

**Refugee Nutrition Information System (RNIS), No. 24 – Report on the  
Nutrition Situation of Refugees and Displaced Populations**



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# Refugee Nutrition Information System (RNIS), No. 24 – Report on the Nutrition Situation of Refugees and Displaced Populations

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This report was compiled by Jane Wallace, ACC/SCN Secretariat, with the help of Jeremy Shoham, London School of Hygiene and Tropical Medicine.

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If you have information to contribute to forthcoming reports, or would like to request back issues of the *Reports on the Nutrition Situation of Refugees and Displaced/Populations (RNIS)*, please contact:

Jane Wallace  
RNIS Coordinator  
ACC/Sub-Committee on Nutrition (V222)  
20, avenue Appia  
1211 Geneva 27  
SWITZERLAND

Tel: +(41-22) 791.04.56  
Fax: +(41-22) 798.88.91  
Email: accscn@who.ch  
Web: <http://www.unsystem.org/accscn/>

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## Highlights

*As we go to press, there are reports of fighting between government forces and rebels in Guinea Bissau's capital Bissau. At least 100,000 people have fled the city, which is in ruins. Details on the nutrition and health situation of these people are not yet available.*

**Angola** *Due to a combination of good harvests and population returns, there has been a reduction in the number of people requiring emergency assistance in Angola. However, a generally deteriorating security situation is leading to the postponement of planned return of IDPs and refugees in some areas and fresh population displacements in others. Although levels of wasting in the country appear to be low, there is still widespread food insecurity due to a combination of factors including lack of access to land and agricultural inputs, high inflation, poor infrastructure and inaccessibility of some areas due to fighting.*

**The Great Lakes Region** *Although some people have returned home from the regroupment camps in Burundi, there is continuing widespread displacement due to insecurity. Levels of wasting over 20% are reported in some conflict-affected areas and harvests are below the pre-crisis average. Nevertheless, a*

recent decision to ease the economic sanctions should lead to enhanced economic activities and make food aid deliveries easier. There continue to be serious security incidents in Rwanda leading to new waves of displacement. Furthermore, poor crop production due in part to heavy rains is leading to massive price inflation and food shortages. There have been anecdotal reports of malnutrition among the adult population. Insecurity has also caused new population displacements in the DRC and many of the newly displaced are believed to be in poor condition. Little is known about the approximately 37,000 Rwandan refugees who remain scattered in the DRC. Refugees in Tanzania from Burundi and Congo are in a good nutritional state with levels of wasting generally below 5%, although high levels of malaria in the Kibondo camps are leading to severe anaemia.

**Ethiopia** Water systems in the refugee camps for Somali and Sudanese refugees in Ethiopia have been improved. A revised food distribution system, with rations being distributed to heads of households irrespective of gender, has been introduced in Kebre Beyah camp. Plans are to revise the distribution systems in the others camps as well. A survey scheduled for the May–July 1998 period is likely to confirm a positive effect of these improvements on the nutritional status of this population. However, in recent weeks there have been food supply problems for the Sudanese refugees in Western Ethiopia and reports that refugees are facing critical food shortages in some camps.

**Kenya** In spite of a major disruption to the food supply system in Dadaab camps for Somali refugees caused by the floods, the continuous airlifting of food appears to have ensured no further deterioration in nutritional status amongst this refugee population. Levels of wasting remain high at 11–16%, but appear to be stable. By the end of April, food supplies were back to normal after six weeks of half rations.

**Liberia/Sierra Leone** The continuing peace in Liberia is allowing many of the refugees and displaced people to return home and reconstruction of the country's infrastructure is underway. Coordinated food security assessments are helping to establish which populations remain vulnerable to food insecurity so that phasing out of emergency food aid can be carefully monitored. The upsurge in fighting in neighbouring Sierra Leone has led to a new influx of refugees into Lofa country. Although extensive efforts are being made to provide for the needs of this recently-displaced population, the onset of the rainy season is expected to cut this population off from further assistance. The insecurity in eastern Sierra Leone is causing widespread displacement and there are reports of appalling atrocities being committed as part of the conflict. Over 244,000 refugees have now fled to neighbouring Guinea as a result of this recent fighting and their condition is said to be extremely precarious. In addition, this influx is straining the resources for the existing refugee population.

**Somalia** Recent assessments indicate that the food and nutrition situation in Somalia is precarious for many people. Apart from the on-going tow level of insecurity, the legacy of recent floods and an embargo on livestock export are continuing to erode food security for many groups. Although many of those displaced by the flooding have returned home, there is fear of renewed flooding with the onset of the normal rainy season.

**Sudan** The situation in many areas of southern Sudan is critical with levels of wasting ranging from 28–55% reported in recent surveys. Worst affected populations are those displaced by fighting although in some areas, continuous drought has also exhausted coping strategies. The problems facing the southern Sudanese population include lack of access to fields, decreased productivity of over-farmed lands, low purchasing power and irregular food aid deliveries. Prospects for the next harvest are unfavourable due to reduced planting.

**Afghanistan** With the exception of the area north of Kabul, the security situation in Afghanistan is generally calm. A stable nutritional situation in Kabul is largely attributed to the long-established subsidised bakery programme. However, a recent national baseline survey in the country showed 25% of children 6–35 months old were wasted and 52% were stunted. These are considered to be due to longer-term problems such as poor water and sanitation, poor infant feeding practices and health care for children, and low measles immunisation coverage. The blockaded area of Hazarajat is still giving cause for concern as only small quantities of food aid have so far been allowed through.

#### Adequacy of Factors Affecting Nutrition

Factor	Angola	Burundi	E. Dem Rep of Congo	Rwanda	Tanzania	Liberia	Sierra Leone	Somalia	Southern Sudan	Uganda

<b>1. Degree of accessibility to large population groups due to conflict or flooding</b>	?	X	O	O	O	O	O	O	X
<b>2. General resources</b>									
– food (gen stocks)	?	?	?	X	X	?	X	??	?
– non-food	?	?	?	?X	O	?	X	?X	?
<b>3. Food pipeline</b>	?	?	?	?	?	?	X	X	X
<b>4. Non-food pipeline</b>	?	?	?	?	?	?	X	X	?X
<b>5. Logistics</b>	O	X	O	O	X	O	O	O	O
<b>6. Personnel*</b>	?	?	?	?	O	?	?	?	?
<b>7. Camp factors**</b>	na	X	O	O	?	O	?X	?	O
<b>8. Rations – kcals</b>	?	X	?	O	O	O	O	O	X
– variety/micronutrients***	?	X	?	O	O	O	O	O	X
<b>9. Immunisation</b>	?	X	?	?	?	X	X	X	X
<b>10. Information</b>	?	X	?	X	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.

## Sub-Saharan Africa

### 1. Angola

A twenty year long conflict in Angola led to widescale displacement and disruption of farming activities. The conflict ended with the signing of the Lusaka peace accords in November 1994. However, many people remain in need of humanitarian assistance due largely to continued insecurity and the presence of landmines. The war has left the country's infrastructure in ruins and although security and access to the country had improved greatly, recent reports of increasing insecurity and banditry are giving cause for concern. For example, the security situation in Benguela, Huila, Malange and Uige provinces is described as serious and has restricted UN and NGO humanitarian and rehabilitation efforts. There has also been some remaining of roads [FAO 20/05/98, IRIN 08/05/98, WFP 12/06/98].



A recommendation to extend the mandate of the UN Observer Mission in Angola for two months has recently been approved. Most troops will be withdrawn by July 1<sup>st</sup> 1998, with a small number remaining in the country until the end of 1998 [IRIN 30/04/98].



Cereal Production in Angola over time

taken from: FAO/WFO Crop and Food Supply Assessment Mission to Angola, 20 May 1998.

A recent assessment of expected crop yields in Angola predicted an increase in production at a national level although there will be deficit areas, e.g. the south and south/west. Improved supplies of seeds and tools were noted in most provinces so that cultivation has increased in areas where IDPs have land allocations and where returnees have resettled. However, problems such as insecurity, poor roads, a lack of functioning markets and landmines mean it will be almost impossible to move crops from surplus to deficit areas [FAO 20/05/98].

It is estimated that 750,000 people currently require emergency assistance, a 25% reduction compared to 1997. The most important factors influencing the decrease has been the successful resettlement of around



60–80,000 people in 1997/8. Good harvests have also been a contributing factor. This 750,000 includes internally displaced people, returnees and demobilised soldiers. In addition, food assistance will be required to assist the rehabilitation process. Although levels of wasting appear to be generally low in the country (about 5% – see RNIS 22, 23), food insecurity is widespread due to a number of factors. These vary by population group and region, but generally include:

- lack of access to agricultural lands and inputs;
- low purchasing power due to high inflation and stagnant incomes;
- poor infrastructure;
- inaccessibility of some areas [FAO 20/05/98].

Some IDPs are returning home. For example, 13,000 people returned to their villages of origin in Bengo Province. However, the deteriorating security situation in some areas has led to the postponement of plans for the return of internally displaced populations and refugees. For example, increased insecurity has discouraged the planned return of many IDPs in Cubal, which was home to the largest concentration of IDPs in Angola. Furthermore, the security situation is leading to fresh population displacements; 4,000 new IDPs arrived in Longonjo, Huambo Province in April. Since that time, a number of people have started to return home. The problem of security has meant that transport of humanitarian aid has to be organised in convoys [CRS 27/05/98, FAO 20/05/98, OCHA 27/04/98].

There are approximately 260,000 Angolans living as refugees in Congo–Brazzaville, Democratic People's Republic of Congo, Namibia and Zambia. About 10,000 people have returned to Angola so far in 1998. It is hoped that the rate of return will increase with the end of the rains in May. UNHCR is concentrating on some 200 quick impact projects in the heavily war–damaged southern and eastern provinces. These are rapid projects which aim to improve the infrastructure in areas of return, such as construction of roads or community centres [UNHCR 08/05/98].

*Overall*, the population in need of humanitarian assistance is not currently thought to be at heightened nutritional risk (category IIc in Table 1), but if the security situation continues to deteriorate, that is likely to change.

***On–going interventions:*** Assuming that the security situation improves, programmes such as those outlined in the UN Consolidated Appeal and highlighted in the last RNIS Report to address some of the underlying causes of food insecurity should continue or be taken up. These include:

- a continued emphasis on demining;
- rebuilding the health infrastructure and improving the water supply;
- rebuilding of the market system and roads to allow for food to be re–distributed from surplus to deficit areas;
- ensuring adequate access to agricultural inputs before the next planting season, due to begin in September/October in some areas, along with support of activities designed to ensure adequate supplies of appropriate seeds;
- a focus on increased agricultural production through training in and support for appropriate agricultural techniques, such as animal traction.

Specifically, there is a small shortfall of food pledges for 1998. Approximately 85% of requirements are either available as carry–over stocks or have been pledged. There is a need to strengthen government crop monitoring and agricultural statistical systems in order to obtain better estimates of production. This would allow for more accurate estimates of food aid requirements. Urgent funding is required to maintain UNHCR's operational capacity to assist in the repatriation process.

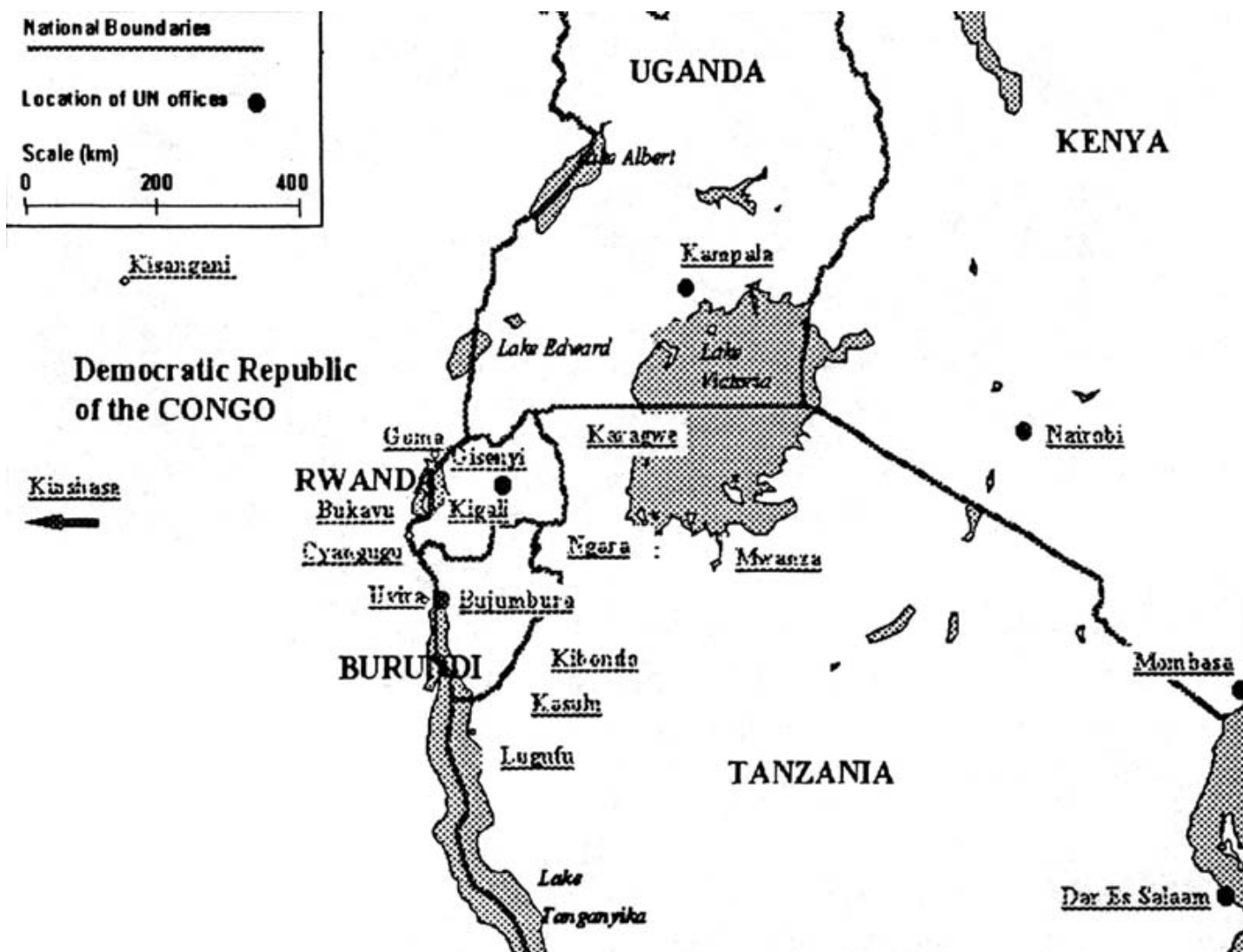
## **2. Burundi/Rwanda (Great Lakes) Region**

Insecurity in Burundi, Rwanda and Eastern Democratic People's Republic of Congo (DRC) is leading to a fresh wave of population displacements and negatively affecting food security for many people. There are reports of very high levels of wasting in parts of Burundi and in Rwanda, poor crop production due to heavy rains and logistical problems affecting food aid deliveries are reportedly leading to reduced food security. The Burundi and Congolese refugees in Tanzania are generally in good nutritional condition although there are

high levels of malaria in some camps.

Location	Dec. 96	Mar. 97	Jun. 97	Sep. 97	Dec. 97	Mar. 98	Jun. 98
Burundi	296,000	300,000	265,000	260,000	570,000	600,000	670,000
Rwanda	1,179,000	2,600,000	2,600,000	727,000	1,400,000	690,000	550,000
Tanzania	759,000	344,000	390,000	311,000	318,000	345,000	329,000
DRC	668,000	599,000	514,000	823,000	585,000	568,500	621,000
Congo/Brazzaville	-	-	-	465,000	650,000	400,000	50,000
Malawi	-	-	-	1,200	1,200	260	-
Total	2,913,500	3,843,000	3,769,000	2,587,200	3,542,200	2,553,770	2,220,000

**Burundi** There are approximately 670,000 displaced people in Burundi, but it is likely that not all of these people require emergency aid. This number includes many people in 'regroupment camps' throughout the country. Improvements in security conditions allowed some of the population in the regroupment and displacement camps to return to their farms during the second half of 1997. However, insecurity and resulting population displacements continue. For example, there were over 18,000 new arrivals to the commune of Isale fleeing fighting in early April [IRIN 27 Mar-2 Apr 98, 04/06/98].



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Efforts to resolve the ongoing crisis in Burundi are continuing. Peace talks will resume in Arusha on 15 June against the backdrop of a somewhat improved relationship between the government and parliament. This improved relationship resulted in the recent signing of a transitional constitution. The breakthrough over the constitution is a hopeful sign for a resolution to the conflict [IRIN—a 10/06/98].

Food assistance is currently provided through several programmes including emergency relief for those displaced by conflict and insecurity and return packages for displaced persons and refugees returning home. There are also supplementary and therapeutic feeding programmes for malnourished and vulnerable groups where possible, as well as infrastructure rehabilitation programmes through food-for-work [FAO May 98, WFP 08/05/98, 22/05/98].

Food security and nutritional status in many parts of the country are precarious due to a combination of factors including insecurity, poor harvests, an economic embargo and poor road and rail systems to transport food throughout the country. This is leading to price increases rendering adequate quantities of food beyond the reach of many people. Forecasts are that there will be a small decline in the 1998 A season harvest (first of three annual harvests) compared to 1997 and that this will be 20% lower than the pre-crisis average. Yields have been affected by lack of agricultural inputs and late but exceptionally heavy rains and flooding. Total food production for 1998 is predicted to be 9% below the 1988–93 average. WFP is planning a second airlift of essential food commodities into Bujumbura in order to have enough stocks to meet emergency food needs. On a more positive note, the April 1998 decision to ease economic sanctions has allowed renewed activity in some economic sectors, particularly trade [FAO My 98, WFP 08/05/98, 22/05/98].

Nutrition surveys continue to reveal alarming levels of malnutrition. For example, a recent survey of accessible communes in Cibitoke Province (estimated population 310,000) showed 14.0% wasting with 3.3% severe wasting. Oedema was measured at 7.2% (see Annex I (2a)). The crude mortality rate was measured at 3.3/10,000/day, and the under-five mortality rate was 5.0/10,000/day. These mortality rates indicate a very serious emergency. Measles immunisation coverage, as confirmed by a vaccination card was low at 9.9% [CONCERN 18/04/98].

Most of the population has access to food through their own production and approximately 80% of the households surveyed had access to land. However, normal agricultural practices have been interrupted due to a number of constraints including insecurity and reduced availability of seeds and tools. At the time of the survey, the population was mainly relying on cassava as the staple food. In addition, health service delivery was inadequate with a shortage of medicine and health staff [CONCERN 18/04/98].

The last RNIS Report (No 23) described a worrying nutritional situation in the accessible areas of Bubanza province with wasting levels of 16%. One of the main recommendations of the survey was to establish feeding programmes in the area. A therapeutic feeding centre with a capacity for 750 people has now been opened. Supplementary feeding centres are also being opened [IRIN 01–07/05/98].

Available information points to a serious nutritional situation. The number of patients at the nutritional recovery centres and health and nutrition centres throughout the country is rising and mortality rates are high. There are many malnourished adults amongst the cases of malnutrition seen, suggesting a serious situation in many areas. However, a national assessment of malnutrition has yet to be carried out, and many areas remain inaccessible.

**Congo/Brazzaville** Rail traffic between Brazzaville and Pointe Noire was suspended following clashes between government troops and supporters of the ousted president. This adversely affected the supply of food in Brazzaville until transport was re-established in mid-May. It is currently estimated that 50,000 people in the country need emergency assistance. During March, food was delivered to 46,000 vulnerable Congolese. A survey conducted in Brazzaville in February showed that the prevalence of malnutrition had increased from 5.5% in January to 9.3% (see Annex I (2b)) [OCHA—a 29/04/98, WFP 10/04/98, 15/05/98].

There are an estimated 6,300 Rwandan refugees in three northern camps and close to 2,900 at Kintele camp near Brazzaville. As the three northern camps are geographically isolated and are plagued by mosquitoes and malaria, some Rwandan refugees have been moving from there to Kintele [OCHA—a 29/04/98].

An earthquake struck the region of Likouala. There are currently no details on the extent of the damage in the area [IRIN 30/04/98].

**Eastern Democratic Republic of Congo** There are substantial population movements in the Eastern Democratic Republic of Congo (DRC). These include returnees from Tanzania who are brought to the Uvira area, new arrivals from Burundi in Uvira and newly displaced people in the Goma region. Heavy rains have left many people homeless, led to the further deterioration of the road system and hampered food deliveries. In addition, there are reports of cholera in the Kivu areas of eastern DRC, which includes Uvira and Bukavu [IRIN 27 Mar–2 Apr 98, WHO 19/05/98].

There are an increasing number of reports of insecurity in eastern DRC, specifically in the Kivu region. Recent examples include an attack by rebel forces on Beni and rebel attacks on Butembo in north Kivu which resulted in the deaths of at least 30 people [IRIN 03–09/04/98, 22–28/05/98, IRIN 24/04/98].

Repatriation from Tanzania continues. Returnees are provided with a one-month ration in Uvira before moving on to their final destination. However, the pace of repatriation is somewhat slower than initially planned because of travel difficulties, mainly due to the poor condition of the roads. Since the resumption of the operation in mid-December, over 33,000 Congolese refugees have been repatriated [WFP 17/04/98].

There are new arrivals from Burundi to the Uvira area. These refugees are fleeing insecurity in Burundi and approximately 10,000 people have crossed the border since January 1998. These newly arrived refugees are said to be in poor health and malnourished. There are reports that some refugees are being forced back to Burundi [IRIN 03–09/04/98, WFP 10/04/98, 01/05/98].

Assistance was provided to those affected by flooding in Kisangani, as detailed in the last RNIS report (No 23), along with former children combatants housed in a camp nearby. This assistance was completed at the end of April [WFP 01/05/96].

Rebel incursions from Rwanda have forced approximately 20,000 people to flee their homes in Goma for safer areas farther from the border. These newly displaced people are without shelter or health care facilities. There are estimated to be 129,000 internally displaced people in Eastern DRC [IRIN 04/06/98, WFP 15/05/98].

Continuing transport constraints due mainly to poor road conditions, have meant that food stocks in eastern DRC are low. By the end of April 1998, distributions needed to be targeted to a restricted number of beneficiaries [WFP 03/04/98, 24/04/98].

*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 in DRC [RNIS 23]. There are no nutritional data available for these refugees.
- *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 lack of data is because the population has been successfully assimilated or that the population are not accessible. It may also be that there are no agencies working in the area who can provide information on the population.
- *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 refugees in the DRC who are fleeing the continuing insecurity in Sudan (RNIS #21).
- *Ugandan refugees* There are approximately 4,000 Ugandan refugees in Eastern DRC. There has been some repatriation back to Uganda in recent weeks [WFP 22/05/98].

**Rwanda** The security situation in Rwanda remains volatile, particularly in Gisenyi and Ruhengeri prefectures, leading to population displacements. For example, there were reports of a massacre in Gisenyi prefecture at

the end of March that left 40 people dead. There were also reports of five students killed and seven injured in Ruhengeri in March. Further reports were made in April of killings in Gitarama prefecture and of 4,000 people fleeing their homes due to insecurity. Most recently there have been reports of 100,000 displaced persons in Gisenyi and Ruhengeri due to insecurity. Immediate food assistance is being planned for this population, most of whom are accommodated around administrative and military centres [IRIN 20-26/03/98,10-16/04/98,24-30/04/98, WFP 08/05/98].

Food aid is currently planned for 550,000 people in Rwanda. This will be in the form of supplementary and institutional feeding, food-for-work programmes, vulnerable group feeding and aid to refugees. New projects have been started in some prefectures where people are finding it increasingly difficult to acquire food due to a combination of factors including erratic rainfall and flooding [FAO 16/02/98, IRIN 24-30/04/98, USAID 28/04/98].

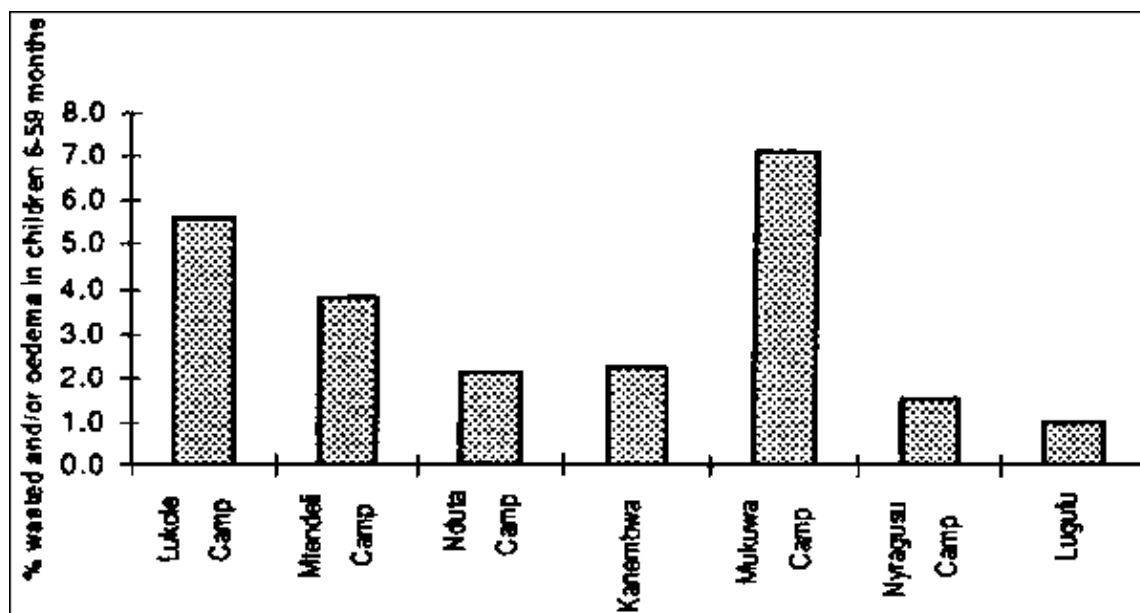
Food insecurity is generally increasing in Rwanda due to a combination of poor crop production due in part to heavy rains, food delivery difficulties and insecurity. Many roads have been closed due to flooding and mud slides, including the southern corridor, a main supply route from the south. As a result, prices for staple foods are reportedly high and supplies are limited. Particularly hard hit are the prefectures of Butare and Gikongoro, where there were anecdotal reports of malnutrition among the adult population in April, and children were reported to be abandoning school due to hunger. There are also steep increases in the number of persons requiring supplementary and therapeutic feeding. Furthermore, there have recently been reports of a deteriorating nutritional situation amongst residents of resettlement camps in Kibungo. Food is now being distributed through newly established nutritional centres in the camps and plans are afoot to increase food aid deliveries in June in order that a partial ration of 1025 kcals/person/day can be provided. It is anticipated that the harvest in July will improve the food supply in areas like Butare, Byumba, Gikongoro, Gitarama, and Kigali [IRIN 17/04/98, WFP 10/04/98, 17/04/98, 06/05/98, USAID 28/04/98].

Food aid deliveries have been unbalanced, resulting in a ration of mostly cereals. There has been a shortage of pulses and oil for food-for-work projects. It is expected that this situation will improve in the coming months as a result of regional purchases of food and the re-opening of the southern corridor [WFP 22/05/98].

There are approximately 35,000 refugees in Rwanda. The number of Congolese refugees continues to increase, while some refugees from Burundi have been returning home [IRIN 01-07/05/98, WFP 01/05/98].

**Tanzania** There are approximately 329,000 refugees in Tanzania comprised mainly of 275,000 Burundian refugees in the Kigoma and Ngara regions and 51,000 Congolese refugees, mainly in the Kigoma region. There are also about 3,000 Rwandan refugees in the Ngara region. Organised repatriation is continuing for the Burundi and Congolese refugees. To date, approximately 45,000 Congolese and 2,000 Burundi refugees have returned home. However, people continue to arrive from Burundi, and their number is reported to be greater than those being repatriated [UNHCR 10/06/98, WFP 03/04/98, 01/05/98, 15/05/98].

The last RNIS Report (no 23) described a situation where rations were reduced in Kigoma and Ngara camps because of difficulties in transporting commodities due to heavy rains. Road conditions improved with the dry season, and as of the end of April 1998, ration provision has improved accordingly. A rapid assessment in April using MUAC showed a stable nutritional situation in spite of the ration reductions [UNHCR 10/06/98, WFP 10/04/98,17/04/98].



**Malnutrition in Refugee Camps in Tanzania, May 1998**

*taken from: Preliminary Results of Nutritional Surveys in Tanzania, UNHCR, May 1998*

Preliminary results from nutrition surveys carried out in April and May confirmed a generally stable nutritional situation. Levels of wasting varied from 1.0%–5.6% (see Annex I (2 c–i)). However, under-five mortality rates were deemed to be high, particularly in the Ngara camps where the rate was 3.1/10,000/day. Most of the mortality is attributable to malaria, and malaria associated with anaemia. It should be noted that the peak malaria season is July–August. Several interventions aimed at rectifying the situation are underway including supervised chloroquine administration, close monitoring of complicated cases, indoor spraying and the possible distribution of impregnated mosquito nets [UNHCR 10/06/98, WFP 03/04/98, UNHCR 09/04/98, WHO 19/05/98].

*Overall*, those requiring emergency assistance in Burundi, along with the Burundi refugees and the displaced people in Eastern DRC are at heightened nutritional risk (category IIa in Table 1) due to problems in delivering aid largely as a result of insecurity and poor road conditions. Nothing is known about the nutritional status of the Rwandan refugees in DRC or the IDPs from Shaba (category III in Table 1). The remaining refugees in DRC are not at heightened nutritional risk (category IIc in Table 1). The affected population in Rwanda can be considered to be at moderate nutritional risk (category IIb in Table 1) with a tendency toward deterioration due to food insecurity. Indeed, anecdotal reports are of malnutrition in many areas. The refugees in Tanzania can also be considered to be at moderate risk due to high rates of anaemia and malaria, with a tendency towards improvement as measures are being taken. The remaining refugees in the region are not currently considered to be at heightened risk (category IIc in Table 1).

**On-going interventions** The UN Consolidated Appeal for the Great Lakes Region, key aspects of which were summarised in RNIS 23, has, as of the end of May, met with a disappointing response with only 9% of needs being pledged. In the region, it is clear that programmes must be predicated on full, uninterrupted access to beneficiary populations for maximum benefit. Regional improvement of road and rail systems is imperative.

In Burundi, it is important to systematically quantify malnutrition rates throughout the country for short-term interventions, and to assess underlying causes so that longer-term corrective measures can be taken. However, until security allows for full and regular access to populations, agencies will continue to be dependent on a short-term strategy of implementing selective feeding programmes where needs can be ascertained. Overland transport (road and rail) needs to be improved in order to deliver aid. Consideration might also be given to some form of market intervention which reduces the impact of inflation on the vulnerable.

In Congo, there is a need for a concerted campaign to address the malaria problem in the three northern camps for Rwandan refugees.

In DRC, poor road conditions due in large measure to the recent rains are hampering returnee movement and food aid deliveries. Roads must be improved as a priority. There is also a need for further nutritional

information on newly arrived Burundi refugees in Uvira region and on the remaining scattered Rwandan refugees. Shelter and health care provision for the newly displaced in Goma region are also areas of concern.

In Rwanda, every effort should be made to secure stocks of pulses and oil for food-for-work projects which recently have only been able to provide cereals. Better information on the situation people in Rwanda are facing is needed to target appropriate interventions. This would include:

- nutrition and food security assessments in Butare and Gikongoro prefectures and in Kibungo resettlement camp, where there are increasing concerns due to anecdotal reports of malnutrition;
- information on recent returnees, who are thought to be most affected by the worsening food security situation;
- information on population movements as a result of insecurity to determine appropriate interventions.

In the long term, food security problems in Rwanda can only be properly solved through ending the violence that continues to plague the country.

In Tanzania, the need to improve roads in the regions of refugee concentration is on-going. Some projects are underway during the current dry season. In addition, funds for the procurement of impregnated bednets are needed.

### **3. Chad**

There are reports of 8,500 arrivals from Sudan in Chad. These refugees left the Darfur region of Sudan, fleeing ethnic clashes. Food and non-food distributions will be made to this population before the beginning of the rainy season in June [WFP 15/05/98, 02/06/98].

### **4. Djibouti**

There are approximately 23,600 refugees in Djibouti, 21,400 of whom require assistance. This total assisted population is mainly comprised of 20,400 Somali refugees and 1,000 Ethiopian refugees. One of the three camps is now closed and the population re-settled in the two remaining camps. There are reports of a pilot repatriation being planned for the Somali refugees [UNHCR 18/05/98].

### **5. Ethiopia**



There are approximately 287,700 refugees in Ethiopia. This total is mainly comprised of 205,000 Somali refugees in the east and 60,000 Sudanese refugees in the west of the country [UNHCR 18/05/98]. There are, in addition, about 8,700 Kenyan refugees, 3,000 Djibouti refugees, and 11,000 internally displaced people around Addis Ababa.

There were a total of approximately 249,000 Somali refugees in eastern Ethiopia including the Dolo region as of April 1998. Since that time, almost 28,400 people have voluntarily repatriated and it is hoped the number will reach at least 60,000 before the end of 1998. Repatriation is temporarily halted due to the rainy season, but is intended to restart in July when the rains stop. There are approximately 60,300 Sudanese refugees in the western part of the country. This represents an increase in the population due to new arrivals from Sudan [UNHCR 18/05/98].

Previous RNIS reports (see RNIS Nos. 22 and 23) described an unsatisfactory nutritional situation for the refugees in the camps in Ethiopia, both for the Somali refugees in the east and the Sudanese refugees in the west. This was attributed to a number of factors including poor access to clean water, somewhat erratic ration deliveries and inequities resulting from the food distribution system [UNHCR 18/05/98].

Access to clean water is being improved in various ways. For example, the construction of shallow wells in Teferi Ber and Darwanaji have eliminated the need to bring water in by tankers. Access to clean water in Fugnido camp in the west has been improved since March 1998 with the installation of new pipes and reservoirs, along with motorised pumps [UNDP 30/04/98, UNHCR 15/04/98].

The food distribution system is being revised in Ethiopia with plans to distribute rations to heads of households irrespective of gender. The new distribution system, which was one of the recommendations of the WFP/UNHCR Joint Food Assessment Mission, incorporates the full and active participation of women. The new food distribution system was successfully piloted in Kebre Beyah in May 1998 and will be introduced to the other camps [UNHCR 10/06/98].

The improvement in water supplies along with revised food distribution systems are likely to have a positive impact on the nutritional situation of the refugees in Ethiopia. This will likely be shown in the annual nutrition surveys, planned for May–July 1998.

However, the food delivery pipeline to the western camps remains precarious. Rations for March did not arrive in the camps until the middle of the month while deliveries for April did not arrive until the third week of the month. As a result of these delays, most of the refugee population, especially in Bonga, were searching for wild foods in the surrounding forests [UNDP 30/04/98].

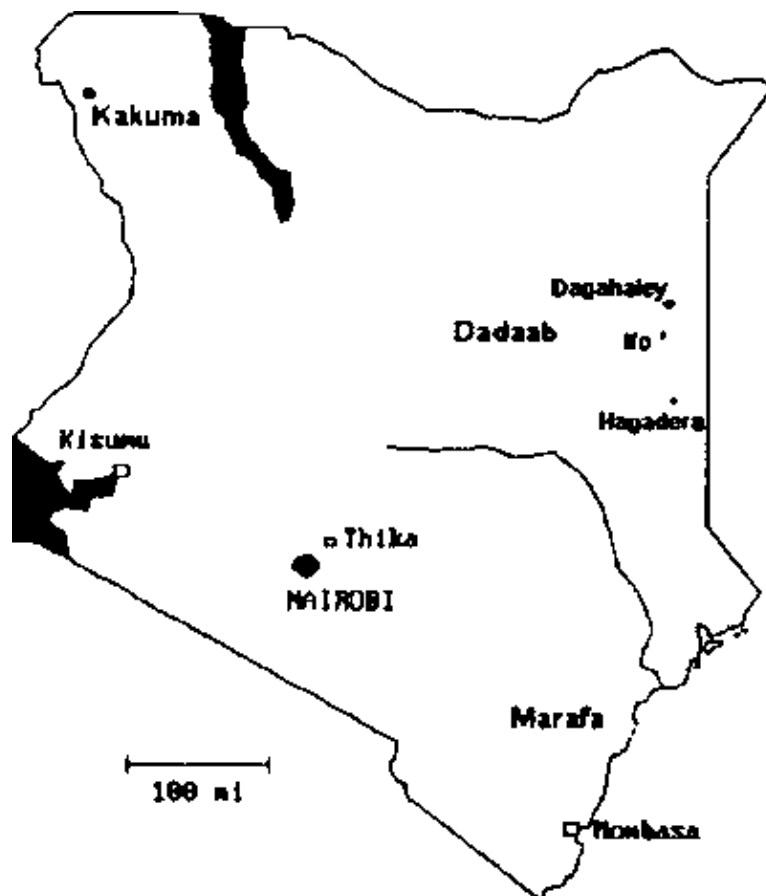
There are growing tensions related to an Ethiopian/Eritrean border dispute. Both countries are said to be massing troops at the border, and it is feared that if the conflict escalates, that there could be a destabilising effect on the region.

*Overall*, the Somali refugees in the east are considered to be at moderate nutritional risk (category IIb in Table 1), with a tendency toward improvement with the improved water supply. The Sudanese refugees in the west continue to be considered to be at high risk (category I in Table 1) of malnutrition and mortality. No information is currently available on the other population groups (category III in Table 1).

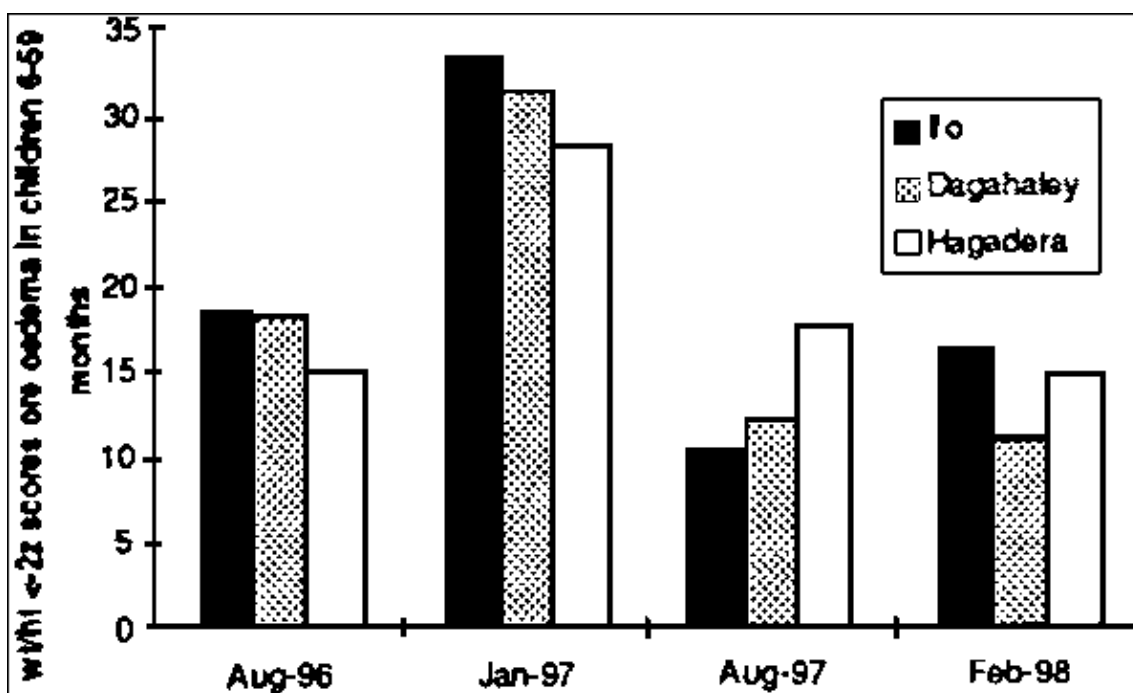
***On-going interventions*** The efficacy and equity of the newly established food distribution systems will need to be assessed and efforts to improve the water supply in a number of camps should continue. Reports of a fragile food pipeline for the camps in the west need to be investigated and efforts made to remedy this problem. A nutrition survey, planned for the May–July period will help determine whether the recent late deliveries of food aid have had any nutritional impact. Such information may prove useful for advocacy purposes.

## **6. Kenya**





There are approximately 120,000 Somali refugees in the Dadaab area camps, and 59,000 refugees in Kakuma. Most of the refugees in Kakuma are of Sudanese origin [UNHCR 31/03/98]. In the most recent RNIS report (No 23), flooding in the Dadaab area camps leading to destruction of infrastructure and livestock was described. Flooding had made many access roads to the camps impassable, and relief food had to be airdropped to the refugees. It was therefore only possible to supply half-rations for this population. Indeed, rations receipts have consistently been less than planned since March 1997. In February 1998, the floods had receded to the point where a nutritional survey was carried out to determine the effects of the floods on the nutritional status of the population.



Malnutrition in the Dadaab Area Camps for Somali Refugees in Kenya, over time

In Ifo camp, wasting was measured at 16.1% with 1.0% severe wasting. Oedema was measured at 1.6%. In Dagahaley camp, wasting was measured at 10.9% with 0.9% severe wasting. Oedema was measured at 1.6%. In Hagadera camp, wasting was 14.7% with 1.5% severe wasting. Oedema was measured at 0.6% (see Annex I (6a-c)). For all camps coverage of selective feeding programmes is low, particularly for therapeutic feeding. For the three camps only about 22% of severely malnourished and 70% of moderately malnourished children are covered by the selective feeding programmes. In March, the crude mortality rate for the camps was 0.17/10,000/day and the under-five rate was 0.5/10,000/day. Both of these are within usual limits. Average water availability for the month of March was estimated at 13.4 litres/person/day [MSF-B Feb. 1998, UNHCR 31/03/98].

In general the nutritional status of the children under five has not changed significantly in the Dadaab area camps since August 1997 (see graph). The exceptions to this were in Ifo and Dagahaley camps, which were most seriously affected by the floods. White levels of wasting remain high, the fact that there was no decline in nutritional status is thought to be due in large part to massive efforts by WFP to airlift food aid to the affected population during the floods. By the end of April, food supplies were back to normal and full rations were distributed after six weeks of half rations. Road repairs have now been effected allowing better access to the camps [IRIN 17-23 Apr. 98, MSF-B Feb. 1998].

In Ifo and Hagadera, rates of malnutrition are highest amongst those households that have no ration cards. This is of concern as following the floods in Somalia, a new influx of refugees arrived in poor nutritional condition. These new arrivals are dependent of food sharing until they are registered or return to Somalia [MSF-B Feb. 98].

Kakuma camp (population estimated at 59,000) houses mainly Sudanese refugees with a high proportion of unaccompanied minors. Mortality rates in the camp in March were 0.13/10,000/day and the under-five mortality rate was 0.45/10,000/day. This represents a significant decline and is largely due to a reduction in malaria-related mortality. Both of these mortality rates are within usual limits. Funding is being sought for a number of projects to maintain and expand water supply, income generating projects and for recreational and sports projects [CWS 08/05/98, UNHCR 31/03/98].

*Overall*, the refugees in the Dadaab camps can be considered to be at moderate nutritional risk (category IIb in Table 1), although the situation appears to be stable. Those in Kakuma are not currently thought to be at heightened risk of malnutrition and mortality (category IIc in Table 1).

**On-going interventions** Coverage of the selective feeding programmes needs to be improved in the Dadaab camps. This should be achievable through the existing community health outreach programmes. A nutritional survey should be repeated in six months time partly to help assess selective feeding programme coverage. Finally, water availability is still somewhat low and needs to be improved.

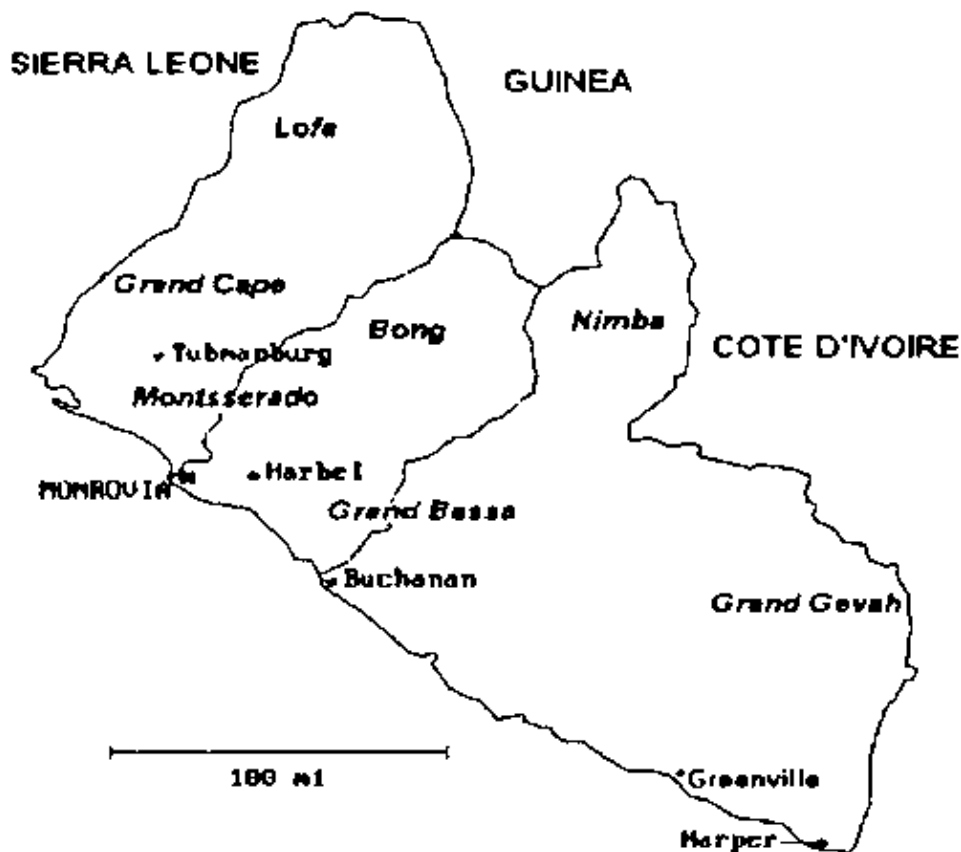
## 7. Liberia/Sierra Leone Region

This regional refugee/IDP situation is the result of two separate conflicts in very different stages of resolution. In Liberia, the security situation appears mainly under control, and refugees and IDPs are returning home. In Sierra Leone, despite much of the western part of the country being calm, there continue to be reports of clashes in the eastern part of the country, leading to a huge influx of refugees into Guinea. These refugees consistently recount appalling stories of atrocities committed against the civilian population by the retreating rebels. Many of these refugees are arriving malnourished and in poor health after spending weeks in the bush before reaching the camps.

<i>Location</i>	<i>Dec. 96</i>	<i>Mar. 97</i>	<i>Jun. 97</i>	<i>Sep. 97</i>	<i>Dec. 97</i>	<i>Mar. 98</i>	<i>Jun. 98</i>
Liberia	1,800,000	1,100,000	710,000	700,000	700,000	726,000	209,000
Sierra Leone	609,000	548,000	453,000	453,000	200,000*	200,000*	300,000*
Cote d'Ivoire	305,000	305,000	305,000	210,000	210,000	210,000	140,000
Guinea	536,000	536,000	545,000	405,000	405,000	405,000	614,000
Total	3,250,000	2,489,000	2,013,000	1,768,000	1,515,000	1,541,000	1,263,000

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

**Liberia** A civil war in Liberia began in 1989 with the overthrow of President Doe, leading to massive population displacements both within Liberia and into neighbouring countries, and leaving many areas of the country inaccessible. A series of peace accords and the establishment of a West African peace keeping force helped to stabilise the situation in Liberia. In July 1997, Charles Taylor was democratically elected President through what were determined to be free and fair elections. Since the elections, the security situation has improved and most of the country is accessible. Donors have agreed to resume a regular aid programme for Liberia after an almost ten year break due to the civil war. Initially, a two-year reconstruction programme is envisaged.



Some refugees as well as internally displaced people are returning home. Around 100,000 Liberian refugees have returned since the elections (30,000 assisted by UNHCR and 70,000 spontaneously) while a further 100,000 have registered with UNHCR to return. Food distributions are no longer carried out in the displaced shelters, rather rations are provided upon arrival in their communes. This is intended to encourage people to travel home. As of early May approximately 67,000 had benefited from food aid in this way. In addition, approximately 155,000 people receive aid in the form of food-for-work programmes, vulnerable group feeding and school feeding programmes [OCHA 15/05/98, WFP 08/05/98].

It is hoped that a series of food security assessments will provide an understanding of how communities, and groups within communities are coping and what types of survival strategies are indicative of abnormal or severe stress. This understanding would help in the identification of location-specific security indicators which could be monitored for early warning purposes. It would also allow for better targeting of resources. This type of monitoring and targeting will become more critical as emergency food aid is slowly phased out. In order to co-ordinate assessments in Liberia, a 'Food Security Forum' is being set up with WFP as the focal point. This forum will aim to develop common methodologies and share information among agencies (see Special Focus in RNIS 23 on 'Food Security in Liberia'). There is, in addition, a 'Joint Food Security Monitoring System'<sup>1</sup> to coordinate information, particularly from food security assessments, during and beyond this transition phase. This system works with the Food Security Forum in terms of partnership in the field for assessments and analysis of data collected [WFP 09/06/98].

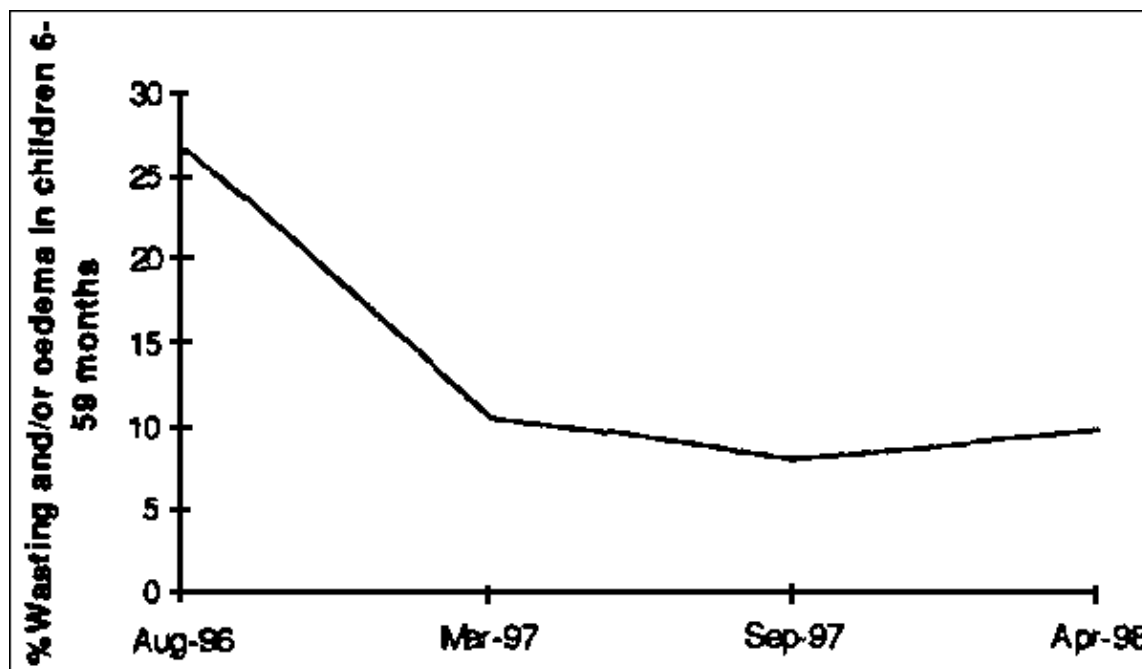
<sup>1</sup> This is a system whereby three NGOs monitor the food security situation in 90% of the country. This is coordinated by WFP with institutional links to decision-making committees in Liberia such as the Seeds and Tools Committee and the Food Aid Committee.

An example of the types of food security assessments currently underway was one conducted in the Salayea and Zorzor districts in Lofa county. The assessment established that 80–90% of the family heads had returned spontaneously, with many children remaining in Guinea presumably to finish the school year. They were believed likely to return at the end of the term which coincides with the middle of the rainy season when the food situation may be precarious. The assessment also found that the majority were facing an equally uncertain rainy season. Very few people had produced enough crops to meet their needs [WFP/LWS/KDRO/CRS 30/03/98].

It was therefore determined that purchase and exchange of food was and will be the most important source of food. Selling palm oil might be an adequate source of income for male-headed households; however, this is likely to be inadequate for female-headed households. Women will most likely depend on labour-intensive, less profitable work like palm kernel collection and processing, which will have adverse short and medium-term effects such as:

- female-headed households will spend considerably more time than male-headed households acquiring sufficient food and seeds for the family;
- children, particularly girls, are likely to be taken out of school to help;
- time and energy spent to meet immediate needs means less is available to invest in agriculture, limiting their possibilities for next year.

The assessment concluded that female-headed households were particularly vulnerable to food insecurity and targeting of food aid needs to take this into account [WFP/LWS/KDRO/CRS 30/03/98].



**Malnutrition in Upper Bong County, Liberia, over time**

*taken from: Nutritional Survey Upper Bong, Liberia, Action contre la Faim, April 1998*

A nutritional survey carried out in Upper Bong County showed 9.1% wasting with 0.8% severe wasting. Oedema was measured at 0.4% (see Annex I (7a)). This is a slight improvement over a survey carried out at the same time last year. This is thought to be largely due to improved security allowing for better accessibility to food. Measles immunisation, as confirmed by a vaccination card was low at 55.6%, but is improving [ACF 16/04/98].

In Buchanan, Grand Bassa County, a recent survey confirmed a stable nutritional situation with 6.7% wasting and 1.2% severe wasting. Oedema was measured at 0.3% (see Annex I (7b)). Measles immunisation coverage is improving, but is still low at 46%, as confirmed by a vaccination card [ACF 19/02/98].

The return of refugees and internally displaced populations is somewhat slower than the international community had hoped. This is felt to be due in large measure to the poor state of the roads and bridges. In

light of this, rehabilitation of roads and bridges along major routes is being undertaken. In addition, poor access to services such as education and health is also likely to be a factor in lower than expected rates of return. The services available in Liberia tend to be of a lower standard and higher cost when compared to those available in Guinea or Cote d'Ivoire [IRIN 03–09/04/98, WFP 03/04/98, WFP 08/06/98].

An upsurge in fighting in Sierra Leone (see below) has led to the influx of approximately 54,000 refugees to the Vahun region of Liberia. The last RNIS report described the food security situation in the region before this new influx. The main findings of that assessment were that:

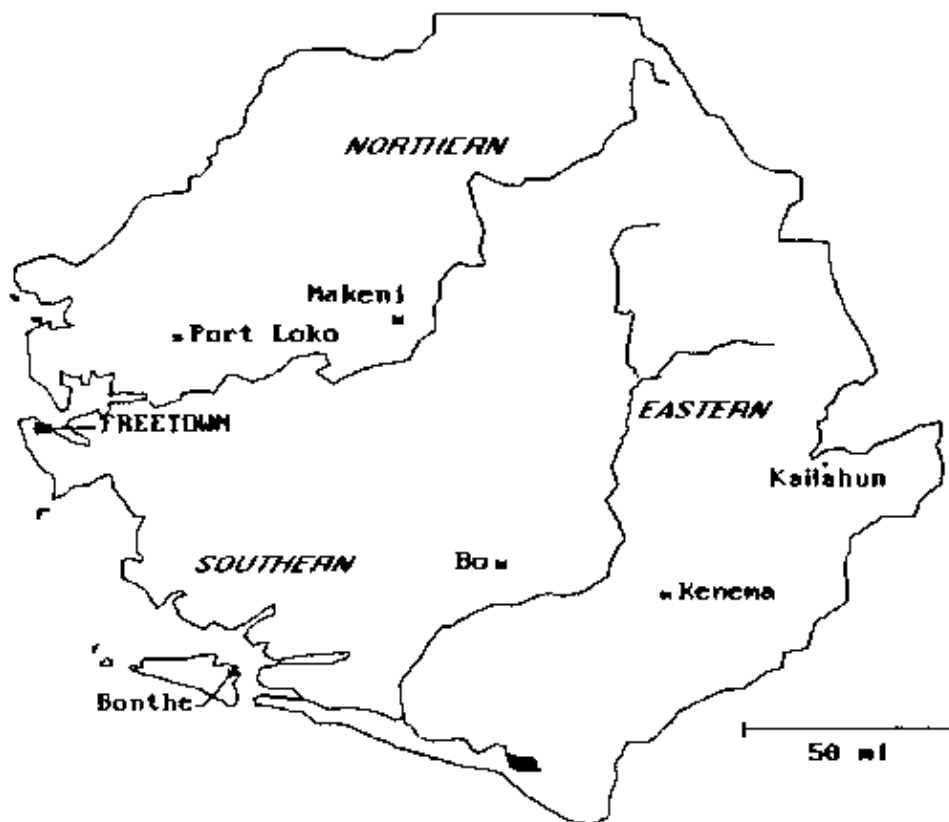
- access to safe drinking water was a problem;
- people had good access to food through their own production or via contract labour for cash or through gifts;
- lack of money was a serious problem;
- roads were in poor condition but there was trade with Sierra Leone.

In March, a nutrition survey showed 9.9% wasting and/or oedema with 3.5% severe wasting and/or oedema among the refugees (see Annex I (7c)). Major areas of concern were water supplies and sanitation facilities. Wells and latrines are being constructed, and a mass measles immunisation campaign was carried out for the new arrivals [IRIN–WA 20–26/03/98, OCHA 15/05/98].

The onset of the rainy season is likely to render the population in Vahun inaccessible as road conditions deteriorate. Efforts are being made to encourage the refugees to move to a more easily accessible site near Kolahun. Meanwhile, assistance will continue in Vahun for as long as access remains feasible. Unfortunately, there is only a small airstrip in Vahun so airlifting food is not an option [OCHA 15/05/98].

**Sierra Leone** Sierra Leone has experienced many waves of violence since an offensive was launched in 1991 to overthrow the government. Kabbah was elected President in March 1996, and later that year a peace accord was signed. However, a *coup d'etat* in May 1997 led to a military take-over of the government and threw the country back into conflict. The coup was condemned by the international community and ECOMOG forces, a West African peace-keeping force, began a military campaign to oust the rebels and re-instate the President. Prior to this most recent upsurge in violence, there were estimated to be 200,000 internally displaced people requiring emergency humanitarian assistance.

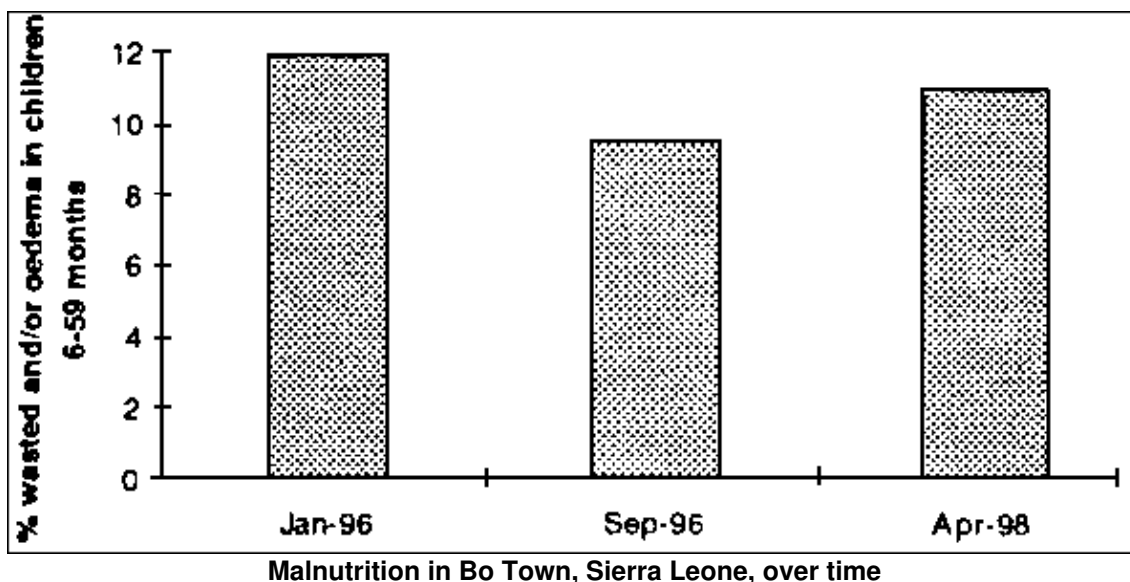
Currently, Freetown, Bo and Kenema are calm, while the security situation in eastern and southeastern Sierra Leone remains poor with many clashes between ECOMOG and rebel forces. There are at least 100,000 newly displaced people in Sierra Leone. There are an estimated 244,000 new arrivals in Guinea and 54,000 in Lofa county in Liberia. There are many reports of appalling atrocities committed by the rebels including rape and mutilation of civilians. Refugees are reportedly arriving in Guinea traumatised and exhausted. There are also reports of high levels of malnutrition, malaria and diarrhoea amongst the new refugees [IRIN–WA 24–30/04/98, 15–21/05/98, OCHA 06/05/98, WFP 10/04/98].



A nutrition survey was carried out in four camps for the displaced in Freetown at the end of January 1998. In Waterloo Camp, wasting was measured at 3.0% with no severe wasting. Oedema was measured at 0.6%. Measles immunisation coverage, as confirmed by a vaccination card, was low at 15.3%. There was a similar situation in Clay Factory where wasting was measured at 5.5%; no cases of severe wasting or oedema were seen. Measles immunisation coverage was also low at 19.2%. These levels of wasting are no higher than those of the local and displaced population in the town. In the two smaller camps at Ross Road and OIC, the situation was worse with wasting measured at 21% and 15% respectively (see Annex I (7d-g)) [ACF 29/01/98].

Since the survey, Freetown has been the scene of fierce fighting between ECOMOG and rebel forces. This fighting meant that the capital was inaccessible for many weeks and at the end of March, a total of 20,000 children under five and 10,000 adults were being targeted with supplementary feeding programmes [WFP 03/04/98].

A survey carried out in Freetown in March 1998, which did not include those in displaced camps as in the survey above, showed a slight trend toward deterioration in the nutritional status in children under five years old. Wasting was measured at 9.1% with 0.4% severe wasting. The 6–29 month age group was particularly affected. No cases of oedema were noted in the survey (see Annex I (7h)). Reasons for this slight deterioration include price increases as a result of diminished supplies. This was due to problems with food movement on a national level as a result of insecurity. In addition, complementary food is introduced at an early age, in times of food stress is watered down as a coping mechanism, which may partially explain higher levels of wasting in the 6–29 month age group when compared to the 30–59 month old group. Measles immunisation coverage, as confirmed by an immunisation card, was low at 38% [ACF 28/03/98].



taken from: *Nutritional Anthropometric Survey in Bo, Sierra Leone April 1998.*

A survey carried out in Bo in April showed levels of wasting similar to those seen in a previous survey in September 1996 (see graph). Wasting was measured at 10.9% with 1.2% severe wasting. Oedema was measured at 0.2% (see Annex I (7i)). This apparently stable situation was maintained despite decreasing food availability and increased insecurity. A clearer understanding of the food security situation and coping mechanisms employed by the population would help to target interventions in Sierra Leone [ACF 08/04/98].

There are reports of measles epidemics, particularly among the displaced populations. Mass immunisation campaigns are continuing in safe areas [UNICEF 22/05/98].

Insecurity remains a serious problem in the eastern part of Sierra Leone and the rainy season will make access to populations in need more difficult. In addition, the insecurity has prevented many farmers from planting crops meaning they will require humanitarian assistance for some time to come. Several NGOs are running out of food to continue programmes. There are also logistical problems because truckers are reluctant to travel to some areas for fear that their vehicles will be commandeered by the rebels [WFP 01/05/98].

**Cote d'Ivoire** There were approximately 210,000 Liberian refugees in Cote d'Ivoire. It is estimated that some 70,000 have returned to Liberia, leaving about 140,000 Liberian refugees in country [WFP 15/05/98]. There are no reports of change in the adequate nutritional status of these refugees.

**Guinea** While some Liberian refugees are returning home, the upsurge in violence has led to a large number of new arrivals from Sierra Leone to Guinea. As of the end of May, there were estimated to be 244,000 new arrivals, mostly in Gueckedou. Up to 300 people a day were crossing the border and there are reports of 50,000 people still in Sierra Leone but moving towards Guinea [IRIN-WA 15-21/05/98]. Based on these population movements, there are approximately 614,000 refugees in Guinea, 200,000 of whom are from Liberia and 414,000 of whom are from Sierra Leone.

Most of the new arrivals are women and children, and are suffering from malaria, respiratory illness, diarrhoea and malnutrition. They are arriving in Guinea having spent weeks in the bush without adequate food or shelter.

***"The children and their mothers sleep in the open air, because there is no proper shelter. Food and medicine for them is another serious problem,"***  
***(Paramount Chief Abu Kongomba in IPS press release)***

Furthermore, the new influx is straining the capacities of the existing camps and there are shortages of water, shelter and sanitary facilities. Food aid is being pre-positioned in anticipation of transport difficulties due to the coming rainy season [IPS 12/06/98, OCHA 06/05/98, WFP 15/05/98].

*Overall*, refugees in Liberia from Sierra Leone are at moderate nutritional risk with a tendency toward deterioration as the rainy season makes access more difficult. The IDPs in Sierra Leone are at heightened nutritional risk (category IIa in Table 1) due to insecurity. Initial survey results point to a less severe situation

than was feared, but many areas remain unassessed. In Guinea, the Sierra Leonean refugees are at heightened risk (category IIa in Table 1). New refugees are arriving in bad condition, and the influx is stretching facilities for others. Liberian refugees in Guinea and Cote d'Ivoire are probably not at heightened nutritional risk (category IIc in Table 1).

**On-going interventions** In Liberia, funding for repatriation is needed; only about 10% of funding requested has been received to date. Rehabilitation of roads, health centres and schools already underway must continue. On-going measles immunisation campaigns also need continued support. As emergency food aid is phased out, great care needs to be taken to ensure that the process is gradual and that any evidence of nutritional decline as support is removed, is identified quickly. This requires careful monitoring. More specifically, in Vahun, efforts must continue to strengthen measles immunisation and to provide water and sanitation.

There is concern over a potential break in the food aid pipeline for Sierra Leone in June/July. Indeed some NGOs are running out of food and WFP is focusing on vulnerable group feeding and food-for-agriculture projects. Donors need to respond generously and as a matter of priority to appeals for this emergency. Measles immunisation and water chlorination continue as far as security allows. Food should be prepositioned for potential deliveries where possible and consideration must be given to ways of improving food deliveries in areas of conflict. This might entail strengthening security forces, and/or providing external transport fleets as the private sector is reluctant to risk their vehicles. Measles immunisation coverage needs to be improved in Waterloo and Clay Factory camps for the displaced. High levels of wasting in Rose Road and OIC camps need to be investigated and feeding programmes implemented as necessary.

## WORLD FOOD PROGRAMME

### Burundi/Rwanda/Tanzania/DR Congo Region Planning Figures, Food Requirements, and Food Shortfalls for the period June – December 1998 (as of 15 May 1998)

**Regional Monthly Requirements: 21,529 metric tons (MT)  
(based on an average of 1,398,365 beneficiaries/month\*)**

<b>Regional Shortfall</b>	<b>Shortfall</b>	<b>Shortfall</b>
<b>for the Month of:</b>	<b>(mt)</b>	<b>(%)</b>
<i>Jun-98</i>	105	0.49
<i>Jul-98</i>	2,549	11.84
<i>Aug-98</i>	698	3.24
<i>Sep-98</i>	1,397	6.49
<i>Oct-98</i>	2,925	13.59
<i>Nov-98</i>	3,085	14.33
<i>Dec-98</i>	8,079	37.53

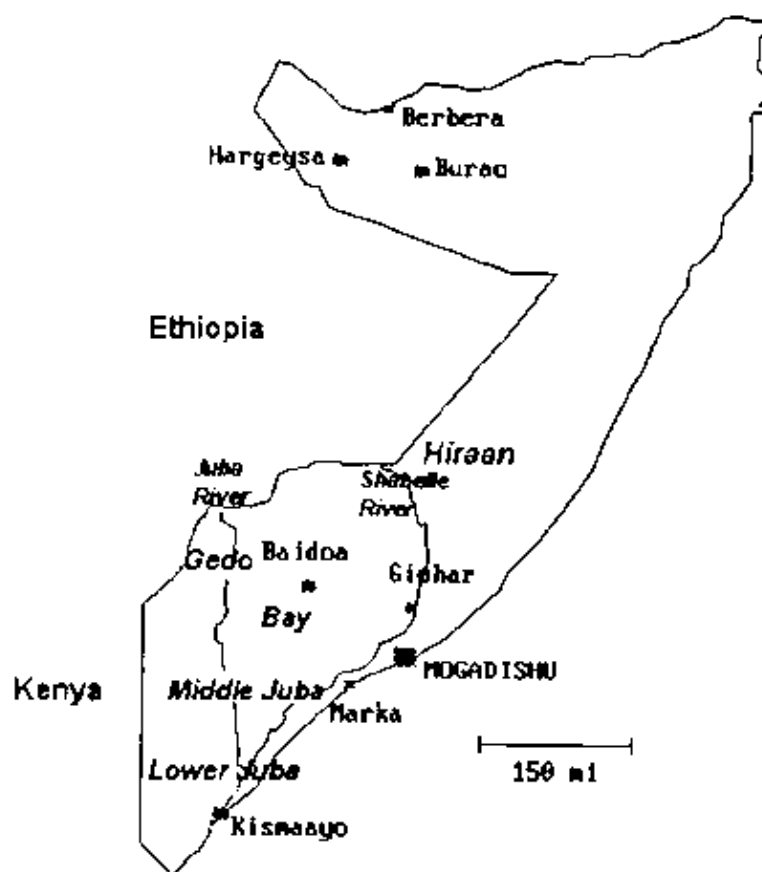
*\* Some of these beneficiaries are receiving supplementary or therapeutic feeding: quantities needed for these feeding programmes are included in requirements.*

*Resourcing needs are shown against the month in which food is required, and hence, arrival at port of destination should be scheduled four weeks in advance to ensure timely arrival in-country.*

In Guinea, the large new influx of refugees from Sierra Leone requires increased food aid commitments and prepositioning of food stocks. The poor state of arriving refugees also demands rapid provision of shelter, medicine, sanitary facilities and water. New arrivals need to be registered as quickly as possible in order to benefit from available services and consideration should be given to the establishment of a new camp to avoid over-stretching existing camp facilities. UNHCR launched an appeal in May 1998 for funds needed to deal with this emergency.



## 8. Somalia



Recent flooding along the Juba and Shabelle rivers led to population displacements and massive crop destruction. As flood waters began to recede in March 1998, people returned home to replant fields when possible. The floods affected approximately one million people. The current rainy season is predicted to be heavier than usual due to the influence of El Nino, and contingency funds have been requested to prepare for the possibility of further flooding. The capacity to deliver food by air, set up by WFP to respond to earlier flooding, will remain in place [OCHA 31/03/98, USAID 28/04/98].

The political situation remains tense in Somalia. A recent example is the abduction of ten relief workers in Mogadishu. The staff were eventually released. Reports indicate an increase in banditry in Mogadishu and inter-clan clashes in Kismayo [FAO May 98, UNICEF Apr. 98].

A livestock embargo by Saudi Arabia, a principle importer of Somali livestock, continues and the annual peak export season has passed. This embargo was imposed based on fears of Rift Valley fever among the livestock. Poor households in northern and central Somalia are beginning to feel the impact of this embargo. Since the embargo took effect, livestock prices in the affected areas have dropped, and poor agro-pastoralist households are particularly affected. They suffered reduced harvests in 1997, and have to draw down their livestock assets in order to purchase food [USAID 28/04/98].

In Southern Somalia, a series of rapid food security assessments have been carried out to provide information on the nutritional status of the populations as the floods recede. One such assessment was carried out in Qorioley (population of 60–65,000) and Merka districts in Lower Shabelle region in mid-March 1998. The food economy in the area has been seriously interrupted by the recent flooding. For example, the banana industry collapsed when flooding destroyed plantations. These plantations previously provided a vital source of income for almost a quarter of a million people. There are reports that many of these seasonal workers have to beg for food and that the number of cases of child malnutrition, particularly oedematous cases, is increasing. Since December, a continuous increase in malnutrition has been reported in Qorioley child health centres [FSAU Mar 98, 03/04/98].

Among the reasons given for the decline in nutritional status were:

- abrupt changes in food consumption in terms of diversity and quantity;

- consumption of low quality cereals;
- reduced caring capacity of parents as both parents are engaged in activities in pursuit of food;
- outbreaks of disease, particularly malaria [FSAU Mar 98].

EPI and measles immunisation activities were carried out in Merka in April [UNICEF Apr. 98].

The situation in Afmadow and Hagar districts in Lower Juba was described as improving but fragile in the previous RNIS report (No 23). More recent reports indicate continued improvement in overall nutritional status and food security. Many of the temporary camps used during the height of the flooding are now empty. The receding flood waters, increased trading and continuation of WFP food deliveries are the main factors leading to this improvement [FSAU 02/04/98].

However, household food availability is still low. Purchasing power is also low and market prices are high. The situation is delicate for many people and food aid is likely to be required for several months to come. There is concern about the well-being of nomads arriving in very poor condition. Most of their herds suffered large losses and nomads are having to sell some of the remaining animals to purchase food [FSAU 02/04/98].

Another food security assessment was carried out in Bulo Hawa and Dolo in the Gedo region, where the situation is getting back to normal. This area is dependent on food supplies from Mogadishu, so when the road was impassable during the floods, food was in short supply. Part of Dolo town on the river bank was also flooded causing displacement and collapse of latrines and wells, causing water and sanitation problems. Many farms were also flooded. However, prices still remain high in the area and in recent rapid assessments around Bulo Hawa there are indications of a serious nutritional situation amongst those in the poorer areas. This appears worst for the recently displaced nomads and poor urban dweller who have most affected by the high prices of food and low livestock prices. Overall, the assessment concluded that nutrition programmes in the area are insufficient and need to be improved [FSAU 19/03/98].

The population of Balad district is around 180,000, 80% of whom are involved in farming. Many families moved to the town from the flooded villages. Currently some farmers are going back to their villages to start planting for the next season. Food prices are still high and poor households have difficulties meeting basic food needs. Diarrhoeal disease is reported to be widespread due to the consumption of contaminated water.

As the seasonal rains begin in Somalia, there is widespread concern that this will again lead to flooding. Already, heavy rainfall has affected many sections of the roads in the Bardera area. The Shabelle river has burst its banks at several points, cutting off many villages on both sides of the river. People have little or no food reserves, and the next harvest, which is likely to be greatly reduced, is not due until July [WFP 10/04/98].

*Overall*, the affected population in Somalia is at moderate nutritional risk (category IIb in Table 1), although there are likely to be pockets of high risk in areas such as Bulo Hawa.

***On-going interventions*** In light of these assessments, WFP food aid is an important part of maintaining food availability for many families and should be continued. A UN consolidated Appeal for Somalia for the period January–December 1998, sets out the objectives of the humanitarian programme. The short-term objectives are to:

- prevent a recurrence of a widespread humanitarian emergency;
- strengthen rehabilitation and governance efforts;
- create a socio-economic environment conducive to the return of refugees and internally displaced persons.

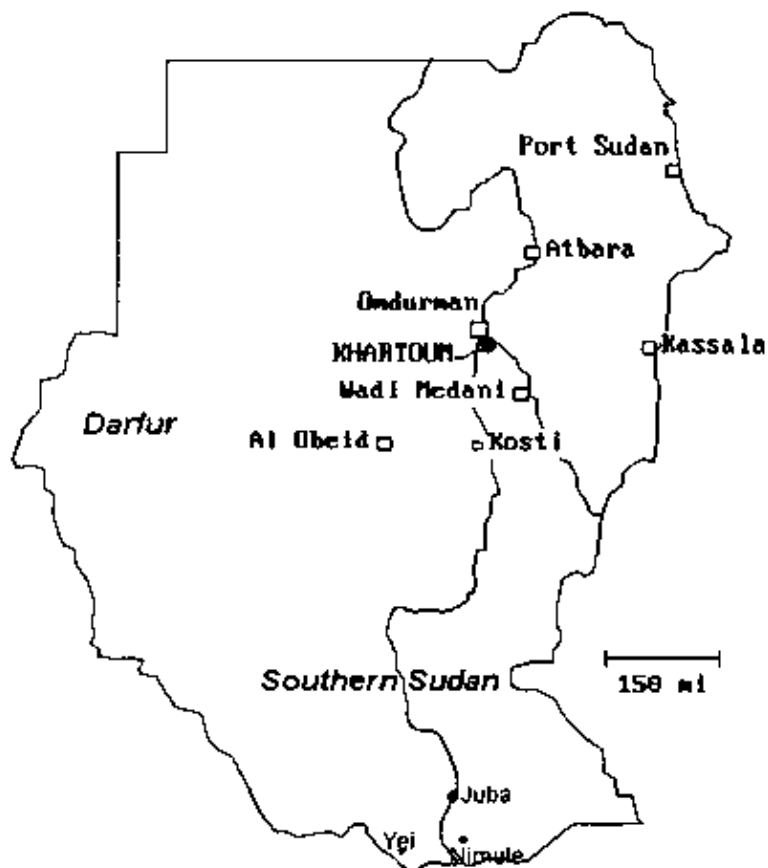
As of mid-May, only 8% of funds requested had been pledged.

Activities would include ensuring the provision of health care throughout the country, the provision of drugs and training of personnel, ensuring access to safe drinking water, preventing communicable diseases and rehabilitating schools. This will require additional support from the donor community and is likely to be needed at least until the July harvest. There is currently a 32% shortfall in food aid pledges for this operation. In addition, WFP is facing a cash shortfall for the critical air operation. Nutrition rehabilitation programmes need to be improved and efforts to control malaria are also needed. Consideration should also be given to means of bringing the Saudi livestock embargo to an end. This may involve some form of veterinary initiative easing the way for the Saudi government to review its embargo.

There is an urgent need to strengthen the nutrition programmes in Bulo Hawa and Dolo and for better outreach to detect cases of malnutrition. Supermix should be supplied along with oil in the weekly MCH ration rather than just BP5 biscuits.

Contingency planning needs to be made in the case of new flooding. In particular, ensuring funds and capacity are available to rapidly repair damaged roads, and provide transport and pre-position stocks of food. The airbridge capacity should be maintained.

## 9. Sudan



Fighting in Sudan between the Government of Sudan and the Sudanese People's Liberation Army (SPLA) began in 1983 and has continued since then. The on-going insecurity and population displacements have destroyed most trade systems within the country and have also been a major impediment to relief efforts. There are currently estimated to be 2.5 million people in Sudan who require humanitarian assistance, and that number is projected to increase by as much as 25% over the course of the year due to increased military activity and drought which led to reduced harvests (details in RNIS 23). 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, USAID 05/05/98].

**Khartoum** There are no new nutritional data on the approximately 176,000 IDPs in four displaced camps around Khartoum. Agencies are aiming to have better access to these people to improve the quality and impact of projects implemented.

**Southern Sudan** The humanitarian situation in many parts of southern Sudan had deteriorated significantly in the first months of 1998. Household assets are largely depleted which, combined with poor access to food sources such as markets and farming fields, drought and successive population displacements, have meant that food aid needs are increased in this already food insecure region. Furthermore, April to July is the 'hungry season' before the harvest [NPA 30/04/98, OLS May 98, OXFAM 01/05/98, WFP 03/04/98].

***“There is a serious deterioration in the nutritional status of the vulnerable population of southern Sudan – supplementary and therapeutic food for the severely malnourished must go hand in hand with enough general food distribution to enable entire families to survive...”***  
(Hermant, MSF as quoted in IPS 10/06/98)

One of the hardest-hit areas is Bahr el Ghazal, where it is estimated that 595,000 people are in urgent need of humanitarian assistance, 380,000 of whom are in critical need for survival. The northern counties have experienced three years of food insecurity and coping strategies are reportedly exhausted. Crop failure due to poor rainfall and pest infestation led to recommendations for food aid during the 'hungry season' in November 1997. Since that time intensified fighting in the area around Wau has led to widespread displacement of an estimated 270,000 people. Many of the displaced have no access to water, building materials, food other than wild fruits, and seeds. Tools are also in short supply for this planting season. Some people are returning to Wau with high levels of malnutrition being observed among the returnees. Adults as well as children appear severely malnourished [IRIN 22–28/05/98, OLS May 98].

A survey conducted by World Vision in the Panthou and Toch areas of the province found 40.8% wasting with 13.6% severe wasting and/or oedema (see Annex I (9a)) [IRIN 20/05/98].

Critical food shortages were also noted in Upper Nile, where insecurity hampers access to needy populations. Large numbers of people have been displaced. A rapid assessment in Unity State found 55% wasting (MUAC < 12.5cm). Selective feeding programmes are being established. A more recent survey by MSF–Holland in Ler town, Western Upper Nile found 32.5% wasting with 6.5% severe wasting (see Annex I (9b–c)) [CARE 05/05/98, IRIN 20/05/98, OLS May 98, WFP 03/04/98, 24/04/98].

A critical situation is also noted in Equatoria, where a recent survey in Torit found 28% malnutrition (see Annex I (9d)). Insecurity has displaced large numbers of people in the eastern part of the province. Selective feeding programmes are operating in Juba although their long-term effectiveness is likely to be limited by a widespread lack of food. This is due to:

- poor access to fields outside of Juba;
- decreasing productivity of over-farmed lands;
- low purchasing power of households;
- irregular food aid deliveries [OLS May 98].

The food situation in Juba was considered to be serious and it was feared that if planned barge deliveries of food met obstacles as they have in the past, then the nutritional situation in Juba would deteriorate significantly. Recent reports are that the barge has arrived as planned with emergency food aid for 119,000 people [OXFAM 01/05/98, OLS May 98, WFP 29/05/98].

Access to affected populations in southern Sudan has remained problematic due to restricted flight clearance by the GOS, leading to problems with food deliveries. For example, in Tonj, people have only received about 25% rations and many have been getting nothing. In addition, the onset of rains will make overland transport more difficult in the months to come. In April, the GOS gave clearance for relief flights to resume to all areas of Bahr el Ghazal and by early May had given authorisation to operate additional aircrafts for relief deliveries, bringing the total number to five. This will greatly improve WFP's ability to deliver aid. There is however concern that food drops may be too late, and that people are forced to eat the seeds that were meant for planting. This would lead to a longer term need for food aid. Furthermore, WFP and OLS agencies are aiming to decentralise operations to avoid concentrations of large groups of people. Increased air capacity is likely to help [IRIN 27 Mar–2 Apr 98, NPA 03/04/98, WFP 17/04/98,24/04/98,01/05/98, WV 06/05/98].

Access to approximately 400,000 people in the Nuba mountains remains problematic. This region is in central Kordofan and lies in the transition zone where north and south Sudan meet. There are reports that 20,000 people are facing food shortages after being forced out of their villages by insecurity. There are a further 300,000 people who have moved into 'peace camps' in government-held territory, where assistance is now provided. Permission was granted for an assessment mission to the Nuba mountains, but the mission has been postponed in order to work out the details enabling the mission to work in both rebel and government-held areas [IRIN 1–7/05/98, 06/05/98, 16–18/05/98, OLS 15/05/98].

Production of the July harvest will depend on rainfall in May and June. However, due to reduced planting in April, population displacements and erratic rainfall, prospects for the harvest are unfavourable [FAO 15/05/98].

A further round of peace talks between the GOS and SPLA ended with a decision to hold a referendum on the right to self-determination in southern Sudan. In addition, parties agreed on a 'free and unimpeded' flow of humanitarian aid to affected regions of the country [IRIN 01–07/05/98].

**Ethiopian and Eritrean Refugees** As of the end of 1997, there were approximately 360,000 Ethiopian and Eritrean refugees in Sudan, 135,000 of whom were assisted. Most recent nutritional surveys (October 1997) in the camps showed levels of wasting varying from 5–15%. Since that time, organised voluntary repatriation for Ethiopian refugees has been completed. Repatriation for the Eritrean refugees is scheduled to resume after the end of the rainy season in September [UNHCR 08/06/98, UNHCR/WFP 29/11/97].

*Overall*, the population in Southern Sudan is at heightened nutritional risk (category IIa in Table 1). High levels of wasting are continuously reported when surveys are carried out, although population breakdowns are not always available. The IDPs in Khartoum are at moderate nutritional risk, with a tendency towards improvement if agencies are allowed better access. The Eritrean and Ethiopian refugees are not considered to be at heightened risk (category IIc in Table 1).

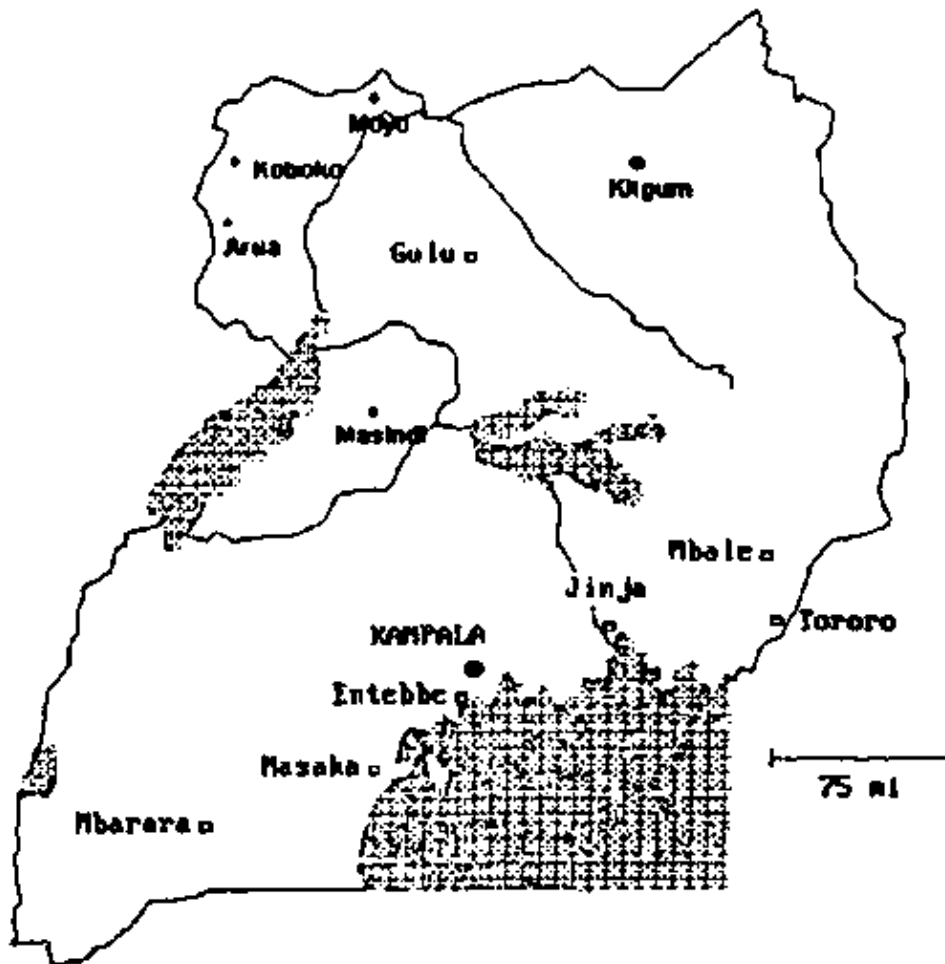
**On-going interventions** Pledges are urgently needed for a recently approved expansion of WFP's emergency operation to assist approximately 2.48 million people in southern Sudan from May 1998 – April 1999. Response to the UN Consolidated Appeal has been disappointing with only 20% of funds requested being pledged as of early May. There are many constraints to emergency interventions in the south over which the humanitarian community has little control, such as security and flight clearances. However, in order to have the maximum impact wherever possible, resources for emergency needs should be in place as soon as possible.

## 10. Uganda

There are estimated to be 618,000 people in need of emergency assistance in Uganda. This total number is comprised of about 430,000 internally displaced people, 164,000 Sudanese refugees in the northwest of the country and 24,000 from Rwanda and DRC in the western and southern areas. Insecurity due to rebel activity remains a problem, especially in the northern districts of Gulu and Kitgum. There are reports of ambushes leading to injuries and death, and fresh population displacements [IRIN 15/04/98, 22–28/05/98, 04/06/98, WFP 03/04/98, 15/05/98, 29/05/98].

<i>Origin</i>	<i>Dec. 96</i>	<i>Mar. 97</i>	<i>Jun. 97</i>	<i>Sep. 97</i>	<i>Dec. 97</i>	<i>Mar. 98</i>	<i>Jun. 98</i>
Sudanese Refugees	214,000	225,000	165,000	175,000	176,000	162,000	164,000
IDPs	200,000	200,000	150,000	270,000	382,000	402,000	430,000
Rwandan Refugees	11,500	14,500	17,000	14,000	14,000	15,000	12,000
Refugees from DRC	15,800	28,800	21,000	14,000	14,000	15,000	12,000
Total	441,300	468,300	353,000	473,000	586,000	594,000	618,000

Insecurity in Northern Uganda is continuing, and is resulting in fresh population displacements. For example, clashes in the Bundibugyo area displaced close to 12,000 people. Food assistance has been dispatched to the area, and some people are said to be returning to their homes. A cholera epidemic broke out in the area with 20,000 cases and over 1,000 deaths reported since the beginning of the year. Efforts to control the outbreak are underway [PROMED 31/05/98, WFP 10/04/98, 24/04/98, 01/05/98].



The harvest in February has somewhat relieved the food supply situation although a combination of drought, floods, market disincentives and rebel activity has severely affected cultivation in many parts of the country. Excessive rains led to a reduced harvest of maize and beans, while they created favourable conditions for roots, tubers and plantains, the country's main staple [FAO May 98, IRIN 14/04/98, USAID 28/04/98].

During March, food rations were provided for the displaced persons in northern Gulu and Kitgum but rations varied in quantity according to camp conditions and access to land. A recent assessment in Kitgum indicated that 90% of the displaced population has access to land for cultivation. Also during March 135,000 out of 163,000 Sudanese refugees received rations. Most are now receiving reduced rations as they are considered to be partially self-sufficient [WFP 10/04/98].

Voluntary repatriation for Congolese refugees has been interrupted several times due to a number of factors including the poor health situation in the area of return, and poor road conditions. The programme had re-started before the end of May, and is expected to continue for several months [IRIN 10/06/98, WFP 17/04/98,08/05/98].

*Overall*, the Sudanese refugees and the IDPs are at moderate risk of malnutrition (category IIb in Table 1) due to continued insecurity. The Congolese and Rwandan refugees are not currently considered to be at heightened nutritional risk (category IIc in Table 1).

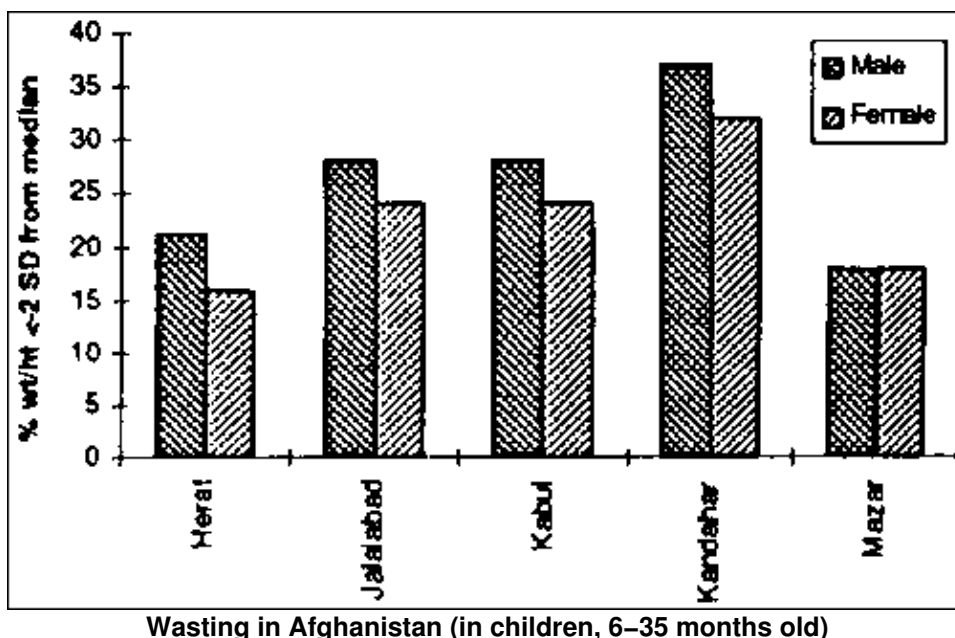
### **11. Zambia**

There are no new data on the approximately 34,000 refugees in Zambia, comprised of 1,100 Congolese refugees, 32,000 Angolan refugees, 700 Rwandan refugees and 200 refugees from Burundi [RNIS 23].

## **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

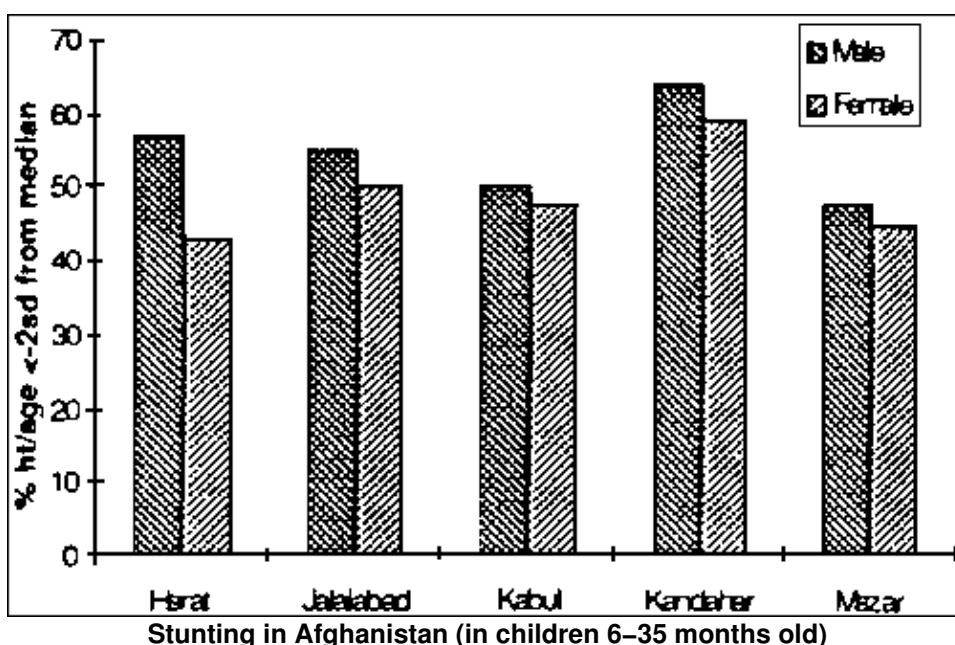




taken from: 'The 1997 Afghanistan Multiple Indicator Baseline', UNICEF 1997.

A multiple indicator baseline survey was carried out in Afghanistan in 1997. It was the first national-level survey carried out in 25 years, and gives baseline information for development and relief programmes including health, nutrition, education, food security, and the water and sanitation sector. Particular attention was paid to gender issues in the survey and potential biases in questionnaire response [UNICEF 1997].

The survey showed that 25% of children between the ages of 6-35 months were wasted, although there were variations between regions (see Annex I (12a)). Fifty-two percent of children in this age category were stunted (graph). This is very high, placing Afghanistan's children among the worst off in the world. Vitamin A deficiency, as defined by night blindness, was reported in about 3% of the children surveyed in Jalalabad and Kandahar; in other regions vitamin A did not appear to be a problem. Goitre was seen in Kabul where 13 cases were seen for every 1000 people [UNICEF 1997].



taken from: 'The 1997 Afghanistan Multiple Indicator Baseline', UNICEF 1997.

Some factors likely to have an impact on the nutritional status of children were believed to be:

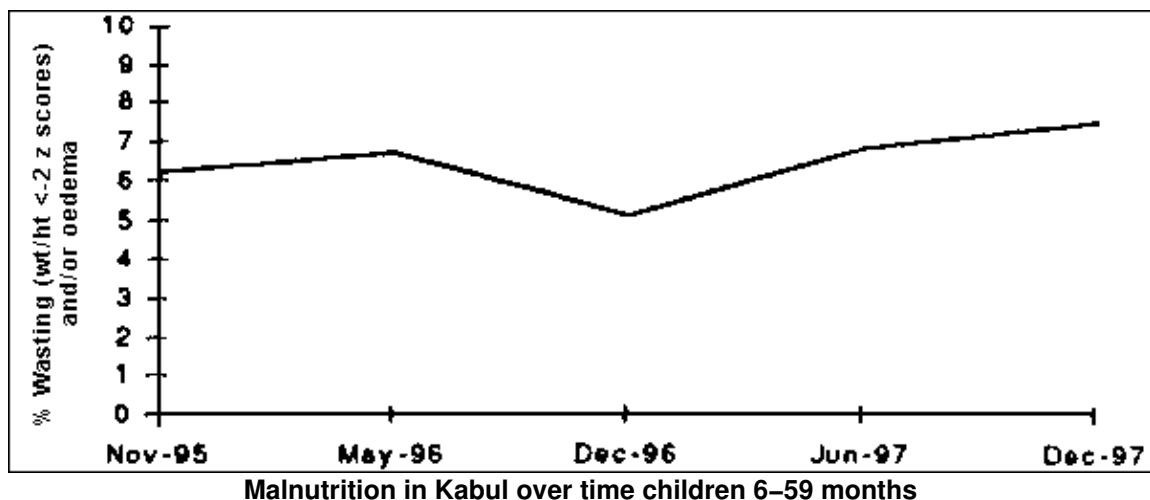
- water and sanitation: time to fetch water varied, and was generally longer in rural areas. Protected supplies of water were inadequate, and there were inappropriate sanitation



facilities;

- women estimated that 20% of children benefit from exclusive breastfeeding;
- measles immunisation coverage varied amongst regions, but in no cases was it greater than 60%;
- care of common childhood illness needed to be improved. Specifically noted were inappropriate home treatment of ARI and diarrhoea [UNICEF 1997].

A survey in Kabul showed 7.2% wasting with 0.2% severe wasting. Oedema was measured at 0.3% (see Annex I (12b)). Wasting and/or oedema for the 6–29 month age group was significantly higher than in the 6–59 month age group. This difference was attributed largely to the introduction of poor quality complementary foods in the younger age group. Stunting was measured at 63% in the 6–59 month age group. However, probable inaccuracies in determining ages mean that these results must be interpreted with caution [ACF Dec. 97].



taken from: *Nutrition and Mortality Survey, Action contre la Faim, Dec. 1997.*

Rates of wasting over time in Kabul have been relatively stable, despite a number of factors likely to negatively impact on nutritional status. Food prices have continued to rise while the currency has been devalued. Furthermore, the employment situation in the city has not improved. This stable situation is thought to be due in large part to the continuing humanitarian aid in the city, in particular the subsidised bakery programme. However, there has been a deterioration in nutritional status (as seen by a greater percentage of children with wt/ht <-1 SD) amongst children with an increasing number of children therefore at risk of acute malnutrition. Also, the under-five mortality rate was measured at 2.2/10,000/day with main causes of death reported by mothers as ARI and diarrhoea. The high mortality is thought to be partly related to declining nutritional status and reduced immunity. This is likely to indicate a need for improved care for these common illnesses as mentioned in the multiple indicator survey. Coverage of selective feeding programmes in the city is poor (< 20%) and shows no improvement since the previous survey. This may be explained by a number of factors including the long hard winter and the high level of population movements to and from the city [ACF Dec. 97, UNICEF 1997].

Earlier RNIS reports (Nos. 22, 23) described a desperate situation for the 1.2 million people in Hazarajat region. Food deliveries from the south, east and west have been blockaded by the Taliban, who say the supplies delivered would feed the opposition in the north. As the snow melted and roads opened up to villages in the region, reports from missions in the area were of people in a very serious condition. Food stocks in many areas are depleted and markets are empty. It is estimated that up to 167,000 persons in the outlying regions of Hazarajat have food stocks for only a few weeks. However, the Taliban have temporarily lifted the blockade for a small quantity of food to get through on condition that some food is also sent Ghorbund located at the front lines of fighting in Parwan Province. WFP has recently distributed foods in the two areas [WFP 01/05/98, 08/05/98, 29/05/98].

A recent earthquake in Faizabad, Badakhshan province, and Rustaq, Takhar province has destroyed many villages and killed at least 2,000 people. Urgent needs appear to be for shelter, medicine and clean drinking

water [MERLIN 01/06/98, WFP 29/05/98].

**Iran** There are approximately 1.4 million Afghan refugees in Iran, the majority of whom arrived during the 1980s during the Soviet occupation of Afghanistan. Approximately 88,000 people receive food aid, 25,000 of whom live in camps. Most of the non-camp refugees receive indirect assistance through government subsidies for education, health services, and some commodities. A decline in the Iranian economy has resulted in the withdrawal of some of these subsidies, which is likely to have a negative impact on health and nutrition status. There are a small number of Afghans repatriating [UNHCR 16/05/98, 1997–9].

**Pakistan** There are approximately 1.2 million Afghan refugees in Pakistan, 25,000 of whom require assistance. Repatriation is picking up momentum [UNHCR 16/05/98].

*Overall*, there are reports of malnutrition and starvation among some people in Hazerajat, and these people are considered to be at high risk (category IIa in Table 1). The remaining affected population in Afghanistan can be considered to be at moderate nutritional risk (category IIb in Table 1) while the refugees in Iran and Pakistan are not currently considered to be at nutritional risk (category IIc in Table 1).

**On-going interventions** The multiple indicator survey highlights some areas where development programme activities would be likely to improve nutritional status of the population nationwide. These include:

- water and sanitation – improving access to clean water and improved sanitation facilities;
- education to improve exclusive breastfeeding and treatment of common childhood illnesses;
- continued immunisation campaigns as were carried out in 1996 (see RNIS 17), and are on-going in some areas. Landmine clearance remains a major priority.

In Kabul, coverage of selective feeding programmes needs to be improved. On-going, effective monitoring of IDD programmes is needed, which would include the monitoring of iodine in locally available salt. Technical input from the international community is needed. The prevalence of vitamin A deficiency in Jalalabad and Kandahar constitutes a public health problem and should be addressed. The multiple indicators survey summarised above showed under 25% of children less than three years old had received vitamin A capsules, indicating a need for wider distribution.

There is also a need for on-going health education to improve home care for common childhood diseases like diarrhoea and API. This is particularly important as prevalence of diarrhoea is likely to increase in the coming summer months, further jeopardising nutritional status in the capital. Funds need to be urgently provided so that WFP can purchase food locally to set up distributions, access permitting, for the emergency affected Hazerajat area.

### **13. Bhutanese Refugees in Nepal**

There are approximately 94,000 assisted Bhutanese refugees in Nepal, most of whom fled Bhutan in the early 1990s. This small increase in the total number is due to births in the camps. As in the past, the overall nutrition situation remains adequate and stable, and mortality rates are low at 0.1/10,000/day [UNHCR 01/05/98, 18/05/98].

The ration of rice has been slightly reduced in 1998. Food distributions, including the distribution of vegetables and a fortified blended food (WSB), continue uninterrupted. However, micronutrient malnutrition continues to be reported at health clinics; for example the incidence of beri-beri was recently reported at 2.6/10,000/day. Incidences of angular stomatitis, a general symptom likely to indicate more serious micronutrient malnutrition, and anaemia were also elevated [UNHCR 01/05/98].

Non-food distributions including soap and kerosene, are also being carried out regularly, and water and sanitation facilities are adequate. A food assessment was recently conducted to establish the proposed food basket for 1999. The Assessment Mission recommended that fortified blended foods be omitted from general ration distributions starting in 1999. The Mission further recommended that the withdrawal of blended food from the general ration be accompanied by efforts to increase the access of refugees to fresh fruits and vegetables and that monitoring of micronutrient malnutrition should continue [UNHCR 01/05/98, 18/05/98, WFP/UNHCR 06/05/98].

**On-going interventions** Careful monitoring of nutritional status of the population is needed in light of slight change in rations in 1998. There is a continued need for more information on the causes of micronutrient malnutrition in the camp, and this could become particularly important if recommendations to discontinue the general distribution of fortified blended foods are followed in 1999.

#### **14. Refugees from Rakhine State, Myanmar in Bangladesh**

Approximately 250,000 people fled Myanmar – then Burma – to Bangladesh, claiming widespread human rights abuses. Most of these refugees have now returned to Myanmar, and only about 21,000 people remain in two camps in Bangladesh. Some problems involving refugees blocking access to food distributions and health centres were reported in March, but the situation has now returned to normal. Repatriation of these refugees, which was temporarily suspended will resume in the near future [UNHCR 18/05/98].

In line with government policy, refugees are not allowed to participate in the local economy, and home gardening is not approved at the refugee sites. This renders the population totally dependent on food aid. The planned food basket was to provide just over 2100 kcals/person/day. In the absence of fortified blended foods from the ration, efforts were made to replace the calories with high energy biscuits, but ration receipts were 1900 kcals/person/day for about a year. Blended foods have been re-introduced as part of the ration since March 1998. A recent Joint WFP/UNHCR Food Assessment Mission proposed a slight modification to the general ration according to new guidelines<sup>2</sup> and available demographic data, activity level and temperature, to just over 2000/kcals/person/day. The supplementary feeding programme, which provides malnourished children with 3–4 cooked meals/day (described in RNIS 23) is working well and about 90% of malnourished children are enrolled. In addition, all pregnant and breastfeeding women receive high energy milk [WFP/UNHCR 25/05/98].

<sup>2</sup> *WFP/UNHCR Guidelines for Estimating Food and Nutritional Needs in Emergencies, Oct 1997. A summary can be found in RNIS 22.*

Stunting (low height-for-age) in the camps was recently measured at 66.4%, although uncertainty in determining age means these data should be viewed with caution. To give context, stunting in Bangladesh is 55%. Levels of wasting were recently reported at 11% (see RNIS 23 for details). High prevalences of angular stomatitis have been reported in the camps. The mission noted that not all cases of angular stomatitis were attributable to riboflavin deficiency and many cases were due to bacterial infections. This was ascertained when most cases responded to antibiotics. It was suggested that in reporting, agencies desegregate the data by cause [ACC/SCN Nov. 97, WFP/UNHCR 25/05/98].

Non-food items distributed regularly include kerosene for lighting, soap and compressed rice husks for cooking. While in 1997, over 80% of the required compressed rice husk was made available to the refugees, during the first five months of 1998 the average distribution was only 25% of requirements. This was mainly due to a limited availability due to poor harvests. It is estimated that 39% of the families are female-headed, and that they are particularly affected by shortages in fuel. Efforts are being made to rectify the situation. The supply of soap has been regular, however with a distribution of one bar per family irrespective of family size, larger families do not have enough [WFP/UNHCR 25/05/98].

The mission also considered the issue of sale of ration commodities and found the proceeds of the sale of both food and non-food items would first be used for other food items (mainly vegetables and fish) to provide variety to the diet, then to buy fuel, to pay school fees, to buy clothes and finally, and to a lesser extent, to buy sweets for children and cigarettes [WFP/UNHCR 25/05/98].

*Overall*, there is a tendency towards improvement in the nutritional situation for these refugees with the re-introduction of a fortified blended food in the ration, and they are currently considered to be at moderate risk (category IIb in Table 1).

**On-going interventions** The Joint Food Assessment Mission had a number of recommendations:

- The ration be set at just over 2000 kcals/person/day and that sugar be added to the fortified blended food and not distributed separately;
- Vegetable oil should be fortified with vitamins A and D, in line with WFP policy;
- Wet feeding be continued;

- Data on angular stomatitis be desegregated by cause. Some additional training of health workers in order to correctly identify causes may be needed;
- Investigate infant and child feeding practices especially the introduction of complementary foods;
- Female heads of households should be targeted with fuel distributions;
- In order to improve the quality of life, small-scale initiatives such as sewing and home gardening should be permitted;

Clothes be distributed, at least on an annual basis.

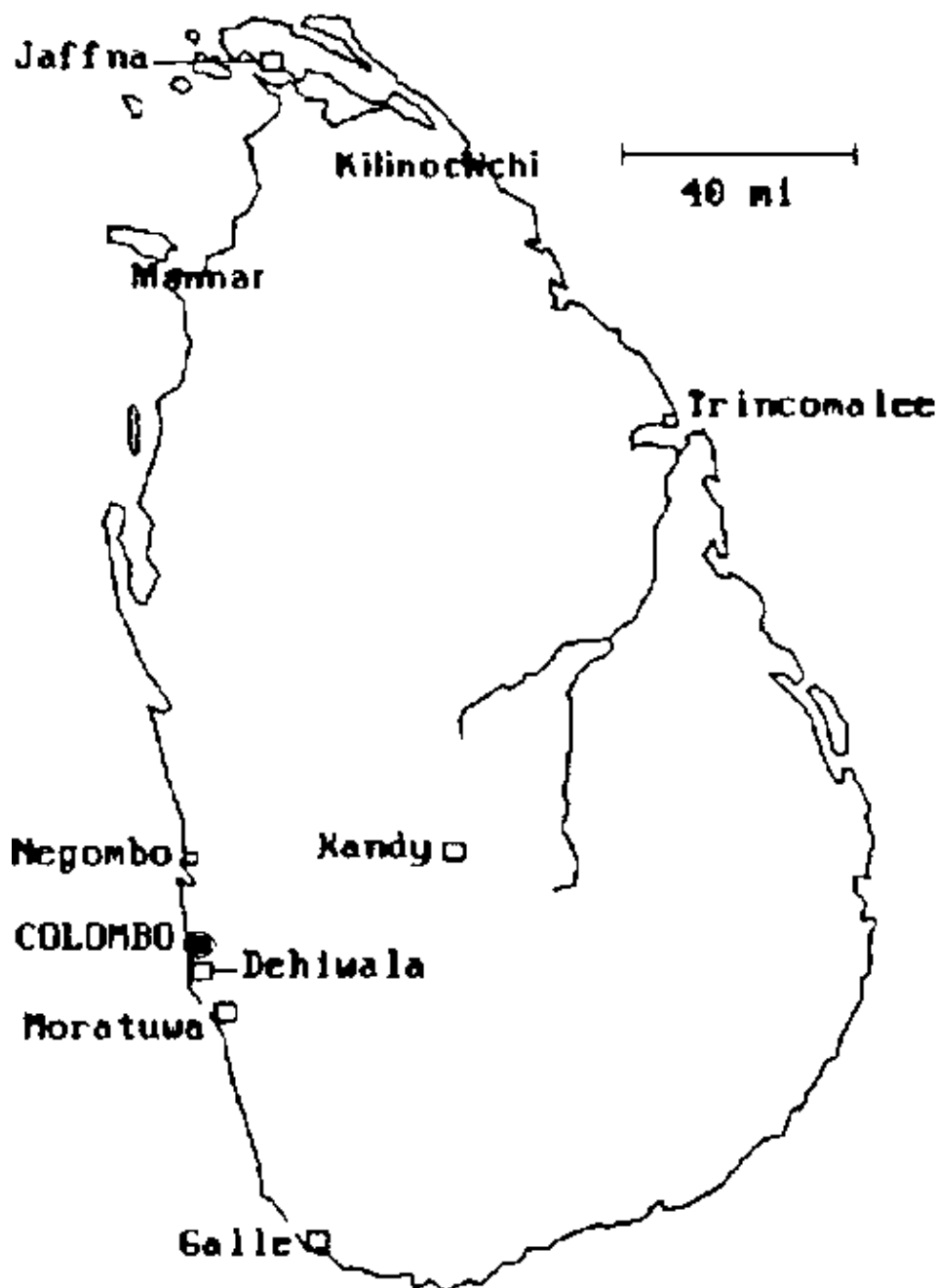
### ***15. Marsh Arabs in Southern Iraq***

A new six-month phase of the 'oil-for-food' programmes was approved at the end of May. This next phase allows for an increase in the ration provided by the Government to residents, along with substantial increases in funds for the water and sanitation sector. The plan is contingent on Iraq selling about USD4.5 billion worth of oil. In order to achieve this, major rehabilitation of the oil sector will be needed. Ways of achieving this are being investigated [WFP 05/06/98].

A survey carried out in Iraq showed that the nutritional status of Iraqi children had not improved in the last year. Details are not currently available. Substantial improvement will only come when water and sanitation, along with food supplies, improve [UNDPI 22/05/98].

It remains unclear how much of this aid reached those in the southern marshes, who traditionally receive little assistance from the Government.

### ***16. Sri Lanka***



A civil war between government forces and the separatist Liberation Tigers of Tamil Eelam (LTTE) has been on-going in Sri Lanka for the past 14 years. The number of internally displaced is difficult to determine; best estimates suggest that they number around 410,000. Many displaced people are living with relatives or friends, and an estimated 21,000 are living in UNHCR – assisted open relief centres. In addition there are approximately 65,500 people living as refugees in government run camps in India.

The last RNIS report (no 23) included details of a survey carried out in Trincomalee District where wasting was measured at 21%. Adequate access to safe drinking water was determined to be a significant problem in this part of the country. More recently, there have been reports of cholera in the city Trincomalee [PROMED 29/04/98, RNIS 23].

A survey carried out in the Wannai district showed a worrying situation. Wasting and/or oedema was measured at 21.6% with 2.9% severe wasting and/or oedema (see Annex I (16a)). This survey was carried out just before the harvest. Measles immunisation coverage, verified by a card, was only 45.6%; however a further 47% of children were said to be immunised but had no card [OXFAM/SCF 21/12/97].

The main source of income for this population is agriculture. Indications are of a good harvest, despite the high cost of some farm inputs and very heavy rainfall. This is likely to have a positive effect on the levels of wasting seen in the survey. Another source of income is the ration, some of which is consumed and some of which is sold in order to buy other necessary items. The survey noted that ration deliveries were irregular due

mainly to transportation difficulties [FAO May 98, OXFAM/SCF 21/12/97].

It was also noted in the survey that sanitary facilities in the region were inadequate. Poor hygienic practices were likely related to high levels of diarrhoea and scabies noted during the survey [OXFAM/SCF 21/12/97].

*Overall*, these refugees can be considered to be at moderate nutritional risk (category IIb in Table 1), although there are very likely to be pockets of high risk.

**On-going interventions:** Some of the needs identified in the survey in Wanni may also be relevant to other war-affected populations. Some of these include:

- improved sanitation in newly crowded areas, along with some emphasis on improving hygienic practices;
- continued distribution of food rations;
- improvement of logistics infrastructure to allow ration deliveries.

### **Listing of Sources for June 1998 RNIS Report #24**

<b>Org*</b>	<b>Date</b>	<b>Title of Report</b>
ACCSCN	Nov-97	Third Report on the World Nutrition Situation
ACF	Dec-97	Nutritional and Mortality Survey – Kabul, Afghanistan
ACF	29/01/98	Nutritional Anthropometric Survey in Displaced Camps in Freetown, Sierra Leone
ACF	19/02/98	Nutritional Survey – Buchanan, Grand Bassa County, Liberia
ACF	28/03/98	Anthropometric Nutritional Survey – Freetown, Sierra Leone
ACF	08/04/98	Nutritional Anthropometric Survey in Bo, Sierra Leone
ACF	16/04/98	Nutritional Survey – Upper Bong County, Liberia
BAAG	30/04/98	Afghanistan report – 30 April 1998
CARE	05/05/98	CARE Responds to the Crisis in South Sudan with Emergency Aid
CONCERN	18/04/98	Nutritional Survey Cibitoke Province (Burundi)
CRS	27/05/98	Personal Communication – Angola
CWS	08/05/98	CWS/ACT appeal: Kenya/Kakuma refugee assistance
DHA	Dec-Jan 98	United Nations Consolidated Inter-Agency Appeal for Sudan
FAO	16/02/98	FAO/WFP Crop and Food Supply Assessment Mission to Rwanda
FAO	May-98	Foodcrops and Shortages No. 2
FAO	15/05/98	FAO Global Information and Early Warning System on Food and Agriculture
FAO	20/05/98	

		FAO/WFP Crop and Food Supply Assessment Mission to Angola Overview of Food Security and Nutritional Status in Qorioley and Merks Districts, Lower
FSAU	Mar-98	Shabelle Region
FSAU	19/03/98	Bulo Hawa and Dolo, Gedo Region – Assessment of the Nutritional Situation Bleak Perspectives for the Banana Industry in the Shabelle Valley and Its Impact on Food
FSAU	03/04/98	Security
FSAU	02/04/98	Overview of the Nutritional Situation in Afmadoww and Hagar Districts, Lower Juba
IPS	10/06/98	Press Release: Sudan: Death, Disease Stalk Children
IPS	12/06/98	Press Release – Children – Sierra Leone: A Race Against Time
IRIN	14/04/98	Update No. 395 for Central and Eastern Africa
IRIN	15/04/98	Update No. 396 for Central and Eastern Africa
IRIN	17/04/98	Update No. 398 for Central and Eastern Africa
IRIN	24/04/98	Update No. 403 for Central and Eastern Africa
IRIN	30/04/98	Update No. 407 for Central and Eastern Africa
IRIN	06/05/98	Update No. 410 for Central and Eastern Africa
IRIN	20/05/98	Update No. 420 for Central and Eastern Africa
IRIN	04/06/98	Update No. 430 for Central and Eastern Africa
IRIN	10/06/98	Update No. 434 for Central and Eastern Africa
IRIN	01-07/05/98	Central and Eastern Africa: IRIN Weekly Round-up 19-98
IRIN	08/05/98	Update No. 412 for Central and Eastern Africa
IRIN	10-16/04/98	Central and Eastern Africa: IRIN Weekly Round-up 16-98
IRIN	16-18/05/98	Update No. 413 for Central and Eastern Africa
IRIN	17-23/04/98	Central and Eastern Africa: IRIN Weekly Round-up 17-98
IRIN	20-26/03/98	Central and Eastern Africa: IRIN Weekly Round-up 13-98
IRIN	22-28/05/98	Central and Eastern Africa: IRIN Weekly Round-up 22-98
IRIN	24-30/04/98	Central and Eastern Africa: IRIN Weekly Round-up 18-98
IRIN	27 Mar-2 Apr 98	Central and Eastern Africa: IRIN Weekly Round-up 14-98
IRIN	03-09/04/98	Central and Eastern Africa: IRIN Weekly Round-up 15-98

IRIN-a	10/06/98	Burundi Peace talks Resume in Arusha on 15 June
IRIN-WA	03-09/04/96	Weekly Roundup of Main Events 43 in West Africa
IRIN-WA	15-21/05/98	Weekly Roundup of Main Events 49 in West Africa
IRIN-WA	20-26/03/98	Weekly Roundup of Main Events 41 in West Africa
IRIN-WA	24-30/04/98	Weekly Roundup of Main Events 46 in West Africa
MERLIN	01/06/98	Update on MERLIN's activities in response to Aghan earthquake
MSF-B	Feb-96	Nutritional Survey Report for Ifo, Dagahaley and Hagadera Camps
NPA	30/04/98	Appeal: Operation BEG (Bahr el Ghazal)
OCHA	31/03/98	United Nations seeks \$79 million for humanitarian assistance to Somalia
OCHA	27/04/98	Angola Humanitarian Situation Report 06-12 April 1998
OCHA	29/04/98	Afghanistan Weekly Update No. 261
OCHA	29/04/98	Humanitarian Situation Report – Republic of Congo: Mar 1998
OCHA	05/05/98	Afghanistan Weekly Update No. 262
OCHA	06/05/96	Sierra Leone Humanitarian Situation Report 16-30 April 1998
OCHA	15/05/98	Liberia Humanitarian Situation Report No. 4
OLS	May-98	Nutritional Situation in GOS areas of southern Sudan, May 1998
OLS	15/05/98	Press Release – United Nations Assessment Mission to Nuba Mountains
OXFAM	01/05/98	Briefing Document on the Emergency in the South of Sudan
OXFAM/SCF	21/12/97	Survey in Wannu Areas
PROMED	29/04/98	Cholera – Sri Lanka
PROMED	31/05/98	Cholera – Great Lakes Region
UNDP	30/04/98	Monthly Situation Report for Ethiopia
UNDPI	22/05/98	Survey finds malnutrition among Iraqi children shows little Improvement during past year
UNHCR	31/03/98	Health Report – March 1998 (Kenya)
UNHCR	09/04/98	Tanzania
UNHCR	01/05/98	Quarterly Sitrep – 1 Jan-31 Mar 1998 (Nepal)
UNHCR	08/05/98	Briefing notes 8 May: funding of UNHCR programmes in Angola and Liberia
UNHCR	15/05/98	Update on Health and Nutrition Services (Ethiopia)
UNHCR	16/05/98	Personal Communication, Afghanistan Region



UNHCR	18/05/98	Personal Communication – Djibouti, Ethiopia. Sri Lanka. Nepal, Bangladesh
UNHCR	29/05/98	Personal Communication – Sudan
UNHCR	08/06/98	Personal Communication – Sudan
UNHCR	10/06/98	Personal Communication – Tanzania, Ethiopia
UNHCR	1997–9	Country Operations Plan 1997–1999 Islamic Republic of Iran
UNHCR/WFP	29/11/97	Joint UNHCR/WFP Food Aid Assessment Mission (Sudan)
UNICEF	1997	The 1997 Afghanistan Multiple Indicator Baseline
UNICEF	Apr–98	The UNICEF Somalia Review: April 1998
UNICEF	22/05/98	Action needed against Sierra Leone atrocities
USAID	28/04/98	FEWS bulletin – April 28, 1998
USAID	05/05/98	Sudan – Complex Emergency Situation Report #1
WFP	03/04/98	Weekly Update
WFP	10/04/98	Weekly Update
WFP	17/04/98	Weekly Update
WFP	24/04/98	Weekly Update
WFP	01/05/98	Weekly Update
WFP	06/05/98	Weekly Update
WFP	08/05/98	Weekly Update
WFP	15/05/98	Weekly Update
WFP	22/05/98	Weekly Update
WFP	22/05/98	Weekly Update
WFP	29/05/98	Weekly Update
WFP	02/06/98	WFP provides emergency food aid to Sudanese refugees in Chad
WFP	05/06/98	Weekly Update
WFP	08/06/98	Personal Communication – Liberia
WFP	09/06/98	Personal Communication – Liberia
WFP	12/06/98	Weekly Update
WFP	03/04/98	Weekly Update
WFP/LWS/KDRO/CRS	30/03/98	Zorzor and Salayea Districts, Lofa County Food Security Forum Assessment
WFP/UNHCR	06/05/98	Report of WFP/UNHCR Joint Food Assessment Mission (Nepal)
WFP/UNHCR	25/05/98	Joint UNHCR/WFP Food Aid Assessment Mission (Bangladesh)
WHO	19/05/98	

		Cholera in DR Congo and Rwanda – Malaria in Tanzania
WV	06/05/98	Sudan food shortage getting worse, not better
<b>*Org</b>		
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)	
IPS	Inter Press Service	
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. Department 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 June 1998)**

Situation	Population Numbers						Total	Change from Mar-98	Nutr Stat*	
	Condition									
	I: High Prev	IIa: High Risk	IIb: Mod Risk	IIc: Not Critical	III: Unknown					
<b>Sub-Saharan Africa</b>										
1. Angola				750,000			750,000	-150,000	stat	De to of im ha
2. Burundi/Rwanda Region									det	An nu pe be nu in
Burundi		670,000					670,000		det	Es or fo M ur
Congo/Brazzaville			6,300	43,700			50,000		stat	
E Dem Rep of Congo		159,000		165,000	297,000		621,000		det	

Rwanda			550,000			550,000		det	Nutrition situation for some is bad but numbers are not currently available.
Tanzania			329,000			329,000		stat	Situation has deteriorated in Tanzania reduced rates due access problems.
3. Chad				8,500					
4. Djibouti				21,400		21,400	-3,600	stat	Decrease due to better estimates.
5. Ethiopia	60,000		205,000		22,700	287,700	-106,300	imp	Decrease due to some repatriation of Somali refugees.
6. Kenya			120,000	59,000		179,000	-300	mat	Recent surveys show floods did not have negative impact on nutrition status.
7. Liberia/Sierra Leone/ Guinea/Cote d'Ivoire		714,000	54,000	340,000		1,108,000	-433,000	stat/det	Decrease due mainly to the return of IDPs to in Liberia. Massive influx of refugees from Sierra Leone into Guinea.
8. Somalia			1,000,000			1,000,000	-200,000	det	There are to be pockets of high risk.
9. Sudan		1,700,000	645,000	135,000		2,480,000	-314,800	det	Decrease to repatriation of Ethiopian refugees.
10. Uganda			594,000	24,300		618,300	24,300	det	Increased due increase number of IDPs.
11. Zambia				34,000		34,000	0	stat	
<b>Total (Sub-Saharan Africa)</b>	<b>60,000</b>	<b>3,243,000</b>	<b>3,503,300</b>	<b>1,580,900</b>	<b>319,700</b>	<b>8,706,900</b>	<b>-1,544,960</b>		

<b>Asia (Selected Situations)</b>									
12. Afghanistan Region		167,666	973,000	113,000		1,253,000	-1,149,000	stat	De du up es th as pa An ar
13. Bhutanese Refugees in Nepal				94,000		94,000	1,000	stat	Sh in du no in
14. Bangladesh			21,000			21,000	0	imp	Te to im wi re of bl th
15. Southern Iraq			174,000	46,000		220,000	0	stat	Th M cc be
16. Sri Lanka			500,000			500,000	0	stat	Th to of m

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

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

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

*Ilc: 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  
June 1998 – RNIS #24 (population estimates in thousands)**

<b>From</b>	<b>To/In</b>									
	<b>Angola</b>	<b>Burundi</b>	<b>Congo/ Brazzaville</b>	<b>Cote d'Ivoire</b>	<b>Dem Rep Congo</b>	<b>Eritrea</b>	<b>Ethiopia</b>	<b>Ghana</b>	<b>Guinea</b>	<b>Ken</b>

Angola	750				50					
Burundi	1	670			10					
Congo/Brazzaville			41							
Cote d'Ivoire										
Dem Rep Congo					409					
Eritrea										
Ethiopia							11			6
Ghana										
Guinea										
Kenya							9			
Liberia				140				10	200	
Rwanda	1		9		37					
Sierra Leone									414	
Somalia							205			133
Sudan					111		60			40
Tanzania										
Uganda					4					
Zambia										
TOTAL	752	670	50	140	621	0	285	10	614	179

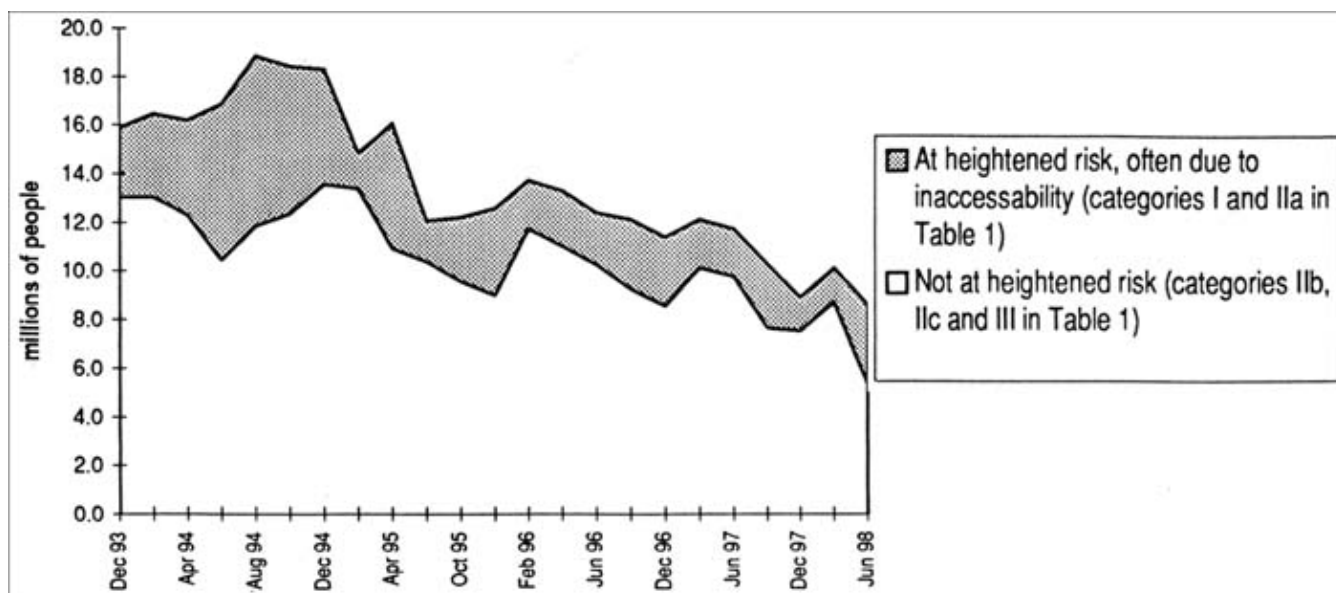
\* Refugees in Rwanda are from DRC and Burundi.

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 = 6.7 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).



**Number of Refugees and Internally displaced People in Sub-Saharan Africa and Estimated Nutritional Risk Over Time (Dec 98–Jun 98)**

**Annex 1: Results of Surveys Quoted in June 1998 RNIS Report (#24) – 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)	M Imm Co
<b>2. Burundi/Rwanda (Great Lakes) Region</b>								
a. Cibitoke Province, Burundi	CONCERN	May-98	14.0	3.3	7.2	3.3	5.0	
b. Brazzaville, Congo	MERLIN/MSF	Feb-98	9.3**					
c. Lukole Camp, Tanzania	UNHCR	May-98	5.6**	0.2**				
d. Mtendeli Camp, Tanzania	UNHCR	May-98	3.8**	1.4**				
e. Nduta Camp, Tanzania	UNHCR	May-98	2.1**	0.2**				
f. Kanembwa	UNHCR	May-98	2.2**	0.1**				
g. Mukuwa Camp, Tanzania	UNHCR	May-98	7.1**	1.0**				
h. Nyragusu Camp, Tanzania	UNHCR	May-98	1.5**	0.2**				
i. Lugufu	UNHCR	May-98	1.0**	0.0**				
<b>6. Kenya</b>								

<i>a. Ifo Camp</i>	MSF-B	Feb-98	16.1	1.0	1.6			
<i>b. Dagahaley Camp</i>	MSF-B	Feb-98	10.9	0.9	1.6			
<i>c. Hagadera Camp</i>	MSF-B	Feb-98	14.7	1.5	0.6			
<b>7. Liberia/Sierra Leone Region</b>								
<i>a. Upper Bong County, Liberia</i>	ACF	Apr-98	9.1	0.8	0.4			55.6
<i>b. Buchanan, Grand Bassa, Liberia</i>	ACF	Feb-98	6.7	1.2	0.3			46.0
<i>c. Vahun, Liberia</i>	SCF/MSF	Mar-98	9.9**	3.5**				
<i>d. Waterloo Camp, Freetown, Sierra Leone</i>	ACF	Jan-98	3.0	0.0	0.6			15.3
<i>e. Clay Factory, Freetown, Sierra Leone</i>	ACF	Jan-98	5.5	0.0	0.0			19.2
<i>f. Ross Road, Freetown, Sierra Leone</i>	ACF	Jan-98	21.0					
<i>g. OIC, Freetown, Sierra Leone</i>	ACF	Jan-98	15.0					
<i>h. Freetown, Sierra Leone</i>	ACF	Mar-98	9.1	0.4	0.0			
<i>i. Bo, Sierra Leone</i>	ACF	Apr-98	10.9	1.2	0.2			
<b>9. Sudan</b>								
<i>a. Panthou and Toch, S Sudan</i>	WV	May-98	40.8**	13.6**				
<i>b. Unity State, S Sudan</i>	CARE	May-98	55 (MUAC<125)					
	MSF-H	May-98	32.5**	6.5**				



<i>c. Ler Town, S Sudan</i>								
<i>d. Torit, Equatoria, S Sudan</i>		May-98	28.0					
<b>12. Afghanistan</b>								
<i>a. National Survey – Afghanistan</i>	UNICEF	1997	20.0 (Children 6–35 months)					
<i>b. Kubul</i>	ACF	Dec-97	7.2	0.2	0.3		2.2	
<b>15. Sri Lanka</b>								
<i>a. Wannai District</i>	OXFAM/SCF	Dec-97	21.6**	2.9**				

\* 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

#### 2. Burundi/Rwanda (Great Lakes) Region

a. This survey was carried out by CONCERN in Cibitoke Province, Burundi for 6–18 April 1998. It was a cluster sample survey including 916 children 6–59 months old. Wasting was defined as wt/ht <–2Z scores and severe wasting <–3Z scores. Oedema was given separately. Global malnutrition was defined as wt/ht <–2Z scores or oedema and was measured at 21.1% (CI: 17.4–25.0). Severe acute malnutrition was defined as wt/ht <–3Z scores or oedema and was measured at 10.5% (CI: 7.6–13.4). Measles immunisation coverage is confirmed by an immunisation card.

b. This survey was jointly carried out by MERLIN and MSF in Brazzaville in February 1998. The information was reported in an OCHA report, and no further details are currently available.

c–i. These are preliminary results of nutrition surveys carried out between mid–April and end of May under the coordination, supervision and technical support of UNHCR. Participating agencies were IRC (International Rescue Committee), AEF (Africa Education Fund) and TRCS/IFRC (Tanzania Red Cross & International Federation of Red Cross). Further details are forthcoming.

#### 6. Kenya

a. This survey was carried out by MSF–Belgium in Ifo Camp on 14 February 1998. It was a two–stage cluster sample survey, including 793 children 6–59 months old. Wasting was defined as wt/ht <–2Z scores and severe wasting <–3Z scores. Oedema was given separately. These values were not included in the report, but were communicated as clarification to the report. Global malnutrition was defined as wt/ht <–2Z scores or oedema and was measured at 17.7% (CI: 14.0–21.9). Severe acute malnutrition was defined as wt/ht <–3Z scores or oedema and was measured at 2.6% (CI: 1.3–4.9).

b. This survey was carried out by MSF–Belgium in Dagahaley Camp on 13 February 1998. It was a two–stage cluster sample survey, including 789 children 6–59 months old. Wasting was defined as wt/ht <–2Z scores and severe wasting <–3Z scores. Oedema was given separately. These values were not included in the report, but were communicated as

clarification to the report. Global malnutrition was defined as wt/ht <-2Z scores or oedema and was measured at 12.5% (CI: 9.5–16.4). Severe acute malnutrition was defined as wt/ht <-3Z scores or oedema and was measured at 2.5% (CI: 1.3–4.8).

c. This survey was carried out by MSF–Belgium in Hagadera Camp on 15 February 1998. It was a two-stage cluster sample survey, including 796 children 6–59 months old. Wasting was defined as wt/ht <-2Z scores and severe wasting <-3Z scores. Oedema was given separately. These values were not included in the report, but were communicated as clarification to the report. Global malnutrition was defined as wt/ht <-2Z scores or oedema and was measured at 15.3% (CI: 11.9–19.4). Severe acute malnutrition was defined as wt/ht <-3Z scores or oedema and was measured at 2.1% (CI: 1.0–4.3).

## 7. Liberia/Sierra Leone Region

a. This survey was carried out by Action contre la Faim in Upper Bong County, Liberia from 14–16 April 1998. It was a cluster sample survey using 30 clusters of 30 children per cluster. A total of 928 children 6–59 months were included. Wasting was defined as wt/ht <-2Z scores and severe wasting <-3Z scores. Oedema was given separately. Global malnutrition was defined as wt/ht <-2Z scores or oedema and was measured at 9.5% (CI: 7.0–12.7). Severe acute malnutrition was defined as wt/ht <-3Z scores or oedema and was measured at 1.2% (CI: 0.4–2.8). Measles immunisation coverage is confirmed by an immunisation card. If mother's confirmation is also included, coverage is 80.5%.

b. This survey was carried out by Action contre la Faim in Buchanan, Grand Bassa County, Liberia from 17–19 February 1998. It was a cluster sample survey using 30 clusters of 30 children per cluster. A total of 929 children 6–59 months were included. Wasting was defined as wt/ht <-2Z scores and severe wasting <-3Z scores. Oedema was given separately. Global malnutrition was defined as wt/ht <-2Z scores or oedema and was measured at 7.0% (CI: 4.9–9.9). Severe acute malnutrition was defined as wt/ht <-3Z scores or oedema and was measured at 1.5% (CI: 0.6–3.2). Measles immunisation coverage is confirmed by an immunisation card. If mother's confirmation is also included, coverage is 85.5%.

c. This survey was jointly carried out by SCF and MERLIN in March 1998.

d. This survey was carried out by Action contre la Faim in Waterloo Camp in February 1998. It was a random systematic sampling survey including 335 children 6–59 months old. Wasting was defined as wt/ht <-2Z scores and severe wasting <-3Z scores. Oedema was given separately. Global malnutrition was defined as wt/ht <-2Z scores or oedema and was measured at 3.6% (CI: 1.9–6.4). Severe acute malnutrition was defined as wt/ht <-3Z scores or oedema and was measured at 0.6% (CI: 0.1–2.4). Measles immunisation coverage is confirmed by an immunisation card. If mother's confirmation is also included, coverage is 54.1%.

e. This survey was carried out by Action contre la Faim in Clay Factory Camp in February 1998. It was a random systematic sampling survey including 329 children 6–59 months old. Wasting was defined as wt/ht <-2Z scores and severe wasting <-3Z scores. Oedema was given separately. Global malnutrition was defined as wt/ht <-2Z scores or oedema and was measured at 5.5% (CI: 3.3–8.7). Severe acute malnutrition was defined as wt/ht <-3Z scores or oedema and was measured at 0.0% (CI: 0.0–1.4). Measles immunisation coverage is confirmed by an immunisation card. If mother's confirmation is also included, coverage is 62.2%.

f. This survey was carried out by Action contre la Faim in Ross Road Camp in February 1998. It was an exhaustive survey and measured 19 children under five. Wasting was defined as wt/ht <-2Z scores and severe wasting <-3Z scores. Oedema was given separately.

g. This survey was carried out by Action contre la Faim in OIC Camp in February 1998. It was an exhaustive survey and measured 26 children under five. Wasting was defined as wt/ht <-2Z scores and severe wasting <-3Z scores. Oedema was given separately.

h. This survey was carried out by Action contre la Faim in Freetown, Sierra Leone from 26–28 March 1998. It was a cluster sample survey including 30 clusters of at least 30 children 6–59

months old per cluster. A total of 942 children were included in the survey. Wasting was defined as wt/ht <-2Z scores and severe wasting <-3Z scores. Oedema was given separately. Global malnutrition was defined as wt/ht <-2Z scores or oedema and was measured at 9.1% (CI: 6.7-12.3). Severe acute malnutrition was defined as wt/ht <-3Z scores or oedema and was measured at 0.4% (CI: 0.0-1.7). Measles immunisation coverage is confirmed by an immunisation card. If mother's confirmation is also included, coverage is 83.9%.

i. This survey was carried out by Action contre la Faim in Bo, Sierra Leone from 4-8 April 1998. It was a cluster sample survey including 30 clusters of at least 30 children 6-59 months old per cluster. A total of 951 children were included in the survey. Wasting was defined as wt/ht <-2Z scores and severe wasting <-3Z scores. Oedema was given separately. Global malnutrition was defined as wt/ht <-2Z scores or oedema and was measured at 11.0% (CI: 8.4-14.4). Severe acute malnutrition was defined as wt/ht <-3Z scores or oedema and was measured at 1.4% (CI: 0.6-3.0). Measles immunisation coverage is confirmed by an immunisation card. If mother's confirmation is also included, coverage is 74.3%.

## 9. Sudan

a. This survey was carried out by World Vision in Panthou and Toch, Bahr el Ghazal, Southern Sudan. The information was reported in the IRIN report of 20 May 1998 and no further details are currently available.

b. This assessment was carried out by CARE in Unity State, Southern Sudan. Wasting was defined as MUAC<125mm. This information is from an OLS statement in May 1998 and no further details are currently available.

c. This survey was carried out by MSF-Holland in Ler Town, Western Upper Nile. The information was reported in the IRIN report of 20 May 1998 and no further details are currently available.

d. This was a UNICEF supported NGO/Ministry of Health team assessment. This information is from an OLS statement in May 1998 and no further details are currently available.

## 12. Afghanistan

a. This is a UNICEF multiple indicator survey. Wasting in this survey was defined as wt/ht <-2Z scores. Stunting was defined as ht/age <-2Z scores. Children 6-35 months old were measured.

b. This survey was carried out by Action contre la Faim in Kabul City in December 1997. It was a two-stage cluster sample survey including 30 clusters of 31 children 6-59 months old per cluster for a total of 928 children. Wasting was defined as wt/ht <-2Z scores and severe wasting <-3Z scores. Oedema was given separately. Global malnutrition was defined as wt/ht <-2Z scores or oedema and was measured at 7.5% (CI: 5.3-10.5). Severe acute malnutrition was defined as wt/ht <-3Z scores or oedema and was measured at 0.5% (CI: 0.1-1.9).

## 15. Sri Lanka

a. This was a joint survey carried out by OXFAM and Save the Children in December 1997. It was a two-stage cluster sample survey including 34 clusters of 30 children 6-59 months old per cluster for a total of 1047 children. Wasting was defined as wt/ht <-2Z scores and severe wasting <-3Z scores. Oedema was given separately. Global malnutrition was defined as wt/ht <-2Z scores or oedema and was measured at 21.6% (CI: 18.1-25.1). Severe acute malnutrition was defined as wt/ht <-3Z scores or oedema and was measured at 2.9% (CI: 1.5-4.3). Measles immunisation coverage is confirmed by an immunisation card. If mother's confirmation is also included, coverage is 93%.



*Map of Africa*

**Seasonality in Sub-Saharan Africa\***

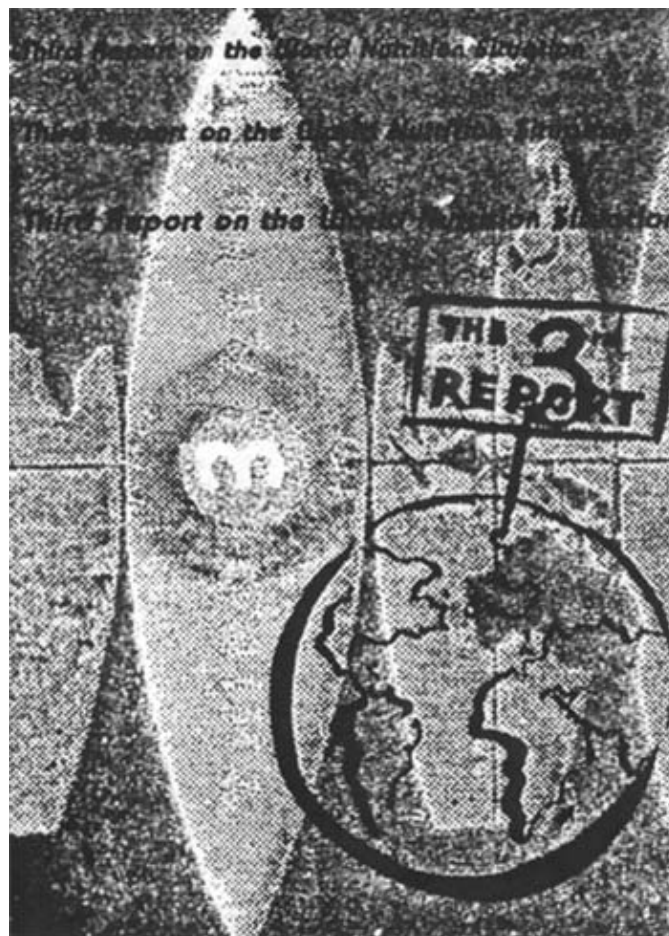
Country	Climate/Rainy Season/Harvest
Angola	Coastal area desert, SW semi-arid, rest of country: rains Sept–April
Burundi	Three crop seasons: Sept–Jan. Feb–June, and Jul–Aug
CAR	Rains March–Nov
Djibouti	Arid Climate
Ethiopia	Two rainy seasons February to May and June to October
Kenya	N–E is semi-arid 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.*

## New Publications Available from SCN

### *Third report on the World Nutrition Situation*



This ***Third Report on the World Nutrition Situation*** is part of a series of SCN reports initiated in the mid 80s on nutritional status of populations in developing countries. These reports focus on information important for all the UN agencies concerned with nutrition, and for the many governments and non-governmental organizations and individuals active in nutrition. The centrepiece of earlier reports was estimates of regional trends in underweight of preschool children.

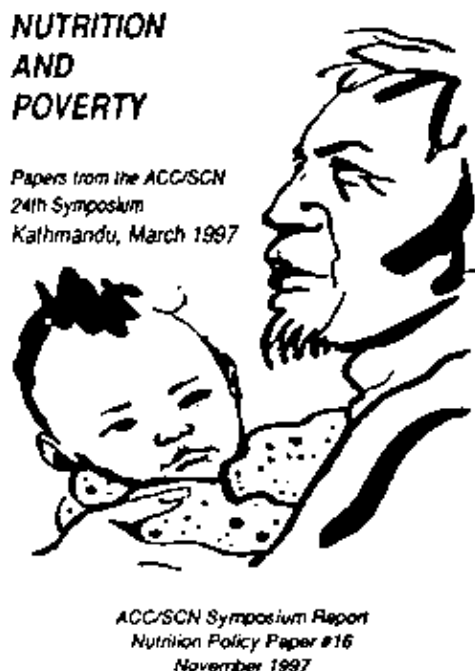
This ***Third Report*** presents, for the first time, information on global and regional trends in stunting, i.e., low height-for-age. This analysis was made possible because of the significantly enriched database on child growth made available by countries to the international community in recent years. This work was also motivated by important research on childhood stunting and mental development. All regions in the world, except Sub-Saharan Africa, show steady reductions in stunting over the period 1980–95.

Much progress has been made against micronutrient malnutrition since the ***Second Report*** was published in 1992. Chapter 2 describes this dramatic progress and highlights some of the outstanding issues, emphasizing the need for program monitoring and sustainability. Chapter 2 presents, for the first time in this series,

information on folic acid deficiency and zinc deficiency. Both of these nutrition problems have for many years been largely overlooked. A short section on calcium is also included. Chapter 3 presents a review of issues related to the nutritional status of refugees and displaced persons, and Chapter 4 draws policy implications. This Report provides important material for identifying the new possibilities and challenges ahead.

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## **NUTRITION AND POVERTY**



South Asia has the highest prevalence rates of child underweight and stunting in the world. Because of the massive populations living in this region these rates translate into huge numbers. Indeed about one half of all malnourished children live in South Asia.

South Asia is also very poor, with a per capita GNP of US\$345 in 1996; nearly 40% of the world's income-poor live in this region. Efforts to reduce child malnutrition in South Asia must be based on a clear understanding of the role of poverty as a cause and a consequence of malnutrition.

This report presents a collection of papers discussed at the 24th Session of the United Nations Sub-Committee on Nutrition, held in March 1997 in Kathmandu. The Symposium presenters and discussants traced the origins of child malnutrition to low birth weight, maternal deprivation and discrimination against girls and women in South Asia. Malnutrition in the early childhood years can have serious consequences for the school-aged child and well into adulthood. This argues unequivocally for policies directed towards adequate food, health and care for women, their families and their communities.

This report provides new analysis and thinking from both nutrition research and practice. It is meant to stimulate discussion and inform policy setting. The intended audience is a broad constituency of professionals concerned with development, for which nutrition is an indicator of achievement and a central aim.

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The UN ACC/SCN, 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 fourth 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 Nutrition Situation of Refugees and Displaced People will be published every three months, with updates on rapidly changing situations on an 'as needed' basis between full reports.

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

whether or not they cross national boundaries. Definitions used are given in the box on the next page. At the end of 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. Population at high risk (category IIa in Table 1) of experiencing nutritional health crises are generally identified either on the basis of indicators where this 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.

<sup>1</sup> 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/>

## Indicators

**WASTING** is defined as less than  $-2SDs$ , or sometimes 80%, wt/ht by NCHS standards, usually in children of 6–59 months. For guidance in interpretation, prevalences of around 5–10% are usual in African populations in non-drought periods. We have taken more than 20% prevalence of wasting as undoubtedly high and indicating a serious situation: more than 40% is a severe crisis. SEVERE WASTING can be defined as below  $-3SDs$  (or about 70%). Any significant prevalence of severe wasting is unusual and indicates heightened risk. (When "wasting" and "severe wasting" are reported in the text, wasting includes severe – e.g. total percent less than  $-2SDs$ , *not* percent between  $-2SDs$  and  $-3SDs$ .) 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<sup>2</sup>) 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).

**STUNTING** is sometimes included in anthropometric surveys and is usually defined as height-for-age  $<-2Z$  scores from the median of the international reference population. When the age groups are different, this is specified in the text and tables.

**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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