Refugee Nutrition Information System (RNIS), No. 06 – Report on the Nutrition Situation of Refugee and Displaced Populations

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ACC/SCN

REFUGEE NUTRITION INFORMATION SYSTEM

UNITED NATIONS ADMINISTRATIVE COMMITTEE ON COORDINATION
SUB–COMMITTEE ON NUTRITION

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HIGHLIGHTS

The total numbers of refugees and displaced people in Africa has continued to increase in this reporting period – due almost entirely to the crisis in the Burundi/Rwanda region. Heightened nutritional risk is being seen mostly in those emergency programmes involving large numbers of people (over 1 million) and civil war. Some of the most urgent situations are summarized below.

Southern Sudan *The nutritional situation of large numbers of people in Southern Sudan remains catastrophic. Nutritional reports consistently measure levels of wasting at 35% and higher. Since all indications are that drought and pests have destroyed most of the crops, it is probable that the situation will deteriorate even further. A constantly changing security situation prevents extensive forward planning of modes for food delivery. More financial resources are urgently needed for this programme along with the flexibility to allocate money to the most appropriate transport system at any given time.*

Angola *The air drops that were bringing relief items to the estimated 32 million people in need of aid had been largely suspended in July due to a lack of clearance for the flights. In the beginning of August, most aid flights had resumed, but the cities of Malange and Kuito are still without deliveries and it is now reported in Malange that "people are beginning to starve."*

Liberia *Increased fighting in Liberia has led to further population movements within the country – some of these people are moving for the second and third time making aid delivery difficult. Many areas remain completely inaccessible to humanitarian aid. The fluid situation in the region necessitates a flexible response*

capacity on the part of aid agencies to respond to rapidly changing needs of the affected population.

Burundi/Rwanda Region *This is currently the largest crisis in Africa affecting over 5 million people in total. The situation for the approximately 353,000 refugees in Tanzania appears to be under control, but for the approximately 12 million displaced/refugees in Burundi the situation is precarious with insecurity and breaks in the food pipeline. In Eastern Zaire there have already been thousands of deaths due to cholera and dysentery amongst the 1.1 million Rwandan refugee in camps around Goma. Shortage of food is now threatening to lead to widespread starvation amongst these refugees. The international community has been completely overwhelmed by the scale and speed of the refugee influx into Zaire and unable to provide appropriate levels of health care and food resources.*

While the focus of relief efforts is now moving to encouraging safe return of refugees to Rwanda, the risk of another massive refugee movement into Eastern Zaire is never far should security in Southern Rwanda deteriorate.

There are persistent problems with general food distributions for returnees and internally displaced in the Ogaden, Ethiopia where levels of wasting have been recorded at over 30% for over one year. The continuing effects of the drought could lead to further population displacements. In Somalia, insecurity appears to be growing, with the possibility that this could begin to seriously undermine food security.

Most of the smaller refugee/displaced situations are under control. There are no recent reports of nutritional problems in Togo/Ghana, Mauritania, Zaire (excluding the Rwandan refugees), Djibouti, Kenya and Zambia.

Micronutrient deficiencies (beriberi and scurvy) have been confirmed amongst refugees in Nepal although levels of wasting have consistently been low amongst this population. This reflects the fact that the general ration is unbalanced and that there are only limited opportunities for this refugee population to supplement the ration with micro–nutrient rich commodities.

ADEQUACY* OF *FACTORS AFFECTING NUTRITION

Factor	**Liberia**	**Ogaden**	**E.W.C. Sudan**	**Somalia**	**Mozambique**	**Angola**	**S. Sudan**	**Shaba**	**Burundi/Rwanda**
1. General resources									
– food (gen. stocks)	***?***	***X***	***X***	***?***	***?***	***X***	***X***	***X***	***X***
– non–food	***?***	***X***	***X***	***?***	***?***	***X***	***X***	***?***	***X***
2. Food pipeline	***X***	***X***	***X***	***?***	***?***	***?***	***X***	***X***	***X***
3. Non–food pipeline	***?***	***X***	***X***	***?***	***?***	***?***	***?***	***?***	***X***
4. Logistics	***X***	***X***	***??***	***X***	***X***	***X***	***X***	***X***	***X***
*5. Personnel**	***??***	***?***	***??***	***?***	***?***	***?***	***?***	***?***	***?***
5. *Camp factors***	***?X***	***?***	***??***	***X***	***??***	***X***	***?X***	***X***	***X***
7. Local rations – kcals	***X***	***X***	***X***	***?***	***?***	***?X***	***X***	***X***	***X***
– variety/micronutrients	***X***	***X***	***??***	***?***	***?***	***X***	***X***	***?X***	***X***

8. Immunization	***?***	***?***	***?***	***X***	***?***	***?***	***X***	***?***	***?X***
9. Information	***?***	***?***	***X***	***?***	***X***	***X***	***?***	***X***	***?***

? *Adequate* ***X*** *Problem* ***?*** *Don't know* ***??*** *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 applicable.*
*** This refers to problems in camps such as registration, water/sanitation, crowding, etc.*

INTRODUCTION

The UN ACC/SCN[1] (Sub–Committee on Nutrition), which is the focal point for harmonizing policies in nutrition in the UN system, decided to set up an information system to track the nutrition of refugees and displaced people. Distributing this information should help to bring action to improve the situation. This decision was made, on the recommendation of the SCN's working group on Nutrition of Refugees and Displaced People, by the SCN in February 1993.

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This is the sixth of a regular series of reports, issued every two months. This report is the second in the series to include reports on some Asian refugees and displaced people. Subsequent reports will be expanded to include more information on Asian refugee and displaced populations. As in the past, Southern Iraqi refugees in Iran are also included.

Information is obtained from a wide range of collaborating agencies, both UN and NGO (see list at end). 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 organized by "situation" because problems often cross national boundaries. We aim to cover internally displaced populations as well as refugees. Partly this is because the system is aimed at the most nutritionally vulnerable people in the world – those forced to migrate – and the problems of those displaced may be similar whether or not they cross national boundaries. Definitions used are given in the box on the next page.

At the end of most of the situation descriptions, there is now a section entitled ***"How could external agencies help?".*** This responds to many suggestions for such information, through the ACC/SCN's working group on Nutrition of Refugees and Displaced People.

The tables, figures and maps at the end of the report can provide a quick overview. Map A shows the location of the situations described and the shaded areas are those in a critical situation. To give context, in Table 1, we give an estimate of the probable total refugee/displaced/returnee population, broken down by numbers at risk. Populations in category I in Table 1 are currently in a *critical situation,* based on nutritional survey data. These populations have one or more indicators showing a serious problem. Populations *at high risk* (category IIa in Table 1) of experiencing nutritional health crises are generally identified either on the basis of indicators where these are approaching crisis levels and/or also on more subjective or anecdotal information often where security and logistical circumstances prevent rigorous data collection. Populations *at moderate risk* (category IIb in Table 1) are potentially vulnerable, for example based on security and logistical circumstances, total dependency on food aid. etc. Populations in category IIc are not known to be at particular risk and no information is currently available on populations in category III. Figure 3 shows trends in estimated population and risks in six countries. Each of these graphs shows the population broken down into the portion estimated to be at high risk (shaded area) and low or no risk (white area). Annex I summarizes the surveys quoted in the report and Annex II gives a general idea of seasonality in Sub–Saharan Africa.

INDICATORS

Wasting is defined as less than −2SDs, or sometimes 80%, wt/ht by NCHS standards, usually in children of 6−59 months. For guidance in interpretation, prevalences of around 5−10% are usual in African populations in non−drought periods. We have taken more than 20% prevalence of wasting as undoubtedly high and indicating a serious situation; more than 40% is a severe crisis. **Severe** wasting can be defined as below −3SDs (or about 70%). Any significant prevalence of severe wasting is unusual and indicates heightened risk. (When "wasting" and "severe wasting" are reported in the text, wasting includes severe − e.g. total percent less than −2SDs, *not* percent between −2SDs and −3SDs.) Evidence from refugee camps shows elevated levels of wasting to be associated high mortality rates (CDC, 1992). Equivalent cut−offs to −2SDs and −3SDs of wt/ht for arm circumference are about 12.0 to 12.5 cms, and 11.0 to 11.5 cms, depending on age.

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.

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 181/1,000 live births (in 1992, see UNICEF, 1994), equivalent to 1.0/10,000 children/day.

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 (or regaining body weight lost by prior malnutrition is sometimes included. Formulae and software given by James and Schofield (1990) allow calculation by these parameters, and results (Schofield, 1994) provide some guidance for interpreting adequacy of rations reported here. For a healthy population with a demographic composition typical of Africa, with actual (observed) body weights under normal conditions, and environmental temperature of 25°C, the average requirement computes as 1,720 kcals/person/day for low activity (1.4 BMR), and 1,850 kcals/person/day for moderate activity (1.54 BMR); at 15°C, these figures are 1,900 and 2,040 kcals/person/day. Substituting NCHS reference weights for children adds about 130 kcals to these figures.

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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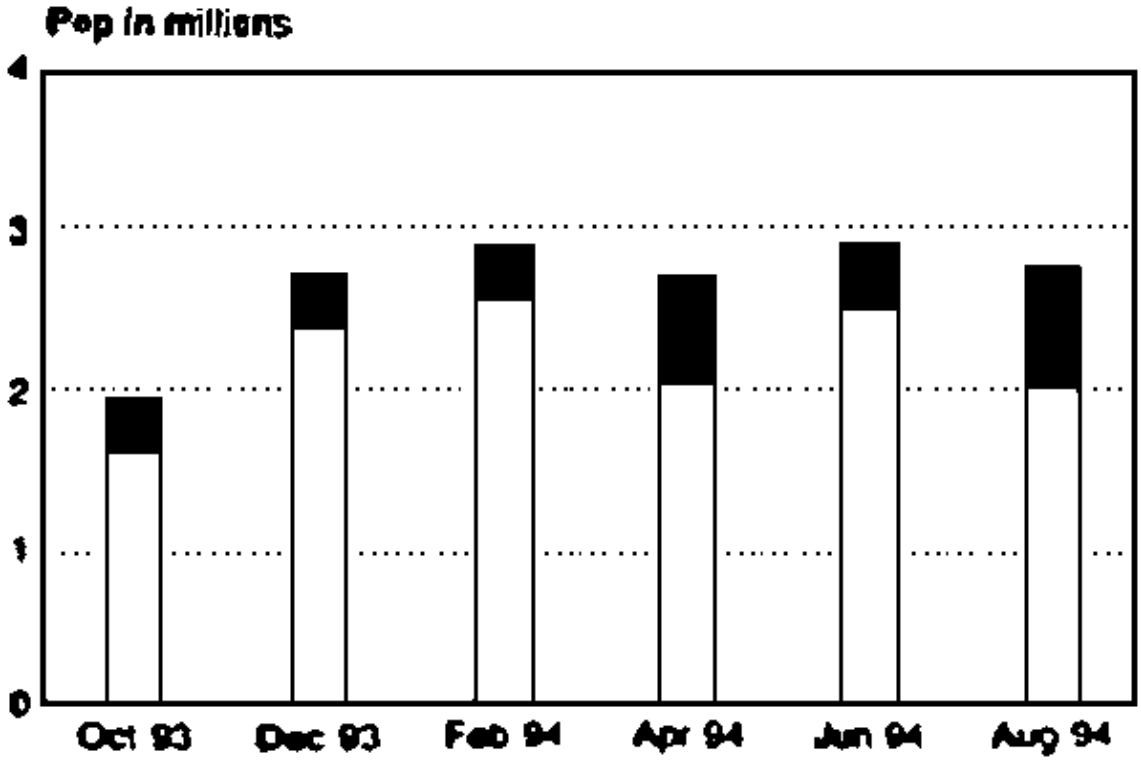
CURRENT SITUATION (Sub−Saharan Africa)

1. Liberia Region

(see Map 1 and Figure 3A)

The overall number of people affected by the war in the Liberia region has remained relatively stable at 2.8 million; however continued inter and intra–factional fighting in Liberia has led to further internal displacement affecting tens of thousands of people [UNHCR 18/07/94]. For example, the number of internally displaced people in Tubmanburg grew from a "handful" to 23,000 within a matter of days as factional fighting within ULIMO flared up in the Bomi county area [UNHCR 29/06/94].



A. Liberia

Trend in numbers of refugees/displaced and proportion severely malnourished and at high risk (black area).

The disarmament process is at a standstill, and it appears likely that elections scheduled for September will be postponed. This will inevitably delay any substantial repatriation programme although an average of 1,000 people have been returning every month from Guinea, Cote D'Ivoire, and Sierra Leone to areas in Nimba and Bong Counties as well as Monrovia and its environs [UNHCR 18/07/94].

The Liberia National Transitional Government, which was installed in March, has yet to extend its authority outside of areas under ECOMOG control [UNHCR 29/06/94].

Current estimates of populations affected are as follows:

Location	Dec 93	Feb 94	April 94	June 94	Aug 94
Liberia	1,750,000	1.750,000	1,750,000	1,750,000	1,750,000
Sierra Leone	150,000	300,000	297,000	300,000	300,000
Cote d'Ivoire	250,000	250,000	250,000	234,000	250,000
Guinea	600,000	600,000	415,000	628,000	539,000
TOTAL	2,750,000	2,900,000	2,712,000	2,912,000	2,839,000

Food distributions are continuing for approximately 1.1 million people in Liberia as security allows. However, there are still inaccessible areas in the South East, Lofa, Cape Mount and Bomi counties [UN Sec Coun. 24/06/94]. It is reported that half the affected population in Sierra Leone is inaccessible to assistance due to

insecurity [WFP 5/08/94].

NPFL Area Intensified fighting between the NPFL and AFL (Armed Forces of Liberia) and the NPFL and LPC (Liberia Peace Council) has affected relief activities in areas such as rural Grand Bassa and Grand Gedeh counties [UNHCR 29/06/94]. Nevertheless cross line convoys from Monrovia into NPFL areas have continued [WFP 17/06/94].

Agencies continue to expand selective feeding programmes in Nimba county in response to evidence of nutritional decline as the hungry season advances. The limited general ration distributions reported in the previous RNIS are of particular concern in the Southern pan of the county where there are new influxes of displaced from Grand Gedeh and River Cess counties [MSF−B Apr 94].

ULIMO Area Fighting between factions of ULIMO has been reported in areas north of Tubmanburg and in Lower Lofa. There has also been military activity between a ULIMO faction and the LDF (Lofa Defence Force) in Upper Lofa near the border with Guinea. After many unsuccessful attempts to reach the 23,000 civilians trapped by the ongoing fighting in Tubmanburg (Bomi county) an ECOMOG escorted relief convoy was finally able to get through in mid−June and deliver both food and non−food aid relief items. Fighting continues to prevent any relief distributions in Upper Lofa county [UNHCR 29/06/94].

Sierra Leone Current estimates are that there remain 300,000 refugees and displaced people in Sierra Leone. Continued rebel attacks along major highways which act as major food aid supply routes have necessitated military escort for relief convoys and consequent delays to delivery schedules. An international NGO was forced to recall its staff to Freetown after one of its vehicles was ambushed in the Kenema area [WFP 17/06/94].

Cote d'Ivoire It is currently estimated that there are over 250,000 Liberian refugees in Cote d'Ivoire the majority of whom have achieved varying degrees of self−sufficiency. The joint WFP/UNHCR census and stricter registration criteria and some spontaneous return to Bong and Nimba counties, has led to a reduction in numbers of registered beneficiaries [WFP 4/07/94]. These refugees are acknowledged to have been generously welcomed and supported by government and the host population and most recent reports indicate that there are no major nutritional or health concerns amongst this refugee population [UNHCR−a 18/07/94].

Guinea Estimates of the number of Liberian and Sierra Leonean refugees in Guinea are 539,000. This is a downward estimate base on verification exercises conducted by UNHCR since June 1994 [WFP 5/08/94].

An attempt to substitute bulgur wheat for rice in the general ration at the beginning of the year due to large quantities of rice appearing on the local market not surprisingly met with resistance from the refugee population whose traditional subsistence crop is rice. As a result the Guinean government rejected the shipment so that it was finally agreed to provide maize meal in its place [UNHCR−a 18/07/94 WFP 5/08/94].

Given the security situation in Liberia and Sierra Leone, no large scale repatriation programme is immediately foreseeable. There have however been some small scale spontaneous repatriations [UNHCR−a 18/07/94],

The populations of Liberia and Sierra Leone that are inaccessible due to insecurity can be considered to be at high risk (category IIa in Table 1). The remainder of the affected population can be considered to be at moderate risk (category IIb in Table 1) due to sporadic insecurity (Liberia and Sierra Leone) and registration problems (Guinea). Those in Cole d'Ivoire are not currently thought 10 be at particular risk (category IIc in Table 1).

How could external agencies help? NGO's and UN agencies should be encouraged and supported in efforts to maintain a capacity to rapidly respond to the needs of newly displaced populations, perhaps requiring a decentralization of staff where security allows.

2. Western Ethiopia/Eastern Ethiopia/Ogaden

(see Map 2)

The estimates of numbers of refugees/returnees/displaced in Ethiopia has increased slightly to 187,000 due to 12,000 drought affected new arrivals registered in Gode in the Ogaden in June.

This overall number includes 44,000 Sudanese refugees in the West who are living in settlements and whose nutritional condition continues to be satisfactory. Also included in this number are approximately 100.000 Somali refugees in camps in the East who have been awaiting repatriation for some time. Efforts are continuing to build up the infrastructure in Somaliland to ensure the safe return of these eventual returnees [UNHCR 19/07/94].

A nutritional survey carried out in May in Gode camps in the Ogaden (estimated population at the time of 35,000) reported levels of wasting of 35.6% with 2.8% severe wasting (see Annex I (2a)). This represents a slight increase since December 1993 when levels of 30.5% were reported. This nutritional crisis has continued as there has been no general ration distributions since January 1994. The crude mortality rate (CMR) was reported as 1.1/10,000/day (4 × normal) while the under five mortality rate was 2.6/10,000/day [MSF–B 1/07/94]. The under–five mortality rate particularly shows a marked deterioration compared to earlier levels of 0.9/10,000/day recorded in February.

The CMR in June for Gode (estimated population in June was 36,000) was 0.82/10,000/day (almost 3 × normal) and the under–five mortality rate was 1.4/10,000/day (see Annex I (2b)) [MSF–B 16/07/94]. This slight improvement over levels reported in May might partly reflect better overall health status of new arrivals.

In Bohelagare (estimated population of 7,000) a nutrition survey in June reported 15.7% wasting with 1.8% severe wasting (see Annex I (2c)). Despite these high levels of wasting emergency assistance for this group will most likely be discontinued as the majority of the population are original inhabitants of the village [MSF–B 16/07/94].

It is possible that the serious drought affecting almost 7 million people in Ethiopia and the resulting large scale emergency relief programme may detract from government and aid agency ability to provide for the needs of the refugee/returnee and displaced population. Certainly, logistical capacity and food aid resources will be at a premium in the coming months [WFP 4/07/94]. Until now, displacement due to the drought has been minimal, but the arrival of 12,000 people in the Ogaden could possibly be the beginning of larger scale population movements.

The returnee dispersal operation has started in Dollo and it is hoped that this will soon be implemented amongst the returnee/displaced camps of Gode although some people have spontaneously returned (approximately 3,000) [WFP 4/07/94].

The population in Gode in the Ogaden continues to be in a critical situation with high levels of wasting and elevated mortality rates (category I in Table 1). The population of Bohelagare can be considered to be at moderate risk (category IIb in Table 1). The Sudanese and Somali refugees are not currently considered to be a particular risk (category IIc in Table 1).

How could external agencies help? Since large scale population movements within Ethiopia are possible due to the continuing drought, it would be prudent to prepare for new influxes of drought displaced people into Gode and Bohelagare camps. Efforts must continue to secure an adequate general ration for the population in Gode.

It is also important that food aid deliveries are coordinated with WFP/Addis Ababa in order to avoid logistical problems.

3. East, Central and West Sudan

(see Map 3)

The estimated number of displaced Sudanese in East, West and Central Sudan is 1.7 million. This population is mainly comprised of displaced Southerners in camps such as those around Khartoum and other large urban centres. There are also large numbers of Sudanese displaced from their fanning areas due to a succession of droughts and increasing environmental marginalisation of certain areas in the North. The current drought which is believed to affect 1.3 million people mainly in Northern Darfur and Kordofan may well lead to further displacement of people to camps and urban centres if emergency food aid provision fails to meet needs.

The latest round of nutritional surveys of Ethiopian refugees in Eastern Sudan (approximate population 200.000) carried out between February 1993 and January 1994, has found levels of wasting of between

10–12% with quite high levels of severe wasting in a few camps, e.g. 3%. As large numbers of these refugees are partly self–sufficient and therefore only in receipt of a partial general ration, it can be assumed that the drought and its effect upon prices is also having an adverse impact upon this population [MOH Sudan, 1994].

Although the response to appeals for food aid have been relatively good, one major problem facing operations in Sudan has been the directing of contributions in favour of WFP/OLS cross–border operations to the South. The balance of contributions available to Khartoum – the largest channel of food assistance – has therefore been insufficient, both for deliveries to the South and to the transition zone. There has also been a shortage of 59% in cash pledges for the whole Sudan operation affecting transport and operational needs throughout the programmes for Northern and Southern Sudan. Although there have been no recent nutrition survey reports from East, Central or Western Sudan, March survey data from the camps around Khartoum, where prevalence of wasting was 20.8%. and reports in April from Darfur and Kordofan indicated a very precarious nutritional status for large numbers of people facing massive food price inflation. This situation is unlikely to change until the next food harvest in September/October.

The population of East, West and Central Sudan can be considered to be at moderate risk (category IIb in Table 1).

How could external agencies help? There is a continued shortage of cash for food, ITSH, and food monitors which is leading to a shortage of food in more remote areas. There also needs to be greater support for health care service provision and feeding centres in the displaced camps, along with some preparedness for eventual population movements into camps due to the continuing effects of the drought.

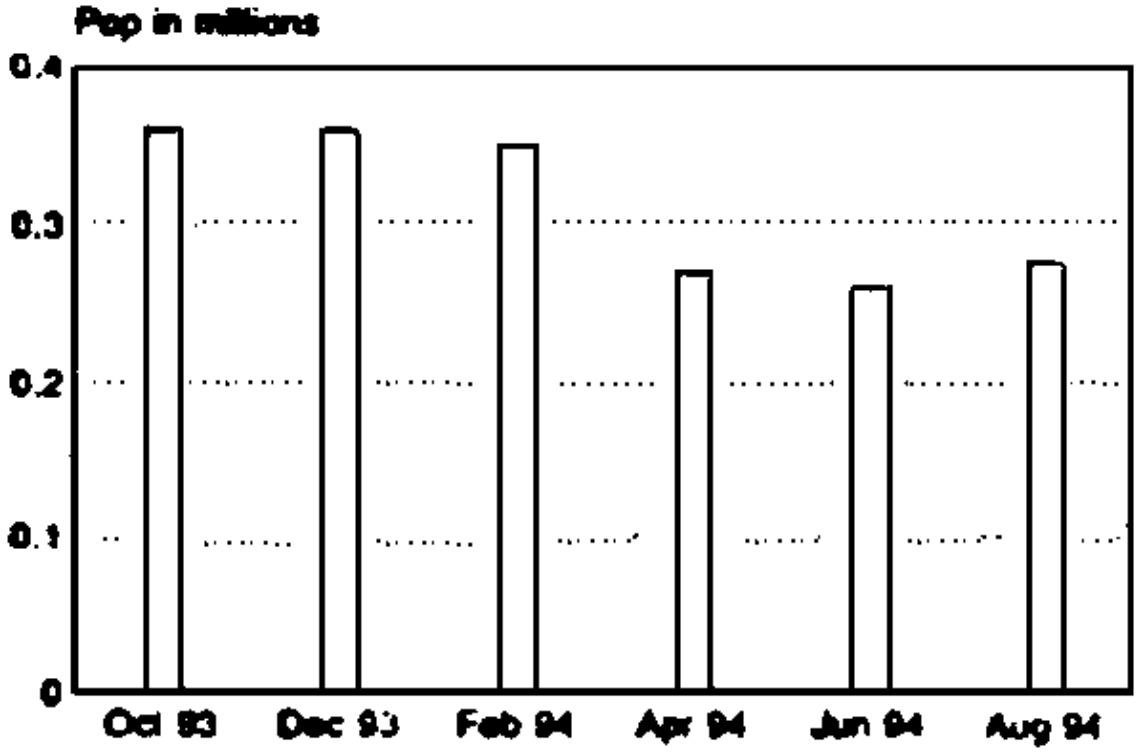
4. Kenya

(see Map 4 and Figure 3B)

Current estimates are that there are 277,000 refugees in Kenya. The slight increase from 268,000 reported in the last RNIS is largely due to the continuing influx of Sudanese refugees into Kakuma camp in the North at the rate of 150 per week. Steady repatriation of both Somali and Ethiopian refugees is however progressing with UNHCR and Liboi camp has recently been closed [UNHCR–a 14/07/94].

As a result of stable nutritional conditions amongst the refugee population, it has been possible to close supplementary feeding programmes throughout the camps. Therapeutic feeding for the severely malnourished is now carried out in local hospitals [UNHCR 30/06/94].

The refugee population in Kenya is not currently considered to be at heightened nutritional risk (category IIc in Table 1).



B. Kenya

Trend in numbers of refugees/displaced.

How could external agencies help? The withdrawal of supplementary feeding facilities has led to the concern that slight increases in levels of wasting may occur as a result. It is recommended that surveillance be properly established in order to detect any early changes in overall nutritional status of the refugee population.

5. Somalia

(see Map 5)

The vast majority of aid in Somalia is now directed towards small scale rehabilitation projects so that increasing numbers of families are returning to their villages. There are 380,000 people receiving emergency aid in country. Some sources estimate that the number of displaced throughout Somalia is about 400.000 of which half are located in Mogadishu. The excellent rains in many areas including Baidoa and Bay region in conjunction with several seasons of inputs of seeds and tools to the region are eliciting predictions of a bumper harvest in August [FAO May 94, WV May 94, and WFP 17/06/94].

The main problems in Somalia have been caused by escalating insecurity and a blockade of Mogadishu port by truckers. This has had a serious effect on food deliveries with less than half of food requirements moved out of Mogadishu port during May and June. Heavy fighting erupted in Mogadishu at the end of June resulting in some international NGOs forced to suspend operations. Latest reports are that the UN is considering a phased withdrawal of troops to Mogadishu that many have argued will endanger relief operations in all other pans of the country [WFP 11/07/94].

The North West is expecting major influxes of people returning from Yemen. Kenya and Ethiopia, although local authorities are unwilling to sanction a large repatriation programme without adequate provisions for smooth reintegration of returnees [WFP 11/07/94].

The cholera epidemic which occurred in Bay region in April had been brought under control by May [WV May 94]. It is believed that the nutritional condition of the population in Southern Somalia remains stable and has not changed significantly since the previous RNIS when extremely low levels of wasting were reported in several areas including Genale and Bur Akaba districts (in category IIc in Table 1). However, troop withdrawal leading 10 an escalation in insecurity could rapidly affect food security and lead to the type of emergency

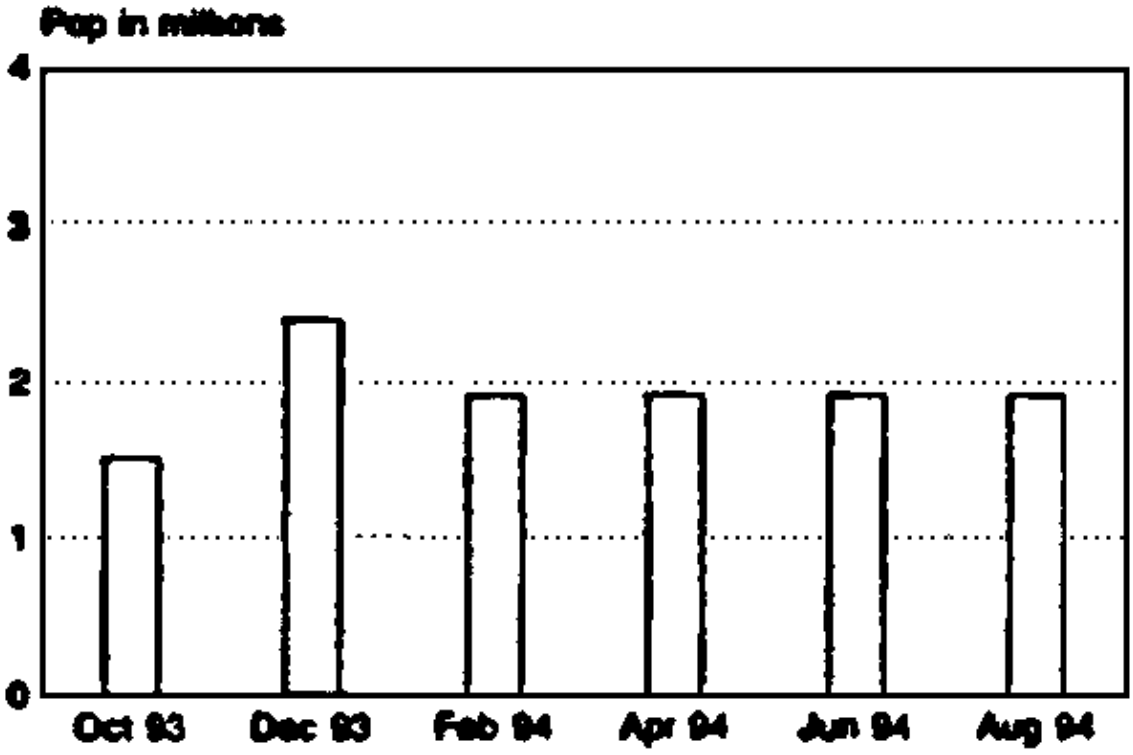
witnessed in 1992.

How could external agencies help? Relief agencies may need to make some preparations for the possible resumption of full scale relief activities in the event of a rapid decline in security in areas outside of Mogadishu.

6. Mozambique Region

(see Map 6 and Figure 3C)

The estimated number of people in need of humanitarian assistance in the region remains stable at 1,850.000. Repatriation of the refugees in South Africa began in April at the rate of approximately 2000 per week. Estimates of this total population vary from 30,000–250,000. Repatriation has also been continuing from Malawi and at a faster rate then planned possibly as a result of the drought there. There are presently 300.000–500,000 refugees in Malawi out of an original population of 1.3 million. Repatriation to northern provinces of Mozambique has faced considerable obstacles with much concern expressed about WFP and UNHCRs logistic capacity to meet the immediate needs of the returnees [MSF–CIS Apr 94, WFP 4/07/94, WFP 5/08/94].



C. Mozambique

Trend in numbers of refugees/displaced.

Mozambique is gradually preparing for the general election in October but the government and RENAMO are demobilising soldiers more slowly than expected. Over the last few months humanitarian work has been impeded by both insecurity, caused by the proliferation of "armed gangs", and the abundance of land mines with many accidents being reported [MSF–CIS Apr 9].

The harvest conditions in the country are generally considered to be poor with drought conditions in the South. In certain areas this is complicating the reintegration of returnees and demobilised soldiers. The aggregate food balance for the country is expected to be slightly better than last year but this is offset by the expected increase in demand due to the resettlement of populations. Target levels for those requiring emergency food aid in Mozambique were 1.1 million in April. During August approximately 957,000 people will receive food assistance in Mozambique [MSF–CIS Apr 94, WFP 4/07/94, WFP 5/08/94].

The nutritional and health situation in the country was relatively stable throughout April. However there have

been areas where food insecurity was poor and levels of wasting relatively high. One major area of concern was the almost inaccessible Northern Niassa province where high rates of malnutrition were found in April. High prevalence of wasting, 11.7%, were also found in Changara district in Tete province (see Annex I (6a)). Mogincual district in Nampula province was also identified as a food insecure area with reports of growth faltering over four consecutive months [MSF–CIS Apr 94].

Overall, the refugee/returnee/displaced population is not considered to be at heightened nutritional risk, although pockets of malnutrition are known to exist.

How could external agencies help? There needs to be greater preparedness for those returnee groups who are known to be returning to less accessible locations, i.e. heavily mined areas or where roads are likely to made impassable due to rains. This might involve allocating bigger food packages before departure to avoid the increased levels of malnutrition now being seen amongst such groups.

More funding and personnel are needed in order to speed up the demining process in Mozambique. Accidents are reported every month, and are likely to increase in numbers as more refugees return.

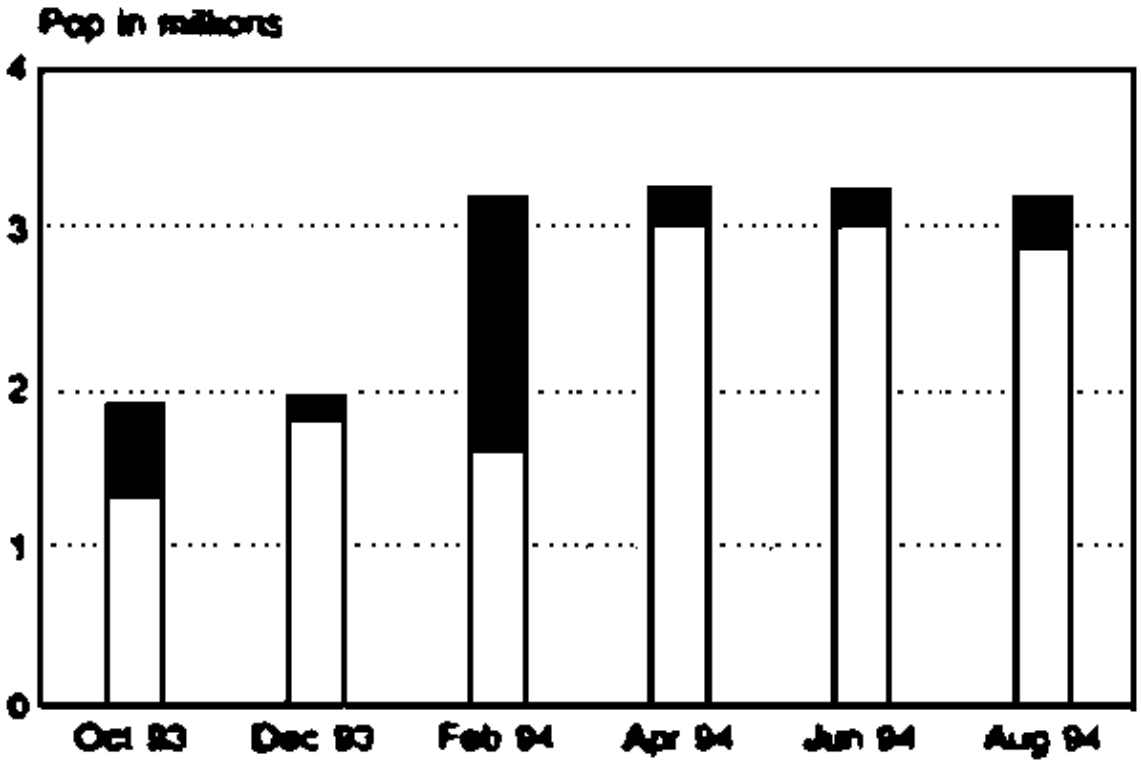
Food shortages for the operation are predicted for November/December. It is urgent that new donations are confirmed and shipped with a planned arrival for November/December.

7. Rwanda

(see Map 7) (now included in section #15 below)

8. Angola

(see Map 8 and Figure 3D)



D. Angola

Trend in numbers of refugees/displaced and proportion severely malnourished and at high risk (black area)

Estimates of the overall numbers affected by the continuing Angolan civil war and in need of both food and non−food aid items remain at 3.2 million people [DHA 20/07/94].

Fighting intensified throughout Angola in May and June so that in mid−June WFP air operations were completely grounded after UNITA refused to clear routine flight plans. Government media reported that Kuito and Kunje were captured and that many were killed in the fighting. Huambo and Malange were also bombed and mortared throughout May and June [DHA 3/07/94, DHA 10/07/94].

The cessation of relief supplies to non−government controlled areas in June meant that food stocks in key WFP bases reached very low levels. In Kuito there were reports that food stocks had been depleted in June and that very few medical supplies were left [WFP 10/06/94].

The break in assistance to Malange, Cubal, Kuito and Huambo had very serious consequences with alarming reports daily of increases in malnutrition among children and associated illness. The lack of food in Malange, for example, is said to be increasing tensions between the growing displaced population and the resident population. UN and NGO who were withdrawn from Malange have confirmed "that people are beginning to starve". Food stocks in the city are all but depleted − many selective feeding programmes which have been operating in the absence of a general ration, will have food to continue only until the first or second week of August [DHA 31/07/94].

By the end of July, humanitarian flights had received clearance to all destinations except Malange and Kuito, where the overall situation is reportedly deteriorating. Reports from Huambo are that the number of admissions into feeding centres has increased and that living conditions are declining [DHA 31/07/94].

Cholera had been reported in the area of N'dalantando, Dondo and Mocuso [WV 17/06/94], while meningitis had been reported in Kunene so preparations for a mass immunisation programme were under way [DHA 3/07/94, DHA 10/07/94].

The level of insecurity in and around these towns prevented international NGO staff from conducting rigorous nutritional and health assessments. It has, however, been speculated that the interruption to food relief supplies will have forced many civilians out into heavily mined areas to search for food and that many casualties will have resulted. It is estimated that Angola has between 10 and 20 million mines.

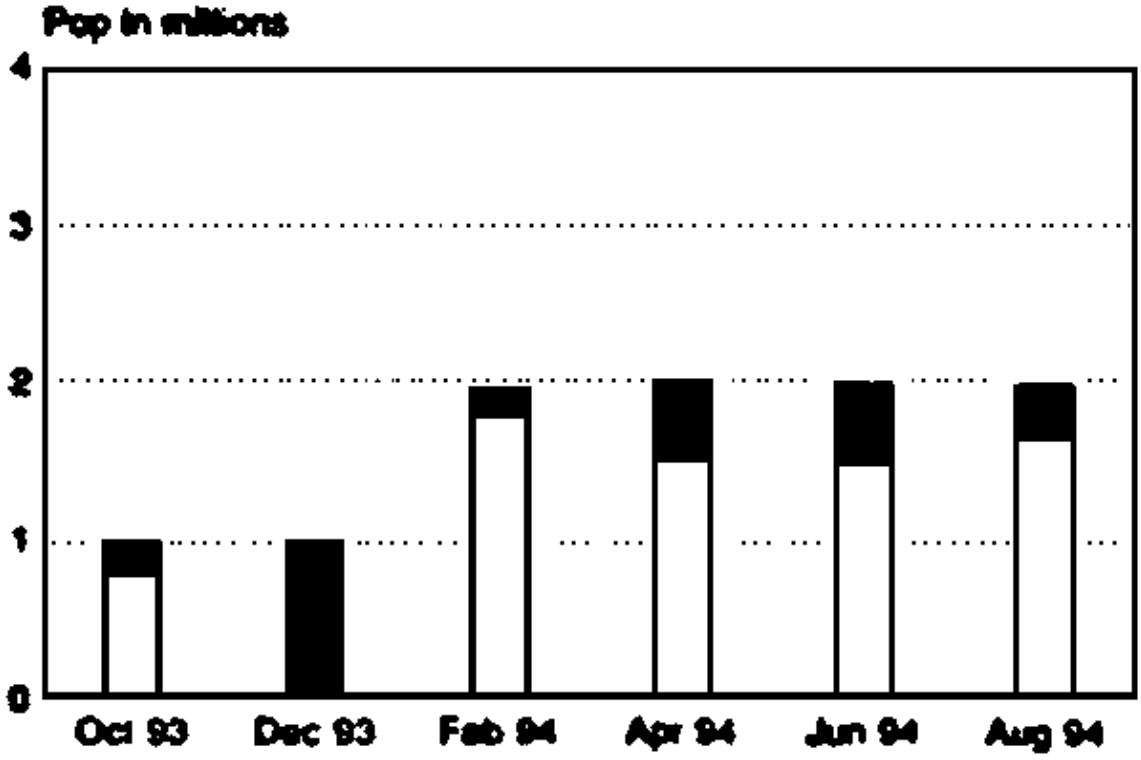
Overall, there are few details on the nutritional status of the affected populations in Angola, but those cities that were cut off from aid during June can be considered to be in a critical nutritional state (category IIa in Table 1). The remainder of the war affected population in Angola is thought to be at moderate risk (category IIb in Table 1).

How could external agencies help? As the only means of supplying adequate quantities of relief commodities to besieged population in large towns is via airdrops, funding commitments must be maintained to ensure that this expensive form of delivery continues. Any interruptions in supply due to funding constraints will have a rapid nutritional impact on large numbers of food aid dependent people.

9. Southern Sudan

(see Map 9 and Figure 3E)

Government forces continue to advance on SPLA Strongholds in Southern Sudan. On the 10th of June Kajo−Keji fell to government of Sudan troops with many Sudanese refugees expected to cross into Uganda as a result. An estimated 10,000 Sudanese crossed over in May. Airlifting of food is continuing as far as financially possibly although insecurity and lack of financial resources meant that in the first five months of 1994 an estimated 64% of emergency needs remained unmet in the South. The food pipeline through Khartoum is now reportedly adequate until the end of August, but transporting the food to the South remains difficult logistically and also dangerous. Trains and barges carrying food and non−food aid have been looted. Security incidents, some involving fatalities of international agency staff, have led to reduced numbers of staff and/or curtailment of programmes in a number of areas including Akon and Alek county in Bahr−El−Ghazal and Kajo−Keji in Equatoria. Many of those displaced by fighting are arriving in appalling states of health. New arrivals at Wau who were numbering 50−75 a day in mid July were said to be "at the point of death" [WFP 11/07/94, WFP 5/08/94].



E. Southern Sudan

Trend in numbers of refugees/displaced and proportion severely malnourished and at high risk (black area).

Overall much of the population in Southern Sudan have exhausted their coping mechanisms. In many areas the entire 1993 harvest was consumed by December/January. In Bor and Kongor caterpillars have virtually destroyed the August 1994 sorghum crop while in N.E. Bahr–El–Ghazal millipedes are threatening planting. A combination of recent anecdotal and survey information confirms the desperate nutritional and health condition of hundreds of thousands of people in the South of Sudan [ICRC 1/06/94, WFP 11/07/94].

Equatoria The situation in Juba with an estimated population of 150,000 was reportedly desperate throughout May as only limited amounts of food aid reached this besieged population. Following a WFP airlift in early June, food aid stocks were still only sufficient for two week distributions of half rations. The sixty one feeding centres selectively feeding over 35,000 beneficiaries were reportedly having to turn away eligible beneficiaries due to lack of food. A new airlift from Entebbe has begun and averages two flights daily [WFP 14/06/94, WFP 5/08/94].

Since December 1993 the supplementary feeding programme for malnourished individuals had recorded a 67% increase in the number of beneficiaries, with many of them severely malnourished [ICRC 1/06/94, WFP 14/06/94].

Bahr–El–Ghazal A critical food situation was reported in Aweil in June with airdrops out of Lokichokio planed to fill in the gaps created by suspension of the Khartoum air lifts [WFP 14/06/94].

A WFP/RRC assessment mission found a rapidly deteriorating situation in camps around Wau and alarming conditions amongst the people in Gogrial, North East of Wau. Disease was reported to be rampant and water availability and sanitation very poor. This condition was most acute amongst the recently displaced [WFP 11/07/94].

A survey conducted in April 1994 in Northern Bahr–El–Ghazal, found 36.1% levels of wasting and 9% severe wasting (see Annex I (9a)). With the advent of the hungry season and no prospect of a harvest until September, the situation is likely to deteriorate in the coming months. The low recorded levels of measles immunisation coverage of 31% is of particular concern in an environment of such poor nutritional status [MSF–B 16/07/94].

In Mayen–Abun "severe malnutrition" was said to be affecting all age groups. Of the estimated 39,0000 people needing food assistance in the area, it was only possible to deliver enough food for 17,000 people in

March [ICRC 1/06/94].

Upper Nile The security situation in May was relatively calm, but food distributions were constrained by lack of aircraft and deterioration of airstrips due to the rains. An extensive measles immunisation campaign was conducted during the month of May [WV−a May 94].

Jonglei In Paluer, wasting was reported to be as high as 63% with 7% severe wasting (see Annex I (9b)). The sorghum crop, which was due to be harvested in August was completely destroyed by pests. In Yomchir, wasting was reported at 50% with 12% severe wasting much of which is thought to be disease related (see Annex I (9c)) [ICRC 1/06/94].

The population of Bahr el Ghazal can be considered to be in a critical state with high levels of wasting (category I in Table 1). The population of Juba and those in need but not fed in Mayen−Abun (estimated at 22,000) are thought to be at high risk (category IIa in Table 1). The remainder of the affected population can be considered to be at moderate risk.

How could external agencies help? Increased cash resources are desperately needed for Southern Sudan to ensure continued delivery of food relief items. There also needs to be greater donor flexibility in using donations within country in order 10 allow selection of the most expedient and cost effective methods of transport.

10. Uganda

(see Map 10)

The total number of refugees in Uganda is estimated to be 246,000. Population estimates over time are as follows:

Origin	Feb 94	April 94	June 94	Aug 94
Sudanese Refugees	188,000	190,000	206,000	230,000
Zairian Refugees	5,000	5,000	15,000	16,000
TOTAL*	193,000	195,000	221,000	246,000

*Rwandan refugees are discussed under #15.

In Northern Uganda growing insecurity is said to be rendering food deliveries increasingly difficult [UNHCR 5/07/94].

There are approximately 230,000 Sudanese refugees in Uganda, an increase of over 25,000 since May. Estimates of the number of new arrivals vary from 3500 to 9000 per month. With the continued advance of Sudanese Government troops this pattern is likely to continue. The current strategy of international agencies is to re−locate refugees farther away from the Sudanese border. Efforts to do this began in May with the movement of some refugees from Koboko and East Moyo [UNHCR 5/07/94].

Reports from Koboko camp in May (estimated population of 82,000) are that mortality and malnutrition rates are rising slightly. Crude mortality rates in May were 0.5/10,000/day while under five mortality rates were 1.5/10,000/day (see Annex I (10a)). The general ration, which provides only 1873 kcals per capita (below the recommended minimum of 1900 kcals in an emergency) is believed to be a contributory factor [SCF 15/07/94].

There are approximately 16,000 Zairian refugees in Uganda. Most of these refugees are now in Kyaka settlement and been given a small plot of land on which to settle. Their nutritional and health condition is believed to be satisfactory [UNHCR 5/07/94].

Overall, the Sudanese refugee population in Koboko can be considered to be at moderate risk with slightly elevated mortality rates and signs of marginal deterioration (category IIb in Table 1). The remainder of the population is not currently considered to be at particular nutritional risk (category IIc in Table 1).

How could external agencies help? Further preparations must be made for the continuing influx of Sudanese refugees into Northern Uganda. Adequate resources for medical and nutritional service provision for those people arriving in a poor health and nutritional state is essential if this situation is to remain under control. Identification of suitably spacious camp sites is also essential to cope with the continued influx.

More current nutritional assessments would be useful in order to monitor food and health security and also to allow a disaggregation of refugees into those who may require special assistance (i.e. new arrivals) and those in a satisfactory nutritional state.

11. Shaba/Kasai Regions, Zaire

(see Map 11)

Since ethnic violence erupted in August 1992 in Shaba province in Zaire, an estimated 400,000 people have fled into East and West Kasai. Humanitarian efforts focused on assisting the displaced as they moved along the train lines through Shaba and into the Kasais. These two provinces are now experiencing a long−term and more intractable emergency as there are few communities in which the displaced population can be easily assimilated.

Despite attempts to encourage the displaced to move beyond the transit points and into rural areas, growing numbers are opting to remain in the urban transit centres, straining both the absorptive capacity of the local economy and church/NGO emergency resources. Mwene−Ditu is one such transit point where there have been consistently high levels of wasting and mortality reported in several recent RNIS reports. Despite the growing problem in the town and camp in Mwene Dim there has been no implementation of a general ration programme. Without a co−ordinated resettlement strategy by the international community this situation is unlikely to improve.

In Mbuji Mayi, a town of almost 1 million, the displaced population is estimated to be 112,000 with 17,000 in camps. A recent nutrition survey in the camps showed 30% wasting with 12.5% severe wasting (see Annex I (1 la)). Food delivery in the camps is reportedly inadequate and distributions of what little food there is may be inequitable. There were only approximately 2−4 litres per person of water available for the camp populations. For the majority of the displaced living in the town, life is becoming increasingly difficult. With no access to the free food distributions, they attempt to survive on incomes earned in the informal sector [USAID May 94].

Another destination for the displaced leaving Mwene Ditu is Kabinda. At the end of May 39,000 displaced had passed through the town's transit camp with some 6−7,000 having elected to settle in the town itself. A survey in January found 28% wasting among children between 29−59 months from displaced families and lower but growing levels of wasting among children of the host population (see Annex I (11b)) [USAID May 94].

The emergency response to the estimated 200.000 displaced people in Kananga, West Kasai, has been quite different to that of towns in East Kasai. Local church structures and international NGOs have succeeded in establishing food distributions, health care and a resettlement programme that quickly moved people out of the capital onto land they could cultivate [USAID May 94].

At all the transit points described above the principal problem has been lack of a balanced general ration. In mid−March 1994 WFP finally began a six month maize distribution programme but the tonnages programmed were only sufficient to meet the food needs of 70,000 people which is a small percentage of the needy population [USAID May 94].

The displaced populations of Mwene Ditu (estimated at 65,000), Mbuji Mayi (estimated population 17,000) and Kabinda (estimated at 7,000) are at high risk with high levels of wasting (category I in Table 1). The approximately 200,000 people displaced to East Kasai are probably not at any heightened nutritional risk (category IIc in Table 1). The remaining 111,000 displaced people are probably at risk (category Ha in Table 1) due to a shortage of food, but there are no current survey data to support this observation.

How could external agencies help? An expanded general ration programme for the large numbers of displaced who have yet to achieve any degree of self−sufficiency must be urgently implemented. Furthermore future emergency assistance programmes should make greater efforts to integrate into, and build upon, existing local church/NGO networks. There also needs to be improved co−ordination of resettlement plans amongst agencies to ensure that the displaced are not encouraged to remain at transit centres, but rather to

move on to their final destination.

12. Ghana, Togo, Benin Region

(see Map 12)

It is estimated that there are 100,000 Togolese refugees in the Volta region of Ghana who are in a stable nutritional and health condition (category IIc in Table 1). The efforts of agencies working with these refugees is now directed towards promoting income generating activities to help the refugees attain self–sufficiency [UNHCR 9/05/94].

There is no reported change in the situation of the approximately 150,000 people internally displaced by tribal warfare in Ghana. Although they are receiving assistance from UNHCR, WFP and NGOs, increased levels of aid are being requested by the Ghanaian government indicating some possible nutritional problems [UNHCR–a 9/05/94]. These displaced people are categorized as at moderate risk (category IIb in Table 1). An estimated 6.000 of this population have already crossed over into Togo in order to acquire refugee status. The Ghanain government and local population have expressed concern at the fact that these internally displaced have received less resources than the Togolese refugee population in Ghana.

There are no reports of change in the satisfactory nutritional situation of the remaining 60,000 Togolese refugees in Benin [WFP 5/08/94].

How could external agencies help? There is apparently a discrepancy between the levels of assistance provided to the refugees in Ghana and to the displaced population. Efforts should be made to increase levels of assistance to the internally displaced population thereby encouraging them to remain in Ghana.

13. Central African Republic

(see Map 13)

The nutritional condition of the approximately 12,000 Chadian refugees in CAR remains adequate [UNHCR June 94].

There are roughly 25,000 Sudanese refugees in CAR whose nutritional status is reported to be adequate despite some difficulties in transporting food rations [UNHCR April 94]. These are not new arrivals, but there are no details available on their current nutritional status.

14. Zaire (Refugees)

(see Map 11)

Current estimates are that there are approximately 163,000 assisted refugees in Zaire (N.B. Rwandan and Burundi refugees are not included in this group). This estimate includes 41,000 Angolan refugees in Shaba, Bas Zaire and Kinshasa (south), 17,000 Ugandan refugees and 105,000 Sudanese refugees in Haul Zaire (north) [UNHCR May 94].

The first general ration distribution in four months finally took place in May for the Angolan refugees in Shaba [UNHCR May 94].

It has been reported that due to SPLA incursions and also a lack of food, many refugees in Haut Zaire are moving towards the interior away from the Sudanese border. Road conditions are said to be poor in the area making regular aid deliveries difficult. Thus, in April 1994, the camps received their first food delivery of the year. However, despite these infrequent food deliveries, no major nutritional and/or health problems have been reported [UNHCR May 94].

The refugees in Zaire are not currently considered to be at heightened nutritional risk, although insecurity in Haut Zaire may be cause for concern.

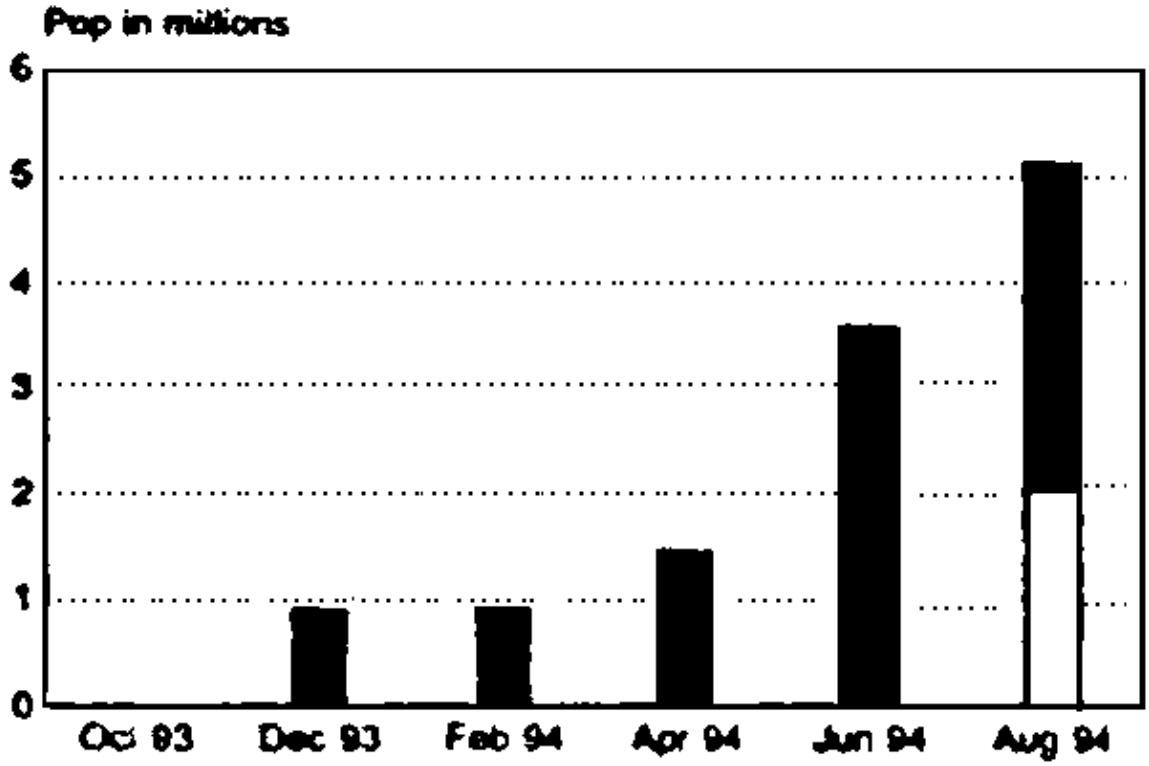
How could external agencies help? *A* baseline nutritional survey would be very helpful as it would increase confidence that the nutritional status of these refugees has not been adversely affected by recent difficulties in food distributions and some insecurity in Haut Zaire.

15. Burundi/Rwanda Situation

(See Map 15 and Figure 3F)

As of the beginning of August, the total number estimated to be affected by the regional crisis was 5.1 million in five countries.

Prior to the Eastern Zaire crisis the overall population in the sub–region requiring emergency assistance in the coming months had been estimated at 3.1 million. While the majority of this population are refugees and internally displaced uprooted by violence and its threat in Rwanda, approximately 20% are refugees, returnees and internally displaced from the continuing civil conflict in Burundi.



F. Burundi/Rwanda Region

Trend in numbers of refugees/displaced and proportion severely malnourished and at high risk (black area).

Until the recent massive refugee exodus from Rwanda into Eastern Zaire, brought about by RPF military successes and warnings from media controlled by former government forces of likely RPF reprisals against Hutus, the nutritional and health needs of the majority of refugees in Tanzania, Rwanda, Burundi, Zaire and Uganda fleeing this regional crisis were largely being met. However, the almost unprecedented speed with which an estimated 1.7 million Rwandans crossed over into Goma and Bukavu in Eastern Zaire in Mid–July has overwhelmed international response capacity. Currently, lack of water and sanitation in vastly overcrowded camps has precipitated a massive outbreak of cholera and dysentery which is exacting an enormous toll on human life. It is thought that crude mortality rates are extraordinarily high although no data are yet available.

Estimates of the displaced/refugee/returnee populations over time are:

	Dec 93	Feb 94	April 94	June 94	Aug 94
Burundi	150,000	282,000	536,000	1,000,000	1,230,000
Rwanda	375,000	272,300	250,000	2,060,000	2,040,000
Tanzania	325,000	300,000	60,000	410,000	353,000
Zaire	58,600	60,000	60,000	113,000	1,500,000
Uganda	–	–	–	10,000	10,000
TOTAL	908,600	914,300	906,000	3,593,000	5,133,000

Up until these most recent events in Eastern Zaire, the main difficulties faced by relief agencies involved in this regional emergency programme over the past two months have included restricted access to many of the internally displaced in Rwanda due to insecurity, serious logistical problems involving lack of trucks, insufficient port capacity in Bujumbura, and deteriorating road conditions in Tanzania with the increased movements of relief commodities, and a lack of certain food commodities such as beans and CSB. However, international relief agencies appeared to be gradually bringing the situation under control.

At the beginning of June the WFP country director in Burundi was quoted as saying "with war still waging in Rwanda, we can expect a wave of refugees arriving in Burundi and/or Zaire at any moment". At this point in time it is not clear why such predictions were not translated into greater disaster preparedness for the present Eastern Zaire crisis [WFP 2/06/94].

Burundi The total estimated refugee/returnee/displaced population in Burundi is estimated at 1.23 million people.

At the end of July it was estimated that there were over 230,000 Rwandan refugees in Northern Burundi, with a considerably lesser number in camps and receiving aid [UNHCR 27/06/94, WFP 15/07/94]. Many have been unwilling to enter camps for fear of the Tutsi–dominated Burundi army so that it has been very difficult for aid agencies to reach them. A massive influx on 17 and 18 July increased numbers by at least 60,000 with an estimated 5,000 per day arriving subsequently. Large numbers of Rwandans are apparently waiting to cross the border [WFP 4/07/94]. Potential camps sites with water are scarce and there are already considerable tensions created by the difference in rations between Rwandan refugees and Burundi displaced populations as, faced with food shortages, WFP have given priority to refugees allocations.

A recent MSF report indicates an alarming situation in two camps for Rwandan refugees in Ngozi where CMRs were 4–6/10,000/day (13–20 × normal) with dysentery responsible for up to 50% of mortality (see Annex I (15a)). There has however been an improvement in general ration provision to these camps with per capita receipts of between 2,018 and 2,213 kcals per person per day in mid–June compared to a maximum of 1,200 kcals in May. Nevertheless there is still a reported shortage of CSB, oil, milk and sugar for selective feeding programmes in these camps [UNHCR 27/06/94, WFP 11/07/94).

The number of returnees and internally displaced in Burundi may be as high as 1 million and there has been concern that the election of a new president may further destabilise the country and lead to massive population movements within Burundi and into Tanzania. Throughout July there have been reports of insecurity and lighting, especially in Northern Burundi and along main access routes to the North [WFP 4/07/94].

The situation for returnees and internally displaced in the North is least satisfactory with many returnee sites receiving less than 1900 kcals per capita [UNHCR 27/06/94]. Furthermore, with temporarily low country food stocks and a low food supply line between Tanzania and Burundi, rations have been reduced at the end of July from 350 to 200 grams per capita of cereal and contained no beans. In the first week of August it will not be possible to implement any distribution to the internally displaced [WFP 25/07/94]

In spite of this, planning for a phase–down of free food distributions to the internally displaced and returnees has been progressing in the South. This is in pan due to an assessment in March/April which indicated that many more refugee returnees than expected had returned to their land to plant. A preliminary agro–economic survey by WFP indicated that agricultural production is down by 24% in the country and that this is mainly due to the insecurity. An expected 300,000 beneficiaries will be returning to their plots within one month and will be given a food and seed package for their resettlement [WFP 15/07/94].

Continuing constraints in Burundi include periodic insecurity, limited port capacity for off–loading relief items and the lack of trucking capacity for relief items and funds to pre–position and mobilise a transport fleet [WFP 28/06/94].

Rwanda The RPF has now gained control of almost the entire country, with many of those of Hutu origin recently fleeing the country into Zaire, or seeking refuge in the protected zone set up by the French military presence in the South West of the country. Kigali fell on July 4th. Very rough estimates are that out of an original population of 8 million people in Rwanda, 2 million are refugees, 0.5 million were killed, 1.5 million are missing and 4 million remain in country as many as 2 million of whom may be displaced. This leaves a very reduced proportion of the population in their villages at a time when they would normally be harvesting. It is reported that some of the displaced people are harvesting crops near to the displaced camps for their immediate needs, but that no stock–piling is occurring. This situation is therefore likely to result in much of the population being dependant on food aid until the next harvest begins in December assuming that it is feasible to plant fields in September [FAO 21/06/94, ICRC 1/07/94].

Before Kigali fell to the RPF there were reports of very poor nutritional and health conditions amongst the internally displaced in the camps south of Butare. Conditions in the South have been further complicated by widespread drought. Until recently there have been very few NGOs operational in Rwanda with WFP the principal food assistance channel for those in the South, Kigali and North East Rwanda and ICRC mainly responsible in the North, North West and parts of Central Rwanda. At the end of June the joint planning figure for emergency assistance in Rwanda was 1,570,000. Up until now the implementation of emergency assistance has been least problematic in the RPF held territories of Northern Rwanda while the large displacement of people from Kigali and the Northern provinces has placed an immense strain on the South [WFP 28/06/94].

There had been no general food distributions in Kigali up until mid–July for fear of creating a security hazard [WFP 15/07/94].

Latest reports on the situation in the South where the French military have created a "humanitarian zone" are that there are 260,000 people in Northern Gikongoro who fled Gitarama in June and have received limited agency assistance and a further 200,000 in the South of the prefecture who have yet to be reached by relief agencies. Cyangugu prefecture in Southern Rwanda has 15,000 displaced with 9,000 in camps. There are already signs of epidemics in the camps for these displaced and fears that food supplies are inadequate. WFP and implementing partners face numerous constraints with regard to this zone with few trucks willing to enter Rwanda and prices demanded excessively high. There is a lack of electricity and housing and warehousing and most agencies have weak food pipelines for the next two months [WFP 15/07/94].

It is estimated that there are fewer than 40,000 Burundi refugees remaining in Rwanda out of an original population of 275,000 following the failed October 1993 coup [UNHCR 27/06/94].

Tanzania Current estimates for the refugee population in Tanzania are 353,000. Up to 4,000 refugees have been arriving daily since early June. Most refugees crossed into Ngara district with a smaller population entering Karagwe district. It appears, however that the original population figures were an over–estimate as a re–registration exercise in Ngara district found a total refugee population of only 230,000 in Benaco and Lumasi camp which were previously thought to hold 300,000. The food pipeline for most commodities is reported to be adequate although future supplies of beans, which are being borrowed or purchased locally and corn–soya blend, for which there is a predicted break in the pipeline at the end of July, may be problematic. There has been some concern about the suitability of whole grain maize in the ration for a population habitually dependent on tuber crops for subsistence. However, the large amounts of maize seen in the market, which triggered this concern, may be more a reflection of excess ration cards than unacceptability [UNHCR 17/06/94, WFP 29/07/94].

In general the international community has managed to protect the nutritional and health status of this large Rwandan population. However, the programme has not been without its difficulties. Among these are the fact that both food deliveries and storage capacity in camps has remained poor with distribution cycles of 2–3 days throughout June placing heavy demands on staff. By Mid–July this has improved to 6 day cycles. Another problem has been that poor roads and air strips have been further damaged by the heavy traffic flow for relief items and have slowed down delivery schedules. Furthermore, lack of transport capacity in country has been exacerbated by the use of private trucks to move the existing Tanzanian harvest [UNHCR 17/06/94, WFP 4/07/94].

The programme has also exacted some toll on the host country. For example, Tanzania's strategic grain reserve, from which WFP has borrowed quantities of food to supply Rwandan refugees, will have been drawn down to 110,000 tonnes below the official target at a time when the reserve is needed to supply populations badly affected by the countries own serious drought. There is also an acknowledged adverse impact on the local host population in terms of use of local resources and environmental degradation which is beginning to cause some local resentment [UNHCR 28/06/94].

Ngara District In mid−June, before refugees from Benaco camp were separated into three camps to reduce camp numbers to manageable proportions, the average per capita general ration receipt varied between 1,250 and 3340 kcals partly reflecting logistical difficulties and over−registration. A nutritional survey carried out in Benaco in early June found wasting rates of only 7.1%. Crude mortality rates have also remained low, since the establishment of the camp, at 0.5/10,000/day (see Annex I (15b)). It has been argued that this relatively stable situation may reflect generous general ration receipts as a result of the initial over−registration in many households and that once correct numbers of ration cards are allocated following a re−registration, nutritional and health status may begin to deteriorate [UNHCR 11/06/94, UNHCR 17/06/94].

Concern has also been expressed that the maize based rations which are deficient in niacin and vitamin C, may eventually lead to outbreaks of pellagra and scurvy. Indeed most recent reports from the WFP country office and NGOs warn of deteriorating general nutritional conditions in some camps amongst children under five and pregnant and lactating women. High mortality rates have also recently been reported in sections of Benaco camp, e.g. among the Rusumo commune, with death usually being due to diarrhoea, dysentery and dehydration as a result of poor water supply and sanitation facilities. In Burigi camp, wasting has recently been reported at 8.8% (see Annex I (15b)) [UNHCR 17/06/94, WFP 15/07/94].

Kayanga District There are an estimated 75,000 refuges in five camps in Kayanga district. No nutritional problems have been signalled to date The main problem for this population is currently reported to be an inadequate water supply with only half recommended quantities being available [UNHCR 10/06/94].

Zaire The scale and speed of the refugee movement to Eastern Zaire has by all accounts entirely overwhelmed international response capacity. Reliable and precise data on numbers of refugees and their nutritional and health status are therefore not currently available, but estimates are that the total refugee population in Eastern Zaire is 1.5 million people.

Estimates of the numbers around Goma and surrounding camps such as Katale (200,000) and Kibumba (250,000) are that there are 1.1 million people. Although food is urgently needed, the priority has been to establish clean and safe water supplies and medical services that can adequately cope with the massive cholera, dysentery and shigella outbreaks that have already claimed thousands of lives in Goma and surrounding camps. In mid−July these conditions were said to be killing up to 2.000 people a day with a 50% case fatality rate from cholera. This rate is slowly being reduced with dysentery now the major disease problem. Latest reports are that the food situation in Goma is now becoming dramatic with widespread starvation inevitable unless food deliveries are stepped up. Until now there have been no deliveries of oil which is needed particularly for planned selective feeding programmes.

Further south around Bukavu there may be as many as 400,000 refugees with another 350,000 further south in Uvira. Conditions here are reportedly much better than in Goma and over half the refugees are living in small sites including churches, schools and other public places [WFP 29/07/94, WFP 5/08/94].

Although the international response has now moved into top gear with US and UK troop involvement, air−drops and massive donor resources being made available, it is expected that many more fatalities will occur before conditions stabilise. Less than 100,000 refugees are thought to have returned to the French Humanitarian Zone in Southern Rwanda, but whether large−scale repatriation is feasible (or advisable), is not clear. Within the camps there is reportedly considerable pressure on Hutus to remain as commune leaders warn of likely Tutsi reprisals on return and use threats on those who do not heed such warnings. It is also not clear whether the international community and new Rwandan government are managerially and logistically able to safely repatriate such a large and weakened population, especially as this might well risk a dispersed cholera epidemic within Rwanda itself. It is difficult to predict how events in Eastern Zaire will unfold.

Uganda There are approximately 10,000 Rwandan refugees in two camps in Southern Uganda although there are plans to consolidate these camps into one farther from the Rwandese border. It has been reported that all those refugees from the Tutsi tribe that were in Uganda have now returned leaving 10,000 exclusively Hutu refugees [UNHCR 4/07/94].

Overall, the refugee population around Goma can be considered to be at high risk, with inadequate food and water (category IIa in Table 1). The displaced population in Rwanda can also be considered to be at high risk due to limited food distributions (category IIa in Table 1). The refugee/returnee/displaced populations in Burundi and Tanzania are probably at moderate risk due to insecurity (Burundi) and possible breaks in the food pipeline (Burundi and Tanzania) (category IIb in Table 1). The refugees in South Kivu and Uvira, Zaire along with the refugees in Uganda are not reported to be currently at any heightened risk nutritionally (category IIc in Table 1).

How could external agencies help? There are still enormous short–falls in food and cash pledges for this large regional programme as well as shortfalls in cereals and oil for current general ration distributions mainly affecting programmes in Burundi. Southern Rwanda and Zaire. The effect on the nutritional status of the internally displaced in Burundi, Southern Rwanda and refugees in Zaire will be catastrophic unless adequate general rations are secured. Donors must respond immediately to provide necessary resources. In Rwanda it is vital that a security presence is maintained in order to encourage refugee return from situations where the international community cannot guarantee appropriate levels of care and to ensure at least some limited planting before September. Without a reasonable harvest Rwanda may require as much as 2,000 metric tons of food imports per day until the 1995 harvest. It is also important that UNAMIR is sufficiently strengthened to ensure a smooth transition following French troop withdrawal or the there is the real prospect of as many as 2 million more refugees moving into areas South of Goma. It is also essential that transit feeding stations and medical facilities are provided for Rwandan returnees, many of whom will be arriving in a sick and weakened state. Finally, there must be on–going surveillance of the large Rwandan refugee population in Tanzania so that any adverse effects of re–registration on nutritional status can be rapidly identified and acted upon.

16. Mauritania/Senegal

(see Map 16)

The nutrition and health status of the approximately 52,000 Mauritanian refugees in Senegal remains stable (category IIc in Table 1). Repatriation is being encouraged for 40.000 of these refugees, with the focus *of* the programme shifting towards self–sufficiency for the remaining 12,000 [UNHCR–a 18/07/94, WFP 5/08/94].

17. Djibouti

(see Map 17)

The health and nutritional status for the 32,000 refugees in Djibouti remains stable. However, water problems in the camps have been reported, although details are not available. A cholera outbreak in the camps is now reported to be under control [UNHCR 7/07/94].

18. Zambia

(see Map 18)

The current assisted population is estimated remain at:

Origin	February/August 1994
Zairian Refugees	18,000
Angolan Refugees	17,000
Somali Refugees	1,000
TOTAL	36,000

There are no reports of change in the satisfactory health and nutrition status for this population.

CURRENT SITUATION (Asia)

The numbers of refugees in Asia grew from approximately 5.1 million in 1982 to 7.2 million in 1992. The single largest group of refugees comes from Afghanistan; in 1992 there were 4.1 million Afghans in Iran and 1.6 million in Pakistan, accounting for about 80% of the total refugee population of the region [UNHCR 1993]. In this section of the report, we will start by including available information on the relatively small populations of Bhutanese refugees in Nepal and refugees from Myanmar in Bangladesh because of persistent reports of micronutrient deficiencies. As in the past, we will include information on Southern Iraqi refugees in Iran.

19. Bhutanese Refugees in Nepal

The number of assisted Bhutanese refugees in Nepal has remained stable at approximately 85,000 people. Food continues to be distributed regularly, and there are no reported problems with water availability [WFP 5/08/94].

In response to ongoing reports since the second half of 1993 of significant levels of micronutrient deficiencies in the camps (see RNIS #5) there was recently an assessment to confirm the presence and determine the severity of these conditions. The presence of beriberi and scurvy were confirmed during the assessment and it was agrees that the supply of fresh fruits and vegetables should continue to be pan of the ration as should a supply of micro−nutrient fortified blended foods. Further details on the mission will be available at a later date [WHO 8/07/94].

How could external agencies help? Donors should support any initiative to supply fortified blended food for the general ration while every effort to ensure the supply of fresh vegetables should continue to be made. Inter−agency coordination is improving and should greatly facilitate the on−going monitoring of the situation (i.e. quality of food basket, nutritional status etc).

20. Refugees from Rakhine State, Myanmar in Bangladesh

The number of refugees from Rakhine State, Myanmar in Bangladesh remains fairly stable at just under 200,000 people. Reconstruction of the departure/reception facilities for repatriation that were destroyed by the cyclone in May is said to be virtually complete repatriation, which had been taking place on a small scale (i.e. 444 people in June) is increasing in volume over the summer (i.e. 4,000 in July) [UNHCR−a 30/06/94, WFP 5/08/94].

Food distributions to the fifteen camps and three transit centres are said to be regular with some minor disruptions due to inaccessible roads. The content of the ration is, however, of some concern. Blended foods were discontinued in the general ration in April due to unavailability and are not expected to become available before September or October. Sugar distributions were also temporarily discontinued due to a lack of this commodity. Efforts were made to redress the caloric shortfall by supplying an additional quantity of oil and lentils to the ration although this will not have replaced the amounts of micro−nutrient that would have been supplied by CSB [UNHCR 30/06/94]. As it is highly likely that micronutrient deficiencies still exist in this population, particularly angular stomatitis which was widely reported in early 1994, (see RNIS #5), the reduced quality of the current ration could exacerbate levels of deficiency.

A nutritional screening conducted after the cyclone in May showed 13.5% of the children were wasted and subsequently enrolled in either supplementary or therapeutic feeding programmes. This represents a slight increase over the 11.9% wasting measured before the cyclone. The crude mortality rate for June was 0.29/10,000/day and the under−five rate was 0.59/10,000/day. These mortality rates are considered normal for the region [UNHCR−a 30/06/94].

How could external agencies help? Donors should support efforts to provide micronutrient fortified DSM in the general ration. There should be careful monitoring to ensure its proper use at the household level and that the incidence of diarrhoea does not increase once it has been introduced into the general rations a result of poor preparatory practices.

21. Southern Iraq

There are no reports of change in the poor nutrition and health status of the approximately 222,000 Marshland Arabs living both in Iraq and in camps in Iran.

How could external agencies help? There is very little information available on the situation of the Marshland Arabs. Until a clear picture of the situation is known, it is difficult to make recommendations about what could be done.

List of Sources

Listing of Sources for August 1994 RNIS Report

Org*	Date	Title of Report
DHA	10.07.94	UCAH Information Bulletin – Humanitarian Assistance in Angola
DHA	31.07.94	UCAH Information Bulletin – Humanitarian Assistance In Angola
DHA	3.07.94	UCAH Information Bulletin – Humanitarian Assistance in Angola
FAO	May. 94	Food Supply Situation and Crpo Prospects In Sub–Saharan Africa
FAO	21.06.94	Special Alert – Rwanda
ICRC	01.06.94	Food and Nutrition Crisis In Southern Sudan
ICRC	01.07.94	Conversation
MOH Sudan	1994	Commissioner for Refugees Report
MSF–B	Apr. 94	Report on the Nutritional Activities MSF–Belgium In Greater Liberia
MSF–B	May. 94	Programme Supplementaire Nutritionel Rapport Mensuel
MSF–B	01.07.94	Personal Communication
MSF–B	16.07.94	Personal Communication
MSF–B–a	Apr.94	Rapport Nutritionnel Mois d'Avril: Burundi
MSF–CIS	Apr.94	Monthly Bulletin – Mozambique
SCF	15.07.94	Faxed Update
UN Sec Coun	24.06.94	Progress Report – Observer Mission in Liberia
UNHCR	Apr. 94	Sitrep – Central African Republic
UNHCR	May 94	Sitrep – Zaire (May)
UNHCR	Jun. 94	Central African Republic Monthly Statistics
UNHCR	28.06.94	Sitrep – Tanzania
UNHCR	04.07.94	Report from a Community Services Mission to Kayaka II 27–28 June
UNHCR	05.07.94	Sitreps – Uganda (Mar–June 1994)
UNHCR	07.07.94	Sitrep – Djibouti
UNHCR	09.05.94	Country Operation Plan – Ghana
UNHCR	10.06.94	Sitrep – Tanzania

UNHCR	11.06.94	Report of a Nutrition Survey in Benako
UNHCR	12.07.94	Sitrep – Senegal May–June 1994
UNHCR	14.06.94	Sitrep – Liberia
UNHCR	14.07.94	Report from a Community Services Emergency Response to Rwandese Refugees in Uganda
UNHCR	17.0694	End of Mission Report (Tanzania)
UNHCR	17.07.94	Goma Security Report
UNHCR	18.07.94	Briefing Notes – Liberia and Ghana
UNHCR	19.07.94	Conversation – Ethiopia
UNHCR	21.06.94	Security at Benako
UNHCR	24.05.94	Sitrep – Zaire
UNHCR	27.06.94	Sitrep – Burundi
UNHCR	30.06.94	Food and Nutrition in The Kenya Programme
UNHCR	21.06.94	Sitrep – Uganda
UNHCR	29.06.94	Sitrep – Liberia
UNHCR–a	09.05.94	Sitrep – Ghana
UNHCR–a	14.07.94	Kenya Statistics
UNHCR–a	18.07.94	Briefing Notes – Senegal, Guinea. Cote d'Ivoire and Benin
UNHCR–a	30.06.94	Muslim Refugees from Rakhine State – Sitrep 1–30 June
UNREO	13.07.94	Situation Report
USAID	May. 94	Report on Zaire
WFP	2.02.94	Weekly Update
WFP	14.06.94	Weekly Update
WFP	29.07.94	Weekly Update
WFP	5.06.94	Faxed Comments
WFP	04.07.94	Weekly Update
WFP	10.06.94	Press Release – Angola
WFP	11.07.94	Weekly Update
WFP	15.07.94	News Release – Zaire
WFP	17.06.94	Weekly Update
WFP	24.06.94	Weekly Update
WFP	28.06.94	Overview of Sudan
WFP	15.07.94	Weekly Update
WHO	08.07.94	Update on Mission to Nepal
WHO	19.05.94	Rapid Health Assessment of Rwandan Refugees and Internally Displaced Persons in Burundi
WV	May.94	Monthly Report – Somalia

WV	17.06.94	Monthly Report – Angola (April)
WV–a	May.94	Monthly Report – Southern Sudan

*Org	
AICF	Action International Contre la Faim
DHA	Department of Humanatarian Affairs
FAO	Food & Agricultural Organization of the United Nations
ICRC	International Committee of Red Cross
IFRC	International Federation of Red Cross
MOH Sudan	Ministry of Health – Sudan
MSF–B	Medecins Sans Frontieres – Belgium
MSF–CIS	Medecins Sans Frontieres – Celula Inter–Seccoes
MSF–H	Medecins Sans Frontieres – Holland
SCF	Save the Children Fund
UCAH	United Nations Humanitarian Assistance Coordination Unit
UN Sec Coun	United Nations Security Counsel
UNDHA	United Nations Department of Humanitarian Affairs
UNHCR	United Nation's High Commission on Refugees
UNICEF	United Nation's Children Fund
UNREO	United Nation's Rwanda Emergency Office
WFP	World Food Programme
WV	World Vision

List of Tables, Figures and Annexes

Table 1. Information Available on Total Refugee/Displaced/Returnee Populations

(as of 2 August 1994)

I	*:*	*Those reported on with high prevalences of malnutrition and/or micronutrient disease and sharply elevated mortality (at least 3 × normal)*
IIa	*:*	*At high risk. Limited data available, population likely to contain pockets of malnutrition*
IIb	*:*	*At moderate risk, may not be data available. Population may contain pockets of malnutrition.*
IIc	*:*	*Probably not currently in critical situation, nor known to be at particular risk*
III	*:*	*Population known to exist, but condition unknown*

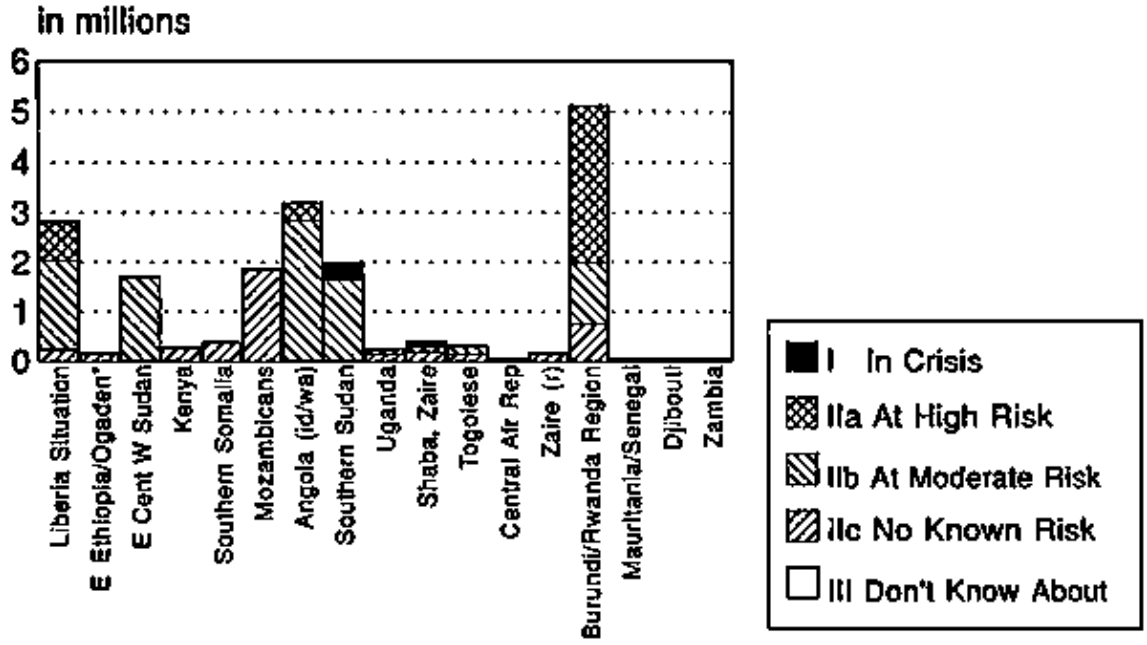
	I	***IIa***	***IIb***	***IIc***	***III***	***Total***	***Comments***	***Total From June***

								Report
1. Liberia/Sierra Leone/Guinea/Cote d'Ivoire		800'000	1'789'000	250'000		2'839'000	IIa inaccessible in Liberia & sporadically accessible in Sierra Leone	2'912'000
							IIb: rest of Lib & Guinea IIc Cote d'Ivoire	
*2. Ethiopia**	36'000		7'000	144'000		187'000	36.000 In the Ogaden still in crisis Approx 7 mill drought affected	179'000
3. E. Central & W. Sudan			1'700'000			1'700'000	This is revised estimate for 1994	1'700'000
4. *Kenya*				277'000		277'000	Decrease due to repatriation	268'000
5. Southern Somalia				380'000		380'000		274'000
6. Mozambicans				1'850'000		1'850'000	Pockets of malnutrition exist	1'850'000
7. Rwanda (id) Now incl in #15						0	Now included as part of #15	0
8. Angola (id/wa)		350'000	2'850'000			3'200'000	Those in cities (where pop figures available) at risk	3'200'000
9. Southern Sudan (id)	345'000	22'000	1'633'000			2'000'000	Column 1: Bahr el Ghazal IIb: Those not fed in Mayen−Abun	2'000'000
10. Uganda			82'000	164'000		246'000	Inadequate water supplies in many camps	221'000
11. Shaba, Zaire (id)	89'000	111'000		200'000		400'000	Revised totals based on more complete information	868'000
12. Togolese Refugees			150'000	160'000		310'000	Revised total due to decrease in	350'000

							number of Togolese refugees	
13. Central African Republic				37'000		37'000	Population reported stable	12'000
14. Zaire (r)				163'000		163'000	Some insecurity in Haut Zaire may be cause for concern	163'000
15. Burundi/Rwanda Region		3'140'000	1'233'000	760'000		5'133'000	Best estimates as of 2 August 1994	3'593'000
16. Mauritania/Senegal				52'000		52'000	Repatriation now being encouraged for most of these refugees	60'000
17. Djibouti				32'000		32'000	No reported change from RNIS #5	32'000
18. Zambia				36'000		36'000	No reported change from RNIS #5	36'000
Total	470'000	4'423'000	9'444'000	4'505'000	0	18'842'000		17'718'000
*There are approximately 7,000,000 drought affected people in Ethiopia. No details on their nutritional state are available								

Figure 1. Refugee and Displaced Population

Selected Areas (2 August 1994)



*excludes estimated 7,000,000 drought affected

Figure 2. Trends in Total Refugee/Displaced Populations and Risk Categories

Africa: December 1993 – June 1994

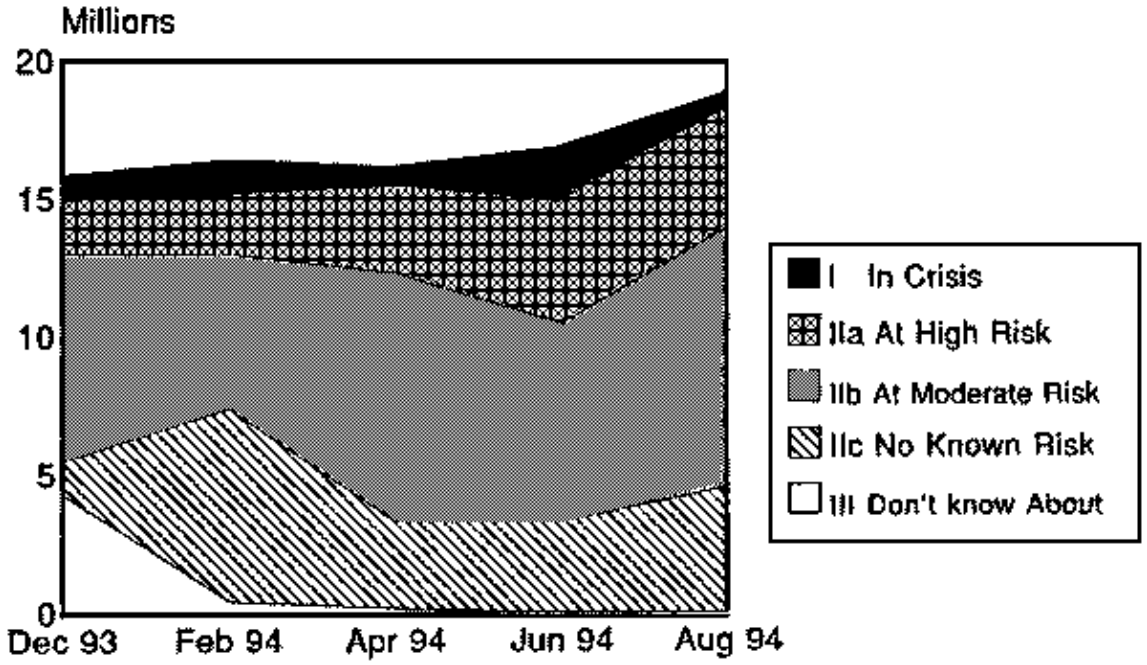
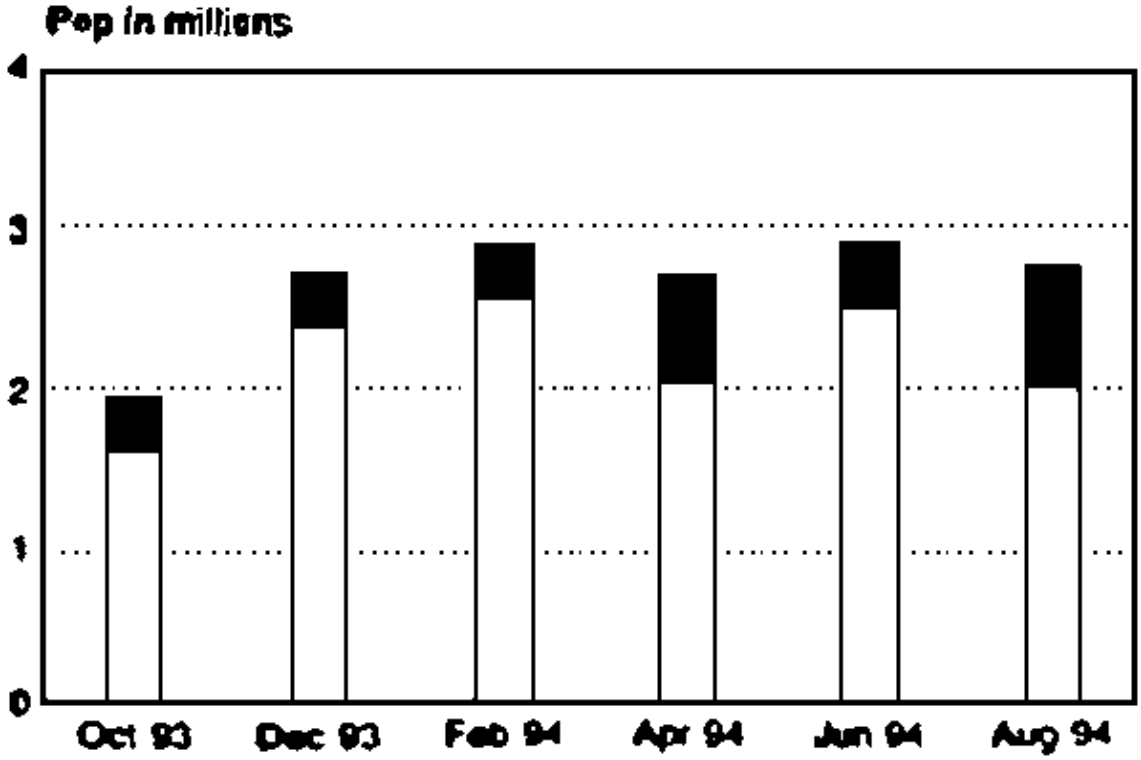
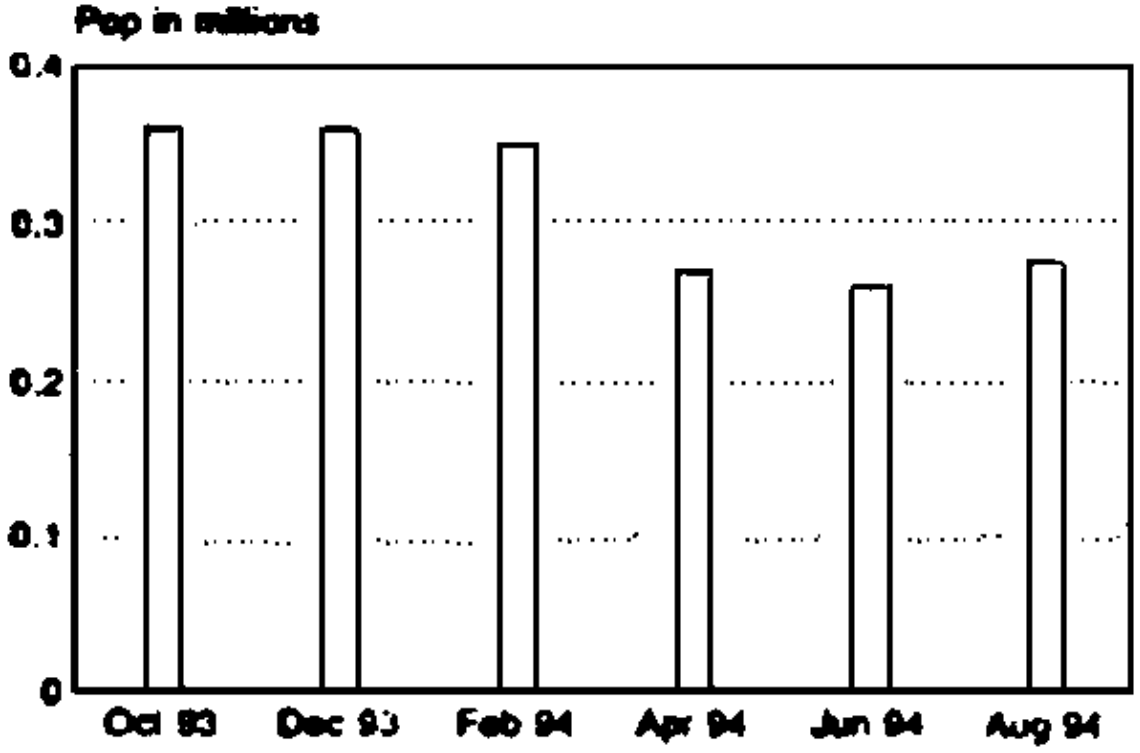


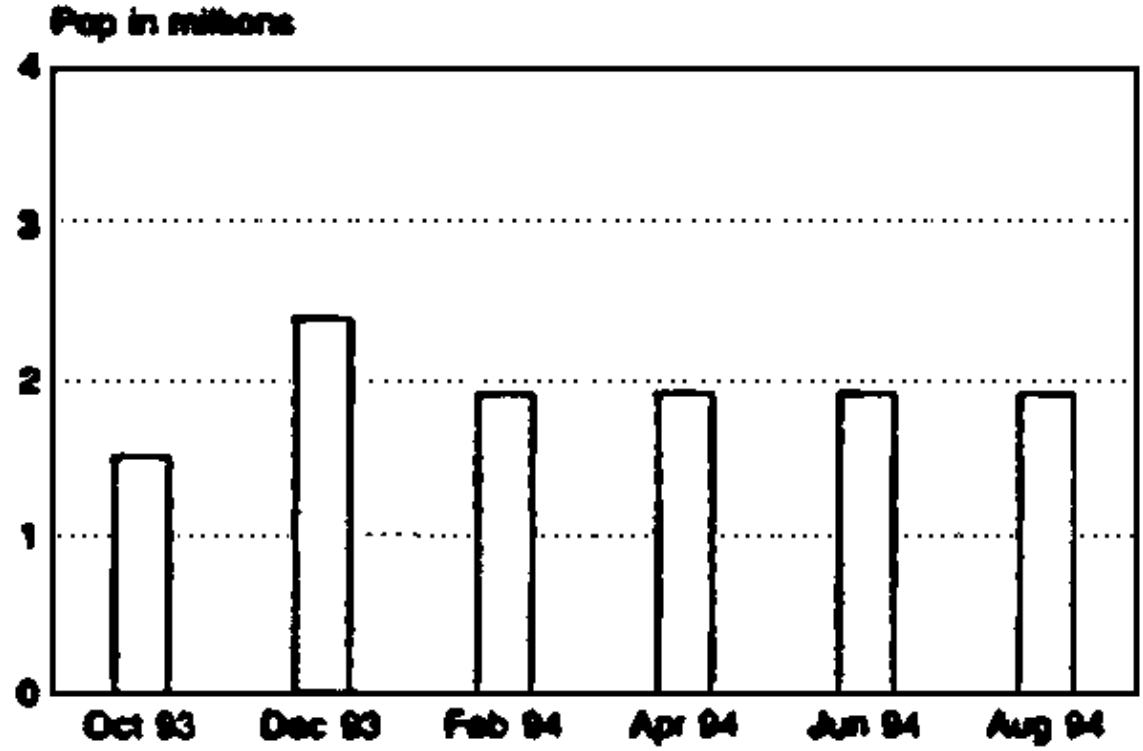
Figure 3. Trends in Population Estimates and Risk Categories in Six Countries



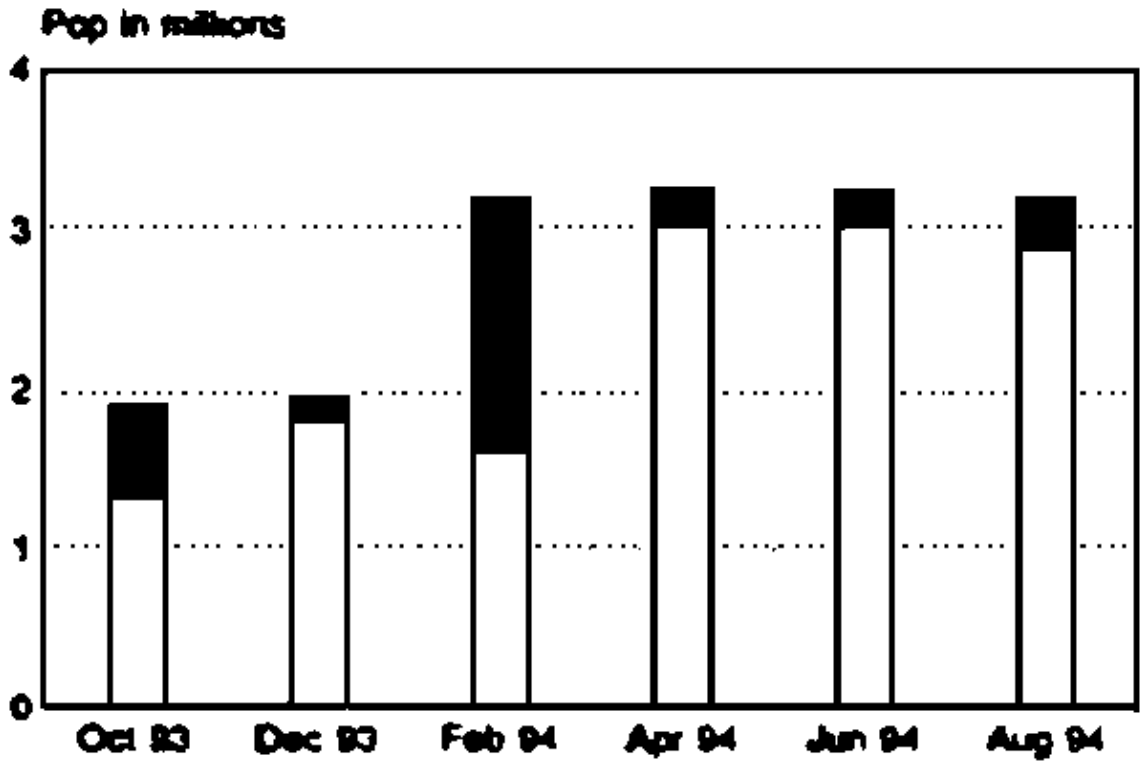
A. Liberia



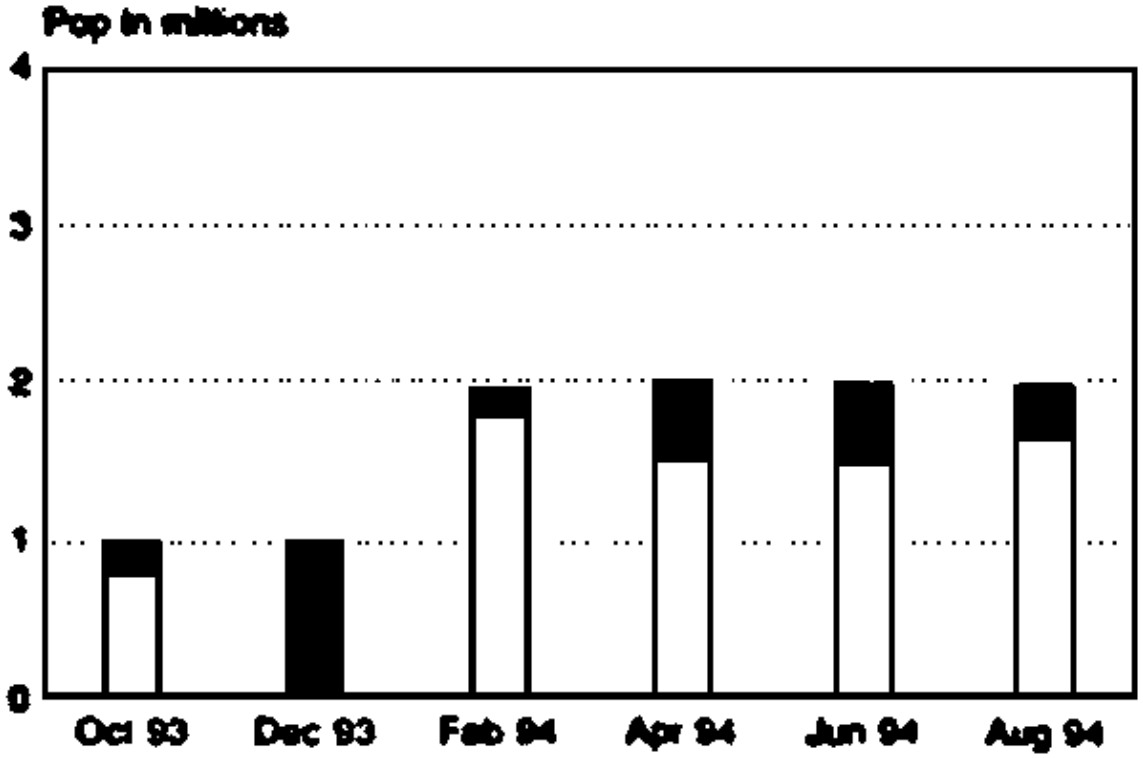
B. Kenya



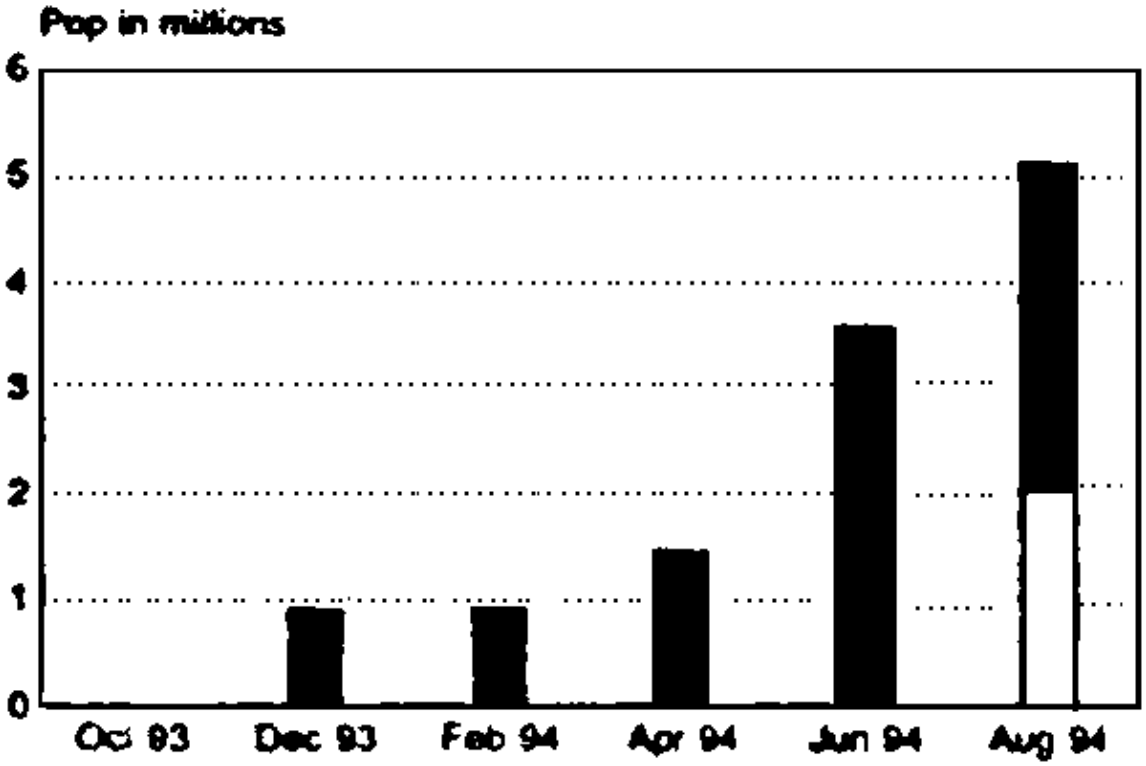
C. Mozambique



D. Angola



E. Southern Sudan



F. Burundi/Rwanda Region

Annex 1. Survey Quoted

Results* of *Surveys Quoted In August Report

	Survey Conducted by	***Date***	***% Wasted****	***% Severely Wasted****	***Mortality (/10.000/day)***	***Other data***

2. Ethiopia						
a. Gode	MSF–B	May. 94	35.6	2.8	1.1	Under–five mortality rate: 2.6/10.000/day
b. Gode	MSF–B	Jun. 94			0.8	Under–five mortality rate: 1.4/10,000/day
c. Bohelagre	MSF–B	Jun. 94	15.7	1.8		
6. Mozambique Region						
a. Changara, Tete Province	MSF–CIS	Feb–Mar 94	11.7 (n.s.)			
9. S Sudan						
a. Bahr el Ghazal	MSF–B	Apr. 94	36.1	9		Measles Immunization coverage: 31%
b. Paluer, Jonglei Province	ICRC	Jun. 94	63 (n.s.)	7		
c. Yomchir, Jonglei Province	ICRC	Jun. 94	50 (n.s.)	12		
10. Uganda						
a. Koboko Camp	SCF				0.5	Under–five mortality rate: 1.6/10,000/day
						Ration said to provide 1873 kcals/person/day
11. Shaba, Kasai Regions						
a. Mbuji Mayi	USAID		30 (n.s.)	12.5		Water availability 2–4 l/person/day
b. Kabinda	USAID	Jan. 94	28			Wasting levels said to be rising among
						the host population
15. Burundi/Rwanda Region						
a. Burundi	MSF–B	Jun. 94	22		6	
b. Benaco Camp	UNHCR	Jun. 94	7.1		0.5	Measles immunization coverage *90%*
						Ration said to provide 1250–3340 kcals/person

* 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

NOTES

2. Ethiopia

a. No details for this MSF−Belgium survey conducted in May are currently available.
b. No details for this MSF−Belgium survey conducted in June are currently available.
c. No details for this MSF−Belgium survey conducted in June are currently available.

6. Mozambique

a. These survey results are from World Vision's surveys conducted in February and March 1994 in Changara district as reported in the MSF−CIS Monthly Bulletin on Mozambique. No further details are available.

9. S Sudan

a. This survey was conducted by MSF−Belgium in April 1994. Wasting was measured as < −2 z scores and/or oedema (results: 36.1% with a confidence interval of 30.0%−42.3%) and severe wasting was < −3 z scores and/or oedema (results: 9% with a confidence interval of 5.9%−13.3%).

b. This survey was conducted by ICRC in May 1994. No further details are currently available.

c. This survey was conducted by ICRC in May 1994. No further details are currently available.

10. Uganda

a. This information is from Save the Children, and no further details are currently available.

11. Shaba, Kasai Regions

a. This survey information was reported in a USAID report on Zaire. No further details are available.

b. This survey information was reported in a USAID report on Zaire. No further details are available.

15. Burundi/Rwanda Region

a. This survey was conducted on June 1994 in Burundi. Wasting was measured using MUAC. No further details are available.

b. This survey was a joint effort between AICF, MSF−F, MSF−H, MSF−S, UNHCR and UNICEF. It was carried out on 7 June 1994. A random cluster survey was done for a total sample size of 912 children. Wasting was defined as wt/ht <− 2 Z scores.

Annex 2. Seasonality

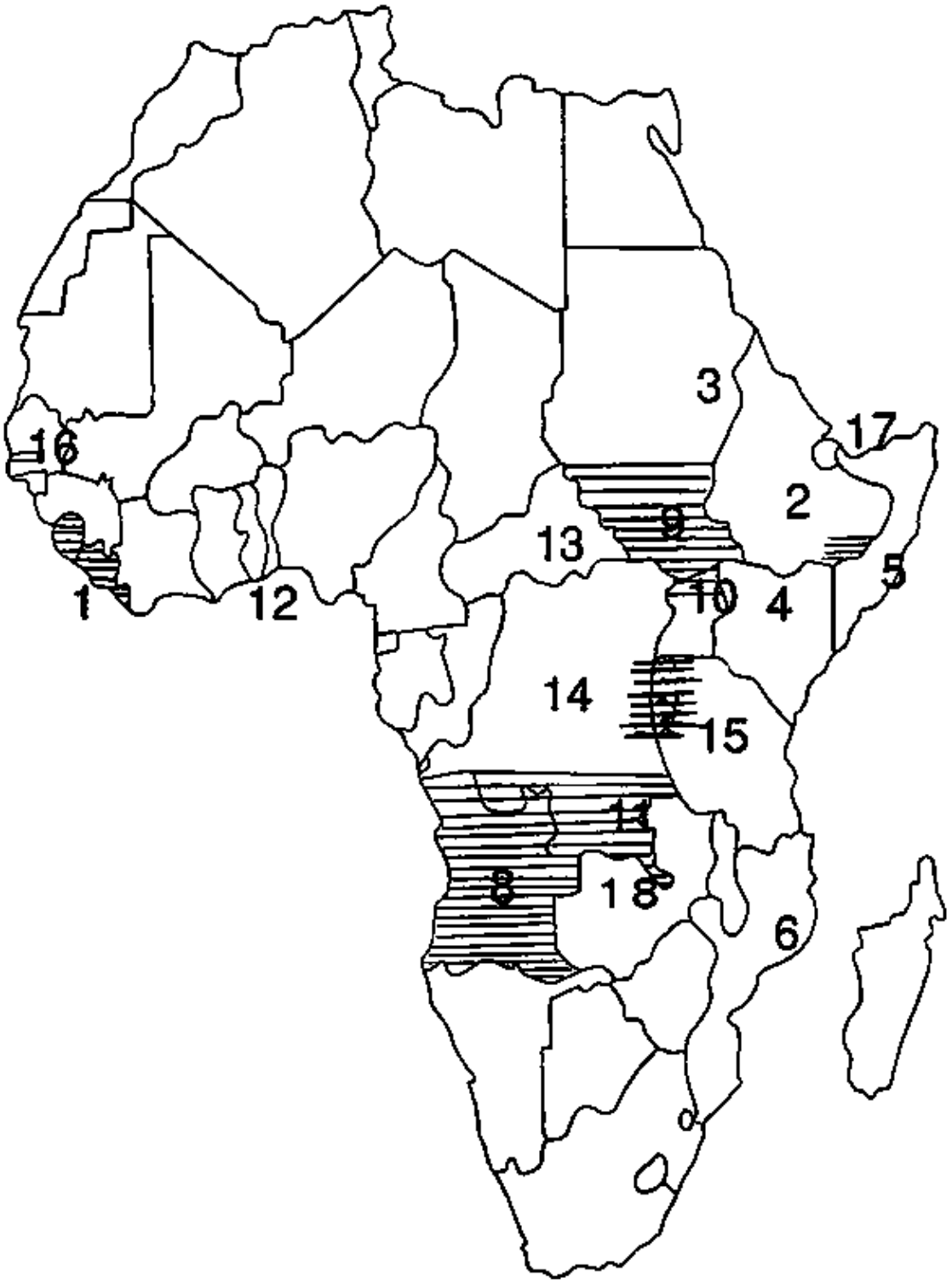
Seasonality in Sub−Saharan Africa*

Country	***Climate/Rainy Season/Harvest***
Angola	Coastal area desert, SW semi−arid, rest of country: rains Sept−April
Burundi	Rains Feb−May and Sept−Nov
CAR	Rains March−Nov

Djibouti	Arid Climate
Ethiopia	N coast, lowlands in S and E: semi−arid, rest rainy climate. Harvest in November
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 and Sept−Nov
Sierra Leone	Rains March−Oct.
Somalia	South is semi−arid, rest arid. Harvest Aug−Sept
Sudan	Rains May−Oct
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

Source: FAO, "Food Supply Situation and Crop Prospects in Sub−Saharan Africa", Special Report; No. 4/5, Dec 1990.

List of Maps



1 LIBERIA

2 ETHIOPIA

3 E CENT & W SUDAN

4 KENYA

5 S SOMALIA

6 MOZAMBIQUE

7 RWANDA

8 ANGOLA

9 S SUDAN

10 N UGANDA

11 SHABA ZAIRE

12 TOGO

13 CENTRAL AFRICAN REPUBLIC

14 ZAIRE

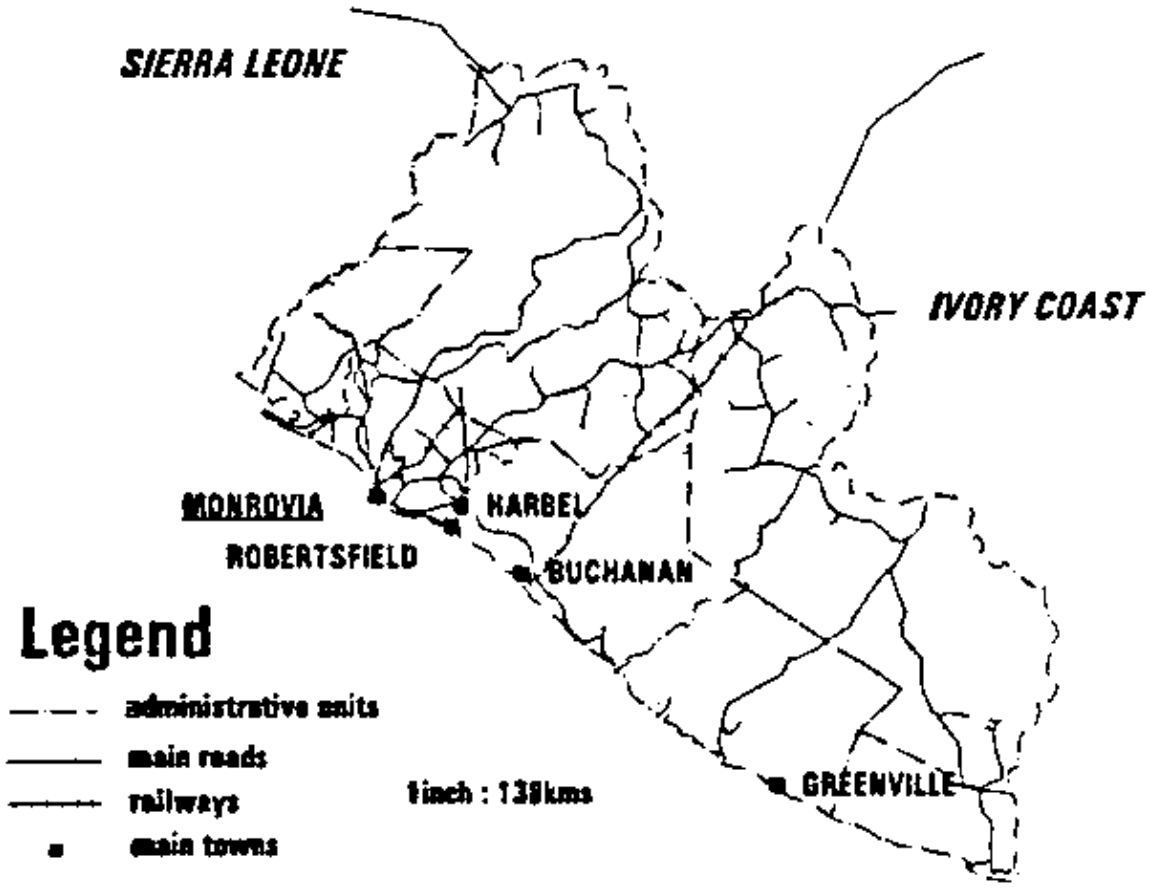
15 BURUNDI

16 MAURITANIA/SENEGAL

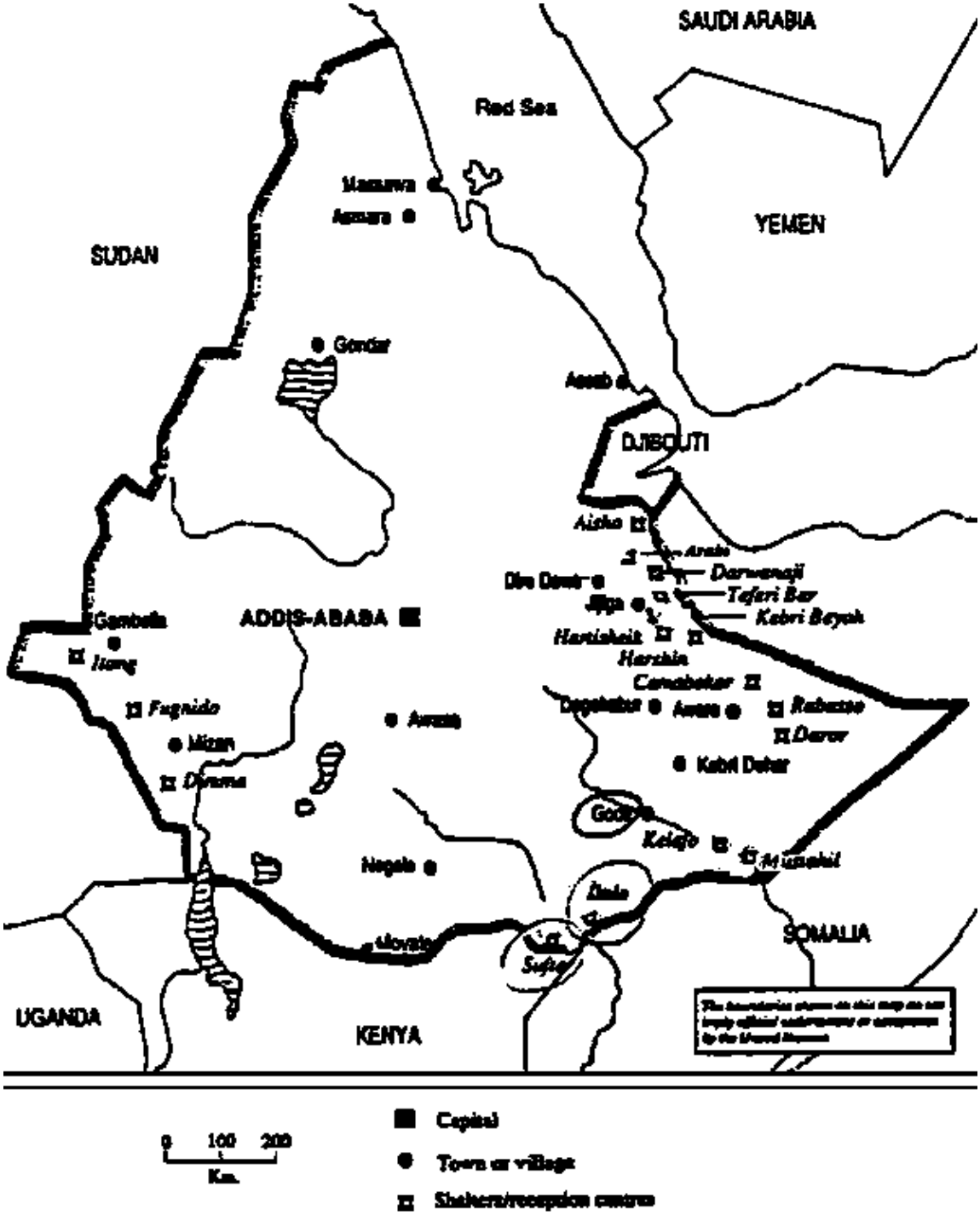
17 DJIBOUTI

18 ZAMBIA

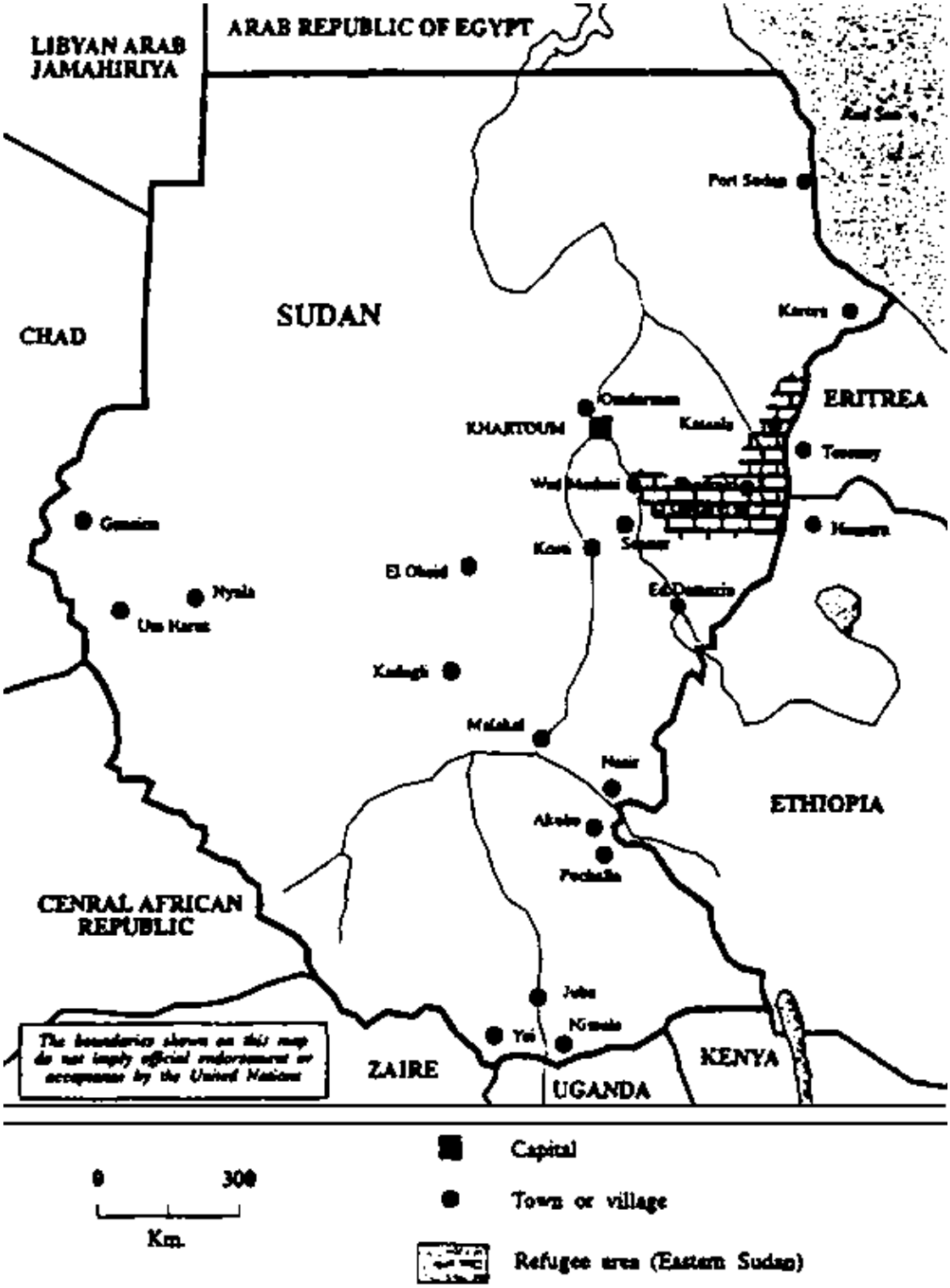
MAP 1 Liberia



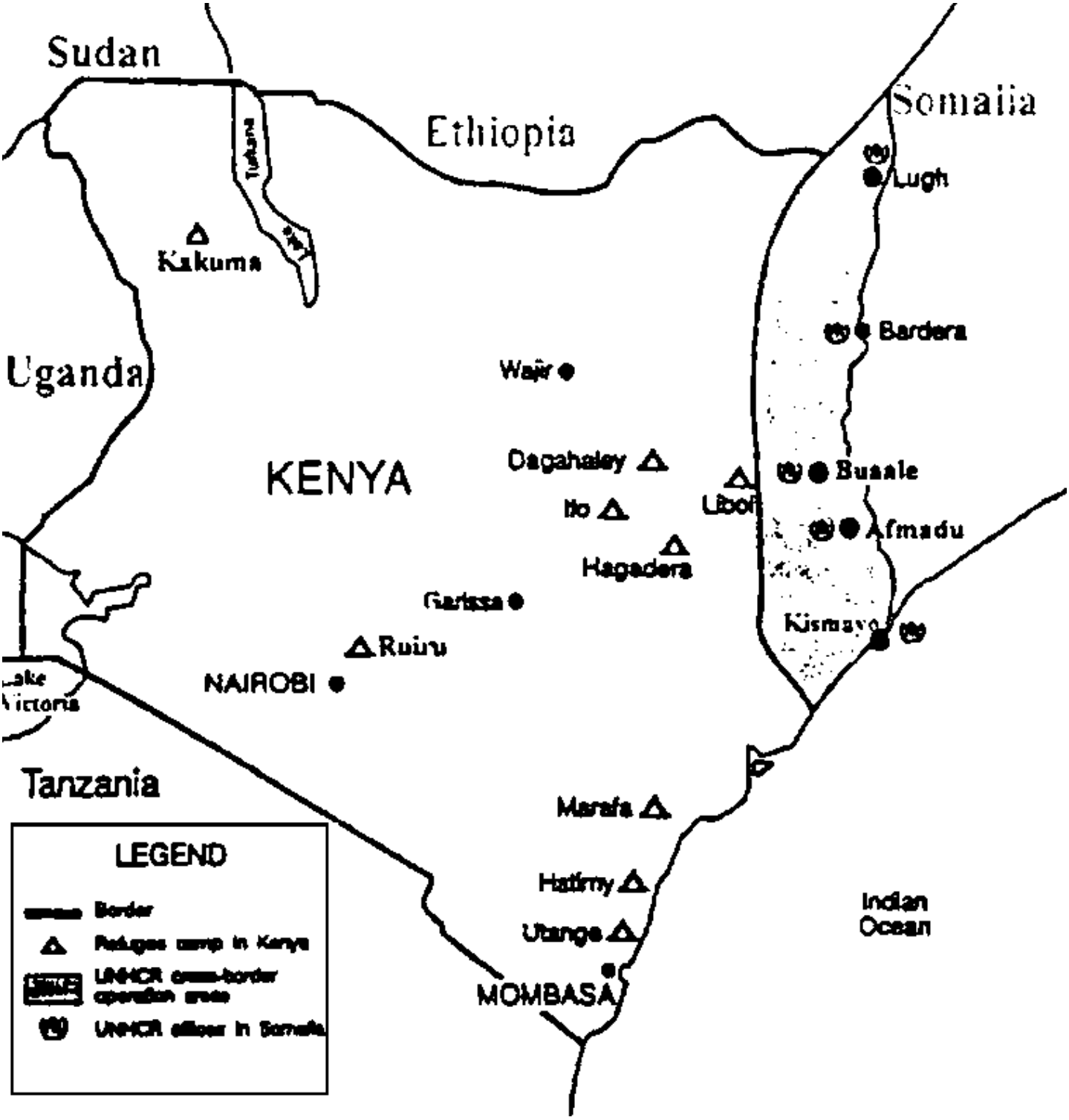
MAP 2 Ethiopia


SAUDI ARABIA
Red Sea
YEMEN
SUDAN
Gondar
DJIBOUTI
Aisha
Darwenaji
Tefari Bar
Kebri Beyah
Gambella
ADDIS-ABABA
Jijiga
Awasa
Kebri Dehar
Negele
SOMALIA
UGANDA
KENYA
0 100 200
Km.
Capital
Town or village
Shelters/reception centres

MAP 3 Sudan

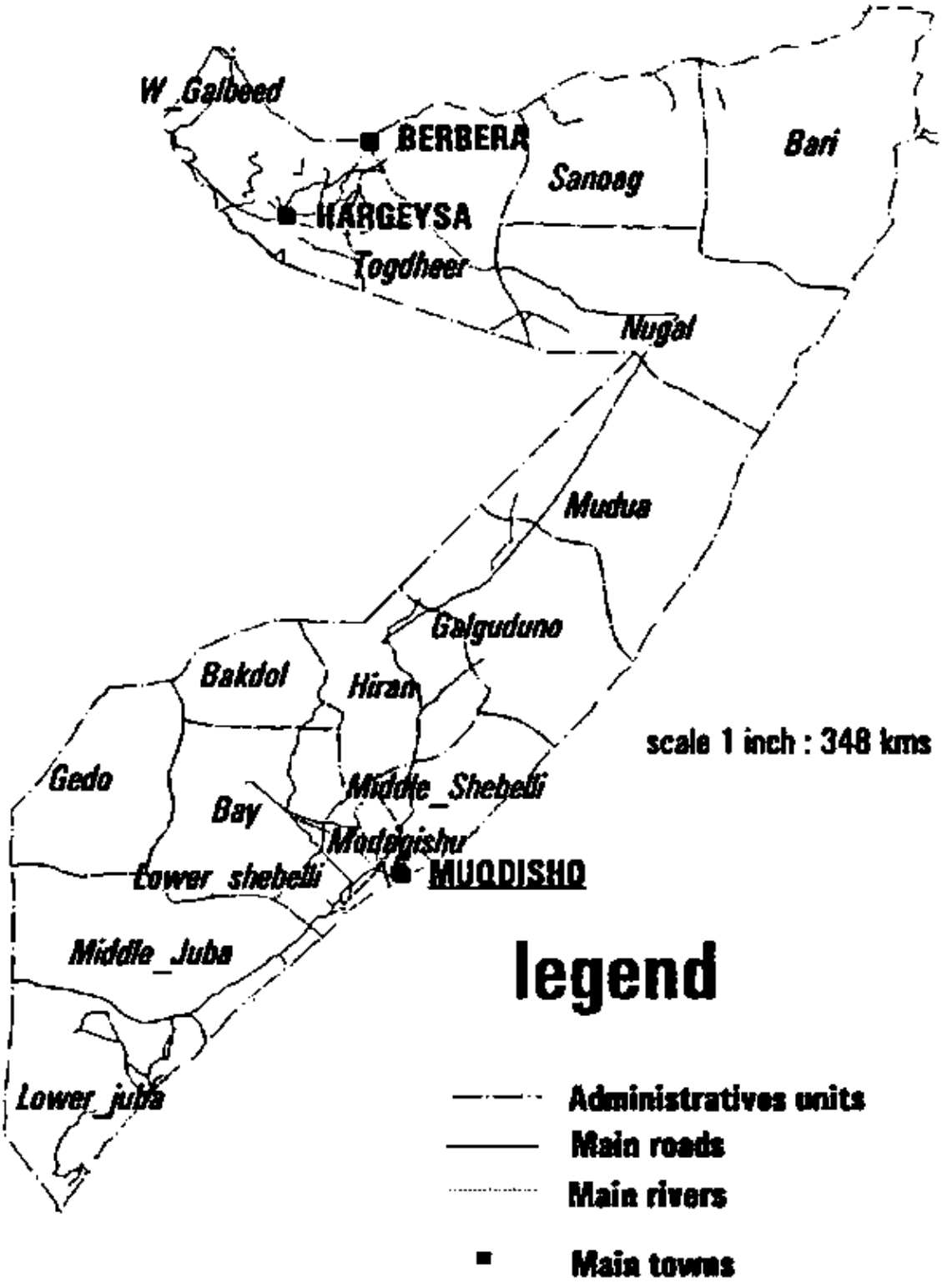

LIBYAN ARAB JAMAHIRIYA
ARAB REPUBLIC OF EGYPT
Red Sea
Port Sudan
SUDAN
CHAD
Kassala
ERITREA
KHARTOUM
Gedaref
Gereida
Nyala
El Obeid
Kadugli
Malakal
Nasir
ETHIOPIA
Akobo
Pochalla
CENRAL AFRICAN REPUBLIC
Juba
Yei
Nimule
ZAIRE
UGANDA
KENYA
The boundaries shown on this map do not imply official endorsement or acceptance by the United Nations
0
300
Km.
Capital
Town or village
Refugee area (Eastern Sudan)

MAP 4 Kenya

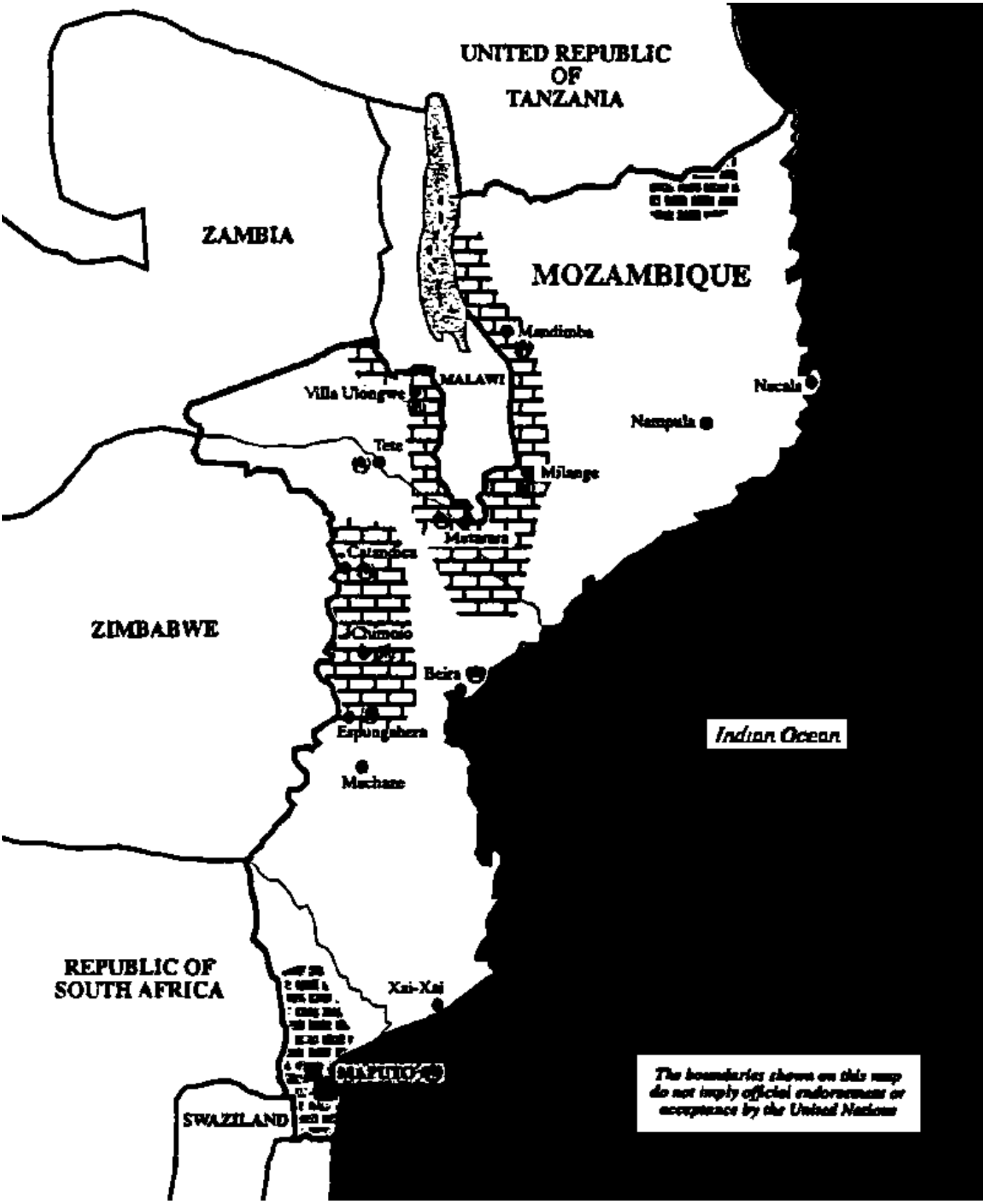


MAP 4 Kenya

MAP 5 Somalia

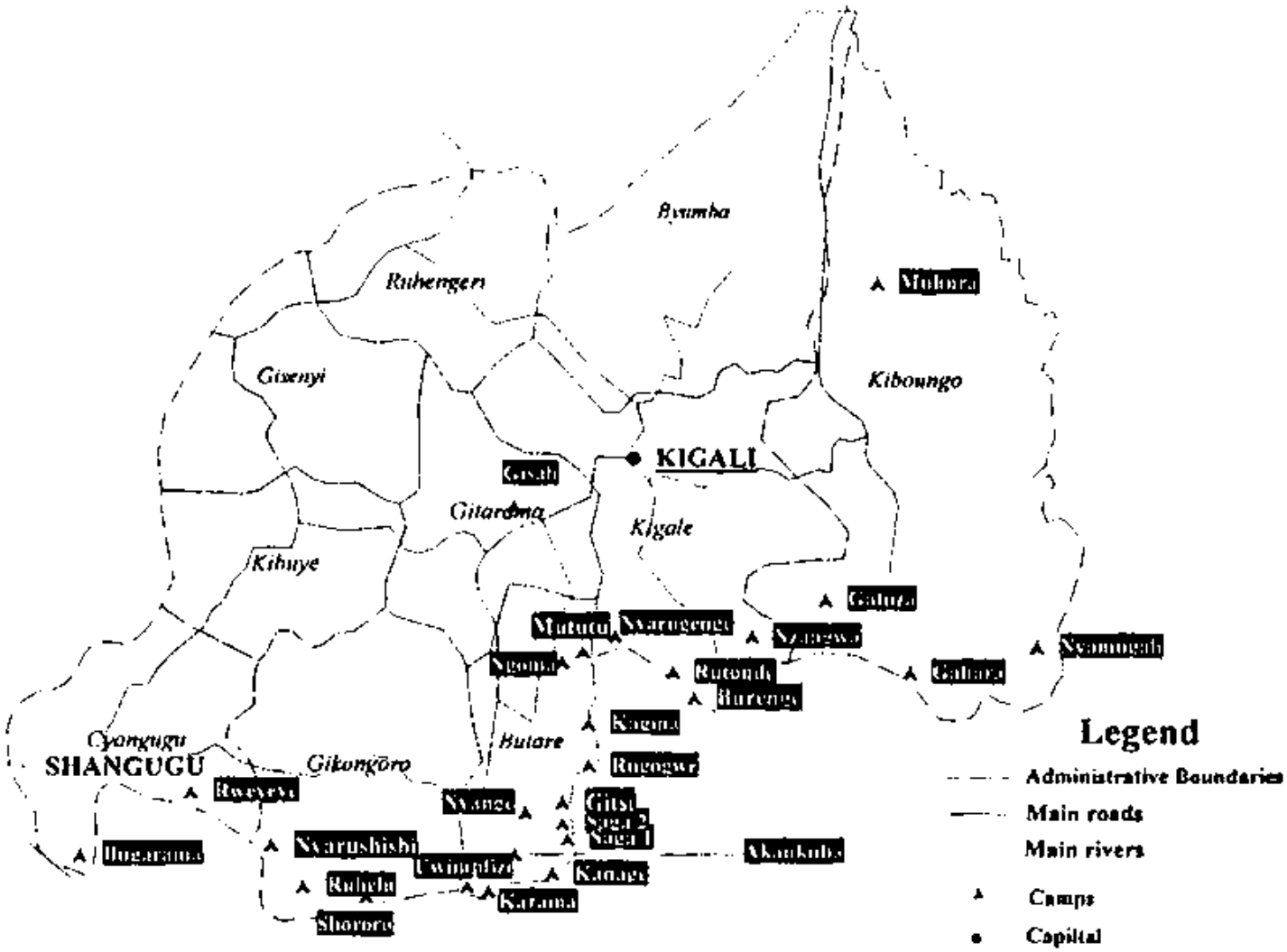


MAP 6 Mozambique



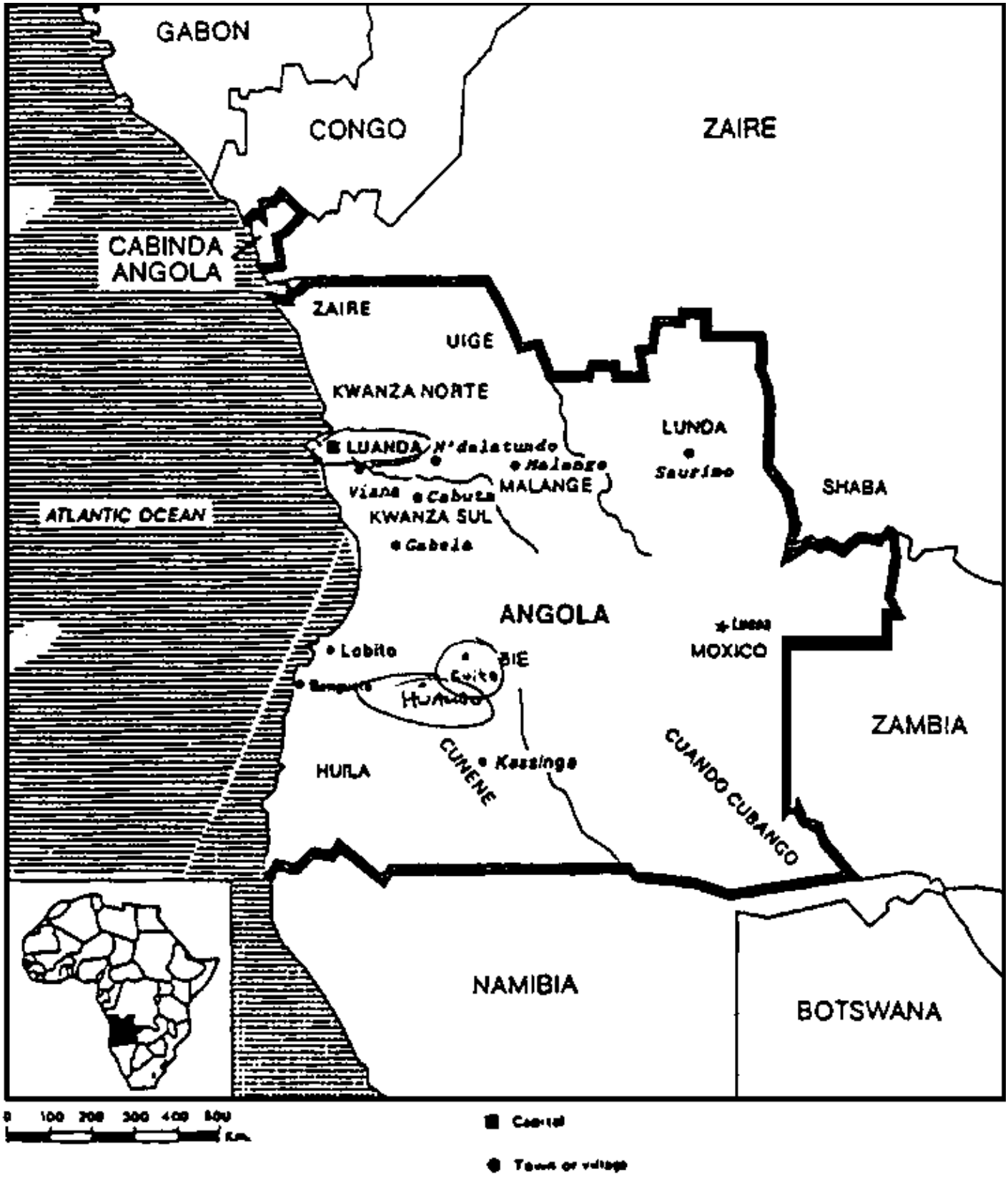
MAP 6 Mozambique

MAP 7 Rwanda



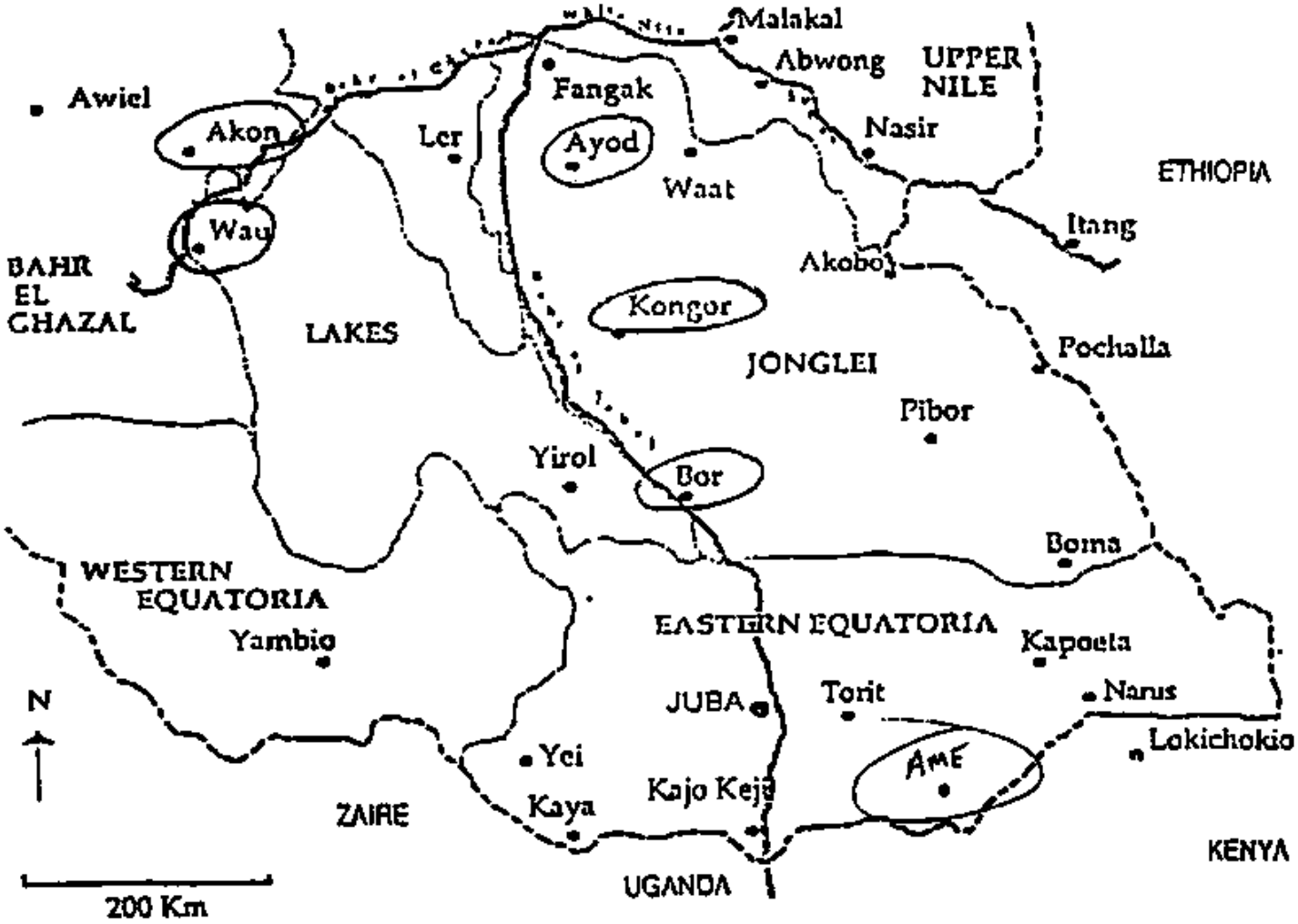
MAP 7 Rwanda

MAP 8 Angola



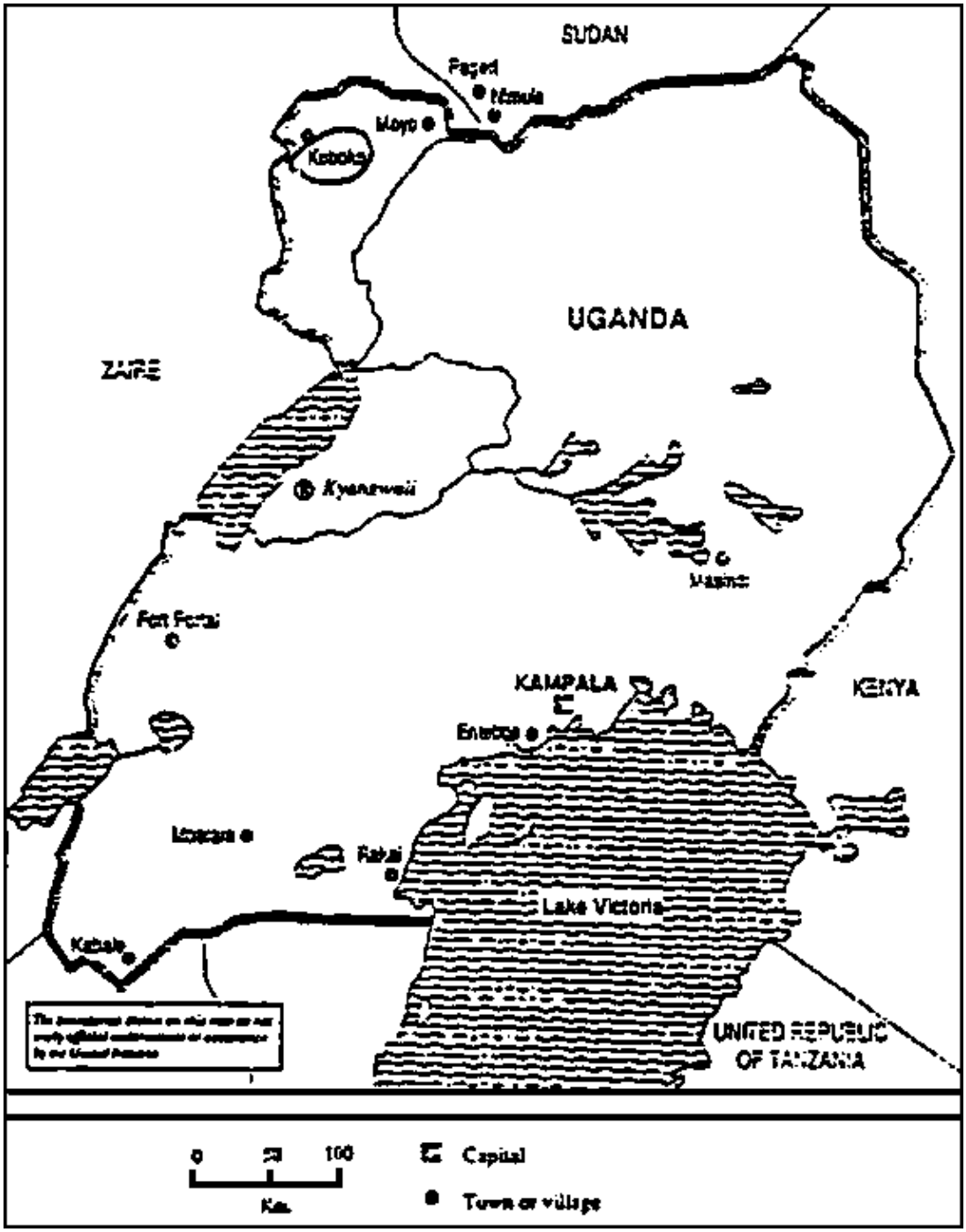
MAP 8 Angola

MAP 9 Southern Sudan

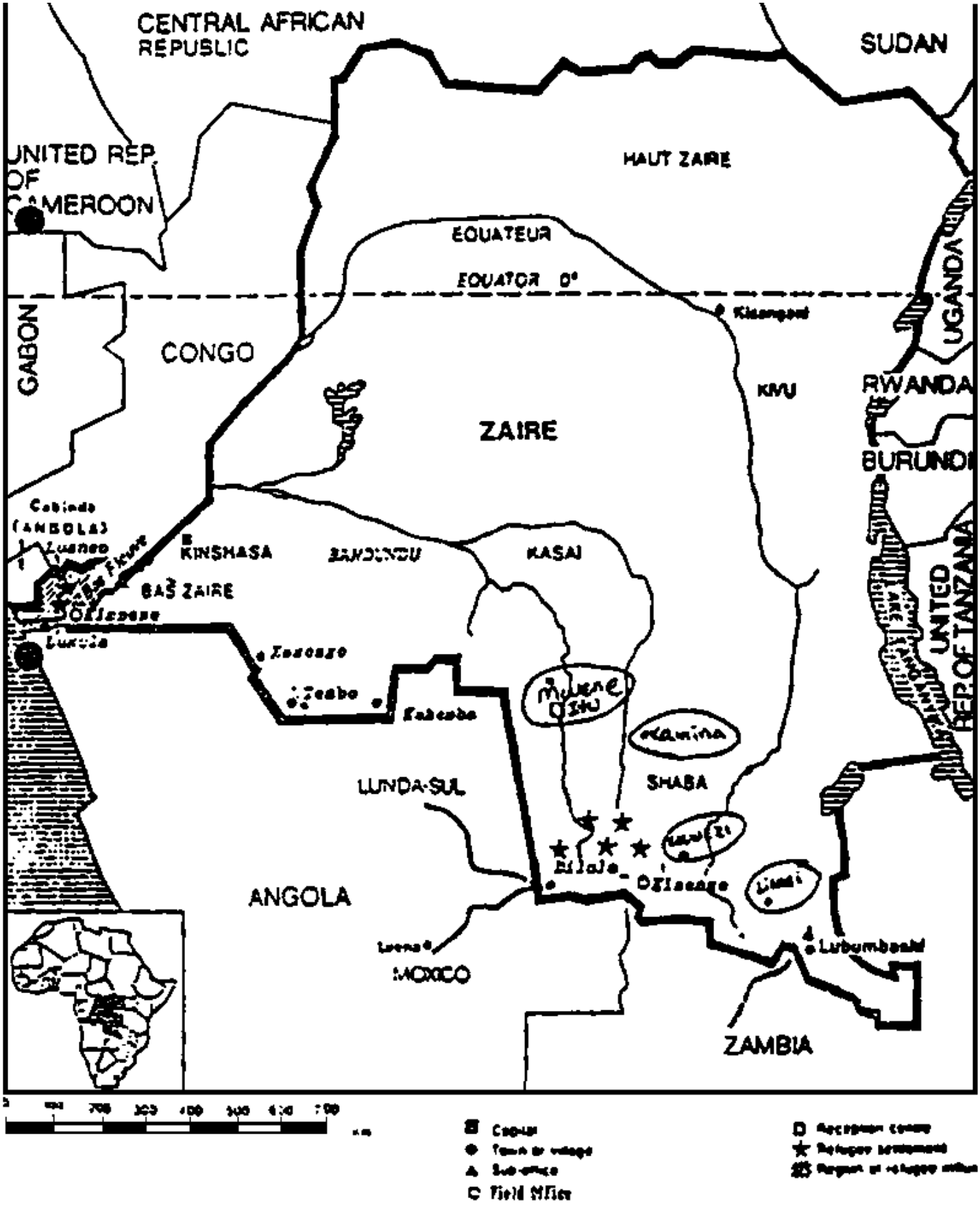


MAP 9 Southern Sudan

MAP 10 Uganda

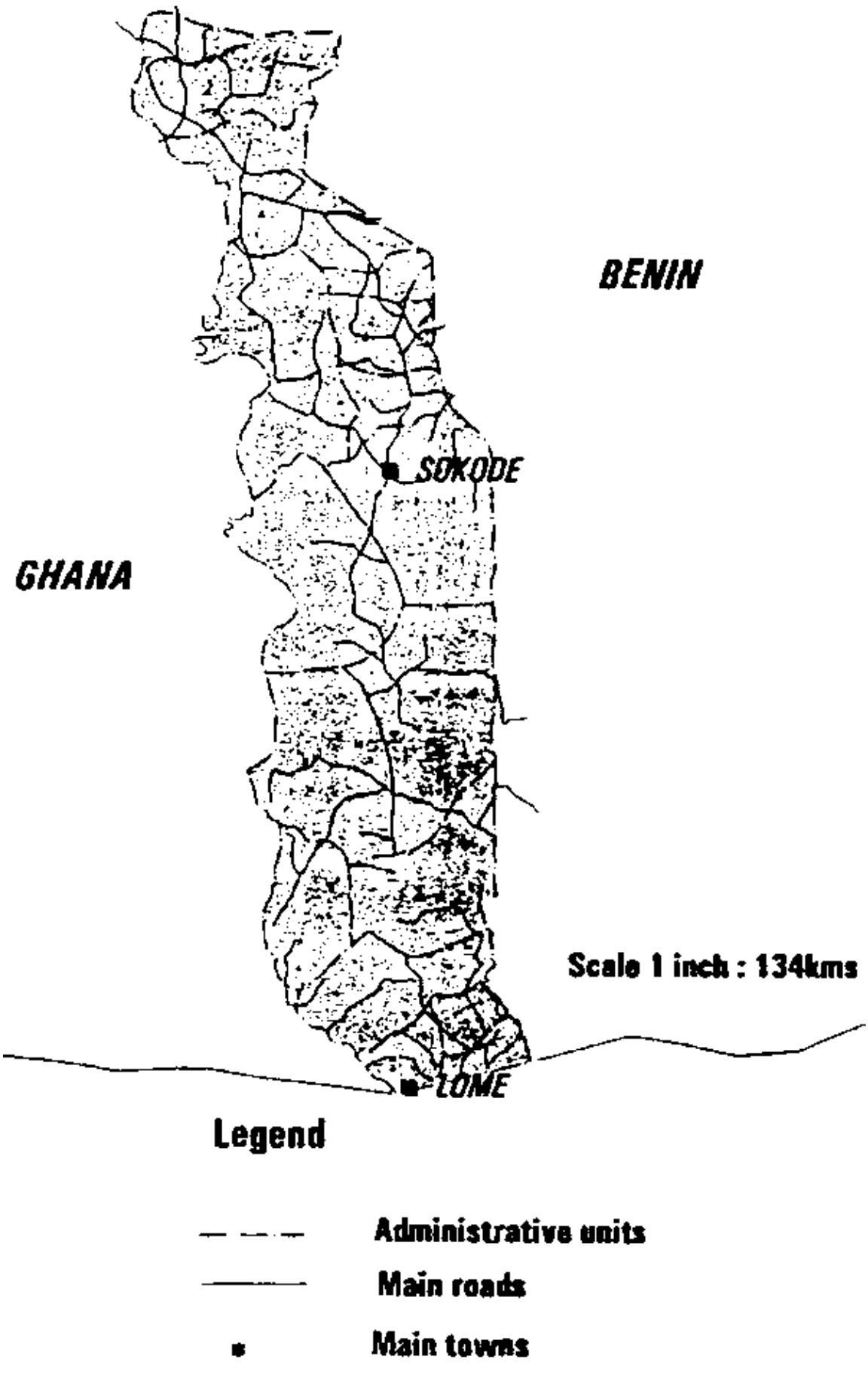

SUDAN
Paidu
Moyo
UGANDA
ZAIRE
Kyenjojo
Masindi
Fort Portal
KAMPALA
KENYA
Entebbe
Masaka
Rakai
Lake Victoria
Kabale
UNITED REPUBLIC OF TANZANIA
0
100
Km.
Capital
Town or village

MAP 11 Zaire

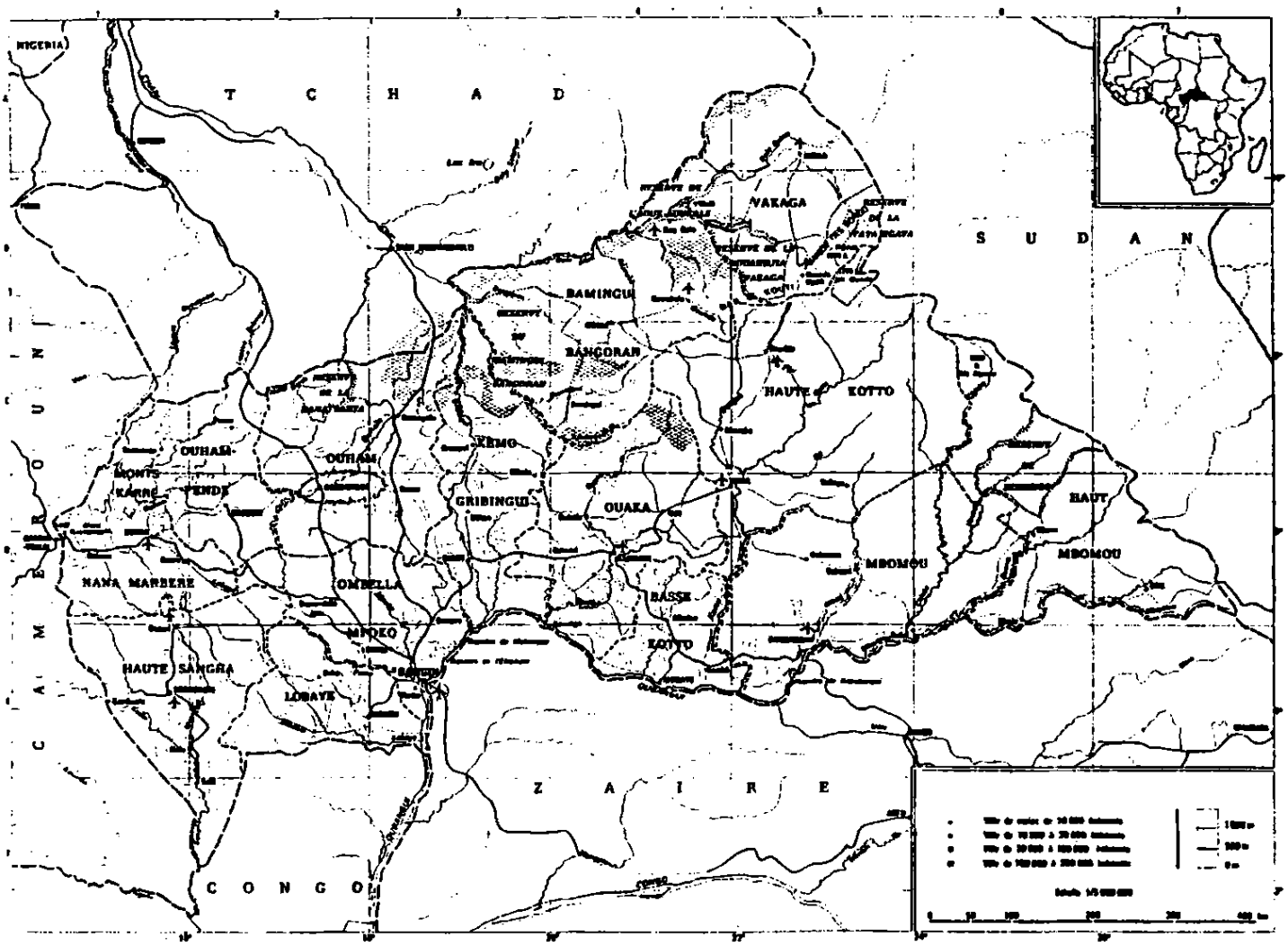

CENTRAL AFRICAN REPUBLIC
SUDAN
UNITED REP. OF CAMEROON
HAUT ZAIRE
EQUATEUR
EQUATOR 0°
GABON
CONGO
KIVU
RWANDA
ZAIRE
BURUNDI
KINSHASA
BANDUNDU
KASAI
BAS ZAIRE
UNITED REP OF TANZANIA
LUNDA-SUL
SHABA
ANGOLA
MOXICO
ZAMBIA

MAP 11 Zaire

MAP 12 Togo

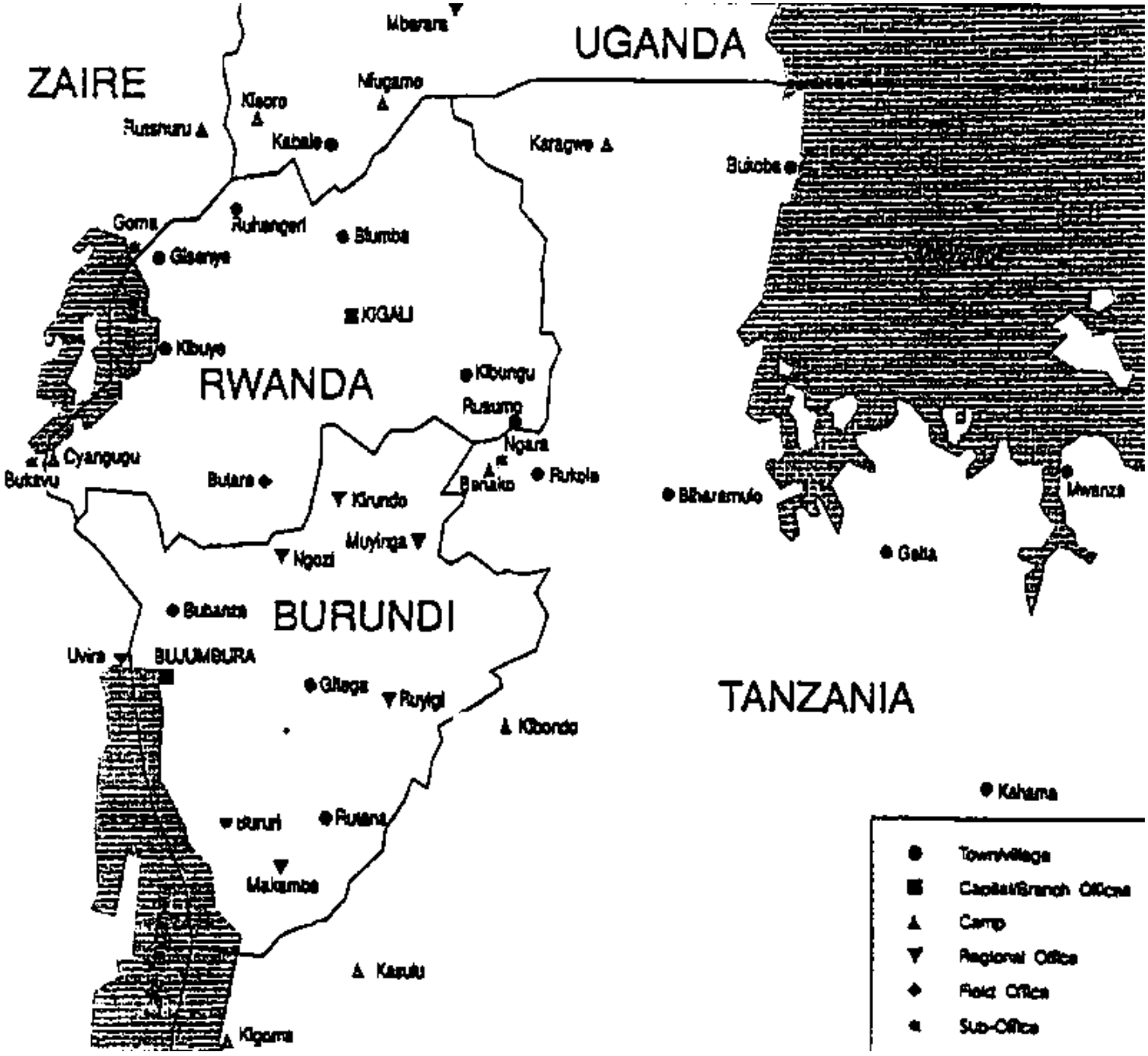

BENIN
SOKODE
GHANA
Scale 1 inch : 134kms
LOME
Legend
Administrative units
Main roads
Main towns

MAP 13 Central African Republic



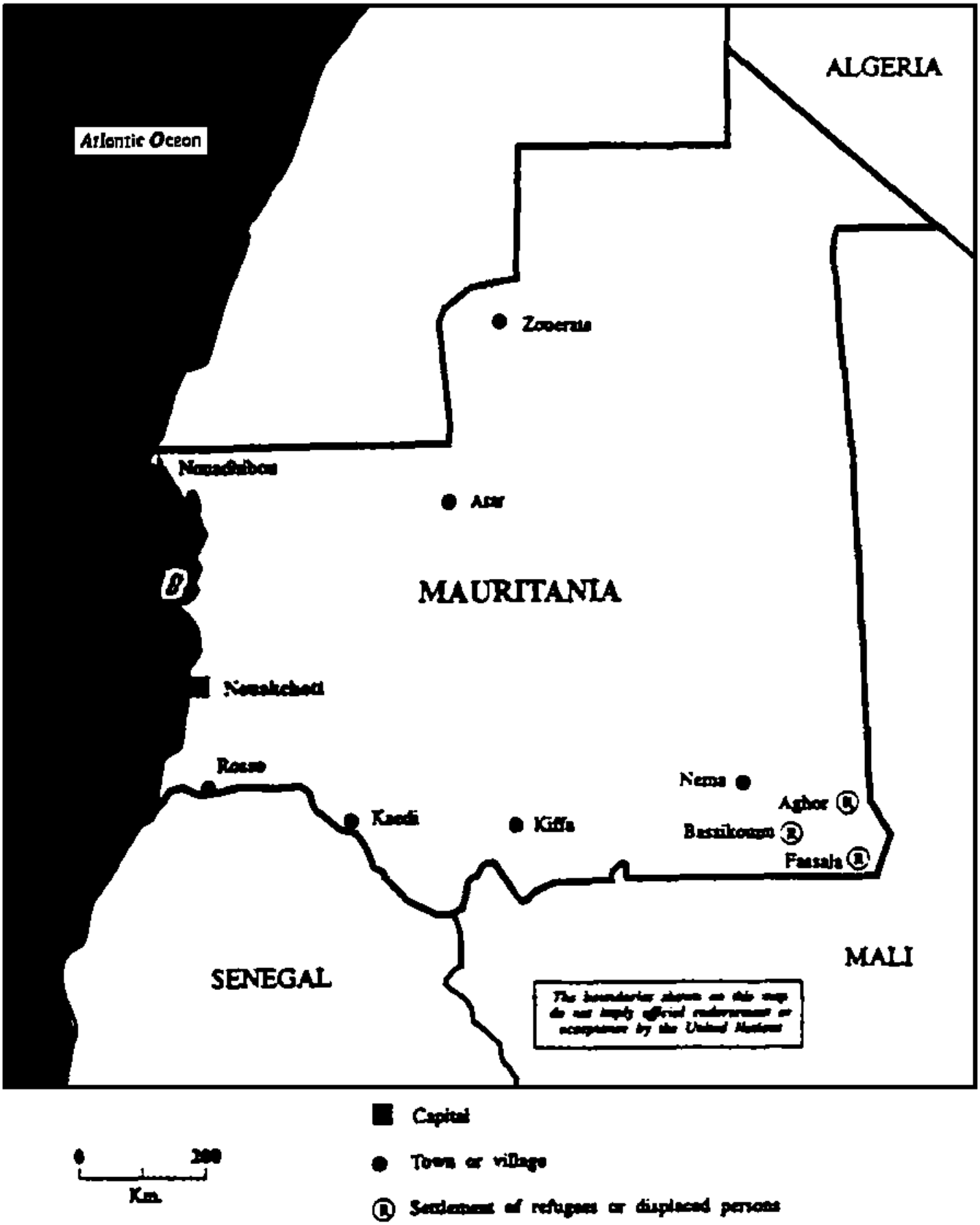
MAP 13 Central African Republic

MAP 15 Burundi



MAP 15 Burundi

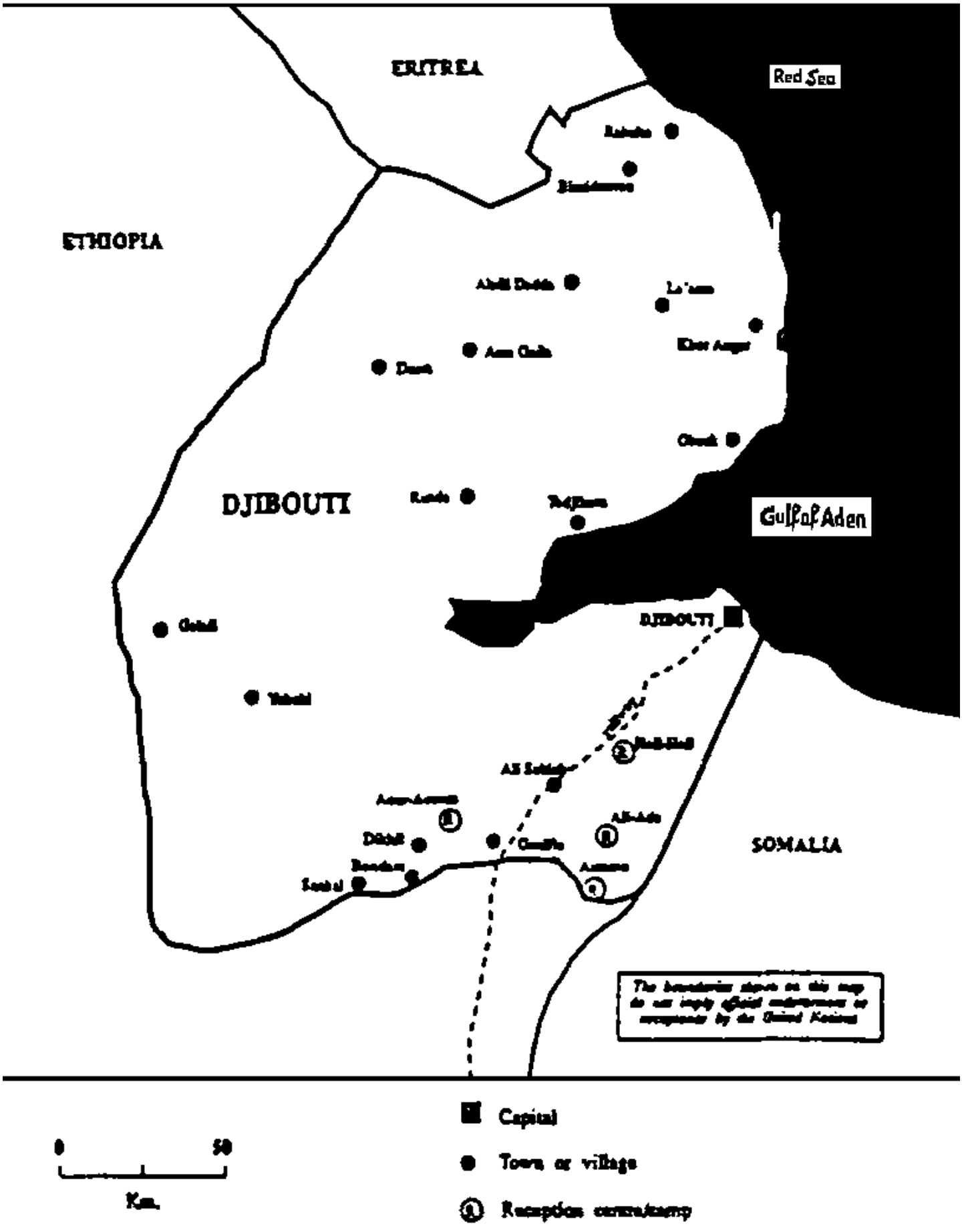
MAP 16 Mauritania/Senegal



MAP 16 Mauritania/Senegal

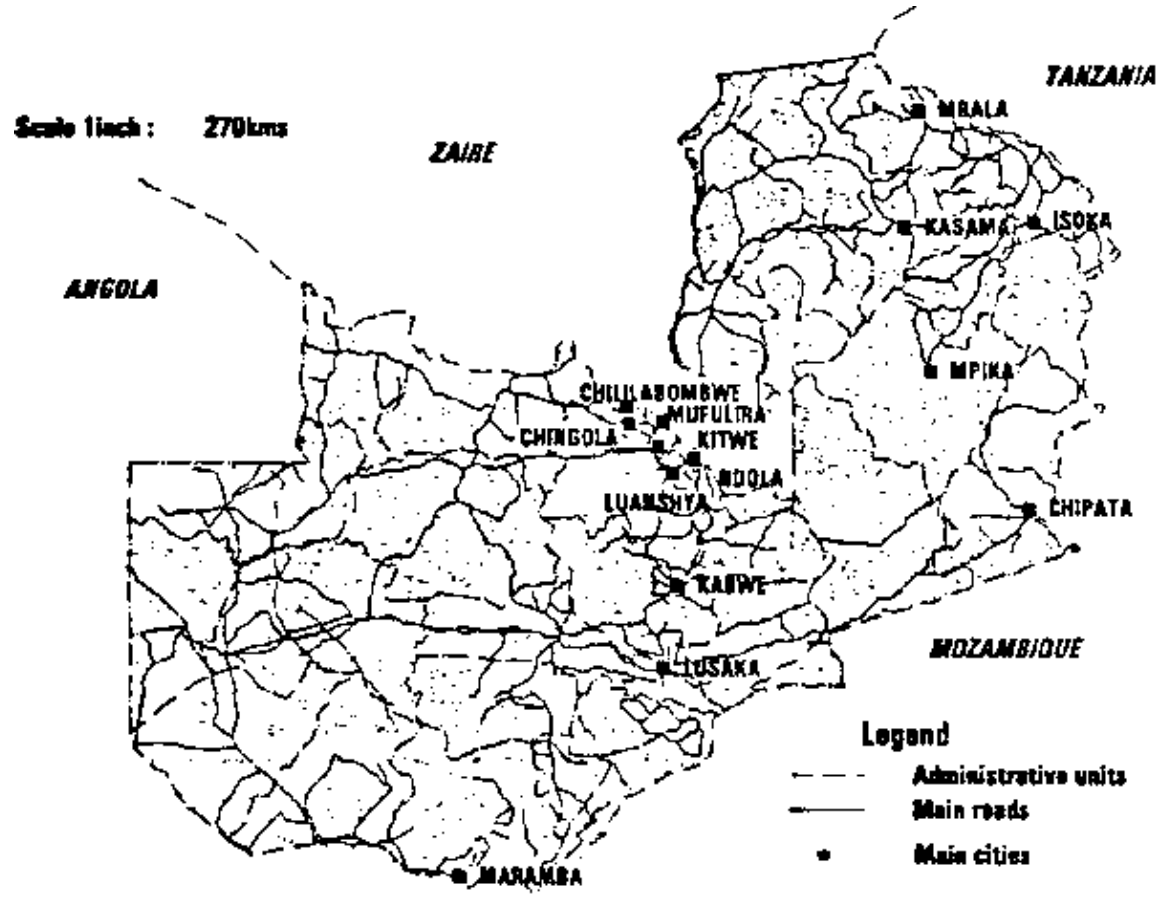
MAP 17 Djibouti

Area	21,783 sq. km.
Estimated population	470,000 (1992)
Population density	21.6 per sq. km. (approx.)

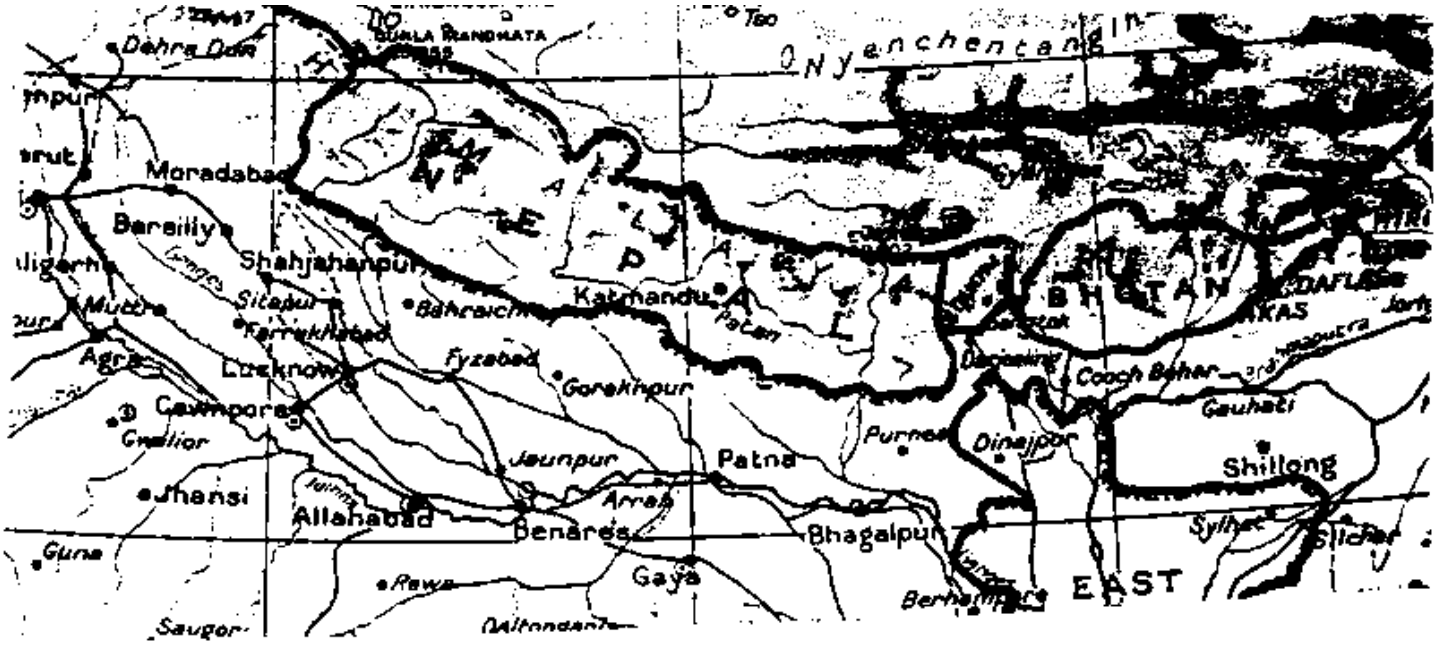


MAP 17 Djibouti

MAP 18 Zambia



MAP 19 Nepal



MAP 19 Nepal

MAP 20 Bangladesh