

**Refugee Nutrition Information System (RNIS), No. 09 – Report on the
Nutrition Situation of Refugee and Displaced Populations**

Table of Contents

<u>Refugee Nutrition Information System (RNIS), No. 09 – Report on the Nutrition Situation of Refugee and Displaced Populations</u>	1
<u>HIGHLIGHTS</u>	1
<u>INTRODUCTION</u>	3
<u>CURRENT SITUATION (Sub-Saharan Africa)</u>	4
<u>1. Liberia Region</u>	4
<u>2. Western Ethiopia/Eastern Ethiopia/Ogaden</u>	7
<u>3. Sudan</u>	8
<u>4. Kenya</u>	9
<u>5. Somalia</u>	10
<u>6. Mozambique Region</u>	11
<u>7. Burkina Faso</u>	12
<u>8. Angola</u>	12
<u>9. Southern Sudan</u>	14
<u>10. Uganda</u>	14
<u>11. Shaba/Kasai Regions, Zaire</u>	14
<u>12. Ghana, Togo, Benin Region</u>	15
<u>13. Central African Republic</u>	15
<u>14. Zaire (Refugees)</u>	16
<u>15. Burundi/Rwanda Situation</u>	16
<u>16. Mauritania/Senegal</u>	20
<u>17. Djibouti</u>	20
<u>18. Zambia</u>	20
<u>CURRENT SITUATION (Asia – Selected Situations)</u>	20
<u>19. Bhutanese Refugees in Nepal</u>	21
<u>20. Refugees from Rakhine State, Myanmar in Bangladesh</u>	21
<u>21. Southern Iraq</u>	21
<u>22. Afghanistan Region</u>	22
<u>List of Sources</u>	23
<u>Annex 1 – Surveys Quoted</u>	32
<u>Annex 2 – Seasonality</u>	37
<u>List of Maps</u>	37

Refugee Nutrition Information System (RNIS), No. 09 – Report on the Nutrition Situation of Refugee and Displaced Populations

ACC/SCN REFUGEE NUTRITION INFORMATION SYSTEM

UNITED NATIONS ADMINISTRATIVE COMMITTEE ON COORDINATION
SUB-COMMITTEE ON NUTRITION



No. 9

ACC/SCN, Geneva, 21 February 1995

ACC/SCN, c/o World Health Organization, 20 Avenue Appia, CH – 1211 Geneva 27, Switzerland
Telephone: [41–22] 79104 56, Fax: [41–22] 798 88 91, EMail: ACCSCN@WHO.CH

Note: The numbering of situations evolved from earlier reports and has no implications for priority.

This report is issued on the general responsibility of the Secretariat of the U.N.'s ACC/Sub-Committee on Nutrition; the material it contains should not be regarded as necessarily endorsed by, or reflecting the official positions of the ACC/SCN and its U.N. member agencies. The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the ACC/SCN or its U.N. member agencies concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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

Funding support is gratefully acknowledged from CIDA, NORAD, USAID*, UNHCR, and WFP, as are inputs in kind from UNICEF and Save the Children Fund, UK. UNHCR kindly provided most of the maps used.

** This report was prepared with support from the United States Agency for International Development, Bureau for Global Programs, Field Support and Research, Office of Health and Nutrition and the Bureau for Humanitarian Response under The Food Security and Nutrition Monitoring (IMPACT) Project, Contract No. DAN-5110-C-00-0013-00.*

We would like to thank all those agencies who contributed information to this report, particularly AICF, AMAR Appeal, CAMA, UN/DHA, FAO, ICRC, IFRC, MSF-Belgium, MSF-CIS, MSF-France, MSF-Holland, OXFAM, SCF-UK, UNHCR, UNICEF, USAID, WFP and WV.

HIGHLIGHTS

The total number of refugees, returnees and internally displaced people in Africa has decreased over the last 2 months. Approximately 1.7 million people remain at considerable nutritional risk in Liberia, Sierra Leone, Tanzania, Ethiopia, with a further three million at imminent risk in Rwanda, Burundi, Tanzania and Zaire. Improvement in the situation of hundreds of thousands of people have been brought about by peace agreements reached in Liberia and Angola and relatively good harvests in Sudan, Burundi and Rwanda. However, mounting insecurity in Sierra Leone, Burundi, Zaire and Tanzania is affecting relief efforts while most worrying of all is the fact that the large relief programme in the Rwanda/Burundi region is on the verge of running out of food supplies.

Liberia Region *Continued implementation of the peace accord and adherence to the cease-fire has allowed limited cross-line and cross-border deliveries of humanitarian aid to previously inaccessible areas of Liberia. Although much of the formerly inaccessible populations may still be at nutritional risk, dramatic improvements in their food security and health should ensue in the coming weeks as relief efforts progress. In contrast, widespread escalation of fighting in Sierra Leone is causing further displacement and the near cessation of relief supplies to over 500,000 internally displaced people.*

Angola Conditions are rapidly improving throughout Angola as the cease–fire holds and formerly besieged towns continue to receive relief supplies. However, the dependence of many displaced people on these supplies makes such populations highly vulnerable to any interruptions in the aid programme.

Burundi/Rwanda Region The regional crisis is now said to be affecting 3 million people. The reduction in numbers of those needing assistance is largely due to reasonable harvests in Burundi and Rwanda and the relief agency supported return of many internally displaced people to their communes. The nutritional and health situation of the remaining internally displaced and over 2.1 million refugees in neighbouring Tanzania and Zaire is generally good with very low levels of mortality and wasting. However, insecurity in Northern Burundi and refugee camps in Zaire and Tanzania is a continual problem for relief efforts. The most urgent problem in the region is that, in spite of repeated warnings, without immediate large–scale cash contributions from donors for local and regional food purchases, supplies will run out in the next few weeks. If this occurs, a rapid deterioration in the nutritional and health situation of this large refugee and internally displaced population can be expected.

Sudan An excellent nation–wide harvest in conjunction with continued deliveries of relief supplies in Southern Sudan has meant that the majority of the displaced and refugee population in Sudan are not currently believed to be at heightened nutritional risk. However, pockets of stress may still exist, for example, in some camps for the displaced, where levels of wasting are still unacceptable high.

Somalia Although the nutrition and health status of the large majority of the population is considered to be adequate, it is feared that the final withdrawal of UNOSOM troops in March 1995 may rapidly give way to an open and wide–spread civil war, eventually leading to the type of nutritional and health crisis seen in 1992.

Afghanistan The continuing civil war in Afghanistan is affecting over 3 million people. Approximately 400,000 have been displaced to Kabul and recent surveys suggest that large parts of this population are at increasing nutritional and health risk. However, the situation for the approximately 180,000 displaced to camps in Jalalabad seems to be improving with much lower levels of wasting reported than in previous surveys.

ADEQUACY OF FACTORS AFFECTING NUTRITION

Factor	Liberia	Sierra Leone	Ogaden	Sudan	Somalia	Mozambique	Angola	Shaba	Burundi/Rwanda
1. Degree of accessibility to large population groups due to conflict	✓	X	✓	✓	✓	✓	✓	✓	✓
2. General resources									
– food (gen. stocks)	X	X	X	✓	✓	✓	✓	X	X
– non–food	X	X	X	✓	✓	✓	✓	?	X
3. Food pipeline	X	X	X	✓	✓	X	X	X	X
4. Non–food pipeline	?	?	X	✓	✓	✓	?	?	?X
5. Logistics	✓	X	X	✓	✓	X	✓	X	X
6. Personnel*	✓	X	X	✓	X	✓	✓	?	X
7. Camp factors**	?X	✓	?✓	?✓	✓	✓	✓	X	X
8. Rations – kcals	?	X	X	✓	✓	✓	?✓	X	X
– variety/micronutrients	?	X	X	✓	✓	✓	?✓	?X	X
9. Immunization	?X	X	?	✓	?✓	?	?	?	✓
10. Information	X	X	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 security allows.

** This refers to problems in camps such as registration, water/sanitation, crowding, etc.

INTRODUCTION

The UN ACC/SCN¹ (Sub-Committee on Nutrition), which is the focal point for harmonizing policies in nutrition in the UN system, every two months issues these reports on the nutrition of refugees and displaced people. Distributing this information is intended to raise awareness and facilitate action to improve the situation. This system was started on the recommendation of the SCN's working group on Nutrition of Refugees and Displaced People, by the SCN in February 1993. This is the ninth of a regular series of reports, and is the fifth in the series to include reports on some Asian refugees and displaced people.

¹ ACC/SCN, c/o World Health Organization, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland. Telephone: (41-22) 791 04 56, Fax: (41-22) 798 88 91, EMail: ACCSCN@WHO.CH.

Information is obtained from a wide range of collaborating agencies, both UN and NGO (see list at end of report). 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, and is included when there is enough agreement on current needs and opportunities.

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 for regaining body weight lost by prior malnutrition is sometimes included. Formulae and software given by James and Schofield (1990) allow calculation by these parameters, and results (Schofield and Mason, 1994) provide some guidance for interpreting adequacy of rations reported here. For a healthy population with a demographic composition typical of Africa, under normal nutritional conditions, and environmental temperature of 20°C, the average requirement is estimated as 1,900–2,000 kcals/person/day for light activity (1.55 BMR).

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.

References

CDC (1992) Famine-Affected, Refugee, & Displaced Populations: Recommendations for Public Health Issues, *MMWR* 41 (No.RR-13).

James W.P.T. and Schofield C. (1990) *Human Energy Requirements*. FAO/OUP.

Schofield C. and Mason J. (1994) *Evaluating Energy Adequacy of Rations Provided to Refugees and Displaced Persons*. Paper prepared for Workshop on the Improvement of the Nutrition of Refugees and Displaced People in Africa, Machakos, Kenya, 5–7 December 1994. ACC/SCN, Geneva.

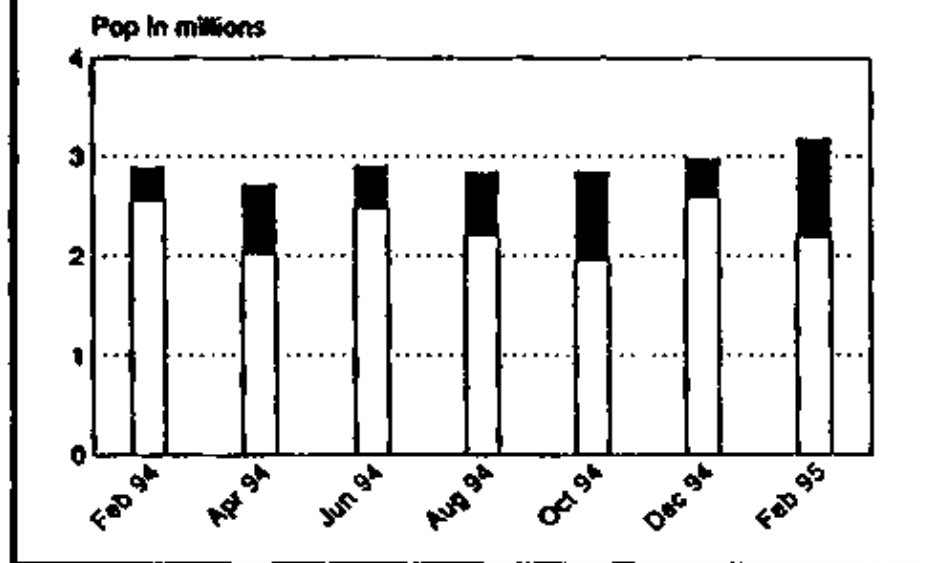
CURRENT SITUATION (Sub-Saharan Africa)

1. Liberia Region

(see Map 1 and Figure 3A)

A Liberian peace agreement which contained a provision for an immediate cease-fire as well as a timetable for creation of buffer zones, safe-havens, demobilization of soldiers and eventual democratic elections was signed in Accra, Ghana, on the 21st of December 1994. There is optimism that this new agreement will hold as the principal signatories represent all Liberian warring factions. Apart from a few small-scale skirmishes, the cease-fire appears to be holding. Unfortunately, the situation in neighbouring Sierra Leone has continued to deteriorate during the new year period with greatly intensified rebel activities leading to massive internal displacement and a further refugee outflow into Guinea. The total number affected by the crisis regionally has, therefore, increased to just over three million people. The food pipeline for vegetable oil and beans for the region is said to be very weak with need for early provision of cash funds for staffing and logistic support costs to ensure necessary food aid logistics, co-ordination and monitoring [WFP 20/01/95].

A. Liberia



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

Current estimates of the populations affected by the conflict are summarized in the box below.

Location	Feb 94	April 94	June 94	Aug 94	Oct 94	Dec 94	Feb 95
Liberia	1,750,000	1,750,000	1,750,000	1,750,000	1,692,000	1,615,000	1,800,000
Sierra Leone	300,000	297,000	300,000	300,000	300,000	506,000	506,000
Cote d'Ivoire	250,000	250,000	234,000	250,000	325,000	330,000	330,000
Guinea	600,000	415,000	628,000	539,000	534,000	534,000	568,000
TOTAL	2,900,000	2,712,000	2,912,000	2,839,000	2,851,000	2,988,000	3,198,000

Liberia Although there has already been some delay in the implementation of the peace accord with resulting demonstrations and clashes in Monrovia, the cease fire in Liberia is generally holding [UNHCR 30/01/95, WFP 08/01/95]. Recent estimates are that there are 1.8 million people in Liberia requiring humanitarian assistance. One million three hundred thousand of these are in Monrovia and surrounding areas controlled by ECOMOG. This population has regularly been receiving humanitarian aid while the approximately 500,000 war affected people outside ECOMOG-controlled areas have only been receiving sporadic relief when ECOMOG convoys have been able to provide protection [UNSC 06/01/95].

As a result of the cease-fire and improved security, agencies have been able to re-start cross-border food convoys from Cote d'Ivoire to Upper Nimba county and WFP have been planning cross-line food convoys to Bomi and Cape Mount. For example, in December, rice, vegetable oil and CSB were distributed in Nimba county, and in February there was a food delivery to Cape Mount [WFP 08/01/95, WFP 16/02/95]. There are also plans for cross-border food deliveries from Guinea to Upper Lofa county for a population, including many Sierra Leonean refugees who, due to insecurity, have been cut off from assistance for over one year. [UNHCR 30/01/95].

The most recent nutrition surveys available from Liberia (October 94) show low levels of wasting amongst the displaced in Montserrado county (an ECOMOG controlled area). In Somokai town and Paynseville displaced centres, levels of wasting were found to be 7.7% and 5.8% respectively (see Annex 1 (1a,b)). One would expect to find considerably higher levels of wasting amongst those populations who have effectively been cut-off from all relief in recent months [MSF-H 03/10/94].

Sierra Leone Simultaneous rebel attacks on a number of large towns throughout the country during the Christmas week caused large scale displacement within Sierra Leone. Continued fighting has meant that all UN and NGO international staff working outside of Freetown have been moved into the city and the Southern,

Northern, and Eastern provinces are said to be cut off from the Western area. Due to the deteriorating security situation, private transporters are reluctant to transport relief food into these areas without an army escort. WFP has only minimal stocks prepositioned in Bo, Kenema and Segbwema, available for distribution to the displaced and managed by a skeleton national staff [WFP 30/12/94, WFP 08/01/95, WFP 20/01/95, WFP 16/02/95].

Although the numbers and locations of the internally displaced and refugee population will have recently changed due to the increased insecurity, a food supply assessment mission completed in November 1994 estimated that there were 490,000 IDPs in the districts of Kenema, Daru, Makena, Bo town, Gondama and Gerihum areas and a further 7,000 Liberian refugees in Waterloo camp near Freetown [WFP/UNHCR 05/11/94].

Cote d'Ivoire Conflict in Liberia up until the end of December 1994 led to a continued influx of refugees into Cote d'Ivoire. Although the number of Liberian refugees is estimated to be 330,000, this is recognised to be a provisional figure in anticipation of an imminent census of new arrivals, who it is estimated number between 85,000 to 120,000 people. There are also approximately 97,000 Liberian refugees who were estimated to be self-sufficient in March 1994, and will stop receiving food aid in 1995 [WFP 16/02/95].

Liberian refugees in Cote d'Ivoire have continually been encouraged and supported by government and relief agencies in their efforts to attain self-sufficiency. In line with this policy, their food rations have been reduced over the years and currently stand at 200 gms of cereal and 25 gms of vegetable oil per person per day (equivalent to about 1,000 kcals/person/day). However, there has been some recent concern expressed about the adequacy of partial rations for new arrivals. Furthermore, a recent devaluation has effectively doubled the price of consumer items for partly self-sufficient refugees. Preliminary results of a nutritional survey conducted in January 1995 amongst refugees in the Tabou area of Cote d'Ivoire also give cause for concern as levels of 14.8% malnutrition were recorded with 4.5% severe malnutrition (see Annex 1 (1c)) [UNHCR Jan 95].

Guinea The upsurge in fighting in Sierra Leone has led to an influx of refugees into the Forecariah prefecture of Guinea. At the end of January 1995, the number of new arrivals was estimated to be 35,000 [UNHCR 30/01/95, WFP 03/02/95]. This recent influx increases the total number of registered Liberian and Sierra Leonean refugees in Guinea to approximately 568,000. There are reportedly 120,000 refugees in Guinea who have achieved self-sufficiency and food aid for this group will be phased out [WFP 16/02/95]. There are reported to be many thousands more refugees in Guinea who are not registered [CAMA Oct 94].

It is estimated that about a quarter of the refugees are found in urban centres with the rest either integrated into villages or in rural refugee camps. The government of Guinea maintains a liberal "open-door" policy in providing asylum to Liberian and Sierra Leonean refugees and permits spontaneous settlement in local communities with few restrictions on refugee farming and employment [CAMA Oct 94].

However, some difficulties are reported to exist in the refugee programme in Guinea. One problem is that there have been frequent delays in processing the registrations and responding with food assistance for new arrivals. Furthermore, the partial rations provided have been criticised as inadequate for new arrivals. Another problem is that there are large numbers of unregistered refugees (perhaps as many as 25% of the refugee population) who are not provided with any food assistance. Some nutritional surveys are reportedly finding high levels of malnutrition among unregistered new arrivals. A further problem that has been identified is that it has proven difficult to target additional support to vulnerable groups, such as female headed households and the elderly. Overall, these problems with the food assistance programme have been compounded by food stock ruptures which have led to reduced rations being distributed [CAMA Oct 94].

Preliminary results of a nutritional survey in mid January 1995 found rates of malnutrition amongst refugees between 4–12% (see Annex 1 (1d)), with up to 30% malnutrition reported amongst new arrivals [UNHCR Jan 95].

Overall, the approximately 1.3 million people in Monrovia, Buchanan and surrounding areas of Liberia are not currently considered to be at heightened nutritional risk (category IIc in Table 1). The approximately 500,000 people who have until now only been sporadically accessible in the counties outside of the Monrovia area can be considered to be at high nutritional risk (category IIa in Table 1). The refugee/displaced population in Sierra Leone can be considered to be at high nutritional risk since food supplies are being disrupted by current levels of insecurity (category IIa in Table 1). In Cote d'Ivoire and Guinea refugees can be considered to be at moderate risk with new arrivals, vulnerable groups and unregistered refugees at high risk, but estimates of the numbers of people affected are not available.

How could external agencies help? With continuation of the cease fire large areas of Liberia will become increasingly accessible. There will be a need for nutritional and health surveys in formerly inaccessible areas in order to establish need for general and selective feeding programmes as well as health programmes; measles immunisation programmes would probably be a priority. Organisations may therefore need to gear up for expanded relief programmes in Liberia. Unfortunately, the deteriorating security situation in Sierra Leone is currently preventing implementation of needed relief measures in most areas, although agencies will need to prepare for increasing numbers of displaced people in large towns, e.g. Freetown.

Given the allocation of partial general rations for refugees in Guinea and Cote d'Ivoire, there is a need to determine whether these rations are adequate for new arrivals who may have limited means with which to secure even partial self-sufficiency. There is also a need to improve immunisation coverage in the Tabou area of Cote d'Ivoire. Nutritional surveys could be disaggregated to determine levels of wasting among new arrivals in both countries. There also appears to be a need to speed up the registration process for new arrivals in Guinea.

There is an urgent need for donors to pledge greater quantities of beans and oil for the whole regional programme as well as more cash to support staffing, logistical, co-ordination and monitoring components of the programme.

2. Western Ethiopia/Eastern Ethiopia/Ogaden

(see Map 2)

The number of refugees/returnees in Ethiopia has increased to 379,500 due largely to an influx of Somali refugees into Eastern Ethiopia and the continued influx of Sudanese refugees into Western Ethiopia.

Most recent estimates are that there are approximately 259,000 Somali refugees in Eastern Ethiopia. This increase is due to an influx of 74,000 refugees fleeing fighting in Hargeisa. It is presently believed that the main influx is over. These refugees have arrived in many of the camps along the Eastern border, easing their integration into the existing camps. Food distributions for new arrivals were carried out in January 1995 [SCF 25/01/95, UNHCR 31/01/95]. A massive re-validation exercise carried out in September and October 1994 which established that the number of ration cards in the Somali camps were at least three times in excess of the actual population, is seen as the first step in preparations for repatriation. Crude mortality rates in the camps are extremely low at 0.2/10,000/day [UNHCR Nov 94].

There continues to be a slow but steady influx of Sudanese refugees into the West of Ethiopia and current estimates are that there are 51,000 refugees in three different settlements. Much of the nutritional data come from the Administration for Refugee-Returnee Affairs (ARRA); the most recent of this is from October 1994. Levels of wasting in the three sites varied from 5.4% with 0.4% severe wasting in Dimma (estimated population 11,800), to 15.7% with 1.5% severe wasting. The higher rates were measured in Fugindo settlement (estimated population 26,000) and are not substantially different from rates measured in May 1994 (14.2% wasting and 0.8% severe wasting) (see Annex 1 (2a,b,c)) [UNHCR 27/10/94, UNHCR 31/01/95].

There are no reports of any significant change in the nutritional status of the approximately 28,000 returnees in Gode camp in the Ogaden region who have consistently been in nutritional and health crisis over the preceding two years due to erratic provision of general rations and inadequate health services. The most recent nutritional information is from a survey in August 1994 when wasting was measured at 19.8% with 1.4% severe wasting and water and sanitation provision were described as inadequate and unsafe (see Annex 1 (2d)) [UNHCR Aug 94].

There are also about 6,500 Kenyan refugees and 25,000 Somalis in Southern Ethiopia. The most recent nutritional information available is from July 1994 when levels of wasting were measured at 15.7% with 3.2% severe wasting (see Annex 1 (2e)). The level of severe wasting had increased significantly since the previous survey in January 1994 (1.0% severe wasting) [UNHCR Jul 94, UNHCR Nov 94].

There are approximately 10,000 refugees from Djibouti in the North-east region of Ethiopia. No details on their nutritional status are currently available.

Overall, the refugee population in Eastern Ethiopia is not reported to be at heightened nutritional risk, despite the influx of new refugees (category IIc in Table 1). Most of the Sudanese refugee population is not

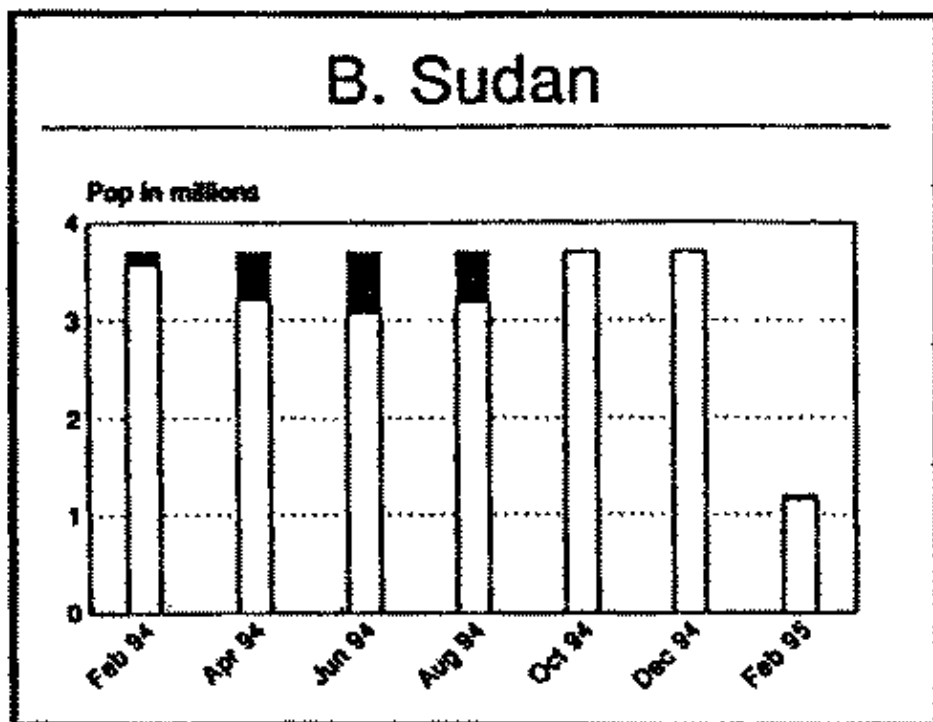
considered to be at heightened risk (category IIc in Table 1) except the population of Fugindo camp that is at moderate risk due to high levels of wasting. The returnee population in the Ogaden can still be considered to be in a critical state (category I in Table 1). The refugee population in Southern Ethiopia can be considered to be at moderate risk with elevated levels of wasting (category IIb in Table 1) and no information is currently available on the Djibouti refugee population (category III in Table 1).

How could external agencies help? Although the nutritional situation for refugees in Ethiopia is generally adequate, there is a need to investigate further why somewhat elevated levels of wasting persist in camps such as Fugindo and among refugees in Southern Ethiopia. The continuing crisis in Gode urgently requires that measures are taken to provide regular general rations to the displaced population and that sanitation and water supply is improved.

3. Sudan

(see Maps 3A and 3B and Figure 3B)

An FAO/WFP crop and food supply assessment mission to Sudan in December forecast that the 1994 production of sorghum and millet would be a record 85% above the previous years production and 9% more than the 1992/3 bumper harvest. The mission also reported that the large harvest may exert a downward pressure on prices and, given sharp rises in production costs, there are concerns about prices falling, perhaps even below a break-even point [FAO 22/12/94].



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

Based largely on these figures and the findings of an earlier Operation Lifeline Sudan (OLS) assessment mission in southern Sudan, the transitional zone and the Khartoum displaced camps, the mission estimated that only 1.2 million beneficiaries would require emergency food aid in Sudan during 1995. This figure comprised 720,000 displaced and war affected persons in the South and 335,000 displaced persons in the transitional zone and Khartoum with an additional 125,000 war affected in other locations. However, the mission also warned of the need to anticipate possible escalation of hostilities in the South and the consequent need for contingency planning in assessing food aid requirements in the event of further displacement [DHA Dec 94. FAO 22/12/94].

Given the amount of carry over food stocks from external aid in 1994, it is anticipated that no further commodity contributions are needed for the 1995 programme, although international assistance will be required to support logistic and monitoring activities, identify pockets of malnutrition and vulnerable groups, and help in the transition from relief to rehabilitation activities [FAO 22/12/94, WFP 16/02/95]. However, given

levels of iodine deficiency goitre in the West and South of Sudan, a ration of 5 gms of iodised salt is to be added to the emergency food basket. The logistical capacity already exists amongst WFP and other agencies to provide salt along with the other relief commodities [DHA Dec 94].

There have only been a limited number of nutrition surveys in Southern Sudan since the previous RNIS report. One survey was carried out in November in Mogale camp, Southern Sudan, (estimated population 46,000), and found 18% levels of wasting with 6.5% severe wasting (see Annex 1 (3a)) [AICF Nov 94]. These levels are high and as this is a camp population it is possible that the excellent harvest may only have a modest impact on this population's access to food.

Another survey was conducted in Tonj, Bahr-el-Ghazal in December 1994 and found only 5% wasting (see Annex 1 (3b)). However, a significant number of children were reported to be between 80–90% weight for height indicating vulnerability to any reduction in food availability [WV 05/01/95].

We can assume that the greatly improved access and subsequent food deliveries in Southern Sudan due to both greater donor support for air transport and reduced military activity, and which were reported in the previous RNIS report, have continued as there have been no reports to the contrary.

There is no new nutritional information on the approximately 200,000 Ethiopian refugees in camps in eastern Sudan. However, it is hoped that up to 50,000 refugees will be repatriated from these camps by the end of 1995 although land availability remains a stumbling block as many previous returnees have not yet been allocated plots by the regional administrations in Ethiopia [UNHCR Nov 94].

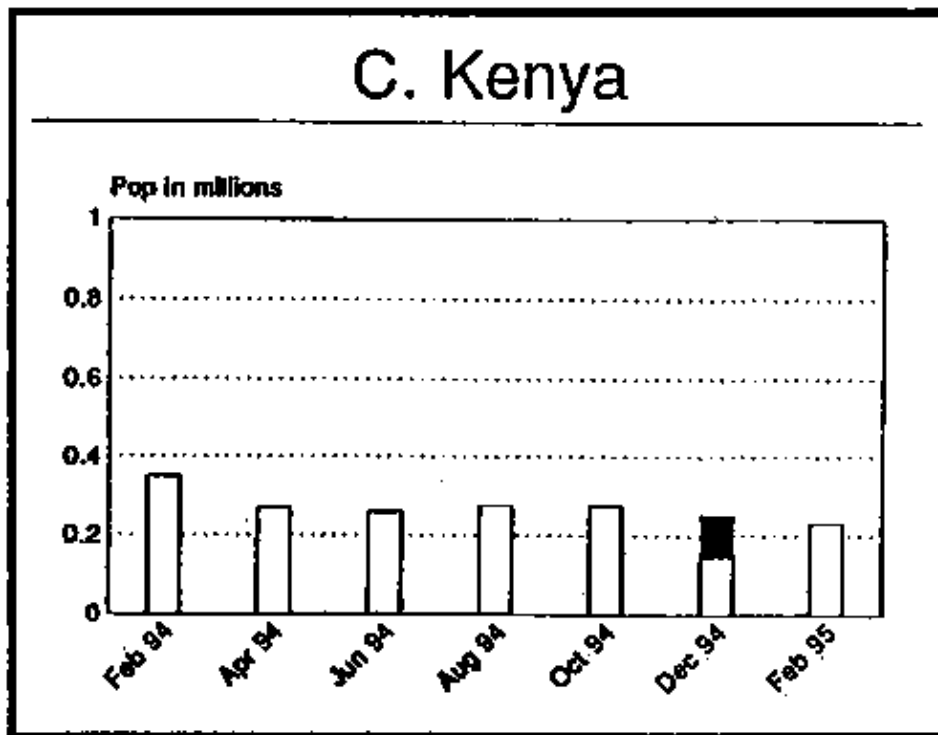
Overall, although pockets of food insecurity will inevitably exist in Sudan, the greatly improved harvest situation in the whole country and better access in the South, suggests that the majority of the population are not currently at heightened nutritional risk (category IIc in Table 1). However, the information that we have from Mogale camp indicates that this population are at high nutritional risk (category I in Table 1) due to high levels of wasting found.

How could external agencies help? While the food pipeline for Sudan is adequate and there is a greatly reduced population in need of food relief following the excellent harvest, further cash pledges are still needed to allow flexible logistics and monitoring of the food aid programme. Also, there is a need for more nutritional survey information on displaced populations, particularly in the South, who may not be in a position to benefit greatly from the harvest. The data showing high levels of wasting in Mucoso camp for the displaced in Southern Sudan may be indicative of the vulnerability of displaced populations in the South.

4. Kenya

(see Map 4 and Figure 3C)

At the end of January 1995, it was estimated that there were approximately 232,000 refugees in Kenya. This population comprises 196,000 Somali refugees 26,000 Sudanese refugees and 10,000 Ethiopian refugees. The decrease in numbers from the previous RNIS (255,000) is due almost entirely to a re-registration exercise conducted in Kakuma camp although during this period there have also been new arrivals (mainly from Sudan) and repatriations (mainly to Somalia) [UNHCR 31/12/94, UNHCR-b 31/01/95, WFP 16/02/95]. An air lift of some 4,500 Ethiopian refugees back to their home region in Addis Ababa. Gode and Dire Dawa, has been scheduled for early 1995 [UNHCR Nov 94].



Trend In numbers of refugees.

The most recent reports on the nutritional status of the refugee population in Hagadera indicated 5.3% wasting with 0.8% severe wasting (see Annex 1(4a)). These are very low levels of wasting. Apart from temporary closure of the road to the Dadaab camps (Ho, Dagahaly and Hagadera) in November due to the rains, there is no reason to assume that this situation will have changed greatly. As there are no new reports of scurvy in the camps, this population is not currently considered to be at heightened nutritional risk (category IIc in Table 1) [UNHCR 31/01/95, WFP 17/12/94].

5. Somalia

(see Map 5)

An estimated 600,000 people in Somalia will remain dependent on emergency food aid during 1995. This overall number is comprised of 300,000 internally displaced people and an equivalent number of recent returnees. The present harvest is estimated to be 75% of pre-war yields and a 127% increase over the 1993/4 harvest, but is still lower than average production between 1986–90. Reports suggest that the excellent harvest in August (Gu season) has had a positive impact upon nutritional status [FAO 09/12/94, WV Oct 94].

Sporadic fighting between local administration forces and the Idagale clan in Hargeisa has led to over 74,000 people fleeing to neighbouring Ethiopia and internal displacement in the North West, while in Southern Somalia incidents of inter-clan fighting and banditry continue to be reported, most notably around Mogadishu where thousands of residents have been forced to seek refuge in safer parts of the city.

The phased withdrawal of UNOSOM which began in October 1994 and is scheduled to be completed by March 1995, has led a number of NGOs to withdraw temporarily from UNOSOM evacuated areas such as Kismayo and Baidoa in order to observe the impact upon security. In most cases, NGOs have returned within a matter of weeks although a few NGOs have ceased humanitarian operations in Somalia completely as a result of the level of insecurity. Due to the current uncertain security climate, repatriation efforts could slow down and there is a palpable fear that pockets of unrest could erupt into larger scale civil-war once UNOSOM forces have completely left in March [USAID 30/12/94, WFP 17/12/94].

There are no recent nutritional or health surveys available from Somalia although one NGO working in Bay region has reported on the urgent need to improve EPI coverage throughout the country, which has suffered due to the war and subsequent insecurity. In Bay region immunisation coverage of under fives is estimated to be only 10% [WV Nov 94].

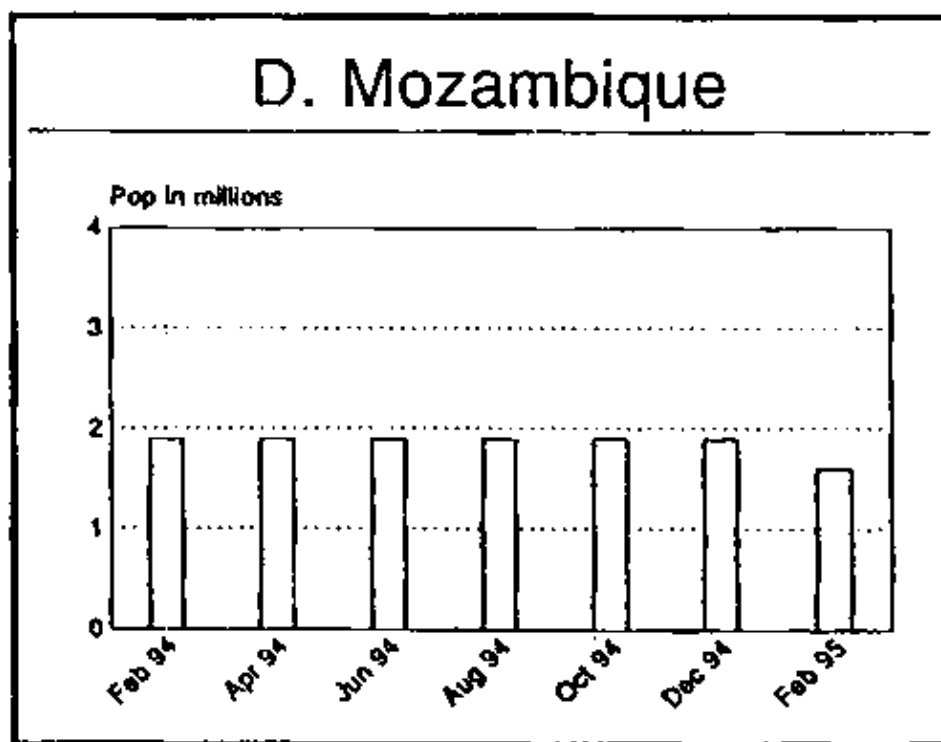
Overall, the 600,000 people requiring humanitarian assistance in Somalia are currently considered to be at moderate nutritional risk (category IIb in Table 1) due to the mounting concern about the security situation in the country.

How could external agencies help? With the increasingly fragile security situation in Somalia and the possibility of a rapid deterioration following the final withdrawal of UNOSOM in March, the need to support indigenous NGOs with training and resources is becoming more pressing. Many local agencies may be called upon to implement relief activities should conditions deteriorate. It is therefore a priority that remaining international NGOs review, and where appropriate, support the capacity of such agencies to undertake necessary relief activities.

6. Mozambique Region

(see Map 6 and Figure 3D)

The number of people in the region in need of humanitarian assistance is approximately 1.6 million, most of whom are returnees and drought affected people. The elections and subsequent installation of the new president in early December 1994 took place without incident and it now appears that Mozambique is entering a period of relative peace and stability. The UN Special Operation in Mozambique (UNOMOZ) completed its mandate and is in the process of withdrawing its troops, equipment, etc [UNHCR 12/12/94, UNSC 23/12/94, WFP 16/02/95].



Trend in numbers of refugees/returnees.

In December, it was reported that 1.5 million refugees had returned to Mozambique, and that repatriation was completed from Zambia, Swaziland, Zimbabwe and Tanzania. There remain approximately 90,000 refugees in Malawi, mainly in Nsanje district, the majority of whom are expected to return by June 1995. Of the approximately 120,000 Mozambican refugees in South Africa, only 40,500 are reportedly willing to repatriate due to the relative economic advantages of living in South Africa [IFRC 18/01/95, MSF-CIS Aug/Sep 94, UNHCR 12/12/94, WFP 16/02/95].

There is growing concern over a drought in Southern Africa and its effects on crops, particularly in Central and Southern Mozambique, due to be harvested in April 1995. Although the predicted harvest failure will lead to the need for emergency food assistance in 1995/6, the scale of the requirement will only be known at the end of the growing season. A food co-ordination meeting in Mozambique recently proposed the establishment of a 50,000 mt maize reserve in preparation for drought induced food shortages. There are fears that crop failure could jeopardise the continuation of repatriation and resettlement [FAO 06/12/94, WFP 30/12/94, WFP

20/01/95. WFP 03/02/95].

Recently, there have only been limited food security and nutritional data from Mozambique, partly reflecting the fact that many NGOs temporarily withdrew personnel during the election period as a precautionary measure. The most recent information is that with the arrival of the pre-harvest "hungry" season, household food reserves are declining, consumption of wild foods is on the increase and markets show lower quantities of fewer commodities at higher prices. While this situation is not believed to be especially alarming, agencies suggest that particular attention needs to be focussed on drought affected areas and on those regions that have received large numbers of returnees [MSF-CIS Oct 94].

Although the situation in Mozambique is stable, there is increasing concern over the situation for returnees in parts of Zambezia, Sofala, Tete and Gaza provinces due to the proposed cut-backs in funding for returnee reintegration programmes. In these areas there have been reports of repeated shortages of food distributions compounded by logistical problems and poor targeting of eligible beneficiaries. A local assessment mission indicated severe and increased levels of malnutrition in Angonia and Tsangano, Tete province [MSF-CIS Oct 94, WFP 16/02/95].

Overall, and with the exception of recent returnees, the affected population is not currently considered to be at heightened nutritional risk (category IIc in Table 1).

How could external agencies help? There is a need for donors to support efforts to establish a maize reserve in Mozambique that can be used to respond to any urgent needs resulting from the impact of the current drought on food supply. There is also continued concern over the capacity of agencies to provide necessary support to all recent returnees. Consistent reports of inability to target all returnees effectively and resulting hardship, suggest the need to review current targeting strategies in order to identify where and why these are failing. Furthermore, plans to cut-back funding for returnee re-integration programmes should only be implemented if it is believed that nutritional and health monitoring is adequate to rapidly identify any deterioration as a result of planned reductions in aid.

7. Burkina Faso

(see Map 7)

There are currently approximately 20,000 Malian refugees in Burkina Faso. This population is comprised of two distinct groups. There are 6,000 refugees who arrived between 1991-3 whose condition has been described as satisfactory (category IIc in Table 1); a further 14,000 refugees are mainly Touareg pastoralists who began arriving in June/July 1994. Many of this latter group were described as destitute on arrival and in urgent need of basic assistance, especially food. However, at the time of the influx there was no food in warehouses or the pipeline so that this population received very little food assistance between June and October 1994 [UNHCR 14/10/94].

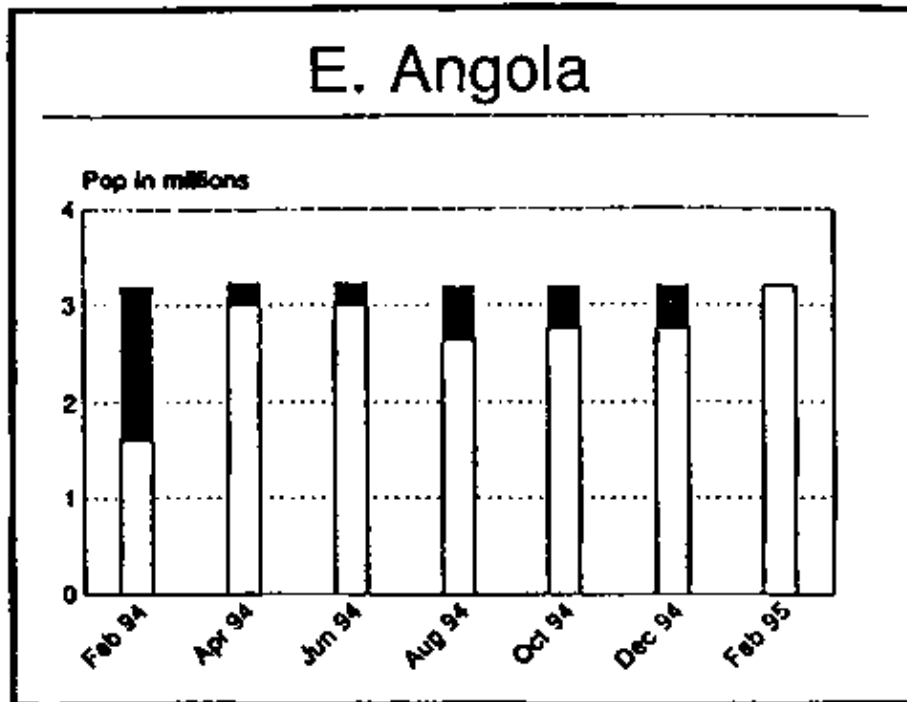
The Touareg refugees are mainly settled in three locations which the government have argued were not intended to host such large numbers. Fears have therefore been expressed about possible epidemics and there have been qualitative reports of poor health and cases of malnutrition amongst this recently displaced population. These new arrivals could be considered to be at moderate nutritional risk (category IIb in Table 1) [UNHCR 14/10/94].

How could external agencies help? There is a need for baseline nutrition and health surveys to determine the need for and type of assistance required by this population. The situation for this population is complex as many refugees have urban and familial links which provide some level of economic independence.

8. Angola

(see Map 8 and Figure 3E)

Estimates of the numbers of people needing humanitarian assistance remain at 3.2 million. The current drought in most of the Southern Africa region is not reported to be affecting Angola and the forecast is for one of the better agricultural seasons in recent years [DHA Dec 94, WFP 13/01/95].



Trend in numbers of displaced/war affected.

Assessment missions continue at an increased pace throughout the country as security improves and more and more of the country opens up following the peace agreement signed in November 1994 and the decision by the UN to send in peace-keeping forces. Initial findings are that the situation had deteriorated in areas that were cut off from food aid for long periods. For example, in Jamba an assessment team found an urgent need to distribute food to children under five years old, women and other vulnerable groups, while in Lucala the team found "deplorable health conditions despite plentiful locally produced food" [UNSC 08/02/95, WFP 27/01/94].

Food distributions by air and road to previously inaccessible locations have been continuing. For example, general dry food distributions were re-initiated in Huambo in December. In Dondo, approximately 60,000 people are receiving a general ration, and it is believed that many of the displaced are beginning to return to their homes. In N'dalantando, 47,000 people are receiving a general ration [WV 07/01/95].

In Malange (estimated population 180,000), where food has consistently been available over the past few months, a recent nutritional survey indicated a much improved situation. Wasting was measured at 2.8% with 0.9% severe wasting (see Annex 1 (8a)). This indicates a dramatic improvement since September 1994 when the city had been cut off from relief supplies for several months and rates of wasting were measured at 15.3% with 4.8% severe wasting. The crude mortality rate for December was still elevated at 1.7/10,000/day (6 x normal) and the under five mortality rate was 2.7/10,000/day [Concern/MSF-H Dec 94].

It is reported that the rapid decrease in rates of wasting in Malange is directly related to the resumption of the general food distribution in September 1994 and that this indicates a considerable reliance on external aid by the population. Since external aid remains a major source of food for the population, there are fears that any reduction in food aid would result in an almost immediate deterioration in the nutritional status of the population. If, as has been suggested, the ration in Malange is to be reduced, it may be advisable to monitor the situation very closely in order to detect any early signs of deteriorating nutritional status. The results of the survey are not felt to accurately reflect the nutritional status of the adult population for whom there is believed to be a continuing need for selective feeding especially amongst the elderly. [Concern/MSF-H Dec 94].

A cholera outbreak was reported in Cubal with 100 cases identified by January 10th. By the end of the month more than 700 people had reportedly been affected [WFP 13/01/95, WFP 27/01/95].

Overall, the population can be considered to be at moderate risk due to a high degree of dependance on external food aid (category IIb in Table 1)

How could external agencies help? As the food security and nutritional situation in Angola gradually improves and levels of emergency food aid are reduced, there is a need to closely monitor any impact of food

aid reduction on nutritional status. Given that large sections of the population may remain highly dependent on food aid for some considerable time, nutritional monitoring systems should be established before food aid reductions are implemented. Also, further pledges of maize, vegetable oil and CSB are needed to cover the planned food delivery targets up until June 1995.

9. Southern Sudan

(This is now included under section #3 Sudan)

10. Uganda

(see Map 10)

The total number of refugees in Uganda continues to increase, largely due to influxes of refugees from Southern Sudan. Current estimates of major refugee populations in Uganda over time are summarised below. These estimates are currently under review and a census is planned for the near future [WFP 16/02/95].

Origin	Feb 94	April 94	June 94	Aug 94	Oct 94	Dec 94	Feb 95
Sudanese Refugees	188,000	190,000	206,000	230,000	268,000	274,000	300,000
Zairian Refugees	5,000	5,000	15,000	16,000	16,000	16,000	13,000
TOTAL*	193,000	195,000	221,000	246,000	284,000	290,000	313,000

*Rwandan refugees are discussed under # 15.

Sudanese refugees continue to arrive at the rate of 300–500 people per day bringing the total number of refugees in Uganda to over 300,000. Most of these new arrivals are single males reportedly avoiding conscription [UNHCR–a 31/01/95].

The crude mortality rate for December for the Koboko camps (estimated population 111,000) was 0.28/10,000/day and the under five mortality rate was 0.64/10,000/day. These rates are both within normal limits for the region. A screening of all new arrivals under five years old at the camps found wasting levels of 9.7% with 6.8% severe wasting (see Annex 1(10a)). A few cases of measles were also reported in the camps. Currently, the main medical problem is malaria accounting for over 30% of all medical cases seen at health centres [MSF–H Dec 94].

After a recent census, the number of Zairean refugees is now estimated to be almost 13,000. Their nutritional status is believed to be adequate [UNHCR 09/12/94].

Overall, despite the continuing influx of Sudanese refugees, the situation in the camps appears to be under control so that these refugees are not currently considered to be at heightened nutritional risk (category IIc in Table 1).

How could external agencies help? The situation for the majority of refugees is adequate. However, extremely high levels of malaria and occasional reports of measles indicate a possible need to review both additional malaria control measures that could be taken in the vicinity of camps and measles immunisation rates, especially given the continuous influx of new arrivals from Southern Sudan.

11. Shaba/Kasai Regions, Zaire

(see Map 11)

We have no new information on the almost 600,000 people who have been displaced by ethnic violence which erupted in Shaba region in 1992. The previous RNIS report indicated a generally improved, but

nonetheless precarious, nutritional situation for the large majority of this displaced population.

12. Ghana, Togo, Benin Region

(see Map 12)

The Togolese refugee crisis began almost two years ago in January 1993. At the peak of the exodus, approximately 300,000 refugees were registered, some 150,000 in each of the two main asylum countries, Ghana and Benin. As a result of spontaneous repatriation since then, there are currently only 115,000 refugees in Ghana comprised of 14,000 Liberians and 99,000 Togolese and there are 50,000 Togolese refugees in Benin [UNHCR 20/11/94, WFP 16/02/95].

Signs that the political situation in Togo is returning to normal are giving rise to hopes that organised repatriation can begin in earnest soon. For example, the Togo/Ghana border is open again after being closed for almost one year. This hope is given added urgency by the fact that the presence of the refugee population has created serious hardship for the local host populations and is exerting enormous pressures on already over-burdened social and administrative infrastructures in both host countries [UNHCR 20/11/94].

There is little information on the nutritional situation of these refugee populations although there have been reports of severely delayed general ration distributions. In the Atlantic region of Benin (23,280 refugees), the November general ration distribution only took place in mid December while in the departments of Mono and Zou, refugees had reportedly still not received their October 1994 ration in January 1995 [UNHCR 18/01/95].

There are approximately 180,000 people in Northern Ghana displaced by ethnic violence which broke out in February 1994. Although WFP and UNHCR are providing aid to this population, there is currently some concern over the lack of agency presence to assist with rehabilitation programmes for this internally displaced population [UNHCR 20/11/94, WFP 16/02/95].

Overall, most recent information is that the nutritional status of these populations is adequate (category IIc in Table 1) with the exception of the 23,000 refugees in Benin who are not receiving regular rations. This group could be considered to be at moderate nutritional risk (category IIb in Table 1).

How could external agencies help? The recent erratic delivery of general rations to Togolese refugees in Benin suggests a need to evaluate the constraints which are currently affecting this programme. Furthermore, there is a need to establish nutritional monitoring of this population in order to determine whether erratic general ration deliveries are having an adverse nutritional impact.

In Northern Ghana there is a need for greater agency presence to assist in the rehabilitation programmes for this internally displaced population.

13. Central African Republic

(see Map 13)

The Chadian refugee population in the CAR had increased slightly to 13,300 by the end of November 1994. There are some indications that these refugees migrate to CAR for the harvest of cotton and other crops. Problems with the distribution of the general ration reported in the previous RNIS report have continued. The November distribution took place three weeks late and supplied a ration with no beans and only half the cereal entitlement [UNHCR-a Nov 94, WFP 16/02/95].

The number of assisted Sudanese refugees remains at 25,500 people. A measles outbreak was reported among this refugee population in late November and resulted in 29 deaths. Necessary medication was flown in and as of mid-December 1994, the epidemic was reportedly under control. There are also reported water supply problems for this population which are apparently having an adverse impact on hygiene and health. The problems are caused by a lack of material for well construction [UNHCR-a Nov 94, UNHCR 07/12/94].

Overall, the Chadian and Sudanese refugee populations may be said to be at moderate nutritional risk (category IIb in Table 1) due to erratic and incomplete general ration distributions in the former case and the

measles outbreak in the latter case.

How could external agencies help? While problems with general ration distributions persist there is a need to establish nutritional monitoring to determine any resulting adverse impact. Also, following the recent measles outbreak, vaccination coverage must be re-assessed and further immunisations instigated, if appropriate.

14. Zaire (Refugees)

(see Map 11)

The number of assisted refugees in Zaire is now approximately 104,700 people, excluding the Burundi and Rwandan refugees who are discussed in section #15 below. This total is comprised of 41,000 Angolan refugees, 62,000 Sudanese refugees, and 1,700 Ugandan refugees [UNHCR-a 09/12/94].

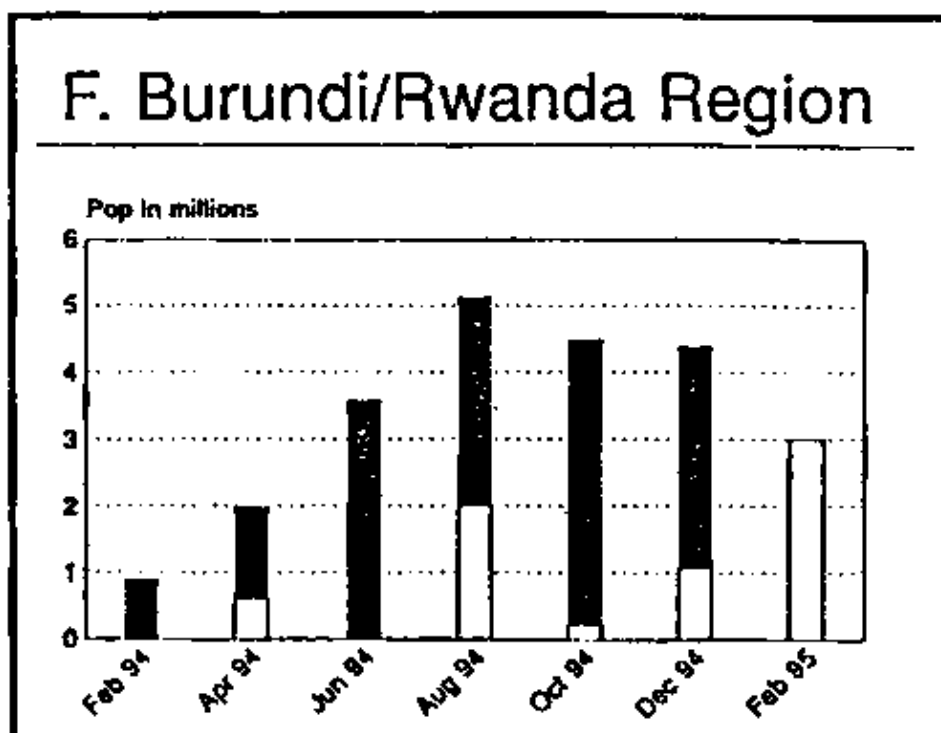
It is thought that the signing of the Angolan peace accord could lead to large-scale repatriation of the Angolan refugee population. However, there continues to be a steady stream of arrivals from Sudan to Zaire, although repatriation to Uganda is continuing [UNHCR-a 09/12/94].

There is no current information available on the nutritional status of these refugee populations, although it is thought to be adequate (category 1Ic in Table 1).

15. Burundi/Rwanda Situation

(See Map 15 and Figure 3F)

The number of people estimated to require emergency assistance as a result of the regional crisis has decreased since last December to approximately three million people. This is due to a number of factors including relatively good harvests in Burundi and Rwanda and the return of many internally displaced to their homes, as well as re-registration exercises undertaken in the refugee camps in Tanzania and Zaire. Population estimates over time are summarised below.



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

	Feb 94	April 94	June 94	Aug 94	Oct 94	Oct 94	Feb 95
Burundi	282,000	536,000	1,000,000	1,230,000	770,000	1,200,000	740,000
Rwanda	272,300	250,000	2,060,000	2,040,000	2,500,000	1,860,000	335,000
Tanzania	300,000	60,000	410,000	353,000	556,000	607,000	630,000
Zaire	60,000	60,000	113,000	1,500,000	1,240,000	1,506,000	1,290,000
Uganda	–	–	10,000	10,000	10,000	4,000	5,000
TOTAL	914,300	906,000	3,593,000	5,133,000	5,076,000	5,177,000	3,000,000

There has been a notable increase in the frequency and severity of security incidents in the region. Banditry, armed robbery and threatened hostage taking have been reported in Burundi and in the camps in Zaire, while the security situation in the Tanzanian camps has been described as tense. In contrast, conditions appear calmer in Rwanda where resettlement of the displaced population and subsequent closure of camps is proceeding.

Available nutritional survey data from the refugee camps in Tanzania and Zaire and the camps for the internally displaced in Rwanda show very low levels of wasting. However, since early January 1995, WFP has been warning of a serious food availability crisis which will hit the entire sub-region in March 1995 unless action is urgently taken by the donor community. In recent weeks, WFP have been forced to take emergency measures in order to continue to supply food, using loans, cash resources and scarce International Emergency Food Reserves. However, these actions will only meet the most immediate needs for the next eight weeks and will have a major effect on WFP's capacity to respond to emergency needs elsewhere in the world this year. In view of this critical situation, donors are being urged to make provision of cash resources, for procurement of commodities on regional and international markets, an immediate priority. Cash contributions for non-food requirements, such as agency operating costs, are also urgently needed.

Burundi Current estimates are that there are 740,000 people in Burundi needing food assistance. This number includes 521,000 internally displaced Burundis and 219,000 Rwandan refugees. The January 1995 harvest (there are three main harvest seasons in Burundi) was predicted to be far better than the equivalent harvest last year but still some 10% lower than the 1993 harvest. Nevertheless the overall food supply situation remains extremely restricted with wide provincial variations. The most precarious food security is to be found in the Northern provinces of Kayanza, Ngozi, Muyinga and Kirundo, and Karusi province in the centre of the country. These provinces, where most of the internally displaced population and all of the Rwandan refugees are located, are still affected by frequent ethnic clashes. The food situation in these provinces is extremely precarious because of limited food supplies, looting and theft of crops and the virtual non-existence of farm stocks [FAO 16/12/94, WFP 08/01/95].

Violent incidents including threatened hostage taking and looting of warehouses have repeatedly been reported throughout December and January in the Northern provinces of Kirundo, Ngozi, Muyinga and in Karusi province in Central Burundi. There have also been violent outbreaks in rural Bujumbura in early January. In several cases this has led to temporary suspension of food aid assistance and evacuation of international agency staff. Furthermore, private companies have reportedly been reluctant to move food for the humanitarian operations in the North due to frequent incidents of banditry and looting. By the end of January, security had deteriorated to the point where WFP had requested army escorts to deliver food in the northern province of Muyinga [WFP 08/01/95, WFP 27/01/95, WFP 03/02/95].

There is currently very little movement of Rwandan refugees in and out of the country, although 6,000 refugees were transferred from Cibitoke to Muyinga in January. In Bubanza and Cibitoke, return packages are being given to internally displaced people with plans to extend this programme into the province of Rutana. Currently, the general ration for the internally displaced does not include oil due to limited supply in country. Furthermore, low stocks of beans due to low quantities in the pipeline and border problems may hinder the return package operation planned in February for up to 122,000 beneficiaries.

Although no quantitative survey data are currently available, reports indicate an acceptable nutritional situation among the displaced in Cibitoke and Ruyigi, although the health status among the displaced in Ngozi is said to be poor with little NGO presence in the area [WFP 20/1/95, WFP 27/01/95, WFP 03/01/95].

Surveys among the Rwandan refugees also indicate low levels of malnutrition. As a result some NGOs have terminated refugee therapeutic feeding programmes [WFP 10/02/95]. Earlier reports on the internally

displaced in Ngozi and Kayanza province in October and November 1994 indicate very low general ration receipts, high levels of default at selective feeding centres due to insecurity, and high levels of re-admission (almost 20%) due to the inadequate general ration [MSF-B Oct 94, MSF-B Nov 94].

Rwanda The overall security situation in the northern part of the country appears to be calm, but the situation in the south has been far less stable with a number of incidents involving ex-government forces crossing over the border. There have also been security incidents involving returnees at waystations dissatisfied with their allocated ration. There are reports that some internally displaced in Gikongoro are unwilling to return home due to the perceived threat of insecurity in their home area. Nevertheless, relocation of the internally displaced from camps in Rwanda (Operation Retour) is continuing and it is hoped that all the internally displaced people in camps will be relocated and camps closed by the end of February 1995. Over 37,000 displaced people had been returned to their communes of origin by mid-February 1995. The numbers of Rwandan refugees repatriating from Goma, Zaire is reportedly increasing, with as many as 1,000 returnees a day entering Rwanda since 10 February. However, repatriation of refugees from Tanzania continues at a slow pace [DHA 20/02/95, WFP 13/01/95, WFP 20/01/95, WFP 27/01/95, WFP 03/02/95].

Many of Rwanda's internally displaced are in the prefecture of Gikongoro. In December 1994 a nutritional survey in the displaced camp of Ndago (estimated population 45,000) found 11.3 % wasting with 1.9% severe wasting (see Annex 1 (15a)). These levels of wasting are high for Rwanda and may partly reflect the fact that almost 10% of the camp population claimed not to be receiving a general ration in spite of efforts to improve the food distribution system. Measles immunisation coverage was 94% [AICF 06/12/94]. These figures compare less favourably with a nutritional survey of children under five years of age conducted in Kaduha commune, Gikongoro, in November 1994, which found only 4.7% levels of wasting with 0.5% severe wasting. Measles immunisation coverage was estimated to be between 85%–95% (see Annex 1 (15b)) [MSF-F 03/11/94].

Due to limited areas planted and a lack of agricultural inputs, a recent FAO crop assessment mission predicted that the aggregate production of food crops for the first 1995 agricultural season would only be about one half of the equivalent season in 1990 (the most recent normal year). The mission concluded that large quantities of relief food would therefore be required in 1995 for Rwanda's estimated 5.6 million population.

Tanzania The total refugee population in Tanzania at the end of January was 632,500. Refugees continue to arrive at a rate of 2,000–3,500 per week. These new arrivals are mainly from Burundi although some are still coming from Rwanda [WFP 27/01/95].

A cholera outbreak was reported in Ngara in December and by mid-January the number of cases was still increasing. Although this is a controlled outbreak, deaths are occurring. These are said to be occurring mainly at night when expatriate staff cannot be present due to poor security [MSF-H 12/01/95]. Water availability in the camps has continually been poor and is still only six litres/person/day after eight months of this refugee programme. Benako lake is currently dry [WFP 20/01/95]. Crude mortality rates in the Ngara camps at the end of December were between 0.33–0.89/10,000/day (normal to 3x normal) and the under-five mortality rate was between 0.43–1.03/10,000/day. The mortality rates do not appear to be increasing due to the cholera outbreak [MSF-H 17/01/95].

Food basket monitoring was carried out in December in Musuhura camp (estimated population at the time 55,000). The average ration distributed was 1,755 kcals/person/day. The minimum ration was 1,430 kcals/person/day and the maximum was 2,100 kcals/person/day [MSF-H 19/01/95]. By the end of January, it was reported that food distribution was going well and there was a distribution of a full food basket [WFP 27/01/95].

At the end of January 1995, security incidents were reported involving threats made against international agency staff as warnings against any attempt to arrest and prosecute alleged war criminals. All camps in Ngara and Karagwe districts were placed on alert following these incidents.

There is continued concern about the environmental impact of the fuel wood consumption needs of the camps. An estimated 1,200 mt of fuel wood are being consumed daily and relations between refugees and local residents in Kagenyi I and II camps are reported to be worsening with threats to interrupt food supplies and chase refugees collecting firewood [WFP 27/01/95, WFP 03/02/95].

Goma, Zaire The first phase of a registration exercise has now ended having identified 726,000 refugees. Voluntary repatriation is continuing slowly with a total of 239,000 refugees being repatriated since August

1994. There were serious disruptions to refugee food supplies in the Goma camps in late December and early January due mainly to closure of the border with Rwanda as well as over-lengthy customs clearance procedures. Closure of the border, which prevented all cross-border food deliveries, was due to the holidays as well as introduction of a new currency in Rwanda. Camps stocks were therefore totally depleted and rations had to be cut. By the end of January, the border was again open although custom formalities were still causing delays in food deliveries [WFP 08/01/95, WFP 13/01/95, WFP 20/01/95, WFP 27/01/95].

Nutritional surveys in December generally show a vastly improved situation in the camps. In *Kahindo* camp wasting was measured at 3.8% with 0.9% severe wasting (see Annex 1 (15c)). The camp supplementary feeding programme was terminated as a result of these low levels of wasting [MSF-B 19/01/95]. A survey in *Kibumba* camp (estimated population 180,000) at the end of December showed 2.2% wasting with 0.9% severe wasting (see Annex 1 (15d)). These results demonstrate a downward trend in rates of wasting – in August 1994 wasting rates were measured at 20.2% and in October only 6.4%. In the most recent survey, measles immunisation coverage was 90%. These latter results are particularly re-assuring given the fact that general ration receipts in Kibumba were on average little more than 1,500 kcals/caput/day during the month of December [MSF-B 31/12/94]. However, security problems are reportedly frequent, and Zairean troops are now deployed in the camp [WFP 17/01/95].

A survey conducted in *Katale* camp (estimated population 150–200,000) in December recorded 7.8% wasting with 5.3% severe wasting (see Annex 1 (15e)) and only 65% measles immunisation coverage. Crude mortality rates were measured at between 0.32–0.43/10,000/day, depending on assumed population size. Although these figures represent a somewhat worse situation than those found in Kahindo and Kibumba camps, they do reflect improvement since the previous survey in October 1994 when rates of wasting were measured at 10.4% with 5.8% severe wasting [MSF-H 07/02/95].

In contrast to these camps, a survey in *Kituku* camp (estimated population 20,000) in December recorded 27.6% wasting with 20.6% severe wasting. Many malnourished adults were also reportedly being seen at feeding centres. The stark difference with the situation in the other camps prompted questions about the validity of the findings so that a repeat survey was under-taken in mid-January 1995. This subsequent survey only found 12.4% levels of wasting with 7.8% severe wasting (see Annex 1 (15f)). The improved results were believed to reflect better diagnosis of oedema by the survey team and a real improvement in the camp's health and nutritional status due to the opening of a feeding centre and the onset of the dry season [MSF-H 07/02/95].

Bukavu, Zaire Current estimates are that there are 348,000 refugees in Bukavu. A census is being planned and it is expected that the new figure will be about 20% less than current estimates. A recent pre-census registration at the sites of Kashusha and Birava reduced the number of beneficiaries by 15% and 18% respectively [WFP 08/01/95, WFP 10/02/95]

By the end of December, the security situation in Bukavu had deteriorated to the point where relief activities were suspended each evening at 1800 hours. Incidents of looting and robbery were being reported virtually every week with a number of NGOs forced to evacuate staff for their own safety. A contingent of 1,500 Zairean soldiers is expected to be placed in the camps to restore security [WFP 13/01/95, WFP 20/01/95, WFP 27/01/95, WFP 03/02/95].

As in Goma, the border was closed following introduction of the new currency in Rwanda, stopping relief supplies in early January. When the border re-opened, transportation delays were experienced leading to the partial depletion of stocks in Bukavu. As a result, rations had to be cut to 950 kcals/person/day, which is less than half the theoretical ration. Loans for commodities in short supply were obtained in early February [Oxfam 07/02/95, WFP 27/01/95, WFP 03/02/95].

Surveys conducted at the end of December and the beginning of January showed levels of wasting ranging from 0.4% to 4.3% and severe wasting from 0 to 0.7% (see Annex 1 (15g)) [UNHCR 05/01/95]. These very low levels of wasting are believed to reflect the fact that many of the refugees have been receiving double rations as lack of a proper census has led to an over-supply of food to the camps. Also, many refugees reached this part of Zaire with some resources of their own. However, nutritional status can be expected to deteriorate if the food supply situation doesn't improve soon.

Uvira and Kamanyola, Zaire A recent assessment in early January resulted in a reduction in the estimated number of beneficiaries in the Uvira area from 370,000 to 216,000. Due the influx of 7,000 Rwandans from South West Rwanda at the end of the month, the total figure is now 224,000 refugees. Contention over the census has led to road blocks with some NGO personnel being temporarily taken hostage. A restructuring of

the zones in the Uvira region is taking place to reduce the number of camps from 27 to 11 [WFP 08/01/95, WFP 27/01/95, WFP 03/02/95].

Uganda There are approximately 5,000 Rwandan refugees in Uganda, although there are recent reports of two way movement between Tanzania and Uganda making precise estimates of numbers uncertain [UNHCR 31/01/95, WFP 13/01/95].

Overall, the population affected in the region can be considered to be at moderate risk (category IIb in Table 1) with the exception of the population in Uganda who are not currently reported to be at heightened nutritional risk (category IIc in Table 1). It should be noted that this situation is currently faced with serious problems (i.e. increasing insecurity, gaps in the food pipeline) that could lead to a rapid change in the nutritional status of this population.

How could external agencies help? The most urgent priority is for donors to provide cash for local and regional purchases of foods for the region. Without this it can be expected that the substantial gains recently made in the nutritional condition of refugees and the internally displaced will be rapidly reversed. In Tanzania, water supplies to the camps have been very poor since the inception of the programme in June 1994. This needs to be urgently remedied especially as poor water supplies may have had some role in the recent cholera outbreak in Benaco. Requirements for fuel must also be addressed by relief agencies working with refugees in Tanzania as the impact of refugee fuel use is creating extreme demands on the host population. In Rwanda, where "Operation Retour" is proceeding rapidly, the need to ensure an adequate general ration for all those eligible in camps for the internally displaced must not be over-looked. Current reports indicate that up to 10% of camp populations may not receive a general ration.

16. Mauritania/Senegal

(see Map 16)

It was hoped that conditions for repatriation for most of the 52,000 Mauritanian refugees in Senegal would be established in 1994. However, this has not yet been achieved and this population will receive a final phase of food assistance [UNHCR 30/01/95, WFP 16/02/95].

17. Djibouti

(see Map 17)

There are no reports of any change in the nutritional or health situation of the Somali and Ethiopian refugees in Djibouti. However, there has been continued repatriation of Ethiopian refugees since September 1994 so that the overall refugee population in Djibouti may now be well under 30,000 [UNHCR Nov 1994].

18. Zambia

(see Map 18)

There are no reports of change in the situation of approximately 12,700 Angolan and Zairean refugees in Zambia, although the current drought affecting much of Southern Africa may create tensions between allocation of scarce government resources to the existing refugee population and drought affected populations [WFP 16/02/95].

CURRENT SITUATION (Asia – Selected Situations)

As of end-1993, over half the estimated 5.2 million refugees in Asia were Afghans in Pakistan (1.4 million) and in Iran (1.3 million). There are reported to be 650,000 Iraqis in Iran. Other large groups are refugees from Myanmar in Bangladesh (100,000), Vietnamese in China (290,000), Sri Lankans in India (115,000), as well as

considerable numbers from the conflicts in Cambodia, Laos and Vietnam, in other countries (data from UNHCR, Statistical Overview, 1994).

No comprehensive data are available on the numbers of internally displaced populations in Asia. The numbers are certainly in the millions. Figures of 600,000 Afghans internally displaced are quoted, and over one million each in Iran and Pakistan.

In this section of the report, we start by including available information on the relatively small populations of Bhutanese refugees in Nepal and refugees from Myanmar in Bangladesh because of previous reports of micronutrient deficiencies. As in the past, we also include information on Southern Iraqi refugees in Iran. The current situation for the Afghan refugees/displaced populations, the largest single group in Asia with approximately three million affected people, is also described below.

19. Bhutanese Refugees in Nepal

The situation for the Bhutanese refugees in Nepal is stable and well-controlled. The number of refugees rose slightly in December and is now just over 85,000. There are currently no plans for repatriation [IFRC 1994, UNHCR 19/01/94].

Due to a miscommunication, the last RNIS report indicated an outbreak of plague in the camps which in fact never occurred. Rather than an outbreak, plague prevention training took place [SCF, UNHCR pers.comm.].

Overall, with the improved food basket available, it can be assumed that the incidence of micronutrient deficiencies, reported on in previous RNIS bulletins, is continuing to decline and that this population is not currently at heightened nutritional risk (category IIc in Table 1).

20. Refugees from Rakhine State, Myanmar in Bangladesh

Repatriation to Myanmar is continuing for the refugees in Cox's Bazaar, Bangladesh. During January over 19,000 refugees repatriated leaving just below 100,000 refugees in remaining camps. As a result of repatriation many camps are being closed [UNHCR 07/01/95].

Information on the remaining refugees in Bangladesh indicate a stable and satisfactory situation (category IIc in Table 1). The crude mortality rate in December was 0.02/10,000/day and the under five mortality rate was 0.04/10,000/day which are both very low. Approximately 13% of children are registered in supplementary and therapeutic feeding facilities [UNHCR 7/01/95].

21. Southern Iraq

Reports indicate that the situation for the Marshland Arabs in Southern Iraq (approximately 220,000 people) continues to deteriorate. The drainage programme carried out by government of Iraq forces, limited access to government food rations, increased control of the marshes restricting population movements and aerial bombardment and artillery shelling all conspire to push this population out of the marshes and seek refugee status in neighbouring Iran. However, there are no current nutrition or health survey data to indicate the extent of the suffering of the population remaining in the marshes. More information is however available on those who have managed to cross the border into Iran.

It is estimated that over 12,000 people have crossed the border to Iran at Himmet since June 1993. In Iran, these refugees are housed in three different camps. It is currently estimated that there are a further 4,100 refugees at Himmet, a small and narrow dirt road linking the marshes of Southern Iraq with Iran. In mid-January, assistance in the form of blankets and plastic sheeting was delivered to the refugees in Himmet [AMAR Appeal 23/01/95, UNHCR 13/01/95].

22. Afghanistan Region

The situation for the majority of the approximately 3.1 million people in the region affected by the continuing civil war in Afghanistan remains largely unchanged since the previous RNIS report, but if a UN sponsored transfer of power succeeds it is hoped the situation will improve. However, there appears to have been some deterioration in nutritional status of the large displaced population in northern Kabul in the latter part of 1994, while the nutritional situation of the displaced population in camps in Jalalabad appears to have improved significantly.

Displaced in Kabul There are approximately 600–700,000 people living in Kabul. An estimated 400,000 have been displaced by the continuing civil war. The majority of this displaced population live in private buildings for which they pay rent while an estimated 20,000 live in public buildings. In the Southern mainly rural districts of Kabul, nearly 60% of the population appear to be refugee returnees from Pakistan while 25% of the population are internally displaced. In the northern part approximately two thirds of the population are internally displaced [ICRC 01/01/95].

The city of Kabul is effectively divided into two parts with the six northern rural districts controlled by government while the southern rural districts are held and controlled by the Herb-i-Islami. Except for some locally grown fruits and vegetables, all foods sold on the northern markets have been purchased on the Herb-i-Islami controlled markets in the south and transported to the north by thousands of Kabulis crossing the front line daily. Food has therefore been reaching the northern part of the city in spite of the year old blockade. However, this has inevitably meant more expensive foods in the north [ICRC 01/01/95].

In general, prices of food and other essentials have doubled and in some cases tripled over the past twelve months. This inflation has succeeded abandonment of the “limits coupons”, which provided the entire population with non-food items at subsidized prices, closure of the government shops in 1992, which provided subsidised foods to specific target groups, and most importantly, removal of subsidies for government bakeries in 1992 making the flat bread “nan” the most expensive staple rather than the cheapest [ICRC 01/01/95].

Periodic surveys have strongly suggested that the nutritional status of the displaced population of northern Kabul has deteriorated with the trend continuing in the last half of 1994. The most recent survey shows that the proportion of cases of moderate wasting has risen since the previous survey in April 1994 with 40% wasting among the displaced and 35% among residents (see Annex 1 (22a)). This deterioration is believed to reflect greater food scarcity with over 75% of the population without food stores and reliant on daily food purchases. The increasing cost of nan (consumed daily) is known to be very problematic [ICRC 01/01/95].

The last week of 1994 heralded signs of potential improvement in the food security situation for northern Kabul with the announcement that the northern population would be granted free access to three large food markets in the south [ICRC 01/01/95].

The food security and nutritional situation in the south is reportedly better than in the north with only 28% levels of wasting (see Annex 1 (22b)) and the majority of the population having food stores. Furthermore, there is less reliance on the markets as nan is often made at home. However, child mortality rates in southern Kabul appears far higher with major causes of death due to measles, dysentery and dehydration [ICRC 01/01/95].

Displaced in Jalalabad Fighting in Kabul has displaced large numbers of people many of whom have fled towards Jalalabad. Most of the displaced population have settled in Sharashahi and Hadda camps.

Information from Sharashahi camp in November showed 6.2% wasting with 1.4% severe wasting (see Annex 1 (22c)). The crude mortality rate was less than 0.5/10,000/day and the under-five mortality rate was less than 1/10,000/day. These indicators are satisfactory and are an improvement over the 18.6% wasting measured in August 1994. There was also a marked decrease reported in the incidence of diarrhoea which has in the past been exacerbated by over-crowding in the camp. Food basket monitoring showed that there had recently been no sugar or beans distributed in the general ration and that rice was heavily insect infested. Furthermore, there had been no fuel distribution even though winter was approaching [MSF-H 24/01/95].

A screening conducted in Hadda camp in November recorded 11.7% wasting with 2.9% severe wasting (see Annex 1 (22d)). A subsequent nutritional survey in December found overall wasting levels of 6.2% with 1.0% severe wasting (see Annex 1 (22e)). However, measles immunisation coverage was only 34.7% [MSF-H 24/01/95].

Kamaz Camp for the Displaced There are approximately 2,500 families displaced from Kabul who are currently living in Kamaz camp in northern Afghanistan near the border with Tajikistan and Uzbekistan. The camp was originally set up in 1993, but received a further influx of displaced people when renewed fighting broke out in Kabul at the beginning of 1994. A nutritional survey carried out in September 1994 found 8.3% wasting with 2.2.% severe wasting (see Annex 1 (22f)). Measles immunisation coverage was 77.4% [UNICEF/MSF-B 11/09/94].

Refugees in Pakistan There are no reports of any change the satisfactory nutritional situation of approximately 1.4 million Afghan refugees in Pakistan reported in the previous RNIS report.

Refugees in Iran There are no reports of change in the satisfactory nutritional situation of approximately 1.3 million Afghan refugees in Iran reported in the previous RNIS report.

Overall, the displaced population in Kabul can be considered to be at high risk (category I in Table 1) with high levels of wasting and limited food security, while the population in Sharashahi and Hadda camps in Jalalabad can be considered to be at moderate risk (category IIa in Table 1) due to erratic general ration distributions in the former and low levels of measles immunisation coverage in the latter. The remainder of the population affected by the Afghan civil war cannot be said to be at heightened nutritional risk (category IIc in Table 1).

How could external agencies help? Increasingly high levels of wasting in Kabul, especially in the northern part of the city, indicate the need to bolster up food security of the internally displaced. The most convenient method of doing this may be to support bakeries thereby effectively subsidising the prices of “nan” for the whole population. Other measures to improve food security might also be considered such as establishing food for work schemes. In Southern Kabul, there appears to be a need for increased support for medical facilities to reduce high rates of child mortality. Measles vaccination programmes are a priority in Southern Kabul and also in Hadda displaced persons camp in Jalalabad. In Sharashahi displaced persons camp in Jalalabad, there is a need for improved deliveries of the general ration and for supplies of fuel.

List of Sources

Listing of Sources for February 1995 RNIS Report

Org*	Date	Title of Report
AICF	Nov. 94	Nutritional Survey Mogale South Sudan
AICF	06/12/94	Enquete Nutritionelle Anthropometrique Camps de Deplaces de NGago
AMAR Appeal	23/01/95	Update on Marsh Arabs
CAMA	21/12/94	Interim Report – Food Assistance to Refugees In Guinea
CONCERN/MSF-H	Dec. 94	Nutrition and Mortality Report for Malange
DHA	Dec. 94	Consolidated Appeal for Sudan
DHA	20/02/95	Update on Rwanda
DHA-a	Dec.94	Consolidated Appeal for Angola
FAO	06/12/94	Special Alert No 261 County Southern Africa
FAO	09/12/94	FAO/WFP Crop and Food Supply Assessment Mission to Somalia
FAO	16/21/94	FAO Crop Assessment Mission to Burundi December 1994
FAO	22/12/94	FAO/WFP Crop and Food Supply Assessment Mission to Sudan
FAO	29/12/94	FAO Crop Assessment Mission to Rwanda December 1994
ICRC	01/01/95	Follow-up To Nutritional Survey of Displaced and Resident populations in Kabul

IFRC	18/01/95	Report on Mozambique
IFRC		Summary Report – Nepal 1994
MSF–B	Oct. 94	Monthly Report – Burundi (Oct)
MSF–B	Nov. 94	Monthly Report – Burundi (Nov)
MSF–B	19/01/95	Nutritional Survey in Kahindo Camp (Goma)
MSF–B	31/12/94	Resultats de l'Enquete Nutritionelle Camp de Kibumba
MSF–CIS	Oct. 94	Update on Mozambique
MSF–CIS	Aug/Sep 94	Information for the Months of August and September (Mozambique)
MSF–F	03/11/94	Resume des Resultats de l'Enquete de Kaduha
MSF–H	03/10/94	Nutritional Survey Information (Somokai. Payneville. LIBERAI)
MSF–H	Dec. 94	Nutrition Information for Koboko Camps – Dec 94
MSF–H	12/01/95	Rwandan Refugee Camps. Tanzania Cholera Epidemic
MSF–H	07/02/95	Update from Katale and Kitiku (Goma)
MSF–H	17/01/95	NGara Medical Update 5th Dec 94 – 1st Jan 95
MSF–H	21/01/95	Update from Katale and Kitiku (Goma)
MSF–H	24/01/95	Update on Jalalabad
OXFAM	07/02/95	Personal communication (Bukavu)
UNHCR	Jul. 94	Nutrition Survey Results – Moyale Area
UNHCR	Aug. 94	Nutrition Survey Results – Ogaden
UNHCR	Nov. 94	Information Bulletin – Ethiopia
UNHCR	07/12/94	MBoki – Epidemie de Rougeole
UNHCR	09/12/94	Sitrep #11 1 for November 1994
UNHCR	09/12/94	Sitrep for November (Zaire)
UNHCR	12/12/94	Status of Mozambique Repatriation and Reintegration Operation
UNHCR	Jan. 95	Briefing Notes on Food Assistance to Liberian Refugees
UNHCR	05/01/95	Food Situation in Bukavu
UNHCR	07/01/95	Situation Report #48 (Bangladesh)
UNHCR	13/01/95	Press Release – Iraq
UNHCR	18/01/95	Information on Ghana/Togo
UNHCR	14/10/94	Report on Needs Assessment (Burkina Faso)
UNHCR	19/01/95	Nepal Sitrep for December 1994
UNHCR	20/11/94	Mission Report Benin. Ghana and Togo
UNHCR	27/10/94	Nutrition Survey Results – Bonga, Dimma, Fugindo
UNHCR	30/01/95	Personal communication (Liberia Region, Benin Region, Senegal)
UNHCR	31/01/95	Personal communication (Ethiopia)

UNHCR	31/12/94	Monthly Population Statistics (Kenya)
UNHCR-a	Nov. 94	Sitrep for November (CAR)
UNHCR-a	31/01/95	Personal communication (Uganda)
UNHCR-b	31/01/95	Monthly Sitrep –Kenya
UNICEF/MSF-B	11/09/94	Nutrition Survey Kamaz Camp
UNSC	06/01/95	Eighth Progress Report of the Secretary-General on the United Nations Observer Mission in Liberia
UNSC	08/02/95	Security Council Resolution on Angola
UNSC	23/12/94	Final Report of the Secretary-General on the United Nations Operation in Mozambique
USAID	30/12/94	Situation Report #1 SOMALIA – Civil Strife
WFP	08/01/95	Weekly Update
WFP	03/02/95	Weekly Update
WFP	10/02/95	Weekly Update
WFP	16/02/95	Comments faxed
WFP	17/02/95	Weekly Update
WFP	17/12/95	Weekly Update
WFP	13/01/95	Weekly Update
WFP	20/01/95	Weekly Update
WFP	27/01/95	Weekly Update
WFP	30/12/94	Weekly Update
WFP/UNHCR	05/11/94	Food Supply Mission to Sierre Leone
WV	Oct. 94	Monthly Report (Somalia)
WV	Nov. 94	Monthly Report (Somalia)
WV	07/01/95	Angola: Monthly Report – December 1994
WV	05/01/95	World Vision Sudan Program 30 Dec–5 Jan Weekly Update
*Org		
AICF	Action International Contre la Faim	
DHA	Department of Humanitarian Affairs	
FAO	Food & Agricultural Organization of the United Nations	
ICRC	International Committee of Red Cross	
IFRC	International Federation of Red Cross	
MSF-B	Medecins Sans Frontieres – Belgium	
MSF-CIS	Medecins Sans Frontieres – Celula Inter–Seccoes	
MSF-F	Medecins Sans Frontieres – France	
MSF-H	Medecins Sans Frontieres – Holland	
OXFAM		

SCF	Save the Children Fund
UCAH	United Nations Humanitarian Assistance Coordination Unit
UNHCR	United Nation's High Commission on Refugees
UNICEF	United Nation's Children Fund
UNSC	United Nations Security Council
USAID	
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision

Table 1	Information Available on Total Refugee/Displaced Populations (as of end of February 1995)
<i>I</i>	<i>Those reported on with high prevalences of malnutrition and/or micronutrient disease and sharply elevated mortality (at least 3x normal)</i>
<i>Ila</i>	<i>At high risk Limited data available, population likely to contain pockets of malnutrition</i>
<i>Ilb</i>	<i>At moderate risk, may not be data available. Population may contain pockets of malnutrition</i>
<i>Ilc</i>	<i>Probably not currently In critical situation, nor known to be at particular risk</i>
<i>III</i>	<i>Population known to exist, but condition unknown</i>

	<i>I</i>	<i>Ila</i>	<i>Ilb</i>	<i>Ilc</i>	<i>III</i>	Total	Comments	Total From December 94 Report
Sub-Saharan Africa								
<i>1. Liberta/Sierra Leone/ Guinea/Cote d'Ivoire</i>		1'000'000	898'000	1'300'000		3'198'000	There may be up to 125,000 unregistered refugees In Guinea who are at moc(...) nutritional risk.	2'988'000
<i>2. Ethiopia</i>	28'000		57'500	284'000	10'000	379'500	Increased total due largely to the influx of Somalis.	266'500
<i>3. Sudan</i>	46'000			1'154'000		1'200'000	This is revised estimate for 1994	1'700'000
<i>4. Kenya</i>				232'000		232'000	No further reports of scurvy.	255'000
<i>5. Somalia</i>			600'000			600'000		400'000
<i>6. Mozambique Region</i>				1'600'000		1'600'000	Some newly returned	1'850'000

							people vulnerable.	
7. <i>Burkina Faso</i>			14'000	6'000		20'000	Newly arrived Touaregs at moderate risk.	20'000
8. <i>Angola (id/wa)</i>				3'200'000		3'200'000	The dependance on food aid makes this population vulnerable to interruptio(...) or reductions in supply.	3'200'000
9. <i>Southern Sudan (id)</i>						0	This section is now combined with #3	2'000'000
10. <i>Uganda</i>				313'000		313'000		290'000
11. <i>Shaba, Zaire (id)</i>	127'000	266'000		200'000		593'000	No updated information currently available.	593'000
12. <i>Ghana/Togo/Benin Region</i>			23'000	320'000		343'000	There may be some additional Togolese refugees In Benin at moderate risk du(...) to erratic general ration delivery.	159'000
13. <i>Central African Republic</i>			38'800			38'800		38'500
14. <i>Zaire (r)</i>				104700		104700		102'700
15. <i>Burundi/Rwanda Region</i>			2'995'000	5'000		3'000'000	Imminent shortages of food could lead to rapid deterioration In nutritional sta(...)	5'177'000
16. <i>Mauritania/Senegal</i>				52'000		52'000	Food assistance to be phased out In light of proposed repatriation or integrat(...)	60'000
17. <i>Djibouti</i>				30'000		30'000		30'000

							This number may be too high due to recent repatriation.	
<i>18. Zambia</i>				12700		12700		36'000
Total (Sub-Saharan Africa)	201'000	1'266'000	4'626'300	8'813'400	10'000	14'916'700		19'165'700
Asia (Selected Situations)								
<i>19. Bhutanese Refugees in Nepal</i>			85'000			85'000	Assumption Is that the Improved food basket Is reducing incidence of mi(...)	85'000
<i>20. Bangladesh</i>				100'000		100'000	Repatriation for these refugees Is now underway.	190'000
<i>21. Southern Iraq</i>		200'000		22'000		222'000	Those in Marshes considered at high risk.	222'000
<i>22. Afghanistan Region</i>	400'000		180'000	2'715'000		3'295'000	Displaced In Kabul at high risk with high levels of wasting.	3'320'000

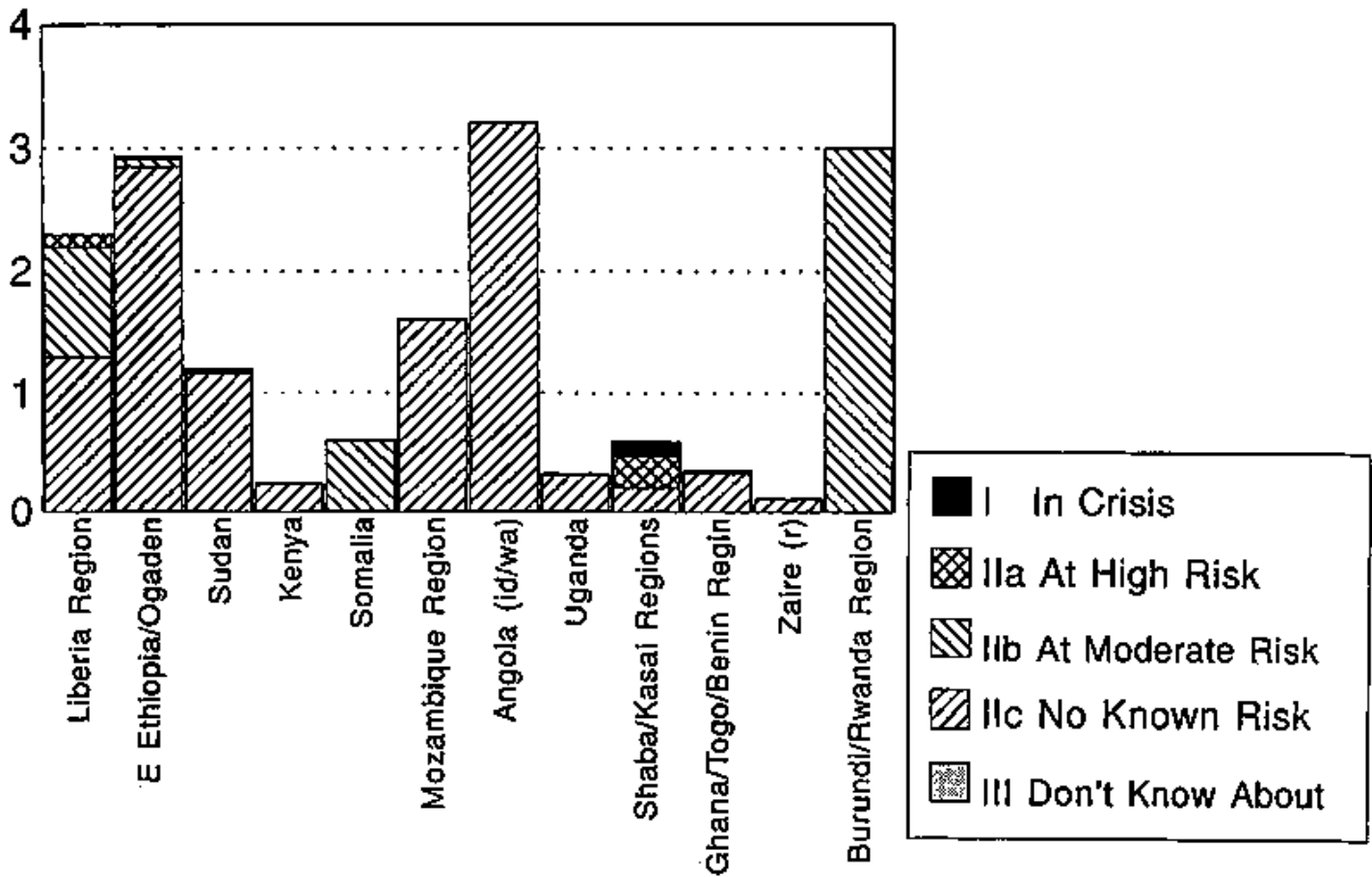


Figure 1 REFUGEE AND DISPLACED POPULATIONS Selected Areas in Africa (February 95)

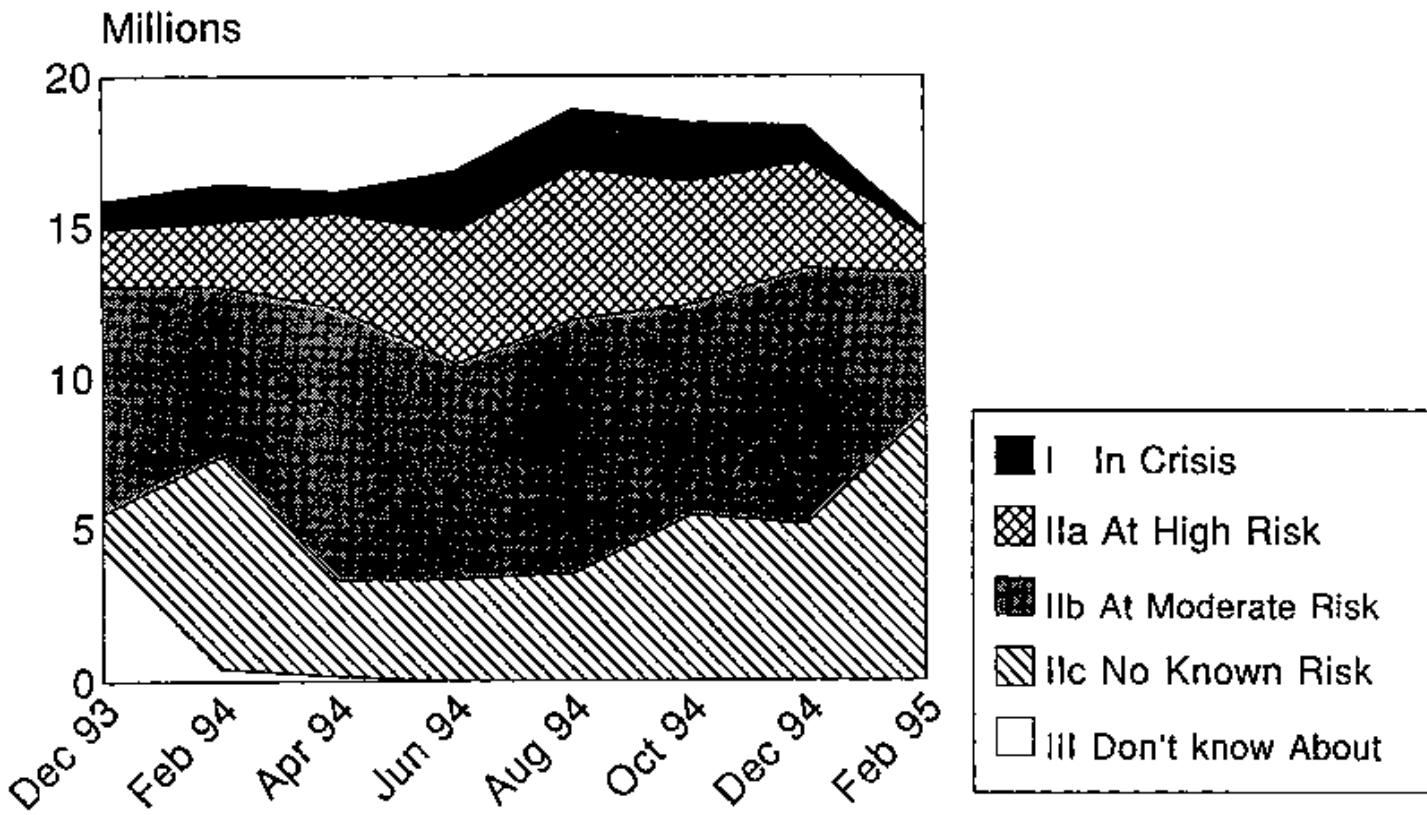
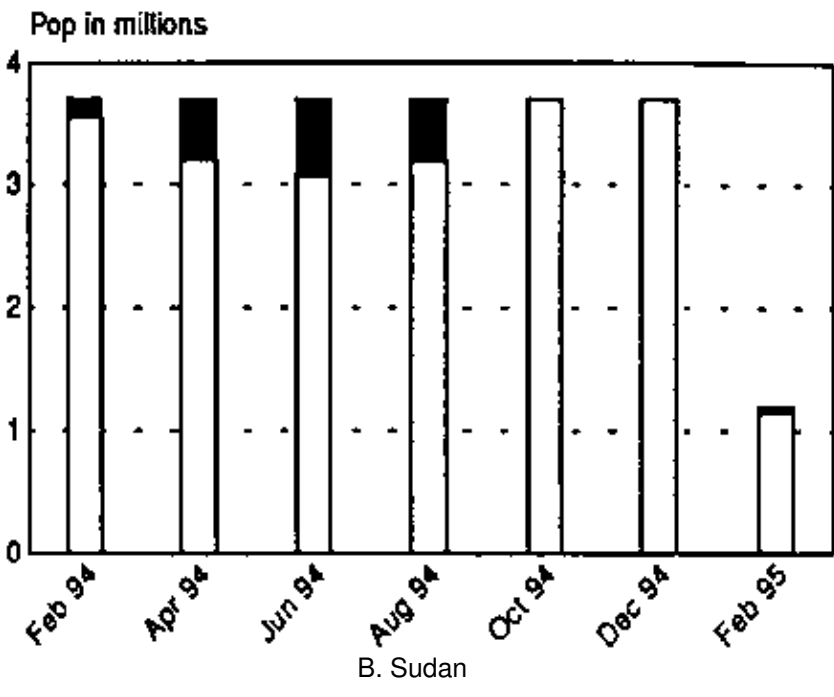
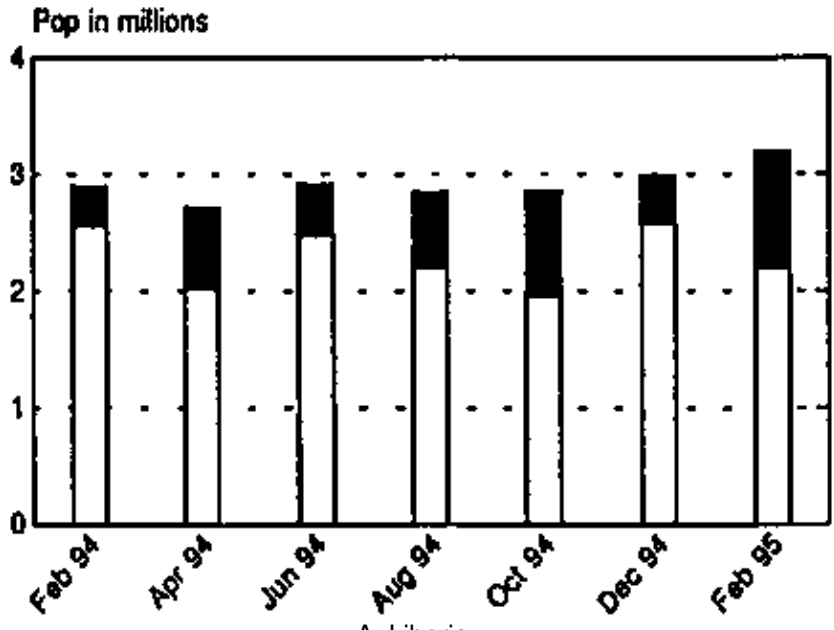
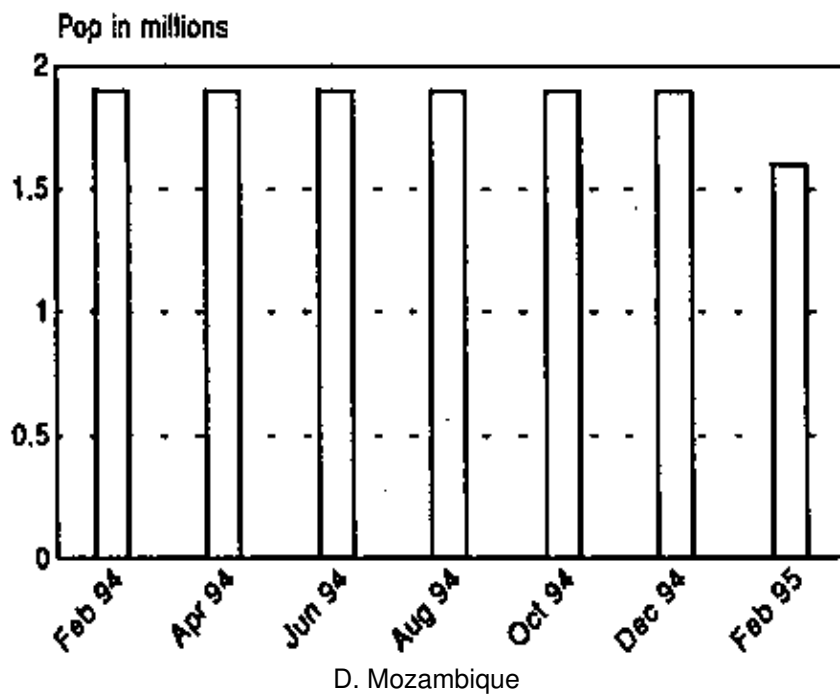
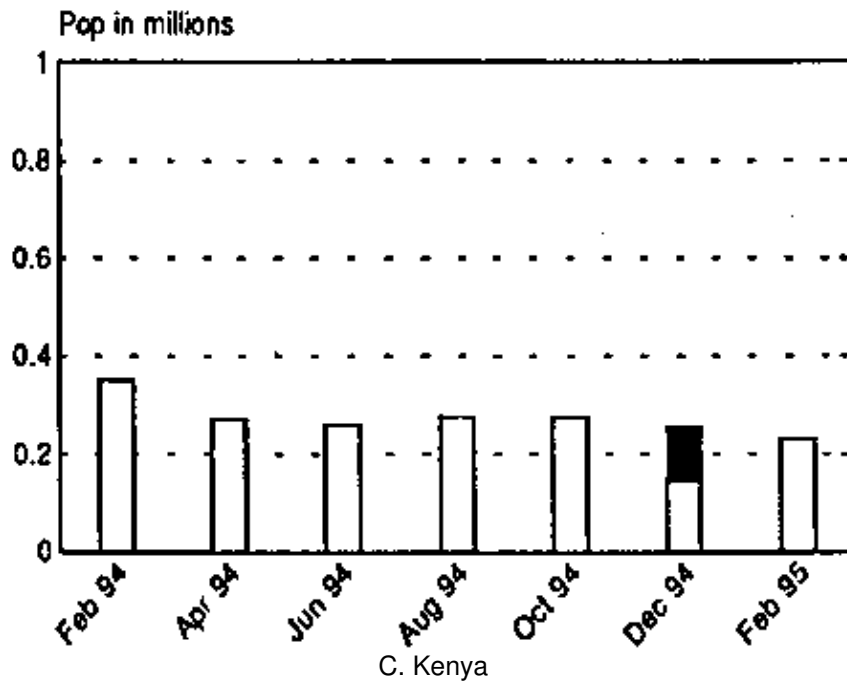
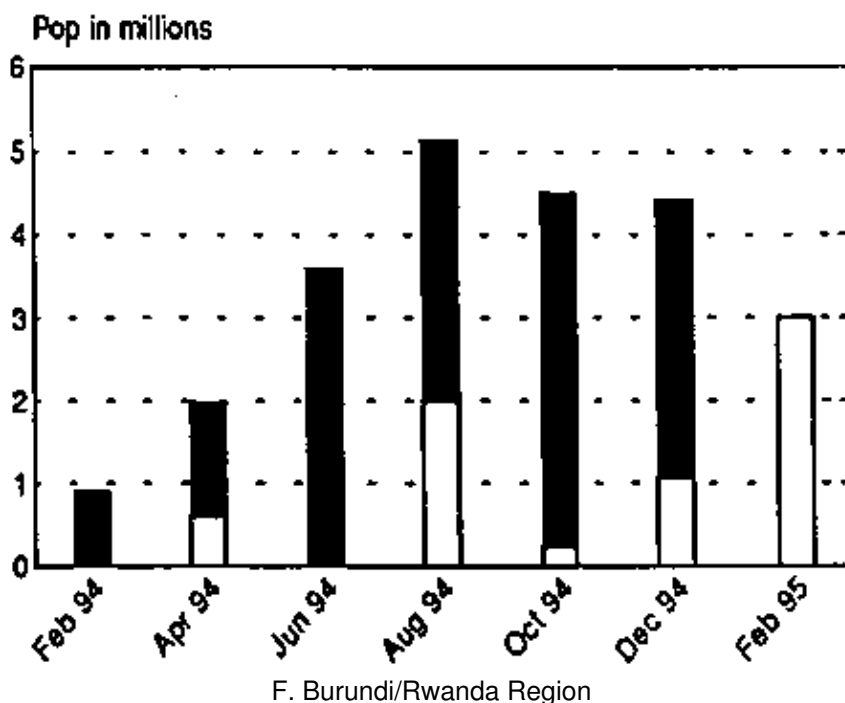
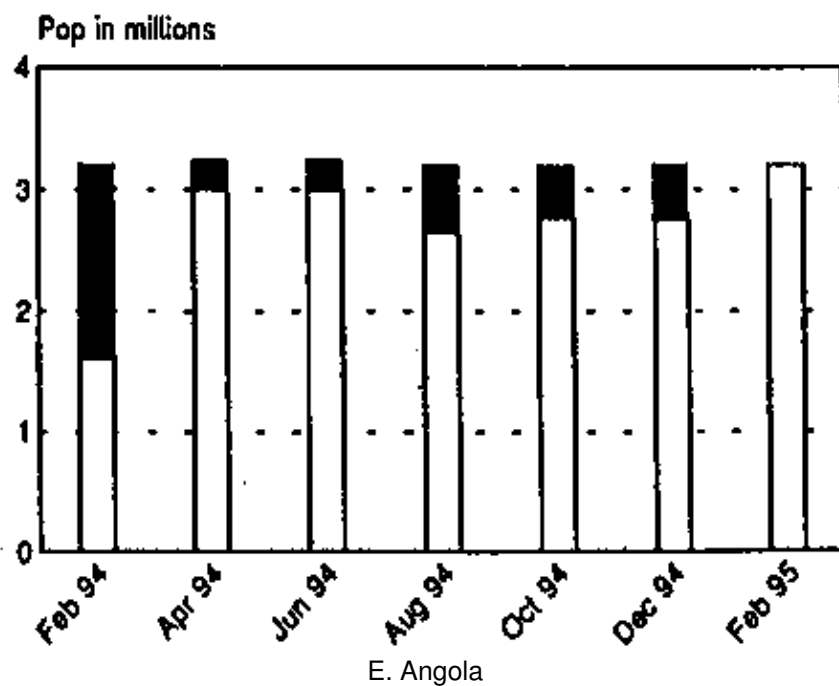


Figure 2 Trends in Total Refugee/Displaced Populations By Risk Categories – Africa: December 1993–February 1995

Figure 3 Shaded areas indicate those at heightened nutritional risk.







Annex 1 – Surveys Quoted

Results of Surveys Quoted in February 1995 RNIS Report

	<i>Survey Conducted by</i>	<i>Date</i>	<i>% Wasted*</i>	<i>% Severely Wasted*</i>	<i>Mortality (/10,000/day)</i>	<i>Other data</i>
1. Liberia						
<i>a. Samokai Town, Montserrado</i>	MSF-H	Oct. 94	7.7	2.6		General ration <1500 kcals/person/day
	MSF-H	Oct. 94	5.8	1.6		

<i>b. Paynesville. Montserrat</i>						General ration <1500 kcals/person/day
<i>c. Tabou, Cote d'Ivoire</i>	UNHCR	Jan. 95	14.8	4,5		
<i>d. Guinea</i>	UNHCR	Jan. 95		4–12%		Reported that severe wasting could be 30% among new arrivals
2. Ethiopia						
<i>a. Dimma</i>	ARRA	27/10/94	5.4 (<80% median)	5.0 (<70% median)		Situation described as satisfactory.
<i>b. Fugindo</i>	ARRA	27/10/94	15.7 (<80% median)	1.5 (<70% median)		Suggestion to improve the nutritional status through community based activities
<i>c. Bonga</i>	ARRA	27/10/94	8.0 (<80% median)	0.7 (<70% median)		Situation described as satisfactory.
<i>d. Gode, Ogaden</i>	ARRA	Aug. 94	19.8 (<80% median)	1.4 (<70% median)		Need to improve sanitation, water and food supply noted.
<i>e. Moyale Area</i>	ARRA	Jul. 94	15.8 (<80% median)	3.2 (<70% median)		Need to improve the general food distribution noted.
3. Sudan						
<i>a. Mogale (S Sudan)</i>	AICF	Nov. 94	18.0	6,5		
<i>b. Tonj (S Sudan)</i>	WV	Dec. 94	5.0			
4. Kenya						
<i>a. Hagadera Camp</i>	UNHCR	Jan. 95	5.3	0.8		
8. Angola						
<i>a. Malange</i>	CONCERN/MSF–H	Dec. 94	2.8	0.9	1.7	Under–five mortality rate: 2.7/10,000/day
10. Uganda						
<i>a. Koboko</i>	MSF–H	Dec. 94	9.7	6.8		Screening of new arrivals.
15. Burundi/Rwanda Region						

<i>a. NDago Camps. Gikongoro</i>	AICF	06/12/94	11.3	1.9		Measles immunisation coverage 97%.
<i>b. Commune du Kaduha, Gikongoro</i>	MSF-F	03/11/94	4.7	0.5		Measles immunisation coverage 85–95%.
<i>c. Kahindo Camp, Goma</i>	MSF-B	19/01/95	3.8	0.9		Supplementary feeding programme to close down.
<i>d. Kibumba Camp, Goma</i>	MSF-B	31/12/94	2,2	0.9		
<i>e. Katale Camp. Goma</i>	MSF-H	Dec. 94	7.8	5.3	0.32–0.43	
<i>f. Kituka Camp, Goma</i>	MSF-H	Jan. 95	12.4	7.8		Measles immunisation coverage 81 %.
<i>g, Bukavu, Zaire</i>	UNHCR	Dec. 94	0.4–4.3	0–0.7		
22. Afghanistan Region						
<i>a. Northern Kabul</i>	ICRC	Nov/Dec 94	35–40 (QUAC Stick)			
<i>b. Southern Kabul</i>	ICRC	Nov/Dec 94	28 (QUAC Stick)			
<i>c. Sharashahi Camp. Jalalabad</i>	MSF-H	Nov. 94	6.2	1.4	<0.5	Under-five mortality rate: <1/10,000/day.
<i>d. Hadda Camp. Jalalabad</i>	MSF-H	Nov. 94	11.7 (MUAC)	2.9		This was a screening.
<i>e. Hadda Camp. Jalalabad</i>	MSF-H	Dec. 94	6.2	1.0		Measles immunisation coverage 34.7%.
<i>f. Kamaz Camp</i>	UNICEF/MSF-B	11/09/94	8.3	2.2		Measles immunisation coverage 77.4%.

* 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

1. Liberia

a. This survey was conducted by MSF-Holland on 3/10/94. All children were measured and wasting was defined as weight/height –2 z scores and/or oedema. Severe wasting was weight/height <–3 z scores and/or oedema.

b. This survey was conducted by MSF-Holland. Three centres for the displaced were visited. Wasting was defined as weight/height <–2 z scores and/or oedema and was measured at

5.8% (confidence interval 3.2–8.4). Severe wasting was defined as <-3 z scores and/or oedema and was measured at 1.6% (confidence interval 0.2–3.0).

c. This information is from UNHCR and no further details are currently available.

d. This information is from UNHCR and no further details are currently available.

2. Ethiopia

a. This was a random cluster sample survey conducted by the ARRA on 27/10/94 in Dimma camp. A total of 242 children less than five years old or less than 100 cm were included. Wasting was defined as $<80\%$ weight/length and severe wasting was defined as $<70\%$ weight/length.

b. This was a random cluster sample survey conducted by the ARRA on 27/10/94 in Fugindo camp. A total of 616 children less than five years old or less than 100 cm were included. Wasting was defined as $<80\%$ weight/length and severe wasting was defined as $<70\%$ weight/length.

c. This was a random cluster sample survey conducted by the ARRA on 27/10/94 in Fugindo camp. A total of 452 children less than five years old or less than 110 cm were included. Wasting was defined as $<80\%$ weight/length and severe wasting was defined as $<70\%$ weight/length.

d. This was a random cluster sample survey conducted by the ARRA on 27/10/94 in Gode, in the Ogaden. A total of 917 children were included. Wasting was defined as $<80\%$ weight/length and severe wasting was defined as $<70\%$ weight/length.

e. This was a random cluster sample survey conducted by the ARRA on 27/10/94 in the Moyale area. A total of 1225 children less than five years old or less than 110 cm were included. Wasting was defined as $<80\%$ weight/length and severe wasting was defined as $<70\%$ weight/length.

3. Sudan

a. This survey was carried out by AICF in Mogale camp (camp population is Dinka), Southern Sudan in November 1994. It was a random cluster survey that measured 478 children from 6–59 months old (or 65–115 cm). Wasting was defined as Weight/height <-2 SD and/or oedema and was measured at 18% (confidence interval 13.4–23.7). Severe wasting was defined as weight/height <-3 SD and/or oedema and was measured at 6.5 % (confidence interval 3.8–10.7).

b. This survey was carried out by World Vision in December. No further details are currently available.

4. Kenya

a. This survey information was received from UNHCR and no further details are currently available.

8. Angola

a. This survey was conducted by CONCERN and MSF–Holland in Malange in December 1994. This was a cluster survey which measured 911 children 6–59 months old. Wasting was defined as <-2 z scores and/or oedema and was measured at 2.8% (confidence interval 0.8–4.8). Severe wasting was defined as <-3 z scores and/or oedema and was measured at 0.9% (confidence interval 0.1–1.7).

10. Uganda

a. These are the results of a screening of new arrivals to Koboko camp conducted by MSF–Holland. There were 956 children measured.

15. Burundi/Rwanda Region

- a. This is a cluster survey conducted by AICF and GOAL in NDago camp in Gikongoro, Rwanda on 3–6 December 1994. A total of 720 children 6–59 months old or 60–110 cms in height were measured. Wasting was defined as weight/height <-2 SD and/or oedema and was measured at 11.9% (confidence interval 8.8–15.9). Severe wasting was defined as <-3 SD and/or oedema and was measured at 1.9% (confidence interval 0.8–4.2).
- b. This survey was conducted in the commune of Kaduha by MSF–France on 2–3 November 1994. Wasting was defined as weight/height <-2 SD and/or oedema and was measured at 4.7% (confidence interval 2.4–8.9). Severe wasting was defined as <-3 SD and/or oedema and was measured at 0.5% (confidence interval $-0.1-3.0$).
- c. This results come from a survey conducted by MSF–Belgium in Kahindo camp in Goma. Wasting was defined as <-2 z scores and/or oedema and severe wasting was <-3 z scores and/or oedema.
- d. This survey was carried out by MSF–Belgium on 31/12/94 in Kibumba camp. This was a cluster survey which measured 453 children 65–110 cms (approximating 6–59 months old). Wasting was defined as <-2 SD and/or oedema and was measured at 2.1% (confidence interval 0.82–5.36). Severe wasting was defined as <-3 SD and/or oedema and was measured at 0.88% (confidence interval 0.15–3.50).
- e. This survey was conducted by MSF–Holland in Katale camp in December 1994. Wasting was defined as <-2 z scores and was measured at 7.8% (confidence interval 5.5–10.8). Severe wasting was defined as <-3 z scores and was measured at 5.3% (confidence interval 3.4–7.9).
- f. This survey was conducted by MSF–Holland in Kituka camp in December 1994. Wasting was defined as <-2 z scores and was measured at 12.4% (confidence interval 9.4–16.1). Severe wasting was defined as <-3 z scores and was measured at 7.8% (confidence interval 5.5–11.0).
- g. This is summary information on surveys conducted in Bukavu at the end of December 1994. No details are given with the summary.

22. Afghanistan Region

- a–b. These survey were carried out by ICRC in November and December 1994. Wasting was defined among children 72–115 cms in length using the QUAC slick (or arm circumference for height) with 75–85% called wasting and $<74\%$ severe wasting. In Northern Kabul there was a random sample among all public places ($n=400$ children) and a random sample of those living in private homes ($n=800$ children). In Southern Kabul, there was a random sample of 500 children.
- c. This survey was carried out by MSF–Holland from 16–20 November 1994. There were 544 children weighed and measured.
- d. These are the results of a screening done by MSF–Holland from 10–14 November. Wasting was defined as MUAC <12.5 cms and severe wasting was defined as <11.0 cms.
- e. This survey was conducted by MSF–Holland from 7–11 December 1994. This was a cluster sample for a total of 577 children measured. Wasting was defined as weight/height <-2 z scores and/or oedema and was measured at 6.2% (confidence interval 3.8–9.9). Severe wasting was defined as <-3 z scores and/or oedema and was measured at 1.0% (confidence interval 0.2–3.3).
- f. This survey was carried out by UNICEF and MSF–Belgium on 11 September 1994 in Kamaz camp. A total of 456 children were weighed and measured. Wasting was defined as $<80\%$ of median and/or oedema and severe wasting was defined as $<70\%$ of median and/or

oedema.

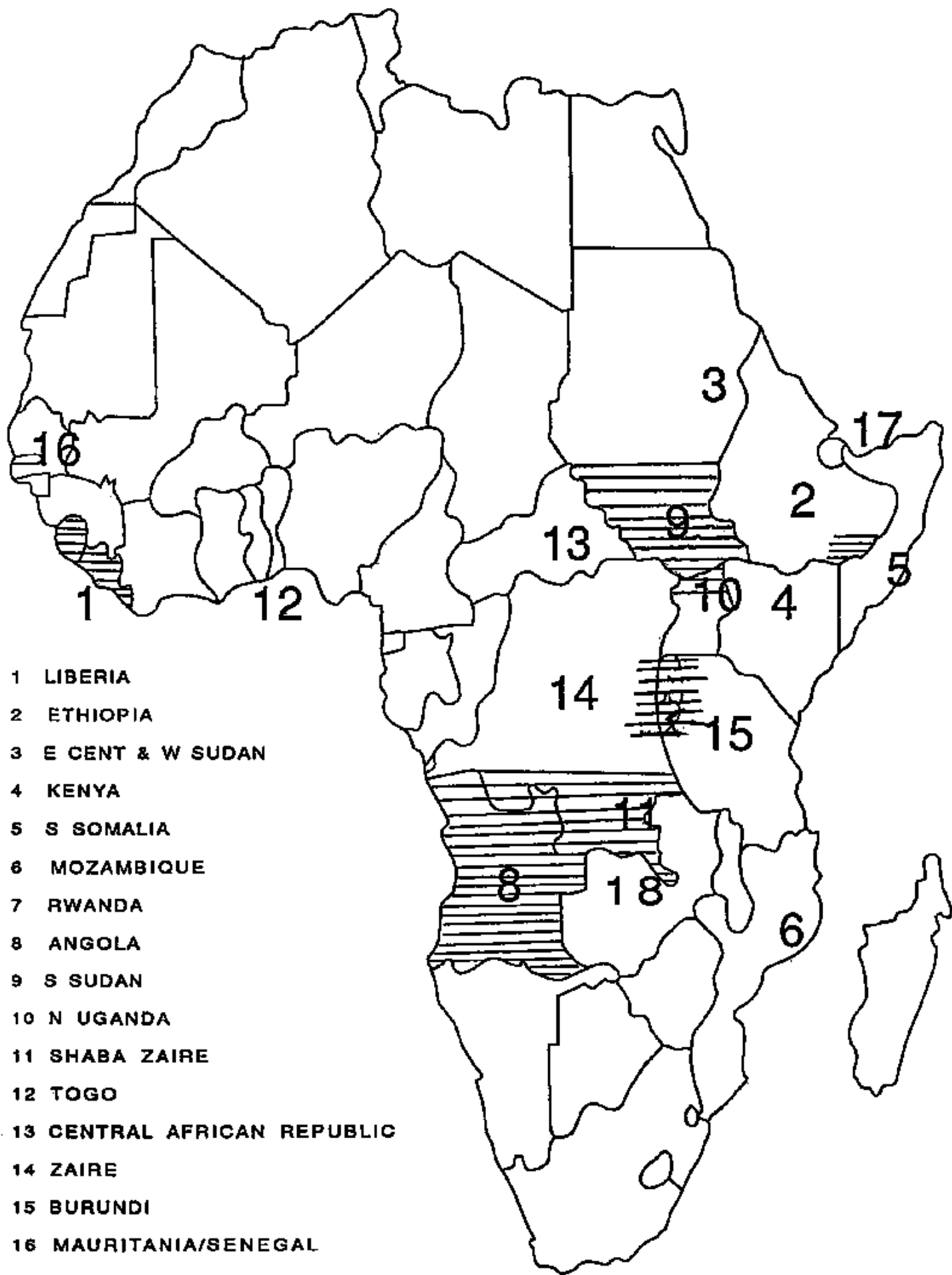
Annex 2 – Seasonality

Seasonality in Sub-Saharan Africa*

Country	Climate/Rainy Season/Harvest
<i>Angola</i>	Coastal area desert, SW semi-arid, rest of country: rains Sept–April
<i>Burundi</i>	Three crop seasons: Sept–Jan, Feb–Jun, and Jul–Aug
<i>CAR</i>	Rains March–Nov
<i>Djibouti</i>	Arid Climate
<i>Ethiopia</i>	Two rainy seasons February to May and June to October
<i>Kenya</i>	N–E is semi-arid to arid, Central and SW rains: March–May and Nov–Dec
<i>Liberia</i>	Rains March–Nov
<i>Mozambique</i>	Coast is semi-arid, rest wet–dry. Harvest May
<i>Rwanda</i>	Rains Feb–May with Aug harvest and Sept–Nov with Jan harvest
<i>Sierra Leone</i>	Rains March–Oct.
<i>Somalia</i>	Two seasons: April to August (harvest) and October to January/February (harve(...))
<i>Sudan</i>	Rains April–Oct
<i>Northern</i>	Rains begin May/June
<i>Southern</i>	Rains begin March/April
<i>Togo</i>	Two rainy seasons in S. one in N. Harvest August
<i>Uganda</i>	Rains Mar–Oct
<i>Zaire</i>	Tropical climate. Harvest in N: November; in S January

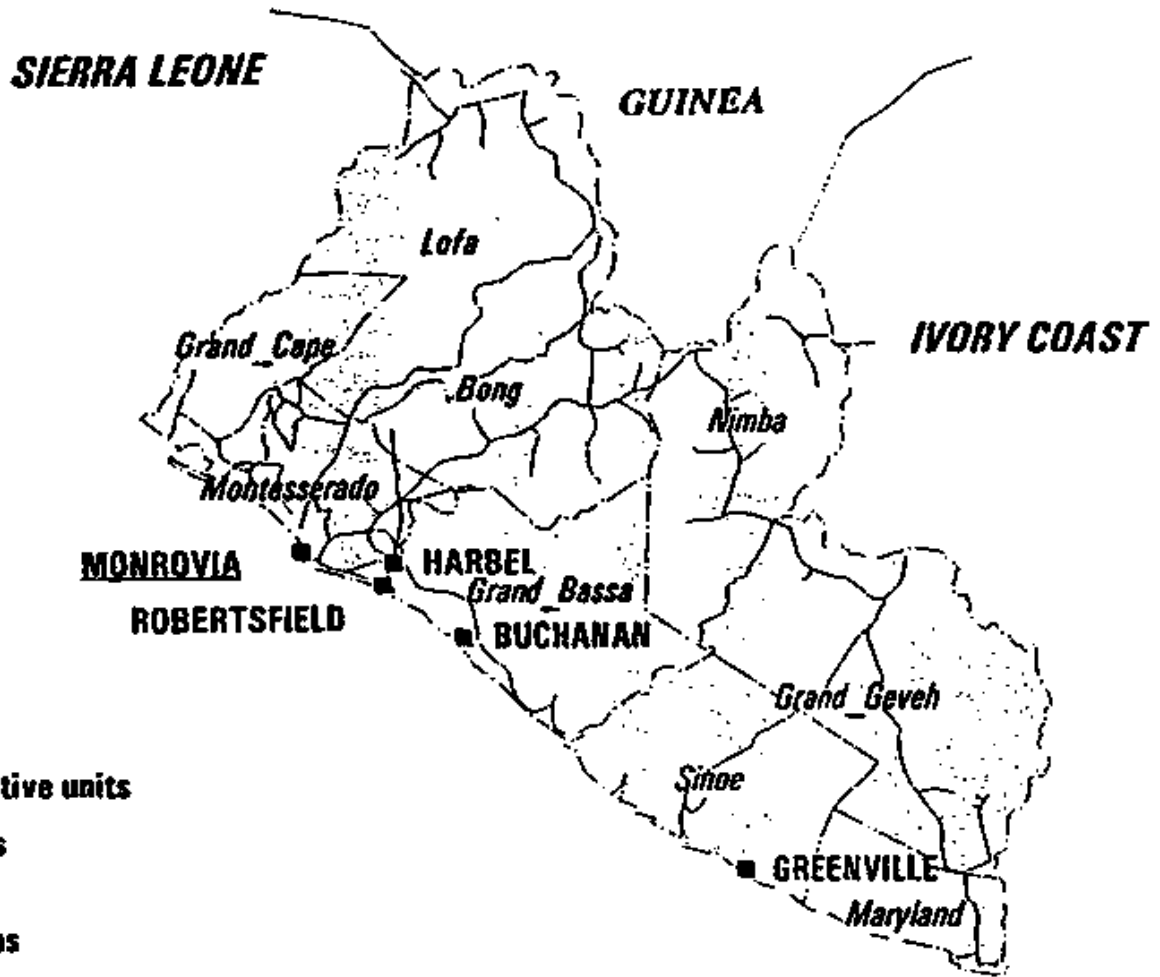
SOURCES: FAO, “Food Supply Situation and Crop Prospects in Sub-Saharan Africa”, Special Report; No. 4/5, Dec 1990.

List of Maps

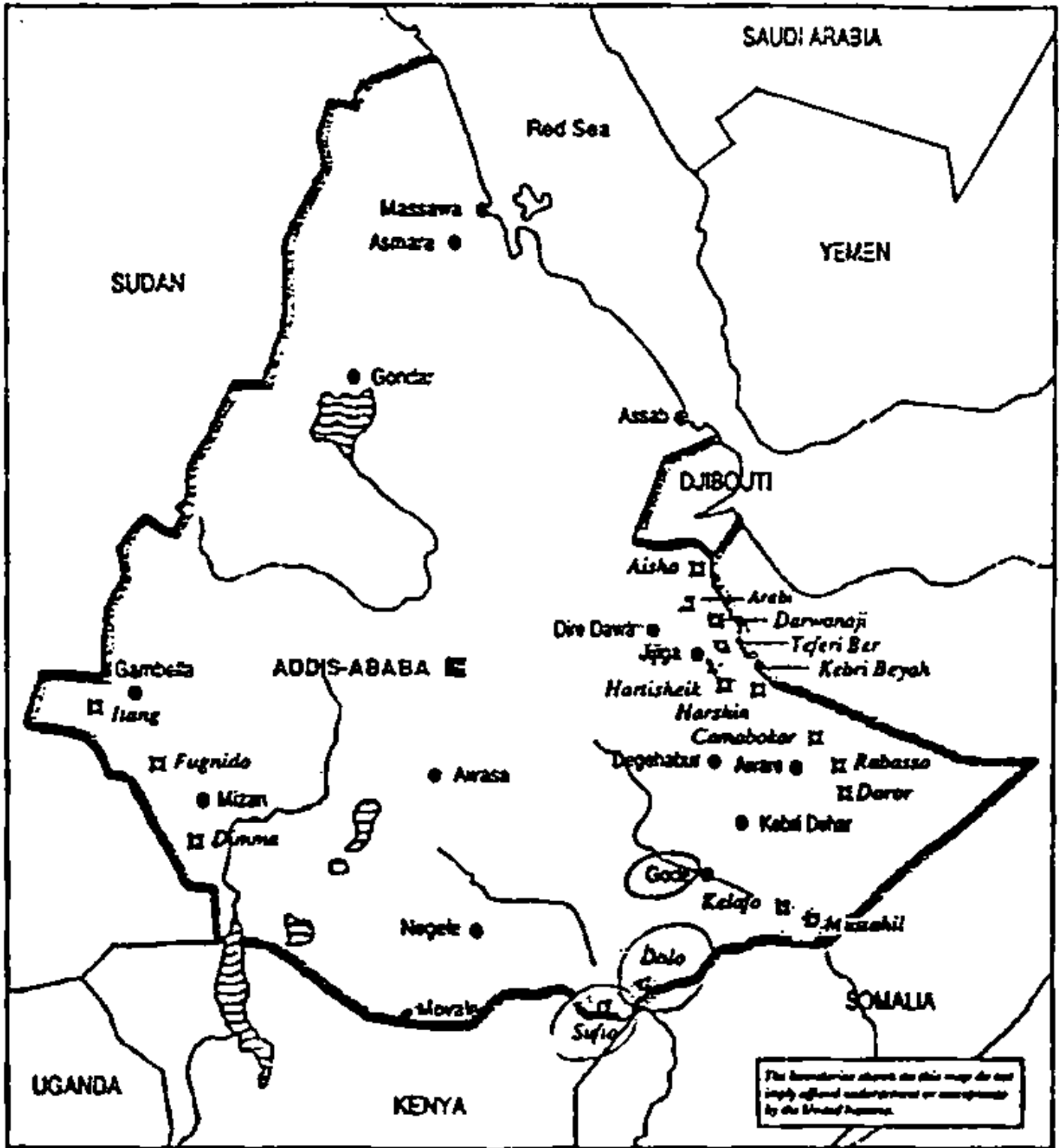


- 1 LIBERIA
- 2 ETHIOPIA
- 3 E CENT & W SUDAN
- 4 KENYA
- 5 S SOMALIA
- 6 MOZAMBIQUE
- 7 RWANDA
- 8 ANGOLA
- 9 S SUDAN
- 10 N UGANDA
- 11 SHABA ZAIRE
- 12 TOGO
- 13 CENTRAL AFRICAN REPUBLIC
- 14 ZAIRE
- 15 BURUNDI
- 16 MAURITANIA/SENEGAL
- 17 DJIBOUTI
- 18 ZAMBIA

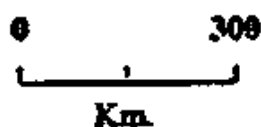
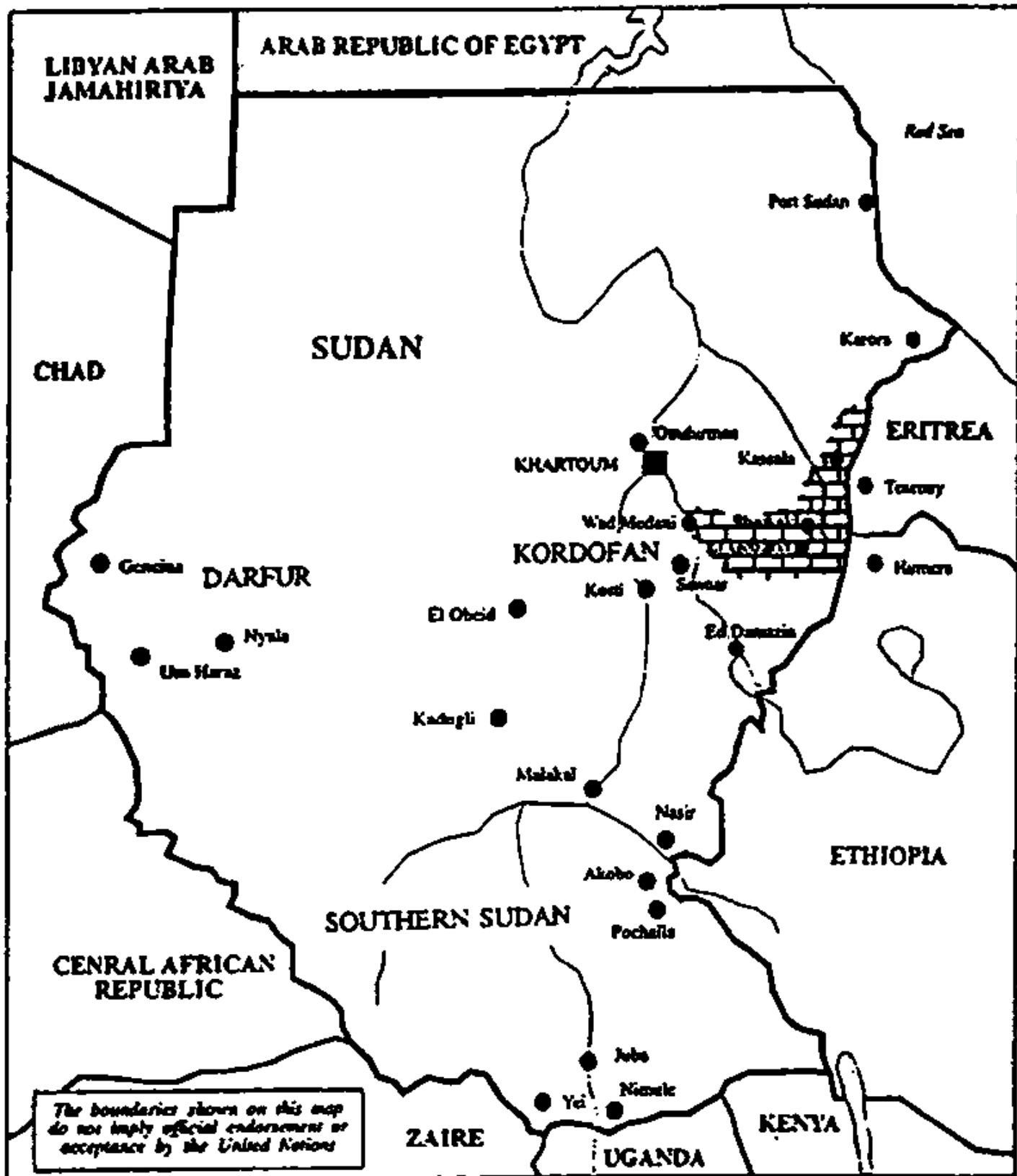
MAP A Situational Map



MAP 1 Liberia

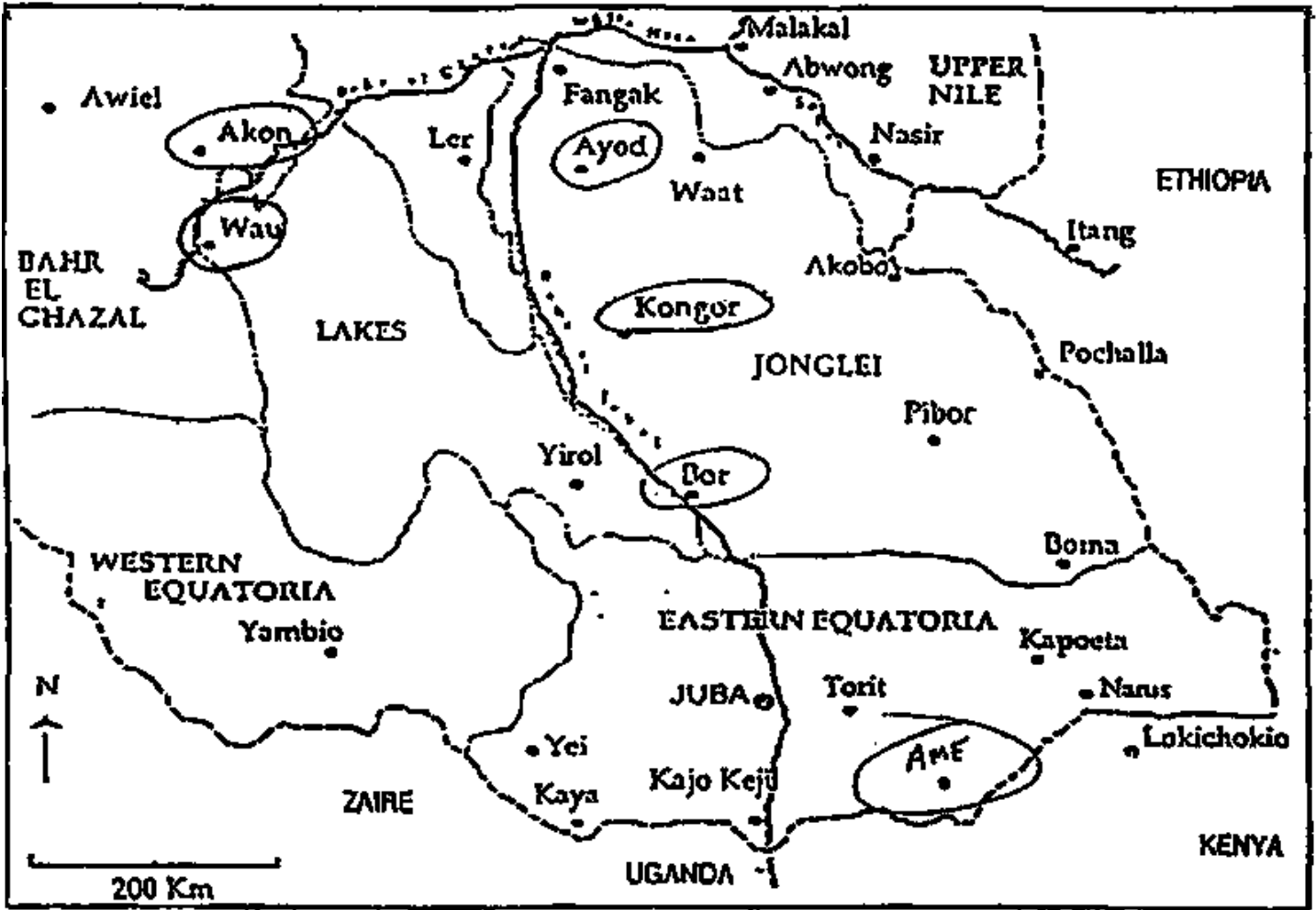


MAP 2 Ethiopia



- Capital
- Town or village
- ▨ Refugee area (Eastern Sudan)

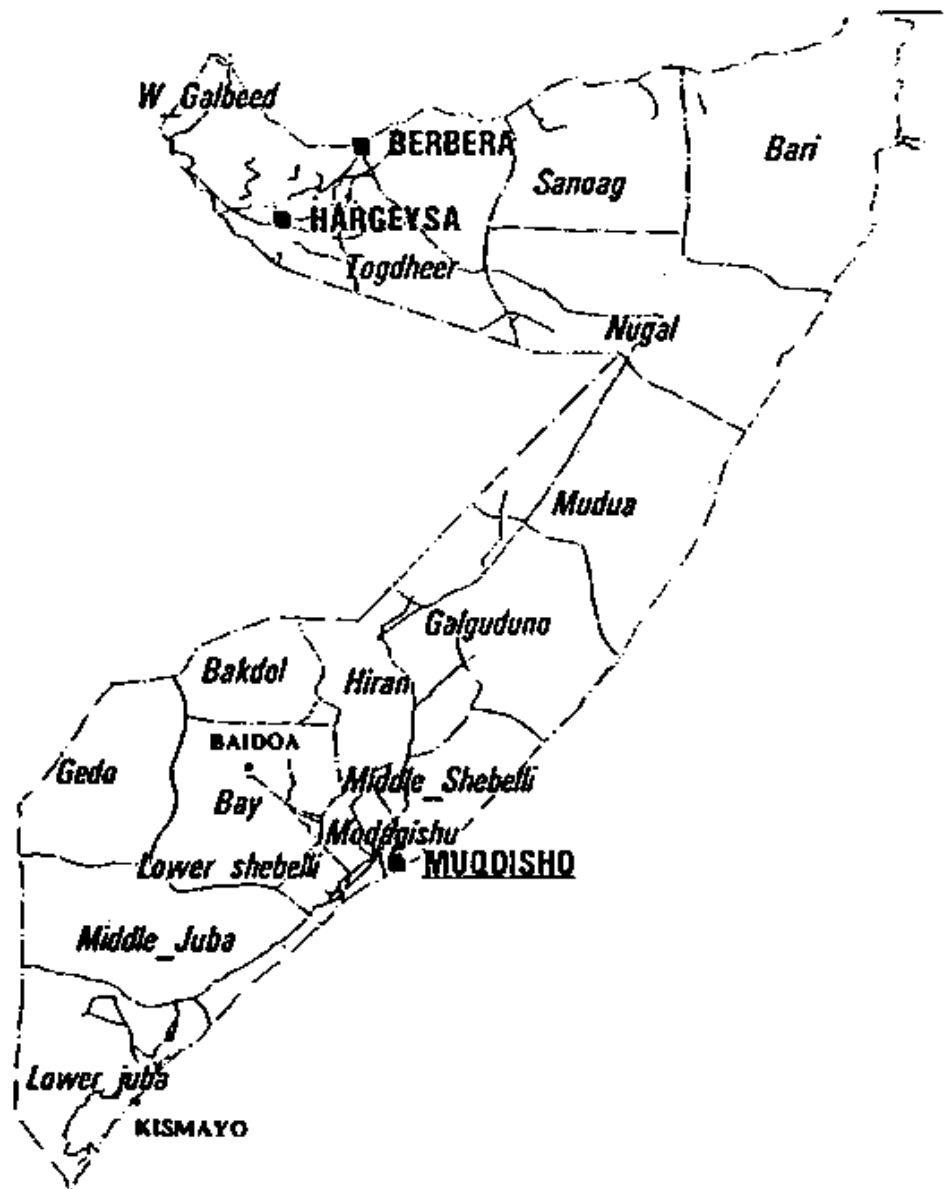
MAP 3A Sudan



MAP 3B Southern Sudan



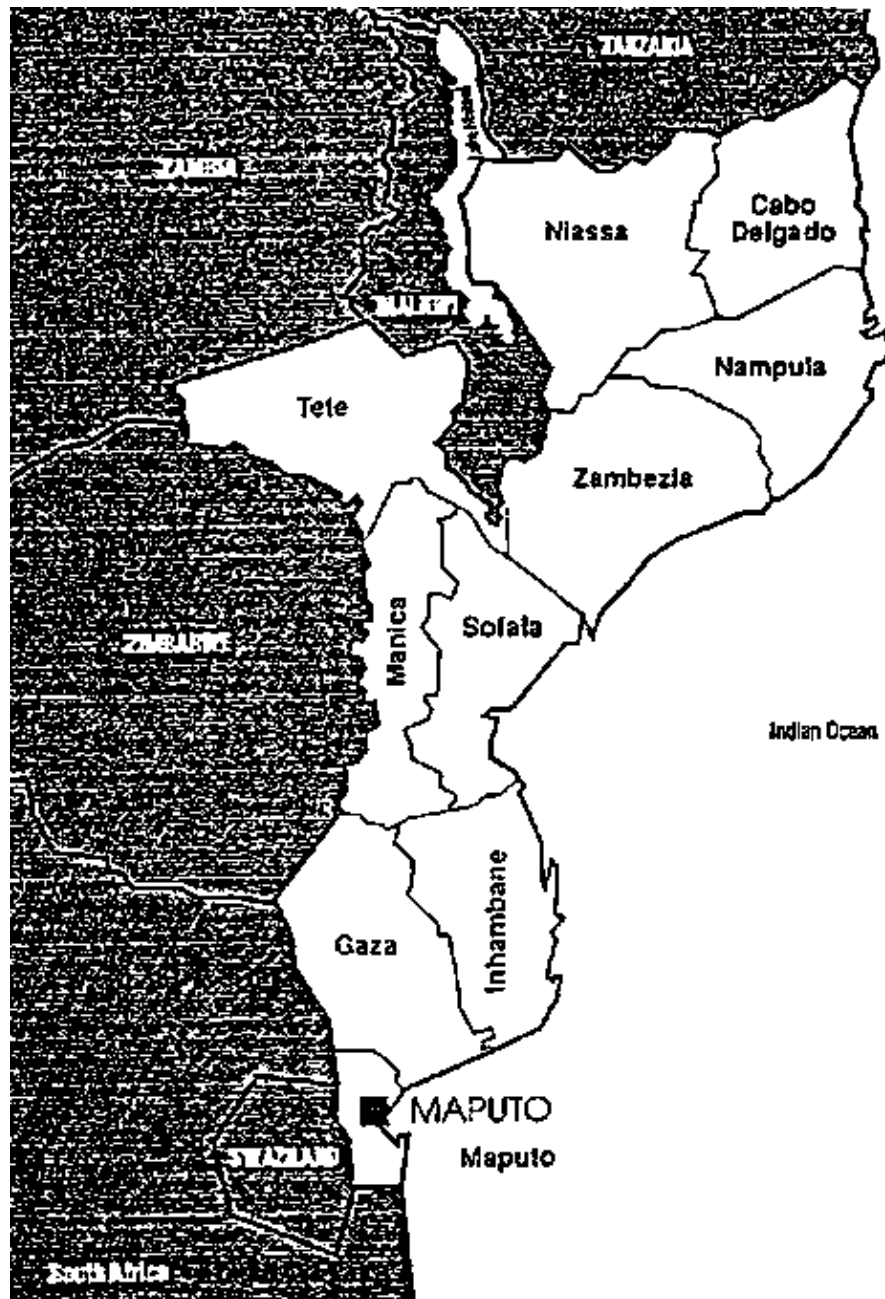
MAP 4 Kenya



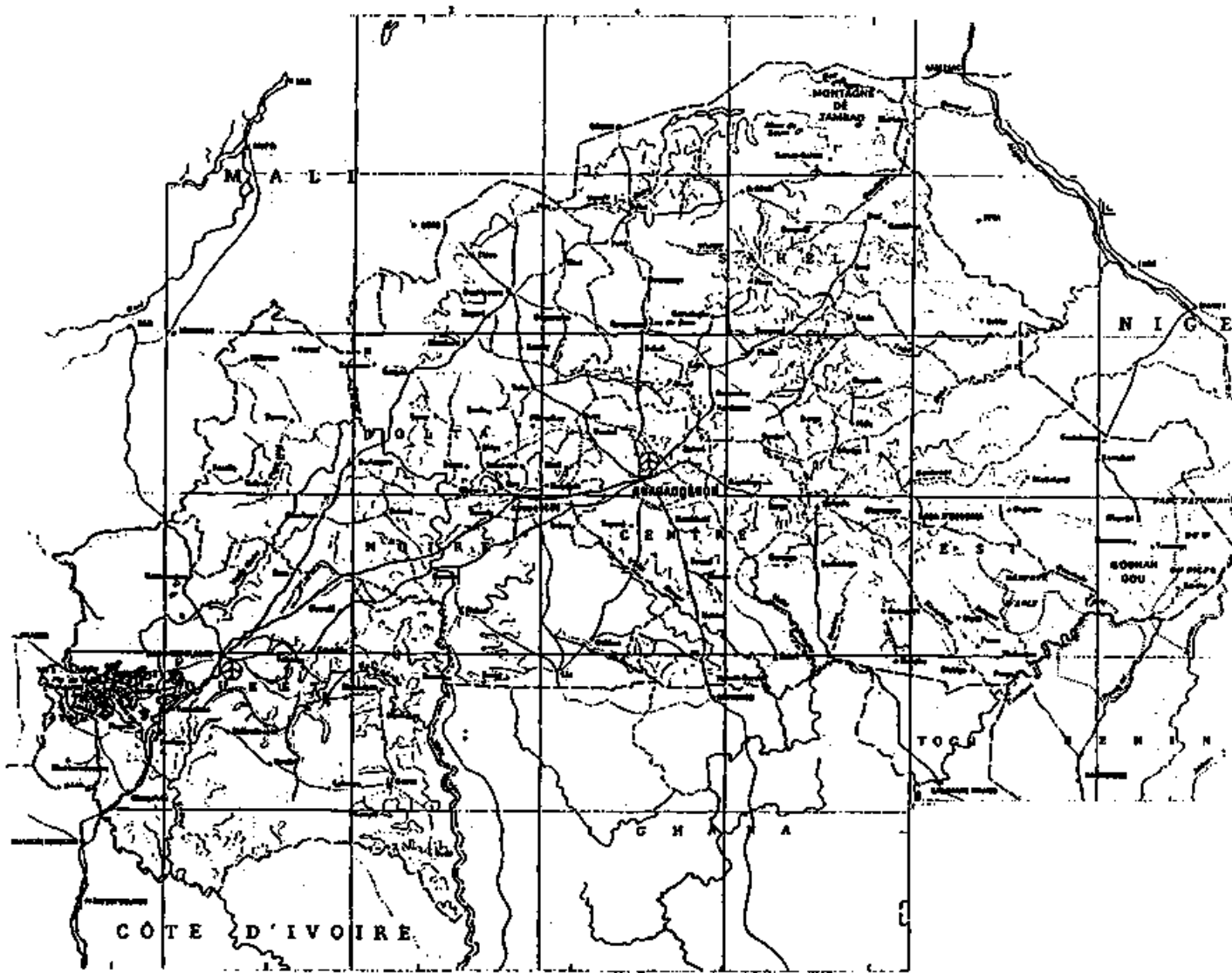
legend

- Administratives units
- Main roads
- Main rivers
- Main towns

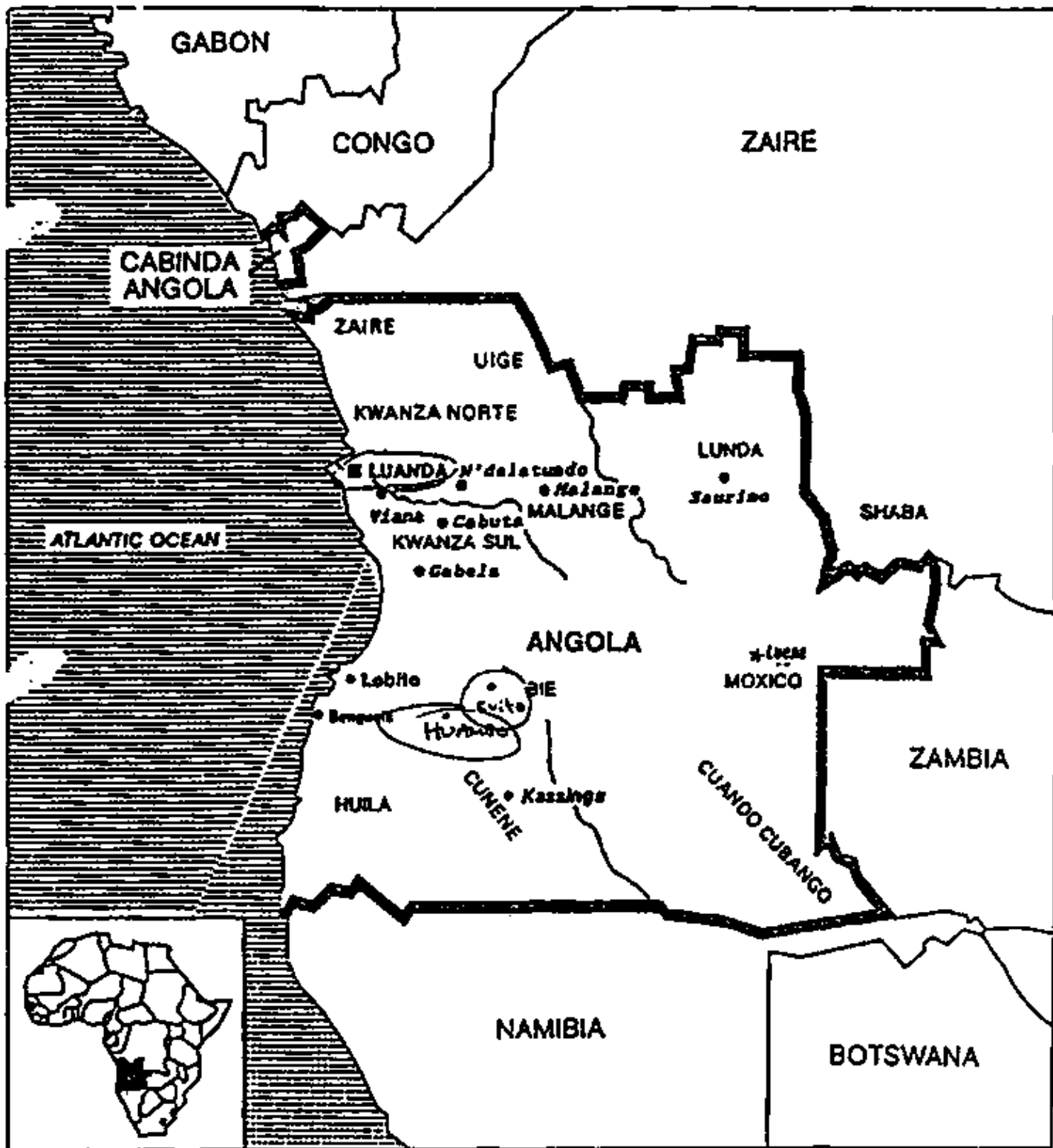
MAP 5 Somalia



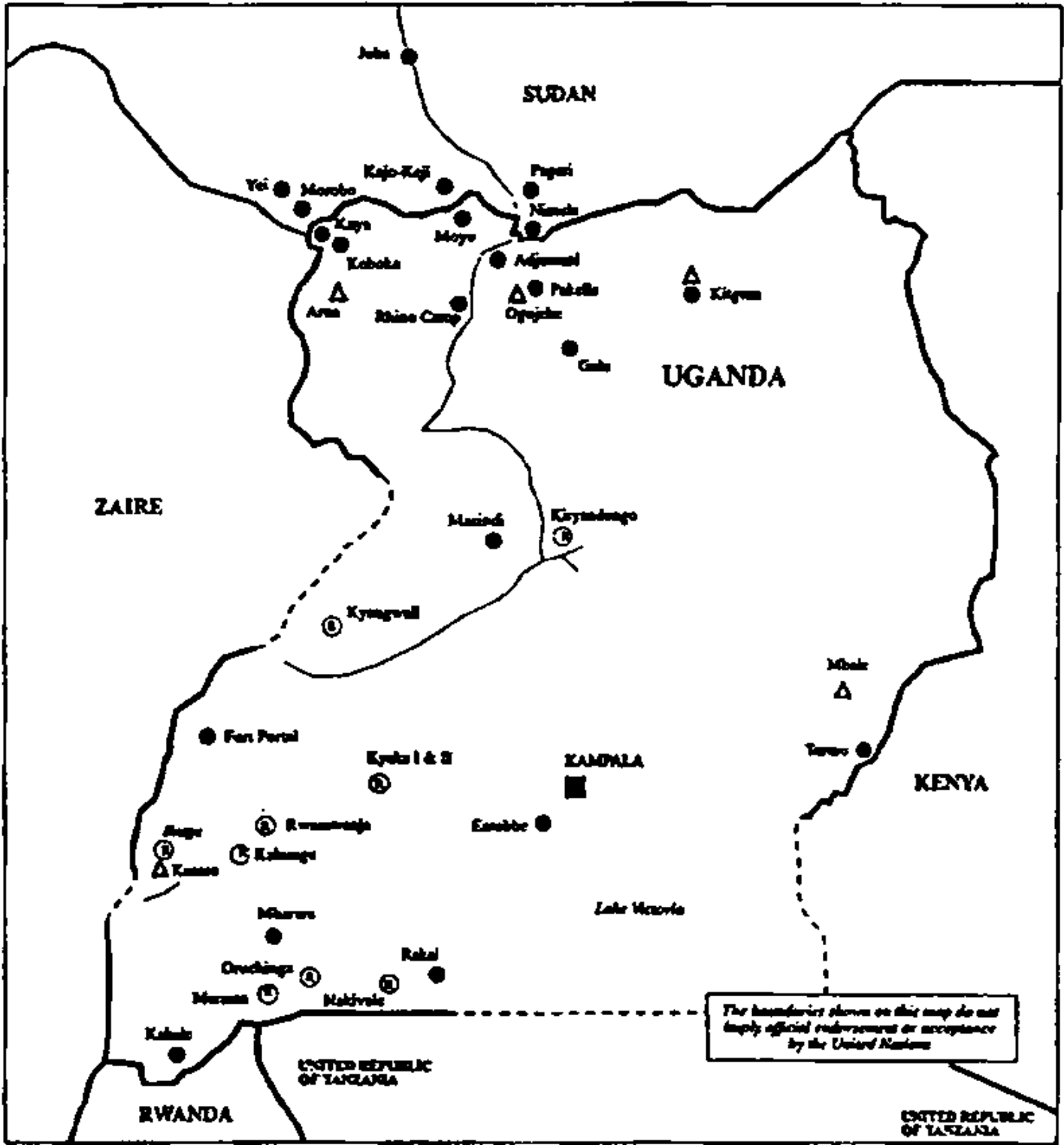
MAP 6 Mozambique



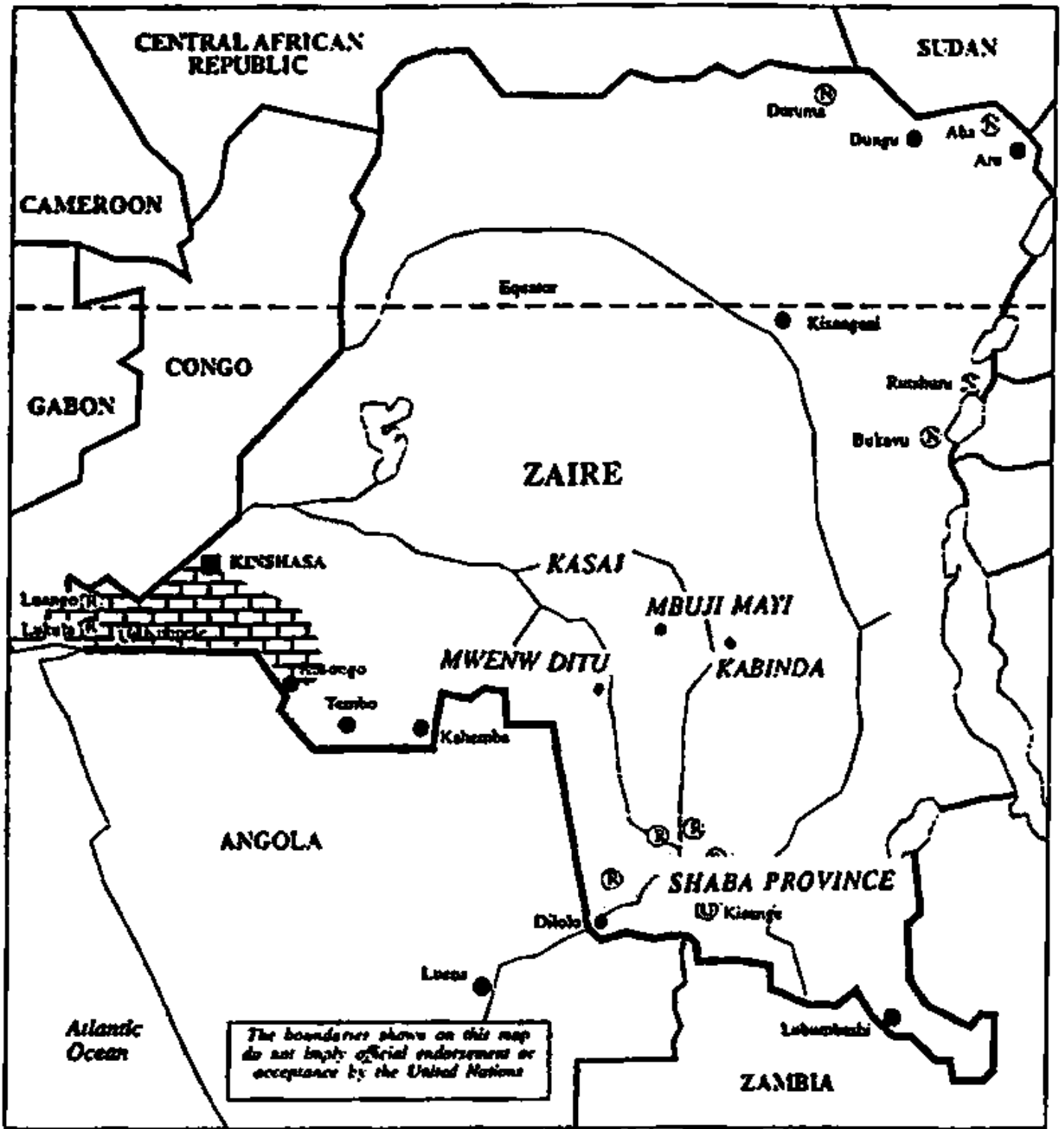
MAP 7 Burkina Faso



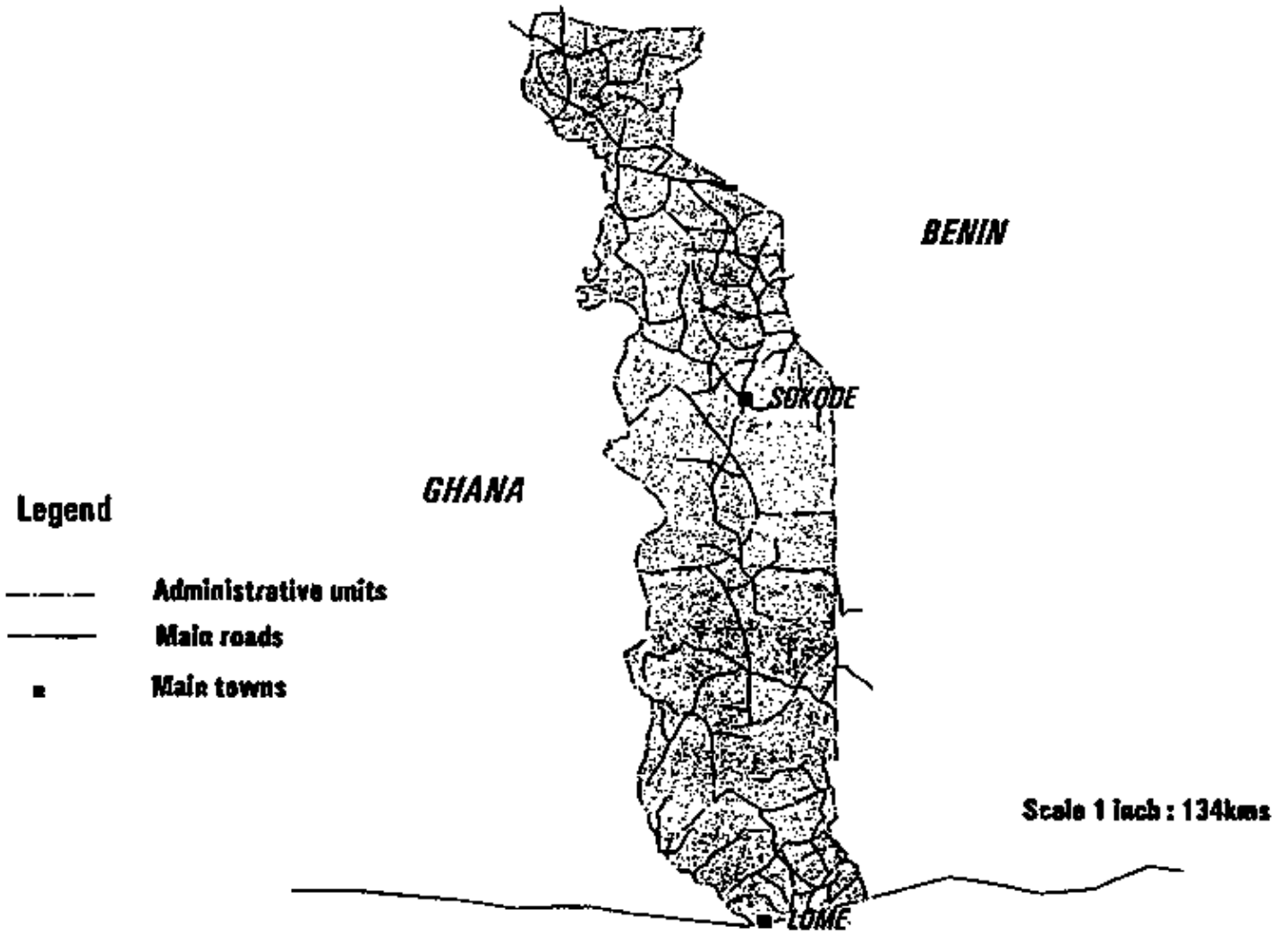
MAP 8 Angola



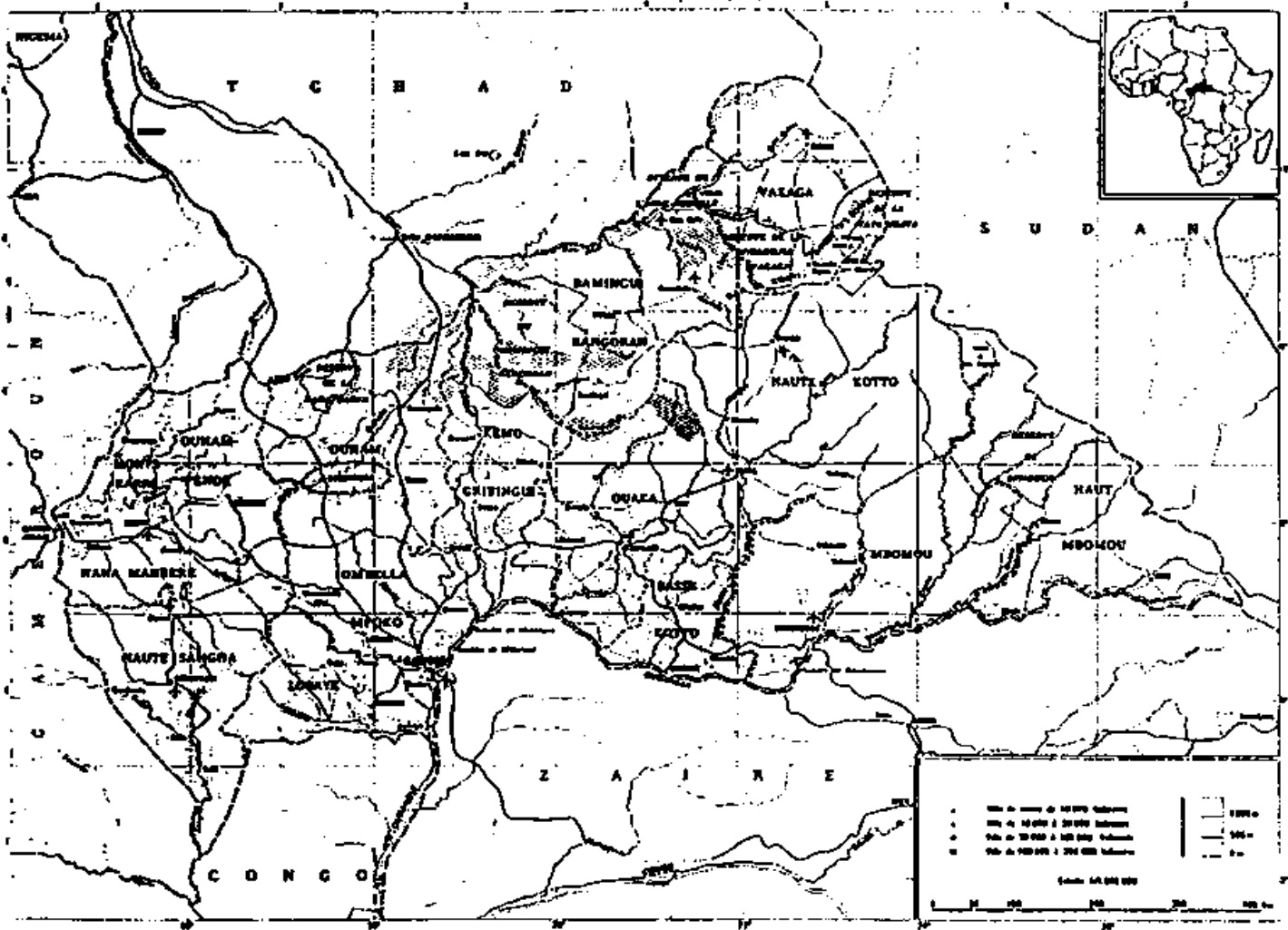
MAP 10 Uganda



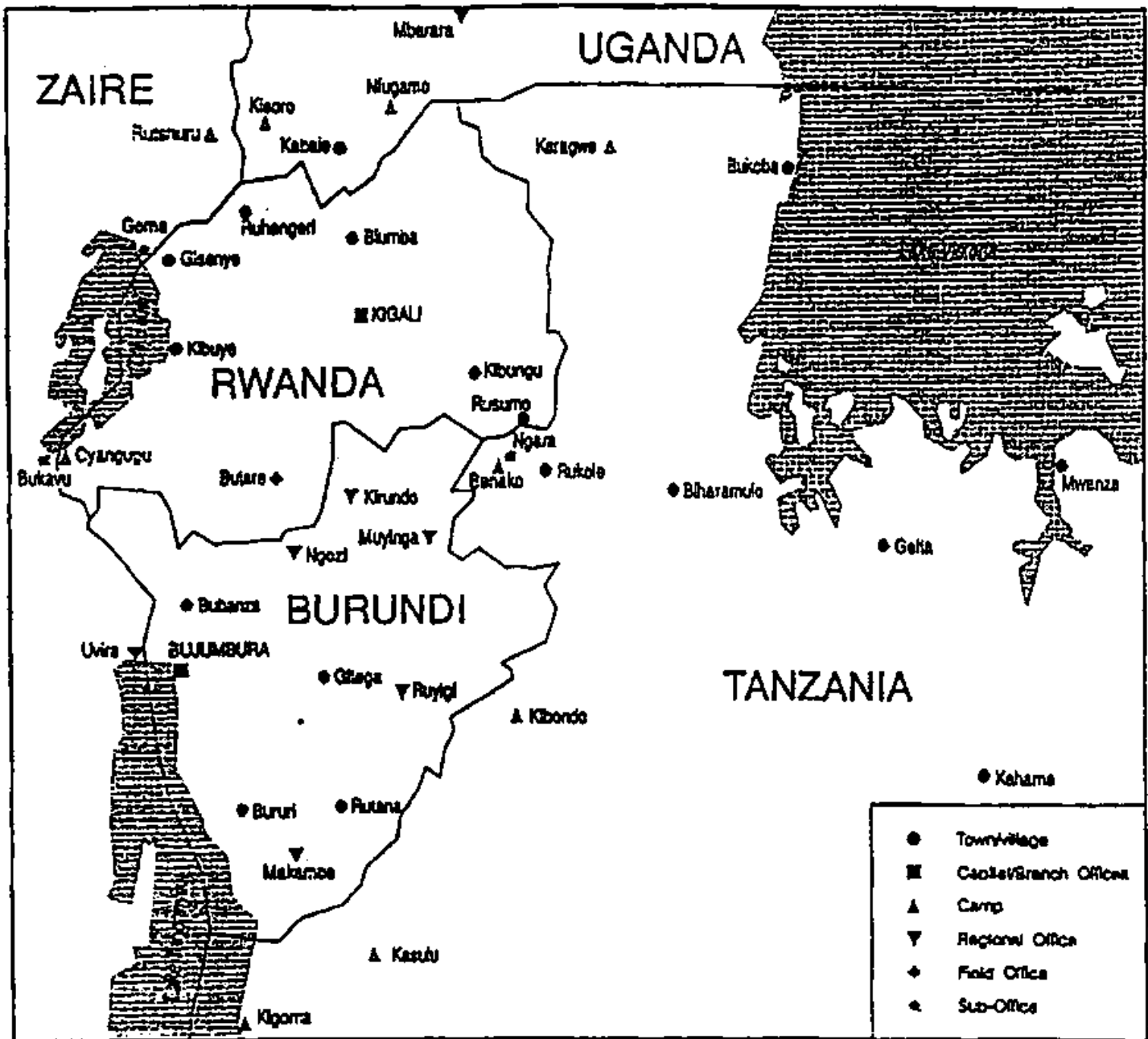
MAP 11 Zaire



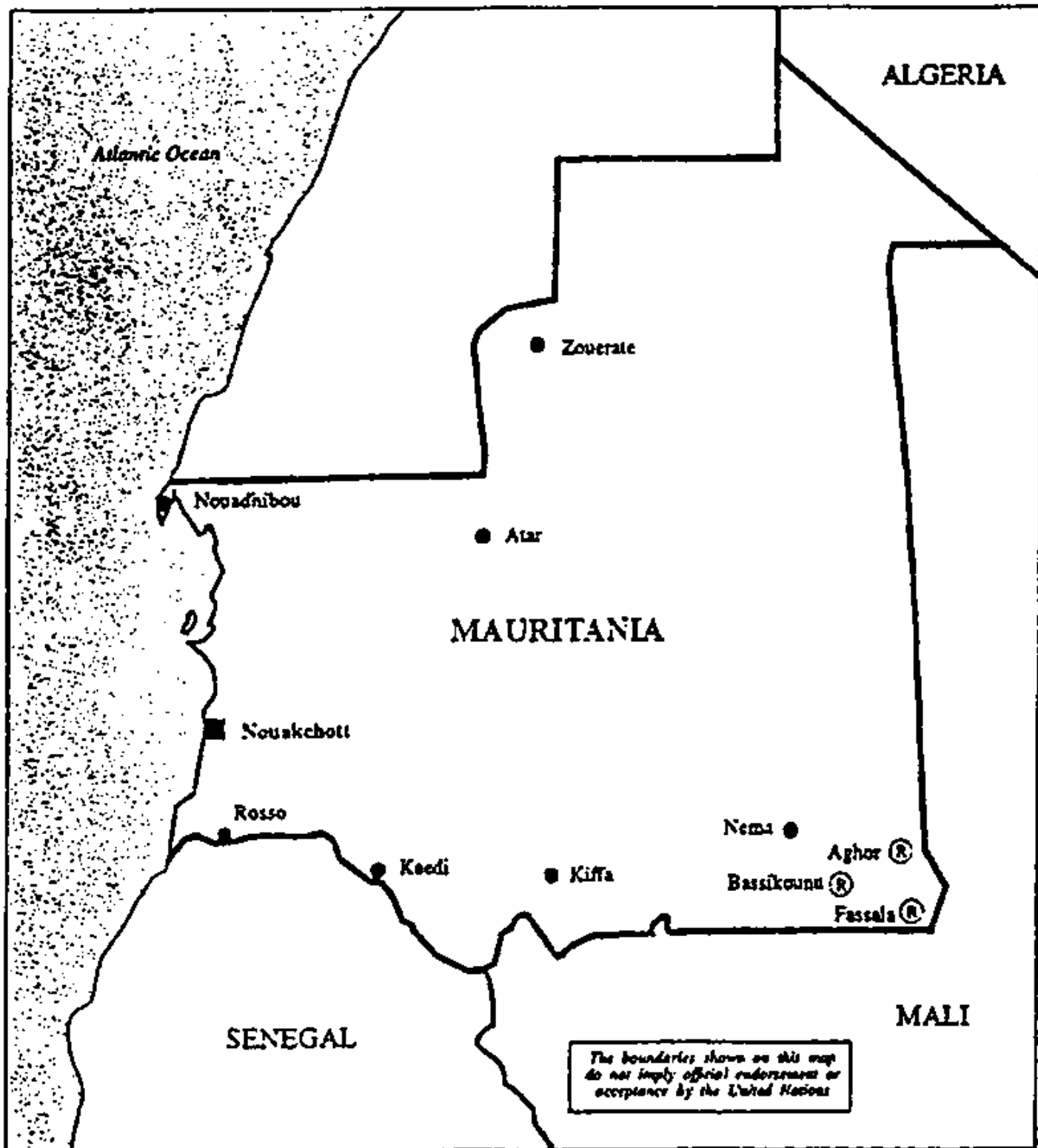
MAP 12 Togo



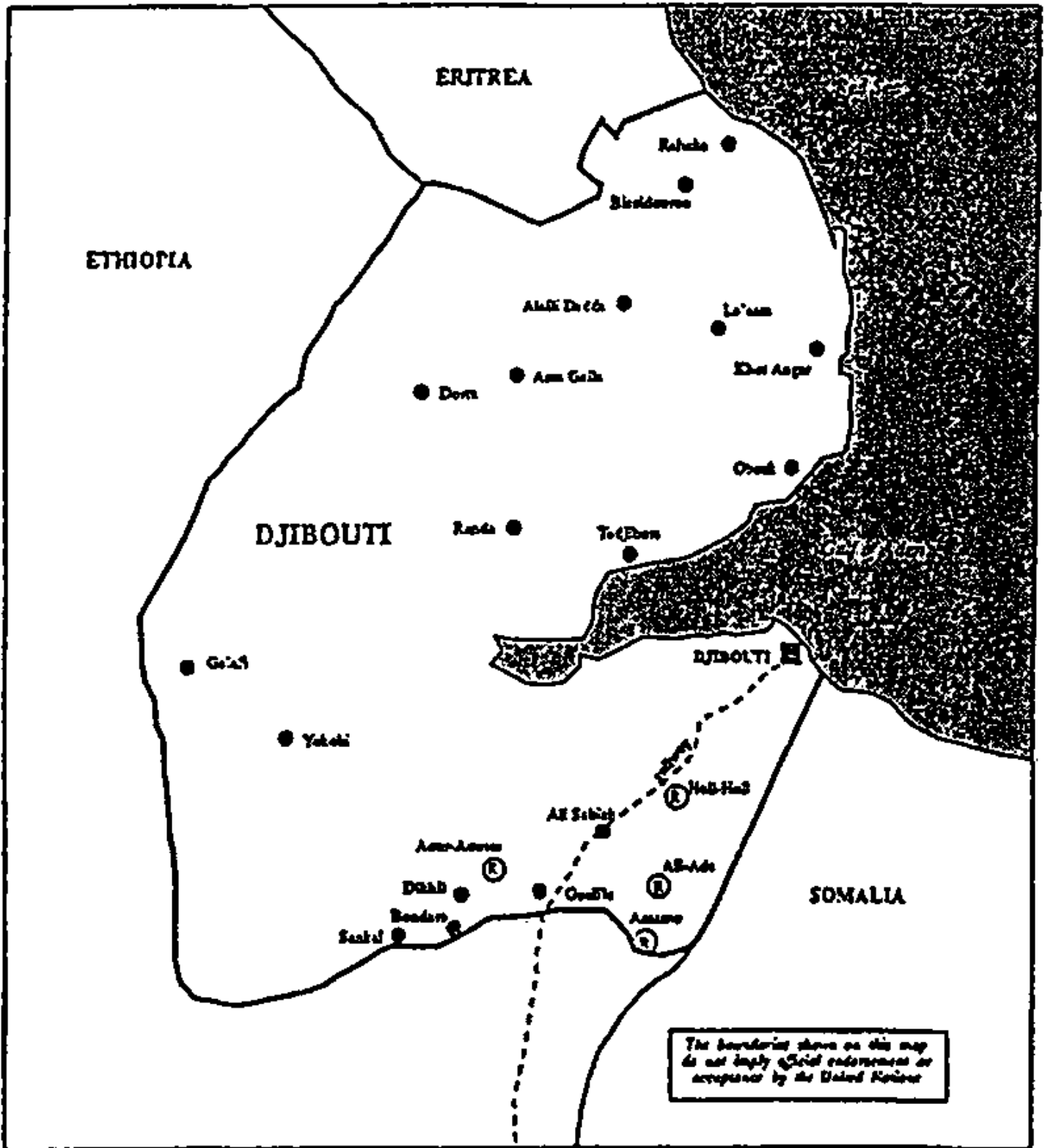
MAP 13 Central African Republic



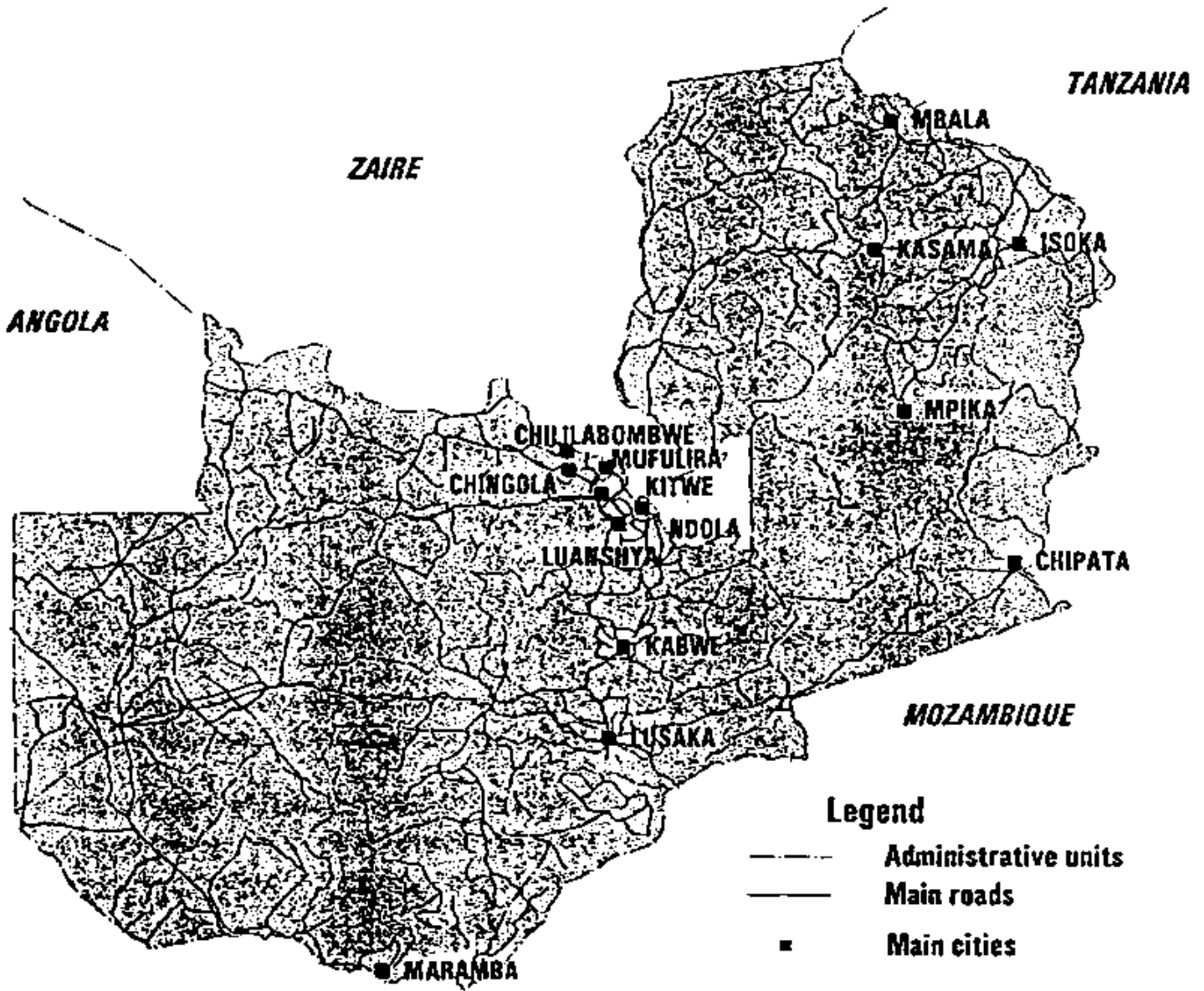
MAP 15 Burundi



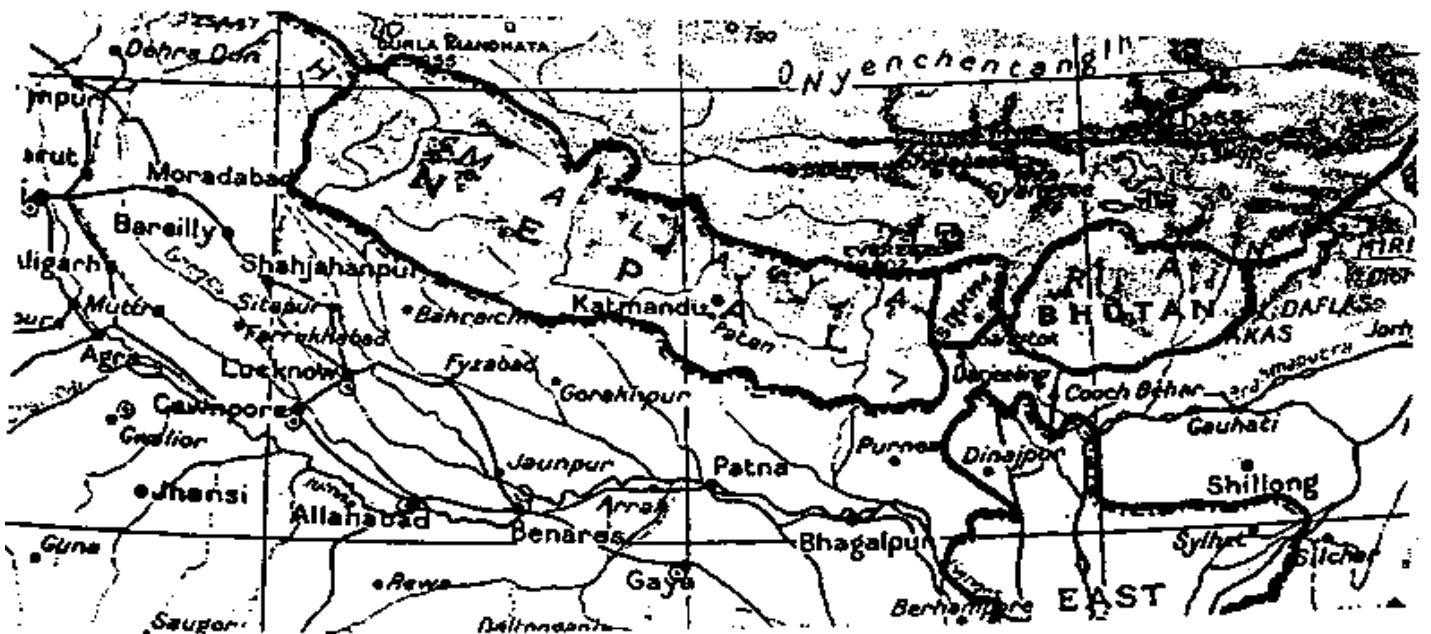
MAP 16 Mauritania/Senegal



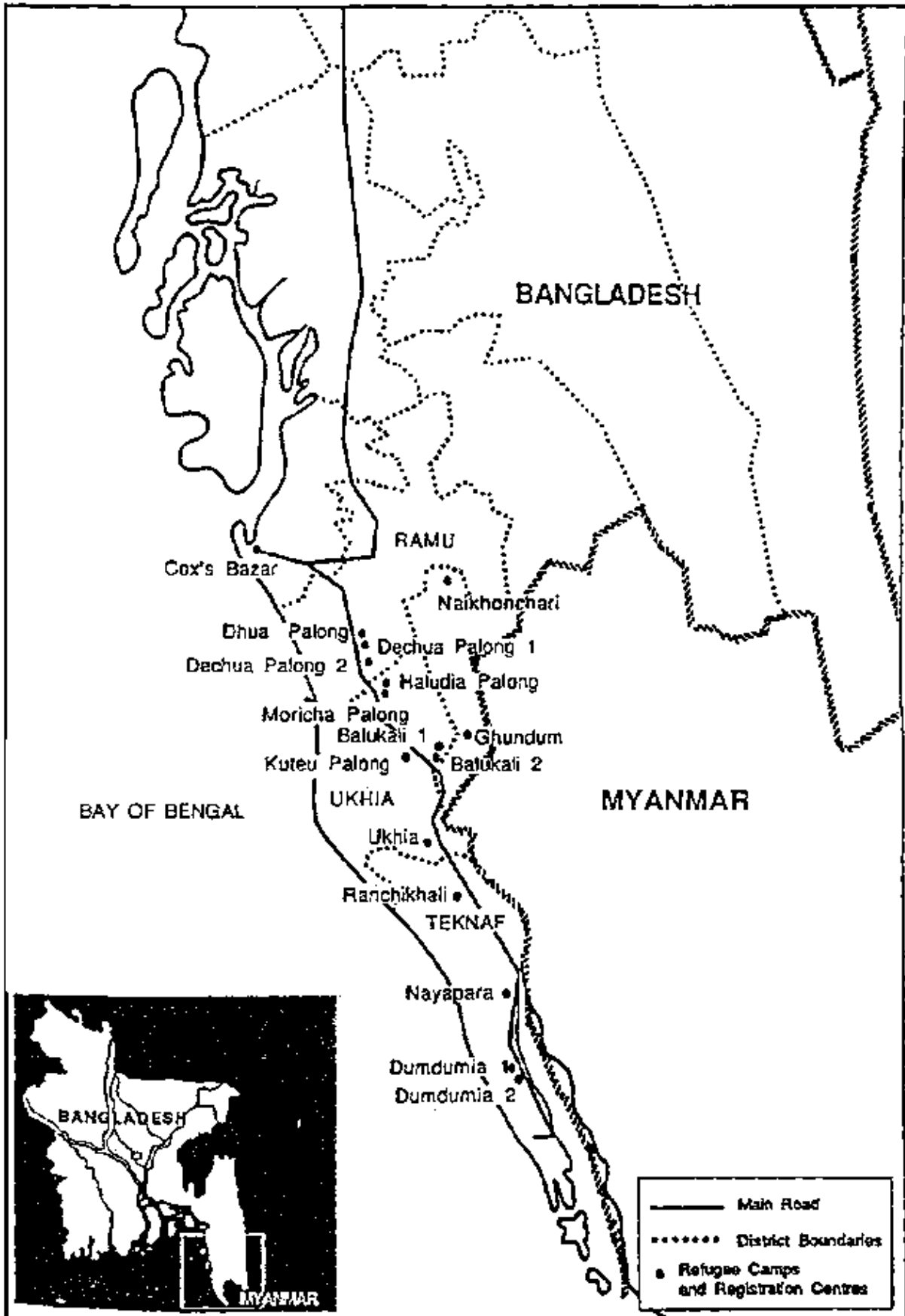
MAP 17 Djibouti



MAP 18 Zambia



MAP 19 Nepal



MAP 20 Bangladesh