Refugee Nutrition Information System (RNIS), No. 28 – Report on the Nutrition Situation of Refugees and Displaced Populations

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

Arabella Duffield (RNIS Coordinator)
ACC/Sub–Committee on Nutrition
20, avenue Appia
1211 Geneva 27
SWITZERLAND

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

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Highlights

Angola. The war in Angola continues to create acute humanitarian needs. The funding situation has improved and access by road has sporadically been possible, thus some humanitarian assistance is being delivered. High prevalences of malnutrition among children under five have been recorded in the besieged cities of Huambo, Malange and Kuito.

Great Lakes Region. The situation in Brazzaville continues to be extremely serious; very high prevalences of malnutrition have been recorded amongst the returnees from Pool. In the DRC increasing stability throughout the country has resulted in improved humanitarian access to war affected areas. Since the last report, the funding of the GLR programme has improved.

Ethiopia and Eritrea. The conflict affected populations in both Ethiopia and Eritrea continue to live in extremely difficult conditions. This combined with the underfunded relief programme places them at increased nutritional risk. There are grave concerns about the impact of food insecurity on a further 5 million drought affected people in Ethiopia.

Sierra Leone Region. In Sierra Leone access continues to improve to many of the previously inaccessible areas, and thus there have been assessment missions followed by emergency food distributions. High prevalences of malnutrition have been reported in certain areas.

Somalia. The failure of the Gu rains in addition to several recent poor seasons and continuing unrest, is expected to result in acute food insecurity for over one million people in Central and Southern areas of the country.

Sudan. Compared with the situation in Southern Sudan this time last year, food security and public health are dramatically improved. However humanitarian agencies continue to report problems in delivering assistance as a result of insecurity and seasonally bad weather limiting access in some areas.

Kosovo Region. The vast majority of refugees returned to Kosovo within a short time following the peace agreement. An extremely high proportion of the population in the province has already received regular food assistance as a result of considerable pre−planning, organisation and an excellent funding base. Currently, there is no nutritional crisis although problems related to lack of shelter are anticipated in the winter months.

Indonesia. Recent events following the elections in East Timor have created a massive humanitarian emergency in terms of outpouring of displaced people into West Timor, and the hills in East Timor. The humanitarian needs appear to be critical, although full details are not yet available.

Other areas. Situations which have not changed significantly since the last report or have improved include: Liberia, Guinea Conakry, Cote d'Ivoire, Zambia, Tanzania, Kenya, Uganda, Bangladesh, Nepal, Burundi, Rwanda In the African context, this is partially due to increasing regional stability (in those areas previously affected by conflict) and subsequent improved access. Improvements in the funding base of humanitarian programmes have also helped considerably.

Adequacy of Factors Affecting Nutrition
(see Conceptual Model of the Causes of Malnutrition)

Factor	IDPs in Huambo, Angola	Returnees, Congo−Brazzaville	Refugees, Tanzania	War−affected IDPs, Ethiopia	IDPs, Sierra Leone	Zones of crisis, Somalia	IDPs in BEG, Sudan	Returnees, Kosovo
1. Public Health Environment (water, shelter, overcrowding)	X	?X	**?**	X	O	X	O	X
2. Social A Care Environment (Social organisations and networks, Women's role, status and rights)	?**?**	?X	O	?X	?X	X	?X	**?**
3. Food Security	X	X	O	?X	O	X	?X	X
4. Accessibility	X	O	**?**	?X	**?**	X	O	**?**

5. General resources								**?**
	– food (gen stocks)	X	X	**?**	X	?**?**	X	**?**	
	– non–food	?X	?X	**?**	X	?**?**	?X	?**?**	
6. Personnel*		O	X	**?**	?X	**?**	X	**?**	**?**
7. Immunisation		?X	?X	**?**	?X	X	?X	O	**?**
8. Information		**?**	0	**?**	X	O	**?**	**?**	**?**

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

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

1. Angola

Sub–Saharan Africa

The humanitarian situation in the country has not improved significantly during the reporting period. Continued warfare, including the shelling of cities, laying of landmines and other security incidents, have led to the displacement of one million people since the beginning of this year (total displaced 1.7 million). The situation of the displaced is exacerbated by widespread road closures which severely restrict access and the delivery of humanitarian resources. In addition, the conflict has also constrained the movement of people and goods, and prevented surpluses in some provinces from reaching the deficit areas. Not all areas are equally affected and the nutritional situation is variable. Reports from the northern provinces indicate a reasonable harvest and fair accessibility to crops. The nutritional situation in the central highland provinces, however, is generally thought to very poor and high prevalences of malnutrition are currently being recorded in both resident and displaced populations (UNICEF – 07/99).

The prospects for peace in Angola seem remote; the country has been in a state of civil war since, and even before, its independence. The current crisis, which is the most severe since the Lusaka Peace Protocol was signed in 1994, began in December 1998 when the government launched a major offensive against UNITA. The international community largely holds UNITA responsible for the collapse of the peace process and is trying to tighten sanctions against the organisation. In particular, they are trying to tighten sanctions on diamonds – it is estimated that UNITA earned US $200 million from trading diamonds in 1998 alone (IRIN–SA 08/06/99; UNHCR –11/06/99).

Humanitarian assistance is currently focused on the IDPs within the besieged cities of Huambo, Kuito and Malange. The residents of these cities are also facing difficulties accessing food. Their harvest reserves have been consumed by the army and/or IDPs and labour opportunities are extremely limited due to the war. Thus prevalences of malnutrition are rising in this group (WFP – 08/09/99).

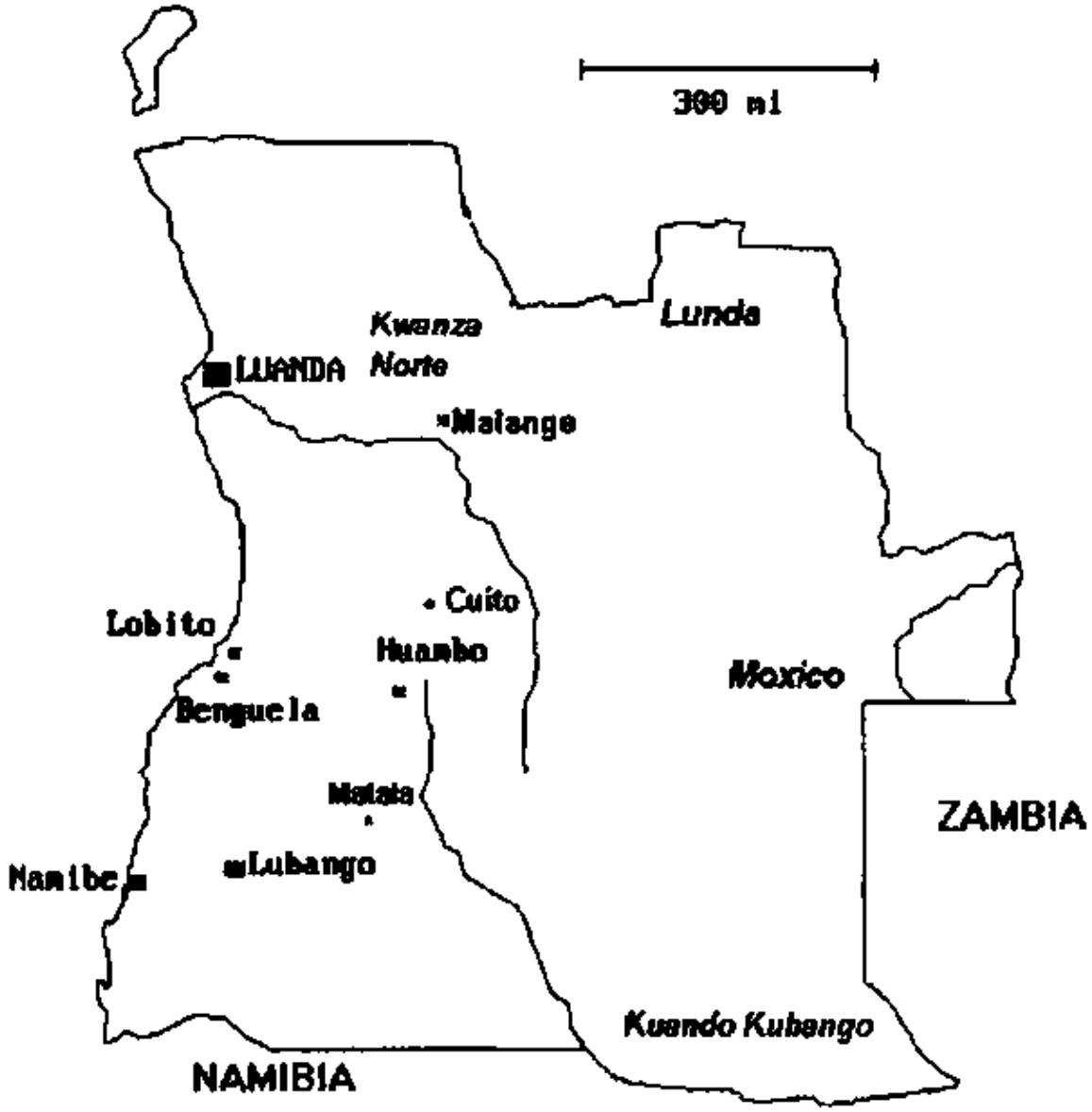
WFP were able to meet approximately 60% of the estimated needs in July. An improvement in the pipeline has meant distribution levels have increased more recently. WFP has expanded its EMOP to provide assistance to 900,000 people until December 1999. In September, 867,00 beneficiaries received WFP food (OCHA – 23/07/99, 24/08/99; WFP – 20/08/99, 20/09/99).

1998/99 Cereal production and food security

Food security is obviously tenuous given the resumption of the civil war and major population displacements. However, satellite imagery and field reports indicated that seasonal rainfall was generally good. National production of cereals in 1998/99 was projected to be 10% below production from 1997/98 as a result of disruption caused by renewed warfare and large population displacements. Although, non–cereals, particularly cassava, grown in northern and central areas are thought to compensate to some extent for this shortfall (FEWS–30/07/99).

Huambo

The very poor situation in Huambo reported in RNIS 27 has not improved significantly, despite humanitarian airlifts to the city since early July. The nutritional situation remains critical and an increased number of residents are being admitted to feeding centres. The airlifts have allowed WFP to re–establish its provincial stocks. However, the airport has been frequently closed because of security incidents, suspending humanitarian deliveries (IRIN–SA – 03/08/99; OCHA – 09/07/99, 16/07/99, 23/07/99, 12/09/99; WFP – 16/07/99).



Food is available in the markets, but is extremely expensive. The government has tried to ease the problem of food supply by distributing land before the planting season in September, and ICRC are providing limited quantities of seeds and tools. These initiatives are handicapped by the lack of secure farm land, as UNITA forces are based just 30 km from the city. Crucially, whatever the harvest yield, it will not be available until December (IRIN–SA –03/08/99; OCHA – 12/09/99).

Malange

Malange has been under siege for a prolonged period of time and as a result international NGOs and the UN have only recently been able to obtain access to the area. Shelling continues sporadically. A Ministry of Health survey conducted in late June/early July estimated the prevalence of acute wasting and/or oedema, at approximately 20–25% and severe wasting and/or oedema was estimated at 5–7% (see Annex). Note that the survey methodology employed is unknown (WFP – 08/09/99).

Reports from WFP, MSF–H and World Vision confirm that the nutritional situation in Malange is grave. Anecdotal reports indicate that mortality from nutrition–related diseases is high. There are now an estimated 49,000 IDP families (196,000 people) in the city. WFP have begun to provide food assistance in the reporting period, although there is no general food distribution for residents, but registration of vulnerable residents is underway. There are over 1,500 children in the MSF–H therapeutic feeding centres, and selective feeding is generally considered a priority. The number of community kitchens has also increased, they are now assisting over 60,600 persons (IRIN – 14/9/99; IRIN–SA – 30/07/99; MSF–H – 29/07/99; OCHA – 12/09/99; WFP –16/07/99, 03/09/99, 07/09/99).

More recently, the road from Luanda to Malange has been opened and WFP food convoys have been able to reach the city. Transportation between WFP warehouses and distribution points in Malange is difficult, as there are very few commercial transporters left within the city. The increase in food assistance has led to a decrease in market prices, however should the roads be closed again the situation will deteriorate rapidly (WFP – 27/08/99, 08/09/99).

Plans are underway to resettle the IDP families on land within a security perimeter around the city before the next planting season. The amount of land set aside, however, is insufficient and efforts continue to identify more land. There are also insufficient non–food items for the resettlement programmes (OCHA – 24/08/99, 12/09/99).

Kuito, Bie Province

The bombardment of Kuito (estimated population 250,000 of which 72,000 are IDPs) continues sporadically. Heavy fighting in early September in the areas surrounding the city has resulted in non–essential staff being relocated (WFP – 13/09/99). The nutritional situation has deteriorated rapidly in the past four months. In a survey undertaken in March 1999, MSF–B estimated the prevalence of acute wasting at 4.3% among children under five years. This had risen to 12.7% by mid–July. Severe wasting was estimated at 3.5% in July, including 2.7% oedema (see Annex). There has been a concomitant increase in the attendance figures at supplementary and therapeutic feeding centres (Epicentre/MSF–B – 28/07/99).

The authors of the survey suggest that the nutritional situation in Kuito will deteriorate further. Reasons given for this include the poor coverage of the general food distributions provided – only 33.6% of households in the sample received food at the last distribution or from community kitchens (approximately 25,000 of the most "at risk" people received food at the end of June and July). In addition, the coverage of the feeding programmes was low at 13.2% for supplementary feeding centre and 14.3% for the therapeutic centre.

High mortality rates were recorded in both the general population and the under–fives (CMR 2.2/10,000/day; U5MR 3.3/10,000/day). CMR was more than double the level usually defined as a "serious situation". It is probable that the high CMR is not due to the nutritional situation alone and that other public health problems need to be identified and controlled. For example, measles immunisation coverage was low, at 33.5%. The rainy season is approaching which will increase the risk of a series of medical problems including diarrhoea, acute respiratory infections and malaria.

Approximately 14,000 families have planted in lowland fields under WFP–supported agricultural resettlement activities in the Kuito area. If security conditions permit more families will join them (WFP – 13/09/99).

Cuito Canavale

A brief visit to assess the food and nutritional situation of the population in an IDP camp in Cuito Canavale was made by ACF–S in mid–June. The main findings of the assessment included a lack of purchasing power and cash income among most of the displaced population who do not have access to land. The market contained only a limited selection of foods. Most of the families existed on a day–to–day basis, buying food only one day at a time. In addition, the environmental and public health conditions were reported to be very poor (ACH–S – 18/06/99).

Uige

There have been reports of increased fighting in Uige, and of further population displacements. An unknown number of people have been killed. Reception centres for the approximately 10,000 IDPs have been set–up. The nutritional situation in Uige was reported to be under control in the latest UNICEF report, but may begin to deteriorate if the security situation worsens. The road corridor between Lubango and Benguela province and Menongue in Kuando Kubango province remains closed and market prices are extremely high (OCHA – 12/09/99; UNICEF – 07/99; WFP – 13/09/99, 27/08/99).

Overall, the situation for many Angolan IDPs remains critical, particularly in the three besieged cities. High prevalences of malnutrition have been recorded in these cities, and although humanitarian efforts to provide assistance are underway, the situation could deteriorate further if security conditions become worse (category I). Unknown numbers of residents in these cities are considered at high risk. The situation in the rest of the country is generally considered to be better and it is assumed that the IDPs who are provided with assistance by WFP in these areas remain at moderate risk (category IIb). The nutritional situation of the remaining IDPs is unknown (category III).

Priorities and recommendations:

- Support negotiations for a peace agreement in Angola through diplomacy and economic pressure.

- Supply funds to support humanitarian operations in Angola. The UN 1999 appeal for Angola has been revised upwards from approximately US $66.6 million to US $106 million. The WFP EMOP for Angola currently has a 34% shortfall of the requirements (WFP – 03/09/99).

- Include vulnerable residents in food distributions in the affected areas.

- Support the agricultural resettlement programme for IDPs in the besieged cities of Malange, Huambo and Kuito.

Recommendations from WFP in Malange:

- Expand therapeutic and supplementary feeding centres which are still considered a priority for assistance.

Recommendations from the survey in Kuito include:

- Increase the coverage of the general food distributions to encompass all vulnerable groups in both the resident and the displaced populations. Assess the content and quality of the rations provided through regular food monitoring programmes.

- Increase the capacity of the supplementary and therapeutic feeding centre programmes.

- Conduct an active case search for all malnourished children. Refer all malnourished children to the feeding programmes.

- Organise a mass vaccination campaign against measles targeting all children aged 6–59 months as soon as possible.

- Implement a surveillance system for mortality and priority diseases.

- Assess public health problems.

- Conduct a further anthropometric survey after the rainy season, and also a food security study. This should assist in the identification of the most vulnerable groups.

Recommendations from the report on Cuito Canavale include:

- Monitor the nutritional situation, using routinely collected data from health centres.

• Re−visit the region as soon as security conditions permit, and undertake a food security and anthropometric survey in order to assess the nutritional situation further, and identify vulnerable groups within the population.

2. Great Lakes Region

The situation in Brazzaville continues to be extremely serious; very high prevalences of malnutrition have been recorded amongst the returnees from Pool. Peace in the Democratic Republic of the Congo has resulted in improved humanitarian access to war affected. In Burundi and Rwanda the nutritional situation continues to improve in the areas where there have been improvements in security. A registration exercise in Tanzania has found in a decrease in the number of beneficiaries in the refugee camps in the south of the country. The table below shows the numbers of refugees, IDPs and returnees who require assistance in the Great Lakes Region.

	Sep. 97	**Dec. 97**	**Mar. 98**	**June 98**	**Mar. 99**	**Jun. 99**	**Sep. 99**
Burundi	260,000	570,000	600,000	670,000	222,000	451,000	617,000*
Rwanda	727,000	1,400,000	690,000	550,000	690,000	640,000	673,000
Tanzania	311,000	318,000	345,000	329,000	328,000	373,000	373,000
DRC	823,000	585,000	568,500	621,000	788,000	952,000	1,104,000
Congo−B	465,000	650,000	400,000	50,000	213,000	213,000	343,000
Total	2,586,000	3,542,200	2,603,500	2,220,000	2,241,000	2,629,000	3,110,000

*Burundian IDPs/returnees assisted by WFP has increased due to expanded seed protection programmes

WFP food availability under the Great Lakes regional operation has gradually improved over the reporting period and no major cereal shortfall for this operation are expected, provided scheduled shipments arrive on time (WFP – 15/09/99).

Burundi

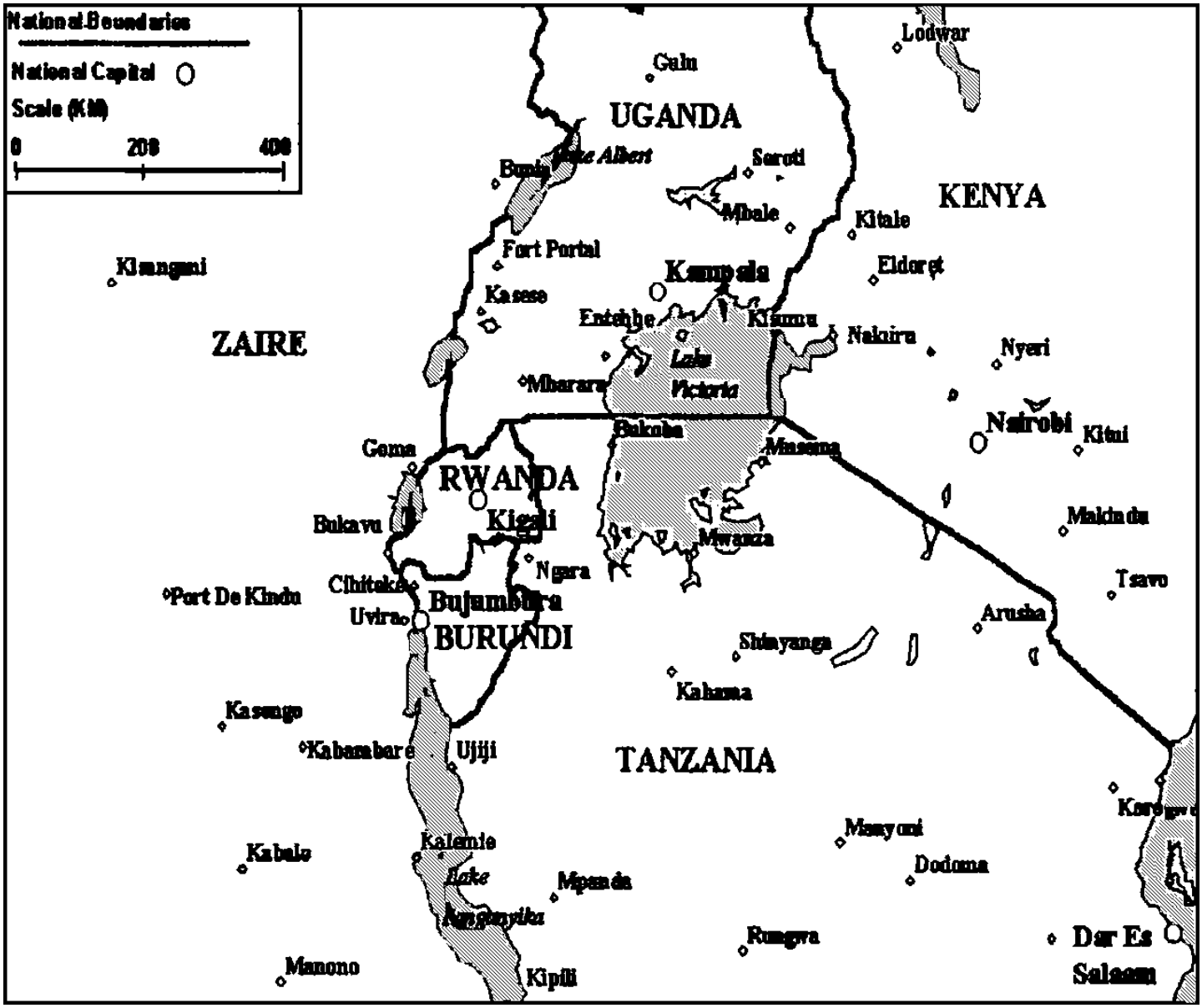
An estimated 617,000 people in Burundi require assistance. The vast majority of these people are IDPs and returnees; the highest concentrations are in Bubanza and Bujumbura (Mairie and Rural) districts. In addition, a total of 288,036 Burundian refugees remain outside the country of which 265,400 are in Tanzania (IRIN – 30/08/99: OCHA – 31/07/99).

Hopes that the Arusha Peace Process would result in an agreement by September or October have been quashed following disappointing progress in the talks in early July. The next round of talks is scheduled for September. Insecurity has increased during the reporting period in the Western and Southern Provinces, particularly around the capital. The rest of the country has seen only sporadic fighting, although Amnesty International has reported that human rights continue to be abused throughout the country. Reinstallation, rehabilitation and development programmes continue (AI – 17/08/99; OCHA – 31/07/99, 19/08/99).

The security situation around Bujumbura Rural has been particularly poor. There has been an increase in military activity and episodes of regroupment have caused an increase in the number of displaced people as the army has attempted to isolate the rebels. The governor of the province described the fighting between the security forces and armed gangs as "almost continuous". The heavy fighting has periodically prevented WFP from delivering food during the reporting period. Most deliveries resumed as soon as the security situation stabilised (IRIN – 08/07/99, 13/07/99, 19/07/99, 24/08/99, 06/09/99, 10/09/99; WFP – 12/07/99, 30/07/99, 17/08/99; 05/09/99).

Food Security

According to market price surveys by FAO, the price of the average food basket in Burundi is 126% higher than before the imposition of the regional embargo against the country in July 1996, even though the sanctions were suspended earlier this year (OCHA – 31/07/99).



THE GREAT LAKES REGION

updated by ReliefWeb: 7.6.96

A recent joint crop and food assessment by the government, FAO and WFP has forecast a 22% shortfall in pulse production and a 10% drop in cereals compared to last year as a result of poor rains and the army–worm invasion earlier in season 'B'. Most of the annual bean and cereal production is produced in this season. There have also been reduced food distributions due to WFP shortages. Thus an increase in the prevalence of malnutrition may be seen in some parts of the country by the end of the year (IRIN – 30/08/99).

FAO, in collaboration with partner NGOs has begun to compile beneficiary lists for the upcoming distribution of agricultural materials for the 2000–A season. Approximately one million people will be assisted through the

distribution of bean and vegetable seeds. Priority will be given to those who have access to land, returnees and displaced persons, drought–affected farmers and Batwa people who were recently allocated land. WFP will complement this effort by providing 15–day food rations to the beneficiaries (OCHA – 31/08/99; WFP – 15/09/99).

Nutritional situation of IDPs and returnees

No nutritional surveys have been conducted on Burundi's displaced populations during the reporting period. The most recent RNIS reports and a UNICEF report published in early August have all described how the nutritional status of the population has improved over the past 18 months. Since late 1998, UNICEF and the Burundian Ministry of Health have co–ordinated a series of *ad hoc* nutritional surveys of randomly selected samples of children under 5 years. A national survey was not considered to be appropriate, as aggregated data would have hidden important differences between provinces. The co–ordination resulted in successfully standardising the survey methodology (FAO and WFP were also involved in this process) applied by a number of NGOs. To improve nutritional monitoring most affected provinces have been assessed more than once since January 1998. In addition, a small food security component was added to the anthropometrical evaluation to improve understanding of the causes of malnutrition.

Reasons given for the improvement in the nutritional situation include:

- a gradual return to agricultural activities due to improved security,
- better access to land and consequently better harvests,
- improved access to health centres,
- improved case management of malnutrition through nutritional centres and
- support given to households through food distributions (UNICEF – 08/99).

The table below shows the most recent estimates of the prevalence of malnutrition in children under five and the number of displaced people by province. The estimates of malnutrition are based on data gathered from nutritional centres and nutritional surveys and are for both IDPs and residents. Note that data from centres are likely to be biased (geographical distribution of centres, access to the centres and attitudes to attendance), in contrast to survey data based on a sample representative of the entire population. The prevalences of wasting may have been estimated either as standard deviations scores (z scores) or as percentages of the reference median and hence the results are not directly comparable.

	No. of IDPs	**Prevalence of wasting &/or oedema**	**Source & date of nutritional data (where available)**
Bubanza	170,760	11.6	CAD survey, 02/99
Citiboke	n/a	6.0	Concern survey, 10/98
Gitega	14,900	6.9–7.4	Oxfam/SCF/MOH survey, 03/99
Karuzi	13,600	6.7	MSF–B survey, 11/98
Kayanza	21,200	9.8	ACF survey, 01/99
Muramvya	26,800	11.0	Solidarities survey, 02/99
Muyinga	25,800	~10	Clinic data, UNICEF
Ngozi	25,300	10–15	Clinic data, UNICEF
Rutana	2,300	10–15	Clinic data, UNICEF
Bururi	86,200	~10	Clinic data, UNICEF
Kirundo	7,700	10–15	Clinic data, UNICEF
Bujumbura	150,000	n/a	
Makamba	70,800	n/a	
Ruyigi	1,700	n/a	

In addition to the results seen above MSF−B has reported that the number of admissions to the therapeutic feeding centres in Bujumbura Mairie decreased between January and June 1999 from 180/month to 60/month. Admissions also decreased in Ruyigi and Karusi over the same time period, although the decreases in these provinces were not as dramatic (MSF−B − 07/99).

Despite the results seen in the table above, the nutritional situation in Burundi is still thought to be precarious in some areas: differences exist both within and between provinces over short periods of time. Some areas, e.g.: Makamba and Bujumbura Rurale, are still too insecure to conduct full assessments and hence no reliable information on the nutritional status of the population is available. These areas may have pockets of high prevalences of malnutrition. UNICEF's report stresses that although the number of beneficiaries enrolling in feeding centres has decreased between the end of 1998 and early 1999, the total case load of the programmes is still relatively high: 40,000 beneficiaries are currently enrolled in the supplementary feeding centres and 3,500 in the therapeutic feeding centres (UNICEF − 08/99).

Health services

In addition to poor food security in some provinces, the population's poor health status is a further risk factor for malnutrition. In some areas households are prevented from accessing health services and cannot obtain essential drugs due to geographical and/or financial barriers. In addition, the poor quality of the care provided at the health centres, due to a decreased number of skilled personnel, has resulted in a deterioration of the population's health status (UNICEF − 08/99).

Refugees in Burundi

Approximately 500 Congolese refugees remain in Citiboke and there are also some 2,000 urban Rwandan refugees in the country.

Overall, the nutritional situation of the IDPs and returnees in Burundi is improving. The IDPs and returnees in the provinces where access can be obtained and where survey or clinic data (concerning prevalences of malnutrition or admission rates) are available are considered to be at moderate nutritional risk (category IIb). The nutritional situation of those in Makamba is unknown (category III).

Priorities and Recommendations:

- Gradually shift from short−term emergency assistance to longer−term initiatives, with elements of sustainability, in the areas where improvements have been seen in the nutritional situation.

- Continue to monitor the nutritional situation closely.

Rwanda

The coalition government and political parties making up the parliament in Rwanda have agreed to extend the transition period that was due to end in July for another four years. They aim to resolve political and judicial problems before embarking on the process of constitutional change and the organisation of broader democratic elections. There remain 673,000 "affected" people in Rwanda requiring humanitarian assistance. This figure includes more than half a million IDPs the majority of whom are in Ruhengeri and Gisenyi. It also includes some 124,000 detainees, 33,700 refugees and 6,600 unaccompanied children (IRIN − 31/08/99; OCHA −19/08/99).

North western areas

The security situation in north−western Rwanda remains stable. There are, however, unconfirmed reports that between one and two thousand Interhamwe have infiltrated the country and are lying low and thus security checks remain in place between Ruhengeri and Gisenyi (OCHA − 19/08/99; WFP − 20/08/99).

The Rwandan National Population Office, UNFPA and UNDP reports that living conditions in the north−west of the country continue to be difficult even after the population has moved out of the displacement camps into the *'imudugu'.* Sub−standard housing is widespread. 29.1% of the population are still living in tents and 33% continue to rely on plastic sheeting for the walls of their homes. Plastic sheeting is the principal material for

roofing for 51.2% of the population. Men currently head only 66.1% of households. These figures have changed little since December, except the number of female–headed households has nearly doubled in Gisenyi. Thus more women are now carrying the increased burden of raising their children and trying to sustain a productive livelihood (OCHA – 03/08/99).

Food security

According to the report described above agricultural activities have increased significantly since people left the displacement camps, although only 50% of the population surveyed were able to access their land regularly. In Gisenyi, 74% of available land had been cultivated but only 56% had been cultivated in Ruhengeri. A recent FAO report noted that food prices had started to increase following reduced yields from the 1999b season. Another concern is that only 60% of people under 20 have access to agricultural land. Without education or opportunities for income generation, an underclass may soon develop in this age group (OCHA – 03/08/99).

Of additional concern in Gisenyi is that approximately 79% of households lack any sort of food stocks and, on average, 82% of their expenditures are on food. As a result, much of the population is still relying on food aid and cannot compensate for it should distributions be reduced. WFP provides food to 247,500 beneficiaries in Gisenyi. There are an estimated 143,000 IDPs in this area (OCHA – 03/08/99, 13/08/99; WFP – 04/08/99).

Nutritional survey in Gisenyi

Preliminary results from a survey in Gisenyi prefecture conducted in June by MOH/UNICEF/WFP/WHO estimate a prevalence of 11% acute wasting and/or oedema which includes 7.3% severe malnutrition amongst children aged 3–59 months (see Annex). Oedema was reported in 6.2% of the children. The nutritional situation was most severe in the south–eastern communes of Gisenyi where insecurity has been prolonged and humanitarian assistance has been difficult to provide. The full report of this survey is not yet available to the RNIS and thus no further conclusions can be drawn at this time (OCHA – 03/08/99; WFP – 04/08/99).

Ruhengeri

Following the early conclusion of the rainy season, the potential for crop failure was heightened in many areas if the north western prefecture of Ruhengeri. Anecdotal reports have indicated that seeds reserved for the October planting season are being consumed by farmers and their families instead of being planted. These reports are currently being evaluated. Currently, WFP provides food through general distributions to an estimated 270,000 beneficiaries in eight communes in Ruhengeri. There are approximately 365,000 IDPs in this area (WFP – 02/09/99).

Returnees from DRC

As of the end of August, approximately 25,000 Rwandans had returned from N. Kivu to Gisenyi and Ruhengeri. A combination of the improving situation in the north–west of Rwanda and the deteriorating conditions and sensitising campaigns in the DRC are the main reasons for the returns. The returnees are registered at a transit centre where WFP provides them with a 3 month food package and non–food items prior to departure for their home communes. UNHCR expects more returnees in the next few months. There have also been other returnees from Burundi, Uganda and Tanzania (OCHA – 13/08/99; UNHCR – 27/09/99; WFP – 04/08/99).

Refugees in Rwanda

There is no new information on the nutritional status of the approximately 30,000 Congolese refugees from North Kivu in Rwanda.

Overall, there has been little reported change in the situation of the IDPs in the north west of Rwanda over the reported period. It is clear that the IDPs have not yet fully established their livelihoods, although they receive food assistance from WFP and thus they remain at moderate risk (category IIb). The nutritional situation of the returnees appears to be adequate (category IIc). The nutritional situation of the Congolese is unknown (category III).

Priorities and Recommendations:

- Monitor the food security situation in Ruhengeri carefully.

• Support agricultural production and animal husbandry activities in north−west areas in order to improve access to food.

Republic of Congo (Congo−Brazzaville)

The humanitarian situation in the Republic of Congo (RoC) has been characterised as a forgotten war, no peace initiative has been sponsored at either the domestic or the international level since the war resumed in December 1998. Large numbers of people have fled their homes and are dispersed in forests, remaining inaccessible to the humanitarian community. An estimated 332,000 people have been displaced by the conflict (OCHA − 19/08/99).

The presence of numerous militia allied to different political factions has complicated negotiations for access. Reconciliation talks and offers of amnesty by the government to those who have taken up arms have not been taken seriously. Reports of continued harassment of IDPs and refugees returning home to Brazzaville persist.

The government, meanwhile, has adopted a policy of normalisation encouraging the return of Brazzaville residents from the Pool region and the DRC since May. Between May and mid−August, nearly 175,000 people have moved to the capital − this figure includes IDPs who had sought refuge in the Pool region at the outset of fighting, residents of Pool seeking refuge in the capital and refugees who had been in the DRC. At the time of going press, approximately 1,000 people per day were arriving in Brazzaville (Jaspars − 23/09/99; OCHA −19/08/99).

Brazzaville

When people return to Brazzaville they are registered. Those with no address, relatives, or friends in the city go to a displaced site. All returnees receive a week's ration. Those in the displaced site receive food as long as they are in Brazzaville (i.e.: have not returned to Pool). The ration is currently determined by WFP's food availability.

MSF−F has been screening children under−five as they are registered. Very high levels of malnutrition have been continuously found since early August, as can be seen in the table below. Note that these results are from a screening and may be biased (e.g., it is possible that some children were not measured or that others were.

Date of screening	Oedema	<70% median weigh−for−height	70−89% median weight−for−height
2/8−8/8	17.3	2.1	12.4
9/8−15/8	19.7	6.0	14.4
16/8−22/8	22.0	4.1	14.3
23/8−29/8	20.2	5.5	19.8
5/9	21.7	4.3	16.5

Older children and adults in Brazzaville are also suffering from malnutrition. 63.8% of all admissions to the therapeutic feeding centre in August were people over 5 years old: this is indicative of the wider nutritional problem (MSF−F − 08/99).

In August, CARITAS started a food distribution for vulnerable families in Bacongo and Makelekele with WFP food. Approximately 37,000 vulnerable families were identified, who received food for five days. The number of vulnerable people registered has since been increased to 50,000 to include all those discharged from feeding programmes, but there have been no distributions since August due to pipeline difficulties. WFP reports that local food purchasing is being considered, pending the arrival of food through the regular pipeline (WFP −17/09/99).

Pool

Information on the situation in Pool and Nibolek, home to 800,000 Congolese, is limited as neither the

humanitarian or religious communities are able to obtain access to these areas; or cannot go without a military escort. Anecdotal reports describe a situation where the local population is trapped between the Ninja militia and the army. Many people are unable to leave Pool and have very little information about the situation in Brazzaville. Travel along the main road is dangerous. Those people who have arrived in Brazzaville have spoken of leaving weaker family members behind and of many deaths.

The Pool region was one of the main suppliers of Brazzaville's markets, selling cassava, vegetables, pulses, wood, palm wine, cattle etc. Traders would return with salt and smoked fish form the north of the country. At the start of the crisis the population of Pool could generally access their farms in the forest and obtain food, however, since July the price of cassava has dropped to very low levels.

In addition to the very poor food security situation all state care services including health care have broken down in the Pool area.

Refugees in RoC

It is hoped that the 2,600 Rwandan refugees of concern to UNHCR in the RoC will be locally settled as soon as possible. An agreement, although not yet formalised, has been reached with the Government and it is hoped that the programmes can be implemented soon (UNHCR – 27/09/99). No information is available on the nutritional situation of the 8,000 Angolan refugees in the country.

Overall, the situation in RoC is very serious. In Brazzaville, the available information indicates that the situation is critical, and the returnees are classified as category (I). Information is not available for the rest of the country, but the displaced populations in Pool are also considered to be at high risk, given the security situation described and the condition in which people are leaving the area (IIa). The nutritional status of the refugees is unknown (category III).

Priorities and Recommendations

- Gaining access to Pool in order to assess and respond to the humanitarian crisis there is paramount.

- Provide food and medical assistance to the population of Brazzaville urgently.

Democratic Republic of Congo (DRC)

An agreement between the governments of the six countries involved in the conflict in the DRC was signed in Lusaka on July 10th. More recently, the agreement was signed by the Ugandan backed rebel group Mouvement de Libération Congolais (MLC) and the other major rebel group, the Rassemblement Congolais pour la Démocratie (RCD). The agreement calls for the cessation of military activities within 24 hours of all parties signing. A Joint Military Commission should then implement and monitor the cease–fire, the withdrawal of foreign forces from the DRC, the deployment of an international peacekeeping force, the disarming of militia groups and the initiation of an inter–Congolese dialogue on the political future of the DRC. At the time of going to print, the rebel factions were still unable to agree on the representation of the Joint Military Commission (IRIN – 02/09/99, 08/09/99).

Despite the ceasefire agreement, large numbers of civilians continue to be exposed to indiscriminate violence, looting and destruction of productive assets in almost all parts of the country, thus forcing their displacement. Thus, the reporting period was marked by high mobility of the affected population within the country and cross border movements. The table below shows the geographical location of the estimated 836,000 IDPs in DRC. These figures are considerably higher than those estimated previously. This increase reflects both the continuation of a high level of military activity in the eastern provinces and in western and northern Equateur. The increase in the number of IDPs reported is also due to the improved accessibility to displaced populations that has resulted in greater accuracy and depth of the information presented (OCHA – 19/08/99, 24/08/99, 15/09/99).

Katanga	E. Kasai	Equateur	Maniema	N. Kivu	Orientale	S. Kivu
185,000	60,000	126,000	20,000	160,000	80,000	195,000

Access and funding

The accessibility of vulnerable populations both in RCD and government controlled areas has significantly improved since the signing of the Lusaka peace agreement, although long bureaucratic formalities are still required to gain access to many areas. Remaining pockets of inaccessibility are primarily defined by; military activity in the northern (Equateur) and southern (Katanga and eastern Kasai) fronts; protracted insurrection (the Kivus and Orientale) and re−emerged "tribal" clashes in Orientale (OCHA – 24/08/99).

The WFP EMOP for war−affected populations in DRC remains seriously under−funded. At the time of going to print, only $5.8 million had been pledged out of a total of $30 million required (WFP – 15/09/99). Thus despite the improvement in accessibility, many of the war−affected populations will still be unassisted.

Economy

Any positive impact of the Lusaka cease fire agreement on the economy of the DRC was short−lived and negligible. Economic indicators are still in decline: devaluation of the national currency and inflation continue. The country's major sources of income – copper and cobalt production, as well as diamond mining – are in recession. The state's revenue from diamond sales is further threatened by the rebel advance in Kasai. The country's economic performance has had a serious impact on purchasing power and food security, particularly in urban areas (OCHA – 15/07/99, 19/08/99, 24/08/99).

Kinshasa

Access to food continued to become more difficult for the population in Kinshasa in the reporting period. The main factors affecting household food security are hyperinflation and an inadequate flow of foodstuffs into the market. The US embassy in Kinshasa estimated a 41% increase in food prices in the food market between June and July (OCHA – 15/07/99).

Research by the Diocesan Bureau for Medical Research (BDOM) indicates that 80% more cases of malnutrition were being treated in church sponsored centres in June 1999 compared to June 1998 (this may be partially due to the increased number of feeding centres open this year). A survey undertaken by the AAH−USA in Kimbanseke Commune of Kinshasa in late July estimated the prevalence of wasting and/or oedema at 8.7%, which includes 2.9% severe wasting and/or oedema. Oedema was found in 2% of the children measured. Chronic malnutrition or stunting (height−for−age) was estimated at 33.3%, which includes 13.5% severe malnutrition. Children's mothers were also examined using the BMI (kg/m^2). The results can be seen in the table below. 11.5% of the women were classified as malnourished, which included 4.3% severely malnourished. A further 15.5% of the women could be considered to be at risk of malnutrition.

16.0<BMI	16.0<=BMI<17.0	17.0<=BMI<18.5	18.5<=BMI<25	25<=BMI<30	BMI>=30
4.3%	7.2%	15.5%	64.7%	6.5%	1.8%

The survey also estimated measles vaccination rates which were low according to the possession of a vaccination card (28.1%), but were much higher when confirmed by the children's parents/guardians (71.9%). The feeding programme coverage was very low at 5.1%.

Province Orientale

MSF−H have been running a nutrition programme in Kisangani since a survey conducted in January estimated the prevalence of acute wasting and/or oedema at 13.2% which included 9.5% severe undernutrition (compared to the results of a WHO survey which found 3.7% acute wasting and/or oedema and 3.0 severe wasting and/or oedema in November 1997). In a demographic review of the admissions to the Feeding Centre it was noted that an increasingly large number of children were coming to the Kisangani centres from areas far outside the town. Many children had travelled 40−50 km for treatment and some up to 160 km. Thus the NGO decided to undertake a survey in the Aire de Sante de Madula (about 30 km south east of Kisangani) on the routes to Ituri and Lubutu in early August (MSF−H 08/99; MSF−H – 09/09/99).

The MSF−H survey estimated the prevalence of acute wasting and/or oedema at 13.2% and severe wasting and/or oedema at 9.5% (see Annex). About one third of the malnourished children had bilateral oedema, including 80.3% of the severely malnourished children. These prevalences are very similar to those recorded in Kisangani in January. The report suggested that the malnutrition could be attributed to the area's economic decline and the generalised insecurity. The peak prevalence of malnutrition occurred approximately 35 km

from Kisangani. The authors suggested that those in more rural areas were less malnourished because they were able to produce their food at home. Those closer to the town had easier access to the town's facilities, but those in between had neither advantage. The measles vaccination coverage rate in the survey was dangerously low at 12.8%, particularly given the nutritional status of the children.

MSF−H conducted a comparison of local market prices in Kiangani town between September 1999 and August 1998 (pre−conflict). The prices of all goods compared were significantly higher following the war, for example casava leaves had increased from US $0.02 to $1.00 over this period (MSF−H – 15/09/99).

Conflict between the Hema and Lendu ethnic groups in Ituri district, Province Orientale has led to a sharp increase in cholera cases and a measles epidemic according to reports recently received. The conflict, which began in mid−June, has made approximately 40,000 people homeless and resulted in a heavy death toll (up to 3,500 people). The displaced are reported to be living in conditions of poor hygiene. In addition, health centres in the region have been looted, torched or abandoned, leaving both the local population and the displaced without medical aid. In response to the measles epidemic MSF−H has launched a large−scale vaccination campaign targeting 30−35,000 children. It has also distributed anti−cholera drugs and water purification sets. (IRIN – 03/09/99; MSF−H – 18/08/99; OCHA – 15/09/99).

Katanga

The first UN mission to northern Katanga which has been able to obtain full and unconditional access to areas affected by population displacement since the beginning of the war identified more than 54,000 displaced persons in the area. Over 28,000 IDPs were registered in Lubumbashi, of whom only 3,300 were being assisted. An estimated 125,000 residents of the Manono area were also believed to be dispersed in "hardly accessible" areas of Kiluba. The assessment mission noted that the coping mechanisms of the host communities in Katanga were "seriously weakened" and that they had difficulty supporting the displaced. Anecdotal reports of high rates of morbidity and mortality among displaced children have been received, although these reports are unconfirmed at the time of going to print (IRIN – 18/08/99; OCHA – 15/09/99).

Further anecdotal reports of a poor food security situation and a growing number of malnourished children in Kalemie have been received. According to a recent report, most of the supply routes into the town have been cut because of the war, and only small amounts of food have been arriving from Moba, which has resulted in food being priced at about four times pre−war levels. The food security in Moba, traditionally the area's bread basket, was also reported to be poor as the war had disrupted agricultural activities in the area. About half of Moba's 400,000 residents had left the town, many were still hiding in nearby forests (IRIN – 02/09/99).

South Kivu

As a result of intensive population movement, insecurity, and military activity compounded with drought, the food security situation is reported to have deteriorated in South Kivu over the past two months. FAO has estimated that some 125,000 households will not be able to cultivate during the coming agricultural season unless interventions are carried out immediately. The UN humanitarian office in South Kivu estimates that food shortages will directly affect 800,000 people in this area, including 195,000 who are displaced. No further information concerning this situation is currently available to the RNIS (OCHA – 15/09/99).

Polio vaccination campaign

The campaign to vaccinate children against polio is reported to have successfully reached 6.7 million of the country's 10 million children under five. Fighting stopped in 90% of the country to allow the campaign to proceed. Despite fighting in Kisangani on the final day of the campaign, 70% of children in the city were still vaccinated (OCHA – 15/09/99; WHO – 20/08/99).

Although the overall operation has been described as a success, considerable numbers of children in the rural areas were not covered. This was partially due to less awareness of the campaign in rural areas. A combination of security and logistical problems resulted in disappointing coverage of only 23% in Equateur province (IRIN – 26/08/99).

Refugees in DRC

Angolan refugees

There are an estimated 157,000 Angolan refugees in DRC. The difficult situation in Angola continued to generate refugee influxes into Bas Congo province. Poor road conditions and the number of military roadblocks are forcing WFP to use rail transport in order to provide food for feeding programmes in Katanga province for over 43,000 Angolan refugees in the area. A scarcity of wagons is causing frequent delays in food dispatches and disrupting planned distributions. As a result of the inadequate food deliveries, UNHCR continues to supply complementary food items to this group of refugees (OCHA – 19/08/99, 15/09/99; UNHCR – 27/09/99).

The current nutritional situation of these refugees is unknown. Reports earlier in the year suggested that the nutritional status was very poor, but improvements in the situation due to a general food distribution for children under five has been reported more recently (WFP – 30/04/99).

Refugees from Congo–Brazzaville

In mid–September there were an estimated 20,000 refugees from the RoC in DRC. The rate of arrival of Congolese refugees to Bas Congo has diminished over the reporting period and many are returning to Congo–Brazzaville. However, anecdotal reports suggest the health and nutritional condition of the newly arrived refugees (mainly from the Pool region) is very poor, much worse than those who had arrived earlier. There are no survey data available to the RNIS, however, to confirm these reports. UNHCR and WFP continue to try to provide assistance, but there are difficulties in getting supplies to the area (IRIN – 30/07/99; OCHA – 15/07/99).

Burundian, Rwandan and Sudanese refugees in DRC

There are an estimated 20,000 Burundian and 10,000 Rwandan refugees in the Kivus. There are also a further 61,000 Sudanese in Province Orientale. The nutritional situation of these refugees is unknown.

Overall, improvements in the nutritional situation are expected provided the cease–fire agreement holds and humanitarian agencies are allowed free access throughout the country. Thus it is probable that the inhabitants of Kinshasa, Kisangani and other areas that are accessible are at moderate risk of malnutrition (category IIb). Anecdotal reports suggest that the IDPs in South Kivu and Katanga are at greater risk, although this information requires confirmation (category IIa). There is little or no information about the nutritional situation of the large number of other IDPs in other areas of the country. Thus the nutritional situation of all these people must therefore be classified as unknown (category III). Given the situation in Congo–Brazzaville, it is probable that the refugees from this country are at high risk of malnutrition (category IIa). The nutritional situation of the other refugees is unknown (category III).

Priorities and Recommendations:

- Provide international support for the implementation of the Lusaka agreement in order to promote regional stability.
- Provide funds to support WFP's programme.
- Conduct surveys and needs assessments in newly accessible areas in order to determine needs on a provincial basis.
- Gain access to the previously inaccessible rebel–held areas.

From the MSF–H survey outside Kisangani:

- Transport all severely malnourished identified in the survey to Kisangani TFCs for treatment.
- Investigate potential sites for nutritional centres outside Kisangani using demographic data from the Kisangani nutritional centres.
- Alert UNICEF and other EPI health officials to the low measles coverage in the area.
- Strengthen nutrition education in the communities.
- Identify an agricultural or fishing partner to strengthen food security.

United Republic of Tanzania

Refugee Programme

The annual verification exercise was carried out in August in the southern camps (Kigoma region). Figures released by UNHCR indicate significant reductions in the caseload and the overall caseload in the camps in Tanzania is now estimated at 372,500 refugees.

The greatest reduction in the caseload was noted in the camps which have been receiving new arrivals, notably Lugufu (32%) and Mtendeli (22%). The drop in the beneficiary figure is mainly due to the number of "re–cyclers" previously registered. These are refugees who return to the border without being "de–registered" and come back into Tanzania and register as "new" refugees. This is done in order to obtain multiple ration cards and also more non–food items. A new screening committee consisting of UNHCR and the local authorities has been set–up in order to cut down on this problem (UNHCR – 23/09/99; WFP – 15/09/99, 23/09/99).

Between January and late August 1999, approximately 100,500 refugees from DRC, Burundi and Rwanda sought asylum in Tanzania. The number of refugees seeking asylum decreased to approximately 2,300 during August. During the same period a total of 7,800 Burundian and Rwandan refugees were repatriated to their home countries (WFP – 15/09/99, 10/09/99, 05/09/99).

The general security situation in and around Kasulu, Kibondo and Kigoma was of some concern in August, with armed robberies and attacks increasing even in the day. The local population reported severe loss of their harvest due to nightly thefts by the refugees. According to CARE, the refugees are increasing their agricultural activities in and outside the Nyarugusu camp perimeter in Kasulu district. This has resulted in some conflicts between the residents and refugees (WFP – 15/09/99).

Food assistance

WFP provides food rations to all registered refugees in camps in Tanzania and additional food commodities are distributed to thousands of the most vulnerable refugees under therapeutic and supplementary feeding programmes. Tanzanians also have access to the medical facilities that are located in the camps, and thus may also be in the supplementary and therapeutic feeding centres. At of the end of August 13,500 people were assisted in the special feeding programmes including pregnant and lactating women (WFP – 15/09/99, 23/09/99).

WFP's food availability has gradually improved over the reporting period and full rations will be distributed to the refugees in the next distribution cycles. In previous months, the refugees were only receiving half rations of cereals, although other commodities were covered at 100%. This resulted in tension in some camps. To ease food pipeline shortages, efforts are being undertaken to purchase pulses locally (UNHCR – 16/09/99; WFP –30/07/99, 13/08/99, 02/09/99, 15/09/99, 23/09/99).

Nutritional situation

UNHCR reports that the camp population's nutritional status is stable. Surveys are scheduled for late in September (UNHCR – 16/09/99).

The preliminary results of an IFRC/TRCS/UNICEF/UNHCR nutritional survey amongst Tanzanian children under five living in 16 Tanzanian villages close to the camps in Kasulu, Kibondo, Ngara and Kigoma districts have just been made available (see Annex). The survey estimated the prevalence of acute wasting at 5.2% and severe wasting at 2.8%. These prevalences are considerably higher than those obtained in a survey in the refugee camps in the same area in May, which estimated the prevalence of acute wasting at 1.8% and severe wasting at 0.2% (see RNIS 27).

Drought response

WFP/Government/Donor assessments conducted in July and August have concluded that an emergency situation continues to exist in the regions of Dodoma, Mara, Shinyanga, Singida, Tabora, Tanga and southern Mwanza, all of which have now suffered three consecutive bad harvests. In Shinyanga and parts of southern Mwanza there has been both a very poor crop performance and a collapse of cotton production, which is the

main crop. By the end of July, approximately 925,000 people had received food. The WFP EMOP will continue until December (WFP – 13/08/99).

Overall, the refugees in Tanzania are not considered to be at heightened risk (category IIc), given the levels of assistance they receive.

3. Ethiopia

Impact of the border conflict

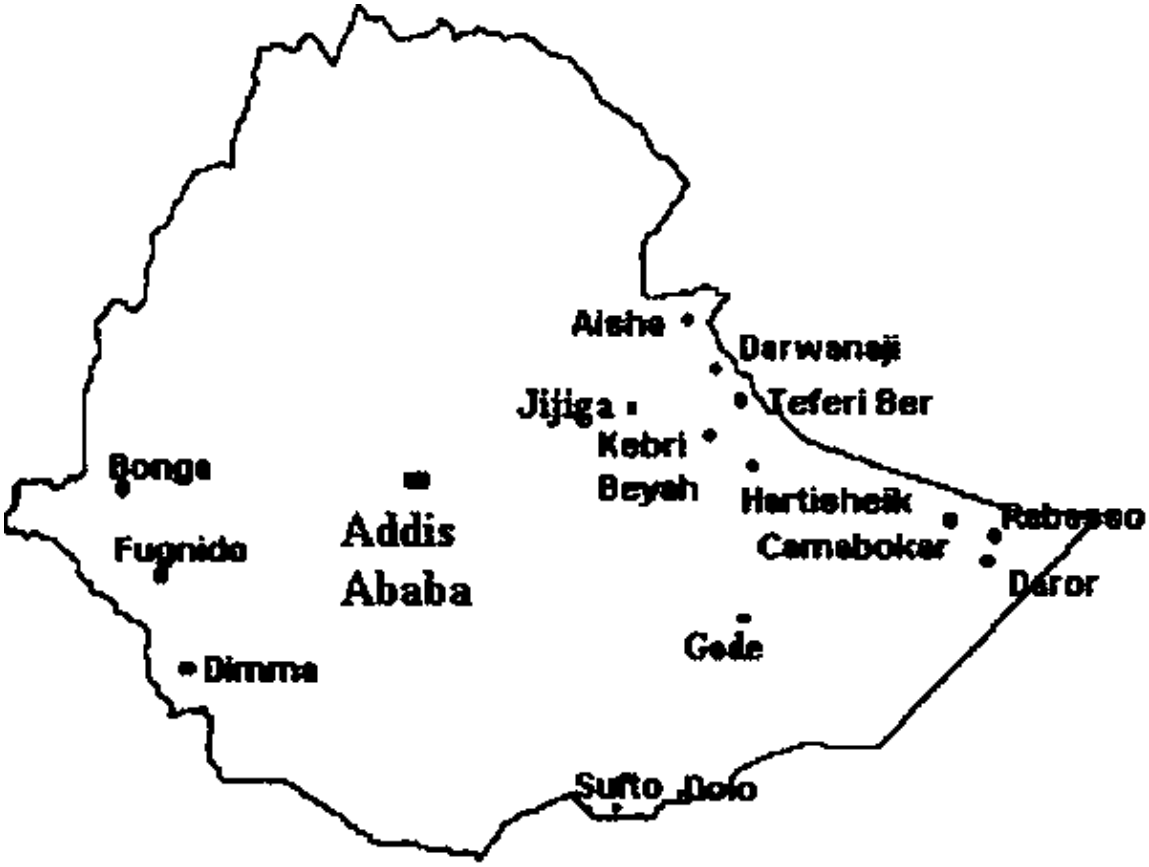
More than a year after the outbreak of war between Ethiopia and Eritrea over a border dispute, fighting continues sporadically. Despite the efforts of the Organisation for African Unity (OAU) and various international governments, no peace agreement has been signed to date, although a peace proposal is currently being examined by both parties. The exact number of deaths due to the war is not yet known, but it is thought that tens of thousands have died on both sides. Regional analysts are becoming increasingly worried about the war which has spread to Somalia (USAID – 30/08/99).

The war has displaced an estimated 385,000 people from their homes along the border with Eritrea. Most are living in host communities or caves. The avoidance of the establishment of camps is a primary concern for the Government and donors alike. No new information is available on their nutritional situation, although the results of a USAID–funded survey are expected soon. WFP has been assisting 272,000 of the displaced people since March, although resourcing remains a critical problem. Only slightly more than 50% of the cereal required has been committed to date, although other commodities are fully resourced (WFP – 22/09/99).

Drought and harvest failure in Ethiopia

There is a major food shortage emergency in Ethiopia due primarily to drought: an estimated 5 million people require assistance. Drought conditions have been brought on by the almost total failure of the primary *belg* rains (February–May) in the northeast, and delayed and uneven distribution in other areas of the country. Various other factors have contributed to the food emergency including: low crop yields over the past 2–3 years; army worm infestations in some parts of the country; population pressures resulting in land–holdings which are too small to be self–sustaining; large livestock losses (due to the drought) reducing income–producing potential. The cumulative response from food aid donors has also been significantly less than requested over the past seven years, which has resulted in a gradual erosion of assets leaving many fanning communities with virtually no asset–based coping mechanisms (UNDP – 31/08/99a; WFP – 16/07/99, 22/09/99).

Although the *belg* provides only 5–7% of Ethiopia's national harvest annually, it supplies up to 70% of the harvest in heavily *belg*–dependent pockets, predominantly in the Amhara region. These people may be without resources until July/August 2000 if some planting does not occur to take advantage of the *krimt* rains. Populations in South Tigray, Wag Hamra, North and South Wello, North Shewa, East Hararghe, Konso Special Wereda and areas of Wolayita (North Omo Zone) are particularly affected (OCHA – 26/07/99; WFP –22/09/99).



Wolayita

UN field assessment missions to selected areas including East Hararghe and Wolayita area have reported that large numbers of people have migrated from some villages. In addition to the lack of food, access to water is critical in certain areas (OCHA – 26/07/99; UNDP – 31/08/99a, 3/08/99b).

An SCF–UK report on Wolayita for June/July observed that overall nutritional status had remained at a satisfactory level. However, significant declines in nutritional status were observed in the eastern lowlands since the poor harvest in January (SCF–UK – 08/99a).

SCF–UK reported that cereal prices had increased very steeply and were similar to those recorded in 1994, which was a year of particularly high relief requirements. Food distributions had begun, but at the time of the report's publication the amount received had been insufficient to affect market prices. Farmers were highly dependent on food purchases: 97% of lowland and 91% of highland households reported buying cereal from the market in the week prior to interview (SCF–UK – 08/99a).

North Wollo/Wag Hamra

SCF–UK has reported that the nutritional situation in North Wollo East and Wag Hamra has deteriorated since April because of the *belg* failure. The cumulative effect of poor *belg* and *meher* rains during the past two years has resulted in increased vulnerability as the households have sold assets (primarily livestock) to purchase food. Cereal prices have increased since January, particularly in North Wollo. Given the current depletion of food stores it is unlikely that there will be any improvement in the nutritional situation of this population in the coming months and there is a need to continue providing food assistance to this population (SCF–UK – 08/99b).

WFP has reported that a nutritional assessment by MSF–Switzerland in Wag Hamra of children aged 6–59 months (using MUAC) in Dehana *wereda* (district) recorded 19.7% acute malnutrition, which included 3.4% severe malnutrition (WFP – 22/09/99). This report is not yet available to the RNIS, but it should be noted that MUAC surveys are normally only undertaken on children aged 12 months or more and thus the prevalence of malnutrition may have been over–estimated.

Funding response

Recent donor response for the drought victims has been encouraging. 93% of the cereal pledges have been met for the second half of this year. However, non−food needs are still under−funded. The government has responded to the crisis by distributing seeds and cash to farmers through their *wereda* councils. FAO are also distributing seeds. However, many farmers remain unable to take up their normal farming activities as they have no tools nor oxen. In addition to these problems, it is widely believed that more than the current estimate of 5 million people require assistance in Ethiopia. There is an expectation that these figures will be revised over the coming weeks (UNDP −12/08/99; WFP − 22/09/99).

Refugees in Ethiopia

The latest (May) UNHCR epidemiological report on the 196,000 Somali and 63,000 Sudanese refugees reported that CMR in the Sudanese camps in the west of the country was 0.15/10,000/day and 0.08/10,000/day in the Somali camps in the east of the country. The main causes of death were acute respiratory infections, diarrhoea, TB and malaria. The prevalence of malnutrition among the local population surrounding the camps has increased due to the drought, and hence the numbers of admissions to the supplementary and therapeutic feeding centres increased during the reporting period. All beneficiaries in the camps received a complete food basket (UNHCR −24/06/99).

Overall, the situation of IDPs on the Eritrean border in Ethiopia is cause for concern, although details are unavailable. These people are therefore categorised as at unknown risk of malnutrition (category III). The nutritional situation of the refugees is not critical (category IIb). A very large number of Ethiopians are also suffering from the consequences of the drought.

Recommendations and priorities:

- Funding is still required to support the UN's appeal for the victims of the drought and border conflict.

4. Eritrea

Approximately 200,000 Eritreans have been displaced by the war, including 40,000 children under five. The Eritrean government estimates that there are 69,000 displaced people in camps in Debub and 118,000 in Gash Barka. In addition to the IDPs, Ethiopia has also expelled some 60,000 Eritreans since the war started. The population from Ethiopia is probably at higher risk than those who are internally displaced as they have been separated from their communities and normal support mechanisms (IRIN − 27/07/99; SCF−UK 19/08/99).

The government is distributing food in the camps, but its stocks are running low and it has begun to ask NGOs to consider providing food relief. Some families are able to supplement their rations by trading, working and cultivating their own food. Anecdotal reports suggest that there is no nutritional emergency in the camps at present, although the government reports that the number of cases of malnutrition and associated diseases is on the increase, particularly among children and breast−feeding mothers. There are also anecdotal reports about vitamin A deficiency. SCF−UK and the government are currently setting−up a nutritional surveillance system in order to identify the malnourished (SCF−UK − 19/08/99; 08/09/99).

SCF reports that conditions in the camps are poor; shelter is inadequate for most families, clothes are in short supply, sanitation facilities are lacking and there is a shortage of potable water and paediatric medicines. Malaria is currently one of the most important diseases in the camps, and with the rainy season approaching, the prevalence of malaria is expected to increase (SCF−UK − 19/08/99).

Despite a satisfactory harvest in 1998, the food situation for the farmers in areas close to the border war is described as "very tight". WFP has launched an appeal to provide food assistance to 268,000 beneficiaries in rural areas of Debub, Gash−Barka and South Sea Province affected by the border conflict. To date this emergency operation has only received 5.3% of its food cost and 2.7% of its total cost (WFP − 20/08/99).

Overall, although the nutritional situation of the war refugees and IDPs is yet to be confirmed by surveys, they are considered to be at moderate risk, because of limited humanitarian resources and poor conditions described in the camps (category IIb).

Recommendations and priorities:

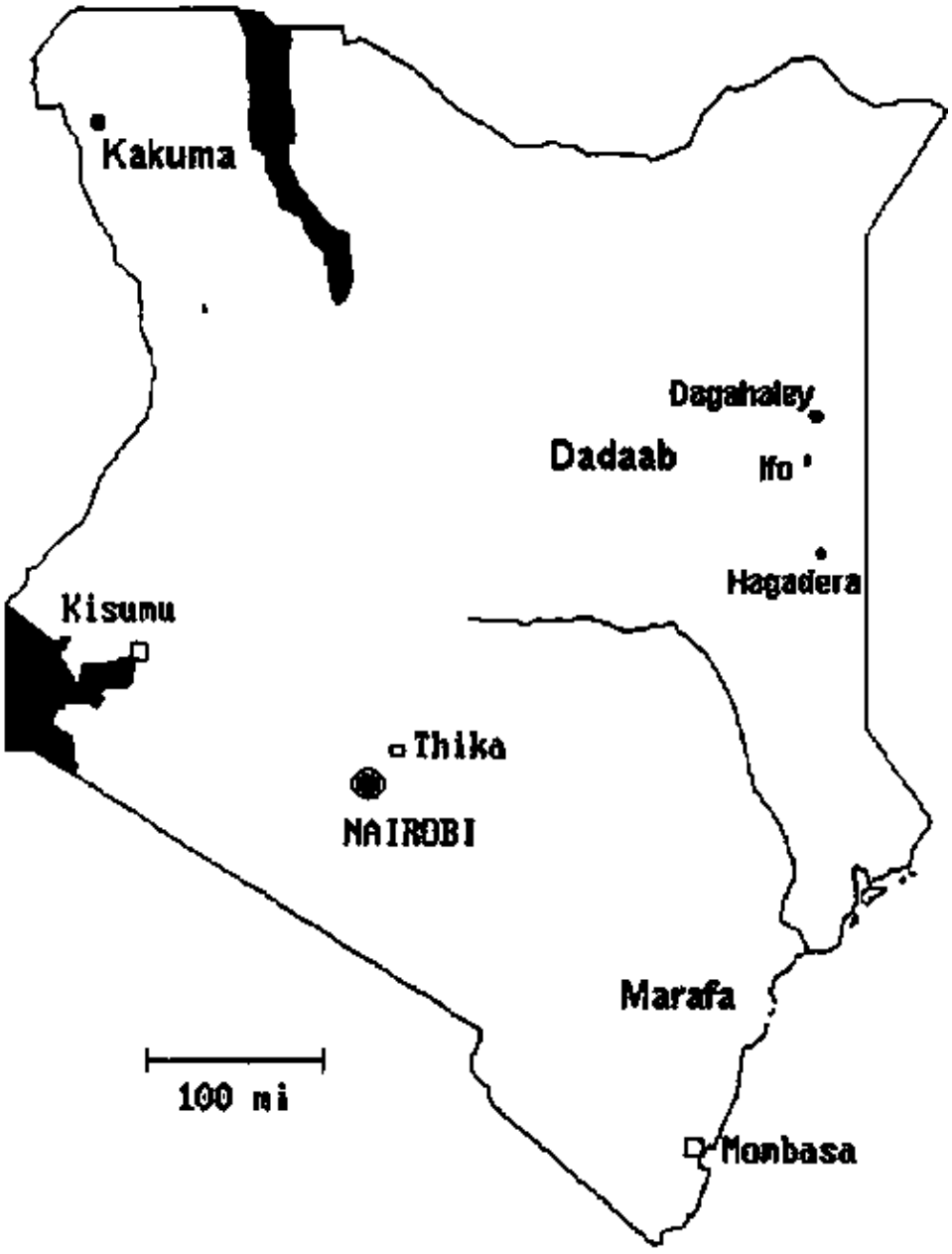
• More information is required about the nutritional situation of war–affected populations on the Ethiopia/Eritrea border.

• Funds should be made available for WFP's emergency operation for the war–affected populations in the north.

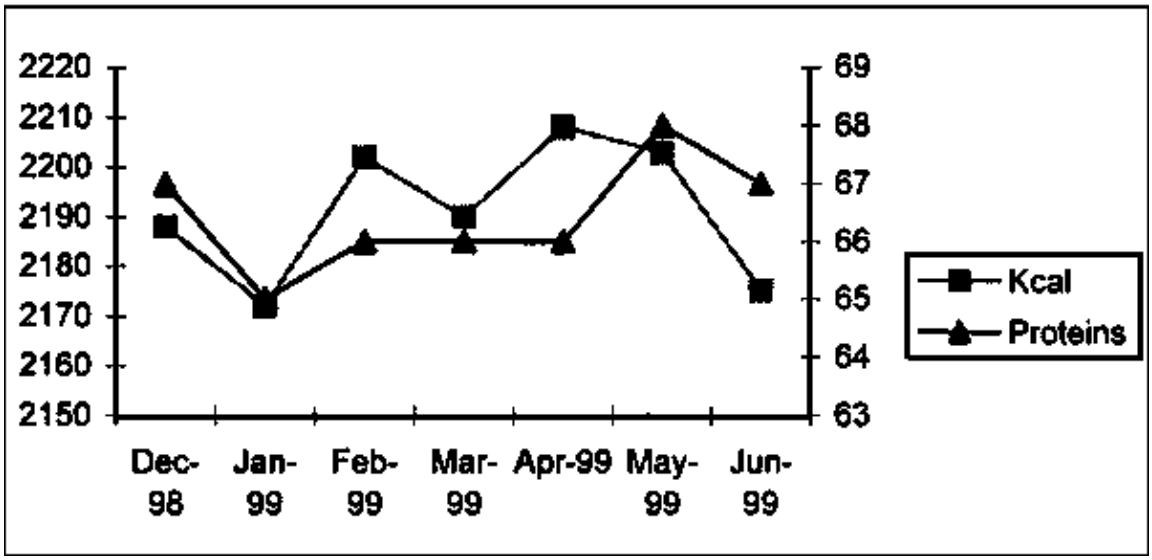
5. Kenya

Refugees in Kenya

There were approximately 193,800 refugees in UNHCR camps in Kenya at the end of June. The majority of these are Somalis and Sudanese, but there are also approximately 5,000 Ethiopians. The camps are in two areas: Kakuma near the Sudanese border (camp population 79,400) and Dadaab, near the Somalian border (camp population 114,410). There has been an increase in the number of Sudanese refugees, fleeing fighting in the south of their country, over the reporting period. In Kakuma a total of 3,600 new refugees were registered in June alone. There was also small increase in the number of Somalis. More recently the Kenyan Government has announced the closure of the border between Kenya and Somalia. UNHCR has reported that there was no "direct impact" of the closure on refugees because there has not been an influx of refugees since early June (IRIN – 24/08/99; UNHCR – 22/07/99).



The refugee camps are in semi–arid areas which are traditionally populated by pastoral nomads. The refugees face many barriers to self–reliance; there is little opportunity for food production, income generation or trade. Thus the refugees remain heavily reliant on the general ration provided by WFP and its donors (WFP –24/03/98).



Food Basket Monitoring in Dadaab Camps, Kenya

No reports of any change in the nutritional situation in the camps have been received. The most recent surveys (September 1998) reported a satisfactory situation. Food basket monitoring from Dadaab has shown that WFP continues to provide an adequate general ration to the population (see graph). The mean CMR in the refugee camps in June was 0.13/10,000/day and the under–five mortality rate was 0.60/10,000/day. The main causes of death were malaria and respiratory tract infections in all age groups (UNHCR – 22/07/99).

Overall, the nutritional situation of the refugees in Kenya remains non–critical (category IIc).

Priorities and Recommendations:

- Conduct a survey to assess the nutritional situation of the refugees in Kenya.

6. Liberia/Sierra Leone Region

The nutritional situation for much of this region is stable or improving. In Sierra Leone access continues to improve to many of the war–affected areas and thus there have been assessment missions, followed by emergency food distributions. High prevalences of malnutrition have been reported in some areas. In Liberia, Guinea–Conakry and Cote d'Ivoire the nutritional situation of the refugees, IDPs and returnees remains stable. The table below shows the numbers of affected people requiring assistance in these countries

	Sep. 97	Dec. 97	Mar. 98	Jun. 98	Mar. 99	Jun. 99	Sep. 99
Liberia	700,000	700,000	726,000	209,000	495,000	505,000	505,000
Sierra–Leone*	453,000	200,000	200,000	300,000	400,000	708,000	758,000
Cote d'Ivoire	210,000	210,000	210,000	140,000	101,500	103,000	108,500
Guinea–C.	405,000	405,000	405,000	614,000	470,000	400,000	488,000
Total	1,768,000	1,515,000	1,541,000	1,263,000	1,466,500	1,716,000	1,859,500

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

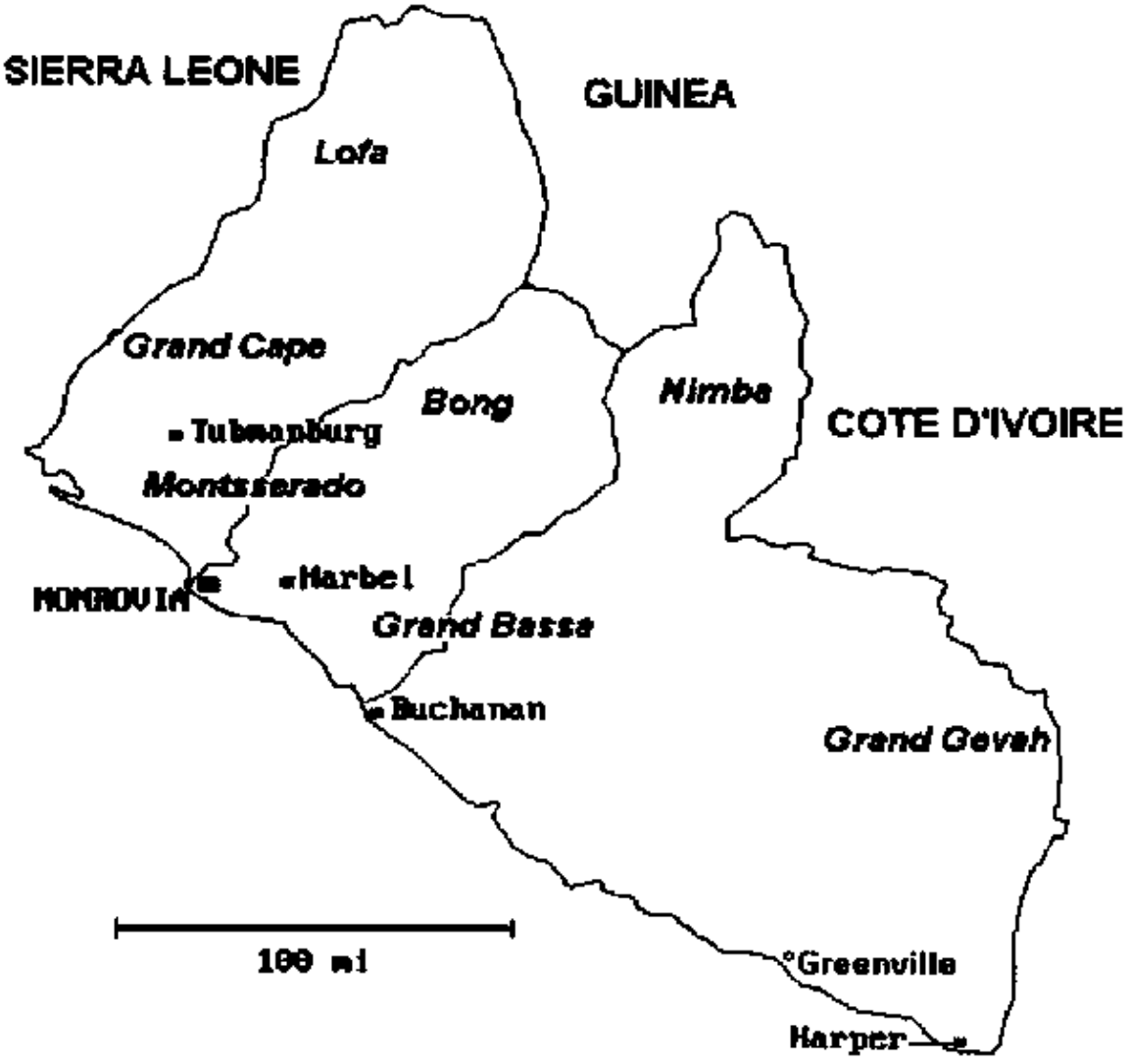
Note that the nos. given for Liberia are those who WFP is giving food assistance to (including IDPs and returnees). This figure may have been underestimated previously.

Under the recently approved regional protracted relief and recovery operation WFP will feed 1.8 million refugees and displaced people in west Africa. These include refugees from Sierra Leone and Liberia in their host countries, IDPs in Sierra Leone and returnees in Liberia (WFP – 23/07/99).

Liberia

The Liberian civil war, which began in 1989, led to massive population displacements both within Liberia and into neighbouring countries. Since the elections in July 1997, when Charles Taylor was elected President, security conditions have improved considerably, which has prompted increasing numbers of refugees and IDPs to return to their homes. Human rights organisations, however, continue to report terrible abuses throughout the country. Social services remain poor. Monrovia still has no electricity or piped water supply system and local sources report that both unemployment and illiteracy rates are very high (IRIN–WA – 09/09/99).

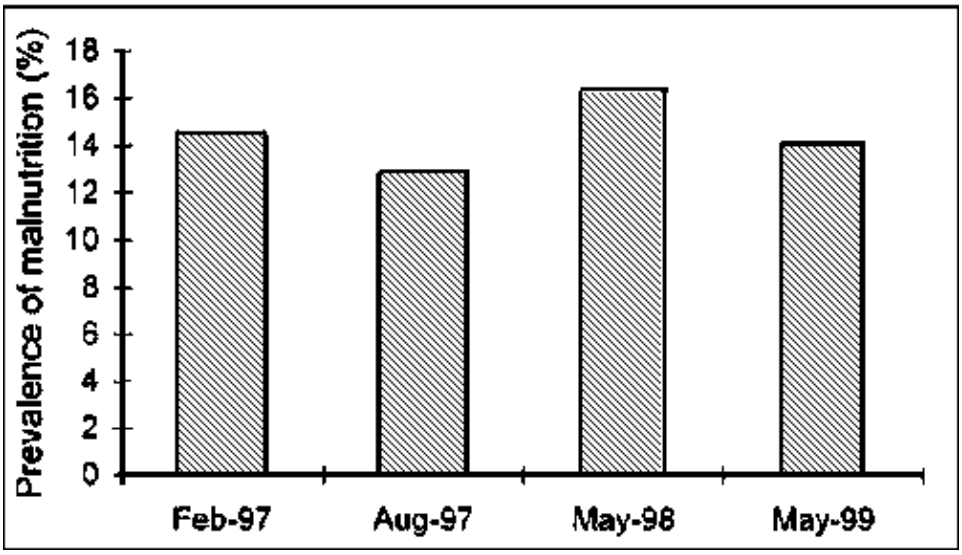
Since the start of the repatriation of Liberian refugees in May 1997, some 120,000 people have been assisted home by UNHCR. A further 160,000 are believed to have returned unassisted. WFP and UNHCR support reconstruction efforts for schools, roads and bridges in Liberia to help repatriated refugees settle back home (WFP –23/07/99).



Survey in Monrovia

In late March 1999, ACF–F conducted two nutritional surveys in Monrovia (see Annex). The surveys estimated the prevalence of acute wasting and/or oedema at 13.5% among the town residents, and 14.0% among the population living in shelters. Severe wasting and/or oedema were estimated at 2.3% and 2.6% respectively. These prevalences are relatively high, particularly as the survey was undertaken at the

beginning of the lean season. The graph following shows the prevalences of malnutrition in the shelters since February 1997. There has been virtually no change in the levels of malnutrition in these shelters for over two years. WFP has not provided a general food distribution in Monrovia since 1998 in order to encourage the displaced to return to their communes of origin. Some of the population of Monrovia may, however, obtain assistance through food–for–work programmes (WFP –14/09/99).

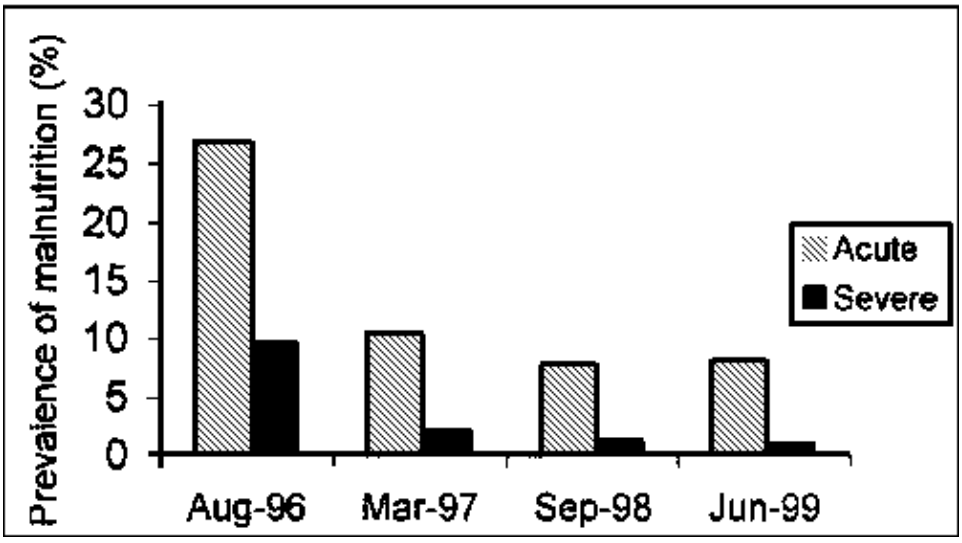


Prevalence of malnutrition in shelters in Monrovia

The survey also estimated retrospective mortality in both populations: CMR was estimated at 1.2/10,000/day in the communities and at 2.8/10,000/day in the shelters; under–five mortality was estimated at 1.5/10,000/day and 5.2/10,000/day respectively. Measles vaccination coverage was low at 30.2% in the communities and 44.5% in the shelters. Coverage of the selective feeding centres was also low in the communities – only 14.6%, although this was much higher (81%) in the shelters.

Survey in Upper Bong County

ACF–F conducted a study among residents and returnees in Upper Bong Country in mid–June. They estimated the prevalence of wasting and/or oedema at 8.1% including 1% severe wasting and/or oedema (see Annex). This result can be compared to those obtained over the past three years in the graph opposite. There has been a slight improvement in the nutritional situation in the past year, and the prevalence of malnutrition has remained below 10% in the past two years. The measles vaccination coverage rate in the area was low at 41.8%.



Prevalence of Malnutrition in Upper Bong County

Fighting in Northern Liberia

Renewed hostilities broke out in mid−August between government security and dissident forces in the volatile upper Lofa region, where a similar attack in April seriously disrupted relief activities. Over 50,000 civilians, mainly women and children, are reported to have been displaced by the fighting. Although the rebels have now been dislodged from most of the areas they initially occupied, sporadic fighting is reported. Most of the UN agencies and NGOs temporarily evacuated their staff from the area and suspended their operations when humanitarian workers were taken hostage and stores were looted. WFP have distributed a one−off emergency ration to more than 25,000 of the displaced in upper Lofa country. It is hoped that the displaced people will soon be able to return home (IRIN−WA − 07/09/99; UNHCR − 06/09/99: WFP −28/08/99).

Sierra Leonean refugees

There are an estimated 100,000 refugees from Sierra Leone in Liberia. Some 16,000 of the refugees were housed in camps near Kolahun where the fighting broke out in August. An estimated 5,000 refugees arrived in Tarvey in Lower Lofa having fled Kolahun. UNHCR has recommended that these refugees be relocated to an existing refugee camp in Sinje, Cape Mount. The agency reported that the refugees cited numerous incidents of harassment in Kolahun by Liberian security forces, and also said they worried that no aid agencies would return to Lofa after the recent violence (IRIN−WA − 24/08/99, 03/09/99; UNHCR − 20/09/99).

There is no new information on the nutritional status of the Sierra Leonean refugees. The most recent surveys (undertaken in April) indicated that their nutritional situation was not critical. WFP had pre−positioned assorted food commodities for the refugees in Kolahun, Harper and Zwedru in order to cover the needs of approximately 30,000 refugees and vulnerable persons during the peak of the rainy season (July−September) when the roads leading to these areas become impassable. However, some of these stocks were looted in Kolahun during a security incident in August (UNHCR −20/09/99; WFP 23/07/99).

Overall, the IDPs and returnees remain at moderate risk (category IIb) and will continue to be so until their livelihoods become more secure. The situation is most difficult for the IDPs in the volatile Lofa region, although little precise information about their nutrition situation is currently available. In Monrovia the prevalence of malnutrition in March was worryingly high as the lean season approached, although no new information is available, they are considered to be at moderate risk (category IIb). The situation of the Sierra Leonean refugees is not critical (category IIc).

Priorities and Recommendations:

From the ACF−F survey in Monrovia:

- Assess and monitor the food security situation of the population in Monrovia; continue to monitor their nutritional status.
- Ensure the continuity of treatment for moderate and severe cases of malnutrition.
- Inform the population about quick referrals to health facilities through community health workers.

From the ACF−F survey in Upper Bong County, Liberia

- Continue to screen malnourished children and refer them to therapeutic feeding centres
- Continue to monitor the nutritional situation in Bong County.
- Promote the measles vaccination campaign through feeding centres and refer to the UNICEF EPI programme.

Sierra Leone

The signing of a peace accord between the Government of Sierra Leone (GoSL) and the Revolutionary United Front (RUF) in Lome on July 7th 1999 has led to improved security conditions throughout much of the country. The accord maintains the previous commitments of the parties to guarantee safe humanitarian access and facilitate the fielding of independent assessment missions by registered agencies. Sierra Leone remains the least developed country in the world with a life expectancy of 37 years, and per capita income of less than US

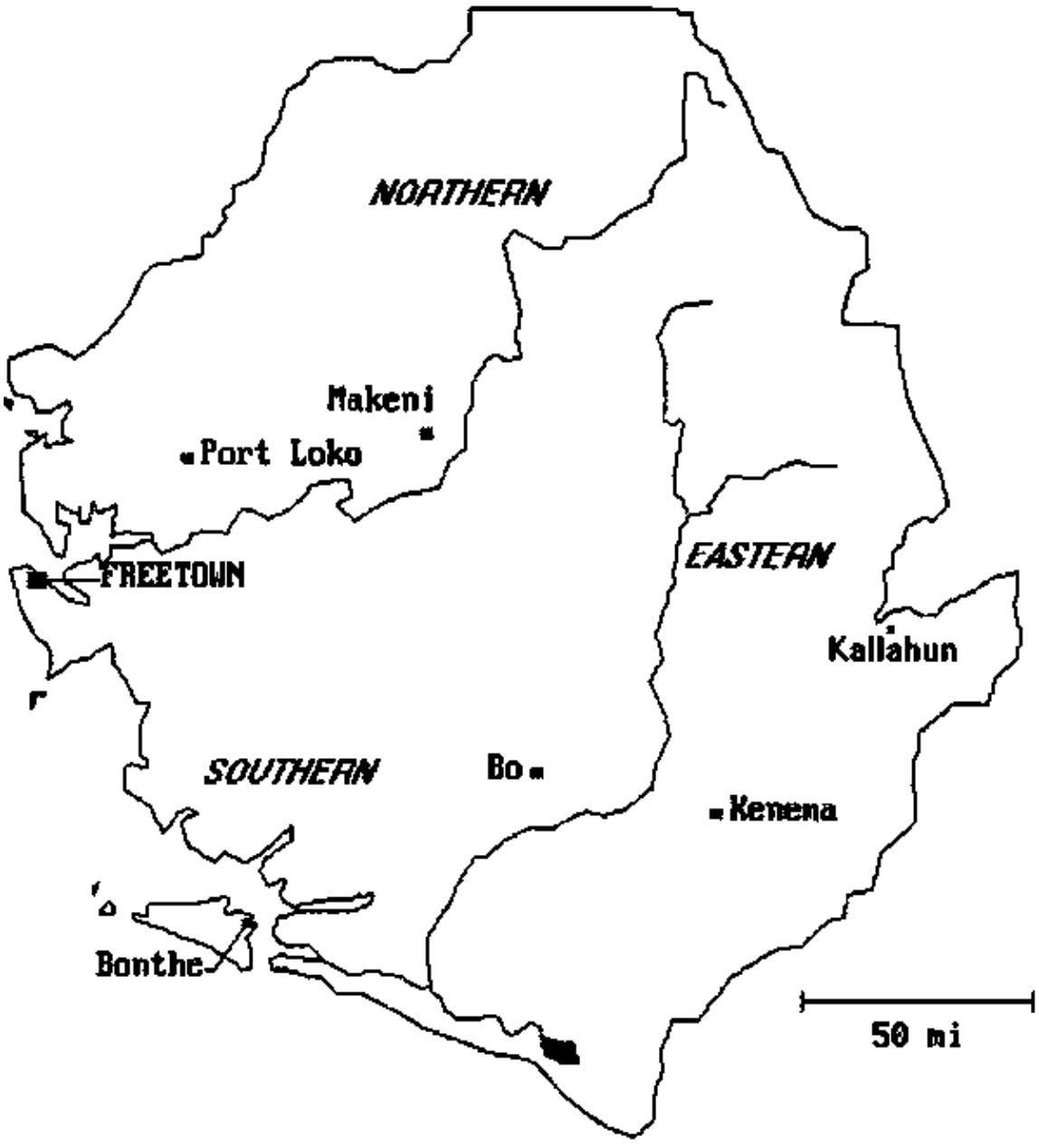
$200/year. It is hoped that the peace process may create an enabling environment for change and that, in turn, relief activities will contribute to the establishment of a durable peace (OCHA – 12/07/99; UNDP – 1999).

Security problems persist despite the accord and these have delayed humanitarian assistance in some areas. There have been reports of attacks on civilians and villages in the Northern Province. In Freetown, the GoSL continues to restrict movement at night. Given the significant problems with command, control and communication among the forces on both sides, it seems likely that there will continue to be problems even if the leadership of both sides make a good faith effort to adhere to the terms of the peace agreement (IRIN–WA – 01/09/99; USAID – 10/08/99).

Two of the most important challenges foreseen in the new environment are (1) assessing the conditions and needs of the population sections which have been inaccessible to relief organisations for long periods of time, and (2) re–settling and re–integrating the nearly half a million Sierra Leoneans who have become refugees in neighbouring countries.

Access

Assessment missions and emergency food distributions to many of the areas previously inaccessible have been undertaken during the reporting period. These include Bo, Kenema, Lunsar, Masakia, Tasso Island, Kandu Lieppiama Chiefdom and Dama Chiefdom. The opening of the road linking Freetown, Bo and Kenema was particularly important allowing traffic eastwards again (CARE –13/09/99; CRS – 19/08/99; OCHA – 18/08/99; WFP –10/09/99).



It is estimated that access to the currently closed areas could increase the beneficiary caseload by at least three times the present level of approximately 500,000. Although food aid agencies believe that sufficient stocks will be available to cover the projected needs of the currently targeted groups, WFP has proposed a further protracted relief and rehabilitation operation of assorted food commodities for the extra needs now anticipated. Current estimates put the number of displaced people at around 700,000–1,000,000 including some 370,000 in what were previously government–held areas (OCHA –12/07/99; USAID – 10/08/99; WFP – 10/09/99).

Freetown

In Freetown, relief organisations and the GoSL have sought to encourage people to return to their houses, rather than live in shelters, by providing assistance for rebuilding. Some shelter construction at IDP sites continues in order to stop IDPs residing in public buildings. There are currently 11 IDP sites in Freetown (USAID – 10/08/99).

Food aid in Freetown continues in the form of feeding for IDPs residing in officially approved shelters, and food–for–work activities to support the reconstruction of homes, schools and clinics. If peace holds, programmes for IDP shelters will be phased out by the end of the year. Food aid will continue for programmes such as hospitals and therapeutic feeding centres (USAID – 10/08/99; WFP –10/09/99).

Kenema

Due to improvements in the security situation there are more people coming into Kenema from rebel–held areas, and thus numbers of admissions to the feeding centres are still increasing. A survey in early June estimated the prevalence of malnutrition (<–2z scores and/or oedema) to be 19.9% (see RNIS 27). MERLIN is hoping to increase and decentralise the supplementary feeding to cope with the increased numbers, depending on logistics, funding and security (MERLIN – 27/07/99).

Bo

A survey among the resident and displaced population (estimated at 5,000) in Bo Town, conducted by ACF–F in early May, estimated the prevalence of acute wasting at 7.1%, which included 0.7% severe wasting. No oedema was recorded. These results represent an improvement in the prevalence of wasting when compared to April and October 1998. This is despite the fact that, between December 1998 and June 1999, Bo was cut off from Freetown, and unable to receive humanitarian assistance for many months, resulting in an increase in market prices of food. At the time of the survey, the market continued to function, and local foods were available, albeit in small quantities. The population of Bo has established coping mechanisms including: sending family members to live in rural areas to decrease household sizes in Bo township, developing gardens, and collecting 'bush yams' (ACF–F – 05/99).

The authors of the Bo survey stressed that the nutritional situation was fragile, particularly as the "hunger gap" approaches (prior to the harvest in October/November). The coverage of the feeding programmes was low at 18%. Moreover, mortality rates of the population surveyed were relatively high. CMR (estimated over three months prior to the survey) was 0.72/10,000/day and under–five mortality was 1.95/10,000/day. The main cause of mortality in the under–fives was malaria, despite health facilities being available in the town. Measles vaccination rates were low when confirmed by card (23.2%) but increased significantly when confirmed by parents/guardians (84.3%).

The displaced people living in camps around the town were not included in these surveys, and their nutritional situation is unknown.

Makeni

ACF–F returned to Makeni in late July for the first time since December 1998 when it had to evacuate the area after a rebel attack (ACF – 07/99). The evaluation mission team reported a catastrophic humanitarian situation. A rapid nutritional screening exercise in Makeni Town estimated that 34% of children under five were malnourished (see Annex). Of the 95 children assessed, 16% were moderately malnourished, and a further 18% were severely malnourished. Of the adults assessed, 25% were malnourished, 14% severely. These results were not based on a random sample, but nevertheless the authors suggested the nutritional situation had deteriorated in recent months. Further screening exercises were undertaken in the IDP camps on the outskirts of the town. In Magbenteh camp, which houses some 2,000 people, the MUAC of 97 children under five was measured; 52.6% were wasted, including 8% severe wasting. In addition, 52% of the adults

assessed were wasted, 8.7% severely so.

The prevalence of malnutrition in four villages surrounding the town was crudely estimated, based on screening all children "around at the time". The average prevalence of malnutrition in the children under−five was 33.7%, 18% were severely malnourished. In one village, Makama, 45% of the children assessed were malnourished, 25% severely. The prevalence of oedema was very high in these villages. Of the 33.7% of children classified as malnourished, 76.3% had oedema.

The severity of the situation in Makeni is attributed to the fact that it has been cut off from commercial and relief supplies since December. A rapid food security assessment by ACF suggested that 75% of farmers in the area had been unable to plant this year, because seeds were in short supply due to looting. Fertilisers and tools were also lacking. The population was said to be eating only one meal a day consisting of cassava by−products, reptiles, larva (from composts and rotting trees), snails, rats, frogs and mushrooms. Rice, meat and fish were no longer available at the market. ACF predicted that the "hunger gap" between the two harvests will be particularly harsh this year in Makeni as the population has no food stores and hence are dependent on humanitarian assistance for survival. The report noted that the nutritional situation was worse in the villages surrounding Makeni than in the town itself, because the outlying areas have been subject to more looting in the past few months (ACF − 15/08/99).

The first inter−agency food aid convoy since late 1998 reached Makeni in mid−September. Distributions have started for 97,000 beneficiaries (WFP − 10/09/99).

Liberian refugees

No new information on the nutritional situation of the approximately 8,000 Liberian refugees in Sierra Leone is available. The last RNIS reported that their condition is not expected to differ from the local population.

Repatriation

UNHCR representatives from the four countries which house the majority of the 500,000 Sierra Leonean refugees met in early August. Organised voluntary repatriation, expected to last two years, will begin in February 2000. Half of the refugees are expected to repatriate voluntarily, 30% under a facilitated scheme, which does not involve transport and 20% under a scheme with transport. Currently not all returnee areas are accessible to humanitarian workers (IRIN−WA − 09/08/99; UNHCR − 20/09/99).

Overall, although the situation in Sierra Leone will, it is hoped, eventually improve as parts of the country become newly accessible it is probable that, in the short term at least, acute humanitarian needs will be uncovered as in Makeni. At present, information is still limited. In areas that were previously government−controlled, where surveys have been conducted, the population appears to vary between high risk (Makeni) and moderate risk (Bo) (category IIa and b). The nutritional status of the IDPs in the areas of the country where surveys have not yet been conducted is unknown (mainly previously rebel−controlled areas) (category III).

Priorities and Recommendations:

As agencies gain access to previously closed areas, a range of humanitarian interventions are likely to be required to improve public health and strengthen food security.

Public Health priorities include:

- Measles immunisation.
- Primary health care programmes.
- Rehabilitation of water supplies and sanitary facilities to prevent cholera.

Nutritional priorities include:

- Therapeutic and Supplementary Feeding programmes to rehabilitate malnourished children.

- Increased attention to the conditions of secondary and tertiary roads. This will allow humanitarian assistance to be provided by road and generally make larger areas of the country accessible, and enable marketing networks to be re−established.

Recommendations from the survey in Bo:

• Continue to treat children in the therapeutic and supplementary feeding centres in Bo.

• Follow up nutritional surveillance through Health Centres, and continue intensive screening of under–fives to improve the coverage of the feeding programmes.

• Promote immunization for children under five.

Recommendations from the survey in Makeni:

• Supply a general food distribution (full ration) to the population of Makeni and the surrounding villages and camps.

• Set up therapeutic and supplementary feeding centres.

• Set–up medical facilities both in central and rural areas.

• Assess the agricultural situation to decide what inputs/interventions are appropriate.

Guinea Conakry

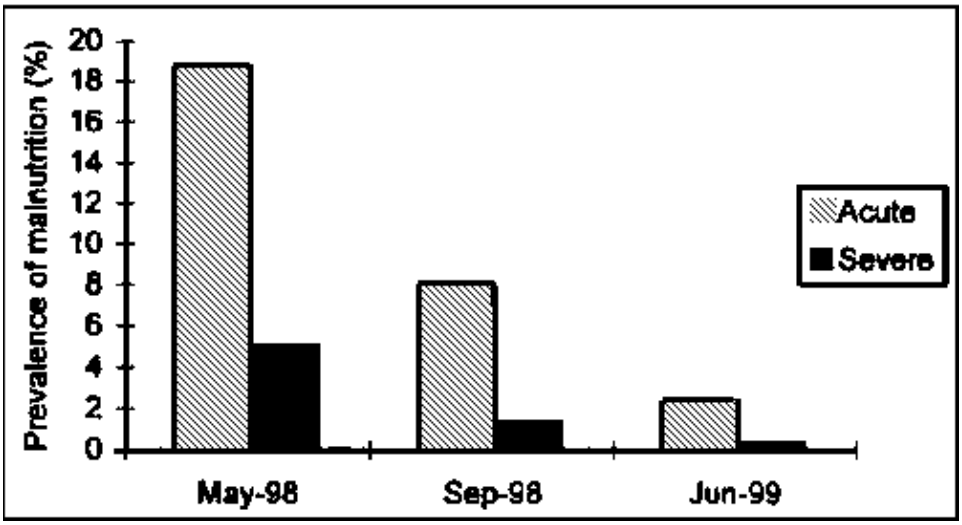
Latest UNHCR figures estimate that there are 490,000 refugees in Guinea–Conakry. Of these some 108,000 are Liberian and 380,000 are from Sierra Leone. The remaining refugees are from a variety of countries (UNHCR – 20/09/99).

Nutritional survey in Gueckadou

ACH–S conducted a nutritional survey amongst the population in Gueckadou Prefecture in late June (see Annex). The survey estimated the prevalence of wasting and/or oedema in three different population groups: refugees who had arrived before 1998, those who arrived in the latest wave in early 1998, and residents. The prevalences of acute wasting, severe wasting, oedema and measles vaccination in the three groups can be seen below.

	Severe wasting	**Acute wasting**	**Oedema**	**Measles Vaccination**	
	<–3 z scores	**>=–3 z scores <–2**		**by card**	**history**
Newly arrived refugees	0.3	2.0	0.0	36.8	34.8
Long term refugees	0.4	2.4	0.3	33.1	37.5
Residents	0.4	1.7	0.0	39.1	40.0

The prevalence of malnutrition is low in all three groups. The significant improvement in the nutritional situation of the newly arrived refugees can be seen in the graph opposite. When this latest wave of Sierra Leonean refugees arrived in February/March 1998 their nutritional status was very poor, but due to well organised interventions and the regular distribution of 2,100 kcal/person/day the situation has ameliorated. The nutritional status of the long–term refugees has also improved – in May 1998 the prevalence of wasting and/or oedema was estimated at 9.9% and severe wasting and/or oedema at 2.6%.



The prevalence of wasting and/or oedema amongst newly settled refugees in Gueckadou

The refugees were asked when they had last received food assistance. More than 55% of the long−term refugees had not received food in 1999. Almost 30% of the newly arrived refugees had not received food assistance either, although the majority of these did not have a registration card. During analysis, an association was seen between poor nutritional status and lack of food assistance, although this association was not significant − possibly because the sample size was relatively low.

The most recent UNHCR epidemiological report concerning the refugees assisted by UNHCR estimates the population's CMR at 0.21/10,000/day. Under−five mortality was estimated at 0.61/10,000/day. The main causes of death amongst the total population are malaria and pneumonia; peri/neo−natal deaths are also important causes of mortality in the under−fives (UNHCR − 07/99).

Overall, the refugees in Guinea−Conakry are considered to be at low risk of malnutrition (category IIc).

Priorities and Recommendations:

From the ACH−S survey:

- Continue to distribute food to the refugees regularly.
- Reinforce the programmes that allow the refugees to be self−sufficient.
- Distribute tools to allow the refugees to work in the fields.
- Reinforce the EPI programmes.

Cote d'Ivoire

Cote d'Ivoire currently hosts more than 100,000 Liberian refugees and several thousand Sierra Leoneans (UNHCR − 02/02/99). This number has been decreasing as some of the Liberians repatriate. No new information is available on the nutritional situation of these refugees which was reported to be satisfactory in the last RNIS (category IIc).

7. Somalia

There is a growing food crisis in central and southern Somalia. Based on the WFP/FAO/FSAU/FEWS 1999 *Gu* crop harvest assessment an estimated 1.2−1.5 million Somalis are at risk of being food insecure including: 730,000 in Bay, Bakool and parts of Gedo, 83,000 in Hiran, 193,000 in Lower Shabelle and 160,000 in Lower Juba. The total population is estimated at 6.04 million, thus between 20−25% of the population is at risk of being food insecure (FAO −03/09/99).

Following the collapse of the state and a decade of civil strife, Somalia remains deeply divided. In terms of development, the country can be split into zones of crisis, zones of transition and zones of recovery. Much of

southern and central Somalia, including Mogadishu and the centre of agricultural production, belongs to the first category. There are high levels of insecurity, abuse of human rights, sporadic armed conflicts, and frequent population displacements. Over the reporting period fighting has intensified in many parts, and insecurity is impeding food production and assistance to war and drought victims. In contrast, in the recovery zones there is progress towards economic recovery and the area is usually safe and secure. These areas include most of Somaliland' (northwest Somalia) and parts of the newly established non–secessionist State of 'Puntland' (northeast Somalia). The zones of transition, which include Middle and Lower Shabelle, Hiran, Middle Juba and parts of Gedo, are characterised by highly localised (clan based) political activity, but also relative security.

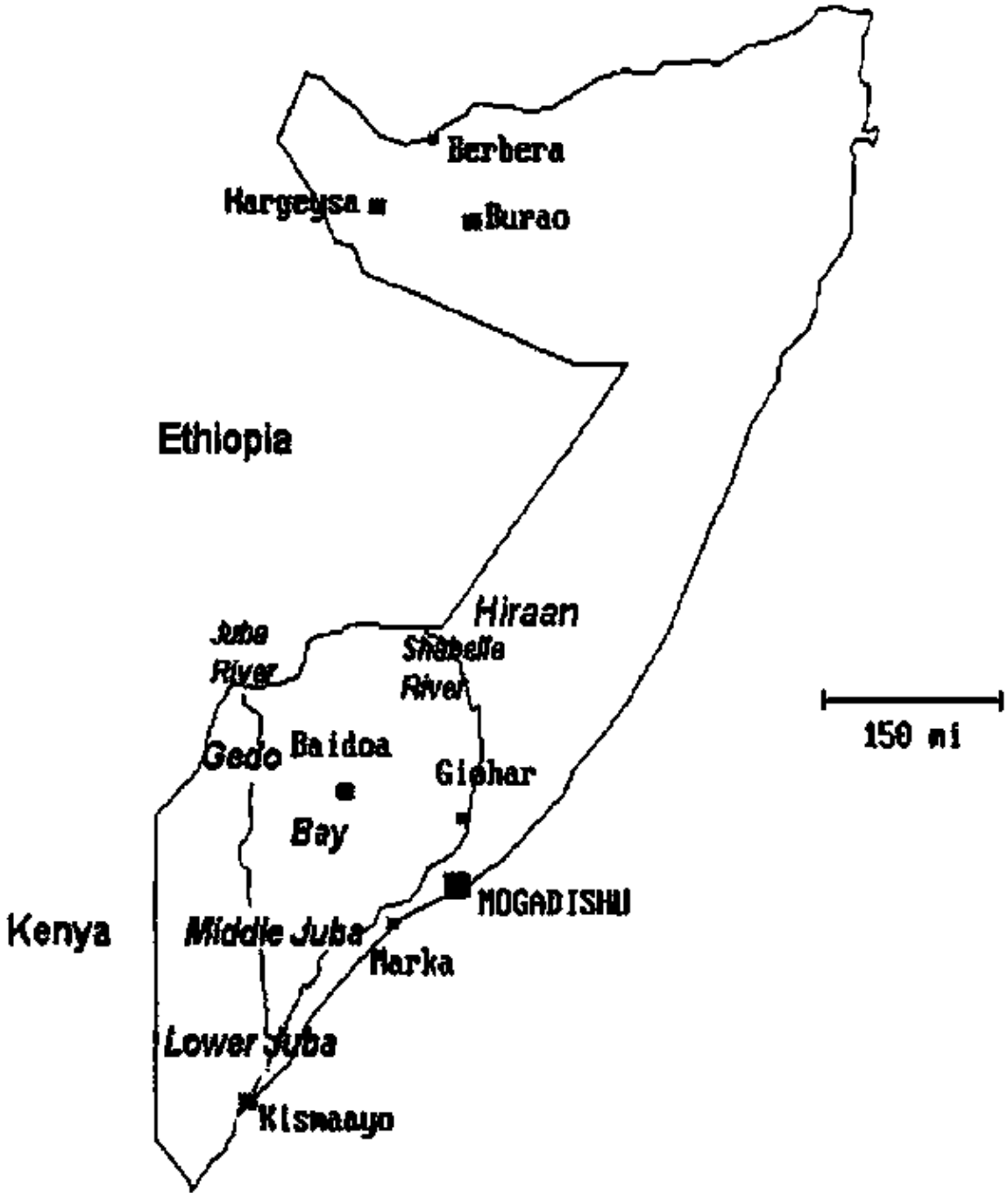
Clan rivalry, insecurity, pressure on livestock systems, and a series of failed harvests have all depleted household resources and eroded their traditional coping mechanisms. The chronic vulnerability of many communities is likely to degenerate into acute vulnerability in specific locations if they are exposed to further shocks. Population groups with limited sources of food and income, particularly agriculturalists with little or no livestock, and people dependent on wage labour are continuously faced with high levels of food insecurity. Similarly, marginalised clans and minorities tend to be chronically vulnerable (FAO – 03/09/99).

Internal displacement in Somalia is considerable, although the definition of "internally displaced persons" is difficult to define in a society with a tradition of high population mobility. The fluidity of the situation, with new movements occurring regularly, makes estimates uncertain. The most recent estimate is 300,000 IDPs, the majority of whom are in Mogadishu (FAO –03/09/99).

Border closures and insecurity

The Kenyan government has closed its borders with Somalia and has extended a ban on all flights in and out of the country. If the ban continues it will have a major effect on humanitarian operations in Somalia, as many of the humanitarian assistance programmes are run from Nairobi, given the security and administrative problems in Somalia itself (IRIN – 27/08/99).

At the time of going to print the UN agencies and NGOs were planning to withdraw from central and southern Somalia due to the murder of a UNICEF medical officer (UNICEF – 21/09/99).



Economic situation

Newly printed currency continues to be pumped into the economy, causing substantial devaluation of the Somali shilling. Prices are rapidly inflating in virtually all markets where the old shilling is used, eroding the purchasing power of most Somalis. In July, the prices of imported food commodities such as wheat flour, sugar and vegetable oil rose by about 13% in Mogadishu and by as much as 18% in markets in the interior of the country. The prices have fallen more recently due to the harvest but are likely to increase soon as stocks run out (FEWS – 30/08/99).

Gu Failure

The *Gu* season 1999 (which normally accounts for 75–85% of Somalia's annual production) failed drastically in key agricultural production areas of Somalia. The main reasons for the failure include erratic and localised rainfall, army worm infestation at crop establishment, loss to birds, a lack of pesticides and subsequent pest damage, the displacement of farmers due to insecurity, small irrigation pumps and unsatisfactory gravity irrigation. This failure follows six consecutive poor harvests since 1996, resulting from the droughts and the unprecedented floods of early 1998 associated with the El Nino phenomenon (WFP – 03/08/99).

The most severely−affected are the poor agro−pastoralists in the regions of Bay, Bakool and parts of Gedo. Continued dry conditions in neighbouring regions of Ethiopia and Kenya, where Somali pastoralists drive their livestock in years when Somali pastures finish early, have put additional pressure on livestock systems. The below normal rainfall levels in the Ethiopian highlands, which feed both the Juba and Shabelle river basins, have adversely affected crop production in irrigated areas. In addition, there has been an army worm outbreak in Lower and Middle Juba, Lower Shabelle, Bakool and Hiran regions (FAO − 08/07/99; FSAU − 07/99).

The fragile situation has been made worse by increased factional fighting in southern Somalia. Armed conflict has resulted in civilian casualties and consequent population displacements. Population displacement have been particularly common in Kismayo area towards Middle Juba and Kenya. Press reports indicate that 350 Somali families had crossed the border into Kenya by the end of June, trying to reach the Dadaab camps. Trade routes have also been disrupted or changed, although in some areas, e.g., between Kismayo and Mogadishu the trade routes have improved (OCHA − 07/99, WFP − 03/08/99).

Zones of crisis

In Gedo, the food security situation is deteriorating as cereal prices are higher than expected and supply is extremely low leading to reduced purchasing power for lower and middle income groups. No food assistance has been received in this region thus far. Employment opportunities are limited. Many IDPs and poor households dependent on rain−fed agriculture are already collecting bush products to survive (FSAU − 31/08/99).

In the "bread−basket" regions of Bay and Bakool, yields were significantly lower than normal. Crops have failed and pasture is sparse due to the prolonged dry spell. Water shortages are predominant in several areas. In Bay, following the harvest, cereals and pulses are readily available in the markets but they will run out relatively soon. In addition, the purchasing power of the population is still low. In Bakool, the food security situation is less satisfactory. Food availability in markets and in households are below normal, except in Tiygelow. The prices of local cereals are high. Significant numbers of poor agro−pastoralists have moved to the Bay region looking for alternative food and income sources as well as a better crop harvest (FSAU − 31/08/99).

Nutritional Assessments in Bay and Bakool

Three rapid nutritional assessments were carried out in late May in southern Somalia in Tiyeglow (Bakool), Qansaxdheer (Bay region) and Bardera Districts (Bay region). The assessments were carried out under difficult conditions and met several delays due to insecurity and staffing problems (see Annex). The estimated prevalence of malnutrition can be seen in the table* below.

	Acute malnutrition (MUAC<124 mm and/or oedema)	**Severe malnutrition (MUAC<109 mm and/or oedema)**	**Median MUAC (mm)**	**Measles vaccination (history and scar)**
Tiygelow, Bakool	12.2%	4.4%	140	49%
Qansaxdheer, Bay	14.7%	6.2%	142	50%
Bardera, Bay	35.7%	15.6% (oedema 12.5%)	134	76%

* According to the authors of the report, the results of the assessment in Bardera district may be incorrect. An inexperienced survey team may have over−estimated the prevalence of oedema in this area as there were no plausible explanations (i.e.: non−nutritional) for the high prevalence of oedema.

The prevalences of malnutrition were not alarmingly high in either Tiyeglow or Qansaxdheer. There has been an improvement in the nutritional situation in Qansaxdheer compared to January, when the prevalence of wasting was estimated at 32% (see RNIS 26). Food assistance was received in this area, although the quantities of food received by the families is relatively small and thus it is not assumed to have contributed to the improvement in nutritional status directly. Livestock production improved in May, although pasture conditions were still poor. It is probable that the improvement seen was due to increased access to food available in the markets due to decreased prices (FSAU − 31/08/99).

The assessment found a significant association between the prevalence of malnutrition and diarrhoea and fever in the two weeks prior to interview in Tiygelow and Qansaxdheer. An episode of diarrhoea was reported in 28–29% of children in the three districts and fever among 37–38% in all districts except Tiyeglow (44%). There was no significant association between nutritional status and measles vaccination status. Nor was there a significant association between nutritional status, the receipt of food assistance or Supermix. This was attributed to the relatively small amount of food aid received by the households compared to their overall needs (FSAU –31/08/99).

An inter–agency assessment of Bay and Bakool in late August/early September predicted that without adequate and immediate assistance to 300,000 persons (before the *deyr* rains) there will be mass displacement and severe food shortages. Chronic vulnerability of communities in the region was attributed to crop failures, limited access to safe water, price increases which are likely to rise further, low livestock production and increased sales of bush products (firewood, charcoal etc). Pastoralists were considered better able to cope than the agro–pastoralist population due to their relatively stronger asset base and ability to move with these assets to areas of better rainfall and pasture. Coping strategies that affect nutritional status included the reduction in number and size of meals, and inclusion of wild foods in the diet (WFP –22/09/99).

Levels of vulnerability of the population were distinguished in the assessment by: the degree of out–migration; asset loss; crop failure; market access; and livestock production. 73,000 persons were estimated to be "most vulnerable", while a further 126,000 were estimated to be "less vulnerable", and 100,000 were estimated to be "least vulnerable". These conditions are further compounded in some areas by conflict; in Bay region UNICEF found 61 villages totally or partially razed to the ground (WFP –22/09/99).

The inter–agency assessment reported the findings of UNICEF surveys in Baidoa and Burhakaba towns which found 21.6% and 28% acute malnutrition among children under five years of age. This report is currently unavailable to the RNIS.

Zones of transition

Food security conditions in these regions are dependent on the source of livelihood, i.e. the type of farming practised. Those in rain–fed areas have had very poor harvests and, in some cases the harvest failed completely. These households have no food stocks or only very limited supplies. Those in irrigated areas have had poor harvests and thus these households have poor to normal stocks. Market prices have decreased due to the harvest in most areas. No nutritional surveys have been undertaken in these areas. There have been no anecdotal reports of increased levels of malnutrition as yet (FSAU – 31/08/99).

Zones of recovery

Puntland

The food security situation in Puntland is bleak in the regions of Bari, Nugal and Mudug. Livestock is the backbone of the economy of Puntland and its inhabitants have suffered from the lack of water which remains scarce and expensive. The nutritional status of the livestock is apparently poor and pasture is sparse. The majority of the pastoralists migrated early in the *Gu* season. Milk production has fallen drastically and many camels are losing their calves which has implications for pastoralists' income from sales. The Cowpea belt has experienced a disastrous season (FSAU – 03/09/99).

As a result of the consecutive years of drought, many poor households have joined destitute camps established about eight months ago. Pastoralists who have lost their livestock and source of livelihood continue to arrive at these camps. In addition, families from Bay, Bakool and Gedo have also arrived. An unknown number of IDPs fleeing fighting in the Lower Juba valley have begun to arrive in the principal towns of Puntland. It is estimated that there may be 50,000 IDPs in these camps (FSAU – 03/09/99).

Somaliland

Pasture availability remains below normal in Somaliland. This is causing concern as it comes at the onset of what is normally the dry season. Pressure on pasture is causing conflict between herders from different areas regarding grazing rights, and conflict–related deaths have been reported. The *Gu* harvest was also very poor in this region, but there are indications that the next harvest – the *Karan* – will be more successful. Increasingly the bulk of annual cereal production is attributable to the *Karan* rather than the *Gu.* The Somali shilling's devaluation has reduced the pastoralists' access to food (FSAU – 31/08/99).

Overall, in the zones of crisis the cumulative impact of a decade of conflict, compounded by several seasons of below−normal crop and livestock production, and the degradation of civil and productive infrastructure have led to chronic depletion of resources and capacities to cope. Thus if exposed to further shocks, the chronically vulnerable communities in this area are liable to become acutely vulnerable and are considered at high risk (category IIa). Considerable differences exist in terms of the vulnerability of areas and communities, and thus the degree of risk varies between high and moderate (category IIb). No information is available on the nutritional situation of IDPs in Mogadishu (category III).

Priorities and Recommendations:

• Mobilise resources for WFP's appeal for food assistance in Somalia, and deliver assistance before the next *deyr* rains.

• Improve veterinary services and husbandry techniques.

• Improve and rehabilitate irrigation systems.

General recommendations from the Inter−Agency Assessment:

• In the zones of crisis, the international humanitarian system needs to establish clear working relationships with local authorities and local communities, which include: a common approach towards encouraging a transition to civil society; formulation of ground rules; better information sharing; and uniformity between agency programmes.

• Assuming security prevails, consideration should be given to increased international presence, and analysis and planning for preliminary rehabilitation, with a view to longer−term development.

Recommendations from the Inter−agency assessment specifically for Bay and Bakool:

• Provide food relief (an estimated 10,000 MT until December 1999) in the form of general food distributions, food for work, and support to social institutions.

• Provide food security interventions e.g., seeds co−ordinated with food distributions, and livestock health initiatives.

• Examine the feasibility of extending supplementary feeding to those not reaching MCH clinics.

• Strengthen health services.

• Establish standardised monitoring and indicators for the region in order to continue to assess and monitor the humanitarian situation.

• Assess water availability in relation to the need for rehabilitation of water catchment schemes and revitalisation of traditional water management practices.

8. Sudan

The fourth round of peace talks ended in Nairobi with "little" progress after the Government of Sudan (GoS) and the rebel Sudanese People's Liberation Movement/Army (SPLM/A) failed to achieve a breakthrough in any of the substantive issues. Apart from procedural issues for further talks, the two parties were unable to agree on the issues of self−determination for the South, the definition of a border, religion, and a comprehensive cease−fire, although a further extension to the cease−fire has been agreed (expiring on 15 October, 1999). In the meantime, fighting in various parts of the country continues to place the lives of hundreds of thousands of Sudanese people in a precarious position, both in terms of nutrition and health.

In 1998, after a prolonged civil war and consecutive population displacements, southern Sudan faced a catastrophic humanitarian situation, with extremely high levels of wasting and concurrent loss of life. The most recent RNIS reports described an improving nutritional situation for much of the population and this is still true

for many areas, despite the beginning of the traditional lean season. Information from MSF–B feeding centres in the southern sector of Operation Lifeline Sudan (OLS) suggests a marked improvement in the nutritional situation in most of the areas the NGO covers. Pockets of malnutrition, however, do still exist (WFP – 21/08/99).

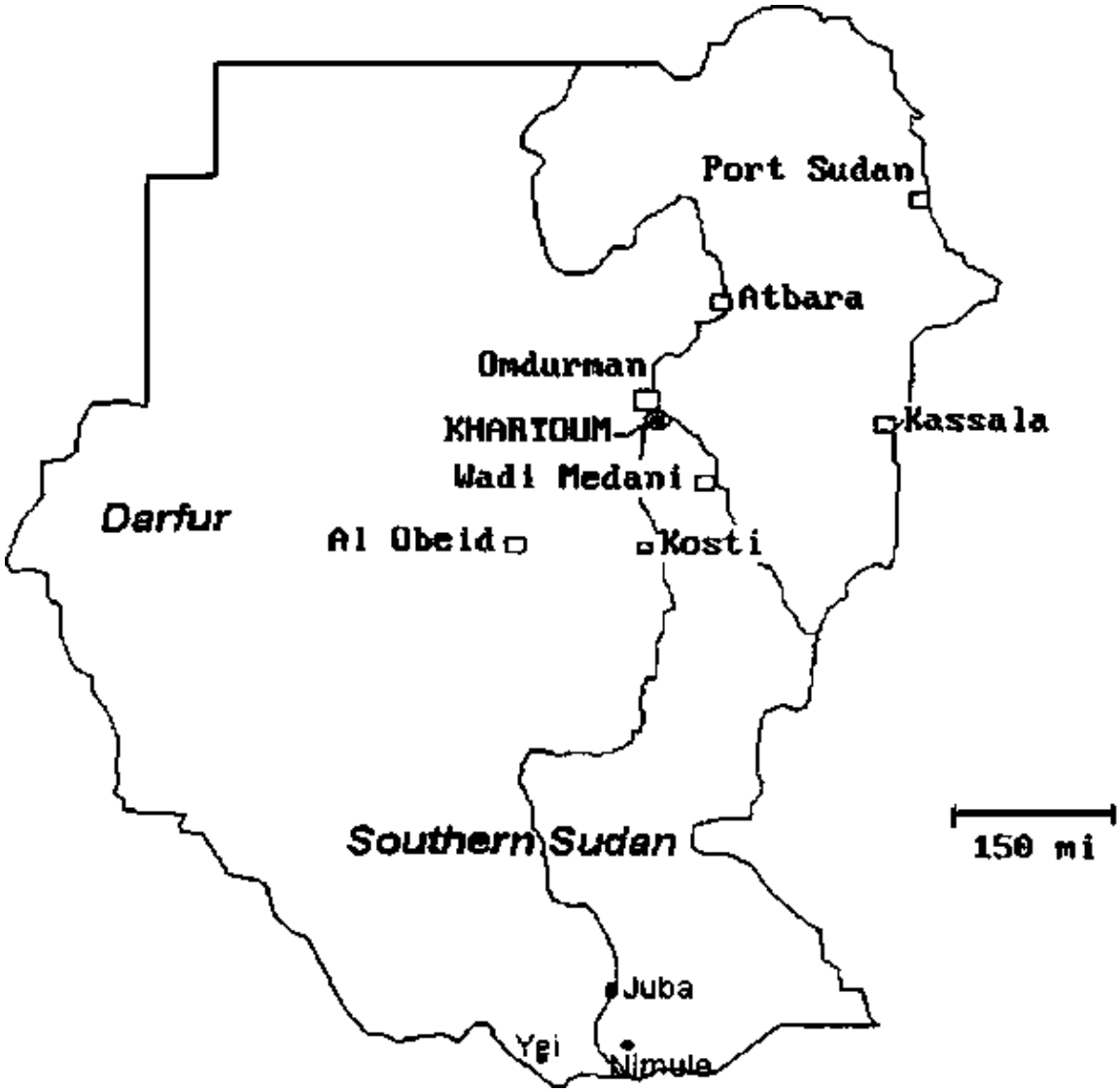
WFP operations reached approximately 1.3 million beneficiaries in the southern sector in July. Population assessment exercises and food distributions to insecure people in some areas have been suspended due to insecurity or heavy rains in the reporting period. Difficulties in delivering oil have arisen as it cannot be air dropped and many airstrips are too wet for landings (WFP – 28/07/99; 25/08/99, 31/08/99, 14/09/99a, 14/09/99b, 14/09/99c).

Southern Sudan, Non–GoS controlled areas (OLS Southern Sector)

Bahr El Ghazal (BEG)

Mariel Lou

An Epicentre anthropometric survey in Mariel Lou, in Tonj county in July estimated the prevalence of acute wasting at 10.5%, which included 0.7% severe wasting (see Annex). No cases of oedema were reported. CMR was estimated at 1.6/10,000/day between December 1998 and March 1999, and under–five mortality at 3.2/10,000/day over the same period. However, CMR decreased between March and July when it was estimated at 0.8/10,000/day; the mortality rate for under–fives decreased to 1.5/10,000/day. The surveyed population were primarily semi–nomadic Dinka who are agro–pastoralists subsisting on livestock, crops and fishing, and displaced Nuer people from Leer. 46% of the population reported receiving a general food distribution in March from World Vision.



The authors of the survey warned that, because of the late arrival of the rains this year, the "hunger−gap" in Mariel Lou may be longer than usual due to the delayed planting of the early maturing crops such as sorghum. Furthermore, if more displaced Nuer people continue to arrive in the area the strain on the food resources will increase and this might result in a deterioration in food security and nutritional status (Epicentre−08/99).

Aweil East County

Preliminary findings from a food economy assessment carried out in late August in Aweil East County revealed that large numbers of recently arrived IDPs and returnees are threatening an already fragile food security situation. The returnees have only cultivated small areas, due to a lack of seed, and are relying heavily on kinship support to access food sources. Several locations in the county were recently attacked in militia raids resulting in the destruction of crops and grain stores, and a deterioration in the food security situation (WFP −25/08/99, 14/09/99c).

In an attempt to decentralise assistance around Akuem and Malualkon, airstrips in various parts of the county have been opened when weather conditions permit. This has resulted in decreasing numbers of admissions to feeding centres and NGOs in the area have announced they will replace emergency feeding centres with rehabilitation−orientated activities (WFP − 25/08/99, 14/09/99c).

Upper Nile/Unity State/Jongelei

Insecurity in Upper Nile, Unity State and Jongelei, where WFP assistance targets more than 600,000 beneficiaries, has resulted in a number of locations in both regions being declared "no−go" areas by OLS during the reporting period. WFP staff and NGOs were forced to evacuate in mid−July due to inter−factional fighting that broke out in the area. In mid−August WFP staff were able to return to northern sector locations where they distributed food to approximately 14,000 people in Bentiu, Rubkona and Tong. UNICEF has reported that the fighting in these areas has prevented a mass measles vaccination campaign from reaching almost 50,000 children under−five (WFP − 16/07/99, 17/09/99; IRIN − 21/07/99, 28/07/99).

Padak area, Bor county

WFP has reported that a nutritional assessment undertaken by MEDAIR in June 1999 of Padak area of South Bor County, in Jongelei estimated the prevalence of acute malnutrition at 35.8%, which included 5.8% severe malnutrition (see Annex). No information on how this data was collected is available to the RNIS. It is not assumed that the findings are representative of the whole county. WFP plans to conduct a food economy assessment in September for the whole of South Bor County (WFP − 14/09/99c, 17/09/99).

Motot and Waat District, Bieh State

A MUAC screening and assessment in Bieh State, undertaken by MSF−B and WFP, was limited to Motot and Waat districts because weather conditions made other airstrips unusable (see Annex). MUAC screening took place on the airstrip before and during distribution of food assistance to women, who were asked to bring their children to the distribution point. As a screening exercise the results are likely to contain elements of bias as not all women brought their children. In addition, children from 65 cm (approximately 6 months) were screened whereas it is standard practice to limit arm circumference measurements to children aged between 1 and 5 years.

In Motot, 9.1% of the children screened were malnourished and 14% of those in Waat. Malnutrition in both areas appeared to be associated with diarrhoea, malaria or TB, and was not generally considered by the assessors to be caused by lack of food. In Waat, the assessment team observed that there was no primary health care unit. Consequently there was a lack of essential drugs and problems with EPI coverage. The water supply was also problematic. Food security was thought to be less of a problem as food was seen to be available, although it was thought that the population was heavily reliant on wild foods, particularly during the lean season.

Southern Sudan; government held areas (OLS Northern Sector)

River Nile State

A joint WFP/UNICEF/IFRC/SRC needs assessment mission to flood−affected areas in Shendi revealed that 3,400 persons left homeless by the flood are in urgent need of shelter, clean water and medicine. The flood

victims are covering their food needs through purchase, utilising wages earned from farm employment. Food prices in the area have remained stable over the past few months, indicating that the floods did not significantly affect food security in the area. The incidence of diarrhoea had, however, increased due to the increased pollution of water yards and shallow wells (WFP – 14/09/99b).

Bahr–El–Ghazal

Wau

The food security situation in Wau is threatened because insecurity throughout the year has limited the population's access to agricultural land. As a result, the IDPs have only been able to plant crops on small pieces of land close to their camps. A meeting of humanitarian agencies in Wau noted the need to establish additional capacity to implement selective feeding in Wau town and the surrounding IDP camps (WFP – 28/07/99; 29/07/99).

Aweil town

WFP has reported that a nutritional survey conducted by UNICEF and SCF–UK in Aweil town in July estimated the prevalence of acute malnutrition at 8.5% compared to 6.6% in September 1998. This small increase is encouraging as July is a lean period when food availability is low. Approximately two thirds of the children covered by the survey had arrived in Aweil town within the last four months, most of them from Aweil county. The prevalence of malnutrition was higher amongst the newly arrived IDPs than the residents. No information on how this survey data was collected is currently available to the RNIS (WFP – 20/08/99).

Post–distribution monitoring in Aweil town indicates that 85% of food provided by WFP is consumed at the household level, 10% is traded and 5% is used for kinship support. The assessment estimated that 87% of the households were female–headed, 12% were male–headed and 1% were children–headed. The beneficiaries supplement their food sources with purchases through income from domestic work and daily labour. WFP provides assistance to 13,230 persons in Aweil town (WFP – 14/09/99a).

Juba, Equatoria

Juba, a governmental enclave, is the biggest town in Southern Sudan. There are several displaced camps in and around the town, but the area is over crowded and there are few opportunities to farm. A nutritional survey conducted by ACF–F in July in Juba town estimated the prevalence of acute wasting at 12.4%, which included 1.0% severe wasting. One case of oedema was reported. These results imply that there has been little change in the nutritional situation in Juba since the last survey in November 1996 when the prevalences of acute and severe malnutrition were estimated at 12.8% and 1.3% respectively. In fact, given that the surveys were conducted in different seasons (the most recent during the lean period) there may have been some improvement in the area. Further surveys are required to assess this possibility.

The authors of the survey noted that the IDPs had slightly higher prevalences of wasting than the residents, although the sample size did not allow for accurate comparisons of the two groups. The measles vaccination rate was low at 38.8% when confirmed by card but increased to 84.3% if the parents/guradians' verbal history was also taken into account. The coverage of the feeding centre programmes was estimated at 39.6%.

WFP post–distribution monitoring surveys in Torit, Kapoeta and Lafon have shown that the majority (67–92%) of the targeted beneficiaries are from female–headed households. The beneficiaries consumed between 70 and 100% of the food at the household level (WFP – 14/09/99a).

Northern Sudan

Khartoum

There continue to be nearly two million displaced southern Sudanese people in camps around Khartoum. The majority of the displaced people come from southern and western areas of Sudan, and live in very poor conditions, having fled from famine and conflict in their home areas. Targeted food assistance is provided to the most vulnerable IDPs in squatter camps. There is still no new information on the nutritional situation of this population.

Khartoum State authorities have announced plans to relocate some 230,000 displaced people in the vicinity of the capital. The Humanitarian Aid Department has explained that this is in keeping with the government's

decision to continue with the re−planning of Greater Khartoum. The timing of this relocation has been a cause of concern given that it coincides with the onset of the rainy season (IRIN – 21/07/99: WFP – 28/07/99).

Flash foods from the Kordofan Hills have affected between 9,000 – 11,000 households in Khartoum. The flood−affected area is low−lying and is prone to flood damage due to poor drainage. There is an urgent need for shelter, clean water and environmental sanitation facilities. Household food security is not immediately threatened because most of the flood−affected households meet their food needs through income earned from work opportunities in the city (WFP – 14/09/99a).

Kasala

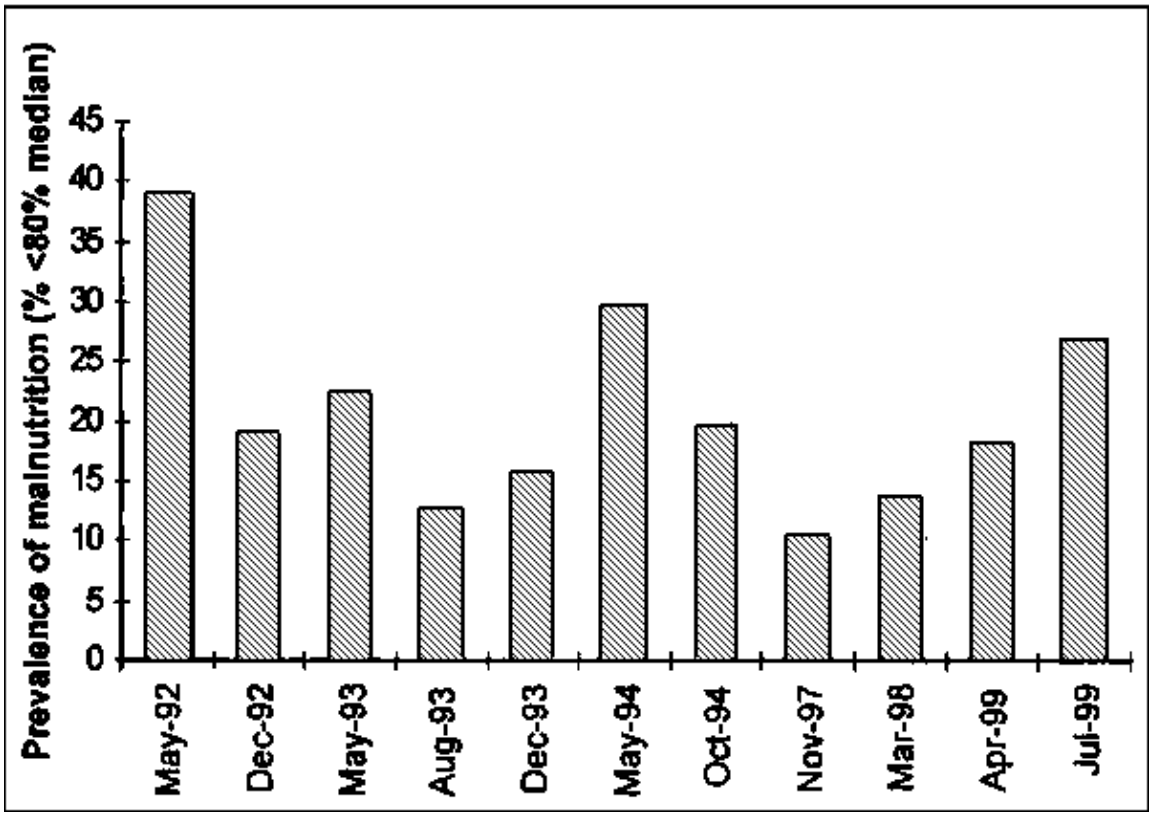
An estimated 19,000 IDPs, who have sought refuge from the insecurity in their home villages near the border of Eritrea in 1998 are living around Kasala. The IDPs are mainly agro−pastoralist Beni Amer and Hadendawa ethnic groups. The findings of a post−distribution monitoring survey in Debalawet IDP camp indicate that the beneficiaries consumed 89% of WFP food rations within the households. The rest is used for trade or kinship support. The beneficiaries indicated that the food rations lasted only 20 days instead of the planned 30 days due to sharing with newly displaced relatives and visitors. The resulting food gap is bridged through purchases from income earned from farm labour. Some of the women augment their income by selling handicrafts made from palm leaves. A few households own goats. The IDPs live in scattered settlements and rely on the seasonal Gash river for water. WFP staff reported a high prevalence of malaria and diarrhoea in the area and a lack of sanitation (WFP – 14/09/99c).

Transitional Zone

South Darfur

There are approximately 37,000 IDPs in nine officially registered camps in Ed Daein Province, South Darfur. These Dinka people have been displaced into South Darfur by the ongoing war and insecurity in northern BEG. Insecurity along the Bahr el Arab river has led to an influx of new arrivals since March 1999. The IDPs do not own land and are dependent on labour, share cropping and food aid for their survival (SCF – 12/09/99).

In July, an SCF−UK nutritional survey among displaced children in Ed Daein camps estimated that the prevalence of acute wasting (<80% median) was 26% and severe wasting (<70% median) was 5% (see annex). The graph opposite shows the results of similar surveys on the same population since May 1992. There has been a steep increase in the prevalence of malnutrition since April, when 18.2% of the children surveyed were acutely wasted, 2.3 severely so. The prevalences varied by camp. The highest prevalence reported was in Sharief camp where 47.8% of the children measured were malnourished, 13.3% severely so. The lowest prevalence was reported in Abu Jabra camp where 18% of the children were malnourished – still a very high prevalence of wasting.



Prevalence of wasting amongst IDPs in Ed Daien Province

An outbreak of measles was among the main factors that explained the deterioration in the nutritional situation. Approximately 50% of the children were affected by measles in the months before the survey. In the two weeks prior to interview, 37.2% of the children had been ill (including illnesses other than measles e.g., diarrhoea). No measles vaccination campaign prior to the survey was reported and other immunisation rates were low. The health services for the IDPs are currently minimal. In addition, at the time of year when the survey was undertaken (rainy season), women spend most of their time outside in the fields and may be unable to give their children the normal level of care. The mortality rate in the camps was high – approximately 6% of the families reported deaths of children under five in the four months prior to the survey.

The continuous arrival of newly displaced people in poor condition may also have contributed to the increase in the prevalence of wasting. The prevalence of malnutrition was higher for newly arrived IDPs (33.1%) than those who were more established (25.6%), although confidence intervals were not available and hence it is not known if the difference is statistically significant. The displaced population are also suffering from a lack of access to food. Due to insecurity during the 1998 planting season, many IDPs were unable to engage fully in agricultural or wage–earning labour opportunities. Food aid, which has been distributed since March, was only reported to meet a maximum of 50% of food needs for most of the IDPs at the time of the survey. More recently, WFP has dispatched food for full rations for the IDPs for the next three months to the camps (WFP – 25/08/99).

South Kordafan

New IDPs are arriving in Abu Gebaiha and Greater Rasha province from Haiban province in the Nuba Mountains. A total of 2,300 were recorded at the end of July. A WFP/SCF–UK/HAC mission observed that the nutritional condition of the new IDPs was poor. A food economy analysis of the area revealed that the new arrivals have no coping mechanisms, and are in urgent need of food aid. Their food security in the coming months will be precarious as they have no access to agricultural land and, due to their recent arrival in the area, they have only limited opportunities to secure wage–earning labour within the host community. WFP will provide these IDPs with full rations until the next harvest (October) when their food security situation will be re–assessed (WFP – 28/07/99).

A joint WFP/SCF–USA/HAC assessment mission to Tundia in Dilling province has also reported food shortages and poor nutritional status among approximately 900 newly arrived IDPs. Food assistance will be provided to the IDPs for the next three months (WFP – 25/08/99).

Refugees in Sudan

The most recent estimate of the number of Ethiopian and Eritrean refugees in UNHCR–supported camps and settlements in Sudan is 147,800. No new information on the nutritional situation of these refugees is available to the RNIS. However, an UNHCR–epidemiological report for June 1999 reports the results of an assessment on nutritional status in June that found different levels of malnutrition in different camps. The report compared these figures to those obtained in December 1998 (see table below). It appears that there has been an improvement in the nutritional situation of the population in the six months between the assessments. This may be partially due to the introduction of blanket supplementary feeding for all children under three years in these camps. Survey reports were unavailable to the RNIS, and therefore the assessment methodology is unknown.

Camp	**Camp population (in June)**	**Prevalence of malnutrition**	
		December 98	June 1999
Wad Sherife	34,089	19	10.6
Shagarab	29,347	17	12.7
Girba	10,051	16	11.7
Hawata	2,953	14	7.6

UNHCR also reported a clear trend in decreasing CMR, which fell from 2.8/10,000/day in January to 0.9/10,000/day in June, although no explanation for this improvement was given. Under–five mortality rates showed a similar trend. The main causes of death were malaria, diarrhoea and pneumonia (UNHCR –23/08/99, 09/09/99).

Overall, the information received by the RNIS indicates that in Southern Sudan the nutritional situation remains relatively stable and is even improving in some places, although there appears to have been fewer assessments undertaken during the reporting period compared with the past 12 months. This is likely to be related to the improvements seen earlier in the year. Improvements have occurred despite the recent rainy season, which is associated with the "hunger gap", increased morbidity, and also difficulties of access in some areas due to insecurity, rain causing airstrip closures, and GoS flight bans. However, given the vast area of Southern Sudan and variable conditions, it is likely that pockets of malnutrition and food insecurity exist, just as in other areas the situation is much better. Thus the population of Southern Sudan is classified at moderate risk (category IIb). In the transitional zones, assessments indicated that the poor nutritional status of IDPs, was associated with disease due to poor health care, and limited access to food. However, as WFP and NGOs are responding to the situation the IDPs are now considered at high risk (category IIa), rather than category I (high prevalence). The relocation of internally displaced people around Khartoum places them at additional nutritional risk (category IIb), particularly those who are considered vulnerable and targeted with food assistance. The nutritional situation of refugees in eastern Sudan has improved and they are not considered to be at heightened nutritional risk (category IIc).

Priorities and Recommendations:

• Continue to monitor the improving nutritional situation in Southern Sudan, where access permits.

• Monitor the relocation of IDPs in Khartoum with a view to assisting the population when necessary.

• Conduct a nutritional survey amongst the IDPs around Khartoum.

From the Epicentre survey in Mariel Lou, BEG:

• Continue to monitor the nutritional situation of children in this area, particularly if more IDPs enter the county.

• Conduct a rapid nutritional assessment amongst the IDPs.

• Initiate outreach programmes for malnourished children in the community. Sensitise home visitors to indicators of malnutrition.

• Publicise the existence of the feeding centre in Mariel Lou.

• Determine the major causes of death in the area.

• Encourage World Vision to continue relief food support to the area until at least the next harvest.

From the MSF assessment and screening exercise in Motot and Waat area, Jongelei:

• Support a basic health facility, and supply essential drugs.

• Improve water supply in both Motot and Waat, in particular repair the mechanical pump in Waat.

• Continue to monitor the food security situation.

• Support education.

From the SCF–UK survey in south Darfur:

• Increase the general food distribution to a full ration.

• Provide support to the EPI team to conduct a new round of vaccination campaigns, particularly for measles.

• Provide appropriate medical care for the children, including therapeutic and supplementary feeding.

• Strengthen health promotion activities.

• Re–assess the situation in three months.

9. Uganda

IDPs in North Uganda

In the North, particularly in Gulu and Kitgum districts, twelve years of violence by the rebel group, the Lord's Resistance Army (LRA) has forced over 330,000 people from their homes. A further 24,000 are estimated to have been abducted, including 6,000 children according to UNICEF estimates. These people have either congregated in "protected villages", moved in with host families, or have found shelter in public buildings. The instability and relocation have prevented farming in many cases and has resulted in a food shortage among the displaced, although some are able to cultivate in their new location. Over the reporting period, the security situation has generally been stable and some of the IDPs have been able to move out of the protected camps to return to their villages (OCHA – 15/09/99).

Despite the relative calm, there are still urgent unmet needs in Kitgum and Gulu according to a recent report by OCHA. The districts lack adequate qualified staff for the provision of many local government social services due to the continued fear of insecurity in the area and a poor tax base due to the displacement. Although IDPs are able to cultivate increasing amounts of land, some food aid remains an absolute requirement. WFP continues to provide food assistance to approximately 318,000 IDPs in both districts. In addition to the general food distributions, WFP assists with food for school children and food–for–work projects. At the time of going to print, over 60% of the resources for this emergency operation were still to be resourced (OCHA – 19/07/99; WFP – 05/09/99, 15/09/99).

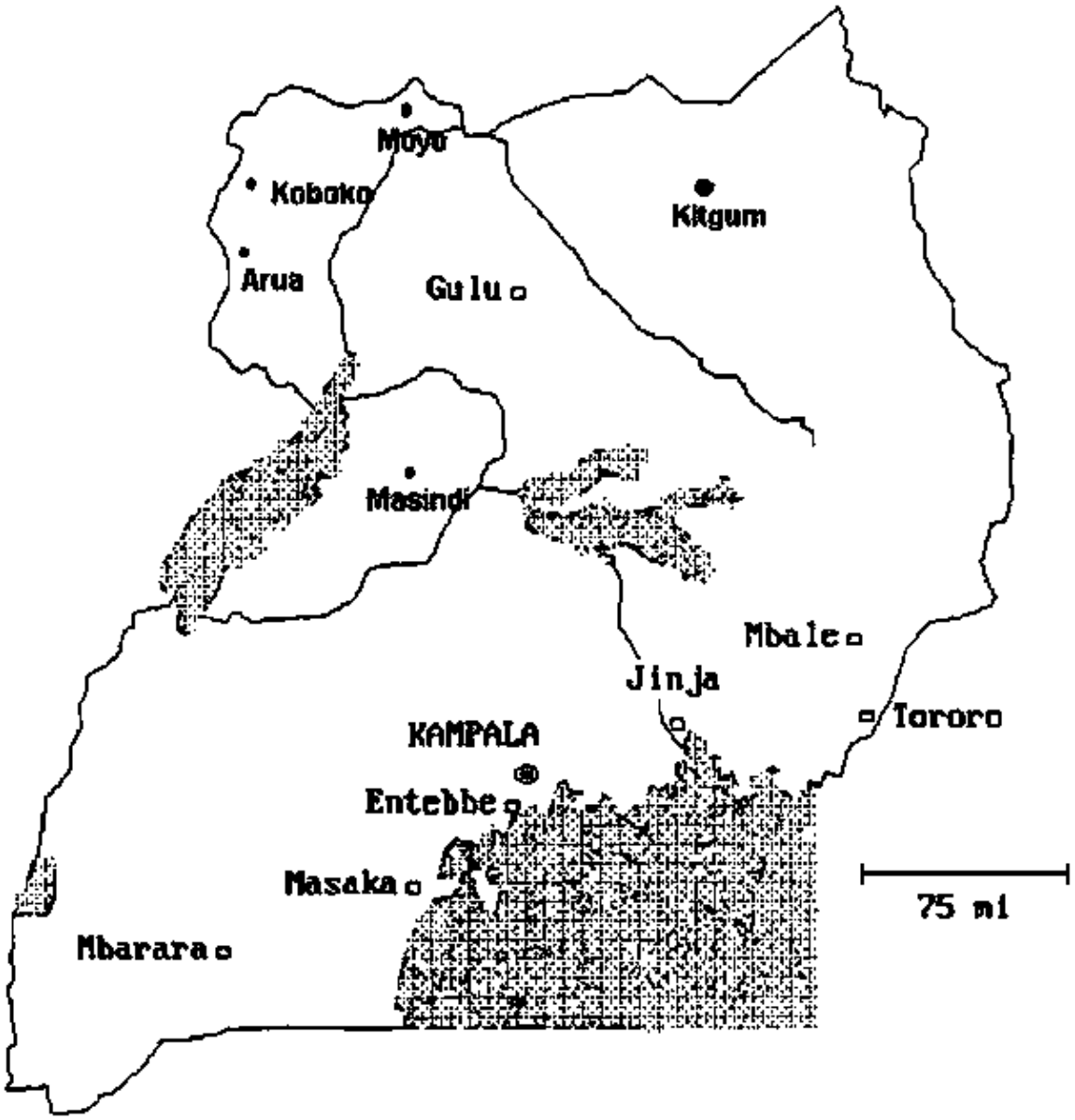
There have been no new nutritional surveys amongst the IDPs in Gulu or Kitgum during the reporting period. The most recent surveys, which were conducted in March, estimated the prevalence of acute wasting between 4.9–7.0% depending on the district (see RNIS 27).

IDPs in Western Uganda

Bundibugyo District

There are an estimated 106,000 IDPs in Bundibugyo District who have been displaced by attacks by the Allied Democratic Forces (ADF). The beginning of the reporting period (July) was characterised by an increased number of attacks on civilians in this area, including attacks on people trying to cultivate their land with a security escort. However, security has improved since a visit to the district by President Museveni who ordered extra troops into the area. The enhanced security has allowed relief agencies to carry out their activities uninterrupted (OCHA – 19/07/99, 15/09/99).

A "back to the village" strategy which aims to encourage IDPs in densely crowded urban areas to move to camps closer to their fields has been put on hold until the deployment of all the newly arrived troops is completed. There are some concerns about the voluntary nature of the movement to, and presence in the new camps, although district officials guarantee that the strategy is strictly voluntary (OCHA –13/08/99, 15/09/99).



The most recent survey undertaken in Bundibugyo District reported that the area was facing a public health crisis, with massive overcrowding and very poor sanitary facilities and water of unknown quality. A high number of deaths due to diarrhoea was reported (see RNIS 27). Since this survey some of the most urgent needs – such as the water supply and sanitation facilities – have been addressed by relief organisations and the number of cases of cholera has decreased dramatically. WFP is in the process of establishing a permanent presence in the District in order to continue delivering food assistance to the IDPs, however the EMOP is seriously under–funded (OCHA – 13/08/99).

Kasese District

An MOH/UNICEF/WFP joint assessment mission to Kasese conducted in late July reported that the nutritional situation of 25,000 IDPs living in camps, and several thousand more living with relatives or integrated into communities, has deteriorated in recent months. The WFP nutritionist estimated that between 2–3,000 children were in need of supplementary feeding, although as the report is not yet available to the RNIS the basis of this figure is unknown. The IDPs, who have been displaced for 2–3 years due to ADF attacks in the area, had been receiving food rations from ICRC until October 1998 when ICRC was forced to suspend distributions and some other activities due to security concerns. The mission identified several factors other than the lack of food assistance which may have contributed to the poor nutritional status including: malaria, the recent drought and the decrease in accessibility of land due to insecurity (OCHA – 13/08/99; WFP – 23/08/99).

WFP completed a one month ration distribution to 28,000 IDPs in the district in August. ICRC will probably continue providing food and non–food items in the future (OCHA – 15/09/99).

Drought Alert

The Government of Uganda has indicated that 700,000 people have been affected by drought in 28 districts and require food assistance. According to the Government report, the late onset of rains in the first season combined with a variety of other factors such as the breakdown of bore holes, silting and drying–up of valley dams, burning of pastureland and cassava mosaic have badly affected many farmers and cattle owners. WFP is organising an assessment of the situation at the household and district level (OCHA – 15/09/99; WFP – 15/09/99).

Refugees

An estimated 155,000 Sudanese refugees benefit from WFP assistance in Uganda. A further 20,000 no longer receive food assistance as they are considered self–sufficient (WFP – 15/09/99). There have been no nutritional surveys in the camps in the reporting period, the most recent survey estimated the prevalence of acute wasting at 5.6% in Kiryandongo camp (see RNIS 27). The latest UNHCR epidemiological report (June) estimated total CMR at 0.11/10,000/day and under–five mortality 0.45/10,000/day. The most common causes of death were malaria, diarrhoea. No deterioration in the nutritional status of the refugees was noted (UNHCR – 09/07/99).

The official WFP caseload of Rwandan, Burundian, Congolese and Somali refugees in Uganda stands at approximately 17,600. There is no new information on their nutritional status which was reported to be adequate in March (WFP – 03/06/99).

Overall, the nutritional situation has been relatively stable in Uganda over the reporting period. However, the IDPs in Bundibugyo, Kitgum, Gulu and Kasese are considered to be at moderate risk of malnutrition, partially because the WFP EMOP for this population is under–resourced (category IIb). The nutritional situation of the refugees is not considered to be critical (category IIc).

Priorities and Recommendations:

- Support WFP's programme for IDP's in Uganda.
- Assess the nutritional situation of the IDPs in Kasese District.

10. Zambia

Zambia is currently providing asylum to refugees from Angola and the Great Lakes Region – DRC, Burundi and Rwanda. The latest survey in Mwange camp reported that the nutritional and health situation of these refugees is not critical (category IIc).

Asia – Selected Situations

The most recent overview of the numbers of refugees and displaced people in Asia (as of end of 1998) estimates that there are 4.7 million refugees on the continent. Over 1.2 million of these were Afghans in Pakistan and Iran (1.4 million). There are reported to be 580,000 Iraqis in Iran. Comprehensive figures on the number of displaced in Asia are unavailable but are certainly in the millions.

This section of the report gives updated information on some of these situations. The current nutritional situation of the Afghan refugees/displaced persons is described. Information on the Bhutanese refugees in Nepal and refugees from Myanmar in Bangladesh is also included. There is also information on the situation of various displaced groups in Indonesia, although this section is not comprehensive.

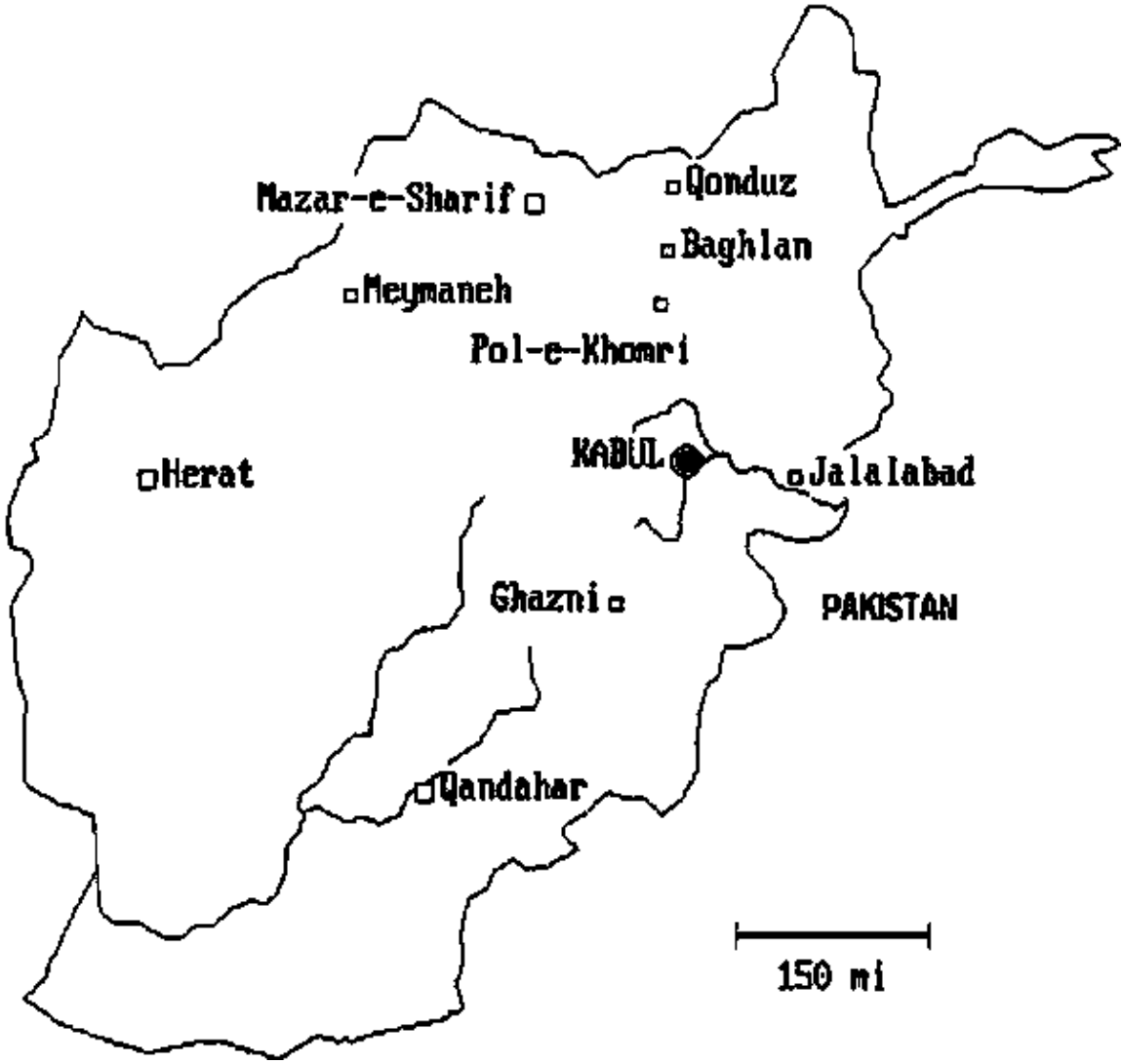
11. Afghanistan Region

There has been ongoing conflict in Afghanistan for the last twenty years, leading to massive displacements both within Afghanistan, and as refugee movements, into Iran and Pakistan. Ten years after the withdrawal of the last Soviet soldier in 1989 an armed conflict between opposing political factions still continues. Currently the Taliban control approximately 85% of the country, and the Northern Alliance forces, led by Commander Ahmad Shad Masood, control about 15%.

An upsurge in the fighting in late July has led to the forced internal displacement of up to 100,000 people in the northeast part of the country. According to first–hand accounts, Taliban fighters forced men, women and children out of their houses in the Shamali valley and told them to walk to Kabul (a 40 kilometre journey). The fighters intentionally set many houses on fire. There are no reports of the IDPs moving closer to either the Tajik or Pakistani borders and it is generally believed that there are unlikely to be large outflows, either to Pakistan or Tajikistan, unless the military situation in the Panjshir were to change drastically (UNDPI – 14/08/99, 16/08/99; UNHCR – 27/08/99).

New displacement – Kabul

The displacement from the Shamali Valley continued on a daily basis throughout much of August. By the mid–September it was estimated that up to 50,000 individuals had arrived in the capital since the fighting. The new arrivals confirmed that houses and crops have been destroyed. They also report systematic destruction of the agricultural system – boundary walls are being demolished and irrigation systems wrecked. This has resulted in the destruction of trees, including the important fruit crops which were ready for harvest. If widespread, this destruction will have a devastating effect on local communities (OCHA – 31/08/99, 14/09/99).



The diplomatic compound in Kabul is now occupied by 12,300 IDPs. WFP has begun providing them with 150g CSB, 20g edible oil and 20g sugar per person per day, and the local authorities are providing two loaves of bread per family per day. Basic non–food items have also been distributed and CARE has completed 52 latrines. Drinking water is available (OCHA –31/08/99, 14/09/99: UNHCR – 27/08/99; WFP – 20/08/99, 03/09/99).

In addition to those families accommodated within the diplomatic compound, a large number of IDPs have found refuge with friends and relatives in the capital. No serious deterioration has been reported in the condition of the IDPs living in the city outside the compound. Although, ACF has reported that there is an increase in the number of children attending the four supplementary feeding centres in district 11. (A survey reported in RNIS 27 estimated that the prevalence of wasting and/or oedema was 8.7% in children in Kabul aged 6–59 months). Animal prices have fallen in the main markets as some of the IDPs were able to bring their livestock to the city. While the sale of these animals will help the IDPs financially in the short–term, it will inevitably affect their ability to provide for themselves over the winter (OCHA – 24/08/99, 31/08/99).

New displacement – northern areas

There are an estimated 100,000 IDPs in the 150 km long Panjshir Valley, although the situation remains very fluid and thus a definitive estimate is currently difficult. While most of the displaced have found temporary housing with local families or public buildings, an estimated 20% are without shelter (OCHA – 24/08/99, 31/08/99; WFP – 03/09/99).

The displaced currently receive food from limited food distributions by local authorities (although stocks are believed to be dwindling), food stocks brought from their homes (e.g.: wheat), and from casual labour or picking fruits, maize and vegetables from crops planted by the residents of the valley. This early picking will reduce the crops for the upcoming harvest. A UN mission to the area in late August predicted that these sources of food will be severely reduced in the coming weeks. As an initial response WFP has begun to

provide wheat flour distributed in the form of bread to the most vulnerable groups.

The mission identified major concerns. The weather will become progressively colder and snow is expected in the higher valley from October onwards. This is of great concern for the 20,000 people without shelter. In addition, access to the valley is extremely difficult – the northern routes are in bad condition and trucks can take up to three days to reach the main groups of displaced people from Faizabad. The southern routes pass through the areas of intense military fighting (WFP – 03/09/99).

A further 10,000 new IDPs are in Kunduz, Takhar, Badakhshan and Pulikhumri. The IDPs are accommodated in damaged public warehouses, government buildings, schools and homes of relatives, while some are in the open. UNHCR have provided them with drinking water. Anecdotal reports suggest "some incidence of diarrhoea, skin diseases and malnutrition" (OCHA – 24/08/99, 31/08/99).

Food security

According to an FAO/WFP report based on a recent crop and food assessment mission to Afghanistan, more than one million people in Afghanistan will need relief and rehabilitation assistance over the next 18 months because of a sharp reduction in cereal production this year. The report forecasts that the cereal production average will be 16% below average. The drop in production is due to a shortage of irrigation water as a result of the mildest winter in 40 years with very low snowfall, late and erratic spring rains. High incidences of yellow rust and sunpest have also damaged crops in the north and west of the country. In addition, agricultural recovery remains severely hindered by damage to irrigation structures and land mines (FAO/WFP – 07/07/99).

Despite stable prices and well–stocked food shops in the first half of 1999, access to food is severely limited by a scarcity of income–generating activities and lack of employment opportunities outside agriculture. This problem appears to be increasing as many displaced people add to the supply of casual labour while few additional employment opportunities are created. Low purchasing power is the single most important impediment to food security (FAO/WFP –07/07/99).

In urban areas, typically the major determinant of a household's ability to meet the minimum requirement per person per month is its male labour. If the major sources of household income are children's or women's work at home, then these households are more likely to have per capita income below the necessary for minimum food expenditure. The same is true for males employed in government service, or as daily wage labourers, or those in petty trade (see RNIS 27 for more detail). In rural areas, the landless, particularly in the highlands, are among those who have the most difficulty attaining minimum food needs (FAO/WFP – 07/07/99).

Cholera outbreak

Over 4,700 cases of cholera, including at least 50 deaths, were reported in Jaghori district of Ghanzi, Kabul city, Spin Boldak in Kandajar and Kunduz over the reporting period. Cholera task forces have been set up in all areas of the country and an oral re–hydration therapy and hygiene education and sanitation campaign has been officially launched. Work also continues on community–based water improvement schemes in various parts of the country (OCHA – 06/07/99; WHO – 07/09/99).

Funding

The response to the 1999 UN consolidated Appeal for Afghanistan has been disappointing. Although the level of activity in Afghanistan has been restricted by problems of access, opportunities to deliver assistance and thereby reduce vulnerability have been limited by low levels of funding. At the end of June only $41 million had been pledged out of a total of $112 million identified as high priority funding (OCHA – 22/07/99).

Returnees from Iran/Pakistan

Voluntary repatriation from Pakistan is ongoing. The refugees are provided with wheat, plastic sheeting and an entitlement of cash. More than 50,000 refugees have returned to their places of origin in different regions of Afghanistan since January 1999 (OCHA – 06/07/99).

UNHCR has reported that nearly 2,000 Afghans have returned to their country from Iran since the beginning of this year. As an agreement has not yet been reached between the Government of Iran and UNHCR, the expected return of 120,000 Afghans for 1999 has been decreased to 60,000. WFP provides 300 kg of wheat per returning family (OCHA – 14/07/99; WFP – 09/07/99).

Pakistan

UNHCR provides indirect assistance to 1.2 million people in at least 200 refugee villages in Pakistan. UNHCR helps to sustain government activities in health and education by providing medicine and salaries and other support. There are no reports on a change in the adequate nutritional status of the approximately 320,000 Afghani refugees requiring food assistance in Pakistan. The remaining refugees have established themselves in Pakistan and are considered to be self–reliant and self–sufficient.

Islamic Republic of Iran

The most recent estimate of the refugee population in the Islamic Republic of Iran was 1.9 million in December 1998 of which 1.4 million were Afghani and 0.5 million were Iraqi refugees. This is the largest refugee population hosted by any country in the world. Approximately 5% of the refugees are in camps, the remainder are dispersed throughout the country.

There have been no nutritional surveys conducted among the refugee population in Iran during the reporting period. However, WHO have recently conducted a review of the health situation of the refugees. The review reported that the provision of primary healthcare facilities in both camps and non–camp settings was of high quality with well–trained Iranian and refugee health workers, well–equipped facilities and a good supply of drugs. In terms of nutrition, the report quoted MOH statistics from within the camps of camp refugees. 4% of children under five years were below the third centile of weight–for–height compared to 11% in 1994; 45% of children were below the 3rd and 50th centile; and 51% between the 50th and 97th centile. In 1998, 8% of infants were born with low birthweight (<2500g) compared to 16% in 1994. No information on the nutritional status of non–camp refugees was available (WHO – 9/99).

Since 1998, the economy of Iran has been in recession due to a 39% decrease in its export revenue. Consequently the Government is finding it difficult to assist refugees. The unemployment rate is officially 9.1% but estimates place it as high as 25%. This crisis has reduced public expenditure, adversely affecting the heavily subsidised economy and worsening the living conditions of both Iranians and refugees. These hardship conditions have greatly limited economic opportunities for refugees outside camps, who have difficulty in finding even temporary jobs. The situation has resulted in a rising number of vulnerable refugees among the non–camp refugee population (WHO – 9/99).

Overall, the situation of the newly displaced, in particular, in Kabul City (50,000 from Shamali valley) and the 100,000 IDPs in the Panjshir Valley, is cause for concern. Despite a lack of specific information on their nutritional situation, those in the Panjshir Valley are considered to be at high risk due to their inaccessibility as the winter months approach (category Ha). The situation of people displaced earlier and those in Kabul is likely to be somewhat better, and thus they remain at moderate risk (category IIb). The refugees in Iran and Pakistan are considered to be at low risk (category IIc).

Priorities and Recommendations:

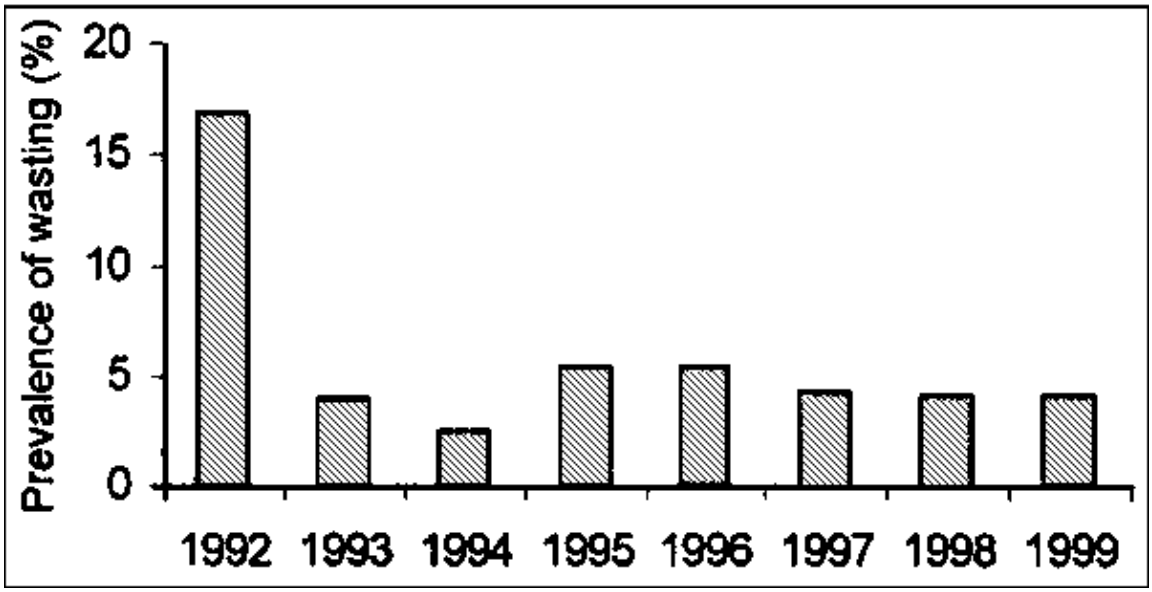
- Rehabilitate agricultural infrastructure, particularly irrigation facilities in Afghanistan.
- Provide assistance to the newly displaced people in Afghanistan.
- Provide more financial assistance to the Government of Iran to assist the refugees in the country.

12. Bhutanese Refugees in Nepal

There are approximately 96,500 Bhutanese refugees registered in seven camps in Nepal's Jhapa and Morang districts. These refugees began entering Nepal in late 1990; the influx peaked in the first half of 1992. Since the beginning of 1998 no new arrivals have been accepted by His Majesty's Government of Nepal (HMGN). The refugees, who are mostly ethnic Nepali speaking groups from the southern plains of Bhutan, fled their country in fear of the enforcement of new citizenship laws and the "one nation, one people" policy of cultural assimilation in the late 1980's. Eight official ministerial–level talks have been held between the Bhutanese government and HMGN without any effective resolution being achieved thus far – this indicates that the problem is unlikely to be resolved in the near future.

Nutritional Survey

SCF−UK conducted its annual nutritional survey among children aged 6−59 months in June (see Annex). The prevalence of acute wasting was estimated at 4.1% (<80% median weight−for−height). No child surveyed was severely wasted or odematous. The graph opposite compares these findings to those of previous years. It can be seen that the level of malnutrition has been below 6% since 1993. The survey estimated the prevalence of acute stunting (height−for−age) at 31.7%, which included 7.0% severe stunting. This figure is lower than the national prevalence in Nepal.



Prevalence of wasting (<80% median weight−for−height) in the Nepalese Refugee Camps

Note that the prevalence of wasting defined in terms of z−scores was somewhat higher − 9.9% of the children surveyed were classified as acutely wasted (<2z scores) and 0.5% were severely wasted (<3z scores). This finding may require an increase in the requirement of supplementary food commodities for the camps.

SCF−UK also examined factors which may be associated with nutritional problems in these camps:

- Measles vaccination status − was high at 97.3%.

- Vitamin A supplementation campaign − 98.7% of children were covered by the most recent campaign in April.

- Breastfeeding − 98% of children less than 12 months old and 92.2% of those less than 24 months old were breast−fed. This data is difficult to interpret, however, as no information about weaning practices were reported.

- Morbidity − according to parental reports, 35.9% of all children had been sick in the fifteen days prior to the survey. 62.5% of the wasted children were reported to have been ill compared to 34.7% of the non−wasted children. This implies a cross−sectional association between illness and malnutrition, but the relationship was not statistically significant.

- Income − 29.7% of the households interviewed had a regular income of some sort. Only 11% of the families with a malnourished child had an income source whereas 89% of these families had no income. Again, caution must be used when interpreting these results as no statistical association was shown.

- Gardens − 42% of all households had a kitchen garden. No association was seen between malnutrition in children and the possession of a garden.

The last RNIS described an increase in the prevalence of micro−nutrient deficiencies in the camps between January and June of this year. More information on this subject will be available in the next RNIS when the results of a survey due to be undertaken by CDC in October are available.

Overall, the refugees in the Nepali camps are not considered to be at heightened nutritional risk.

13. Refugees from Rakhine State, Myanmar in Bangladesh

An estimated 22,500 refugees from Rakhine state in Myanmar live in two camps in southern Bangladesh (UNHCR – 06/99). 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.

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 nutritional needs of this population. UNHCR continues to supply other non–food items to the refugees such as soap, kerosene, plastic sheeting and clothing. The sanitation facilities in the camps are adequate and average water use is 21–22 litres/per person/day (UNHCR – 06/99).

A nutrition survey completed in March 1999 by UNHCR revealed an increase in the prevalence of acute wasting to 14.3%, with 0.7% severe wasting. No new information on the nutritional situation of these refugees is currently available to the RNIS.

Priorities and recommendations

- Assess the causes for the increase in the prevalence of wasting.

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

14. Indonesia – Selected Situations

The following section describes the nutritional situation of IDPs in Ambon Island, East Timor and West Pontianak. These locations have been chosen as they have IDP populations which require food assistance, in addition the RNIS has received survey reports concerning the populations in these areas. This coverage is not comprehensive; other IDP populations in need of food assistance do exist in Indonesia.

Ambon Island, Molucas Province

Ambon island is situated to the east of the Indonesian archipelago and is the administrative capital of a chain of islands, known as the Molucas, stretching between the islands of Sulawesi and Irian Jaya. The population is both Christian and Muslim. In January 1999, there was an outbreak of violence between the Christian and Muslim communities that resulted in the widespread destruction of property and the subsequent forced migration of large sections of the two communities (approximately 20,000 people were displaced). The IDPs are now living in about 48 camps across the islands. Most of the camps are segregated by religion, although others are mixed. The camps themselves are diverse in nature. Some have communal accommodation in public buildings (e.g., churches and mosques) and others are groups of vacated houses. Further IDPs are housed with host families (ACF–F – 07/99).

ACF–F undertook a nutritional survey in May/June 1999 to obtain baseline data on the prevalence of malnutrition amongst the population in these camps. The survey estimated the prevalence of acute wasting in the under–five population at 11.2%, which included 0.8% severe wasting. No oedema was recorded. Chronic malnutrition or stunting (height–for–age) was estimated at 31.5, which included 9.0% severe stunting. No statistically significant differences in the prevalence of malnutrition were found between the different religious groups. It is probable that traditional weaning habits – children are given breastmilk and then rice porridge – has exacerbated the problems for the weaning age group which had a higher prevalence of malnutrition than the older groups.

This population is currently receiving 2,100 kcal/person/day from WFP (including rice, dry fish, oil, sugar and salt). The children under–five have recently started to receive a blanket supplementary distribution of WSB. The report suggests that the major cause of the malnutrition in this population is the IDP's lack of purchasing power. Food availability in the markets of Ambon, which is a fertile island, is good. The population

displacement, however, was accompanied by wide−scale destruction of property and goods, leaving many of the IDPs with little in the way of assets, and divorcing people from their land and modes of livelihood. Thus, many of the IDPs do not have access to a constant/sufficient income. This "vulnerability" has been exacerbated by the difficult economic climate in Indonesia following the Asian financial crisis in July 1997. In addition, there has been a breakdown in access to normal health facilities, and many of the IDPs are living in poor conditions. This has resulted in a poor health environment which has impacted negatively on the nutritional situation.

East Timor

The first half of September saw a dramatic increase in human rights violations and violence in East Timor. Since the results of the ballot, in which over 78% of the voters opted for an independent East Timor, armed pro−integration militia members have erected roadblocks throughout the capital, Dili, and controlled the streets. According to reports received from, UNAMET (the UN mission for East Timor), militia members were terrorising and murdering unarmed civilians, burning houses, displacing large numbers of people, as well as intimidating, threatening, and attacking personnel of international organisations. The militias forcibly moved civilians out of East Timor into West Timor, while thousands fled into the surrounding hills and jungles of East Timor (UNHCHR – 17/09/99).

More recently, since the UN force (approximately 3,800 soldiers) has arrived in East Timor Dili is returning to normal and some people have already returned. However, UNHCR has received persistent reports about some of the camps in West Timor housing people displaced from East Timor being run by anti−independence militias who intimidate East Timorese, keeping them in West Timor against their will (GoA – 27/09/99; UNHCR –28/09/99).

Numbers Affected

The most recent estimates of the numbers of people displaced by the violence range from 300−400,000. As of September 23rd, the Government of Indonesia has registered 214,00 IDPs in 31 camps and shelters throughout West Timor and nearby islands, although UN estimates are slightly lower. According to the government, the majority of IDPs are located in Kupang, Belu and Timor Tengah Utara. There are an estimated 200,000 IDPs in East Timor (AAID – 21/09/99; USAID – 21/09/99, 27/09/99).

Food assistance

WFP has approved an EMOP to provide emergency rations to 150,000 IDPs within East Timor for two months (WFP – 20/09/99). The agency has also approved a Special Operations programme to finance a joint logistics cell for the crisis. The cell will receive, store and transport humanitarian aid. WFP and the Australian Defence Force have begun to air−drop humanitarian daily rations and high protein biscuits in Ermera and Bobonaro, and areas of East Timor known to have high concentrations of IDPs. (AAID – 21/09/99; USAID – 21/09/99, 27/09/99).

The most recent WFP estimates suggest that up to 740,000 people (out of a total population of 890,000) will require food assistance for six months. This includes 490,000 IDPs and 100,000 returnees who will require full rations and a further 150,000 IDPs requiring half rations. These figures are obviously preliminary and need to be confirmed through food assessments as soon as possible (WFP – 24/09/99).

Food security

USAID reports that their assessment team in Jakata has not received any anecdotal reports of starvation or critical malnutrition in Timor. Food stocks in West Timor are sufficient to meet current needs, but access to food may worsen without external assistance and/or if militia activity persists. In contrast, food availability is reported to be a growing problem in East Timor, particularly for IDPs in isolated locations. There are also concerns about micro−nutrient and protein deficiencies resulting from an extended bulk grain (rice) diet. A relatively high incidence of micronutrient diseases reported in Tomor in a UNICEF/MOH Mother and Child Health Survey for Indonesia in 1995 (MOH – 1995; USAID – 20/09/99)

The planting season in Timor should normally begin in six weeks. The displacement may disrupt this schedule and reduce planting which will lead to longer term food shortages.

Public Health Environment

The provision of water will be UNHCR's priority for the camps in West Timor as September is the peak of the dry season. UNHCR also reports that the camps are overcrowded and lack sanitation facilities (UNHCR –21/09/99).

West Pontianak, Kalimantan

Fighting between ethnic Madurese and Melayu in Sambas, West Kalimantan, resulted in the initial displacement of about 30,000 Madurese. Some 6,000 settled in camps in Singkawang and a further 11,000 went to Pontianak and the surrounding area. The majority of the IDPs in Pontianak are in 10 camps. These camps are either public/Government owned buildings such as football stadiums and badminton courts or are in army bases (ACF–F – 09/99).

ACF–F undertook a survey in these camps in late July in response to alarming reports of a poor health situation and high mortality rates, particularly amongst the under–fives. The prevalence of acute wasting was estimated at 14.1%, which included 2.3% severe wasting. No oedema was reported. This prevalence was not as high as expected, given the reports received prior to the assessment. Reasons given for this include the 2,300 kcal/person/day ration given the population by ICRC.

Overall, the nutritional situation of the IDPs in Ambon and Kalimantan are not considered critical at this time. Nor are there any reports of a nutritional emergency in Timor as yet. However, the IDPs in Timor are at moderate risk (category IIb) given that they have a poor food security outlook unless they are resettled before the planting season starts. Their public health environment is also inadequate.

Priorities and Recommendations:

Priorities for Timor:

- Allow UNHCR access to the IDPs in West Timor who may be being held against their will.

Recommendations from the ACF–survey in Ambon include:

- Continue the general food distribution and the recent addition of the supplementary rations to the under–fives, but change the additional supplementary ration from WSB to Vitadele, which is specially formulated for the Indonesian context.

- Encourage the resumption of full medical facilities in Ambon, particularly Maternal and Child Health activities to ensure vaccination and weight monitoring.

- Promote health education to mothers, focusing on weaning practices and the prevention of diarrhoea and acute respiratory infections.

- Continue to monitor the nutritional status of the population by anthropometrical surveys.

- Continue to monitor the food security situation through the use of post–distribution surveys, and the close monitoring of food prices in Ambon.

Recommendations from then ACF–F survey in West Pontanak include:–

- Continue the general food distribution and treat the malnourished children.
- Monitor the nutrition and health situation in the camps.
- Train the health staff to cope with severe malnutrition.
- Promote health education within the camps.

15. Kosovo Region

One of the most striking phenomena about the emergency operation in Kosovo has been the scale and speed of events that have occurred, in terms of refugees leaving Kosovo as well as returning. This has required a swift and flexible approach to planning and implementation of the humanitarian response, including the implementation of effective and appropriate nutrition interventions. The latest UNHCR estimates suggest that 810,000 refugees have returned to Kosovo from neighbouring countries and abroad since June 15th.

Thousands more continue to return each week (USAID – 15/09/99).

Kosovo

KFOR estimates that there are a total of 1,564,300 people now living in Kosovo. Of this total, 97,100 are ethnic Serbs, 1,294,200 are ethnic Albanians and the remainder are Croats, Roma and other minorities. The 97,000 ethnic Serbs represent only 51% of the 1998 estimate of ethnic Serbs living in Kosovo. In addition, the 73,000 other minorities are only 43% of the 1998 estimate for other minorities (USAID – 15/09/99).

A pattern of general unrest and systematic violence continues in Kosovo. The opposing parties vent their anger and hatred through reprisals, retribution killings and burning each other's property. These remain serious issues. The biggest other security difficulty faced by much of the population is the presence of mines, unexploded ammunition and booby traps in the areas most affected by the fighting (AAH – UK – 08/99).

Shelter and water

Shelter is currently one of the most crucial problems. UNHCR has estimated that 50,000 houses have been destroyed and a further 76,000 damaged in the last year. Approximately 300,000 people have lost their homes. Donors have already pledged enough materials to winterise the 76,000 damaged structures, but there are logistical problems in getting the materials into Kosovo. The cold weather is already affecting some Kosovars living in tents in the hills (USAID – 25/09/99).

Several major problems exist in supplying water to urban populations. The greatest problem is that the water boards are losing between 40–50% of the piped water to leaks in the system. The leaks continue to exist as there is no material to replace or patch up the pipes. In addition, the urban water board workers have not been paid for 3–6 months (USAID – 15/09/99).

Food and agricultural assistance

The general high level of preparedness of the international community resulted in the flow of food aid into the province being quick to start after the end of the conflict. In late June, a WFP/FAO EMOP was approved to provide emergency food assistance to some 2.5 million refugees, IDPs and war–affected persons in the Balkan region for a period of six months (July–December 1999). This includes the assistance required for approximately one million IDPs who remained within Kosovo throughout the conflict but, prior to the establishment of NATO peace–keeping forces, could not be accessed (FAO – 28/07/99).

Blanket food distribution by WFP and other donors was originally designed to reach 80% of the Kosovar population. Targeted food distributions began in mid–September. These will assist 900,000 beneficiaries (estimated 53% of the population) who were selected using criteria agreed by WFP, UNHCR and other organisations. The targeting takes into account both geographical and community–based systems. The introduction of targeted food aid will result in a general shift of focus to the west of the province where needs are greater (UNHCR – 27/09/99; WFP – 07/09/99, 24/09/99).

WFP sub–offices have reported that the implementation mechanisms of partner organisations are well established. Standardised reporting on a weekly basis has begun. Consultations are being held between WFP with technical assistance from UNHCR and implementing partners on the establishment of joint monitoring and impact assessments. A task group to monitor the selection criteria has been set up. This will aim to monitor the implementation of the criteria and will also focus on how the criteria are being monitored in practice, i.e.: how families are prioritised and how vulnerability is perceived by communities, and what arrangements or adaptations are made by local distribution partners in situations of food shortfalls (UNHCR – 27/09/99; WFP – 07/09/99).

A major challenge for the humanitarian operations in the winter months in Kosovo will be to reach the remote areas of the country, which become inaccessible due to weather conditions. WFP is currently identifying these areas in order to pre–position stocks with rations lasting at least 2–3 months. Other preparations include the distribution of firewood and the preparation of community shelters in urban areas with cooking facilities that allow individual families to cook for themselves (in preference to institutional food provision) (UNHCR – 15/09/99, 27/09/99; WFP – 07/09/99, 24/09/99).

Seeds, tools and machinery are being provided as agricultural assistance in Kosovo. There are concerns that insufficient seeds will be imported into Kosovo before the winter planting. As of mid–September only 18% of the total requirement had arrived. This could obviously affect the population's food security adversely

(UNHCR –15/09/99).

Nutritional Survey in Kosovo

AAH–UK conducted a province–wide nutritional survey of children under five and their mothers in late July in order to assess any change in nutritional status since the last survey undertaken in Kosovo in December 1998, and in the camps in Macedonia and Albania in June 1999 (see Annex). The results of all four surveys can be seen below.

	Kosovo population December 1998 n=922		Albania Camps June 1999 n=906		Macedonia Camps June 1999 n=859		Kosovo population July 1999 n=922	
	Acute	Severe	Acute	Severe	Acute	Severe	Acute	Severe
Wt–for–ht*	2.0	0.2	4.6	0.2	2.4	<0.1	3.1	1.0
Ht–for–age	9.4	2.1	14.6	3.0	10.4	2.6	10.7	3.0

* these figures include oedema

The July 1999 prevalence of 3.1% wasting is the overall prevalence for the whole of Kosovo and corresponds to approximately 7,117 wasted children (assuming the under–five population is 229,583). The proportion of severely wasted children was high, accounting for almost one–third of all the wasted children. When comparing the surveys it can be seen that, between December 1998 and July 1999, there has been an increase in the prevalence of wasting among children under five in Kosovo, however the increase was not statistically significant. The most recent survey was carried out in the pre–harvest period. Given that the last planting season was disturbed by the conflict, and the predicted drop in harvest production, the yield is not expected to last as long as usual.

The problem of stunting (height–for–age) is a cause for concern. A prevalence of 10.7% corresponds to 24,565 children. An infant feeding and weaning survey performed alongside the most recent nutritional survey found that many of the common breast–feeding and weaning practices in the study sample were inappropriate, and did not follow internationally accepted recommendations. Cows' milk, tea and biscuits were introduced too early and formed too high a proportion of the diet. 35% of mothers stopped breast–feeding before six months, which was coupled with an increased uptake of infant formula. This was combined with a low intake of fruit, vegetables, meat, fish, and eggs. These practices have major implications for the growth of the child and also for iron deficiency anaemia and diarrhoea.

Amongst the mothers of children surveyed, 4.9% had a BMI<18.5kg/m^2 and thus were classified as malnourished (see table below). Using a MUAC criteria (MUAC<220 mm) a smaller proportion (3.9%) of mothers were diagnosed as malnourished. If these indicators were combined (those mother with BMI less that 18.5 kg/m^2 and MUAC < 220 mm) then 2.3% of mothers were classified as energy deficient and 4.7% as normal, but vulnerable. There was not a significant association between maternal and child nutritional status, which may be because the number of cases of malnutrition was small.

BMI<16	16<=BMI<17	17<=BMI<18.5	18.5<=BMI<25	25<=BMI<30	BMI>=30
0.0%	1.0%	3.9%	64.4%	21.6%	9.1%

The coverage of measles vaccination in Kosovo was very low (14%) when a vaccination card was required as proof of vaccination. When family history was taken into account the reported coverage increased to 71%, but this result should be interpreted cautiously as there was some confusion as to which vaccine the children had received.

Food security

This section is drawn from an AAH–UK study undertaken in July which investigated the possible impact of food insecurity on the nutritional status of the population and an FAO/WFP food assessment mission to Kosovo in late June The section includes a review of food security during the conflict as well as the more recent food security situation in Kosovo post–conflict.

Coping strategies during the conflict

Only two families of the 55 interviewed had not been displaced during the preceding months. A wide range of coping mechanisms enabled displaced people to survive (either in the mountains, or moving from village to village), without a significant impact on their nutritional status. For adults reducing the number of meals per day was common practice, although children were exempt. Families in tense areas pre–positioned food and cooking stoves or *sag* (special pans for baking bread) in hiding places in the mountains to be ready in case of evacuation. Where there was no time to pre–position, families escaped with food and *sac,* with men returning to the village after dark to take more supplies from their own homes or from the stocks of other empty houses – sometimes with a KLA escort. Assistance received prior to the mass exodus from AAH and other agencies was also important. Some villagers fled to the summer pastures on higher ground, where they survived on the milk from the cattle (AAH–UK – 08/99).

For those moving from village to village, they either depended on food stocks carried with them, or residents shared their resources. Special kitchens were sometimes made available for the displaced to cook collectively. Villagers developed systems of collecting excess harvest and distributing it to those less well off (AAH–UK –08/99).

In urban areas, state shops continued to trade but were mostly frequented by the Serbian population. Most markets were closed, although Prizren and Gjilan markets continued to trade. Meat was widely available and cheap (6 DM per kg) in Prizren because many of the animals that had been killed were sold. The most severe food shortages appeared to be suffered on the journey to escape Kosovo (AAH–UK – 08/99).

Post–conflict – Food Security in Kosovo

The food security situation for many is very poor and is expected to remain so for at least the next twelve months. In the worst affected areas the loss or destruction of food stocks is total, as they were either eaten by the displaced, resident, KLA or Serb forces – or were burned in houses or on bonfires (AAH–08/99). Massive disruption to agricultural activities has taken place in the province. Preliminary FAO and WFP analyses indicate that, in the worst affected areas, where food production was severely reduced, food aid will be required to cover the bulk of the food needs until at least spring 2000 (FAO – 28/07/99).

The area planted last autumn was sharply reduced due to insecurity and/or the basic lack of equipment and seeds. Compared to pre–war years, the reduction was between 40–60% although, in the worst affected zones the reduction was over 60% e.g., the Drenica triangle. Growing crops were damaged during the conflict from burning, bombing, grazing animals and lack of fertilisation and pest control. By harvest time (late June) many families were able to return to their farms, although the lack of serviceable machinery and the insecurity in many areas, due to mines and unexploded bombs, were expected to make harvesting extremely difficult this year (FAO – 28/07/99).

The spring crop of maize, vegetables, beans and potatoes has been sharply reduced because mass displacement coincided with the planting season. There has also been widespread loss of livestock. Before leaving their villages, farmers freed their animals to run loose and many were subsequently slaughtered by passing military and paramilitary forces. Tentative estimates put losses of larger ruminants at some 40%, and those for small livestock at over 50% (FAO – 28/07/99).

Trade in food items of commercial origin has resumed remarkably quickly in the few weeks since the end of the conflict, and prices are similar to those reported for 1997. The previously imposed ban on Albanian shopkeepers trading basic foodstuffs has now been lifted. However, more than 50% of shops in rural areas are still not trading, which is in part due to the greatly limited purchasing power among both the rural and urban populations. Only a fraction of the total needs can be met through purchases in the following year, especially as households have many essential non–food expenses (AAH–UK – 08/99).

The majority of households have suffered severe loss of livelihood as a result of loss of livestock; loss of work–horses for ploughing, reduced harvests, death of a wage earner in the family and loss of black market trade. This has had a significant impact on the diet as micro–nutrient and high quality animal protein intakes are seriously compromised, and will be even more so during the coming winter months (AAH–UK – 08/99). Humanitarian aid is the main source of food for the majority of households.

Albania

In early June, the Government of Albania estimated that 460,000 Kosovar Albanians had temporarily settled in Albania: 280,000 of these refugees were staying with host families, 83,000 were accommodated in tented camps, and 95,000 in collective centres throughout the country. There are currently 4,239 refugees in the country. The large majority of refugees returned spontaneously, while only a small minority relied on organised repatriation (UNHCR – 24/07/99, 15/09/99; USAID – 15/09/99).

It is anticipated that the residual caseload in Albania will be relatively small. The scale of food and nutrition interventions was reduced significantly during July and August. UNHCR now has exclusive responsibility for these refugees (WFP – 24/09/99).

Food Security in Albania

An FAO/WFP food supply assessment mission to Albania in June found that the impact of the Kosovo crisis on agricultural production, food prices, the local economy, and overall food security of the resident population appears to have been small. Indeed, there may have been a marginal, although very temporary, positive impact on some hosting families who have been able to benefit from emergency food parcels and additional income earned from renting to refugees. The mission concluded that the precarious food security, which is experienced by many Albanian households, is attributable mainly to the general economic and development difficulties that the country has experienced throughout the 1990s rather than the extraordinary circumstances created by the crisis (FAO/WFP – 07/07/99).

The potentially enormous burden of providing asylum to nearly half a million refugees was alleviated by the fast and adequate response of the international humanitarian community in supplying food and other types of emergency assistance. Had this effort not taken place, the crisis could have had "quite a severe impact" on the already poor Albanian population (FAO/WFP – 07/07/99).

Macedonia

Latest reports from UNHCR/Skoje indicate that there are currently some 5,125 refugees in camps and collective centres in Macedonia and 16,054 refugees with host families. (USAID – 15/09/99).

Food Security in Macedonia

An FAO/WFP food and crop supply assessment mission, which took place in mid–June, found that the impact of the refugee crisis on agricultural production, food prices, and the overall food security in Macedonia appears to have been small because of the quick response of the international humanitarian community in supplying food and other types of emergency assistance. The mission found no evidence of significant food shortage or malnutrition problems in the country (FAO/WFP – 07/07/99).

The crisis, however, undoubtedly aggravated the general economic instability already experienced by the country, and as a result there has been a significant increase in poverty levels. Affected households are finding it increasingly difficult to pay for everyday expenses, and changes in food habits were reported. The major factor causing this was the collapse of trade with Federal Republic of Yugoslavia (FRY), one of Macedonia's most important export markets and a vital source of raw materials. The loss of the fruit and vegetable market, and of lamb, in particular, is reflected in lower produce prices. Hence the financial situation of farmers has deteriorated. Non–agricultural households have also been affected due to the interruption in the supply of raw materials for the manufacturing industry, which has led to an increase in unemployment (FAO/WFP –07/07/99).

In May–June 1999, before the return of the refugees to Kosovo, AAH conducted a food security survey among host and non–host families in randomly selected villages in eight geographical areas in Macedonia (AAH –07/99). The study reported similar findings to that described above, in that the interruption of trade with FRY was the major indirect cost of the crisis to the Macedonian population. In addition, AAH assessed and compared the household income and expenditure of both host and non–host families. It was found that there was no difference in the income available for host and non–host household members (assuming that total household income is divided evenly between all members). The reasons given for this finding included: households originally chosen to be hosts had higher incomes; host–families were given money/food by the refugee families or aid agencies; and non–host families supported host families by giving them (directly, or indirectly through local NGOs) food and money. The AAH survey also found that income coming from relatives abroad was an essential coping strategy for 60% of the refugees and a large proportion of the host families.

Under a recently signed agreement, a consortium of donors will distribute a food basket to the current welfare recipients in Macedonia who are in the categories of "most vulnerable". This will include pensioners, partially employed and unemployed in selected hardest–hit towns. More than 60,000 families, all of whom already receive a cash benefit from the Government, will also receive a monthly ration (FAO/WFP – 07/07/99).

Serbia

The total number of non–Albanian (mostly Serb and Roma) displaced people from Kosovo in Serbia as of September 10th was 220,000. The vulnerability of these IDPs has recently been highlighted when several hundred were removed from the schools which served as their temporary collective center, but then found the alternative municipal facilities lacking in basic maintenance (OCHA – 10/09/99).

A joint WFP/UNHCR assessment mission to Yugoslavia confirmed that food assistance is needed in Central Serbia. The most food–insecure are the newly arrived IDPs, and population groups with minimal income, little family support and no link to rural areas. In August, ICRC provided food aid to 140,000 IDPs from Kosovo. The number of beneficiaries is expected to increase given the recent identification of 317,000 "social cases" in Serbia. These include people in institutions, handicapped people without income or property and pensioners with low income. Most towns in Serbia continue to experience shortages of basic food items (meat, oil, sugar). Controlled prices for food were recently raised (OCHA – 10/09/99; WFP – 27/07/99, 07/09/99).

Overall, the nutritional situation of the IDPs and returnees in the worst–affected regions of Kosovo (Drenica) are at moderate risk (category IIb) due to the widespread loss of livelihood and their dependence on humanitarian assistance until they can re–establish themselves. The other returnees are probably not at heightened risk (category IIc). The IDPs in Serbia may be at moderate risk but no information on their nutritional status is currently available and hence they are classified as unknown (category III). The refugees remaining outside Kosovo are not at heightened risk (category IIc).

Recommendations and Priorities:

Macedonia:

- Re–establish markets for both agricultural and industrial products which have been disrupted over the past years.

- Support programmes which could lead to a regeneration of the food economy for both Kosovo and Macedonia e.g., purchase lamb from Macedonia for the Kosovars.

Kosovo:

- Supply essential agricultural inputs for the autumn planting season, and for the maintenance and rebuilding of the agricultural machine pool.

- Supply materials for the rebuilding of residential structures and water systems.

Recommendations from the AAH nutritional survey:

- Continue to extend the active search for malnourished children through regular nutritional surveys and treat the cases of severe and moderate malnourished children.

- Begin routine vaccination activities in order to increase vaccination coverage.

- Educate health professionals and mothers about nutritional practices, focusing on weaning and breastfeeding.

- Initiate a mechanism of growth monitoring for nutritional surveillance of individual children.

- Monitor the targeting of the general ration.

Selected recommendations from the AAH food security survey (refer to original report for full recommendations)

- Monitor the food security situation, including a follow–up survey in 6 months time (January).

• Follow the movement of population to and from towns and villages and ensure that the basic needs of the vulnerable displaced are being met.

• Make efforts to supply before the winter enough food stocks for those villages which are isolated and inaccessible during this period.

• Continue to stress and support the need for a consolidated, collaborative and coordinated approach between all of those active in the humanitarian distribution field.

• Support the distribution of shelter kits to allow homes to be habitable before the winter.

Central Serbia:

• Supply food assistance to IDPs and population groups with minimum income in Central Serbia and Montenegro.

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WFP	23/09/99	Personal communication with Tanzanian Desk Officer
WFP	24/07/99	Emergency Report no. 38
WHO	20/08/99	Polio vaccination campaign in DRC
WHO	09/99	Report on the health of refugees in the Islamic Republic of Iran

Abbreviations used in the text

AAH–UK	Action Against Hunger UK
AAH–USA	Action Against Hunger USA
AI	Amnesty International
ACF–F	Action Contre la Faim France
ACH–S	Action Against Hunger Spain
BEG	Bahr El Ghazal
BMI	Body Mass Index
CAD	Children's Aid Direct
CMR	Crude Mortality Rate
DRC	Democratic Republic of Congo
FAO	Food & Agricultural Organization of the United Nations
FEWS	Famine Early Warning System
FSAU	Food Security Assessment for Somalia
ICRC	International Committee of Red Cross

IDP	Internally Displaced Person
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	Médecins Sans Frontières − Belgium
MSF−CH	Médecins Sans Frontières − Switzerland
MSF−F	Médecins Sans Frontières − France
MSF−H	Médecins Sans Frontières − Holland
MSF−S	Médecins Sans Frontières − Spain
MOH	Ministry of Health
MUAC	Mid−upper arm circumference
NGO	Non−governmental Organisation
OA	Oxfors Analytica
OCHA	Office for the Co−ordination of Humanitarian Assistance
OLS	Operation Lifeline Sudan
RI	Refugees International
RoC	Republic of Congo (Congo−Brazzaville)
SCF−UK	Save the Children Fund − US
SCF−US	Save the Children Fund − US
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
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

Tables and figures

Table 1: Information Available on Total Refugee/Returnee/Displaced Populations requiring assistance (as of September 1999) Please note these are best estimates at time of going to press

Situation	***Population Numbers***							***Nutr Stat****	***Con***
	Condition					***Total***	***Change from Mar−99***		
	I: High Prev	*IIa: High Risk*	*IIb: Mod Risk*	*IIc: Not Critical*	*III: Unknown*				

Sub−Saharan Africa								
1. Angola	*416,000*		*450,000*		*834,000*	*1,700,000*	*0*	*stat.*
2. Great Lakes Region								
Burundi			*546,300*		*70,800*	*617,100*	*166,100*	*imp.*
Rwanda			*618,000*	*25,000*	*30,000*	*673,000*	*3,000*	*stat.*
Congo−Brazzaville	*175,000*	*157,000*			*11,000*	*343,000*	*132,000*	*det.*
E Dem Rep of Congo		*400,000*	*80,000*		*624,000*	*1,104,000*	*152,000*	*imp.*
Tanzania				*373,000*		*373,000*	*0*	*stat.*
3. Ethiopia				*264,000*	*385,000*	*649,000*	*−7,000*	*stat.*
4. Eritrea			*260,000*			*260,000*	*−8,000*	*det.*
5. Kenya				*194,000*		*194,000*	*12,000*	*stat.*

									have inc
6. Liberia/Sierra Leone Region									
Liberia			*405,000*	*100,000*		*505,000*	*0*	*stat.*	*Nut. sta refs. No critical. returnee relativel insecure*
Sierra Leone		*147,000*	*231,000*		*380,000*	*758,000*	*50,000*	*imp.*	*Nut. situ nos.) of outside govt–co areas u Other ID high/mo*
Guinea–Conakry/Cote d'Ivoire				*596,000*		*596,000*	*93,000*	*stat.*	*Nut. situ refugees critical.*
7. Somalia		*50,000*	*50,000*		*200,000*	*300,000*	*–259,000*	*det.*	*Food se zones v due to c IDPs in unknow dec. due re–coun*
8. Sudan		*374,000*	*2,026,000*	*148,000*		*2,548,000*	*15,000*	*imp.*	*High ris security unstable (transitio elsewhe improve Refugee critical.*
9. Uganda			*530,000*	*173,000*		*703,000*	*60,000*	*imp.*	*IDPs at Refugee critical*
10. Zambia				*56,000*		*56,000*	*0*	*stat.*	*Refugee is not cr*
Total (Sub–Saharan Africa)	*591,000*	*1,128,000*	*5,196,300*	*1,929,000*	*2,534,800*	*11,379,100*	*409,100*		
Axial Europe (Selected Situations)									
11. Afghanistan Region		*100,000*	*50,000*	*1,400,000*		*1,550,000*	*144,000*	*det.*	*New afg at high/ risk. Re old IDPs moderat*
12. Bhutanese Refugees in Nepal				*96,500*		*96,500*	*0*	*stat.*	*Refugee is not cr*
13. Bangladesh				*22,500*		*22,500*	*0*	*stat.*	*Refugee is not cr*
14. East Timor			*740,000*	*36,000*		*776,000*	*776,000*	*det.*	

15. Kosovo Region			*300,000*	*625,000*	*220,000*	*1,145,000*	*316,600*	*stat.*

I: High Prev – Those reported with high prevalences of malnutrition (where available >20% wasting) and/or micronutrient deficiency diseases and sharply elevated mortality (x3 normal)

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

IIb: Mod Risk – Population at 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 Requiring Assistance – September 1999 – RNIS #28 (population estimates in thousands) Please note these are best estimates at time of going to press

From									***To/In***
	Angola	*Burundi*	*Congo/Brazzaville*	*Cote d'Ivoire*	*Dem Rep Congo*	*Eritrea*	*Ethiopia*	*Guinea Conakry*	*Kenya*
Angola	1700		8		157				
Burundi		617			20				
Congo/Brazzaville			332		20				
Cote d'Ivoire									
Dem Rep Congo					836				
Eritrea						200			
Ethiopia						60	385		5
Guinea Conakry									
Kenya							5		
Liberia				100				108	
Rwanda			3		10				
Sierra Leone				8				380	

Somalia							196		110	
Sudan					61		63		79	
Tanzania										
Uganda										
Zambia										
TOTAL	1700	617	343	108	1,104	260	649	488	194	505

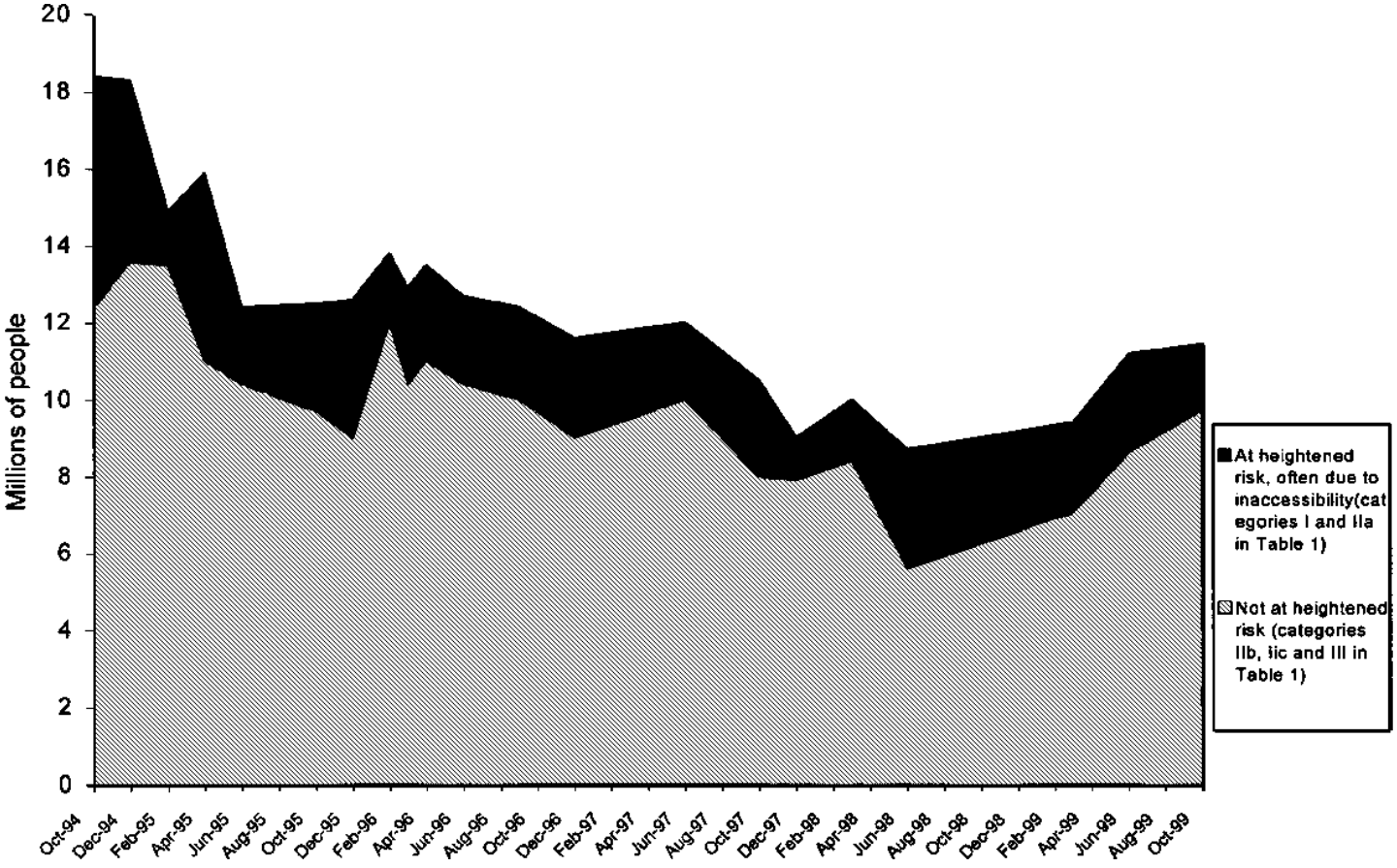
NOTES:

(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 = 9,320,000)

(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, Returnees, and IDPs in Sub–Saharan Africa and their Estimated Nutritional Risk Over Time

Annex I: Results of Surveys Quoted in September 1999 RNIS Report (#28) – usually children 6–59 months

Survey Area	Survey Conducted by	Date	% Wasted**	% Severely Wasted**	Oedema (%)	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)	

1. Angola							
a. Malange	MOH	Jul–99	20–25*	5*			
b. Kuito, Bie Province	MSF–B	Jul–99	11.1	0.8	2.7	2.2	3.3
2. Great Lakes Region							
a. Gisenyi, Rwanda	MOH/UNICEF/WFP	Jun–99	4.8	1.1	6.2		
b. Brazzaville, RoC	MSF–B	Aug–99	16.5	4.3	21.7		
c. Kinshasssa, DRC	AAH–USA	Jul–99	6.7	0.9	2.0		
d. Kisangani, DRC	MSF–H	Aug–99	5.3	1.6	7.9		
e. Around UNHCR camps, Tanzania	UNHCR	Jul–99	5.2*	2.8*			
3. Ethiopia							
a. Wag Hamra	MSF–CH	Jul–99	19.7* (MUAC)	3.4* (MUAC)			
6. Liberia/Sierra Leone Region							
a. Monrovia, Liberia							
Shelters	ACF–F	Mar–99	14.0*	2.6*		2.8	5.2
Communities	ACF–F	Mar–99	13.5*	2.5*		1.2	1.5
b. Upper Bong County, Liberia	ACF–F	Jun–99					
c. Bo, Sierra Leone	ACF–F	May–99	7.1	0.7	0.0	0.72	1.95
d. Makeni, Sierra Leone							
Town residents	ACF–F	Jul–99	34.0*	18.0*			
Camp residents	ACF–F	Jul–99	42.7*	36.6*			
Residents of surrounding Villages	ACF–F	Jul–99	33.7	18.0*			
e. Gueckadou Prefecture, Guinea–C							
Newly arrived refugees	ACH–S	Jul–99	2.3	0.3	0.0		
Long–term refugees	ACH–S	Jul–99	2.8	0.4	0.3		

Residents	ACH–S	Jul–99	2.1	0.4	0.0		
7. Somalia							
a. Tiyeglow, Bakool	WFP	May–99	12.2*(MUAC)	4.4*(MUAC)			
b. Qansaxdheer, Bay	WFP	May–99	14.7*(MUAC)	6.2*(MUAC)			
c. Bardera, Bay	WFP	May–99	33.5*(MUAC)	15.6*(MUAC)			
8. Sudan							
a. Mariel Lou, BEG	MSF–F	Jul–99	10.5	0.7	0.0	0.8	1.5
b. Padak area, Jongelei	MEDAIR	Jun–99	35.8*	5.8*			
c. Bieh State, Jongelei							
Motot	MSF–B/WFP	Aug–99	9.1* (MUAC)	0.9* (MUAC)			
Waat	MSF–B/WFP	Aug–99	14.0* (MUAC)	3.6* (MUAC)			
d. Aweil town, BEG	UNICEF/SCF–UK	Jul–99	8.5*				
e. Juba, Equatoria	ACF–F	Jul–99	12.4	1.0	0.0		
f. Ed Daein camps, South Darfur	SCF–UK	Jul–99	26.0	5.0			
12. Nepal							
a. Camps	SCF–UK	Jun–99	4.1	0.0	0.0		
14. Indonesia							
a. Ambon Island	ACF–F	Jun–99	11.2	0.8	0.0		
b. Pontianak	ACF–F	Jul–99	14.1	2.3			
15. Kosovo							
a. Macedonian camps	AAH–UK	Jul–99	3.1	1.0	0.0		

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

*Oedema is included in this figure.

MUAC unless specified cut–off for wasting is <124 mm and <110 mm for severe wasting

Measles immunisation coverage is usually determined by card

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

Notes on Annex 1

1. Angola

a. Malange. This survey was conducted by the Ministry of Health in Malange in late June/early July 1999. The survey methodology is unknown and the results have been re−interpreted by WFP. Over 800 children were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 20−25%. Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema and estimated at 5−7%. No further details are currently available.

b. Kuito. This survey was conducted by MSF−B/Epicentre in Kuito, Bie Province from July 10−15th 1999. Standard two−stage cluster techniques were employed. 880 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 12.7% (C.I. 9.8−16.4%). Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema and was estimated at 3.5% (C.I. 1.9−6.2%). Oedema was given separately. Retrospective mortality rates were obtained by interviewing household heads about the number of deaths in the six weeks prior to interview. Measles vaccination status was obtained by checking the cards of all selected children under−five and by interviewing the children's carers.

2. Great Lakes Region

a. Gisenyi. This survey was conducted by MOH/UNICEF/WFP/WHO in Gisenyi prefecture in June 1999. The sampling methodology is unknown. 880 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 11.0%. Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema and was estimated at 7.3%. Oedema was given separately. Chronic malnutrition was defined as <−2z scores height−for−age. No further information is currently available: this information was obtained from WFP and OCHA reports.

b. Brazzaville. This assessment was conducted by MSF−F in Brazzaville between 2nd August−5th September. The children were measured as they were registered when they entered Brazzaville. An unknown (but large) number of children aged 6−59 months. Acute malnutrition was defined as <80% of the median weight−for−height and/or oedema and severe malnutrition as <70% of the median weight−for−height and/or oedema. Oedema was given separately.

c. Kinshasa. This survey was conducted by AAH−USA in Kimbanseke Commune, Kinshasa between 26−30th July. Standard two−stage cluster techniques were employed. 895 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 8.7% (C.I. 6.3−11.9%). Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema and was estimated at 2.9% (C.I. 1.6−5.1%). Oedema was given separately. Chronic malnutrition was defined as <−2z scores height−for−age and was estimated at 33.2%. Severe chronic malnutrition was defined as <−3z scores height−for−age and was estimated at 13.5%. Measles vaccination status was obtained by checking the cards of all selected children under−five. Maternal nutritional status was assessed using the BMI (kg/m^2). Severe maternal malnutrition was defined as BMI<16.0 kg/m^2, moderate malnutrition as BMI 16−16.9 kg/m^2, marginal malnutrition as BMI 17−18.4 kg/m^2, normal nutritional status as BMI 18.5−24.9 kg/m^2, overweight as BMI 25−29.9 kg/m^2 and obesity as BMI>30 kg/m^2

d. Kisangani. This survey was undertaken by MSF−H in the Aire de Sante de Madula approximately 30 km SE of Kisangani town on 4th−5th August 1999. Standard two−stage cluster techniques were employed. 507 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 13.2% +3.4%. Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema and was estimated at %9.5 +2.9%. Oedema was given separately. Measles vaccination status was obtained by checking the cards of all selected children under−five.

e. Tanzania. This survey was conducted by IFRC/TRCS/UNICEF/UNHCR in 16 villages close to the camps in Kasulu, Kibondon, Ngara and Kigoma districts. Standard two−stage cluster methodology was employed. Acute wasting was defined as <−2z scores weight−for−height and/or oedema and was estimated at 5.2%. Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema and was estimated at 2.8%. Oedema was given separately.

3. Ethiopia

a. Wag Hamra. MSF−Switzerland undertook a nutritional assessment in Wag Hamra in July 1999. MUAC was used to define malnutrition on children under five. Acute malnutrition was estimated at 19.7% and severe malnutrition at 3.44%. No further information is currently available: this information was obtained from a WFP

report.

6. Liberia/Sierra Leone Region

a. Monrovia. These surveys were conducted by ACF−F in Monrovia's shelters and communities between 22nd−29th March 1999. Standard two−stage cluster techniques were employed. 953 children aged 6−59 months were measured in the shelters and 943 children were measured in the communities. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 13.5% (C.I. 11.4−15.9%) in the communities and 14.0% (C.I. 11.8−16.4%) in the shelters. Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema and was estimated at 2.3% (C.I. 1.5−3.6 %) in the communities and 2.6 (C.I. 1.7−4.0%) in the shelters. Oedema was not given separately. Measles vaccination status was obtained by checking the cards of all selected children under−five. Retrospective mortality rates were estimated by interview.

b. Upper Bong County. This surveys was conducted by ACF−F in Upper Bong County in mid−June 1999. Standard two−stage cluster techniques were employed. 928 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 8.1%. Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema and was estimated at 1%. Measles vaccination status was obtained by checking the cards of all selected children under−five.

c. Bo. This survey was conducted by ACF−F in Bo town in May 1999. Standard two−stage cluster techniques were employed. 958 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 7.1% (C.I. 5.0−9.9%). Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema and was estimated at 0.7% (C.I. 0.2−2.1%). Oedema was given separately. Measles vaccination status was obtained by checking the cards of all selected children under−five. Retrospective mortality rates in the three months prior to the survey were estimated by interview

d. Makeni. This nutritional screening was conducted by ACF−F between 23rd – 26th July 1999 in Makeni town, Makeni camps and the surrounding villages. Houses were randomly chosen for the assessment, but two−stage cluster methodology was not employed and the results were not based on a totally random sample. 95 children under−five and 36 adults were measured in Makeni town. 164 children under−five and 23 adults were measured in the camps and 400 children under−five were measured in the villages outside the town. Malnutrition was defined in terms of weight−for−height. No further details are available.

e. Gueckadou Prefecture. This survey was conducted by ACH−S in Gueckadou Province, Guinea between 28th June−2nd and July 1999. Standard two−stage cluster methodology was employed. 954 new refugee children, 977 old refugee children and 955 resident children were measured. Acute wasting was defined as <−2z scores and severe wasting as <−3z scores. Oedema was given separately.

7. Somalia

a. Tiyeglow, Qansaxdheer, Bardera. Three rapid assessments were undertaken by WFP in Tiyeglow (Bakool), Qansaxdheer (Bay) and Bardera (Bay) in late May. No information is available on the sampling methods. 294 children between 6−59 months were measured in Tiyeglow, 536 children between 6−59 months in Qansaxdheer and 877 children between 6−59 months in Bardera. Acute malnutrition was defined as MUAC<124 mm and/or oedema and severe acute malnutrition was defined as MUAC<109 mm and/or oedema. Mean and median MUAC were given.

8. Sudan

a. Marial Lou. This survey was undertaken by MSF−F in Mariel Lou, BEG on 19−21st July 1999. Standard two−stage cluster techniques were employed. 418 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 10.5% (C.I. 7.6−13.4%). Severe malnutrition as <−3z scores weight−for−height and/or oedema and was estimated at 0.7% (C.I. 0.0−1.5%). Oedema was given separately. Retrospective mortality rates were obtained by interviewing household heads about the number of deaths in the six months prior to interview.

b. Padak area. This assessment was conducted by MEDAIR in Padak area, Bor County, Jongelei in June 1999. Acute malnutrition was estimated at 35.8% and severe malnutrition at 5.8%. No further information is currently available: this information was obtained from WFP reports.

c. Bieh State. This assessment was conducted by MSF−B and WFP in Motot and Waat in Bieh State on 27−30th August 1999. 318 children who were 65 cm or taller who came with their mothers to receive WFP food were screened using MUAC. A child with a MUAC from 124−134 mm was defined as at risk. Those with a MUAC of 110−124 mm were defined as moderately malnourished and those with a MUAC<110 mm were defined as severely malnourished. Oedema was recorded separately.

d. Aweil town. UNICEF/SCF−UK undertook a nutritional survey in Aweil town in September 1998. 510 children aged 6−59 month were measured. Acute malnutrition was defined as <−2z scores and/or oedema and was estimated at 8.5%. No further information is currently available: this information was obtained from a WFP report.

e. Juba. This survey was conducted by ACF−F in Juba on 19−23rd July 1999. Standard two−stage cluster techniques were employed. 930 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 12.4% (C.I. 9.5−15.9%). Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema was estimated at 1−0 (C.I. 0.3−2.5%). Oedema was given separately. Measles vaccination status was obtained by checking the cards of all selected children under−five.

f. Ed Daein. This survey was conducted by SCF−UK amongst IDPs in the Ed Daein camps, South Darfur Province in July 1999. Standard two−stage cluster techniques were employed. 900 children of 60−110 cm were measured. Acute malnutrition was defined as <−80% median weight−for−height and was estimated at 26%. Severe malnutrition was defined as <−70% median weight−for−height and was estimated at 5%. Oedema was not reported. Measles vaccination status was obtained by checking the cards of all selected children.

g. Refugee Camps. These results were reported by UNHCR in an epidemiological report. The survey methodology, sample size and definitions of nutrition employed are currently unknown.

12. Nepal

a. Refugee Camps. This survey was undertaken by SCF−UK in the refugee camps in Nepal in June 1999. Standard two−stage cluster methodology was employed. 394 children aged 6−59 months were measured. Acute wasting was defined as <80% median weight−for−height and was estimated at 4.0%. Severe wasting was defined as <70% median weight−for−height and was estimated at 0%. Oedema was reported separately. Measles vaccination status was obtained by checking the cards of all selected children.

14. Indonesia

a. Ambon Island. This survey was conducted by ACF−F amongst IDP children on Ambon Island, Molucas Province between 31st May and 13th June 1999. Standard two−stage cluster techniques were employed. 780 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 11.2% (C.I. 8.4−14.9%). Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema was estimated at 4.9% (C.I. 3.0−7.7%). Oedema was given separately. Chronic malnutrition was defined as <−2z scores height−for−age and was estimated at 31.5 (C.I. 27.0−36.4%). Severe chronic malnutrition was defined as <−3z scores height−for−age and was estimated at 9.0% (C.I. 6.4−12.4%).

b. Pontianak. This survey was conducted by ACF−F amongst IDP children on Pontianak, West Kalimantan between 20th−22nd July 1999. Standard two−stage cluster techniques were employed. 740 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 14.1% (C.I. 10.7−18.2 %). Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema was estimated at 2.3 % (C.I. 1.1−4.6%). Oedema was given separately.

15. Kosovo Region

a. Kosovo. This survey was conducted by AAH−UK amongst children in Kosovo Province between 15−27th July 1999. Standard two−stage cluster techniques were employed. 780 children aged 6−59 months were measured. Acute malnutrition was defined as <−2z scores weight−for−height and/or oedema and was estimated at 3.1% (C.I. 1.8−5.3%). Severe malnutrition was defined as <−3z scores weight−for−height and/or oedema was estimated at 1.0% (C.I. 0.3−2.5%). Oedema was given separately. Chronic malnutrition was defined as <−2z scores height−for−age and was estimated at 10.7% (C.I. 8.7−14.0%). Severe chronic malnutrition was defined as <−3z scores height−for−age and was estimated at 3.0% (C.I. 1.7−5.1%). Maternal

nutritional status was assessed using the BMI (kg/m^2) of 838 of the children's mothers. Severe maternal malnutrition was defined as BMI<16.0 kg/m^2, moderate malnutrition as BMI 16–16.9 kg/m^2, marginal malnutrition as BMI 17–18.4 kg/m^2, normal nutritional status as BMI 18.5–24.9 kg/m^2, overweight as BMI 25–29.9 kg/m^2 and obesity as BMI>30 kg/m^2 Measles vaccination status was obtained by checking the cards of all selected children under–five.

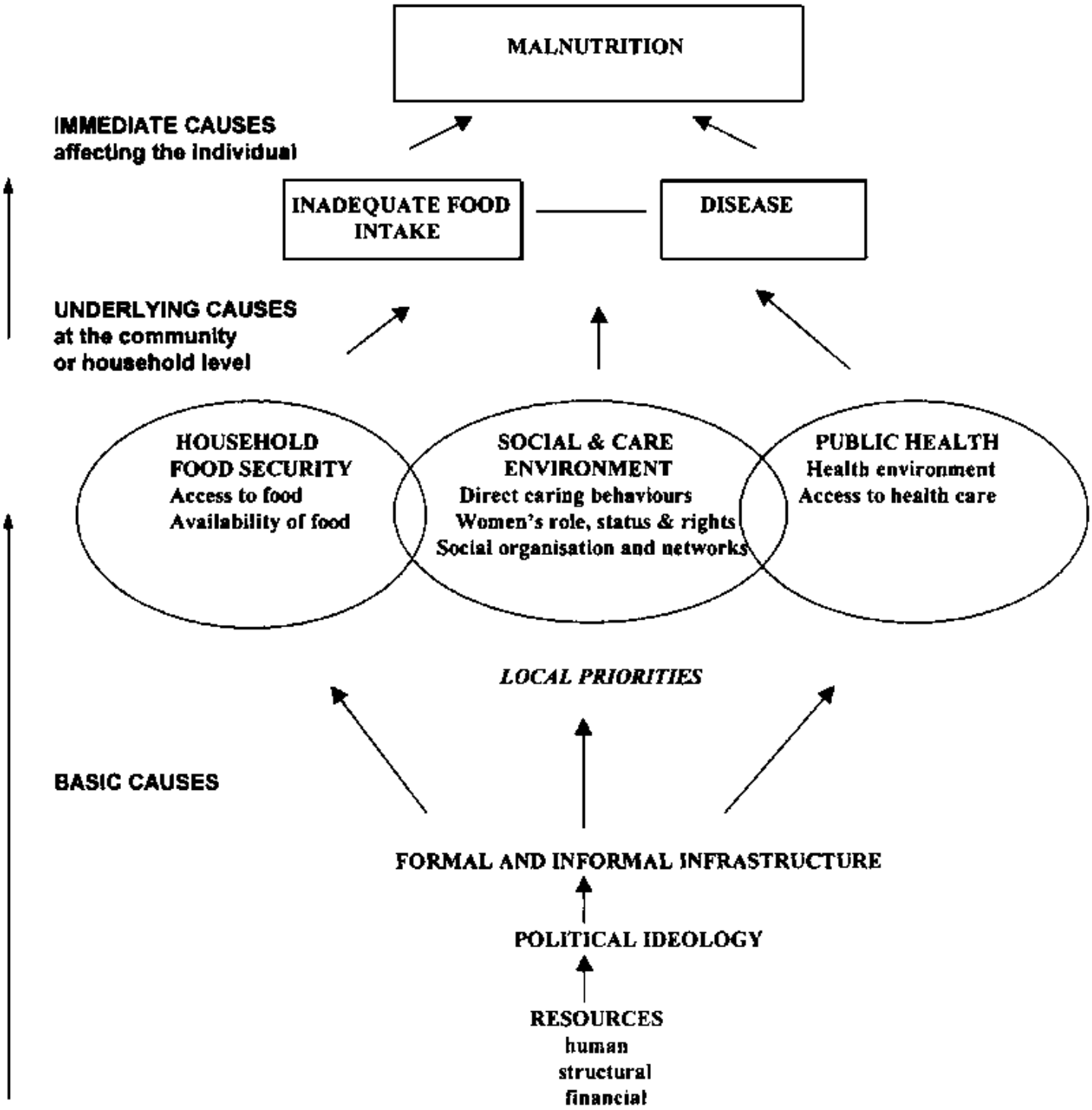
Seasonality in Sub–Saharan Africa*

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.
North	Rains begin May/June
South	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



The SPHERE Project Conceptual Model of the causes of malnutrition in emergencies (draft, adapted from UNICEF)

Note: the Sphere project is an initiative to improve the quality of humanitarian assistance and to enhance accountability of the humanitarian system, through the production of globally applicable minimum standards. The humanitarian Charter is at the core of the Sphere project – it re–affirms what is already known from international humanitarian law and human rights treaties. The charter makes explicit links to the defined levels of service delivery set out in the five core sectors: water supply and sanitation; nutrition; food aid; shelter and site planning; and health services. Together, the Charter and Minimum Standards offer an operational framework for accountability in humanitarian response – a common set of criteria for programme monitoring; a benchmark from which to make some judgement about the effectiveness of work; and, probably most importantly, a benchmark for use in advocacy to enhance levels of services. To obtain more information on the Sphere project at http://www.sphereproject.org or email: sphere@ifrc.org

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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 eighth 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, Website: http://www.unsytem.org/accscn/

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

BMI (wt/ht) 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 in adults aged less than 60 years (WHO, 1995).

MUAC (cm) is a measure of energy deficiency in both adults and children. In children, 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. In adults a MUAC<22 cm in women and <23 cm in men may be indicative of a poor

nutritional status. BMI and MUAC are sometimes used in conjunction to classify adult nutritional status (James et al, 1994).

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 (see Schofield and Mason 1994 for more on this subject). For a healthy population with a demographic composition typical of Africa, under normal nutritional conditions, and environmental temperature of 20°C, the average requirement is estimated as 1,950–2,210 kcals/person/day for light activity (1.55 BMR). Raised mortality is observed to be associated with kcal availability of less than 1,500 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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