

Nutrition Information in Crisis Situations

United Nations System
Standing Committee on Nutrition



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Highlights

KENYA—FOOD INSECURITY STILL EXTREMELY SEVERE IN PASTORAL AREAS— Highland cropping areas have reported a favourable harvest and prices have fallen in these areas. However, the rainy season has brought only modest improvements in marginal agricultural areas, where the harvest was poor. The situation is also still precarious in most of the pastoral areas, with high prevalence of acute malnutrition recorded in Mandera and Isiolo districts.

SOMALIA—FOOD INSECURITY PERSISTS— Somalia has suffered an upsurge in violence for some months, the Islamic Courts taking the control of Mogadishu, and Ethiopian troops backing the Transitional Federal Government. Food insecurity persists and the situation has deteriorated in Bakool, Hiran and parts of Central region according to the last post-*Gu* assessment. About 1.4 million people in the country, of whom 1.1 million are in the south, face conditions of humanitarian emergency or acute food and livelihood crises.

SUDAN—DARFUR STILL AT HIGH RISK— Insecurity has increased in recent months. Food distribution has decreased since May 2006. Only 50% of the full ration was distributed in May, and about 85% in June due to shortage of funding. Moreover, insecurity prevented food distributions to 290,000 people in June and 470,000 in July. Nutrition surveys conducted between May and August, during the hungry season, showed high levels of acute malnutrition. When data were available, comparisons showed stable situations compared to last year.

LIBERIA—CONTRASTED SITUATIONS— A country-wide nutrition and food security survey was conducted in rural and semi-rural population groups in Liberia. The prevalence of wasting was average at national level, and varied from acceptable in Gbarpolu to precarious in Grand Bassa, Gran Gedeh and River Cess. Based on food consumption and food access, 11% of the households were considered food insecure and 40% highly vulnerable to food insecurity. They were mostly concentrated in Lofa, Gran Kru, River Gee, Bomi, Gbarpolu, Nimba and Sinoe counties.

NIGER—INCREASE IN FOOD INSECURITY DURING THE LEAN SEASON— About 3.8 m people have been estimated to be food insecure during this year's hunger-gap season, of whom 1.8 m face severe food insecurity. The areas the most affected are Keita, Illela, Tchintabaraden, Loga, Bouza, Doutchi, Tera, Ouallam and Gaya in Dosso, Tahoua and Tillaberi regions. The plan of action to address the needs of these 1.8 m people includes targeted free-food distribution, discharge rations for families of children admitted to feeding centres, and cereal banks. Nutrition surveys conducted in Maradi and Tahoua regions in March-April and May (onset of the hunger-gap season) showed poor to serious nutrition situations.

AFGHANISTAN—DROUGHT HAMPERS FOOD SECURITY — The security situation has remained volatile. Moreover, Afghanistan did not have adequate rainfall in April/May. Wheat production is estimated to be 3.71 m MT against 4.27 m MT last year. Rain-fed agro-ecological zones are the most affected. An appeal launched by the Islamic Republic of Afghanistan and the United Nations in July estimated that 2.5 m people will be affected by the drought, in addition to the 6.5 m people seasonally or chronically food insecure.

LEBANON—TOWARDS RECONSTRUCTION— A major military operation was launched by Israel in Lebanon following the kidnapping of 2 Israeli soldiers by Hezbollah in mid-July. The war lasted 34 days and ended with a ceasefire coming into effect on the 14th of August. The areas the hardest hit were also the areas with the highest poverty indicators. According to a WFP assessment, food availability was more of a problem during the war than access to food, but only led to a reduction in consumers' choice of products, without threatening nutritional status. Social network and remittances will be one of the most important factors for people's ability to recover. Overall, donor response has been generous.

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.

	SUDAN South Kordfan	KENYA Merti and Sericho divisions, Isiolo district	LIBERIA	NIGER Maradi and Tahoua regions	UGANDA IDP camps in Gulu, Lira and Apac districts
Nutritional risk category	II	I	II/III	II	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



Ethiopia

More than 100,000 people have been affected by floods in most regions of Ethiopia due to unusually intense and continued rainfall since late July 2006 (OCHA, 21/08/06) (see map). Relief operations are underway. An outbreak of violence in Guji and Borena zones, Oromya region at the end of May 2006 has displaced at least 100,000 people (OXFAM, 06/07/06). The *Belg* harvest has improved the food security situation in most parts of Somalia, while poor rains in Somali region continue to limit food security prospects towards the end of the year (FEWS, 08/06). About 1.6 m people are estimated to require assistance in the region throughout 2006, representing the major part of the 2 million people in need of assistance nationwide.

Contrasted situation in SNPPR

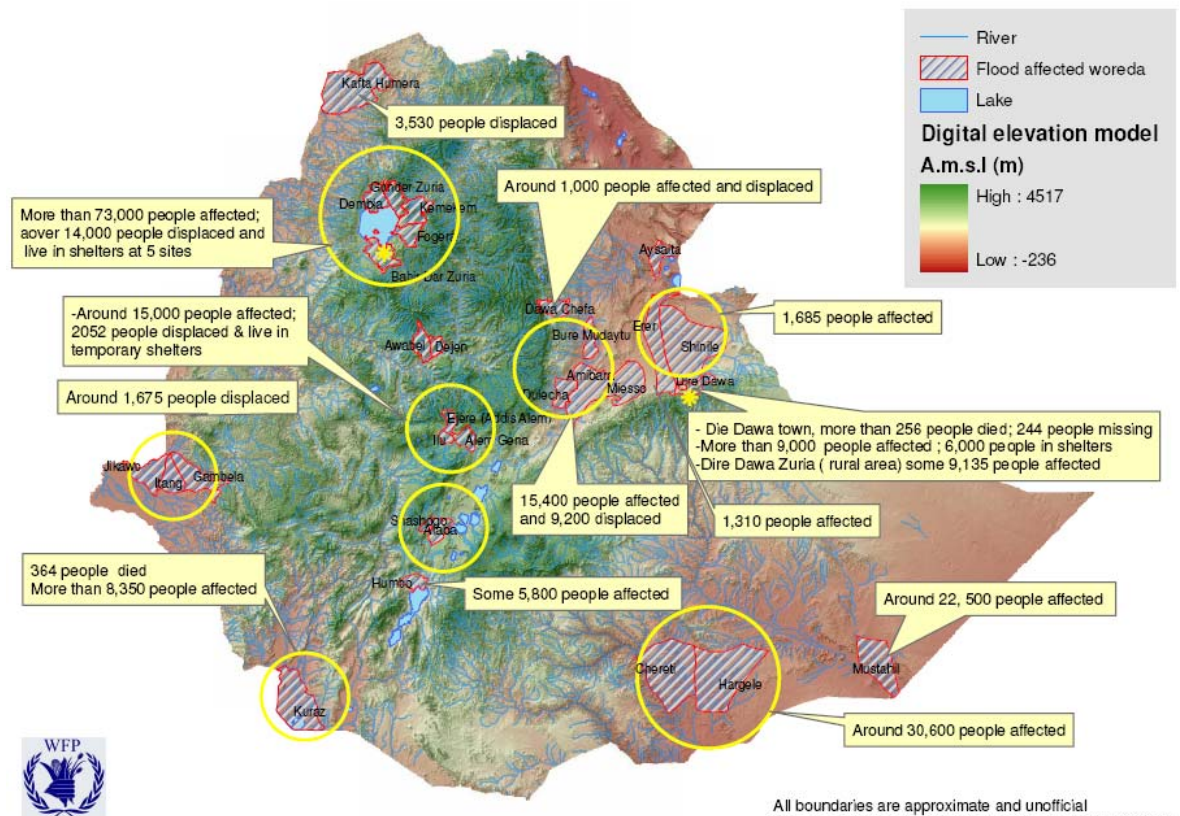
Several nutrition surveys were conducted in SNPPR following early warnings of a deteriorating food security (ENCU, 30/06/06). While

the situation was found to be under control in Boricha and Shebedino districts, Silti, Sankura, Hulla, Mareko, Meskan and Kedida Gamela districts showed poor nutrition and food security conditions (figure 1). However, mortality rates were below emergency thresholds.

Acceptable situation in Oromya region

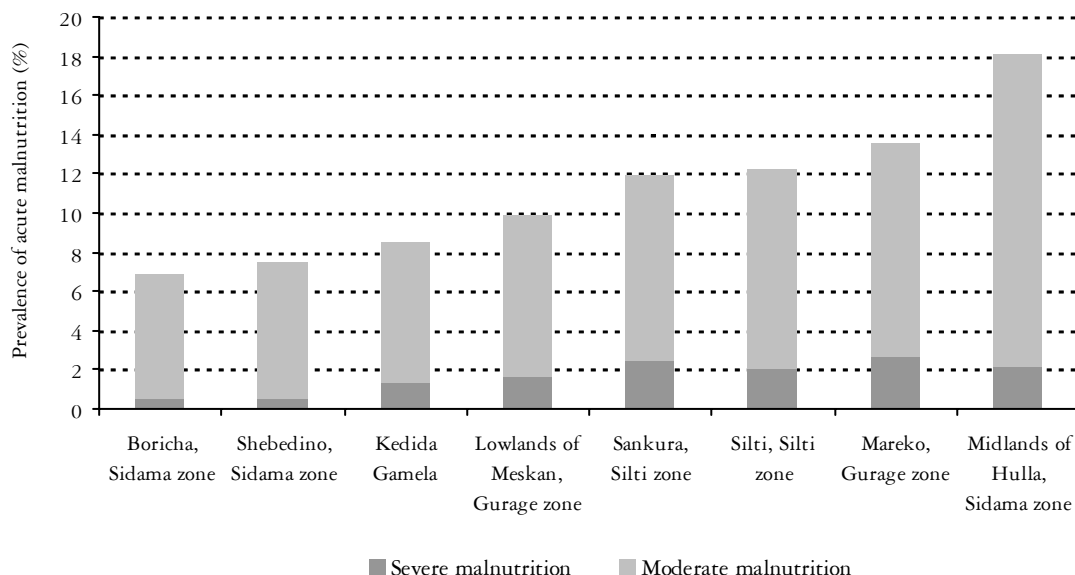
Nutrition surveys conducted in Bosset district, East Shewa zone and Kombolcha district, East Haraghe zone showed a prevalence of malnutrition considered "typical", with 6.3% (4.4-9.0) acute malnutrition including 0.4% (0.2-1.6) severe and 4.8% (3.4-6.2) acute malnutrition including 1.2% (0.5-1.9) severe in Kombolcha and Bosset, respectively (ENCU, 30/06/06).

FLOOD AFFECTED AREAS IN ETHIOPIA AS OF AUGUST 23, 2006 (WFP)



All boundaries are approximate and unofficial
 The map produced by WFP/VAM Ethiopia in Aug.23.2006

FIGURE 1 RESULTS OF SURVEYS, ETHIOPIA (ENCU, 30/06/06)



Kenya

Highland cropping areas have reported a favourable harvest and prices have fallen in these areas. However, the rainy season has brought only modest improvements in marginal agricultural areas, where the harvest was poor (FEWS, 09/08/06). The situation is also still precarious in most of the pastoral areas.

Critical situations in Mandera and Isiolo districts

Nutrition surveys conducted in Mandera district, which is mostly pastoralist, in March 2006 showed critical nutrition situations (AAH-US, 03/06; MSF-B, 03/06) (figure 2). Mortality rates were under control except in the south-eastern part of the district where they were above emergency thresholds (figure 2). The main causes of deaths were diarrhoea and fever. The situation was also critical in Merti and Sericho divisions of Isiolo district, according to a survey conducted in May 2006

(SC-UK, 05/06) (figure 2). The prevalence of acute malnutrition recorded in this survey was significantly higher than in March 2005 in a survey including Oldonyiro division in addition to the two divisions surveyed in 2006. Moreover, a significant number of women were found malnourished according to MUAC measurements (table 1). These mostly pastoralist divisions were the areas of the district the hardest hit by the drought, and inhabitants regard this year's drought as the worst since 1996. People interviewed during the survey reported that adults were only eating one or two meals a day, compared to three in 2003, which they considered as a particularly "good" year. Children were fed only two to three times a day compared to six to eight times in 2003. This was the result of a lack of food but also of an increased demand on mothers to fetch water and fodder for sick animals. Close to 90% of the families interviewed were reliant on general food distributions, and families reported a shortage of milk and meat, compared to 2003.

FIGURE II RESULTS OF SURVEYS, KENYA (AAH-US, 03/06; MSF-B, 03/06; SC-UK, 05/06)

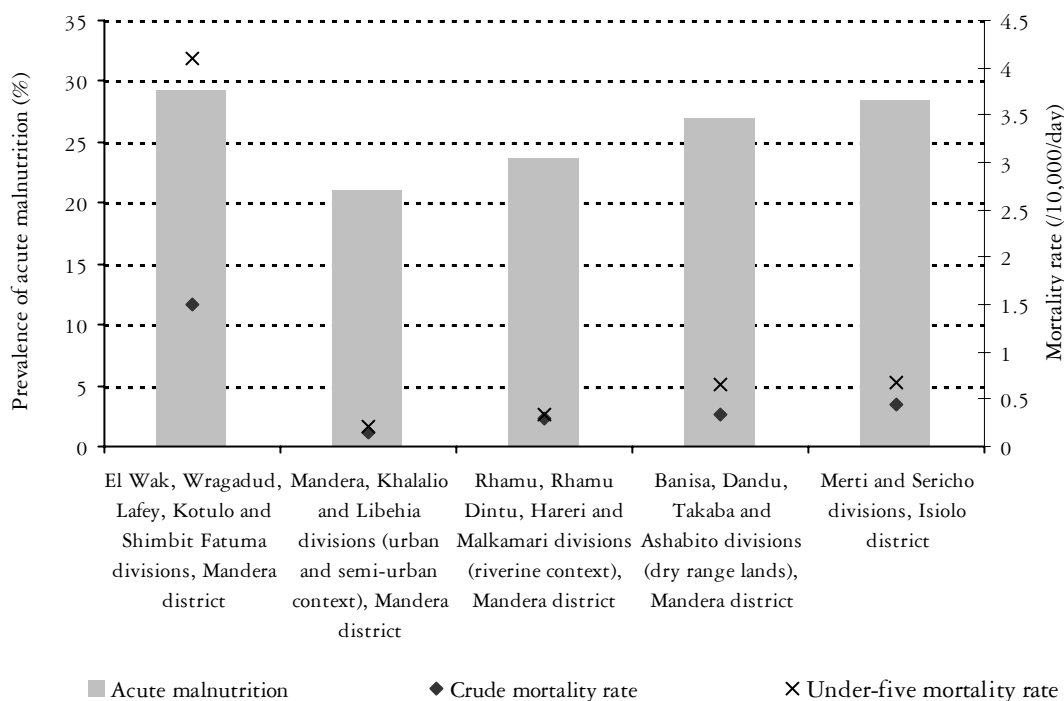


TABLE I WOMEN NUTRITIONAL STATUS, ISIOLO DISTRICT (SC-UK, 05/06)

Caregiver*	N	Severe malnutrition	Moderate malnutrition
Pregnant	55	MUAC < 20.7 cm 9.1%	MUAC ≥ 20.7 & < 23 cm 34.5%
Lactating	330	MUAC < 18.5 cm 1.2%	MUAC ≥ 18.5 & < 23 cm 40.3%
Others	219	MUAC < 18.5 cm 5.6%	MUAC ≥ 18.5 & < 23 cm 29.2%

* Women 15-49 years

Recommendations

From the SC-UK survey in Isiolo district

Short term (food and nutrition)

- Improve general food distribution by adding pulses and oil to the food basket
- Update register of food distribution beneficiaries taking into account recent livestock losses
- Implement blanket supplementary food distribution for all under-five children, pregnant and lactating women in the next three months

- Initiate treatment of severe malnutrition
- Continue supplementary feeding at least until December 2006 and include pregnant and lactating women in the programme.

Long term

Several actions are proposed to sustain livelihoods, such as an increase in food sources and improved management and selling of livestock.

Somalia

Somalia has suffered an upsurge in violence for some months, the Islamic Courts taking the control of Mogadishu, and Ethiopian troops backing the Transitional Federal Government (ICG, 10/08/06).

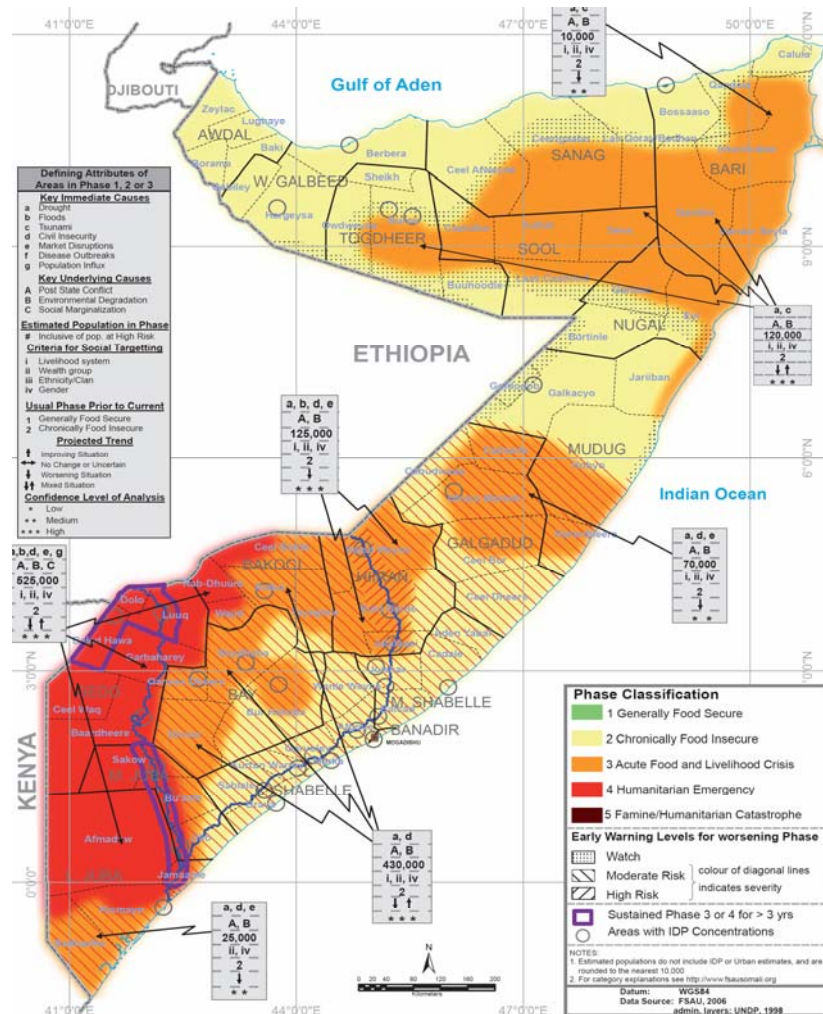
Food insecurity persists and the situation has deteriorated in Bakool, Hiran and parts of Central region according to the last post-*Gu* assessment (FSAU, 15/08/06). The *Gu* cereal harvest in the south is the third consecutive one below normal production, and is about 70% of the post-war average. Lower and Middle Juba and Hiran experienced almost complete crop failure. About 1.4 million people in the country, of whom 1.1 million are in the south, face conditions of humanitarian emergency or acute food and livelihood crises (see map).

Due to insecurity and drought, about 18,000 people have moved to refugee camps in Kenya since the beginning of the year (UNHCR, 11/08/06).

A nutrition survey conducted in Dinsor district, Bay region revealed a prevalence of acute malnutrition of 19.8% (14.7-25.6) including 3.2% (1.7-5.3) severe malnutrition. Mortality rates were below emergency threshold (FSAU/N, 07/06).

On the other hand, nutrition surveys in Huddur town, Bakool region (Epicentre/MSF-B, 06/06) and Haud of Togdheer, Togdheer region (FSAU/N, 07/06) showed average nutrition situations with a prevalence of acute malnutrition of 9.3 (7.1-12.1) and 9.9% (8.1-12.1) in Huddur and Haud of Togdheer, respectively. Mortality rates were under control.

SOMALIA FOOD SECURITY ANALYSIS: POST-GU 2006 PROJECTION JULY 2006 THROUGH DECEMBER 2006 (FSAU, 15/08/06)



Sudan Darfur

Insecurity has increased in recent months, partly due to the dispute between Darfurian armed groups over the signature of a peace-agreement by the largest rebel group in May 2006 (AI, 17/08/06). North Darfur and the Chadian borders have been the most affected. Attacks on humanitarian workers have also been on the rise (UNNews, 18/08/05). Food distribution has decreased since May 2006. Only 50% of the full ration was distributed in May, and about 85% in June due to shortage of funding (WFP, 16/08/06). Moreover, insecurity prevented food distributions to 290,000 people in June and 470,000 in July.

Nutrition surveys conducted between May and August, during the hungry season, showed high levels of acute malnutrition (figure 3). When data were available, comparisons showed stable situations compared to last year (UNICEF, 06/06).

Admissions to feeding centres were on the rise, as expected at this time of year. Due to NGOs phasing out, the number of feeding centres was only one third of last year.

Southern Sudan

The rains have been generally good in Southern Sudan this year (FEWS, 07/06). It is also thought that people will cope better with the hungry season this year than in previous years because of improved access to markets, availability of Government of Southern Sudan's subsidised, low-cost sorghum, timely food-aid distributions and increased availability of seasonal agricultural employment.

Three surveys conducted in Jongley state in June/July showed worrying nutrition situations (table 2). The situation was especially critical in Atar/Khorfulus county, where the population was experiencing food insecurity due to the poor harvest in 2005 as well as an outbreak of cholera (AAH-US, 05/06).

Surveys were also conducted in Bentiu and Rob Kona towns in February 2006 (ACF-F, 02/06). They showed high levels of acute malnutrition, which were in the same range as in previous years (table 2) (figure 4). Mortality rates were under control. General food distribution for residents stopped in August 2005 and has only continued for returnees. However, it seems that only 16 of the 39 returnee families interviewed during the survey received a

FIGURE III RESULTS OF SURVEYS, DARFUR, SUDAN
(ACF-F, 08/06; MSF-B, 05/06; UNICEF, 06/06; UNICEF, 08/06)

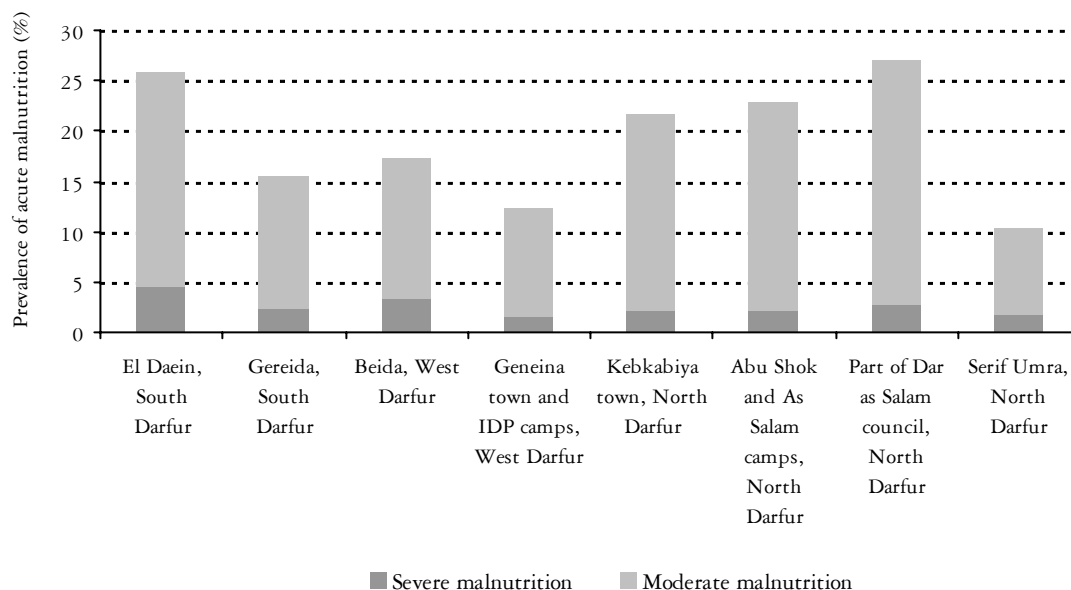
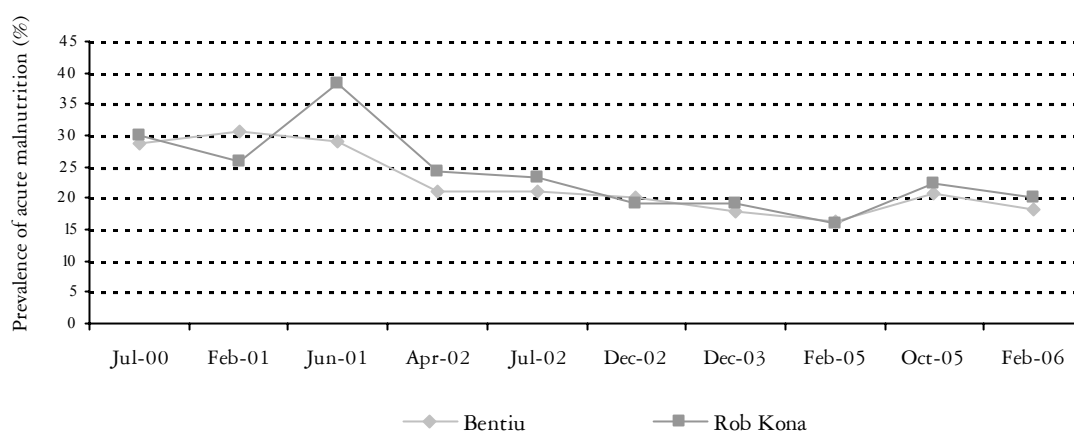


TABLE 2 RESULTS OF SURVEYS IN SOUTHERN SUDAN
(AAH-US, 05/06; AAH-US, 07/06; AAH-US, 07/06; ACF-F, 02/06; ACF-F, 05/06)

Location	Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
JONGLEY STATE						
Boma and Kassingor districts, Pibor county	Jul-06	21.2 (17.4-25.6)	2.4 (1.2-4.6)	65.5	-	-
Menime & Haat bomas, Pagil and Kurway districts, Ayod county	Jul-06	18.1 (14.7-22.1)	2.3 (1.2-4.3)	2.4	0.19	0.23
Chuei, Duk, Pije and Wunangui districts, Atar/Khorfulus county	May-06	27.0 (23.0-31.5)	3.0 (1.7-5.2)	30.1	2.19	1.14
UNITY STATE						
Bentiu town	Feb-06	18.2 (14.8-22.1)	1.5 (0.6-3.2)	70.9	0.30	0.72
Rob Kona town	Feb-06	20.0 (16.9-24.0)	0.9 (0.3-2.4)	64.6	-	-
CENTRAL EQUATORIA STATE						
Juba town	May-06	11.5 (8.8-14.8)	1.6 (0.7-3.3)	78.4	0.35	0.73
Juba surroundings	May-06	9.3 (6.9-12.4)	0.9 (0.3-2.4)	70.0	0.44	0.66

* According to cards or mothers' statements

FIGURE IV PREVALENCE OF ACUTE MALNUTRITION, BENTIU AND ROB KONA TOWNS, SUDAN



general ration in January/February. The security in the area has only significantly improved since the beginning of the year, and food security is still poor. Food security programmes need to be developed. Nutrition surveys conducted in Juba town and surroundings showed poor nutrition situations

(table 2), which have remained within the same range over the past few years (ACF-F, 05/06). This is despite the change in the status of the Juba area, from a former enclave controlled by the government of Sudan to the capital of Southern Sudan, since the signature of the Peace Agreement in January 2005.

South Kordofan

A nutrition survey was conducted in South Kordofan and 3 administrative units of Abyei (Abyei, El Mugad and El Meram) in January/February, during the post-harvest season (WFP/joint, 02/06). The majority of the families included in the survey were resident, while 6% were IDPs and 8% were returnees. The results showed a precarious nutrition situation with a prevalence of acute malnutrition of 13.4% (10.9-15.9), including 3.1% severe malnutrition (1.5-4.7). On the other hand, only 3.3% of the women surveyed (pregnant

and non-pregnant) had a MUAC < 21 cm. Exclusive breastfeeding was only 29.9% and mean age of introduction of complementary food was 3.8 months. Mortality rates were under control: CMR=0.37 death/10,000/day (0.20-0.54) and UFMR=0.49 death/10,000/day (0.15-0.83). About 60% of the households had access to safe drinking water and 30% had access to latrines. Returnees were the most at risk of food insecurity, followed by displaced people, while residents were better-off.

West Africa

Liberia

A country-wide nutrition and food security survey was conducted in rural and semi-rural population groups in Liberia (representing about 65% of the total population) between February and June 2006 (GoL/joint, 09/06). The survey design was such that representative data at county and national levels were obtained. At national level, only 14% of the households surveyed had never been displaced. Among the others, 7% were still displaced people or refugees, 57% had returned to their home before 2005 and 20% had returned afterwards.

The prevalence of wasting (oedema not reported) was average at national level, and varied from acceptable in Gbarpolu to precarious in Grand Bassa, Gran Gedeh and River Cess (figure 5). Country-wide prevalence of stunting was 39.2%. Compared to the MICS survey conducted in 1999/2000, rates of wasting and stunting are within the same range. Grand Cape Mount, Lofa and Margibi counties reported CMR and U5 MR above 1/10,000/day. Based on food consumption and food access, 11% of the households were considered food insecure and 40% highly vulnerable to food insecurity. They were mostly concentrated in

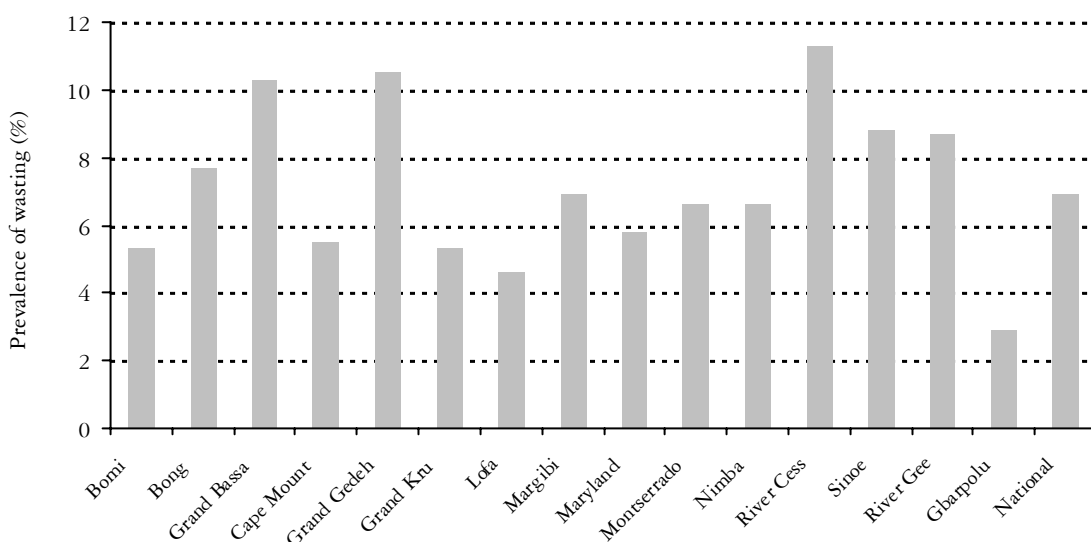
Lofa, Gran Kru, River Gee, Bomi, Gbarpolu, Nimba and Sinoe counties, but pockets of food insecurity may also exist in other counties. Only 9% were considered food secure, and 41% to have moderate risk of food insecurity. Limitations to achieving food security were considered to be low agricultural production capacity due to lack of seeds and tools and knowledge on adequate processing techniques, and limited income-generation opportunities which hampered access to food. The most food insecure families were those who relied mostly on palm oil production, hunting and contract work, especially if they did not engage in crop production, while cash and food crop farmers were less likely to be affected by food insecurity. Employees and petty traders were also part of the better-off and charcoal producers, rubber tapers, palm oil and food crop producers, households depending on fishing and skilled labourers formed the medium group. People who recently returned were more vulnerable to food insecurity.



Child feeding practices and the public health environment were also far from acceptable. Overall, only 32% of the families had access to a protected source of water, with less than 20% in Gran Bassa, Gran Kru, Sinoe, River Gee and Gbarpolu, and only a quarter had access to latrines. About 90% of households had to walk on average nearly 3 hours to reach a health fa-

cility. Most of them (65%) were managed by humanitarian agencies, while the government only manages 14%. Vitamin A distribution coverage was 71%. Only 20% of the children were exclusively breast fed at the age of 4-6 months. The mean of breast feeding stoppage was 15 months.

FIGURE V PREVALENCE OF WASTING, LIBERIA (GoL/JOINT, 09/06)



Recommendations

From the Government of Liberia/joint food security and nutrition survey

- Augment food availability through measurable increase in sustainable production and productivity of major food crops, fisheries, short-cycle livestock, improved crop diversity, improved storage and conservation, and improved marketing and acquisition of food and inputs for agricultural production.
- Increase people's economic access to food through income-diversification in the agriculture and non-agricultural sector.
- Improve biological utilization by improving access to basic health care services, and access to clean water and sanitation combined with awareness campaigns on infant and young child feeding practices, food preparation, dietary diversity, micronutrients and HIV/AIDS.
- In the short-term, improve people's access to food through food-for-work activities, supporting mother-and-child health through supplementary feeding programmes; and supporting education through food-for-education activities.
- Enhance the institutional capacity to manage national and local development interventions and resources devoted to the improvement of food security and nutrition – including the development of an institutional policy framework and food security monitoring system.

Niger

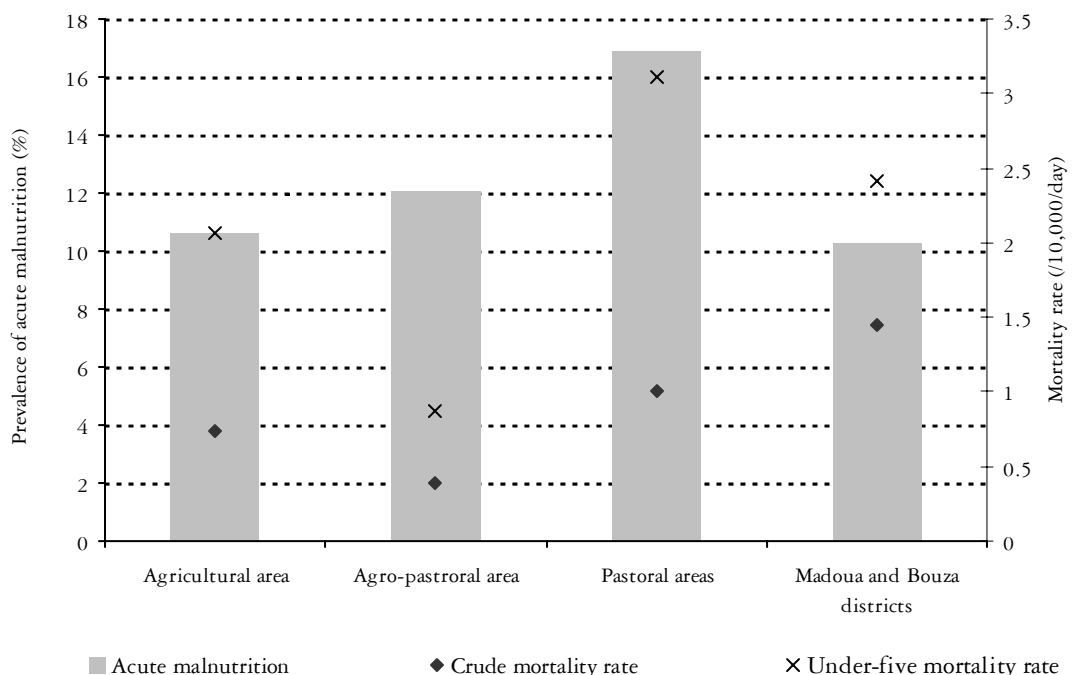
About 3.8 m people have been estimated to be food insecure during this year's hunger-gap season, of whom 1.8 m face severe food insecurity (WFP, 14/08/06). The areas the most affected are Keita, Illela, Tchintabaraden, Loga, Bouza, Doutchi, Tera, Ouallam and Gaya in Dosso, Tahoua and Tillaberi regions. The plan of action to address the needs of these 1.8 m people includes targeted free-food distribution, discharge rations for families of children admitted to feeding centres, and cereal banks. In addition blanket supplementary food distributions are being implemented for children less than three years old in the most remote areas of Taouha, Zinder and Maradi regions. The government of Niger has also announced that access to health care will be free for children under five (Liberation, 07/07/06). As usual at this time of year, admissions to the 850 feeding centres throughout the country are on the rise (FEWS, 17/08/06).

Floods at the end of August have displaced about 17,000 people, especially in Agadez and

the south of the country (IRIN, 30/08/06).

Nutrition surveys conducted in Maradi and Tahoua regions in March-April and May (onset of the hunger-gap season) showed poor to serious nutrition situations (figure 6) (ACH-S, 04/06; MSF-S, 05/06). The situation in pastoral areas of Tahoua and Maradi was especially worrying. March-April represents the lean season for pastorals, while the lean season has not yet begun for the agricultural and agro-pastoral. This might explain the differences between the groups. Compared to the surveys conducted among the same groups in October 2005, the situation has improved significantly in agricultural and agro-pastoral zones but has remained within the same range in pastoral areas (see NICS 8). It is difficult to know if this improvement is due to a recovery in food security or only reflects seasonal variations, as the October survey was done at the end of the lean season for agricultural and agro-pastoral areas. Under-five mortality rates were above alert thresholds in three of the four surveys (figure 6).

FIGURE VI PREVALENCE OF ACUTE MALNUTRITION AND MORTALITY RATES, MARADI AND TAHOUA REGIONS, NIGER
(ACH-S, 04/06; MSF-S, 05/06)



Central Africa

Democratic Republic of Congo

At the end of July elections were held for the first time in more than 40 years in DRC. Following the release of the preliminary results of the first round of the presidential elections showing that Joseph Kabila and Jean-Pierre Memba were the two candidates to go on to the second round, fighting between the two candidates' guards erupted at the end of August in Kinshasa, leading to at least 23 deaths (AFP, 03/09/06).

The fate of about 100,000 displaced people in the territory of Irumu, in Ituri, has raised concerns, especially in Gety where 40,000 displaced people are gathered (OCHA, 04/08/06). Although some food distributions have been conducted, they were insufficient to ensure the

food security of the displaced. Moreover, a cholera outbreak has been reported. The provision of humanitarian aid is also made difficult by the insecurity in the region (IRIN, 01/09/06).

A nutrition survey conducted during the hunger-gap season in Ikela health zone, Equateur province, showed a poor nutrition situation with a prevalence of acute malnutrition of 13.6% (10.7-17.2) including 2.7% (0.5-4.8) severe acute malnutrition (AAH-US, 06/06). Mortality rates were above alert thresholds: CMR = 1.34 deaths/10,000/day and under-five MR=3.41 deaths/10,000/day.



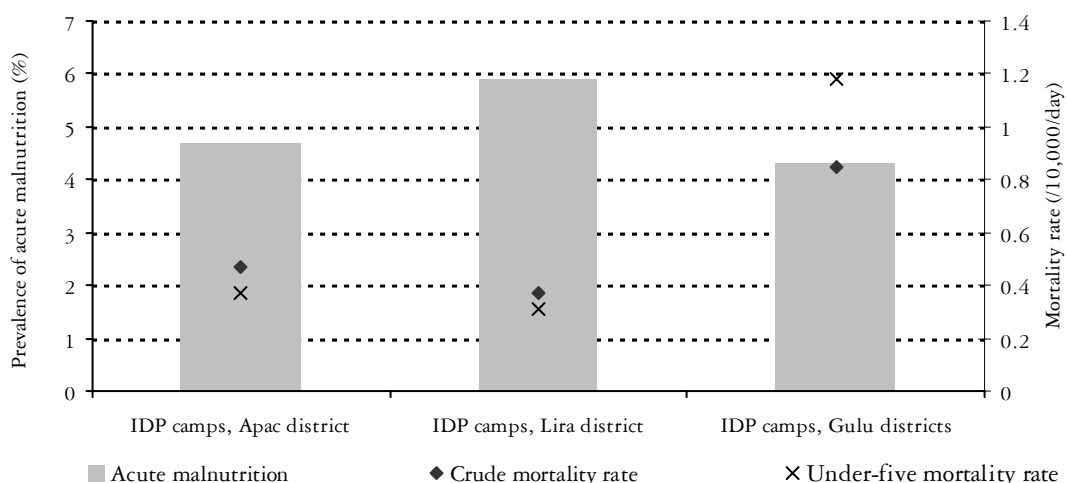
Uganda

Following talks between the Lord's Resistance Army (LRA) and the government of Uganda, which began early August in Juba, Sudan, a cessation of hostilities has been agreed while peace talks will continue until a final peace agreement is reached (DPA, 01/09/06). Due to improved security conditions, access to displaced populations in Northern Uganda has improved. Fewer children were also reported to

commute to towns at night in fear of insecurity in rural areas (IDMC, 31/08/06).

Nutrition surveys conducted in IDP camps in Lira, Gulu and Apac districts in Northern Uganda showed situations which were not critical (AAH-US, 04/06; AAH-US, 05/06; AAH-US, 07/06) (figure 7) and have remained within the same range for the past few years. Mortality rates were also under control (figure 7).

FIGURE VII PREVALENCE OF ACUTE MALNUTRITION AND MORTALITY RATES IN IDP CAMPS, UGANDA (AAH-US, 04/06; AAH-US, 05/06; AAH-US, 07/06)



Southern Africa

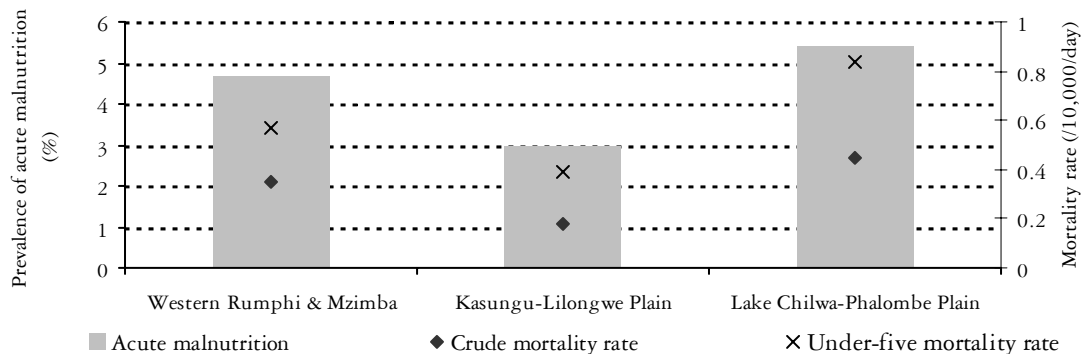


Malawi

In contrast to last year's poor harvest, this year's maize production is estimated to be the largest since 2000 and to exceed the national requirement (MVAC, 06/06). However, part of the country has experienced a dry spell and floods, and about 833,000 people are estimated to be at risk of food insecurity. Nutrition surveys, conducted in April at harvest time in areas considered the most food insecure in 3

livelihood zones, showed nutrition situations that were overall not critical. However, a high prevalence of oedema was recorded (Bunda College of Agriculture/UNICEF, 04/06) (figure 8). Mortality rates were also under control (figure 8).

FIGURE VIII PREVALENCE OF ACUTE MALNUTRITION AND MORTALITY RATES, MALAWI (BCA/UNICEF, 04/06)



Asia

Afghanistan

The security situation has remained volatile (BAAG, 31/08/06). Moreover, Afghanistan did not have adequate rainfall in April/May (IRA/UN, 07/06). Wheat production is estimated to be 3.71 m MT against 4.27 m MT last year. Rain-fed agro-ecological zones are the most affected. An appeal launched by the Islamic Republic of Afghanistan and the United Nations in July estimated that 2.5 m people will be affected by the drought, in addition to the 6.5 m people seasonally or chronically food

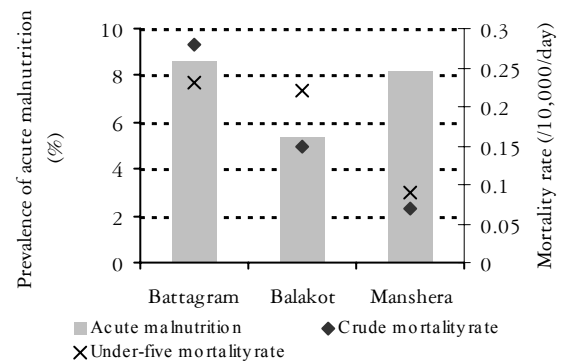


insecure. As well as the 3.5 m people WFP already assists, 1.7 m people may need assistance each month until the next harvest. The appeal includes a call for 67,000 MT of cereals, 14,500 MT of other commodities, 4,500 MT of seeds, 6,750 MT of fertilizer, as well as water supplies, communicable diseases control and nutritional interventions.

Pakistan

Three nutrition surveys were conducted in Battagram sub-district, Battagram district and Balakot and Manshera sub-districts in Manshera district in May 2006 (AAH-US, 05/06). The results showed an average nutrition situation (figure 9), comparable to the results of the survey conducted in December 2005 in Manshera district (see NICS 9). Mortality rates were under control (figure 9). AAH-US has closed its feeding centres due to low attendance.

FIGURE IX PREVALENCE OF ACUTE MALNUTRITION AND MORTALITY RATES, PAKISTAN (AAH-US, 05/06)



Middle East

Lebanon

A major military operation was launched by Israel in Lebanon following the kidnapping of 2 Israeli soldiers by Hezbollah in mid-July (SDC, 08/09/06). The war lasted 34 days and ended with a ceasefire coming into effect on the 14th of August. According to the Lebanese authorities, 1,187 people were killed and 4,092 injured (OCHA, 01/09/06). One hundred and sixty-one Israelis, 114 of them soldiers, were also killed (BBCNews, 31/08/06). The war was characterized by Israeli army air strikes, especially in South Lebanon and southern suburbs of Beirut, strongholds of Hezbollah, and by rockets fired onto Northern Israel by Hezbollah (BBCNews, 31/08/06). There was major damage in Lebanon, including about 15,000 houses, 900 factories and commercial buildings, 78 bridges and 630 km of roads. About 900,000 Lebanese were displaced during the war as well as 50,000 Israelis. A UN resolution voted in on the 11th of August authorised an increase in the strength of UNIFIL to 15,000 soldiers. The Lebanese army would deploy in south Lebanon and Israeli army would withdraw (UNIFIL, 13/09/06; UNNews, 12/09/06). The blockade imposed by Israel on Lebanon was lifted in mid-September (OCHA, 12/05/06). Most of the families who fled during the conflict have returned. As of mid-September, it was estimated that about 15,000 people were still residing in neighbouring countries (HRC,

12/09/06); about 800 people were in schools in Lebanon and about 200,000 people were sheltered in religious buildings or with host families (OCHA, 12/09/06).

Food security

The areas the hardest hit were also the areas with the highest poverty indicators. According to a WFP assessment, food availability was more of a problem during the war than access to food, but only led to a reduction in consumers' choice of products (WFP, 09/06), without threatening nutritional status. The most affected population was estimated to be daily wage labourers and people working in the coastal fishing and agricultural sectors, due to loss of income. Social network and remittances will be one of the most important factors for people's ability to recover. WFP plans to continue delivery of food assistance to 350,000 people at least until the end of October. Humanitarian assistance during the following weeks will help people to return to self-sufficiency. Overall, donor response has been generous.

Health

There were no major outbreaks of diseases (IASC/WHO, 01/09/06). At the beginning of September, about 25% of the health facilities were not functioning but availability of essential drugs was met.

Abbreviations and accronyms

AAH-US	Action Against Hunger USA
ACF-F	Action Contre la Faim France
ACH-S	Action Contra El Hambre Spain
AFP	Agence France Presse
AI	Amnesty International
BAAG	British Agencies Aghanistan Group
BMI	Body Mass Index
CMR	Crude Mortality Rate
< 5 MR	Under-five Mortality Rate
DPA	Deutsche Presse Agentur
ENCU	Emergency Nutrition Coordination Unit
FSAU	Food Security Analysis Unit for Somalia
GoL	Government of Liberia
HRC	Higher Relief Commission
ICG	International Crisis Group
ICRC	International Committee of the Red Cross
IDMC	International Displacement Monitoring Centre
IDP	Internally Displaced Person
IRA	Islamic Republic of Afghanistan
IRIN	International Regional Information Network
MOH	Ministry of Health
MSF-B	Médecins sans frontières - Belgique
MSF-H	Médecins sans frontières - Holland
MSF-S	Médecins sans frontières - Spain
MUAC	Mid-upper arm circumference
NGO	Non-governmental Organisation
OCHA	Office for the Co-ordination of Humanitarian Assistance
RI	Refugees International
SC-UK	Save the Children-United Kingdom
SDC	Swiss Agency for Development and Cooperation
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
UNIFIL	United Nations Interim Force in Lebanon
WFP	World Food Programme

References

Greater Horn of Africa

Ethiopia

ENCU /DPPA	30/06/06	Emergency Nutrition Quarterly Bulletin (April-June 2006)
FEWS	08/06	Ethiopia, food security update
OCHA	21/08/06	Relief bulletin: Weekly humanitarian highlights in Ethiopia
OXFAM	06/07/06	Rapid public health assessment of internally displaced populations due to conflict in southern Ethiopia

Kenya

AAH-US	03/06	Nutritional anthropometric surveys. Northern and western areas of Mandera district, North Kenya
FEWS	09/08/06	Kenya food security update-August 2006
MSF-B	03/06	Nutrition survey and retrospective mortality assessment, Mandera district, Kenya
SC-UK	05/06	Merti and Sericho divisions, nutrition survey report

Somalia

Epicentre/MSF-B	06/06	Baseline retrospective mortality, nutrition and health survey in Hududr, Somalia, June 2006
ICG	10/08/06	Can the Somali crisis be contained?
FSAU/N	07/06	Monthly nutrition update
FSAU	15/08/06	Press release. Despite some improvement, conditions of humanitarian emergency persist in Southern Somalia
UNHCR	11/08/06	Kenya: Somalis arriving

Sudan

AAH-US	05/06	Nutritional anthropometric survey, children under five years old, final report, Atar/Khorfulus districts, Jonglei state
AAH-US	07/06	Nutritional anthropometric survey, children under five years old, results summary, Boma and Kassingot districts, Pibor county, Jonglei state
AAH-US	07/06	Nutritional anthropometric survey, children under five years old, results summary, Pagil and Kurway districts, Ayod county, Jonglei state
ACF-F	02/06	Nutritional anthropometric survey, children 6 to 59 months, Bentiu & Rob Kona, Unity state, Sudan
ACF-F	05/06	Nutritional anthropometric surveys, children 6 to 59 months, Juba town and surroundings, Central Equatoria state, Sudan
ACF-F	06/06	Nutritional anthropometric and retrospective mortality survey, children 6 to 59 months, Abu Shok and El Salam IDP camps, North Darfur state, Sudan
ACF-F	06/06	Nutritional anthropometric and retrospective mortality survey, children 6 to 59 months, Kebkabiya town, North Darfur state, Sudan
ACF-F	08/06	Nutritional anthropometric and retrospective mortality survey, children 6 to 59 months, Dar As Salaam, Alowna, Saq Alnaam, Alu Delek, Ed al Beida and Wad Kota rural, North Darfur state, Sudan
AI	17/08/06	More killings as peacekeeping gap threatens Darfur
Fews	07/06	South Sudan: Food security update
MSF-B	05/06	Health Assessment surveys, Serif Umra, North Darfur, Sudan
UNICEF	06/06	Darfur nutrition update
UNICEF	08/06	Darfur nutrition update
UNNews	18/08/06	Sudan: Deteriorating situation in Darfu leaves UN "extraordinarily concerned"-Annan Deputy
WFP/joint	02/06	Food security and nutrition survey, South Kordofan
WFP	16/08/06	Sudan again faces food ration cuts: will Darfur be put back on a diet?

West Africa

Liberia

GoL/joint	03/09/06	Comprehensive food security and nutrition survey (CFSNS), Liberia, 2006, draft
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Niger

ACH-S	04/06	Enquête nutritionnelle et de mortalité chez les enfants ages de 6 à 59 mois des zones agricole, agro-pastorale et pastorale des regions de Maradi et Tahoua, Niger
FEWS	17/08/06	Niger: Rapport mensuel sur la sécurité alimentaire juillet 2006-Augmentation des cas de malnutrition modérée
IRIN	30/08/06	Niger: Thousands displaced by flooding
Liberation	07/07/06	Sans fin, le Niger gère sa faim
MSF-S	06/06	Enquête nutritionnelle et de mortalité retrospective dans les districts de Madaoua et Bouza, region de Tahoua (Niger)
WFP	14/08/06	Niger: Situation report 14 Aug 2006

Central Africa**DRC**

AAH-US	06/06	Rapport d'enquête nutritionnelle anthropométrique, zone de santé d'Ikela, province de l'Equateur, République Démocratique du Congo
AFP	03/09/06	DR Congo capital tense ahead of parliamentary election results
IRIN	01/09/06	DRC: Aid workers pull out of Gety
OCHA	04/08/06	Situation humanitaire en RDC- Rapport hebdomadaire du 29 juillet au 4 aout 2006

Uganda

AAH-US	04/06	Nutrition survey report, IDP camps, Apac district, Northern Uganda
AAH-US	05/06	Nutrition survey report, IDP camps, Lira district, Northern Uganda
AAH-US	07/06	Nutrition survey report, IDP camps, Gulu district, Northern Uganda
DPA	01/09/06	Uganda guerrillas on the move, peace talks to resume Saturday
IDMC	31/08/06	Uganda: Ceasefire leads to improved humanitarian access to IDP camps

Chad

AAH-US	11/05	Enquêtes nutritionnelles, camps de réfugiés soudanais de Djabal, district sanitaire de Goz Beida, departement de Sila, camps de réfugiés d'am Nabak, district sanitaire d'Iriba, departement de Kobe, camps de réfugiés soudanais d'Ourre Cassoni, district sanitaire de Bahai, department d'Enedi-Est, Republique du Chad
BBCNews	14/05/06	Chad leader's victory confirmed
ICRC	18/04/06	ICRC aids 40,000
IRIN	17/05/06	Chad: Some 80,000 children at risk in lawless east
MSF-H	03/06	Nutrition and retrospective mortality survey, Farchana & Bredjing camps, Assoungha prefecture, Ouaddai region, Chad
RI	25/04/06	Chad: Central African refugees neglected as displacement continues
UNHCR	12/05/06	Sudan: UNHCR opens new camps for Chadian refugees in Darfur
UNHCR	16/05/06	UNHCR expresses alarm over continuing reports of forced recruitment in Chad refugee camps
UNNews	08/05/06	Soudan/Tchad: Kofi Annan condamne les attaques visant le personnel humanitaire et l'Union Africaine
WFP	03/05/06	Chad: rising tensions render food outlook precarious
IRIN	30/01/06	Budget shortfalls loom as more refugees flee into Chad

Southern Africa**Malawi**

IRIN	03/05/06	Malawi: pockets of vulnerability amid general plenty
MOH/	03/06	Malawi nutrition survey, December 2005, final report draft
UNICEF		
OCHA	30/08/05	Malawi 2005 Flash Appeal
UNICEF	18/04/06	UNICEF humanitarian action: Malawi donor update 18 Apr 2006

Asia

Afghanistan

BAAG 31/08/06 BAAG Afghanistan monthly review Aug 2006
IRA/UN 07/06 Afghanistan Drought Joint Appeal

Pakistan

AAH-US 05/06 Nutrition anthropometric survey, final report, Battagram and Mansehra districts, Pakistan

Middle East

Lebanon

BBCNews 31/08/06 Middle East Crisis: Facts and figures
HRC 12/09/06 Daily situation report
IASC/WHO 01/09/06 Lebanon crisis, health cluster bulletin
OCHA 01/09/06 Lebanon OCHA situation report No 36
OCHA 12/09/06 Situation report 37– Lebanon response
SDC 08/09/06 Lebanon conflict, July-August 2006
UNIFIL 13/09/06 LAF deploying in some areas in South Lebanon
UNNews 12/09/06 Liban: le commandant de la FINUL s'attend à un retrait total des forces israéliennes prochainement
WFP 09/06 Lebanon crisis, WFP rapid food security assessment

Results of surveys

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI) [§]	Severe Acute Malnutrition** (%) (95% CI) [§]	Oedema (%)
GREATER HORN OF AFRICA							
ETHIOPIA							
SNNPR							
Silti district, Silti zone	May-06	Residents	-	GOAL ¹	12.2 10.3-14.5	2.0 1.2-3.1	0.8
Sankura district, Silti zone	May-06	Residents	-	GOAL ¹	11.9 9.9-14.1	2.4 1.5-3.6	1.0
Midlands of Huila, Sidama zone	Apr-06	Residents	-	SC-US ¹	18.1 15.2-21.1	2.1 0.2-3.9	1.1
Boricha district, Sidama zone	May-06	Residents	-	SC-US ¹	6.8 5.2-8.8	0.5 0.2-1.3	0
Shebedino district, Sidama zone	Apr-06	Residents	-	GOAL ¹	7.4 5.7-9.6	0.5 0.2-1.2	0.0
Mreko district, Gurage zone	Apr-06	Residents	-	ACF-F ¹	13.6 11.0-16.2	2.7 1.8-3.6	1.3
Lowlands of Meskan, Gurage zone	Apr-06	Residents	-	ACF-F ¹	9.9 6.7-13.0	1.6 0.9-2.3	1.0
Kedida Gamela, KT zone	May-06	Residents	-	WV ¹	8.5 6.7-10.4	1.3 0.6-2.1	0.8
OROMIA REGION							
Kombolcha district, East Hararghe zone	Apr-06	Residents	-	GOAL ¹	6.3 4.4-9.0	0.4 0.2-1.6	0.1
Bosset district, East Shewa zone	May-06	Residents	-	WV ¹	4.8 3.4-6.2	1.2 0.5-1.9	0.2
KENYA							
MANDERA DISTRICT							
Wargadud, Lafey, El Wak, Kotulo and Shimbir Fatuma divisions, urban and peri-urban	Mar-06	Residents/displaced	39,090	MSF-B	29.8 25.9-33.6	2.3 1.3-3.3	0
Mandera, Khalalio and Libehia divisions, urban and peri-urban	Mar-06	Residents	68,570	AAH-US	21.0 17.5-25.1	2.1 1.0-4.0	0.1
Rhamu, Rhamu Dintu, Hareri and Malkamari divisions, riverine	Mar-06	Residents	72,850	AAH-US	23.6 19.9-27.9	2.4 1.3-4.4	0
Banisa, Dandu, Takaba and Ashabito divisions, dry range lands	Mar-06	Residents	74,040	AAH-US	27.0 23.0-31.4	3.0 1.7-5.2	0.3
ISIOLO DISTRICT							
Merti and Sericho divisions	May-06	Residents	-	SC-UK	28.5 25.6-31.6	2.7 1.8-4.0	0.3
SOMALIA							
Dinsor district, Bay region	Jul-06	Residents	-	MSF-CH ²	19.8 14.7-25.6	3.2 1.7-5.3	-
Hawd of Togdheer	Jun-06	Residents	105,945	FSAU/joint	9.9 8.1-12.1	0.7 0.3-1.5	-
Huddur town and surroundings, Bakool region	Jul-06	Residents	31,000	Epicentre/MSF-B	9.3 7.1-12.1	0.9 0.4-2.0	-

*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

¹ From ENCU quarterly bulletin (ENCU, 30/06/06). The details of the methodology are not reported but the methodology is in accordance with the ENCU specifications for nutritional surveys, which are in line with international standards.

² From the FSAU Nutrition Update (FSAU, 07/06)

Continued...

Measles immunisation coverage (%) [#]		Assessment of 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							
4.5	65	-	81.9	-	0.46	0.2-0.8	0.94	0.2-2.0
2.7	66.2	-	84.3	-	0.45	0.2-0.8	1.41	0.6-2.7
17	77.3	-	94.5	-	0.09		0.12	
25.7	66.2	-	82.5	-	0.04		0.1	
-	71.8	-	72.5	-	0.13		0.23	
11.8	94.6	-	86.5	-	0.21	0.03-0.38	0.77	0.11-1.43
9.8	83.9	-	83.5	-	0.16	0.05-0.27	0.73	0.27-1.18
52.1	89.7	-	95.0	-	0.31		0.89	
6.4	33.5	-	21.4	-	0.22		0.49	
18.4	39.1	-	87.3	-	0.17		0.45	
59.0	93.8	-	-	-	1.5	0.9-2.1	4.1	2.1-6.1
26.7	82.9	-	-	-	0.15	0.02-0.28	0.22	0.00-0.52
19.0	46.1	-	-	-	0.30	0.12-0.49	0.33	0.00-0.67
14.1	51.9	-	-	-	0.33	0.13-0.54	0.65	0.00-1.26
69.6	95.5	-	-	MUAC < 18.5: 5.6% [‡] MUAC ≥ 18.5 & < 23 [‡] : 29.2% [‡]	0.44		0.68	
-	-	-	-	-	0.72	0.26-2.03	1.15	0.25-1.18
	72.5	-	38.9	-	0.42	0.26-0.58	0.76	0.21-1.32
36.5 ⁴	73.3 ⁴	-	57.2	-	0.3	0.2-0.4	0.3	0.1-0.8

[#] Measles vaccination coverage for children aged 9-59 months⁴ Children 6-59 months old[‡] Non pregnant, non lactating women

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI) [§]	Severe Acute Malnutrition** (%) (95% CI) [§]	Oedema (%)
SUDAN							
SOUTH DARFUR							
ĪDPs in Abu Matariq, El Firdous, Al Neen and Khor Omer, El Daein	May-06	Displaced	-	Tearfund ¹	9.7 7.2-12.8	0.7 0.2-2.1	-
Gereida IDP camp	Jul-06	Displaced	-	ICRC ¹	15.5	2.3	-
NORTH DARFUR							
Kebkaybiya town	May-06	Displaced/Residents	68,260	ACF-F	21.7 18.1-25.8	2.1 1.0-4.0	0
Abu Shok and As Salam IDP camps	Jun-06	Displaced	80,050	ACF-F	22.8 19.1-27.0	2.2 1.1-4.1	0.4
Part of Dar as Salam council	Aug-06	Residents	37,650	ACF-F	27.0 23.1-31.3	2.8 1.6-4.9	0.4
Serif Umra	May-06	Displaced/Residents	48,810	MSF-B	10.3 7.5-13.0	1.7 0.9-2.5	-
WEST DARFUR							
Geneina twon and IDP camps	Jun-06	Displaced/Residents	-	Concern ¹	12.3 10.3-14.6	1.6 0.9-2.6	-
Beida	May-06	-	-	Tearfund ¹	17.2 13.9-21.0	3.4 2.0-5.5	-
UNITY							
Bentiu town	Feb-06	Residents/Displaced	37,000	ACF-F	18.2 14.8-22.1	1.5 0.6-3.2	0.1
Rob Kona town	Feb-06	Residents/Displaced	31,000	ACF-F	20.0 16.9-24.0	0.9 0.3-2.4	0
CENTRAL EQUATORIA							
Juba town	May-06	Residents	-	ACF-F	11.5 8.8-14.8	0.6 0.7-3.3	0.1
Juba surroundings	May-06	Residents	-	ACF-F	9.3 6.9-12.4	0.9 0.3-2.4	0
JONGLEY							
Boma and Kassingor districts, Pibor county	Jul-06	Residents	-	AAH-US	21.2 17.4-25.6	2.4 1.2-4.6	-
Menime and Haat bomas, Pagil and Kurway districts, Ayod county	Jul-06	Residents	-	AAH-US	18.1 14.7-22.1	2.3 1.2-4.3	-
Chuei, Duk, Pije and Wunangui districts, Atar/Khorfulus county	May-06	Residents	25,940	AAH-US	27.0 23.0-31.5	3.0 1.7-5.2	0.0
SOUTH KORDAFAN							
South Kordofan and Abyei, El Muglad and El Neram, Abyei	Feb-06	Residents	3,519,300	WFP/joint	13.4 10.9-15.9	3.1 1.5-4.7	1.5

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

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

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

¹ From UNICEF Darfur Nutrition Update (UNICEF, 06/06; UNICEF, 08/06). The details of the methodology are not reported but the methodology is in accordance with the UNICEF Darfur specifications for nutritional surveys, which are in line with international standards.

Continued...

Measles immunisation coverage (%) [#]		Assessment of 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							
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	3.01	-
22.4	89.2	-	-	-	0.97	-	0.66	-
14.8	83.6	-	-	-	0.52	-	1.10	-
5.0	50.0	-	-	-	0.54	-	1.63	-
44.5	75.0	-	-	-	1.3	0.7-1.8	0.9	0.0-1.8
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
36.4	70.9	-	-	-	0.30	-	0.72	-
29.8	64.9	-	-	-	-	-	-	-
30.6	78.4	-	-	-	0.35	-	0.73	-
18.1	64.6	-	-	-	0.44	-	0.66	-
17.4	65.5	-	-	-	-	-	-	-
0.3	2.4	-	-	-	0.19	0.0-0.38	0.23	0.0-0.53
4.7	30.1	-	-	-	2.19	1.18-3.2	1.14	0.48-1.8
33.3	64.6	-	35.5	-	0.37	0.20-0.54	0.49	0.15-0.83

[#] Measles vaccination coverage for children aged 9-59 months

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI) [§]	Severe Acute Malnutrition** (%) (95% CI) [§]	Oedema (%)
WEST AFRICA							
LIBERIA							
Nationwide (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	6.9 ¹	-	-
Bomi (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	5.3 ¹	-	-
Bong (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	7.7 ¹	-	-
Grand Bassa (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	10.3 ¹	-	-
Cape Mount	Feb/Jun-06	Residents	-	GoL/joint	5.5 ¹	-	-
Grand Gedeh (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	10.5 ¹	-	-
Grand Kru (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	5.3 ¹	-	-
Lofa (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	4.6 ¹	-	-
Margibi (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	6.9 ¹	-	-
Maryland (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	5.8 ¹	-	-
Montserrado (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	6.6 ¹	-	-
Nimba (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	6.6 ¹	-	-
River Cess (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	11.3 ¹	-	-
Sinoe (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	58.8 ¹	-	-
River Gee (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	8.7 ¹	-	-
Gbarpolu (rural and semi-rural)	Feb/Jun-06	Residents	-	GoL/joint	2.9 ¹	-	-
NIGER							
Madaoua and Bouza districts, Tahoua region	Apr-06	Residents	-	MSF-S	10.3 8.2-12.3	0.7 0.2-1.1	-
Agricultural zones, Maradi and Tahoua regions	Apr-06	Residents	3,807,820	ACH-S	10.6 8.1-13.1	1.7 0.6-2.7	0.9
Agropastoral zones, Maradi and Tahoua regions	Apr-06	Residents	2,364,572	ACH-S	12.1 9.5-14.7	2.0 0.9-3.1	1.2
Pastoral zones, Maradi and Tahoua regions			307,639	ACH-S	16.9 14.2-19.6	1.4 0.5-2.3	0.1

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

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

[§]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

¹ Oedema not included

Measles immunisation coverage (%) [#]		Assessment of 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							
-	-	-	71	-	-	-	-	-
-	-	-	82	-	-	-	-	-
-	-	-	52	-	-	-	-	-
-	-	-	67	-	-	-	-	-
-	-	-	80	-	-	-	-	-
-	-	-	85	-	-	-	-	-
-	-	-	38	-	-	-	-	-
-	-	-	90	-	-	-	-	-
-	-	-	77	-	-	-	-	-
-	-	-	51	-	-	-	-	-
-	-	-	64	-	-	-	-	-
-	-	-	80	-	-	-	-	-
-	-	-	76	-	-	-	-	-
-	-	-	47	-	-	-	-	-
-	-	-	89	-	-	-	-	-
-	-	-	71	-	-	-	-	-
-	-	-	-	-	1.45		2.42	
16	59.6	-	-	-	0.74	0.53-0.95	2.06	0.86-3.26
27.6	74.2	-	-	-	0.39	0.22-0.55	0.87	0.36-1.38
7.9	28.0	-	-	-	1.01	0.72-1.31	3.11	2.02-4.21

[#] Measles vaccination coverage for children aged 9-59 months

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI) [§]	Severe Acute Malnutrition** (%) (95% CI) [§]	Oedema (%)
CENTRAL AFRICA							
DRC							
Ikela health zone, Equateur province	Jun-06	Residents	87,200	AAH-US	13.6 10.7-17.2	2.7 1.5-4.8	1.2
UGANDA							
IDP camps, Gulu district	Jul-06	Displaced	454,030	AAH-US	4.3 2.7-6.7	0.3 0.0-1.5	0.2
IDP camps, Lira district	May-06	Displaced	324,680	AAH-US	5.9 3.9-8.6	0.7 0.1-2.1	0.6
IDP camps, Apac district	Apr-06	Displaced	147,710	AAH-US	4.7 2.9-7.2	0.8 0.2-2.3	0.6
SOUTHERN AFRICA							
MALAWI							
Western Rumphu and Mzimba zones, Rumphu and Mzimba districts	Apr-06	Residents	-	BCA/ UNICEF	4.7 3.5-6.2	2.3 1.5-3.4	1.9
Kasungu-Lilongwe Plain, Mzimba, Kasungu, Ntchisi, Dowa and Mchinji districts	Apr-06	Residents	-	BCA/ UNICEF	3.0 2.1-4.3	1.0 0.6-1.9	0.4
Lake Chilwa-Phalombe Plain, Phalombe district	Apr-06	Residents	-	BCA/ UNICEF	5.4 4.1-7.2	1.6 0.9-2.7	1.0
ASIA							
PAKISTAN							
Battagram sub-district, Battagram district	May-06	Residents	171,810	AAH-US	8.6 6.2-11.6	0.1 0.0-1.2	0
Balakot sub-district, Manshera district	May-06	Residents	131,700	AAH-US	5.4 3.5-7.9	0.7 0.2-2.2	0
Manshera sub-district, Manshera district	May-06	Residents	428,590	AAH-US	8.2 5.9-11.2	0.5 0.1-1.8	0

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

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

[§]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

Measles immunisation coverage (%) [#]		Assessment of 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					
2.0	84.8	-	87.8	-	1.34 0.0-3.2	3.41 0.0-8.1
63.9	96.7	-	73.3	-	0.85 0.41-1.28	1.18 0.02-2.34
54.3	73.9	-	73.0	-	0.37 0.12-0.63	0.31 0.0-0.66
53.9	86.6	-	71.0	-	0.47 0.23-0.72	0.37 0.0-0.79
-	-	-	-	-	0.35 0.17-0.53	0.57 0.25-0.89
-	-	-	-	-	0.18 0.11-0.25	0.39 0.21-0.57
-	-	-	-	-	0.45 0.32-0.58	0.84 0.57-1.12
19.5	41.2	-	-	-	0.28 0.14-0.41	0.23 0.02-0.44
19.0	40.2	-	-	-	0.15 0.01-0.29	0.22 0.09-0.52
35.3	50.7	-	-	-	0.07 0.00-0.15	0.09 0.00-0.25

[#] Measles vaccination coverage for children aged 9-59 months

Survey methodology

The Greater Horn region

Kenya

WARGADUD, LAFEY, EL WAK, KOTULO AND SHIMBIR FATUMA DIVISIONS, MADERA DISTRICT

The survey was conducted by MSF-B in March 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 914 children between 6-59 months. The survey also estimated measles vaccination coverage and mortality rates over the previous 75 days

NORTHERN AND WESTERN AREAS OF MANDERA DIVISIONS

The surveys were conducted by ACF-F in March 2006. Two-stage cluster sampling methodologies of 30 clusters were used. The surveys also estimated measles vaccination coverage and mortality rates over the previous 3 months.

MERTI AND SERICHO DIVISIONS, ISIOLO DISTRICT

The surveys were conducted by SC-UK in May 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 926 6-59 month olds. The survey also estimated measles vaccination coverage, retrospective mortality rates over the previous 3 months and various food security and public health indicators.

Somalia

HAWD OF TOGDHEER

A random-sampled nutrition survey was conducted by FSAU/joint in June 2006. A two-stage 30-by-30 cluster sampling methodology was used to measure 916 children between 6-59 months. The survey also estimated measles vaccination and vitamin A distribution coverage, crude and under-five mortality rates and various food security and public health indicators.

HUDDUR, BAKOOL REGION

A random-sampled nutrition survey was conducted by Epicentre/MSF-B in July 2006. A two-stage 30 cluster sampling methodology was used to measure 899 children between 6-59 months. The survey also estimated measles vaccination coverage and crude and under-five mortality rates over the previous five-months.

Sudan

KEBKABIYA TOWN, NORTH DARFUR

The survey was conducted by ACF-F in May 2006. 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 and retrospective mortality rate over three months prior to the survey.

DAR AS SALAAM, ALOWNA, SAQ ALNAAM, ABU DELEK, ED AL BEIDA AND WAD KOTA RURAL, NORTH DARFUR

The survey was conducted by ACF-F in August 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 959 children between 6-59 months. The survey also estimated measles vaccination coverage and retrospective mortality rate over three months prior to the survey.

ABU SHOK AND AS SALAAM IDP CAMPS, NORTH DARFUR

The survey was conducted by ACF-F in June 2006. 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 and retrospective mortality rate over three months prior to the survey.

SERIF UMRA, NORTH DARFUR

The survey was conducted by MSF-B in May 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6-59 months. The survey also estimated measles vaccination coverage and retrospective mortality rate over one and a half month prior to the survey.

BENTIU & ROB KONA, UNITY STATE

The surveys were conducted by ACF-F in February 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 957 & 960 children between 6-59 months in Bentiu & Rob Kona, respectively. The surveys also estimated measles vaccination coverage and retrospective mortality rate over three months prior to the survey.

JUBA TOWN AND JUBA SURROUNDINGS, CENTRAL EQUATORIA

The surveys were conducted by ACF-F in February 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 957 & 958 children between 6-59 months in Juba & Juba surroundings, respectively. The surveys also estimated measles vaccination coverage and retrospective mortality rate over three months prior to the survey.

BOMA AND KASSINGOR DISTRICTS, PIBOR COUNTY

The survey was conducted by AAH-US in July 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 831 children between 6-59 months. The survey also estimated measles vaccination coverage and mortality rate.

PAGIL AND KURWAY DISTRICTS, AYOD COUNTY

The survey was conducted by AAH-US in July 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure about 900 children between 6-59 months. The survey also estimated measles vaccination coverage and mortality rate.

ATAR/KHORFULUS COUNTY

The survey was conducted by AAH-US in May 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure about 900 children between 6-59 months. The survey also estimated measles vaccination coverage and mortality rate.

HAWD OF TOGDHEER

A random-sampled nutrition survey was conducted by WFP/joint in February 2006. A two-stage 33-by-30 cluster sampling methodology was used to measure 990 children between 6-59 months. The survey also estimated measles vaccination and vitamin A distribution coverage, crude and under-five mortality rates over 4 months prior to the survey and various food security and public health indicators.

West Africa

Liberia

The survey was conducted by the Government of Liberia/joint between February and June 2006. A two-stage cluster sampling methodology of 25 clusters of 12-15 households was used in each county. Nationwide, 5,409 households were surveyed. To obtain results at national level, a weighting system was applied to reflect the population size of each county. The survey also estimated various food security and health indicators.

Niger

MADAOUA AND BOUZA DISTRICTS, TAHOUA REGION

The survey was conducted by MSF-S in June 2006. A two-stage cluster sampling methodology of 44 clusters was used to measure 1344 children between 6-59 months. The surveys also estimated retrospective mortality rate.

AGRICULTURAL, AGRO-PASTORAL AND PASTORAL ZONES OF MARADI AND TAHOUA REGION

The surveys were conducted by ACH-S in April 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 605, 589 and 730 children between 6-59 months in the agricultural, agropastoral and pastoral zones, respectively. The surveys also estimated measles vaccination coverage and retrospective mortality rate.

Central Africa

Democratic Republic of Congo

IKELA HEALTH ZONE, EQUATEUR PROVINCE

The survey was conducted by AAH-US in June 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 931 children between 6-59 months. The surveys also estimated measles vaccination and vitamin A distribution coverage and retrospective mortality rate.

Uganda

IDP CAMPS, GULU DISTRICT

The survey was conducted by AAH-US in July 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 939 children between 6-59 months. The survey also estimated measles vaccination and vitamin A distribution coverage and retrospective mortality rate over three months prior to the survey.

IDP CAMPS, LIRA DISTRICT

The survey was conducted by AAH-US in May 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 916 children between 6-59 months. The survey also estimated measles vaccination and vitamin A distribution coverage and retrospective mortality rate over three months prior to the survey.

IDP CAMPS, APAC DISTRICT

The survey was conducted by AAH-US in April 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6-59 months. The survey also estimated measles vaccination and vitamin A distribution coverage and retrospective mortality rate over three months prior to the survey.

Southern Africa

Malawi

The surveys were conducted by Bunda College of Agriculture and UNICEF in three livelihood zones in Malawi. In each zone, a two-stage cluster sampling methodology of 30 clusters was used to measure about 900 children between 6-59 months. The surveys also estimated retrospective mortality rate over six months prior to the surveys and various public health and food security indicators.

Asia

Pakistan

BATTAGRAM AND MANSHERA DISTRICTS

The surveys were conducted by AAH-US in May 2006. A two-stage cluster sampling methodology of 30 clusters was used to measure around 950 children between 6-59 months in Battagram, Balakot and Manshera sub-districts. The surveys also estimated retrospective mortality rates and measles vaccination coverage.

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 indica-

tors 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.

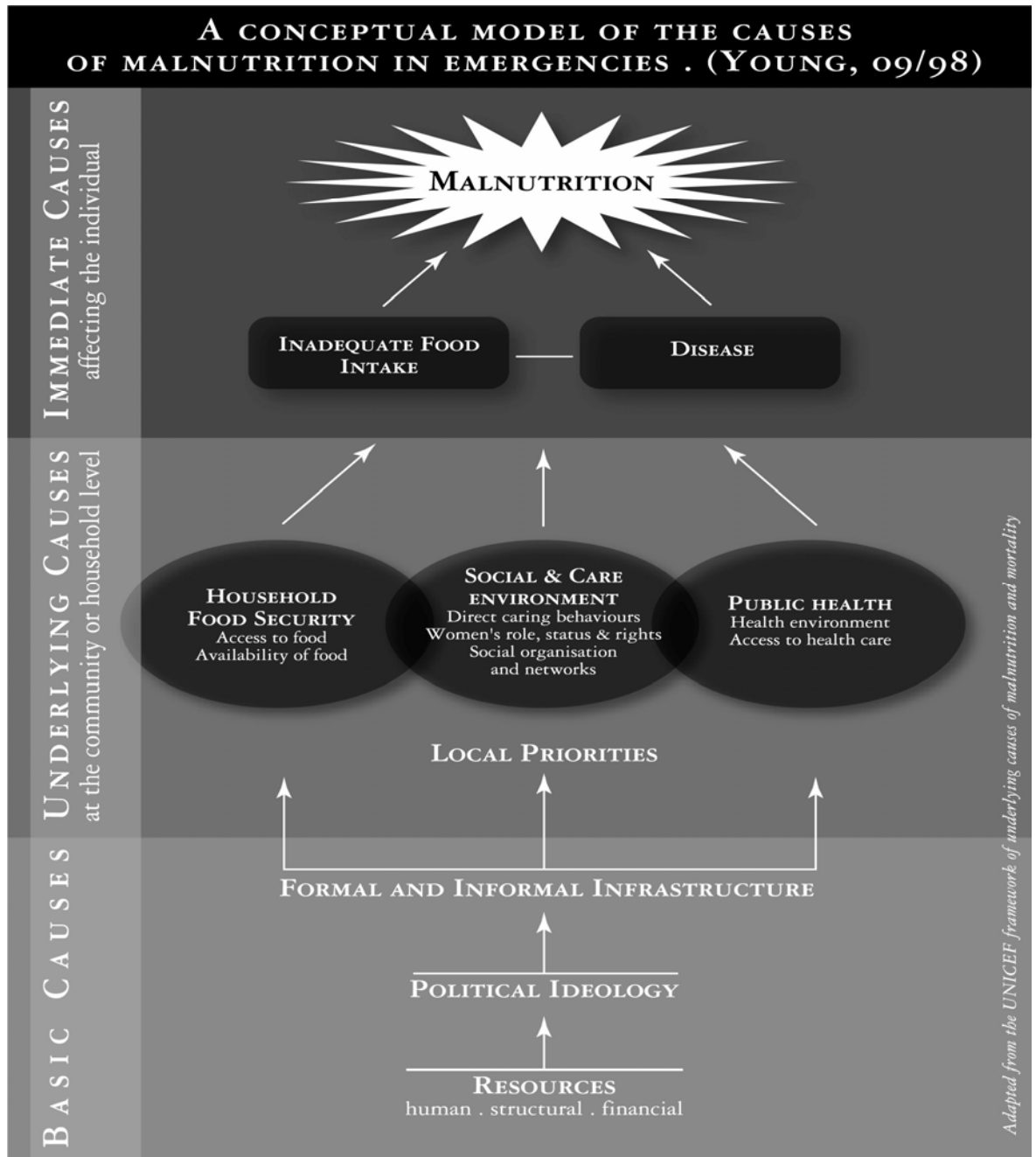
Classification of situations

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 may be 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.



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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.

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

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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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