Refugee Nutrition Information System (RNIS), No. 29 – Report on the Nutrition Situation of Refugee and Displaced Populations

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This report was compiled by Arabella Duffield, ACC/SCN Secretariat,
with the help of Helen Young (Feinstein International Famine Centre, Tuft's University) and Susanne Jaspars (Nutrition Works)

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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. Government offensives in the Central Highalnds have resulted in new displacement and subsequent humanitarian needs. Very high prevalences of malnutrition have once more been reported in Malange among children and also adults, and thus the situation has not improved since the last survey in June and affects

both IDPs and the resident population.

Great Lakes There has been an escalation of the crisis in Burundi during the reporting period and the nutritional situation of the newly displaced population is critical. Humanitarian agencies cannot access very large areas of the Republic of Congo (Brazzaville) where the nutritional situation is severe. Peace in the Democratic Republic of Congo has resulted in improved access to war affected populations, but very high prevalences of malnutrition have been recorded in some areas.

Ethiopia and Eritrea. A recent food security assessment reported that the IDPs in Tigray are totally almost wholly dependent on the general ration, having no other significant reliable source of food. Relief programmes for the IDPs have been curtailed by inadequate funding. Drought in other areas of Ethiopia is likely to have a serious effect on the main harvest.

Kenya. Food security assessments in the refugee camps in eastern and western Kenya have recommended that refugees must be provided with a full general ration as opportunities for self–reliance are extremely limited for the majority of the population.

Somalia. In the southern and central zones of Somalia drought conditions have exacerbated the already poor food security, and high prevalences of malnutrition have been reported in the major cities of Bay region. The situation in other zones in Somalia is less critical.

Sudan. The annual OLS needs assessment reports that the food security situation in Southern Sudan continues to improve; it is estimated that 30% of the population will require food assistance in 2000, which is considerably less than the previous two years. Instability in parts of Western Upper Nile. Unity State and Eastern Equatoria has created localised food insecurity. There is still no new nutritional information about the 2 million IDPs in Khartoum.

Balkans region. The nutritional situation is under control and there have been no reports of elevated prevalences of malnutrition in the region. Serb and Roma minorities in Kosovo are considered more vulnerable than others. Little is known about the nutritional situation of IDPs in Serbia. Winter will affect populations throughout the region, putting those without adequate shelter and access to fuel at greater nutritional risk.

East and West Timor. Displaced people continue to return to East Timor, where there are no reports of a nutritional crisis. High mortality rates have been recorded in some of the camps in West Timor.

Other areas. Situations which have not changed significantly since the last report, or have improved include: Liberia, Siera Leone, Guinea Conakry, Cote d'Ivoire, Zambia. Tanzania, Uganda, Bangladesh, Nepal, Rwanda.

Table 1
Risk Factors Affecting Nutrition in Selected Situation

Situations in the table below are classed into five categories relating to prevalence and or risk of malnutrition (row 1 of Table 2, for explanation see inside of the back page). The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care (rows 2–4, and also Figure 1 at back of report) and the constraints limiting humanitarian response (rows 5 –8). These categories are summations of the causes of malnutrition and the humanitarian response, but should not be used in isolation to prescribe the necessary response.

Factor	IDPs in Malnage, Angola	New IDPs Burundi	War–Affected, Kisangani DRC	War–affected IDPs, Ethiopia	Refugees in Daddab Kenya	Zones of crisis, Somalia	IDPs in Khartoum, Sudan	Minoriti in Kosov
1. Nutritional risk category	**I**	**II**	**II**	**III**	**IV**	**I**	**V**	**IV**
2. Public Health Environment(water, shelter, overcrowding,	***X***	***X***	***X***	***X***	✓	***X***	***X***	?✓

access to health services)							
3. Social & Care Environment(Social organisations and networks, Women's role, status and rights)	?✓	X	?X	?✓	✓	X	?X
4. Food Security	X	X	X	X	O	X	X
5. Accesibilty	O	X	✓	?✓	✓	X	O
6. General resources							
– food (gen stocks)	?✓	?✓	X	X	✓	X	?X
– non–food	?✓	?✓	X	?X	?✓	?X	?X
7. Personnel*	✓	X	?✓	?✓	✓	X	O
8. Information	✓	X	✓	✓	✓	✓	X

✓ Adequate *O* Mixed *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*

Sub–Saharan Africa

Angola

During the reporting period, the Angolan government has begun new offensives against UNITA in the central highlands. The offensives have resulted in more people being displaced in Mexico, Huila and Bie Provinces. The shelling of the provincial capitals, however, has been reduced and the siege of Huambo has been lifted. These developments are likely to push the war into a new phase. It is probable that UNITA will revert to classic guerrilla tactics, so rendering a decisive victory on the part of the government unlikely. The war is set to continue for the foreseeable future (IRIN–SA–19/10/99, Oxford Analytica, 12/11/99).

Latest estimates put the total population of Angola at approximately 12.7 million. Approximately 3.7 million of these people may be categorised as "war–affected". Since January 1998, over one million people have been confirmed as new IDPs (unconfirmed estimates are as high as 1,600,000), The distribution of the confirmed IDPs by province can be seen in the table below (IRIN –10/11/99; OCHA –11/99).

The number of registered IDPs by Province in Angola

Province	**IDP Numbers**
Bengo	34,832
Benguela	102,526
Bie	108,000

Cuando Cubango	55,032
Cuanda Norte	57,831
Cuanda Sul	41,547
Cuene	2,871
Huambo	194,000
Huila	87,943
Luanda	4,901
Luanda Norte	18,259
Luanda Sol	30,110
Malanje	134,724
Mexico	93,356
Namibe	6,409
Uige	83,393
Zaire	4,950

Access

There continues to be a lack of access, for humanitarian agencies and others, to areas outside government control. The situation of the people in these areas is unknown, but the availability of government–provided services, and in some areas, certain types of food is probably limited. The humanitarian community is considering extending the areas in which it has operated for several months, depending on localised security conditions. Contingency plans for the extension of activities to currently inaccessible populations are being drawn–up (OCHA – 26/11/99).

WFP targeted approximately 1,200,000 people in Angola for food assistance in November, of which 863,000 were IDPs. The largest individual programmes were in Malange and Huambo. The number of beneficiaries has increased every month during the reporting period (WFP – 08/10/99, 05/11/99).

There are indications that the populations from the provincial towns of newly secure government areas have started to cultivate fields and collect firewood within easy reach of the towns. They are not, however, moving permanently back to the countryside yet because of the risk of security incidents (OCHA–19/11/99; 26/11/99).

Land Mines

There has been an increase in the number of land mine incidents in the reporting period. The Angolan Mine Action Institute estimates that between six and seven million landmines are scattered throughout the country. The residual mines will continue to pose a threat for the local population and IDPs. Fear of mutilation or death continues to force farmers off productive land info urban centres, aggravating food shortages (OCHA–11/99).

Economy

The continuous shift of populations from rural to urban areas has changed the demography of the country from one predominantly rural–based to one in which around 60% of the population now live in urban centres. Consequent demand and lessening supply of all consumables has led to a rise in prices. As the prices have risen, however, the purchasing power of the *kwanza* has diminished at a steady state with periods of extreme inflation. On 9 October 1999, the Angolan parliament approved the introduction of a re–valued currency (OCHA –11/99, 12/11/99).

Malanje

Despite three months of uninterrupted food supplies to the formerly besieged city of Malanje, high prevalences of malnutrition are still reported. The population is currently estimated at 400,000, including at

least 135,000 IDPs. There are currently 230,000 beneficiaries receiving food assistance (OCHA – 05/11/99). An MSF–H survey in mid–September estimated the prevalence of wasting and/or oedema in children aged 6–59 months at 21.5%, including 10.5% severe wasting and/or oedema (see annex). This result should be compared to other surveys in Malanje earlier this year and in 1997 (see table). Retrospective CMR for the period from April 1 to 30 September was estimated at 2.07/10,000/day; under–five mortality was estimated at 3.72/10,000/day.

Prevalence of acute malnutrition in Malanje

	Jun–97	**Jan–99**	**Jun–99**	**Sep–99**
Wasting and/or oedema	2.3	11.0	20–25	21.5
Severe wasting and/or oedema	0.4	4.5	5–7	10.5

MSF–H also undertook a rapid assessment of adult malnutrition in Malanje in October, having found cases in IDP camps around the city. The rapid assessment screened some 336 adults, and used a MUAC<18.5 cm to diagnose moderate malnutrition. A MUAC<18.5 cm and a clinical symptom or a MUAC<16.0 cm were used to diagnose severe malnutrition (see annex). Using these very low cutoffs for malnutrition, 21.4% of the adult population assessed were severely malnourished and a further 19% were moderately malnourished. Of the adult population, 5.6% were suffering from general oedema.

The percentages given above are not necessarily representative of the adult IDP population of Malanje, as many of the healthy people may have been in the fields and some very sick people may have been in hospital at the time of the survey. It was apparent, however, that the problem of malnutrition in adults was not a "social" one and that, although older persons and "social–cases" were malnourished, many younger adults were as well. This indicates the severity of the problem (MSF–H –16/10/99).

The level of oedema was very high. It was not possible to establish whether the oedema was caused by eating new, unsafe food (such as grass) due to a lack of normal food–stuffs or whether it was related to traditional healing methods. The therapeutic feeding centres in Malanje were not all equipped to deal with adult oedema (MSF–H –16/11/99).

Results from the rapid assessment of the adults indicated that 89% of the malnourished adults did not have ration cards. Reasons given for not having a ration card included: the inability to build a house due to weakness, no money to pay the village chief (through whom the current registration system is organised) and delays or mistakes in the registration process. The authors of the report recommend reorganising the current registration system.

Huambo

SCF–UK has completed the registration of residents and IDPs in the city and preliminary estimates suggest that there are some 200,000 food–insecure residents and IDPs in Huambo's municipality (WFP – 29/10/99). WFP reports that a survey in September estimated that 17% of the under–five population were malnourished. (This survey is not available to the RNIS). It has been noted that over 50% of the children attending supplementary feeding programmes are residents (WFP – 08/10/99).

Agricultural assistance programmes aimed at promoting self–reliance in food continue. Some 41,000 families have received seeds for the lowland planting season, as well as seed protection rations (OCHA –19/11/99).

Huila Province

Tension in Huila province in late October resulted in major population displacements towards more secure areas, especially the cities and towns (WFP – 05/11/99). As a result, the nutritional situation in the southern province of Huila appears to be very poor, particularly for the newly arrived IDPs. ACH–Spain undertook rapid nutritional assessments of children in newly set up IDP camps in Vissaca and Chimpopia in October, the findings are summarised below. These results were not obtained from a survey based on the recognised weight–for–height nutritional index and hence may not reflect the precise prevalence of acute malnutrition in this area. Despite this, the authors of the report suggest that the very high prevalences of wasting recorded using MUAC reflect the severity of the situation and the requirement for immediate intervention (ACH – Spain – 10/99). There are currently an estimated 20,000 IDPs in Vissaca and Chimpopia camps (OCHA –26/11/99).

Results of Nutritional Assessments in Huila Province

	Vissaca	Chimpopia
Population	8,611	5,714
Moderate Malnutrition (MUAC 110−120 mm)	35.8%	7.4%
Severe malnutrition (MUAC<110mm)	23.4%	13.8%
Oedema	2.5%	0%
Diarrhoea (in two weeks prior to interview)	62.9%	21.2%
Dysentry (in two weeks prior to interview)	8.6%	8.5%
Measles Vaccination	4.9%	25.5%

In the remote town of Matala an MSF−Spain assessment estimated the rate of malnutrition at 30.8%, including 12.9% severe malnutrition using MUAC on a small sample of newly arrived IDPs (WFP − 05/11/99). At the time of the survey the IDP camps were very new and disorganised. A more recent report from WFP suggests that the situation may not be as severe as the results above suggest, particularly in Matala. ACH−Spain will conduct a further nutritional survey in this area in January (ACH−Spain −09/12/99; OCHA−19/11/99).

Bie Province

Since December 1998, three main waves of IDPs have arrived in Kuito due to the high levels of insecurity and military activity in Bie Province. Approximately 108,000 IDPs have been registered and verified (WFP −13/12/99).

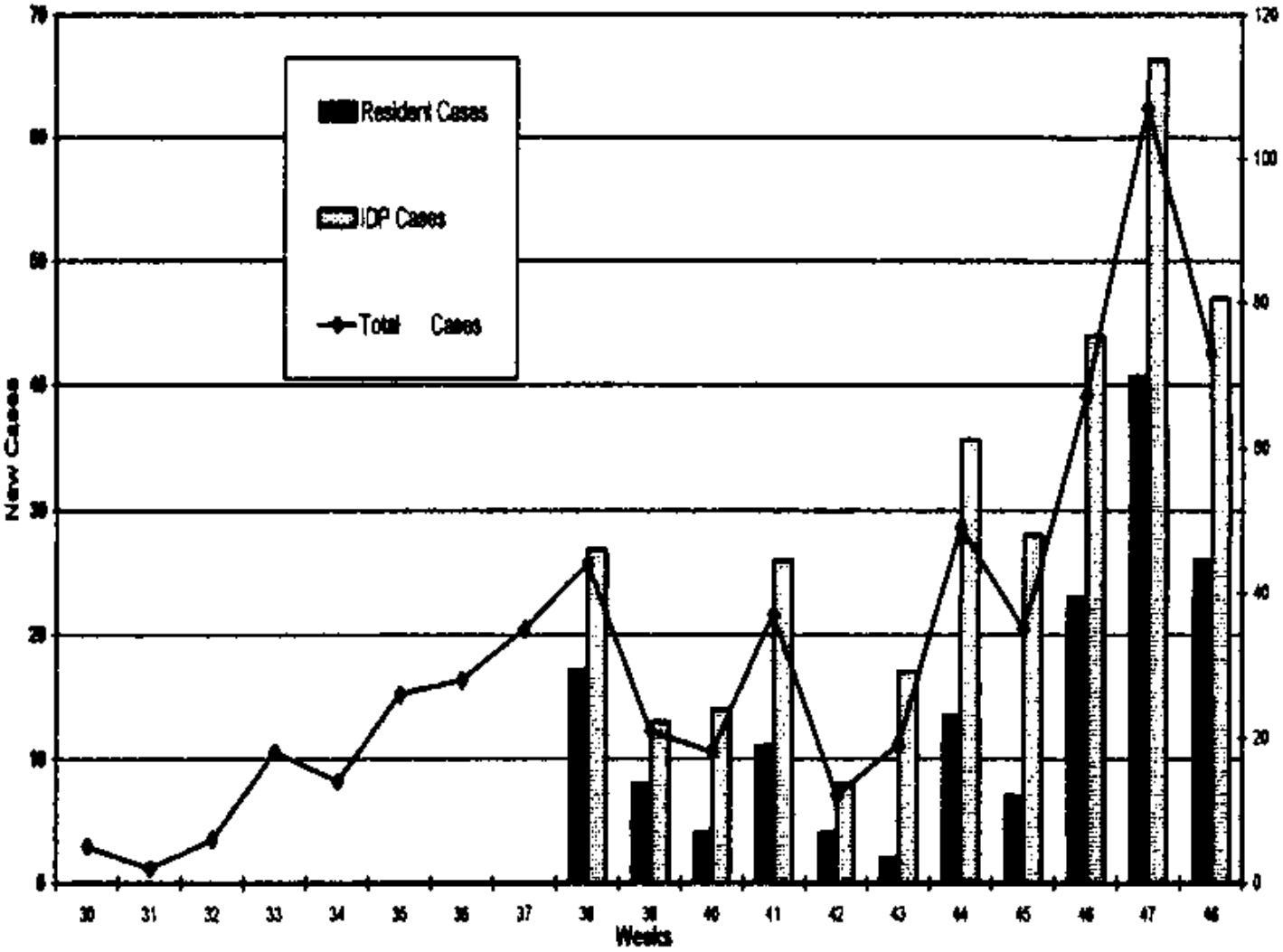
MSF−B conducted a MUAC screening in November. The screening estimated that 3.5% of the new IDP children had a MUAC<110mm (severe wasting) and a further 1.7% were oedematous (MSF−B − 26/11/99).

The IDP population in Kuito is almost entirely dependent on the general ration provided by WFP, which is currently about 1800 Kcal/day. Agricultural land (half an hectare per person), seeds and tools have been made available to the IDPs, but even under optimal conditions the land will provide them with food for only a few months. The quality and quantity of the land is often poor and may be insecure due to mines. In addition there is a real fear of theft at harvest time (MSF−B−26/11/71).

The food security outlook for the resident population is also poor. Many traders' activities have been reduced because of the war and the town's consequent isolation (accessible only by air). Purchasing power has decreased due to inflation. The availability of certain basic products is limited and market prices for all products have increased. Residents do not currently receive the general ration, although the families of malnourished children attending the feeding centres are targeted (MSF−B − 26/11/71). Some residents receive food through community kitchen programmes (young children, older persons and the sick).

In November, there were around 500 severely malnourished children attending the therapeutic feeding centre and 5,000 moderately malnourished attending the supplementary feeding centres. Approximately 650 severely malnourished individuals are admitted to the TFC per month (2,500 for the SFC). Around 50% of the new admissions are residents, and up to a third are over−fives (MSF−B −11/26/99).

Between August and the end of November, approximately 616 cases of pellagra (niacin deficiency) were admitted to MSF−B's supplementary feeding centre. The majority of the cases were IDPs (see graph). There has since been a targeted distribution of dried fish to families of children affected by pellagra through supplementary feeding centres (MSF−B −14/12/99; OCHA −19/11/99; WFP −13/12/99).



Number of Pellagra cases admitted in clinic in Kuito (from MSF–B)

Uige Province

IDP numbers have increased rapidly in the last four months as government forces recapture areas. There has been an increase in market prices (between 15–33% in one week) due to the increase in demand for basic products including beans and rice. An increasing number of both IDPs and residents are reported to be attending feeding centres. Reports suggest that the increase in the prevalence of malnutrition is mainly due to TB, poor hygiene and diarrhoea amongst the under–five IDP population (WFP – 22/10/99,29/10/99,03/12/99).

Benguela Province

ACH–Spain undertook a nutritional survey of IDPs in camps in Ganda, Benguela Province, in October (see annex). At the time of the survey there were an estimated 3,000 people in the camps. The prevalence of wasting and/or oedema was estimated at 21.1%, including 6.1% severe wasting and/or oedema. The prevalence of oedema was estimated at 3.2%. Measles vaccination was confirmed by card for 43.4% of the sample and a further 7.8% of mothers reported that their children had been vaccinated, although they did not have their cards (ACH–Spain–01/11/99).

Fifty–six percent of the children were reported to have had diarrhoea or dysentery in the 15 days prior to the survey. Overall hygiene and sanitary conditions were poor and water provision was inadequate. A shortage of basic household utensils, particularly those for cooking, water storage and transportation was reported (ACH–Spain –01/11/99),

OCHA has reported on a nutritional survey undertaken by CRS in Benguela city in August that estimated the prevalence of malnutrition in children aged 6–59 months at 3.4%. This result indicates that there was no nutritional emergency in young children. Other indicators, however, such as the prices of basic foodstuffs in the market, decreased trading between the interior and coastal regions and the approaching seasonal food

shortage suggest that the situation needs to be monitored (OCHA –19/09/99).

Refugees

The Angolan government's offensive against UNITA rebels in the south has created an outflow of refugees into Namibia. Refugee numbers in Namibia are projected to rise to at least 5,000 Difficult living conditions exacerbated by the rainy season have meant that many of the refugees have arrived in poor condition and require immediate medical, food and shelter assistance (IRIN–SA – 23/11/99; UNHCR–26/11/99).

Recommendations and Priorities:

- Targeting of vulnerable groups (including adults) must be improved, particularly among the resident population.

- Public health issues need to be addressed in order to decrease the prevalence of malnutrition in many areas. This should include improving water and sanitation in IDP camps in areas such as Uige and Huila.

- Step up de–mining activities in order to allow farmers back on to their land.

From the survey in Huila:

- Set up supplementary and therapeutic feeding programmes.

- Provide safe water to the camp population.

- Undertake a measles immunisation campaign in the camps.

- Conduct a full nutritional survey in order to more precisely establish the prevalence of malnutrition.

Kuito, Bie Province:

- Continue to adjust the quality of the general ration and include dried fish where pellagra may develop.

IDP camps in Ganda:

- Distribute a general ration and essential non–food items.

- Where appropriate, provide agricultural inputs.

- Establish a monitoring system through nutritional surveillance

- Strengthen the existing facilities for the treatment of malnourished children and provide a complementary ration to the accompanying adults.

Overall, high prevalences of malnutrition continue to be reported among IDPs (and residents) in Huambo and Malange (category I). In the areas recently affected by conflict, including Bie and Huila, the nutritional situation of the IDPs has deteriorated and they may be at high risk (category II). The remainder of the IDP population are probably at moderate nutritional risk (category III).

Great Lakes Region

There has been an escalation of the crisis in Burundi during the reporting period and the nutritional situation of the newly displaced population is critical. Humanitarian agencies cannot access very large areas of the Republic of Congo (Brazzaville) where the nutritional situation is severe. Peace in the Democratic Republic of Congo has resulted in improved access to war affected populations, but high prevalences of malnutrition have been recorded in some areas. No changes in the nutritional situation of the refugees and IDPs in United Republic of Tanzania and Rwanda have been reported. The table below shows the numbers of refugees,

IDPs an returnees who require assistance in the Great Lakes Region.

Estimated numbers of refugees, IDPs and returnees in the Great Lakes Region

	Dec. 97	Mar. 98	June 98	Mar. 99	Jun. 99	Sep. 99	Dec. 99
Burundi	570,000	600,000	670,000	222,000	451,000	617,000	821,000
Rwanda	1,400,000	690,000	550,000	690,000	640,000	673,000	650,000
RoC	650,000	400,000	50,000	213,000	213,000	343,000	823,000
DRC	585,000	568,500	621,000	788,000	952,000	1,104,000	1,185,000
Tanzania	318,000	345,000	329,000	328,000	373,000	373,000	400,000
Total	3,542,200	2,603,500	2,220,000	2,241,000	2,629,000	3,110,000	3,880,000

Burundi

Burundi is on the verge of a humanitarian and human rights crisis following an escalation of the internal conflict in the past few months. Intensified fighting between government forces and rebels in several areas during the past three months, particularly in Bujumbura Rurale province, has caused loss of civilian lives, including the death of UN humanitarian workers. The deteriorating security situation has resulted in large–scale population displacement and forced a suspension of virtually all humanitarian assistance in late October and November. The Arusha Peace process stalled after its mediator, Julius Nyerere, died in mid–October. Nelson Mandela has been nominated as the new mediator (IRIN–01/12/99).

Displacement

Since early September the Government has forcibly relocated an estimated 300,000 people from Bujumbura Rurale into “regroupment” sites away from their homes. The regroupment was ostensibly to allow soldiers to better protect civilians from rebel attacks, but also prevents the civilian population from providing the rebels with food and support.

The newly displaced add to an estimated 500,000 people who were already in 300 regroupment sites. It is estimated that 821,000 people, or more than 13% of the total population, are at present in regroupment camps. The worst affected provinces are Bujumbura Rurale with 73 percent of its population displaced, followed by Bubanza (60%), Makamba (24%) and Bururi (20%). Also, in the province of Rutana, which was relatively calm until recently, the number of displaced people has increased from around 2,000 to over 16,000 since September (FAO – 05/11/99).

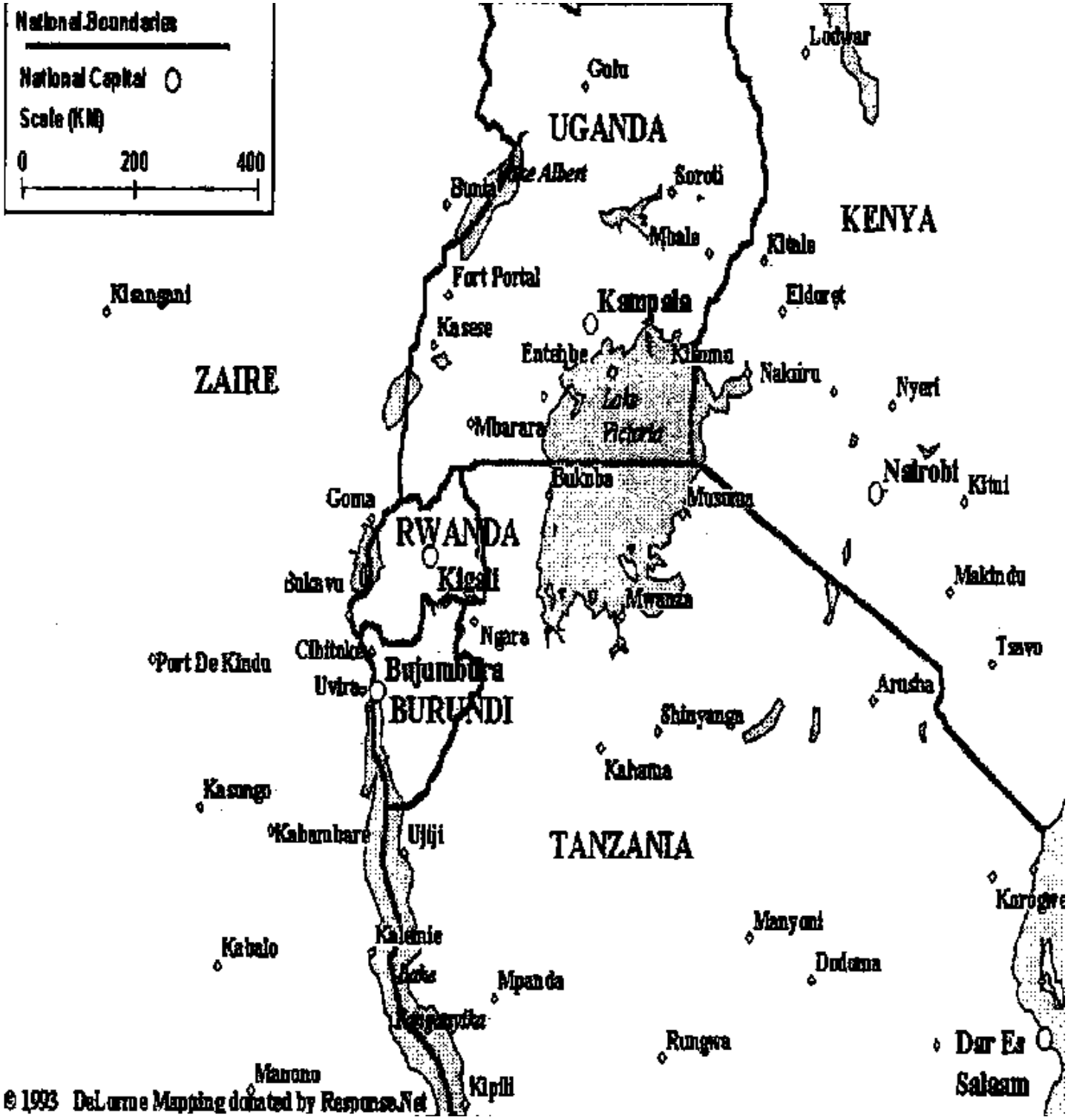
Excessive dry weather

Crop prospects for the first season of 1999/2000 (September–January) have been affected by unfavourable weather. Planting, which normally starts from mid–September to mid–October, was delayed by dry weather during October. In the most productive areas of Kirundo in the north, Mosso in the east and Imbo in the west, no significant planting has taken place because of insufficient precipitation (FAO–05/11/99).

A reduced harvest this season will follow the below–normal harvest of the last season, which ended in July. The current dry weather will also negatively affect planting in the first season of 2000 starting next February as harvesting of the late–planted crops this season will overlap with planting next season, and a shortage of seeds could limit the planted area (FAO – 05/11/99).

General nutritional situation

Prior to the current crisis the nutritional situation in Burundi had been improving (see RNIS 27 and 28). In general, the prevalence of wasting decreased from 1998 to early 1999, largely because of improved security and access to emergency–affected populations. This allowed a gradual return to agricultural activities and better access to health and feeding centres, as well as food distributions.



THE GREAT LAKES REGION – Update by ReliefWeb 7.6.96 – The boundaries and name es shown on this map do not imply official endorsement or acceptance by the Unites Nations or ReliefWeb. The maps may be freely distributed. If more current information is available, please update the maps and return them to ReliefWeb for posting.

The latest escalation of insecurity, however, resulted in the temporary suspension of WFP's food distributions under the general feeding programmes, food–for–work activities, provision of transit and return packages for repatriating refugees. The nation–wide seed protection rations programmes have been temporarily suspended or significantly reduced. Over the next six months, the agency plans to provide food assistance to 350,000 displaced/vulnerable/drought–affected people and nutritional support to a further 38,000 (WFP–15/11/99, 13/12/99).

There is a considerable risk that nutritional status will deteriorate over the coming months. Nutritional centres have already witnessed a significant increase in the number of beneficiaries, due to both drought and

insecurity (WFP –13/12/99).

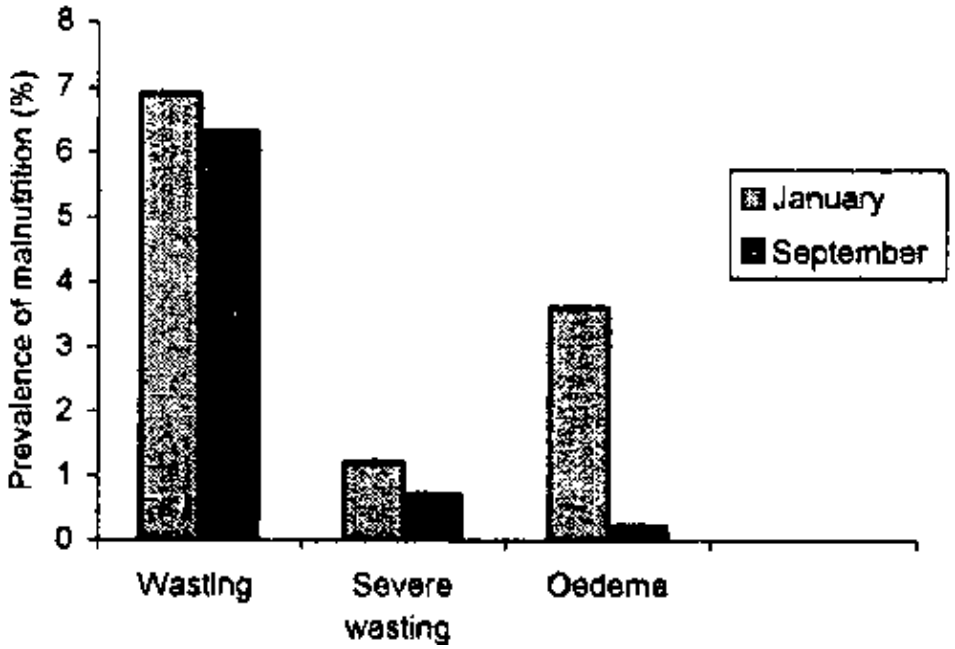
Nutritional situation of the newly regrouped

The majority of the newly regrouped populations in Bujumbura Rurale have no, or very little, access to their fields at a time when the first cropping season has already started, and any food stocks they were able to bring with them to the sites have been exhausted. As a result of the prevailing insecurity and lack of access, the populations were largely without food assistance from mid October to late November (WFP – 15/11/99). Since late November, WFP has organised food distribution through its NGO partners to some 182,000 people in the accessible regroupment sites (WFP – 26/11/99,17/12/99).

Information on the nutritional situation of the newly displaced is very limited. Thirteen of the 58 regroupment sites are inaccessible for logistical regions. Anecdotal reports have described problems of malnutrition and disease in the most vulnerable groups (infants and older people). Conditions in the camps are reported to be appalling: they are overcrowded, with insufficient drinking water and shelter, as the rainy season is about to begin (Concern –20/11/99).

Kirundo Province

SCF–UK conducted a nutritional survey in September in Kirundo Province as a follow–up to a survey conducted by IMC in the same area in January (see annex). The prevalence of wasting and/or oedema was estimated at 7.3%, compared with 10.9% in January. One percent of children were severely wasted and/or had oedema. Moderate stunting was recorded in 27.7% of the children measured and severe stunting in a further 19.9%. The graph below shows the results of both the January and September surveys. The prevalence of oedema was lower in the more recent survey, although the prevalence of marasmic malnutrition (low weight–for–height, but no oedema) was similar. The difference in the prevalence of oedema may be due to differences in the diagnosis of oedema (SCF–UK –10/99).



The prevalence of acute malnutrition in Kirundo Province in January and September 1999

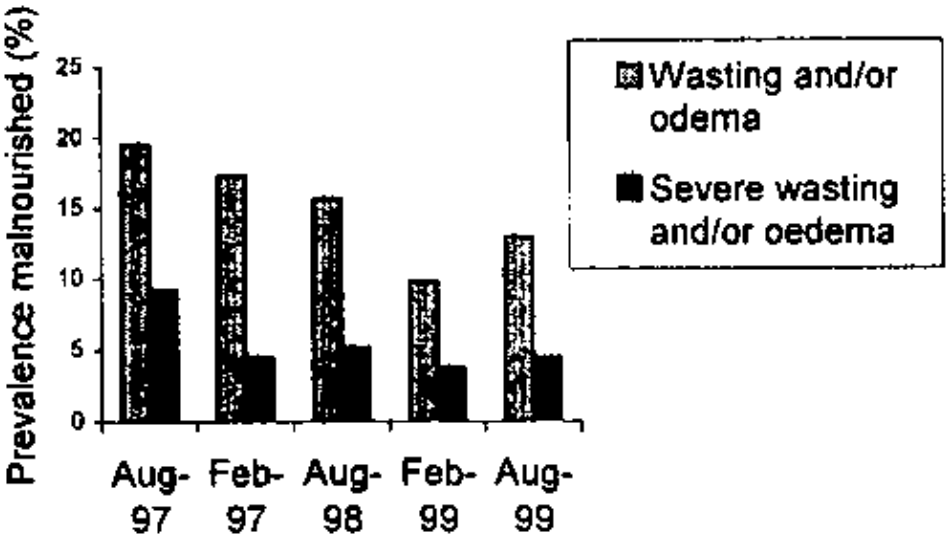
Diseases such as acute respiratory infections, fever and diarrhoea were significantly associated with wasting. Also, the loss or absence of a parent placed the child at nutritional risk (SCF–UK –10/99).

The survey concluded that acute malnutrition does not appear to be a major problem, requiring an emergency response. However, interventions are required to address the poor hygiene and sanitation, the poorly functioning government health sector, and to ensure access to services and health care by the displaced (SCF–UK –10/99).

Bubanza Province

Bubanza Province is one of the areas worst affected by the continuing unrest in Burundi and, up until the recent crisis, had the greatest number of IDPs (approximately 165,000 in a total population of 289,000). The

results of a follow−up survey by CAD in Bubanza Province are shown in the graph below (see annex). The prevalence of both acute and severe wasting increased between February and August, as did that of oedema. Conversely, the number of beneficiaries in the feeding centres has decreased. This was attributed, in part, to greater access to fields for agricultural activities.



The prevalence of acute malnutrition in Bubanza Province

Poor security and limited seeds or land available for cultivation continues to affect the livelihoods of both displaced groups and residents. Theft and insecurity has left many families without small livestock. In 1999, food insecurity was exacerbated by poor harvests, drought, high market prices and a lack of agricultural inputs. Visual observations suggested that the levels of malnutrition were higher in the areas most affected by the drought, where there was less access to fields, and in those sites that were furthest from Musigati and Bubanza communes (CAD −10/99).

The survey found a large increase in the number of children fully vaccinated: 95% of the children measured had a BCG scar and 76% of the children had completed their vaccination programme (compared with 41% in August 1998). This increase has been achieved through an intensive three−month vaccination campaign throughout the province and the national polio immunisation days (CAD −10/99).

Recommendations and Priorities:

• Obtain access to the IDPs in Bujumbura Rurale and gather information on their nutritional status.

• Support the coordinating rote of UNICEF in nutritional surveillance.

From the survey in Kirundo Province:

• Expand and give extra technical input to the current provision of nutritional services (an emergency response Is not required); this may include establishing a programme of community nutrition workers.

• Implement an integrated community−based program to address the problems of water, sanitation, hygiene and intestinal worm control. This may include household latrine building, provision of safe−water to each *colline*, a mass treatment campaign against hookworm and roundworm, and provision of flip−flop sandals.

• Encourage the use of ORS therapy for diarrhoea. From *the survey in Bubanza Province:*

• Expand the income−generating and agricultural programmes (via women's associations).

• Continue support and supervision of therapeutic feeding centres.

• Intensify nutritional education.

Overall, while the nutritional situation had been improving for some IDPs in the last 18 months, the recent escalation of the crisis is likely to result in a deterioration in their nutritional situation. This is particularly the case for the newly displaced population in Bujumbura Rurale who are considered to be at high risk (category II). The IDPs outside Bujumbura Rurale are at moderate risk (category III).

Rwanda

The transition programme in Rwanda continues. The overall objectives of the programme are to lay the basis for national reconciliation, sustainable economic growth, human resource development and the improvement of living standards (IRIN – 23/11/99). There remain, however, an estimated 620,000 IDPs in Rwanda, the majority of whom are in Ruhengeri and Gisenyi Prefectures. The government is moving ahead with its controversial "villagisation" or *"imidgudu"* scheme throughout the country (IRIN –13/10/99; OCHA–11/99).

Food security

The overall dry conditions in October, with only light and patchy rainfall, have harmed prospects for the 2000 season–A bean and maize crop in eastern and southern areas of the country. A joint assessment to the affected areas estimated that between 60–70% of the area planted with beans will have significantly reduced yields. Market prices have remained stable because of imports of food from the Democratic Republic of the Congo (DRC). The very dry regions of the East have also been environmentally degraded by over–population (the largest percentage of new caseload returnees are located in the dry region prefectures of Umutara and Kibungo). Massive herds of cattle belonging to new returnees have wrought untold damage. WFP will provide food assistance to 200,000 people in the affected areas. Further assessments will be carried out in early 2000 (FEWS – 26/11/99; UNHCR – 07/12/99; WFP –15/11/99).

There are significant problems in food distribution within the country, as crops in the traditional breadbasket of the Northwest become prohibitively expensive when transported to other areas of the county through private means (UNHCR–07/12/99).

Displaced population

UNHCR has reported on a recent field mission to Ruhengeri prefecture, which noted that new returnees are no more susceptible to malnutrition than long–term residents (UNHCR – 07/12/99). No other information on the nutritional status of the IDPs has been received by the RNIS in the reporting period.

Refugees

There are approximately 30,000 Congolese refugees from North Kivu in Rwanda. The latest UNHCR report states that the general nutritional situation in these camps is satisfactory (UNHCR – 07/12/99).

Returnees

Returnees from DRC have continued to arrive during the reporting period. Those originating from Ruhengeri and Gisenyi are provided with a two–week WFP ration and are registered as beneficiaries for general food distributions in their communes of origin. All other returnees are provided with a three–month resettlement ration (WFP –15/11/99).

Recommendations and priorities:

- Gather information on the nutritional situation of IDPs and refugees.

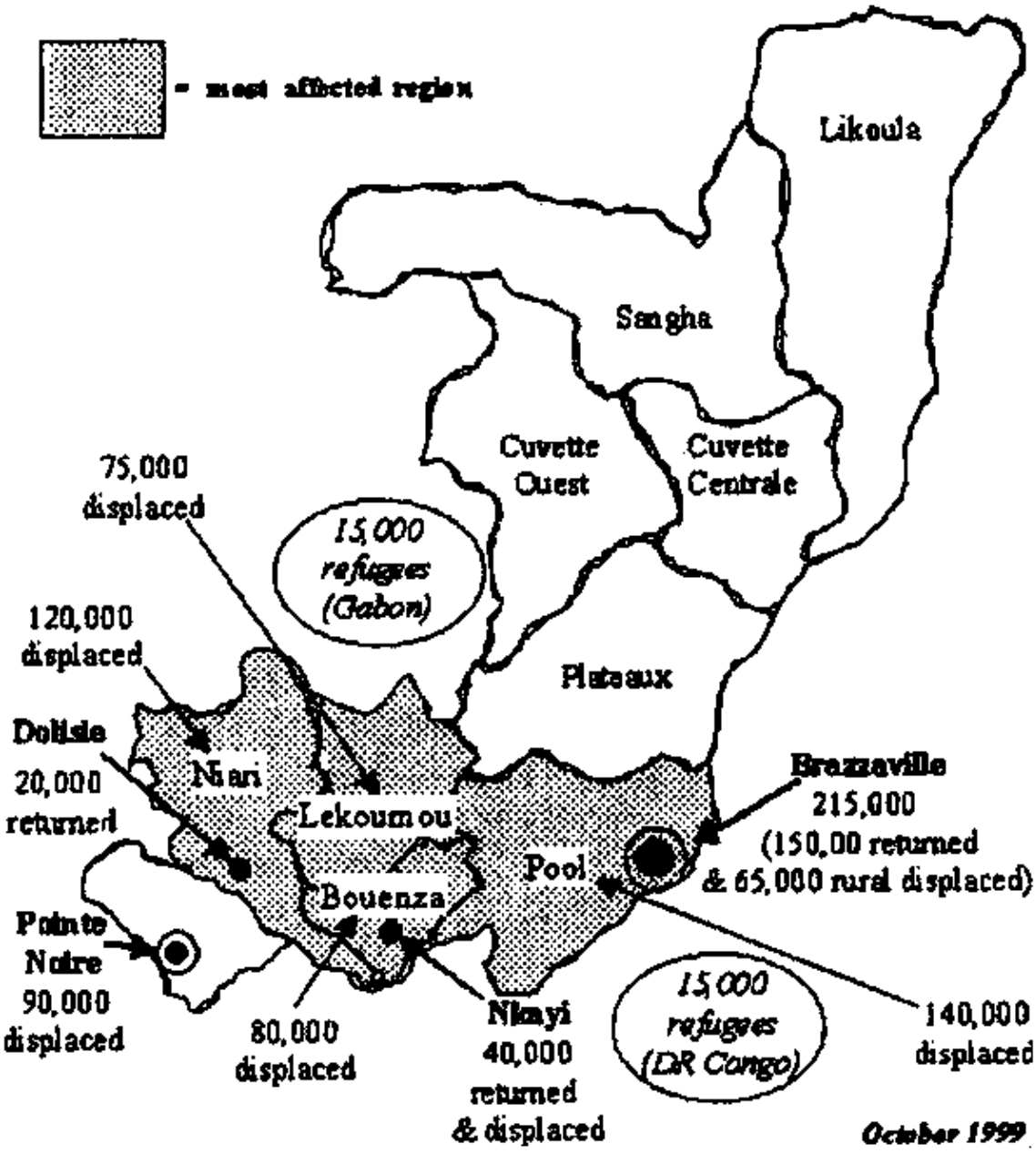
Overall, there has been no new information on the nutritional situation of the IDPs in Rwanda; it is assumed that that this population remains at moderate risk (category III). The nutritional situation of refugees remains unknown to the RNIS (category V).

Republic of Congo, Brazzaville, (RoC)

The Republic of Congo (RoC) collapsed into an intense civil war in December 1998 after only a short period of relative stability since the large–scale fighting in 1997. Hostilities began in the Pool region in September 1998, spread to Brazzaville in December, and went on to cover most of the southern part of the country. A sustainable solution to the conflict has not yet been found, although there have been reports of an accord signed between the Government's armed forces and representatives for the Ninja and Cocoye rebels in Point Noire in November. Sporadic skirmishes between government forces and opposition–backed militia continued over the reporting period, although on a reduced scale. Abuses of human rights continue, particularly against IDPs. Currently, opposition forces control only a few areas and all major towns are under government control. The Government has adopted a policy of normalisation and has requested all IDPs to return to their homes (IRIN–19/11/99, 26/11/99; OCHA –11/99).

Numbers affected

An estimated 810,000 people have been displaced by the conflict in RoC, mainly from Brazzaville, Dolisie and Nkayi. As of the end of October, an estimated 200,000 IDPs had returned to urban areas, but a further 170,000 remain displaced in urban centres and 440,000 people remained displaced in rural areas (see map). A further 30,000 people are refugees in DRC and Gabon, the majority of which are in Gabon (OCHA–11/99).



Republic of the Congo 810,000 displaced and returned persons

Sources: UN, Government, donor, NGO and church representatives.

Access

Access for the delivery of humanitarian assistance up until the second half of this year was mainly restricted to Brazzaville and Pointe Noire. Only small areas of the interior of the country could be reached by humanitarian agencies on an irregular basis. WFP has been unable to distribute all of the food aid it planned and many of the IDPs in the forests or rural areas have not received humanitarian assistance (IRIN–26/11/99; OCHA–11/99).

The fighting in RoC has disrupted agriculture and marketing activities, and reduced food imports throughout the country. The two most important agricultural areas of the country, Pool region and the Niari valley, have been seriously affected by the war (ACF–F –11/99; FAO/GIEWS –10/11/99).

Brazzaville

The population of Brazzaville was estimated at 950,000 before the recent crisis. The population's main economic activities were trade, petty trade and agriculture (mainly vegetable gardening). Approximately 70,000 people were employed by the state. However, their salaries were paid infrequently; most of them were also involved in other income–generating activities (ACF–F–11/99).

Following the fighting in December 1998, the population living in the southern parts of Brazzaville were displaced. Of these, approximately 60,000 moved into camps or with host families in the north of the city, 200,000 people fled to the Pool region and approximately 30,000 found refuge in the DRC.

The displaced population is currently returning to Brazzaville, and the most recent figures (end of October) indicate that 150,000 people have returned. A further 60,000 people from rural areas have also gathered in Brazzaville (OCHA –11/99). An ICRC assessment estimated that about 20–30% of people living in the southern quarters of Brazzaville were displaced (ICRC –10/99). There has been a decrease in the numbers of returnees in November (IRIN – 19/11/99) which could mean that the majority have now returned, and a proportion of the people still absent have died (ICRC –10/99).

Nutritional situation in Brazzaville

Extremely high prevalences of malnutrition have been recorded among the returnees to Brazzaville. Until the end of September, the prevalence of severe malnutrition (mostly kwashiorkor) in newly arrived children under–five in Brazzaville remained constant at about 20% (see RNIS 28). It is worth noting that oedematous malnutrition was unknown in the RoC prior to the current conflict. After the 1997 war, MSF reported a prevalence of severe malnutrition of 1.6%. The causes of malnutrition in the arrivals clearly originate in the Pool Region. By July 1999, the population in the Pool were effectively cut off from all food sources except cassava (ICRC–10/99).

In September, agencies in Brazzaville noticed the development of oedema in individuals who were apparently healthy on arrival. Oedema developed 1–3 weeks after arrival. As this problem also occurred in the displaced who received a regular general ration from ICRC, it is likely that the causes were related to the development of a metabolic abnormality whilst in the Pool Region, either as a result of a deficient diet or infection (Golden – 9/99). An increase in salt consumption after arrival in Brazzaville was associated with the increase in oedema. IRC/UNICEF and ACF are investigating this problem further.

Food Security in Brazzaville

ACF–F assessed food security in Brazzaville to establish what coping mechanisms people were using and which groups are the most vulnerable (ACF–F – 9/99). ICRC later assessed food security of both displaced persons from the Pool Region and returnees to Brazzaville (ICRC ~ 10/99). The main findings of the assessments are summarised below:

- The main limiting factor that prevents households from obtaining sufficient food is a lack of access to money. Food prices apparently showed little increase, although the ICRC assessment found that while the price per unit had not changed, the unit itself had decreased (i.e. people could buy less for the same amount of money). The returnees are particularly vulnerable in the first few weeks after their return to the city before they can reestablish themselves professionally or link up with groups (church, families) who may be able to

support them. This vulnerability is made worse by the fact that many of the returnees actually arrived in Brazzaville in very poor nutritional condition after hiding in the forests or rural areas.

• The main way of accessing initial funds was either through collecting salaries (civil servants), loans, or gifts from friends or relatives. Assistance could be provided in kind, cash or through work. These funds would then be used to start small–scale trading activities, or market gardening (ACF – 9/99) to maximise income. A large proportion of both returnees and displaced from the Pool Region were involved in firewood collection. Initially, some obtained cash through theft of assets and garden produce from those who had not yet returned (ICRC–10/99).

• The most vulnerable were those displaced from the Pool Region, as they had much greater difficulty accessing funds to start trading activities, or land for market gardening (ICRC – 10/99). Brazzaville residents returning from the Pool Region were more vulnerable than those returning from North Brazzaville and from DRC (ACF –9/99). Those returning from DRC were generally considered to be better off, partly because they received relief in DRC. People from North Brazzaville had had time to develop the necessary connections to acquire loans (ICRC – 10/99). Among the Brazzaville residents, the self–employed and those previously working in the private sector were more affected than civil servants (ACF–9/99).

• In all these groups, the sick and the malnourished were vulnerable both from a physiological and an economic perspective. If people were not involved in any economic activity, including firewood collection, they often said this was because they felt too weak (ICRC –10/99).

• Both returnees and the IDPs adopted a variety of strategies in response to a reduction in income. These included a reduction in the number of meal/person/day, purchasing food in very small quantities, reduction in quality of meals (reduction in oil, animal products, and vegetables), switch to cheaper staples and reduction in consumption of imported foods. Almost all socio–economic groups ate the same kinds of meals. The number of people eating their main meal together increased, with households hosting displaced and Brazzaville residents whose houses had been destroyed. However, at the same time, the number of people eating alone outside the house also increased (ACF –9/99).

Humanitarian situation outside Brazzaville

In the week of 17–24th September, ICRC carried out a mortality survey on every third family arriving at the transit centre in Brazzaville. The main aim of the survey was to confirm the severity of the situation as indicated by the high malnutrition rates in new arrivals. Also, interviews with new arrivals indicated that a large proportion of family members had died (ICRC–10/99).

In total, 399 families that originated from the Pool Region and 1151 families who came from Brazzaville were interviewed. Using the pre–war population of the families as a baseline, it was estimated that 4.4% of Pool residents had died between December 1998 and September 1999, and 5.6% of Brazzaville residents (ICRC –10/99).

Mortality rates in Brazzaville residents increased gradually between December and May and reached crisis proportions by June 1999 (2.6/10,000/day). By August mortality was 4/10,000/day. For Pool residents, mortality showed a sudden increase from June, and by August was 5.5/10,000/day. The major cause of death for both groups was malnutrition (usually identified as swollen feet). All age groups were affected. In both groups, about 25% of deaths were in the 15–45 year age group (ICRC –10/99). There is no new information on the nutritional situation of the IDPs or residents outside of Brazzaville. Much of the area is still inaccessible to humanitarian agencies except Kinkala, a town 65 km south west of Brazzaville (IRIN – 29/10/99; Oxfam–08/12/99).

Refugees in RoC

No new information on the nutritional situation of 8,000 Angolan or 5,000 Rwandan refugees in RoC is currently available.

Recommendations and priorities:

• Gaining access to populations in the Pool Region and other inaccessible areas is critical.

• Assess the nutritional situation of people arriving in Brazzaville, and refugees in Gabon.

From the food security assessments in Brazzaville:

• ACF recommended providing a ration of 1900 Kcal/person/day for all persons returning from Pool Region for one month. ICRC later changed this recommendation to a two−week ration, of 2400/kcals/person/day (standard ICRC ration). The value of this ration is about 10,000 CFA, which the survey showed to be the minimum required to start petty trade. ICRC are currently providing this ration.

• Continue the targeting of the vulnerable groups already in the city by WFP, in particular the IDPs from the Pool Region. Vulnerable Brazzaville residents will be particularly difficult to register. Several targeting methods were recommended: (i) Through a soup kitchen. The assumption behind this method is that only the most vulnerable will take advantage of the programme, which will assist in registering them and should help to determine more accurately the causes of their vulnerability. This programme should be for a maximum of three months. (ii) Identification of vulnerable households through the Church network. (iiii) Monitoring nutritional status through health centres, and referring those who become moderately malnourished.

• Non−food interventions should include the re−establishment of credit projects through the Church network, and the distribution of seeds and tools to those with access to land.

Overall, the situation remains critical for those people in inaccessible areas, given that their mortality had already reached very high levels in August (category II). The prevalence of acute malnutrition in new arrivals is assumed to remain high. However, after their arrival in Brazzaville their food security situation rapidly improves due to resumption of economic activity, food distributions and feeding programmes. Therefore, the nutritional situation of the population in Brazzaville is considered less critical (category III). The nutritional situation of the IDPs in other areas and the refugees is unknown (category V).

Democratic Republic of the Congo (DRC)

A tenuous cease−fire is being observed across the Democratic Republic of the Congo (DRC) following the signature of the Lusaka cease−fire accord. The accord charts a multi−track course that should lead to the withdrawal of all foreign forces and the restoration of Congolese state authority over the entire country. There still remain, however, formidable challenges including the demobilisation of numerous militia groups and defining a common ground for political consensus. Peace efforts must also address the humanitarian problems resulting from the war including the return and re−integration of over one million IDPs and refugees (IRIN −10/12/99; OCHA−11/99).

The UN Security council has established a peacekeeping force for the DRC that will be deployed throughout the country for an initial period of 3 months to monitor and support the implementation of the Lusaka cease−fire accord, and facilitate the delivery of humanitarian assistance in DRC (IRIN−08/12/99).

Numbers affected

Almost 14 million persons have been directly affected by the war in DRC and are in need of humanitarian assistance, although to varying degrees. An estimated 916,000 people have been displaced by fighting within the country (see map). The IDPs and their hosts remain exposed to violence and extortion perpetrated by various military and militia. A further 130,000 Congolese have found refuge in Tanzania and Zambia. Over 270,000 refugees from neighbouring countries remain in the DRC (OCHA −11/99).

Approximately 2,200,000 Congolese IDPs, returnees and socially unprotected urban groups and refugees in the DRC face severe food insecurity. This represents more than 4% of the country's population (OCHA −11/99).

Economy

In urban areas the dire economic situation, a legacy of years of misrule, has been exacerbated by the war. The economy is characterised by major losses in state income, trade standstill between the west and east of

the country, enormous military expenses and restrictive monetary measures. These factors are making urban livelihoods extremely fragile (OCHA–11/99, 15/11/99).

IDPs in DRC (from OCHA, 15/11/99)

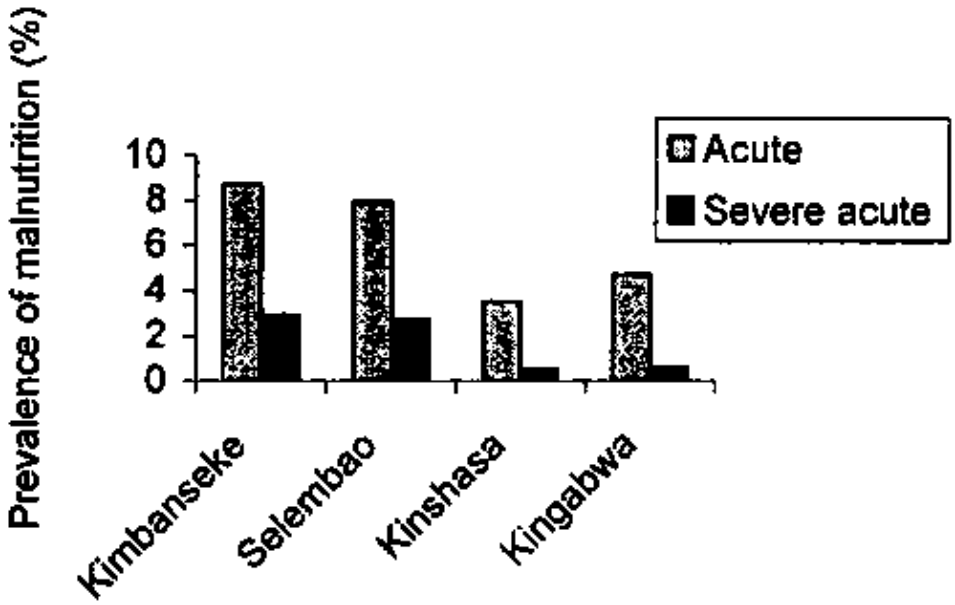
Security, access and funding

The security situation within DRC remains critical, with the exception of Kinshasa. The Kivus, Katanga, Equateur and Orientale provinces are particularly insecure and as a result it is difficult to provide humanitarian assistance in these provinces. Little information on the nutritional situation in these areas is available, but it is assumed that conditions are very poor, given that trade with the rest of the country is severely restricted, fighting has damaged agricultural activities and medical supplies are low or non–existent (IRIN 07/12/99, 26/11/99, 25/11/99, 10/11/99, 12/10/99).

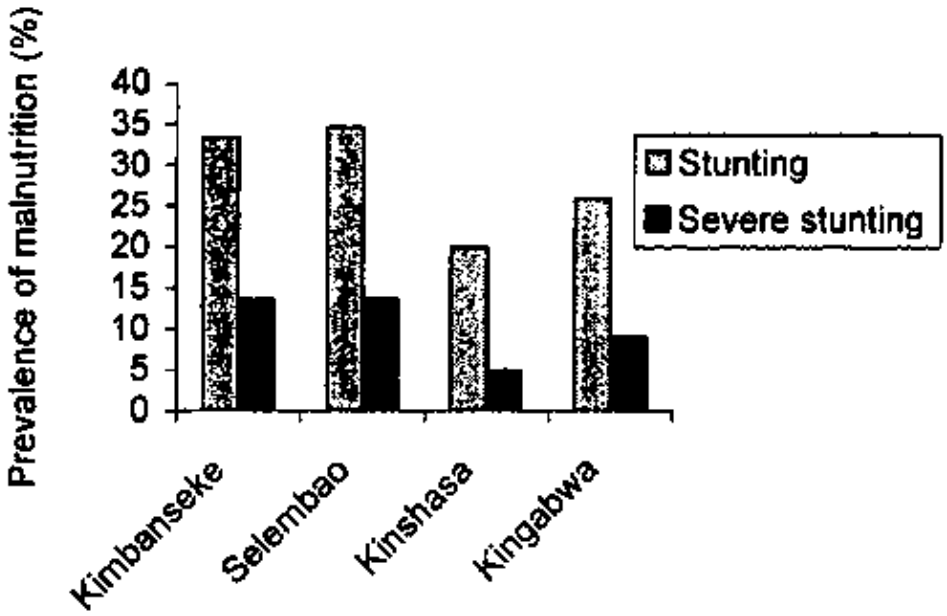
WFP's EMOP for the DRC aims to assist 350,000 IDPs and vulnerable people; clearly more people require assistance than this, but gaining access to them is difficult, although improving. WFP's appeal had only received 29% of its requirements in mid–December and hence cannot currently even fully support those to whom it has access (IRIN –07/12/99; 08/12/99; OCHA –11/99; WFP –10/12/99).

Kinshasa

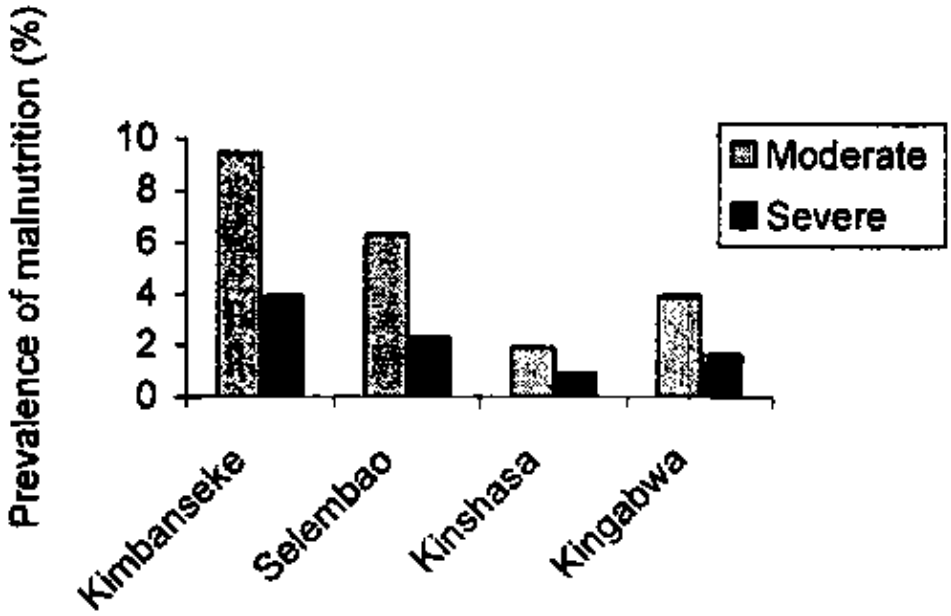
The capital city of DRC, which is made up of 24 communes, covers a surface area of 150 km^2 and, according to a census in 1998, is home to approximately 5,500,000 people. ACF–USA undertook four nutritional surveys in the city in October (see annex). The surveys were conducted in four separate communes, two of which are on the outskirts of the city and have more agricultural activity (Kimbanseke and Selembao communes) and two of which are in more urban, central zones (Kinshasa and Kingabwa communes). The results of the surveys, for both children aged 6–59 months and their mothers, can be seen in the graphs below.



The prevalence of acute (wasting and/or oedema) and severe acute (severe wasting and/or oedema) malnutrition among children aged 6–59 months in four communes in Kinshasa, October 1999



The prevalence of stunting and severe stunting among children aged 6–59 months in four communes in Kinshasa, October 1999



The prevalence of moderate and severe malnutrition (defined using the BMI and MUAC) in mothers in four communes in Kinshasa, October 1999

The prevalence of malnutrition is higher, in both children and their mothers, in the peripheral communes that are more "rural". ACF–USA is preparing to undertake a food security assessment that may provide some explanation for the differences (ACF–USA –11/99).

The nutritional situation was not considered "out of control", but a huge number of children require supplementary and therapeutic feeding. In Kimbanseke commune alone, where there are an estimated 105,300 children under–five, approximately 3,000 children require therapeutic feeding (ACF–USA–11/99).

Mortality rates for children under–five, coverage of feeding programmes and measles vaccination rates can be seen in the table below. The coverage of the feeding programmes was very low in all four communes. Vaccination rates were also poor if confirmation was given by card alone, although this figure increased considerably when the mothers were asked about their children's immunisation history (ACF–USA–11/99).

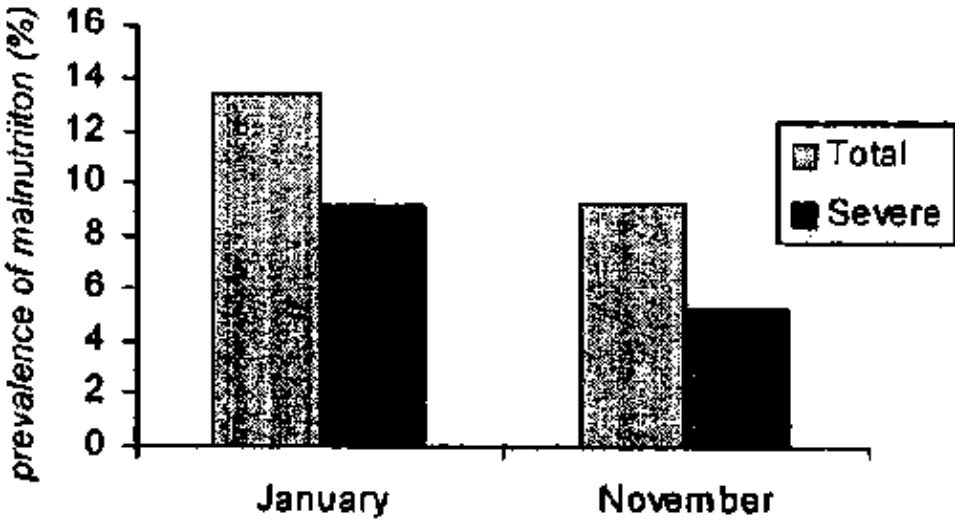
Results of nutritional assessments in Kinshasa

Commune	Under–five mortality rates	Coverage of feeding programmes	Vaccination	
	deaths/10,000/day	(%)	With card	With/without card
Kimbaseke	n.a.	5.1	28.7	71.9
Selembao	2.3	5.6	33.0	88.8
Kinshasa	1.0	6.3	29.1	92.3
Kingabwa	1.0	7.1	28.9	92.8

In November, floods displaced 15,000 citizens of Kinshasa. The Congo River reached a historical high, although the peak of the rainy season is not expected until mid–December. As two thirds of Kinshasa is built on plains and is vulnerable to flooding, there is concern that many more citizens will have to be evacuated. The risk of cholera, already endemic in this area, is extremely high (OCHA – 02/12/99, 06/12/99).

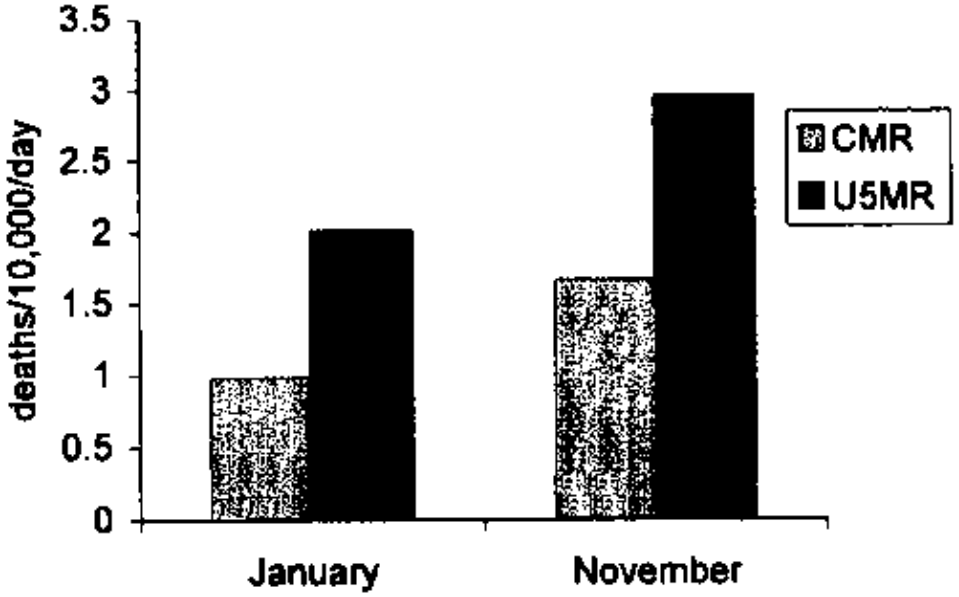
Kisangani Town

MSF–H conducted a survey in Kisangani Town in November as a follow up of a survey conducted in January (see RNIS 26). The prevalence of wasting decreased from 13.4% in January to 9.2% in November (see graph). Fifty–three percent of the malnourished children had oedema. Female–headed households were twice as likely to have a severely malnourished child. The prevalence of stunting was estimated at 42.7%, including 19.7% severe stunting (see annex).



The prevalence of total and severe malnutrition in Kisangani Town in January and November 1999

The survey reported that under–five mortality rates and CMRs had increased since January (see graph). In addition, the number of admissions of children over five to feeding centres had increased between the two surveys (MSF–H–11/99).



The CMR and under–five mortality rates in Kisangani Town in January and November 1999

MSF–H have suggested that while the prevalence of wasting has decreased, the nutritional situation overall may in fact have worsened. The reduction in the prevalence of wasting was largely due to a decrease in the prevalence of severe malnutrition. A reduction in severe malnutrition could be a result of mortality, or therapeutic feeding, rather than an improvement in the nutritional situation of all children. However, the coverage of the feeding programme was not determined in the survey and hence it is not possible to assess whether the reduction in severe malnutrition was due to therapeutic feeding or increased mortality.

The increase in mortality may in part be because people can no longer afford to pay for health care. Health care is available, but it is too expensive. Similarly, the high prevalence of kwashiorkor may be related to the fact that much of the population cannot afford to buy a selection of foodstuffs from the market and must rely only on what they grow – thus the quality of their diet is inadequate. Increased numbers of people are reported to be leaving the city to obtain food more cheaply (MSF–H–11/99).

Bas–Congo

MERLIN conducted a nutrition survey and food security assessment among residents, refugees and returnees in the Bas–Congo health zones of Luozi and Mangembo in September and October (see annex). The survey estimated the prevalence of acute malnutrition at 26.0%. The prevalence of oedema was extremely high at 20.3%. The prevalence of stunting was estimated at 64.2%, including 38.7% severe stunting. The measles

vaccination rate was 72% according to carers' reports and the polio immunisation rate was 81.6%. These figures, however, could not be confirmed, as the number of children possessing vaccination cards was extremely low (MERLIN–11/99).

This survey was conducted at the end of the dry season, when food insecurity is worst. Given that there were no baseline data available, it was difficult to verify to what extent the prevalence of malnutrition was due to an exacerbation of a recognised, traditional seasonal problem. The very high prevalences of severe acute malnutrition, in particular oedema, however, do indicate a serious health risk (MERLIN–11/99).

The majority of the severe acute malnutrition was kwashiorkor. The population's primary staple during the survey period was cassava, and the consumption of meat and poultry was low. High intakes of cassava, with little complements, may be linked to a high incidence of kwashiorkor (MERLIN–11/99).

Chronic food insecurity in these areas has been exacerbated by the war in neighbouring RoC. While food production was not worse than previous years, the influx of refugees and economic migrants returning from RoC placed increased demands on the local economy. Traditionally, Bas–Congo had strong economic links with the RoC. The local population exported their agricultural surplus to RoC in exchange for sugar, salt, meat, fish and manufactured goods. The closure of the border has stopped this trade and restricted access to a wider variety of food produce. Although 65% of the returned economic migrants were reported to have access to land, only half of these had access to seeds. Looting of livestock and crops by the military further marginalised household food supply. There were no differences in the prevalence of wasting, stunting or oedema between the resident, returnee or refugee groups (MERLIN–11/99).

Katanga

An inter–agency mission in Northern Katanga in October witnessed large–scale devastation of areas affected by combats. The situation of the returnees and those still living in the bush (over 120,000 persons) was described as pre–catastrophic (OCHA – 15/11/99). An MSF–B assessment mission to monitor the situation of IDPs in Duni and Pweto in the north east of Katanga Province reported that the nutritional situation was critical (WFP – 01/10/99).

Medical and food assistance has been provided to IDPs in Pweto, and Lubumbashi. The rest of Katanga's approximately 195,000 IDPs remain unassisted (OCHA –15/11/99).

A UNHCR nutritional survey of the refugees in Katanga is described below in the refugee section.

Kivus

A recent registration of IDPs estimated that there were 155,000 IDPs in the accessible areas of North Kivu province. The total IDP figure for North Kivu is expected to rise considerably when the figures for the currently inaccessible areas are included. Preliminary estimates put the number of IDPs in South Kivu at 180,000 (OCHA – 15/11/99). In November, only 31% of the target population is assisted. WFP expects to extend assistance to additional beneficiaries when further resources for its EMOP are mobilised (WFP –12/11/99).

Insufficient stocks of cereals have created a bottleneck for the implementation of assistance programmes for IDPs in Goma. There is also a scarcity of sugar and CSB, which is required for the special feeding programmes. The movement of goods in this area has been restricted by insecurity. Population displacement due to military activities continues in both North and South Kivu (WFP–01/10/99, 12/11/99).

Orientale Province

A local conflict in the east of the country – Ituri district – between the pastoralists Hema and agriculturalist Lendu ethnic groups which began in June has expanded in the reporting period. Large numbers of people have been displaced (up to 50,000) and many villages have been burnt (IRIN –15/11/99; OCHA–15/11/99).

An MSF–H nutritional survey in late October in Bunia Health Zone, Ituri district, estimated the prevalence of wasting and/or oedema at 11.6% (see annex). The prevalence of oedema was high at 8.6%. The prevalence of malnutrition was higher among the displaced children than residents, although poor food security had affected the whole population. Market prices had increased since the conflict began. The population were employing coping mechanisms such as a reduction in the amount of food consumed, planting small gardens and seeking employment in the fields of other cultivators (MSF–H–12/99).

The authors of the survey concluded that, given the political and economic situation in the district, the outlook for food security in this area is poor. They anticipate an increase in prices of foods and eventually a shortage of staples because of the insecurity (MSF – H –12/99).

Refugees in DRC

Despite the continuous fighting in the DRC during 1999, tens of thousands of refugees fled civil strife in their country to the relative security of the DRC. Specifically, the escalation of the conflict in the Republic of Congo (RoC) and Angola resulted in a substantial influx of refugees to Bas–Congo, Bandundu, and Katanga Provinces. There are currently an estimated 260,000 refugees in the DRC.

Sudanese refugees

There are an estimated 60,000 Sudanese refugees in Orientale Province. There is no new information on the nutritional situation of these refugees.

Angolan refugees

There are an estimated 156,000 Angolan refugees in Bas–Congo, Bandundu, and Katanga Provinces. Some 56,000 Angolans fled into DRC in late 1998 and early 1999. These people joined the 100,000 refugees (67,000 of whom are assisted by UNHCR) who were already in the country (OCHA–11/99; UNHCR–16/12/99).

Kisenge camps, Katanga

There are an estimated 42,000 Angolan refugees in 3 camps in Kisenge. 22,000 of these had arrived in the 1970's and had become self–sufficient by 1998. UNHCR was in the middle of a repatriation programme when civil war in Angola resulted in a further 20,000 Angolans arriving at the camp. The repatriation programme was halted; prospects for repatriation are very poor at the moment (UNHCR/WFP –11/99).

UNHCR undertook a nutritional survey in the 3 camps in August, which showed that the nutritional situation had dramatically improved. The survey in August estimated the prevalence of wasting at 3.5%, including 0.3% severe wasting. The prevalence of oedema was estimated at 0.14% (one child was oedematous) (UNHCR –17/09/99).

This survey took place after a three–month intensive nutritional programme in the camps, following the results of an MSF–B survey in the area in February that reported high prevalences of malnutrition (see RNIS 26),

The feeding programme coverage was estimated at 57.7%, which is relatively low, possibly because of the large distances to the clinics from some of the refugee camps. Vaccination coverage was high –89.7% of the children had been vaccinated for measles (although only 11.2% were confirmed by card) (UNHCR –17/09/99).

The improvement in nutritional status was partially due to the coping strategies adopted by the refugees, which included: working in manioc fields for Congolese or more established refugees, eating manioc tubers before complete maturity, sweet potatoes, wild honey, wild fruits, wild ignames; eating or selling vegetables, rodents or insects. WFP also provided a general ration. (although this was low in calories, averaging 820/Kcal/person/day in the five months before the survey) (UNHCR –17/09/99).

Despite of the low prevalence of malnutrition recorded, the author of the survey warned that the hungry season was approaching and that it would last until February/March 2000. A complete ration is required for the refugees during this time of year (UNHCR/WFP –17/09/99).

A higher prevalence of wasting was recorded in the newly arrived refugees compared to those who had been there longer. The interagency mission to Katanga noted that the new caseload of Angolan refugees "is far from being self–sufficient", mainly because of insufficient land available for planting as well as a shortage of tools. Most of the old caseload has enough land to be considered self–sufficient (UNHCR/WFP–11/99).

Kilueka camp, Bas–Congo

There are an estimated 18,400 Angolan refugees in Kilueka and Nkondo camps in Bas–Congo. The health and nutritional situation of these refugees is considered acceptable, if very fragile. The UNHCR/WFP JFAM in

October 1999 found no signs of nutritional problems in Nkondo camp. No reliable nutritional surveys have been conducted in these camps (UNHCR/WFP–11/99).

The interagency mission observed that there had been no planting of staple foods around Kilueka camp, primarily because of the limited land availability. A limited amount of vegetables had been planted. Other sources of income, such as petty trading and brewing, are possible for these refugees. Land availability in these areas is the major obstacle for self–sufficiency for the refugees (UNHCR/WFP –11/99).

Congolese refugees (from RoC)

There are an estimated 6,000 Congolese refugees from RoC in Bas–Congo. The resumption of civil war in RoC forced 46,000 refugees into DRC, but a tripartite agreement between the governments of RoC, DRC and UNHCR facilitated the return of 40,000 of the refugees to Brazzaville via Kinshasa.

The MERLIN nutritional survey of the refugees in Luozi, Bas–Congo (described above) found a very high prevalence of malnutrition, particularly kwashiorkor. Many of the refugees in Luozi arrive in a very poor condition, having hidden in the forests for months. Most of the refugees have urban backgrounds; in any case there is no land available for the refugees to cultivate. The refugees from Brazzaville consider Luozi to be a transit centre and will move back to RoC as soon as possible. This may not be so for those from the Pool Region who will require a full ration (UNHCR –11/99).

Burundian refugees

There are an estimated 20,000 Burundian refugees in South Kivu. Efforts by UNHCR to assist these people were shattered by the rebellion. As the rebel forces swept through South Kivu, the refugees fled to the forest. They are reported to be living in extremely difficult conditions, but there has been no new information on their nutritional situation (OCHA–11/99).

Rwandan refugees

There are approximately 25,000 Rwandan refugees in various locations throughout DRC, The situation of these refugees is precarious, as the rebels perceive that they support President Kabila. Twenty–five thousand Rwandans were recently repatriated from North and South Kivu by local NGOs and UNHCR (OCHA – 11/99; UNHCR –16/12/99). The nutritional situation of the Rwandan refugees is unknown.

Ugandan refugees

There are approximately 2,300 Ugandan refugees in Orientale province. There has been no information on their nutritional situation.

Recommendations and priorities:

- Support WFP's emergency operation for the DRC, which is currently seriously under–funded.

- Continue to assess humanitarian needs in newly accessible areas.

From the surveys in Kinshasa:

- Precise recommendations must await the food security assessment, but it is clear that feeding programmes are needed in Kinshasa, particularly in the more rural zones.

From the survey in Kisangani:

- Continue and strengthen MSF–H nutritional interventions.

- Begin active screening of malnourished cases.

- Investigate the increasing mortality rates and the causes for the reduction in severe malnutrition.

- Conduct a food security assessment.

For the refugees:

• Monitor the nutritional situation of all the refugee groups closely. Monitoring should include regular nutritional surveys, food−basket monitoring and food economy assessments. Ensure the reliability of nutritional surveys using standard techniques.

From the survey in Bas−Congo

• Distribute a general ration of 2,100 kcal/person/day.

• Start targeted supplementary feeding programmes for the acutely malnourished under−fives.

• Distribute seeds and tools for the returnees.

• Improve therapeutic feeding of malnourished within existing health structures. Train health personnel on nutritional surveillance and treatment of malnutrition.

• Instigate long−term agricultural programmes aimed at improving yields and diversification of crops.

From the survey in the Kisenge camps

• Provide a ration of 1,900 kcal/person/day to all refugees in these camps until March 2000.

• Close the therapeutic feeding centres.

Overall, the IDPs are considered at high risk, particularly those in the Kivus, Katanga, Equateur, and Orientale Provinces (category II). However, there has been no assessment in these areas because of insecurity. War affected populations elsewhere are considered to remain at moderate risk, e.g. Kisangani and Kinshasa (category III). The situation of the Angolan refugees appears non−critical (category IV). The Congolese (RoC) in Bas−Congo are at very high risk (category I). The nutritional situation of the other refugees is unknown, e.g. the Sudanese, Ugandans, Rwandans and Burundians (category V).

United Republic of Tanzania

Tanzania currently hosts some 400,000 refugees in twelve designated locations in the Kagera, Kigoma and Tanga Regions. These refugees are mainly from Burundi (294,000) and the DRC (95,000), but there are also some from Rwanda (7,500) and Somalia (3,300) (WFP −10/12/99).

Given the situation in Burundi, it is expected that Tanzania will continue to host large numbers of Burundians. The number of Burundians seeking refuge in Tanzania increased over the reporting period, and aid agencies are preparing contingency plans for a possible influx of up to 300,000 more. In October, the repatriation programme to Burundi was suspended as a result of security conditions. Since August 1998, over 70,000 Congolese refugees have arrived in Tanzania (OCHA −11/99; WFP −15/11/99).

The refugees in Tanzania are almost entirely dependent on the food ration provided by WFP. The food pipeline was reported to be poor in June/July. Stocks were low in early August. In addition, access to agricultural land is severely restricted by the Government, and the refugees can only produce very limited amounts of food. WFP food assistance also benefits villagers from local communities participating in food−for−work programmes.

The RNIS has received no new information on the nutritional situation of the refugees in Tanzania. The most recent survey in Kigoma and Kagera estimated low prevalences of malnutrition.

Overall, the refugees in Tanzania are not considered to be at heightened risk of malnutrition (category IV).

Ethiopia

The peace accord brokered for Ethiopia and Eritrea by the Organisation of African Unity has still not been signed by both sides. It is estimated that some 50,000 people have died in the conflict. There is increasing concern that fighting will resume now that the dry season has begun.

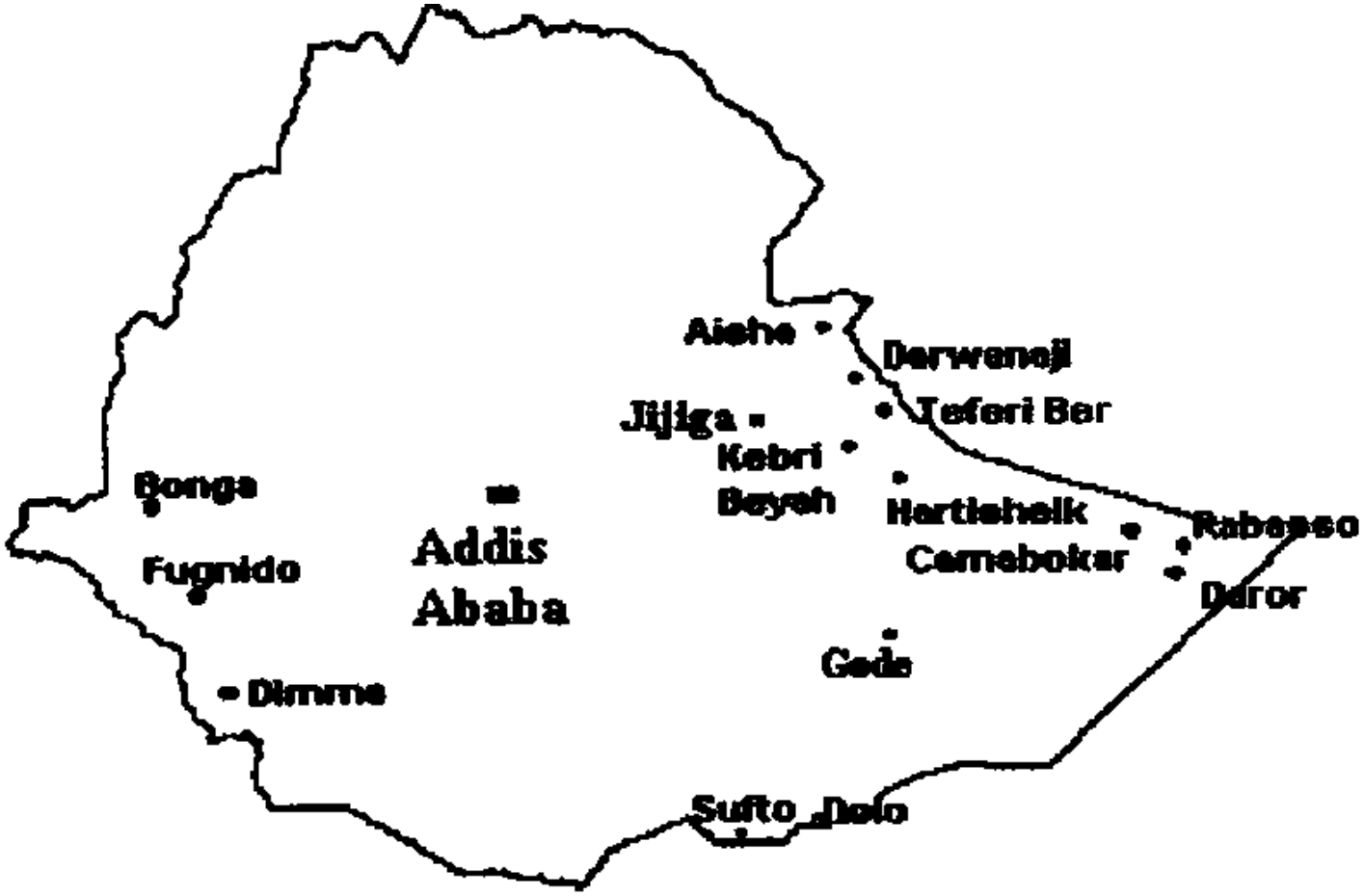
Nutritional situation of IDPs in Tigray

Prior to the conflict the Ethiopians in Tigray region, which borders Eritrea, had relied on the Eritreans for labour exchange and trade. Currently some 300,000 Ethiopians have been displaced because of shelling, mines, and enemy occupation or the army's use of their home area. Resettlement is not currently possible because the contested areas are heavily mined (RI – 26/11/99).

The regional government of Tigray and the Relief Society of Tigray (REST) have encouraged local 'hosting' of IDPs in order to avoid displaced camps becoming a target for the Eritreans, and also to decrease the risk of increased transmission of communicable disease. This policy has been largely successful; 28% of the IDPs are hosted by relatives, and 16% by non–relatives. The remainder of the IDPs are living in informal accommodation (cave, tent or grass/stick house protected with plastic sheeting) or are renting accommodation (16%), A very high number of IDP households are headed by females (52.3%), mainly because their husbands are absent in the army (SCF–UK –8/99).

IDPs in the east and central zones of Tigray are almost wholly dependent on the general ration, having no other significant reliable source of food. Sales of relief food are the most important source of income for the people in these areas and provide cash for coffee, salt, sugar, chili, grinding and, in some cases, soap, firewood or charcoal, although the ration has occasionally included soap and kerosene. The IDPs in western Tigray have more opportunities for employment in agriculture, construction or domestic service, however these opportunities are seasonal and sporadic. IDPs who brought livestock with them, or who have opportunities to work, or receive a high degree of support from their relatives, are not being provided with assistance (SCF–UK – 8/99).

The agreed ration provides 2,100 kcal/person/day, but in practice is widely reported to consist of only wheat (10–15 kg/person/month). Oil–blended supplementary food and occasionally pulses have been distributed in the general ration at various times, although more often in some locations than others. Blended supplementary food is also distributed to children under one year and those with a weight–for–height less than 60% through mobile outreach programmes. Larger households and those with a higher proportion of infants and young children are able to benefit from the standardisation of the ration through economies of scale, and also the redistribution of excess food for younger children (SCF–UK – 8/99).



Despite these difficult circumstances, a nutritional survey in August did not find an elevated prevalence of malnutrition among the displaced population in Tigray (see annex). The prevalence of wasting was estimated at 7.7%, including 1% severe wasting and/or oedema. Two oedematous children were seen (0.2%). The prevalence of stunting was estimated at 36.9%, including 12.4% severe stunting. These results indicate that although most children were not acutely malnourished during the survey period, their previous nutritional history is poor. No major outbreaks of illness were reported, although the prevalence of diarrhoea was considered high (SCF–UK – 8/99).

The IDPs reported being assisted by the host population, although this form of assistance was informal and unreliable (SCF–UK–8/99).

The most vulnerable households were those who were: labour–poor and unable to take advantage of any work opportunities, possibly because the sole adult was charged with childcare; those who lived far from distribution centres; those without relatives to support them in case of relief disruption; those in areas with no possibility of labour opportunities; those with a high ratio of adults and children compared to infants. There are also some concerns for the drought–affected host population, particularly those who were previously dependent on labour migration to western Tigray and Eritrea and are now unable to access this income source, and also those living near the front line who are unable to cultivate (SCF–UK – 8/99).

Donor reluctance to fund humanitarian operations for the IDP population has resulted in the curtailment of relief programmes since the survey above was undertaken. In October, WFP was forced to temporarily suspend cereal distribution to the IDPs. The donors' inadequate response has been partially driven by their increasing impatience with the perceived reluctance of the Ethiopian and Eritrean governments to commit to the peace process (RI –26/11/99).

Drought and harvest failure in Ethiopia

While the official 1999 main season (*meher*) harvest assessment has not yet been completed, it is already clear that crops have been negatively affected by a number of factors that vary from one part of the country to another. Some areas have been caught in the prolonged aftereffects of the poor *belg* season, which disrupted the normal cycle and resulted in delayed and reduced planting of the main season crops. In addition, some parts of the country have suffered crop losses due to pest infestations and localised flooding (UNDP –

15/11/99). WFP mission teams have reported a general deterioration in food security over the reporting period and increasing levels of malnutrition and child mortality. As a result, the agency has extended its operations (WFP – 29/10/99, 26/11/99). An estimated 7 million people were targeted for food assistance in October and November (FEWS – 26/11/99).

Konso Special Woreda is one of the areas that has been most severely affected by this year's drought. The government is distributing a general dry ration to the most affected households in selected areas through the Farmers Associations. An MSF–H survey in August estimated the prevalence of wasting at 20.2% including 1.2% severe wasting (see annex). According to the authors of the survey, this is one of the highest recorded prevalences of wasting in Ethiopia (the national survey in 1992 recorded a prevalence of wasting at 8%). Further indicators of poor food security include shifting patterns of food consumption (from locally produced staples to purchased imported staples and wild foods), sales of assets and rising price of food commodities in the markets. High levels of morbidity were reported. If the situation deteriorates further there is a real risk that full–scale famine, involving population displacement and high mortality rates, will occur in Konso Special Woreda (MSF–H 09/99).

SCF–UK conducted emergency nutritional assessments in the worst affected *woredas* of east Hararghe zone and also in north–east Amhara region in September and October. These areas have also been badly affected by the drought, and high prevalences of wasting persist in both areas. The population in east Hararghe rely on purchasing grain imported from other areas as the *meher* maize crop failed completely. With limited cash, and no grain reserves, they are forced to sell sheep and goats to buy grain. Livestock condition has improved with the recent *meher* rains, although terms of trade between livestock and food crops remain unfavourable. Relief food distribution has been irregular and insufficient per household; almost half the households surveyed had not received a distribution in the 3 months prior to the assessment in October (SCF–UK –10/99, 11/99a).

The population in north–east Amhara continues to rely heavily on relief food as their main source of food. The number of meals per day has been reduced from 3 to 2, and all areas surveyed reported a reduction in meal size. In addition the targeting mechanism is unsystematic as each *woreda* has its own guidelines. Out of 50 Farmers Associations that were included in the survey, 14 had a prevalence of acute malnutrition between 10% and 20%. The population will not benefit from a major harvest until June 2000 (SCF–UK –11/99b).

Refugees

There are some 68,000 Sudanese refugees in camps in west Ethiopia, 193,000 Somalis in east Ethiopia and approximately 13,000 Kenyans and Somalis in the South of the country (OCHA –15/11/99). There is no new information on their nutritional situation.

The Government of Kenya has asked UNHCR to suspend the return of the 4,700 Kenyan refugees from Ethiopia because of security concerns and clan fighting in the refugees' area of return (OCHA –15/11/99).

Recommendations and priorities:

- Funds are urgently required for the humanitarian assistance programmes for the IDPs displaced by the war.

- Close monitoring of the drought–affected population should be maintained.

From the SCF survey in Tigray:

- Continue and improve the general ration. Include blended food in the ration to prevent micronutrient deficiencies.

- Provide seeds and tools where appropriate. Restock livestock.

- Build houses for the IDPs. Repair infrastructure including clinics, schools, water–points, grinding mills.

- Provide clothes and cooking pots etc.

- Continue to monitor the IDPs and begin monitoring the host population.

- Prior to resettlement de–mine local environment. Conduct a mine awareness campaign.

From the survey in Konso Special Woreda:

- Increase the dry ration for the food–for–work programmes.
- Make contingency plans for a large number of admissions to the supplementary and therapeutic feeding centres.
- Continue to develop activities in the health, water and agricultural sectors.

From the assessments in east Hararghe and north–east Amhara Zones:

- Increase the general food distribution.
- Targeted distribution of blended food to areas with mean %weight–for–length <90%.
- Review and improve the targeting systems in these areas.

Overall, the IDPs in Tigray are considered to be at moderate risk of malnutrition, which in part is a result of poor funding of programmes to assist them. Although their nutritional status was not critical at the time of the survey this could alter rapidly (category III), The nutritional situation of the refugees is also not critical (category III). A very large number of Ethiopians, however, are suffering from the drought and consequent harvest failures and effects on livestock, and livelihoods in general.

Eritrea

Approximately 200,000 Eritreans have been displaced by the war, including 40,000 children under five years old. 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. This policy has continued over the reporting period. 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 –18/11/99; SCF–UK 19/08/99).

No new information on the nutritional situation of the IDPs and refugees is available. The most recent (anecdotal) reports suggest that there is no nutritional emergency in the camps at present (SCF–UK –19/08/99; 08/09/99). Donor response to appeals by the Eritrea Relief and Refugee Commission, however, are reported to be poor (IRIN –15/10/99).

Recommendations and priorities:

- Information on the nutritional situation of war–affected populations on the Ethiopia/Eritrea border is required.
- Funds should be made available for humanitarian operations for the war–affected populations in the north.

Overall, the nutritional situation of the war refugees and IDPs is currently unknown, although they are probably at risk, because of limited humanitarian resources (category V).

Kenya

There were approximately 196,000 refugees in UNHCR camps in Kenya at the end of July. The majority of the refugees 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 80,600) and Dadaab, near the Somali border (camp populations 115,600). A population re–registration exercise in the Dadaab camps is due to take place in the next few months.

Dadaab camps

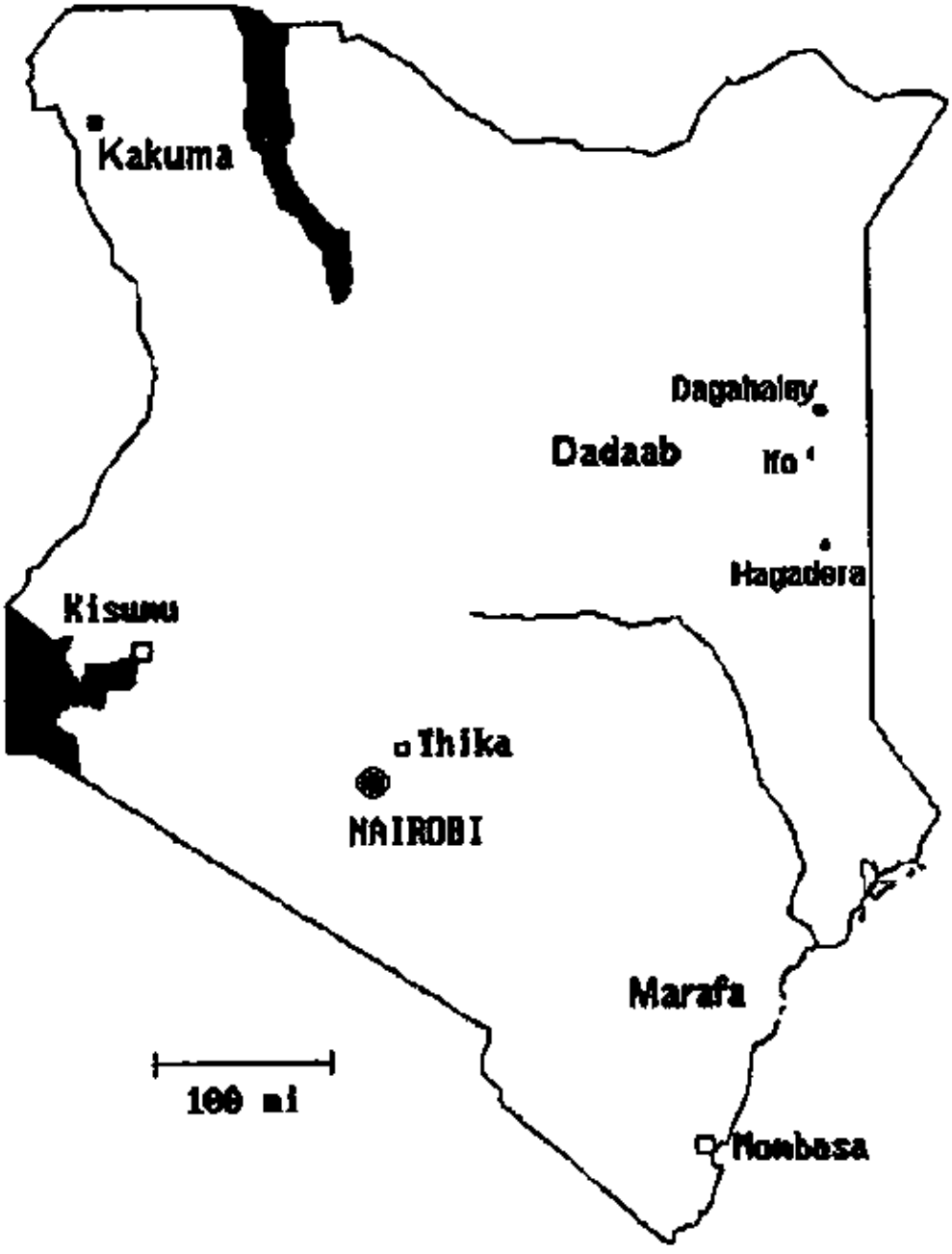
The three refugee camps around Dadaab town in Garissa District; Ifo, Dagahaley and Hagadera, were established in 1991 and 1992 following an influx of refugees fleeing fighting in the middle/lower Juba and Gedo regions of Somalia. These regions of Somalia are still considered areas of crises and UNHCR does not, currently, consider repatriation a feasible option for the majority of these refugees.

97% of the refugees in the Dadaab camps are Somalis. Approximately 75% of the refugees have rural pastoral or agricultural backgrounds, the remaining 25% come from large urban centres. 50% of the population is female and 17% are under five years old or over sixty years old (SCF–UK–25/09/99a).

Food and non–food distributions

Food–basket monitoring in 1999 found adequate levels of energy in the ration (2100 Kcal/person/day) and that the planned amounts of oil and cereals have been regularly distributed. A shortage of pulses occurred for three months, but this was compensated for with CSB (SCF–UK–25/09/99a).

Firewood, soap, and kitchen sets were also delivered during 1999. A firewood distribution project was started in 1998. This aims to provide 30% of a household's monthly requirement of firewood, although interviews with refugees suggest that it may only provide 20–25% of their requirements and thus they still have to collect or buy additional wood (SCF–UK–25/09/99a).



Food economy assessment

A food economy assessment by SCF−UK in the Dadaab camps in September reported the following findings (SCF−UK – 25/09/99a):

• The major source of food within the camps is the ration supplied by WFP. The poorest households (35−45% of the population) have difficulty in meeting their food and non−food needs. They often sell part of their cereal ration in order to buy small amounts of vegetables and milk. This means that they finish their rations two to three days prior to the next distribution, and rely on gifts from relatives to bridge the gap up to the next distribution.

• The rest of the population rely on various mechanisms to earn cash. Refugees have tried all opportunities available to them, and most households have someone engaged in trade, or the provision of services to the better−off households, such as collecting and selling firewood, or building houses, or transporting goods.

• The wealthier households (those who have access to remittances from outside of Kenya, or are involved in countrywide trade) purchase some, if not all of their food needs. There has been an increase in the number of people in this group since the last food economy survey in these camps in 1996.

• A household's wealth is mainly determined by its connections. The camp operates on a type of patronage system. The wealthier households assist their clansmen in earning income and increasing their wealth, particularly through giving them credit to operate a small business. Refugees who are related to Kenyan Somalis may obtain access to land. Those without connections to the local clan or established individuals face greater constraints in meeting their food and other needs. They are more reliant on the ration and other assistance provided by external agencies and are most vulnerable to food insecurity. Women who have been victims of violence, or who are alone, may be among the poorest as they may not receive patronage or support from others.

• The most important barrier to self−reliance is the arid environment in which the camps are situated. The refugees who have come from a rural background, who might normally be able to secure a portion of their food needs through agricultural activities, are seldom able to do so in the camp. There are virtually no kitchen gardens and seasonal agricultural activities are limited because the rains are unreliable and the soil is not welt suited to rain−fed agriculture. The quantity of water pumped prohibits the cultivation of tap−stand gardens for all but a very few. It may also be difficult for unconnected refugees to access land. Lack of seeds is a further constraint. Insecurity affects farming and the collection of wild foods.

• Some 25% of the refugees do not have an agricultural background and there is little opportunity for those with technical skills, for example those who were previously carpenters or mechanics, to use their skills in the camps.

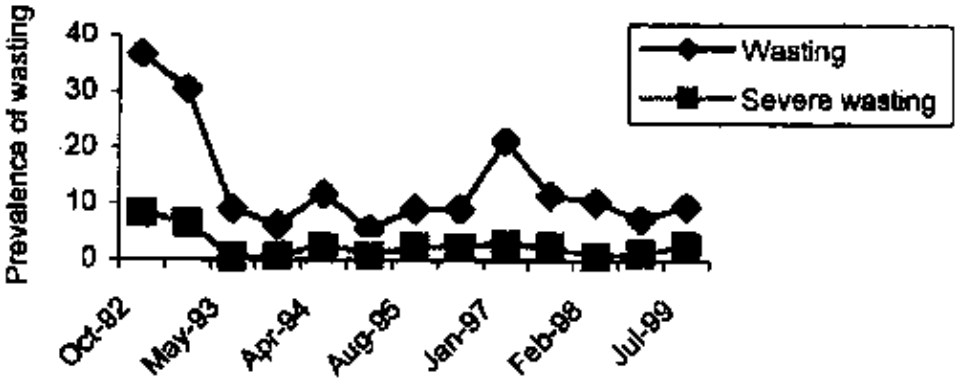
• The possibility of selectively reducing the ration given to less needy refugees was not recommended, given the complex and delicate inter−relationships between "better−off" groups and the poorer households, and the likely consequences (increased tension in the camps) and the practical difficulties of such a scheme. The present size of the better−off group helps to sustain the dynamics of the camp economy, and as such, they contribute by increasing opportunities to access food, markets and cash. Implementing a food−for−work scheme may have a negative affect on the refugees' ability to earn cash income themselves.

• The phasing−out of relief support to refugees with a view to longer−term self−reliance is not tenable in the present environment and should only be considered if the groups were able to re−establish themselves in areas where access to essential resources for a sustainable livelihood were not restricted.

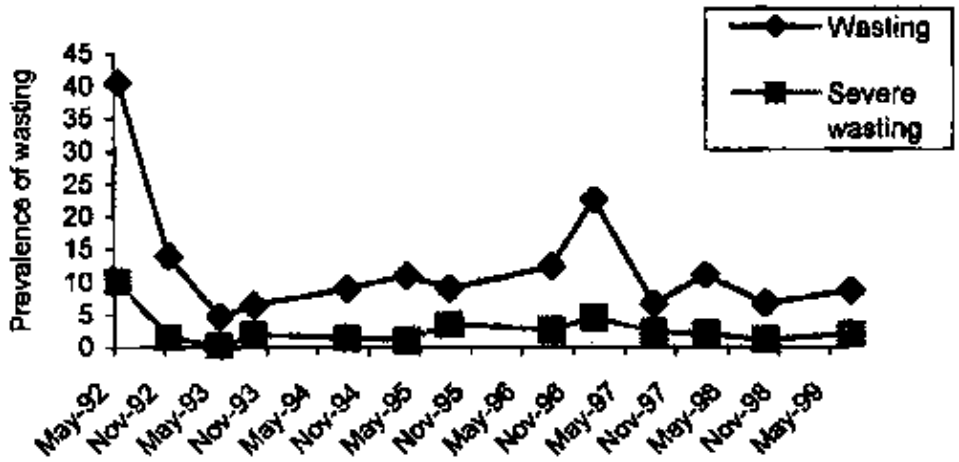
Nutritional survey

MSF−B conducted a survey in the three camps in July 1999 (see annex). The graphs below show the results of these surveys compared to others since 1992 (the prevalence of wasting is defined using percentage of median in these graphs and does not include oedema so as to allow for comparisons with previous years).

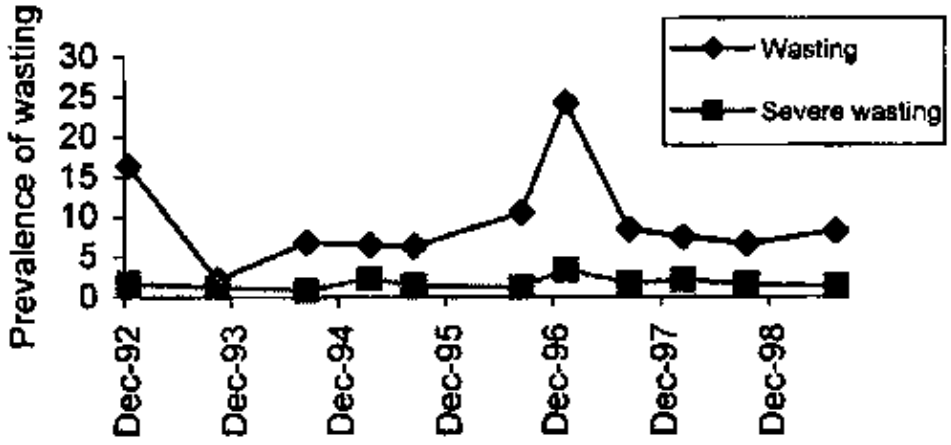
The prevalence of wasting (defined as <–2 z scores weight–for–height) and/or oedema ranges from 15.2% to 15.6% in these camps. There has been a slight, non–significant increase in the prevalence of wasting and/or oedema since the last survey in September 1998. There were no significant differences in the prevalence of malnutrition between the camps.



The prevalence of wasting (defined using medians) Hagadera camp, Dadaab



The prevalence of wasting (defined using medians) in Ifo camp, Dadaab



The prevalence of wasting (defined using medians) In Dagahaley camp, Dadaab

The number of admissions to therapeutic feeding centres had remained relatively constant in all three camps. The authors of the survey commented that the findings of a "mini–survey" conducted in the feeding programme indicated that most of the families of children in the feeding programme had a larger family than was shown in their ration card (MSF–B–28/08/99).

Kakuma camps

Kakuma is located in north–western Kenya, about 100 km south of the Sudanese border. The camp was established in 1992 for Sudanese refugees fleeing conflict in Bor County, Upper Nile. Since 1992, the camp has expanded to about four times its original size. In 1998 Kakuma II was opened, primarily to accommodate Somali refugees who were transferred from camps in Mombassa, which were closed. In May 1999, Kakuma

III was opened for more Sudanese fleeing from the war. The camp populations change almost daily as more Sudanese refugees arrive (approximately 11,000 have sought refuge this year) (SCF–UK–25/09/99b).

Approximately 71% of the population is Sudanese, 22% are Somali and 4% are Ethiopian. Men make up more than 60% of the population over four years old. Many of the males registered in Kakuma are unmarried and they may travel (illegally) in and out of the camps fairly regularly, trying to find work or "to see how the situation is" in Sudan.

Thus the actual difference in the number of men and women in the camps at any one time may be less than the registration figures suggest. Fourteen percent of the population are under five or over sixty years old (SCF–UK – 25/09/99b).

Food and non–food distributions

Food–basket monitoring in 1999 found adequate levels of energy in the ration (2100 Kcal/person/day) and that the planned amount of cereals has been regularly distributed. A shortage of pulses occurred for three months. There was also a shortage of oil that was compensated for with an increase in the cereal ration (SCF–UK – 25/09/99b).

Less soap and firewood have been distributed to the refugee population in Kakuma than in Dadaab in 1999. As in Dadaab, the refugees reported that the quantity of firewood was insufficient to cover their needs (SCF–UK – 25/09/99b).

Food economy assessment

A food economy assessment by SCF–UK in the Kakuma camps in September reported the following major findings (SCF–UK–25/09/99b):

• For 95% of households in Kakuma, the WFP ration provides around 90% of their food needs. The "poor" (approximately 40% of the population) derive most of their cash income by selling 25% of their cereal ration, which is spent on small amounts of special foods, such as milk, and firewood or charcoal. The amount of rations that poor households sell depends on whether or not they receive a firewood ration (they sell more of their ration if they do not receive firewood).

• The income of the remaining 60% of the population can be as low as 500 shillings per month. Sources of income are limited to trade – buying and selling ration items, shops, small restaurants – and earning 'incentives' from the agencies working in the camps. Households spend the majority of their income on small amounts of food and firewood or charcoal.

• In the Sudanese community, wealth is broadly determined by access to incentive income. Those with incentives are under pressure to share their income with their relatives. In contrast, the Somalis and Ethiopians have more contacts in Nairobi, Mombassa and overseas with whom they maintain active links. In addition, the Somali community brought many items from Mombassa with them. Although less than half of the Somali households in Kakuma earn a regular income, they share their wealth amongst relatives in the camp and few are found in the poorest groups.

• There has been a decrease in the number of unaccompanied minors (persons less than eighteen years old, separated from both their parents, who are not being taken care of by someone who by law or custom is responsible) in Kakuma since 1996. This is partially due to a policy of placing the children in foster–care and also because many of the children have now grown–up and have begun to work. In addition, programmes have been designed and implemented to increase the unaccompanied minors' level of cash income, for example – growing vegetables.

• Several policies have improved the refugees' nutritional situation. These include the school feeding programmes that provide a porridge meal for all school attendants when the schools are open. Given that many of the poorer households have school–aged children this programme may be effective in helping the children in these households meet their minimum energy requirements despite part of their rations being sold. Income generating schemes, such as IRC's micro–enterprise programme have also contributed positively to income

generation in the camp, especially for women.

• As in Dadaab, one of the most important barriers to self–reliance is the arid environment in which the camps are situated. The potential for agricultural activities is extremely limited. The quantity of water pumped prohibits the cultivation of tap–.stand gardens for all but a very few. The relationship between the Turkana host population and the refugees is such that the refugees are forbidden to cultivate, collect wild food or wood, or to own livestock. Much of this hostility revolves around the poverty of the area and the resentment the host community feels towards the refugees who receive a regular food ration,

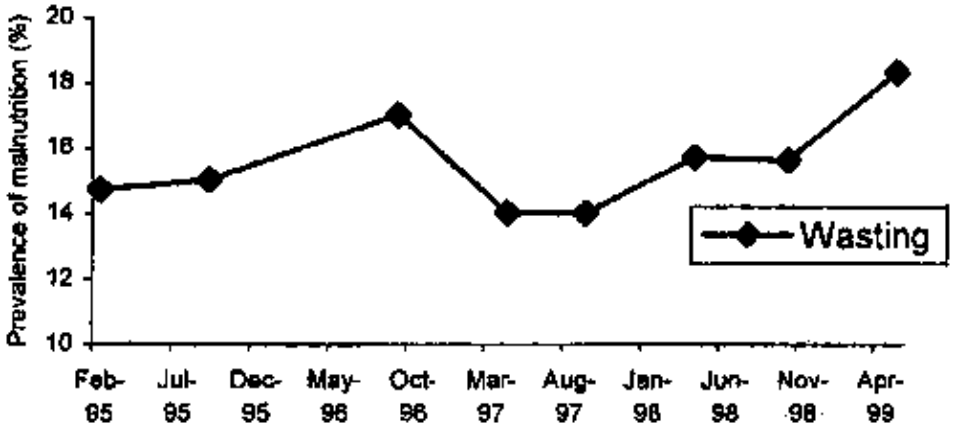
• The limited market in Kakuma restricts the economic impact of the education and training activities in the camps. The better–off refugees, particularly the Somalis, may have links outside Kakuma, but the majority of the population do not. In addition, Kakuma is geographically isolated from Kenya's main towns and trade routes and the refugees are not permitted to travel freely in Kenya.

• Given that less than 10% of the population in Kakuma can afford to buy their own food, it would be very difficult to selectively reduce food assistance in these camps. In addition, those who are better–off assist their relatives and hence a reduction would affect much of the population.

• Similarly to Dadaab, options to phase out relief support to the refugees and to achieve self–reliance and sustainability are not tenable under the present circumstances. The possibility of repatriating the Sudanese population to selected areas of southern Sudan, and planning programmes for their repatriation could be considered.

Nutritional survey

IRC conducted a survey in Kakuma in May (see annex). The graph below shows the results of these surveys compared to others since 1995. The prevalence of wasting (defined by z–scores) was higher than that estimated in the Dadaab camps. No oedema was reported. The prevalence of malnutrition had increased by 2.7% since the last survey in October 1998 and has increased by 3.6% since April 1995. The causes for this increase are not well understood, however the survey attempted to assess some of the possible factors involved (IRC – 05/99).



The prevalence of wasting (defined as <–2 z scores) in Kakuma camps

The prevalence of illness was significantly higher among malnourished children than those who were normally nourished. The most common types of morbidity reported were diarrhoea, fever and cough. This survey was conducted at the end of the rainy season, which might explain why the prevalence of morbidity was so high (57.4% of the children interviewed were reported to be ill in the two weeks prior to interview) (IRC – 05/99).

No association between feeding practices and malnutrition were observed, although the prevalence of wasting was higher in the 6–29 month age group than the older group. Forty percent of caretakers interviewed reported giving their children their first solid or fluid food other than breast–milk before 6 months and 10% of the children were breast–fed for less than 6 months (IRC – 05/99).

Vaccination coverage was relatively low – only 53% of the children had had all their vaccinations recorded. Only 5% of the children had received vitamin A supplements in the 6 months prior to the survey. Possible explanations given for the low coverage include the under–estimation of coverage due to poor recording or loss of clinic cards, and the inadequate knowledge of health staff as to when to give supplements (IRC – 05/99).

The number of children entering the supplementary feeding programmes in Kakuma has increased ten–fold since January as a result of the bi–monthly MUAC screening of all under–fives which was started in January. This has facilitated regular monitoring and identification of malnourished children and has also increased referrals to the supplementary feeding programmes. The survey results, however, suggest that the coverage of this programme needs to be improved (IRC – 05/99).

Recommendations and priorities:

- Continue to provide the general ration of 2100 Kcal/person/day to all registered refugees; continue to provide CSB in the ration.
- Re–register the population to reduce abuses of the system.
- Continue to provide firewood on a regular basis.

Specifically for Kakuma:

- Promote breastfeeding rigorously; discourage bottle–feeding,
- Provide vitamin A supplements for all children under five.
- Train and retrain nutrition workers regularly in order to make sure they know about immunisation, supplementation etc. Establish mechanisms/procedures within health/nutrition structures.
- Strengthen the screening programmes for the under–fives.
- Conduct an in–depth assessment into the causes of malnutrition in under–fives, in particular assess the types and causes of morbidity.
- Continue to promote the income generation schemes.

Overall, the nutritional situation of the refugees in Dadaab is not critical at the moment (category IV), although the proportion of children just above the cut–off point for wasting (and therefore the numbers at risk of becoming malnourished) is unusually large The refugees in Kakuma have a higher prevalence of malnutrition and hence are considered to be at moderate risk (category III). Both groups of refugees, however, are almost entirely dependent on the ration provided by WFP and its donors; a break in the pipeline could have disastrous effects on their nutritional status.

Liberia/Sierra Leone Region

The nutritional situation for much of this region is stable or improving. In Sierra Leone, there has been an increase in the number of registered IDPs and vulnerable populations benefiting from a range of interventions since August. Since the cease–fire, larger areas of the country have become accessible to humanitarian agencies, although more slowly than was hoped. In Liberia, the nutritional situation is slowly stabilising and improving, at least in rural areas. The table below shows the numbers of affected people requiring assistance in these countries

Estimated numbers of refugees, IDPs and returnees in the Liberia/Sierra Leone Region

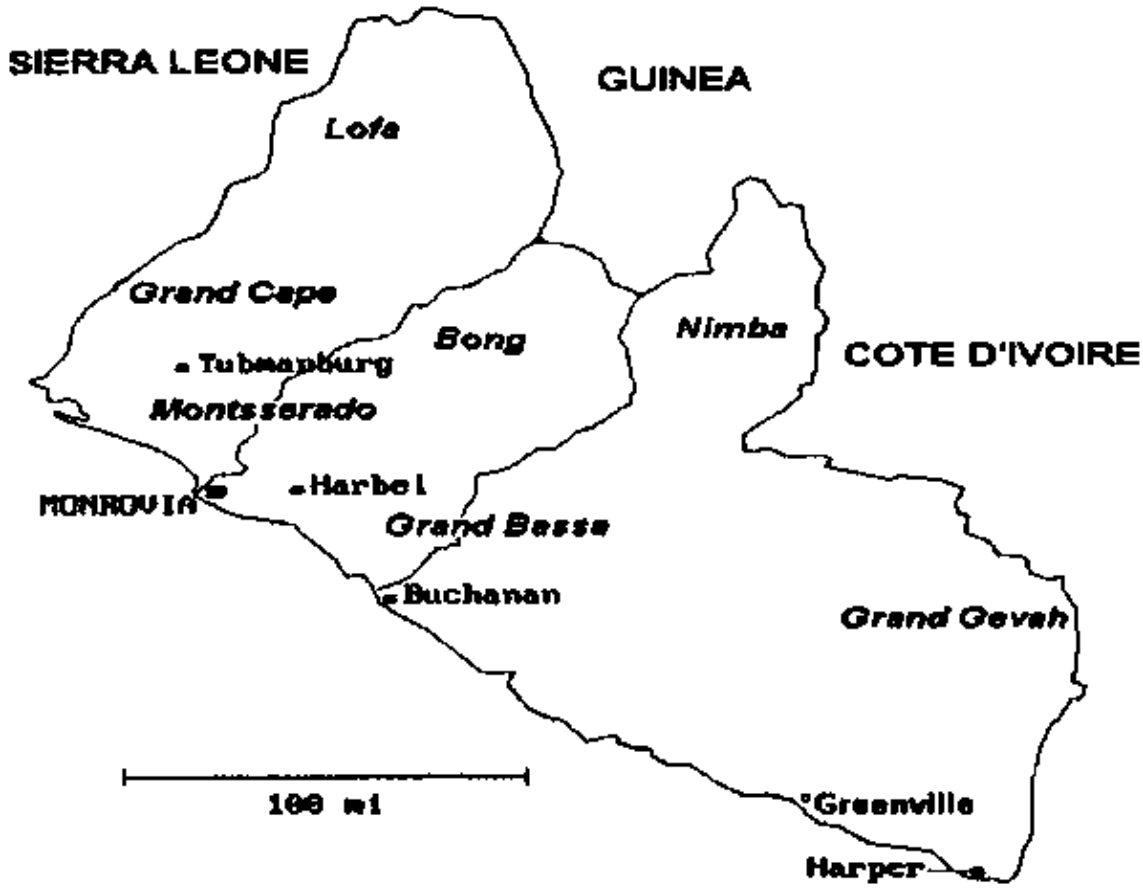
	Dec. 97	Mar. 98	Jun. 98	Mar. 99	Jun. 99	Sep. 99	Dec. 99
Liberia	700,000	726,000	209,000	495,000	505,000	505,000	510,000

Sierra−L	200,000	200,000	300,000	400,000	708,000	758,000	758,000
Côte d'Iv.	210,000	210,000	140,000	101,500	103,000	108,500	101,500
Guinea−C.	405,000	405,000	614,000	470,000	400,000	488,000	488,000
Total	1,515,000	1,541,000	1,263,000	1,466,500	1,716,000	1,859,500	1,857,500

Note that the nos. given for Liberia are those to whom WFP is giving food assistance under a variety of programmes including food−for−work, vulnerable groups and school feeding. Nos. for Sierra Leone are based on estimates of nos. of IDPs and refugees (not the number WFP is currently feeding).

Liberia

The seven−year Liberian civil war ended in July 1997 and, since the elections, security conditions have improved considerably. The country continues, however, to suffer from very high unemployment levels; insufficient supplies of potable water and electricity; shortages of food, shelter and health care; and continued insecurity.



The international relief community in Liberia has focused its efforts on the resettlement and reintegration of returning refugees and IDPs. Since the start of the repatriation in May 1997, some 123,000 Liberian refugees have been assisted by UNHCR to return home. In addition it is estimated that some 200,000 Liberian refugees have spontaneously repatriated. Over half of the Liberian refugees living in surrounding countries have now repatriated and an estimated 75% of IDPs have returned to their places of origin, it is probable that the remaining 25% may stay where they are. UNHCR's organised repatriation convoys are planned to be completed by the end of 1999. Those who are still willing to repatriate (especially from Cote d'Ivoire and Guinea) beyond this deadline will be assisted through provision of a modest repatriation package until the end of June 2000 (IRIN−WA − 28/10/99; UNHCR 01/11/99, 12/12/99; USAID − 30/09/99; WFP −17/12/99).

Nutritional situation of the returnees

The RNIS has received no new surveys or food security assessments for the returnees in Liberia over the reporting period. The most recent RNIS reports have described a nutritional situation that is slowly stabilising and improving, at least in rural areas. Agricultural production has resumed, and improved access to land and markets has led to a corresponding increase in food production, a decrease in the prevalence of malnutrition and less reliance on food aid. However, the displacement of farmers during the war resulted in the loss of their seeds and farm tools, which are still required in some areas. In addition, during the rainy season, when the roads are in poor condition, food may be harder to obtain. In some urban areas, for example, Monrovia, relatively high prevalences of malnutrition are still being recorded among IDPs (see RNIS 28).

Agricultural Outlook

A recent FAO/GIEWS report states that the overall food situation in Liberia has improved significantly in 1999 as both rice and cassava production have increased. Food supply in urban markets is relatively stable and, in general, prices are reported to be lower than in 1998. The exception to this general improvement is in Lofa County where fighting broke out in August and an estimated 25,000 people were displaced. It is unlikely that these IDPs will be able to harvest their crops (FAO –10/11/99).

Refugees

There are a total of some 90,000 Sierra Leonean refugees in Liberia. Over 10,000 of these refugees were housed in camps in Kolahun that was the site of fighting in August. These refugees have now evacuated the camps, many walking on feet to Tarvey (100 km from Kolahun) where a transit camp has been set–up. UNHCR assisted those who were unable to reach Tarvey alone. Some 12,000 of the refugees have now been transferred to a camp in Sinje under a relocation exercise that was completed in late November (IRIN–WA–28/10/99; UNHCR–26/10/99, 12/12/99).

No new information on the nutritional situation of the refugees has been received by the RNIS. The most recent surveys, in April, indicated that their nutritional situation was not critical.

Recommendations and Priorities

- Continue to supply agricultural inputs to farmers.

Overall, the situation of the returnees remains at moderate risk and will continue to be so until their livelihoods become more secure (category III). The situation of the Sierra Leonean refugees is not critical (category IV).

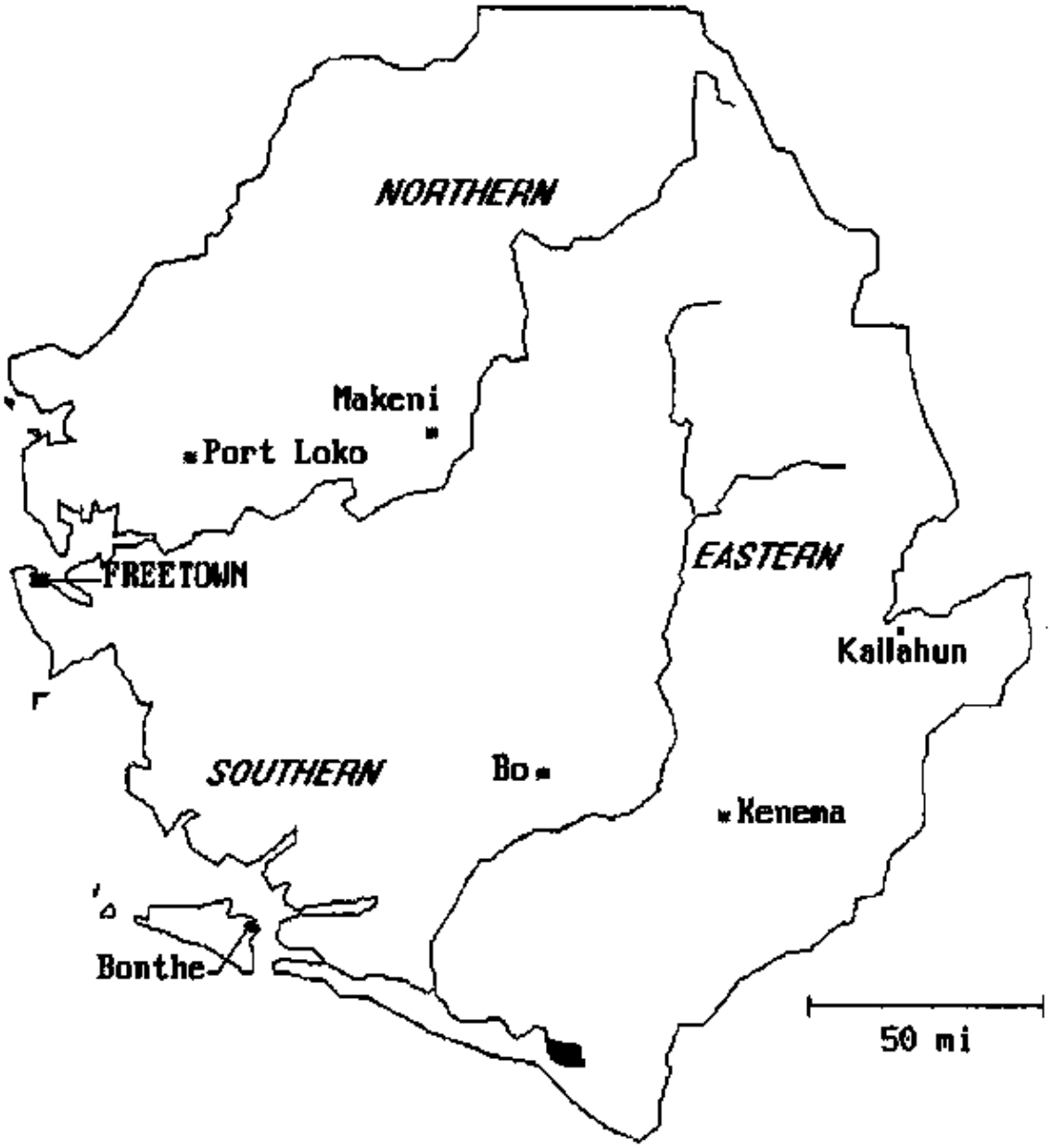
Sierra Leone

The Lomé peace accord, which was signed in July between the Government of Sierra Leone and the Revolutionary United Front (RUF), has held although there have been reports of increasing numbers of security incidents and human rights abuses during the past three months (AI – 30/11/99; HRW–27/10/99).

Efforts towards the implementation of the peace accord are underway. President Kabbah has expanded his Cabinet, which now includes members of the former RUF. A disarmament, demobilisation and reintegration programme of former combatants has been set up. In addition, the UN Security council has established a peacekeeping force for Sierra Leone that will be deployed throughout the country for an initial period of 6 months to monitor the ceasefire agreement, support the implementation of the Lomé agreement, and facilitate the delivery of humanitarian assistance in Sierra Leone (OCHA – 23/10/99; UNDP – 29/11/99).

IDP Numbers

There has been an increase in the number of registered IDPs and vulnerable populations benefiting from a range of interventions since August. This may be attributed to the signing of the peace accord which has increased confidence and enabled people to come out of hiding in the bush. Humanitarian agencies are reaching previously inaccessible areas where they are conducting needs assessments. There were an estimated 308,000 registered IDPs at the end of September compared to 183,000 in August (the September figure does not include the IDPs from Kambia of whom there were an estimated 20,000 in August). Best estimates put the total number of IDPs in the country at between 700,000 and 1,000,000, although exact figures are not available currently due to the continuing inaccessibility of many regions. Almost 500,000 Sierra Leoneans are refugees living in neighbouring countries (OCHA – 30/09/99; WFP –17/12/99).



Food Assistance

Since the cease−fire, larger areas of the country have become accessible to humanitarian agencies, although more slowly than was hoped. There are concerns that the collective resources of food aid agencies will be insufficient to address increasing needs. There are reports of continuing food shortages in many areas of the north. Food continues to be regularly distributed to registered beneficiaries in all accessible areas including the IDP camps in Kenema, Bo, Blama and Freetown. In September, for which the most recent figures are available, WFP/CARE/CRS provided food aid to 268,000 IDPs and war−affected persons. WFP plans to provide food assistance to up to 580,000 people in the next six months, although this is dependent on access. In rural areas a significant portion of food aid is being distributed through food−for−work and food−for−agriculture programmes (OCHA − 09/10/99; USAID − 07/10/99; WFP −17/12/99).

Agricultural Outlook

An FAO/GIEWS analysis of food and crop shortages in Sierra Leone has reported that growing conditions have generally been favourable since the beginning of the season, despite reduced rains in late July and August. Output is expected to remain similar to the 1998 level despite the improvement in security following the Lomé agreement because insecurity earlier in the season prevented the delivery of agricultural inputs and disrupted farming activities. Even if the peace agreement does hold, the country will continue to rely on external food assistance for several years (FAO −10/11/99).

General health and nutrition

Outbreaks of malaria, measles and cholera have been reported in the past three months. The RNIS has not received any nutritional surveys or food security assessments from Sierra Leone during the reporting period.

Northern Province

The security situation over the reporting period was still tense in Northern Province; leading to the temporary suspension of humanitarian assistance in some areas. NGOs attempting to re−start relief activities have reported difficulties. Reports have also indicated that residents are forced to give food to armed combatants (OCHA − 09/10/99, 23/10/99).

Kambia District

There have been reports of armed groups attacking villages in the Kambia district. The harassment has reportedly led civilians (some of whom had just returned from refugee camps in Guinea) to flee their villages and head back to the refugee camps, or areas very close to the Guinean border. MSF−H is providing limited health and nutritional interventions in the district. WFP is planning to undertake a needs assessment in this area when security conditions allow (OCHA − 09/10/99,06/11/99; WFP − 29/10/99).

Makeni

The town of Makeni was temporarily occupied by RUF rebels during the reporting period (IRIN−WA − 20/10/99). ACF−F is treating a large number of malnourished people in its therapeutic and supplementary feeding programmes (OCHA − 30/09/99). The last RNIS reported on an assessment in Makeni in July that estimated the prevalence of malnutrition at 34% in Makeni town and even higher in areas outside the town,

Southern Province

The Freetown peninsula has remained relatively secure throughout the reporting period, with no major security incidents. MERLIN continues to provide mobile and normal clinics in Freetown: 1285 cholera cases were reported in Freetown in from September 1st October 17th, most of these have been from eastern or central parts of the city. The incidence of cases has been steady over the reporting period (MERLIN−12/99).

Eastern Province

Kenema

IDPs previously occupying school buildings in Kenema have been transferred to various camps including Nyandeyama and Blama. Construction of booths for the IDPs is underway. WFP has reported that 38% of IDPs have voluntarily returned to their place of origin (OCHA − 09/10/99, 23/10/99; WFP−05/11/99).

MERLIN has reported that the nutritional crisis in Kenema district has “continued to deepen” with the progression of the hunger season. There continues to be an increase in the number of admissions to the therapeutic and supplementary feeding programmes in Kenema town, I DP camps and in some chiefdoms within the district, Outreach programmes including nutritional screenings have recorded high rates of malnutrition, particularly in Nyawama camp and Dodo. The most recent survey in this area, in June, estimated the prevalence of wasting and/or oedema at 19.9% (see RNIS 27). Graveyard monitoring, however, has not shown particularly elevated mortality rates in Kenema town or camp, or Blama or Konta. Furthermore, prices of food commodities are beginning to decrease as the road transport becomes more reliable (MERLIN −12/99).

Kailahun

A WFP mission to Kailahun has established the need to provide vulnerable group feeding rations to the elderly and children in Segwema. In Daru, the nutritional situation was reported to be satisfactory compared to the situation in late September. The improvement may be attributed to ongoing harvests and increased access to previously held−RUF areas (WFP − 03/12/99). A nutritional survey is currently being undertaken in Kailahun (OCHA − 30/09/99).

Kailahun’s towns have suffered considerable structural damage during the war. WFP and World Vision have started to rehabilitate the Kenema−Kailahun road which runs through RUF controlled areas. The road will serve as a vital supply route for humanitarian operations and will also allow farmers to sell their produce at nearby towns more easily (OCHA −30/09/99; WFP−03/12/99).

Refugees

There is no new information on the nutritional situation of the approximately 8,000 Liberian refugees in Sierra Leone.

Repatriation of refugees

Over 3,000 Sierra Leonean refugees have spontaneously returned from Liberia during the reporting period. Most of the refugees are reported to be in relatively good condition. Lack of shelter is crucial, as many of the returnees' villages have been damaged by the war. Given the poor security situation, UNHCR is unable to establish itself in the returnee areas and thus cannot monitor the situation or provide emergency assistance (OCHA – 23/10/99).

The time–frame of the organised repatriation operation is closely tied to the implementation of the Lomé peace agreement, particularly the disarmament, demobilisation and reintegration, and also humanitarian access. UNHCR has not started the repatriation programme yet because of the security conditions in Sierra Leone (UNHCR –12/12/99).

Recommendations and Priorities:

- WFP's operation to assist refugees and IDPs has only received 36% of the total funding required.

Overall, the IDPs in Kenema and the Northern Province are at high risk of malnutrition. The nutritional risk of the IDPs in the southern and western Provinces is moderate (category III). The nutritional situation of the other IDPs and the refugees is unknown (category V).

Guinea Conakry

Guinea–Conakry hosts approximately 488,000 refugees. Of these some 120,000 are Liberian and some 366,000 are from Sierra Leone. The remaining refugees are from a variety of countries, mainly Guinea–Bissau. The majority of the refugees are housed in Gueckadou (360,000), but there are also some 60,000 in Forecariah and a further 60,000 in N'zerekore (UNHCR–12/12/99).

Gueckadou

In terms of nutrition, the refugee population in Gueckadou can be split into two groups: (i) "new" refugees, who are provided with a full general ration of 2100/Kcal/person/day (6% of the total refugee population), and (ii) vulnerable groups who receive 1750/Kcal/person/day (60% of the total population). The first group consists of those who arrived after 1998, but have not yet been resettled, and the second group is those who arrived before 1998 but are considered vulnerable.

An interagency mission in October reported that only 10% of the refugee population in Gueckadou benefits from programmes to increase their self–sufficiency; 8% were enrolled in agricultural programmes and 2% in income–generating activities. Gueckadou is a very densely populated area (there are more than 70 people/km^2 in the southern part of the prefecture) and it is difficult to establish agricultural programmes (UNHCR/WFP – 09/99).

The mission concluded that although the first group of refugees – those who received a full ration – were receiving 100% of their needs, the second group of refugees were not receiving sufficient food assistance(UNHCR/WFP – 09/99). Although the survey in RNIS 28 which was undertaken in late June reported a low prevalence of wasting in this population (2.4%).

The most recent estimates of the mortality rates for the Gueckadou refugees (from July) are 0.2/10,000/day for the total population and 0.18/10,000/day for children under–five years. These rates are within acceptable limits, although in some camps they are reported to be elevated (UNHCR/WFP–09/99).

Recommendations and priorities:

From the interagency assessment in Gueckadou:

• Distribute a full ration for all the refugees – including both the vulnerable groups and the newly–arrived groups.

• Re–orientate the agricultural programmes to take into account the limitations of land availability in the area.

• Strengthen the income generating projects.

• Conduct a food security assessment.

Overall, despite the relatively low prevalence of malnutrition among the refugees in Gueckadou, the recent interagency mission reported that the food security situation of this group is poor. Thus the refugees are considered to be at moderate nutritional risk (category III).

Cote d'Ivoire

Cote d'Ivoire currently hosts more than 100,000 Liberian refugees and some 1,500 Sierra Leoneans. 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 RNIS 27 (category IV).

Somalia

The humanitarian situation in Somalia continues to be of serious concern. The most recent estimates suggest that approximately 600,000 people living in the central and southern regions, excluding those in Mogadishu city, require emergency food assistance until the end of year, and possibly until the next *gu* harvest in July 2000. In the northern region the situation is generally less critical.

Following the collapse of the state and a decade of civil strife, Somalia remains deeply divided. It is a country of contrasts: local administrations in the north, supported by the international community, have achieved a degree of peace and stability; however, much of the central and southern regions, including Mogadishu, have features of a "complex emergency". The population in northern Somalia is estimated to be about 1.75 million, comprising mainly pastoral communities and a rapidly increasing urban population. Livestock trade is the main source of revenue, providing daily subsistence to nomadic families. The estimated population for the whole of southern and central Somalia is approximately 4.4 million, including approximately 1 million in Mogadishu. In these areas there are high levels of insecurity, abuse of human rights and frequent population displacements (OCHA –11/99).

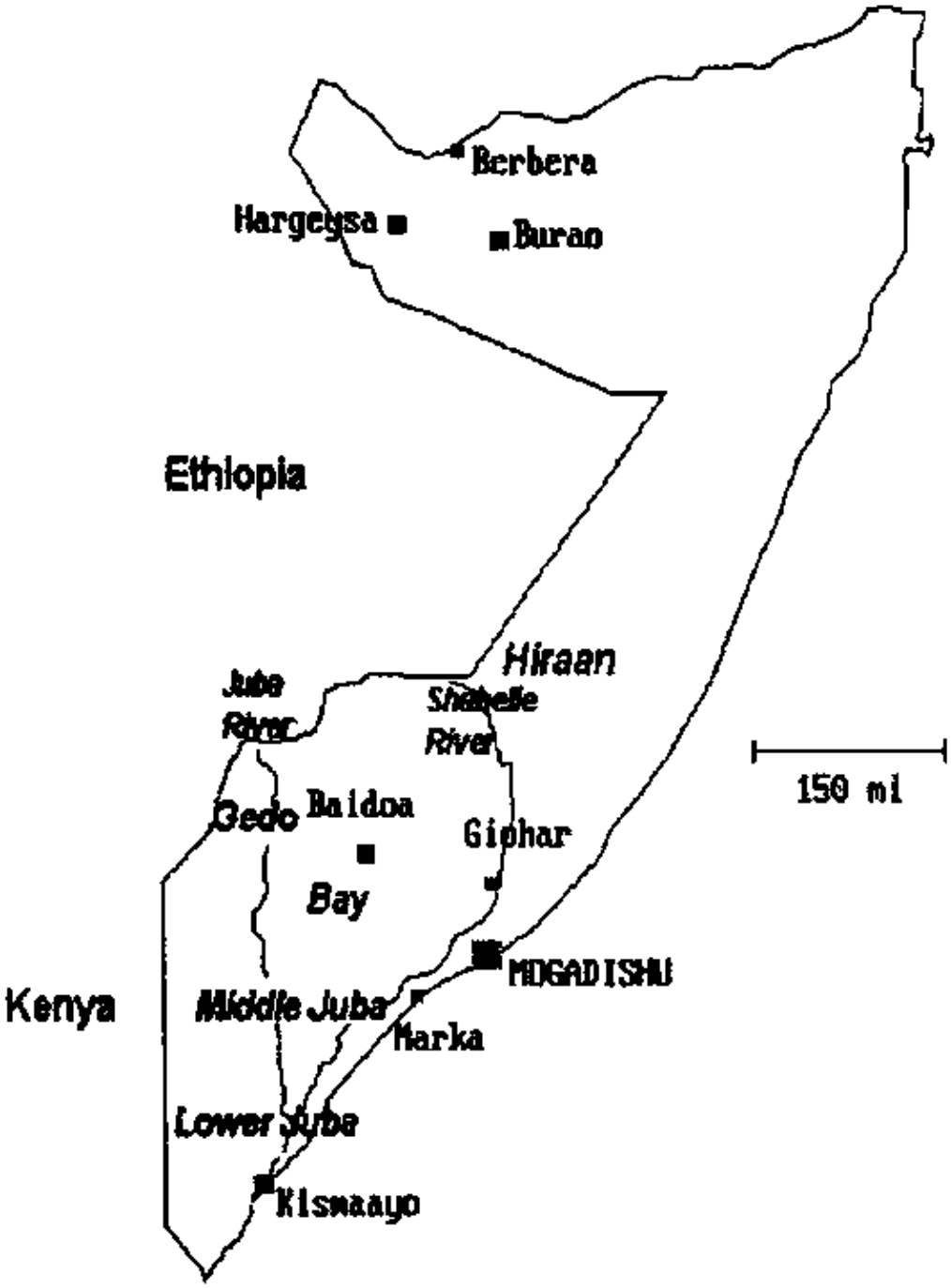
Due to insecurity it is difficult to estimate the number of IDPs and people requiring assistance in some areas of Somalia. The most recent estimate of the number of IDPs is between 300–350,000, the majority of whom are in Mogadishu. Approximately 50,000 of these people have been displaced in the past year (OCHA –11/99). An estimated 1.6 million people in Mogadishu, Lower and Middle Juba, parts of Gedo and Lower Shabelle are currently not reached by UN programmes (UNCT – 22/10/99).

Economy

Millions of Canadian–printed shillings were injected into the economy by Hussein Aideed. This has largely contributed to the continuing devaluation of the Somali shilling, thus significantly weakening people's purchasing power (IRIN –18/10/99).

Southern and Central Somalia: Zones of crisis

A FSAU "Food Gap" assessment in August estimated that some 600,000 people in southern and central Somalia, excluding those in Mogadishu, will require emergency assistance until the end of the year. This is almost 18% of the region's total population. Over half those requiring assistance are in Bay and Bakool regions. Some 50,000 of those requiring assistance are IDPs.



The crisis has arisen after the main *gu* harvest largely failed, due to low and poorly distributed rains, uncontrolled crop pests and farmers' displacement. The failure was followed by an upsurge in fighting which has disrupted food production activities and assistance to civil war and drought victims (FAO – 04/11/99).

The cumulative impact of a decade of conflict, the collapse of the state and the disruption of social services, compounded by several seasons of below normal crop and livestock production and the degradation of civil and productive infrastructure, has led to chronic depletion of resources and capacities to cope. Agro–pastoralists in rain–fed areas are consequently extremely vulnerable to further shocks. Household food stocks and livelihood assets had already been extensively drawn upon before this year's poor harvest following the failure of the *gu* rains. In 1998, crop failure forced households to purchase a large share of their food needs from markets, while income levels had already been eroded. This year, the pattern is repeating itself, but most households have a lower resource base (FSAU–15/10/99).

Gedo Region

The food security at the household level in Gedo Region is reported to be below normal. Widespread drought and insecurity are affecting the whole region. The drought has resulted in poor pasture and grazing conditions which have affected the livestock. Local cereal stocks are scarce and prices are high. Wild foods that are

rain–dependent are no longer available. Aid deliveries have been hampered by the continuing violence, and the closure of the border with Kenya, which has further resulted in a decrease in the general food availability. Very few self–employment activities exist and income derived from these activities is negligible. The border closure has seriously lowered the income of people living in the border towns (FEWS – 28/10/99; FSAU – 05/11/99, 5/12/99; WFP –22/10/99),

Coping mechanisms are reported to be hardly functioning and the nutritional status of poor households in the region is reported to have deteriorated in both urban and rural areas. There have been population movements away from Burdubo and Garbaharey. An estimated 3,000 IDPs have migrated to Lugh (FSAU – 05/11/99,05/12/99).

Bakool Region

Yields from the *gu* harvest were significantly lower than normal in the "bread–basket" region of Bay and Bakool. A lack of *deyr* rains has resulted in a shortage of water, wild foods, pasture and a complete crop failure. There are reports of unseasonal, above normal, population movements towards the main villages and district centres, particularly from areas experiencing both water shortage and crop failure. The IDPs are reported to be in poor condition, particularly in Huddur where serious food insecurity has been reported. The number of non–Bantu households migrating was high, this implies that the situation is very poor in both agro–pastoral and pastoral areas of Bakool (FSAU –05/12/99).

WFP and NGO distributed some food in November and October; further food commodities were imported by traders in October (FSAU – 05/11/99,05/12/99).

Bay Region

Deyr rains were scattered, uneven and of low intensity throughout the region, leading some farmers to move towards established crop areas, e.g. Baidoa town and surrounding areas, in search of agricultural and self–employment. Prices of staple foods are reported to be increasing rapidly (FSAU – 05/12/99).

A summary of two nutritional surveys conducted by UNICEF in Burhakaba and Baidoa towns (the two largest urban centres in Bay) in August are presented in the table below (see annex). The prevalences of wasting and/or oedema are relatively high, although not as high as those presented for the IDP camps in these areas (see RNIS 26 and 28). The nutritional situation in these regions is very fragile.

Compared to UNICEF surveys undertaken in 1998, the prevalence of wasting and/or oedema in Burhakaba was 8% higher in 1999, although the prevalence was similar in Baidoa. The authors suggest that diarrhoea and acute respiratory infections (ARI) are important contributory factors in the development of malnutrition in these towns, given the relatively high prevalence rates reported. However, no analyses of the associations between morbidity and malnutrition were presented, nor an analysis of the food security situation.

Results of nutritional assessments in Bay Region

Indicator	**Baidoa**	**Burhakaba**
Estimated population	40,000	21,000
Female headed households	28%	13%
IDPs	8%	24%
Recent returnees (in last 6 months)	23%	7%
Moderate wasting (<–2 z scores, >–3 z scores)	15.5%	22%
Severe wasting (<–3 z scores)	3.5%	5%
Oedema	2.6%	1%
Measles immunisation	56%	71%
Vitamin A supplementation	56%	69%
Diarrhoea (prevalence)	30.4%	24%

ARI (prevalence)	56%	40%

The *deyr* rains in October were poor in Bay and Bakool (FSAU – 25/10/99). These rains are important to allow crops to germinate before the more concentrated rains in November. Should the November rains fail as well, further assistance may needed by vulnerable sections of the population until the next gu harvest in July 2000.

Lower and Midle Juba

Crop and livestock production have been near normal in these areas, and better than expected rains have maintained good pasture and water conditions as well as enabled some off–season crop production. Inter–clan fighting, however, has affected Middle Juba and some IDP movements have been reported. There could be an increase in IDP movements in the next few months. The closure of the Kenyan border is also having a negative impact on the economy and market activity (FSAU – 05/11/99).

Lower and Middle Shabelle

A near normal *gu* harvest in Lower Shabelle and better than expected rains have been reported during the third *dekad* of November, although insecurity in some districts is a continuing risk factor. Generally, the number of food–insecure households is low. More households in Middle Shabelle require food assistance, particularly those along the coast where the *gu* crop was minimal. No agricultural activity took place in rain–fed areas due to the lack of rainfall throughout October. The *deyr* rains in October were poor in Bay and Bakool (FSAU – 25/10/99). Water resources remain depleted (FSAU – 05/11/99).

Mogadishu

Benadir State has been hosting over 240,000 IDPs since 1991. They live in 160 camps, having moved from the Bay and Bakool regions to look for employment in Mogadishu and also because of a shortage of food and insecurity. Approximately 1,050 families arrived in Mogadishu during June and July due to fighting in Bay region. They have been integrated within the existing population (WFP –09/12/99).

The overall situation of the IDPs is reported to be poor. During the rains in November they are forced to live under leaking huts with little or no plastic sheeting. Coping mechanisms include selling ground nuts, cigarettes, local tooth brushes and supplying water or cooking meals. There is a need for food, shelter and healthcare. ACF runs therapeutic feeding centres and a number of Islamic agencies provide seasonal assistance, particularly during Ramadhan. WFP provides targeted supplementary rations to selected children and families considered to be at risk within the camps (WFP – 09/12/99).

There is no new information on the nutritional status of these IDPs. A nutritional survey or food security assessment should be undertaken in this area as soon as possible as these people are clearly vulnerable.

Central Rangelands

Despite suffering a particular food shortage due to the crop failure of the past three cropping seasons and below normal livestock productivity, this region is benefiting from the recent heavy *deyr* rains (FSAU – 5/11/99). This has meant water sources for people and livestock have improved, and the condition of livestock in most locations is recovering despite high numbers of deaths in a number of drought affected zones. Farming activities are considered normal (FSAU – 5/11/99; FSAU – 5/12/99). Prices of both imported and local commodities, and also live animals are increasing. Health conditions are thought to be gradually improving (FSAU–5/12/99).

Northern Regions: Zones of Recovery

Somaliland

A FSAU assessment in Somaliland has reported that food security prospects for this region are improving due to better economic (livestock) and climatic conditions, and also food aid and agricultural assistance. Current food insecurity is concentrated among poor pastoralists in the Haud areas of Sool and Toghdeer. An estimated 40–60,000 people are affected in these areas and require immediate, short–term assistance until the condition of their livestock improves (FSAU – 28/10/99; FSAU –10/11/99).

Puntland

A FSAU assessment mission in August confirmed that overall food security conditions remain precarious in eastern Somalia (Puntland), and that as many as 50,000 displaced and vulnerable people may require assistance in the months to come (FAO – 04/11/99; FEWS – 30/09/99).

Recommendations and priorities:

- Undertake a food security assessment or nutritional survey among the IDPs in Mogadishu.

From the anthropometric surveys in Bay:

- Continue and expand the general food distribution in Baidoa and Burhakaba towns and surrounding villages (to reduce the potential impact of a large influx of people into the towns).

- Continue and expand the distribution of UNIMIX to malnourished children through MCH centres and through teams in villages not covered by MCH.

- Re–establish support of community health workers in the district, with a view to increasing immunisation coverage.

- Reduce diarrhoeal disease by improving water sources and initiating effective chlorinating in the towns' water supplies. Also, increase community awareness on prevention and management of diarrhoeal diseases.

- Provide supplementation to women during pregnancy and lactation.

- Install, and rehabilitate hand pumps for hand–dug wells. Initiate chlorination of water in the town.

From the food security assessment in Somaliland

- Provide immediate short–term assistance to protect assets and improve nutritional situation.

- Improve access to water for poor households.

Overall, the nutritional situation of the population in Bay, Bakool, and Gedo can be described as high risk, although the situation has previously been reported as more severe for the IDPs who may be considered as very high risk (category I). The nutritional situation of the IDPs in Mogadishu is unknown (category V).

Sudan

On 12 October 1999, the Government of Sudan (GoS) and the Sudanese People's Liberation Movement (SPLM) both announced separate unilateral 3–month extensions of the ceasefire covering parts of Southern Sudan. This took effect from 15 October. The low–level civil war, however, continues particularly around the oil fields. Large numbers of people continue to be displaced.

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

Flight bans and insecurity, as a result of conflicts in parts of Unity, Western Upper Nile and Eastern Equatoria regions are creating an increasingly serious humanitarian situation as only very limited assistance has been provided to these areas. In other areas, including much of Bahr el Ghazal (BEG), the food security situation is improving, and is significantly better than in 1998. Previous issues of the RNIS have described improvements in the nutritional status of populations in BEG. Pockets of food insecurity and malnutrition do, however, still exist.

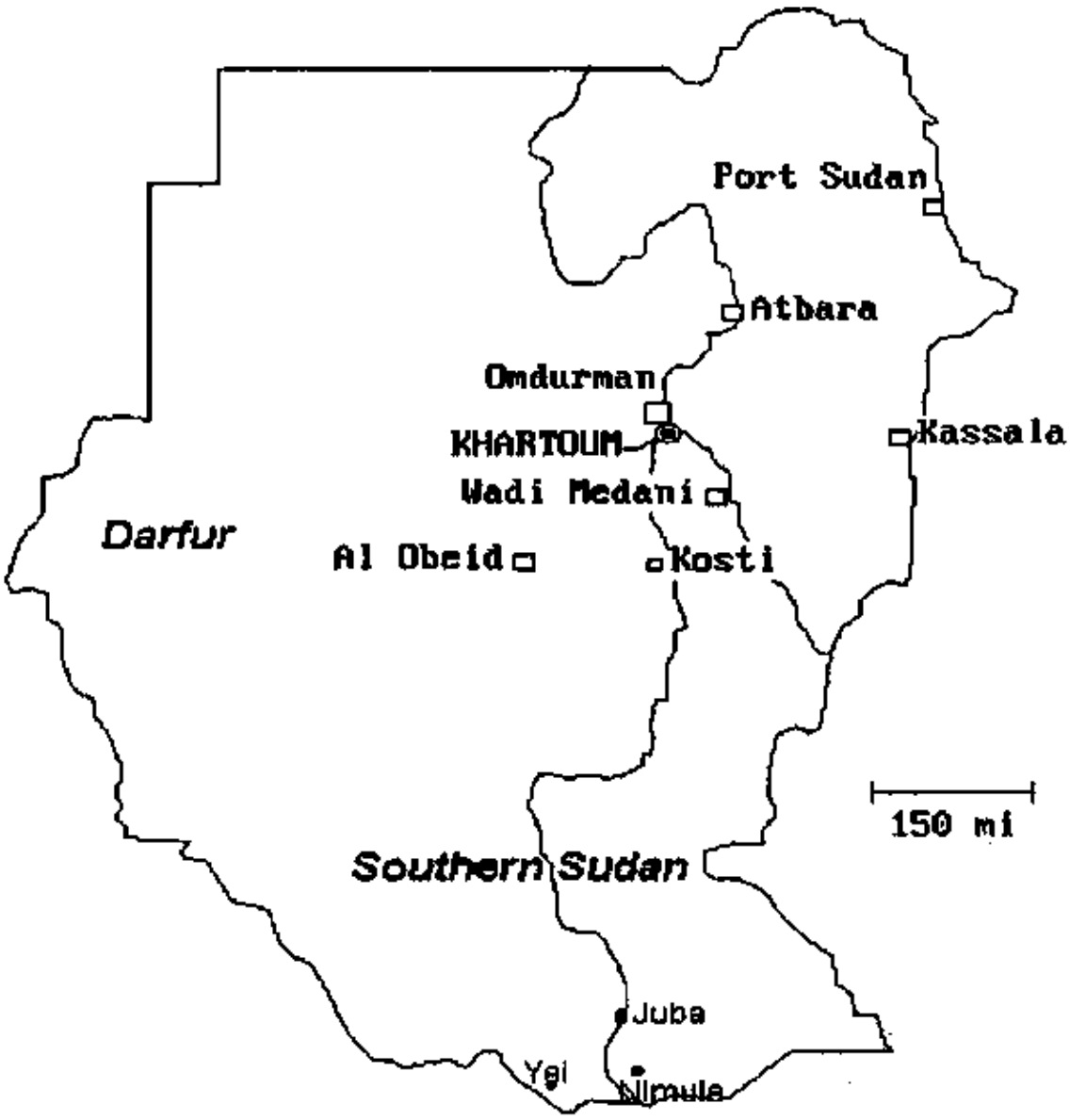
Unity State/Upper Nile/Jongelei/Equatoria

A combination of GOS flight bans, flight restrictions due to flooded airstrips and also insecurity, resulting from tribal conflicts in parts of Unity, Western Upper Nile and Eastern Equatoria regions, have prevented about 140,000 targeted beneficiaries from receiving urgently needed food assistance. A further 300,000 have not been able to receive basic health, water, sanitation and education services.

In September surveys were undertaken by MSF−B in Wanding and Akobo districts, Jongelei Province (see annex). The results of the surveys are summarised in the table below. No cases of oedema were reported in either location. Certain areas in Wanding District were only accessible by boat, which limited access by survey teams.

Results of nutritional assessments in Jongelei Province

Indicator	**Wanding**	**Akobo**
Wasting (<−2 z scores)	21.2%	17.0%
Severe wasting (<−3 z scores)	2.8%	2.0%
CMR (25/12/98 to 9/9/99)	2.7/10,000/day	2.0/10,000/day
Under−five mortality (25/12/98 to 9/9/99)	1.9/10,000/day	2.5/10,000/day
Measles vaccination status		
With card	1.5%	12.2%
Without card	19.5%	61.7%
Food distribution in August	53.2%	68.7%



The results of the surveys show that the prevalence of malnutrition in these areas was still high in September. Compared to a survey in April of this year, however (when wasting was estimated at 33.4%), the situation has improved. The September survey was completed just after a harvest and a general food distribution. Maize, sorghum, pumpkins, melon, beans, wild fruits, goats and cattle were visible during the survey. The authors of the report suggested that much of the malnutrition seen was due to watery diarrhoea and hence was related to sanitation and poor hygiene. Access to health care was also considered a problem.

Bahr–el–Ghazal (BEG)

The WFP annual needs assessment has found that the outlook in most counties of BEG is more favourable than for the previous two years. People previously displaced by conflict and acute food insecurity have mostly returned home, and become agriculturally productive again. Grain, when available on the market, has generally been affordable for the majority of households and income–earning opportunities have increased in number and returns. Trade routes have opened up to the east as well as to the south (WFP–11/11/99a).

There have, however, been some constraints in all areas to enhancing food and livelihood security. There were not enough seeds for the full utilisation of areas cleared and pest attacks have reduced yields in some areas. More importantly though, has been the flooding in the lowland areas of northern BEG which began earlier than expected. Crops in some areas have been washed away and yields have certainly been reduced throughout. Security has also been problematic in some areas. Although most parts of the region have remained quiet, there have nevertheless been displacements away from the railway line and direct attacks on civilians in parts of northern BEG. These forced people away from their fields and have led to losses of livestock and other assets (WFP –11/11/99a).

Just over 40% of the population in BEG will still require emergency interventions of food aid in 2000. Aweil West and Gogrial Counties are the priorities for emergency food interventions. In Aweil West, the majority of farming households began this year with very little asset wealth and sorghum yields have been effectively reduced to only 20% of expected yields as a result of heavy flooding in the lowlands and heavy rains elsewhere. Compounding this problem has been the steady stream of returnees from northern areas into the county, who are currently estimated at 15% of the total population. WFP has warned that there is a very real danger of a serious decline in the nutritional status of the already weakened and impoverished population in this county. Food distribution targeting mechanisms need to be stepped up and more food is required in more distribution sites (WFP –11/11/99a).

Elsewhere in BEG, extensive floods have affected Gogrial County. In Tonj and Twic Counties, the food security outlook looks positive, although farmers do not yet possess the technical expertise necessary to market their products. In Wau County, production is low due to army worm attack, a dry spell, and insecurity in Marial Wau *payam.* Further south, in Yirol and Rumbek Counties, the low harvest may be depleted by IDPs in the new area. However, populations can cover their needs through livestock and exchange (OLS–11/99).

The situation in the Lakes Region of BEG is one of increasing stability, expanding livelihood options and market access, and in most cases very promising first season harvests. The only mitigating factor might be the resettlement of previously displaced Dinka from the 'tit for tat' raiding that occurred in the area since the Dinka–Nuer split in 1991. These people will have to clear land that has not been farmed for many years and may well need a variety of assistance. Emergency food distributions are not necessary and that support should instead be channelled through FFW schemes. These schemes should aim to help the resettlement of Dinka previously displaced from their home areas following the conflict with the Dinka that began in 1991, as well as building necessary infrastructure to enhance food security and marketing opportunities (WFP–11/11/99a).

Southern Sudan: GoS held areas (OLS Northern Sector)

Juba, Equatoria

Insecurity that prevented the mounting of barge convoys along the Juba corridor thus affecting over 300,000 beneficiaries in the Nile river basin, also meant that no barges have reached Juba (OLS, northern Sector) since May. Limited quantities of food are being airlifted to address the needs of the most vulnerable groups (WFP – 05/11/99, 26/11/99). The humanitarian situation in these areas could become acute if the flight ban is not lifted soon.

In Juba itself, however, the result of a general screening of vulnerable persons has revealed an 84% decrease in the total number of children who have been targeted for nutritional assistance since 1997. This result supports the results of a recent ACF–F study in the town in July (see RNIS 28) and suggests that the nutritional status of the population has improved (WFP –15/11/99).

Wau town

Preliminary findings of a nutritional survey conducted in Wau town by UNICEF indicate that the prevalence of wasting and/or oedema is below 10% for both the host and resident population. The report states, however, that the improvement can be attributed to food assistance, as the IDP's coping mechanisms are severely restricted by ongoing insecurity (WFP – 15/11/99). This report is not yet available to the RNIS.

Northern Sudan

Khartoum

There continue to be nearly two million displaced southern Sudanese people in camps in and around Khartoum. Approximately 222,000 are living in four official I DP camps, while the remainder are settled in 15 main squatter areas. The ongoing civil war in the south, and to a lesser extent, recurrent drought and floods are the main causes of displacement. Most IDPs depend exclusively on their earning power as casual and domestic labourers, and petty traders to generate the income they require to purchase food. The majority of IDPs do manage to survive by depending on a combination of income and food sources, including food assistance. Approximately 13% of camp I DP food needs are met through WFP food assistance. Environmental conditions within the camps are reported to be poor (OLS, 11/99).

Targeted food assistance is provided to the most vulnerable IDPs whose dwellings on squatter land were demolished by the government in ongoing urban planning activities. This programme is co−ordinated by ADRA and WFP and reaches approximately 50,000 beneficiaries a month. In addition, WFP distributes food to NGOs operating supplementary feeding centres in I DP camps and squatter areas in Greater Khartoum (WFP − 04/11/99b).

ADRA's supplementary feeding programmes are being scaled down in Khartoum and thus the role of WFP in this area is being redefined. However, the worst−affected camp, Mayo, which has a population of approximately 36,000 IDPs, has been identified as potentially needing assistance during the hunger gap in 2000, depending on needs assessment during this critical period (WFP −06/12/99).

No nutritional surveys have been conducted among the IDPs in Khartoum State during 1999. This marks a gap in information, as urban IDPs, who are totally dependent on unreliable casual labour as the source of their livelihood, are extremely vulnerable, and therefore require constant monitoring (WFP−06/12/99).

White Nile

The State Government is planning to survey the two displaced camps in Kosti with a view to resettling some of the 41,000 IDPs on alternative land. New IDPs from Upper Nile and Unity States arrived in Kosti in October. Agriculture and seasonal employment are the main survival mechanisms for the displaced and resident populations in squatter regions (OLS − 11/99). A committee has been formed to allocate 10,000 *feddan* of agricultural land to the IDPs in the camp (WFP − 04/11/99a, 15/11/99). The most recent survey of the nutritional status of the IDPs in these camps estimated the prevalence of wasting at 29.4% (see RNIS 27).

Transitional Zone

South Darfur

A high prevalence of wasting among the IDPs in the camps around Ed Daein was reported in RNIS 28. OLS now estimates that there will be a 45% food deficit for 40,000 IDPs, living in Ed Daein province, and a 55% deficit for the 13,500 IDPs living in Nyala province. OLS recommends a full ration during the hunger gap (May to September) and 50% rations for April and October for all these IDPs. Food will also be provided for a limited number of vulnerable persons in the host community. A pilot project to promote self−reliance is targeting 400 IDP families with food as part of an agricultural package (OLS − 11/99).

South Kordofan

Flood damage in Kadugli town resulted in the displacement of about 5,000 people. A joint UN/GoS/INGO team identified 1,789 persons to be in need of food aid. The criteria for selection of beneficiaries based on complete destruction of houses coupled with loss of food stocks and agricultural crops. A food−for−work project has been designed to clear canals in order to avoid future floods in Kadugli town. GoS and NGOs in the area provided shelter material to the recently displaced (WFP −11/11/99).

The OLS needs−assessment estimate 81,500 IDPs in South Kordofan (Abyei, An Nahud, Kadugli, Dilling and Greater Rashad) will require a 50% food ration during the hunger gap (May to August). Insecurity around the "peace villages" limits household farm size, and also limits access to wild food and trade. Over the years the ownership of livestock has decreased, partly as it is a liability as it attracts armed cattle raiders, This affects children's access to milk and therefore their nutritional status. Despite the dangers, some 40% of the displaced own goats and 10% own cattle (OLS−11/99).

Nuba Mountains

The Nuba Mountains cover an area of roughly 30,000 square miles in South Kordofan State and have been a zone of conflict between GoS and SPLM since 1985. The SPLM control some 20% of South Kordofan in the mainly mountainous zones. The GoS controlled area contains most of the state's urban centres, and also several areas of extensive rain−fed mechanised farming. An interagency mission to the Nuba Mountains took place in September/October of this year. The main findings are summarised below.

The Nuba Mountains were self−sufficient in terms of agriculture before the war, but during the past 10 years self−sufficiency has been eroded. The population has been driven from the fertile clay plains by insecurity and is currently cultivating lands in the mountains or in peripheral areas. Reduced to cultivating small crops, dependent on hand cultivation and with a chronic lack of agricultural inputs such as seeds, tools and

fertilisers, few households are able to produce much more than 25% of their food needs. Livestock herds have been severely depleted, thus eliminating a traditional coping mechanism in poor crop seasons. Wild food collection was reported to be an important supplement to the population's diet, especially in SPLM areas (UN–08/11/99).

No information on the anthropometric status of the population was given, although a very high incidence of goitre was reported. The mission determined that there is not a critical food shortage at the moment, although there will be a sizeable food deficit between May and September 2000 (UN–08/11/99).

There are large IDP populations in both GoS and SPLM controlled areas, although the populations are generally displaced over short distances. In SPLM areas this has usually been from fertile plains into the mountains. In these areas the IDPs do not appear to fare worse than the residents and they all have access to at least some land. In the GoS areas, there is a high concentration of IDPs on the periphery of towns and, in contrast to the rural IDPs, the urban IDPs are living in very poor conditions with little access to income generating activities and limited assistance from the humanitarian community (UN – 08/11/99).

Further findings included: very limited and inadequately supplied health facilities, particularly in SPLM areas, poor immunisation coverage and only a limited availability of clean water. Access is also a problem, as there are virtually no roads in the area (UN –11/11/99).

Red Sea State

The Red Sea/South Tokar region has been badly affected by conflict in recent years. The conflict has created massive displacement. OLS reports that the nutritional situation of the population remains fragile, and that it is expected that malnutrition will increase (OLS –11/99).

Refugees

UNHCR assisted 147.300 Eritrean and 12,000 Ethiopian refugees living in camps in eastern Sudan. An estimated 232,000 urban refugees also received limited assistance. A further 9,000 Ugandan and Congolese refugees live in southern Sudan. Arrangements to repatriate Eritrean and refugees have not materialised because of the Ethiopia–Eritrea border conflict, the prevailing state of relations between Sudan and Eritrea, and the "unwillingness" of Eritrea "to take back its nationals" according to the Secretary General's report (IRIN–02/11/99).

No new information on the nutritional situation of these refugees is available. The most recent data (from June 1999) indicated that the nutritional situation of these refugees was satisfactory and that CMR and under–five mortality rates were acceptable (see RNIS 28).

Recommendations and Priorities:

In Southern Sudan:

- Just over 30% of the population will still need emergency interventions of food aid in the coming year as a result poor harvests, extensive and damaging flooding, drought and insecurity, all of which are localised. 16,729 MT of food aid is needed to combat hunger and ensure no further asset depletion. Aweil West and Gogrial Counties in Southern Sudan are the priorities for continued emergency interventions

- In addition, a further 7,787 MT is needed to ensure that the largely positive trends are reinforced so that longer–term food security can be attainable. This food should help promote agricultural activities as well as food–for–work schemes, support to education and health services, training programmes etc.

From the surveys in Jongelei

- Provide safe water to these populations in order to reduce the incidence of diarrhoeal diseases,

- Provide fishing equipment (fish were plentiful in the river but the population are currently unable to catch them).

• Monitor the nutritional situation closely and conduct a food security assessment.

In Northern Sudan:

• Conduct a nutritional survey or food security assessment among the IDPs outside Khartoum as soon as possible.

Inthe transitional zone:From the interagency report in the Nuba Mountains

• Distribute iodised salt to prevent goitre.

• Provide food assistance next year during the “hunger–gap”.

• Expand and improve the health sector, particularly in the SPLM–controlled areas.

• Introduce micro–credit facilities to the region to increase levels of self–reliance.

• Improve roads to allow greater access to markets and increased trade and commerce.

Overall, in Southern Sudan the nutritional situation continues to be relatively stable with an improved food security as compared with recent years. The exceptions to this include Aweil West and Gogrial County in BEGI, and parts of Jongelei State, Unity State, Western Upper Nile and Eastern Equatoria which are affected by conflict. The population of Southern Sudan remains at moderate risk (category III), except in the areas mentioned above, where the population are at high risk (category II). The nutritional situation of the IDPs around Mogadishu is unknown.

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. 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 areas and has resulted in a food shortage for the displaced, although some are able to cultivate in their new location.

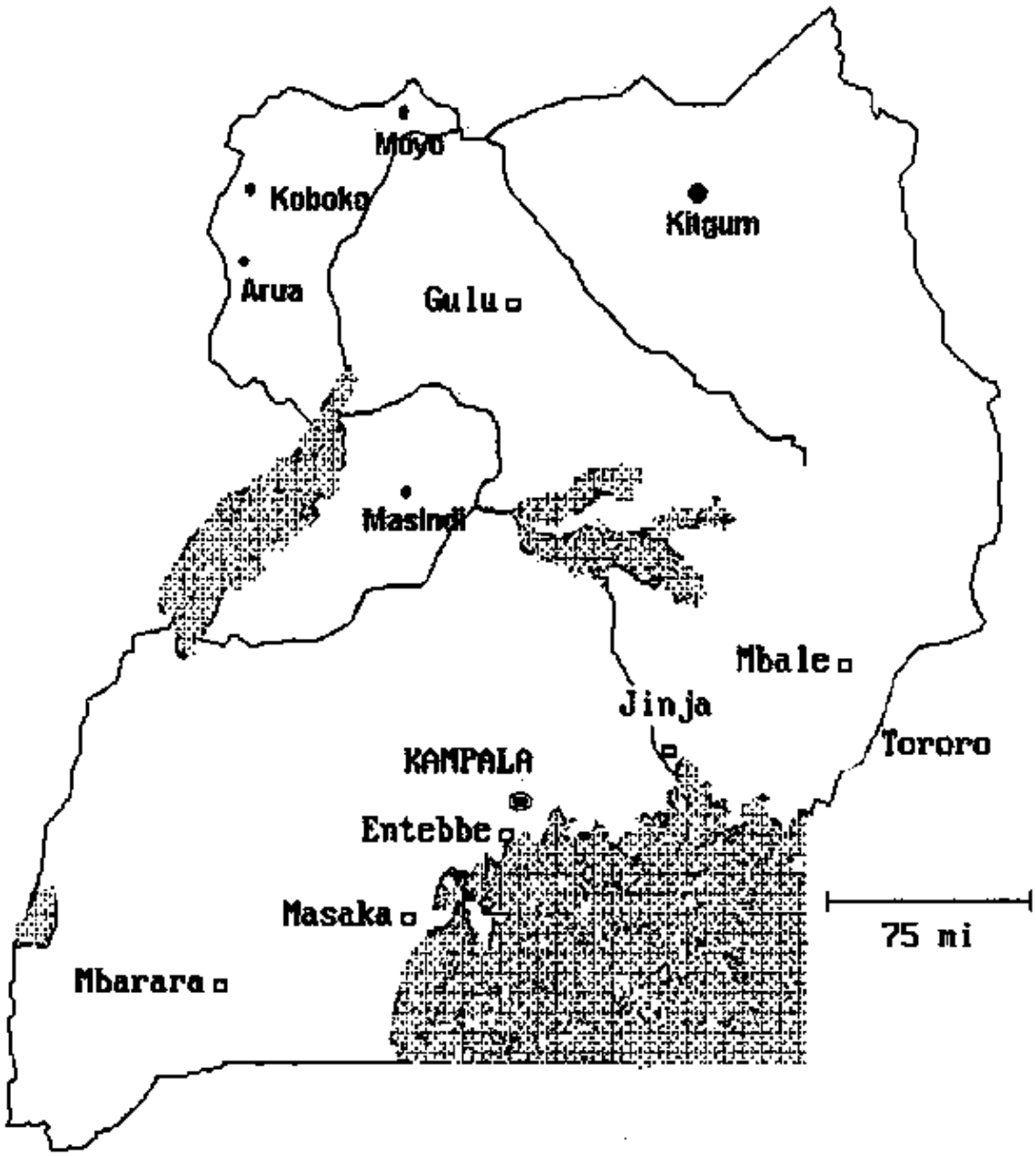
Food *Security in Gulu and Kitgum* In October, pockets of insecurity were reported in Gulu District and led to the displacement of a further 9,000 people in Purongo. In general, however, the security situation in Gulu, and especially Kitgum, has improved somewhat during the reporting period. Many IDPs are spending an increasing amount of time away from the camps working on their farms, although they return to the security of the camps, which are protected by the army, at night. The harvest is almost complete and the prices of basic foods that have been harvested are stable. Food availability is reported to be good in both areas (OCHA –19/11/99; WFP –15/11/99).

More generally, however, twelve years of insecurity have had a profound effect on food security and production in Gulu and Kitgum. Most of the population has been unable to access their land for cultivation over the past few years. In addition, Cassava Mosaic disease has destroyed large areas of cassava crops. Agricultural inputs have also been scarce (although FAO has started a distribution of hoes and seeds). Even if a household is successful in producing surplus crops, there are few viable markets and those that do exist are difficult to access. Farmers tend to lose a significant portion of their crop due to poor handling and storage, and lacking the technology or financial capacity to add value to their products. In addition, the near total loss of livestock in the 1980s continues to impact negatively on food security. Other opportunities for income generation activities are severely limited at present (OCHA – 11/99; WFP–11/11/99).

Nutritional situation

WFP provides food assistance to some 320,000 IDPs in this area, under food–for–work projects and other schemes. Some 50,000 school children are also provided with lunch from WFP commodities. Nutritional surveys among IDPs are underway in both Gulu and Kitgum districts. Preliminary results from Gulu suggest

that the situation has improved since the last survey in March (OCHA – 19/11/99; WFP–11/11/99).



IDPs in West Uganda

Bundibugyo

There are an estimated 101,000 IDPs in 36 camps in Bundibugyo District who have been displaced by attacks by the Allied Democratic Forces (ADF). Security in this area had improved considerably after additional government troops had been ordered to the area in July, which allowed relief agencies to carry out their activities uninterrupted. More recently, however, the ADF rebels appear to have increased their attacks in response to recent government successes in locating the rebel camps in the mountains. The IDPs in the district frequently move to alternate sites in response to new security incidents or to increase their access to cultivable land. This fluidity makes accurate estimates of the number of IDPs difficult to obtain (OCHA –19/11/99).

WFP continues to provide half rations to displaced people throughout Bundibugyo district, however distributions in the urban areas of Bundibugyo town and Nyahuka town have been halted in order to better target the needy and eliminate residents. This follows reports of substantial sales of relief food on the markets. Other relief activities in the district include supporting health, water and sanitation, shelter construction, health and hygiene education. MSF is currently conducting a nutritional survey in Bundibugyo town (OCHA–19/11/99).

World Harvest Mission conducted a nutritional survey of IDPs in Nyahuka Camp in August (see annex). The prevalence of wasting was estimated at 1.5%, no severe wasting was found. The prevalence of oedema was estimated at 5.88%. Children whose fathers were absent were more than twice as likely to be malnourished as those whose fathers were present. The authors of the survey stress that the results are only valid for Nyahuka camp and should not be extrapolated to the rest of Bundibugyo district (WHM –08/12/99).

Kasese

Recent assessments by various humanitarian organisations have highlighted the continuing plight of some 30,000 IDPs in Kasese. These people were displaced by the continuing presence of ADF forces in their mountain homes, which are sporadically attacked. The population is being provided with a monthly ration by WFP (OCHA –19/10/99, 21/10/99; WFP–11/11/99).

Kibaale

Kibaale District continued to suffer attacks by the ADF in October and early November. Reports suggest that there may be up to 10,000 IDPs in the area (OCHA –19/11/99).

Refugees

There are 15,000 more refugees in Uganda now than there were at the end of 1998. The inflows are largely from the Sudan and DRC; the latter fleeing instability in the Kivus and a recent inter–ethnic conflict west of Lake Albert, although some of these movements are quite temporary (OCHA–11/99).

At the end of September, WFP assisted some 155,000 Sudanese refuges in six different settlements in northern Uganda. Currently more than 20,000 refugees in this area are considered self–sufficient and therefore no longer require food assistance. Food rations to other refugees are being gradually reduced as they also achieve self–sufficiency, as recommended by the June 1999 Joint Food Needs Assessment Mission recommendations. The next reduction is scheduled for January 2000. In the meantime, the refugees have begun agricultural activities in the camps (WFP – 11/11/99). WFP also assists some 11,700 refugees in camps in southern parts of Uganda and a further 15,500 in camps in the west of the country (WFP –15/11/99).

There is no new information on the nutritional situation of the refugees in Uganda. The latest reports described their nutritional situation as adequate (see RNIS 27 and 28).

Recommendations and priorities:

- Strengthen and support livelihoods, for example: provide agricultural inputs, restocking activities, livestock health programmes, pest control, micro–credit schemes, and income generation activities.

Overall, the nutritional situation for the IDPs in Uganda is getting better, mainly because of improvements in the security situation. The IDPs are considered to be at moderate risk (category III). The nutritional situation of the refugees is not considered to be critical (category IV).

Zambia

The initial emergency response in Zambia provoked by the influx of some 25,000 refugees from the Democratic Republic of the Congo since March 1999 has evolved into a care and maintenance programme. Of the 25,000 refugees, some 11,000 are assisted in the Mwange settlement. The rest of the population has spontaneously settled in the border area. With regard to the population of 150,000 Angolan refugees, UNHCR actively promotes the options of local integration and naturalisation for interested refugees (UNHCR–09/99).

Angolan refugees have continued to enter Zambia over the reporting period. The recent influx is largely due to fighting between UNITA and Angolan government forces in Moxico Province that borders Zambia's Western and North Western Provinces (IRIN–SA – 27/10/99).

The RNIS has received no new information concerning the nutritional situation of the refugees in Zambia. It is assumed that their nutritional status remains non–critical (category IV).

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 approximately 500,000 Iraqis in Iran. Comprehensive figures on the number of displaced in Asia are unavailable.

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 displaced groups in West and East Timor, although this section is not comprehensive.

Afghanistan Region

There has been on–going 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 soldiers in 1989, 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%.

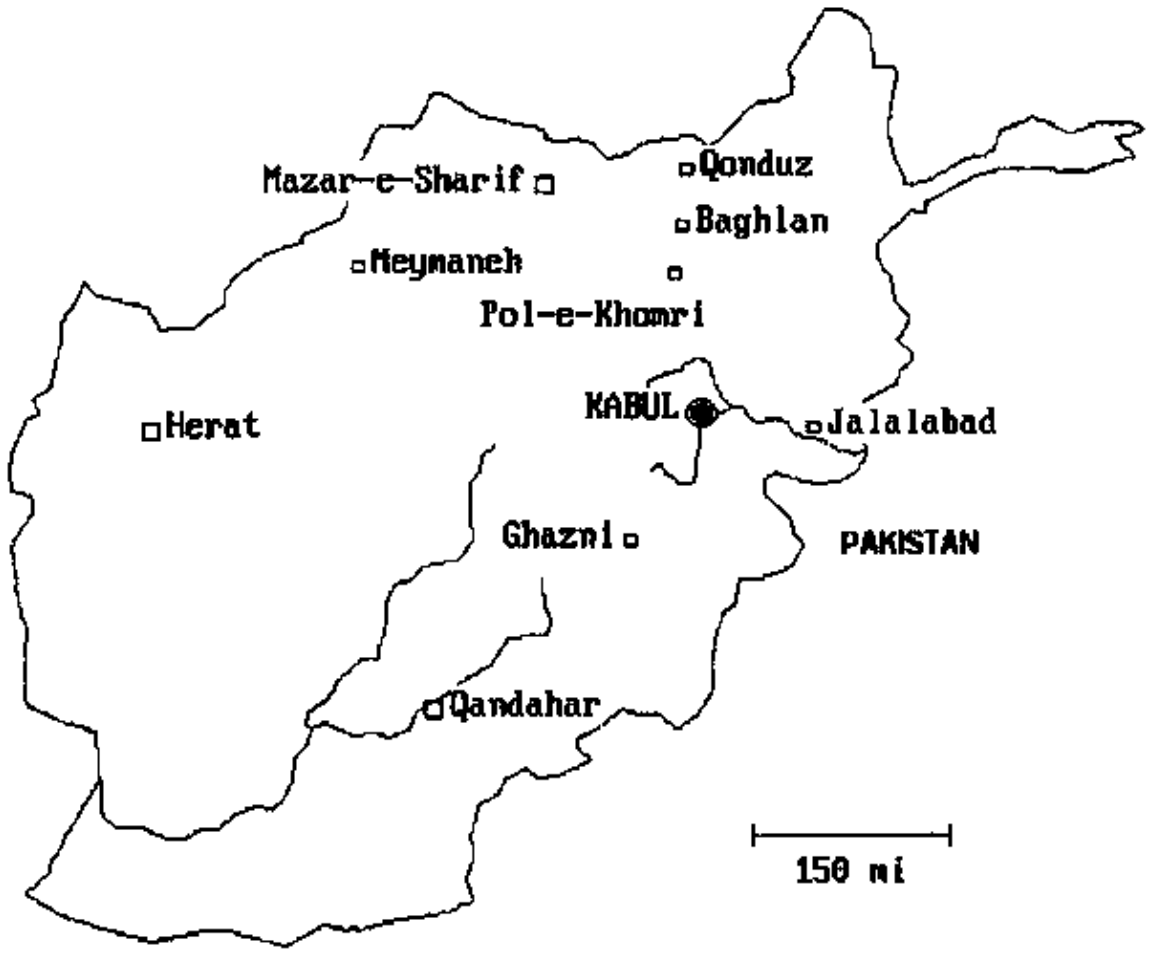
Food assistance

The UN is assisting approximately 300,000 IDPs in Kabul, Panjshir, Hazarajat, Dara Souf, Kunduz, and Khojar Ghar (OCHA – 07/12/99). In 1999, food aid has been distributed to approximately 60,000 vulnerable households in the central highlands and to some 8,000 households in the northeast of the country. Vulnerable groups are provided with food through urban bakeries, institutional feeding programmes in hospitals, orphanages and health centres, and through food–for–work activities (FAO/GIEWS – 03/11/99).

The RNIS has not received any new nutritional surveys or assessments concerning the displaced populations in Afghanistan during the reporting period.

Cross–border trade restrictions with Pakistan

Restrictive measures on cross–border trade imposed by the Pakistani authorities since the military coup in Pakistan on 12 October 1999 have been closely linked with a dramatic increase in wheat flour prices in several major urban centres across Afghanistan. The restrictions come at the end of a year where cereal production was poor in Afghanistan, and it is estimated that the welfare of up to 2 million people may be seriously threatened if restrictions on commercial wheat flour trade from Pakistan to Afghanistan continue. There is particular concern that the most vulnerable households (e.g.: those headed by women, older persons, the handicapped and the unemployed) will be the most seriously affected by the restrictions, given the greater predominance of wheat in their diet (OCHA –23/11/99; WFP–10/12/99).



Panjshir

In the Panjshir valley there are an estimated 65,000 IDPs who were displaced from the Shomali in August and September. There are indications that the number of IDPs may be reducing due to the cold weather and improved security situation. Fifty thousand people are in need of food and a further 30,000 require shelter. UN negotiations with the Taliban to allow the establishment of a humanitarian corridor from Kabul to Panjshir have succeeded, and the first convoy has successfully made the trip. However, access to the displaced population in the winter months continues to be problematic, as only one of the two passes into the valley is open sporadically when weather conditions permit (OCHA – 23/11/99,07/12/99; WFP – 29/10/99).

Kabul

Some 16,000 IDPs, 10,000 of whom are children, are housed in the ex–Soviet compound. A one–off distribution of non–food items has been given to this group and WFP and the local authorities continue to provide food assistance (CSB and bread). The situation in the compound is reported to have improved significantly since August when the IDPs first occupied the building (OCHA – 07/12/99; WFP –10/12/99).

The IDPs who have sought refuge with their relatives or have rented rooms or squatted in empty homes in the city are now of more concern than those in the Soviet compound. This is particularly true during the winter months when the need for shelter and heating intensifies. It is difficult to estimate the exact numbers of these people, although more than 20,000 families were registered entering Kabul between August and October (OCHA – 17/11/99, 07/12/99).

The most recent nutritional survey in Kabul estimated the prevalence of wasting and/or oedema at 8.7% among children (see RNIS 27).

Darra Souf, Samangan Province

A UN assessment of Darra Souf in October reported that up to 35,000 people may still be displaced in the area as a result of fighting. A further 14,000 have left the area. The displaced are spread out in different villages; some living with friends and relatives and others occupying makeshift shelters and caves. Most were

able to take some possessions with them when they fled the fighting, but the poorest have largely exhausted whatever resources they had. As many as 1,000 households may require immediate food and non–food assistance. In addition, WFP will provide the displaced with wheat (OCHA –14/10/99, 26/10/99; WFP –10/12/99).

Bamiyan

Between March and May some 115,000 people were displaced in Bamiyan fleeing to the neighbouring provinces, Kabul, north Afghanistan and Pakistan. From June to September some 87,000 people returned to their places of origin while about 28,000 continue to be displaced. There is a high level of conflict–related damage in the area, almost no potato or wheat crops were harvested and the population have lost most of their assets. Principal needs include emergency food assistance, employment opportunities for those who rely on cash income or have lost heir crop, reconstruction of houses, and agricultural inputs. WFP has completed the first round of distributions to those who have returned to their homes (OCHA –14/10/99).

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 etc. 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.

Voluntary repatriation from Pakistan to Afghanistan is ongoing. The refugees are provided with wheat, plastic sheeting and an entitlement of cash. The repatriation programme from Pakistan is slowing down due to the winter. An estimated 15,500 families (88,500 individuals) received repatriation grants and returned from Pakistan to Afghanistan in 1999 (OCHA–23/11/99).

Islamic Republic of Iran

An estimated 1.4 million Afghan refugees and some 500,000 Iraqi refugees remain in the Islamic Republic of Iran. After the recent hostilities (1998/9) between Afghanistan and the Islamic Republic of Iran, most Afghan refugees have been under pressure to leave the country, and many have been forced out. Between January and September UNHCR has registered 41,000 people who crossed into Afghanistan. This includes those who benefited from organised repatriation, individual voluntary returnees and deportees. Deportees make up almost one third of 41,000 people who have returned. Among the deportees, women and children in particular are faced with shelter problems, inability to make contact with family members left in the Islamic Republic of Iran and difficulty in finding relatives in Afghanistan. This is particularly so for those whose original homes were in the north or in distant parts of Afghanistan (OCHA –19/10/99).

UNHCR has observed the forcible return of Afghan families during the reporting period (OCHA – 23/11/99).

There have been no new nutritional surveys conducted among the refugee population in the Islamic Republic of Iran during the reporting period. The most recent WHO report suggested that their nutritional situation was not critical, although this may change (see RNIS 28).

Overall, the IDPs in Afghanistan are nutritionally vulnerable (category III), although those in the Panjshir valley are considered to be at heightened risk (category II). The nutritional situation of the refugees in the Islamic Republic of Iran and Pakistan remains uncritical (category IV).

Nepal

There are approximately 96,500 Bhutanese refugees registered in seven camps in Nepal's Jhapa and Morang districts. 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.

In general, the health and nutritional situation in these camps is adequate. The nutritional situation of children has been stable over recent years; the most recent survey in June estimated the prevalence of wasting at 9.9%, which is lower than the national prevalence in Nepal. Growth monitoring and supplementary feeding programmes are well established. The most recent report from UNHCR states that (CMR) for the month of October and November 1999 were 0,11/10,000/day and 0.09/10,000/day respectively (UNHCR −14/12/99).

UNHCR/CDC adolescent nutrition survey

UNHCR/CDC conducted a nutritional survey on adolescents aged 10−19 years in October in order to assess the prevalence of low BMI and micronutrient deficiencies (see annex). The survey was partially initiated in response to reports of high prevalences of angular stomatitis (AS) in the camps (see RNIS 27). The reported rise in prevalence followed the withdrawal of the blended food component of the ration. AS may be caused by riboflavin deficiency and the study attempted to assess the relationship between riboflavin and various food groups with AS.

The methodology involved medical examinations and the extraction of venal blood as well as anthropometric measurements and questionnaires. Anthropometric measurements were also obtained from 200 adults aged 20−39 years. The preliminary findings described below do not include the results of the blood analyses.

- Based on WHO BMI−for−age references, 36.1% of the adolescents had low BMI: Younger adolescents had higher prevalences of low BMI than older adolescents. BMI was adjusted for level of maturation, which reduced the prevalence of low BMI to 33.6%. The authors of the report questioned the validity of using the BMI and the WHO cut−offs as an indicator of protein−energy malnutrition in adolescents in this population.

- One third of the adult population had low BMI (<18.5 kg/m^2); 2% were severely malnourished (BMI<16kg/m^2). If MUAC and BMI were used in conjunction to define malnutrition, the prevalence was reduced to 21%, including 2% severe malnutrition. Comparable data from the adult Nepali population are unavailable; however, the prevalence of malnutrition among adults in other South Asian populations may be similar or higher. Again, the validity of the BMI and MUAC cut−offs employed were questioned by the authors.

- The prevalence of anaemia in adolescent females above age 11 was 33%. This level of anaemia among women of reproductive age is of concern. As expected, menstruating females had a higher prevalence of anaemia than males. Forty−three percent of female adolescents aged 16−17 years were anaemic as were 34% of females aged 18−19 years. Women who enter pregnancy with adequate iron stores have a greater chance of completing their pregnancy without developing iron deficiency.

- Very few survey subjects had detectable goitre (a clinical sign of iodine deficiency). The prevalence of goitre is higher in the indigenous Nepali population. This may in part be due to the routine distribution of iodised salt in the general ration. Although a large proportion of adolescent survey subjects reported night blindness (29%), none had Bitot’s spots, a clinical sigh of severe vitamin A deficiency. The laboratory testing on the serum collected will provide definitive information about the level of vitamin A deficiency among adolescent Bhutanese refugees in Nepal.

- The role of riboflavin deficiency as a causative factor in AS in these camps must await the laboratory testing of the blood specimens, AS was found in 28.7% of the adolescents examined. This is a relatively high prevalence. Although a large proportion of the lesions seen were acute, there were few accompanying lesions such as superinfection with other bacteria or viruses. AS was associated with other non−specific signs and symptoms of riboflavin deficiency such as cheilosis, tongue pain, and abnormal tongue on examination. AS was not related to mouth ulcers, oral thrush, or symptoms of neural neuropathy, which are not part of the syndrome of riboflavin deficiency. AS was also more common in those who ate less dairy products and eggs (foods high in riboflavin). The functional significance of AS itself is not well understood.

Recommendations and priorities:

• Continue to monitor the nutritional status of the population.

From the survey on adolescents:

• If the goal of organisations providing food and health services to this population is to eliminate all protein–energy malnutrition for adults and adolescents and the WHO cut–offs for the definition of malnutrition are considered acceptable, then the amount of kilocalaries provided to adults and adolescents should be increased.

• Given that the prevalence of anaemia is highest among female adolescent refugees, who are capable of child–bearing, health resources should be targeted specifically at prevention or treatment of anaemia among females aged twelve years and above.

• Definitive recommendations regarding AS must await the results of the laboratory testing. Nonetheless, anecdotal impressions and observation of survey subjects do not indicate that AS poses a serious health threat to individuals.

• A more thorough evaluation of the nutritional and non–nutritional effects of including blended foods in the ration should be carried out before recommendations on the re–inclusion of the blended food component can be made.

Overall, the Bhutanese refugees in Nepal are not considered to be at high risk of malnutrition (category IIc).

Refugees from Rakhine State, Myanmar in Bangladesh

An estimated 22,260 Muslim refugees from Rakhine state in Myanmar live in two camps in southern Bangladesh (UNHCR – 11/99). 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. The repatriation programme was suspended in mid–1997 and resumed only in November 1998. Since then almost 1,000 refugees have repatriated, out of a list of 7,000 the Government of Myanmar has cleared for repatriation (UNHCR–12/12/99),

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, compressed rice husk, plastic sheeting and clothing. The sanitation facilities in the camps are adequate and average water use is 21–22 litres/per person/day.

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. As one of the measures to remedy the situation the supplementary wet–feeding programme was replaced by High Energy Milk (2 feedings per day), in addition to full dry rations for all. It had previously been found that parents had kept their children from attending the supplementary feeding programme to receive a dry ration that could be sold. No new information on the nutritional situation of these refugees is currently available to the RNIS.

In September/October WFP 1999 undertook a vulnerability survey, to get a better understanding of the main reasons for the continuing poor nutrition situation in the camps. A report on the outcome of this survey will be made available in the next RNIS.

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

Indonesia – selected situations

The following section describes the nutritional situation of displaced and newly returned populations in East and West Timor. An update on the information on the nutritional situation of IDPs in Ambon Island and West

Pontiak provided in RNIS 28 will be given in RNIS 30.

East Timor

During the two weeks of violence that followed the 30 August 1999 popular consultation in East Timor, more than 75% of the entire population was displaced. In addition, 70% of all private residences, public buildings and essential utilities were destroyed. The crisis was further deepened when all government departments, including public services and law and order, collapsed with the rapid and unexpected departure of the Indonesian authorities. Indonesia has now officially relinquished all legal claims to East Timor. The vacuum in East Timor was filled in the immediate term by the deployment of the multi–national, International Forces for East Timor (INTERFET), and by humanitarian agencies (OCHA–10/99).

There is an urgent need to return East Timorese displaced in West Timor and elsewhere in Indonesia to their communities of origin in order for rehabilitation, reconstruction and development to begin as safely as possible. As of mid–December some 117,000 people had returned to East Timor in an organised or spontaneous way, despite continued harassment by militiamen. The rate of repatriation slowed down in the first few weeks of December (IOM – 09/12/99).

Agriculture and Food assistance

The imminent onset of the rainy season means that it will be too late for many of East Timor's displaced population to plant maize. Families who miss this year's planting season will not be able to plant maize again until November 2000. FAO led a campaign to distribute maize grain to some 58,400 families before the onset of the rainy programme (WFP –19/11/99).

WFP has provided general rice distributions to the affected East Timorese during the reporting period (10 kg/month/person) More food–for–work, seed protection and school feeding programmes will be gradually introduced (WFP –19/11/99). WFP delivers some of its humanitarian aid via helicopters to areas that are inaccessible due to poor road conditions. As the monsoon progresses the demand for helicopter lifts is likely to increase, which represents a major constraint (WHO –13/12/999).

Dili

Although economic activity in Dili is increasing, widespread unemployment persists and continues to jeopardise a full economic recovery. A recent rice distribution in the capital indicated that the capital's population is nearly 140,000. A significant percentage of the population is non–Dili residents who have yet to return to their original homes in the countryside. There is concern that limited housing and overcrowding will negatively affect public health, particularly in poorer neighbourhoods (OCHA – 01/12/99).

ACF conducted a quick nutritional assessment in Dili in mid–October using MUAC (see annex). They found that 0.4% of the children were severely malnourished (MUAC<110 mm) and that 2.2% were moderately malnourished (MUAC > = 110 mm, < 120 mm). No oedema was reported (ACF–11/99).

Nutrition and health situation outside Dili

A number of quick nutritional assessments were conducted by ACF outside of Dili in Manuato, Ermera and Liquisa districts during October. Elevated rates of malnutrition were not reported in any of these districts, although additional screenings may be required to assess the situation of the population who were hiding in the mountains (ACF–11/99).

Similarly, WHO has reported that the preliminary findings of an ICRC nutritional assessment in Los Palos were "unalarming". The initial findings suggest that the quality of food, not the quantity, may be responsible for the malnutrition seen (WHO – 23/11/99).

WHO continues to monitor on a weekly basis any disease outbreaks. Some 68% of the medical consultations at the 48 health facilities in East Timor involved communicable diseases; malaria and other fevers being the most common (WHO–13/12/99).

West Timor

There remain an estimated 140,000 to 160,000 displaced East Timorese in West Timor (296,000 persons reportedly fled to West Timor originally). As many as 40,000 to 50,000 of these people may be former

Government of Indonesia civil servants, military, police and their families. They may face an uncertain employment future in East Timor and hence many are undecided about repatriation. UNHCR expects that most of the displaced people who wish to return to East Timor will have done so by mid−December. There continue to be reports that the Indonesian military is not fully committed to facilitating the return of the displaced (USAID – 25/11/99).

Nutrition and health of the displaced

Conditions in some of the camps, particularly those in Tua Pukan, are reported to be unacceptable. Mortality rates in Tua Pukan Camp (population more than 4,000) are elevated; the CMR is estimated at 2.1/10,000/day and under−five mortality rate at 9.2/10,000/day. Unspecified diarrhoeas and malaria are reported as major causes of camp deaths. Environmental health conditions remain inadequate although the chlorination of the water supply and construction of new latrines has begun. UNHCR and other aid agencies had no access to the Kupang camps, which were controlled by militia, until late November. Since then, efforts have been made to improve the conditions especially given the imminent arrival of the rainy season. Security is still tenuous with continuing militia presence (UNHCR – 06/12/99,07/12/99; WHO –15/12/99).

OCHA has reported on an ICRC rapid nutritional assessment in the camps in Belo district. The RNIS has not received this report. According to OCHA, the ICRC nutritional assessment estimated the prevalence of severe malnutrition to be 11% in five camps in the Belo district. A nutritional survey in the area is planned shortly by UNHCR (OCHA – 02/12/99). Similarly, there have been reports of a CRS assessment of eight camps in Kupang district which suggests a “significant prevalence” of severe malnutrition (USAID−10/12/99).

UN agencies and NGOs have expressed concern about health needs in other camps in West Timor. Quantitative health data remain unavailable (WHO –15/12/99).

Recommendations and priorities:

- Continue to monitor the nutritional situation of the affected population in East Timor.
- Improve environmental health, and in particular the sanitation conditions of the camps in West Timor.
- Undertake full nutritional surveys in the camps in West Timor.

Overall, the nutritional situation of the population in East Timor is not currently considered to be critical (category IV). The displaced population in the camps in West Timor are at a greater risk of malnutrition, given the high incidence of diarrhoeal disease and elevated mortality rates (category II).

Europe

Balkans Region

Kosovo

Security incidents have occurred on both sides during the reporting period. The overall situation of ethnic minorities in Kosovo remains precarious. There is a climate of violence and impunity, as well as widespread discrimination, harassment and intimidation, directed against non−Albanians (UNHCR – 03/11/99).

Nutritional status

There have been no new nutritional surveys in the reporting period. The most recent survey, in July, estimated a prevalence of wasting at 3.1%, including 1.0% severe wasting (see RNIS 28); there have been no reports of an increase in these prevalences. A survey on the nutritional status of older persons is planned for early next year.

Food distributions

Targeted distributions, which began in September, continue through WFP and its NGO and bilateral partners, via local implementing partners including the Mother Theresa Society. There continues to be a shift towards a gradual decrease in the total number of beneficiaries. Currently, the total number of beneficiaries is approximately 900,000 including some 300,000 IDPs. Beneficiaries are classified according to their access to food sources, income opportunities, social vulnerability and destruction levels of private housing. Priority is given to those hardest hit by the conflict (WFP –17/11/99). From October, food aid was also specifically targeted at minority groups (mainly Serb and Roma) by a number of UNHCR/WFP implementing partners. Agencies face a number of challenges in doing this; such as the feasibility of working through local partner's and the dangers of creating an additional security risk (UNHCR–11/11/99).

Almost 15,000 tonnes of food was distributed through the main food pipeline in October. This was 100% of the target amount for the period. There has been a shift in the population from rural to urban areas and thus more food was distributed in urban areas, for example Pristina, than had been planned and less in rural areas (UNHCR – 29/11/99).

WFP has finalised the distribution of winter food stocks to some 130 villages considered as inaccessible during the winter. Rail transport is now used to deliver food aid to Kosovo and is expected to remain functional throughout the winter (WFP–10/12/99).

The food pipeline until the end of January is reported to meet 100% of all requirements, although on–going problems at Blace border may affect food aid planning (UNHCR–29/11/99).

Agriculture

FAO has estimated that 81% of the beneficiary families (70,000 households) requiring winter wheat seed had received the seed by the end of October. Several municipalities, however, were either under– or over–served, possibly because of inaccurate beneficiary numbers. Of particular concern was the lack of coverage in ethnic Serb areas. (FAO – 04/11/99; USAID – 08/11/99).

Although mechanisation programmes are proving successful on a local basis, humanitarian agencies are only replacing approximately 20% of the estimated 15,000 damaged or destroyed tractors and combines. FAO will soon start a programme on farm machinery. In order to prepare for the next (spring) planting season, a list of beneficiaries by ethnic group, agricultural zone and activity is being prepared (USAID – 08/11/99).

Due to success of the seed distribution programme, the harvest in June 2000 is expected to be only 15% less than in a "normal" year (FAO – 04/11/99).

Food assessment mission for minorities

Initial efforts to assess needs and provide humanitarian assistance in Kosovo focused on the majority Albanian population. Concerns about the minority populations soon arose as they became subject to increasing insecurity, losing their normal access to income and markets as a result. As a result of these concerns, a joint UNHCR/WFP food assessment mission of minorities was undertaken in November (UNHCR/WFP – 29/11/99).

The objective of providing food aid to these groups was not only to ensure access to 100% of food aid needs but also to minimise exposure to physical insecurity by reducing the need to access markets.

The assessment focused on the Serb and Roma minorities as these groups have the highest profiles. The Serb population in Kosovo lives in three geographic regions: the north–west is an almost exclusively Serb area, the Eastern Plateau (where the bulk of the pre–war Serbs lived) and Strpce, a municipality in the south of the province which borders Macedonia. Outside these areas there are few Serbs remaining. In all areas there has been a marked movement from urban to rural areas; 60% of the Serb population lived in rural areas before the war, now 80% live there. In addition, much of the younger and more active section of the population has left for Serbia, leaving behind a population with a relatively high proportion of older people and social cases (the handicapped, single parent families etc.).

The Serbs in urban areas outside the north–west of the province have very limited access to either income or markets. Many are older people. The mission recommended that these groups receive a full ration. In the rural areas the situation is somewhat better, as most families have access to their own fruit, vegetable, bean and livestock production. These products should cover approximately 50% of the population's needs until the next wheat harvest (July 2000), except for the elderly and IDPs who cannot cover their needs. These groups are

estimated at 20% of the population. The main factor affecting food security in rural areas is the availability of wheat flour derived from this year's crop production. Access to mills for wheat milling has been a significant problem and many farmers have stocks of wheat grain that still need milling. Income for rural Serb families is much reduced, as is access to markets (this includes older people who need to collect their pension).

The effect of the conflict in the north–west of the province has been to accelerate the already existing economic decline, Linked to this decline has been a progressive increase in the social caseload. It seems unlikely that the north–west of the province will benefit from the general economic improvement expected in the rest of Kosovo in the coming year.

For the Roma, recent problems of insecurity are superimposed on chronic problems of poverty and disadvantage. The majority of families, in both rural and urban areas, relied on low–paid formal and informal employment for their main source of income before the conflict. The post–conflict situation of the Roma varies within the province and according to whether they were perceived to have supported the Serbs or not. All groups have suffered loss of income since the conflict, as they are regarded with suspicion by the majority Albanian population, which severely limits their movements, and also because there is less work available than before the conflict.

Projecting future food needs for the minority population is difficult. Currently, the main problem facing these groups is the prevailing insecurity. It is difficult to foresee how the security situation will develop and also to predict how the minority groups will react to any developments – if the security improves they may either stay, or take advantage of the situation, sell their homes and leave the province. It is unlikely that there will be major changes in security or food aids before the end of the winter. The mission, however, suggested that food aid needs will tend to decline with time if either (i) the security situation improves, leading to improved access to food and markets, or (ii) the security situation deteriorates or remains as it is, when it is likely that an increasing number of Serbs will leave the province. There may, however, be a slight increase in the number of Serbs in Kosovo as IDPs in Serbia are experiencing difficulty in finding employment and accommodation and hence may return home.

Winter, water and shelter

The coldest three months in Kosovo are December, January and February. This will increase nutritional requirements. Winter also presents many problems other than the cold. The delivery of assistance becomes more difficult logistically. De–mining organisations are working to strengthen the minefield marking systems for the winter, but snow or ice may obstruct or hide marking tape and fencing. Heavy snowfall can have an effect on trip–wire operated mines (UNHCR – 26/11/99).

Power remains a problem: although major repairs to the power system have been undertaken, there is still insufficient power. While some power has been imported, the extraction and stockpiling of coal and ensuring the availability of fuel oil remain crucial. The public water supply in Kosovo is dependent on electricity (UNHCR – 12/11/99, 26/11/99).

Roughly one third of the 365,000 homes in Kosovo have sustained major damage (defined as substantial or total roof and wall destruction) affecting an estimated 720–840,000 people. Efforts to provide shelter kits and repair roofs continue (USAID – 26/11/99).

Albania

As of 29 September 1999 there were 3,634 refugees remaining in Albania (USAID – 02/10/99). There is no new information on the nutritional situation of these refugees, which was reported to be adequate in the last RNIS.

Macedonia

Approximately 14,000 refugees remain in Macedonia, the majority of whom are housed with host families. The Government of Macedonia has agreed to permit the registration of previously unregistered refugees. These people will be issued with refugee documentation and permitted the same benefits as other refugees in Macedonia. There are estimated to be up to 8,000 unregistered refugees in Macedonia (USAID – 08/11/99; WFP –17/11/99).

There is no new information on the nutritional situation of the refugees in Macedonia, which was reported to be adequate in the last RNIS.

Serbia

According to the Yugoslav Red Cross (YRC), there are an estimated 243,000 IDPs in Former Republic of Yugoslavia (FRY) excluding Kosovo. UNHCR plans to carry out an IDP registration exercise in January 2000. ICRC provides food aid to over 200,000 IDPs. Family hygiene parcels are also distributed on a bi−monthly basis (OCHA − 20/11/99, 25/11/99).

The RNIS has not received any information on the nutritional status of the IDPs in Serbia.

FRY is experiencing a continuous economic decline and much of the population is sliding into deeper poverty. The increase in prices of basic food items (over 20% in October alone) and the decline in the purchasing power of the majority of the population have raised concerns that insufficient food will be available to many during the winter (OCHA−30/11/99).

Stocks available in the Balkans region are sufficient to meet requirements well into the second quarter of the year 2000, except in Serbia, where gaps in the food pipeline are expected during the first quarter of the new year (WFP−10/12/99).

Recommendations and Priorities:

For Kosovo:

- Continue to support programmes for increasing food security in Kosovo.
- Continue to provide shelter and fuel assistance.
- Support mechanisation programmes for agricultural equipment.

For the minority population in Kosovo:

(i) Food aid:

- Urban communities: The mission recommended that a full ration be programmed for urban Serb and Roma communities and 80% of the population of other minorities.
- Rural communities: A 50% ration was recommended for 80% of Serbs in rural areas, as they have some access to own production. Full rations for 20% of the population; mainly elderly and IDPs.
- For Serbs in the north west, the mission recommended that the current WFP policy be maintained. This involves providing a full ration to the Serb IDPS living in collective centres and a further 20% of the rest of the resident population based on the criteria of the Yugoslav Ministry of Social Welfare (e.g., pensioners, households with nobody able to work due to disability and ill−health etc).
- 80 % of Roma communities that have some access to income and markets should be targeted with a 100% ration.

(ii) Non−food interventions:

- Provision of security by KFOR for agricultural activities.
- Provision of seeds, fertiliser, spare parts etc.
- Purchase of surplus agricultural production for humanitarian assistance.
- Integration of minorities into the Mother Theresa Society distribution system.

• Affirmative action by international organisations to ensure the equality of employment opportunities.

For Serbia

• Obtain information on the nutritional situation of the IDPs in Serbia.

• Support WFP's operations for the IDPs in Serbia.

Overall, the nutritional situation is under control, there have been no reports of elevated prevalences of malnutrition in the region (category IV). Serb and Roma minorities in Kosovo are considered more vulnerable than others, mainly for political and security reasons. Little is known about the nutritional situation of IDPs in Serbia (category V). Winter will affect populations throughout the region, putting those without adequate shelter and access to fuel at greater nutritional risk.

Listing of Sources for September 1999 RNIS Report 29

ACF–F	9/99	Food security assessment in Brazzaville, July–August 1999: Draft report
ACF–F	11/99	Rapid nutritional assessments in East Timor
ACH–Spain	10/99	Rapid Evaluation of Health in IDP camps in Huila, Angola
ACH–Spain	01/11/99	Assessment of the nutritional situation of IDPs in Ganda, Benguela
ACH–Spain	09/12/99	Personal communication from nutritionist
ACF–USA	11/99	Nutritional surveys in Kinshasa, DRC, October 1999
AI	30/11/99	Escalating human rights abuses against civilians
CAD	10/99	Nutrition survey in Bubanza Province, Burundi
Concern	20/11/99	Press release
FAO	04/11/99	Food crisis in Southern Somalia Intensifies
FAO	04/11/99	Press Release
FAO	10/11/99	Food Crops and Shortages November 1999
FAO/GIEWS	03/11/99	Foodcrops and shortages 11/99 – Afghanistan
FEWS	30/09/99	Eastern Africa and the Horn: September 1999
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FEWS	26/11/99	East Africa and the Horn November 1999 Bulletin
FSAU	15/10/99	Southern Somalia Food Gap, September–December 1999
FSAU	25/10/99	Rainwatch 11–20th October 1999
FSAU	28/10/99	Flash: Food security in Somaliland
FSAU	05/11/99	Southern Somalia Food Gap September–December
FSAU	10/11/99	1999 Gu and Karam Crop Production Assessment in Somaliland
FSAU	05/12/99	Food Security Highlights for November 1999
Golden	09/99	Personal communication with M. Golden
HRW	27/10/99	Sierra Leone rebels violating peace accord
ICRC	10/99	

		Rapid nutritional and food security assessment of people affected by conflict in Brazzaville and the Pool Region.
IOM	09/12/99	Timor activity update
IRC	05/99	Survey to assess the nutrition status of children under−five, Kakuma refugee camp, May 1999
IRIN	27/07/99	News Brief
IRIN	12/10/99	Press release by DRC humanitarian co−ordinator
IRIN	13/10/99	Focus on villagisation in Rwanda
IRIN	15/10/99	News Brief
IRIN	18/10/99	Somalia: IRIN Focus on Bay and Bakool
IRIN	29/10/99	News Brief
IRIN	02/11/99	Sudan: news brief
IRIN	10/11/99	Angola: UCAH Fact sheet on IDPs
IRIN	10/11/99	Briefing on Lusaka peace process
IRIN	15/11/99	Focus on Hema−Lendu conflict
IRIN	18/11/99	News Brief
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IRIN	23/11/99	Update 807
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IRIN	26/11/99	News Brief
IRIN	01/12/99	Update 813
IRIN	07/12/99	Update 817
IRIN	08/12/99	Update 818
IRIN	08/12/99	UN Security Council resolution 1279
IRIN−SA	19/10/99	Angola: Malnutrition remains high in Huambo
IRIN−SA	27/10/99	News Brief
IRIN−SA	01/11/99	Angola: Humanitarian update
IRIN−SA	23/11/99	Namibia: UNHCR concern at Angolan refugees influx
IRIN−WA	20/10/99	Sierra Leone: Focus on developments in Makeni
IRIN−WA	28/10/99	Updates 581 & 582
IRIN−WA	02/12/99	Update 607
MERLIN	11/99	Nutrition Survey: Luozi and Mangembo health zones, Bas−Congo, DRC
MERLIN	12/99	Health update for Sierra Leone
MSF−B	28/08/99	Nutritional survey report, Dadaab camps, July 1999
MSF−B	18/10/99	Nutrition survey in Akobo and Wanding, Jongelei−Upper Nile, Sudan
MSF−B	26/11/99	Personal communication from nutritionist
MSF−B	14/12/99	Preliminary report on the pellagra epidemic in Kuito

MSF−F	19/09/99	Survey report for the refugees of Kilueka, Bas−Congo
MSF−H	09/99	Report on Konso Special Woreda Baseline Nutrition Study
MSF−H	16/10/99	Draft report of rapid assessment of adult malnutrition in Malanje
MSF−H	11/99	Report on the nutrition survey, Kisangani town
MSF−H	16/11/99	Personal communication from nutritionist re. children's survey in Malanje
MSF−H	12/99	Nutrition survey: Bunia Health Zone, Ituri District, DRC
OCHA	15/09/99	Humanitarian Update for Uganda volume I, issue 7
OCHA	19/09/99	Humanitarian situation in Angola: 13−19th September
OCHA	30/09/99	Sierra Leone Humanitarian Situation Report: 23rd−30th September 1999
OCHA	10/99	UN Consolidated inter−agency appeal for the East Timor crisis
OCHA	01/10/99	Humanitarian situation in Angola: 20th September−1st October
OCHA	09/10/99	Sierra Leone Humanitarian Situation Report: 3rd−9th October 1999
OCHA	14/10/99	Afghanistan Weekly update no. 334
OCHA	19/10/99	Afghanistan Weekly update no. 335
OCHA	21/10/99	Humanitarian Update for Uganda volume I, issue 8
OCHA	23/10/99	Sierra Leone Humanitarian Situation Report: 10th to 23rd October 1999
OCHA	26/10/99	Afghanistan Weekly update no. 336
OCHA	11/99	UN Consolidated Appeal for Angola 2000
OCHA	11/99	UN Consolidated interagency appeal for the Democratic Republic of the Congo
OCHA	11/99	UN Consolidated interagency appeal for the Republic of the Congo
OCHA	11/99	UN Consolidated interagency appeal for Somalia
OCHA	11/99	UN Consolidated interagency appeal for Uganda 2000
OCHA	05/11/99	Humanitarian situation in Angola: 16th October−5th November
OCHA	06/11/99	Sierra Leone Humanitarian Situation Report 24th Oct − 6th November 1999
OCHA	12/11/99	Humanitarian situation in Angola: 6−12th November
OCHA	15/11/99	DRC Monthly Humanitarian Bulletin
OCHA	17/11/99	Afghanistan Weekly update no. 338
OCHA	19/11/99	Humanitarian Update for Uganda volume I, issue 9
OCHA	19/11/99	Humanitarian situation in Angola: 13−19th November
OCHA	20/11/99	Belgrade: Weekly Situation Report
OCHA	23/11/99	Afghanistan Weekly update no. 339
OCHA	25/11/99	Belgrade: Weekly Situation Report
OCHA	26/11/99	Humanitarian situation in Angola 20−26th November
OCHA	30/11/99	Humanitarian risk analysis no. 6 for FRY
OCHA	01/12/99	East Timor crisis
OCHA	02/12/99	DRC − river floods situation report no. 1

OCHA	02/12/99	East Timor Crisis
OCHA	06/12/99	DRC – river floods situation report no. 2
OCHA	07/12/99	Afghanistan Weekly Update no. 341
OLS	11/99	1999 OLS annual needs assessment
Oxfam	08/12/99	Country profile: Republic of Congo
Oxford Analytica	12/11/99	Angola: UNITA setbacks
RI	26/11/99	Press release
SCF–UK	08/99	Report of nutrition survey among internally displaced communities in Tigray
SCF–UK	19/08/99	Eritrea Emergency Bulletin One
SCF–UK	08/09/99	Personal communication with SCF–UK desk officer for Eritrea
SCF–UK	25/09/99a	Food economy update of Ifo, Dagahaley and Hagadera refugee camps, Dadaab, Garissa District
SCF–UK	25/09/99b	Food economy update of Kakuma camps I, II and III, Kakuma Turkana District
SCF–UK	10/99	Emergency nutritional assessment East Hararghe Zone, 30/8–19/9/99
SCF–UK	11/99a	Emergency nutritional assessment East Hararghe Zone, 4/10–23/10/99
SCF–UK	11/99b	Emergency nutritional assessment North–East Amhara Zone, 20/9–10/10/99
UN	08/11/99	Report of an interagency assessment mission to the Nuba Mountains
UN	11/11/99	Findings of a technical assessment mission in the Nuba Mountains
UNCT	22/10/99	Somalia Monitor 1–22 October 1999
UNDP	15/11/99	Ethiopia Situation Report October–November 1999
UNDP	29/11/99	First UN peacekeepers arrive in Sierra Leone
UNHCR	09/99	Zambia: mid year progress report
UNHCR	17/09/99	Nutritional survey report for Kisenge camps, DRC
UNHCR	10/99	Prevalence of low BMI and specific micronutrient deficiencies in adolescents 10–19 years of age in Bhutanese refugee camps, Nepal, October 1999
UNHCR	26/10/99	Briefing notes
UNHCR	01/11/99	Africa fact sheet
UNHCR	03/11/99	UNHCR/OSCE Overview of the situation of ethnic minorities in Kosovo,
UNHCR	11/11/99	Personal communication with UNHCR nutritionist in Kosovo
UNHCR	12/11/99	Kosovo Humanitarian Update no. 16
UNHCR	26/11/99	Briefing Notes
UNHCR	26/11/99	Kosovo Humanitarian Update no. 17
UNHCR	29/11/99	Personal communication with UNHCR nutritionist in Kosovo
UNHCR	06/12/99	Personal communication with UNHCR Indonesia
UNHCR	07/12/99	Update on Timor
UNHCR	07/12/99	Personal communication with nutritionist in Rwanda

UNHCR	12/12/99	Personal communication with desk officer for Liberia/Sierra Leone
UNHCR	12/12/99	Personal communication with medical officer in Bangladesh
UNHCR	14/12/99	Personal communication with medical officer in Nepal
UNHCR	16/12/99	Personal communication with desk officer for the Great Lakes Region
UNHCR/WFP	09/99	Interagency assessment mission to refugees in Guinea
UNHCR/WFP	11/99	Joint food needs assessment mission for the Angolan and Congolese refugees in DRC: Draft final report
UNHCR/WFP	29/11/99	Draft report of a Joint WFP/UNHCR Assessment of minorities in Kosovo, November 1999
USAID	30/09/99	Liberia fact sheet no. 1
USAID	02/10/99	Kosovo Fact Sheet 120
USAID	07/10/99	Sierra Leone fact sheet no. 1
USAID	22/10/99	Kosovo Fact Sheet 126
USAID	08/11/99	Kosovo Fact Sheet 128
USAID	25/11/99	East Timor fact sheet no. 22
USAID	26/11/99	Kosovo Fact Sheet 131
USAID	10/12/99	East Timor fact sheet no. 24
WFP	01/10/99	Emergency report no. 39
WFP	08/10/99	Emergency report no. 40
WFP	22/10/99	Emergency report no. 42
WFP	29/10/99	Press Release: Afghanistan
WFP	29/10/99	Emergency report no. 43
WFP	04/11/99a	Sudan Bulletin no. 107
WFP	04/11/99b	Sudan Bulletin no. 109
WFP	05/11/99	Emergency report no. 44
WFP	11/11/99a	Annual Food Needs Assessment for Southern Sudan Year 2000
WFP	11/11/99b	Sudan Bulletin no. 110
WFP	12/11/99	Emergency report no. 45
WFP	15/11/99	Sudan Bulletin no. 111
WFP	15/11/99	Great Lakes Monthly Report: October
WFP	17/11/99	Emergency food assistance in the Balkans Region
WFP	19/11/99	Emergency report 46
WFP	26/11/99	Emergency report no. 47
WFP	03/12/99	Emergency report no. 48
WFP	06/12/99	Personal communication with WFP Khartoum
WFP	09/12/99	Personal communication with WFP Somalia, including extracts from a mission report of IDPs in Mogadishu, 28th June–7th July 1999

WFO	10/12/99	Emergency report no. 49
WFP	13/12/99	Personal communication from WFP in Angola
WFP	13/12/99	Personal communication with Burundi desk officer
WFP	17/12/99	Personal communication with desk officer for Liberia/Sierra Leone
WFP	17/12/99	Emergency Report no. 50
WHO	23/11/99	HINAP report on Indonesia
WHO	13/12/99	HINAP report on Indonesia
WHO	15/12/99	HINAP health situation report for West Timor
WHM	08/12/99	Personal communication with nutritional officer in Bundibugyo

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	Medecins Sans Frontieres – Belgium
MSF.CH	Medecins Sans Frontieres – Switzerland
MSF–F	Medecins Sans Frontieres – France
MSF–H	Medecins Sans Frontieres – Holland
MSF–S	Medecins Sans Frontieres – Spain
MOH	Ministry of Health

MUAC	Mid−ipper arm cricumference
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
WHM	World Harvest Mission

Tables and figures

Table 2: Information Available on Total Refugee/Returnees/Displaced Populations requiring assistance (as of December 1999).
Please note that these are best estimates at the time of going to press

	Population Numbers							**Nutr Stat***
Situation	**Condition**					**Total**	**Change from Sep−99**	
	I: V High Risk	II: High Risk	III: Mod Risk	IV: Not Critical	V: Unknown			
Sub−Saharan Africa								
1. Angola	329,606	196,000	536,000			1,061,000	−639,600	det.
2. Great Lakes Region								
Burundi		300,000	521,000			821,000	203,900	det.

										Bujumb Rurake risk. Ot moder
	Rwanda			620,000		30,000	650,000	–23,000	slat	No sign change nutrition situatio
	Congo–Brazzaville		440,000	215,000		168,000	823,000	312,000	det.	IDPs in inacces areas h mortalit Those i Brazzav risk. Ot unknow
	E Dem Rep of Congo	6,000	750,000	166,000	147,000	117,000	1,186,000	82,000	stat	No sign change nutrition situatio In numb Burundi
	Tanzania				400,000		400,000	27,000	stat	No sign change nutrition situatio
3. Ethiopia				300,000	274,000		574,000	–75,000	stat	War–af IDPs at Risk. R not criti large nu drought
4. Eritrea						260,000	260,000	0	det?	Nut. situ war–aff unknow
5. Kenya				80,600	115,600		196,200	2,200	det.	Refuge Kakuma moder Refuge Kakuma critical.
6. Liberia/Sierra Leone Region										
	Liberia			420,000	90,000		510,000	5,000	stat.	Nut. situ refugee critical. remain moder
	Sierra Leone		160,000	148,000		450,000	758,000	0	slat.	IDPs in Provinc Kenema risk. Ot moder unknow

Guinea–Conakry/Cote d'Ivoire			488,000	101,500		589,500	–6,500	stat.
7. Somalia	100,000				250,000	350,000	50,000	det.
8. S. Sudan		300.000	2,100,000	148,000		2,548,000	0	stat.
9. Uganda			500,000	182,000		682,000	–21,000	stat.
10. Zambia				175,000		175,000	119,000	stat.
Total (Sub–Saharan Africa)	435,000	2,146,000	6,094,600	1,633,100	1,275,000	11,583,700	36,600	
Asia/Europe (Selected Situations)								
11. Afghanistan Region		65,000	235,000	1,400,000		1,700.000	150,000	det.
12. Bhutanese Refugees in Nepal				98,500		98,500	2,000	stat.
13. Bangladesh				22,500		22,500	0	stat.
14. East and west Timor		150,000		200,000		350,000	–426,000	det.

									unknow
15. Balkans Region				900,000	200,000	1,100,000	–45,000	stat.	Returne Kosovo critical. Serbia u

Nutritional categories; (for a fuller explanation of the see the inside of the back page)

I. Very high risk – Populations reported with very high risk of malnutrition (or with a high prevalence of malnutrition, where available >20% wasting, and/or micronutrient deficiency diseases and sharply elevated mortality).

II: High risk – Population at high risk of malnutrition (or with a high prevalence of malnutrition)

III: Moderate risk – Population at moderate risk of malnutrition (or with a moderate prevalence of malnutrition, pockets of malnutrition may exist)

IV: Not Critical – Probably not at heightened nutritional risk

V: Unknown – No information on nutritional status available

Table 3: Summary of Origin and Location of Major Populations of Refugees, Returnees and Displaced People in Africa Requiring Assistance
December 1999 – RNIS #29 (population estimates in thousands)
Please note these are best estimates at time of going to press

	To/In									
From	***Angola***	***Burundi***	***Congo/Brazzavill***	***Cote d'Ivoire***	***Dem Rep Congo***	***Eritrea***	***Ethiopia***	***Guinea Bissau***	***Guinea Conakry***	***K***
Angola	1061		8		156					
Burundi		821			20					
Congo/Brazzaville			810		6					
Cote d'Ivoire										
Dem Rep Congo					916					
Eritrea						200				
Ethiopia						60	300			
Guinea Bissau									2	
Guinea Conakry										
Kenya							5			
Liberia				100					120	
Rwanda			5		25					
Sierra Leone				2					566	
Somalia							201			
S. Sudan					60		68			
Tanzania										
Uganda					2					

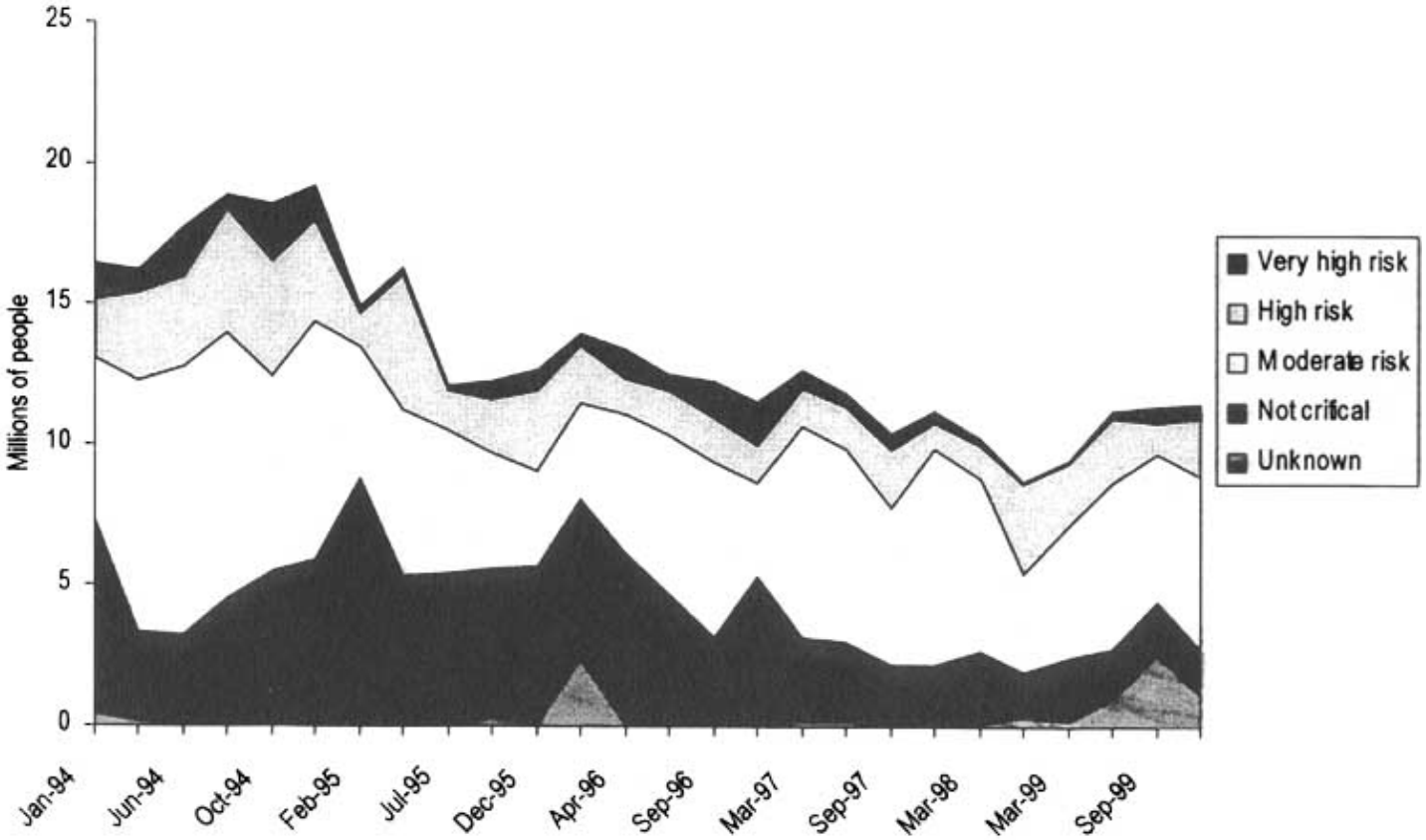
Zambia									
TOTAL	1061	821	823	102	1185	260	574		

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 and returnees (total = 9,148,000).

(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 nutritional risk over time

Annex I: Results of Surveys Quoted in December 1999 RNIS Report (#29) – 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)***	***Meas Immunis Coverag***
1. Angola								
a. Malange	MSF–H	Sep–99	21.5*	10.5*		2.1	3.7	
b. Ganda IDP camps,	ACH–Spain	Oct–99	18.0	2.9	3.2			43.4

Benguela								
2. Great Lakes Region								
a. Kirundo Province, Burundi	SCF–UK	Sep–99	7	0.7	0.3			
b. Bubanza Province, Burundi	CAD	Aug–99	12.9*	4.4*				76.5
c. Kimbaneke, Kinsahsa, DRC	ACF–USA	Oct–99	6.7	0.9	2			28.1
d. Selembao, Kinshasa, DRC	ACF–USA	Oct–99	5.8	0.6	2.1	2.3		33
e. Kinshasa, Kinshasa, DRC	ACF–USA	Oct–99	3.3	0.3	0.2	1		29.1
f. Kingabwa. Kinshasa. DRC	ACF–USA	Oct–99	4.6	0.5	0.1	1		28.9
g. Kisangani, DRC	MSF–H	Nov–99	9.2*	5.2*				
h. Bas Congo, DRC	MERLIN	Oct–99	5.6	0.3	20.3			72
i. Ituri, DRC	MSF–H	Oct–99	3	0.5	8.6			
j. Kisenge camps, DRC	UNHCR	Aug–99	3.5	0.3	0.1			11.2
3. ***Ethiopia***								
a. Tigray IDPs	SCF–UK	Aug–99	7.7	1	0.2			
b. Konso special Woreda	MSF–H	Aug–99	20.2	1.2				77.9
5. Kenya								
a. Ifo camp, Dadaab	MSF–B	Jul–99	14.0	1.3	1.5		0.57	
b. Hagadera camp, Dadaab	MSF–B	Jul–99	13.4	1.0	2.2		0.74	
c. Dagahaley	MSF–B	Jul–99	14.2	1.5	1.0		0.23	

camp. Dadaab								
d. Kakuma camps	IRC	May–99	18.3	2.8	0.0			46.9
7. Somalia								
a. Burhakaba	UNICEF	Aug–99	27	5	1			71
b. Baidoa	UNICEF	Aug–99	19	3.5	2.6			56
8. Sudan								
a. Wanding, Jongelei	MSF–B	Sep–99	21.2	2.8	0.0	2.7	1.9	1.5
b. Akobo, Jongelei	MSF–B	Sep–99	17	2	0.0	2	2.5	12.2
9. Uganda								
Uganda	WHM	Aug–99	1.5	0	5.9			

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

*Oedema is included in this figure.

Notes on Annex 1 and other nutritional assessments in the text

1. Angola

a. *Malanje* This survey was conducted by MSF–H in Malanje from 18–22nd September 1999. Standard two–stage cluster methodology was employed. Acute malnutrition (<–2 z scores weight–for–height and/or oedema) was estimated at 21.5%. Severe acute malnutrition (<–3 z scores weight–for–height and/or oedema was estimated at 10.5%. Retrospective mortality was estimated between 1st April and 28th September. No further details are currently available.

b. *Malanje* This rapid assessment was conducted by MSF–H in Malanje from 18–20th October. Adults were screened from 2 IDP centres, 1 adult kitchen, 1 TFC with adults and 2 mixed kitchens from different areas of Malanje. The rapid assessment screened some 336 individuals aged 15 years+. A MUAC<18.5cm was used to diagnose moderate malnutrition and a MUAC<18.5cm and a clinical symptom or a MUAC<16.0cm to diagnose severe malnutrition. The clinical symptoms were: problem walking, diarrhoea, dehydration, and pitting oedema.

c. *Huila* This rapid assessment was conducted by ACH–Spain in late October 1999. Children aged 6–59 months were asked to come to a specified meeting place. Low MUAC was defined as MUAC<120mm and very low MUAC as <110 mm. 81 children were measured in Vissaca and 94 in Chipopia. This

d. *Matala* MSF–Spain undertook a nutritional assessment in Matala in October. This information was obtained from WFP. No further information is currently available.

e. *Benguela* This survey was conducted by ACH–Spain in Ghana IDP camps, Benguela in late October 1999. Standard two–stage cluster methodology was employed. 279 children aged 6–59 months were measured. Acute malnutrition (<–2 z scores weight–for–height and/or oedema) was estimated at 21.1 % (C.I. 17.1–25.1%). Severe malnutrition (<–3 z scores weight–for–height and/or oedema was estimated at 6.1%. Measles vaccination status was obtained by reference to cards and asking the mother/carer.

2. Great Lakes

a. *Kirundo* This survey was conducted by SCF−UK in Kirundo Province. Standard two−stage cluster techniques were employed. 845 children aged 6−59 months were measured. Acute malnutrition was defined as <−2 z scores and >3−z scores weight−for−height and/or oedema and was estimated at 6.3% (C.I. 4.5−8.1%). Severe acute malnutrition was defined as <−3 z scores weight−for−height and/or oedema and was estimated at 1.0% (C.I. 0.4−1.7%). Oedema was given separately. Moderate chronic malnutrition was defined as <−2 z scores and >−3 z scores height−for−age and was estimated at 27.7% (C.I. 25.1−30.3%). Severe chronic malnutrition was defined as <−3 z scores height−for−age and was estimated at 19.9% (C.I. 16.3−23.5%).

b. *Bubanza* This survey was conducted by CAD in Bubanza Province. Standard two−stage cluster techniques were employed. 889 children aged 6−59 months were measured. Acute malnutrition was defined as <−2 z scores and/or oedema and was estimated at 12.9% (C.I. 10.6−15.11 %). Severe acute malnutrition was defined as <−3 z scores weight−for−height and/or oedema and was estimated at 4.4% (C.I. 3.1 −5.8%). Measles vaccination status was obtained by checking the cards of all selected children under−five and by interviewing the children's carers.

c. *Kimbanseke* This survey was conducted by ACF−USA in Kimbanseke commune, Kinshasa, DRC in October 1999. Standard two−stage cluster techniques were employed. 895 children aged 6−59 months were measured. Acute malnutrition was defined as <−2 z scores weight−for−height and/or oedema and was estimated at 8.7% (C.I. 6.3−11.9%). Severe acute malnutrition was defined as <−3 z scores weight−for−height and/or oedema and was estimated at 2.9% (C.I. 1.6−5.1%). The prevalence of oedema was estimated at 2.0%. Stunting was defined as <−2 z scores height−for−age and was estimated at 33.3%. Severe stunting was defined as <−3 z scores height−for−age and was estimated at 13.5%. Maternal nutritional status was defined by use of the MUAC and BMI (kg/m2). A mother was considered to be malnourished if she had a BMI<17.0kg/m2 and a MUAC<220mm or a BMI<16.0kg/m2 and a MUAC>220mm. The prevalence of malnutrition among mothers was estimated at 9.4%. A mother was considered to be severely malnourished if she had a BMI<16.0kg/m2 and a MUAC<220mm. The prevalence of severe malnutrition among mothers was estimated at 3.9%. Vaccination history was obtained by reference to card and asking the child's mother.

d. *Selembao* This survey was conducted by ACF−USA in Selembao commune, Kinshasa, DRC in October 1999. Standard two−stage cluster techniques were employed. 896 children aged 6−59 months were measured. Acute malnutrition was defined as <−2 z scores weight−for−height and/or oedema and was estimated at 7.9% (C.I. 5.6−11.0%). Severe acute malnutrition was defined as <−3 z scores weight−for−height and/or oedema and was estimated at 2.7% (C.I. 1.4−4.8%). The prevalence of oedema was estimated at 2.1%. Stunting was defined as <−2 z scores height−for−age and was estimated at 34.6%. Severe stunting was defined as <−3 z scores height−for−age and was estimated at 13.5%. Maternal nutritional status was defined by use of the MUAC and BMI (kg/m2). A mother was considered to be malnourished if she had a BMI<17.0kg/m2 and a MUAC<220mm or a BMI<16.0kg/m2 and a MUAC>220mm. The prevalence of malnutrition among mothers was estimated at 6.3%. A mother was considered to be severely malnourished if she had a BMI<16.0kg/m2 and a MUAC<220mm. The prevalence of severe malnutrition among mothers was estimated at 2.3%. Vaccination history was obtained by reference to card and asking the child's mother.

e. *Kinshasa* This survey was conducted by ACF−USA in Kinshasa commune, Kinshasa, DRC in October 1999. Standard two−stage cluster techniques were employed. 898 children aged 6−59 months were measured. Acute malnutrition was defined as <−2 z scores weight−for−height and/or oedema and was estimated at 3.5% (C.I. 2.1−5.9%). Severe acute malnutrition was defined as <−3 z scores weight−for−height and/or oedema and was estimated at 0.5% (C.I. 0.1−2.0%). The prevalence of oedema was estimated at 0.2%. Stunting was defined as <−2 z scores height−for−age and was estimated at 19.9%. Severe stunting was defined as <−3 z scores height−for−age and was estimated at 4.9%. Maternal nutritional status was defined by use of the MUAC and BMI (kg/m2). A mother was considered to be malnourished if she had a BMI<17.0kg/m2 and a MUAC<220mm or a

BMI<16.0kg/m2 and a MUAC>220mm. The prevalence of malnutrition among mothers was estimated at 1.9%. A mother was considered to be severely malnourished if she had a BMI<16.0kg/m2 and a MUAC<220mm. The prevalence of severe malnutrition among mothers was estimated at 0.9%. Vaccination history was obtained by reference to card and asking the child's mother.

f. *Kingabwa* This survey was conducted by ACF−USA in Kingabwa commune, Kinshasa, DRC in October 1999. Standard two−stage cluster techniques were employed. 895 children aged 6−59 months were measured. Acute malnutrition was defined as <−2 z scores weight−for−height and/or oedema and was estimated at 4.7% (C.I. 3.0−7.2%). Severe acute malnutrition was defined as <−3 z scores weight−for−height and/or oedema and was estimated at 0.6% (C.I. 0.1−2.0 %). The prevalence of oedema was estimated at 2.0%. Stunting was defined as <−2 z scores height−for−age and was estimated at 25.9%. Severe stunting was defined as <−3 z scores height−for−age and was estimated at 8.9%. Maternal nutritional status was defined by use of the MUAC and BMI (kg/m2). A mother was considered to be malnourished if she had a BMI<17.0 kg/m2 and a MUAC<220mm or a BMI<16.0kg/m2 and a MUAC>220mm. The prevalence of malnutrition among mothers was estimated at 3.9%. A mother was considered to be severely malnourished if she had a BMI<16.0kg/m2 and a MUAC<220mm. The prevalence of severe malnutrition among mothers was estimated at 1.6%. Vaccination history was obtained by reference to card and asking the child's mother.

g. *Kisangani* This survey was conducted by MSF−H in Kisangani Town, DRC from 15−17th November 1999. Standard two−stage cluster techniques were employed. 941 children aged 6−59 months were measured. Acute malnutrition was defined as <−2 z scores weight−for−height and or/oedema and was estimated at 9.2% (C.I. 6.5−11.8%). Severe acute malnutrition was defined as <−3 z scores weight−for−height and/or oedema and was estimated at 5.2% (C.I. 2.7−7.7%). Stunting was defined as <−2 z scores height−for−age and was estimated at 42.7%. Severe stunting was defined as <−3 z scores height−for−age and was estimated at 19.7%.

h. *Bas−Congo* This survey was conducted by MERLIN in Luozi and Mangembo health zones, Bas−Congo, DRC from September−October 1999. Standard two−stage cluster techniques were employed. 905 children aged 6−59 months were measured. Acute malnutrition was defined as <−2 z scores weight−for−height and or/oedema and was estimated at 26.0% (C.I. 22.0−30.0%). Severe malnutrition was defined as <−3 z scores weight−for−height and/or oedema and was estimated at 20.7% (C.I. 17.0−24.4%). The prevalence of oedema was estimated at 20.3%. Stunting was defined as <−2 z scores height−for−age and was estimated at 64.2% (C.I. 59.8−68.6%). Severe stunting was defined as <−3 z scores height−for−age and was estimated at 38.7% (C.I. 34.2−43.2%).

i. *Ituri district* This survey was conducted by MSF−H in Bunia Health Zone, Ituri district, Town, DRC between 27−19th November 1999. Standard two−stage cluster techniques were employed. 920 children aged 6−59 months were measured. Acute malnutrition was defined as <−2 z scores weight−for−height and or/oedema and was estimated at 11.6% (C.I. 8.9−15.1%). Severe acute malnutrition was defined as <−3 z scores weight−for−height and/or oedema and was estimated at 9.1 % (C.I. 6.7−12.3%).

j. *Kisenge* This survey was conducted by UNHCR in the three camps in Kisenge, Katanga Province, DRC from 26−29th August 1999.715 survey subjects aged 6−59 months were chosen by random sampling from refugee camp registration lists. Wasting was defined as <−2 z scores weight−for−height and or/oedema and was estimated at 3.6% (C.I. 2.3−4.9%). Severe malnutrition was defined as <−3 z scores weight−for−height and/or oedema and was estimated at 0.4% (C.I. 0.1−1.2%). The prevalence of oedema was estimated at 0.1%. Measles vaccination status was confirmed by card or by asking the child's carer.

3. Ethiopia

a. *Tigray* This survey was conducted by SCF−UK and REST in Tigray in the IDP camps in August 1999. Standard two−stage cluster techniques were employed. 937 children aged 6−59 months were measured. Wasting was defined as >= −3 z scores and <−2 z scores weight−for−height and was estimated at 6.7% (C.I. 5.2−8.6%). Severe wasting was defined

as <–3 z scores weight–for–height and was estimated at 1% (C.I. 0.5–1.9%). Oedema was recorded in two children. Stunting was defined as >= –3 z scores and <–2 z scores height–for–age and was estimated at 24.5% (C.I. 21.8–27.4%). Severe stunting was defined as <–3 z scores height–for–age and was estimated at 12.4% (C.I. 10.4–14.7%).

b. *Konso Special Woreda* This survey was conducted by MSF–H in Konso Special Woreda in August 1999. Standard two–stage cluster techniques were employed. 892 children 65–110 cm in length were measured. Wasting was defined as <–2 z scores weight–for–height and was estimated at 20.2% (C.I. 17.6–23.0%). Severe wasting was defined as <–3 z scores weight–for–height and was estimated at 1.2% (C.I. 0.6–1.2%). There was no record of oedema. Vaccination status was assessed by card and also verbally.

5. Kenya

a. *Hagadera camp* This survey was undertaken by MSF–B in Hagadera camp, Dadaab from 22–24 July 1999. Standard two–stage cluster methodology sampling techniques were employed. 784 children aged 6–59 months were measured. Wasting was defined as <–2 z scores weight–for–height and the prevalence was estimated at 13.4% (C.I. 10.0–16.7%). Severe wasting was defined as <–3 z scores weight–for–height and the prevalence was estimated at 1.0% (C.I. 0.3–1.7%). Oedema was found in 2.2% of the sample subjects (C.I. 1–0–3.3%).

b. *Ifo camp* This survey was undertaken by MSF–B in Ifo camp, Dadaab from 22–24 July 1999. Standard two–stage cluster methodology sampling techniques were employed. 792 children aged 6–59 months were measured. Wasting was defined as <–2 z scores weight–for–height and the prevalence was estimated at 14.0% (C.I. 10.3–17.7%). Severe wasting was defined as <–3 z scores weight–for–height and the prevalence was estimated at 1.3% (C.I. 0.3–2.2%). Oedema was found in 1.5% of the sample subjects (C.I. 0.5–2.5%).

c. *Dagahaley camp* This survey was undertaken by MSF–B in Dagahaley camp, Dadaab from 22–24 July 1999. Standard two–stage cluster methodology sampling techniques were employed. 795 children aged 6–59 months were measured. Wasting was defined as <–2 z scores weight–for–height and the prevalence was estimated at 14.2% (C.I. 10.5–17.9%). Severe wasting was defined as <–3 z scores weight–for–height and the prevalence was estimated at 1.5% (C.I. 0.6–2.4%). Oedema was found in 1.0% of the sample subjects (C.I. 0.3–1.7%).

d. *Kakuma* This survey was undertaken by IRC in Kakuma refugee camps I and II in May 1999. Standard two stage cluster techniques were employed. 721 children aged 6–59 months were measured. Wasting was defined as <–2 z scores weight–for–height and the prevalence was estimated at 18.3%. Severe wasting was defined as <–3 z scores and the prevalence was estimated at 2.8%. No oedema was recorded. Immunisation status was determined by card.

7. Somalia

a. *Burhakaba* This survey was conducted by UNICEF in Burhakaba in August 1999. Standard two stage cluster methodology was employed. 905 children aged 6–59 months were measured. Moderate wasting was defined as <–2 z scores and >–3 z scores and was estimated at 22%. Severe wasting was defined as <–3 z scores and was estimated at 5%. Oedema was recorded in 1% of the children.

b. *Baidoa* This survey was conducted by UNICEF in Baidoa in August 1999. Standard two stage cluster methodology was employed. 903 children aged 6–59 months were measured. Moderate wasting was defined as <–2 z scores and >–3 z scores and was estimated at 15.5%. Severe wasting was defined as <–3 z scores and was estimated at 3.5%. Oedema was recorded in 2.6% of the children.

8. Sudan

a. *Wanding* This survey was conducted by MSF–B in Wanding, Jongelei County from 10–24th September 1999. Standard two–stage cluster methodology was employed. 457

children aged 6–59 months were measured. Wasting (<–2 z scores weight–for–height) was estimated at 21.2% (C.I: 17.6–25.3%). Severe wasting (<–3 z scores weight–for–height) was estimated at 2.8% (C.I. 1.6–4.9%). No oedema was recorded. Retrospective mortality was estimated between 25th December 1998 and 18th September 1999. Measles immunisation rates were estimated by reference to cards and also by asking carers.

b. *Akobo* This survey was conducted by MSF–B in Akobo, Jongelei County from 10–24th September 1999. Standard two–stage cluster methodology was employed. 459 children aged 6–59 months were measured. Wasting (<–2 z scores weight–for–height) was estimated at 17.0% (C.I: 12.6–21.6%). Severe wasting (<–3 z scores weight–for–height) was estimated at 2.0% (C.I. 0.6–3.3%). No oedema was recorded. Retrospective mortality was estimated between 25th December 1998 and 18th September 1999. Measles immunisation rates were estimated by reference to cards and also by asking carers.

9. Uganda

a. *Nyahuka camp* This survey was undertaken by World Harvest Mission in Nyahuka camp in Bundibugyo in August 1999. Standard two–stage cluster sampling methodology was employed. 900 children less than five years old were measured. Acute malnutrition was defined as <–2 z scores and/or oedema and the prevalence was estimated at 1.45%. Severe acute malnutrition was defined as <–3 z scores and/or oedema and the prevalence was estimated at 5.9%. The prevalence of oedema was estimated at 5.9%.

12. Nepal

a. *Nepal* This survey was conducted by UNHCR and CDC in the Bhutanese refugee camps in Nepal in October 1999. Survey subjects were chosen by systematic random sampling from computerised data. 463 adolescents (aged 10–19 years) and 212 adults (aged 20–39 years) were enrolled. Adolescent nutritional status was defined by comparing each individual's BMI to the sex–specific WHO reference populations for tow BMI. Low BMI was defined as a BMI below the fifth centile for adolescents in the reference population of the same age and sex; the prevalence of low BMI was estimated at 36.1 % (C.I. 31.740.6%). A second estimate of low BMI was made after adjustment of each adolescent's chronological age for differences in the timing of maturation between the reference population and the survey population; the prevalence of low BMI was estimated at 33.6% (C.I. 29.2–38.2%) Adult malnutrition was defined as a BMI<18.5 kg/m^2, severe adult malnutrition was defined as a BMI<16,0kg/m^2. The prevalence of adult malnutrition was estimated at 33.0% (C.I. 26.7–36.9%). A further definition of adult malnutrition was employed using the MUAC; malnutrition was defined as low BMI<18.5kg/m^2 and a MUAC<23cm for men and <22 cm for men; severe malnutrition was defined as BMI<16.0kg/m^2 and MUAC<23cm for men and <22 cm for women. Laboratory samples included a fingerstick blood sample for haemoglobin from all subjects. Blood was drawn from half the adolescent subjects by venipuncture for testing transferin receptors, vitamin A and riboflavin. In addition, each severe case of AS had blood drawn for riboflavin assessment. The prevalence of AS was estimated at 28.7% (C.I. 24.7–33.1%). Anaemia was defined according to WHO criteria; the prevalence of anaemia was estimated at 25.5% (C.I. 21.6–29.8%).

HINAP

Health Information Network for Advanced Planning http://www.hinap.org/

On 13 December 1999, WHO'S Department of Humanitarian Action and CDC launched their joint project, the Health Information Network for Advanced Planning. Version 1.2 contains information on nine countries:

- Albania,
- Angola,
- Colombia,
- Indonesia,
- Macedonia (The Former Yugoslav Republic of),
- Nigeria,
- Tajikistan,
- Uganda, and
- The Federal Republic of Yugoslavia (Kosovo).

HINAP consolidates baseline health information by country, identifies health issues of primary concern and makes this information available for programme planning. Up–to–date information is provided during an emergency, permitting programme adjustment due to changing circumstances, thereby minimising mortality and morbidity form preventable causes.

Go to http://www.hinap.org/to get current information on communicable disease, immunisation, mortality, nutrition, and essential drugs. Your feedback is most welcome. Contact us on: hinap@who.int.

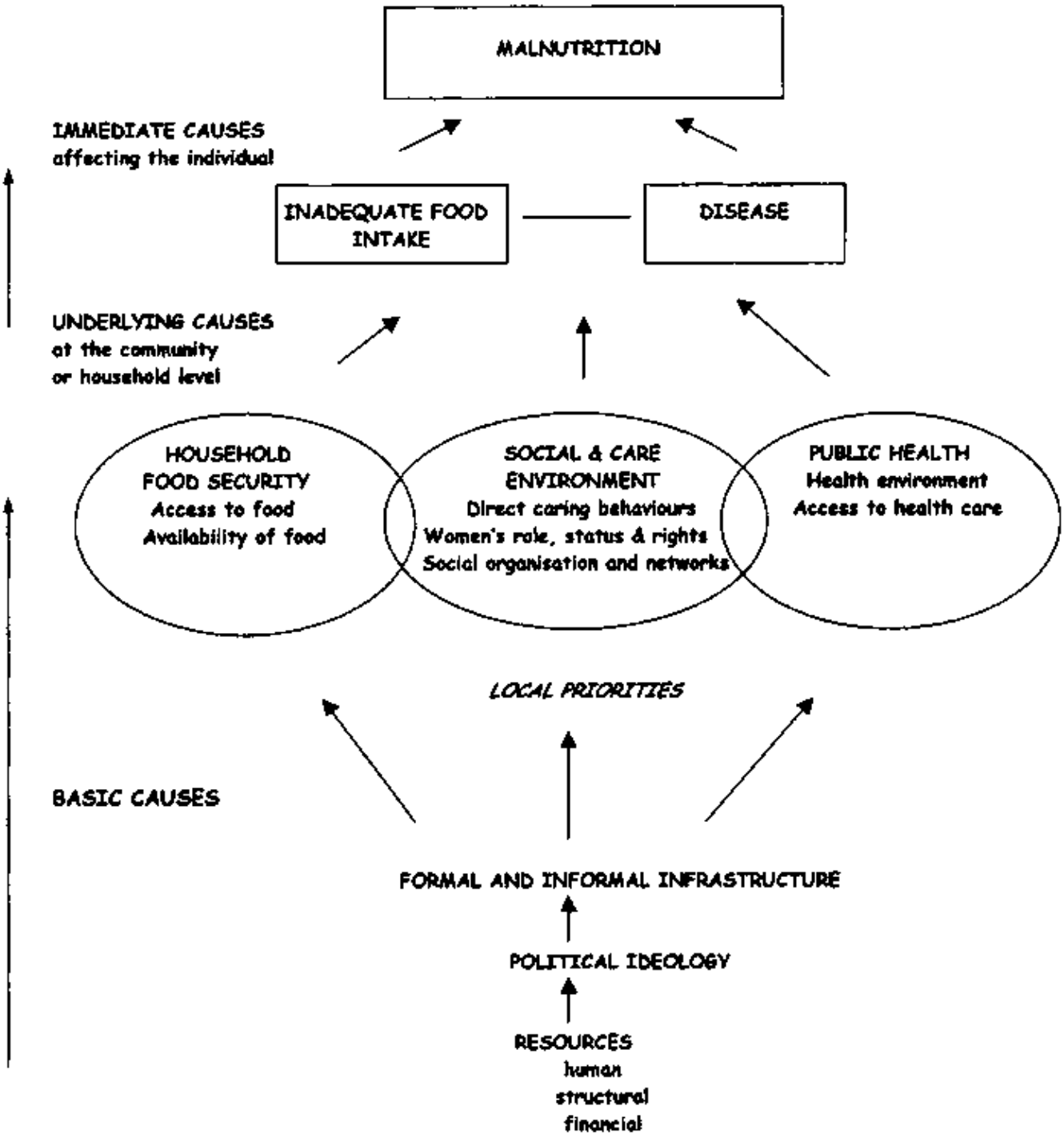
Map of Africa

Seasonality in Sub−Saharan Africa*

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,

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

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 ninth 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.unsystem.org/accscn/

Information is obtained from a wide range of collaborating agencies, both UN and NGO (see list of sources). The overall picture gives context and information which separate reports cannot provide by themselves. The information available is mainly about nutrition, health, and survival in refugee and displaced populations. It is organised by "situation" because problems often cross national boundaries. We aim to cover internally displaced populations as well as refugees. Partly this is because the system is aimed at the most nutritionally vulnerable people in the world – those forced to migrate – and the problems of those displaced may be similar whether or not they cross national boundaries. Definitions used are given in the box on the next page. At the end of 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 provide a quick overview. Table 1 gives an estimate of the total refugee/displaced/returnee population, broken down by 'risk' category. Situations are classed into five categories relating to risk and/or prevalence of malnutrition. The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care, and the constraints limiting humanitarian response. These categories are summations of the causes of malnutrition and the humanitarian response:.

- Populations in *category I* – the population is currently in a critical situation; they either have *a very high risk* of malnutrition or surveys have reported a very high prevalence of malnutrition and/or elevated mortality rates.

- Populations in *category II* are currently at *high risk* of becoming malnourished or have a high prevalence of malnutrition.

- Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there maybe pockets of high malnutrition in a given area.

- Populations in *category IV* are not at elevated nutritional risk.

- The risk of malnutrition among populations in *category V* is not known.

These risk categories should not be used in isolation to prescribe the necessary response.

In table 2, refugee and displaced populations ore classified by country of origin and country of asylum. Internally displaced populations are identified along the diagonal line, which may also include some returnees. Figure I shows the trends over time in total numbers and risk categories for sub−Saharan Africa. Annex I summarises the survey results used in this 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, A 20% prevalence of wasting is undoubtedly high, although this may depend on the context.

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.)

STUNTING is defined as less than –2SDs height–for–age by NCHS standards, usually in children aged 6–59 months.

SEVERE STUNTING is defined as less than –3SDs height–for–age by NCHS standards, usually in children aged 6–59 months. (When "stunting" and "severe stunting" are reported in the text, stunting includes severe – e.g. total percent less than –2SDs, *not* percent between –2SDs and –3SDs.)

BMI (wt/ht^2) is a measure of energy deficiency in adults. We have taken BMI<18.5 as an indication of mild energy deficiency, and BMI<16 as an indication of severe energy deficiency 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. In adults a MUAC<22 cm in women and <23 cm in men may be indicative of a poor nutritional status; although lower cut–offs are employed in some studies. 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.

ACUTE MALNUTRITION is the prevalence of wasting and/or oedema.

CHRONIC MALNUTRITION is the prevalence of stunting.

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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