchasing food so that there was no distribution for the Togolese refugee population in July [UNHCR Jul 94].

There are approximately 15,000 assisted Liberian refugees in Ghana. A small proportion of these are new arrivals from Cote d'Ivoire [UNHCR Jul 94].

The situation resulting from tribal conflict in the northern region of Ghana which led to the displacement of approximately 150,000 people is gradually returning to normal with an undetermined number of people returning to their devastated villages to farm [UNHCR Jul 94].

There are approximately 73,000 Togolese refugees in Benin whose nutritional status is believed to be adequate. However, in June this population (estimated at 42,359 at the time) did not receive maize in their general ration due to a shortage of stocks. The maize was eventually delivered in mid-July [UNHCR 17/8/94, UNHCR 20/09/94].

## 13. Central African Republic

(see Map 13)

There has been a slow but steady increase in the number of assisted Chadian refugees in the CAR. By the end of July the number had risen to 12,600 refugees. There is no recent information on the nutritional status of this population [UNHCRa 18/08/94].

The number of Sudanese refugees has remained virtually constant at 25,000 people. Rations are reportedly insufficient, but it is thought that the refugees are able to adequately supplement their rations themselves [UNHCRa 18/08/94].

***How could external agencies help?*** For Sudanese refugees there is an urgent need for non-food items (i.e. kitchen utensils, blankets, clothes, jerry cans.)

## 14. Zaire (Refugees)

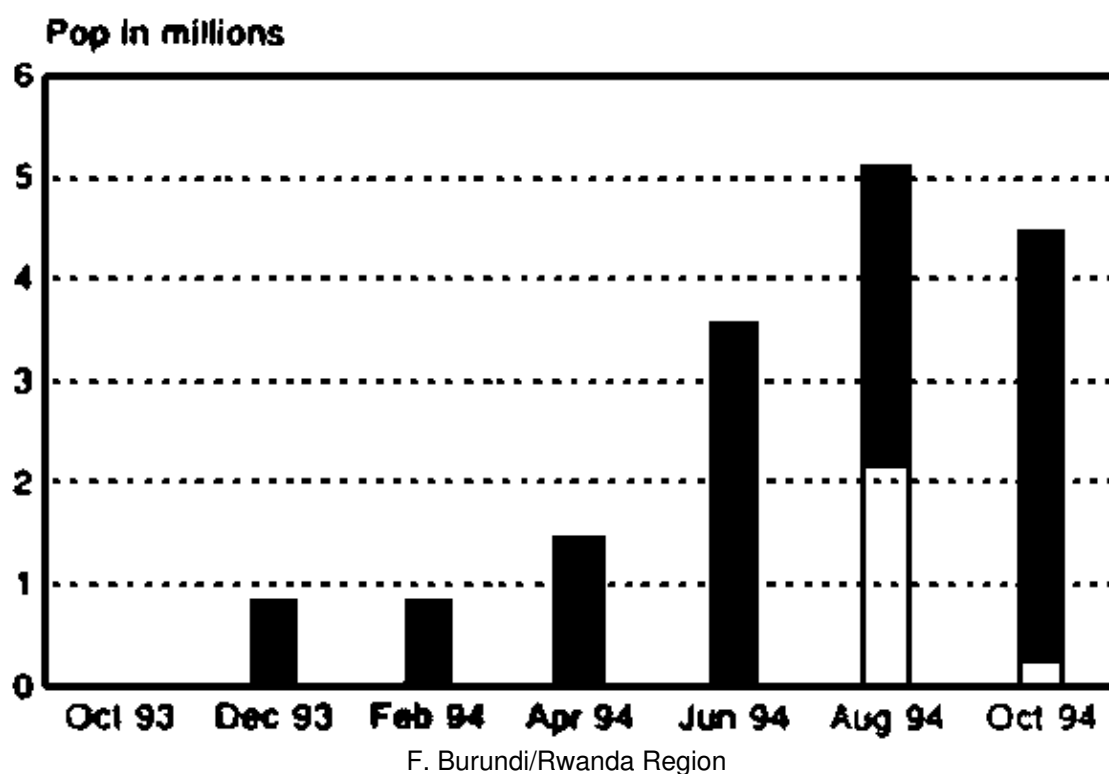
(see Map 11)

There is no new information on the nutritional status of the approximately 163,000 assisted refugees in Zaire (N.B. Rwandan and Burundi refugees are not included in this group. See section # 15).

## 15. Burundi/Rwanda Situation

(See Map 15 and Figure 3F)

The overall situation in the region remains unstable. Security incidents have been reported from all four countries giving rise to further displacements and interruptions to relief efforts. There are reports of retaliation against "would be" returnees from Goma and Bukavu in Zaire, and against inter-ethnically married couples in Tanzanian camps, while in Burundi growing violence in the North has led to further displacements and interrupted relief efforts. Dysentery is currently a major cause of mortality in all four countries affected by the Rwanda/Burundi crisis and is exacting a particularly heavy toll on human life in over-crowded camps. Rwandan refugees have continued to arrive in Tanzania and Zaire throughout August and September.



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

Estimates of the displaced/refugee/returnee populations over time are:

	Dec 93	Feb 94	April 94	June 94	Aug 94	Oct 94
<b>Burundi</b>	150,000	282,000	536,000	1,000,000	1,230,000	770,000
<b>Rwanda</b>	375,000	272,300	250,000	2,060,000	2,040,000	2,500,000
<b>Tanzania</b>	325,000	300,000	60,000	410,000	353,000	556,000
<b>Zaire</b>	58,600	60,000	60,000	113,000	1,500,000	1,240,000

<b>Uganda</b>	–	–	–	10,000	10,000	10,000
<b>TOTAL</b>	908,600	914,300	906,000	3,593,000	5,133,000	5,076,000

*Rwanda* Estimates place the population inside Rwanda at approximately 5 million of which roughly 4 million are located on farm holdings and 620,000 to 1 million are displaced. The majority of the displaced are in Gikongoro, Cyangugu, and Kibuye. Preliminary findings of the recent WFP/FAO Food and Crop Assessment mission estimate 2.5 million Rwandans in need of food aid assistance over the next five months and that much of the summer's harvest has been lost either due to being left in the ground or from looting. There are also increasing reports of insecurity and banditry leading to a need for increased protection of relief agency staff [FAO 17/08/94, WFP 9/09/94].

It is estimated that 100,000 people have spontaneously returned to Rwanda with a constant flow reported to the North and Northeast WFP have recently started to distribute one week rations to an initial 48,000 returnees and displaced people in Butare prefecture over and above the 160,000 people being assisted in four refugee camps in northern Gikongoro. There is also a continuing assessment of 15 communes in Butare where a total of approximately 150,000 are reported to be in need of emergency food, seeds and tools [WFP 16/09/94].

The overall relief food supply situation in the country is said to be stable with beneficiary numbers in Rwanda now reaching 571,886 people. There are no recent nutritional survey reports from Rwanda [WFP 16/09/94].

*Burundi* The estimated population in Burundi requiring assistance is 557,000 internally displaced people and 220,000 Rwandan refugees. Growing insecurity, logistical problems and appalling sanitary conditions in refugee camps are currently hindering efforts to stabilize the nutritional and health condition of the internally displaced and refugee population [WFP 2/09/94].

In August there was growing unrest in the Northern provinces which affected food distributions. However, following an improvement in food arrivals, WFP were able to supply a fifty percent ration to all the displaced for the first time in a month. In Ngozi province there were reports of improvements in the crude mortality rate from 0.8 to 0.5/10,000/day (from 2.5 × normal to 1.5 × normal) [WFP 9/09/94].

Nutrition surveys in the Rwandan refugee camps in early August found 8% and 10% wasting in Ruvumu and Magara camp respectively. Wasting rates of 12.7% with 3.1% severe wasting in Kibesi camp at the end of August were slightly more worrying (see Annex 1 (15a, 15b, 15c)) [AICF 5/09/94, AICF 9/08/94].

More recently there has been further displacement of an estimated 20,000 people due to fighting in Muramvya, Kayanza and Ngozi. Relief operations are also said to be hampered by absence of government authorities in place and minimal presence of other agencies and NGOs as well as lack of security. The situation in Gitega is said to be especially worrying with lack of basic medicines and non-food items. Ongoing fighting in the North and Central regions of the country has disrupted numerous relief convoys. Poor port performance and lack of trucks for transport are a further constraint for the Burundi operation [WFP 2/08/94].

By September there were reports of rising rates of dysentery throughout Northern Burundi and a suspected epidemic of meningitis. There were also reports of 10% severe wasting in Mugano camp for Rwandan refugees. Mortality rates for refugees in the North were clearly rising at the end of September and were on average 1.3/10,000/day with the highest rate reported in Majuri camp at 2.6/10,000/day (8 × normal). Dysentery is thought to be the major cause of mortality. NGOs are currently insisting that a campaign to drain areas around latrines in all camps is necessary before the rainy season leads to widespread contamination of the water supply [WFP 23/09/94].

*Goma, Zaire* Estimates of the refugee numbers in Goma remain equivocal, although a planning figure of 740,000 is being used. Some NGOs estimate the actual number of refugees to be lower [UNHCR 26/08/94, WFP 30/09/94]. Security incidents mainly in the form of banditry have been a serious problem in the town and camps and were responsible for disrupting food distributions at Kibumba camp in September. Most recent estimates are that some 800 Rwandan refugees per day are repatriating from Goma and that while cereals are available, beans are urgently required and vegetable oil supply may become a problem [WFP 16/09/94].

The cholera epidemic that ravaged the refugee population is now said to be under control. Estimates of the peak mortality rates caused by the epidemic vary (depending on the population estimate used in the calculation) from 54.5/10,000/day to 34.1/10,000/day. These rates are 100–180 times normal mortality rates and are the highest ever recorded in the early stages of a refugee crisis [CDC Aug 94, UNHCR 15/08/94].

Mortality rates are now considerably lower, with most deaths occurring from dysentery and pneumonia. Construction of sanitation facilities including latrines have improved the health and living conditions in all the camps in the Goma area.

The public health problems of refugees in the area have been exacerbated by a number of other factors. These include: inadequate registration of refugees and inequitable internal food distribution systems, delays in acquiring adequate quantities of vegetable oil and blended cereals for distribution in the general ration, delays in establishing effective therapeutic feeding programmes for severely malnourished children, serious delays in providing an adequate supply of soap for domestic hygiene in the camps hampering efforts to prevent the transmission of dysentery, and development of antibiotic resistance by organisms responsible for cholera and dysentery outbreaks necessitating the use of more expensive drugs [CDC Aug 94].

A nutrition survey was carried out in early August in Katale camp (estimated population at the time of 80,000). Prevalence of wasting was measured at 22.1% and severe wasting was 6.6%. The crude mortality rate was 41.3/10,000/day and the under-five mortality rate was 40.4/10,000/day. Most of these deaths were associated with diarrhoeal diseases (see Annex 1 (15d)) [MSF-H 4/08/94].

A survey in Kibumba camp found similar rates with 20.2% wasting and 3.0% severe wasting (see Annex 1 (15e)) [WFP 26/08/94].

*Bukavu, Zaire* There are 230,314 registered refugees in organized camps sites and a further 40–45,000 remaining in the town. Their nutritional status is said to be adequate with pockets of malnutrition amongst new camp arrivals from the town. The time taken to settle the refugees in camps and the demands of the existing refugee population in the town have contributed to strong tensions between refugees and the local population. Approximately 500 refugees are still crossing the border into Bukavu daily [WFP 23/09/94].

*Uvira and Kamanyola, Zaire* There are over 44,000 refugees in Kamanyola of which less than 1,000 have been installed in camps. There are a further 150,000 Rwandan refugees in Uvira with up to 300 arriving per week. The problem of lack of camps in Uvira and Kamanyola where less than 14% of WFP beneficiaries live in camps, has led to disorderly general ration distributions, often resulting in fights, threats and protests. Thus, although food is available no distribution has taken place in Kamanyola since the 15th of August [WFP 23/09/94].

*Tanzania* Refugees from Rwanda continued to arrive in Tanzania with the estimated population rising from 476,000 in August to 556,000 at the beginning of October. Camp conditions were reported to be deteriorating with mortality rates, mainly due to diarrhoeal diseases, as high as 10/10,000/day (33 × normal) [WFP 26/08/94, WFP 7/10/94].

In August at Benako camp, wasting was found in 10% of children under five years old (as compared to 7.1% in June) and severe wasting was measured in 2.8% (1.8% in June) (see Annex 1 (15f)). The apparent deterioration in nutritional status was attributed to the high incidence of diarrhoeal disease, exacerbated by over-crowded conditions and poor water supply, rather than a lack of food. Meningitis has also been reported in Benako camp [MSF-H 4/09/94].

By September, the refugee population had reached 538,000 with new influxes into Ngara, although approximately 400–500 refugees were returning to Rwanda per day. Security conditions in the camps were unstable with unconfirmed reports of killings of inter-ethnically married couples. Mortality rates seemed to be improving with a crude mortality rate of about 3/10,000/day (10 × normal) and an under-five mortality rate of about 8.5/10,000/day [MSF-H 4/09/94]. However, agencies are still very wary that conditions could deteriorate further due to lack of water availability, increased numbers of refugees, limited health and sanitation facilities and the approaching rains.

*Uganda* There are no reports of change in the satisfactory nutritional status of the approximately 10,000 Rwandan refugees in Uganda.

*Overall*, the refugee populations in Burundi (approximately 220,000), Goma (approximately 740,000) and Tanzania (approximately 556,000) are considered to be at high risk with high levels of wasting and elevated mortality rates. The approximately 2 million displaced in Rwanda thought to require food aid who are not yet receiving it can be considered to be at risk (category IIa in Table 1), while the 500,000 receiving aid are probably at moderate risk (category IIb in Table 1). The refugee population in Bukavu can be considered to be at moderate risk (category IIb in Table 1). The displaced population in Burundi along with the refugee populations in Uvira and Kamanyola can be considered to be at high risk. The refugee population in Uganda

is probably not at heightened nutritional risk.

**How could external agencies help?** Nutritional surveys on the population in Rwanda are needed. More NGOs are needed in Burundi to run the needed programmes. Sanitary conditions in many of the camps in Burundi are inadequate and household resources (i.e. soap, water) are needed to stop the spread of disease.

In Goma, beans and vegetable oil are desperately needed, as are funds for the expensive drugs needed to treat the dysentery. Better organization of the camps in Uvira and Kamanyola is needed. In Tanzania, the over-crowding of camps needs to be relieved and sanitary conditions improved.

## 16. Mauritania/Senegal

(see Map 16)

There are no reports of change in the nutritional status of the approximately 52,000 Mauritanian refugees in Senegal.

## 17. Djibouti

(see Map 17)

There are no reports of change in the nutritional status of the approximately 32,000 refugees in Djibouti.

## 18. Zambia

(see Map 18)

There are no reports of change in the status of the approximately 36,000 refugees in Zambia.

The current assisted population is estimated remain at:

Origin	February/October 1994
Zairian Refugees	18,000
Angolan Refugees	17,000
Somali Refugees	1,000
<b>TOTAL</b>	<b>36,000</b>

## CURRENT SITUATION (Asia – Selected Situations)

The number of refugees in Asia grew from approximately 5.1 million in 1982 to 7.2 million in 1992. The single largest group of refugees comes from Afghanistan; in 1992 there were 4.2 million Afghans in Iran and 1.6 million in Pakistan accounting for about 80% of the total refugee population in the region [UNHCR 1993]. In this section of the report, we will 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 will also include information on Southern Iraqi refugees in Iran. The current situation for the Afghan refugees/displaced populations, the largest single group in Asia at approximately 3 million affected people, is also described below.

## 19. Bhutanese Refugees in Nepal

There are approximately 85,000 Bhutanese refugees in Nepal. General food distributions continue to be regular and have contributed to very low levels of wasting found amongst this refugee population. However, as reported in the last RNIS, complete dependence upon the general ration was causing widespread outbreaks of micro-nutrient deficiency disease.

A recent joint WFP/UNHCR/SCF mission definitively confirmed the presence of micronutrient deficiencies amongst this refugee population. Cases of scurvy, beri-beri, pellagra, angular stomatitis and goitre were noted. Over 12,000 suspected cases of beri-beri were reported. However, analysis of the food basket showed that with the current ration (which had been adjusted since February to include parboiled rice, green or yellow vegetables and a fortified blended food called UNILITO) average micro-nutrient requirements would probably be met with the possible exception of iron and vitamin B12 [WHO 9/07/94].

## 20. Refugees from Rakhine State, Myanmar in Bangladesh

The number of refugees from Rakhine State in Bangladesh decreased to just over 190,000 at the end of July. Large scale repatriation is now underway because of the "positive environment for repatriation on both sides of the border" [UNHCR 16/08/94].

The crude mortality rate for the month of July was 0.26/10,000/day and the under-five mortality rate was reported as 0.45/10,000/day. Both rates are within normal limits [UNHCR 16/08/94].

**How could external agencies help?** Ensure supply of fortified blended food in the general ration and monitor its consumption at household level.

## 21. Southern Iraq

There is no new information on the approximately 222,000 Marsh Arabs living both in Iraq and in camps in Iran.

## 22. Afghanistan Region

There has now been war in Afghanistan for over 15 years. With the ending of the cold war and Soviet withdrawal in 1989, it was hoped that Afghans would have the opportunity to re-build their devastated country and that refugees in Pakistan and Iran would return to help the process. Unfortunately, the situation rapidly degenerated into further conflict between opposing ethnic and religious sectors of society. At the height of the conflict during the 1980s, there were almost 6 million Afghan refugees in Pakistan and Iran. The estimated number of refugees is now approximately 2.5 million with somewhere around 600,000 internally displaced in Afghanistan.

*Displaced in Kabul* Since the fall of President Najibullah's regime in April 1992 Kabul has been the scene of heavy clashes between the various parties struggling for power. Hostilities flared up again on the 1st of January 1994. It is now estimated that there are approximately 440,000 displaced people within Kabul, 380,000 of whom are living with relatives or friends and 60,000 others who have taken refuge in abandoned public buildings (i.e. schools, mosques, etc). The blockade of Kabul has led to limited choice of foods in the local markets and soaring prices. Contrary to previous years, there are now no government stocks or subsidized foods available. As a result, nutritional status appears to be deteriorating. A survey carried out in May 1994 showed 32% wasting with only 1% severe wasting (see Annex 1 (22a)). These results are significantly worse than those obtained between 1988-90 [ICRC 6/07/94].

*Displaced in Jalalabad* Fighting in Kabul has displaced large numbers of people, many of whom have fled towards Jalalabad. There are two large camps (approximately 163,000 people) and a number of smaller ones housing the displaced population from Kabul. Large numbers of people have also chosen not to settle in camps.



Data from February 1994 from Sarashahi camp indicated a level of wasting of 17.9% with 3.9% severe wasting (see Annex 1 (22b)). At the time, the food basket provided 1,500 kcals/person/day [MSF-H 18/02/94]. In August, the level of wasting was recorded at 14.6% and 18.6% in the two sectors of the camp, with severe wasting in 1.5% and 2.3% of children under five years of age (see Annex 1 (22c)). The food basket in June provided between 1,600 and 1,800 kcals/person/day. It is clear that families are often able to supplement their ration on the market. In June water availability in the camp was only 13.5 litres per person per day, which is well below the recommended amount of 20 litres/person/day. The continued high prevalence of wasting in the camp is thought to be due to both the inadequate food basket and the high incidence of diarrhoea [MSF-H Jun 94, MSF-H 23/08/94, UNHCR 26/06/94].

*Refugees in Pakistan* There are about 1,360,000 Afghan refugees still living in Pakistan including 20,000 who fled in early 1994. There is very little repatriation at this time, and the numbers are not expected to change considerably before the end of 1994 [IFRC 2/03/94, WFP/UNHCR 12/05/94].

A nutrition survey carried out in April showed levels of wasting between 1.7–3.7% (see Annex 1 (22d)) and a clear relationship between wasting and diarrhoea was observed [UNHCR May 94].

*Refugees in Iran* In May 1994 it was estimated that there were 23,000 Afghan refugees living in the camps in Iran. A further 1.3 million people are estimated to be living amongst the local population. Repatriation is proceeding slowly due to the continuing insecurity in Afghanistan [UNHCR 20/09/94, WFP 23/05/94].

**How external agencies can help?** In Kabul, a full ration for those living in mosques and other public buildings and a partial ration for other displaced persons is needed. Food for work programmes would also be useful as would support for the bakeries. In Jalalabad, an improved water supply is needed and a review of the general ration is also needed due to the levels of wasting reported in the camps.

## List of Sources for October 1994 RNIS Report

Org*	Date	Title of Report
AICF	9.08.94	Enquete Nutritionnelle Magara et Rumuvu Camps, Burundi
AICF	5.09.94	Enquete Nutritionnelle Kibesi, Burundi
CAMA	29.07.94	Report on Activities /Observations Pertaining to Conflict – Sierra Leone, Liberia
CDC	Aug. 94	Interim Report North Kivu Region, Zaire
DHA	20,07.94	Personal Communication
DHA	7.08.94	Information Bulletin from Humanitarian Assistance Coord – Angola
FAO	17.08.94	FAO/WFO Crop and Food Supply Assessment Mission – Rwanda
ICRC	6.07.94	Nutritional Assessment of the Displaced Population
IFRC	2.03.94	Situation Report – Pakistan, Afghanistan Refugee Assistance
MSF-B	Jul. 94	Monthly Activity Report – Gode, Ethiopia
MSF-B	5.07.94	Nutrition Surveillance Report (Nimba County Liberia – July 94)
MSF-B	Aug. 94	Monthly Activities – Mwene Ditu (August)
MSF-B	15.09.94	Personal Communication
MSF-B-a	Jul. 94	Monthly Activities – Mwene Ditu (July)
MSF-B-b	Jul. 94	Enquete Nutritionnelle – Refoules Kasiens, Likasi
MSF-B-c	Jul. 94	Enquete Nutritionnelle – Ville de Likasi
MSF-CH	22.04.94	Report on Nutrition and Vaccination Coverage Survey (18–22 April 94)

MSF-CIS	May. 94	Monthly Bulletin – Mozambique
MSF-H	18.02.94	Medical Report – Jalalabad (February)
MSF-H	Jun. 94	Medical Report – Jalalabad (June)
MSF-H	Jul. 94	Nutrition Surveillance Report – Liberia
MSF-H	4.08.94	Demography, Mortality and Nutrition Survey – Katale Camp
MSF-H	23.08.94	Nutritional Survey – Jalalabad
MSF-H	4.09.94	Graphic Information – Tanzania
MSF-H	13.09.94	Nutrition Survey – Malange (Sept 94)
MSF-H-a	13.09.94	Nutrition Information from Koboko Camp
UNHCR	May. 94	Evaluation of the Nutritional Status of Afghan Refugee Children
UNHCR	26.06.94	Information from Camps – Jalalabad
UNHCR	Jul. 94	Sitrep # 7 Ghana
UNHCR	12.08.94	Sitrep July 94 (Liberia)
UNHCR	15.08.94	Rwandan Refugee Programme. North Kivu. Mortality Report 15 Aug 94
UNHCR	16.08.94	Sitrep # 43 Refugees from Myanmar in Bangladesh
UNHCR	18.08.94	Sitrep # 8 Benin
UNHCR	2.09.94	Sitrep (Ethiopia August 94)
UNHCR	7.09.94	1994 Nutrition Survey Results in UNHCR Refugee Camps, Central/Eastern Sudan
UNHCR	15.09.94	Note: Major Issues in West Africa
UNHCR	20.09.94	Personal Communication
UNHCR-a	Jul. 94	Nutritional Status Assessment – Waterloo Refugee Camp
UNHCR-a	16.08.94	Ethiopia Results of Nutrition Survey
UNHCR-a	18.08.94	Sitrep – July CAR
WFP	23.05.94	Aide memoire – Iran
WFP	2.08.94	Weekly Update
WFP	5.08.94	Weekly Update
WFP	12.08.94	Weekly Update
WFP	19.08.94	Weekly Update
WFP	26.08.94	Weekly Update
WFP	2.09.94	Weekly Update
WFP	5.09.94	Weekly Update
WFP	9.09.94	Weekly Update
WFP	16.09.94	Weekly Update
WFP	26.09.94	Weekly Update
WFP	30.09.94	Weekly Update

WFP	7.10.94	Weekly Update
WFP	20.10.94	Comments on RNIS draft
WFP	19.09.94	Weekly Update
WFP	23.09.94	Weekly Update
WFP/UNHCR	12.05.94	Joint Refugee Food Supply Assessment Mission to Pakistan and Afghanistan
WHO	9.07.94	Review of Nutrition and Foods Situation Amongst the Bhutanese Refugees
WV	Jun. 94	Quarterly Report – Southern Sudan Emergency Response Program
WV–a	Jun. 94	Report on Mozambique
<b>*Org</b>		
AICF		Action International Contre la Faim
CAMA		Mission Protestante CMA
CDC		Centers for Disease Control
DHA		UN Department of Humanitarian Affaires
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–CH		Medecins Sans Frontieres – Switzerland
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

## List of Tables, Figures and Annexes

**Table 1 – Information Available on Total Refugee/Displaced Populations (as of October 1994)**

<b>I</b>	:	<i>Those reported on with high prevalences of malnutrition and/or micronutrient disease and sharply elevated mortality (at least 3x normal)</i>
<b>IIa</b>	:	<i>At high risk. Limited data available, population likely to contain pockets of malnutrition</i>
<b>IIb</b>	:	<i>At moderate risk, may not be data available. Population may contain pockets of malnutrition</i>

<b>IIc</b>	: Probably not currently in critical situation, nor known to be at particular risk							
<b>III</b>	: Population known to exist, but condition unknown							
								<b>Total Form</b>
	<b>I</b>	<b>IIa</b>	<b>IIb</b>	<b>IIc</b>	<b>III</b>	<b>Total</b>	<b>Comments</b>	<b>August Report</b>
1. Liberia/Sierra Leone/ Guinea/Cote d'Ivoire		894'000	32'000	1'925'000		2'851'000	Newly displaced /inaccessible in Liberia at high risk.	2'839'000
2. Ethiopia	86'000		50'000	55'000		191'000	41,000 in the Ogaden still in crisis, along with approx. 45,000 Somalis in East	187'000
3. E. Central & W. Sudan			1'700'000			1'700'000	This is revised estimate for 1994	1'700'000
4. Kenya				276'000		276'000	Slight decrease due to repatriation	277'000
5. Southern Somalia				400'000		400'000		380'000
6. Mozambicans				1'850'000		1'850'000	Pockets of malnutrition exist	1'850'000
7. Rwanda (id) Now incl in # 15						0	Now included as part of # 15	0
8. Angola (id/wa)	250'000	190'000	2'760'000			3'200'000	Malange, Huambo and Kuito in critical situation	3'200'000
9. Southern Sudan (id)			2'000'000			2'000'000	Increased food deliveries and harvest helping to improve the situation	2'000'000
10. Uganda			190'000	94'000		284'000	Inadequate water supplies in many camps	246'000

11. <i>Shaba. Zaire (id)</i>	127'000	266'000		200'000		593'000	Higher number due to inclusion of some local populations	400'000
12. <i>Ghana/Togo/Benin Region</i>				338'000		338'000	Situations coming under control	310'000
13. <i>Central African Republic</i>				37'600		37'600	Including 25.000 Sudanese refugees	37'000
14. <i>Zaire (r)</i>				163'000		163'000	At risk due to insecurity and inadequate food deliveries	163'000
15. <i>Burundi/Rwanda Region</i>	1'516'000	2'751'000	230'000	10'000		4'507'000	Slight total decrease due to better population estimates	5'133'000
16. <i>Mauritania/Senegal</i>				60'000		60'000	No reported change from RNIS # 6	52'000
17. <i>Djibouti</i>				32'000		32'000	No reported change from RNIS # 6	32'000
18. <i>Zambia</i>				36'000		36'000	No reported change from RNIS # 6	36'000
<i>Total</i>	1'979'000	4'101'000	6'962'000	5'476'600	0	18'518'600		18'842'000

**Figure 1 – Refugee and Displaced Populations**

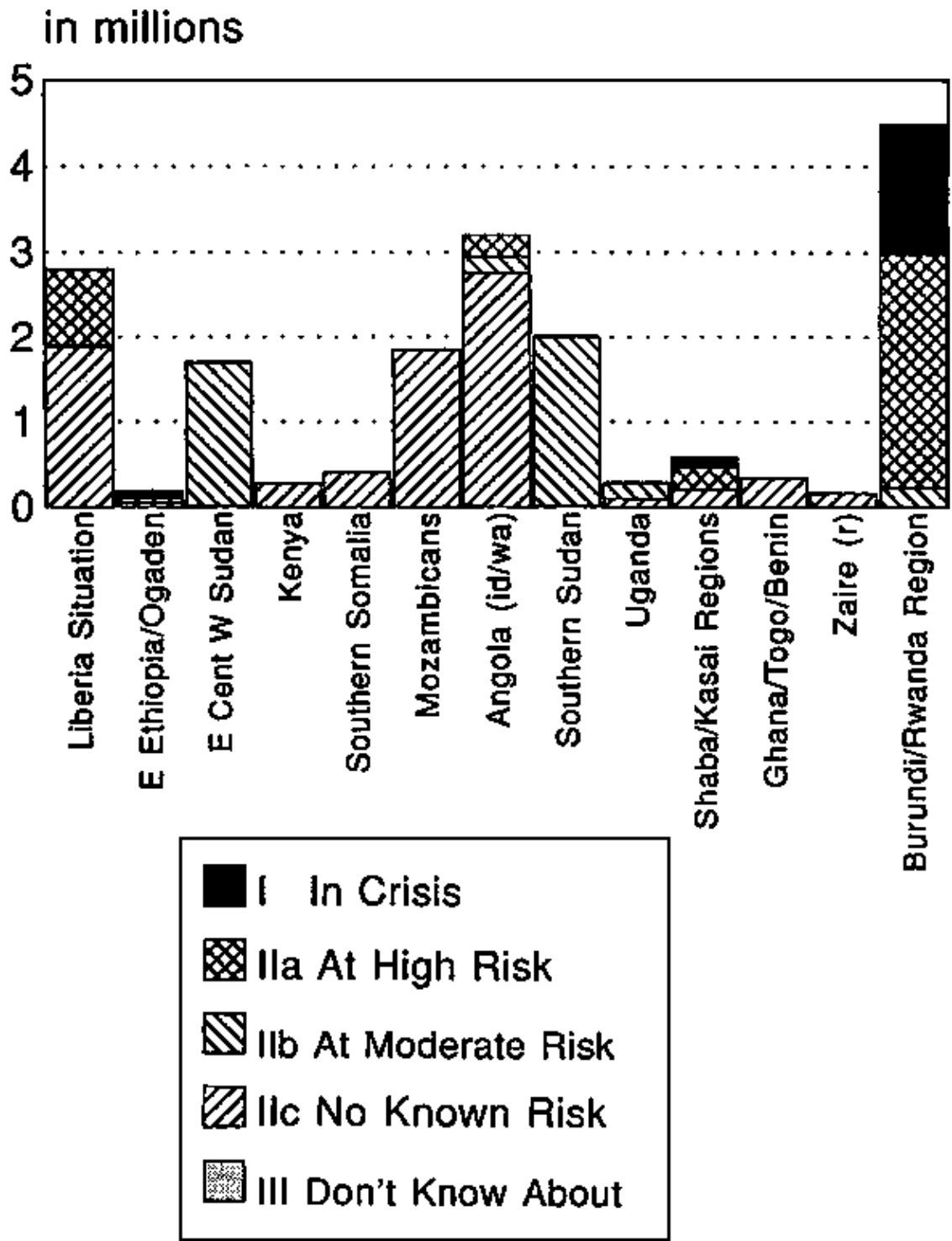


Figure 1 – Refugee and Displaced Populations – Selected Areas (October 94)

Figure 2 – Trends in Total Refugee/Displaced Populations and Risk Categories

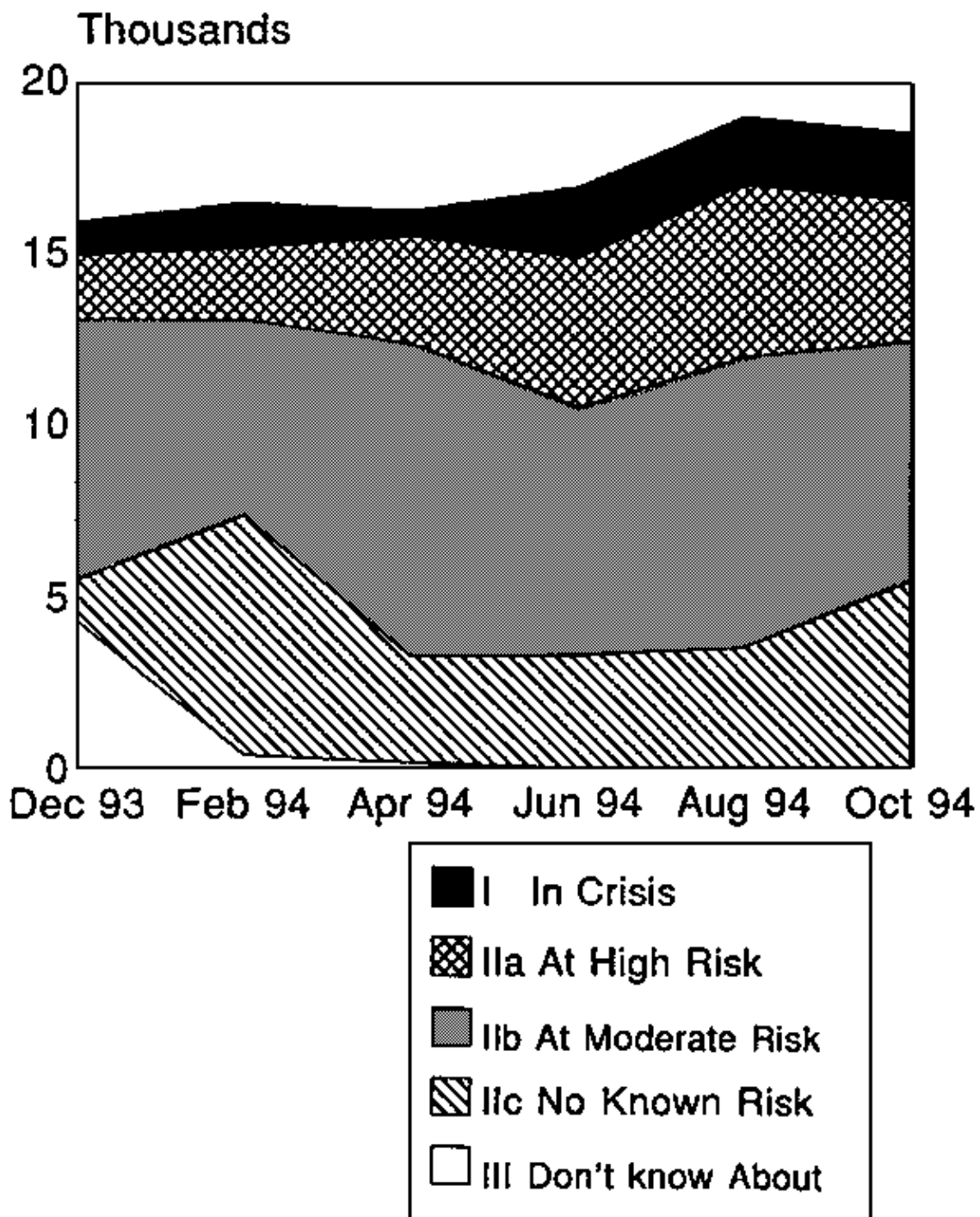


Figure 2 – Trends in Total Refugee/Displaced Populations – By Risk Categories – Africa: December 1993–October 1994

Figure 3 – Trends in Population Estimates and Risk Categories in Six Countries

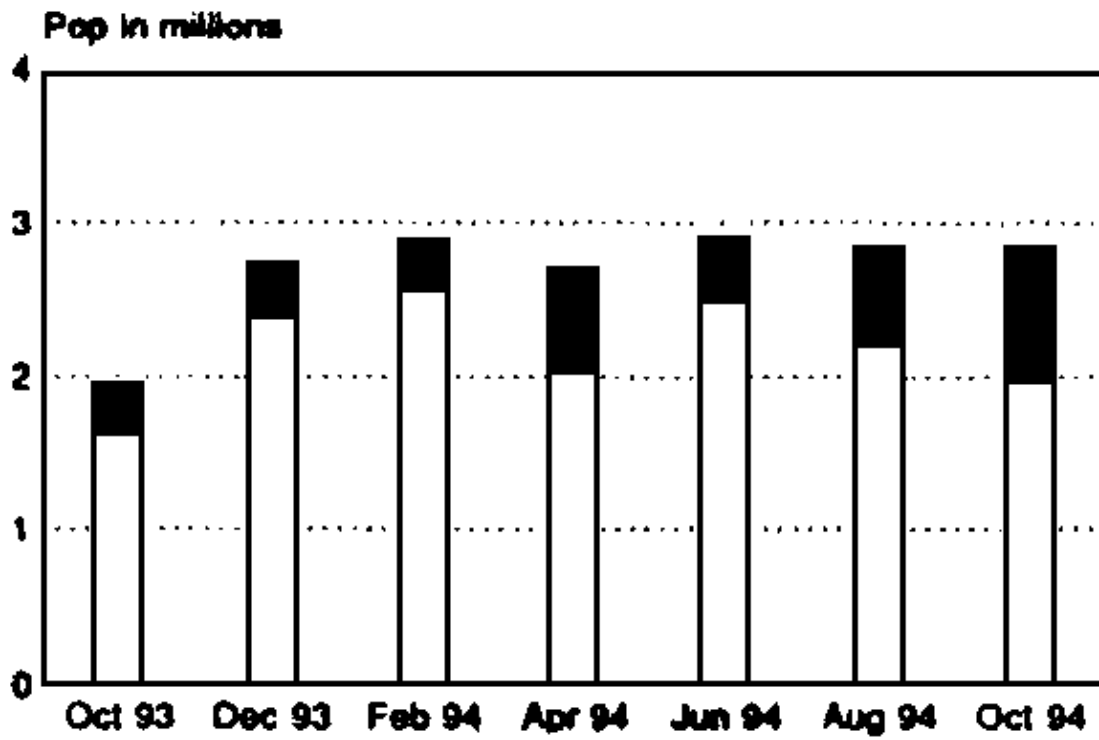


Figure 3 A. Liberia

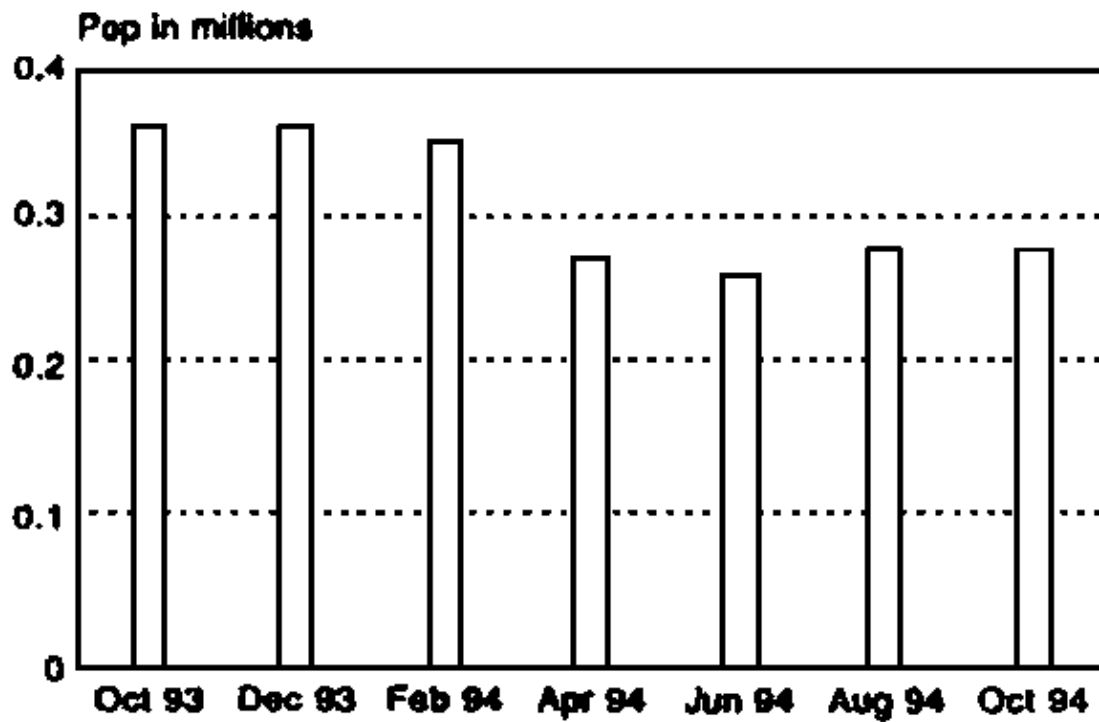


Figure 3 B. Kenya



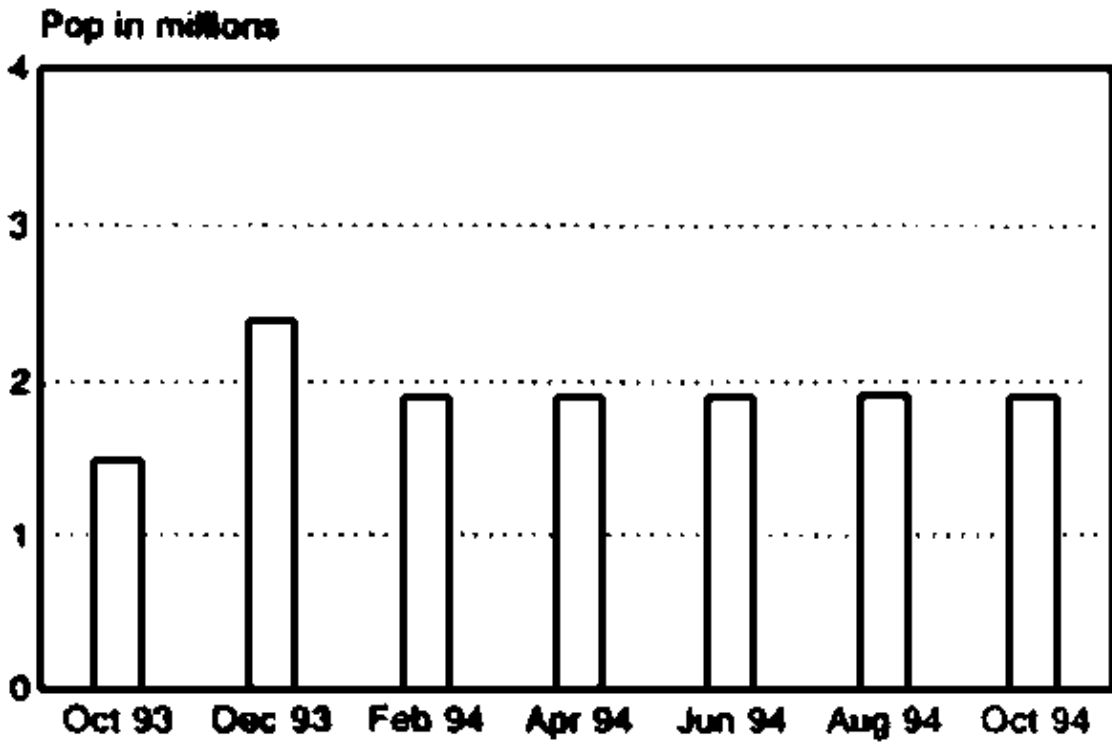


Figure 3 C. Mozambique

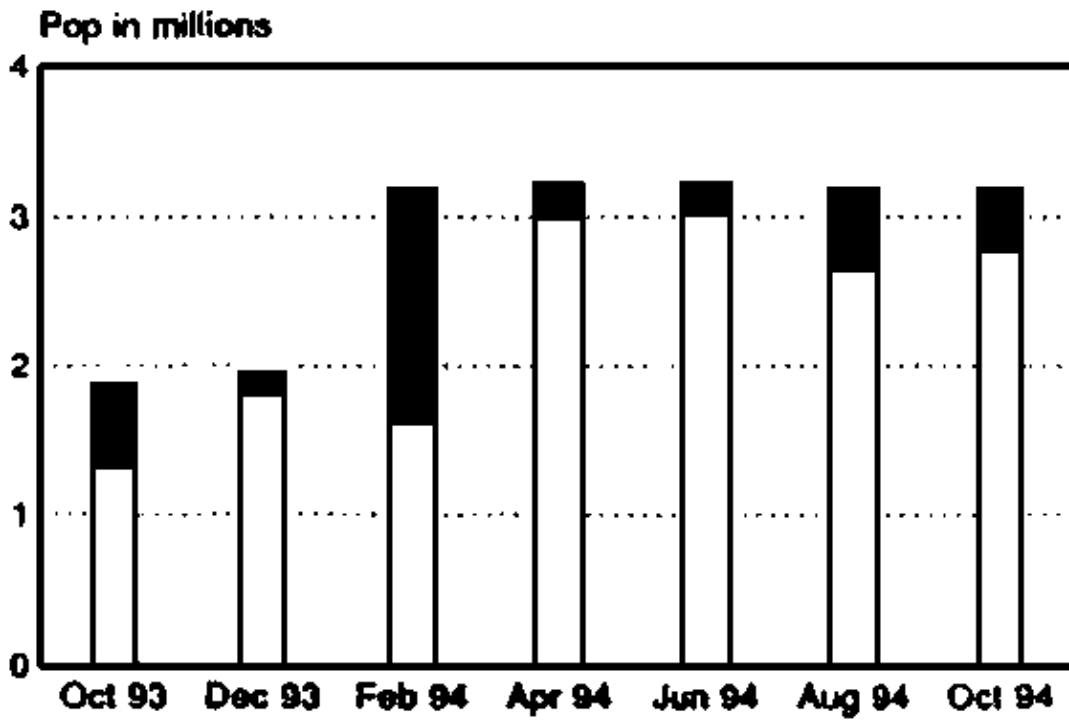


Figure 3 D. Angola

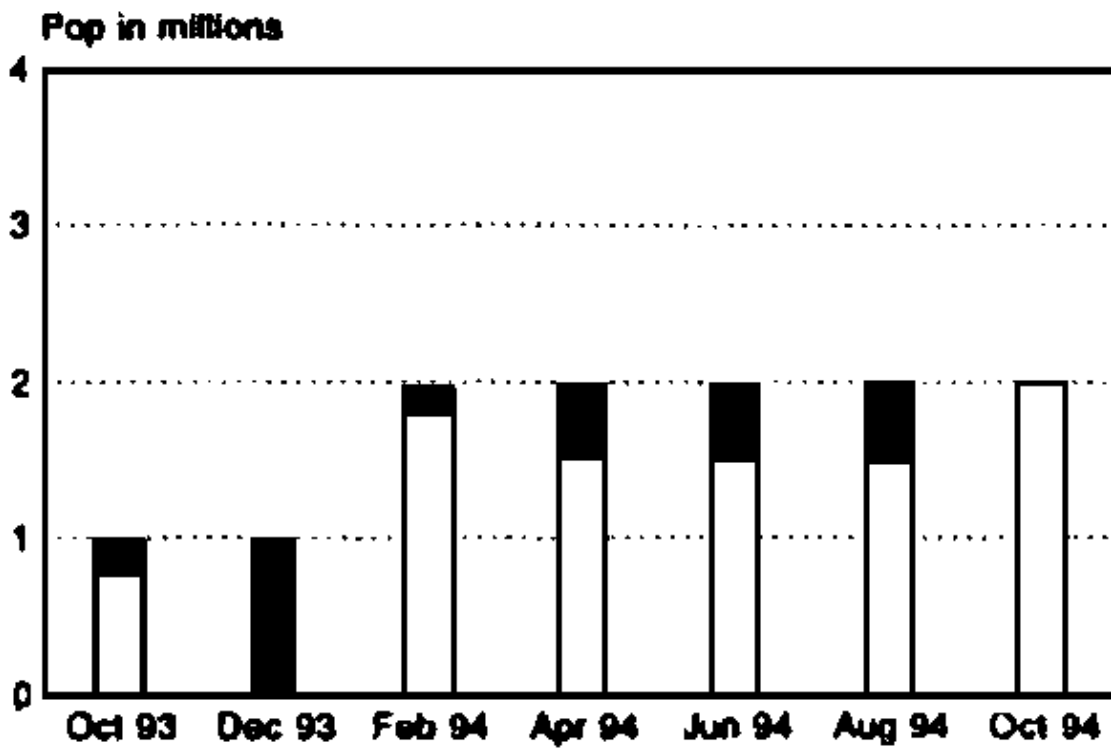


Figure 3 E. Southern Sudan

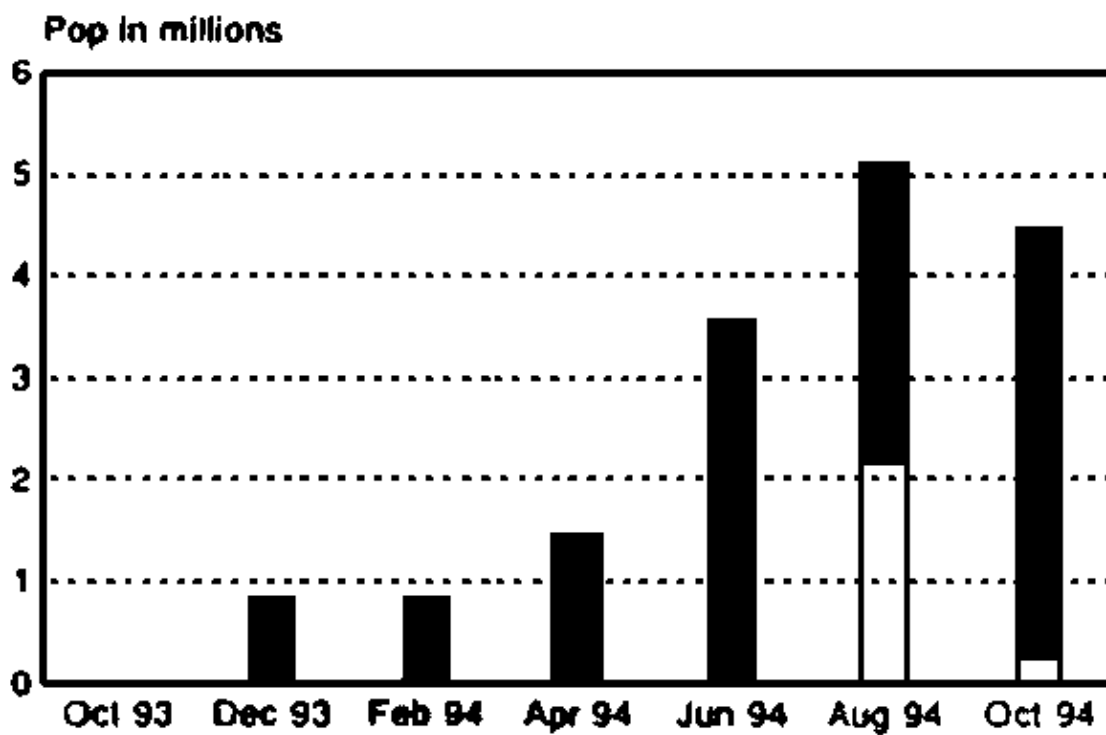


Figure 3 F. Burundi/Rwanda Region

**Annex 1 – Results of Surveys Quoted in October Report**

	<i>Survey</i>			<i>% Severely</i>	<i>Mortality</i>	
	<i>Conducted by</i>	<i>Date</i>	<i>% Wasted *</i>	<i>Wasted *</i>	<i>(/10,000/day)</i>	<i>Other data</i>
<i>1. Liberia</i>						

	<i>a. Nimba County</i>	MSF-B	5. Jul. 94	7.3	2.6	1.1	Measles immunization coverage: 84%
	<i>b. Margibi, Grand Bassa, Bong</i>	MSF-H	Jul. 94	10.6	2.0		Highest levels of wasting varied 42-18%
	<i>c. Waterloo Camp, Sierra Leone</i>	UNHCR	Jul. 94	13.5			
<b>2. Ethiopia</b>							
	<i>a. Western Ethiopia</i>	UNHCR	May-Jun 94	14.2	1.5		Wasting ranges 7.8-14.2%, Severe wasting 1.1-1.5%
	<i>b. Eastern Ethiopia</i>	UNHCR	May-Jun 94	21.4	1.6		Wasting ranges 9-21.4%, severe wasting 0.2-1.6%
<b>3. East/Central/West Sudan</b>							
	<i>a. Shagarab Camp</i>	UNHCR	Aug. 94	19.4			
	<i>b. Wad Sherife Camp</i>	UNHCR	Aug. 94	14.1			
	<i>c. Fau 5 Camp</i>	UNHCR	Aug. 94	13.0			
<b>8. Angola</b>							
	<i>a. Malange</i>	MSF-H	3. Sep. 94	15.0	5.0		
	<i>b. Dondo</i>		Jul. 94	7.7	2.5		
<b>10. Uganda</b>							
	<i>a. East Moyo District</i>	MSF-CH	Apr. 94	8.0	2.3		Immunization coverage varied 38-57%
	<i>b. Koboko Camp</i>	MSF-H	13. Sep. 94	12.2	3.0	0.4	Under-five mortality rate 0.9/10,000/day
<b>11. Shaba, Kasai Regions</b>							
	<i>a. Likasi (displaced)</i>	MSF-B	Jul. 94	9.0	3.0		Immunization coverage 75.6%. 1000 kcals/person/day
	<i>b. Likasi (local residents)</i>	MSF-B	Jul. 94	12.1	6.9		Immunization coverage 63.4%
	<i>c. Simmons Camp</i>	MSF-B	Jul. 94	16.3	4.2		
<b>15. Burundi/Rwanda Region</b>							
	<i>a. Rumuvu Camp, Burundi</i>	AICF	Aug. 94	8.0			

	<i>b. Magara Camp, Burundi</i>	AICF	Aug. 94	10.0			
	<i>c. Kibesi Camp, Burundi</i>	AICF	Aug. 94	12.7	3.1		
	<i>d. Katale Camp, Goma</i>	MSF-H	4. Aug. 94	22.1	6.6	41.3	Under-five mortality rate 40.4/10,000/day
	<i>e. Kibumba Camp, Goma</i>	WFP	26. Aug. 94	20.2	3.0		
	<i>f. Benako Camp, Tanzania</i>	MSF-H	Aug. 94	10.0		3.0	Under-five mortality rate 8.5/10,000/day
<b>22. Afghanistan Region</b>							
	<i>a. Kabul, Displaced</i>	ICRC	May. 94	32.0	1.0		
	<i>b. Sarashahi Camp</i>	MSF-H	Feb. 94	17.9	3.9		Food basket provided 1500 kcals/person/day
	<i>c. Sarashahi Camp</i>	MSF-H	Aug. 94	18.6	2.3		Wasting range 14.6–18.6%, Severe wasting 1.5–2.3%
	<i>d. Pakistan</i>	UNHCR	Apr. 94	1.7–3.7			

\* 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 was a two stage cluster sample survey conducted by MSF-Belgium between 29 June and 5 July 1994. Wasting was defined as weigh/height <-2 z scores and/or oedema, and severe wasting was <-3 z scores and/or oedema. The sample size was 648 children 6-59 months old or 65-110 cm.

b. This information is provided by MSF-Holland's nutrition Surveillance System in July 1994.

c. This survey was conducted by UNHCR in Waterloo Camp, Sierra Leone. Each child was weighed. Wasting was defined as <80% weight/height and severe wasting was <70% weight/height.

### 2. Ethiopia

a. This survey was carried out by UNHCR in May and June 1994 in the Sudanese refugee camps in Western Ethiopia. Wasting was defined as <80% weight/height and severe wasting was <70% weight/height. The sample size was 616. No further details are available.

b. This survey was carried out by UNHCR in May and June 1994 in the Somali refugee camps in Eastern Ethiopia. Wasting was defined as <80% weight/height and severe wasting was <70% weight/height. The sample size was 765. No further details are available.

### 3. East/Central/West Sudan

a–c. This information was received from UNHCR and the cut–off used to define wasting was <80% weight for height. No further details are available.

## 8. Angola

a. This was a cluster sample survey conducted by MSF–Holland and CONCERN from 1–3 September 1994. The total sample size was 1184 children.

b. This information is from the bulletin of the United Nations Humanitarian Assistance Coordination Unit (Angola). No further details are available.

## 10. Uganda

a. This information comes from a cluster survey conducted by MSF–Switzerland from 18–22 April 1994. 354 children between 6–59 months old were measured in the transit centres and 353 children were measured in the settlements. Wasting was defined as <80% weight for height and/or oedema and severe wasting was defined as <70% weight for height and/or oedema.

b. This survey was conducted by MSF–Holland in July 1994 and the sample size was 900 children. Wasting was defined as <–2 z scores and/or oedema and severe wasting was defined as <–3 z scores and/or oedema.

## 11. Shaba/Kasai Regions

a. This survey was conducted by MSF–Belgium in July 1994 and the sample size was 802. Wasting was defined as <–2 z scores and/or oedema and severe wasting was defined as <–3 z scores and/or oedema.

b. This survey was conducted by MSF–Belgium in July 1994 and the sample size was 817. Wasting was defined as <–2 z scores and/or oedema and severe wasting was defined as <–3 z scores and/or oedema.

c. This survey was conducted by MSF–Belgium on 14 July 1994. All children between 6–59 months (or 65–109.0 cm) were measured. Wasting was defined as <–2 z scores and/or oedema and severe wasting was <–3 z scores and/or oedema.

## 15. Burundi/Rwanda Region

a. This survey was conducted by AICF from 1–4 August 1994 and a sample size of 374 children was used. Wasting was defined as <–2 z scores and/or oedema and severe wasting was defined as <–3 z scores and/or oedema.

b. This survey was conducted by AICF from 6–9 August 1994 and a sample size of 626 children was used. Wasting was defined as <–2 z scores and/or oedema and severe wasting was defined as <–3 z scores and/or oedema.

c. This survey was conducted by AICF from 29–30 August 1994 and a sample size of 324 children was used. Wasting was defined as <–2 z scores and/or oedema and severe wasting was defined as <–3 z scores and/or oedema.

d. This survey was conducted by MSF–Holland, MSF–Belgium and Epicentre on 4 August 1994. This was a cluster sample survey on children under five years old and a total sample size of 648 children. Wasting was defined as <–2 z scores and severe wasting was defined as <–3 z scores and/or oedema.

e. No further details are available.

f. This information is from MSF–Holland for 4 September 1994. No further details are available.

## 22. Afghanistan

a. This survey was conducted by ICRC from March–May 1994. A randomized cluster sample was used and 1635 children between 72–115 cm in height were measured. The QUAK–stick was used (Arm circumference for height).

b. This survey was conducted by MSF–Holland on 7–8 February 1994. A sample of 407 children under five years old were measured. Wasting was defined as MUAC <13.5 cm and severe wasting MUAC <12.5 cm.

c. This survey was conducted by MSF–Holland on 16, 17 and 23 August 1994. The camp was divided into two sections for the survey. In the “designed camp” a cluster sample survey was done (sample size 628) and in the “plastic area” systematic random sampling was used (sample size 245). Wasting in both sections was defined as <80% weight for height and severe wasting was <70% weight for height.

d. This survey was conducted at the request of UNHCR in Pakistan. A cluster sample technique was used for a sample size of 4800 children between 6 months and 105 cm in height. Wasting was defined as <–2 z scores and severe wasting was <–3 z scores.

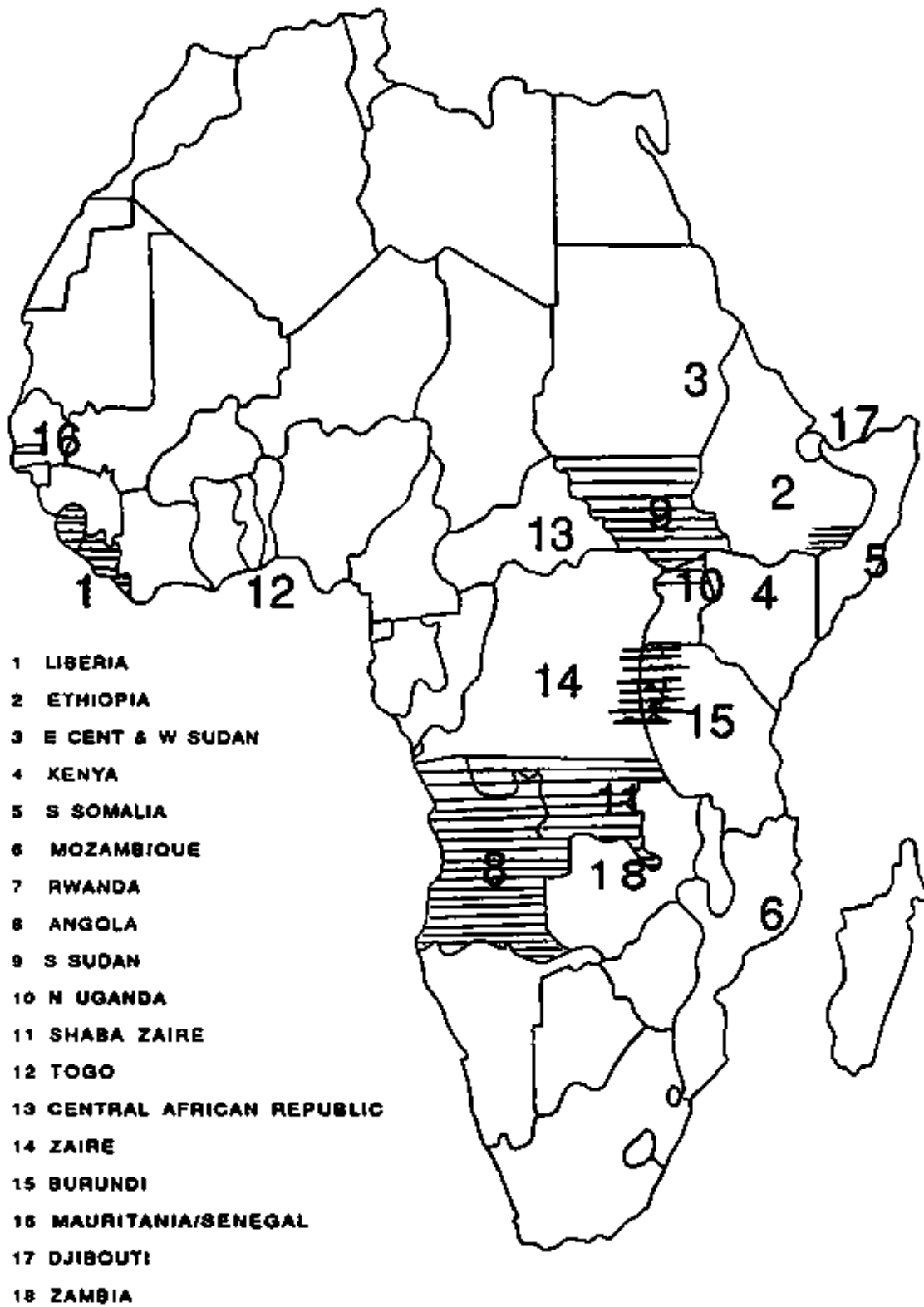
## Annex 2 – Seasonality in Sud–Saharan Africa\*

<b>Country</b>	<b>Climate/Rainy Season</b>
<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

\* Information from “Food Supply Situation and Crop Prospects in Sub–Saharan Africa” by FAO

## List of Maps

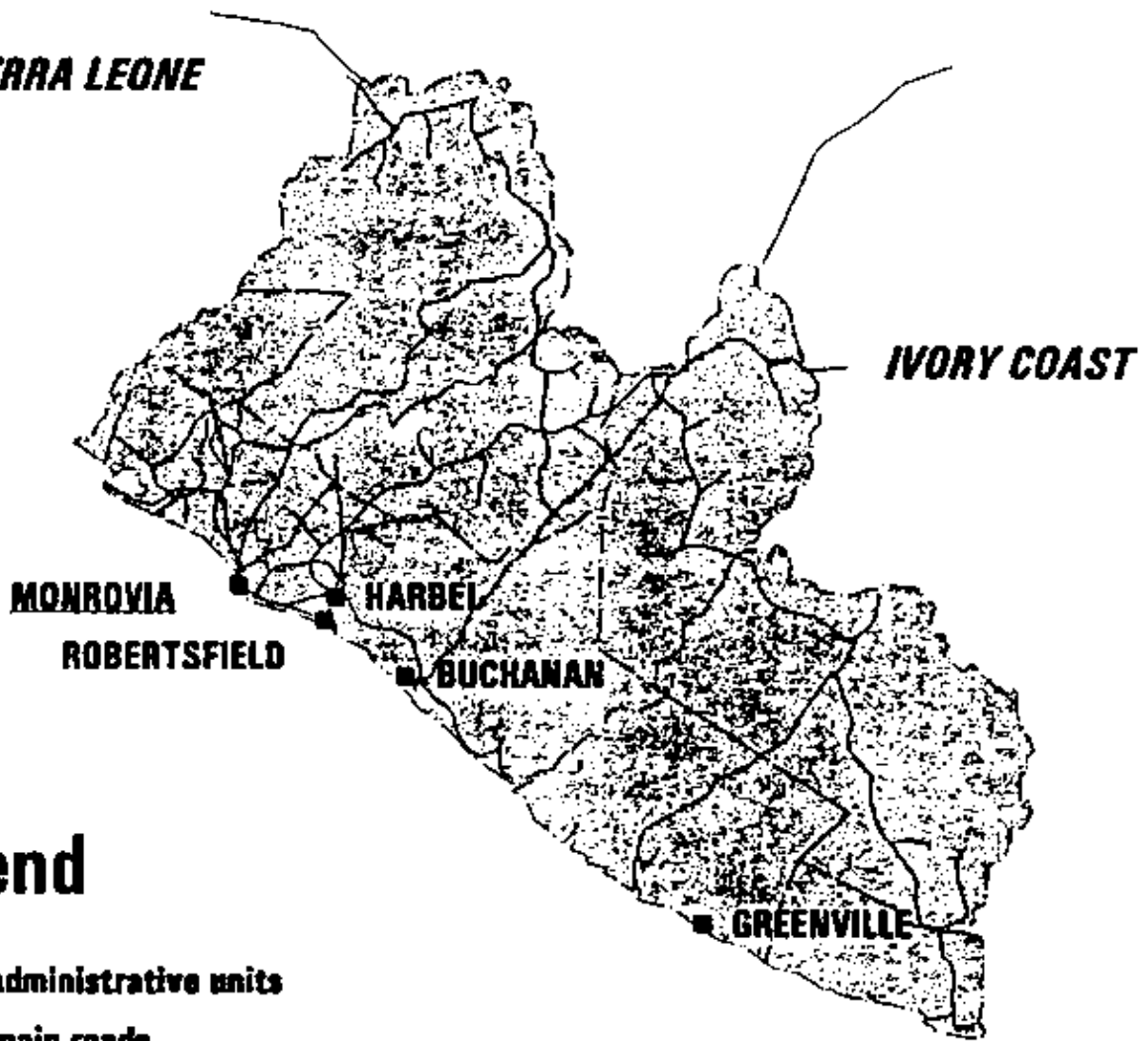
Map A – Situational Map



Map A – Situational Map

Map 1 – Liberia

**SIERRA LEONE**



## Legend

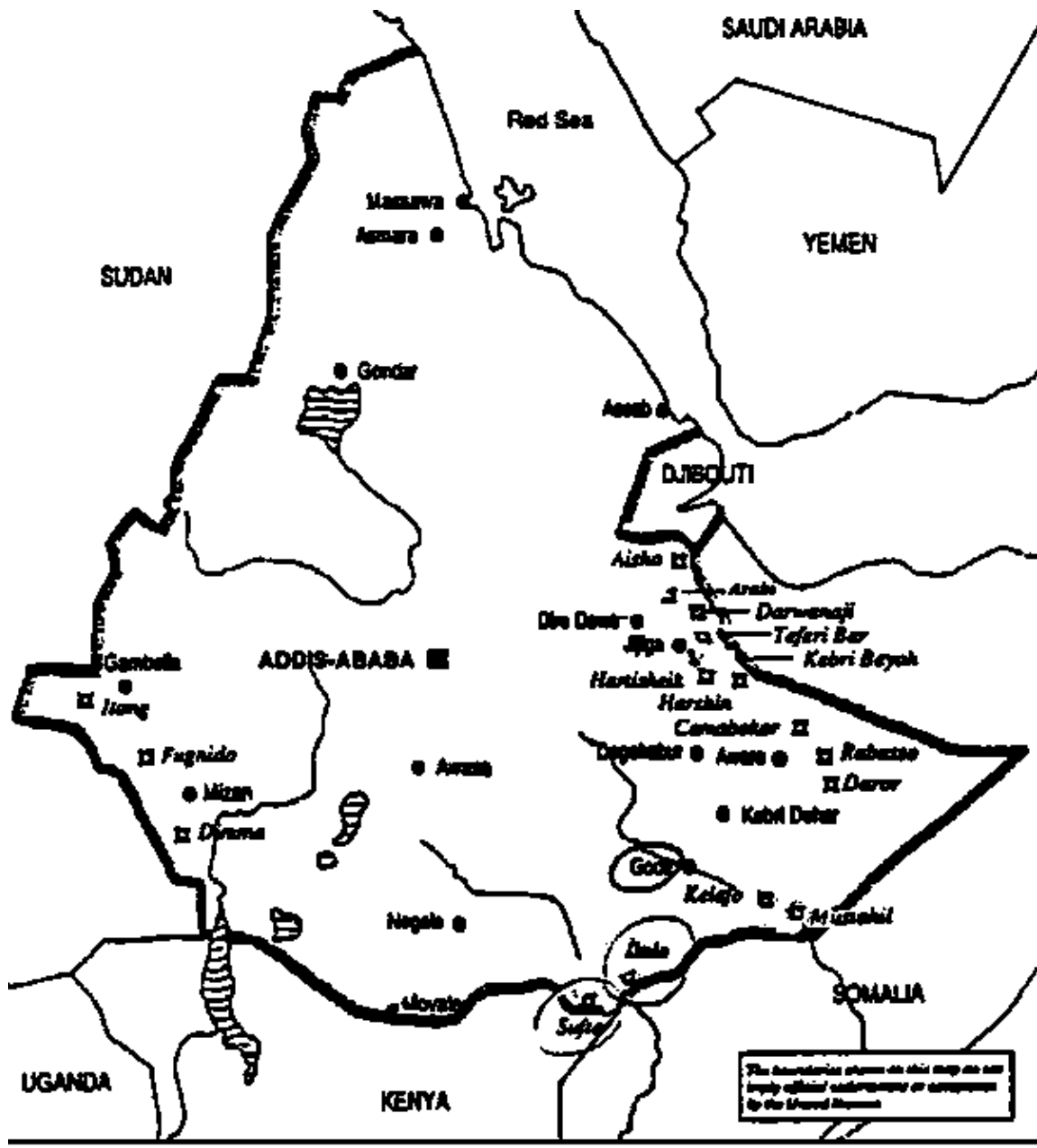
- — — administrative units
- main roads
- +—— railways
- main towns

1 inch : 138kms

Map 1 – Liberia

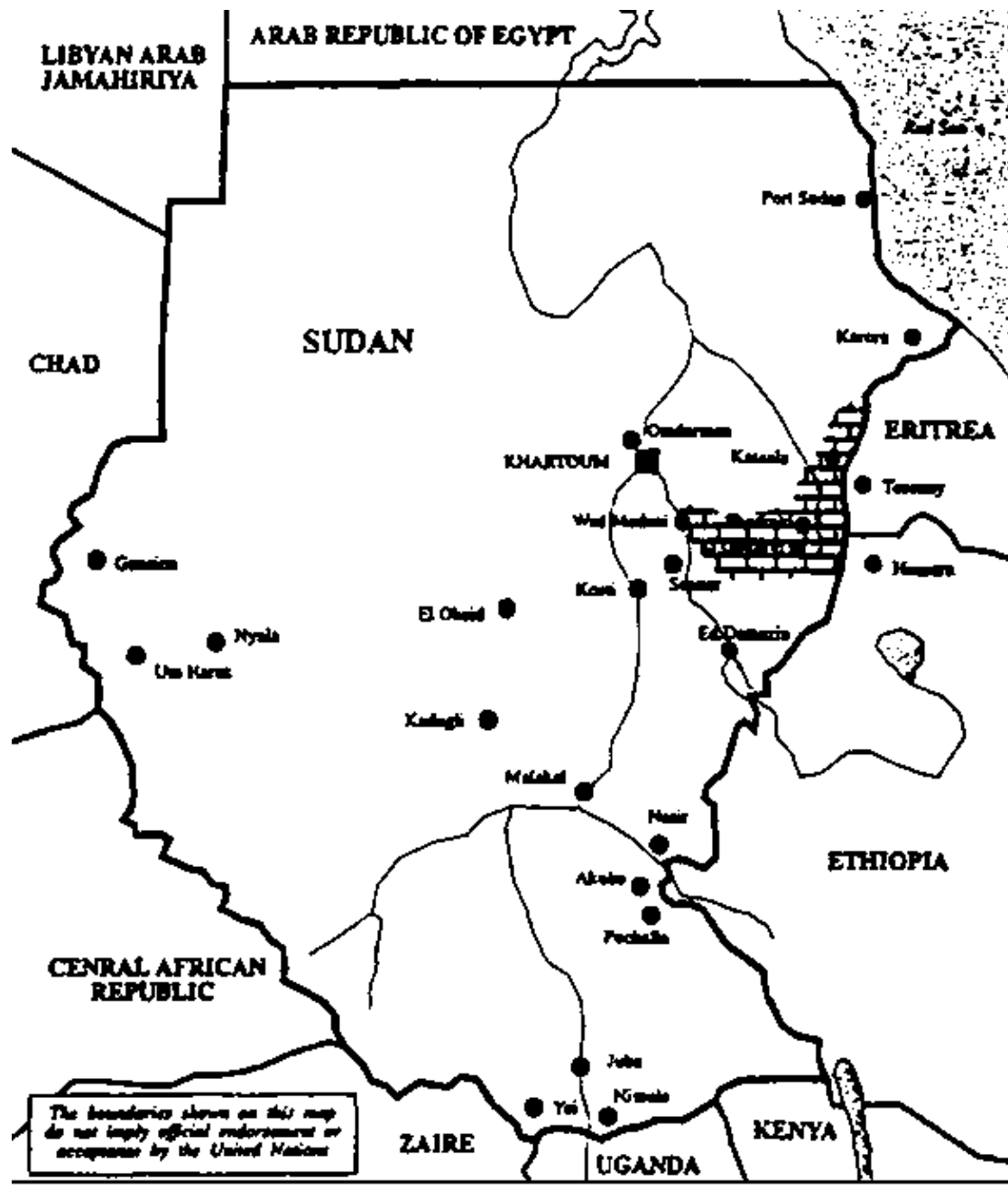
Map 2 – Ethiopia





■ Capital  
 ● Town or village  
 ▣ Shahera/reception centres  
 Map 2 – Ethiopia

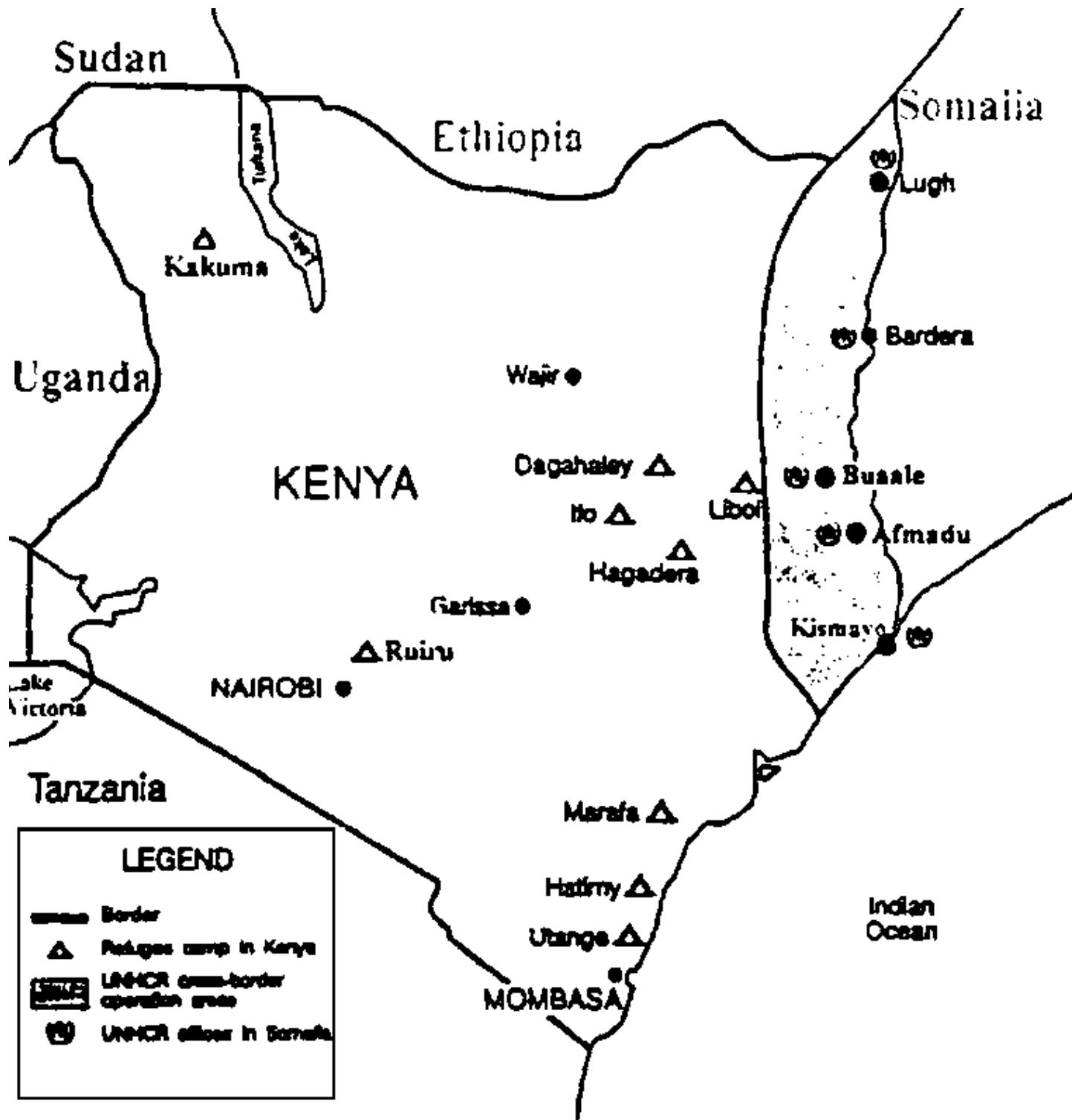
Map 3 – Sudan



- Capital
- Town or village
- ▨ Refugee area (Eastern Sudan)

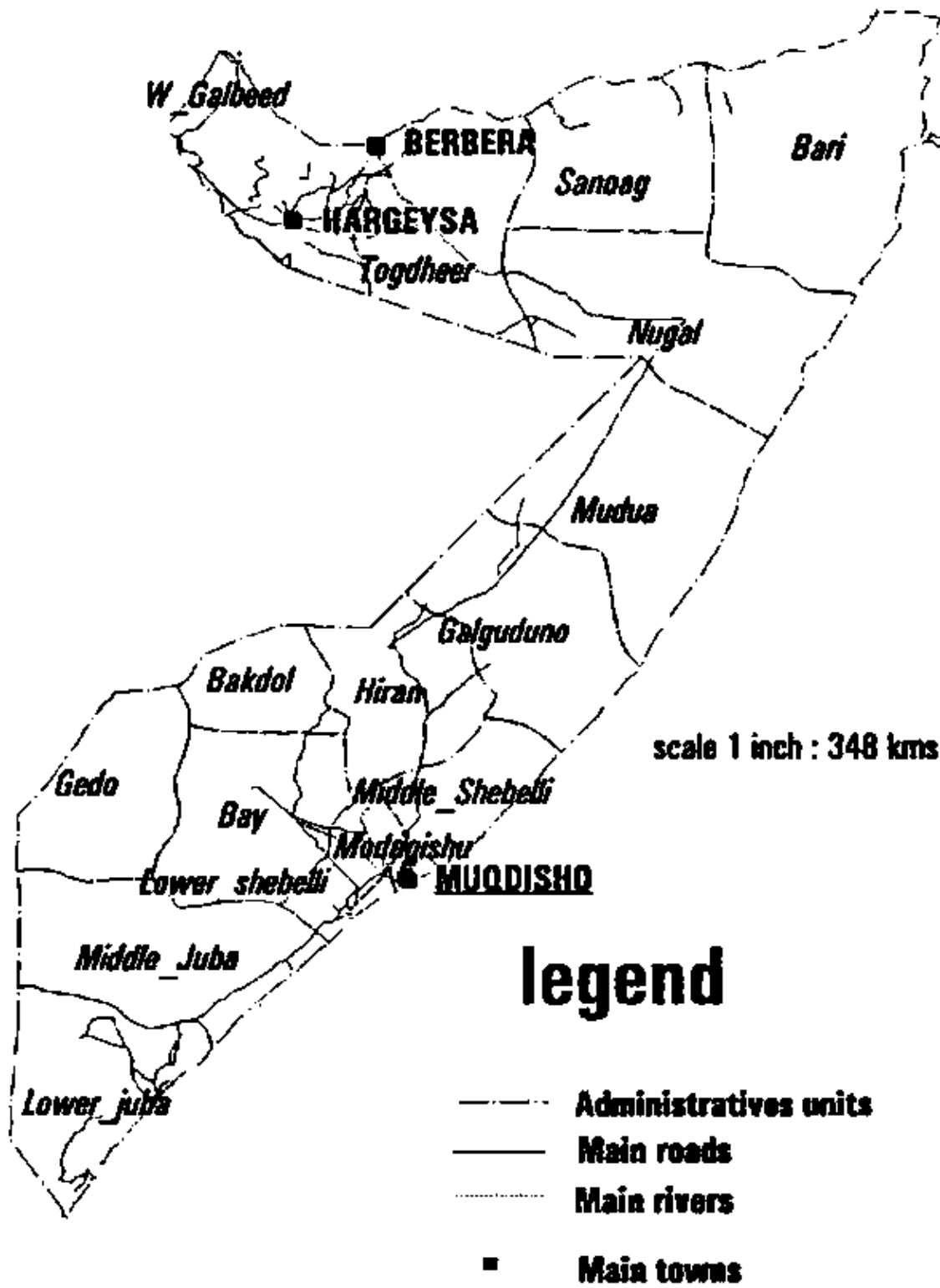
Map 3 - Sudan

Map 4 - Kenya

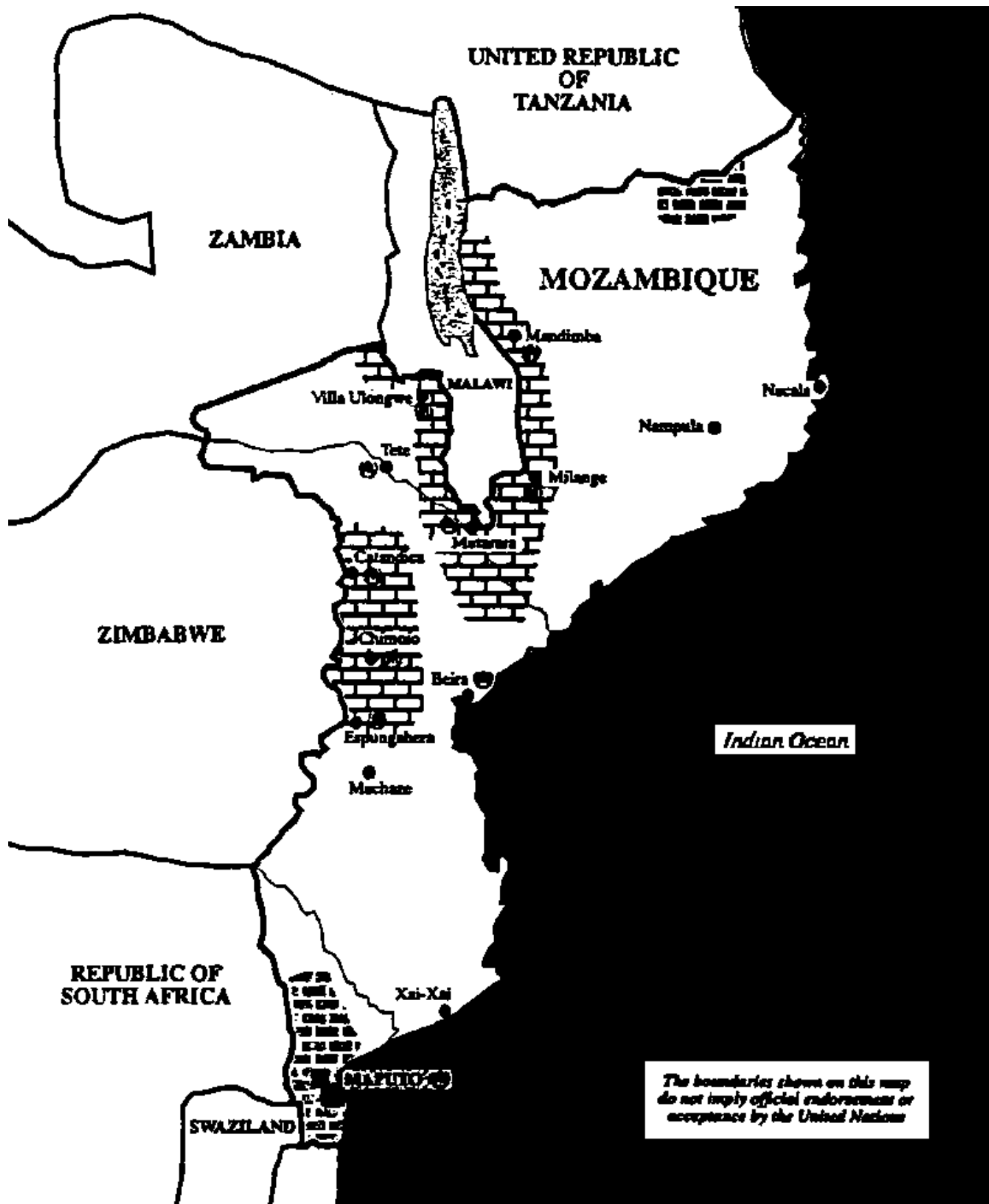


Map 4 - Kenya

Map 5 - Somalia

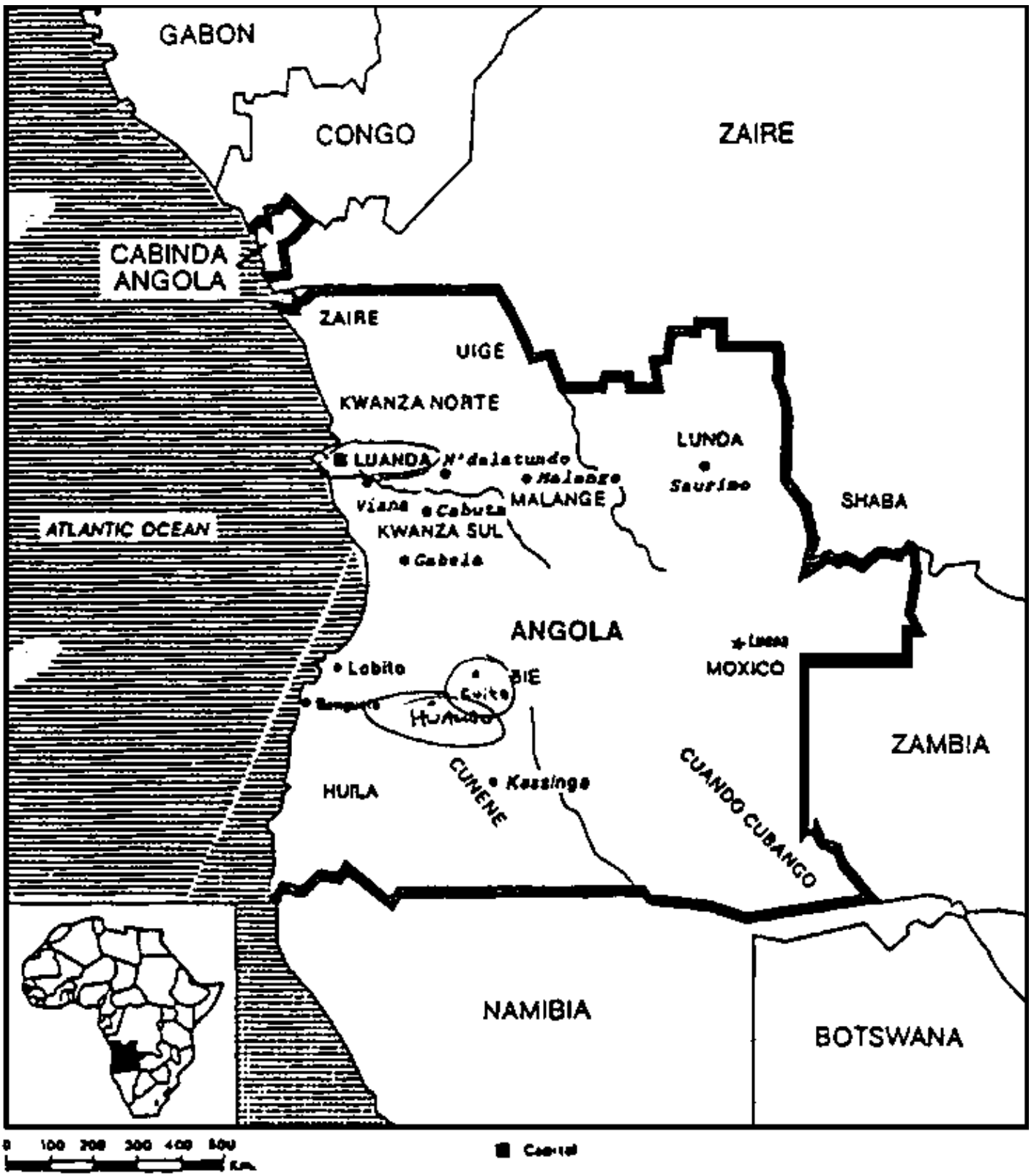


Map 6 - Mozambique



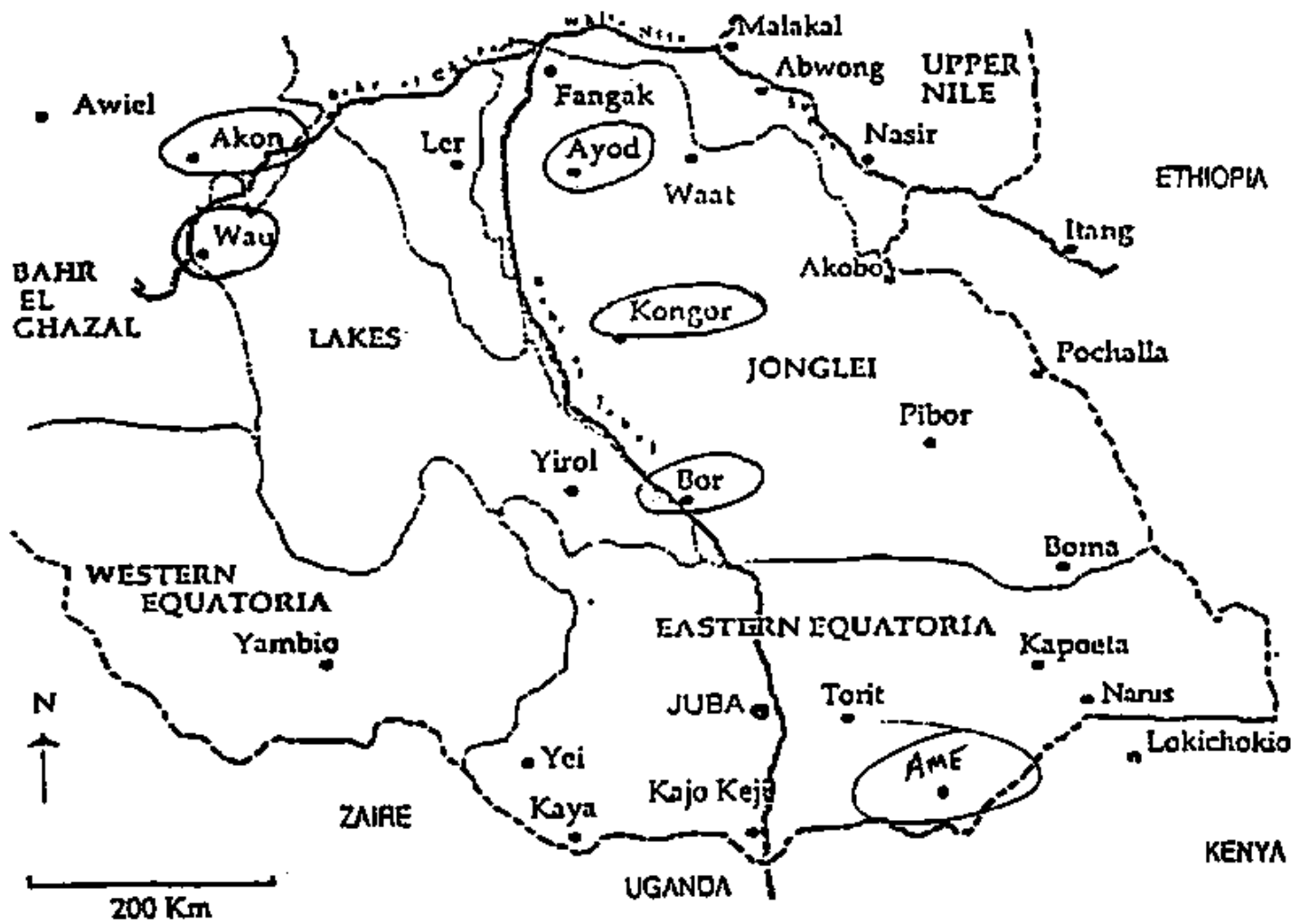
Map 6 – Mozambique





Map 8 - Angola

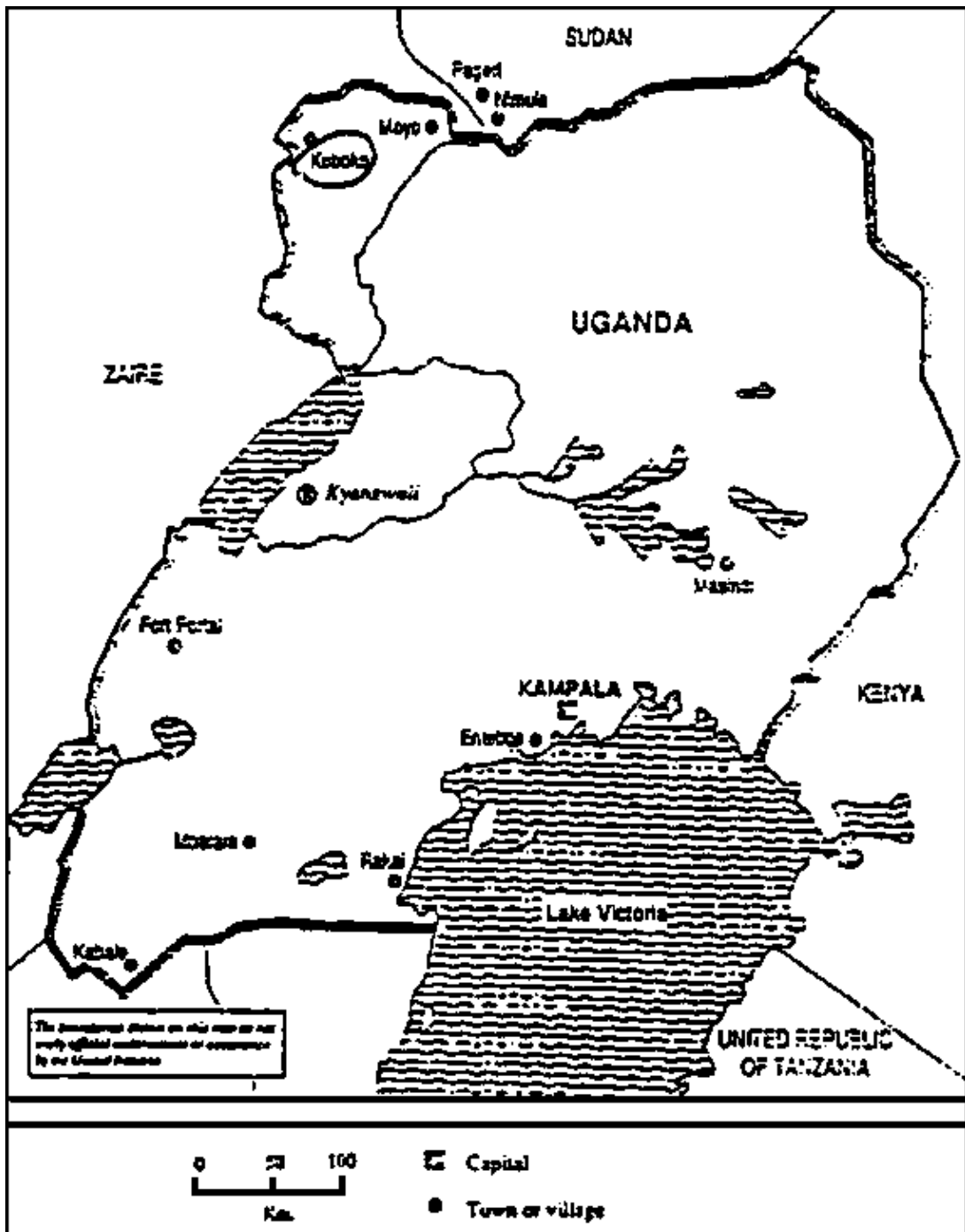
Map 9 - Southern Sudan



Map 9 - Southern Sudan

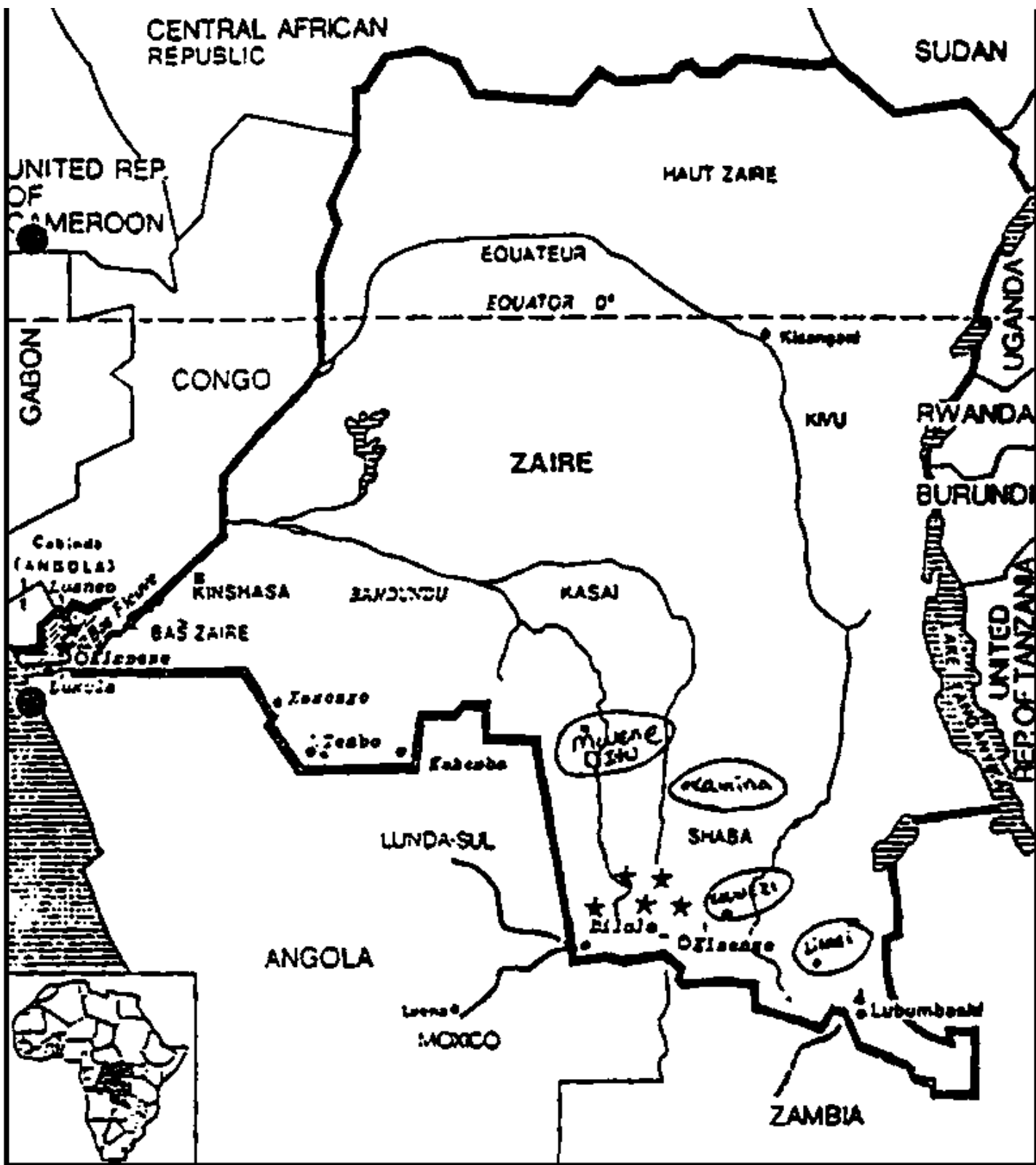
Map 10 - Uganda





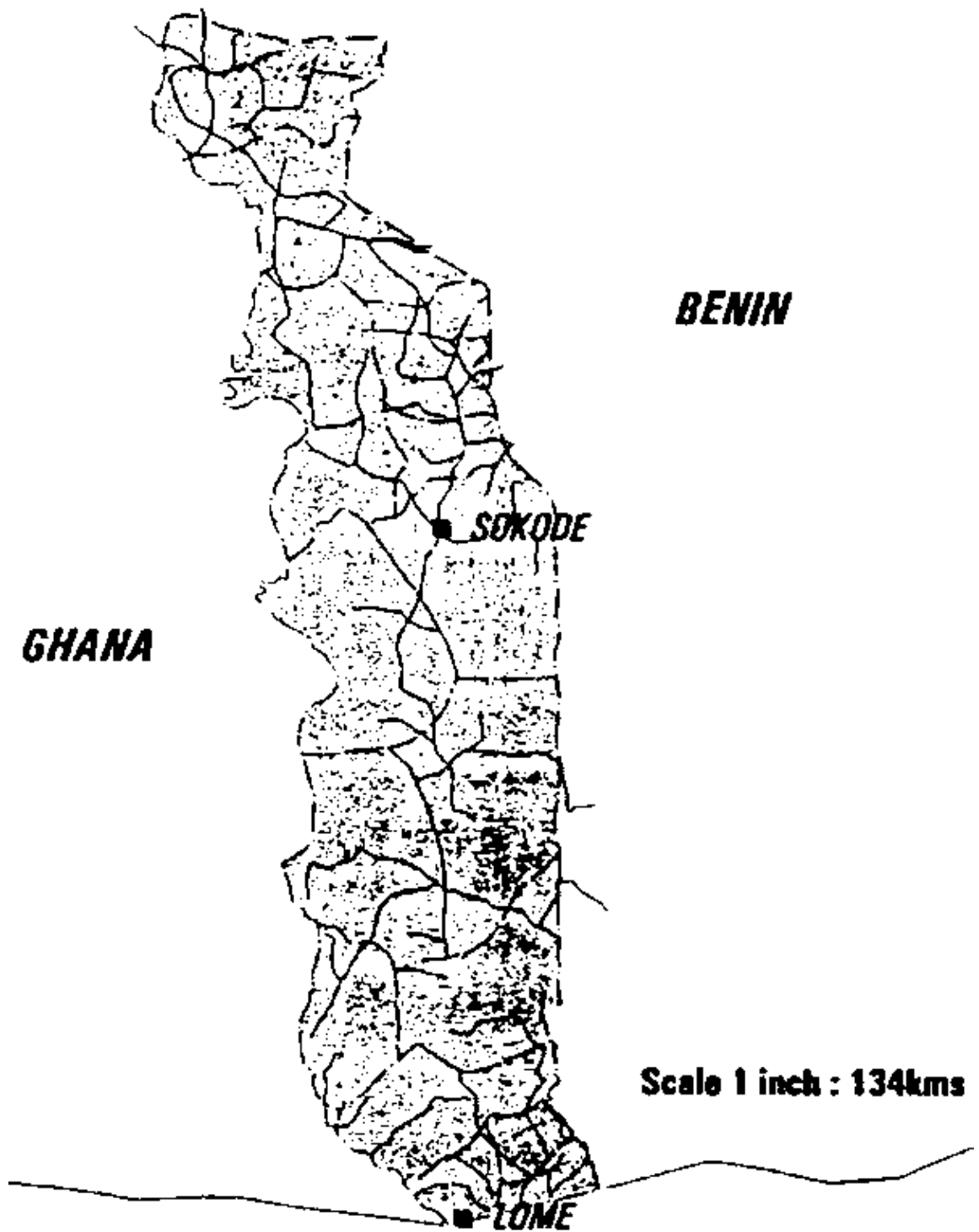
Map 10 - Uganda

Map 11 - Zaire



Map 11 - Zaire

Map 12 – Togo

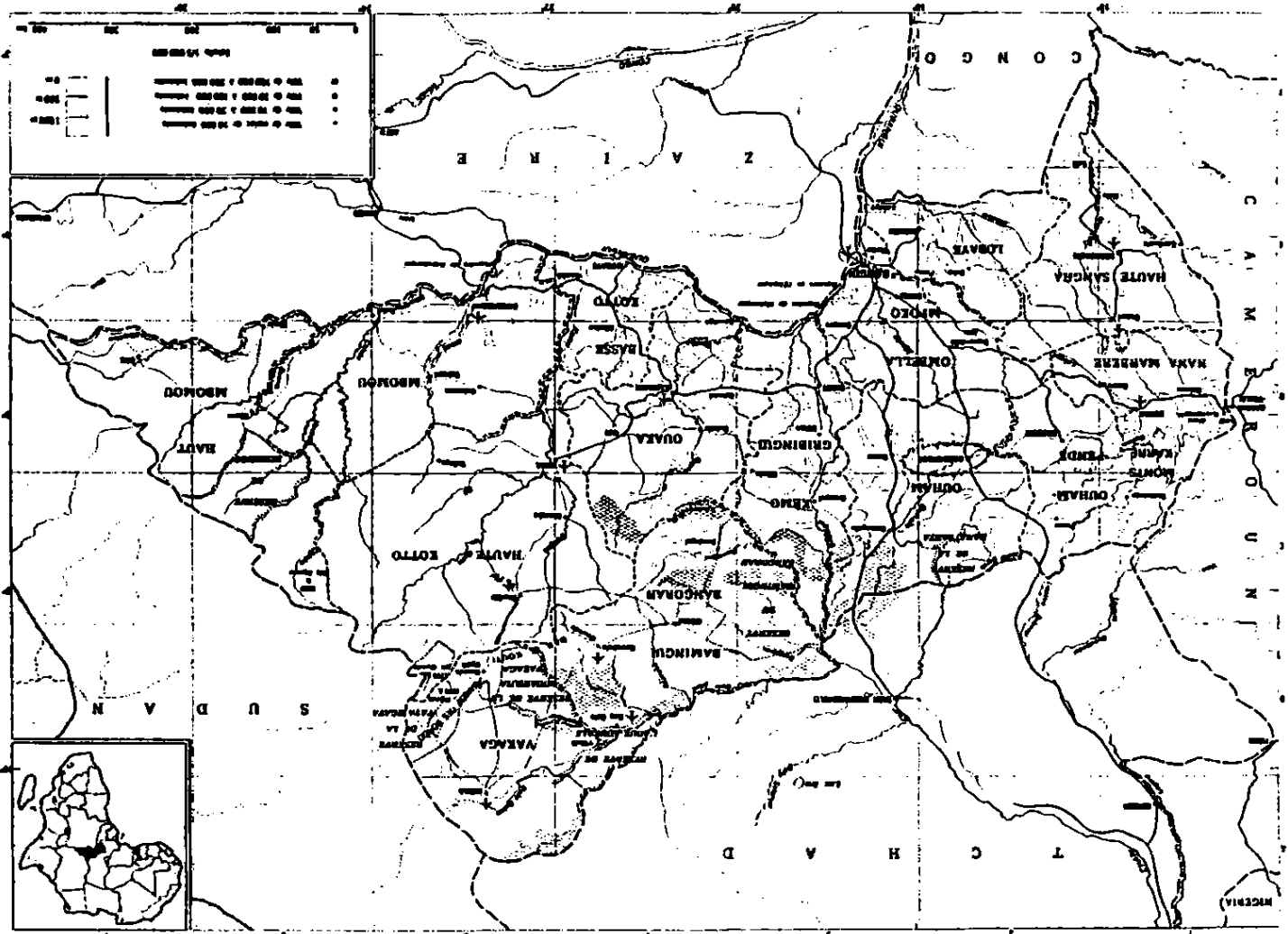


**Legend**

- **Administrative units**
- **Main roads**
- **Main towns**

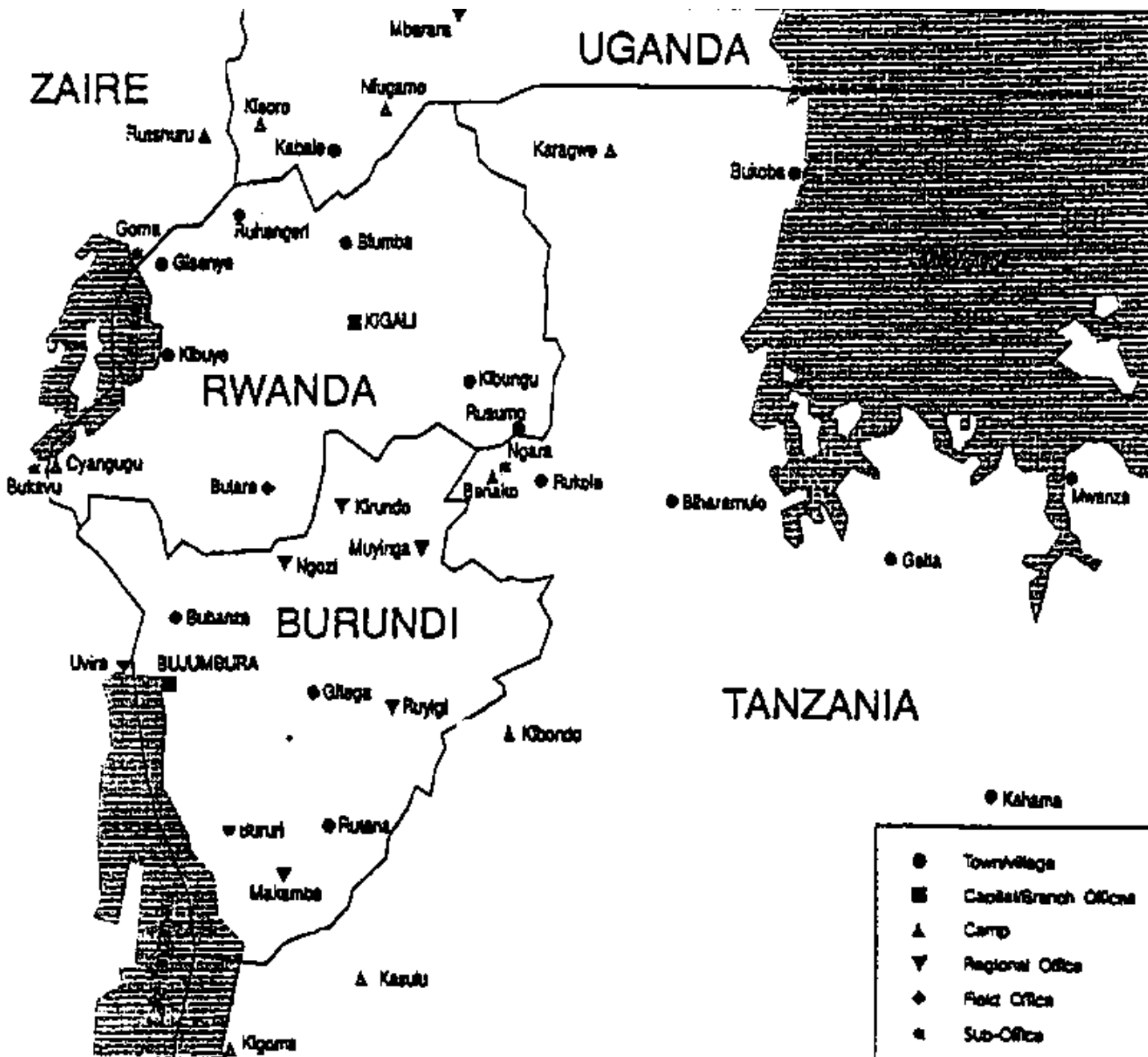
Map 12 – Togo

Map 13 – Central African Republic



Map 13 – Central African Republic

Map 15 – Burundi

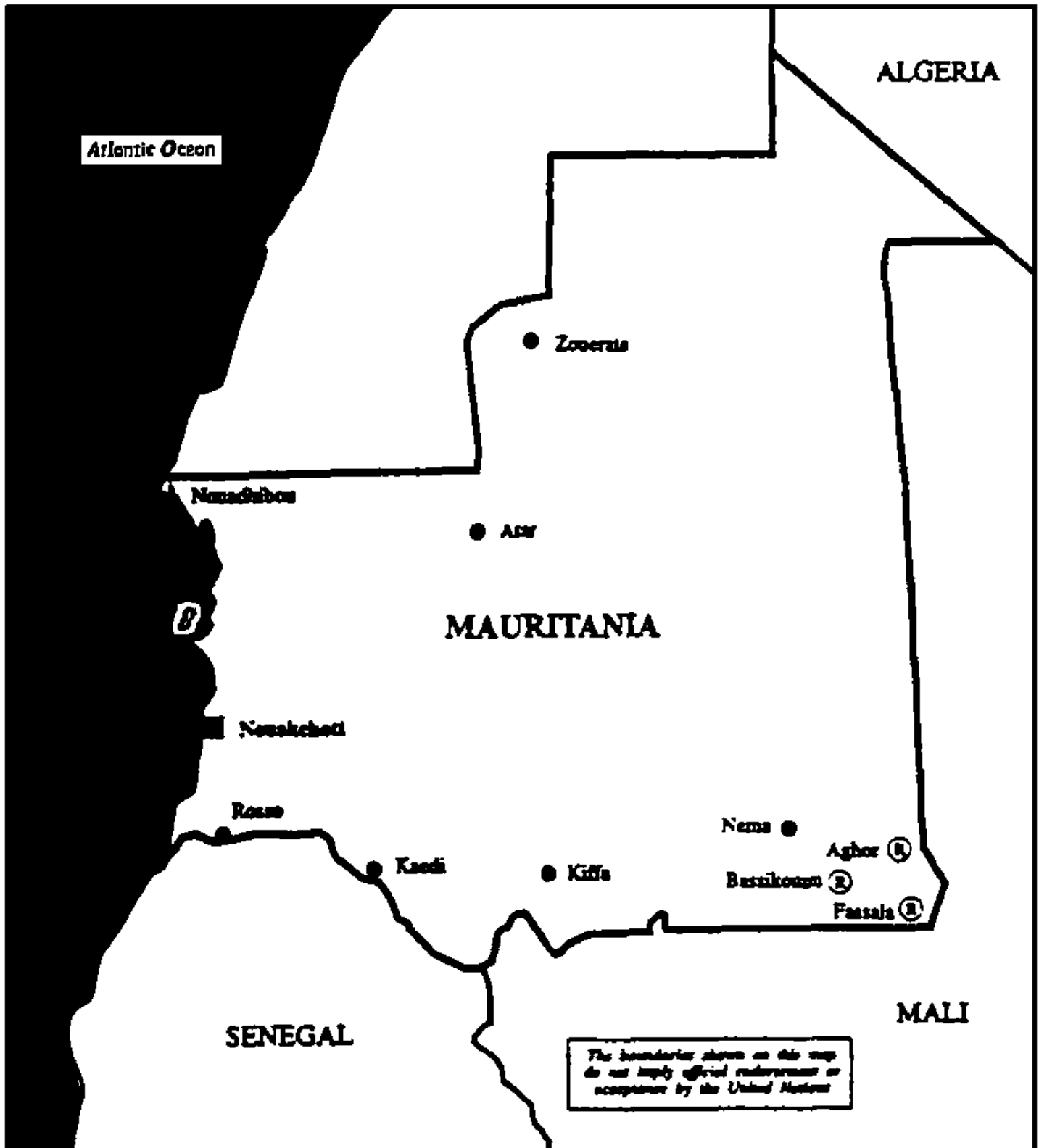


Map 15 - Burundi

Map 16 - Mauritania/Senegal

Area  
 Estimated population  
 Population density  
 Rainy season

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



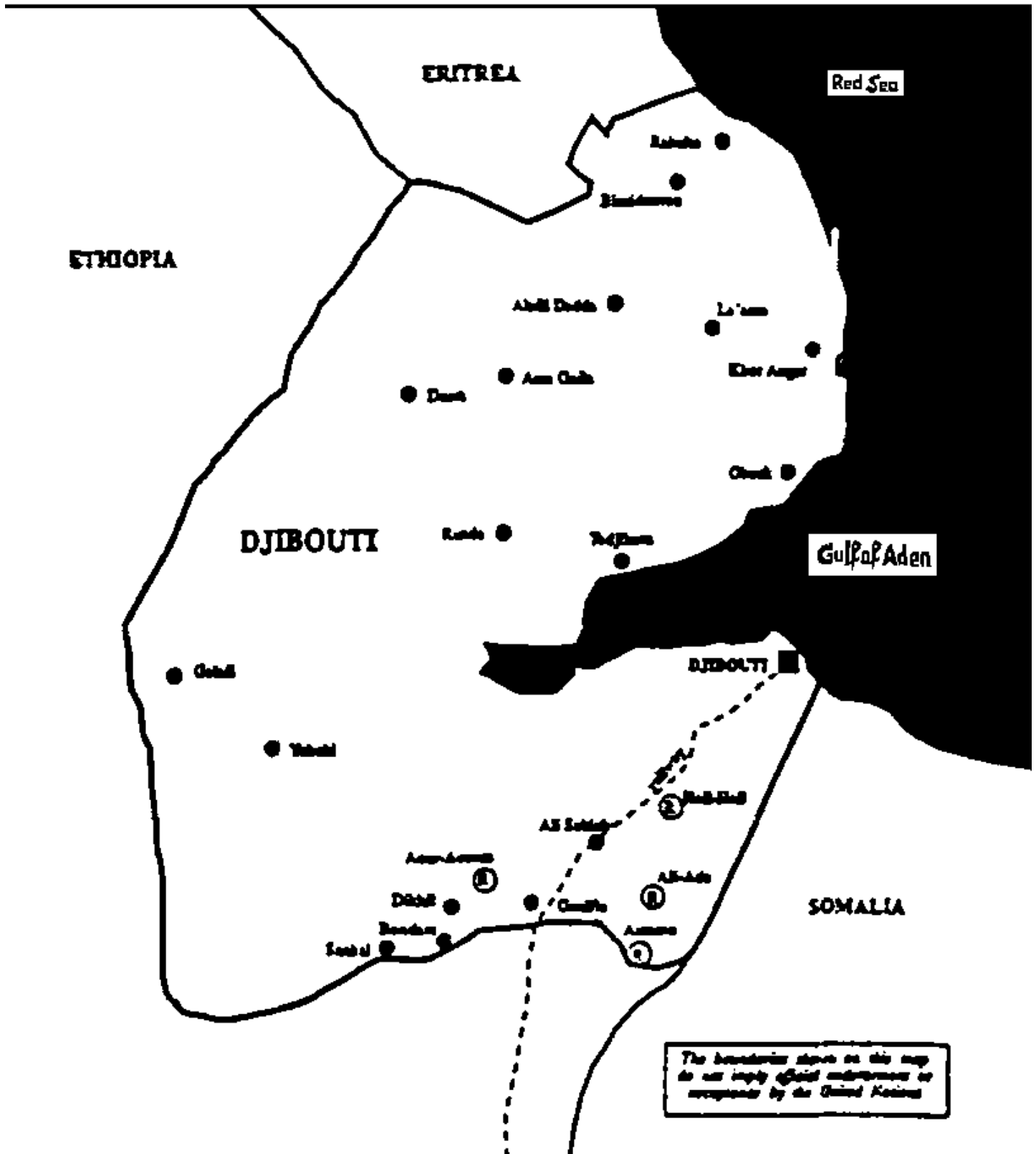
- Capital
- Town or village
- Ⓡ Settlement of refugees or displaced persons

Map 16 - Mauritania/Senegal

**Map 17 – Djibouti**

Area  
Estimated population  
Population density

21,783 sq. km.  
470,000 (1992)  
21.6 per sq. km. (approx.)



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

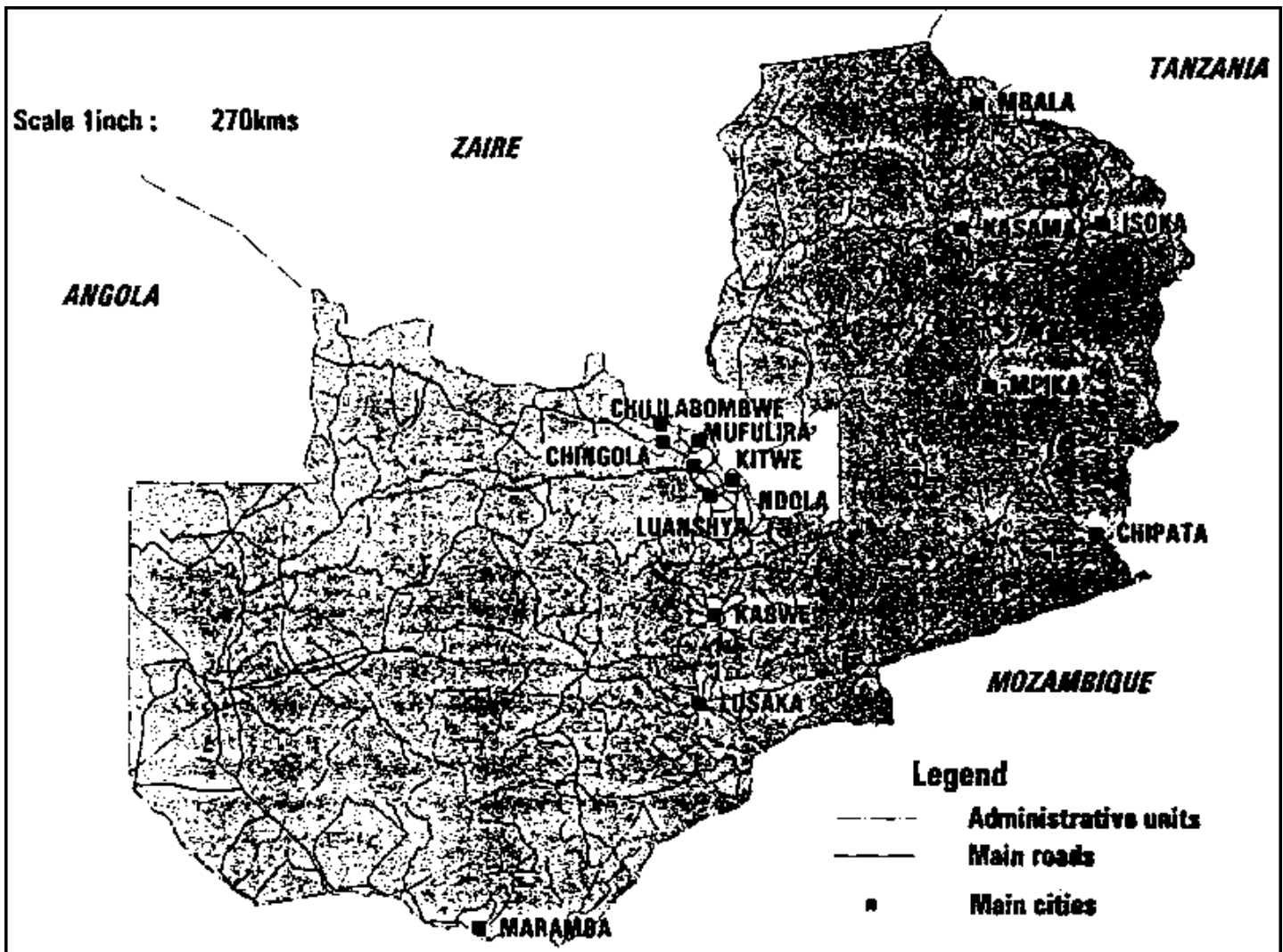


- Capital
- Town or village
- ① Reception center/camp



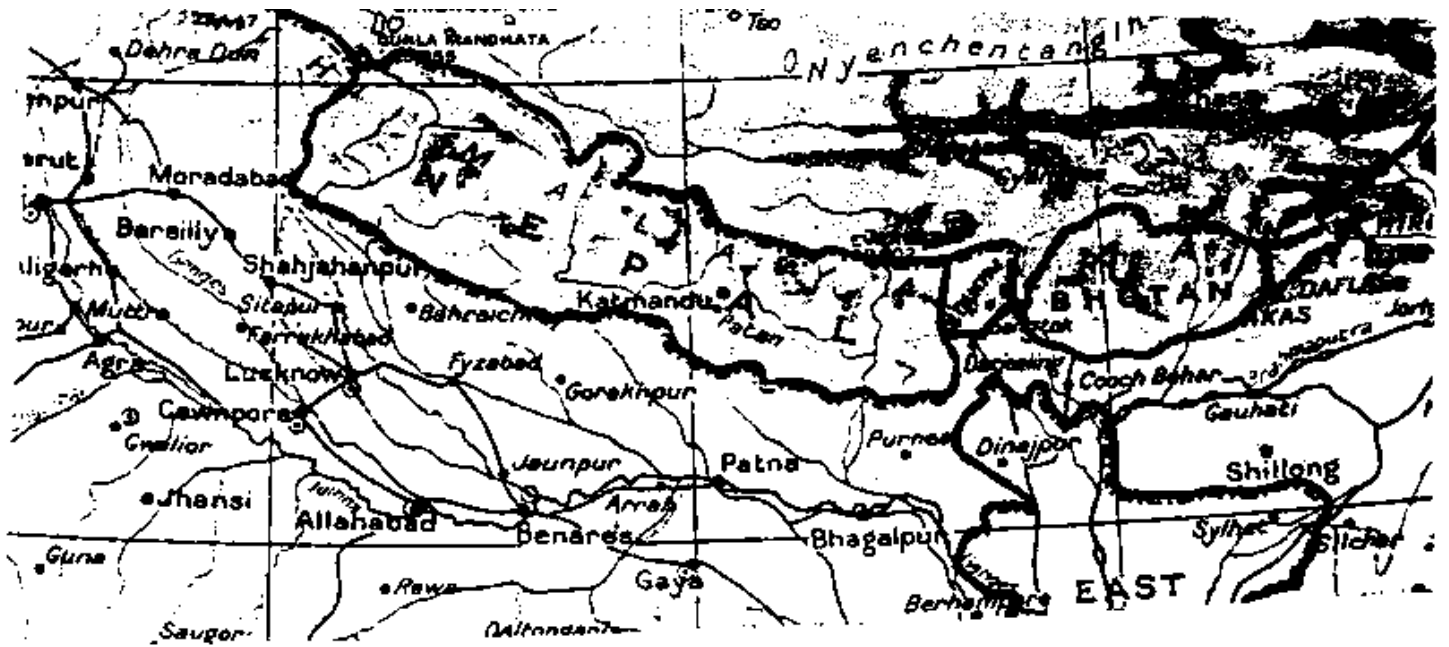
Map 17 – Djibouti

Map 18 – Zambia



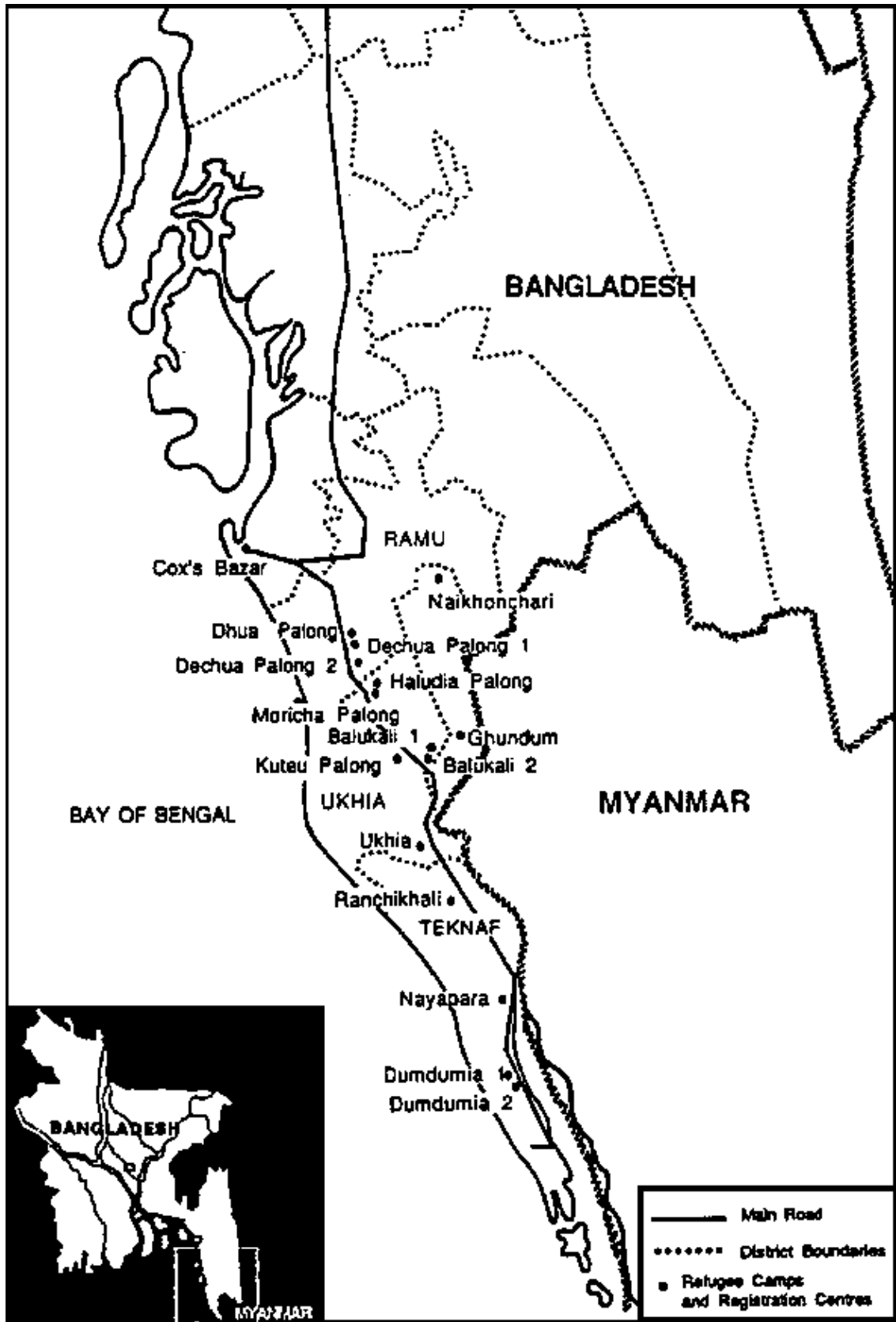
Map 18 – Zambia

Map 19 – Nepal



Map 19 - Nepal

Map 20 - Bangladesh



Map 20 – Bangladesh

