Nutrition Information in Crisis Situations – Report Number V, February 2005

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United Nations System
Standing Committee on Nutrition

Highlights

KENYA – SERIOUS NUTRITION SITUATION IN TURKANA DISTRICT – Contrary to expectations before the onset of the short rainy season, rains were poor in the marginal agricultural districts in Eastern, Coast and Central provinces, which has led to maize crop failure. In some districts of these provinces, the nutrition situation was not critical as of October 2004 but the poor last rainy season may worsen the situation.

Food security seemed to have improved in some pastoral areas, while it has remained difficult in others. According to nutrition surveys in Kakuma refugee camp and among resident populations around Kakuma town, Turkana district, the nutrition situation was serious and mortality rates were high.

SOMALIA – PRECARIOUS SITUATION – Parts of south and north–eastern Somalia continue to experience high food insecurity and precarious to dire nutrition situations. The tsunami has affected at least 50,000 people in the north–eastern coastal area.

SUDAN – VOLATILE SITUATION – The security situation is still highly volatile in Darfur with reported attacks on villages, population displacement and harassment of aid workers. However, it seems that the nutrition situation has improved in some areas.

LIBERIA – RECONSTRUCTION PHASE – The situation has stabilized in Liberia but there are great challenges in terms of reconstruction, such as housing, roads and infrastructure. Re–integration of the IDPs and refugees will also be a major task.

DEMOCRATIC REPUBLIC OF THE CONGO – HIGH RATES OF MORTALITY – Despite the beginning of the disarmament process, violence is still widespread in the east of the country with fighting reported in Ituri district and in North Kivu, with the displacement of at least 100,000 people, of whom some have sought refuge in Uganda Retrospective mortality surveys showed high mortality rates, especially in the east of the country where they were above alert threshold. The major part of the east has experienced a higher level of violence than the west.

CHAD – SITUATION STILL OF CONCERN – The situation is still bleak in Chad with outbreaks of hepatitis E and meningitis, a low water supply and the fact that insufficient food rations are provided. Sustaining and enhancing the efforts to support both refugees and resident populations is crucial.

TSUNAMI AFFECTED COUNTRIES – HIGH MOBILISATION – Following a quake in the Indian Ocean, 250 kilometres northwest of the Indonesian island of Sumatra on 26 December 2004, enormous waves (tsunamis) hit the Aceh area of Sumatra, Indonesia and travelled to several Asian countries such as Sri Lanka, Thailand, India, Burma, Malaysia, the Maldives, and finally to the East African coast in Kenya, Somalia and Tanzania.

Although precise figures are difficult to obtain, the death toll is enormous (between 150,000 and 250,000) as is the number of people affected, which stands at more than one million. Indonesia has been the hardest hit, followed by Sri Lanka, India and Thailand.

Mobilization of assistance and financial contributions to the victims from citizens, private companies and governments have been unprecedented. On the ground, it seems that massive efforts have been deployed by populations, governments and humanitarian agencies, in some cases logistically supported by armies of several countries.

Immediate needs were in terms of provision of health care, food, water, sanitation and shelter, while longer–term needs are to rebuild people's livelihoods.

No significant outbreaks of diseases have occurred so far.

Risk Factors affecting Nutrition in Selected Situations

Situations in the table below are classed into five categories relating to prevalence and or risk of malnutrition (I – very high risk/prevalence, II – high risk/prevalence, III – moderate risk/prevalence, IV – not at elevated risk/prevalence, V – unknown risk/prevalence; for further explanation see section "Indicators and classification" at the end of the report).

The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food security, public health environment and social environment, and the constraints limiting humanitarian response.

These categories are summations of the causes of malnutrition and the humanitarian response, but should not be used in isolation to prescribe the necessary response.

	ERITREA Southern Red Sea region	**ETHIOPIA** Afder and Liban zones, Somali region	**KENYA** Refugees in Kakuma camp, Turkana district	**KENYA** Resident populations around Kakuma camp, Turkana district	**LIBERIA** Bomi county
Nutritional risk category	**II**	**I**	**I**	**I**	**III**
FOOD SECURITY					
Households' livelihoods	😐	☹	☹	☹	😐
External assistance	😐	☹	😐	😐	😐
PUBLIC HEALTH ENVIRONMENT					
Availability of water and access to potable drinking water	☹	☹	😐	☹	☹
Health care	☹	☹	😐	😐	😐
Sanitation	☹	☹	😐	☹	☹
SOCIAL AND CARE ENVIRONMENT					
Social environment	?	?	?	?	?
Child feeding practices	?	?	☹	☹	?
DELIVERY OF ASSISTANCE					
Accessibility to population	😐	😐	😐	😐	😐
Resources for humanitarian Intervention	😐	?	😐	😐	😐
	😐	😐	😐	😐	☺

Availability of information					

☺ ADEQUATE 😐 MIXED ☹ INADEQUATE

Greater Horn of Africa

Eritrea

Low cereal production in 2004 and high number of people in need of assistance in 2005

In 2004, cereal production was nearly 47% below the average 1992–2003 production, and was 20% below last year's production (table 1; FAO/WFP, 18/01/05).

TABLE I CEREAL PRODUCTION, ERITREA, 2004 (FAO/WFP, 08/01/05)

Regions	Cereal production 2004 ('000 MTs)	Change in cereal production (%): 2004 vs 2003
N. Red Sea	5.3	77.8
Anseba	5.51	81.1
Maekel	5.45	153.1
Debub	28.27	102.5
Gash Barka	40.45	66.1
Total	84.98	80.2

The limited cereal production was due, among other factors, to erratic rainfall, lack of a labour force (most men are enrolled in National Service), lack of farm power (most oxen were sold during the drought in 2002) and a seed deficit. Due to poor rains, livestock has also been seriously affected.

It is estimated that the traditional "hungry season" will begin as soon as February, as opposed to May in "normal" years (OCHA, 31/12/05). Moreover, cereal prices continued to rise sharply in 2004.

The FAO/WFP crop and food supply assessment has estimated that 2.3 m vulnerable people will require 342,000 MTs of food aid in 2005, which is an increase compared to 2004 when 219,000 MTs of food aid were required for 1.4 m vulnerable people (FAO/WFP, 18/01/05). The vulnerable population includes severely drought−affected farmers who will be in need of food aid from January to October 2005, moderately drought−affected farmers, who will benefit from food aid from March to October 2005, agro−pastoralists/pastoralists who will require assistance between January and October 2005, war−affected people and the urban vulnerable (table 2).

Current food stocks for food distribution are expected to last until the end of March 2005 (OCHA, 31/12/05).

TABLE 2 ESTIMATED VULNERABLE POPULATION, ERITREA, 2004 (FAO/WFP, 08/01/05)

Category	Nb of people
Severely affected farmers	926,900
Moderately affected farmers	150,466
Agro−pastoralists/pastoralists	614,800
War−affected	177,000
Urban vulnerable	462,600
Supplementary feeding recipient	68,560
Total	2,331,400

Precarious nutrition situation in Southern Red Sea

A random−sampled nutrition survey was conducted in Southern Red Sea in October 2004 (N−NSS, 10/04). **The prevalence of acute malnutrition was 13.9% including 1.9% severe malnutrition.** It seemed that acute malnutrition was slightly higher in the urban area than in the coastal and inland areas. The nutrition situation compared favourably with March 2004 when the prevalence of acute malnutrition was 20.6% (16.0−25.8) (see NICS 3). This may be partly explained by seasonal patterns, with an improvement of the situation in October due to better rains. The March survey was done after a very dry *Bahri* rainy season (N−NSS, 10/04).

Although not directly comparable with the last round of surveys done in May−July 2004 in other regions, because surveys were not done in the same season, the nutrition situation in Southern Red Sea seemed comparable with the nutrition situation in Northern Red Sea, worse than in Debub and slightly better than in Anseba and Gash Barka (see NICS 4).

A significant proportion of women had a BMI< 18.5 (table 3). On the other hand, more than 10% of women were considered overweight (table 3). Most of them were located in the urban area.

As recorded in the surveys done in other regions, most families (87%) had received food aid within the four months prior to the survey. However food aid distribution was irregular, with 67.5% of families having received one food distribution only and 20.7% having received two food distributions, instead of the intended monthly food distributions. Moreover, the average amount of cereals received per distribution was 11 Kg, less than the intended 15 Kg. On average and taking into account cereals, pulses and oil, the households received 600 Kcal in the four months prior to the survey.

The supplementary food distribution was more regular than the general food distribution with, of the 82.2% of the children who received supplementary food within the four months prior to the survey, 64.6% having received four supplementary food distributions. However, supplementary food distributions seemed less regular in the inland area with only 20% of the children having received four distributions, compared to 76%

and 96% in coastal and urban areas, respectively. This seemed to be a result of problems of food transportation in the inland areas.

Only 35.7% of the households had access to both enough (> 15 1/pers/day) and safe drinking water.

TABLE 3 ANTHROPOMETRIC NUTRITIONAL STATUS OF NON−PREGNANT WOMEN (18 TO 60 YEAR OLDS), SOUTHERN RED SEA, ERITREA, OCTOBER 2004 (N−NSS, 10/04)

Severe Chronic Energy Deficiency BMI < 16 (%)	Moderate Chronic Energy Deficiency 16 ? BMI < 18.5 (%)	Normal 18.5 ? BMI < 25	Overweight BMI ? 25
17.3	35.2	42.7	10.9

Average nutrition situation in Maekel

According to a nutrition survey conducted in Maekel in October 2004, the nutrition situation was average with a prevalence of acute malnutrition of 8.6% (FAO/WFP, 18/01/05). The situation has remained stable since 2003 (UNICEF/MOH, 12/04).

Overall

More people are estimated vulnerable in 2005 than in 2004 due to poor rains and crop performance in 2004. Depending on the region, the nutrition situation was average to precarious (category III/II) in 2004 and a substantial level of assistance is still needed to mitigate the crisis Eritrea has been facing for some years.

Recommendations

Medium and long−term policy directions, from the FAO/WFP crop assessment

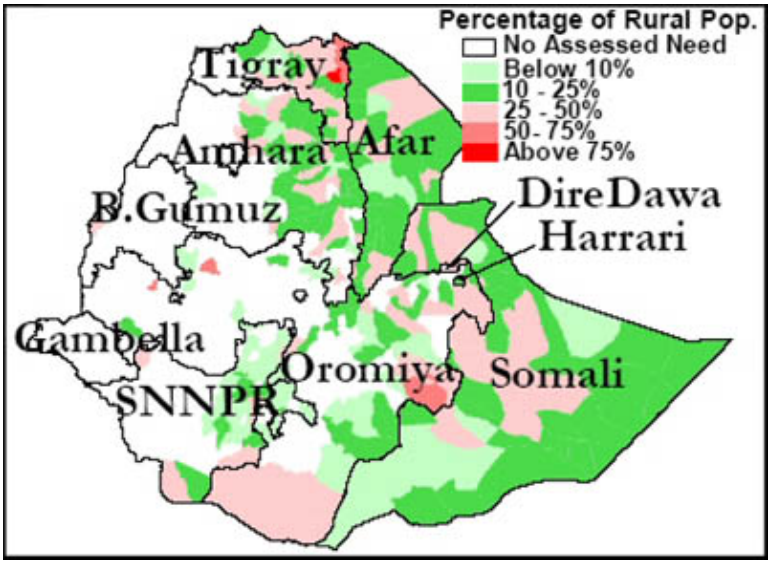
- Adopt better farming practices, including using improved seed and more suitable crop varieties, improved water−harvesting techniques
- Develop appropriate policies and programmes for land access and tenure
- Improve management of livestock, such as enclosures of hillsides to enable natural range to recover from overgrazing, better provision of feed
- Improve the macro−economic management

From the N−NSS survey

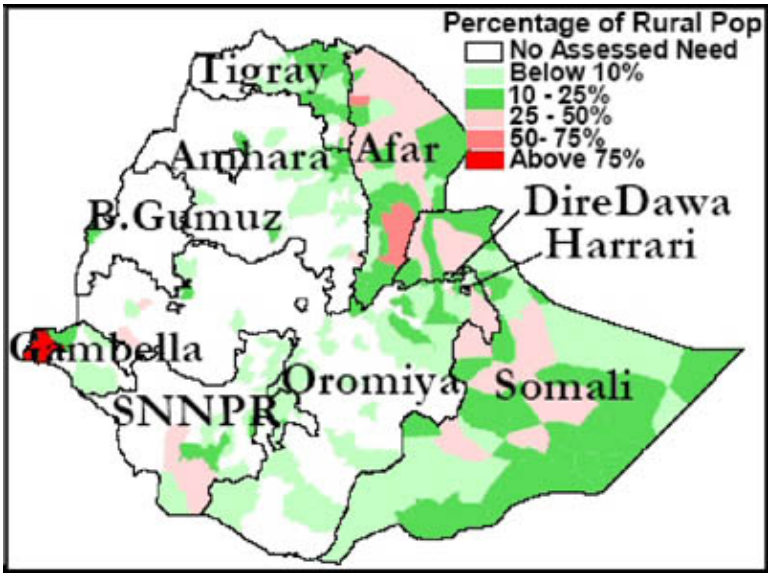
- Improve regularity of food aid distribution to increase food security
- Improve the coverage and regularity for supplementary feeding in inland areas
- Improve water supply

Ethiopia

While production prospects are good for 2005 in the west of the country, which is the grain basket of Ethiopia, the eastern agricultural and the eastern and north−eastern pastoral areas will experience food deficits as a result of poor rainfall (FEWS, 13/01/05). It is estimated that, in addition to the more than five million chronically food insecure who are included in the productive safety net programme, 2.2 million people will require emergency food assistance in 2005 (see maps).



POPULATION REQUIRING ASSISTANCE UNDER THE PRODUCTIVE SAFETY NET PROGRAMME (FEWS, 13/01/05)



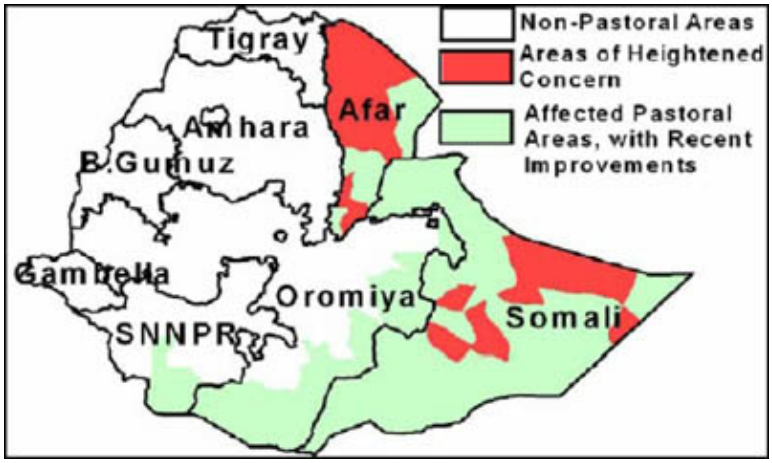
POPULATION REQUIRING ASSISTANCE UNDER THE EMERGENCY PROGRAMME (FEWS, 13/01/05)

387,000 MTs of food aid will be required. It is to be noted that this number includes around 900,000 people from Somali and Afar regions, who will benefit from emergency food assistance in the first semester of 2004 and will thereafter be included in the productive safety net programme.

The government announced that certificates guaranteeing land rights will be delivered to ten million within the next three years in an attempt to boost agricultural productivity by creating greater security for farmers (IRIN, 11/01/04). However, analysts said that farmers will still be reluctant to invest in their land, because of lack of actual ownership; the land remaining the property of the state.

Pastoral areas especially affected

Despite some rains at the end of 2004, which somewhat mitigated the situation, pastoral areas continue to be highly affected, and especially, zones 2, 4 and parts of zone 1 and 3 of Afar region and parts of Degehabour, Fik, Warder, Afder and Gode zones of Somali region (FEWS, 13/01/05) (see map).



AREAS OF HEIGHTENED CONCERN IN PASTORAL AREAS (FEWS. 13/01/05)

Several random–sampled nutrition surveys and nutrition rapid assessments showed a precarious nutrition situation in parts of Somali region.

Two random–sampled surveys were conducted in pastoral and agro–pastoral food–economy zones of Cherati, Doloo–Ado, Dollo–Bay and West–Emey districts, Afder and Liban zones, Somali region, in October 2004 (SC–UK, 10/04). The results revealed a precarious nutrition situation and an under–five mortality of concern (table 4).

A measles vaccination and vitamin A distribution campaign was conducted in September 2004, which explains the relatively high proportion of children having received measles vaccination and vitamin A (table 4). However, food security was precarious as well as public health and child–feeding practices (box 1). While the SC's household economy assessment carried out in December 2003 recommended that 30% of the population received a monthly food distribution, only one distribution was carried out in six months.

TABLE 4 RESULTS OF SURVEYS IN PASTORAL AND AGRO–PASTORAL AREAS OF CHERATI, DOLLO–ADO, DOLLO–BAY AND WEST–EMEY DISTRICTS, AFDER AND LIBAN ZONES, SOMALI REGION, ETHIOPIA, OCTOBER 2004 (SC–UK, 10/04)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Vitamin A distribution	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
PASTORAL AREAS					
17.6(15.1–20.0)	1.7 (0.9–2.6)	81.0	71.2	0.65 (0.46–0.85)	3.22 (2.22–4.22)
AGRO–PASTORAL AREAS					
17.7 (14.8–20.0)	1.3 (0.7–2.0)	83.3	79.7	0.57 (0.23–0.9)	2.07 (1.08–3.05)

* According to cards and mothers' statements

Two rapid nutrition assessments conducted in two of the worst affected sub–districts of Geladi district and Boh district, Warder zone, Somali region, in November 2004 revealed that about one out of five children measured (weight–height index) were acutely malnourished (ACF, 11/04).

Box I FOOD SECURITY, PUBLIC HEALTH AND CHILD FEEDING PRACTICES, PASTORAL AND AGRO–PASTORAL FOOD ECONOMY ZONES, CHERATI, DOLLO–ADO, DOLLO–BAY AND WEST–EMEY DISTRICTS, AFDER AND LIBAN ZONES, SOMALI REGION, ETHIOPIA, OCTOBER 2004 (SC–UK, 10/04)

FOOD SECURITY
Poor 2004 harvest

Poor/very poor condition of livestock: 100%/100%[1]
Decrease in herd size in the past year: 94.7%/97.6%
Lack of pasture/fodder: 60%/99.2%
Poor availability of veterinary services

FOOD DISTRIBUTION
Household receiving food aid in the past 6 months: 31.1%/26.7%
On average, only one distribution received in the past six months
On average, 8.8 kg of wheat and 0.6 kg of CSB per household received in the past 6 months

WATER SOURCES
River or traditional wells as the main source of water: 100%/84.4%
Poor availability of water compared to the previous year: 69%
Average water consumption: 9.3 litres/pers/day/7.9 litres/pers/day

HEALTH FACILITIES
Poor availability
Under−staffed, lack of essential drugs and medical supply

CHILD FEEDING PRACTICES
Brest−feeding started at birth: 34.8%/9.4%, on the second day: 33.7%/42.2%, on the third day or after: 31.5%/48.4%
Introduction of animal milk at birth: 65.2%/62.5%, at one month: 27.2%/21.9%
Introduction of sugared water at birth: 75%/45.3%
Introduction of solid food at one year or more: 70.7%

TABLE 5 PREVALENCE OF ACUTE MALNUTRITION AND MORTALITY RATES, EAST HARARGHE AND WEST HARARGHE ZONES, OROMIA REGION, ETHIOPIA, OCT−NOV 2004, (CARE, 11/04)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
EAST HARAGHE KURFA CHELLE			
4.7 (3.0−7.1)	0.5 (0.1−1.8)	0.12	0.2
GRAWA			
5.9(4.0−8.6)	0.6 (0.2−2.0)	0.15	0.5
BEDENO			
8.5(6.2−11.6)	0.5 (0.1−1.9)	0.3	0.6
WEST HARARGHE CHIRO			
7.2 (5.0−9.6)	0.4(0.07−1.7)	0.11	0.3
MIESSO			
9.6 (7.1−12.8)	1.4(0.6−3.1)	0.26	0.6
KUNNI			
7.9(5.7−10.9)	0.6(0.2−2.1)	0.29	0.5
GUBA KORICHA			
7.1 (4.9−9.9)	0.9 (0.3−2.4)	034	0.6

SCF−USA's rapid assessments, measuring all children in two of the worst affected sub−districts of Gode, Adadle, and Ferfer districts of Gode zone and of Hargelle district of Afder zone, Somali region, in November 2004, showed that between 15% and 28% of the children measured (weight−height index and presence of

oedema) were acutely malnourished (SC−USA, 11/04). The highest proportion of malnourished children was found in Gode district.

In August 2004, two random−sampled nutrition surveys were conducted in pastoral and agro−pastoral food economy groups in Shinile, Dambal and Erre districts of Shinile zone, Somali region (SC−UK, 08/04). The surveys showed an average nutrition situation with a prevalence of acute malnutrition of 8.1% (6.2−10.0) including 0.3% (0.0−0.7) severe malnutrition and of 9.8% (7.5−12.0) including 0.5% severe acute malnutrition (0.1−1.0) in agro−pastoral and pastoral food economy groups, respectively. The mortality rates were under−control to average: CMR = 0.29 deaths/10,000/day and 0.09 deaths/10,000/day and under−five MR = 1.19 deaths/10,000/day and 0.37/deaths/10,000/day in agro−pastoral and pastoral areas, respectively.

Measles vaccination was low, around 50%. According to periodical nutrition surveys undertaken by SC−UK in the same area, the nutrition situation has remained stable since September 2003. Shinile zone is not considered as one of the most affected area in Somali region (see above).

Acceptable to average nutrition situation in parts of East Hararghe and West Hararghe zones, Oromia region

According to seven random−sampled nutrition surveys conducted by Care in three districts of East−Hararghe and four districts of West Hararghe in October/November 2004, the nutrition situation was acceptable to average while mortality rates were under control (table 5) (Care, 11/04). These surveys were done during harvest time and seemed to show improvement in the nutrition situation compared to June 2004 (Care, 11/04).

Recommendations

From the SC−UK survey in Fader and Liban zones, Somali region

- Implement intervention in veterinary services
- Continue relief food intervention
- Consider implementing supplementary feeding programmes
- Implement food basket monitoring and post−distribution monitoring
- Rehabilitate existing health facilities; establish mobile teams until new health posts are established
- Implement MCH activities
- Repeat measles vaccination campaigns regularly
- Enhance provision of safe drinking water

Kenya

Contrary to expectations before the onset of the short rainy season, rains were poor in the marginal agricultural districts in Eastern, Coast and Central provinces, which has led to maize crop failure (FEWS, 06/01/05). The expected short rainy season harvest of maize has been revised to 270,000 MTs instead of the 450,000 MTs which was originally expected (FEWS, 20/01/05). The long and short rain harvests are estimated at 2 million MTs instead of the 2.61 million MTs average of the 10 previous years (FEWS, 20/01/05). Poor short rains have also badly affected the agro−pastoral district of Kajiado (FEWS, 20/01/05). Pastoral districts of Marsabit and western Mandera have experienced water shortages and fatal clashes over water have been reported in Mandera district and the Mai Mahiu region (FEWS, 20/01/05; AFP, 24/01/05). In other pastoral areas, food security seemed to have improved (FEWS, 20/01/05).

Food distribution to the 26 drought−affected districts improved in December 2004: 2.2 million people received food aid compared to 1.3 million in November. The ration also improved in quantity and quality (FEWS, 06/01/05).

Nutrition situation not critical in Kitui district, Eastern Region and Taita Taveta district, Coastal region

Random−sampled surveys conducted in two southern districts (mostly agro−pastoral), which have been declared affected by the drought, showed acceptable prevalence of acute malnutrition (table 6) (AMREF, 10/04; IMC, 10/04). However, the poor last rainy season may worsen the situation. Mortality was under control in Kitui district.

Precarious nutrition situation in Kakuma refugee camp and Kakuma town, Turkana district

Kakuma refugee camp was set up in 1992 and hosts mostly Sudanese refugees (about 75%), Somali refugees (about 14%) and a small number of people from the Great Lakes. In October 2004, the camp was hosting about 90,000 people.

Turkana district is classified as an "arid and semi−arid land" and is mostly pastoral. This area is chronically food insecure with a significant reduction in herds over the past few years. The most recent droughts were experienced in 1999−2002 and in late 2003−2004 (see NICS 2).

Two random−sampled nutrition surveys were conducted in Kakuma refugee camp and among resident populations around Kakuma town in October 2004 (IRC, 10/04).

According to the surveys, the nutrition situation was serious and mortality rates were high (table 7). The nutrition status of resident and refugee children were comparable, while mortality rates seemed higher among the resident population than among the refugees.

Comparison with previous surveys showed that the nutrition situation in Kakuma camp was within the same range as in late 2003 (figure 1).

TABLE 6 RESULTS OF SURVEYS IN KITUI DISTRICT, EASTERN PROVINCE AND IN TAITA TAVETA DISTRICT, EASTERN PROVINCE, KENYA, OCTOBER 2004 (AMREF, 10/04; IMC, 10/04)

% Acute Malnutrition** (95% CI)	% Severe Acute Malnutrition** (95% CI)	Measles immunisation coverage (%)*	Vitamin A distribution	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
KITUI DISTRICT					
4.5 (3.3−5.5)	0.4 (0.1−1.9)	90.8	78.2	0.71	1.04
WUNDANYI & MWANBIRWA DIVISIONS, TAITA TAWETA DISTRICT					
3.0 (1.7−4.1)	0.4 (0.0−1.0)	89.0	74.4	–	–
VOI & TOITA DIVISIONS, TAITA TAWETA DISTRICT					
4.9 (3.0−6.0)	0.7 (0.2−1.6)	88.2	44.5	–	–

* According to cards or mothers' statements
** Not including oedematous children

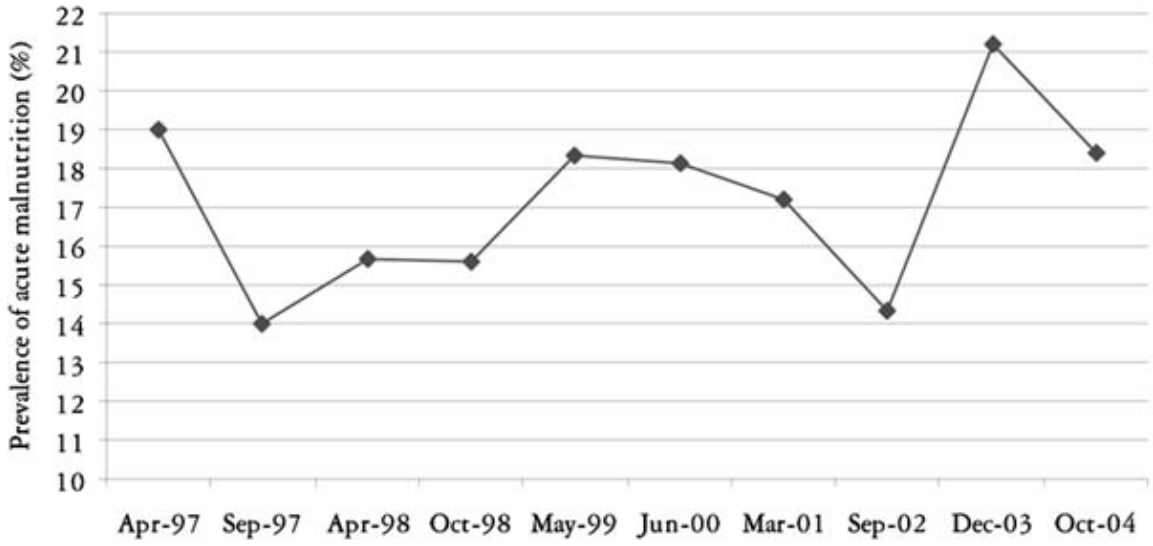


FIGURE I PREVALENCE OF ACUTE MALNUTRITION, KAKUMA REFUGEE CAMP

TABLE 7 RESULTS OF SURVEYS IN KAKUMA REFUGEE CAMP AND KAKUMA TOWN, TURKANA DISTRICT, KENYA, OCTOBER 2004 (IRC, 10/04)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Vitamin A distribution	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
KAKUMA CAMP					
18.4 (14.9–22.1)	2.6 (1.7–4.1)	85.8	86.4	0.86	2.27
RESIDENT POPULATION					
18.8 (14.7–24.0)	2.8 (1.6–4.6)	86.5	86.0	1.55	3.02

* According to cards

A survey conducted in February 2004 in Kakuma, Lokichoggio and Oropoi divisions in Turkana district revealed a prevalence of malnutrition of 16.8% (14.5–19.4) (see NICS 2). Although this survey and the survey carried out in October 2004 are not directly comparable, because they were not conducted among the same population, the results of both surveys are within the same range.

Haemoglobin measurements among refugee and resident children showed that anaemia was a major public health problem in both resident and refugee populations (table 8).

Almost all refugee households were getting relief food (98.4%) while 30.7% of the resident households had access to food distributions. More than half of the refugees (58.9%) were selling part of the food distribution to buy items such as milk, meat, vegetables, cloths, soap or firewood.

Only about 35% of the refugee and resident mothers were exclusively breast–feeding their children until the age of 6 months.

Average nutrition situation in Dadaab refugee camps, Garissa district

A random–sampled nutrition survey was conducted in June 2004 in Dadaab refugee camp (GTZ, 06/04). At the time of the survey, the three camps located in Dadaab area (Hagadera, Dagahaley and Ifo) were hosting 134,784 people, mainly from Somalia. Unfortunately, the prevalence of acute malnutrition was only expressed as a percentage of the median. The prevalence of acute malnutrition was 6.9% (5.3–8.6), including 0.2% (0.1–0.6) severe acute malnutrition. Comparison with the prevalence of malnutrition, also expressed as a percentage of the median, from previous surveys showed an improvement compared to 2003 when acute

malnutrition was 15.1% (12.2–17.9), including 2.2% (1.3–3.1) severe acute malnutrition.

TABLE 8 PREVALENCE OF ANAEMIA, KAKUMA REFUGEE CAMP AND KAKUMA TOWN, TURKANA DISTRICT, KENYA, OCTOBER 2004 (IRC, 10/04)

N	Mild anaemia* (%) (95% CI)	Moderate anaemia* (%) (95% CI)	Severe anaemia* (%) (95% CI)	Total anaemia* (%)
REFUGEE CHILDREN				
231	59.3 (52.7–65.7)	23.1 (16.1–27.1)	2.6(1.0–5.6)	85.0
RESIDENT CHILDREN				
103	68.0 (58.0–76.8)	6.8(2.8–13.5)	1.9 (0.2–6.8)	76.7

* Mild anaemia: Hb = 7–11 g/dl; moderate anaemia: Hb = 5–7 g/dl; severe anaemia: Hb < 5 g/dl

Anaemia (Hb < 11 g/dl) was high among the 6–59 month–olds: Hagadera: 54.3%, Ifo: 61.2% and Dagahaley: 60.9%. It was, however, lower than in Kakuma (see above).

The food distribution seemed to have been near the intended 2,100 Kcal/pers/day over the six months prior to the survey, with an average distribution of 2072 Kcal/pers/day. About half of the households were selling part of their food ration and especially cereal, mainly in order to buy other food such as sugar, milk, meat, tea leaves, rice and vegetables, or soap and paraffin.

More than half of the households (56.1%) reported having some kind of income and/or property. Forty–two percent of the households owned livestock, while 27% had incomes: about 20% had some kind of waged labour or income–generating activities, 4% had their own business and another 4% were receiving remittances.

It seemed that fewer families who reported having incomes were selling part of their food ration (29%) than families who reported not having incomes (60%).

This might be explained by the fact that for families who do not have an income, selling part of the food ration is the only way to obtain other food or non–food items.

Tsunami

While the Tsunami hit the Kenyan coast at the end of December 2004, it seemed that the early evacuation of the beaches and coastal areas prevented major casualties. A few wounded people and one death were reported (Afrol News, 03/01/05). Mombasa city and nearby villages seemed to have been badly hit.

Overall

Food security is still poor in pastoral and agro–pastoral areas hit by drought. The nutrition situation of both refugee and resident population in Kakuma division, Turkana district is precarious (category II), while it seemed to have somewhat improved in Dadaab refugee camps.

Somalia

The African Union is to deploy the first contingent of peacekeepers at the end of January 2005 in order to help the move of the transitional government and president from Nairobi to Somalia (IRIN, 06/01/05).

Deyr rains have been above normal in most part of the country and have helped regenerate rangeland resources (FEWS, 15/12/04). On the other hand, heavy rains have led to the death of large numbers of livestock and to destruction of properties in the north. In the south, flooding has forced farmers in the riverine area to abandon their farms and has destroyed part of the crops (FEWS, 15/12/04).

The amount of funds requested through the Consolidated Appeal Process for 2005 has increased by over 35% compared to 2004 and the amount requested for food aid has almost doubled (FEWS, 15/12/04). The 2004 CAP was only 50% funded.

TABLE 9 RESULTS OF SURVEYS IN BARI REGION, SOMALIA, OCTOBER 2004 (FSAU/N, 11/04)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Vitamin A distribution	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
QARDHO AND BANDER BEYLA DISTRICTS					
12.8 (10.8–15.2)	2.3 (1.5–3.6)	52	56	0.59	1.44
ALLULA, QANDALA, BARGAL AND ISKUSHUBAN DISTRICTS					
14.6 (12.4–17.1)	1.9 (1.1–3.0)	70	65	0.11	0.25

* According to cards and mothers' statements

About 50,000 people affected by tsunami in north–eastern Somalia

On 26 December 2004, deadly tidal waves hit Somalia as a consequence of the earthquakes in South Asia. The most affected area is northeastern Somalia on a stretch of around 650 km between Hafun in Bari region and Garacad in Mudug region (IRIN, 25/01/05). In the south, it seems that some villages in Lower Juba have also been affected (IRIN, 25/01/05). Depending on the estimate, the death toll is between 150 and 300. About 50,000 people have seen their properties destroyed and have been displaced.

The inland region has been experiencing a drought over the past years and was already vulnerable. It seems that some of the people who have been displaced from the coast by the tsunami, had been previously affected by the drought and had moved to the coast in search of incomes (IRIN, 25/01/05). Furthermore, in the Hafun peninsula, which is the most affected area, the dunes, which were protecting the villages from the high tides, have been washed out by the tsunami. This means that people can not re–establish their settlement in its original location (IRIN, 14/01/05). An estimated 2,600 fishing boats were destroyed (IRIN, 14/01/05).

Insecurity and bad roads condition have hampered access to some of the communities. However, WFP had distributed food to 21,000 people as of mid–January 2005 (WFP, 14/01/05). A report released by the Somali government and aid agencies, recommends emergency support in food and non–food items for about six months together with support to economic production through re–stocking and procurement of fishing material (IRIN, 20/01/05).

North–eastern region still vulnerable

Two random–sampled nutrition surveys conducted in Bari region in October 2004 showed a precarious nutrition situation, while mortality rates were under control to average (table 9) (FSAU/N, 11/04).

A fourth round of nutrition surveillance was conducted in sentinel sites in Sool plateau and Lower Nugal valley in November 2004 (FSAU/N, 01/05). The area has experienced adverse weather conditions and high food insecurity for three years. The nutrition situation seemed to have slightly improved in Sool plateau (table 10), while it was highly precarious in Lower Nugal Valley where 33.9% of the children surveyed were acutely malnourished, including *6.6%* severely malnourished. While mortality in Sool plateau seemed under control, mortality was very high in Lower Nugal Valley. The level of destitution has increased and people were relying on extreme coping mechanisms. Although insecurity has hampered the delivery of humanitarian assistance in the whole area, access to Sool plateau has been easier than to Lower Nugal Valley.

TABLE 10 NUTRITION SITUATION IN SOOL PLATEAU, SCREENING IN SENTINEL SITES (FSAU–N, 01/05)

6–59 month old children	
Acute Malnutrition (%)	Severe Acute Malnutrition (%)
December 2003	
18.9	3.8
January 2004	
21	5.7
April 2004	
15	1.9
November 2004	
12	3.3

Dire situation in Luuq district, Gedo region

A random–sampled nutrition survey conducted in Luuq district in October 2004 showed an appalling prevalence of malnutrition: acute malnutrition was 25.4% (22.7–28.4), including 5% (3.7–6.7) severe acute malnutrition (FSAU/N, 11/04). Mortality rates were also very high: crude mortality rate = 1.5/10,000/day, under–five mortality rate = 3.7/10,000/day. Measles vaccination coverage was only 61%. The chronic food insecurity in the area has been compounded by insufficient rains since 2000 and a high level of insecurity which both hampers people's livelihoods and the delivery of assistance.

Serious situation in Baidoa district, Bay region

The district has been hard hit by insecurity since 2002, which has resulted in the disruption of livelihoods and the delivery of humanitarian assistance, despite four recent favourable cropping seasons. **A random–sampled nutrition survey carried out in October 2004 showed a prevalence of acute malnutrition of 16.3%, including 2.9% severe malnutrition** (FSAU/N, 11/04). This is within the same range as the prevalence of 17% recorded in the district in 2000. Measles vaccination coverage and vitamin A distribution coverage were only 44.6% and 41%, respectively.

Overall

Parts of south and north–eastern Somalia continue to experience high food insecurity and precarious to dire nutrition situations (category I/II). The tsunami has affected at least 50,000 people in the north–eastern coastal area.

Sudan

Situation still volatile in Darfur

The security situation is still highly volatile in Darfur with reported attacks on villages, population displacement and harassment of aid workers (Reuters, 19/01/05; UNNews, 07/01/05).

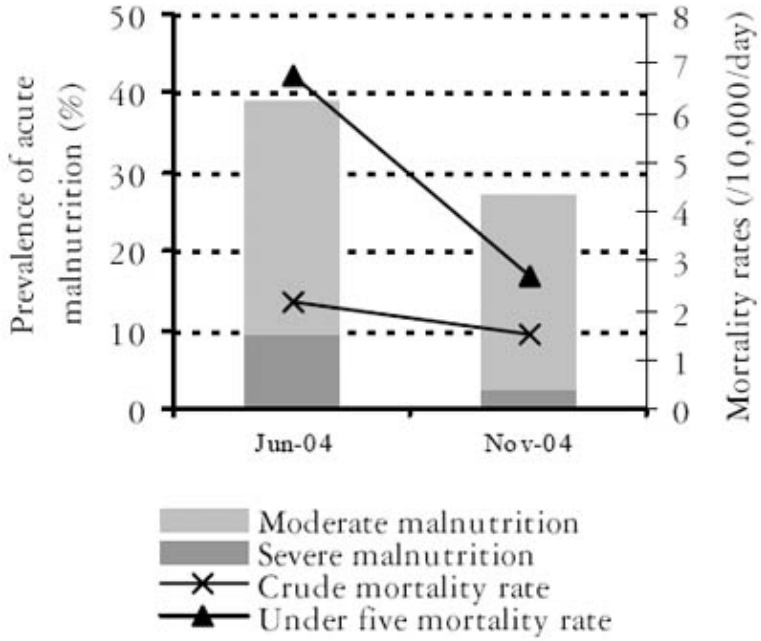


FIGURE 2 PREVALENCE OF ACUTE MALNUTRITION AND MORTALITY RATES, ABU SHOK CAMP, SOUTH DARFUR

SC–UK withdrew from Darfur after four of their staff members were killed (UN–RC, 30/12/04). 2.39 million people are estimated to have been affected by the conflict, including 1.66 million displaced persons and about 200,000 refugees in Chad (USAID, 30/12/04). In December 2004, WFP was able to reach only 60% of planned targets, mainly because of security constraints (WFP, 29/12/04).

SITUATION STILL SERIOUS BUT BETTER THAN 6 MONTHS AGO IN ABU SHOK CAMP, SOUTH DARFUR

A random–sampled nutrition survey was conducted by ACF–F in Abu Shok IDP camp, near El Fasher town, in North Dafur in November 2004 (ACF–F, 11/04). Although the situation was still serious, it has improved compared to June 2004 (figure 2). Mortality rates and especially under–five mortality also seemed to have improved but remain of concern (figure 2). Measles vaccination coverage was within the same range as in June 2004 and was below 50%.

Since the survey was carried out thousands of new arrivals have been registered in Abu Shok camp (WFP, 29/12/05).

TABLE II RESULTS OF SURVEYS IN DARFUR REGION, SUDAN, (ACF–F, 09/04; EPICENTRE, 11/04; SC–US, 01/05))

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
SERIF UMRA, NORTH DARFUR				
14.7 (13.0–16.3)	2.7 (1.6–3.8)	92.6	0.8 (0.4–1.3)	1.8(1.0–3.0)
NYALA TOWN, SOUTH DARFUR				
23.6 (19.9–27.8)	3.0(1.7–5.1)	75.9	–	–
FUR BARANGA, HABILA, WEST DARFUR				
6.6 (4.6–8.5)	0.3 (0.0–0.6)	55.0	0.89	1.8

* According to cards and mothers' statements

AVERAGE SITUATION IN SERIF UMA, NORTH DARFUR

In the town of Serif Umra, North Darfur, where 59% of the surveyed population was displaced, the situation was average in November 2004, according to a random−sampled nutrition and mortality survey (table 11) (Epicentre, 11/04). People received food distributions in March (one month ration) in August (two month ration) and in October (one month ration). About 25% of the families interviewed did not possess a card for receiving food distributions. These were families which had arrived after the registration held in March 2004. Moreover, it seemed that for about 40% of the households having a card, fewer people were registered on the card than there were actually in the families. A significant proportion of the population had no access to jerry cans, blankets, soap or latrines. Oxfam were carrying a non−food item distribution at the time of the survey. They, however, had been prevented from distributing blankets.

SERIOUS SITUATION IN NYALA TOWN, SOUTH DARFUR

In Nyala town, South Darfur, which also counts a high proportion of IDPs, the nutrition situation was serious as of September 2004, according to a random−sampled nutrition survey (table 11) (ACF−F, 09/05) and was within the same range as a nutrition survey conducted in the nearby Kalma IDP camp at the same period (see NICS 4).

At the time of the survey, no food distribution had been carried out in the town.

AVERAGE NUTRITION SITUATION IN FUR BARANGA, HABILA, WEST DARFUR

A random−sampled nutrition survey conducted in Fur Baranga administrative unit, showed an average nutrition situation (table 11; SC−US, 01/05). Mortality rates were below alert thresholds (table 11). About 25% of the households interviewed were displaced. About 80% of the families have received a general food distribution. Migration for labour was widespread with 50% of the households having one person who has migrated for labour.

Southern Sudan

The government of Sudan and the SPLM/A (Sudan People's Liberation Movement/Army) signed a final peace accord at the beginning of January 2005, closing three years of negotiations (AFP, 09/01/05). However, some analysts have observed that prospects for lasting peace remain fragile (IRIN, 18/01/05). Nevertheless, following the peace agreement, some countries and the European Commission have shown their interest in reinforcing their commitment to Sudan (DFID, 24/01/05; EC, 25/01/05).

The UN envoy has demanded the deployment of 10,000 peacekeepers to observe the ceasefire (DPA, 18/01/05).

It seems that a significant number of refugees and IDPs have begun to return spontaneously to southern Sudan, for example, an estimated 15,000 people from Uganda (PANA, 11/01/05).

TABLE 12 RESULTS OF SURVEYS IN SOUTHERN SUDAN (ACF−F, 07/04; AAH−USA, 10/04; AAH, USA, 11/04; SC−USA, 12/04)

Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
BENTIU TOWN, UPPER NILE					
July 04	23.4 (19.6−27.6)	2.4 (1.2−4.3)	77.5	−	0.58
NYADIN & TOCH AREAS MAREANG DISTRICT, ZERAF COUNTY, CENTRAL UPPER NILE					
Oct−04	20.6 (16.9−24.9)	4.5 (2.7−7.0)	7.2	2.1	−
KUMBUR DISTRICT, RASHAD COUNTY, NUBA MOUNTAINS					

Nov–04	9.4	1.5	38.2	0.95	–
EL SALAMAT VILLAGE, TALODI, NUBA MOUNTAINS					
Dec–04	13.4 (9.8–18.4)	1.7 (0.5–4.4)	49.3	–	–

* According to cards and mothers' statements

The 2004 harvest was poor in most parts of southern Sudan and especially in the northern parts of Northern Bahr El Gazal (FEWS, 24/01/05). The poor rains have also undermined people's ability to gather wild foods and to fish (FEWS, 24/01/05). Depending on the area, the harvest is expected to last only until January–February 2005 in the worse case, and until May in the best case. In Western Equatoria, the second crop season will last until July–August 2005. In this fragile situation, the IDPs' ability to resettle properly will depend on the overall situation in their area of return. The nutrition situation in Bentiu town, Unity state, an enclave controlled by the government of Khartoum, and in Mareang district, Zeraf county, Central Upper Nile, was critical, according to two random–sampled nutrition surveys (table 12), and has remained within the same range over the last few years (ACF–F, 07/04; AAH–US, 10/04).

The situation in Nuba mountains seemed average to precarious (table 12) (AAH–USA, 11/04; SC–USA, 12/04).

Overall

The situation in Darfur is still dire (category I) and insecurity still prevalent. In Southern Sudan, a high number of IDP's and refugees' returns are expected while food security in parts of the region will be poor this year.

West Africa

Ivory Coast

Following the events which took place at the beginning of November 2004 (see NICS 4), the peace process between the government and the *Forces Nouvelles,* which controls the north of the country is still deadlocked. There have been reports of increasing unrest and harassment of civilians and humanitarian agencies (OCHA, 17/01/05). New IDPs have been registered in several locations, such as the IDP centre in Guiglo (OCHA, 17/01/05). Several cholera cases have been reported at the hospital of Bouake (OCHA, 17/01/05). It seems

that the situation along the road of Guiglo–Duekoue was serious in terms of health and malnutrition (OCHA, 17/01/05).

Liberia

The situation has remained calm, although some sporadic riots have been reported, such as in Harper and Gbarnga (IRIN, 27/01/04; WFP, 28/01/05).

Since the beginning of the IDP repatriation exercise, 26,380 displaced people have been repatriated, as well as 4,879 former Liberian refugees (WFP, 28/01/04). They have received a repatriation package. In addition, an estimated 100,000 refugees have made their own way to Liberia (UNHCR, 12/01/05). Inaccessible roads in parts of Grand Cape Mount and Gbarpolu counties render return to these areas difficult (OCHA, 20/12/04).

The food distribution to IDPs has been halved since June 2004 as a result of resource constraints (OCHA, 20/12/04).

Ivorian refugees at risk

About 6,000 Ivorian refugees have remained in Butuo area, Nimba county (see NICS 4). The majority have been sheltered by Liberian households. As of end December 2004, it seemed that food aid had not yet been distributed (RI, 20/12/04), although an assessment carried out in mid–November recommended air–lifting food in the first place and then repairing damaged bridges in order to transport food by road (Inter–Agencies, 11/04). The mission also recommended increasing capacity of health care, improving access to safe drinking water and sanitation and providing non–food items. Transfer of refugees from the insecure border further inland was also advocated (Inter–Agencies, 11/04).

Reconstruction and livelihood support crucially needed

An assessment in Vahun district, Lofa county observed that more than half of the inhabitants were newly returned (ICRC, 11/04). Therefore, agriculture activity was reduced as many people came back too late for the planting season. About 70% of the houses and shelters were damaged and 10% were abandoned. There were no medical services in the entire district, the government clinic having been destroyed. People in search of health care were travelling to Sierra Leone. Accessibility was very poor with poor roads and damaged bridges. An assessment conducted in the three eastern counties of River Gee, Grand Kru and Maryland showed that the majority of the houses were occupied (ICRC, 08/04). Most people had started to cultivate and were expecting a small but good harvest. However, there was a big need for tools. In a more recent assessment of the same area, the lack of support in terms of assistance to these counties was deplored (HAC, 11/04).

Nutrition situation not critical in Bomi county

A random–sampled nutrition survey together with a food–security assessment were carried out in Bomi county in December 2004 (WFP/joint, 12/04). The nutrition situation was not critical and mortality rates were average (table 13). The prevalence of acute malnutrition was within the same range as shown by a nutrition survey done in Bomi and Grand Cape Mont counties in March 2004 (see NICS 2). The mortality rates were lower than in March 2004. The survey was done at the time of the year when fishing and palm oil production were largely available. The food security situation did not appear stable; the population under–going transition with minimal agricultural activity (box 2). Tubnamburg city was more vulnerable than the other districts (figure 3). According to the communities, health service provision was ranked as the first problem followed by inadequate educational facilities and training opportunities, inadequate food, and low agricultural production due to low accessibility to farm tools and seeds. Only 35–40% of the population seemed to have returned and 40% of the households have split families: it seems that some members of the households have remained in IDP camps, while others returned home.

TABLE 13 RESULTS OF A NUTRITION AND MORTALITY SURVEY IN BOMI COUNTY, LIBERIA, DECEMBER 2004 (WFP/JOINT, 12/04)

% Acute Malnutrition	% Severe Acute Malnutrition	Measles immunisation	Vitamin A distribution	Crude Mortality	Under 5 Mortality

(95% CI)	(95% CI)	coverage (%)*		(/10,000/day)	(/10,000/day)
5.0 (3.8–6.7)	0.7 (0.3–1.5)	80.7	96.7	1.08	1.53

* According to cards and mothers' statements

Box 2 FOOD SECURITY ASSESSMENT IN BOMI COUNTY, LIBERIA, DEC 2004 (WFP/JOINT, 12/04)

FOOD SECURITY

SOURCES OF INCOME

Sale of firewood/charcoal: 18%
Sale of palm oil: 18%
Small scale agriculture: 16%
Petty trade: 15%

SOURCES OF FOOD

Purchase: 87%
Farm/own production: 9%
Gifts from friends/relatives: 3%
Relief: 1%

PROPORTION OF MAIN EXPENDITURE ON DIFFERENT FOOD ITEMS

Rice: 45%
Fish and meat: 21 %
Oil and fat: 16%

HOUSEHOLD EXPENDITURE

Food: 52%
Transport: 12%
Education: 12%
Medical: 10%

WATER AND SANITATION

Access to safe drinking water: 39%
Access to latrines: 17.5%

CHILD FEEDING PRACTICES

Timely complementary feeding started at 6–9 months: 26.3%
Continued breastfeeding to one year: 89–4%
Continued breastfeeding to two years: 45.5%
Average age introducing solid foods: 8 months
Average age introducing liquids: 5.2 months
Average age of stopping breastfeeding: 13.2 months

Overall

The situation has stabilized in Liberia but there are great challenges in terms of reconstruction, such as housing, roads and infrastructure. Re–integration of the IDPs and refugees will also be a major task.

Recommendations

From the survey in Bomi county

- Support rehabilitation of agricultural land and basic infrastructures
- Improve access to basic treatment
- Integrate the supplementary programme with basic health care activities
- Provide communities with seeds and tools in time for the next planting season

• Improve access to clean water and sanitary facilities
• Strengthen health, hygiene and nutrition education
• Continue providing safety net supplementary food

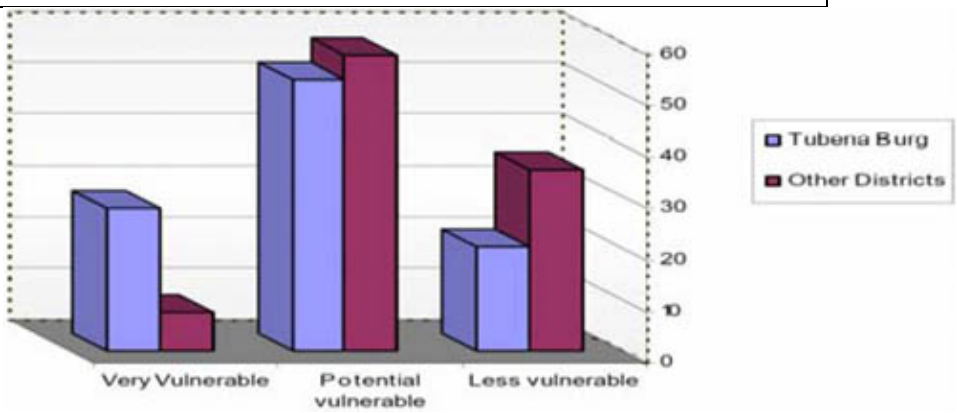


FIGURE 3 VULNERABILITY TO FOOD INSECURITY IN BOMI COUNTY (WFP/JOINT, 12/04)

Central Africa

Burundi

The peace process has seen delays, with the referendum on the draft post–transition constitution being postponed for the third time (USAID, 31/12/04). On the other hand, demobilisation of former fighters began at the beginning of December, as expected (IRIN, 02/12/04).

More than half of the estimated 280,000 IDPs returned to their home in 2004, especially in the eastern and southern provinces, while people were more reluctant to return to the northern and central provinces (RI, 01/12/04). However, it seems that the majority of the 30,000 IDPs in Bujumbura Rural province have recently returned (IRIN, 21/12/04). This province is still the most insecure area in Burundi, being the stronghold of the only armed force which has refused to take part in the peace agreement. The security situation seems to have

improved recently in the province.

A cholera outbreak has occurred in Bujumbura town and Rural. As of 24 January, 153 cases were registered (OCHA, 23/01/05). About 2,285 refugees from Tanzania have returned to Burundi since the beginning of the year, as of 23 January 2005 (OCHA, 23/01/05).

The food security situation was bleak in the northern part of the country at the end of last year, the traditional hunger–gap season, and especially in Kirundo and Muyinga provinces, owing to a combination of drought and manioc mosaic virus (IRIN, 19/01/05). WFP has intensified its food distribution to the area (WFP, 17/12/04). A greater than usual deterioration in the nutrition situation has also been reported in Ngozi province (AAH, 26/01/05).

Central African Republic

The Central African Republic has faced a structural crisis for years, with an institutional instability marked by mutinies, coup attempts, and destruction and looting of infrastructure and people's property (CAP, 2005). An armed rebellion took place between October 2002 and March 2003, when François Bozize ousted President Felix Patasse (IRIN, 15/03/04). Although the situation has calmed down, security has remained fragile and the rehabilitation and development of infrastructure is hampered by a lack of means. Banditry is widespread, especially in the north–west of the country (IRIN, 06/01/05). Presidential and parliamentary elections are scheduled for the beginning of 2005 (IRIN, 06/01/05). Thousands of people are still refugees, of whom 30,000 are in Chad (see NICS 4).

A random–sampled nutrition survey was conducted in Kuango sub–prefecture, Ouaka prefecture, in the centre of the country. The survey showed an average nutrition situation with 6.8% (4.7–8.8) of the children being acutely malnourished, including 1.2% (0.5–1.9) severely malnourished (MSF–S, 12/04). Mortality rates were also average: CMR = 1.7/10,000/day and under–five MR = 1.7/10,000/day. Measles vaccination coverage was only 19.5%. A measles outbreak had just occurred in the area.

Democratic Republic of the Congo

Despite the beginning of the disarmament process, violence is still widespread in the east of the country with fighting reported in Ituri district (UNNews, 31/01/05; IRIN, 13/01/05) and in North Kivu, with the displacement of at least 100,000 people, of whom some have sought refuge in Uganda (IRIN, 30/12/04) (see Uganda). Although a 10–km buffer zone has been created by the UNMIL, assistance has been difficult to deliver (IRIN, 30/12/04). A cholera outbreak has been reported in South Kivu with 2,152 cases during January (IRIN, 27/01/05).

Following the alert launched by Refugee International about IDPs sheltered near Kinshasa (see NICS 4), a programme of repatriation has begun (RI, 31/01/05).

Mortality rates in western and eastern DRC

IRC conducted randomly–sampled retrospective mortality surveys in 25 health zones between April and July 2004, covering a recall period of 16 months (IRC, 07/04). Two surveys were done; one was carried out in ten health zones in the west of the country (formerly government held areas) and the other one was undertaken in fifteen health zones, in the east of the country (formerly non–government held areas). The major part of the east has experienced a higher level of violence. Forty–six health zones were removed from the sampling in the east owing to insecurity which prevented access.

The results showed high mortality rates, especially in the east of the country (table 14), where they were above alert threshold. The difference between the crude mortality rates in the east and west was statistically significant. Deaths due to violent injury were concentrated in 9 of the 15 eastern health zones, where at least one violent death had been reported, which increased the CMR by 75%, compared to eastern health zones where no violent death had been reported. In the same way, in the east, areas experiencing ongoing conflict had a CMR almost twice the CMR in more secure areas: 2.7/1,000/day vs. 1.4/1,000/day.

The number and proportion of violent deaths had, however, decreased over the 16 months of the recall period.

Morbidity–related causes of death were mainly due to fever, diarrhoea, malnutrition and respiratory infections.

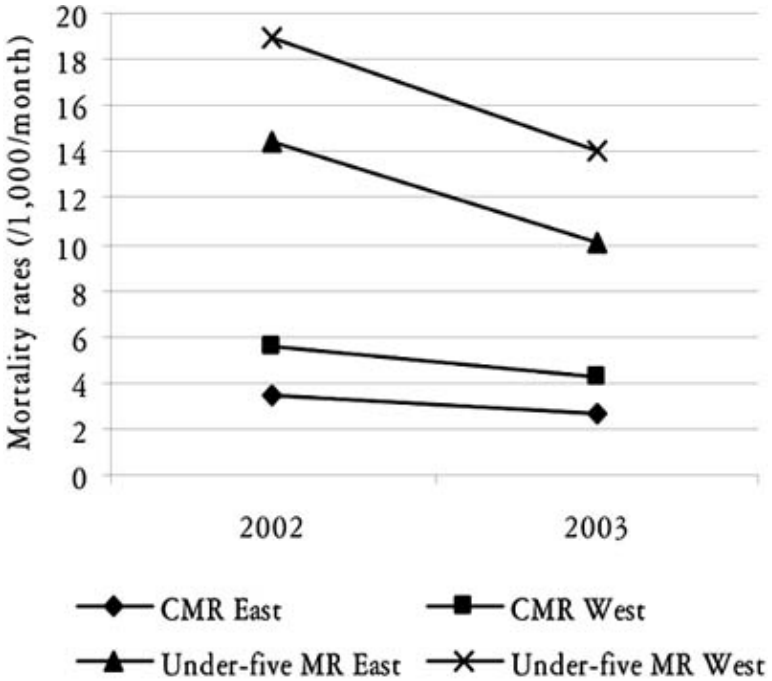


FIGURE 4 MORTALITY RATES IN DRC

In the east, the highest death rates were recorded in Katana and Shabunda (South Kivu), Moba and Kalemie (Katanga), and Kalima (Maniema), and in the west, in Mutena, Kalonda East and Kalonda West (Kasai Occidental), and Kipushi (Katanga).

When compared with the mortality survey conducted in 2002, although crude mortality has decreased by 23% in the east and 20% in the west, the difference was not significant (figure 4).

CMR recorded in 2002 had significantly decreased compared to 2001 in the east (see RNIS 42).

TABLE 14 MORTALITY RATES IN DRC, APRIL 2004 (IRC, 07/04)

Crude Mortality Rate (/1,000/month) (95% CI)	Under–five Mortality Rate (/1,000/month) (95% CI)	Crude Mortality Rate (/10,000/day)*	Under–five Mortality Rate (/10,000/day)*
WEST			
1.7 (15.–1.8)	4.3 (3.9–4.7)	0.6	1.43
EAST			
2.3 (2.1–2.5)	4.8 (4.4–5.3)	0.77	1.6

* Calculated from the rate expressed as/1,000/month

Uganda

It seems that the situation has somewhat improved in northern Uganda. The government of Uganda and the LRA (Lords' Resistance Army) conducted peace talks at the end of 2004 and a ceasefire was declared (USAID, 05/01/05). Security has improved, thus increasing access to camps for humanitarian assistance. The number of displaced people has decreased from 1.6 million in March 2004 to 1.3 million as of early January (USAID, 05/01/05). The situation is, however, still very precarious in camps. A cholera outbreak was declared in Pabbo camp, Gulu district (USAID, 05/01/05) and fires have resulted in several deaths and destroyed about

6,000 homes in Gulu and Lira districts (WFP, 28/01/05). Food and non–food items have been distributed to the victims (ICRC, 26/01/05; WFP, 28/01/05).

In January 2005, about 10,000 people crossed the border from DRC to Kanungu and Nkondo districts (IFRC, 25/01/05). Following insecurity in this area, only 3,000 have remained, the others have either returned to DRC or moved further inland to refugee camps. The refugees in Kanungu and Nkondo districts are in great need of assistance (26/01/05).

An alert has been launched about a possible food shortage in Karamoja region after crop failure (IRIN, 14/01/05). According to nutritional surveys, the nutrition situation was already poor as of August 2004, when the prevalence of acute malnutrition was 18.7% (USAID, 05/01/05).

Chad

There are an estimated 203,000 Sudanese refugees settled in eleven camps in eastern Chad. Although humanitarian assistance has increased over the past months, the situation remains highly precarious for both the refugees and the host population.

Some security incidents have been reported near the border with Sudan and around the refugee camps (AFP, 15/01/05; WFP, 14/01/05). Hepatitis E is still rampant in some of the camps and a meningitis outbreak has spread in Treguine, Bredjing and Farchana refugee camps since early January (WHO, 28/01/05). A vaccination campaign has been implemented (MSF, 28/01/05). Water scarcity is a major threat to sustaining refugee settlement (UNHCR, 21/12/04).

Preliminary results of nutrition surveys showed precarious to critical nutrition situations among refugee and resident populations

Surveys conducted in Bahai camp and among resident populations, showed a critical situation with a prevalence of acute malnutrition of 20.5% (16.9–24.5), including 1.7% severe acute malnutrition (0.4–5.3) and of 21.4% (15.6–28.5), including 1.7 (0.4–5.3) severe acute malnutrition among refugees and residents, respectively (AAH, 01/05). On the other hand, the nutritional situation was better, although precarious among refugee and resident populations in and around Treguine camp: acute malnutrition was 11.3% (8.6–14.6), including 1.1% (0.4–2.6) severe malnutrition, and 14.2% (11.2–17.8), including 1.2% (0.4–2.7) among refugee and resident populations, respectively.

Food distribution below the recommended ration

As most of the refugees depend almost entirely on food distribution to cover their food needs, the food basket per person and per day has been determined as followed: cereal: 425 g, pulses: 50 g, CSB: 50 g, oil: 25 g, salt: 5g and sugar: 15g, representing 2,063 Kcal/pers/day. According to food basket monitoring in ten camps, the average ration distributed represented 1903 Kcal/pers/day in November 2004, but only 1558 Kcal/pers/day in December 2004. This was mainly due to a pipeline break, especially in terms of pulse and CSB (WV, 12/04). CSB is the main source of vitamin and minerals: breaks in CSB distribution can lead to vitamin and mineral deficiencies. Due to continued delays in food delivery to the region, reduced rations (1,600 to 1,800 Kcal) were also distributed in January 2005 (WFP, 14/01/05).

The blanket supplementary food distribution has also experienced pipeline breaks and only a half ration was distributed in seven camps, while no distribution was conducted in the other camps in December (WV, 12/04). The blanket supplementary food distribution is meant to continue at least until the results of nutrition surveys, which are currently carried out in the camps, are available.

A joint assessment mission, conducted in November 2004 (JAM, 11/04), recommended that: the supply of 2,100 Kcal/pers/day continues; cereals which suit refugee food habits, such as sorghum, millet and corn flour, be distributed; milling be taken into account either by distributing meals, implementing milling facilities at camp level or distributing an additional cereal grain ration of 50 g in order to offset milling coasts; information about the importance of CSB be provided to the population; the present system of group food distribution be shifted to family distributions; food basket monitoring be continued and post–distribution monitoring be implemented.

Other recommendations of the mission, regarding the refugees, were: to undertake a refugee identification exercise; to organize a training programme on screening for micronutrient deficiencies (it seems that three

cases of scurvy had been identified); to define a joint operational strategy for opening and closing TFCs.

Assistance needed to the host population

The joint assessment mission (JAM, 11/04) recommended that host population receives an immediate and visible response; that projects be implemented using the available budget of UNHCR for "quick–impact projects" and using WFP food intended for 25,000 beneficiaries; that school feeding programmes be revitalized; that partners constitute a working group to develop a comprehensive strategy to cover emergency needs as well as longer–term projects; that in addition to feeding centres and health centres, the resident population has access to blanket supplementary feeding. The JAM also recommended that the resident population, who first hosted the refugees at the border area, also be taken into account.

Overall

The situation is still bleak in Chad with outbreaks of hepatitis E and meningitis, a low water supply and the fact that insufficient food rations are provided. Sustaining and enhancing the efforts to support both refugees and resident populations is crucial.

Asia

Afghanistan

The security situation has remained volatile. Following the presidential election won by Hamid Karsai, a new cabinet has been appointed (BAAG, 31/12/04). As of early January 2005, about 32,210 former soldiers had disarmed (UNAMA, 06/01/05).

UNHCR expressed concerns over arrests of refugees in Iran. Iran has launched a crackdown against illegal migrants and it seems that people who were granted refugee status have also been harassed (IRIN, 12/01/05).

Nutrition situation still precarious in Northern Shamali/Southern Panjshir

A random–sampled nutrition survey was conducted in four districts of Kapissa province, three districts of Parwan and two districts of Panjshir in August 2004 (ACF–F, 07/04). **The survey indicated a precarious situation: 14.3% (11.3–17.9) of the children were acutely malnourished, including 2.3% (1.2–4.3) severely malnourished.** This seems to be a slight decrease when compared to August 2003, although the confidence intervals overlapped (figure 5). The prevalence of malnutrition is traditionally higher during summer than winter. Mortality rates were below alert thresholds: CMR = 00.39/10,000/day, under–five MR =

0.62/10,000/day. The presence of goitre was assessed among 6 month to 15 year–old children (2226) and among women from 15 to 45 years. Seventeen percent of the 6 month to 15 year olds had goitre; girls were significantly more affected than boys: 19–7% vs. 14.3%. Forty percent of the women had goitre, which is a very high level. The use of iodized salt seemed, however, to have increased in 2004. Shamali plain is very fertile but the area was the stronghold of the resistance against the Taliban and has suffered from destruction and blockades. It seems that little assistance is delivered to the area, which would benefit greatly from food security interventions.

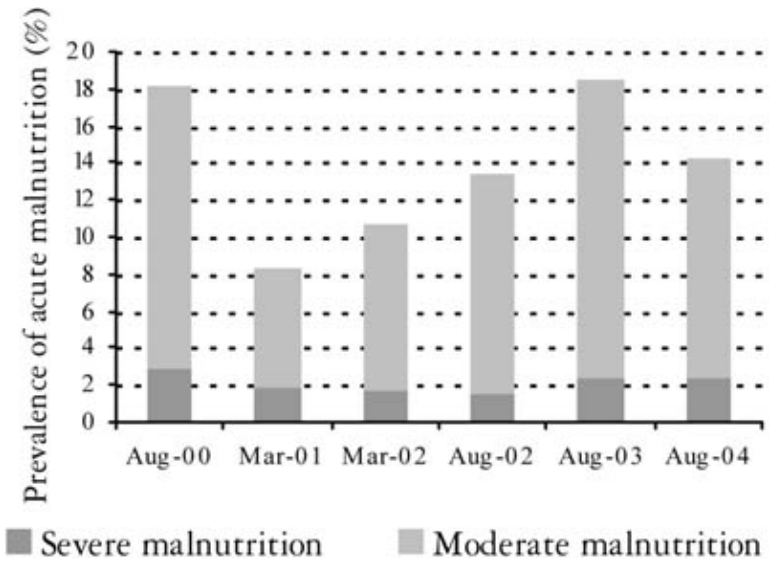


FIGURE 5 PREVALENCE OF ACUTE MALNUTRITION, NORTHERN SHAMALI, SOUTHERN PANJSHIR

Tsunami affected countries

Following a quake in the Indian Ocean, 250 kilometres northwest of the Indonesian island of Sumatra on 26 December 2004, measuring 9.0 on the Richter scale, enormous waves (tsunamis) hit the Aceh area of Sumatra, Indonesia and travelled to several Asian countries such as Sri Lanka, Thailand, India, Burma, Malaysia, the Maldives, and finally to the East African coast in Kenya, Somalia and Tanzania (AFP, 13/01/05).

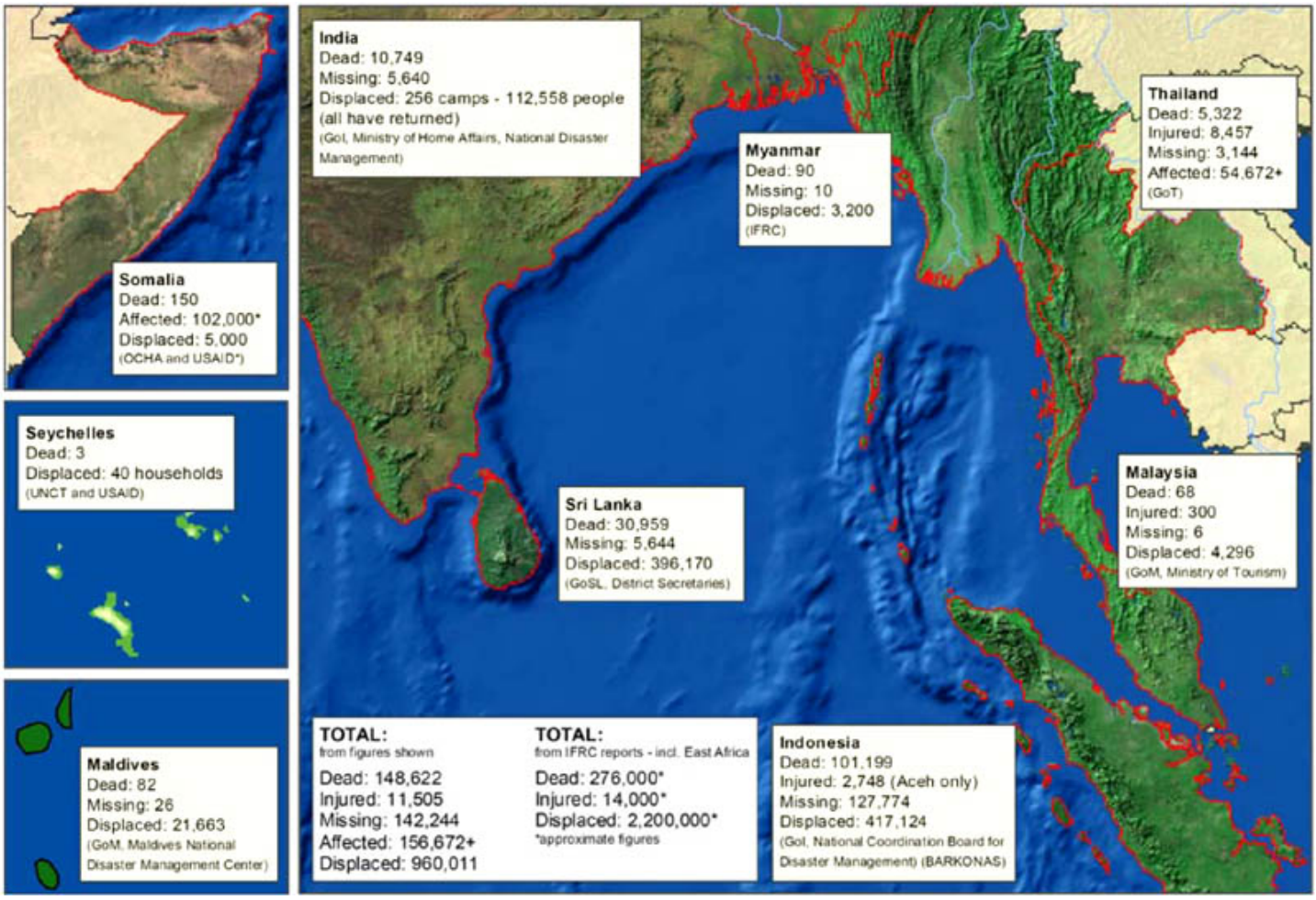
Although precise figures are difficult to obtain, the death toll is enormous (between 150,000 and 250,000) as is the number of people affected, which stands at more than one million (see map). Indonesia has been the hardest hit, followed by Sri Lanka, India and Thailand. Mobilization of assistance and financial contributions to the victims from citizens, private companies and governments have been unprecedented (AFP, 13/01/05; BBCNews, 30/12/04; BBCNews, 27/01/05; MSF, 04/01/05). The G7 has agreed to suspend debt interest repayments by tsunami–hit nations (BBCNews, 07/01/05).

On the ground, it seems that massive efforts have been deployed by populations, governments and humanitarian agencies, in some cases logistically supported by armies of several countries.

Immediate needs were in terms of provision of health care, food, water, sanitation and shelter, while longer–term needs are to rebuild people's livelihoods. Psychological support for the survivors will also be a major issue (BBCNews, 02/02/05).

Indonesia

Aceh province on the island of Sumatra has been the hardest hit by the Tsunami. This province has experienced a civil rebellion for years, with the rebels claiming the independence of the province. Before the tsunami, aid workers and journalists had been prevented from accessing the area for at least 18 months (BBCNews, 24/01/05). The government and the GAM (Free Aceh Movement) have declared a ceasefire to help aid get through to survivors. They have also met for the first time in almost two years in order to discuss smoothing the path of aid to victims (BBCNews, 31/12/04). The government estimated that 417,124 IDPs were living in spontaneous settlements while 260,000 were thought to be residing with extended families (OCHA, 28/01/05). It seemed that many of the camps were well–organized but there were also some ad hoc makeshift settlements (WFP, 31/01/05). Relocation centres were being established by the government of Indonesia for an estimated 100–150,000 IDPs for a period of up to two years (Joint mission, 01/05).



SOUTH ASIA EARTHQUAKE AND TSUNAMI: AFFECTED POPULATIONS (RELIEFWEB, 01/02/05)

The names shown and the designation used on this map do not imply official endorsement of acceptance by United Nations

Dala Sources: Governments of affected countries, IFRC. US AID. UN OCHA. UNCT (Seychelles)

ReliefWeb Map Centre

01 February 2005

INDONESIA DISTRICTS AFFECTED BY TSUNAMI AND EARTHQUAKE (RELIEFWEB, 02/01/05)

Food distributions have been on−going in Aceh. They were mostly composed of rice and noodles in the first instance (WHO, 01/05). As of end January, the pipe−line was secured for a more diversified ration, including canned fish and oil (OCHA, 28/01/05).

Concern was raised by the MOH about the large quantities of milk powder coming to Aceh (OCHA, 02/02/05).

Overall food prices in Aceh have risen by 20%, except for fish, which people don't want to consume for fear of post−tsunami contamination, and for rice owing to supplies from non−affected areas (OCHA, 28/01/05).

A rapid assessment, using a convenience sample, was conducted among 614 6−59 month−old children in 19 sites (camps in the open, camps in communal buildings and households with displaced persons in Bandah Aceh and Aceh Besar by MOH/UNICEF/CDC in mid−January. It was not possible to conduct a random−sampled survey because of the lack of reliable population figures. 12.7% of the children surveyed were acutely malnourished, including 1.5% severely malnourished, which is worrying (UNICEF; 21/01/05). No oedema was seen. BMI measurements of 334 women aged 18 to 45 showed that 15.3% had a BMI < 18.5, while 25.9% were overweight (BMI > = 25). Dietary intake seemed poor for 37% of the children (not having consumed rice, biscuits, noodles, canned fish and oil (the intended WFP food ration) the previous day at least), adequate for 38% of the children (having consumed at least the above−mentioned items) and good for 25% of the children (having consumed at least the above−mentioned items plus meat or eggs). Morbidity (cough, fever and diarrhoea) was high. Nutrition surveys and the establishment of a nutritional surveillance

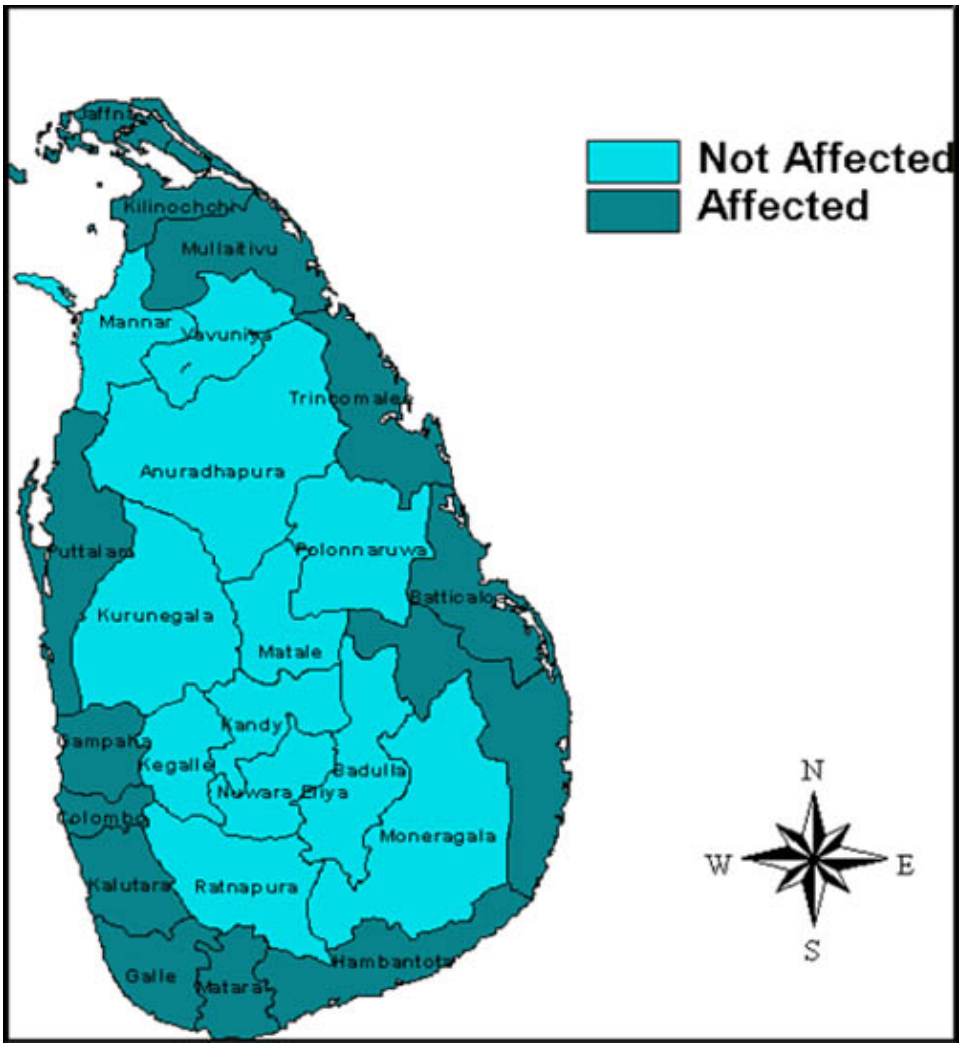
among the displaced population and the affected non−displaced population have been planned (OCHA, 02/02/05).

No significant outbreaks of diseases have occurred so far (WHO, 01/05), although some cases of measles, dengue fever and bloody diarrhoea have been reported (WHO, 01/02/05). A measles vaccination campaign has been conducted in IDP camps and was due to continue among the non−displaced population (OCHA, 02/02/05).

Sanitary conditions seemed to be one of the major problems, still being poor in most of the camps (WHO, 01/05). Soap and hygiene products were also greatly needed. The quantity of the water supply did not seem to be a problem, although the quality of water was not optimum (WHO, 01/05). Non−food items have begun to be distributed to IDPs and host families (OCHA, 28/01/05).

A livelihood sector coordination group has been established to work on common guidelines for cash−for−work, cash grants and micro−finance (OCHA, 28/01/05).

Sri Lanka



AFFECTED DISTRICTS, SRI LANKA

Sri Lanka has been ravaged by a civil war for years, with parts of the country controlled by the government and parts by the Tamil Tiger rebel forces, with little possibility of communication between the two sides.

As of early February, there was no agreement between the government and the rebel Tamil Tigers on a joint mechanism to coordinate relief (Xinhua, 02/02/05). It seems that the response to the catastrophe has been slow in Sri Lanka. A government official said that, as of beginning of February, only 30% of the affected population had received aid so far (Xinhua, 02/02/05). Coordination and information flow seemed to be one of the major constraints (DFID, 03/02/05).

The water supply did not seem to be a problem in displaced camps but had not been properly assessed in affected communities (OCHA, 02/02/05). No outbreaks of disease have been reported (WHO, 02/02/05).

WFP reported an anticipated caseload of 845,000 people for February 2005, an increase of 9% in comparison with January (OCHA, 02/02/05). A WFP assessment anticipated that people who earn an income in the service sector, retail trade or tourism sector will be able to sustain themselves from the end of January (WFP, 31/01/05). Others will need public work, micro−credit and food−for−work. There was a fear that food distribution in rice−producing areas might negatively effect local markets (WHO, 02/02/05).

A rapid livelihood assessment conducted in coastal areas of Ampara and Batticaloa districts in January found that repair and reconstruction of housing was thought to be the first priority by the affected population (SC−UK, 18/01/05). Fishermen need the repair or replacement of fishing boats and equipment. Unskilled casual labourers, who form a substantial part of the population, are in need of cash−for−work, in the first instance, while restoring income for the long term will require the support of those who previously employed them, such as masons, carpenters and shopkeepers. Women−headed households will also need support to restart their economic activities and newly widowed−households will need skills−training.

Markets seemed to be well functioning and prices were unchanged from the pre−tsunami levels. The rice harvest was due soon. SC−UK recommended that, then, cash−based interventions would be more appropriate than food aid.

Thailand

Six provinces of Thailand were affected. As of mid−January, the health situation was under control, mainly due to the rapid response implemented by the Ministry of Health (MMWR, 28/01/05).

The worst hit areas (Phuket, Pahn Nga and Krabi provinces) were areas of rapid and expanding development of mass tourism (UNDP, 01/05). The local population has moved towards livelihoods made profitable because of this tourism, such as fishing, small souvenir shops, working in hotels and restaurants and so on. These areas also attracted workers from all over Thailand, and migrant workers, mainly from Burma. This reliance on tourism rendered the population in the area highly vulnerable to the effects of the tsunami, as most of the fishing equipment and tourism infrastructure were destroyed. It is likely that, even if the infrastructure is reconstructed, the flow of tourism will decrease, at least for some time. Migrants will probably return to their area of origin or go elsewhere.

The Maldives

According to the UN, the situation in the Maldives has been overlooked by donors (DFID, 03/02/05). According to a WFP rapid vulnerability assessment, in the islands where displacement occurred, all households regardless of their socio−economic status require assistance (OCHA, 02/02/05). It is planned that 29,000 people will benefit from food aid, until cash−employment schemes begin (DFID, 03/02/05). No outbreaks of disease have been reported (WHO, 01/02/05).

The Caribbean

Haiti

The security situation has remained tense and volatile, especially in the area of Gonaives, which was one of the hardest hit by the hurricane in September last year (USAID, 31/12/04). The humanitarian situation seems to have improved with distributions of food aid, provision of health care and provision of safe drinking water (OCHA, 24/11/04). Needs, in terms of rehabilitation of irrigation schemes and distribution of seeds and tools, were still high (OCHA, 24/11/04).

The FAO/WFP crop and food assessment mission, conducted in October 2004, estimated the cereal production to be 9% higher than in 2003 and 6.5% above the last five−year average (FAO/WFP, 12/01/05). However, owing to insecurity and poor road conditions, transport from producing areas to main urban markets is difficult. This resulted in low maize prices in producing areas, while prices have risen in urban markets, and especially Port−au−Prince. It is estimated that 103,000 MTs of food aid are needed from July 2004 until June 2005, of which 78,000 have already been received and distributed.

A random−sampled nutrition survey, conducted in the commune of Belladère, Centre department, showed a nutrition situation that was not critical: 4.8% (3.1−7.4) of the children were acutely malnourished, including 0.8% (0.2−2.2) severely malnourished (ACF−F, 08/04). This prevalence was within the same range as malnutrition rates recorded in other areas at the same period (see NICS 4). Crude and under−five mortality rates were under control: 0.09/10,000/day and 0.75/10,000/day, respectively. On the other hand, measles vaccination coverage was low: 27.3%.

References

Greater Horn of Africa

Eritrea

FAO/WFP	18/01/05	FAO/WFP crop and food supply assessment mission to Eritrea
N−NSS	10/04	Nutrition survey report, Southern Red Sea
OCHA	31/12/04	Eritrea: Humanitarian update Dec 2004
UNICEF/MOH	12/04	Nutrition situation in Eritrea, results of recent surveys, updated: December 2004

Ethiopia

ACF	11/04	Rapid emergency assessment report, Geladi district, Warder zone of Somali Regional state
Care	11/04	Preliminary report: Nutrition survey East and West Haraghe (Oct/Nov 2004) Care Ethiopia and Oromia FSDPPC
FEWS	13/01/05	FEWS Ethiopia food security update January 2005 – prices high despite harvest
SC–UK	08/04	SC UK nutrition assessment in pastoral areas of Shinille, Dambal, Aiyha & Errer districts, Somali region
SC–UK	08/04	SC UK nutrition assessment in agro–pastoral areas of Shinille, Dambal, Aiyha & Errer districts, Somali region
SC–UK	10/04	SC UK/SNRS DPPB nutrition assessment in pastoral areas of Cherati, Dollo–Ado, Dollo–Bay and West–Emey districts, Afder and Liban zones, Somali region
SC–UK	10/04	SC UK/SNRS DPPB nutrition assessment in agro–pastoral areas of Cherati, Dollo–Ado, Dollo–Bay and West–Emey districts, Afder and Liban zones, Somali region
SC–USA	11/04	Rapid assessments in 4 drought–affected woredas of Somali region

Kenya

AFP	24/01/05	Thousand flee as death toll in Kenyan water clashes rises
Afrol News	03/01/05	How Kenya, Seychelles avoided tsunami disaster
FEWS	14/12/04	FEWS Kenya food security warning 14 December 2004 – Food aid improves; situation still precarious
FEWS	06/01/05	FEWS Kenya food security report 6 January 2005 – 300,000 MT national deficit
FEWS	20/01/05	Kenya food security warning 20 Jan 2005 – Food insecurity precarious
GTZ	06/04	Nutrition survey, UNHCR refugee camps, Dadaab, Kenya
IRC	10/04	Anthropometric nutritional survey for children under five years, Kakuma division (Kakuma refugee camp and host community) in Turkana district

Somalia

FEWS	15/12/04	Food security emergency 15 Dec 2004 – Appeal numbers release
FSAU/N	11/04	Monthly nutrition update
FSAU/N	01/05	Monthly nutrition update
IRIN	06/01/05	Somalia: African Union to deploy peacekeepers
IRIN	14/01/05	Somalia: Several thousand permanently displaced by tsunami
IRIN	20/01/05	Somalia: Thousands of tsunami–survivors were displaced people, says government report
IRIN	25/01/05	Somalia: Human rights expert pleads for Tsunami–affected Somalis

WFP	14/01/05	WFP Emergency Report No. 2 of 2005

Sudan

AAH–USA	10/04	Nutritional anthropometric survey, children under five years old, final report, Nyadin/Toch bomas, Mareang payam, Zeraf county, Central Upper Nile
AAH–USA	11/04	Nutritional anthropometric surevy, children under 5 years old, final report, Kumbur payam, Rashad conty, Nuba Mountains
ACF–F	07/05	Nutrition anthropometric survey, summary report, Bentiu, Unity State
ACF–F	09/05	Nutritional anthropometric survey, children under 5 years old, Nyala town, South Darfur state, Sudan
ACF–F	11/05	Nutritional anthropometric survey, children under 5 years old, Aby Shok Camp, El Fasher, North Darfur State, Sudan
AFP	09/01/05	Sudan government, southern rebels sign accord ending Africa's longest conflict
DFID	24/01/05	DFID's country engagement plan
DPA	18/01/05	UN envoy demands 10,000 peacekeepers for southern Sudan
EC	25/01/05	European Commission and Sudanese authorities sign the Country Strategy Paper to resume co–operation
Epicentre/MSF	11/04	Health assessment, Serif Umra, North Darfur, Sudan
Fews	24/01/05	Southern Sudan, food security update
IRIN	18/01/05	Sudan: Fragile peace despite southern agreement
PANA	11/01/05	Over 15,000 Sudanese refugees return after peace deal
Reuters	19/01/05	Sudan: Darfur aid agencies complain of staff arrests
SC–USA	12/04	Joint nutrition assessments: Madi IDP settlement and El Salamat village, Talodi locality, South Kordofan, Sudan
SC–USA	01/05	Nutrition assessment, Fur BAranga administrative unti, Habila locality, West Darfur, Sudan
UNNews	07/01/05	UN envoy for Sudan expresses concern at increasing harassment of aid workers in Darfur
UNRC	30/12/04	Sudan assistance bulletin No 41
USAID	30/12/04	Darfur–Humanitarian Emergency Fact Sheet #15 (FY 2005)
WFP	29/12/04	WFP weekly situation report on Darfur (No 46) 22–28 Dec 2004

West Africa

Ivory Coast

OCHA	17/01/05	Crisis in Cote d'Ivoire situation report No 36

Liberia

HAC	11/04	Mission to Maryland, Grand Kru and River Gee, Key highlights

ICRC	11/04	Assessment report–Vahun district, Lofa county
ICRC	08/04	Agronomy assessment of River Gee, Maryland and Grand Kru
Inter–Agencies	11/04	Mission report, Interagency Technical Assessment Mission to Butuo, Nimba county
IRIN	27/01/05	Liberia: Former rebel fighters riot to demand promised cash
OCHA	20/12/04	Liberia humanitarian situation report No 130
RI	20/12/04	Liberia: Ivorian refugees left for 6 weeks without food
UNHCR	12/01/05	Liberian refugees start coming home from Cote d'Ivoire
WFP/joint	12/04	Bomi county, food security and nutrition survey
WFP	28/01/05	WFP Emergency Report No 5 of 2005

Central Africa

Burundi

AAH	26/01/05	2005: une année Carrefour pour le Burundi
IRIN	02/12/04	Burundi: Demobilisation of former fighters begins
IRIN	21/12/04	Burundi: thousands of IDPs return home
IRIN	19/01/05	Burundi: Severity of food shortage in two provinces made clearer
OCHA	23/01/05	OCHA Burundi situation report 11–23 January 2005
RI	01/12/04	Burundi: Opportunities for the integration of internally displaced refugees
USAID	31/12/04	USAID field report Burundi Dec 2004
WFP	17/12/04	WFP Emergency Report No 51 of 2004

CAR

CAP	2005	Procedure d'appel global, République Centrafricaine
IRIN	15/03/04	CAR: Major challenges remain one year after and of rebellion
IRIN	06/01/05	CAR: Long, hard road to democracy
MSF–S	12/04	Summary report of a nutritional and mortality survey, sous–prefecture de Kouango, prefecture de Ouaka, CAR

DRC

IRC	07/04	Mortality in the Democratic Republic of Congo: Results from a nationwide survey
IRIN	30/12/04	DRC: slow aid delivery to North Kivu despite UN buffer zone
IRIN	13/01/05	DRC: Progress made in disarming armed groups in Ituri
IRIN	27/01/05	DRC: At least 34 die in new cholera outbreak, health officials report
RI	31/01/05	RI advocacy results in organised return for displaced in the DRC
UNNews	31/01/05	Hundreds flee attack, gather near UN peacekeepers in eastern DR of Congo

Uganda

ICRC	26/01/05	ICRC distributes aid in fire−ravaged camp for the displaced
IFRC	25/01/05	Uganda: Congolese refugees information bulletin No 1
IRIN	14/01/05	Uganda: food shortages reported in the northeast
USAID	05/01/05	Uganda complex emergency situation report #1 (FY 2005)
WFP	28/01/05	WFP Emergency Report No 5 of 2005

Chad

AAH−USA	01/05	Executive summary, nutrition anthropometric surveys, Bahai and Treguine camps and resident population, Chad
AFP	15/01/05	Attacks near Darfur border kill 15 Chadian villagers
JAM	11/04	Report joint assessment mission WFP/UNHCR/Government/Donnors, Sudanese refugees in Eastern Chad
MSF	28/01/05	MSF fights meningitis among Darfur refugees in eastern Chad
UNHCR	21/12/04	Chad: Extreme concerns on Chad's capacity to sustain further influx from Darfur
WFP	14/01/05	WFP Emergency Report No 2
WHO	28/01/05	Meningococcal disease in Chad update 2 − 28 Jan 2005
WV	12/04	Blanket supplementary feeding programme, nutrition report
WV	12/04	Commodity distribution report

Asia

Afghanistan

ACF−F	07/04	Nutritional anthropometric survey, children under−5 years old, Northern Shamali, Southern Panjshir, Afghanistan
BAAG	31/12/04	BAAG Afghanistan monthly review Dec 2004
IRIN	12/01/05	Afghanistan−Iran: UNHCR concerned over wave of refugee arrests
UNAMA	06/01/05	Afghanistan: Press briefing by Manoel de Almeida e Silva, UNAMA spokesman 06 Jan 2005

Tsunami affected countries

AFP	13/01/05	Chronology of Asian tsunami disaster
BBCNews	30/12/04	UK charities' £25m in quake aid
BBCNews	31/12/04	Jakarta rejects Aceh rebels offer
BBCNews	07/01/05	Tsunami debt relief deal agreed
BBCNews	24/01/05	Profile: Aceh's Gam separatists
BBCNews	27/01/05	Tsunami aid: Who's giving what
BBCNews	02/02/05	Trauma risk for tsunami survivors
DFID	03/02/05	Indian Ocean earthquakes and tsunamis situation report No 31

Joint mission	01/05	Report of a joint Government/United Nations/NGO rapid assessment mission of new relocation sites
MMWR	28/01/05	Rapid health response, assessment, and surveillance after a tsunami–Thailand, 2004–2005
MSF	04/01/05	MSF clarifies donations for Asian tsunami disaster relief
OCHA	28/01/05	Situation report No 22
OCHA	02/02/05	Indonesia, Maldives, Sri Lanka: Earthquake and Tsunami OCHA situation report No 23
SC–UK	18/01/05	Rapid livelihood assessment in coastal Ampara and Batticaloa districts, Sri Lanka
UNDP	10/01/05	UNDP/World Bank/FAO joint Tsunami assessment mission
UNICEF	21/01/05	Rapid nutrition assessment, Banda Aceh and Aceh Besar, Sumatera, Indonesia
WFP	31/01/05	WFP's latest update on countries affected by Tsunami
WHO	01/05	Inter–agency rapid health assessment
WHO	01/02/05	Aceh epidemic alert and response update 1 Feb 2005
WHO	02/02/05	Tsunami and health, situation report #32
Xinhua	02/02/05	Sri Lanka admits lapses in Tsunami relief operations

The Caribbean

Haiti

ACF–F	08/04	Enquête nutritionnelle anthropométrique, Commune de Belladère, Haiti
FAO/WFP	12/01/05	FAO/WFP crop and food supply assessment mission to Haiti
OCHA	17/11/04	Haiti: socio–political crisis OCHA situation report No. 16
USAID	31/12/04	USAID field report Haiti Dec 2004

Results of surveys

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition*		Sev Ac Malnut	
					(%)	(95% CI)§	(%)	
GREATER HORN OF AFRICA								
ERITREA								
Southern Red Sea	Oct–04	Residents	189,600	N–NSS	13.9	–	1.9	
ETHIOPIA								
EAST HARAGHE ZONE, OROMYA REGION								
Kurfa Chelle district	Oct–04	Residents	43,400	Care/DPPC	4.7	3.0–7.1	0.5	0
Grawa district	Oct–04	Residents	201,710	Care/DPPC	5.9	4.0–8.6	0.6	0

Bedeno district	Oct–04	Residents	197,420	Care/DPPC	8.5	6.2–11.6	0.5	0.1–1.9
WEST HARAGHE ZONE, OROMYA REGION								
Chiro district	Oct–04	Residents	331,230	Care/DPPC	7.2	5.0–10.1	0.4	0.0–1.7
Miesso district	Oct–04	Residents	105,460	Care/DPPC	9.6	7.1–12.8	1.4	0.6–3.1
Kunni district	Oct–04	Residents	128,060	Care/DPPC	7.9	5.7–10.9	0.6	0.2–2.1
Guba Koricha district	Oct–04	Residents	156,670	Care/DPPC	7.1	0.9–2.4	0.9	0.3–2.4
AFDER AND LIBAN ZONES, SOMALI REGION								
Cherati, Dollo–Ado, Dollo–Bay and West–Emey districts								
Agro–pastoral areas	Oct–04	Residents	–	SC–UK	17.7	14.8–20.0	1.3	0.7–2.0
Pastoral areas	Oct–04	Residents	–	SC–UK	17.6	15.1–20.0	1.7	0.9–2.6
SHINILE ZONE, SOMALI REGION								
Shinille, Dambal, Aiysha and Errer districts								
Agro–pastoral areas	Aug–04	Residents	–	SC–UK	8.1	6.2–10.0	0.3	0.0–0.7
Pastoral areas	Aug–04	Residents	–	SC–UK	9.8	7.5–12.0	0.5	0.1–1.0
KENYA RIFT VALLEY PROVINCE								
Kakuma refugee camp, Turkana district	Oct–04	Refugees	90,000	IRC	18.4	14.9–22.1	2.6	1.7–4.1
Kakuma town, Turkana district	Oct–04	Residents	–	IRC	18.8	14.7–24.0	2.8	1.6–4.6
COAST PROVINCE								
Wundanyi & Mwanbirwa divisions, Taita Taveta district	Oct–04	Residents	124,200	IMC	3.0	1.7–4.1	0.4	0.0–1.0
Voi & Tausa divisions, Taita taveta districts	Oct–04	Residents	81,230	IMC	4.9	3.0–6.0	0.7	0.2–1.6
EASTERN PROVINCE								
Kitui district	Oct–04	Residents	550,580	AMREF/UNICEF	4.5[1]	3.3–5.5	0.4[1]	0.1–0.9
SOMALIA								
	Oct–04	Residents	46,000	UNICEF/FSAU/MOH/SRCS	12.8	10.8–15.2	2.3	1.5–3.6

Qhardo & Bander Beyla districts, Bari region							
Allula, Qandala, Bargal & Iskushuban districts, Bari region	Oct–04	Residents	55,000	UNICEF/FSAU/MOH/SRCS	14.6	12.4–17.1	1.9
Luuq district, Gedo region	Oct–04	Resident/Displaced	–	FSAU/joint	25.4	22.7–28.4	5.0
Baidoa district, Bay region	Oct–04	Resident/displaced	202,000	UNICEF/IMC/SRCS/FSAU/DMO	16.3	–	2.9

*Acute malnutrition (children aged 6–59 months): weight–height < – 2 Z–scores and/or oedema

** Severe acute malnutrition (children aged 6–59 months): weight–height < – 3 Z–scores and/or oedema

§ 95% Confidence Interval; not mentioned if not available from the survey report

[1] Not including oedematous children

NOTE: see at the end of the report for guidance in interpretation of indicators

Survey Area	Measles immunisation coverage (%)#		Micro–nutrient deficiencies	Vitamin A distribution coverage, within the past 6 months	Women's anthropometric status (%)	Crude Mortality (/10,000/day) (95% CI)§		Under 5 Mortality (/10,000/day) (95% CI)§	
	Proved by card	Card + history							
GREATER HORN OF AFRICA									
ERITREA									
Southern Red Sea	–	–	–	–	BMI[1] < 16:17.3 BMI[1] < 18.5:52.5	–		–	
ETHIOPIA									
EAST HARAGHE ZONE, OROMYA REGION									
Kurfa Chelle district	–	–	–	–	–	0.12		0.2	
Grawa district	–	–	–	–	–	0.15		0.5	
Bedeno district	–	–	–	–	–	0.3		0.6	

WEST HARAGHE ZONE, OROMYA REGION									
Chiro district	–	–	–	–	–	0.11		0.3	
Miesso district	–	–	–	–	–	0.26		0.6	
Kunni district	–	–	–	–	–	0.29		0.5	
Guba Koricha district	–	–	–	–	–	0.34		0.6	
AFDER AND LIBAN ZONES, SOMALI REGION									
Cherati, Dollo–Ado, Dollo–Bay and West–Emey districts									
Agro–pastoral areas	–	83.3	–	79.7	–	0.57	0.23–0.9	2.07	1.08–3.05
Pastoral areas	–	81.0	–	71.2	–	0.65	0.46–0.85	3.22	2.22–4.22
SHINILE ZONE, SOMALI REGION									
Shinille, Dambal, Aiysha and Errer districts									
Agro–pastoral areas	1.0	51.0	–	–	–	0.29		1.19	
Pastoral areas	2.4	47.0	–	–	–	0.09		0.37	
KENYA RIFT VALLEY PROVINCE									
Kakuma refugee camp, Turkana district	–	85.8	See p 10	86.4	–	0.86		2.27	
Kakuma town, Turkana district	–	86.5	See p 10	86.0	–	1.55		3.02	
COAST PROVINCE									
Wundanyi & Mwanbirwa divisions, Taita Taveta district	59.0	89.0	–	74.4[2]	–	–		–	
Voi & Tausa divisions, Taita taveta districts	68.7	88.2	–	44.5[2]	–	–		–	
EASTERN PROVINCE									
Kitui district	–	90.8	–	78.2[2]	–	0.71		1.04	
SOMALIA									
Qhardo & Bander Beyla districts, Bari		52.0	–	56.0	–	0.59		1.44	

region									
Allula, Qandala, Bargal & Iskushuban districts, Bari region	–	70.0	–	65.0	–	0.11		0.25	
Luuq district, Gedo region	–	61.0	–	–	–	1.5		3.7	
Baidoa district, Bay region	–	41.0	–	44.6	–	–		–	

[#] Measles vaccination coverage for children aged 9–59 months
[1] Women aged 16 to 60 years
[2] Vitamin A coverage within the year prior to the survey

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition*		Severe Acute Malnutrition	
					(%)	(95% CI)§	(%)	(95% CI)§
SUDAN								
Abu Shok camp, El Fasher, Noth Darfur	Nov–04	Displaced	–	ACF–F	27.0	23.0–31.3	2.4	1.3–4
Serif Umra, North Darfur	Nov–04	Displaced/Residents	35,000	Epicentre/MSF	14.7	13.0–16.3	2.7	1.6–3
Nyala town, South Darfur	Sept–04	Displaced/Residents	496,000	ACF–F	23.6	19.9–27.8	3.0	1.7–5
Fur Baranga, Habila, West Darfur	Jan–05	Residents/Displaced	28,180	SC–USA	6.6	4.6–8.5	0.3	0.0–0
Bentiu town, Upper Nile	July–04	Residents/Displaced	–	ACF–F	23.4	19.6–27.6	2.4	1.2–4
Nyadin & Toch sub–districts, Mareang district, Zeraf county, Central Upper Nile	Oct–04	Residents/Displaced	20,670	AAH–USA	20.6	16.9–24.9	4.5	2.7–7
Kumbur district, Rashad county, Nuba mountains	Nov–04	Residents	67,570	AAH–USA	9.4		1.5	
El Salamat village, Talodi, Nuba Mountains	Dec–04	Residents	3,730	SC–USA	13.4	9.8–18.4	1.7	0.5–4
WEST AFRICA								
LIBERIA								

Bomi county	Dec–04	Residents/Returnees	66,370	WFP/joint	5.0	3.8–6.7	0.7	0.3–1.5	0
CENTRAL AFRICA									
DEMOCRATIC REPUBLIC OF CONGO									
Western DRC	Apr/July–04	Residents	35,4 M	IRC	–		–		
Eastern DRC	Apr/July–04	Residents/Displaced	22.9 M	IRC	–		–		
CENTRAL AFRICAN REPUBLIC									
Kouango sub–prefecture, Ouaka prefecture	Dec–04	Residents	57,940	MSF–S	6.8	4.7–8.8	1.2	0.5–1.9	
ASIA									
AFGHANISTAN									
Northern Shamali/Southern Panshir	Aug–04	Residents/Returnees	–	ACF–F	14.3	11.3–17.9	2.3	1.2–4.3	
THE CARIBBEAN									
HAITI									
Sections II & HI, Belladère commune, Centre department	Aug–04	Residents	18640	ACF–F	4.8	3.1–7.4	0.8	0.2–2.2	0

* Acute malnutrition (children aged 6–59 months): weight–height < – 2 Z–scores and/or oedema

** Severe acute malnutrition (children aged 6–59 months): weight–height < – 3 Z–scores and/or oedema

§ 95% Confidence Interval; not mentioned if not available from the survey report

NOTE: see at the end of the report for guidance in interpretation of indicators

Survey Area	Measles immunisation coverage (%)#		Micro–nutrient deficiencies	Vitamin A distribution coverage, within the past 6 months	Women's anthropometric status (%)	Crude Mortality (/10,000/day) (95% CI)§		Under 5 Mortality (/10,000/day) (95% CI)§	
	Proved by card	Card + history							
SUDAN									
Abu Shok camp, El Fasher, Noth Darfur	12.4	49.7	–	–	–	1.49		2.67	
Serif Umra, North Darfur	82.0	92.6	–	–	–	0.8	(0.4–1.3)	1.8	(1.0–3.0)

Nyala town, South Darfur	51.4	75.3	–	–	–	–		–	
Fur Baranga, Habila, West Darfur	20.9	55.0	–	66.0	–	0.89		1.80	
Bentiu town, Upper Nile	33.7	77.5	–	–	–	–		0.58	
Nyadin & Toch sub–districts, Mareang district, Zeraf county, Central Upper Nile	0.5	7.2	–	–	–	2.1		–	
Kumbur district, Rashad county, Nuba mountains	24.5	58.2	–	–	–	0.95		–	
El Salamat village, Talodi, Nuba Mountains	14.1	49.3	–	–	–	–		–	
WEST AFRICA									
LIBERIA									
Bomi county	23.2	80.7		96.7		1.08		1.53	
CENTRAL AFRICA									
DEMOCRATIC REPUBLIC OF CONGO									
Western DRC		–	–	–	–	0.6[1]		1.43[1]	
Eastern DRC	–	–	–	–	–	0.77[1]		1.6[1]	
CENTRAL AFRICAN REPUBLIC									
Kouango sub–prefecture, Ouaka prefecture	4.7	19.5	–	–	–	0.7	0.4–0.9	1.7	1.0–2.4
ASIA									
AFGHANISTAN									
Northern Shamali/Southern Panshir	37.1	80.8	See p 21	–		0.39		0.62	
THE CARIBBEAN									
HAITI									
Sections II & HI, Belladère commune, Centre department	12.3	27.3	–	–	–	0.09		0.75	

[1] Calculated from the rate expressed as/1,000/month (see table 14)
[#] Measles vaccination coverage for children aged 9–59 months

Survey methodology

The Greater Horn region

Eritrea

SOUTHERN RED SEA

The survey was conducted in October 2004. The sample was a stratified multi−stage random sample. 795 children were measured. BMI was measured among women aged 18 to 60 years. The survey also estimated morbidity and various food security indicators.

Ethiopia

EAST HARAGHE ZONE, OROMYA REGION

Three surveys were conducted in Kurfa Chelle, Grawa and Bedeno districts by Care/DPPC in October 2004. Two−stage 30−by−30 cluster sampling methodologies were used to measure children between 6−59 months. The surveys also estimated crude and under−five mortality rates.

WEST HARAGHE ZONE, OROMYA REGION

Four surveys were conducted in Chiro, Miesso, Kunni and Guba Koricha districts by Care/DPPC in October 2004. Two−stage 30−by−30 cluster sampling methodologies were used to measure children between 6−59 months. The surveys also estimated crude and under−five mortality rates.

CHERATI, DOLLO−ADO, DOLLO. BAY AND WEST−EMEY DISTRICTS, AFDER AND LIBAN ZONE, SOMALI REGION

Two surveys were conducted in pastoral and agro−pastoral food economy groups by SC−UK in October 2004. Two−stage 30−by−30 cluster sampling methodologies were used to measure children between 6−59 months. The surveys also estimated measles vaccination and vitamin A distribution coverage, crude and under−five mortality rates over the 3 months prior to the survey and various food security and public health indicators.

SHINILLE DAMBAL & ERRER DISTRICTS, SHINILLE ZONE, SOMALI REGION

Two surveys were conducted in pastoral and agro−pastoral food economy groups by SC−UK in August 2004. Two−stage 30−by−30 cluster sampling methodologies were used to measure children between 6−59 months. The surveys also estimated measles vaccination coverage, crude and under−five mortality rates over the 3 months prior to the survey and various food security and public health indicators.

Kenya

TAITA TAVETA DISTRICT, COAST REGION

Two surveys were conducted in Wundanyi & Manbirwa divisions and in Voi & Tausa divisions by IMC in October 2004. Two−stage cluster sampling methodologies of 30 clusters were used to measure 900 children between 6−59 months. The surveys also estimated measles vaccination and vitamin A coverage over the previous year.

KITUI DISTRICT, EASTERN REGION

The survey was conducted by AMREF/UNICEF in October 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 1099 children between 6−59 months. The survey also estimated measles vaccination and vitamin A coverage, retrospective mortality rates over the 3 months prior to the survey.

KAKUMA REFUGEE CAMP AND KAKUMA TOWN, TURKANA DISTRICT, RIFT VALLEY

Two surveys were conducted in Kakuma camp and in Kakuma division by IRC in October 2004. Two−stage cluster sampling methodologies of 30 clusters were used to measure 757 and 544 children between 6−59 months, respectively. The surveys also estimated measles vaccination, vitamin A coverage and retrospective

mortality rates over the 3 months prior to the survey.

Somalia

QHARDO & BANDER BEYLA DISTRICTS, BARI REGION

The survey was conducted by UNICEF/FSAU/MOH/SRCS in October 2004. A two−stage 30−by−30 cluster sampling methodology was used to measure children between 6−59 months. An exhaustive survey was conducted. l,411 children were surveyed. The survey also estimated measles vaccination and vitamin A coverage, morbidity, retrospective mortality rates over the 3 months prior to the survey and various food security and public health indicators.

ALLULA, QANDALA, BARGAL & ISKUSHUBAN DISTRICTS, BARI REGION

The survey was conducted by UNICEF/WFP/joint in October 2004. A two−stage 30−by−30 cluster sampling methodology was used to measure children between 6−59 months. The survey also estimated measles vaccination and vitamin A coverage, morbidity, retrospective mortality rates over the 3 months prior to the survey and various food security and public health indicators.

LUUQ DISTRICT, GEDO REGION

The survey was conducted by FSAU/CARE/UNICEF/GHC in October 2004. A two−stage 30−by−30 cluster sampling methodology was used to measure children between 6−59 months. The survey also estimated measles vaccination coverage, morbidity, retrospective mortality rates over the 3 months prior to the survey and various food security and public health indicators.

BAIDOA DISTRICT, BAY REGION

The survey was conducted by UNICEF/IMC/SRCS/FSAU/DMO in October 2004. A two−stage 30−by−30 cluster sampling methodology was used to measure children between 6−59 months. The survey also estimated measles vaccination and vitamin A coverage, and various food security and public health indicators.

Sudan

ABU SHOK CAMP, EL FASHER, NORTH DARFUR

The survey was conducted by ACF−F in November 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 960 children between 6−59 months. The survey also estimated measles vaccination coverage, retrospective mortality rate over one month prior to the survey.

SERIF UMRA, NORTH DARFUR

The survey was conducted by Epicentre/MSF in November 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 879 children between 6−59 months. The survey also estimated measles vaccination coverage, retrospective mortality rate over two months prior to the survey and various food security and public health indicators.

NYALA TOWN, SOUTH DARFUR

The survey was conducted by ACF−F in Septembert 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 960 children between 6−59 months. The survey also estimated measles vaccination coverage.

FUR BARANGA, HABILA, WEST DARFUR

The survey was conducted by SC−USA in January 2005. A two−stage cluster sampling methodology of 30 clusters was used to measure 1035 children between 6−59 months. The survey also estimated measles vaccination coverage, retrospective mortality rate over three months prior to the survey and various food security and public health indicators.

BENTIU TWON, UPPER NILE

The survey was conducted by ACF−F in July 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 933 children between 6−59 months, respectively. The survey also estimated measles vaccination and under−five mortality rate.

MAREANG DISTRICT, ZERAF COUNTY, CENTRAL UPPER NILE

The survey was conducted by AAH−US in Nyadin & Toch sub−dstricts, in October 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 853 children between 6−59 months. The survey also estimated measles vaccination, crude mortality rate over the three months prior to the survey.

KUMBUR DISTRICT, RASHAD COUNTY, NUBA MOUNTAINS

The survey was conducted by AAH−USA in November 2004. An exhaustive survey was conducted, 870 children were measured. The survey only included villages situated within a 3 hour walk radius from Kumorassan. The survey also estimated measles vaccination and crude mortality rate over the three months prior to the survey.

EL SALAMAT VILLAGE, TALODI, NUBA MOUNTAINS

The survey was conducted by SC−USA in December 2004. A systematic sampling methodology was used to measure 232 children between 6−59 months. The survey also estimated measles vaccination.

West Africa

Liberia

BOMI COUNTY

The survey was conducted by WFP/joint in December 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 912 children. The survey also estimated measles vaccination and vitamin A distribution coverage, retrospective mortality over the previous 6 months and various indicators of food security and public health.

Central Africa

Central African Republic

KOUANGO SUB−PREFECTURE, OUAKA PREFECTURE

The survey was conducted by MSF−S in December 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 827 children. The survey also estimated measles vaccination coverage, and retrospective mortality over the previous 8 months.

Democratic Republic of Congo

EASTERN AND WESTERN DRC

Ten health zones in western DRC and eleven health zones in Eastern DRC were randomly chosen proportional to population size. In eastern DRC, 4 health zones purposely chosen were also including in the survey and 46 health zones (estimated 5.6 M people of 28.5 M in eastern DRC) were removed from the sampling owing to insecurity.

In each health zone, 30 clusters of 20 families were surveyed.

Chad

TOULOUM AND IRIDIMI REFUGEE CAMPS

The survey was conducted by MSF−B in October 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 828 children. The surveys also estimated measles vaccination, retrospective mortality over the previous 2 months and various indicators regarding the food distribution.

Asia

Afghanistan

NORTHERN SHAMALI & SOUTHERN PANJSHIR

The survey was conducted by ACF−F in August 2004. The survey was conducted in Kohband, Kohistan 1, Kohistan 2 and Mahmud−e−Raqi districts, Kapissa province, Jabul Sraj, Sayed Khil and Charikar districts, Parwan districts, and Anaba and Rokha districts, Panjshir province. A two−stage cluster sampling methodology of 30 clusters was used to measure 952 children between 6−59 months. The survey also estimated measles vaccination coverage, mortality rates over the previous three months and goitre prevalence among 2,226 6 month−15 year olds and 794 15−45 year women.

The Caribbean

Haiti

BELLADÈRE, CENTRE DEPARTMENT

The survey was conducted by ACF−F in August 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 928 children between 6−59 months. The survey also estimated measles vaccination coverage and mortality rates over the previous three months.

Abbreviations and acronyms

AAH−US	Action Against Hunger USA
ACF−F	Action Contre la Faim France
AFP	Agence France Presse
BAAG	British Agencies Aghanistan Group
BMI	Body Mass Index
CDC	Center for Disease Control
CMR	Crude Mortality Rate
< 5 MR	Under−five Mortality Rate
DFID	Department for International Development, United Kingdom
DPA	Deutsche Presse Agentur
EC	European Community
FAO	Food & Agricultural Organization of the United Nations
FEWS	Famine Early Warning System
FSAU	Food Security Analysis Unit for Somalia
GTZ	Deutscehe Gesellschaft für Technische Zusammenarbeit
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
IRC	International Rescue Committee
IRIN	International Regional Information Network

MMWR	Mortality and Morbidity Weekly Reports, CDC
MOH	Ministry of Health
MSF	Medecins Sans Frontières
MSF−S	Médecins sans frontières − Spain
MUAC	Mid−upper arm circumference
NGO	Non−governmental Organisation
N−NSS	National Nutrition Surveillance System, Eritrea
OCHA	Office for the Co−ordination of Humanitarian Assistance
RI	Refugees International
SC−UK	Save the Children−United Kingdom
SC−US	Save the Children−United States
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
UNRC	United Nations Resident Coordinator
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision

Indicators and risk categories

The methodology and analysis of nutrition and mortality surveys are checked for compliance with internationally agreed standards (SMART, 2002; MSF, 2002; ACF, 2002).

Most of the surveys included in the Reports on Nutrition Information in Crisis Situations are random sampled surveys, which are representative of the population of the targeted area. The Reports may also include results of rapid nutrition assessments, which are not representative of the target population but rather give a rough idea of the nutrition situation. In that case, the limitations of this type of assessments are mentioned. Most of the nutrition survey results included in the Reports target children between 6−59 months but may also include information on other age groups, if available.

Detailed information on the methodology of the surveys which have been reported on in each issue, is to be found at the end of the publication.

Nutrition indicators in 6−59 month olds

Unless specified, the Reports on Nutrition Information in Crisis Situations use the following internationally agreed criteria:

- **WASTING**, defined as weigh−for−height index (W−h) < −2 Z−scores.
- **SEVERE WASTING**, defined as weigh−for−height index < −3 Z−scores.
- **OEDEMATOUS MALNUTRITION OR KWASHIORKOR**, diagnosed as bilateral pitting oedema, usually on the upper surface of the feet. Oedematous malnutrition is always

considered as severe malnutrition.

• **ACUTE MALNUTRITION**, defined as the prevalence of wasting (w–h < –2 Z–scores) and/or oedema

• **SEVERE ACUTE MALNUTRITION**, defined as the prevalence of severe wasting (w–h < –3 Z–scores) and/or oedema.

• **STUNTING** is usually not reported, but when it is, these definitions are used: stunting is defined as < – 2 Zscores height–for–age, severe stunting is defined < – 3 Zscores height–for–age.

• **MID–UPPER–ARM CIRCUMFERENCE (MUAC)** is sometimes used to quickly assess nutrition situations. As there is no international agreement on MUAC cut–offs, the results are reported according to the cut–offs used in the survey.

• **MICRO–NUTRIENT DEFICIENCIES** Micro–nutrient deficiencies are reported when data are available.

Nutrition indicators in adults

No international consensus on a definitive method or cut–off to assess adult under–nutrition has been reached (SCN, 2000). Different indicators, such as Body Mass Index (BMI, weight/height2), MUAC and oedema, as well as different cut–offs are used. When reporting on adult malnutrition, the Reports always mention indicators and cut–offs used by the agency providing the survey.

Mortality rates

In emergency situations, crude mortality rates and under–five mortality rates are usually expressed as number of deaths/10,000 people/day.

Interpretation of indicators

Prevalence of malnutrition and mortality rates are late indicators of a crisis. Low levels of malnutrition or mortality will not indicate if there is an impending crisis. Contextual analysis of health, hygiene, water availability, food security, and access to the populations, is key to interpret prevalence of malnutrition and mortality rates.

Thresholds have been proposed to guide interpretation of anthropometric and mortality results.

A prevalence of acute malnutrition between 5–8% indicates a worrying nutritional situation, and a prevalence greater than 10% corresponds to a serious nutrition situation (SCN, 1995). The Crude Mortality Rate and under–five mortality rate trigger levels for alert are set at 1/10,000/day and 2/10,000/day respectively. CMR and under–five mortality levels of 2/10,000/day and 4/10,000/day respectively indicate a severe situation (SCN, 1995).

Those thresholds have to be used with caution and in relation to contextual analysis. Trend analysis is also recommended to follow a situation: if nutrition and/or mortality indicators are deteriorating over time, even if not above threshold, this indicates a worsening situation.

Classification of situations

In the Reports, situations are classed into five categories relating to risk and/or prevalence of malnutrition. The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care, and the constraints limiting humanitarian response. These categories are summations of the causes of malnutrition and the humanitarian response:

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

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

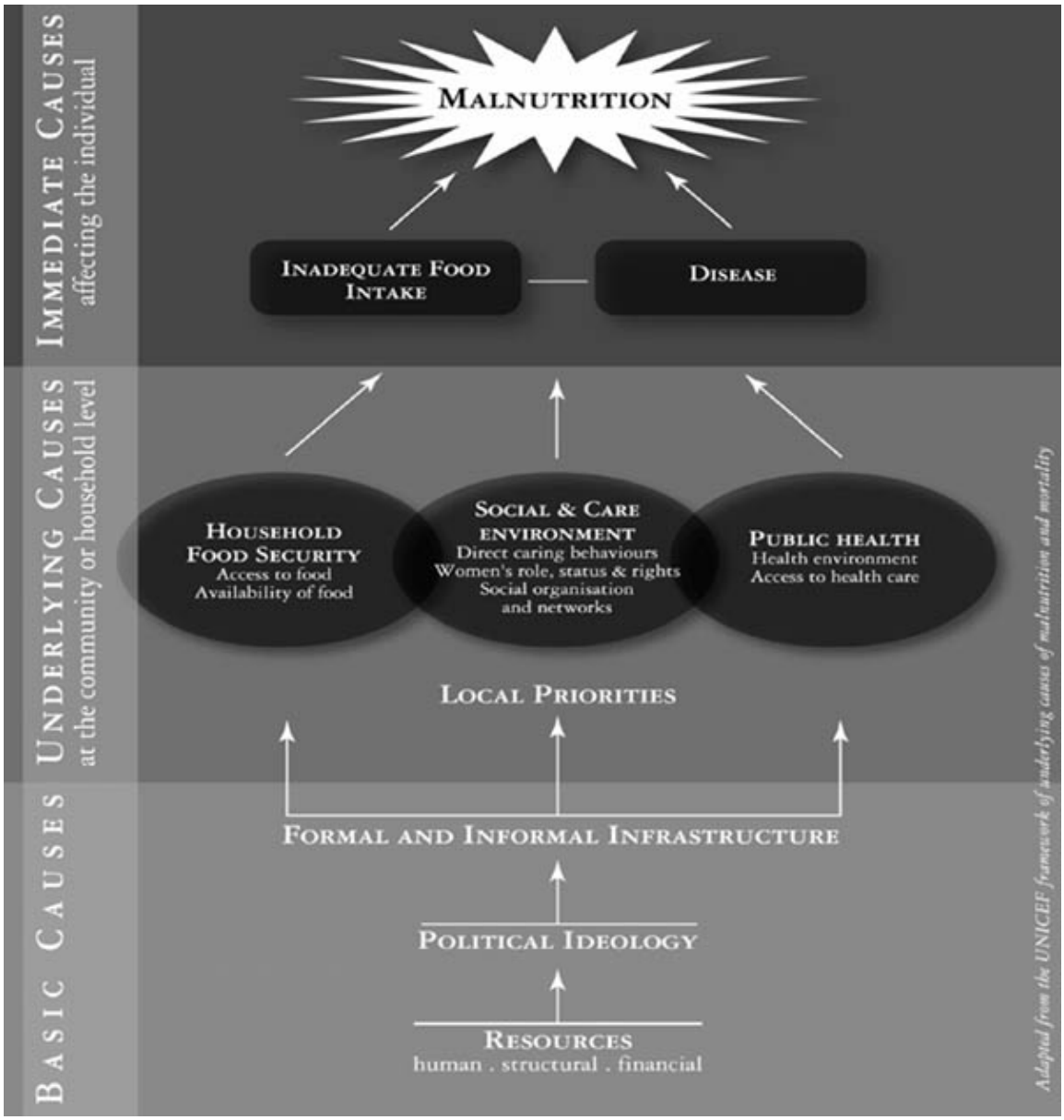
• Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there maybe pockets of high malnutrition in a given area.

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

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

Nutrition causal analysis

The Reports on Nutrition Information in Crisis Situations have a strong public nutrition focus, which assumes that nutritional status is a result of a variety of inter–related physiological, socio–economic and public health factors (see figure). As far as possible, nutrition situations are interpreted in line with potential underlying determinants of malnutrition.



A CONCEPTUAL MODEL OF THE CAUSES OF MALNUTRITION IN EMERGENCIES. (YOUNG, 09/98)

References

Action contre la Faim (2002) *Assessment and treatment of malnutrition in emergency situation.* Paris: Action contre la Faim.

Médecins sans Frontières (2002) *Nutritional guidelines.*

SCN (2000) *Adults, assessment of nutritional status in emergency affected population.*

Geneva: SCN.

University of Nairobi (1995) *Report of a workshop on the improvement of the nutrition of refugees and displaced people in Africa.* Geneva: SCN.

SMART (2002) www.smartindicators.org

Young (1998) Food security assessment in emergencies, theory and practice of a livelihoods approach.

NICS quarterly reports

The UN Standing Committee on Nutrition, which is the focal point for harmonizing nutrition policies in the UN system, issues these Reports on Nutrition Information in Crisis Situations with the intention of raising awareness and facilitating action. The Reports are designed to provide information over time on key outcome indicators from emergency– affected populations, play an advocacy role in bringing the plight of emergency affected populations to the attention of donors and humanitarian agencies, and to identify recurrent problems in international response capacity. The Reports on Nutrition Information in Crisis Situations are aimed to cover populations affected by a crisis, such as refugees, internally displaced populations and resident populations.

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. Based on suggestions made by the working group and the results of a survey of the readers, the Reports on Nutrition Information in Crisis Situations are published every three months.

Information is obtained from a wide range of collaborating agencies, both UN and NGOs. The Reports on Nutrition Information in Crisis Situations are put together primarily from agency technical reports on nutrition, mortality rates, health and food security. The Reports provide a brief summary on the background of a given situation, including who is involved, and what the general situation is. This is followed by details of the humanitarian situation, with a focus on public nutrition and mortality rates. The key point of the Reports is to interpret anthropometric data and to judge the various risks and threats to nutrition in both the long and short term.

Back Cover

This report was compiled by Dr Claudine Prudhon of the UNS/SCN Secretariat
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If you have information to contribute to forthcoming reports, or would like to request back issues of the report, please contact:

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