Refugee Nutrition Information System (RNIS), No. 26 – Report on the Nutrition Situation of Refugee and Displaced Populations

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Highlights

Angola is currently experiencing its most severe political and humanitarian crisis since the signing of the UN brokered Lusaka protocol peace accord in 1994. Fresh waves of population displacements have aggravated an already precarious food situation in parts of the country. There are estimated to be over 650,000 IDPs and many others have fled the country. Of particular concern are those IDPs in Malanje, Huambo and Kuito where UNITA forces have besieged the cities. Given the extreme insecurity on the country's roads, WFP must currently deliver 80–90% of its aid by air compared to 20% six months ago. In addition, due to the insecurity, the 1999 crop is expected to be sharply below output in recent years.

The Great Lakes region Insecurity in the Eastern Democratic People's Republic of Congo (DRC) and Congo–Brazzaville has led to a fresh wave of population displacements and has negatively affected food

security for many people. In both countries, there are reports of pockets where the nutrition situation is very poor. In Rwanda, the number of IDPs has increased dramatically, although since December approximately half have been gradually resettled into new villages and reports describing their nutritional status suggest that the situation has improved. In Burundi, present indications are of a decreasing number of IDPs and an improving nutritional situation for much of the affected population – this is mainly due to increased stability in the country.

Ethiopia The border conflict between Ethiopia and Eritrea has resulted in significant internal displacements of people (up to 337,000), together with political expulsions of nationals considered to originate from the other's territory. Reports indicate that the nutritional situation of these IDPs is satisfactory for the moment. However, the Somali–speaking people of south–eastern Ethiopia are experiencing a period of considerable hardship like their Somali neighbours. A recent survey in the in the Dolo wereda of Liban zone indicated a poor food security situation in the district.

Liberia/Sierra Leone region Deterioration in the security situation of Sierra Leone has led to widespread displacement throughout the country. However as access of the humanitarian organisations to the affected areas is severely restricted, it is difficult to estimate the numbers of people involved and the extent of their deprivation. It is likely that a combination of risk factors renders the population in affected areas highly vulnerable. The situations in Guinea–Conakry, Cote d'Ivoire and Liberia are more stable, although recent events in Sierra Leone may alter this.

Somalia Alarming reports of deteriorating food security have been consistently reported from the southern regions, including Bay and Bakool, as well as areas of Gedo and parts of Hiran since September 1998. The availability of water for livestock and human consumption has become critical in many regions. A recent nutritional assessment in Bay region found a very high proportion of the children were acutely malnourished (defined by MUAC). Furthermore, there is growing concern that the country's largest cereal harvest, due in July, may fail.

Sudan In 1998, southern Sudan faced its most serious humanitarian crisis in ten years. By the middle of 1998 some areas in northern Bahr El Ghazal (NBEG) reached famine conditions associated with significant loss of human life. In many areas the 1998 harvest was significantly below the level required to sustain the population through the upcoming dry season. In 1999, localised food deficits ranging between 25 and 90 percent are expected in areas of BEG where OLS is operational. There are currently estimated to be 2.6 million people in Sudan who require food assistance.

DPRK A joint Government/UNICEF/WFP/ECHO nutrition survey in DPRK conducted in September/October 1998 found a prevalence of 15.6% acute malnutrition in a survey which was representative of 71% of the population. 62.3% of the children were stunted. WFP has described the situation as "a famine in slow motion".

Kosovo The current crisis in Kosovo has resulted in widespread displacement of the population. An estimated 240,000 people are displaced within Kosovo itself and up to 200,000 are displaced in other countries and areas in the region. This number may increase after the recent bombings by NATO. Despite the ongoing conflict, the acute nutritional status of children in Kosovo remains within acceptable standards. A province–wide survey conducted in December 1998/ January 1999 found that the prevalence of acute malnutrition was 2.0% and that of severe acute malnutrition was 0.2%.

Adequacy of Factors Affecting Nutrition

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

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

? Adequate
O Problem in some areas
X Problem
• ? Don't know, but probably adequate
•O Don't know, but probably inadequate
* This refers to both adequate presence and training of NGOs and local staff where security allows.
** Rations may be inadequate due to inaccessibility.

Sub–Saharan Africa

1. Angola

Angola is currently experiencing its most severe political and humanitarian crisis since the signing of the UN brokered Lusaka Protocol Peace Accord in 1994. Fighting between UNITA and government forces has intensified since December 1998, particularly in the central highlands and northern provinces. This has resulted in fresh waves of population displacements and has aggravated an already precarious food situation in several parts of the country. The number of confirmed IDPs has increased dramatically since December from 350,000 to over 650,000, although the actual number of IDPs (including non–confirmed persons) may be as high as 882,000 (OCHA – 17/03/99).

The latest breakdown of confirmed IDPs in the most affected provinces are as follows (OCHA – 17/03/99).

Huambo	**Huila**	**Malanje**	**Bie**	**Benguela**	**Bengo**	**Moxico**	**Kwanza Norte**	**Uige**
128,202	74,492	130,077	36,877	46,653	32,419	41,199	28,611	24,873

Of particular concern are those IDPs in Malanje, Huambo and Kuito where UNITA forces have besieged the cities. The government occupied town of Malanje, which accomodates at least 130,000 IDPs, who have fled fighting in the surrounding countryside, has been the site of heavy shelling by UNITA for some weeks. The shelling frequently prevents people gathering at meeting points to receive what relief is available. WFP has managed, however, to provide assistance to the IDPs periodically – during breaks in the shelling – which has resulted in a drop in prices at the only food market still open (IRIN–SA – 19/02/99; OCHA – 19/03/99).

A survey in Malange town in January 1999, found the prevalence of wasting in children aged 6–59 months to be 11.0%; severe wasting was at 4.5% (see Annex I(1a)). These levels are much higher than those reported in comparable surveys in Malange in June 1997 and July 1996, when wasting was measured at 2.3% and 3.6% respectively. Furthermore, the current situation may deteriorate as access to food is increasingly limited due to security constraints (WFP – 05/02/99).

The situation in Huambo and its environs is also of grave concern. Reports suggest a precarious public health situation as well as food shortages and inflation in market prices (OCHA – 17/03/99, CONCERN – 10/02/99). An SCF–UK survey in January among children of displaced families (SCF–UK – 19/03/99) recorded a prevalence of 14.7% wasting and 7.3% severe wasting (see Annex I(1b)). In response to these findings, four supplementary feeding centres have been opened by NGOs in Huambo and the opening of a therapeutic feeding centre is planned. In February, WFP – with the assistance of SCF–UK – was able to provide assistance to some 54,000 beneficiaries of which 44,500 were IDPs.

Poor public health conditions in over–crowded cities have increased the risk of a rise in morbidity, particularly measles, malaria and tuberculosis. Reports of a growing number of people contracting tuberculosis in Kuito have been received (IRIN–SA – 08/02/99).

A major obstacle to the provision of humanitarian assistance to Angolans in UNITA controlled areas is the issue of safe access. In December and January there was heavy fighting in the northern Zaire province capital, M'banza Congo, which at one point was controlled by UNITA. The humanitarian community was unable to enter the city during this period and there are reports that the local hospital was ransacked and equipment looted or destroyed (IRIN–SA – 19/02/99). Access for humanitarian workers may become even more difficult in the absence of MONUA (the UN Observer Mission in Angola), who plan to withdraw from the country completely by the end of March (Reuters – 19/03/99). Furthermore, the downscaling of MONUA has brought the UN Mine Action Programme to a virtual halt and there are reports of new mines being laid (IRIN–SA – 19/02/99).

Given the extreme insecurity on the country's roads, WFP must currently deliver 80–90% of its aid by air compared to 20% six months ago (WFP – 15/02/99). This can only greatly reduce WFP's capacity to deliver food assistance. This is partly due to the much greater costs ($20 million has been requested for air transport costs in the most recent appeal) and more limited capacity of air transport compared with road transport, and also because of airport closures, such as those experienced in Huambo and Kuito restrict access (IRIN–SA –31/12/98). Shortage of funding for transportation costs is threatening to cause delays in deliveries of emergency assistance to IDPs and affected communities even when goods are available in the country (OCHA – 19/03/99). After the crash of two aircraft in the service of MONUA, all UN flights were temporarily suspended for part of January, however, humanitarian flights operated by WFP have recommenced to some destinations in the country (OCHA – 14/01/99). In spite of these difficulties, in March WFP plans to distribute food to 700,000 beneficiaries, of which 480,000 are IDPs (OCHA – 17/03/99).

The food security outlook for Angola has become increasingly bleak. The latest satellite images indicate that the 1998/99 rainy season has been favourable so far. However, there is little hope that this will translate into

increased production as intense fighting is taking place in the major crop growing areas of the centre (Huambo and Bie provinces) and extending to the north and the east. As a result many farmers have abandoned their land. Also, widespread insecurity, new laying of land mines and severely damaged infrastructure are curtailing normal trading and are hampering the distribution of seeds, tools and other agricultural inputs. Consequently, the 1999 crop is expected to be below the output in recent years. The Harare–based Southern African Development Community's Early Warning System estimates that the maize output is likely to fall by 25%. The country must rely heavily on food assistance to meet its basic food needs (FAO – 18/02/99; OCHA – 19/03/99).

New Angolan Refugees

According to UNHCR reports, 75,000 people have crossed from Angola into DRC since December. Many of this new wave of refugees entered DRC through the border post at Luvo from Zaire province which has been the site of intensive fighting. Reports have also indicated that there are an estimated 8,000 recent Angolan arrivals in Congo–Brazzaville (UNHCR – 17/03/99). In addition, UNHCR reports that more than 1,200 people have fled to Zambia since June 1998 (WFP – 12/2/99).

Overall, the IDPs in the cities which are besieged by UNITA are considered to be at high nutritional risk (category IIa), those in other areas are considered to be at moderate nutritional risk (category IIb).

Recommendations and Priorities:–

- The main issue to be addressed is the safe and secure access of humanitarian assistance to affected areas and populations, which can only be achieved through dialogue between UNITA and the government of Angola.

- Funding is required for the revised UN Consolidated Appeal for Angola (January 1999). In particular, funds are required for the increased costs of food and non–food items for displaced persons and their hosts, and the air transportation to deliver these goods.

- UNICEF has appealed for more money to allow for a larger vaccination campaign and WHO has requested extra funds to continue its early warning information network (IRIN–SA – 29/01/99).

2. Burundi/Rwanda (Great Lakes) Region

Insecurity in the Eastern Democratic People's Republic of Congo (DRC) and Congo–Brazzaville has led to a fresh wave of population displacements and has negatively affected food security for many people. In both countries, there are reports of pockets where the nutrition situation is very poor. In Rwanda, the number of IDPs has increased dramatically, although since December approximately half have been gradually resettled into new villages, and reports describing their nutritional status suggest that the situation has improved. In Burundi, present indications are of a decreasing number of IDPs and an improving nutritional situation for much of the affected population – this is mainly due to increased stability in the country. The table below gives an estimate of the number of IDPs and refugees requiring humanitarian assistance in the region.

	Jun. 97	Sep. 97	Dec. 97	Mar. 98	June. 98	Mar. 99
Burundi	265,000	260,000	570,000	600,000	670,000	222,000
Rwanda	2,600,000	727,000	1,400,000	690,000	550,000	690,000
Tanzania	390,000	311,000	318,000	345,000	329,000	328,000
DRC	514,000	823,000	585,000	568,500	621,000	788,000
Congo–B		465,000	650,000	400,000	50,000	213,000
Total	3,769,000	2,586,000	3,542,200	2,603,500	2,220,000	2,241,000

Burundi

There are currently estimated to be over half a million displaced people in Burundi. Although many are returning home, the situation remains fluid: new people are forced to flee even while others return. Not all of these people, however, require food aid – WFP estimates that a monthly average of 222,000 IDPs and

vulnerable groups will require nutritional support in 1999 (OCHA – 12/98). A total of 321,792 refugees still remain outside Burundi, including 5,079 who fled to Tanzania between August 1998 and February 1999. Since August 1998, 6, 217 Burundian IDPs have returned from South Kivu (OCHA – 17/02/99). A verification exercise on the number of Congolese refugees at Rugombo camp found the numbers to be reduced to only 450 (WFP –25/02/99).

Economic sanctions imposed on Burundi by East and Central African states for two and a half years have been suspended. The move followed the 7th Regional Summit on Burundi, which was called to review the political situation in the country and progress in peace negotiations. Regional trade has now resumed as normal with Tanzania, Uganda, Kenya and Rwanda as the ban on imports and exports is lifted and borders are opened (IRIN – 25/1/99). According to a UN report, the sanctions had a disastrous effect for the poor, compounding the already serious consequences of the country's prolonged conflict. The sanctions wasted both time and money by complicating the delivery of badly needed humanitarian assistance with cumbersome procedures and long delays (OCHA, 12/98).

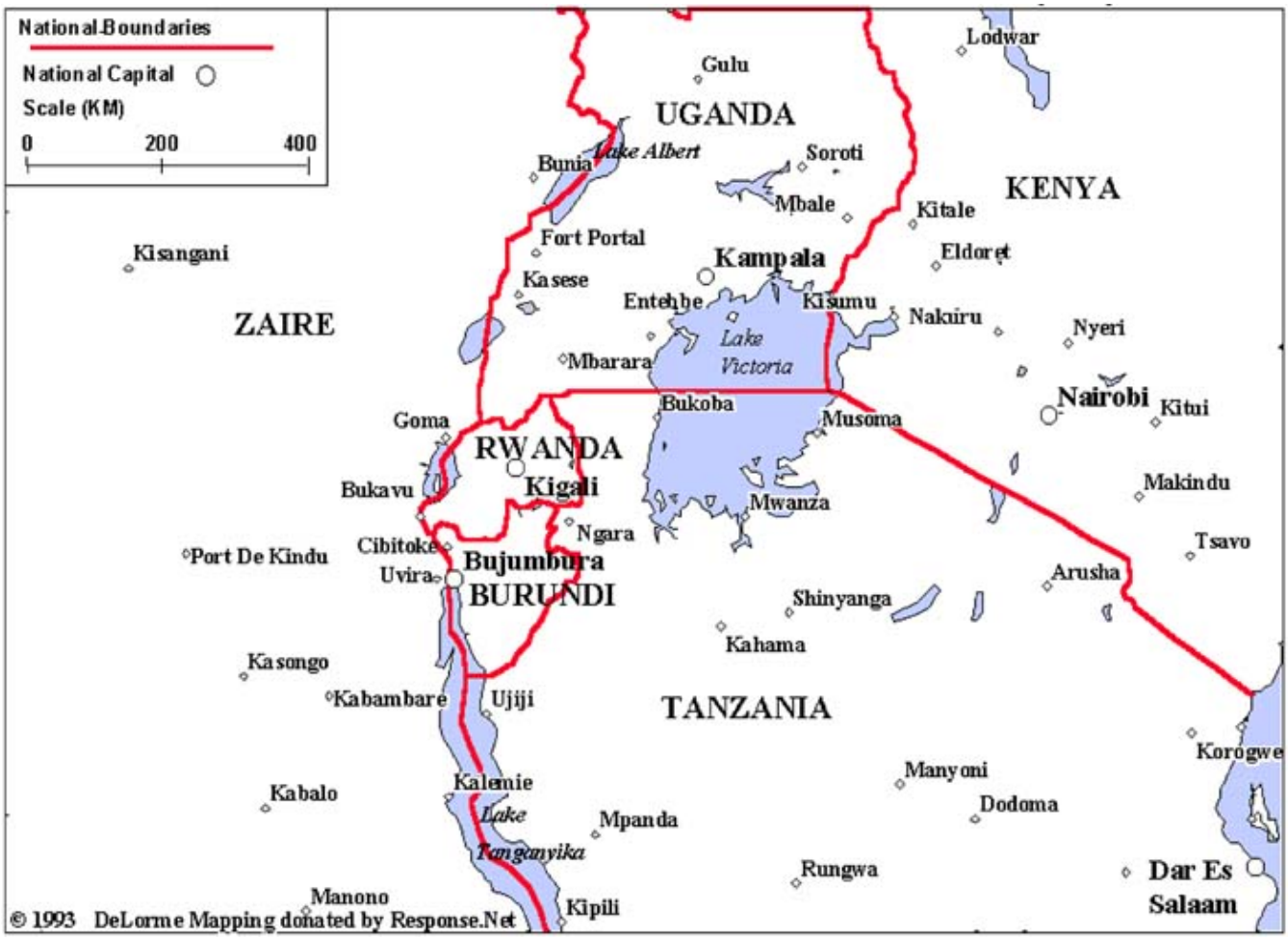
Although substantial political progress has been made in the past six months and further peace talks are scheduled to take place in Arusha in March and May, continued insecurity persists in many areas of the country. In particular, there has been an alarming number of reports on attacks of IDPs and civilians, primarily in the southern provinces (IRIN – 30/10/98, 12/11/98, 24/12/98, 31/12/98, 8/1/99, 5/2/99, 19/02/99).

Present indications show an improving nutritional situation for much of the affected populations in Burundi. Increased stability in some areas (such as Cibitoke in the north west) has resulted in many IDPs returning to their homes, enabling them to re–start farming and economic activities as well as improving their access to public health facilities.

A survey by CONCERN in Cibitoke province in October found a significant reduction in the level of acute malnutrition identified in the region, compared to results from a survey in April 1998 (see Annex I(2a)). Cibitoke province has been one of the worst affected by the civil war, although during the seven months between the two surveys there were many changes, including the dispersal of IDP camps with people moving back to their homes, and many families have been able to restart agricultural activities. Furthermore, access to some areas has improved, and in addition to CONCERN, other health agencies have begun activities in Cibitoke. These positive changes were reflected by the fall in the rate of acute malnutrition from 21.1% to 5.6%, with a decrease in severe acute malnutrition from 10.5% to 0.8%. Oedema was measured at 0.36% compared to 7.2% in April. The levels of admissions to therapeutic feeding centres had also fallen over the period, as did the retrospective mortality rates. Only in one commune, Buininyana, had the rate of malnutrition remained static (22%), although there was a reduction in the level of severe malnutrition (from 13.4% to 2.5%). This may be because the nutritional programme in Burkininyana started later than in other parts of the province due to insecurity in the area. Generally, vaccination coverage was low – 19.2% for measles, while 55.2% of children aged more than 12 months had a BCG scar.

A survey by OXFAM in Gitega province in November found that rates of malnutrition had decreased since the previous January (see Annex I(2b)). Results revealed that the rate of acute malnutrition had fallen from 23.8% to 12.9% in the northern part of the province and from 13.8% to 8.3% in the south. Severe malnutrition decreased from 6.5% to 2% in the north and from 5.7% to 1.4% in the south. Under–five mortality was estimated at 0.67/10,000/day in the north, while crude mortality was 0.57/10,000/day. In the south the under–five mortality rate was estimated at 1.23/10,000/day and 0.79/10,000/day for the total population. Vaccination coverage was 63% in the north and 64% in the south (OCHA – 17/02/99).

A survey in Karusi, in November 1998, reported 6.7% wasting and 1.7% severe wasting (see Annex I (2c)). Crude mortality was 0.57/10,000/day. Coverage of the therapeutic feeding programme for the severely malnourished children was low (16%). This was in part due to problems of access – there was only one therapeutic feeding centre in the province and it was difficult for some people to reach it. Measles vaccination coverage as confirmed by a card was 68.3%.



THE GREAT LAKES REGION

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A survey by CAD in August in Bubanza province (population 250,000 with 138,000 IDPs, also one of theprovinces and where security has improved slightly) showed encouraging results in areas which had been accessible for some time (see Annex I(2d)). A decrease in the prevalence of acute malnutrition between February and August 1998, from 17.2% to 11.6%, and from 4.5% to 3.9% severe malnutrition, was recorded. These results are even more impressive when compared to a malnutrition rate of 19.5%, with 9.2% severe in August 1997. It should be noted that although these rates are improving, they are still relatively high. Furthermore, in the newly accessible sites (Rugazi and Ngara) it was visually observed that the nutritional situation was worse than in other areas. It was noted that the number of beneficiaries in the Supplementary Feeding Programme had increased (the majority of which were adults). The expansion of the Supplementary Feeding Programme may in part reflect an increase in programme coverage, as well as problems with food availability. Amongst children over 12 months only 41% had a card showing them to be fully vaccinated; 85% had a BCG mark.

The results of the surveys described above indicate a greatly improved nutritional situation. The main reason for the decrease in the rates of malnutrition is the improved security situation, which has enabled camps of displaced people to be dispersed and people to return home from hiding in the forest. Prolonged upheaval and displacement has seriously disrupted the ability of rural people to cultivate their land and continue their usual agricultural and economic activities. Rural farmers should normally enjoy three harvests in a single year, which produce a range of crops, including cash crops. Other reasons cited for the improvement include food and seed distributions by WFP/FAO, the programmes for supplementary and therapeutic feeding by NGOs, and increased availability of medicines for treatment of malaria, which is a major cause of morbidity and

mortality.

Overall, the nutritional situation of the IDPs in Burundi has improved. The IDPs are considered to be at moderate nutritional risk (category IIb).

Priorities and Recommendations:

- In Cibitoke CONCERN advises that it may be time to re−evaluate the need for supplementary feeding programmes in all parts of the province, although some areas (Bukininyana) require extended coverage of this programme. The consensus, now that most households are resettling, is that fertilisers, pesticides, seeds and tools are currently the priority needs for the population.

- The CAD study in Bubanza, which was conducted 7 months ago, advised that Therapeutic Feeding Programmes should be improved in the south of the province and that the regular general food distribution should continue to the most needy in the sites.

- Oxfam Gitega advised that although the malnutrition rate had declined, nutritional feeding and food security activities should continue especially since the months to follow were considered a "lean period" and malnutrition figures could rise again.

- MSF−B in Karusi advised that the referral system for malnourished children be improved and also that a food security analysis should be conducted in the area.

More generally:

- WFP/FAO have jointly launched a project to assist families who were severely hit by drought in the last agricultural season. FAO will distribute seeds to some 220,000 families, mainly in Kirundo, to ensure that people do not have to resort to eating their seeds in order to survive; WFP expects to provide rations to 160,000 of the most vulnerable families who will receive 15−30 days' rations.

- 124 new food for work programmes have been initiated by WFP since January 1999 (WFP −25/02/99).

- The capacity of the ministry of health to increase vaccination coverage should be increased.

- Further surveys on nutritional status and food security should be carried out, particularly in Bubanza.

Congo−Brazzaville

An estimated 200,000 residents of south Brazzaville and an undetermined number of people from Pool and other southern regions of the country have been displaced since December 1998 as a result of the latest conflict involving militia groups and government forces. The Congolese people, who had not yet recovered from the devastating civil war in 1997, are now facing a new and potentially more serious crisis.

Insecurity caused by fighting between armed groups allied to the Congo's key political figures has continued sporadically since the end of the 1997 war. The militia groups were created to serve as the private armies of the country's three main political leaders. Militia−men are drawn mainly from the home areas of the respective leaders, a trend which has resulted in sharp cleavages between regional groups based on ethnic or regional lines. An analyst has described the politics of Congo−Brazzaville as "triangular, representing three different parts of the country. Two sides become aligned against the third, and those alliances are constantly changing". Currently, the Cocoye and Ninja militia are united against government forces. Without a political solution regional analysts predict that it is difficult to foresee an end to the instability plaguing the country (OCHA − 17/02/99).

Heavy fighting has been reported in and around Brazzaville for several months (IRIN − 24/02/99, 19/02/99, 05/02/99, 29/01/99, 22/01/99, 31/12/98). Many neighbourhoods of southern Brazaville have been completely destroyed or looted during the unrest (IRIN − 31/12/98). As a result, an estimated 120,000 people fled the city towards the Pool region, possibly into the nearby forests (IRIN − 18/12/98). Their whereabouts remain unknown and is a source of growing concern as access to food and basic health services are very limited in

the area. Anecdotal reports of the "catastrophic" condition of these displaced people have been received, however, humanitarian aid agencies have not had access to the region since fighting erupted there in October 1998 (IRIN –12/02/99; OCHA – 10/03/99).

There are reported to be over 31,000 people staying in 17 displaced peoples sites in northern Brazzaville according to figures provided by the IFRC. Most of the sites are located around church compounds; they are reported to be cramped and unsanitary (WFP – 29/01/99, IRIN – 15/01/99). Some of the most vulnerable IDPs receive food aid from WFP. However, the provision of relief is sometimes interrupted by insecurity and looting (WFP – 12/03/99). The Red Cross movement is also providing water supplies and health care services and is distributing UNICEF–donated essential drugs (IRIN – 11/02/99). It is estimated that another 30,000 IDPs are staying with friends or family in the north of the city.

Anecdotal reports suggest that the nutritional situation of the IDPs in Brazzaville are deteriorating to very poor levels (PANA– 17/03/99). Further accounts confirm this and report an increasing number of admissions of malnourished children to feeding centres in Brazzaville (IRIN – 29/01/99). Shortages of food and non–food items, primarily due to insecurity on the supply routes, have been reported (WFP – 12/02/99, 29/01/99, 18/12/98). The ongoing fighting has periodically cut the links between the city and Pointe–Noire, the main entry point for imports (WFP – 18/02/99). The situation in Point Noire is also critical – some 20,000 IDPs have made their way to the city (WFP – 19/02/99, IRIN – 12/02/99).

UNHCR is planning to phase out its assistance to Rwandans in Congo. Male Rwandans from Kintele, Njoundou and Luokolela camps have become involved in the fighting in the country. Plans are being drawn up to remove all women, children and others who have not taken up arms to a single site (IRIN – 15/02/99).

Overall, it is probable that the IDPs and refugees in areas to which access is restricted are at heightened risk of malnutrition and mortality (category IIa). Those in areas which are less difficult to access are considered to be at moderate nutritional risk (category IIb).

Recommendations and Priorities

- In terms of the delivery of humanitarian assistance, the major problem encountered in the Congo–Brazzaville is that of access to the affected areas. In particular, there is an urgent need for assessments and, as seems likely, deliveries of humanitarian assistance to the Pool region.

Democratic Republic of Congo

The Democratic Republic of the Congo (DRC) is undergoing dramatic political and military developments which create an extremely complex humanitarian situation. In early August 1998 the ethnic and military tensions that persisted in the eastern provinces of the country throughout 1997–1998 transformed into a rebellion. The crisis is a regional conflict with involvement of armies from at least seven countries, as well as a number of local and foreign insurgent groups (OCHA – 12/98).

In mid–September 1998 an immediate military threat to Kinshasa (population 5 million) was averted, yet, citizens in Kinshasa are experiencing serious food shortages (WFP – 22/01/99; IRIN – 10/02/99). Insecurity is preventing traders' access to food producing areas, thus limiting supplies. Prices in food commodities have also risen (WFP 22/01/99). Imports of fuel and other basic commodities have decreased since the government introduced new currency regulations. The closing or scaling down of some factories and businesses has led to an increase in unemployment. Reports on the food security situation in the outskirts of the city indicate that families may spend 90% of their daily expenses on food and consume meat only once every two weeks (IRIN – 10/02/99).

WFP has food stocks for Kinshasa in the port of Pointe Noire. Due to blockades of the road and railway links from the city, however, WFP has only been able to deliver limited quantities of food aid through expensive and unexpected air operations (WFP – 18/12/98, 12/02/99). Their target beneficiary figure for March is 52,000; which represents an increase of 18,000 people since the beginning of the year because of the deterioration of the situation (WFP – 04/03/99).

Increasing military activity in the east of the country (South and North Kivu, Province Orientale and Maniema) is intensifying the current crisis. Serious violations of Human Rights have been reported, including the deaths of many civilians (IRIN – 26/02/99). The latest OCHA reports estimate that there are 235,000 displaced people in these areas:– 110,00 in South Kivu and 125,000 in North Kivu. This number includes recent

displacement since August 1998, as well as people who were displaced earlier (Refugees International, 15/01/99).

One of the major outcomes of the ongoing war is the complete destruction and/or loss of infrastructure built by the relief community in the east of the DRC beginning in October–November 1996. This means that it is extremely difficult to deliver assistance in certain parts of the country. Several agencies have reported deteriorating conditions in the nutritional situation in South Kivu during the past few months. In November SCF described the food security situation as precarious. The number of malnourished children increased, but a number of feeding centres had been closed because of the conflict (IRIN – 13/11/98). Food for the Hungry International also reported that the number of people requiring assistance in the Uvira region of South Kivu had increased, but their programme was also suspended from August 1998. They previously had an agricultural programme targeting some 6,000 vulnerable families (IRIN – 31/12/98). In February, the IRC found high mortality rates in the Katana zone near Bukavu: the crude mortality was 3.8/1,000/month (approximately five times the normal level for the region) and children under five were dying at the rate of 10.1/1,000/month (approximately three times the normal level). Deaths were mainly attributed to diarrhoea, malaria and measles (IRIN – 26/02/99).

Latest reports from Goma in eastern DRC indicate increased population displacements in the area (see Annex I(2e)). Families are arriving from Rutshuru, fleeing armed clashes (IRIN – 19/02/99). Recently, humanitarian sources have reported the preliminary results of a survey indicating that 3% of the children in Goma town are malnourished, with 1% severe malnutrition (IRIN – 24/02/99). This result indicates that acute malnutrition is not a problem in Goma town. The first direct delivery of WFP food to Goma since mid–98 arrived in mid–February (WFP – 19/02/99).

A recent survey in Kisangani showed an alarming nutritional situation; the prevalence of acute malnutrition was 13.4% (<–2 z–scores), and severe acute malnutrition was 9.1% (see annex I(2f)). Oedema accounted for most of the severe malnutrition (8.7%). Severe wasting without oedema only affected the youngest group (6 to 17 months). The authors suggested that the cause of the malnutrition was more likely to be an imbalance of nutrients in the diet, and disease, rather than overall lack of food. Crude mortality reported in the survey was 0.97/10,000/day, while the under–five mortality rate was 2.0/10,000/day.

Angolan refugees in DRC: Angolans continue to arrive in DRC, fleeing from armed clashes in northern parts of their country. The most recent estimates suggest a total of 140,000 Angolan refugees in the DRC, of which 75,00 are recent arrivals (UNHCR – 17/03/99).

UNHCR reports that malnutrition and mortality among 41,000 Angolans in Kisenge, Eastern Kasia province, is rising (UNHCR – 12/02/99). A survey by MSF– B in late February 1999 reported a prevalence of acute malnutrition rate of 25%, and 12.8% severe malnutrition. Oedema was reported to be 11.6, which is extremely high (see Annex I(2g)).

Burundians in DRC: It is estimated that some 37,000 Burundian refugees from camps in the DRC have spontaneously repatriated since the start of the recent conflict. A further 15,000 are hosted by the local population in villages in various areas of South Kivu, mainly in the Uvira region (UNHCR– 17/03/99). The most recent reports concerning these refugees suggested they were in poor health with high prevalences of malnutrition (IRIN – 30/10/98).

Sudanese refugees in DRC: Latest reports suggest that there are 60,000 Sudanese in the DRC (UNHCR –17/03/99). The nutritional situation of these people is unknown; WFP does not assist them (WFP – 12/03/99).

Rwandan refugees in DRC. There are estimated to be 35,000 refugees from Rwanda in DRC. This number has been determined, from NGO reports, but not verified by UNHCR. UNHCR currently has no access to and provides no assistance to these refugees. The estimate does not include some 173,000 persons previously assisted in refugee camps in North and South Kivu who are now unaccounted. The number unaccounted (based on population estimates in October 1996, minus known returnees) is subject to an unknown margin of error and does not take into consideration unknown spontaneous returns or numbers of refugees who may have died from natural or violent causes (UNHCR – 17/03/99). No nutritional data are available for these refugees.

Congolese– Brazzaville refugees in DRC: At the end of January, an Inter–Agency Mission visited Luozi in Bas–Congo province to assess the situation of Congolese refugees who arrived after war broke out in Brazzaville. The mission identified 16,500 Congolese refugees who need emergency humanitarian

assistance. Presently, 8,500 live with family or friends while others are sheltered in public buildings (WFP – 09/02/99).

Congolese refugees in neighbouring countries:

Congolese in Tanzania: The crisis has halted the UNHCR repatriation programme of Congolese refugees from Tanzania. Some 60,000 persons were assisted in their return to South Kivu from Tanzanian camps pre–August 1998, but reports suggest that thousands of DRC refugees are streaming back into Tanzania barely a year after repatriation (IRIN – 31/01/99; UNHCR – 19/03/99).

Congolese in Central African Republic: Amid claims and counter–claims of military victories in Equator province, the number of Congolese in the Central African Republic has grown to 7,500. The refugees, who are mainly women and children fleeing from fighting in Zongo, began arriving in mid–January (IRIN – 08/01/99; UNHCR – 12/02/99).

Congolese in Zambia: Recent reports suggest that tens of thousands of Congolese are also fleeing to the Zambia (UNHCR – 19/03/99).

Overall, the IDPs in Kivu regions are considered to be at high risk (category IIa). IDPs in other parts of the country are considered to be less at risk as are some of the refugees from Angola and Congo–Brazzaville (category IIb). Very high prevalences of wasting and crude mortality rates have been recorded for the Angolan refugees in Kisenge (category I). No data is available for the refugees from Rwanda, Sudan and Burundi.

Recommendations and Priorities

Fighting in the east of the DRC is expected to result in severe food shortages in the coming months, aggravating the already poor situation. Moreover, humanitarian agencies have very limited access to certain regions because of insecurity and denial of access which will only be resolved by a political solution.

For the Angolan Refugees:

- Food aid and medicine are urgently required for the Angolan refugees in Kisenge and the population of Katana. The main problem is the lack of food. At the time of going to press the first delivery of WFP food aid had arrived by train from Lubumbashi after a five–day journey (IRIN – 19/03/99).

- Recommendations from the survey by MSF include increasing the capacity of therapeutic and supplementary feeding programmes, as well as medical care facilities. This has been agreed upon by UNHCR. Further recommendations include investigating the causes of the high prevalence of oedema recorded.

- UNHCR has approached authorities in the port of Matadi to plan for a site for another group of recently–arrived Angolan refugees. An estimated 12,000 Angolans fled M'banza Congo in Angola at the beginning of February and have not been able to find shelter with the local population (IRIN – 19/02/99).

Rwanda

There has been a dramatic increase in number of IDPs in Rwanda from about 35,000 in December 1997 to over 650,000 in February 1999 (IRIN – 19/02/99). The majority of the IDPs, who fled as a result of military operations, are in Ruhengeri and Gisenyi Prefectures. Since June 1997, insecurity has increased in the Northwest of the country as a result of ex–FAR soldiers and hard–liners of the previous government fighting against the military. As the security situation worsened, there was a massive movement of the population away from the collines (rural areas) and towards the administrative centres, as nearly the entire population moved to live in large camps near the communal office. In addition, many people fled, or were taken hostage, into the surrounding bush and forest (SCF–UK – 02/99).

In November 1998, the Government of Rwanda announced plans for a gradual resettlement of the displaced people into new villages (known as imidugudu) in close proximity to their traditional farmlands (WFP –27/11/98). This process of "villagisation" is under away and the latest figures from the Government indicate that about 300,000 displaced people have been resettled to new sites in the prefectures of Gisenyi (118,730) and Ruhengeri (176,363). From December 1998, the security situation was said to have improved (SCF –

02/99). UNHCR has not been involved in the transfers of these IDPs, but continues to distribute blankets, soap and other items (UNHCR – 12/02/99). A total of 660,000 internally displaced Rwandans in the north–western prefectures of Ruhengeri and Gisenyi are currently benefiting from WFP food assistance (WFP – 22/01/99).

Reports of very poor living conditions for the IDPs have been received since October. Many are living without proper shelter, access to clean water, adequate medical services and opportunities to farm their land. Children, women, the elderly and handicapped "figure prominently" amongst the IDPs (WFP – 30/10/98, 06/11/98; IRIN –18/12/98). Their nutritional situation is variable: some reports are favourable, whereas others indicate a serious level of malnutrition.

According to WFP reports, health authorities in Gisenyi, confirmed a decreasing number of cases of malnutrition. Results of a screening exercise carried out in early December 1998, show a reduction in the number of malnourished persons in special feeding programmes. Supplementary feeding is to be phased out in most centres in the coming months (WFP – 22/01/99).

Anecdotal reports suggest,however, that the nutritional status in Nyarutovu and Nyamugali camps in Ruhengeri Prefecture is deteriorating (WFP – 18/02/99). Since September the number of malnourished children enrolled in feeding programmes in the camp hospitals have doubled. WFP has agreed to double the supplementary ration and provide full rations to mothers of the severely malnourished children who stay at the centres. The present programme will also expand to include pregnant and lactating mothers. In addition, qualitative monitoring systems are being set up to assess what rations are received and what other sources of food exist.

A joint Ministry of Health/NGO survey in February covering nine communes of Ruhengeri prefecture found 10.7% wasting with 6.4% severe wasting of (see Annex I(2h)). Chronic malnutrition was recorded at 59.5% and severe chronic malnutrition at 29.2%. Oedema was measured at 4.7%. Measles vaccination was recorded for 92% of the population over 6 months following a campaign the previous month. The communes with the highest rates of acute malnutrition were Mataba (23.3%), Nyarutovu (18.7%), and Gatonde (16.7%). The higher rates in these communes were attributed to a combination of the negative impact of the insecurity on harvests, variable or poor soil fertility, limited access to health care, inadequate provision of shelter, and restricted road access (SCF–UK – 02/99).

A food economy analysis was conducted in conjunction with the anthropometric survey in Ruhengeri (SCF–UK, 2/99). It was reported that although most of the population had been able to be meet their energy requirements up until the survey, their diet was nutritionally unbalanced.. Around 80% of their calories were estimated to have come from sweet potatoes, with less than 5% from pulses (the latter is extremely low for a population whose preferred staple is beans). Their main sources of food were from harvesting their own land (or other's) when security permitted; agricultural labour, food aid, or begging. Due to logistical and security constraints WFP had been unable to deliver food regularly and the ration lacked oil. Furthermore, insecurity had prevented most families from cultivating or maintaining their own crops. Thus it was predicted that after months of harvesting without planting (due to insecurity), the sweet potato crop will soon be exhausted for most families. Tools and seeds for farming had also been stolen and hence, it would be difficult to re–plant.

In addition to the IDPs, there are currently some 30,000 Congolese refugees (from North Kivu) in Rwanda (OCHA – 12/98). No new information is available on the nutritional situation of these people.

A Ministry of Agriculture/FAO/WFP/ EU assessment of crop production in Rwanda during the 1999 season A (November to February) has reported an increased yield compared to 1998. Due to the unevenly distributed rains, however, the positive impact was mainly limited to deep–rooted plants like bananas. Bean production is almost 20% lower than the 1998 level. A food deficit for January–July 1999 is estimated to be approximately 99,000 metric tons, of which 52,000 will be covered by current food aid interventions (FEWS – 26/02/99).

Overall, the reports on the nutritional situation of the IDPs in Rwanda are variable. Thus they are considered to be at moderate nutritional risk (category IIb).

Recommendations and Priorities

- Seed and tools must be distributed to the IDPs in the north so that they can become more self–sufficient The Ruhengeri surveys' recommendations include:

• The general ration increasing from 900 kcal to 2,100 kcal per person per day including oil in the most nutritionally at risk communes and to a half ration – including oil – in the remaining communes.

• To prevent them being eaten, seeds and tools should be provided concurrently with food distributions.

• The monitoring of distributions should be improved to ensue equity of distribution.

• Expanding supplementary and therapeutic programmes, and re–opening previously closed centres.

• Public health priorities include: improving facilities and access to health centres, constructing of latrines, providing clean water and shelter.

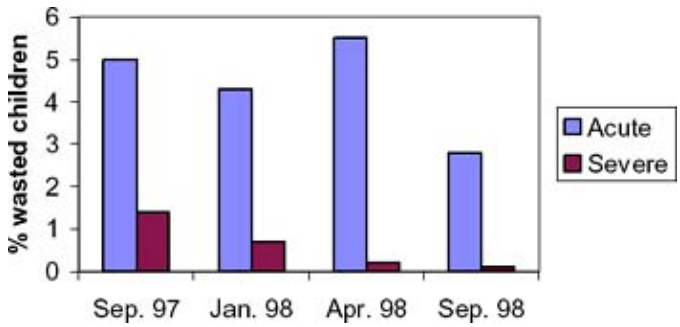
Tanzania

During the period between August 1998 and March 1999 there was a large influx of refugees to Tanzania from both Burundi and the DRC. As of September 1998, 260,000 Burundis lived in refugee camps in Tanzania. Although UNHCR assisted approximately 8,700 Burundis to repatriate in 1998, at least 58,000 new arrivals were recorded over the same period (OCHA –12/98).

Instability in the DRC has also caused many thousands of people to flee. Since August 1998 approximately 34,000 Congolese refugees have been registered in Kigoma, bringing the total number of UNHCR–registered Congolese in western Tanzania to approximately 53,204. This number is rising constantly, although the peak influx appears to have been in mid–January (UNHCR, 12/02/99). In addition there are 15,000 Rwandans living in Tanzanian camps (OCHA – 12/98).

The number of refugees from the DRC is changing daily and is dependent on the activities of the rebels in South Kivu. However, recent reports suggest that the influx of refugees is decreasing because the rebels in DRC are blocking the main exit point from DRC to the lake villages of Tanzania (IRIN – 05/02/99, 19/02/99; WFP –18/02/99, UNHCR – 12/02/99). A threat of a possible cholera outbreak in the Lugufu camp has prompted IFRC to screen all refugees coming through Kigoma before transporting them to the camps (IRIN – 29/01/99).

The nutritional status of refugees in Ngara camps has improved according to a survey undertaken by UNHCR in September 1998, which showed a fall in the rates of wasting since the previous September, from 5.0% to 2.8%. (see Annex I(2i)). Severe wasting had decreased from 1.4% to 0.1% (see graph). Crude mortality in 1998 ranged between 0.9 and 0.2/10,000/day, peaking at the same time as malaria transmission rates from March to July. Under–five mortality followed the same pattern, ranging from 0.2 to 3.6/10,000/day. Reasons given for the improvement in nutritional status included:– (a) a stable food pipeline, (b) increased emphasis on health/nutrition education, (c) strengthening of the selective feeding programmes (therapeutic and supplementary), (d) a short period of blanket feeding of Corn Soya Blend for the under fives, and (e) an improved Malaria control programme (UNHCR – 30/01/99, 05/02/99).



Prevalences of Wasting in Ngara camps in 1998

An FAO/WFP food and crop supply assessment mission was conducted at the request of the Tanzanian Government in early January 1999. This followed reports from assessments undertaken in Dodoma and Singida in December 1998, indicating a critical situation. The mission found that with the exception of Kigoma and Kagera, the short *'vuli'* rains in all other bi–modal areas was significantly delayed and well below normal, which seriously affected land preparation and planting. The mission confirmed a large and unexpected

shortage of cereals, with an unmet maize import requirement of 480,000 tons between February and May 1999 (FAO/WFP –15/02/99).

The central zone of Tanzania, Dodoma and Singida, had received assistance under a previous WFP emergency operation (EMOP 5889 – Assistance to drought affected people). A rapid nutritional assessment, which was part of the larger joint WFP/FAO food and crop supply mission, reported that the current food crisis in these provinces began after the poor harvest during the 1996/97 crop season caused by drought which affected most regions in the country. The situation was aggravated during the 1997/98 crop season, by floods and pests (green bugs, and quelea quelea birds) which destroyed crops in the early stages of maturity. In many parts of the region some households faced food shortages as early as July/ August 1998. Of these two regions, Sindida is considered at heightened nutritional risk because of low grain availability, relatively higher prices when it is available, and poor terms of trade between livestock and grain.

Although famine conditions (as evinced by acute malnutrition, destitution, distress migration, mortality and morbidity, etc) are not yet apparent, in several regions all of the "trailing factors" are in evidence: successive crop failures, very reduced food supplies, inflated staple prices, and steeply declining livestock/cereals terms of trade. Had it not been for the previous distribution, which reached half a million people, the situation would be more serious. Although in affected regions where food aid had not been recently distributed, the most vulnerable households had no reserves at all.

A new WFP emergency operation (Tanzania 6112), to provide food assistance to 1.14 million drought affected persons in Tanzania was approved by WFP on 1 March, this will cover the period of the hungry season prior to the next harvest due in May/ June. The Government of Tanzania had already released all its remaining reserves (35,000 tons of maize, of which 10,000 is for free distribution).

Overall, the refugees in Tanzania are considered to have a low risk of malnutrition (category IIc), however, the new influx of Congolese refugees may alter this.

Recommendations and Priorities:

- In order to prevent widespread famine in Tanzania, food assistance is urgently required for the million people affected by poor rains.

- Refugees in Tanzania are almost entirely dependent on food rations provided by WFP and must continue to be supplied rations of 2,100 kcal/person/day.

- FAO and UNHCR aims to supply minimum essential agricultural inputs to 80,000 refugee households living in camps in order to reduce their dependence on external aid. Priority will be given to households headed by women (OCHA–12/98).

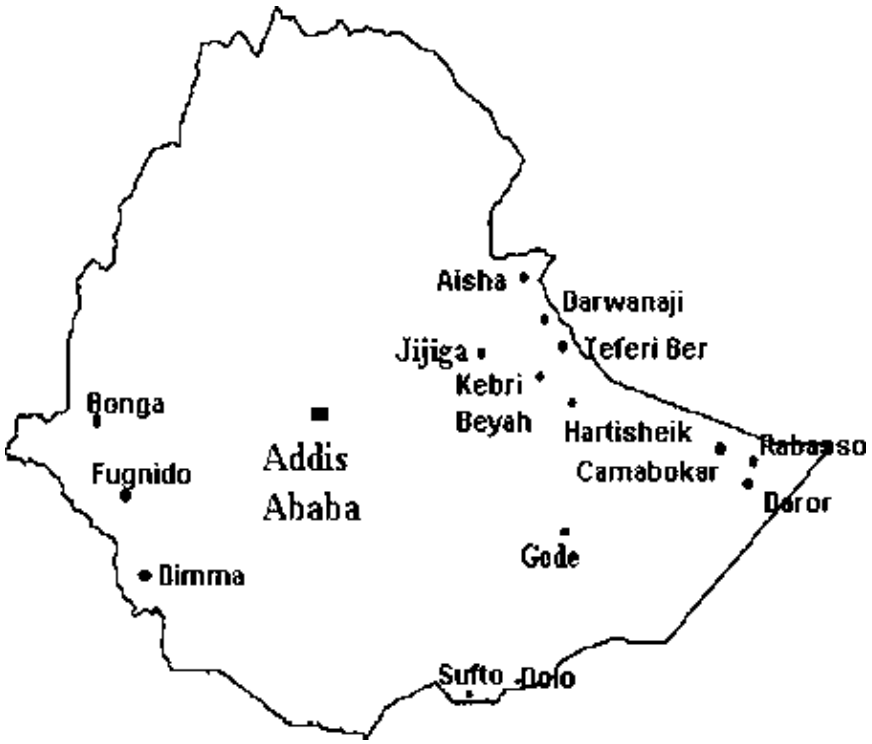
3. Ethiopia

The border conflict between Ethiopia and Eritrea erupted in May 1998 as a result of tensions over undemarcated areas. Despite the two sides signing a moratorium on fighting in June, there have been sporadic skirmishes conducted by both sides. In early February 1999 these clashes culminated in prolonged artillery battles at several points along the border. Attempts by the Organisation of African Unity to broker a lasting peace settlement between the two countries have not yet been successful. At the time of going press fighting was continuing along the frontier (IRIN – 19/03/99).

The dispute has resulted in significant internal displacements of people, together with political expulsions of nationals considered to originate from the other's territory. The Ethiopian initial evacuation of citizens from the border areas began in June/July 1998 and has increased since December as the intensity of the shelling and skirmishes increased. The most recent reports indicate that some 337,000 people have been displaced mainly in the west of Tigray region and some in Afar region (WFP – 05/03/99). In addition, the Tigray authorities report some 40,000 Ethiopians have returned from Eritrea. These people are eligible to receive assistance under the government's "relief–rehabilitation" package. Contingency plans allow for up to half a million people to be displaced should the full–scale war continue (UNDP –02/02/99, 16/11/98). WFP has recently approved 45,350 MT of relief food assistance for some 272,000 Ethiopians displaced by the border conflict (WFP – 05/03/99).

The IDPs who were evacuated earliest were generally absorbed into host communities away from the immediate danger area, but the capacity of local communes to host the evacuees was eventually exhausted

and special encampments have been established in the western and central zones of Tigray. Various UN missions have reported that the emergency co−ordination mechanisms are well set−up and that food distributions are running smoothly. Although in all locations visited, the need to improve water supplies was viewed as a priority, followed by better health services and the provision of shelter materials (UNDP − 02/02/99, 16/11/98, 9/98).



Refugees in Ethiopia

At the end of December 1998 there was a total of 262,155 refugees in Ethiopia. This total is mainly comprised of 195,129 Somalis (mostly in camps in the east of the country and some in Dolo region), and approximately 58,600 Sudanese in camps in the west of the country. There are, in addition, about 484 urban refugees from various countries in Addis Ababa, 4,940 Kenyans in the south and 3,000 Djiboutians in the north−east (UNDP − 02/02/99).

The voluntary repatriation programme for Somalilan refugees has been suspended since November 1998 at the request of the Somaliland authorities. The programme had been criticised by the American based Refugees International (Refugees International − 10/11/98) which claimed that insufficient funding for long−term development in Somaliland would result in poor conditions for the newly−repatriated refugees.

UNHCR reports that the nutritional status of the refugees in all the Ethiopian camps is satisfactory, with less than 10% wasting (below 80% weight/height) recorded in young children. Mortality rates in the camps in 1998 were in line with other sub−Saharan populations. In the camps in the west of the country, crude mortality rate was 0.2/10,000/day and in the east it was 0.1/10,000/day. Under five mortality rates were 0.4/10,000/day and 0.3/10,000/day respectively. The general health situation was also reported to be stable during 1998. In view of these findings, UNHCR plans to phase out the Blanket Feeding Programme in the Somali refugee camps in the East of the country after March 1st. The young children in these camps will then all be screened and new nutrition registration cards will be issued. A survey for Bonga camp in the west of the country has been completed and preliminary results indicate that the situation is satisfactory (UNHCR − 17/03/99).

An FAO/WFP crop and food supply mission to Ethiopia (FAO − 21/12/98) forecast that cereal and pulse production from the *meher* season should be 36% higher than last year, but slightly less than the record crop of 1996. This will improve the availability of cereals in 1999 and prices will be low. Ethiopia will require minimal imports and there will be an opportunity to rebuild cereal stocks. However, the report cautions that despite the excellent harvest, some two million people will still require food aid for approximately six months, mainly in Amhara, Tigray and Oromia regions, (this figure does not include the IDPs in the north). This is a result of weather related factors, loss of trade and labour opportunities because of the border conflict, and trade embargoes.

Recent reports suggest that the Somali–speaking people of south–eastern Ethiopia (Somali region) are experiencing a period of considerable hardship. Like their Somali neighbours, an economic situation made difficult by the Saudi Arabian ban on livestock imports has been further exacerbated by poor rains in 1998. The rains failed to fully replenish surface water resources, and this combined with overstocking has placed considerable pressure on both pasture and water resources in some zones in the area. Moreover, similar drought conditions across the border have led to an influx of people and their animals from Somaliland, placing even greater strain on local resources in places such as Gashaano and Warder. A recent survey in the in the Dolo wereda of Liban zone recorded a high prevalence of acute malnutrition in under–fives (22.7%). This figure is indicative of a poor food security situation in the district (UNDP – 02/02/99).

Overall, the people displaced by the Ethiopian–Eritrean war are not considered to be at heightened nutritional risk for the moment (category IIc); however, an unknown number of people in the Somali–speaking area of the country may have a greater risk.

Recommendations and Priorities:

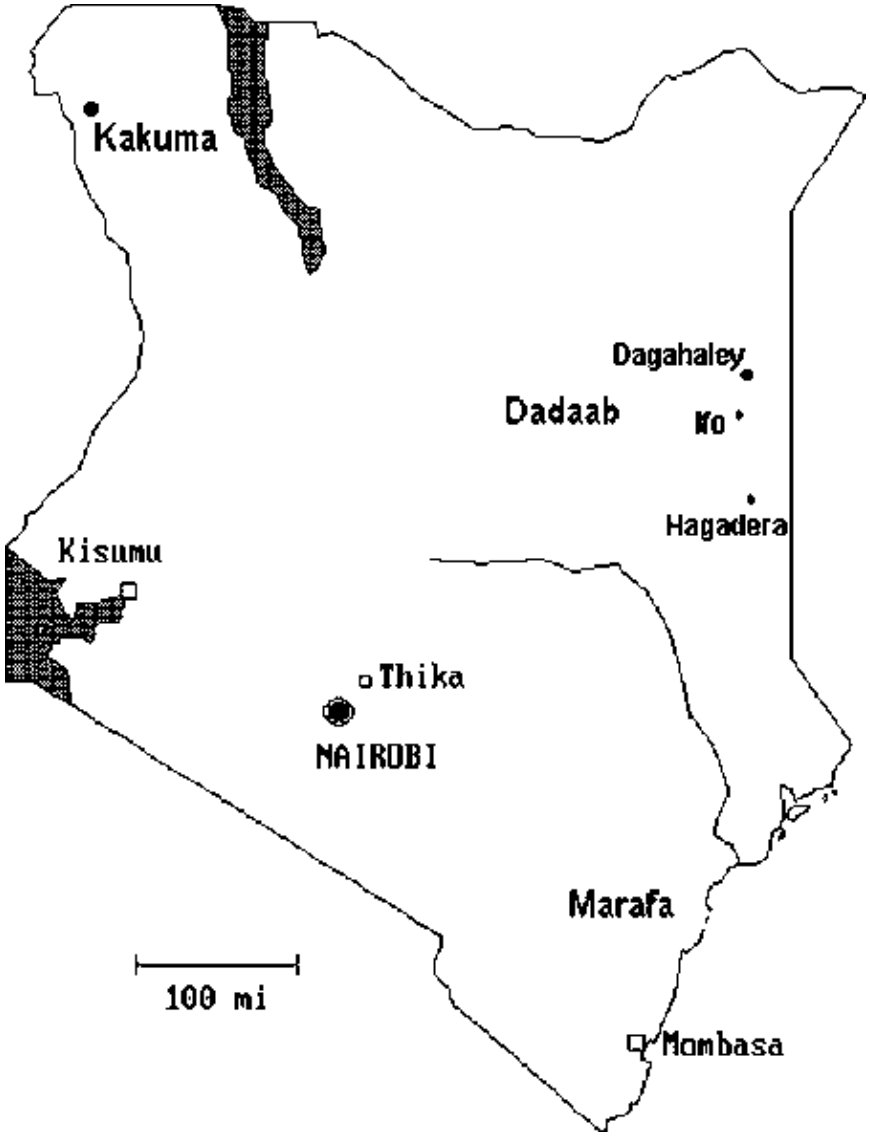
- Should the Ethiopia/ Eritrea border crisis continue, additional food assistance and other forms of aid will be required for the affected population. In particular, water supplies need to be improved, as do health services, and more shelter materials are required (UNDP – 02/02/99).

- The nutrition and food security situation in south–east Ethiopia (the Somali region) should be closely monitored.

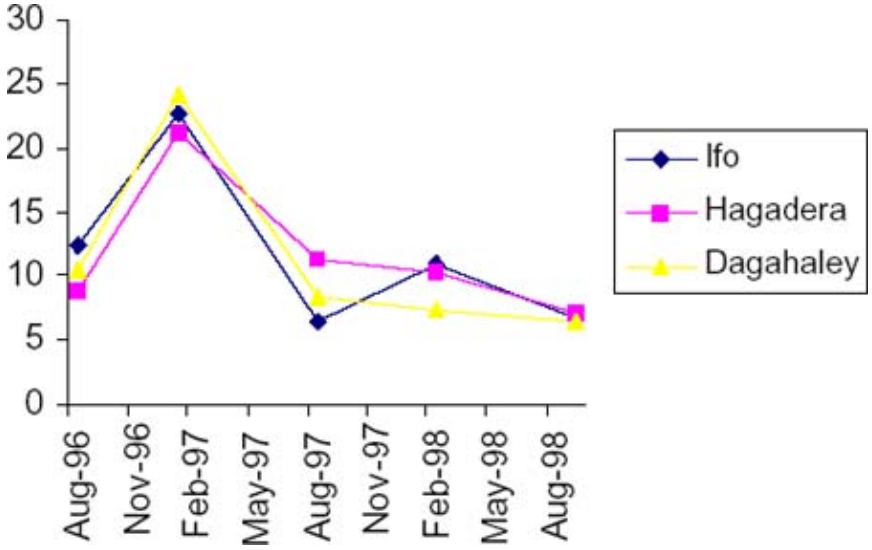
- Diplomatic action to secure the early lifting of the Saudi ban on livestock imports should be undertaken.

4. Kenya

There are approximately 178,000 refugees in Kenya in two areas: Kakuma near the Sudanese border (71,156 mostly Sudanese refugees); and Dadaab, near the Somali border (107,000 mostly Somali refugees). These are semi–arid areas traditionally populated by pastoral nomads such as the Turkana and the Somali–Kenyans. The refugees in these camps face many barriers to increased self–reliance because they live in remote, arid and insecure areas, where there is little opportunity for trade, income generation or food production. Travel by refugees in restricted. Studies by SCF–UK (see RNIS 22) have concluded that all sections of the refugee population remain very heavily dependent upon the general ration provided by WFP for their main source of dietary energy (WFP – 24/03/98).



The latest surveys in September 1998, from the three camps in Dadaab, show a small decrease in acute malnutrition in children under five, compared to previous years (see Annex I(4a)). In the three camps, Ifo, Hagadera and Dagahaley, the rates of wasting were 11.6%, 11% and 10.5% respectively, with 1.6%, 2.1% and 1.9% severe wasting in each of the three camps. The graph below shows a comparison of the September 1998 survey (in terms of percentage of the median) and earlier surveys. The number of new admissions to the selective feeding programmes decreased from May 1998. The under–five mortality rates from the Dadaab camps were relatively stable before the surveys and ranged from 0.34–0.62/10,000/day.



Prevalence of Acute Malnutrition in Dadaab camps (in percentage of the median)

Food basket monitoring in these camps by MSF−B found that the energy content of the ration was between 2,000−2,100 kcals per person per day from June to August 1998, which must have contributed to the reduction in malnutrition. From March to June, however, the energy content was only 1,200−1,600 kcals. The survey reported that all cases of severe malnutrition were followed up in nutritional programmes. A further reason for the decrease in the amount of wasting may be the newly introduced distribution of free firewood for cooking − in the past there may have been insufficient fuel for cooking (UNHCR −08/03/99).

A survey in Kakuma camp (population 71,156) in October 1998 found a malnutrition prevalence of 15.6% and severe malnutrition at 1.7% (see Annex I(4b)). Coverage of the dry feeding programme was 25% and that of the wet feeding programme was nearly 100%. Under−five mortality rates ranged from 0.1−0.58/10,000/day in the months before the survey and crude mortality rates from 0.08−0.15/10,000/day. These results reflect little change in the nutritional status of the camp population.

In addition to the surveys described above, further studies were conducted in November 1998 to assess the prevalence of anaemia and the BMI−for−age in adolescents aged 10−19 years of age in refugee camps in both Kakuma and Dadaab (see Annex I(4c−d)). These surveys were undertaken in order to follow−up and assess the results of a survey in Kakuma in April 1997, which identified anaemia as a serious public health problem among school age children and adolescents in the camp (see RNIS 22). There were particular concerns about the high proportion of unaccompanied adolescent boys in Kakuma, who currently number roughly 5,000 out of approximately 16,846 in total, many of whom have been in the camp from three to six years. The unaccompanied adolescents are thought to be at nutritionally greater risk because they lack the normal support mechanisms from relatives. The mean duration of stay of these boys was 3.2 years, and 29% of them reported they had been in Kakuma six years or longer.

The studies conducted in 1998 used a different and more accurate technique to measure haemoglobin levels than that in 1997, and found slightly lower levels of anaemia. The findings of the preliminary analysis were:

- The prevalences of anaemia found in both camps, were similar to those in other stable populations in Africa and hence not thought to be an overwhelming public health problem. According to WHO age and sex specific cut−off values the overall prevalence of anaemia was 47.2% (Kakuma) and 42.9% (Dadaab). However, if a haemoglobin concentration cut−off point of 11 gm/dl Hb is employed only 25% (Kakuma) and 21.7% (Dadaab) of the population is classified as anaemic.

- These prevalence rates may represent a 'seasonal low' as they were measured during the dry season, and would be expected to increase during the rainy season as a result of increased incidence of malaria and hookworm, both important causes of iron deficiency anaemia.

- Given the presumed low incidence of malaria and hookworm, much of the current anaemia is thought to be diet related rather than disease related.

- The prevalence of anaemia in the community of unaccompanied adolescents was 61% compared with 46% among those adolescents living with relatives (although this appears a considerable difference, this result was not found to be statistically significant).

- The Sudanese adolescents had a significantly higher prevalence of anaemia than the Somalis. In addition, preliminary analyses suggest that adolescents who have lived longer in Kakuma were more likely to be anaemic (further analysis is required to confirm this association). Anaemia does not disproportionately affect any age or sex group in the sample, which is surprising given that adolescent girls aged 15−19 require twice the amount of iron in their diet as compared with boys (32 mg compared with 15 mg assuming low bioavailability − WHO, 1995).

- The prevalence of low BMI−for−age was 57% in Kakuma and 60.6% in Dadaab. The authors question the validity of using this nutritional index as an indicator of protein energy malnutrition in adolescents. Nevertheless the results show that unaccompanied adolescents have a significantly lower BMI−for−age, as compared with those living with relatives.

- Night blindness was reported by 24% of the sample, and Bitots spots were noted in 4%. Similar prevalences of these signs and symptoms among young children indicate endemic vitamin A deficiency.

• The general rations provided between 19.9 and 27.5 mg iron (of low bioavailability), which represents 97.5% to 135% of the WHO recommended amounts for emergency−affected populations.

Certain northern−eastern parts of Kenya are currently experiencing drought conditions. The failure of the short rains (October to January) has led to extensive crop−failures in the short−rains production area. The drought has also increased stress on water and grazing resources in the pastoral rangelands. Reports suggest that food distributions are not yet justified, but that the most immediate priority is to renovate and maintain key boreholes (FEWS− 26/02/99; PANA − 12/01/99).

Overall, the refugees in Kenya are not considered to be at heightened nutritional risk (category IIc).

Recommendations from the anaemia studies include:

• Further studies on the prevalence of anaemia, low vitamin A status and their causes in other (high−risk) groups, taking into account seasonal differences.

• To re−assess standard methodologies of measuring adolescent nutritional status, both for protein−energy deficiency and anaemia.

• It would also be worthwhile to analyse the reason why the group of unaccompanied adolescents in Kakuma are apparently less able to adopt the wide range of coping strategies used by the other refugees, which then may be addressed.

Recommendations and Priorities:

• There is a continued need for general food distribution for refugees.

• MSF plans to continue selective feeding programmes in Dadaab camps and to monitor nutritional status

Liberia/Sierra Leone Region

Deterioration in the security situation of Sierra Leone has led to widespread displacement throughout the country. However as the access of humanitarian organisations to the affected areas is severely restricted, it is difficult to estimate the numbers of people involved and the extent of their deprivation. The situations in Guinea−Conakry, Cote d'Ivoire and Liberia are more stable, although recent events in Sierra Leone may alter this. The table below gives an estimate of the number of IDPs and refugees requiring humanitarian assistance in the region.

	Jun. 97	Sep. 97	Dec. 97	Mar. 98	Jun. 98	Mar. 99
Liberia	710,000	700,000	700,000	726,000	209,000	345,000
Sierra Leone	453,000	453,000	200,000	200,000*	300,000*	495,000*
Cote d'Ivoire	305,000	210,000	210,000	210,000	140,000	101,500
Guinea	545,000	405,000	405,000	405,000	614,000	470,000
Total	2,013,000	1,768,000	1,515,000	,541,000	1,263,000	1,411,500

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

Note that is possible that the number of people requiring assistance was underestimated for Liberia in June 98

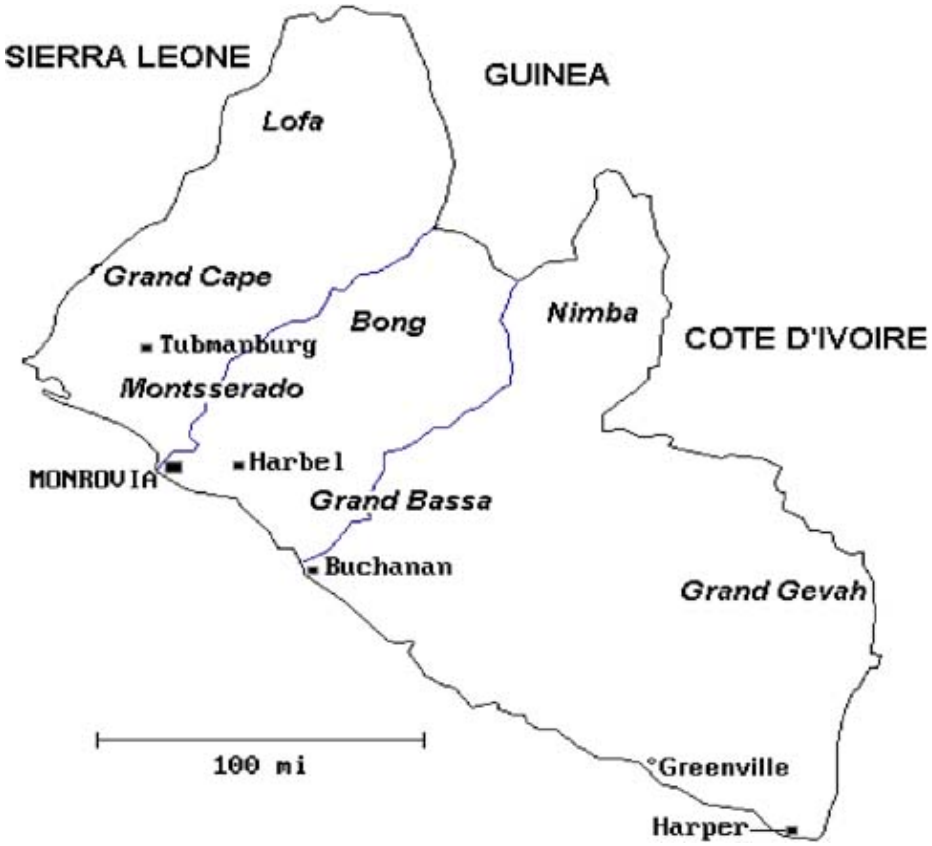
5. Liberia

The Liberian civil war led to massive population displacements both within Liberia and into neighbouring countries. Since the elections in July 1997, when Charles Taylor was democratically elected President,

security conditions have improved considerably, which has prompted increasing numbers of refugees and displaced people to return home (OCHA – 12/98).

As part of the national reconciliation process, UNHCR began a large–scale repatriation programme in late 1997. It is estimated that there were 480,000 Liberian refugees at the beginning of 1998, the majority of whom were living in Guinea or the Cote d'Ivoire. Over 100,000 Liberians had repatriated with UNHCR's assistance and a further 160,000 are estimated to have repatriated spontaneously. Of the approximately 221,000 Liberians who are still refugees a further 190,000 are expected to repatriate by the end of this year (100,000 with UNHCR's assistance). The remainder are expected to stay in their countries of asylum (UNHCR, 02/3/9; OCHA 12/98).

In December 1998, it was estimated that there were some 750,000 displaced people in Liberia, more than a third of whom were residing in shelters in Montesedarro, Bong, Margibi and Grand Bassa Counties (OCHA – 12/98). An inter–agency programme was set up in 1998 by the Liberian government – in collaboration with UN agencies, USAID and the EU – to help an estimated 187,000 IDPs return home from Monrovia. The IFRC has reported that the programme helped 95,207 IDPs resettle in their communities of origin in 1998. The IDPs are given relocation kits and assisted with transportation. Now in its third phase, the programme requires additional funding to help another 40,000 people from Monrovia return home (IRIN–WA 15/01/99).



A survey conducted amongst IDPs in the 'regular and irregular' displaced shelters in and around Monrovia in May 1998 recorded 16.3% wasting and 3.1% severe wasting (see Annex I(5a)). No Oedema was noted. The prevalence of wasting was marginally higher than results recorded in 1997 for both the February survey (14.5%) and the August survey (12.9%). The prevalence of severe wasting remained approximately the same as in August 1997. Coverage of the supplementary and therapeutic feeding programmes was extremely low. The measles immunisation coverage was also low at 39.7%. This survey is now 9 months old, and given that many of the IDPs are now leaving Monrovia, these results may not apply to the current situation.

The Liberian Food Security Forum continued to assess food security issues for returnees in various parts of the country in 1998 (see RNIS 23 and 24). An SCF–UK report on the returnees in Cape Mount County in June–July found that very few households could produce enough food to meet their needs; and many of the households interviewed used a high proportion of their expenditure to buy food (see Annex I(5b)). This was particularly true for recent returnees even in traditionally high production areas such as South Porka district. The "old" returnees had harvested rice before the study, but this alone did not account for the differences observed. In some cases the new returnees had missed the distribution of agricultural inputs such as tools and seeds. Old returnees had also managed to secure the most productive traps for bushmeat in some areas

(SCF–UK – 08/98).

Sierra Leonean Refugees

There are some 95,000 Sierra Leonean refugees in Liberia (UNHCR – 02/03/99). Assessments of the health and nutritional status among refugees in Vahun and Kolahun camps were undertaken in June 1998 (see Annex I(5c–d)). Vahun camp, close to the border with Sierra Leone, is the first point of arrival for refugees. The June – October rainy season makes the access road to Vahun impassable for weeks at a time. In contrast, Kolahun camp is 70 km from the border and more accessible from Voinjama, the regional centre.

The prevalence of wasting in Vahun camp, was 21%, with 5% of the children surveyed severely wasted. Oedema was reported at 1%. Since February 1998, children at Vahun camp needing supplementary or therapeutic feeding were being transported to Kolahun on a daily basis when possible. These children were excluded from the results above and, if included, would reportedly give a prevalence of wasting of 28.9%. Crude mortality was 1.8/10,000/day, and under–five mortality was 6.1/10,000/day. Measles immunisation coverage was low at 28.3%.

In Kolahun camp the situation was slightly better: the prevalence of wasting in the survey was 7%, with severe wasting at 1.3% (although this does not include those children admitted to the feeding centres, which according to the report would push the overall prevalence to 28.6%). Oedema was reported at 0.8%. Crude mortality was 0.9/10,000/day and under–five mortality was 4.8/10,000/day. Measles immunisation coverage was at 37.9%.

The higher rates of malnutrition in Vahun were attributed to: the relatively poorer condition of recent arrivals from Sierra Leone, less regular food distributions in Vahun, and the presence of a therapeutic feeding centre in Kolahun. Note once again that it has been nine months since the survey and that the situation is likely to have changed.

An FAO assessment of the food and crop situation in Liberia indicated a significantly improved overall food situation for the country. The mission estimated that paddy production had increased 25% from 1997 and is about 70% of pre–civil strife levels. Cassava production is at 96% of pre–civil strife levels. The main factors which contributed to the increases in production include an expansion in the planted area as a result of the return of large numbers of families to their homes, increased yields due to greater access to NGO–supplied inputs (especially seeds and tools) and improved crop husbandry practices as more extension services become available. The mission estimates that Liberia will need to import 155,000 tonnes of cereals this year – of which 50,000 tonnes of which will be required as food aid (FAO – 26/01/99).

Overall, the most recent surveys of the IDPs in Liberia suggest that they are at moderate nutritional risk (category IIb). The Sierra–Leonean refugees are also thought to be in this category.

Recommendations and Priorities:

- To repatriate as many refugees as possible prior to the annual rainy season, which is from May to October.

- Basic services within Liberia e.g.: schools and health services, are poorer than those in the neighbouring countries of asylum so there is a need to improve facilities within Liberia to encourage refugees to return.

- Funds are required to support the programme helping IDPs return home from Monrovia.

- Agricultural inputs are required to help the returnees build up their food production capabilities.

- There is a need for further assessments of the nutritional situation of the returnees and resettled IDPs in order to facilitate targeting of assistance.

The Vahun and Kolahun survey recommendations include:–

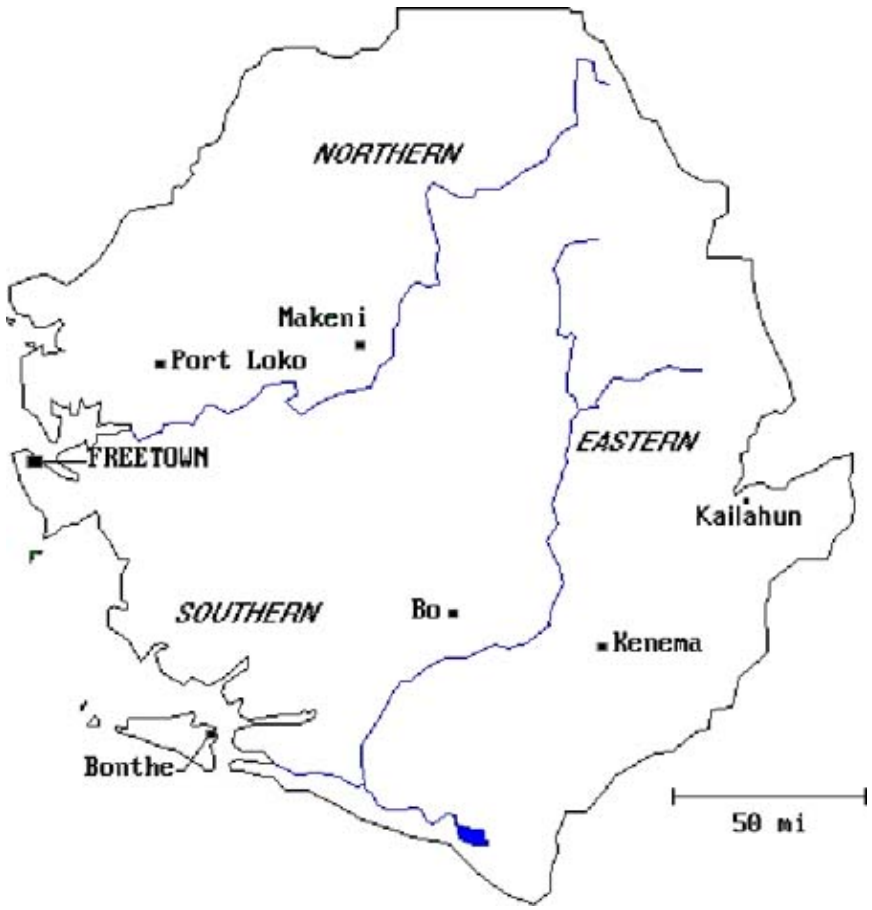
- The transfer of refugees to Kolahun from Vahun
- The opening of supplementary and therapeutic feeding centres in Vahun
- Increasing the food ration to a minimum of 2,100kcal per person per day.

6. Sierra Leone

Despite the return of the democratically elected Government of Sierra Leone led by President Ahmad Tejan Kabbah in March 1998, conflict continues to plague the efforts of the majority to recover from the effects of the junta period. The hostilities between the ECOWAS Cease−fire Monitoring Group (ECOMOG) and the remnants of the AFRC/RUC (Armed Forces Revolutionary Council/Revolutionary United Front) have spread over a larger area of the country. The junta forces have engaged in large scale looting, arson and serious human rights abuses as they have retreated. The terrifying nature of the atrocities have spread panic and fear among the local population and have provoked large−scale displacement. The number of refugees from Sierra Leone in neighbouring countries has increased to an estimated 450,000 of which 260,000 represent the new caseload since February 1998 (UNHCR−23/02/99; OCHA, 3/12/98). This number is probably increasing. There are reported to be between 700,000 and one million IDPs in Sierra Leone (USAID − 12/03/99).

Fighting broke out in Freetown in late December 1998, and continued sporadically until early−February when the rebels were forced out by ECOMOG forces. The damage to the city is reported to be colossal: up to 65−80% of housing in central parts of the city may have been destroyed (IRIN−WA − 09/02/99). Many households were forced to seek accommodation with friends and relatives or in abandoned buildings and makeshift camps. At the height of the crisis between 30,000 and 40,000 people were crammed into the main stadium without food and medical facilities (IRIN−WA − 22/01/99). By late January 117,000 displaced people had been registered by the authorities in the city (WFP − 29/01/99); more current data are not available.

Emergency food distributions organised by an inter−agency committee were started in mid−January 1999. Prices of basic commodities had risen sharply, with some items priced ten times higher than before the crisis (IRIN−WA −22/01/99, WFP − 18/01/99). The food distributions continued throughout February (WFP − 26/02/99). Following fears that the city's food stocks were diminishing and could run out and difficulties in delivering food aid by other means, WFP has begun airlifting supplies to Freetown. If food stocks do run out even more displacement might occur as people leave the capital in search of something to eat (IRIN−WA − 12/02/99, 05/02/99; WFP − 04/03/99).



Waterloo, a town 18km from the capital, has recently been re−captured by ECOMOG forces (IRIN−WA − 25/02/99). The rebels occupied the town for six weeks, during which, the civilian population fled to the bush. 7,000 IDPs have recently returned to the town − which was described as "literally burnt to the ground"− in order to receive humanitarian assistance (IRIN−WA − 01/03/99). Before the fighting broke out UNHCR was

caring for approximately 5,000 Liberian refugees in the town. For a period their whereabouts were unknown as they scattered during the rebel attacks (IRIN−WA − 10/02/99). However, UNHCR has recently re−established contact with around 2,000 Liberians, 720 of whom have requested repatriation. The first group of some 120 refugees have recently been brought home by ship (UNHCR − 17/03/99).

Rebel activity near the south−eastern town of Kenema spurred fresh arrivals of IDPs into the city. An estimated 50,000 IDPs are currently in Kenema and nearby Blama (IRIN−WA, 01/03/99, 22/1/99). Rebel incursions into the town were also reported; these resulted in the IDPs fleeing. A MERLIN feeding clinic was attacked in a raid (IRIN−WA − 12/02/99). WFP food distributions in the two towns continued when possible, but fuel shortages have hindered the process of delivery (WFP−26/02/99, 12/02/99, 29/01/99, 15/01/99). At least 200,000 other IDPs may be stranded between Kenema and Bo and ECOMOG forces were reported to be reluctant to allow IDPs into Bo for security reasons (IRIN−WA − 12/02/99). WFP was able to distribute food in Bo, but may not have enough stores to feed the 200,000 IDPs (IRIN−WA − 12/02/99, 19/03/99).

The situation in Kambia was also critical following rebel attacks. Rebels from the RUF have crossed the Kolenten river, near Kambia, and attacked Pamlap in the Guinean territory. It is estimated that there are 23,560 IDPs in the border area who require assistance (WFP − 12/03/99).

For obvious reasons, no comprehensive surveys of the nutritional situation of people in Sierra Leone have been undertaken since December. With the continued fighting, looting, burning of homes, and other atrocities, however, it must be assumed that in the affected areas, access to food is severely restricted. For example, in Freetown residents were confined to their homes with little or no food, water or electricity, while all shops and markets were closed (WFP, 12/01/99). Commercial food imports have also been affected by the hostilities. The current disruptions to the agricultural cycle will adversely affect food security in the longer−term (IRIN−WA − 12/03/99). The population displacements and subsequent overcrowding combined with low measles immunisation coverage, mean there is a great risk of a measles epidemic which could cause increased mortality (IRIN−WA − 12/02/99). This combination of risk factors renders the population in affected areas highly vulnerable.

The most recent survey undertaken in the country was in the five chiefdoms of Porto Loko in October 1998, just prior to the harvest (see Annex I(6a)). The rate of wasting was 11.4%,with 3.6% severe wasting. This area had undergone considerable upheaval in the 18 months prior to the survey, which is reflected in the nutritional levels of the population. The results showed a significant impact of displacement on under−five mortality; displaced families were three times more likely to experience the death of an under−five child compared to non−displaced families. Displacement did not have a similar impact on malnutrition. It is likely that the prevalence of wasting will have increased in Porto Loko as rebels have raided the area according to recent reports (Reuters − 22/03/99).

Refugees leaving Sierra−Leone

Since the deterioration of the security situation in Sierra Leone in late December, a total of over 10,000 Sierra Leonean refugees have fled − mainly into Forecariah, Guinea. A small number of new arrivals have also been reported in Vahun, Liberia (IRIN−WA − 17/02/99). UNHCR has been assisting these new arrivals following their registration.

Overall, the situation in Sierra Leone appears to be critical. It is extremely difficult to estimate the numbers of people involved and the extent of their depravation as security restraints prevent humanitarian organisations from accessing the affected regions. It is probable that the IDPs in areas to which access is restricted are at heightened risk of malnutrition and mortality (category IIa). Those in areas which are less difficult to access are considered to be at moderate nutritional risk (category IIb).

Recommendations and Priorities

- This acute stage in the emergency warrants, as far as security constraints allow, an assessment of the effects of the conflict on food security, public health and nutrition generally.

- The mode and quantity of assistance required in Sierra Leone has changed dramatically in the past few months. Considerable emergency humanitarian assistance is required, but the actual form of the assistance must be determined locally. For example, measles immunisation campaigns remain a priority in upcountry areas (USAID − 12/03/99).

7. Guinea−Conakry and Cote d'Ivoire

Guinea–Conakry

The situation in Guinea has been fairly stable and is expected to remain so, in spite of some disturbances in the wake of the presidential election in December 1998 (WFP – 09/02/99). The country has a heavy caseload of almost 470,000 refugees from Liberia and Sierra Leone, mostly in the Gueckedou region. Of these, some 350,000 are Sierra Leoneans and 120,000 are Liberians (UNHCR – 23/02/99).

The last RNIS electronic update (July 1998) reported on a nutritional survey conducted on refugees in camps in Kissidougou and Faranah Prefectures in late April 1998. The results showed extremely high levels of malnutrition and crude mortality rates more than four times the usual rate. Similarly, a survey undertaken by ACF in refugee camps in Gueckedou Prefecture in May 1998 recorded prevalences of 18.6% wasting and 5.0% severe wasting (see Annex I(7a)). In response to these findings, new therapeutic feeding centres were established, twenty–six dry ration sites were either restarted or created, and nutritional surveillance activities were increased in all health centres in refugee camps Gueckedou prefecture.

In September 1998, a comparable survey was conducted in the same camps in Gueckedou by the DPS/ACF/MSF (see Annex I(7b)). The prevalence of wasting had declined considerably to 7.9% and severe wasting to 1.3%. Oedema was measured at 0.8%. This improvement must in part be due to the success of the interventions put in place following the last survey. It was predicted that the prevalence of wasting would decrease even further, although recent events in Sierra Leone may preclude this. It was noted that some refugee sites had received only one of the three expected food distributions this was due to the limited access to the sites as a result of the poor condition of the roads during the rainy season. Measles vaccination coverage was high at 80% following an MSF campaign a few months previously.

A health report from UNHCR in November 1998 reported crude mortality rates for the total refugee population in the camps in Guinea to be approximately 0.16 /10,000/day. Mortality rates for the under fives were 0.36/10,000/day (UNHCR – 11/98*).* More recent information is not available. UNHCR carried out a detailed census of Sierra Leonean refugees in Gueckedou in mid–February.

Overall, the refugees in Guinea are no longer considered to be at heightened risk of malnutrition (category IIc).

Recommendations and Priorities:–

- The preliminary results of the UNHCR census of Sierra Leonean refugees in Gueckedou in mid–February will be available by the end of March. This should facilitate the planned move of some 50,000 refugees away from the border of Sierra Leone where they are at heightened risk of attacks from rebels (IRIN – WA 10/02/99, WFP – 09/02/99).

- WFP plans to extend the current emergency operation for the newly arrived refugees until August 1999 (WFP – 09/02/99). This and other programmes will be dependent on the numbers and condition of new arrivals from Sierra Leone.

Recommendations from the Gueckedou survey included:–

- Continuing (but not increasing) the current programmes in:– nutritional screening, surveillance, therapeutic feeding, health education and immunisation

- Planing the eventual integration of some of these structures into the DPS.

Cote d'Ivoire

Cote d'Ivoire currently hosts more than 100,000 Liberian refugees (UNHCR – 02/02/99). This number has been decreasing as the refugees are helped home by UNHCR or repatriate spontaneously.

The most recent report on the health/nutrition of the refugees in Tabou (the reception zone for Liberian refugees entering the Cote d'Ivoire) describes a stable situation (MSF–Tabou – 11/98). Reductions in the number of admissions to both the supplementary and therapeutic feeding centres between July 1997 and September/October 1998 were recorded. MSF has now closed its nutritional and medical programmes in the area and has helped to facilitate the transfer of the programmes to the Ministry of Health and local groups. ACF has also decreased its activities in the area.

Overall, the refugees in Cote d'Ivoire are not considered to be at heightened risk of malnutrition (category IIc).

8. Guinea–Bissau

On June 7th 1998, a conflict erupted between Government troops loyal to President Viera and part of the army supporting General Mane. Fighting occurred in two main phases in early June and October. A peace agreement was signed on November 1st and ECOMOG troops have been deployed in the country since February 1999. However, sporadic fighting continues (OCHA – 12/98, IRIN–WA – 12/02/99, 04/02/99, 03/02/99). At the time of going to press, a transitional Unity Government had been appointed and a general election is planned for the end of July (IRIN–WA – 19/03/99).

The conflict has resulted in large population displacements, particularly in and around the capital, Bissau. Many people who fled the city in June returned to their homes only to have to flee a second time when further fighting broke out (OCHA–12/98; IRIN–WA – 01/02/99, 20/11/98; WFP – 18/01/99, 09/10/98). Current estimates of IDPs place 170,000 in Bissau and 100,000 around the city, mainly in Cumura, Safim and Cumere. Many are staying with friends or relatives, however some are reported to be sheltering in poor conditions in churches and other public facilities on the outskirts of Bissau (IRIN–WA – 05/02/99).

A WFP report on the nutritional situation of the population of Guinea Bissau in December found "no famine or starvation" (see Annex I(8 a)). Indeed this report described low levels of malnutrition in Oio, Bafata and Cacheu regions. The prevalences of wasting ranged from 7.5–5.2% (these rates were based on nutritional screenings using MUAC less than 12.5cm). The agency has been delivering food aid by air throughout the emergency, when security conditions allowed (WFP –12/98).

Latest reports suggest that life in Bissau is gradually returning to normal,and following the successful harvest in December food is available in the markets. However, many of the IDPs have no money to buy items and hence their access to food is restricted (IRIN–WA – 23/02/99, 01/02/99).

Sengalese Refugees

There are approximately 5,400 Senegalese refugees living along the border of Guinea Bissau. As a result of the conflict, which involved Senegalese troops on Guinea–Bissau soil, this group urgently needs relocating away from the border. Approximately 5,000 people fled from Guinea–Bissau during the conflict into neighbouring countries. Most of them were accommodated with host families, not in camps. It is hoped that the signing of the peace treaty will result in rapid repatriation for these people (OCHA –12/98).

Overall, the IDPs in Guinea–Bissau are not considered to be at nutritional risk (category IIc).

Recommendations and Priorities:

- The WFP report recommended that food aid be carefully targeted to certain areas of the country (WFP –12/98).

- WFP's current emergency operation for the country is aimed at 350,000 IDPs until the end of March and a further 211,200 vulnerable people until the end of August (WFP – 06/01/99).

9. Somalia

Somalia is characterised by the growth of diverse clan–based and regional politics and nearly eight years after the start of the civil war, the country remains without a central government. Most of southern and central Somalia, including the capital Mogadishu and the principal southern port town of Kismayo, comprise 'zones of crisis' as characterised by recurrent complex emergencies. There are typically high levels of insecurity, abuse of human rights, sporadic armed conflicts, and frequent population displacements. External aid to assist in such calamities is severely constrained. In contrast, the progress towards recovery in the north–west and north–east, as well as some notable pockets elsewhere, demonstrates the importance of fostering good governance in combating the Somalian crisis (OCHA – 12/98).

Alarming reports of deteriorating food security conditions have been consistently reported from the southern regions, including Bay and Bakool, as well as areas of Gedo and parts of Hiran since September 1998. Poor harvests and crop failure in the past five successive seasons (over the past three years) and severe shortage of food stocks (sorghum and, to a lesser extent, maize) have been felt by the farming community. Failing productivity is attributed to many factors – both natural and otherwise: excessive rains, floods, famine,

run–down irrigation infrastructure and lack of inputs in rainfed and irrigated farming areas (UNICEF – 11/02/99).

The most recent harvest failure was the *deyr* harvest which began in January 1999, although parts of Hiran and Middle and Lower Shabelle reported favourable production for irrigated crops. In Lower Juba, the *deshek* crops were reported to be normal whereas rainfed crops were poor. As anticipated (FSAU – 08/12/98) the main sorghum producing areas of Bay and Bakool reported almost total crop failure (FSAU – 01/99).

The poorer agro–pastoralists and pastoralists have experienced a significant fall in income due the Saudi Arabian ban on livestock imports and the drop in banana exports. Pasture and grazing is also reported to be below normal (partly caused by the premature end of the *deyr* rains), with the exception of a few reverine areas (FSAU, 01/99). In addition, conflict in some areas has further aggravated the food security situation (FSAU, 08/12/98).

The availability of water for livestock and human consumption has become critical in many regions, particularly Bay, Bakool and Gedo, as well as extending into parts of central Somalia, Puntland and Somalialand. The combination of climatic conditions, insecurity and poorly maintained water sources (due to lack of funds and poor governance) has resulted in increasing pressure on boreholes and wells which are still functional (FSAU, 01/99). According to reports from WFP, nineteen of the twenty–five boreholes in the Bay and Bakool regions are no longer functioning (WFP – 03/02/99).

Convereely, the farming communities living along the Juba and Shabelle rivers were left vulnerable after the floods, because granaries were never restocked and river embankments were not repaired. This population is now even more vulnerable to further flooding since the repair of the embankments is very slow without external assistance (OCHA –12/98).

In November 1998, the UN Agencies warned that more than 700,000 southern Somalis would face severe food shortages, of whom 300,000 would be at very great risk. A Donor Alert appealing for $18 million to provide emergency assistance in food, nutrition and health was launched. Donors responded generously to the Alert which had been resourced by up to two thirds in early February (FEWS – 01/02/99; IRIN – 02/02/99). However, few rehabilitation needs were met. WFP has been successful in distributing food to many areas,

despite heavy factional fighting which sometimes hinders the deliveries (WFP – 20/11/98). FSAU monitors have reported that prices for cereals have been temporarily stabilised in the areas where food aid has been distributed.

Rates of malnutrition recorded in recent nutritional surveys are of concern. According to UNICEF reports, surveys in November–December in Bay and Bakool revealed a rate of wasting of over 20% and a severe wasting of 5–7% (UNICEF – 11/02/99).

More recently, a quick nutritional assessment (based on measurements of mid upper arm circumference) was conducted in Qansaxdheere town and its surrounding area in Bay region (see Annex I(9a)). The assessment, which was carried out under difficult security conditions, found that 32% of the children were malnourished (MUAC < 12.5 cm), 10% of them severely malnourished (MUAC < 11.0 cm). Such high levels of wasting based on arm circumference have been recorded in this area, however, those surveys were conducted during the rainy pre–harvest period at the end of the hungry season. The current survey was carried out 4–6 weeks after the harvest, normally a better period with regard to cereal food availability, although the dry season does usually result in reduced morbidity due to diarrhoea and malaria. It was noted that the recorded levels of malnutrition may have underestimated the severity of the situation, given that many of the poorest groups have already migrated in search of food (FSAU – 02/99)

Reports of population movements have been regularly received since November (WFP – 06/11/98; 18/12/98; 22/01/99; 12/02/99). Many have moved towards the Kenyan border and the larger coastal towns in order to find food and to flee fighting (WFP – 20/11/98). Since December 1998, some 12,000 Somalis were reported to have crossed into Ethiopia (IRIN, 09/03/99).

In Bardere town, where the IDP population is 20,000, an outbreak of cholera has been recorded. UNICEF has set up a treatment centre (IRIN – 19/02/99). The latest figures from WHO report 4,678 cholera cases in central and southern Somalia between November and February 1999 (IRIN – 09/03/99).

Overall, the IDPs are considered to be at heightened nutritional risk, particularly those in the Bay and Bakool regions (categories IIa and IIb).

Recommendations and priorities:

- There is growing concern that the country's largest cereal harvest, the *Gu,* which Somalis begin to plant in April for harvest in July, is headed for failure unless adequate amounts of seeds and tools are provided in the weeks ahead (FSAU – 01/99; WFP –12/2/99).

- FSAU estimated that 1,600 tons of seed are required in the 4–6 weeks before the rains in order to prevent rainfed farmers' livelihoods from being further jeopardised through lack of inputs for the upcoming Gu season (WFP – 12/02/99). A FLASH appeal for seeds has been prepared in order to reduce the risk of yet another crop failure (FSAU – 01/99).

- Water supply systems must be rehabilitated in order to ensure greater access to water for both humans and livestock in the dry weeks ahead.

- FAO will provide assistance for river embankment rehabilitation (OCHA – 12/98).

- UNICEF is seeking additional funding to provide emergency food, water and health assistance for about 300,000 "very vulnerable" Somalis until the next harvest (IRIN – 19/03/99).

- More medical supplies may be required if the cholera epidemic continues to spread.

Puntland

Serious shortages and the inability to access water for livestock and human consumption are reported in Puntland (FSAU – 01/99; UNICEF – 11/02/99). Recommendations include support to operate and maintain boreholes. To date no response to the appeal by Puntland state for assistance has been received, except for some community initiatives in Mudug. A continuous influx of IDPs into Bossaso is also reported (UNICEF – 11/02/99).

Somalialand

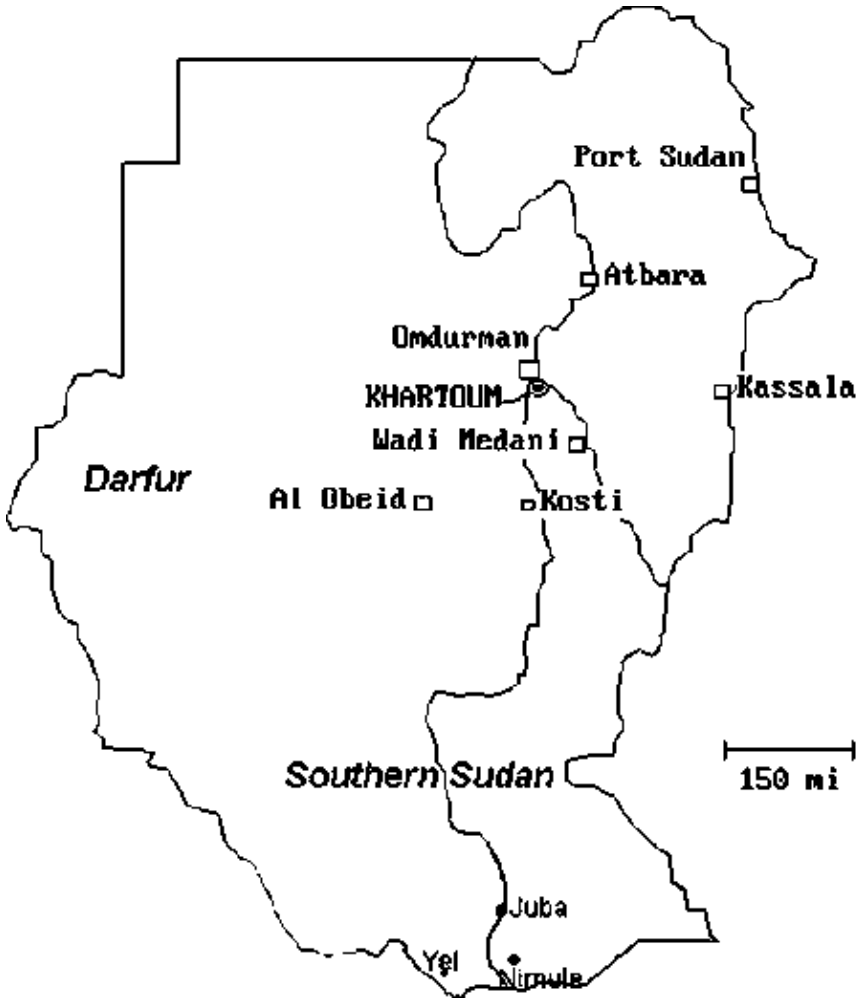
The cost of water has become prohibitively high for poorer pastoralists and agro–pastoralists in the Northeast and Northwest of the country. While drought is not an accurate description of the current situation, real difficulties in accessing water are occurring. Reasons for this include:

(i) the livestock ban from Saudi Arabia: lowering purchasing power;
(ii) higher than normal livestock levels during 1998 – increasing pressure on water range resources;
(iii) unfavourable rain distribution; and
(iv) low water storage capacity due to past conflicts and lack of maintenance.

As a result of the above factors FSAU reports that abnormally large movements of pastoral people and their livestock have moved in search of water and pasture. Assessments are currently being undertaken in order to define and plan for appropriate water interventions (FSAU – 01/99).

10. Sudan

Prolonged civil war during the past fifteen years, recurrent population displacement and consecutive crop failures for the past five years continue to make hundreds of thousands of Sudanese food insecure. In 1998 southern Sudan faced its most serious humanitarian crisis in ten years. This followed the attack on Wau (by Kerubino Kwanin Bol) in late January 1998, and consequent population movements as well as a very poor harvest in 1997. By the middle of 1998 some areas in northern Bahr El Ghazal (NBEG) reached famine conditions associated with significant loss of human life (OCHA – 01/98). Parts of NBEG had been subject to raiding by Kerubino's forces (at the time aligned with GOS) from 1994, resulting in destitution and displacement for the majority of the population. In addition, NBEG has been regularly raided by northern Arab militia since 1986 (OLS – 07/96). Prior to 1998 the region received little humanitarian assistance because of insecurity due to Kerubino's raiding and looting of local villages and relief distributions in order to undermine the support base of the Sudan People's Liberation Movement/Army (SPLM/A) mainstream forces. The current crisis was precipitated by Kerubino's switch in alliance from GOS to the SPLM/A, signalled by his attack on Wau. An estimated 110,000 southerners fled Wau town, and more fled from the GOS–controlled towns of Aweil and Gogrial (OCHA – 01/99).



The crisis worsened as a result of the GOS suspension of OLS flights into BEG in February 1998, (during which time GOS conducted an aerial bombing campaign). At the end of February, GOS granted clearance to six locations, which exacerbated the crisis by drawing in people in search of relief to these centres. Arab militia raiding continued in March and April 1998**.** Further access to airstrips was granted on March 30th (OCHA, 01/99).

Displacement and hunger were also brought about by confrontation between the SPLM/A and government troops in Eastern Equatoria and White Nile, and in western Upper Nile/Unity, where fighting between two Southern Sudanese Independent Movement (SSIM) factions continued throughout the year. Moreover, rains arrived late throughout the affected regions and were followed by severe floods, which particularly affected parts of Jonglei, and several areas of NBEG and western Upper Nile/Unity, devastating vast amounts of land. There are currently estimated to be 2.6 million people in Sudan who require food assistance (WFP – 12/01/99).

Southern Sudan, non–GoS controlled areas

The nutritional situation in parts of BEG was catastrophic for much of the period from May to August 1998. Despite the humanitarian community's awareness that a crisis was imminent early in the year (OCHA – 01/98, MSF – 06/04/98, RNIS 24) it was unable to avert the disaster. Many reasons prevented WFP and NGOs from delivering the emergency food aid required in time to avert the crisis. In addition to the GoS' imposition of a flight ban, WFP and other agencies did not have the capacity to respond, in part due to lack of timely funding from key donors.

Aid deliveries did not increase substantially until July 1998, following a cease–fire agreed by both warring parties and an increase in funding (WFP – 12/01/99). However, despite the increase in aid deliveries, high malnutrition rates continued to be reported. This led to the establishment of a joint SPLM/SRRA/OLS task force to investigate the possibility that some of the most vulnerable were not receiving any or enough food. The task force found that food distributions were regularly taxed by the SPLA, that food was re–distributed by chiefs and that certain groups were marginalised including:– the displaced, families with members in feeding centres, widows and other socially vulnerable (SPLM/SRRA/OLS, 27/08/98; Reuters – 26/02/99; UNICEF – 03/03/99). WFP's responses included targeting families of feeding centre beneficiaries with general rations, decentralising their operation, and hiring additional food monitors

A large number of surveys and rapid assessments were conducted by various agencies throughout the crisis period. Table S1 in the annex shows a summary of some of the results of the surveys: note that they are not directly comparable as methods of data collection vary. Nutritional surveys in NBEG generally sample the population around certain airstrips where food distribution takes place (e.g. Ajiep, Panthou and Mapel), and as such should not be taken as representative of the entire affected rural population. The exception is where the table indicates surveys of "payams" (administrative areas). In addition, the coverage of the survey is generally smaller than that of the food distribution; the population sampled in the survey is often a 5 km radius around the airstrip, whereas people come from much further to collect food. In the lakes area of BEG, travel by road is possible, and random cluster surveys over a much larger area can be done, e.g. those in Rumbek.

All the survey results between April and August 98 show exceptionally high rates of malnutrition in children under five, clearly reflecting a nutritional crisis. The very high mortality rates indicated an emergency out of control (see below).

Malnutrition rates in NBEG were worse than in the Lakes area of BEG, e.g. Rumbek, (see table S2 in Annex I). In the Lakes area, malnutrition was a result of drought and the influx of "returnees" from Wau which rapidly depleted already scarce resources. The Lakes area had not, however, suffered from several years of widespread raiding, attack and displacement as in NBEG. In contrast to the rural areas in the Lakes, high rates of malnutrition rates in Rumbek town reflected the influx of people fleeing from Wau, returnees following the SPLA capture of the town in May 1997, as well as drought migrants in search of relief.

Tables S1 and S2 only provides nutritional survey data for BEG as this was the epicentre of the crisis where most of the surveys were conducted. Some surveys were undertaken in other parts of southern Sudan. For example, in Pochalla, MEDAIR found 33.7 % acute malnutrition (<80% weight–for–height) in June 1998 and an MSF survey in Akobo found a prevalence of malnutrition was 24.8% (<–2 z–scores) in October 1998. These areas were not subject to the same risks as BEG (UNICEF – 07/98; MSF – 11/98).

Some surveys also estimated mortality rates: the MSF surveys in Ajiep, Panthou and Mapel of 26/10,000/day, 9.4/10,000/day and 12/10,000/day respectively (MSF – 21/09/98). These rates are amongst the highest

reported ever in famine affected populations. Mortality in Ajiep was still 13/10,000/day in September 1998 and only dropped to 5.3/10,000/day in January 1999 (MSF – 13/02/99). As for malnutrition rates, mortality rates were much higher amongst the displaced than the resident population. In Panthou, mortality among the displaced was 20.6/10,000/day, and amongst the residents it was 1.5/10,000/day. In Mapel, crude mortality rates in the displaced was 23/10,000/day and 11/10,000/day in residents. These surveys also supported findings of the Task Force about marginalisation of the displaced in food distribution. In the Panthou survey, 61% of residents reported receiving WFP food, but only 39% of the displaced. In Mapel, 84% of residents received food aid, but only 59% of the displaced (MSF – 21/09/98). In June 1998 Oxfam reported a mortality rate in Rumbek town of 3.7/10,000/day and in Agangrial 2.1/10,000/day (Oxfam –24/07/98). Mortality in Rumbek increased from June to November; to 5.9/10,000/day in Rumbek town and 5.3/10,000/day in Agangrial. This was attributed to malaria. Mortality rates in Yirol also remained high; 2.9/10,000/day in September 98 (Concern/Medair – 09/98). crude mortality rates in Adet was still an unacceptable 2.6/10,000/day between October and December 98 (Merlin – 01/99).

There were considerable improvements in nutritional status between September 1998 and February 1999 (see tables). Reasons for the improvement include: (i) relative stability (ii) seasonal increase in availability of fish, wild foods and milk (iii) a harvest in some areas, particularly in the Lakes area of BEG, (iv) OLS increased its food deliveries – in August WFP nearly doubled its monthly food contribution to South Sudan (WFP – 12/01/99), and (v) NGOs set up numerous selective feeding programmes. (Note that the order does not indicate relative importance).

Many NGOs reported a decrease in admissions to both Therapeutic and Supplementary feeding centres since November. Some have started to scale down their emergency feeding programmes (MSF – 05/01/98; Concern–Medair – 01/99; Merlin – 01/99; WFP – 27/01/99). Pockets of acute food insecurity and acute malnutrition remain; which in some locations are still 20–40% (OCHA, 25/01/99). Close monitoring of individual sites will be necessary throughout most of 1999.

In January, WFP provided food assistance for approximately 830,000 people in BEG, where large proportions of the population relied on relief food as their primary source of food. An FAO Crop and Food Supply Assessment Mission to Southern Sudan in November supported OLS predictions that parts of NBEG faced food deficits in 1999, even though the 1998 harvest was better than that of 1997. In many areas the1998 harvest was significantly below the level required to sustain the population through the upcoming dry season. Localised food deficits ranging between 25 and 90% are expected in areas of Bahr Al Ghazal where OLS is operational. It is estimated that 80% of the population currently served by WFP will continue to depend to some extent upon emergency food relief in 1999 (OCHA – 25/01/99).

Other risk factors for recovery include:

- Ongoing insecurity:
  - inter–factional fighting in Upper Nile, Jonglei and Eastern Equatoria
  - continued attacks by GoS militia and military.
  - dangers associated with Karebino's return to GoS.
- The poorest households have carried only minimal amounts of grain forward from 1998 and will again face food deficits in 1999.
- Some IDPs are unable to return to their area of origin because it is unsafe.
- Immunisation rates were reported to be inadequate in surveys in Yirol (measles– 24.0%, polio – 36.4%, BCG–1.7%), Rumbek (measles – 41%), Adet (measles – 5%, BCG – 0.8%), Aweil (measles – 33.3%, polio –43%, BCG – 19.1%) and Gogrial (measles – 2.4%, BCG – 4%).

Southern Sudan, GoS–controlled areas

As in SPLA held areas, the highest malnutrition rates were found in NBEG (see table S3 in the annex). Again, IDPs showed a much higher prevalence of malnutrition than resident populations. In August, IDPS in Wau and Aweil showed particularly high rates of wasting. It is possible that the displaced surveyed in Wau and Aweil in August, are partly the same group as those surveyed earlier in SPLA held areas.

Malnutrition in other parts of GoS held Southern Sudan was much lower. Survey results after September 1998 are only available for one location, which showed a considerable improvement in the nutritional situation. Despite these improvements, it is anticipated that the IDPs will continue to face food deficits in 1999.

Northern Sudan

The 1996/97 Ministry of Health/WHO survey indicated that the prevalence of acute malnutrition in under fives was 19,6%. Given that this represents an average for North Sudan as a whole, it is extremely high. In addition, the rate of malnutrition is significantly higher than the reference survey for North Sudan carried out in 1986/87. Prevalences were particularly high in chronically food insecure areas such as North Darfur and Kordofan in the west of the country, and Red Sea State in the east. These areas frequently experience drought. The harvest in Kordofan was poor this year, and signs of food insecurity are already being observed (FAO – 23/12/98).

Problems associated with unbalanced diets and endemic diseases are exacerbated by vitamin A and iodine deficiencies in the above States and Gezira. Iodine deficiency is also a problem in Blue Nile and Upper Nile States. Nutritional anaemia is widespread in all the States in both children and their mothers, with higher prevalence in Kordofan and River Nile States ((FAO, 23/12/98).

Surveys and rapid assessments among people displaced from the South, West and Transitional Zones of the Sudan found high prevalences of malnutrition in several areas in Kordofan and Khartoum (see table S4 in Annex I). The prevalence of malnutrition varies, and recently the displaced are thought to be more vulnerable particularly those living in rural areas, who face problems with access to land and sharecropping (FAO, 23/12/98).

About 1.8 million displaced from southern Sudan and the Nuba Mountains live in four official displaced camps and squatter settlements around Khartoum. The ongoing civil war in the south and recurrent droughts and floods are the main causes of their displacement. Of these 1.8 million people, 820,000 are estimated to be vulnerable and nutritionally at risk. With no land to cultivate, they are entirely dependent on wage labour, petty trade and relief. 80% of the IDPs earn only enough to meet 50% of their food needs. The high prevalences of malnutrition in new camps and squatter settlements (mainly women and children) are of serious concern. The most vulnerable group are considered to be the IDPs in squatter camps who had their dwellings demolished as part of the GoS ongoing relocation exercises. To cover the food needs of the IDPs in the camps, WFP will provide relief food aid to 180,000 food insecure IDPs in 1999. (WFP – 12/03/99)

Recently, a joint WFP/GoS/NGOs rapid assessment in South Tokar recommended an urgent need for food and non–food assistance for IDPs displaced as a result of the conflict along the Eritrean border in six locations. The assessment recorded 4,000 newly displaced people in Adobna. These IDPs have no food stocks, and are also in need of water and medical supplies (WFP– 12/03/99).

Ethiopian and Eritrean Refugees

At the end of 1998, the Sudan housed some 147,302 Ethiopian refugees in UNHCR–supported camps and settlements in eastern Sudan. The refugee camps are also hosting 11,900 Eritreans. An estimated 195,300 Ethiopians and 28,1000 Eritreans are living in urban areas of the country (IRIN – 11/12/98). Recently there have been reports of more refugees from Ethiopia and Eritrea flowing into the country (Relief web – 27/02/99). No new information is available on the nutritional situation of the refugees.

Overall, although the situation in the Sudan has improved since the famine last year sections of the population are still at risk of malnutrition. IDPs in NBEG are considered be at high risk of malnutrition as pockets of high levels of wasting persist (category IIa). IDPs in other areas are considered to be at moderate risk (category IIb). The Eritrean refugees are not considered to have a heightened nutritional risk (IIc).

Priorities include:

Food assistance for a total of 2.36 million people will require an estimated 173,288 mt food aid. This will be used to:

- Cover the hungry season for chronically food insecure IDPs in the north (March–September).

• Support IDPS in rural south who cannot return to their areas of origin, particularly the poorest or most vulnerable, who are excluded from social networks.

• Support families with members in the feeding programmes.

• Support returnees in NBEG until the next harvest.

• Support people affected by flooding and displacement in Upper Nile, Equatoria and Jonglei.

• Meet the food needs of refugees.

Emergency supplementary and therapeutic feeding programmes:

• Whilst many agencies are scaling or closing down feeding programmes in southern Sudan, there will continue to be a need in some locations in both the north and southern parts of the country. Such programmes are of particular importance for displaced people living in camp situations.

Distribution and logistics:

• WFP southern sector is reviewing its method for targeting food aid to the most vulnerable and increasing its distribution monitoring. Since December 1998, WFP has started training newly employed monitors in food distribution.

• WFP is pursuing options to increase its land deliveries, both by road and by rail. Funding is sought to improve conditions of two road corridors. Additional barges will be used from north Sudan to increase deliveries by river.

• Food will be pre−positioned in remote locations in the Transitional Zone, Unity State, Red Sea State, White Nile and Kassala before the start of the rainy season.

• Air deliveries will need to be continued to many locations in southern Sudan.

Food Security:

• Distributions of seeds and tools, as well as fishing materials are required. These are particularly important for returnees to BEG.

Emergency preparedness:

• WFP has requested contingency stocks in anticipation of renewed civil strife in the south, e.g.: in case of new displacement and/or the destruction of crops. This "contingency stock" accounts for 10% of the estimated food aid requirements for 1999 (FAO, 23/12/98).

• Many agencies are preparing to re−open selective feeding programmes by April B the start of the next hungry season.

• Monitoring of food security and nutritional status should be ongoing.

11. Uganda

Although large parts of Uganda now enjoy peace, urgent humanitarian needs remain as a result of poverty, internal dissension and regional instability. In the northern and western regions of Uganda, a number of rebel movements fighting against the Government of Uganda (GoU) have brought insecurity.

There are estimated to be 521,500 refugees and IDPs in need of emergency assistance in Uganda (see breakdown below). This figure represents a reduction of 97,000 people since June 1998. The reduction in people requiring aid includes 9,500 refugees who voluntarily repatriated to the DRC in August 1998.

Origin	Dec. 96	Jun. 97	Dec. 97	Jun. 98	Feb. 99

Sudanese Refugees	214,000	165,000	176,000	164,000	157,000
IDPs	200,000	150,000	382,000	430,000	347,500
Refugees from Rwanda and DRC	27,300	38,000	28,000	24,000	17,500
Total	441,300	353,000	586,000	618,000	521,500

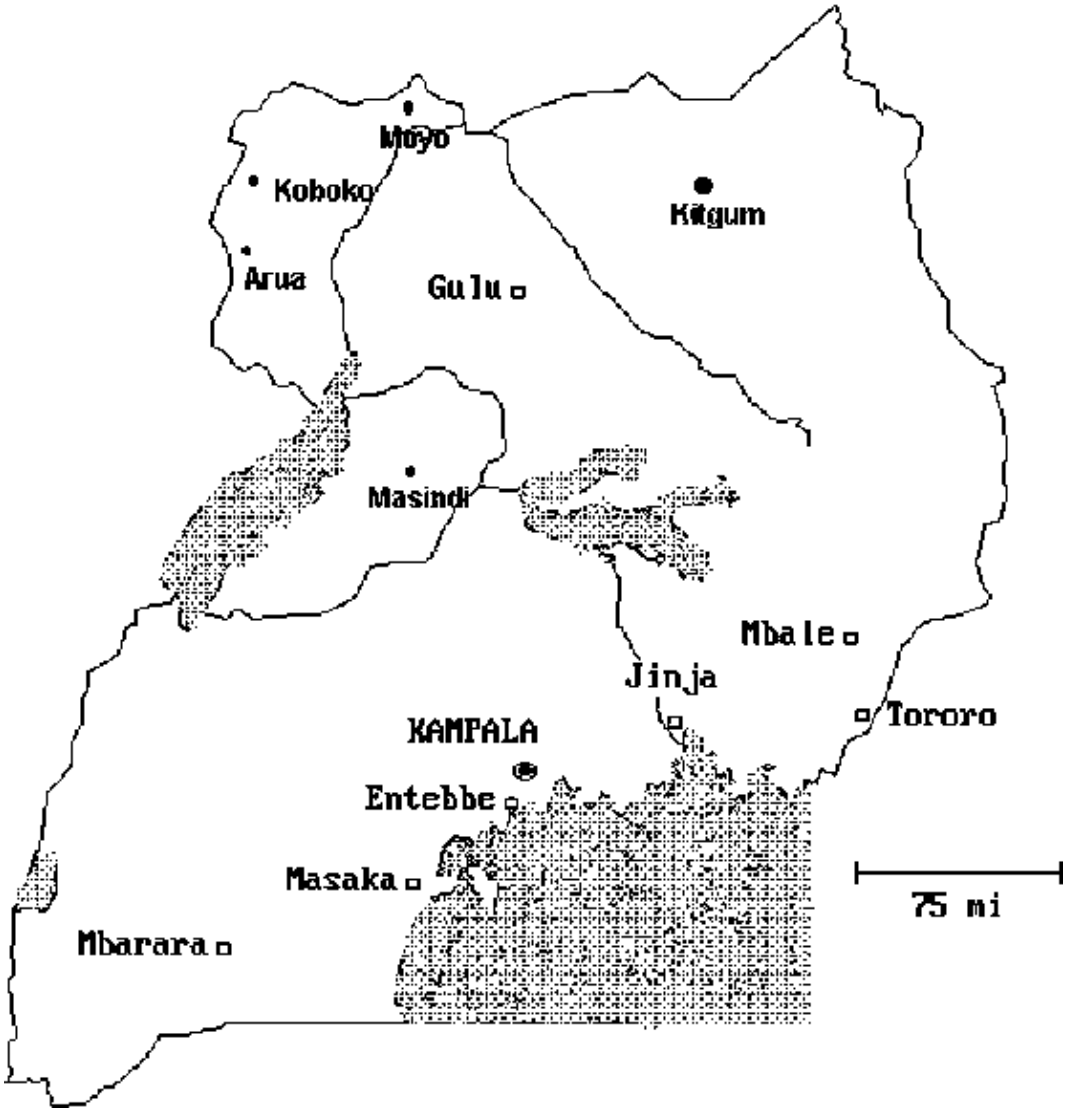
Ongoing violence and insecurity in the country, particularly in the northern and western districts, continue to affect entire communities. The nature of the displacement in the conflict affected areas is very fluid and sporadic – both temporally and geographically –and new IDP camps are created and abandoned as families decide there is sufficient security to return home or after the camp is attacked by rebels (OCHA – 12/98). For example, a group of 9,000 people have recently been displaced by rebel activity in the Agoro hills. WFP has now added them to its caseload (WFP – 04/03/99).

However, improved security conditions in some of the northern areas, notably in Gulu district, and also in the western district of Bundibugyo, have permitted some IDPs to leave their camps and engage in farming activities. (IRIN – 06/11/98). In total, the WFP caseload for Gulu was 299,923 IDPs in 20 protected villages in January and 74,567 IDPs were beneficiaries under the general feeding programme in Kitgum over the same period (WFP – 27/01/99).

There are no new data on the nutritional status of the IDPs in Kitgum or Gulu. WFP is providing some food assistance, but the IDPS are expected to produce their other needs in home gardens and fields near the IDP villages. Cultivation is frequently disturbed due to insecurity, and the nutritional situation may be precarious (OCHA – 12/98).

Refugees in Uganda

There are 157,331 Sudanese refugees in Uganda currently benefiting from WFP food rations. Approximately 90% of these refugees have been provided with a residential and farming plot by the GoU and are gradually moving to self–sufficiency. Hence WFP provides food assistance at various ration levels. In some areas sensitisation campaigns for food reduction have recently been taking place e.g.: East Moyo and West Nile (WFP – 27/01/99, 17/02/99, 04/03/99).



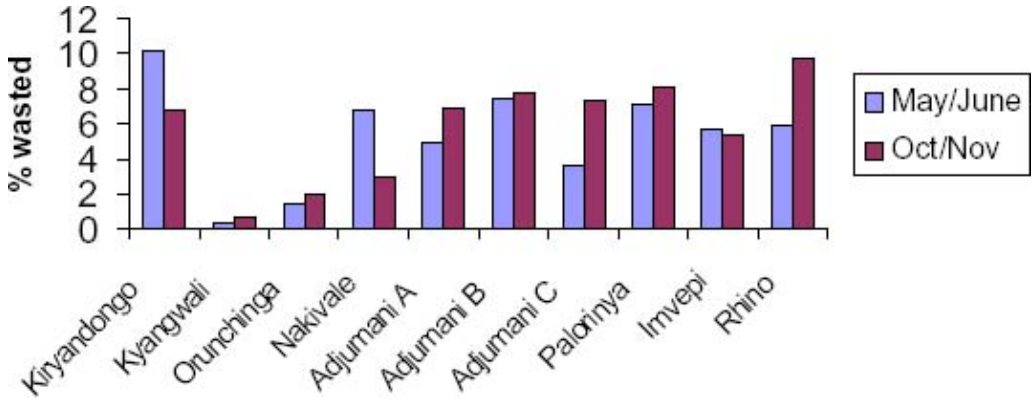
There are also 17,426 Rwandan and Congolese refugees in camps in the South and West of the country – including 2,950 new arrivals from Kisoro, South Western Uganda, who are now in Kyangwali (WFP – 04/03/99). Repatriation of some of the Congolese families to the Kamango enclave in DRC had started last year, but given the current security situation in the DRC no further repatriations have taken place. Indeed, UNHCR reported that 2,930 Congolese refugees arrived in Uganda during the last weeks of December (IRIN – 24/12/98) having fled Eastern DRC's Rutshuru district. The refugees were transferred to the Kyangwali settlement near Lake Albert.

Following–up on surveys from April–June last year, ACF–USA and UNHCR conducted numerous studies on the nutritional status of children aged 6–59 months in the Ugandan refugee camps in October and November. A summary of the results of these surveys can be found in the graph below – (for further details of the surveys see annex I (11a–t)). Note that the population of Adjumani camp (approximately 70,000 people) is split into three groupings which are determined by the amount of food assistance received. Group A comprises refugees who receive 80–100% of the full cereal ration, group B receive 50% of a full cereal ration and group C do not receive any cereal ration at all.

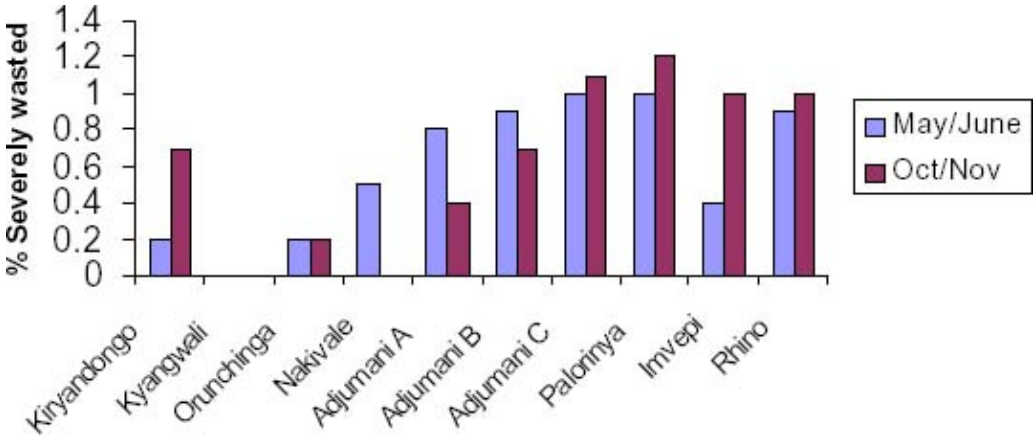
In general, the rates of wasting in children aged from 6 to 59 months were found to be low, with the exception of Kiryandongo in May (10.1%), and Rhino in October (9.7%). The rate of malnutrition in younger children was much higher. In Rhino camp 15.0% of the children aged 6–29 months were wasted in the October survey. The causes of malnutrition in these surveys were generally perceived (by the mothers and health staff in the Supplementary and Therapeutic feeding programmes) to be a combination of health, care and food related factors.

Prevalences of wasting remained stable for most of the settlements between the two surveys, with the exception of Adjumani and Rhino camps in the north which showed a deterioration, and Kirandongo and Nakivale in the south which indicated an improvement (see graphs). Sources (refugees and UNHCR officials)

in the camps that indicated a deterioration suggested that this may have been due to the negative impact of the long dry season followed by flooding when the rains came. Given that most of the refugees had not harvested their crops at the time of the second surveys, the pattern of change in nutritional status between the surveys was not unexpected. Although the refugees depend mostly on their rations as their main source of food, few of them have no other sources of income at all; most are involved in cultivating, ther income generating activities or casual labour.



Prevalences of wasting in Ugandan Refugee Camps in 1998



Prevalences of severe wasting in Ugandan Refugee camps in 1998

The surveys shared several findings in common:– (i) the prevalence of malnutrition was significantly higher in the 6–29 month group than the older group, (ii) where they exist, coverage of the supplementary and therapeutic feeding programmes were low – between 0 and 39% and, (iii) that the percentage of children vaccinated for measles at 9 months or after was low –from 33 to 56%.

Further in–depth studies in October, 1998, were undertaken in Rhino and Imvepi camps in Northern Uganda which mainly house Sudanese refugees (see annex I(11t)). In Imvepi, since March 1998, refugees have been receiving 80% of the full food ration (maize, pulses and oil), however since July there has been no oil available to give the refugees as a result of supply shortages. Refugees reported problems with the assigned plots, including:–long distances from the camps (up to 3 to 5 km) and also insecurity and the threat of violence, particularly against women.

In terms of a more general outlook, a FEWS report (26/02/99) described the second 1998 harvest (November/ December) as mediocre and observed that the prices of food in markets had risen only a few weeks after harvest – signalling limited supplies of beans and cereals. However, some of the increase in prices may reflect the extra demand from neighbouring Rwanda and ample supplies of substitutes, such as sweet potatoes and casssava, are offsetting the rising prices of cereals and pulses. A joint WFP/FEWS assessment found pockets of hunger in drought–affected areas of Rakai District. It is estimated that up to 30,000 people will require food aid until June in this area.

Overall, the IDPs in Uganda are considered to be at moderate risk of malnutrition (category IIb). The refugees are not probably not at heightened nutritional risk (category IIc).

Recommendations and Priorities: IDPs:–

• WFP's food assistance programme to the IDPs in northern Uganda is under threat as there may soon be a break in the pipeline. The programme has very low stocks of cereals, salt and oil and urgently requires funding (WFP – 04/03/99).

• The WFP operation (in conjunction with FAO and ICRC) aims to build the IDPs' resource capacity for the future; thus seed distribution and multiplication schemes continue, as well as food–for–work programmes which aim to re–establish the area's infrastructure and marketing systems (OCHA – 12/98).

The main recommendations arising from the refugee surveys included:–

• Setting up a nutrition surveillance system within health centres (possibly also including home visits) in order to regularly review nutritional status of children under five years old, and enable referral of malnourished children to feeding programmes and thereby improve feeding programme coverage

• Improving vaccination coverage through campaigns

• Strengthening health education programmes – focusing on childcare, weaning habits, and reproductive health.

Drought–affected areas

• In the long term, continued efforts by the government and NGOs to mitigate the effects of cassava mosaic disease and improve access to agricultural inputs deserve priority (FEWS – 26/02/99).

12. Zambia

A recent influx of refugees from the DRC has increased the numbers of Congolese refugees in Zambia to approximately 12,000 (UNHCR – 15/02/99). No information is available on their nutritional situation.

Asia – Selected Situations

The most recent overview of the numbers of refugees and displaced people in Asia (as of the end of 1997) is as follows. There were an estimated 4.7 million refugees in Asia, of whom over 1.2 million were Afghans in Pakistan and in Iran (1.5 million). There were reported to be 600,000 Iraqis in Iran. Other large groups were refugees from Vietnam in China, and Bhutanese in Nepal. No comprehensive data were available on the numbers of internally displaced populations in Asia, but they were certainly in the millions (UNHCR, 07/98).

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

A section on the Democratic People's Republic of Korea is also included. This is intended to follow up on the Special reoprt published in RNIS 22.

13. Afghanistan Region

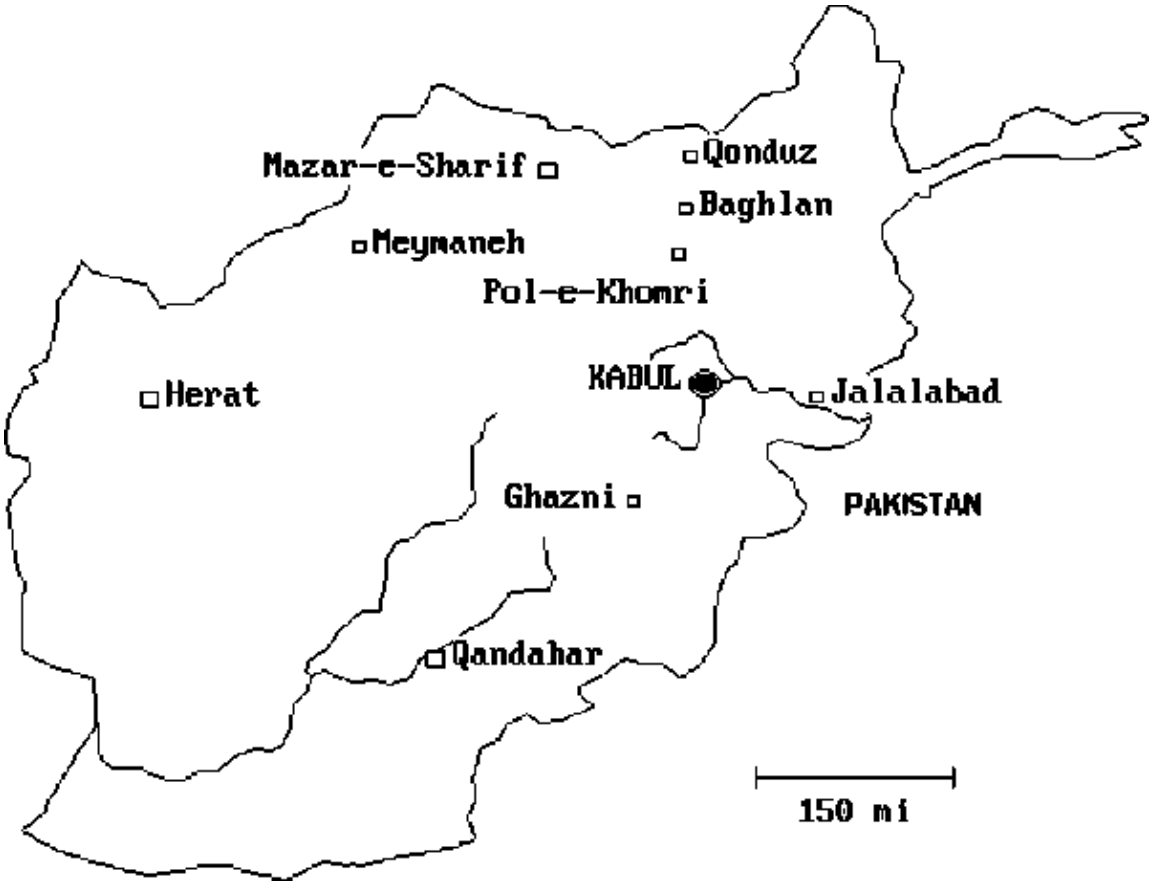
Afghanistan

Twenty years after the 1979 Soviet invasion in support of the communist regime in Afghanistan, and ten years after the withdrawal of the last Soviet soldier in 1989, an armed conflict between opposing political factions still continues in Afghanistan. Currently, the Taliban control approximately 90% of the country, although they are not recognised as the legitimate Afghan government by the UN. Politically, the Taliban continue to issue and maintain restrictive edicts many of which affect women's employment, education and health care. The anti–Taliban alliance, in which the veteran military commander Ahmed Shah Massoud is prominent, is based in the North of the country.

A UN–mediated agreement between the Taliban and opposition representatives in the Turkmen capital of Ashkabad took place in March 1999. The two sides had agreed in principle to set up a shared executive, judiciary and legislature, as well as to work out details at future negotiations. However, reports of continued fighting were received just a few days after the accord was reached (AFP – 18/03/99).

As a consequence of the war, several million refugees are scattered throughout the region, mainly in Pakistan (1.2 million) and Iran (1.4 million). Repatriation is ongoing and in 1998 UNHCR assisted about 107,000 refugees to return to Afghanistan (93,000 from Pakistan and 14,000 from Iran). In addition to the refugees, there are approximately 2.5 million displaced persons living away from their homes within Afghanistan (WFP – 29/09/98).

No new reports on the nutritional situation of the IDPs in Afghanistan are available. Anecdotal accounts refer to the "horrendous" breakdown in living conditions in Kabul and the effects of the twenty years of conflict on "health and nutrition" and other socio–indicators (AFP – 18/03/99). Since August 1998 (following a series of security incidents) no international UN–staff have been present in the country and thus information on the nutritional status of the population is difficult to obtain. However, local WFP staff have been able to provide much essential aid to the population (WFP – 19/03/99).



As a result of the agreement reached on 25th January between the UN Humanitarian Co–ordinator and the Taliban authorities, a gradual return of international UN–staff is proceeding (UNDPI – 12/03/99; WFP – 19/03/99). This should result in the availability of more detailed information on the nutritional situation. The most recent reports available suggest that 1.25 million people require humanitarian assistance (WFP – 29/09/98).

Pakistan

There are no reports on a change in the adequate nutritional status of the approximately 328,000 Afghani refugees requiring aid in Pakistan. 28,000 of the newest (most recently registered) refugees are provided with a ration of 2,102/kcal/day by WFP and are given non–food inputs by UNHCR. A further 300,000 targeted vulnerable refugees receive assistance under a Social Safety Net and Environmental Rehabilitation Programme. The remaining refugees have established themselves in Pakistan and are considered self–reliant and self–sufficient.

Iran

There are some 2 million refugees in Iran including 508,000 Iraqi Kurds, 58,000 Iraqi Arabs and 1,425,000 Afghans. In most cases the refugees are not in camps and are allowed to live and work alongside Iranians; only the most vulnerable 94,000 are hosted in official camps (UNHCR – 02/99).

Whilst the Government of the Islamic Republic of Iran continues to accommodate large numbers of refugees, recent economic pressures have caused it to demand greater international assistance and responsibility in handling/resolving the refugee situation. The downslide of the global oil price has dramatically lowered Iranian oil revenues and the current annual export revenue is down 39% compared to the previous year. This crisis has put severe limits on public expenditure, adversely affecting the heavily subsidised economy and worsening the living conditions of both Iranians and refugees.

Under these circumstances, a joint WFP/UNHCR mission visited Iran in December 1998 to assess the food need of the refugees in Iran (WFP – 03/99). Currently, WFP provides a ration equivalent to 1,900/kcal/person/day to 84,00 of the most vulnerable refugees in the camps. Refugees who can provide a livelihood for their families are not on the beneficiary list. A full ration is not provided as there are a number of mechanisms through which the refugees are able to obtain alternative food resources (for example: temporary jobs in the vicinity of the camps and assistance from national Iranian NGOs). The mission noted that:

- There were no discernible nutritional deficiencies (either observed or reported) amongst the refugees.

- The main concern of the refugees was the irregularity of the food distribution rather than the insufficiency of the rations.

- Although the condition of the refugees in the camps had not fundamentally changed, some of the camp inhabitants no longer required food assistance.

- The number of vulnerable refugees outside the camp had increased because of the harsh economic conditions and some of these people require food assistance.

In response to these finding it was recommended that:

- Food assistance should be based on vulnerability as a criterion, rather than be focused on camp populations.

- In order to facilitate this and to improve targeting of vulnerable refugees, it was proposed that a socio–economic survey should be undertaken in 1999. The results of this survey could be used to provide baseline data for planning and targeting future (food) assistance. The data may be used to exclude refugees who receive food aid but have already obtained financial stability as well as allow those outside the camps to benefit from assistance programmes.

- In the meantime, until the survey has been completed, an additional 40,000 vulnerable refugees outside the camps who have been registered with Government authorities will receive food assistance.

Overall, the IDPs in Afghanistan are considered to be at moderate nutritional risk (category IIb). The 40,000 refugees in Iran who outside the camps are also considered to be at moderate risk of malnutrition. The other refugees in Iran and those in Pakistan are considered to be at low nutritional risk (category IIc).

14. Bhutanese Refugees in Nepal

There are approximately 98,105 assisted Bhutanese refugees in Nepal (UNHCR, 18/01/99), most of whom fled Bhutan in the early 1990s. Since 1996, the increase in the total number is due to births within the camp. Most of the refugees are ethnic Nepalese from the southern plains of Bhutan who fled the Citizenship Act of 1985 and the "One nation, one people" policy of cultural assimilation of 1968. A solution to the Bhutanese refugee problem does not seem apparent in the near future, given the absence of progress for the return of the refugees to Bhutan and the fact that the host Government still maintains its policy of non–integration of the refugees in Nepal (WFP – 18/09/98).

A joint WFP/UNHCR food assessment mission to the camps in May 1998 reviewed the level of the general food ration and determined that there was a basis for re−adjustment (WFP − 18/09/98). This decision was partly taken in response to the finding that although the refugees are not officially allowed to engage in any agricultural or income−earning activity, which is thought to have negative effects on the local economy and labour markets, many of the refugees obtained short term or seasonal work and that considerable interaction existed between the refugees and the host population. There was also considerable concern raised by all partners, including the refugees themselves, that greater self−reliance and less dependency needed to be encouraged. However, the degree of "self−reliance" and the extent to which the refugees were able to supplement their needs were felt by the Mission to be generally difficult to determine because of the official government policy of non−integration and strict 'camp rules'.

The mission concluded that the general ration could be reduced by withdrawing the blended food component, which had been introduced in 1993 as a response to an outbreak of beri−beri. This reduces the energy level of the ration to 2,022 kcal/person/day, and considerably reduces levels of micronutrients. The Mission advised that general micronutrient requirements should be met through the promotion of more fresh fruit and vegetables, although the source of these was not specified (the ration contains 100g of fresh vegetables). Other than the removal of blended food, the ration remains unchanged. UNHCR continues to supply non−food items such as kerosene, soap and cooking utensils. Additional items such as blankets, clothing and mosquito nets are distributed by other organisations.

The overall nutrition situation is reported as adequate and stable, and has been so in recent years. The most current CMRs available, which were for December 1998, were low at 0.08/10,000/day (UNHCR − 18/01/99). Growth monitoring of children under five, and supplementary feeding programmes are well established in the refugee camps and will continue. Nutrition surveys of the under−fives are conducted annually (see Annex I(15a)). The most recent survey, in June 1998, found 4.3% acute wasting (defined as <80% of the median weight−for−height) and 0.5% severe acute wasting (defined as <70% of the median). These prevalences are slightly lower than those recorded for 1997.

Coverage of the supplementary feeding programme was relatively low at 47.1%, indicating that the growth monitoring programme's role in referring malnourished children was not as successful as expected. Measles vaccination coverage was high at 97.4%, and an earlier vitamin A supplementation programme had benefited 98.5% of the children. 43% of parents of the children in the survey reported that their child had been ill in the 15 days before the survey. This figure was elevated to 58.8% among children who were acutely malnourished, which indicates the importance of disease as well as food, as the immediate causes of malnutrition in this context.

As in previous reports, a few cases of beri−beri (1.33/1,000/month in December 1998), angular stomatitis (5.46/1,000/month) and scurvy (0.4/1,000/month) have been recorded at health clinics (UNHCR, 18/01/99).

Overall, the Bhutanese refugees are not considered to be at heightened nutritional risk (category IIc).

Recommendations and priorities:

- There is a need for a more enabling environment for the refugees to pursue a greater degree of self−reliance. This widespread concern applies especially to the growing frustration of the large mass of youth in the camps with no prospects for an active life after having moved out of the educational system (WFP − 18/09/98).

- Given the removal of the blended food component from the general ration and the occasional reporting of cases of beri−beri, albeit at very low levels, the incidence of micronutrient deficiency diseases should be closely monitored.

The survey's recommendations included:

- Strengthening the growth monitoring programme to cover all malnourished children and maintaining the early referral of sick children

- Increasing health education in the camps.

15. Refugees from Rakhine State, Myanmar in Bangladesh

An estimated 22,317 refugees from Rakhine state in Myanmar live in two camps in southern Bangladesh. They were among the 250,000 people who originally fled Myanmar in 1992, claiming widespread human rights abuses. Repatriation began in 1992 and by April 1997 some 230,000 refugees had been repatriated. However, the repatriation programme was suspended in mid−1997 and, although a list of 7,000 refugees who wish to return from Bangladesh has been approved by the Government of Myanmar, no schedule has been set for their return. As a result UNHCR will not be able to phase out its assistance programme for refugees in Bangladesh in 1999.

UNHCR's assistance within Bangladesh aims to ensure basic care and maintenance and to foster self−reliance. Programmes include regular food distributions, health care, sanitation and water projects and also therapeutic and supplementary feeding programmes for the malnourished. In 1999, nearly all refugee shelters will have to be extensively rebuilt as basic maintenance and repair work was postponed because of a breakdown of law and order in the camps in 1998.

The Government of Bangladesh does not allow the refugees to undertake employment or income−generating activities. WFP food aid is thus the primary means of meeting the basic nutritional needs of this population. A joint WFP/UNHCR food assessment mission undertaken in May last year reported that the overall nutritional status of the refugee population was satisfactory. The mission recommended the continuation of special feeding programmes and that the per capita daily ration be reduced to 2,007 kcal from 2,128 kcal in line with WFP/UNHCR guidelines. Fortified blended food is still provided as part of the general ration (WFP – 11/9/98).

No new information on the nutritional status of the population has been received since the assessment mission. However, a UNHCR/NGO nutritional survey for children under five years was conducted in February and the results should be available shortly. The latest health report (for February 1999) recorded a CMR of 0.61/1,000 /month. The average energy value of food provided over this period was 1,880/kcal/person/day −slightly lower than that recommended. This was due to a reduction of food commodities received at the delivery point (UNHCR – 03/99).

Overall, the refugees in Bangladesh are not considered to be at heightened nutritional risk (category IIc).

16. Democratic People's Republic of Korea

This section is included as a follow−up to the Special Report on the Nutrition Situation in the Democratic People's Republic of Korea (DPRK) which was published as a supplement to RNIS 22 (29/11/97). In particular, this section aims to report on the findings of a joint Government/UNICEF/WFP/ECHO nutrition survey in DPRK conducted in September/October 1998.

The decline of industrial and agricultural output and successive natural disasters over the past several years, have exacerbated severe food shortages and further complicated the economic problems in DPRK. This has led to large scale food, agricultural and health input requirements. The existence of considerable security tensions in the country due to the absence of a peace agreement since the end of the Korean war, makes the implementation of humanitarian activities especially difficult (OCHA 12/98).

Although vast amounts of humanitarian resources have been poured into the country, verifiable information on the nutritional situation has been difficult to obtain. Much hardship and suffering is evident, but the ability to meaningfully monitor need and assistance has remained constrained (OCHA−12/98, RNIS – 29/11/97). Recent claims from North Korean defectors and some international relief organisations have raised the possibility that severe famines may have caused the deaths of huge numbers of people (AFP – 01/03/99). The survey reported here (WFP – 01/99) is important as it is the most comprehensive to have been published on the nutritional situation in the DPRK (see annex I(16a)).

The survey sample of 1762 children aged six months to seven years was drawn from 130 counties of a total of 212. The survey results should be representative of this age group in 61% of all the counties and 71% of the country's population. It is important to note that the nutritional situation in the counties not covered by this survey, which were mainly in the north (WHO – 03/99) may be very different (better or worse) than those reported below.

The main findings of the survey were:

- The prevalence of wasting was 15.6%. The prevalence of severe wasting was 5.2%.
- 62.3% of the sample were stunted, 40.3% severely.

• 60.6% of the children were underweight−for−age, 31.5% severely.

• While the distribution of weight−for−height was normally shaped, the mean Z scores was very negative (−0.95).

• The prevalence of wasting was highest in the 12−35 month age group. However, the prevalence of stunting and underweight increased up to the fourth year and did not tend to decrease after this.

• The prevalence of wasting in the 6−12 month aged group was high at 17.6%. This indicates that there may be a certain amount of maternal malnutrition in this population.

• The prevalence of malnutrition (as measured by all three indicators) tended to be higher in boys than girls.

• Urban/rural comparisons revealed significantly higher rates of wasting of children from rural areas.

Put in context, these prevalences of wasting are higher than those recorded for any other national survey in East Asia, including Cambodia, Laos and Vietnam. The very negative mean of the weight−for−height z−score distribution implies that the whole population of children has been affected and that there may be pockets of extremely high prevalences of malnutrition in some areas. The levels of stunting are also very high and indicate that the nutritional problem has probably existed in the country for many years. These children may have been suffering from inadequate food intake most (or all) of their lives – thus WFP considers North Korea to be in the grip of a "famine in slow motion" (WFP – 01/99).

WFP suggests that the non−food related potential causes of malnutrition include underlying infection and the incomplete rehabilitation of previously malnourished children. In an earlier survey, 80.6% of the children who were malnourished were reported to be suffering from diarrhoea compared to 2.8% of the children who were "normal" with respect to acute nutrition (Katona−Apte and Mokdad, 1998). Health problems and infections may, in turn, be associated with a breakdown in health services such as problems relating to contaminated water or declining immunisation rates.

It is difficult to explain the differences observed between the sexes as there is no evidence of gender−related discrimination in North Korea and WFP assumes that the children receive equal amounts of food. Possibly the male children are more active than the females. There could be a number of explanations for the urban/rural difference, such as the greater availability of food and/or health services in the cities and easier access for acutely malnourished children to nutritional rehabilitation facilities in major urban areas than elsewhere in the country (WFP – 01/99).

A UNICEF Mulitple Indicator Cluster Survey (MICS) was undertaken at the same time as the survey described above (see annex I(16b)). The preliminary findings of this survey are outlined below:−

• 34.7% of the children were anaemic (Hb<11g/dl); none were severely anaemic (Hb<7g/dl)

• Mean birthweight (largely based on mothers' recall) was 2.8kg. 9.3% of the children had low birth−weights(<2.5kg)

• General vaccination coverage was low. 63.9% of the children aged 12−23 months were vaccinated by BCG and measles was less than 40%.

Recommendations and priorities arising from the surveys:

• The rates of malnutrition are alarmingly high and food assistance is still required; food security assessments would facilitate the targeting of such assistance.

• Factors other than the lack of food should also be considered (health services, immunisation rates etc.) and interventions should be planned accordingly.

• Given the high rate of malnutrition in children, the nutritional status of other vulnerable groups including the elderly, schoolchildren and pregnant/nursing women should also be studied.

Kosovo

17. Europe – Kosovo

The current crisis in Kosovo has resulted in widespread displacement of the population. Kosovo province lies in the south of the Federal Republic of Yugoslavia, bordering Albania and the former Yugoslav Republic of Macedonia. Its pre−crisis population of approximately two million was comprised of ethnic Albanians (90%) and Serbs (10%). Under the 1974 constitution of the Socialist Republic of Yugoslavia, Kosovo was one of two autonomous regions. In 1989, under the leadership of Slobodan Milosevic, that autonomy was revoked and since that time low−intensity conflict has continued in the province between the security forces of the Government of Serbia and groups favouring independence of the region (WFP – 10/11/98).

At the end of February 1998, a Serb offensive in Decani (a Kosovo Liberation Army stronghold) resulted in the deaths of many Albanian civilians. Since this event, the violence has continued across many parts of the country leading to significant population movements. At the time of going print it is estimated that 22% of Kosovo's pre−conflict population has been displaced (UNHCR – 19/03/99). Displacement is often precipitated by an attack or fear of an attack with villagers fleeing to nearby mountains or forest where they remain for up to 3 or more days prior to either returning to the village, or moving to stay with relatives or with a host family in safe areas. Several hundred thousand people who have not been displaced remain affected by the conflict.

Diplomatic efforts to secure a lasting peace agreement are underway, and the Kosovo Albaninan delegation signed a Peace Agreement on March 18th in Paris. However, the fighting continues and, in the absence of agreement from both sides, the spiral of violence, fear and displacement goes on. UNHCR (19/03/99) estimates that 240,000 people are displaced within Kosovo itself and that others are displaced to other countries and areas in the region (Montenegro: 25,000; other parts of Serbia: 30,000; the Former Yugoslav Republic of Macedonia: 10,000; Albania: 18,5000; other European countries: 100,000). A NATO airstrike was launched against the Serbs at the time of going to print (Releifweb – 24/03/99). It is not known what effect this will have on the crisis.

A UN Flash Appeal for the Kosovo crisis was launched in June 1998 and a Consolidated Inter−Agency Appeal for Humanitarian Assistance followed in August. The Appeal, led by UNHCR, was for basic relief needs including food, blankets, mattresses, stoves, cooking fuel etc. and was generously funded by the international community (OCHA – 12/98). WFP continues to provide food assistance, through the Yugoslavian Red Cross and the Mother Teresa Society, to approximately 400,000 people in Kosovo, and to 20,000 IDPS in Montenegro, 20,000 IDPs in Serbia, and 25,000 refugees in Albania (OCHA 12/98).

Despite the ongoing conflict, there is very little wasting among children in Kosovo. A province−wide survey conducted in December 1998/ January 1999 found that the prevalence of acute malnutrition was 2.0% and that of severe acute malnutrition was 0.2%. Only one case of low MUAC (<110mm) was noted. No cases of oedema were recorded. Chronic malnutrition rates were considerably higher – 9.4% of the under−five population were stunted, 2.1% of these severely (see annex I(17a)). These results, which are in the same range as those reported by a nationwide UNICEF survey in 1997, indicate that there was no immediate nutritional emergency in Kosovo at the time of the survey. The high prevalence of stunting, however, indicates that the availability and selection of nutrients, and the environmental conditions affecting nutritional status have been less than satisfactory for some time.

A food security assessment of the province was undertaken at the same time as the anthropometric survey described above (see annex I(17b)). The study found that access to, and availability of, foodstuffs had been severely restricted as a result of the impact of the emergency on trade, agriculture and population movements. Trade has been affected by the Serbian restriction of goods stocked by ethnic Albanian shopkeepers, including essential items such as flour, wheat, salt, sugar, oil, soap, drugs and fuel. Store−owners may only be able to obtain many of these items on the black market. This has resulted in an increase in prices (up to 70−80% in some areas) and a decrease in the range of goods. Many people can only afford to purchase the most essential items. The agricultural cycle has also been affected; a reduced wheat harvest was collected in July and the main winter−wheat planting in October was reduced by 40% (Ministry of Agriculture, Pristina). For much of the population humanitarian aid was reported to be the main source of food, although the frequency of distributions may be irregular at times. The effect of displacement has also meant an increased burden for relatives and other host families.

The main income sources were reported to be money from relatives abroad, sale of own food–production, salary from full or temporary employment, gifts, loans, pension payments, sales of assets and savings. The report noted that many of the poorer households may have exhausted any savings and have very little chance of recuperation of their assets without external help. Of particular concern are the agriculturalists who were unable to plant this year due to the conflict and hence, at best, will have no harvest until July 2000.

The recommendations from these surveys included:–

- Close monitoring of the food security situation, especially in vulnerable municipalities (including following trade conditions and market prices).

- Ensuring that humanitarian aid is closely monitored to ensure it reaches the most needy beneficiaries.

- Encouraging the development of kitchen gardens through distributions of vegetable seeds.

- Supporting farmers to create contingency food stocks through education and seed distributions and to plant alternative crops to winter wheat such as spring wheat in March or white beans/corn to plant in April to redress food imbalance and thus increase food security.

- Conducting follow–ups of the anthropometric survey and food security analysis in six months time to assess developments or changes in the situation.

Overall, the food security situation of the population of Kosovo can probably best be described as acceptable, but fragile (category IIc). Should the peace process fail and the violence and displacement increase, then agricultural production and income will decrease further. This can only result in far greater food insecurity, with larger numbers of people affected.

Listing of Sources for March 1999 RNIS Report *26

ORG	Date	Title of Report
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AFP	18/03/99	Living Conditions in Kabul
Concern/Medair	09/98	Nutritional Survey: Yirol County (Geng Geng, Yirl, Pagaru, Adior Payams)
Concern	10/02/99	Nutritional Evaluation: Huambo City
FAO	21/12/98	FAO/WFP Crop and Food Supply Assessment Mission to Ethiopia
FAO	23/12/98	FAO/WFP Crop and Food Supply Assessment Mission to Sudan
FAO	26/01/99	FAO Crop and Food Supply Situation in Liberia
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IRIN	08/02/99	Update 604 for Central and Eastern Africa
IRIN	10/02/99	Update 606 for Central and Eastern Africa
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IRIN–WA	03/02/99	IRIN–WA 394 Update of Events in West Africa
IRIN–WA	04/02/99	IRIN–WA 395 Update of Events in West Africa
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IRIN–WA	09/02/99	IRIN–WA 397 Update of Events in West Africa
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***Org**

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CAD	Children's Aid Direct
CONCERN	
FAO	Food & Agricultural Organization of the United Nations
FSAU	Food Security Assessment for Somalia
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)

IRIN–SA	Integrated Regional Information Network for Southern Africa(of DHA)
MSF–B	Medecins Sans Frontieres – Belgium
MSF–EPI	Medecins Sans Frontieres – Epicentre
MSF–F	Medecins Sans Frontieres – France
MSF–H	Medecins Sans Frontieres – Holland
OLS	Operation Lifeline Sudan
RI	Refugees International
SCF–UK	Save the Children Fund (United Kingdom)
UNDPI	United Nations Department of Public Information
UNHCHR	United Nations High Commissioner for Human Rights
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
WFP	World Food Programme
WHO	World Health Organization

Tables and Figures

Table 1: Information Available on Total Refugee/Displaced Populations

			Population Numbers						**Com**
Situation	***Condition***					***Total***			
	I: High Prev	*IIa: High Risk*	*IIb: Mod Risk*	*IIc: No Critical*	*III: Unknown*		***Change from Jun. 98***	***Nutr Stat****	
Sub–Saharan Africa									
1. Angola		*300,000*	*350,000*			*650,000*	*–100,000*	*det.*	*Numb affecte* difficul estima Areas *contro UNITA particu conce*
2. Great Lakes Region									
Burundi			*222,000*			*222,000*	*–448,000*	*imp.*	*No. of decrea* as *sec improv nutritio situati improv many*

	Congo/Brazzaville		*100,000*	*113,000*			*213,000*	*158000*	*det.*	*No hard data available, but prob. that the IDPs in the inaccessible regions at high risk (nos. unknown).*
	E Dem Rep of Congo	*41,000*	*235,000*	*380,000*		*132,000*	*788,000*	*167,000*	*det.*	*IDPs in Kivu maybe at high risk, others prob. less risk. Angolan refugees have high mortality rates.*
	Rwanda			*690,000*			*690,000*	*140,000*	*stat.*	*Increased number of IDPs in the North, Mixed reports about their nutritional status*
	Tanzania				*328,000*		*328,000*	*–1,000*	*stat.*	*Nos. of rets. from DRC may be greater. 1.14 million drought affected people not shown.*
3. Ethiopia					*532,000*		*532,000*	*243,300*	*imp.*	*The IDPs and the refugees are at low risk. People in the Somali region may be at high risk (not shown).*
4. Kenya					*178,000*		*178,000*	*–1,000*	*stat.*	*Mortality rates and wasting prevalences relatively low.*
5. Liberia				*495,000*			*495,000*	*286,000 ++*	*imp.*	*IDPs may still be at risk. Relatively high wasting seen in refugee camps in*

									most r survey
6. Sierra Leone		200,000	200,000			400,000	100,000	det.	No ha availa is prob that th in the inacce region be at r risk.
7. Guinea–Conakry/Cote d'Ivoire				571,000		571,000	–183,000	imp.	Dec. i due to repatr Liberia Impro in the situati the re in Gui
8. Guinea–Bissau				350,000		350,000	not shown before	det.	New I who re food assist but nu status critica
9. Somalia		300,000	400,000			700,000	–300,000	det.	Dec. i as floo emerg High r some (Bay & Bakoo harves fail.
10. Sudan		1,165,000	1,435,000	121,000		2,721,000	200,000	det.	BEG p higher than c expec pocke over c Note t hungr seaso begin
11. Uganda			347,000	174,000		521,000	–97,000	stat.	Nos. c decrea as sec improv
12. Zambia				34,000	10,000	44,000	10,000	stat.	Increa to rec influx Congo refuge their

									nutritional status is unknown.
Total (Sub–Saharan Africa)	*41,000*	*2,300,000*	*4,632,000*	*2,288,000*	*142,000*	*9,403,000*	*–111,700*		
Asia/ Europe (Selected Situations)									
13. Afghanistan Region			*1,290,000*	*116,000*		*1,406,000*	*153,000*		*Anecdotal evidence suggests Afghan IDPs at risk.*
14. Bhutanese Refugees in Nepal				*98,105*		*98,105*	*4,105*	*stat.*	*Increase in total due to births*
15. Bangladesh				*22,300*		*22,300*	*2,000*	*stat.*	*Increase in total due to births*
17. Kossovo				*240,000*		*240,000*	*not shown before*	*stat.*	*New IDPs. Nutritional situation stable at the moment*

++ There may have been an underestimation of those requiring aid in RNIS 24

I: High Prev – Those reported with high prevalences of malnutrition (where available >20% wasting) and/or micronutrient deficiency diseases and sharply elevated

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

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

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

III: Unknown – No information on nutritional status available.

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

Table 2: Summary of Origin and Location of Major Populations of Refugees, Returnees and Displaced People in Africa March 1999 – RNIS #26 (population estimates in thousands)

	To/In									
From	*Angola*	*Burundi*	*Congo/Brazzaville*	*Cote d'Ivoire*	*Dem Rep Congo*	*Eritrea*	*Ethiopia*	*Guinea Bissau*	*Guinea conakry*	*Kenya*
Angola	650		8		140					
Burundi		222			37					
Congo/Brazzaville			200		16					
Cote d'Ivoire										

Dem Rep Congo					500				
Eritrea									
Ethiopia							272		
Guinea Bissau								350	
Guinea conakry									
Kenya							5		
Liberia				100					120
Rwanda			5		35				
Sierra Leone				1					350
Somalia							195		
Sudan					60		60		
Tanzania									
Uganda									
Zambia									
TOTAL	650	222	213	101	788	0	532	350	470

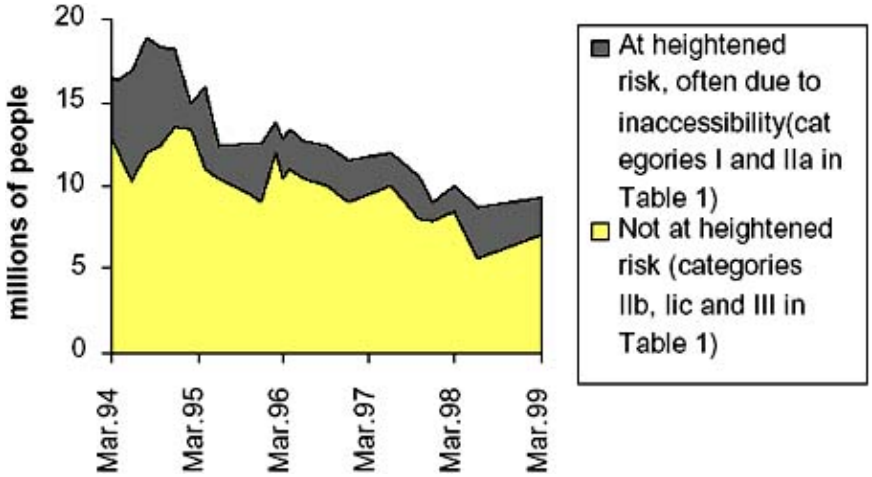
NOTES:

(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 = 7.3 million).

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

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



Numbers of Refugees and Internally Displaced in Sub–Sahran Africa and Estimated Nutritional Risk Over Time

Annex I: Results of Surveys Quoted in March 1999 RNIS Report (#26) – usually children 6–59 months

Survey Area	***Survey Conducted by***	***Date***	***% Wasted****	***% Severely Wasted****	***Oedema (%)***	***Crude Mortality (/10,000/day***

1. Angola							
a. Malange	MSF–H	Jan–99	11	4.5			
b. Huambo	SCF–UK	Jan–99	14.7	7.3			
2. Burundi/Rwanda (Great Lakes) Region							
a. Cibitoke Province, Burundi	CONCERN	Oct–98	5.6	0.8	0.4		
b. Gitega province (north), Burundi	OXFAM	Nov–98	12.9	2.0		0.57	0
Gitega province (south), Burundi	OXFAM	Nov–98	8.3	1.4		0.79	1
c. Karusi, Burundi	MSF–B	Nov–98	6.7	1.7		0.57	
d. Bubanza province, Burundi	CAD	Aug–98	11.6	3.9			
e. Goma, DRC		Jan–99	3.0	1.0			
f. Kisangani, DRC	MSF–H	Jan–99	13.4	9.1	8.7	0.97	
g. Kisenge, DRC	MSF–B	Feb–99	25.0	12.8	11.6		
g. Ruhengeri, Rwanda	MOH/MSF–B	Feb–99	10.7	6.4	4.7		
h. Ngara, Tanzania	UNHCR	Sep–98	2.8	0.1			
4. Kenya							
a. Dadaab – Ifo camp	UNHCR/MSF–B	Sep–98	11.6	1.6			
Dagahaley Camp	UNHCR/MSF–B	Sep–98	11.0	2.1			
Hagadera Camp	UNHCR/MSF–B	Sep–98	10.5	1.9			
b. Kakuma camp	UNHCR/IRC	Oct–98	15.6	1.7			
5. Liberia							
a. Monrovia	ACF	Jun–98	16.3	3.1	0.0		
b. Vahun	MSF–Epi.	Jun–98	21	5	1.0	1.8	

c. Kolahun	MSF–Epi.	Jun–98	7	1	0.8	0.9
6. Sierra Leone						
a. Porto Loko	CAD	Oct–98	11.4	3.6		
7. Guinea–Conakry and Cote d'Ivoire						
a. Gueckadou, Guinea	ACF	May–98	18.6	5		
b. Gueckadou	DPS/ACF/MSF	Sep–99	7.9	1.3	0.8	
9. Somalia						
a. Qansaxdheere town, Bay	FSAU	Feb–99	32	10		
			(MUAC<125mm)	(MUAC<110mm)		
10. Sudan (please see separate Annex I+)						
11. Uganda						
a. Impevi camp	ACF–US	May–98	5.4	1		
b. Impevi camp	ACF–US	Oct–98	9.7	1.9		
c. Rhino camp	ACF–US	May–98	5.9	0.9		
d. Rhino camp	ACF–US	Oct–98	9.7	1.0		
e. Kirayandongo camp	ACF–US	May–98	10.	0.2		
f. Kirayandongo camp	ACF–US	Nov–98	6.8	0.7		
g. Kyangwali camp	ACF–US	May–98	0.4	0.0		
h. Kyangwali camp	ACF–US	Nov–98	0.7	0.0		
I. Orunchinga camp	ACF–US	Jun–98	1.5	0.2		
j. Orunvhinga	ACF–US	Nov–98	2.0	0.2		

	camp							
	k. Nakivale camp	ACF–US	Jun–98	6.8	0.5			
	l. Nakivale camp	ACF–US	Nov–98	2.9	0.0			
	m. Adjumani camp –A	ACF–US	Apr–98	5.0	0.8			
	n. Adjumani camp –A	ACF–US	Oct–98	7.0	0.4			
	o. Adjumani camp –B	ACF–US	Apr–98	7.5	0.9			
	p. Adjumani camp B–	ACF–US	Oct–98	7.8	0.7			
	q. Adjumani camp C	ACF–US	Apr–98	3.6	1.0			
	r. Adjumani camp –C	ACF–US	Oct–98	7.3	1.1			
	s. Palorinya camp	ACF–US	Apr–98	7.1	1			
	t. Palorinya camp	ACF–US	Oct–98	8.2	1.2			
15. Bhutanese in Nepal								
	a. Camps	UNHCR	Dec–98	4.3 (wfh)	0.5 (wfh)			
16. Kosovo								
	a. Province–wide	ACF–UK	Dec–98	2.0	0.2	0.0		
17. DPRK								
	a. Nationwide	Gov/UNICEF/WFP/ECHO	Oct–98	15.6	5.2			

* 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.

Annex I for the Sudan: Results of Surveys conducted in non–GoS controlled areas of Northern Bahr–El–Ghazal (table S1)

Location	***County***	***Survey conducted by***	***Date***	***% Wasted****	***% Severely Wasted****	***N (sampling method)***
Panthou and Toch (2 payams)	*Gogrial*	World Vision	April 98	40.8 (<80% wfh)	13.8 (<70% wfh)	530 (cluster)
	Gogrial	World Vision			1.6 (<70% wfh)	620 (cluster)

Pathou and Toch (5 payams)			Nov 98	11.7 (<80% wfh)		
Panthou	*Aweil East*	UNICEF	June 98	62.2	24.3	637 (all children)
Panthou	*Aweil East*	MSF–Epic.	Aug 98	71.3	48.5	459 (cluster)
– residents				63		
– displaced				83		
Ajiep	*Gogrial*	MSF–Epic.	July 98	80.3	48.5	460 (cluster)
Ajiep	*Gogrial*	MSF–Epic.	Oct 98	48	13	450 (cluster)
Ajiep	*Gogrial*	MSF–Epic.	Jan 99	14.6	1.5	472(cluster)
Acumcum	*Wau*	UNICEF	June 98	79.3	47.0	492 (all children)
Pakor	*Gogrial*	UNICEF	June 98	61.4 (<80% wfh)	26.4 (<70%wfh)	42 5(all children)
Mape	*Wau*	UNICEF	June 98	39.1	12.9	680 (all children)
Mapel	*Wau*	MSF–Epic.	Aug 98	44.6	20.6	438 (cluster sample)
– residents				33		
– displaced				59		
Mapel	*Wau*	MSF–Epic	Dec 98	13.1	2.6	457 (cluster)
Wathmouk	*Aweil East*	UNICEF	June 98	46.7	10.3	107 (rapid assessment)
Wunrok	*Twic*	UNICEF	June 98	52.7	14.3	537 (rapid assessment)
Wunrok	*Twic*	UNICEF	Oct. 98	19.3	2.8	145 (cluster)
Marial Bai	*Aweil East*	UNICEF	June 98	28.4	6.8	750 (rapid assessment)
Marial Bai	*Aweil East*	UNICEF	Oct. 98	38.7	9.9	545 (rapid assessment)
Malualkon	*Aweil East*	UNICEF	June 98	30.4	7.8	102 (rapid assessment)
Dhiak	*Aweil East*	UNICEF	June 98	58.8	26.3	114 (rapid assessment)
Adet	*Gogrial*	Merlin		10.2	1.5	482(cluster)

			Jan 99			
Malual, W. Ayat, Gomjuer payams	*Aweil West*	Concern	Jan. 99	14.3	1.9	899 (cluster)

*wt/ht unless specified; usually <–2SD wt/ht for wasting and <–3SD wt/ht for severe wasting

Annex I for the Sudan: Results of Surveys conducted in non– GoS controlled areas of Eastern Bahr–El–Ghazal – Lakes area (table S2)

Location	***County***	***Survey conducted by***	***Date***	***% Wasted****	***% Severely Wasted****	***N (sampling method)***
Rumbek – Town	*Rumbek*	Oxfam	June 98	49.6	18.1	276 (cluster
Agangrial				28.9	6.3	295 (cluster)
Rumbek – Town	*Rumbek*	Oxfam	Nov 98	19.2	0.9	665 (cluster)
Agangrial				19.2	3.2	560 (cluster)
Yirol	*Yirol*	Medair	May 98	26 (<80% wfh)	5 (<70% wfh)	677 (cluster)
Yirol (4 payams)	*Yirol*	Concern/ Medair	Sep 98	17.7	2.2	865 (cluster)
Tonj (payams)	*Tonj*	World Vision	May 98	33.4 (<80% wfh)	9.9 (<70% wfh)	591(cluster)
Tonj (5 payams)	*Tonj*	World Vision	Nov 98	18.3 (<80% wfh)	4.4 (<70%wfh)	545 (cluster)

*wt/ht unless specified; usually <–2SD wt/ht for wasting and <–3SD wt/ht for severe wasting

Annex I for the Sudan: Results of Surveys conducted in GoS controlled areas of South Sudan (table S3)

Location	***County***	***Survey conducted by***	***Date***	***% Wasted****	***% Severely Wasted****
Upper Nile	*Bentiu*	UNICEF	April 98	31.8	6.8
	Rubkona	UNICEF	April 98	26.7	7.5
	Mayom	UNICEF	April 98	24.0	5.3
Equatoria	*Terekeka*	Oxfam	Jan. 98	41.4	9.5
	Terekeka	Oxfam	Nov. 98	5.6	0.45
	Torit	UNICEF	April 98	23.4	5.8
	Liggi	UNICEF	April 98	6.4	1.7
Bahr El Ghazal	*Wau (residents)*	UNICEF	April 98	29.0	9.3
	Wau (IDPs)	UNICEF	Aug. 98	71.6	41.3

Note: these tables were provided by WFP in Khartoum. No further information is available on the methods employed.

Annex I for the Sudan: Results of Surveys conducted in North Sudan (table S4)

Location	*County*	*Survey conducted by*	*Date*	*% Wasted**	*% Severely Wasted**
North & South Kordofan	*Sidra IDP Camps*	SCF–US	Feb. 98	17.9	4.3
	Sidra IDP Camps	SCF–US	April 98	35.2	2.5
	Sidra IDP Camps	SCF–US	May 98	33.7	4.9
	Sidra IDP Camps	SCF–US	June 98	21.8	5.7
	Sidra IDP Camps	SCF–US	July 98	18.8	5.3
	Sidra IDP Camps	SCF–US	Aug. 98	21.1	2.9
	Sidra IDP Camps	SCF–US	Sep. 98	12.1	1.8
	Kujuria IDP camps	SCF–US	Sep.98	18.0	6.4
	Dilling IDP camps	SCF–US	April 98	8.5	1.8
	Dilling IDP camps	SCF–US	Aug. 98	21.8	5.0
	Rashad IDP camps	SCF–US	Aug. 98	11.25	1.0
	Rashad IDP camps	SCF–US	April 98	12.8	3.5
West Kordofan	*En Nahud*	CARE	Feb. 98	20.4	2.1
Khartoum IDPs	*Karton Kassala*	ADRA/MOH	June 98	15.7	3.4
	Umbadda	ADRA/MOH	June 98	12.5	1.0
	Es Salam camp	ADRA/MOH	Feb. 98	12.0	0.7
	Es Salam Camp	ADRA/MOH	May 98	12.4	1.3
West Darfur	*Malha*	ADRA/MOH	May 98	14.3	
	Malha	ADRA/MOH	Sep. 98	12.8	

Note: these tables were provided by WFP in Khartoum. No further information is available on the methods employed.

Notes on Annex 1

1. Angola

a. Malange. This survey was conducted in Malange by MSF–Holland and WHO in January 1999. 863 children are included in the survey. Wasting was defined as wt/ht <–2Z scores and/or oedema and severe acute malnutrition as <–3Z scores. No further information is currently available.

b. Huambo. This survey was carried out by SCF–UK in Huambo amongst children of displaced families only in January 1999. Wasting was defined as wt/ht <–2Z scores and/or oedema and severe wasting as <–3Z scores. No further information is currently available.

2. Great Lakes Region

a. Cibitoke. This survey was conducted by CONCERN in October 1998 in Cibitoke province. Standard cluster methodology was employed. 835 children were measured.. Acute malnutrition was defined as wt/ht <−2Z scores and/or oedema and severe acute malnutrition as <−3Z scores. Oedema was given separately. Stunting was defined as <−2Z scores and/or oedema. Measles immunisation coverage was confirmed by an immunisation card. CMR was collected retrospectively over a one year period.

b. Gitega. This survey was conducted by Oxfam in Gitega province in November 1998. The information was reported in an IRIN report (17/02/99) and no further details are currently available.

c. Karusi. This survey was conducted by MSF−B in November 1998 in Karusi province. Standard two stage cluster methodology was employed. 919 children were measured. Acute malnutrition was defined as wt/ht <−2Z scores and/or oedema and severe malnutrition as <−3Z scores. Measles immunisation coverage was confirmed by an immunisation card. CMR was collected retrospectively over a three month period.

d. Bubanza. This survey was conducted by CAD in August 1998 in Bubanza province. Standard two stage cluster methodology was employed. 900 children were measured. Malnutrition was defined as wt/ht <−2Z scores and/or oedema and severe malnutrition as <−3Z scores. Oedema was given separately. Measles immunisation coverage was confirmed by an immunisation card.

e. Goma. The information was reported in an IRIN report (24/02/99) and no further details are currently available.

f. Kisangani. This survey was conducted by MSF−H in January 1999 in Kisangani. 978 children were measured. Malnutrition was defined as wt/ht <−2Z scores and/or oedema and severe malnutrition as <−3Z scores. Oedema was given separately. No further details are available.

g. Kisenge. This survey was conducted by MSF−B in February 1999 amongst Angolan refugee children. Standard two−stage cluster methodology was employed. 929 children were measured. Acute malnutrition was defined as wt/ht <−2Z scores and/or oedema and severe malnutrition as <−3Z scores and/or oedema. Oedema was given separately. Measles immunisation was confirmed by card.

h. Ruhengeri. This survey was conducted by MOH/SCF−UK/MSF−B in February 1999 in nine communes in Ruhengeri prefecture. Standard two stage cluster methodology was employed 900 children were measured. Acute malnutrition was defined as wt/ht <−2Z scores and/or oedema and severe acute malnutrition as <−3Z scores. Chronic malnutrition was defined as ht/age <−2Z scores and severe chronic malnutrition as ht/age <−3Z scores. Oedema was given separately. Measles immunisation coverage was confirmed by card.

i. Ngara. This survey was conducted by UNHCR in Ngara camps in September 1998. Standard two−stage cluster methodology was employed. 900 children were measured. Wasting was defined as <−2Z scores and severe wasting was defined as <−3Z scores. No further information is available.

4. Kenya

a. Daadaab. This survey was conducted by MSF−B/UNHCR in the three camps in the Dadaab region in September 1998. Standard two−stage cluster methodology was employed. A total of 2457 children were measured. Wasting was defined as <−2Z scores and/or oedema; severe wasting as <−3Z scores and/or oedema. Oedema was also reported separately.

b. Kakuma. This survey was conducted by IRC/UNHCR in Kakuma camp in September 1998. Standard two−stage cluster methodology was employed. A total of 900 children were measured. Wasting was defined as <−2Z scores; severe malnutrition as <−3Z scores. No further information is available.

c. Dadaab. This survey was conducted by CDC/UNHCR in Dadaab camp in November 1998. A systematic sampling method was employed. 508 adolescents aged 10−19 were chosen for the study, 392 participated. Anaemia was measured using a Hemocue haemoglobinometer.

d. Kakuma. This survey was conducted by CDC/UNHCR in Kakuma camp in November 1998. A systematic sampling method was employed. 445 adolescents aged 10−19 were chosen for the study, 391 participated. Anaemia was measured using a Hemocue haemoglobinometer.

5. Liberia

a. Monrovia. This survey was conducted by ACF in May/June 1998 in displaced shelters in Monrovia. Standard two stage cluster methodology was employed. 914 children were measured. Acute alnutrition was measured as <−2Z scores and/or oedema and severe malnutrition as <−3Z scores and/or oedema. Oedema was given separately. Measles immunisation coverage was confirmed by a card.

b. The Food Security of Returnees: Cape Mount County. This study was conducted in Jne/july 1998 in Cape Mount County by SCF−UK. Qualitative methods were employed to collect the relevant information.

c. Vahun. This survey was conducted by MSF/Epicentre in June 1998 in Vahun camp. Standard two stage cluster methodology was employed. 890 children were measured. Acute malnutrition was measured as <−2Z scores and severe malnutrition as <−3Z scores. Oedema was given separately. Measles immunisation coverage was confirmed by a card. Mortality was assessed retrospectively over varying periods of time (length since arrival in camp).

d. Kolahun. This survey was conducted by MSF/Epicentre in June 1998 in Kolahun camp. Systematic sampling was employed. 545 children were measured. Acute malnutrition was measured as <−2Z scores and severe malnutrition as <−3Z scores. Oedema was given separately. Measles immunisation coverage was confirmed by a card. Mortality was assessed retrospectively over varying periods of time (length since arrival in camp).

6. Sierra Leone

a. Porto Loko. This survey was conducted by CAD in October 1998 in Porto Loko. Standard two−stage cluster methodology was employed. 900 children were measured. Acute malnutrition was measured as <−2Z scores and/or oedema and severe malnutrition as <−3Z scores and/or oedema.

7. Guinea−Conakry

a. Gueckedou. This survey was conducted by ACF in May 1998 in Gueckedou prefecture. Standard two stage cluster methodology was employed. Acute malnutrition was measured as <−2Z scores and/or oedema and severe malnutrition as <−3Z scores and/or oedema. Oedema was given separately. No further details are available.

b. Gueckedou. This survey was conducted by ACF in September 1998 in Gueckedou prefecture. Standard two stage cluster methodology was employed. 926 children were measured. Acute malnutrition was measured as <−2Z scores and/or oedema and severe malnutrition as <−3Z scores and/or oedema. Oedema was given separately. Measles immunisation coverage was confirmed by a card.

8. Guinea Bissau

a. This is taken from a WFP technical report evaluating the nutritional situation in Guinea−Bissau in December 1998. Malnutrition was defined by MUAC (<110mm or <125mm). No further details are available.

9. Somalia

a. Qansaxdheere area. This survey was conducted by FSAU in close collaboration with UNICEF in Qansaxdheere area, Bay region in February 1999. The MUAC of 243 children whose heights were between 65−110cm were measured. Global malnutrition was defined as MUAC<125mm and/or oedema and severe acute malnutrition as MUAC<110mm and/or oedema. No further details are available

10. Sudan

No notes have been provided with the summary table for the surveys on Sudan in the interest of saving space (most of the surveys only report anthropometric data and no other information). The sampling method, sample size and definitions of wasting and severe wasting are included in the tables. Note that less information is available for certain surveys. This is because the data on these surveys were provided by WFP Khartoum and the author does not have the original reports.

11. Uganda

a. Impevi (May). This survey was conducted by ACF−USA in May 1998. Systematic sampling methods were employed. 450 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together.

b. Impevi (October). This survey was conducted by ACF−USA in October 1998.. Systematic sampling methods were employed 405 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

c. Rhino (May). This survey was conducted by ACF−USA in May 1998. Standard two−stage cluster methods were employed. 900 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

d. Rhino (October). This survey was conducted by ACF−USA in October 1998. Standard two−stage cluster methods were employed. 900 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

e. Kirayandongo (May). This survey was conducted by ACF−USA in May 1998.. Systematic sampling methods were employed. 405 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

f. Kirayandongo (November). This survey was conducted by ACF−USA in November 1998.. Systematic sampling methods were employed. 425 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

g. Kyangwali (May). This survey was conducted by ACF−USA in May 1998.. Systematic sampling methods were employed. 239 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

h. Kyangwali (November). This survey was conducted by ACF−USA in November 1998. Systematic sampling methods were employed. 269 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

i. Orunchinga (June). This survey was conducted by ACF−USA in June 1998 according to standardised methods recommended by WHO/ UNICEF. 464 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

j. Orunchinga (November). This survey was conducted by ACF−USA in November 1998.. Systematic sampling methods were employed. 440 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

k. Nakivale (June). This survey was conducted by ACF−USA in June 1998. Exhaustive sampling methods were employed. 398 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

l. Nakivale (November). This survey was conducted by ACF−USA in November 1998. Exhaustive sampling methods were employed. 340 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

m. Adjumani A (April). This survey was conducted by ACF−USA in April 1998. Standard two−stage cluster methods were employed. 900 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

n. Adjumani A (October). This survey was conducted by ACF−USA in October 1998. Standard two−stage cluster methods were employed. 900 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

o. Adjumani B (April). This survey was conducted by ACF−USA in April 1998. Standard two−stage cluster methods were employed. 810 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

p. Adjumani B (October). This survey was conducted by ACF−USA in October 1998. Standard two−stage cluster methods were employed. 810 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

q. Adjumani C (April). This survey was conducted by ACF−USA in April 1998. Standard systematic sampling methods were employed. 390 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

r. Adjumani C (October). This survey was conducted by ACF−USA in October 1998. Standard systematic methods were employed. 369 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

s. Palorinya (April). This survey was conducted by ACF−USA in April 1998. Standard two−stage cluster methods were employed. 900 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

t. Palorinya (October). This survey was conducted by ACF−USA in October 1998. Standard two−stage cluster methods were employed. 900 children were measured. Wasting (wt/ht<−2SD) and oedema are reported together. Vaccination status was assessed by reference to the card.

u. An overview of Food security issues in Adjumani, Palorinya, Rhino Camp, Imvepi, Nakivale Refugee Settlements. ACF−USA August 1998. This survey involved collecting qualitative data on food security issues from focus group discussions, life histories of individual refugees and key informant interviews.

15. Bhutanese refugees in Nepal

a. This survey was conducted by SCF−UK in June 1998. Stratified random sampling methods were employed. 395 children were measured. Wasting was defined as <80% of weight−for−height and severe wasting was defined as <80% of weight−for−height. Measles immunisation was determined by reference to a vaccination card.

16. DPRK

a. This survey was conducted by Government/UNICEF/WFP/ECHO in DPRK conducted in 130 counties of a total of 212 in September/October 1998. 1762 children aged six months to seven years were measured. Acute malnutrition was defined as wt/ht <−2Z scores and/or oedema was severe acute malnutrition was defined as wt/ht <−3Z scores and/or oedema. Stunting was defined as ht/age <−2Z scores and severe stunting as ht/age <−3Z scores.

b. Multiple Indicator Cluster was conducted by UNICEF in 130 counties of a total of 212 in September/October 1998. Anaemia was studied in 1787 children 6−84 months with a Hemocue. The birthweight of 1393 children was largely determined by mothers' recall.

17. Kossovo

a. Nutritional Anthropometric Survey in Kosovo, Federal Republic of Yugoslavia. Action Against Hunger−UK. This was a province wide survey conducted in December 1998/January 1999. Two−stage cluster sampling methods were employed. 922 children were measured. Acute malnutrition was defined as <−2z scores weight for height and/or oedema and severe acute malnutrition as <−3z scores weight for height and/or oedema. Oedema was recorded separately. Stunting was defined as <−2z scores height for age and severe stunting as <−3z scores height for age.

b. Food Security in Kosovo, Federal Republic of Yugoslavia. Action Against Hunger−UK. This was a province wide survey conducted in December 1998/January 1999. The survey was conducted as a complementary component of the nutrition and health survey. Qualitative methods were employed to collect the relevant information and included:− a household questionnaire, key informant discussions, market price monitoring and macro−economic data collection and analysis.

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−Jun., 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
Mozambique	Coast is semi−arid, rest wet−dry. Harvest May
Rwanda	Rains Feb−May with Aug. harvest and Sept−Nov with Jan harvest
Sierra Leone	Rains March−Oct.
Somalia	Two seasons: April to August (harvest) and October to January/February (harvest)
Sudan	Rains April−Oct.
	Northern Rains begin May/June
	Southern Rains begin March/April
Northern	Rains begin May/June
Southern	Rains begin March/April
Togo	Two rainy seasons in S, one in N. Harvest August

Uganda	Rains Mar–Oct.
Zaire	Tropical climate. Harvest in N: November; in S January

*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.

Map of Africa

UNHCR/WFP Guidelines for Selective Feeding Programmes in Emergency Situations

WFP and UNHCR have now finalised the *UNHCR/WFP Guidelines for Selective Feeding Programmes in Emergency Situations*

These guidelines describe the basic principles and design elements concerning food and nutrition related aspects of Selective Feeding Programmes in Emergency and Relief situations. They are intended to provide guidance to WFP and UNHCR and other relief staff in the design, implementation and monitoring of Selective Feeding Programmes in both emergencies and protracted relief situations. The nutrition strategies addressed in these guidelines are to enable an effective response and nutrition rehabilitation. Medical and other care approaches are not dealt with in these guidelines.

Basic Principles

Every situation has individual features which lead to different objectives being set, and to different approaches to Selective Feeding Programmes, which these guidelines do not cover. The type of supplementary feeding programme should therefore be designed according to the situation but should nevertheless remain in line with the frame work of these guidelines.

In emergency situations, WFP and UNHCR try to ensure that the food needs of the population are met through the **provision of an adequate general ration**. However, in certain situations there may be a need to provide additional food for a period of time, to specific groups who are already malnourished and/or are at risk of becoming malnourished.

These interventions have to be seen in the context of a general ration being distributed. The impact of Selective Feeding Programmes aimed at compensating for inadequate general rations has proven very limited and not cost–effective. Thus to be effective, the extra ration must be **additional** to, and **not a substitute** for, the general ration.

Many factors influence nutritional status and interventions must therefore be multi–sectoral and cover food, health, hygiene, sanitation and care. A properly designed nutrition survey and complementary analysis of the causes of malnutrition can help to guide the need to implement Selective Feeding Programmes.

National health authorities and NGOs have an important role to play in nutritional interventions. In emergency situations NGOs usually organise and implement Selective Feeding Programmes. They form an integral part of the efforts to prevent and treat malnutrition among young children, women and other at–risk groups.

Selective Feeding Programmes should have clear objectives and criteria, defined from the beginning, for opening, admission, discharge and closure. In order to be effective, Selective Feeding Programmes need to be integrated into Community Health Programmes, which offer health and nutrition services like Safe Motherhood, immunisations, nutrition and health education and growth monitoring. Integration facilitates referrals between services and the phasing out of Selective Feeding Programmes.

In addition to nutritional and medical treatment, care is an essential part of rehabilitation. Care in nutrition refers to the practices of the care givers in the household which translates food security and health care into rehabilitation, growth and development. These practices include care for women, breast–feeding, infant feeding, psycho–social care, sanitation and hygiene practices, food processing and preparation, and home health practices. These issues can be addressed through Selective Feeding Programmes in the form of education, individual counselling, social activities and involvement of caretakers in the programme.

The community must be consulted to the extent possible during programme design and women must take part in the decision making from the outset.

Proximity of feeding centres to the population and availability of trained health staff are a prerequisite when Selective Feeding Programmes are being considered.

The policy of UNHCR and WFP concerning safe and appropriate infant and child feeding, in particular the protection, promotion and support of breast feeding must be respected.

When planning the food needs of Selective Feeding Programmes the energy density as well as the fat, protein and micronutrient content of food commodities must be considered. In addition, micronutrient supplements (especially vitamin A, iron and folic acid) should be given.

It must be kept in mind, that adolescents, adults and elderly persons may also be malnourished and should be included in Selective Feeding Programmes.

The effectiveness of Selective Feeding Programmes, and their impact on mortality and morbidity of affected populations, should be monitored regularly.

The need to set up Selective Feeding Programmes after the initial stage of an emergency often represents a serious warning that the assistance as a whole is insufficient.

The standards mentioned in these guidelines meet the set of minimum standards in disaster response as mentioned in the Sphere Project.

The guidelines have been translated into french and copies of the guidelines can be obtained from the Technical Units at WFP or UNHCR (see addresses below) or on the Web at: http://www.univ–lille1.fr/pfeda/Engl/Frame/IndexE.htm.

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The UN ACC/SCN[1], which is the focal point for harmonizing 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 sixth of a regular series of reports. Based on suggestions made by the working group and the results of a survey of RNIS readers, the Reports on the Nutrition Situation of Refugees and Displaced People will be published every three months, with updates on rapidly changing situations on an 'as needed' basis between full reports.

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

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 the situation descriptions, there is a section entitled "Recommendations and Priorities" which is intended to highlight the most pressing humanitarian needs. The recommendations are often put forward by agencies or individuals directly involved in assessments or humanitarian response programmes in the specific areas.

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

Indicators

WASTING is defined as less than −2SDs, or sometimes 80%, wt/ht by NCHS standards, usually in children of 6−59 months. For guidance in interpretation, prevalences of around 5−10% 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^2) is a measure of energy deficiency in adults. We have taken BMI<18.5 as an indication of mild energy deficiency, and BMI<16 as an indication of severe energy deficiency (WHO, 1995).

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

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

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