Refugee Nutrition Information System (RNIS), No. 23 – Report on the Nutrition Situation of Refugees and Displaced Populations

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United Nations
Sub–Committee on Nutrition

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Highlights

The security situation in many areas covered in this report has improved, and is allowing for a shift in programme focus from relief to development in some regions. This is the case in parts of Afghanistan, Angola, Liberia and Rwanda, although in some cases persistent insecurity is preventing a country–wide shift. Flooding in many countries in Eastern Africa, notably Burundi, Kenya, Somalia and Tanzania, is placing many people at risk of malnutrition.

Angola *As peace continues in Angola, the focus of humanitarian work is slowly shifting from emergency to developmental activities. It is expected that the number in need of emergency assistance will decrease in 1998. The nutritional situation in the country is generally stable with recent surveys showing 5% wasting.*

The Great Lakes Region *Insecurity continues to be widespread in Burundi with humanitarian activities frequently interrupted as a result. Recent surveys have shown levels of wasting as high as 20%, and over 4% oedema. There are shortages of food for the displaced and war affected due to flooding in Kenya and Tanzania which has led to the closure of rail lines and stretches of road used for delivery of supplies of food*

aid. In the Democratic Republic of Congo (DRC), food security is still poor in many parts of the country as a result of long−term degradation of infrastructure, recently exacerbated by insecurity and population displacements. Flooding in many areas has also adversely affected food production. Nevertheless, there is now only a small refugee population in the DRC. Most refugees have now returned to Rwanda where, although agricultural production has improved, the increased population has placed a strain on food security. There have been reports of declining nutritional status in a number of prefectures, particularly affecting returnees. Primary causes are thought to be food price inflation, high prevalence of diseases and malnutrition associated with the poor infant feeding practices. Insecurity is still a problem in northwest Rwanda. There remains a large number of refugees from the DRC and Burundi in Tanzania. The nutritional status of most of this population is adequate although recent floods have disrupted food deliveries to the camps.

Kenya *Flooding of the Dadaab camps came at a time when the nutritional condition of the Somali refugees, though still somewhat worrying, was improving. However, the floods destroyed food stores and livestock, led to outbreaks of cholera and destroyed roads. Food had to be airlifted to the camps but inadequate funding for the air operation has led to a 50% reduction in rations.*

Liberia/Sierra Leone Region *The continuing peace in Liberia has allowed humanitarian agencies to increasingly direct their efforts towards repatriation, resettlement and rehabilitation. Food security assessments have been undertaken in order to determine how best to support the returnee population and the host populations. The nutritional situation in most of Liberia is stable and adequate. In contrast, the recent fighting in Sierra Leone, which culminated in the re−instatement of the President in mid−March, led to further population displacements and food insecurity in a number of locations. Anecdotal reports indicate high levels of malnutrition and shortages of medicines and shelter in areas affected by the fighting. As the country becomes accessible again, details of the nutritional situation for the affected populations will undoubtedly become clearer.*

Somalia *Insecurity and low crop yields continue to adversely affect food availability in many parts of the country. Flooding and resulting displacements in southern Somalia along the Juba and Shabelle rivers has also made families highly vulnerable to malnutrition and disease. In spite of airdrops of food aid, there are reports of poor and deteriorating nutritional status amongst many of those recently displaced by flooding.*

Sudan *Increased military activity has led to a further decline in the already sub−standard living conditions in many parts of southern Sudan. Unseasonal rains in some parts are leading to harvest reductions. Food prices have risen sharply while livestock prices have plummeted. In this 15th year of civil war, many are predicting some of the worst nutritional conditions seen in the south of the country since 1994.*

Afghanistan *Although the continuous civil war has led to a steady decline in the economy, in some parts of the country, particularly the south and west, reconstruction and rehabilitation work has been on−going. Food assistance is still needed and continuing in Kabul, where many remain nutritionally vulnerable. Despite some repatriation, there are still at least 2.5 million Afghani refugees in Iran and Pakistan.*

Bangladesh *A recent survey amongst the small number of remaining refugees from Myanmar residing in Bangladesh showed 11.5% wasting and a prevalence of 9.9% angular stomatitis. Inequitable intra−camp and intra−household food distributions are believed to be contributing to this situation. Fortified blended foods will be re−introduced as part of the ration for this population.*

Adequacy of Factors Affecting Nutrition

Factor	Angola	Burundi	Rwanda	Tanzania	Dem Rep of Congo	Liberia	Sierra Leone	Somalia	Sudan	Ugan
1. Degree of accessibility to large population groups due to conflict or flooding	?	X	O	O	O	?	0	X	O	X
2. General resources										
– food (gen stocks)	?	X	?	X	O	?	X	?	X	X
– non−food	?	X	??	X	O	?	X	?	X	X
3. Food pipeline	?	?	?	?	?	??	?	X	X	?

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

? Adequate
O Problem in some areas
X Problem
? Don't know
?? Don't know, but probably adequate
?X Don't know, but probably inadequate
na not applicable

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

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

*** Rations may be inadequate due to inaccessibility.

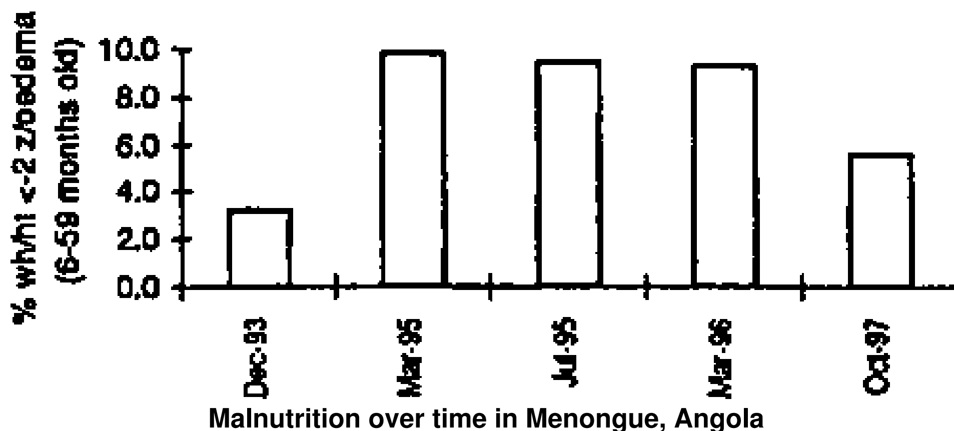
Note: Situations for which detailed information is available are included in this table. Some potentially critical situations are not currently included due to a lack of detailed information.

Sub–Saharan Africa

1. Angola

A twenty year long conflict in Angola ended with the signing of the Lusaka peace accords in November 1994. Since that time, there has been a slow consolidation of the peace process, including demobilisation of soldiers and gradual return of refugees and internally displaced people to their places of origin. The war has left the country's infrastructure in ruins. Decimation of health systems and an enormous number of mines remain major areas of concern. The security situation in the country has recently been tense, with reports of banditry and armed clashes in some areas interrupting humanitarian activities and causing further displacements. There has also been tension associated with the incomplete disarmament of UNITA soldiers. However, a recent announcement that demobilisation will be completed before the end of March has somewhat eased these tensions [IRIN 07–09/03/98, OCHA–a Jan–Dec 98, WFP 09/01/98].

It is currently estimated that 900,000 people will continue to need emergency assistance in 1998, although that number is likely to slowly decrease over the year as people return home. This population is comprised of 820,000 long−term displaced and 80,000 recently displaced people. There are a further 300,000 unregistered internally displaced people (IDPs) who are not currently receiving assistance (not included in Table 1). There are a number of especially vulnerable groups, such as traumatised children, street children and orphans under age soldiers, war disabled, elderly and female headed households that require special assistance efforts. In addition, there are likely to be some refugee returnees, mainly from the Democratic Republic of Congo and Zambia, who will require support upon their return [OCHA−a Jan−Dec 98].



Malnutrition over time in Menongue, Angola

from: Enquete Nutritionnelle, Menongue, 8−10 octobre 1997 Accion contre la Hambre

As Angola became increasingly accessible to humanitarian agencies, high levels of wasting were often found in previously cut−off locations. However, where access could be maintained, conditions were rapidly brought under control. For example, a survey carried out in October 1997 in Menongue, Kuando−Kubango Province found 5.0% wasting with 0.7% severe wasting. Oedema was measured at 0.7% (see Annex I 1a). The city had originally been cut of for nine months in 1992−3 but had since received aid in the form of general rations, therapeutic feeding and soup kitchens. Wasting levels over time are shown in the graph [ACH 10/10/97].

A recently launched United Nations Consolidated Inter−Agency Appeal for Angola sets out some priorities for 1998. These include meeting arising and existing basic emergency needs, prioritising vulnerable groups, and maintaining support to a coordinated and phased approach to re−settlement and re−integration of displaced, returnees, demobilised soldiers and their families. As the peace process consolidates, the main focus during the year will shift from emergency to developmental programmes. The Office for the co−ordination of Humanitarian Affairs will divest itself of humanitarian coordination responsibilities in 1998 and as a result, an increasingly active role in coordinating and managing humanitarian programmes by the Government will be required. It is, however, recognised that the retention of capacity to respond to emergencies is essential. To this end, an Emergency Response Unit (ERU) will be established to allow for a coordinated emergency preparedness and response capacity among UN agencies. Specifically, the ERU will help to maintain the ability to respond to emergencies through coordinated situation assessments, identification of priority groups, implementation of joint operations and resource sharing [OCHA−a Jan−Dec 1998].

Overall, the population requiring assistance in Angola is not currently considered to be at heightened nutritional risk (category IIc in Table 1).

On−going interventions

There are a number of specific needs outlined in the Consolidated Appeal which, when met, are likely to have a positive effect on the nutrition and food security situation of the affected population.

Some of these include:

- demining of secondary and tertiary roads to allow access to more remote areas;
- re−establishment and rehabilitation of local health systems, including the control of communicable disease like measles, and TB;
- support for improved infant feeding practices, including the promotion of exclusive breastfeeding;
- promotion of food security through the supply of seeds and tools to returning refugees, IDPs and affected farmers;
- improvement of water supplies and sanitation facilities − only 32% of Angolans have access to clean water, and only 40% access to sanitation facilities.

2. Burundi/Rwanda (Great Lakes) Region

Widespread violence in the Great Lakes region over the last four years, including the genocide in Rwanda in 1994, the overthrow of the Zairian government in 1997 and continued insecurity in Burundi, has led to massive population displacements, rendering millions of people vulnerable to malnutrition, disease and death. Despite improvements in the situation in 1997, notably in Rwanda, approximately 2.6 million people require food aid in the region (see table below). The food deficit in many areas has increased, social services have been disrupted, and the economies of the region severely disrupted. In addition, the unusually heavy rains in the region have made food aid transportation difficult [OCHA Jan−Dec 98].

Location	*Sep. 96*	*Dec. 96*	*Mar. 97*	*Jun. 97*	Sep. *97*	*Dec. 97*	*Mar. 98*
Burundi	300,000	296,000	300,000	265,000	260,000	570,000	600,000
Rwanda	598,000	1,179,000	2,600,000	2,600,000	727,000	1,400,000	690,000

Tanzania	653,000	759,000	344,000–	390,000	311,000	318,000	345,000
DRC	1,444,000	668,000	599,000	514,000	823,000	585,000	568,500
Congo/Brazzaville	–	–	–	–	465,000	650,000	400,000
Malawi	–	–	–	–	1,200	1,200	260
Total	3,002,000	2,913,500	3,843,000	3,769,000	2,587,200	3,542,200	2,553,770

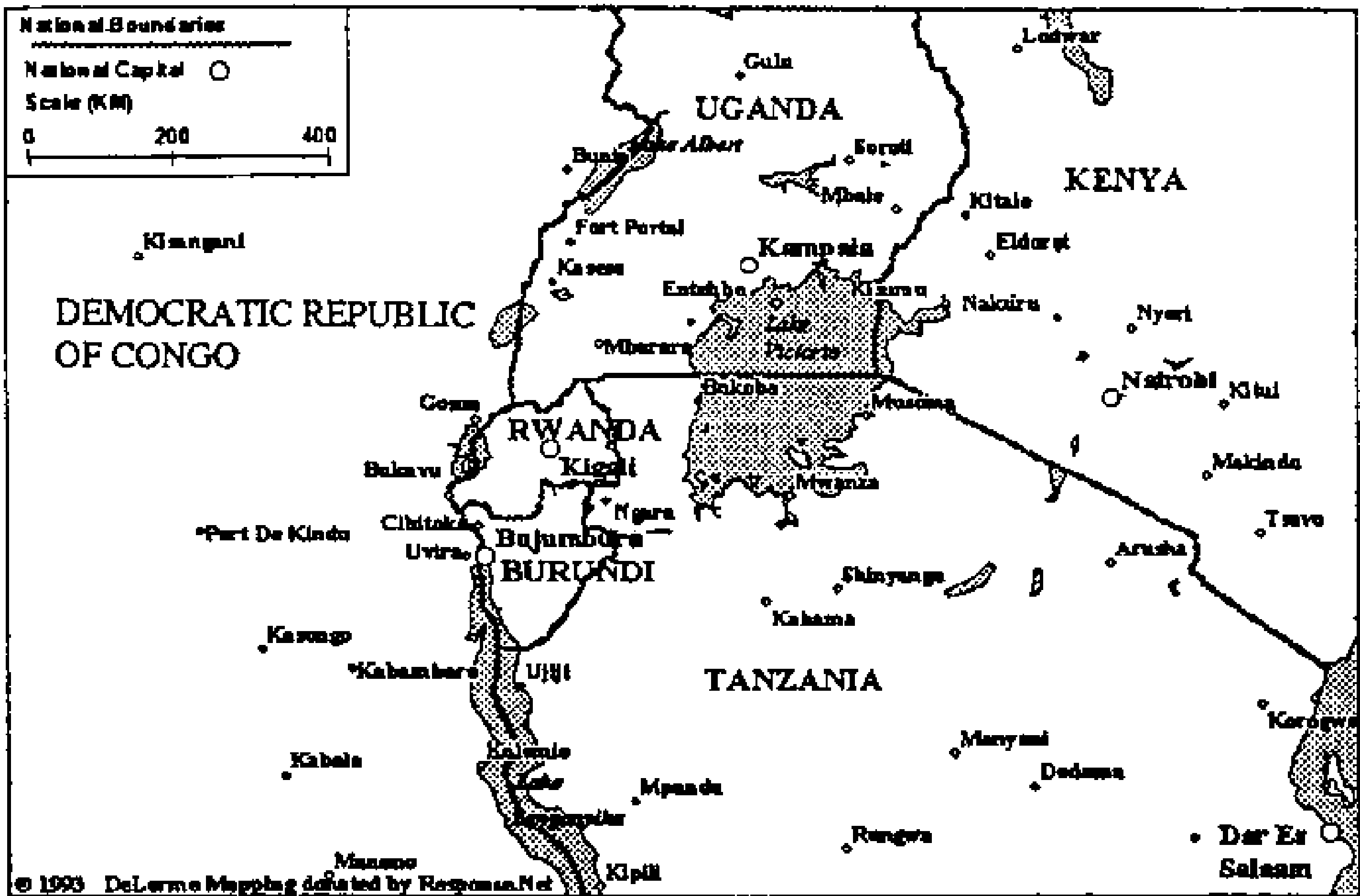
Burundi

Despite formidable obstacles, there have been many achievements in the delivery of humanitarian aid during the course of 1997. These include:

- emergency food aid provision as security allowed (general rations, supplementary and therapeutic feeding programmes);
- seeds and tools distributions;
- control of typhus and cholera outbreaks;
- strengthening of humanitarian agency coordination.

Many of these services benefited populations in 'regroupment' camps. However, insecurity, insufficient funds and an on–going embargo meant that many needs were unmet. Economic sanctions against the country have been somewhat relaxed, but there have been calls for an urgent review of the sanctions in recognition of the government's efforts to improve security and human rights. It is currently estimated that 600,000 people require emergency assistance in Burundi [FAO 20/03/98, IRIN 02/01/98, OCHA Jan–Dec 98].

Insecurity continues in many provinces in Burundi, with attacks regularly reported throughout the country, hindering deliveries of food aid and the establishment of feeding centres, and rendering some populations inaccessible. For example, an attack outside Bujumbura in December left hundreds of people dead and at least 10,000 temporarily displaced. Another attack forced several hundred returnees to flee their transit centre at Gatumba. Some populations are inaccessible due to the high density of landmines in surrounding areas. These mines pose a serious constraint on the ability of these people to resume normal activities once the fighting stops. Furthermore, flooding in parts of Kenya and Tanzania resulted in the closure of stretches of road and rail lines hampering relief food deliveries to Burundi at the beginning of the year. As a result food rations were reduced to some of the neediest populations [OCHA 22/02/98, WFP 02/01/98, IRIN 23/01/98].



THE GREAT LAKES REGION

updated by ReliefWeb 7.6.96

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Present indications are of a serious nutritional situation for much of the affected population in Burundi. For example, in Kayanza province, a therapeutic feeding centre set up for 50 people is now assisting 450 people. Another larger centre is being constructed to assist this increased number. Reports on the 37,000 displaced people in Murago, Buriri province are that 20 people are dying per day (equivalent to a CMR of 5.3/10,000/day) from malnutrition and disease [OCHA 03–09/02/98, WFP 23/01/98].

A survey was carried out in accessible areas of Bubanza province in February 1998 as a follow–up to a survey conducted in August 1997. The August survey showed 13.2% wasting, and 6.2% oedema. Supplementary feeding programmes were set up and the follow–up survey was conducted to assess the impact of these programmes. Much of the province (total population 270,000 of which 123,000 are in regroupment camps) is inaccessible due to insecurity. The insecurity is reducing the amount of cultivable land so that food production is diminished and market prices have increased substantially. As a result, people are eating less. The situation has been made even worse by excessively heavy rains [CAD 21/02/98].

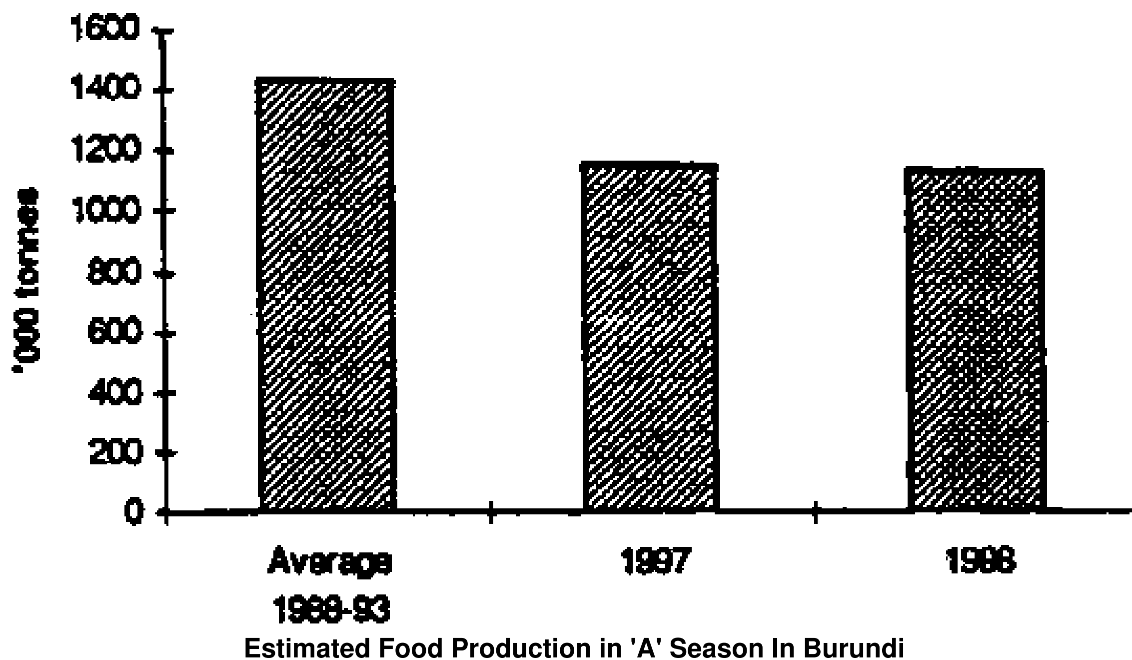
The current survey showed 16.0% wasting with 3.2% severe wasting. Oedema was measured at 1.3% (see Annex I 2a). The under–five mortality rate was 4.3/10,000/day (about 3 times normal), and malnutrition was recorded as the leading cause of death. Average caloric intake was just under 1000 kcals/person/day. However, there has been a reduction in the prevalence of severe malnutrition and oedema. There is a pressing need for feeding programmes to be established in the area. The August survey reported on suspected cases of micronutrient deficiency diseases, specifically beri–beri, pellagra and scurvy. So far, there has been no verification of these deficiencies. These results are from accessible areas of the province there is concern that the nutritional situation in inaccessible areas is even more serious [CAD 21/02/98].

A joint OXFAM(UK)/SCF(UK) survey in Gitega was carried out in January 1998. The security situation in the province is precarious, and has prevented farming activities. In the northern part of the province, wasting was measured at 19.7% with 2.4% severe wasting. Oedema was measured at 4.1% (see Annex I 2b). The crude mortality rate (CMR) was determined to be 0.3/10,000/day. In the southern part of the province, wasting was measured at 8.5% with 0.9% severe wasting. Oedema was measured at 4.8% (see Annex I 2c). The CMR was 0.79/10,000/day. Based on these results and estimations of the population, coverage of feeding programmes is insufficient, and efforts should be pursued to increase coverage of these programmes [OXFAM(UK)/SCF 22/01/98].

Measles immunisation coverage, as confirmed by a card, was low at 34% in the north and 24% in the south. If confirmation from mothers is included, coverage is 70% and 87% in the north and south respectively. It was further reported that limited access to land to farm, along with the destruction of planted crops by heavy rains meant that people were not able to meet their basic food needs [OXFAM(UK)/SCF 22/01/98].

An assessment of the food economy was carried out on the rural population in Gitega Province and was timed to coincide with the nutritional survey to provide context with which to interpret the anthropometric results, and to identify possible interventions to improve the situation. The group considered to be most vulnerable was that which did not have enough land and livestock to produce what they need to survive. This group had to rely on market purchases to complete their food needs. The purchasing power of this group has been eroded since the crisis by a reduced income. This is due to the fact that wages for manual labour have not risen in line with price inflation, migration labour opportunities have decreased, and the prices of the crops they sell have not risen with inflation. Interventions identified as likely to improve the food security in the area, but specifically within the poorest group, included support to seed distribution centres, which used to have a good supply of appropriate seeds at the commune level, to increase the income of this group [WFP/SCF(UK) 17/02/98].

Crop production for the first of three cropping seasons in Burundi (the 'A' season) was somewhat below that of 1997. It was noted that there were increased areas planted, but a lack of fertiliser, along with adverse weather conditions, prevented an increase in production [FAO 20/03/98].



Estimated Food Production in 'A' Season In Burundi

taken from: FAO/WFP Crop and Food Supply Assessment Mission to Burundi, 20 March 1998.

Over the course of 1998, food aid will be distributed in the form of emergency assistance, support for re-integration, food for work and assistance to vulnerable groups and targeted feeding. Plans to distribute seeds and tools country wide were in place for the 1998B planting season (February and March). As of the end of February, distribution had begun in seven provinces [OCHA 22/02/98, WFP 23/01/98].

Congo/Brazzaville Civil strife in Congo/Brazzaville, which occurred between May and November 1997, led to large-scale displacement both within the country and into neighbouring Democratic Republic of Congo (DRC)

and Cameroon. Since the end of hostilities, most of the refugees have returned; however there remain between 250,000–350,000 IDPs in the country [FAO 03/03/98].

In the short term, the fighting had:

- a limited impact on food production;

- a negative impact on purchasing power in urban areas due to loss of jobs;

- led to an increase in food prices, which, while starting to decline, remain higher than before the war [FAO 03/03/98].

In the six–month period from November 1997 – April 1998, it is estimated that 400,000 people will require emergency assistance in Congo/Brazzaville. The situation, while improving, has been aggravated by heavy rains in the region and it is estimated that 50,000 people will still require food aid at the end of this six month period [FAO 03/03/98].

There are an estimated 13,500 Rwandan refugees in Congo/Brazzaville. Most of these refugees want to stay due to the insecure situation in Rwanda [WFP 30/01/98].

Democratic Republic of Congo (DRC)

Household food security and nutritional status of the population are major areas of concern in the DRC. Nutrition surveys carried out in Kinshasa have revealed malnutrition rates of 5.9–10.7% and the nutritional situation in the interior of the country is believed to be generally worse. Key factors contributing to a declining nutritional status include long–term degradation of the infrastructure, and more recently population displacement due to insecurity and flooding and interruptions in the food production process. Population displacements both during and after the civil war caused significant declines in nutritional status amongst many – particularly for those in the Masisi and Fizi zones of Kivu province. Moreover, food crops now being harvested are expected to be reduced by the serious floods around Kisangani. A total of 99,000 IDPs in need of humanitarian assistance have been identified in the DRC [OCHA 01/02/98, OCHA Jan–Dec 98].

The security situation, while not as volatile as at the end of 1997, remains tense. Access to areas outside of Goma town was denied to humanitarian agencies, leaving an estimated 65,000 people in the region without assistance from November until early March. Access to the high plateau region in Uvira has also been difficult due to rain. An estimated 35,000 were without assistance. Prices were reported to have already doubled in Uvira [WFP 02/01/98, 13/03/98].

Flooding in Kisangani left 13,000 people in temporary need of food and non–food assistance. There were reports of cholera with over 1,500 cases and 270 deaths. There has been some concern over the situation in Kapata camp in Kisangani. This is a closed military re–education camp for Mai–Mai warriors holding approximately 4000 people. Some 300 children were reportedly severely malnourished and no medicines were available. Many of the Congolese returning from Tanzania are settling in the Uvira area. In addition, refugees continue to arrive from Burundi Tensions are reportedly increasing in the area [WFP 23/01/98, 06/02/98, 20/02/98, 27/02/98].

Other refugees and IDPs in DRC

There are a number of other refugee and IDP populations in the DRC.

- *Rwandan refugees* There are estimated to be 37,000 Rwandan refugees scattered in Eastern and Central DRC. In addition, there are approximately 3,000 unaccompanied Rwandan children in DRC [OCHA 01/02/98]. There are no nutritional details available for these refugees.

- *Burundi refugees* There are estimated to be 4,000 refugees from Burundi in DRC [OCHA 01/02/98]. There are no details available on the nutritional status of this population.

- *Internally displaced from Shaba* There have been no new nutritional data on the approximately 260,000 resident and displaced people in Mwene Ditu since October 1995, when levels of wasting as high as 42% were seen (see RNIS #14). It is not clear whether this is because the population has been successfully assimilated, or they are not accessible, or

there are no agencies working in the area.

• *Angolan refugees* There are approximately 150,000 Angolan refugees in the DRC, 50,000 of whom require assistance. Prior to an upsurge in fighting in Angola, some spontaneous repatriation was occurring (see RNIS #21).

• *Sudanese refugees* There are approximately 111,000 Sudanese refugee in DRC who are fleeing the continuing insecurity in Sudan (RNIS #21).

• *Ugandan refugees* There are approximately 4,000 Ugandan refugees in Eastern DRC [OCHA 01/02/98].

Rwanda The return of over a million refugees to Rwanda at the end of 1996 and early in 1997 placed considerable strain on what was already a tight food supply situation. At that time, food aid was required for over 2.6 million people. Since then, areas under cultivation have increased and it is reported that Rwanda's food crop production is on the way to recovery. However, there are more people in Rwanda than before the crisis so now less food is available on a *per capita* basis. Furthermore, there have been unusually heavy rainfalls which have led to crop losses. These factors are leading to a tight food supply situation in country [FAO 16/02/98].

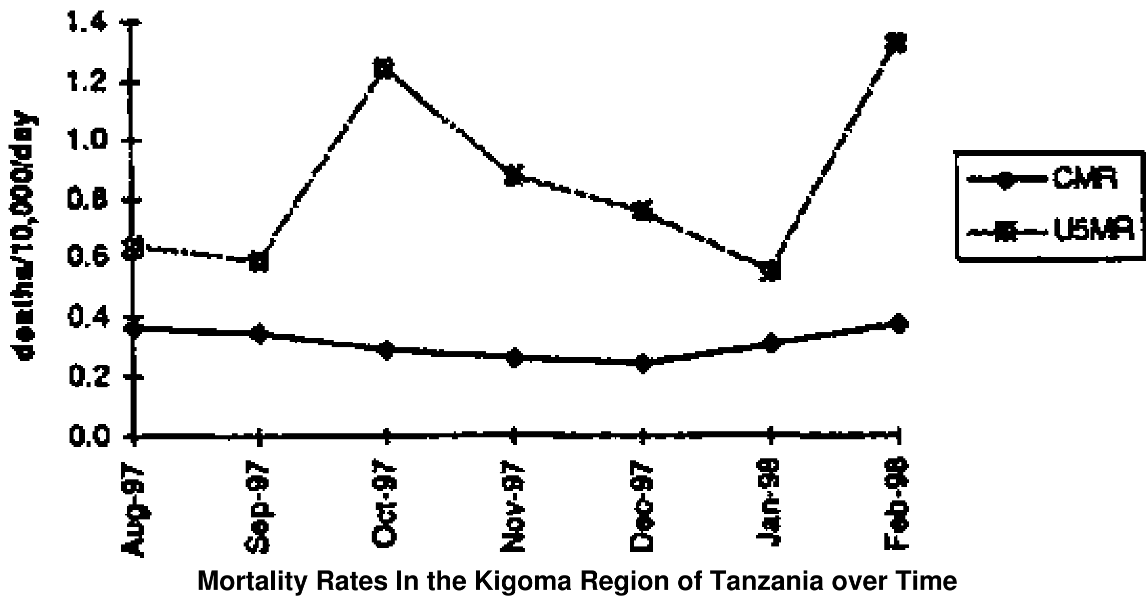
General ration distributions have been phased out and 640,000 people are targeted for food aid in the first six months of 1998. This aid will be in the form of supplementary and institutional feeding, food−for−work programmes, vulnerable group feeding and aid to refugees [FAO 16/02/98].

Insecurity is increasing in Rwanda, particularly in the north−west prefectures. There have been several attacks and massacres over the past two months. This insecurity is leading to fresh population displacements within Rwanda, as well as hampering relief and development efforts. For example, there are reports of population displacements in Gisenyi where the situation has been described as somewhere between warfare and low level conflict [FAO 16/02/98, WFP 02/01/98, 20/02/98].

There are reports of a deteriorating nutritional situation in many prefectures, particularly affecting recent returnees. Cases of marasmus and kwashiokor are 'not uncommon'. The cause of this apparent increase in malnutrition is believed to be increasing food prices in conjunction with high levels of disease such as malaria, diarrhoea and respiratory infections. Poor infant feeding practices are also likely to contribute to elevated levels of malnutrition [FAO 16/02/98, OCHA Jan−Dec 98].

There are approximately 50,000 refugees in Rwanda, most of whom are from DRC. An attack on Mudende camp for Congolese refugees resulted in the movement of these people to Kageyo camp in Byumba. There have been recent reports of starvation in this camp. This is being attributed to the need of refugees to exchange their ration for other more costly goods. Another attack on Kibiza camp (13,500 Congolese refugees) in Kibuye province has led to efforts to move this population to a safer camp in the east [IRIN 09/01/98, WFP 23/01/98].

Tanzania There remain approximately 345,000 refugees in Tanzania, 69,000 of whom originate from the DRC and 276,000 from Burundi. Refugees are continuing to arrive from Burundi. For example, 675 refugees arrived between 5−11 January 1998 and 423 from the 9−15 February 1998. Repatriation of Congolese refugees is ongoing; to date approximately 13,000 refugees have been repatriated. The heavy rains in the region have led to deteriorating road conditions in Kigoma and Ngara, disrupting food deliveries to these areas. Because of this, cereal and pulse rations are being reduced and monitoring for any adverse effects is underway [WFP 09/01/98, 16/01/98, 20/02/98, 13/03/98].



Mortality Rates In the Kigoma Region of Tanzania over Time

taken from: Health Situation Report (Kigoma Region) February 1998, UNHCR.

Mortality rates in the Kigoma region (population 221,000), while still within normal ranges, are snowing an increasing trend. High mortality rates were noted a recent health report on Kanembwa and Mtendeli camps with major causes of death being malaria, lower respiratory tract infection and anaemia. Malaria and anaemia taken together account for almost 50% of the total number of deaths reported. As of February 1998, it was noted that the number of children in the therapeutic feeding programmes in the two camps has doubled. With the reduced ration in the camps, monitoring of the situation will be vital [UNHCR 09/03/98].

Overall, the population in Burundi can be considered to be at heightened nutritional risk (category Ha in Table 1). Certain populations, for example in Bubanza and Gitega provinces are at high risk, although population breakdowns are not available. The affected population in Congo/Brazzaville can be considered to be at moderate nutritional risk (category IIb in Table 1) with a tendency towards improvement. The refugee population in DRC is not currently considered to be at heightened risk, with the exception of the refugees from Rwanda, whose condition is unknown (category III in Table 1). The IDPs in DRC are at moderate nutritional risk (category IIb in Table 1) due to inaccessibility. The refugees in Rwanda are at heightened risk due to insecurity (category IIa in Table 1), while the remaining affected population, along with the refugee population in Tanzania are at moderate risk (category IIb in Table 1).

On–going interventions

Many of the needs highlighted in a recently released Consolidated Appeal are intended to foster a more development–oriented approach to humanitarian aid in the region, despite on–going conflict in some areas.

In *Burundi* efforts must continue to promote food security through a variety of initiatives, such as income generating projects. There is also a widespread need to improve access to potable water and sanitation facilities. More specifically, therapeutic feeding facilities need to be urgently established in Bubanza province as well as an investigation into suspected cases of micronutrient malnutrition. Furthermore, supplementary feeding programmes should be introduced into other health centres and double rations allocated until food security improves. Decisions should also be taken rapidly concerning the need to establish general rations and selective feeding programmes in Murago in Buriri province and in Gitega.

The interior of the *DRC is* largely inaccessible due to the conditions of the roads. Some areas are highly vulnerable since movement of food from one region to another through regular market mechanisms is problematic. The opening up of key–feeder roads from areas of agricultural production to urban areas and establishment of viable transport links between regions must be considered a priority in order to decrease the incidence of localised food crisis. The food and nutritional situation in the Uvira region should be investigated in order to determine what needs there may be. It appears that there is an urgent need for some response to the situation in Kapata camp where at the very least medicines are needed.

In *Rwanda,* further investigations into reports of malnutrition should be made in order to quantify the extent of any nutritional problem. Particular attention should be paid to nutrition education as it relates to the

introduction of complementary foods and infant feeding practices. Measures to prevent or reduce food price inflation should also be considered. Other needs include:

- continuing to strengthen primary health care to reduce morbidity and mortality rates particularly of children under five and women and health promotion to establish a strong home and community based response to preventable diseases;

- nutrition and epidemiological surveillance;

- provision of agricultural inputs to sustain agricultural recovery.

In Kageyo camp the provision of essential non–food commodities should be ensured to prevent sale of food commodities which is proving to be a damaging coping strategy in this camp.

In *Tanzania,* assistance to ease transport constraints once the rains have subsided will be crucial. This would include road, bridge and rail line repairs so that food can rapidly be moved throughout the country. More specific needs will include assessing the nutrition situation for any effects of the reduced ration, with particular attention necessary in the Kigoma region camps. Malaria control measures, including vector control, impregnated bednets and antimalarials particularly for infants and pregnant women, must be expanded to control anaemia.

3. Djibouti

There are approximately 25,000 Somali and Ethiopian refugees in Djibouti requiring food aid. No details on the nutrition situation of these refugees are currently available.

4. Ethiopia

There are approximately 394,000 refugees in Ethiopia comprised of 278,000 Somali refugees, 53,000 Sudanese refugees, 8,700 Kenyan refugees, 18,000 Djibouti refugees, 11,000 internally displaced people around Addis Ababa and a further 25,000 people in the Dollo region, including 10,000 people in Gode.

A recent WFP/UNHCR/ARRA Joint Food Aid Assessment Mission (JFAM) found that while the health situation in the camps for Somali refugees had improved somewhat since 1996, the nutritional situation remained unsatisfactory. Wasting rates in the nine camps were between 8.5% and 19.2%. The number of Sudanese refugees continues to increase due to ongoing fighting in Sudan. The nutritional status of this population had deteriorated during 1997, and malnutrition rates varied from 10.8%–27.2% (see RNIS 22 for details). The present nutritional status is believed to be due to shortcomings in health and sanitation services, poor access to clean water, sale of part of the food ration to purchase other essential items, and incomplete food rations resulting from poor distribution systems. The current distribution system works through selected group leaders of 20 families or more. Plans are under way to provide food directly to each head of household and to involve women more as distributors and group leaders. Given the poor nutritional status in the camps, blanket supplementary feeding programmes for children under five will be continued and kept under review through periodic nutritional surveys. Commodities provided in this programme include a fortified blended food [WFP/UNHCR/ARRA 05/12/97].

While the need to move from free food distributions to move development−orientated programmes was acknowledged by the mission, it was recognised that the potential for such activities was limited in the Somali camps due to a number of factors. Some of these are a lack of land and water for agricultural activities. The Sudanese refugee camps are situated in areas that offer better opportunities for self−reliance [WFP/UNHCR/ARRA 05/12/97].

Overall, while the nutritional situation in the Eastern camps shows a slightly improving trend, levels of wasting remain elevated and this population can be considered to be at heightened risk (category I in Table 1). The exception to this would be the populations in Rabasso and Daror camps which can be considered to be at moderate risk (category IIb in Table 1).

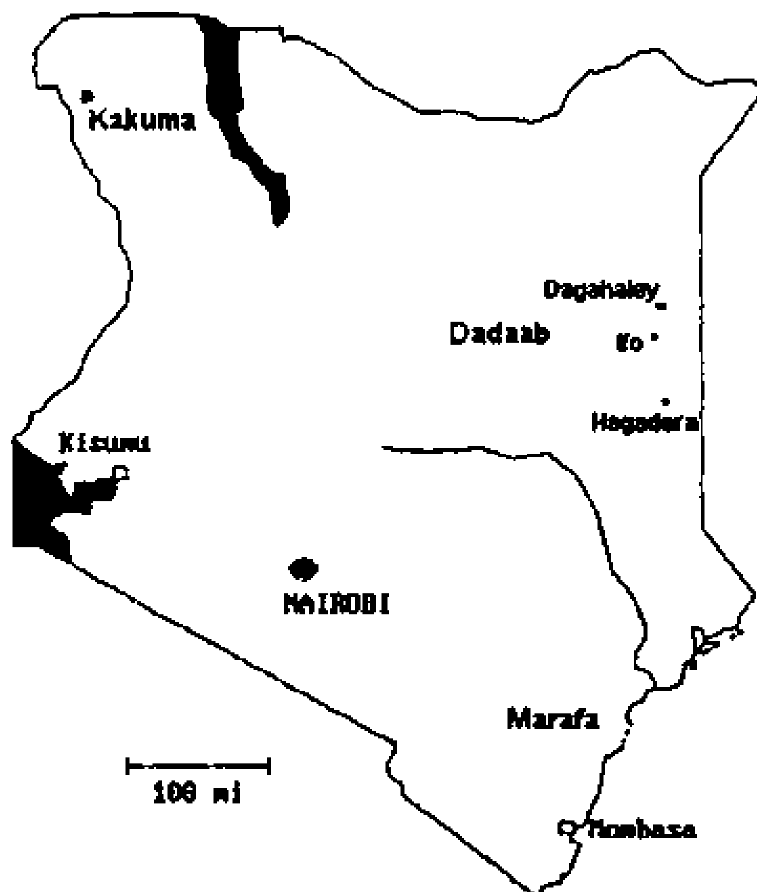
The Sudanese refugees in the Western camps can be considered to be at heightened risk (category I in Table 1) due to high levels of wasting. Those in the Gode region affected by flooding are also at high risk. No information is currently available on the internally displaced, those in Dollo, or the Kenyan refugees (category III in Table 1).

On−going interventions

The recent JFAM made a number of recommendations:

- continuation of food distributions and blanket feeding programmes;
- revision of the current distribution system to provide food directly to each household;
- promoting and facilitating the participation of women in food management and distribution;
- establishment of a performance monitoring system which would include tracking of quality and types of foods distributed, frequency of distributions, percentage of women receiving rations directly, and nutrition and mortality trends;
- improvement in the supply of health services;
- improvement in the supply of clean water.

5. Kenya



There are approximately 179,300 refugees in Kenya, mainly comprised of 133,800 Somali refugees in the Dadaab area camps and 36,700 Ethiopian and Sudanese refugees in Kakuma [UNHCR 12/03/98].

Flooding in the north−eastern area of Kenya has left the 125,000 Somali refugees in the Dadaab camps stranded. The floods destroyed refugee food stores and led to the death of many livestock. Reports indicate outbreaks of cholera, Rift Valley Fever, acute respiratory tract infections and malaria. Water supplies are said to be polluted and latrines are collapsed or overflowing, posing a serious health hazard. Prior to this flooding, the nutritional situation in the camps, although still giving cause for concern, was gradually improving. Levels of wasting had decreased in the first six months of 1997 from 26−33% to 10−17.6%. A few cases of scurvy were being identified in the health clinics as recently as February 1998, and the crude mortality rate was 0.20/10,000/day (see Annex I 5a) [UNHCR Dec 97, Feb 98, WFP 23/01/98, 20/02/98, WHO 28/01/97].

Since the floods, food has been airlifted to the camps as road transport has not been possible. Inadequate funding of this programme has meant that refugee rations will need to be cut by 50%. This is likely to create nutritional problems as the population currently has no other source of food. With the imminent onset of seasonal rains, the next few weeks will be critical to build up food stocks for distribution scheduled for April and May. However, import duties, which had been waived, are now reinstated, and relief food is being held up in ports as a result [IRIN 21−23/03/98, WFP 13/03/98].

There are no reports of change to the situation for the refugees in Kakuma camp. Levels of wasting below (80% wt/ht) were described in the last RNIS report (no. 22). School children were identified as most vulnerable malnutrition so that school feeding programmes were begun. In December 1997, the crude mortality rate in the camps was 0.16/10,000/day and under−five mortality rates were 0.63/10,000/day [UNHCR Dec 97].

Overall, the refugee population in Dadaab is at heightened risk of malnutrition (category Ha in Table 1) with a tendency towards deterioration due to reduced rations. The remaining refugee population in Kenya is not currently thought to be at heightened nutritional risk (category IIc in Table 1).

On−going interventions

Although the floodwaters have begun to recede, the immediate need is to maintain the airbridge to provide food to stranded populations. Only light−weight vehicles can reach the camps so far. The need to rebuild damaged infrastructure, particularly in order to re−establish road access, will be critical. Ensuring adequate and safe water supplies will also be a priority in the short−term.

In the longer term, the potential problem of recurring scurvy in the Dadaab camps needs to be addressed. The health centres often report scurvy in the August−December period. Questions have been raised about the accuracy of the diagnosis, so as a first step the diagnosis needs to be verified. If scurvy is confirmed, preventive measures must be in place before August 1998.

6. Liberia/Sierra Leone Region

There are at least 1.5 million people requiring humanitarian assistance in the region. In Sierra Leone, the humanitarian situation deteriorated significantly with the escalation of fighting in the early months of 1998. At present, the situation appears to be stabilising and the democratically elected president has returned to Freetown. However, skirmishes continue to be reported outside the capital and at the time of writing the magnitude of the crisis and the number of people requiring assistance remain uncertain.

Population estimates for refugee and IDP populations over time are summarised in the table below:

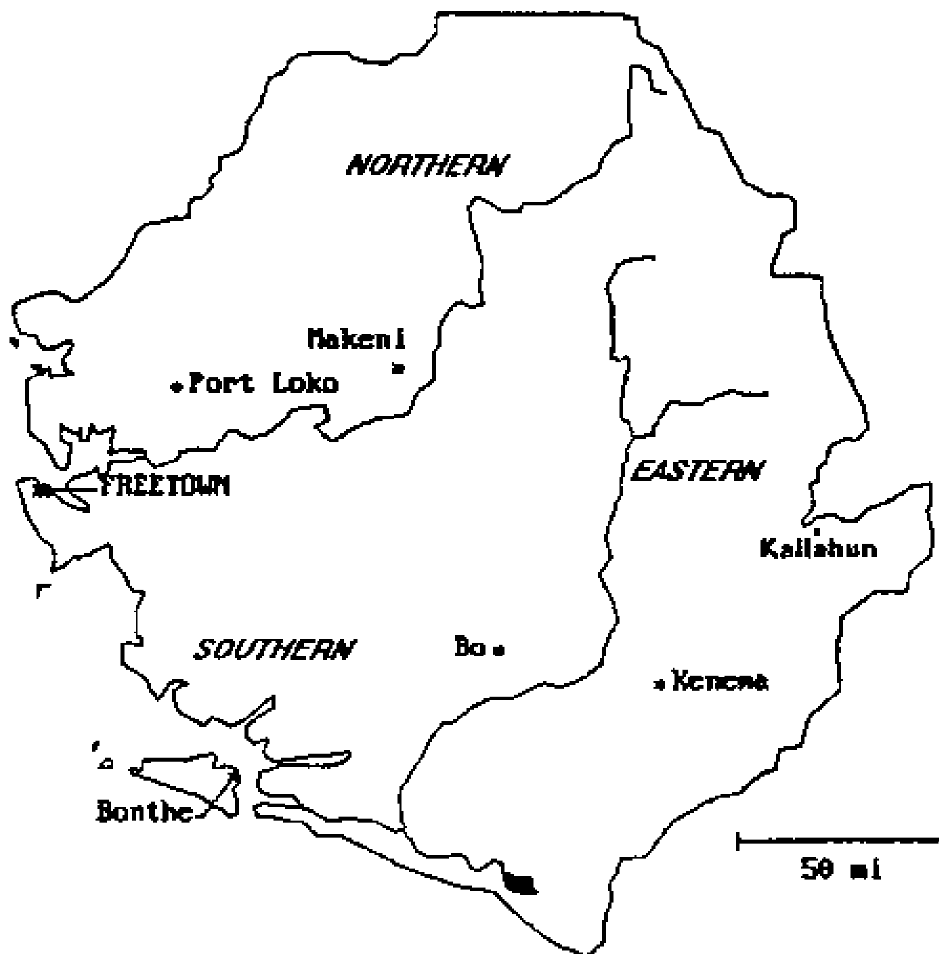
Location	*Sep. 96*	Dec. 96	*Mar. 97*	*Jun. 97*	Sep. *97*	Dec. *97*	*Mar. 98*
Liberia	1,800,000	1,800,000	1,100,000	710,000	700,000	700,000	726,000
Sierra Leone	609,000	609,000	548,000	453,000	453,000	200,000*	200,000*
Cote d'Ivoire	305,000	305,000	305,000	305,000	210,000	210,000	210,000
Guinea	536,000	536,000	536,000	545,000	405,000	405,000	405,000
Total	3,250,000	3,250,000	2,489,000	2,013,000	1,768,000	1,515,000	1,541,000

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

In *Liberia,* the focus of activities is shifting from emergency aid to development assistance. However, it is recognised that a retention of emergency capacity in country is important as the peace process is somewhat fragile. General food distributions in displaced shelters have been discontinued, and it is assumed that many of the 700,000 IDPs will now return home. Some repatriation is taking place, but since much of it is spontaneous, exact numbers are difficult to determine. Estimates are that more than 70,000 people have returned from Cote d'Ivoire and Guinea over the last few months. There are reports that 60,000 people are ready to return from Guinea [IRIN−WA 13/03/98, 14−16/03/98].

Approximately 26,000 Sierra Leonean refugees arrived in Liberia, fleeing insecurity in the country. It appears that the improved security situation in Sierra Leone is not yet encouraging these refugees to return [IRIN−WA 18/03/98].

Further details on the situation in Liberia can be found in the middle section of this report: ***'Food Security in Liberia'.***



Sierra Leone has experienced repeated waves of insecurity since an offensive was launched in 1991 to overthrow the government. Kabbah was elected as president in March 1996, and a peace accord was signed in November 1996. However, disagreements between the antagonists continued on many key issues, such as demobilisation, and in May 1997, the president was ousted and a military government took control. The international community including the Economic Comity of West African States (ECOWAS), Organisation of African Unity (OAU) and the United Nations (UN) demanded the restoration of the elected president, and ECOWAS Cease−fire Monitoring Group (ECOMOG) forces were deployed to this end [USAID 28/01/96].

An embargo was also imposed on the country. Humanitarian goods were supposed to be exempt, but in practice, this type of selective embargo proved difficult to implement. As a result of this and widespread insecurity, the food supplies in country became increasingly strained. Rice prices shot up although these have now begun to decline [IRIN−WA 02−08/01/98].

A survey in Freetown in December 1997 showed 8.7% wasting with 1.6% severe wasting (see Annex I 6a). No cases of oedema were seen. It was reported that living conditions continued to decline in the city since the *coup d'etat* in May 1997 and availability of food was increasingly problematic. The survey indicated that there had been no general ration distributions and only limited targeted feeding programmes since the coup [ACF 04/12/97].

Since this survey, there was a sustained military campaign in Freetown and in early February ECOMOG forces took control of the city. The president returned in mid−March 1998. During the period January 1998 − February 1998, fierce fighting was reported more or less throughout the country. Food shortages were noted in many areas of the country; for example in Bo the situation had been described as alarming. Food, medicine and shelter are said to be needed urgently in cities which have suffered massive destruction at the hands of the retreating fighters of the Armed Forces Revolutionary Council [ACT 19/03/98, CARE 05/03/98, IRIN−WA 12/02/98, 13−19/02/98, WFP 13/02/98].

The escalation in fighting led to further population displacements, both within Sierra Leone and into neighbouring Liberia and Guinea. Approximately 26,000 people arrived in Vahun in Liberia. These refugees are said to be in good health, although the supply of clean water is inadequate and a cause for concern [UNHCR 03/03/98]. There are no current estimates for numbers of people requiring humanitarian assistance

in Sierra Leone, and estimates of 200,000 people before the upsurge in hostilities are most surely an underestimate.

Guinea There remain approximately 405,000 refugees in Guinea. The fighting in Sierra Leone has not led to an increase in refugees, since most of these people fled to Liberia. There are reports of approximately 65,000 refugees waiting to return to Liberia [IRIN−WA 18/03/98].

Cote d'Ivoire The number of Liberian refugees in Cote d'Ivoire has declined due to small scale repatriation. In addition, there have been an unknown number of spontaneous returnees.

Overall, the affected population in Sierra Leone can be considered to be at heightened risk of malnutrition (category IIa in Table 1) due to inaccessibility resulting for insecurity. The remainder of the affected population is not currently considered to be at heightened risk (category IIc in Table 1).

Ongoing interventions Funding support for the programmes to repatriate Liberian refugees is needed. The food security assessments in Liberia should continue in order to inform appropriate preparations for the anticipated large−scale repatriation of refugees. In Vahun, which has recently received a large influx of Sierra Leonean refugees, water supplies need to be urgently improved.

A recent *Flash Appeal* for Sierra Leone outlines some priority interventions over the next three months. These include:

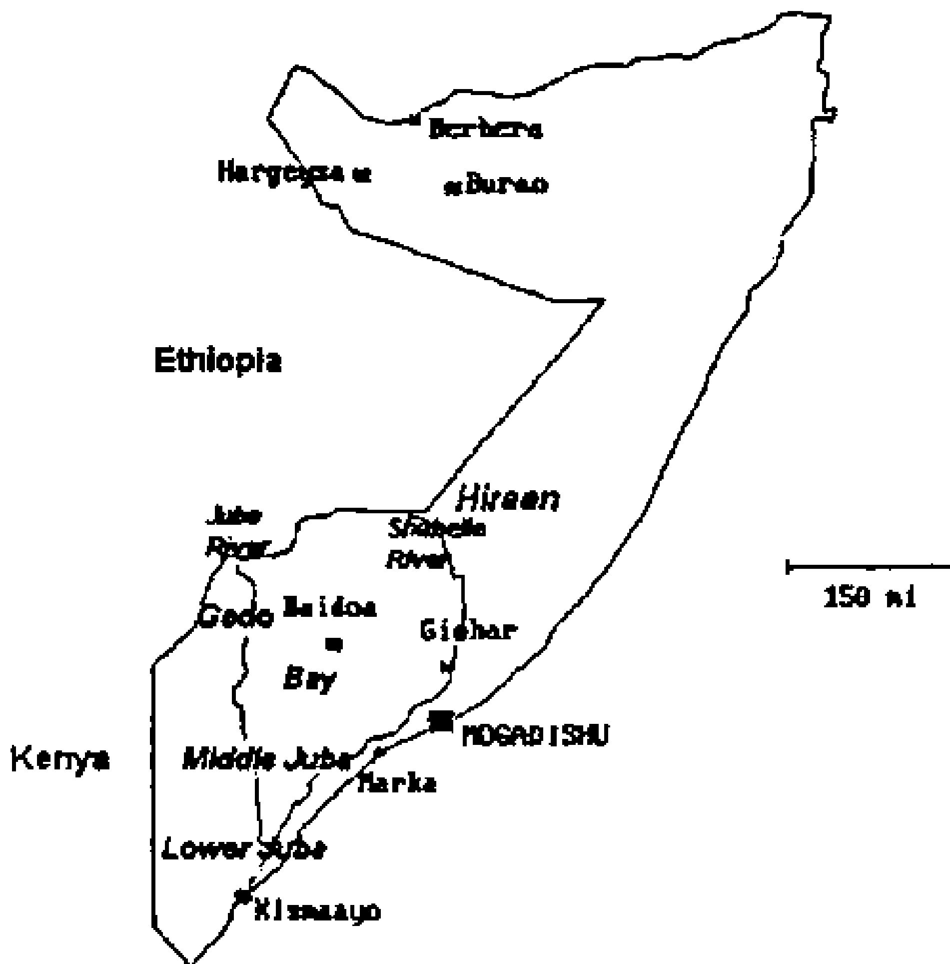
- restoration of the primary health care system;
- rehabilitation of water and sanitation facilities;
- support of agricultural activities;
- resumption of food distributions to those in need.

More specifically, regular nutritional surveys should be carried out in large war−affected urban centres like Freetown and Bo. In Freetown, malnourished children should continue to be screened and referred to TFCs where appropriate. There should also be an evaluation of the nutritional status of children in Freetown and efforts should be made to increase measles vaccination coverage.

7. Somalia

Insecurity in Somalia, which erupted with the civil war in 1988, and intensified with the overthrow of the military rulers in 1991, persists in many areas today. This insecurity combined with low crop yields has led to heightened food insecurity in parts of the country. The numbers of people requiring emergency assistance in Somalia are estimated at 1.2 million. These include beneficiaries of food−for−work projects, returnees and IDPs.

An outbreak of cholera was reported in December 1997 in Mogadishu. In mid−January, one hospital was reporting over 100 admissions each day. Since then the situation has improved due in large part to the rapid establishment of rehydration centres and drug provision [ICRC 15/01/98, 29/01/98].



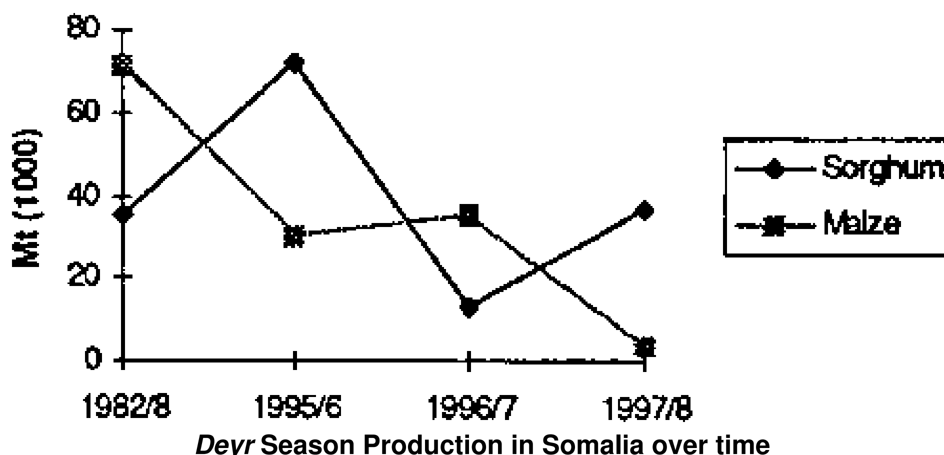
Recent flooding in southern Somalia along the Juba and Shabelle rivers has led to some population displacements. There were reports of movements towards the Kenyan border, but as the floodwaters begin to recede, it appears that people are returning home [FSAU 17/02/98]. Food was airdropped to large numbers of displaced.

A rapid nutritional assessment carried out by the Food Security Assessment Unit (FSAU/WFP) and American Refugee Committee (ARC) in Hagar, Afmadow and Bilis Qoqani, described an improving situation. Floodwaters were receding and numbers of IDPs were decreasing. However, livestock were said to be in a bad condition.

In all three areas, the food supply is improving due to the arrival of food aid. Market availability of food is low and prices, although declining, are still high. The report concluded that the three locations were experiencing different conditions.

- In Hagar, the nutritional situation was returning to normal, but still fragile.
- In Afmadow, the situation was described as critical with 'many severe malnutrition cases'.
- In Bilis Qoqani, the situation was described as poor due to 'chronic malnutrition existent before the floods but made worse by them' [FSAU 11/02/98].

Another rapid assessment was carried out on those displaced by floods in the Burdhubo area in December 1997 and January 1998. This population had lost many livestock and had very limited access to food – one meal a day in many cases. The assessment found poor nutritional status among the children, with 30.7% of the children screened having MUAC<125mm (see Annex I 7a). WFP had been air–dropping food to this population as the roads were cut off and this food has been critical in ensuring their survival. It has also contributed to a decrease in food prices [FSAU Feb 98].



***Deyr* Season Production in Somalia over time**

taken from: Flash Crop Production Survey in Southern Somalia Deyr Season 1997/98, Food Security Assessment Unit 18 Feb, 1998.

The flooding has led to massive crop destruction in many areas. The graph shows the decline in production for the recent *deyr* harvest, particularly for maize. Given that the July cereal harvest was just over half the pre–war average, it is very likely that these cereal stocks will be depleted before the July 1998 harvest [FSAU 18/02/98].

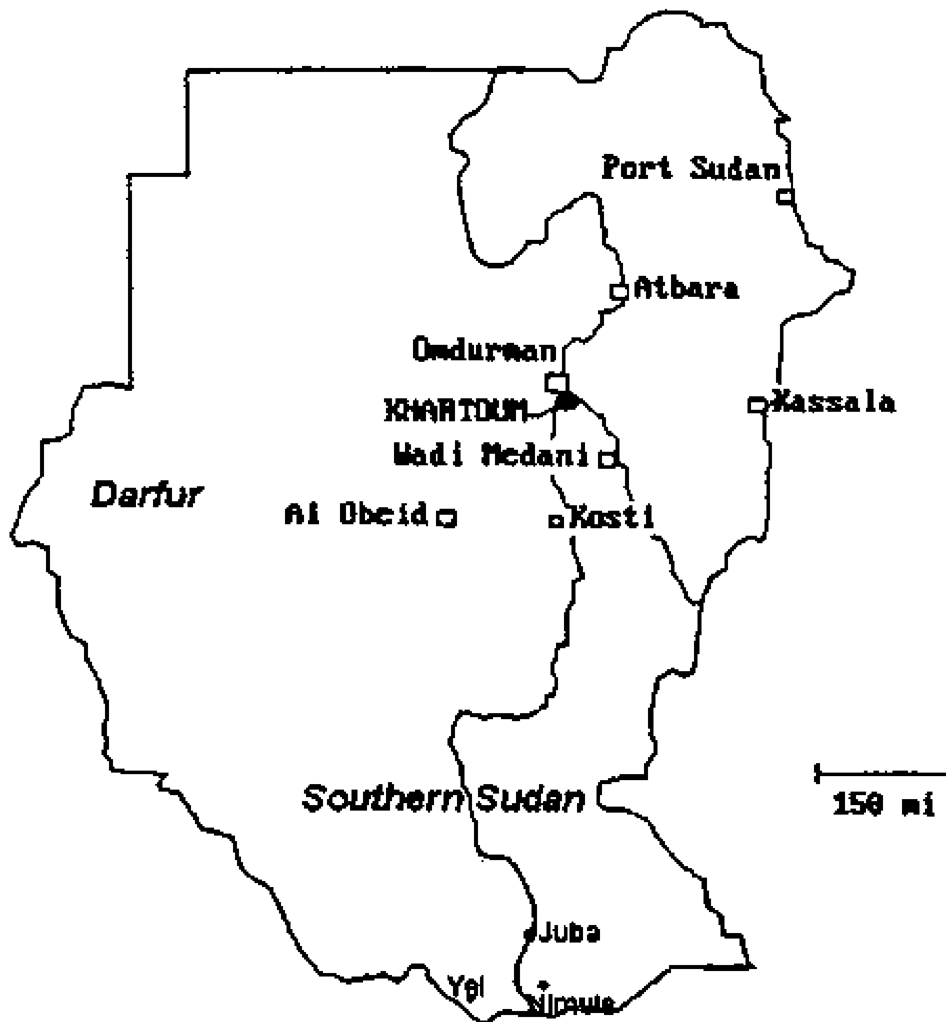
Above average rainfall for the rainy season (March–June) is being predicted, leading to fears of further flooding. It is being anticipated that up to a further 200,000 people could be affected. Recovery operations in early 1998 include support for food–for–work projects to rebuild roads, bridges, dikes and embankments. Food will also be sold into commercial markets to ensure supplies and attempt to maintain a stable price system [FSAU 18/02/98, WFP 13/02/98].

Overall, populations requiring assistance in Somalia can be considered to be moderate nutritional risk (category IIb in Table 1) due to a combination of factors including insecurity, food price inflation and recent flooding. Loss of livestock and crops have increased the vulnerability to malnutrition for many people, and it is likely that the nutritional status of many will deteriorate without humanitarian interventions.

On–going interventions

Support for infrastructural repairs will continue to be needed and price stabilisation measures should also continue. Contingency plans should be drawn up in the event of further flooding. In flooded areas like Burdhubo food drops have to be maintained and veterinary inputs may be required to protect remaining livestock from disease.

8. Sudan



The civil war in the south of the country has been on–going for 14 years. Despite continuing efforts to find a peaceful solution to the conflict, fighting intensified in 1997. Increased military activity, combined with the onset of drought conditions has led to a further decline in already sub–standard living conditions in many areas. As a result, the number of people requiring assistance in 1998 is projected to increase by as much as 25% over the course of the year. There are currently estimated to be 2.7 million people in Sudan who require humanitarian assistance. These are displaced and war–affected populations throughout both northern and southern Sudan who will require support at different times during the year [DHA Jan–Dec 98].

In 1997, efforts were made to improve the quality of humanitarian operations in Sudan and to broaden access to populations in need. These efforts resulted in improved delivery and distribution of relief supplies including increased use of overland routes, improved monitoring and improved cost–efficiency. The needs of the internally displaced people were also given greater priority [DHA Jan–Dec 98].

However, in spite of these improvements, many of the objectives set for the 1997 were not achieved due to insecurity, restricted access to areas by the government, and critical shortfalls in funding. Emergency food was distributed in limited quantities, with detrimental effects on the health and nutritional status of the intended beneficiaries. Malnutrition levels have been estimated to increase from a general level of 18% in 1995 to 28% in 1997. Livestock herds have reportedly been depleted for many of the poorest, further increasing their vulnerability [DHA Jan–Dec 98, FAO 22/12/97].

A recent crop assessment mission in Sudan estimated cereal production would be lower than the 1997 record harvest, but higher than the five year benchmark of 1988/9–92/3. However, these are national production figures and mask regional shortfalls. For example, cereal production is down by 45% in the southern areas due to drought, and transportation problems within the country seriously constrain redistribution of food from surplus to deficit areas. In some areas, like east and west Equatoria, unseasonal and heavy rains have led farmers to predict harvest losses ranging from 50–100%. Recent returnees from northern Uganda are without assets or resources to offset the disappointing crop and they will continue to depend on relief assistance. Prices of sorghum have risen sharply in recent months, and the exchange value of livestock has plummeted dramatically [USAID 29/12/97, FAO 22/12/97].

There are also serious food deficits in the western regions of North Darfur and North Kordofan where this year's cereal production is the third consecutive reduced crop [USAID 29/12/97, FAO 22/12/97].

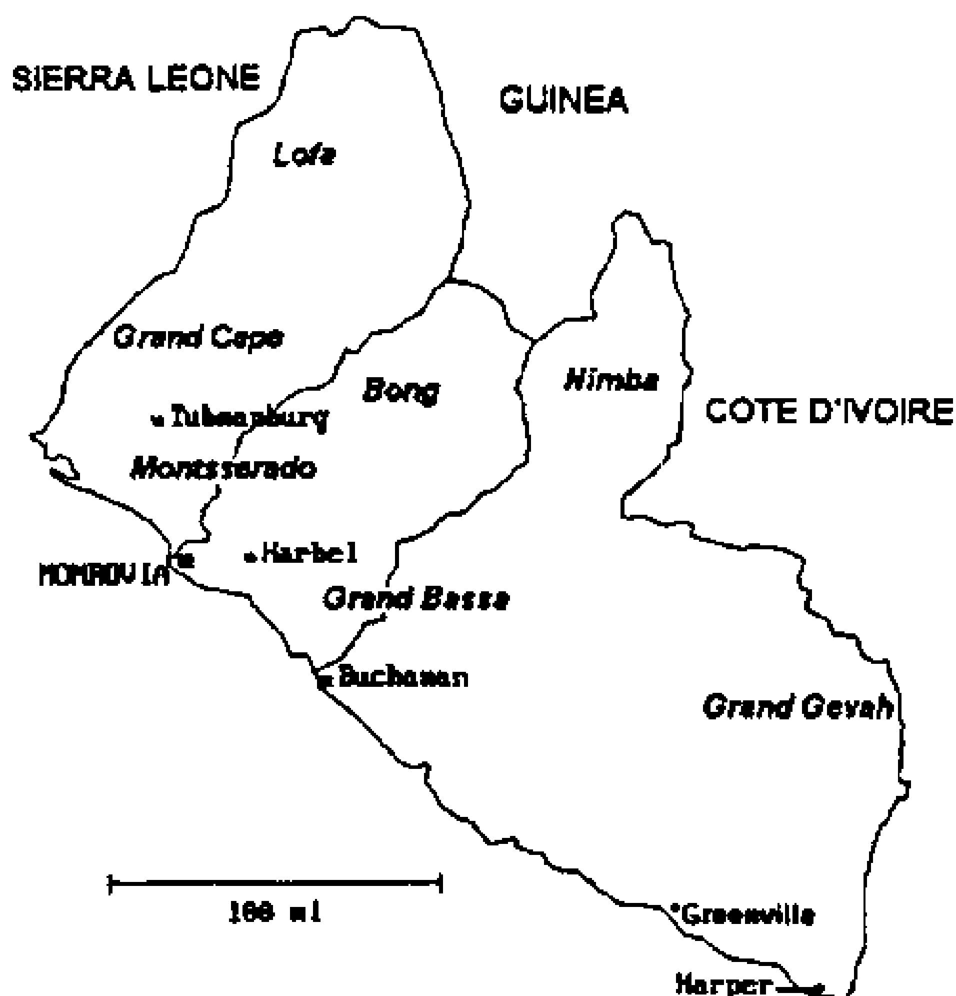
Khartoum There are an estimated 2.2 million IDPs in Khartoum, many of whom do not receive emergency assistance. It is estimated that 176,000 people residing in four displaced camps will need assistance in 1998. Camp residents do not have access to land for cultivation, rely principally on labour wages and achieve food security through food purchases from local markets. It is estimated that 80% of the Khartoum displaced population in the camps are able to meet only 50% of their annual food needs through their own resources. A major focus for interventions in 1998 will be to improve the quality and impact of services provided [DHA Jan−Dec 98].

The Red Sea State A major food security crisis was identified in the Red Sea State over a year ago. Attempts to start an emergency programme were fraught with logistical, political, security and funding related difficulties. However, eventually general food distributions were carried out although delays meant that the programmes did over−run in some areas. Sorghum was distributed to men and lentils, oil and blended foods were distributed to women. The programme has now closed down [OXFAM Jan 98].

Southern Sudan It is currently estimated that 2.2 million people in southern Sudan require relief assistance. Fighting has intensified in the south in 1998 in Bahr−el−Ghazal around Wau, Aweil and Gorgorial, leading to fresh population displacements of an estimated 150,000 people. There has been growing concern amongst humanitarian agencies working in the area that the resources to meet the survival needs of this population are not available.

Special Focus: Food Security in Liberia

Introduction



Continuing peace in Liberia has allowed humanitarian agency activities to be increasingly directed towards repatriation, resettlement and rehabilitation, with programmes shifting from emergency relief to development. As a result, there have been many initiatives to improve understanding of food security at the community level. A definition widely used for food security is the one put forward by the World Bank – 'access by all people at all times to enough food for an active, healthy life. Its essential elements are the availability of food and the ability to acquire it' (World Bank p. 1, 1986). The definition put forward by the ACC/SCN focuses more on the household level – 'a household is food secure when it has access to the food needed for a healthy life for all its members (adequate in terms of quality, safety and cultural acceptability), and when it is not at undue risk of losing such access' (ACC/SCN, p. 30, 1991).

The shift in programmes activities from emergency relief to development in Liberia has prompted this section of the report. This is a departure from the way in which country situations are normally covered in the RNIS Reports in that more emphasis is given to the findings of a number of recent food security assessments. These assessments provide an understanding of the types and appropriateness of survival strategies employed by populations which in turn can lead to the identification of location–specific indicators for early warning and targeting purposes. Such information will become increasingly important as emergency food aid is slowly phased out. Assessment findings will also help inform decisions about how best to support the re–assimilation of returnees into their former homes.

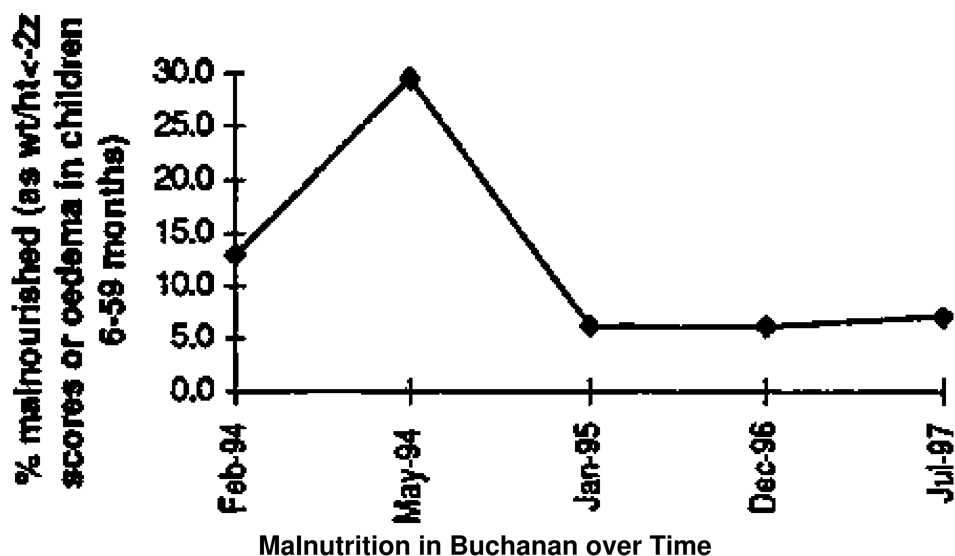
Background

Civil war erupted in Liberia in 1989 leading to widespread displacement both within Liberia and into neighbouring countries, principally Guinea and Cote d'Ivoire. Efforts aimed at ending the fighting were unsuccessful until the signing of the Ajuba Accords in 1995. These accords led to a cease–fire and stipulated a timetable for disarmament and demobilisation. A cease–fire monitoring group (ECOMOG) was deployed along with UN observers. At that time, there were at least 1.7 million people affected by the war.

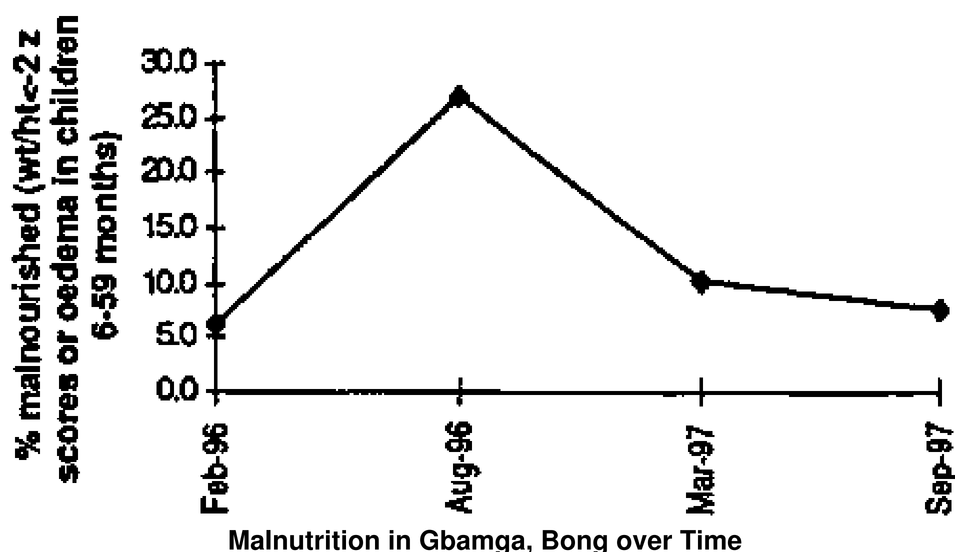
However, in April 1996, renewed fighting in Monrovia caused a serious setback to the peace process. The intense fighting led to massive population displacements in Monrovia, and widespread looting. Once the fighting abated, Monrovia was faced with a large displaced population, but greatly reduced humanitarian agency capacity. At that time, there were an estimated 285,000 internally displaced people in shelters in Monrovia and over a million people who required humanitarian assistance in the country. In addition there were almost 500,000 Liberian refugees in neighbouring countries. The widespread looting forced the humanitarian community to adopt a minimalist approach to humanitarian assistance programmes, providing life–saving interventions only with a minimum of staff.

Since the April 1996 crisis, peace has slowly established itself. Charles Taylor was elected president in what were declared to be free and fair elections. Assistance provided to the population, whether displaced or war–affected, has mainly been in the form of food aid. Geographic responsibility for these programmes has been divided between WFP and the Catholic Relief Services. The existence of two food aid pipelines has been advantageous as shortfalls with one agency have been offset by borrowing from the other. Major breaks in the food aid pipeline have not occurred.

The nutritional situation in many areas of the country showed similar patterns. High levels of wasting were often found in newly accessible areas. These were brought under control when improved security allowed for continual access. Currently, wasting appears to be low and relatively stable.



Malnutrition in Buchanan over Time



Malnutrition in Gbamga, Bong over Time

Food Security Assessments

The focus of assessments is shifting from anthropometry to food security assessments. It is hoped that the findings of food security assessments will provide an understanding of how communities and groups within communities cope, what are normal coping strategies, and what are distress strategies which would indicate an abnormal situation. This understanding would help identify location–specific food security indicators which could be monitored for early warning. It would also allow for better targeting of resources. This type of monitoring and targeting will become critical as emergency food aid is slowly phased out.

Repatriation of refugees and resettlement of the internally displaced are already underway. Humanitarian efforts are very much focused upon preparing places of return. It is expected that many refugees will return spontaneously making it difficult to know where to target assistance. Improved understanding of the food security environment in places of refugee return is therefore a priority.

Food security assessments are focusing on areas of refugee concentration and those likely to receive returning refugees. For example, an assessment was carried out by SCF(UK) in January 1998 in Vahun, in Lofa county near the border with Sierra Leone. Approximately 65% of the population are refugees from Sierra Leone. The main findings of the assessment are that:

- people have good access to food through their own production or via contract labour for cash or through gifts;
- lack of money is a serious problem;
- access to safe drinking water is a problem;

- roads are in poor condition but there is trade with Sierra Leone.

Accordingly, recommendations included the improvement of the water supply, and ways of providing cash, as opposed to food aid. A nutritional survey was also recommended.

Since this assessment, there has been an influx of refugees from Sierra Leone into the region, further straining the supply of clean water. The likely impact of this influx can be better understood against the backdrop of the information provided by the food security assessment. New arrivals are likely to benefit from gifts of food from their hosts; the refugees and the indigenous populations are from the same ethnic group and social cohesion is said to be strong. Further income to purchase food would be obtained through contract labour and loans. The large influx is likely to stretch the resources of this area in the short term, and careful monitoring of labour opportunities, availability of food and market prices is essential to determine what interventions, if any, are needed in Vahun.

A food security assessment was carried out among the displaced shelters in and around Monrovia between June and October 1997. The numbers of displaced people increased dramatically after the April 1996 crisis. Many settled spontaneously in abandoned buildings in what are termed 'irregular shelters'. They did not receive food assistance, and conditions in these shelters were generally quite poor. A general ration was distributed in the regular shelters although this was gradually phased out and finally stopped in February 1998 in the belief that these people would be returning home to prepare their fields and that a general ration might encourage them to stay.

The assessment determined that the main sources of food for the displaced population were cash income, allocated food aid and their own production. Cash was obtained by selling wood and charcoal and other small businesses, including the selling of produce grown as part of work contracts on farms. Families considered to be the most food insecure were those without cash to start a small business, or family support or without access to land for gardening. Based on this, interventions aimed at helping start small businesses would be most effective.

A food security assessment in Maryland found that during the war, farmers in the more productive areas of the north−western part of the county largely remained on their land, increasing acreage under cassava cultivation as inputs necessary for rice production became scarce. The majority of refugees have returned, particularly around the Pleebo area, and are operating in a fairly vibrant cash economy, and benefiting from strengthened ties with Ivorians.

School feeding provides a nutritional and economic incentive for families to keep their children in school. It is essential that there is equal coverage in both rural and urban areas and that school records at the beginning of terms are not viewed as attendance records, particularly in the case of tracking boy:girl ratios.

The timely provision of seeds and tools will have the most lasting effects of any input and every effort should be made to allow farmers the means to produce a first harvest of rice by August or September. Storage/preservation improvements are vital as this would promote both the nutritional and economic well being of families. Regular monthly monitoring of sources of income (defined in the full report, see list of sources at the end of this section) together with the costs of the minimum food and non−food basket should be initiated.

A food security assessment was carried out in Zota district of Bong county to determine how recent returnees, mainly from Guinea, are regaining their livelihoods. For many returnees, sale of the harvest in Guinea provided funding to transport the family back to Liberia. Returnees have been earning income to buy food through fishing and small−scale marketing. However, labour is needed to restart farms and investment in agricultural inputs is necessary. These competing demands on limited financial resources mean a decision to support the family's short−term nutritional needs or the longer−term agricultural needs would need to be made.

The provision of aid in such situations would mean people do not have to choose between short− and long−term objectives. The timely provision of aid in the form of tools and seeds to returning communities should not just be seen as being tied to when they are most needed to the increase of choice. Lack of tools leads to lack of income−earning opportunities. Seeds given late will mean that most people will have had to search them out with goods or money that would have been used to buy food or pay school fees. Food−for−work schemes are unlikely to be the best way to provide support to returnees because so much labour is needed to re−establish their homes and farms.

There are major efforts being made by humanitarian agencies to coordinate assessments in Liberia. A 'Food Security Forum' is an initiative just getting started. This is a group of humanitarian agencies –both UN and NGO – concerned with food security who are trying to develop common methodological approaches to assessments and share information amongst agencies. This should help inform agency programming decisions. Furthermore, it would avert duplication of assessments and inappropriate aid programmes.

Conclusion

Assuming there is no deterioration in the security situation, it is likely that many families will be returning home in the coming months. The process of return has already started with large numbers of people returning to prepare and plant their fields. However, it is often the case that only some families members return and it is likely that a more comprehensive repatriation will only occur at the end of the school year (June/July 1998). In anticipation of this, humanitarian agencies must continue to assess the food security situation in areas likely to receive the largest numbers of returnees in order to clarify where resources can most effectively be targeted to best support the process of re–settlement.

Over the next year or two, the shift from emergency relief to more developmental programmes is expected to continue. However, some capacity for emergency response should be maintained, given the fragility of the current peace. Rehabilitation of this country, whose infrastructure has been almost entirely destroyed by years of conflict, will be a long–term process and it will be years before Liberia is restored to its pre–war state.

List of sources:

ACC/SCN (1991) *Nutrition–Relevant Actions. Some Experiences from the Eighties and Lessons for the Nineties.* Geneva.

ACF *Displaced Shelters in Monrovia, Food Security Assessment.* June–October 1997.

Personal communications from ACF (Monrovia), CRS (Monrovia), SCF(UK) (Monrovia) and WFP (Monrovia).

SCF (UK) *Food Security Assessment Vahun District, Lofa County, Liberia.* January 1998.

WFP *Briefing Note on Emergency Food in Liberia.* Brief note 2.

WFP/ACF/SCF (UK) *Summary of Food Security Findings Zota District, Bong County.* 4–6 February 1998.

WFP/SCF (UK) *Maryland County Food Security Assessment.* 11–14 December 1997, Draft Report.

World Bank (1986) *Poverty and Hunger: Issues and Options for Food Security in the Developing Countries,* Washington, D.C.

The number of cases of malnutrition reported in many areas continues to rise. After some delays, flight clearance was granted to bring relief items to four locations in Bahr–el–Ghazal [FAO 22/12/97, OLS 16/03/98 WFP 30/01/97 06/02/98].

Ethiopian and Eritrean Refugees There are approximately 136,000 Ethiopian and Eritrean refugees in Sudan requiring assistance [DHA Jan–Dec 98].

Overall, the displaced population around Khartoum can be considered to be at moderate risk of malnutrition and associated mortality (category IIb in Table 1) due to past reports of high levels of wasting and limited access by humanitarian agencies. Recently displaced populations around Aweil, Gorgorial and Wau are likely to be at high risk (category IIa), due to inaccessibility. The remaining population in Southern Sudan can be considered to be at moderate risk (category Mb in Table 1), although there are undoubtedly pockets of high risk. The Ethiopian and Eritrean refugees are not currently thought to be at heightened nutritional risk (category IIc in Table 1).

On–going interventions

During the next nine months, large parts of Sudan (especially in the south) are expected to experience the worst humanitarian conditions since 1994. The humanitarian aid strategy in Sudan for 1998 has four overarching goals:

• meeting the most acute needs first. The main focus will be on meeting the emergency needs of those in southern Sudan, the transition zone and the displaced camps and settlements in the greater Khartoum area;

• securing access to areas with populations with acute need and where clearance to assess needs, deliver aid and monitor activities is inconsistent or denied;

• strengthening impact and strategic monitoring;

• insistence on adherence to humanitarian principles by all Operation Lifeline Sudan (OLS) agencies, partners and counterparts [DHA Jan–Dec 98].

Specific needs include emergency food assistance, improved immunisation coverage and water supplies for an estimated 2.4 million internally displaced, war and drought affected persons and vulnerable groups in southern Sudan, the transitional zone and the Greater Khartoum area. All this is predicated on adequate access to populations in need which has not consistently been the case in the past. Price stabilisation initiatives involving sorghum allocations must also be considered as part of a strategy to improve food security. Other strategies will include food for work and school feeding in targeted food deficit locations in the south. There is also an urgent need for seed distributions in south and north Darfur and Kordofan.

9. Uganda

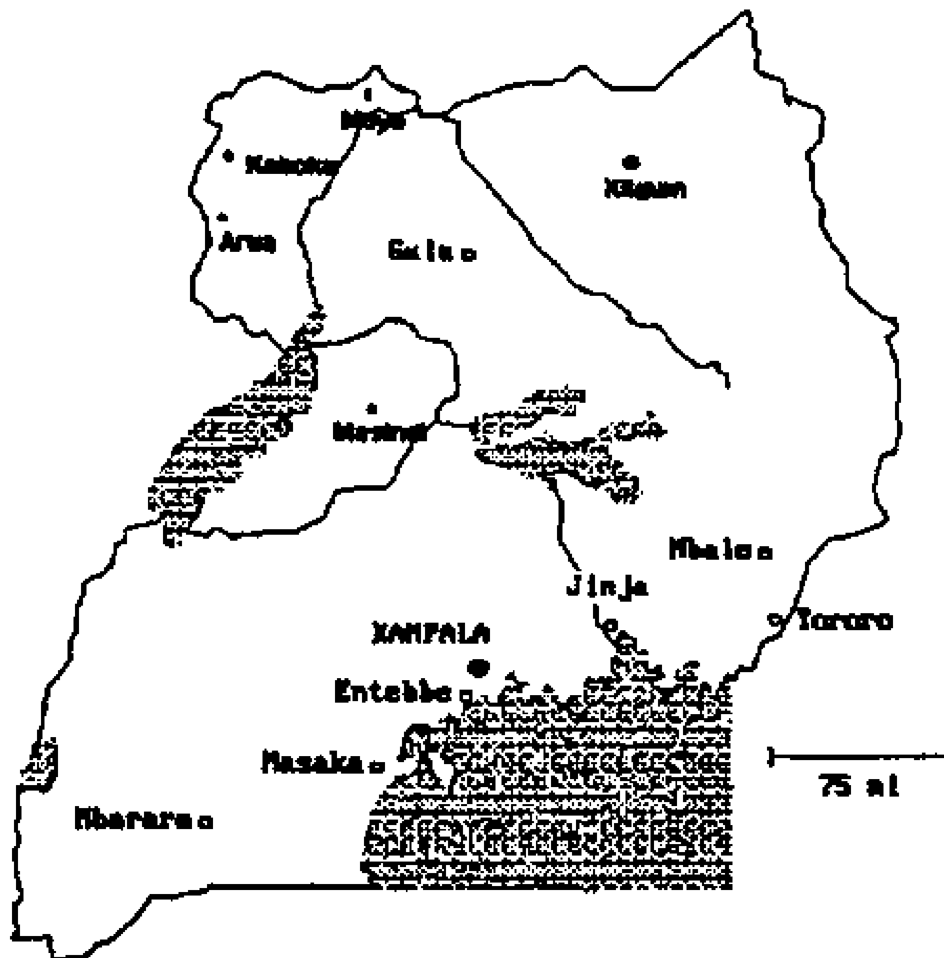
There are currently an estimated 594,000 people in Uganda requiring emergency assistance. This total number is comprised of 162,000 refugees from Sudan, 30,000 from Rwanda and DRC. There are also 402,000 internally displaced people in Uganda requiring assistance. Sporadic insecurity in Northern Uganda continues to be reported. For example, there was an attack by the rebel group the Lord's Resistance Army (LRA) on a Sudanese refugee camp in Kitgum district. In addition, heavy rains which have caused flooding through the region, have damaged coffee, tea and cotton crops [IRIN 16–22/01/98, 24/02/98, WFP 16/01/98].

Origin	*Sep. 96*	Dec. 96	*Mar. 97*	*Jun. 97*	Sep. *97*	*Dec. 97*	*Mar. 98*
Sudanese Refugees	214,000	214,000	225,000	165,000	175,000	176,000	162,000
IDPs	20,000	200,000	200,000	150,000	270,000	382,000	402,000
Rwandan Refugees	7,000	11,500	14,500	17,000	14,000	14,000	15,000
Refugees from DRC	15,800	15,800	28,800	21,000	14,000	14,000	15,000
Total	256,800	441,300	468,300	353,000	473,000	586,000	594,000

There were reports of a new influx of approximately 700 refugees into Uganda in early January. Some of these refugees are Congolese who were initially in camps in Rwanda [WFP 16/01/98].

There are approximately 162,000 Sudanese refugees in Uganda. This total number has decreased since the last RNIS report due to repatriation of some refugees. However, there continue to be new arrivals fleeing periodic insecurity in Sudan [OCHA 01/02/98].

There are currently 402,000 internally displaced Ugandans requiring emergency assistance, a significant increase from earlier planning figures of 256,000. These people have been displaced due to insecurity caused by rebel activity. The current security situation is variable with periods of calm, followed by upsurges in fighting. This sporadic insecurity along with poor road conditions continues to disrupt food deliveries [WFP 23/01/98, 20/02/98]. There are no nutritional details on this displaced population, but continued insecurity, heavy rains and poor road conditions are all leading to disruptions in food deliveries which are likely to be adversely affecting nutritional status.



Overall, the affected population in Uganda can be considered to be at moderate nutritional risk (category IIb in Table 1) due to continuing insecurity.

On−going interventions

IDPs need to be urgently resettled and many will require seeds, tools and plastic sheeting so that they can move out of public buildings. Due to the increased caseload, there may be insufficient stocks of food. Requests for additional food aid assistance should therefore be supported by the donor community.

10. Zambia

There are approximately 34,000 refugees in Zambia requiring emergency assistance. This total number is broken down as follows:

- 1,100 Congolese refugees;
- 32,000 Angolan refugees;
- 700 Rwandan refugees;
- 200 Burundi refugees.

It is believed that some portion of the Congolese refugees have repatriated, and that many of the Angolan refugees will return over the course of 1998 [OCHA 01/02/98, Jan−Dec 98].

Asia − Selected Situations

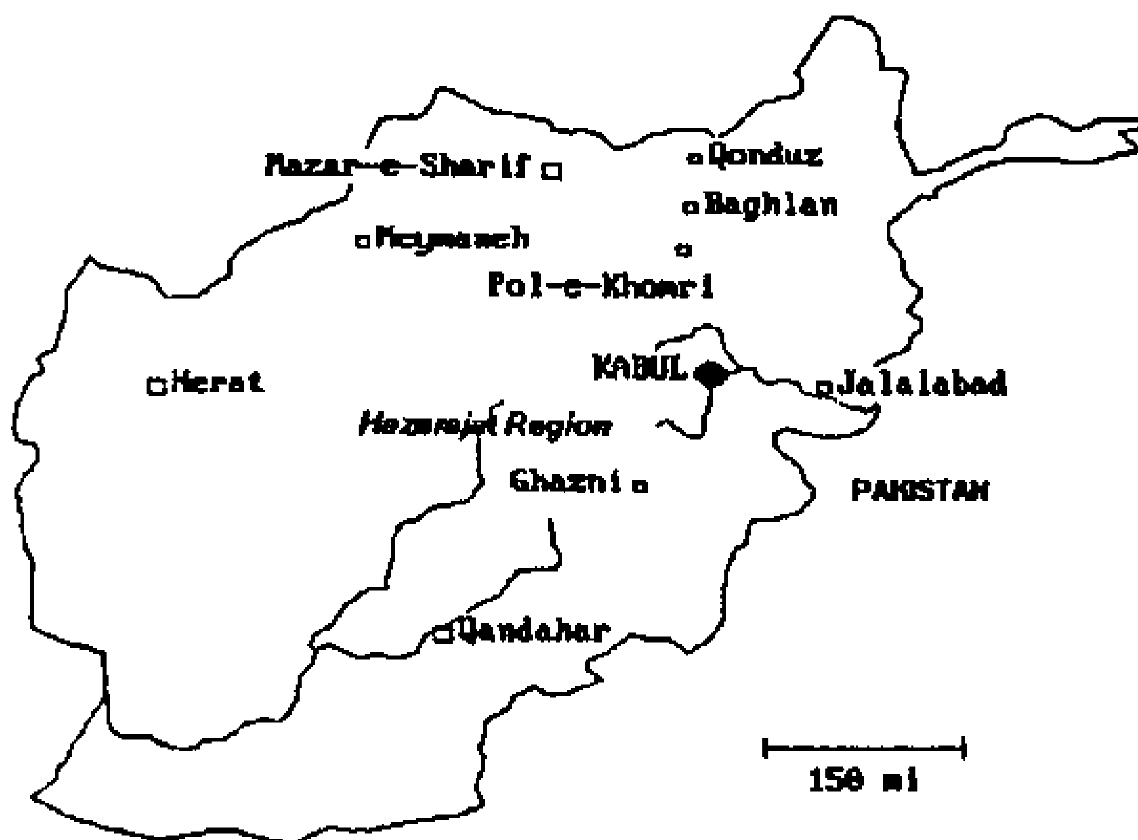
The most recent overview of the numbers of refugees and displaced people in Asia (as of the end of 1996) is as follows. There were an estimated 4.8 million refugees in Asia, of whom over 1.2 million were Afghans in

Pakistan and in Iran (1.5 million). There were reported to be 600,000 Iraqis in Iran. Other large groups were refugees from Viet Nam in China (289,000), and Bhutanese in Nepal (92,000). No comprehensive data were available on the numbers of internally displaced populations in Asia, but they were certainly in the millions (UNHCR, 1997 'Populations of Concern to UNHCR').

This section of the report aims to give updated information on some of these situations. The current situation for the Afghan refugees/displaced populations, the largest single group in Asia with approximately three million affected people, is described. Available information on the Bhutanese refugees in Nepal and refugees from Myanmar in Bangladesh are included because of reports of micronutrient deficiencies. A section on the situation in Sri Lanka is also included. As in the past, we also include information on Southern Iraqi refugees in Iran.

11. Afghanistan Region

The conflict in Afghanistan, which had been ongoing for almost twenty years, took a new direction when the Taliban, a fundamentalist Islamic group, swept across most of the country in 1996. Fighting has continued throughout 1997 and early 1998, but has largely been concentrated in the northeast of the country. The continuous state of war has led to a steady decline in the economy. Government salaries have all but disappeared, trade has been markedly reduced and food prices have become grossly inflated. In addition, women are rarely allowed to work outside their homes in Taliban−controlled areas. However, in some parts of the country, particularly in the south and west which have been relatively quiet, reconstruction and rehabilitation work is being carried out. Signs are beginning to emerge that the warring parties may be acknowledging that a military solution to the conflict is unrealistic.



Despite some repatriation, there are at least 2.5 million Afghan refugees remaining in neighbouring Iran and Pakistan. It is thought that 650,000 of these people require emergency assistance, the rest being largely self−sufficient. There are 1.5 million people in Afghanistan requiring emergency aid.

In Kabul, food assistance in the form of subsidised bread is continuing and ICRC distributes bi−monthly rations to vulnerable families. Over 70% of food commodities distributed in 1997 were provided through subsidised bread sales projects in Kabul, Mazar, Jalalabad, Kandahar and Faizabad. A recent assessment of household food security in two districts of Kabul was undertaken. Recommendations from the assessment

included the need to support food production activities and increase people's access to food. This could be achieved by improving the economic circumstances of the urban population by, for example, revitalising existing food−processing factories, setting up green houses for vegetable gardens and establishing other micro−projects for income generation. Although a random sample anthropometric survey was not conducted, stunting appeared to be widespread [ICRC 21/01/98].

Aid deliveries outside of the capital city have been hindered by heavy snowfalls leading to impassable roads. For example, relief provision for victims of an earthquake in February 1998 were made difficult by the inclement weather. Relief supplies had to be airdropped into the region [WFP 13/02/98, 20/02/98].

The last RNIS report (no. 22) described a desperate situation for 1.2 million people affected by a blockade around Bayman in Hazarajat region, 160,000 of whom were thought to be facing starvation. Since that time food has been airlifted to the population. A more recent report has stated that although there is no Visible evidence of actual starvation, affected families are clearly in need of emergency food aid in order to supplement household food stocks to survive the winter' [WFP 02/01/98].

Overall, those requiring aid in the Hazarajat region, where access has been sporadic, are likely to be at heightened risk (category IIa in Table 1), particularly with the winter season making access difficult. The remaining population in Afghanistan is likely to be at moderate risk (category IIb in Table 1), while the refugees in Iran and Pakistan are not currently considered to be at heightened risk (category IIc in Table 1).

On−going interventions

A recently launched Consolidated Appeal for Afghanistan highlights humanitarian relief and rehabilitation projects planned to benefit 1.5 million Afghans in 23 provinces during 1998. Relief assistance will be distributed mainly through subsidised bread sales and other channels used effectively during 1997. Food−for−work and food−for−training projects will be continued to promote rehabilitation activities. Quick impact projects will also be utilised to promote the rapid re−integration of returnees.

Some of the other needs outlined in the appeal include:

- rehabilitation of health facilities;
- improvement in the supply of safe drinking water and sanitation − as a consequence of poor sanitary conditions it is estimated that 42% of all deaths in Afghanistan are due to diarrhoeal diseases and that 85,000 children under five die annually from diarrhoeal diseases;
- clearance of landmines, along with education/awareness campaigns;
- understanding the extent of chronic malnutrition in Afghanistan with a view to devising interventions to address the problem;
- improvement in the immunisation coverage, particularly of measles and polio.

12. Bhutanese Refugees in Nepal

There are approximately 93,000 Bhutanese refugees in Nepal who fled their country of origin in the early 1990s. Reports over the past few years have indicated an adequate and stable nutrition and health situation for this population, although there have been continuous reports of a few cases of pellagra, beri−beri and scurvy. At the start of 1998, there was a small reduction in the amount of rice provided in the general ration. So far there have been no reports of any adverse effects of this reduction, and this population is not considered to be at heightened nutritional risk (category IIc in Table 1) [UNHCR 05/03/98].

Ongoing interventions

The annual nutritional survey which is usually carried out in June, should be carefully scrutinised to determine whether there has been any adverse effect of the general ration reduction on the refugee population.

13. Refugees from Rakhine State, Myanmar in Bangladesh

In 1992, an estimated 250,000 people fled Myanmar (then Burma) to Bangladesh, claiming widespread human rights abuses. Of this original group, most have returned home, and there are approximately 21,000 people remaining in two camps. There has been some further movement of people from Myanmar into Bangladesh who local authorities define as economic migrants [UNHCR Mar 98].

A recent survey carried out in the two camps showed 11.5% wasting with 0.7% severe wasting. No cases of oedema were seen (see Annex I 13a). Results from a survey carried out in June 1997 showed 14% wasting. The ration distributed provides 1900 kcals/person/day and does not provide adequate micronutrients. In the past, a fortified blended food was distributed as part of the general ration but this was discontinued in February 1997 due to problems with the quality of the blended food. The prevalence of angular stomatitis in the February 1998 survey was 9.9%. This is feared to be a general indicator of more serious micronutrient malnutrition and it has been suggested that the re−introduction of a micronutrient enriched blended food would improve the situation. Provision has now been made for the inclusion of 50 grams/person/day of blended food in the ration [MSF−H 27/02/98, WFP 16/03/98, UNHCR 22/02/98].

Stunting was also measured in the survey as was found to be 63.3% (ht/age <−2 Z scores). For comparison purposes, recent country wide estimates are that the prevalence of stunting is about 55% [ACC/SCN 1997, UNHCR 22/02/98].

The nutritional situation in the camps must be viewed in the context of several interruptions to the general ration programme which have occurred since May 1997 and which have lasted for several weeks. These interruptions have occurred due to strikes by refugees and other security problems [MSF−H 27/02/98].

There has been a high prevalence of low birth weight babies, premature births and neonatal deaths in the camps. This has been attributed to several factors, including the young age of mothers, very short birth spacing and lack of micronutrients in the ration. However, there is concern that when blended foods are re−introduced into the general ration the prime target group, i.e. pregnant and lactating women and children, may not get adequate access to it [MSF−H 27/02/98].

The supplementary feeding programme in the camps supplies wet rations, covering the entire daily nutritional needs of the beneficiaries with a reduction in the general ration for those families enrolled on the programme. This type of supplementary feeding programme was introduced as it was believed that a main cause of malnutrition in the camps was inappropriate and inequitable intra−camp and intra−household food distribution. Since November 1997, pregnant and lactating women enrolled in the supplementary feeding programme have been provided with 500 ml of high energy milk per day [MSF−H 27/02/98, UNHCR 03/24/98].

Overall, this refugee population can be considered to be at high risk (category I in Table 1) due to the presence of micronutrient malnutrition. The situation is likely to improve with the reintroduction of fortified blended foods into the general ration.

Ongoing interventions

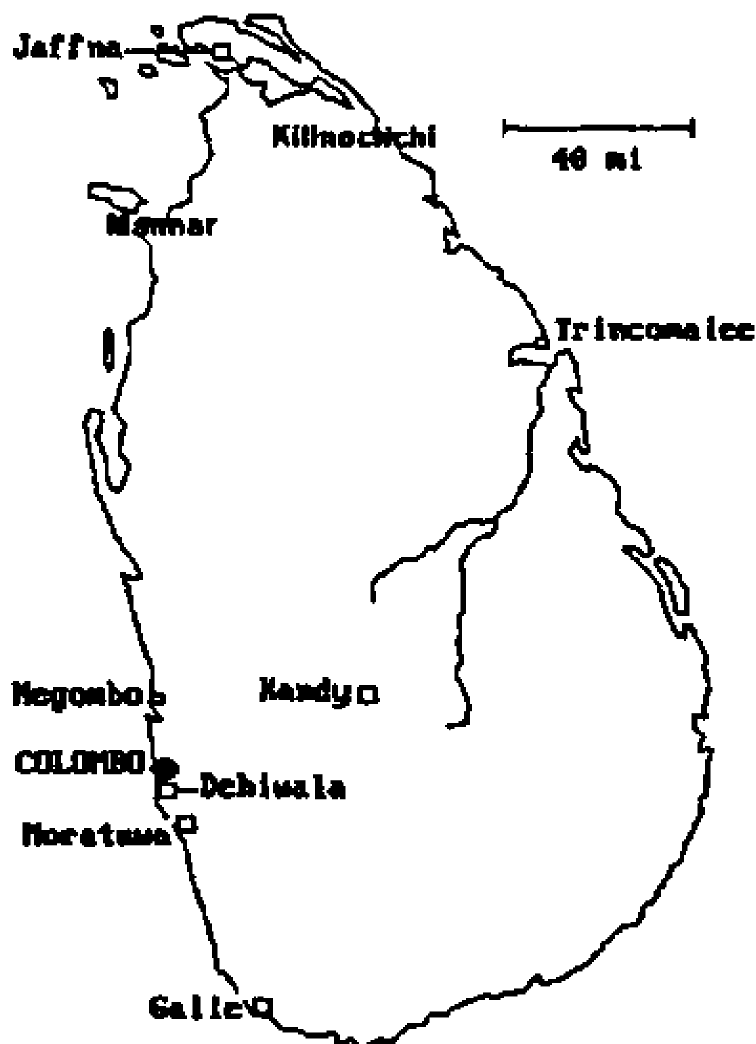
The recent survey, which showed a 9.9% prevalence of angular stomatitis, underscores the need to re−introduce a fortified blended food to the general rations, which has been highlighted in earlier RNIS Reports. However, there should be some investigation into how the blended food will be used and by whom in order to ensure that the priority target group, pregnant and lactating women and children, receive adequate quantities from the general ration. Further suggestions that vitamins and minerals should be added to the diets at supplementary feeding centres should also be acted upon. The caloric level of the general ration should be increased from 1900 kcals to 2100 kcals. The large ration size given out at the supplementary feeding centres should be continued as a means of protecting against inequitable intra−camp and intra−household distribution of the general ration.

14. Marsh Arabs in Southern Iraq

There are no new reports on the nutritional situation for the Marsh Arabs, some of whom are in Southern Iraq and some of whom are living as refugees in Iran. The general deterioration in living standards in Iraq is though to more keenly affect the Marsh Arabs, who traditionally receive little assistance from the government.

15. Sri Lanka

The civil war in Sri Lanka between the Government and the Liberation Tigers of Tamil Eelam (LTTE) has continued for the past 14 years. Fighting has led to widespread displacement both within Sri Lanka and also to neighbouring India. Many people in Sri Lanka have been displaced several times. There are currently estimated to be 65,000 people living in government–run camps in India and 19,000 in open relief centres in Sri Lanka. There are likely to be many other people affected by the war, but who are not living in open relief centres.



A survey in 7 areas in Trincomalee District (estimated population 350,000) in Sri Lanka was carried out in September 1997. These areas were felt to be most seriously affected by the 14 years of civil war. Wasting was measured at 21.1% and severe wasting was 1.4%. No cases of oedema were noted (see Annex I 15a). It was noted that the 6–29 month age group was more severely affected by malnutrition than the 30–59 month age group. The survey found that food security had been significantly affected by displacement. Many people had lost their property and agricultural capital, including seed stocks, livestock, farming and fishing equipment, tools and sometimes also their houses. Constraints on movement and transport were also affecting food security. Furthermore, there had been three consecutive years of drought. The government systems of food stamps and 'Samurdhi', which aims to provide food aid to the poorest families, were also not functioning and only a low percentage of families receiving help [ACF Sep 97].

Stunting was defined as weight/age <–2sd and was measured at 24% (confidence interval 21.9%–27.6%). This compares with national level data from 1993 when stunting was measured at 23.8%, using the same definition [ACF Sep 97, ACC/SCN, 1997].

The assessment also found that access to safe drinking water in the district was far below the usual standards for the country. The reasons for this are varied, but include the presence of hard rock, salty water in the

coastal parts of the district and seasonal variations in the water level aggravated by the drought [ACF Sep 97].

Overall, the affected population in Sri Lanka can be considered to be at moderate nutritional risk (category IIb in Table 1). Although there are likely to be populations at high risk, numbers of people are not currently available.

On-going interventions

The following needs have been identified in Trincomalee District, and may well apply to other war-affected districts:

- the distribution of a blend of corn, soya, non-fat dried milk and micro-nutrients to the moderately malnourished should be improved to ensure a receipt of 800 kcals/person/day. Irregularity of distribution has meant that on average ration receipts only amount to 178 kcals per person per day;

- continue to encourage exclusive breastfeeding;

- seed provision for many households;

- construction of wells to support home gardening and rehabilitation of water tanks for paddy cultivation;

- evaluate the methods of selection, distribution and monitoring of the government food assistance programme and identify alternative mechanisms for food assistance.

Listing of Sources for March 1998 RNIS Report #23

Org*	Date	Title of Report
ACC/SCN	1991	Nutrition Relevant Actions
ACC/SCN	1997	Third Report on the World Nutrition Situation
ACF	01/09/97	Nutrition, Health and Water-Sanitation Survey, Trincomalee District, Sri Lanka
ACF	04/12/97	Nutritional Anthropometric Survey in Freetown, m Sierra Leone
ACF	Feb-98	Personal Communication - Liberia (Food Security)
ACF	Jun-Oct 97	Displaced Shelters in Monrovia - Food Security Assessment
ACH	10/10/97	Enquete Nutritionnelle Menongue, Province de Kuando-Kubango, Angola
ACT	10/03/98	Sierra Leone Update
CAD	21/02/98	Nutritional Survey - Bubanza Province (draft report)
CARE	05/03/98	Sierra Leone Crisis - CARE Provides Relief.... in Aftermath of Fighting
CRS	Feb-98	Personal Communication - Liberia (Food Security)
DHA	Jan-Dec 98	United Nations Consolidated Inter-Agency Appeal for Sudan
FAO	22/12/97	FAO/WFP Crop and Food Supply Assessment Mission to Sudan
FAO	16/02/98	FAO/WFP Crop and Food Supply Assessment to Rwanda
FAO	03/03/98	FAO/WFP Crop and Food Supply Assessment to the Republic of Congo

FAO	20/03/98	FAO/WFP Crop and Food Supply Assessment Mission to Burundi
FSAU	Feb−98	Food Security and Nutritional Status if IDPs in Burdhubo (Gedo Region)
FSAU	11/02/98	Field Trip Report − Afmadow and Hagar Districts
FSAU	17/02/98	Food Security and Nutritional Status in Afmadow and Hagar Districts
FSAU	18/02/98	Crop Production Survey in Southern Somalia − Deyr Season 1997/98
ICRC	15/01/98	ICRC Responds to Cholera Emergency in Mogadishu
ICRC	29/01/98	Somalia: ICRC Combats Cholera Outbreak in Mogadishu
ICRC	21/01/98	Kabul 98
IRIN	02/01/98	IRIN Update No. 324 for Central and East Africa (Friday 2 January 1998)
IRIN	09/01/98	IRIN Update No. 329 for Central and East Africa (Friday 9 January 1998)
IRIN	23/01/98	IRIN Update No. 339 for Central and East Africa (Friday 20 January 1998)
IRIN	24/02/98	IRIN Update No. 361 for Central and East Africa (Tuesday 24 February 1998)
IRIN	07−09/03/98	IRIN Update No. 370 for Central and East Africa (Saturday−Monday 7−9 March 1998)
IRIN	16−22/01/98	Weekly Round−up 4−98 covering the period 16−22 Jan 98
IRIN	21−23/03/98	IRIN Update No. 380 for Central and East Africa (Saturday−Monday 21−23 March 1998)
IRIN−WA	12/02/98	Sierra Leone Committee on Food Aid Press Release − The Crisis in Sierra Leone
IRIN−WA	13/03/98	IRIN−WA Update 165 of Events in West Africa 13 March 1998
IRIN−WA	18/03/98	IRIN−WA Update 168 of Events in West Africa (Wednesday) 18 March 1998
IRIN−WA	02−08/01/98	Weekly Roundup of Main Events in West Africa Covering the Period 2−8 January 1998
IRIN−WA	13−19/02/98	Weekly Roundup of Main Events in West Africa Covering the Period 13−19 February 1998
IRIN−WA	14−16/03/98	IRIN−WA Update 166 of Events in West Africa 14−16 March 1998
MSF−H	27/02/98	Evaluation of Selective Feeding Programme Nyapara, Bangladesh − Draft Report
OCHA	01/02/98	Affected Populations in the Great Lakes Region
OCHA	22/02/98	Humanitarian Operations in Burundi − Information Bulletin, 16−22 Feb 1998
OCHA	03−09/02/97	Burundi − Humanitarian Situation Report
OCHA	Jan−Dec 98	United Nations Consolidated Inter−Agency Appeal for Countries of the Great Lakes Region and Central Africa
OCHA−a	Jan−Dec 98	United Nations Consolidated Inter−Agency Appeal for Angola
OLS	16/03/98	

		Northern Bahr–el–Ghazal Emergency Sitrep #7 Covering 8–10 March 1998
OXFAM	Jan–98	OXFAM Emergencies Bulletin Jan 1998
OXFAM/SCF	22/01/98	Enquete Nutritionnelle dans a Province de Gitega
SCF(UK)	Jan–98	Food Security Assessment – Vahun Distric, Lofa County, Liberia
SCF(UK)	Feb–98	Personal Communication – Liberia (Food Security)
SCF/WFP	14/12/97	Maryland County Food Security Assessment (draft report)
UNHCR	Dec–97	Health Report – December 1997 (Kenya)
UNHCR	Feb–98	BO Kenya Sitrep Number 2 February 1998
UNHCR	22/02/98	Nutrition Survey of Under Five Children among Refuges in Kutupalong and Nayapara Camps (Bangladesh)
UNHCR	Mar–98	The World – Asia
UNHCR	03/03/98	Briefing Notes – 3 Mar 1998 (West Africa)
UNHCR	05/03/98	Personal Communication – Nepal, Sri Lanka
UNHCR	09/03/98	Health Situation Report: February 1998 (Kigoma Region)
UNHCR	12/03/98	Personal Communication – Kenya
UNHCR	24/03/98	Personal Communication – Bangladesh
USAID	28/01/98	Sierra Leone – Complex Emergency Situation Report #1 January 28, 1998
USAID	29/12/97	FEWS Bulletin 12 Dec 1997
WFP	02/01/98	Weekly Report No. 1 of 1998
WFP	09/01/98	Weekly Report No. 2 of 1998
WFP	16/01/98	Weekly Report No. 3 of 1998
WFP	23/01/98	Weekly Report No. 4 of 1998
WFP	30/01/98	Weekly Report No. 5 of 1998
WFP	Feb–98	Personal Communication – Liberia (Food Security)
WFP	06/02/98	Weekly Report No. 6 of 1998
WFP	13/02/98	Weekly Report No. 7 of 1998
WFP	20/02/98	Weekly Report No. 8 of 1998
WFP	27/02/98	Weekly Report No. 9 of 1998
WFP	06/03/98	Weekly Report No. 10 of 1998
WFP	13/03/98	Weekly Report No. 11 of 1998
WFP	20/03/98	Weekly Report No. 12 of 1998
WFP		Briefing Note on Emergency Food Aid in Liberia
WFP/ACF/SCF(UK)	6/02/98	Summary of Food Security Findings – Zota District, Bong County
WFP/SCF(UK)	17/02/98	Household Food Economy Assessment of the Rural Population of Gitega Province, Burundi

ARRA	05/12/98	Joint Food Assessment Mission (Ethiopia)
WHO	28/01/98	Rift Valley Fever Widely Distributed in Kenya and Somalia
World Bank	08/06/05	Poverty and Hunger: Issues and Options for Food Security in Developing Countries

***Org**	
ACF	Action Contre la Faim
ACH	Accion contre el Hambre
ACT	Action Churches Together
AEF	African Education Fund International
AI	Amnesty International
BAAG	British Agencies Afghanistan Group
CAD	Children's Aid Direct
CONCERN	
CWS	Church World Service
DHA	Department of Humanitarian Affairs
FAO	Food & Agricultural Organization of the United Nations
FSAU	Food Security Assessment Unit for Somalia
GOAL	
ICA	Iraqi Civil Aid
ICRC	International Committee of Red Cross
IFRC	International Federation of Red Cross
IRIN	Integrated Regional Information Network (of DHA)
IRIN–WA	Integrated Regional Information Network *for* West Africa (of DHA)
JRS	Jesuit Refugee Service
MSF–B	Medecins Sans Frontieres – Belgium
MSF–CIS	Medecins Sans Frontieres – Celula Inter–Seccoes
MSF–F	Medecins Sans Frontieres – France
MSF–H	Medecins Sans Frontieres – Holland
MSF–S	Medecins Sans Frontieres – Spain
OCHA	Office for the Coordination of Humanitarian Affairs
OHRI	Organisation of Human Rights in Iraq
OLS	Operation Lifeline Sudan
PROMED	On–line Medical Updates
RI	Refugees International
SCF– UK	Save the Children Fund (United Kingdom)
SCIO	Sudan Catholic Information Office

SF	Sudan Foundation
UNAA	United Nations Humanitarian Assistance for Afghanistan
UNDPI	U.N. Departement of Public Information
UNECOSOC	United Nations Economic and Social Council
UNHRCS	United Nations Humanitarian and Resident Coordinator for Somalia
UNHCHR	United Nation's High Commissioner for Human Rights
UNHCR	United Nation's High Commission on Refugees
UNICEF	United Nation's Children Fund
USCR	US Committee for Refugees
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision

Tables and Figures

Table 1: Information Available on Total Refugee/Displaced Populations (as of March 1998)

Situation	***Population Numbers***								
	Condition					***Total***	***Change from Dec–97***	***Nutr Stat****	***Comment***
	I: High Prev	***IIa: High Risk***	***IIb: Mod Risk***	***IIc: Not Critical***	***III: Unknown***				
Sub–Saharan Africa									
1. Angola				*900,000*		*900.000*	*–81,000*	*imp*	*300,000 unregistere IDPs in Luanda and other areas not include here*
2. Burundi/Rwanda Region		*690,000*	*1,694,000*	*168,760*	*37,000*	*2,552,760*	*–989,440*	*det*	*An unknow number of people likel to be at high nutritional ri in Burundi Situation lik to deteriorat in Tanzania with reduce rations due access problems*
3. Djibouti				*25,000*		*25,000*	*0*	*stat*	

4. Ethiopia	263,000		78,000		53,000	394,000	0	stat	Rec resu high was mar
5. Kenya		125,000	54,300			179,300	–700	det	Dac pop high to H dam cam stru
6. Liberia/Sierra Leone/ Guinea/Cote d'Ivoire		200.000		1,341,000		1,541,000	26,000	stat/det	The in L app stab Nur peo requ ass Sier liker high curr esti
7. Somalia			1,200,000			1,200,000	30,000	det	Pop rece disp floo liker heig risk
8. Sudan		150,000	2,506,800	138,000		2,794.800	0	det	Nur liker incr the the
9. Uganda			594,000			594,000	8,000	det	Incr tota incr num inte disp peo requ ass
10. Zambia				34,000		34,000	9,000	stat	Incr tota incl refu DR(
Total (Sub–Saharan Africa)	263.000	1,165,000	6,127,100	2,606,760	90,000	10,251,860	–961,140		
Asia (Selected Situations)									

11. Afghanistan Region		*160,000*	*1,592,000*	*650,000*		*2,402,000*	*0*	*stat*	*Populations may be at heightened nutritional ri in some maj cities such a Kabul and Jalalabad*
12. Bhutanese Refugees in Nepal				*93,000*		*93,000*	*1,000*	*stat*	*Slightly increased total due to births, not a new influx*
13. Bangladesh	*21,000*					*21,000*	*0*	*imp*	*The situatio is likely to improve wit the reintroductio of fortified blended foo in the gener ration*
14. Southern Iraq			*174,000*	*46,000*		*220,000*	*0*	*stat*	*Those in Marshes considered be at high risk.*
15. Sri Lanka			*500,000*			*500,000*		*stat*	*Numbers requiring assistance i Sri Lanka ar difficult to determine*

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

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

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

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

III: Unknown – No information on nutritional status available.

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

Table 2: Summary of Origin and Location of Major Populations of Refugees, Returnees and Displaced People in Africa March 1998 – RNIS #23 (population estimates in thousands)

	To/In										
From	***Angola***	***Burundi***	***Congo/ Brazzaville***	***Cote d'Ivoire***	***Dem Rep Congo***	***Eritrea***	***Ethiopia***	***Ghana***	***Guinea***	***Kenya***	***L***

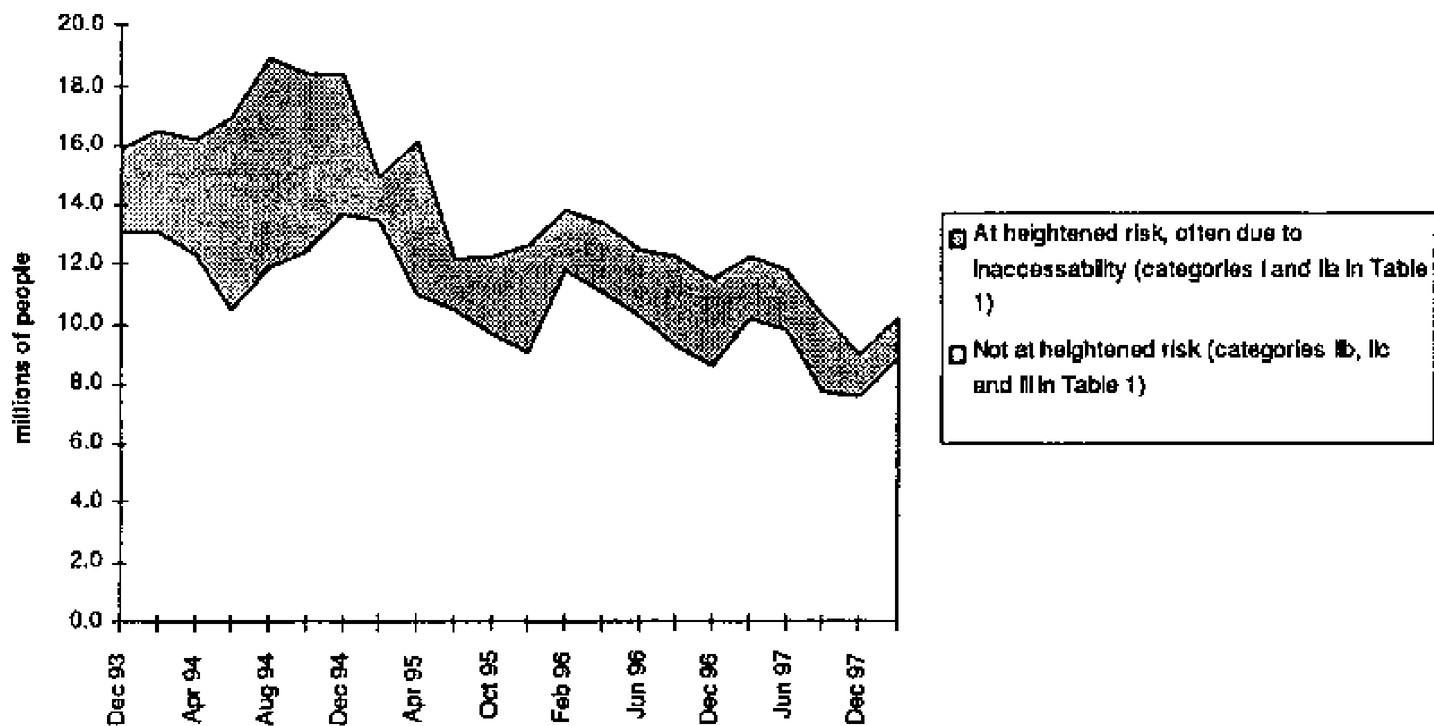
Angola	900				50					
Burundi	1	600			5					
Congo/Brazzaville			400							
Cote d'Ivoire										
Dem Rep Congo					359					
Eritrea										
Ethiopia							36			
Ghana										
Guinea										
Kenya							9			
Liberia				210				16	231	
Rwanda	1		11		37					
Sierra Leone									170	
Somalia							278			1
Sudan					111		53			3
Tanzania										
Uganda					4					
Zambia										
TOTAL	902	600	411	210	566	0	376	16	401	1

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

(2) Boxes on the diagonal (shaded) show internally displaced populations (total = 8 million).

(3) Numbers referred to in the text are usually by the country where the population is located (i.e. column totals).

For the regional situations of Burundi/Rwanda and Liberia/Sierra Leone the description is by country of origin (i.e. row totals).



Numbers of Refugees and Internally Displaced People in Sub–Saharan Africa and Estimated Nutritional Risk over Time (Dec 93–Mar 98)

Annex 1: Results of Surveys Quoted in March 1998 RNIS Report (#23) – usually children 6–59 months

Survey Area	***Survey Conducted by***	***Date***	***% Wasted****	***% Severely Wasted****	***Oedema (%)***	***Crude Mortality (/10,000/day)***	***Under 5 Mortality (/10,000/day)***
1. Angola							
a. Menongue, Kuando–Kubango Province	ACH	Oct–97	5.0	0.7	0.7		
2. Burundi/Rwanda (Great Lakes) Region							
a. Bubanza Province, Burundi	CAD	Feb–98	16.0	3.2	1.3		4.3
b. Gitega (North), Burundi	OXFAM(UK)/SCF	Jan–98	19.7	2.4	4.1	0.30	
c. Gitega (South), Burundi	OXFAM(UK/SCF	Jan–98	8.5	0.9	4.8	0.79	
d. Kinshasa, DRC		1997	5.9–10.7**				
e. Kigoma Region Camps	UNHCR	Feb 98				0.37	1.32
5. Kenya							
a. All Camps	UNHCR	Feb–98				0.20	
6. Liberia/Sierra Leone Region							
a. Freetown, Sierra Leone	ACF	Dec–97	8.7	1.6	0,0		
7. Somalia							

a. Burdhubo, Gedo Region	FSAU	Feb−98	30.7 (MUAC<125)	11.4 (MUAC<110)			
13. Bangladesh							
a. All Camps	UNHCR	Feb−98	11.5	0.7	0.0		
15. Sri Lanka							
a. Trincomalee District	ACF	Sep−97	21.1	1.4	0.0		

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

**Oedema is included in this figure.

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

Notes on Annex I

1. Angola

a. This survey was carried out by Accion contre la Hambre in Menongue, Kuando−Kubango Province between 8−10 October 1997. It was a two−stage cluster survey including 910 children 6−59 months old. Wasting was defined as wt/ht<−2z scores and severe wasting as wt/ht <−3z scores. Oedema was recorded separately. Global malnutrition is defined as wasting or oedema and was measured at 5.6% (CI: 3.7%−8.3%). Severe global malnutrition was defined as severe wasting or oedema and was measured at 1.3% (CI: 0.5%−3.0%).

2. Great Lakes Region

a. This survey was carried out by Children's Aid Direct in Bubanza Province, Burundi from 16−21 February 1998. It was a two−stage cluster sample survey including 870 children 6−59 months old. It should be noted only accessible areas were included in the sample. Wasting was defined as wt/ht<−2z scores and severe wasting as wt/ht <−3z scores. Oedema was recorded separately. Global malnutrition is defined as wasting or oedema and was measured at 17.2% (CI: 14.7%−19.5%). Severe global malnutrition was defined as severe wasting or oedema and was measured at 4.5% (CI: 3.1%−5.8%).

b. This was a joint survey carried out by OXFAM/UK and Save the Children in collaboration with the Minister of Health in Gitega Nord, Burundi. It was a two−stage cluster sample survey including 882 children measuring 65−110 cms, age being difficult to determine. Wasting was defined as wt/ht<−2z scores and severe wasting as wt/ht <−3z scores. Oedema was recorded separately. Global malnutrition is defined as wasting or oedema and was measured at 23.8% (CI: 21.1%−26.8%). Severe global malnutrition was defined as severe wasting or oedema and was measured at 6.5% (CI: 5.0%−8.3%). Measles immunisation coverage included in Annex I is supported by an immunisation card. Coverage is far higher if validation by the mother is included (70.1%).

c. This was a joint survey carried out by OXFAM/UK and Save the Children in collaboration with the Minister of Health in Gitega Sud. It was a two−stage cluster sample survey including 901 children measuring 65−110 cms, age being difficult to determine. Wasting was defined as wt/ht<−2z scores and severe wasting as wt/ht <−3z scores. Oedema was recorded separately. Global malnutrition is defined as wasting or oedema and was measured at 9.5% (CI: 7.7%−11.7%). Severe global malnutrition was defined as severe wasting or oedema and was measured at 5.0% (CI: 3.7%−6.7%). Measles immunisation coverage included in Annex I is supported by an immunisation card. Coverage is far higher if validation by the mother is included (86.6%).

5. Kenya

a. These are mortality rates reported in UNHCR's monthly report. They are included here as deaths/10,000/day.

6. Liberia/Sierra Leone Region

a. This survey was carried out by Action contre la Faim in Freetown, Sierra Leone from 2−4 December 1997. This was a two−stage cluster sample survey, including 900 children 6−59 months old. Wasting was defined as wt/ht<−2z scores and severe wasting as wt/ht <−3z scores. Oedema was recorded separately. Global malnutrition is defined as wasting or oedema and was measured at 8.7% (CI: 6.3%−11.8%). Severe global malnutrition was defined as severe wasting or oedema and was measured at 1.6% (CI: 0.7%−3.3%). Measles immunisation coverage included in Annex I is supported by an immunisation card. Coverage is far higher if validation by the mother is included (72.0%).

7. Somalia

a. This assessment was carried out in Burdhubo, Gedo Region by the Food Security Assessment Unit (FSAU) in February 1998. 114 children 65−110 cms were screened and those with MUAC<120mm were said to be at risk of malnutrition; those with MUAC<110mm were said to be at risk of severe malnutrition.

13. Bangladesh

a. These are preliminary results from a survey carried out in February by UNHCR. It was a two−stage cluster sample survey, including 951 children 6−59 months old. Wasting was defined as wt/ht<−2z scores and severe wasting as wt/ht <−3z scores. Oedema was recorded separately.

15. Sri Lanka

a. This survey was carried out by Action contre la Faim in Trincomalee District in September 1997. It was a cluster sample survey, including 900 children 6−59 months old. Wasting was defined as wt/ht<−2z scores and severe wasting as wt/ht <−3z scores. Oedema was recorded separately. Global malnutrition is defined as wasting or oedema and was measured at 215% (CI: 17.4%−25.3%). Severe global malnutrition was defined as severe wasting or oedema and was measured at 1.4% (CI: 0.6%−3.2%). No cases of oedema were recorded in the survey. 24% of the children were considered stunted, defined as height/age<−2sd (CI: 21.9%−27.6%).

Map of Africa

Seasonality in Sub-Saharan Africa*

Country	Climate/Rainy Season/Harvest
Angola	Coastal area desert, SW semi–arid, rest of country: rains Sept–April
Burundi	Three crop seasons: Sept–Jan, Feb–June, and Jul–Aug
CAR	Rains March–Nov
Djibouti	Arid Climate
Ethiopia	Two rainy seasons February to May and June to October
Kenya	N–E is semi–arid to arid, Central and SW rains: March–May and Nov–Dec
Liberia	Rains March–Nov
Rwanda	Rains Feb–May with Aug harvest and Sept–Nov with Jan harvest
Sierra Leone	Rains March–Oct
Somalia	Two seasons: April to Aug (harvest) and October to Jan/Feb (harvest)
Sudan	Rains April–Oct

Northern	Rains begin May/June
Southern	Rains begin March/April
Togo	Two rainy seasons in S, one in N. Harvest in Aug
Uganda	Rains Mar–Oct.
Zaire	Tropical climate. Harvest in North in Nov; in South in Jan

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

The UN ACC/SCN[1], which is the focal point for harmonising policies in nutrition in the UN system, issues these reports on the nutrition of refugees and displaced people with the intention of raising awareness and facilitating action to improve the situation. This system was started on the recommendation of the SCN's working group on Nutrition of Refugees and Displaced People, by the SCN in February 1993. This is the twenty third of a regular series of reports. Based on suggestions made by the working group and the results of a survey of RNIS readers, the Reports on the Nutrition Situation of Refugees and Displaced People will be published every three months, with updates on rapidly changing situations on an 'as needed' basis between full reports.

[1] ACC/SCN, c/o World Health Organization, 20 Avenue Appia, CH–1211 Geneva 27, Switzerland. Telephone: (41–22)791.04.56, Fax (41–22)798.88.91, Email accscn@who.ch. Web: http://www.unsystem.org/accscn/

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

The tables, and figures at the end of the report can provide a quick overview. Table 1 gives an estimate of the probable total refugee/displaced/returnee population, broken down by risk category. Populations in category I in Table 1 are currently in a critical situation, based on nutritional survey data. These populations have one or more indicators showing a serious problem. Populations at high risk (category IIa in Table 1) of experiencing nutritional health crises are generally identified either on the basis of indicators where these are approaching crisis levels and/or also on more subjective or anecdotal information often where security and logistical circumstances prevent rigorous data collection. Populations at moderate risk (category IIb in Table 1) are potentially vulnerable, for example based on security and logistical circumstances, total dependency on food aid, etc. Populations in category IIc are not known to be at particular risk. In Table 2, refugee and displaced populations are classified by country of origin and country of asylum. Internally displaced populations are identified along the diagonal line. Figure 1 shows trends over time in total numbers and risk categories for Africa. Annex I summarises the survey results used in the report.

Indicators

WASTING is defined as less than –2SDs, or sometimes 80%, wt/ht by NCHS standards, usually in children of 6–59 months. For guidance in interpretation, prevalences of around 5–107o 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 car, be defined as below –3SDs (or about 70%). Any significant prevalence of severe wasting is unusual and indicates heightened risk. (When "wasting" and "severe wasting" are reported in the text, wasting includes severe – e.g. total percent less than –2SDs, *not* percent between –2SDs and –3SDs.) Data from 1993/4 shows that the most efficient predictor of elevated mortality is a cut off of 15% wasting (ACC/SCN, 1994, p81). 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. BMI (wt/ht^2) is a measure of energy deficiency in adults. We have taken BMI<18.5 as an indication of mild energy deficiency, and BMI<16 as an indication of severe energy deficiency (WHO, 1995).

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

A CRUDE MORTALITY RATE in a normal population in a developed or developing country is around 10/1,000/year which is equivalent to 0.27/10,000/day (or 8/10,000/month). Mortality rates are given here as "times normal", i.e. as multiple of 0.27/10,000/day. [CDC has proposed that above 1/10,000/day is a very serious situation and above 2/10,000/day is an emergency out of control.] Under−five mortality rates (U5MR) are increasingly−reported. The average U5MR for Sub−Saharan Africa is 175/1,000 live births, equivalent to 1.4/10,000 children/day and for South Asia the U5MR is 0.7/10,000/day (in 1995, see UNICEF, 1997, p. 98).

FOOD DISTRIBUTED is usually estimated as dietary energy made available, as an average figure in kcals/person/day. This divides the total food energy distributed by population irrespective of age/gender (kcals being derived from known composition of foods); note that this population estimate is often very uncertain. The adequacy of this average figure can be roughly assessed by comparison with the calculated average requirement for the population (although this ignores maldistribution), itself determined by four parameters: demographic composition, activity level to be supported, body weights of the population, and environmental temperature; an allowance for regaining body weight lost by prior malnutrition is sometimes included. Formulae and software given by James and Schofield (1990) allow calculation by these parameters, and results (Schofield and Mason, 1994) provide some guidance for interpreting adequacy of rations reported here. For a healthy population with a demographic composition typical of Africa, under normal nutritional conditions, and environmental temperature of 20°C, the average requirement is estimated as 1,950−2,210 kcals/person/day for light activity (1.55 BMR). Raised mortality is observed to be associated with kcal availability of less than 1500 kcals/person/day (ACC/SCN, 1994, p81).

INDICATORS AND CUT−OFFS INDICATING SERIOUS PROBLEMS are levels of wasting above 20%, crude mortality rates in excess of 1/10,000/day (about four times normal − especially if still rising), and/or significant levels of micronutrient deficiency disease. Food rations significantly less than the average requirements as described above for a population wholly dependent on food aid would also indicate an emergency.

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