Nutrition Information in Crisis Situations – Report Number III, August 2004

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United Nations System
Standing Committee on Nutrition

Highlights

KENYA – DROUGHT EMERGENCY DECLARED IN 26 DISTRICTS – The president of Kenya declared the current drought a "national disaster" and appealed for relief food assistance. Early cessation of rains in May has led to the wilting of crops and insufficient replenishment of pastures. Twenty–six of the 71 districts of Kenya are affected and 1.8 million people are considered in need of food aid. The most vulnerable households are found in Eastern province, Coastal province and in pastoral areas.

SOMALIA – POOR PERFORMANCE OF THE *GU* SEASON AND INCREASE IN FOOD INSECURITY – The 2004 *Gu* cereal production is expected to be one of the three worst crops since 1995. Overall, the performance of the 2004 *Gu* season will be only 75% of the post–war average and 80% of the 2003 production. The highest deficits are recorded in Bakol, Lower Juba and Middle Juba. This will lead to food insecurity in south Somalia, in addition to the dire situation experienced in north and central Somalia for more than a year.

SUDAN – DIRE SITUATION IN DARFUR AND SITUATION OF CONCERN IN SOUTHERN SUDAN – Most of the assessment reports highlight the poor living conditions in the IDP camps and gatherings in Darfur, with a lack of adequate shelters, insufficient access to clean water, health care and sanitation. Although health care coverage has improved from 45–50% in May to 69% in July, it remains a serious concern. An outbreak of hepatitis E affected 2431 people and killed 41 between 22 May and 20 August 2004. Around 1.2 million people are estimated in need of food aid. There were 20 TFCs caring for 4,820 children and 24 SFPs where about 18,000 had been admitted as of end July 2004. A greater capacity for the care of malnourished children is needed. Blanket supplementary feeding programmes will also be implemented.

Protection is a major issue; civilians, including IDPs, being targeted by violence. In Southern Sudan, the performance of the crop production is expected to vary depending on the area owing to drought in June–July, mitigated by good rains in August in some areas. In addition, insecurity, chronic food insecurity and the return of IDPs contribute to the precariousness of the situation.

CHAD – APPALLING NUTRITION SITUATION AMONG THE REFUGEES IN THREE NORTHERN CAMPS AND AMONG THE RESIDENT POPULATION – A nutrition survey was conducted in three camps, which were considered the most vulnerable (Irisimi, Touloum and Kounoungo) and an assessment was carried out in the Chadian villages surrounding the camps. The results showed dramatically high prevalence of acute malnutrition among both populations. Mobilisation of resources towards the refugee and the Chadian population is crucial for avoiding the crisis deteriorating.

IVORY COAST – CONTRASTED NUTRITION SITUATION – Eight nutrition surveys were conducted throughout the country between November 2003 and February 2004. In all the regions, acute malnutrition seemed higher in rural areas than in urban areas. The highest prevalence of acute malnutrition was recorded in the north of the country, especially in rural areas, where the rates of malnutrition were of concern. The prevalence of acute malnutrition was average in the south and in the rural areas of the centre, and was under–control in the urban areas of the centre and the west. Severe acute malnutrition was especially high in rural areas of the north, north–east and west of the country.

COLOMBIA – FOOD INSECURITY AND MICRO–NUTRIENT DEFICIENCIES – Colombia has been experiencing 40 years of civil unrest, which has led to the displacement of several thousands of people inside the country and in nearby countries. As of June 2004, 61% of the resident families and 88% of the displaced families in Puerto Asis municipality, Putumayo department earned less than the national minimum wage.

Anaemia was found to be a problem of high significance in children.

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.

	SOMALIA Jilib riverine area, Middle Juba	**SUDAN** North Darfur	**IVORY COAST** Northern area	**UGANDA** IDP camps, Gulu district	**CHAD** Refugee camps in Northern area	**COLOMBIA** Puerto Asis municipality
Nutritional risk category	II	I	II	III	I	IV
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

The A*zmera* rains (March–May) were considered near normal to below normal depending on the area (FEWS, 17/06/04). Whilst the rains improved pasture in Southern Red Sea, they were insufficient to allow the proper development of long–cycle crops in Maekel and Debub. Moreover, it is thought that limited planting was caused by a lack of seeds: only 38% of the requirement of seeds was pledged as of June 2004 and far less had actually been distributed (FEWS, 17/06/04). The *Kremti* rains (July–September) started at the end of June and were near normal but became scarce at the beginning of July. The *Kremti* rainy season will be crucial for the crop production (FEWS, 20/07/04).

Critical drinking–water shortages have been experienced in several areas. As of June 2004, about 30,000 people were benefiting from water trucking, but more people were in urgent need of improved access to water (IRIN, 21/06/04). As of June 2004, food stocks for food distribution were low and were expected to last only until the end of September, unless additional food is delivered (FEWS, 20/07/04).

According to two nutrition surveys carried out in March 2004, it seems that the prevalence of acute malnutrition was very high in Southern Red Sea region (20.6% (16.0–25.8)) and was similar to the situation in Northern Red Sea region (see NICS 2), whilst the prevalence of malnutrition was lower in Maekel (9.3% (6.2–13.3)) (FEWS, 17/06/04). The nutritional status of the women also seemed precarious. A vitamin A deficiency survey revealed that a high proportion of children had low retinol levels (UNICEF, 15/07/04).

Ethiopia

A multi–agency assessment estimated that the performance of the *Belg/Gu* season was poor generally, in both pastoral and agricultural areas (EWS, 07/04). The most severely affected areas are Somali region; Borena, Bale, West and East Haraghe zones of Oromya; and South Omo, Gamu Gofa, Wlayia, Hadiya Konso and Derashe zones of SNNPR.

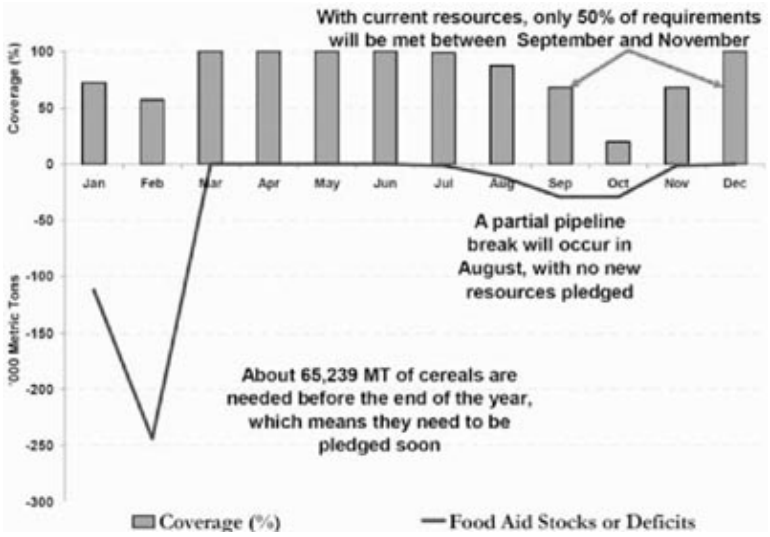


FIGURE I EMERGENCY FOOD AID STOCK AND DEFICIT (FEWS, 22/07/04)

Data Source: WFP Graphics: FEWS NET

The coverage of the food distribution was 100% over the last six months. However, a break in cereal stocks is anticipated from September 2004, when it will be the lean season in Ethiopia (figure 1; FEWS, 22/07/04): more food pledges are needed. Hartisheik refugee camp, eastern Ethiopia, closed at the end of June 2004, after about 250,000 Somali refugees were repatriated or returned on their own to Somaliland (UNHCR, 01/07/04). There are still two Somali refugee camps in Eastern Ethiopia hosting 24,400 refugees.

Worsening situation in Somali region

Although rainfall was good in March–April and mitigated the bad situation due to poor rains at the end of 2003, the rainy season stopped earlier than usual, with no rains in May. The lack of water and pasture will increase and then the food security situation will probably deteriorate until the last rains expected only in October (FEWS, 22/07/04). Fik, Degehabur and Warder zones are considered especially affected. Earlier than normal migration of livestock towards the north of the region has been registered. Around 1.3 million people are in need of food aid, more than was previously considered in the 2004 Inter–Agency Appeal (Addis Tribune, 06/08/04). However, insecurity, such as tensions over resources, hampers the delivery of aid. Eleven food trucks have been attacked and burnt in the last months (IRIN, 13/07/04).

Persistence of malnutrition in parts of Oromya region

According to several nutrition surveys conducted in Oromya region in March/April 2004, the prevalence of acute malnutrition was between 9% and 13%, depending on the area (DPPC).

Situation still of concern in some resettlement sites

Following assessments which showed poor conditions in some resettlement areas (see RNIS 43 and NICS 2), where families are resettled as part of a plan of the government to move families to high–potential agricultural areas (IRIN, 08/06/04), emergency assistance such as supplementary food distribution and therapeutic feeding centres have been established.

A nutrition survey conducted in Chewaka resettlement area in Bedele woreda, Ilibabur zone, Oromya region, showed a precarious nutrition situation: 9.8% (7.1–12.5) of the children surveyed were acutely malnourished, including 1.9% (0.7–3.2) severely malnourished (DPPC, 05/04). The resettlement area counted around 67,000 people who were almost totally dependent on food aid: 99.7% of the families said their main source of food was food distribution and none of the families had been engaged in income–generating activities over the three months previous to the survey. The lands people have been allocated were under preparation for planting, that is cleaned and ploughed, but were not yet ready for cultivation. **Mortality rates were of concern: CMR = 0.73 deaths/10,000/day and < 5 MR = 2.65/10,000/day** but measles vaccination coverage, according to mothers' statements, was above 90%.

Overall

The situation is still precarious in Ethiopia. Households in Somali region and families in some resettlement areas are especially at risk (category I/ II).

Kenya

Drought emergency declared in 26 districts

The president of Kenya declared the current drought a "national disaster" and appealed for relief food assistance (AFP, 14/07/04). Early cessation of rains in May has led to the wilting of crops and insufficient replenishment of pastures. Twenty−six of the 71 districts of Kenya are affected (UNICEF, 03/08/04) and 1.8 million people are considered in need of food aid, as well as 500,000 school children in addition to the one million school children already benefiting from school feeding programmes (KFSSG, 14/07/04).

The most vulnerable households are found in Eastern province, Coastal province and in pastoral areas (KFSSG, 14/07/04). Grain prices have risen and terms of trade have worsened for pastoralists. People have begun to engage in coping mechanisms.

Should the next rainy season be poor, an additional one million people would be in need of food aid (KFSSG, 14/07/04).

A drought relief EMOP prepared by WFP was approved at the beginning of August 2004 (WFP, 06/08/04). In addition, a flash consolidated inter−agency appeal was launched. The appeal covers the period of August 2004 to February 2005 and includes food aid, health and nutrition, water and sanitation, education, agriculture and livestock, and coordination and support services (OCHA, 10/08/04).

In five districts of the eastern region, aflatoxin (a toxin created by mould on grains) contamination of maize grains has led to more than 100 deaths (KFSSG, 14/07/04). Testing of grains for aflatoxin and destruction of contaminated stocks are under−way.

Emergency assistance in Turkana districts

Following assessments showing high food insecurity and appalling rates of malnutrition, food distribution and nutrition programmes have been implemented in Turkana and Marsabit districts and seemed to have mitigated the poor situation (FEWS, 06/07/04).

Recommendations

According to the KFSSG assessment

- Immediate food aid assistance for 1.8 million drought affected people and 500,000 school children
- Increase of the number of beneficiaries if the next rainy season fails
- Closely monitor the performance of the next short rainy season

In addition, the following needs were identified and more information and analysis is required

- Supplementary feeding for children and pregnant/lactating mothers.
- Seeds to plant during short rains.
- Water trucking in some parts of the country.
- Water purification tablets.
- Rehabilitation and construction of boreholes and dams.
- Control of crop destruction by wildlife.

Somalia

The final round of negotiations has led to the inauguration of the transitional federal parliament for Somalia (UNSG, 23/08/04). Two hundred and five members of the 275–member parliament were sworn at the end of August 2004. The four main Somali clans were allocated 61 seats each, whilst an alliance of minority clans was allocated 31 seats. About 60 seats were still vacant at the end of August, owing to some sub–clans having difficulties in sharing out the seats (IRIN, 19/08/04). Meanwhile, the security situation is still volatile throughout Somalia (AFP, 05/08/04; IRIN, 17/08/04).

Poor performance of the *Gu* season and increase in food insecurity

The 2004 *Gu* cereal production is expected to be one of the three worst crops since 1995 (table 1) (FSAU/FS, 08/04). This is mainly due to erratic and uneven distribution of rainfall, inefficiency of irrigation infrastructure, mismanagement of irrigation water sharing, moisture stress at growth and grain filling stage, pests and insecurity.

Overall, the performance of the 2004 *Gu* season will be only 75% of the post–war average and 80% of the 2003 production. The highest deficits are recorded in Bakol, Lower Juba and Middle Juba. This will lead to food insecurity in south Somalia, in addition to the dire situation experienced in north and central Somalia for more than a year. **616,000 people are thought to be in need of assistance, of whom, 261,000 require emergency assistance and 355,000 suffer from livelihood crises. The most affected areas are Middle Juba, Sanag, Bakol, Nugal, Sool and Gedo.**

The WFP has appealed for US$ 14 million, in addition to the 2003–2005 PRRO requirements of US$ 51.32 million, to increase food assistance in 2004 (IRIN, 01/07/04). The PRRO and the CAP have only been 30% and 24% funded respectively to date. (IRIN, 01/07/04; IRIN, 14/07/04).

TABLE 1 2004 *Gu* CEREAL PRODUCTION PERFORMANCE (FSAU–FS, 08/04)

Regions	% change in cereal production: 2004 vs 2003	% change in cereal production: 2004 vs post war average
Bakol	+40%	–84%
Bay	–8%	–38%
Gedo	0%	–38%
Hiran	+398%	–8%
Lower Juba	–87%	–89%
Lower Shabelle	–26%	–5%
Middle Juba	–63%	–83%
Middle Shabelle	+9%	+4%
Total	–20%	–25 %

Critical situation in Jilib riverine area, Middle Juba

A randomly sampled nutrition survey was conducted in May 2004 (FSAU, 05/04) following alarming reports about the food security and nutrition situation in the area (see RNIS 43, NICS 1 and NICS 2).

The poor households rely mostly on their own rain–fed production and on income through agricultural labour. The poor crop harvests over the past three years have increased the vulnerability of the population, whose coping mechanisms are insufficient to maintain adequate levels of food security.

The results of the survey showed a critical situation (table 2), with a high prevalence of malnutrition, and mortality rates well above emergency thresholds. The main presumed causes of under–five mortality were diarrhoea and kwashiorkor. Measles vaccination coverage was low, although vitamin A supplementation coverage was better.

The public health and food security situation was also poor (box 1).

Situation still of concern in Sool plateau

According to a nutrition survey carried out in June 2004 in Sool plateau, the situation continues to be of concern (table 2) (FSAU/N 07/04). The nutrition situation seems stable compared to 2003, but under–five mortality rate seems on the rise. On the other hand, measles vaccination and vitamin A coverage have significantly improved. Around 11 % of the mothers had a MUAC < 21 cm.

These results are a dilemma in terms of the assistance which has been provided in the area.

The development of food and nutrition programmes may have mitigated the situation but their scale seems to have been insufficient to significantly improve the situation. At any rate, the humanitarian assistance has been identified for long time as insufficient to meet the needs (FSAU/FS, 03/04).

TABLE 2 ACUTE MALNUTRITION, VITAMIN A SUPPLEMENTATION AND MEASLES VACCINATION COVERAGE, AND MORTALITY RATES, SOMALIA, 2004 (FSAU, 05/04; FSAU/N, 07/04)

Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Vitamin A supplementation within 6 months prior to the survey	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
JILIB RIVERINE AREAS, MIDDLE JUBA						
May–04	19.5 (17.0–22.2)	3.7 (2.6–5.2)	23.2	70.6	2.2	5.4
SOOL PLATEAU						
June–04	13.7(11.5–16.1)	3.1(2.1–4.5)	73.0	57.8	0.9	2.9

* According to cards and mothers' statements

Box 1 FOOD SECURITY, PUBLIC HEALTH AND CHILD FEEDING PRACTICES, JILIB RIVERINE AREA, MIDDLE JUBA, SOMALIA (FSAU, 05/04)

FOOD INTAKE

DIETARY DIVERSITY

Consumption of one–two food groups/day: 43% of the households
Three food groups/day: 17%
Four or more food groups: 40%
Cereals were consumed by 91% of the families; sugar in tea by 61% of the families

FOOD SECURITY

LIVELIHOOD

Riverine production: 91.3%
Casual labour: 4.3%

COPING STRATEGIES

Wild food, hunting or harvest of immature crops: 57.3%
Reduce number of meals/day: 49.6%
Switch to low quality–less expensive food: 48.4%
Reduce meal size: 48.1%
Purchase food on credit: 42.2%
Social support (borrowing (36.5) and begging (8.4)): 44.9%
Restrict consumption of adults at the benefit of small children: 39.2%
Send household members to eat elsewhere: 20.5%
Deplete assets: 19.2

PUBLIC HEALTH
HEALTH CARE
Seeking assistance when a child is sick: 96.3%
When seeking assistance; Public health facility: 39.9%
Traditional healer: 35.3%
Private clinic/pharmacy: 21.1%

Disease in the previous 2 weeks; ARI: 34.1%, diarrhoea: 42.9%, malaria: 32.1%, measles in the previous two month: 5.0%

WATER
Main source of drinking water; unprotected wells/springs: 67.1%, river: 29–9%

SANITATION
Latrine: 8.2%

CHILD FEEDING PRACTICES
Breast–feeding stopped at 0–5 months: 2 %, at 6–11 months: 16.1%
Child's age introduction to complementary food; 0–3 months: 97%

Recommendations

From the FSAU survey in Jilib riverine areas

- Provide food assistance through an appropriate approach (short term general food distribution, food for work, supplementary feeding).
- Improve access to health and EPI services.
- Improve access to safe drinking water.
- Restore livelihoods by improving irrigation, flood protection, provision of farm inputs, fruit trees and fishing gear and control of crocodiles.

Sudan

Worsening situation in Darfur

Despite a cease–fire agreement signed in April 2004 between the government of Sudan and the two opposition forces (the Sudan Liberation Movement/Army (SLA) and the Justice and Equality Movement (JEM)), clashes and violence are still reported on the ground (DPA, 30/08/04). Protection is a major issue in Darfur; civilians, including IDPs, being targeted by violence (IRIN, 30/08/04).

On the 30th of July 2004, the UN Security Council passed a resolution demanding that the government of Sudan disarm the Janjaweed militia, accused of committing atrocities against civilians in Darfur (DPA, 30/08/04). According to HRW, Janjaweed camps were still active as of mid–August 2004 (HRW, 27/08/04). The UN also stated that the Sudanese government has failed to fully implement commitments (DPA, 01/09/04).

A hundred ceasefire monitors have been deployed by the African Union, together with about 300 troops to protect them. This strength is, however, far from sufficient to monitor the situation on the ground properly (DPA, 30/08/04).

POOR SHELTER AND PUBLIC HEALTH CONDITIONS

Most of the assessment reports highlight the poor living conditions in the IDP camps and gatherings, with a lack of adequate shelters, insufficient access to clean water, health care and sanitation (OCHA, 25/08/04; SAB, 15/08/04; WV, 24/07/04). As of late July, it was estimated that only 47% of the affected population had adequate access to clean water and only 20% had access to latrines (OCHA, 25/08/04).

Although health care coverage has improved from 45–50% in May to 69% in July, it remains a serious concern. Moreover, it seems that IDPs may have difficulties in accessing health care because they have to pay fees (WV, 24/07/04).

An outbreak of hepatitis E affected 2431 people and killed 41 between 22 May and 20 August 2004 (WHO, 30/08/04). The most affected area is West Darfur.

SERIOUS FOOD SECURITY AND NUTRITION SITUATION

Around 1.2 million people are estimated in need of food aid. WFP reached 82% of its target of 800,000 people in June and 95% of its target of 1 million beneficiaries in July 2004 (OCHA, 25/08/04). Logistical constraints and lack of capacity hamper the delivery of food aid. WFP has begun food airdrops to inaccessible locations. However, WFP only reached 35% of its target of 1.2 million beneficiaries in August (WFP, 27/08/04).

There were 20 TFCs caring for 4,820 children and 24 SFPs where about 18,000 had been admitted as of end July 2004 (OCHA, 25/08/04). A greater capacity for the care of malnourished children is needed. Blanket supplementary feeding programmes will also be implemented.

The availability of cooking fuel is also a major problem, because women fetching wood are being exposed to sexual violence (OCHA, 25/08/04; WV, 24/07/04).

According to a survey conducted by ACF–F in an IDP camp, near El Fasher, North Darfur where about 30,000 IDPs have settled since May 2004, the nutrition situation was extremely critical (table 3) (ACF–F, 06/04). Mortality rates were also very high (table 3). The main presumed cause of death amongst the under–five year olds was measles. Measles vaccination coverage according to cards and mothers' statements was only 52.8%. People received some non–food items when they arrived at the camp and they were entitled to food distributions.

A survey was done in Malha pastoral area, North Darfur in May 2004 (SC–UK, 05/04). The results were extremely worrying, especially regarding the nutrition situation. However, the under–five mortality rate was average (table 3). In this survey, only 1 % of the children were from displaced families. This shows that resident populations are also at high risk. Indeed, the malnutrition rate has increased rapidly since the beginning of 2003, coinciding with the escalation of violence: the prevalence of malnutrition was 15.5% in April 2003 and had remained stable over the previous year, but rose to 25.0% in October 2003 and 33.4% in the current survey. The trading conditions for this pastoral population were unfavourable at the time of the survey and the area was cut off from external intervention between October 2003 and April 2004. At the time of the survey, neither general food distributions nor feeding centres were in place and the survey recommended that such programmes be implemented. The health system and access to water also needed to be supported and improved.

TABLE 3 RESULTS OF NUTRITION SURVEYS, DARFUR, SUDAN, JUNE 2004 (ACF–F, 06/04; EPICENTRE/MSF, 06/04)

Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
ABU SHOK DISPLACED CAMP, EL FASHER, NORTH DARFUR					
June–04	39.0 (34.5–43.6)	9.6 7.2–12.8)	52.8	2.15	6.76
MALHA, NORTH DARFUR					
May–04	33.4 (28.9–37.8)	5.4 (3.4–7.5)	30.9	–	1.0
MURNEI DIPLACED POPULATION, WEST DRAFUR					
May–04	20.6# (17.4–24.2)	4.1#(3.1–5.6)	85.6	3.4	1.6
ZALINGEI DISPLACED POPULATION, WEST DARFUR					
May–04	23.4#	4.5#(2.8–7.0)	90.3	2.2	1.8

	(19.4–28.0)				

Including children with MUAC < 110 mm
* According to cards and mothers' statements

TABLE 4 RESULTS OF NUTRITION SURVEYS, SOUTH SUDAN, JULY 2004 (AAH–US, 07/04; CONCERN, 07/04)

Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
AWEIL WEST AND NORTH COUNTIES, BAHR EL GAZAL					
July–04	23.8(21.1–26.8)	2.9(1.9–4.2))	46.2	0.38	3.2
DUK PAYUEL PAYAM, DUK COUNTY, CENTRAL UPPER NILE					
July–04	22.7 (18.9–27.0)	4.1 (2.5–6.5)	53.2	1.36	–

* According to cards and mothers' statements

Two surveys carried out amongst internally displaced persons in Zalingei and Murnei, West Darfur (Epicentre/MSF, 06/04) also showed a serious situation (table 3). In Zalingei, as of May 2004, a lot of the families interviewed reported having received no food distributions, blankets or jerry cans: 56%, 68.3% and 80% respectively. In Murnei, the situation was slightly better with almost all the families having received food distributions, but 43% of the families did not own any blankets and 25% did not have jerry cans. Moreover, it was estimated that most of the shelters would not offer proper protection against the rain.

Situation of concern in Southern Sudan

The performance of the crop production is expected to vary depending on the area owing to drought in June–July, mitigated by good rains in August in some areas (FEWS, 26/08/04). In addition, insecurity, chronic food insecurity and the return of IDPs contribute to the precariousness of the situation (FEWS, 26/08/04). There is a fear that the Darfur crisis is overshadowing the situation in south Sudan and that a humanitarian crisis could occur, should a high number of IDPs suddenly return to South Sudan (AFP, 30/08/04).

According to two randomly–sampled nutrition surveys carried out in Bhar el Ghazal and Upper Nile during the hunger–gap season, the nutrition situation was serious and the mortality rates were high (table 4) (AAH–US, 07/04; Concern, 07/04).

Overall

The humanitarian situation is still of great concern in Darfur (category I). In Southern Sudan, the situation is still critical (category II).

West Africa

Ivory Coast

After several months of stalemate, it seems that the "Forces Nouvelles", which controls the north of the country, and the President of Ivory Coast have renewed their commitment to the peace process. An agreement which aims at consolidating the implementation of the Linas – Marcoussis peace process was signed in Accra on the 30 July 2004 (Accra SC, 31/07/04). Three ministers (one of whom is the leader of the "Forces Nouvelles"), who were sacked by President Laurent Gbagbo in May, have been re–appointed to their charges and a cabinet meeting was held for the first time in months (AFP, 09/08/04). Meanwhile, there is still violence in parts of the country and especially in the west and north (OCHA, 12/07/04; OCHA, 27/07/04).

Contrasted nutrition situation

Eight nutrition surveys were conducted throughout the country between November 2003 and February 2004 (MOH/UNICEF, 06/04). The results of the nutrition survey carried out in the west of the country were reported in NICS 1 but are also included in the present issue to allow comparison with the other regions surveyed. A further survey is planned in Abidjan.

NATIONAL LEVEL

At national level, the prevalence of acute malnutrition among 0 to 59 month–old children was 5.6% (4.3–7.3) and 9.0 % (7.9–10.2) in urban and rural areas, respectively. They are similar to the rates of malnutrition recorded in 1998/99 in urban (excluding Abidjan) and rural areas (DHS, 1998/99): 7% and 8.5% respectively.

Stunting was higher in rural areas (27.7% (26.0–29.5)) than in urban areas (15.2 (15.4–20.8)). When compared to the results of the 1998/99 survey, stunting was within the same range in rural areas, but was lower in the present survey than in 1998/99 when stunting in urban areas (excluding Abidjan) was 27.9%. The proportion of women having a BMI < 18.5 was 6.4% in urban areas and 8.1% in rural areas and was similar to the 1998/99 survey results (6.5% and 9.5% in urban and rural areas, respectively). On the other hand, a significant proportion of women were overweight (BMI > 25): 25.5% and 13.9% in urban and rural areas, respectively.

REGIONAL LEVEL

At regional level, the results showed contrasting nutrition situations, depending on the area (figures 2 & 3). In all the regions, acute malnutrition seemed higher in rural areas than in urban areas. The highest prevalence of acute malnutrition was recorded in the north of the country, especially in rural areas, where the rates of malnutrition were of concern. The prevalence of acute malnutrition was average in the south and in the rural areas of the centre, and was under–control in the urban areas of the centre and the west. Severe acute malnutrition was especially high in rural areas of the north, north–east and west of the country.

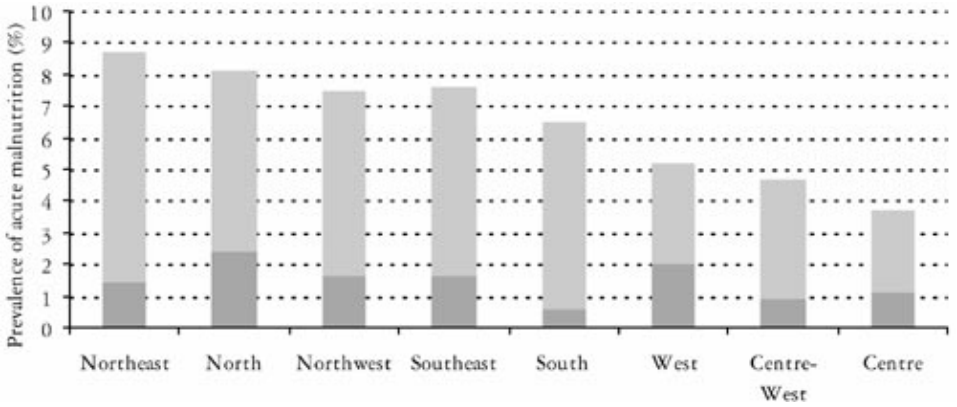


FIGURE 2 PREVALENCE OF ACUTE MALNUTRITION IN URBAN AREAS, IVORY COAST, Nov 2003–FEB 2004 (MOH/UNICEF, 06/04)

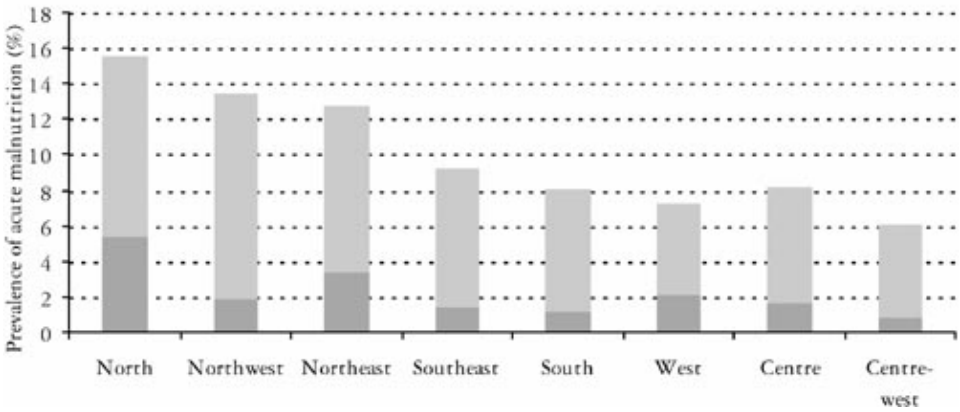


FIGURE 3 PREVALENCE OF ACUTE MALNUTRITION IN RURAL AREAS, IVORY COAST, Nov 2003–FEB 2004 (MOH/UNICEF, 06/04)

Chronic energy deficiency measured in women varied between 3.6 and 10.2% and also seemed higher in rural areas (table 5). The proportion of women having a visible goitre was especially high in the northern rural area (table 6). According to the mothers' statements, a higher proportion of children have been vaccinated against measles or have received vitamin A supplementation, since the beginning of the crisis, in the centre and southern regions than in the north and west (table 6). This is in line with the fact that, whilst the MOH is still active in the centre and south of the country, there has been disruption in health care in the north and west.

Water and sanitation

In none of the regions surveyed, were the source of water and the sanitary conditions affected by the crisis. Potential changes in the quality and available quantity of water were not investigated.

TABLE 5 CHRONIC ENERGY DEFICIENCY AMONG NON–PREGNANT WOMEN, IVORY COAST, Nov 2003–FEB 2004 (MOH/UNICEF, 06/04)

Urban		Rural	
Chronic Energy Deficiency < 18.5 (%)	Severe Chronic Energy Deficiency **BMI** < 16 (%)	Chronic Energy Deficiency **BMI** < 18.5 (%)	Severe Chronic Energy Deficiency **BMI** < 16 (%)
WEST			
8	1.5	9.5	1.6
NORTH			
6.7	1.3	9.5	1.1

NORTH–WEST			
9.6	0.3	10.2	1.3
CENTRE			
5.6	0.6	10.0	1.4
NORTH–EAST			
7.5	0.5	8.6	0.7
CENTRE–WEST			
3.6	0.9	5.4	0.3
SOUTH–EAST			
6.7	0.5	8.1	0.9
SOUTH			
7.3	1.2	7.5	0.4

TABLE 6 MEASLES VACCINATION, VITAMIN A SUPPLEMENTATION AND PRESENCE OF GOITER, IVORY COAST, NOV 2003–FEB 2004 (MOH/UNICEF, 06/04)

Urban			Rural		
Children having received measles vaccination since the beginning of the crisis (%)	Children having received vitamin A supplementation since the beginning of the crisis (%)	Mothers having a visible goitre	Children having received measles vaccination since the beginning of the crisis (%)	Children having received vitamin A supplementation since the beginning of the crisis (%)	Mothers having a visible goitre
WEST					
9.0	7.5	5.4	2.9	2.3	4.5
NORTH					
26.4	21.4	4.1	10.4	5.0	12.3
NORTH–WEST					
33.4	12.9	4.6	15.4	8.1	3.3
CENTRE					
59.4	73.1	3.3	40.2	27.4	2.2
NORTH–EAST					
31.4	8.9	3.3	18.4	6.9	2.8
CENTRE–WEST					
43.6	47.7	5.9	46.3	49.8	3.7
SOUTHEAST					
40.9	38.8	3.6	35.4	39.8	4.7
SOUTH					
45.6	35.2	2.5	37.9	43.5	4.7

Food security

The percentage of displaced families interviewed during the surveys was the highest in the urban centres of the west, centre–west and north regions (table 7).

TABLE 7 PERCENTAGE OF DISPLACED FAMILIES, IVORY COAST, NOV 2003–FEB 2004 (MOH/UNICEF, 06/04)

Percentage of displaced families	
Urban	Rural
NORTH	
8.4	4.6
NORTH–WEST	
	1.7
NORTH–EAST	
5.3	3.9
SOUTH–EAST	
5.9	2.4
SOUTH	
6.0	1.0
CENTRE	
1.8	6.6
CENTRE–WEST	
15.1	4.8
WEST	
21.6	4.1

TABLE 8 PERCENTAGE OF FAMILIES HAVING RECEIVED FOOD DISTRIBUTION, IVORY COAST, Nov 2003–FEB 2004 (MOH/UNICEF, 06/04)

Percentage of families having received food distribution	
Urban	Rural
NORTH	
2.1	2.0
NORTH–WEST	
3.0	1.7
NORTH–EAST	
7.1	2.3
SOUTH–EAST	
3.5	3.1

SOUTH	
4.3	2.8
CENTRE	
68	14.3
CENTRE–WEST	
8.1	4.3
WEST	
8.5	6.4

The west of the country seemed to have been especially affected by the crisis (see NICS 1): fewer people had a permanent work since the beginning of the crisis; fewer families could rely on food production as their main source of food; the number of meals significantly decreased as well as the budget allocated to food purchase, which was about 45% lower at the time of the survey than before the crisis. Only around 6–8% of the families received food distribution (table 8).

On the other hand, the main source of income and the main source of food seemed little affected in the south, south–east, centre–west and north–east of the country. In the north and north–west, there has been a significant reduction in the proportion of families having a permanent job, and the expenses allocated to food decreased by about 25% compared to before the crisis.

In the centre, permanent work as the main source of income dramatically decreased in urban areas (from 73% before the crisis to 48.5% at the time of the survey). On the other hand, more than 60% of the urban population received food distributions (table 8) and the budget allocated to the food expense only decreased by 10%.

Children's feeding practices

Exclusive breast–feeding was low: 4.6% in urban areas and 3.1% in rural areas. Adequate complementary feeding for the 6–9 month olds was 78.6% in the urban areas vs. 67% in the rural areas. 78% and 84% of the 12–15 month olds were still breastfed in urban and rural settlings, respectively.

Overall

The nutrition and food security situation seems average to precarious (category II/III) in Ivory Coast with the northern and western parts of the country seeming more vulnerable.

Liberia

The security situation has improved in most of the country owing to the deployment of the UNMIL forces, but some pockets of insecurity remain, especially along the border areas (AAH, 16/08/04).

The Disarmament and Demobilisation process has continued smoothly over the last months. Some 60,000 ex–combatants have been disarmed since December 2003 (OCHA, 30/07/04).

Little of the US$ 540 million which was pledged at a donor conference in February 2004 has been released so far (OCHA, 01/07/04). As of August 2004, WFP was facing acute food shortages: no pulses were available and therefore the distributed food ration was cut from the full 2,100 Kcal/pers/day to 1,531 Kcal/pers/day. Beneficiaries from WFP programmes include 317,000 IDPs, 72,300 school children, 19,900 vulnerable people and some 60,000 ex–combatants (OCHA, 06/08/04). It is also feared that there will be a major break in cereal stocks from September 2004, unless new contributions are made (OCHA, 13/08/04). On the other hand, Liberia got US$ 24.3 million from the global fund for programmes on AIDS, tuberculosis and malaria (UNDP, 17/06/04).

There has been concern about trading of food rations between refugees in Guinea and Liberia (IRIN, 22/07/04). On the other hand, some people thought that this trading may help Liberians in districts near the

border, who are especially vulnerable, to access food. It also seems that some refugees criss–cross the border with Liberia. The situation is tense in Guinea camps, with riots against attempts to update refugee figures.

According to a vulnerability analysis carried out in Totota, Salala and Kakata towns and in three IDP camps (Maimu 1, Salala and Conneh) in Bong and Margibi counties, it seems that the nutrition situation was under control with a prevalence of acute malnutrition at 3.3% (2.0–6.7) (WFP/VAM, 05/04). However, people were vulnerable to food insecurity. About 20% were thought to be very vulnerable in both towns and camps: they had no assets and no access to land; they had, at best, one source of income; they spent more than 70% of their income on food and had only one inadequately balanced meal a day. About 60% and 68% of the households were potentially vulnerable in towns and camps, respectively. They had few assets and a small garden; they had below 3–4 sources of income; they spent between 65–70% of their income on food and they had 1–2 meals a day with a minimal diet.

Sierra Leone

The programme of voluntary repatriation of Sierra Leonese refugees was completed at the end of July 2004, after about 178,000 refugees were repatriated and 92,000 returned on their own to Sierra Leone (UNHCR, 21/07/04). It is estimated that about 15,000 refugees have chosen to integrate locally.

Central Africa

Burundi

The security council adopted a resolution to authorise the deployment of the United Nations Operation in Burundi (ONUB) for an initial period of six months (UNSC, 21/05/04). ONUB will consist of a maximum of 6,650 troops and be authorised to use all necessary means to ensure respect for cease–fire agreements; to carry out the disarmament, demobilisation and reintegration process; to monitor the illegal flow of arms across national borders; to contribute to the creation of the necessary security conditions for the provision of humanitarian assistance; to facilitate the voluntary return of refugees and IDPs; and to contribute to the successful completion of the electoral process.

The FDD (Forces for the Defence of Democracy) became a political party at the beginning of August 2004 (OCHA, 15/08/04). The situation is still tense in Bujumbura Rural province, the stronghold of the FNL (National Liberation Forces) (OCHA, 27/06/04).

As of 15 August 2004, around 67,400 refugees had been repatriated from Tanzania so far this year and an estimated 4,200 had returned on their own (OCHA, 15/08/04).

Massacre of DRC refugees

Following the upsurge in violence in Bukavu at the beginning of June 2004, thousand Congolese sought refuge in Burundi. As of 20 August 2004, it was estimated that 20,000 refugees were settled in three transit camps near the DRC border (UNHCR, 20/08/04).

On 13 August, the Gatumba transit centre was attacked and 160 Tutsi refugees were killed and more than 100 wounded (OCHA, 15/08/04). The FNL has claimed responsibility for the massacre. It is thought that an armed group from DRC also participated in the killing (Reuters, 19/08/04). The border with DRC was officially closed and more UN peace keepers have been deployed on the border and near the refugee transit centres (UNHCR, 17/08/04). The tension between Burundi, Rwanda and the DRC has escalated following the slaughter (AFP, 17/08/04).

Two camps will be settled further inland in Muramvya and Rutana provinces and refugees will be transferred from the border (UNHCR, 20/08/04).

WHO/UNICEF interagency health and nutrition need assessment

An assessment was conducted between March and May 2004 (UNICEF/WHO, 05/04). The mission major findings were:

Data on anthropometric nutritional status were of good quality, but were principally available for the under five year−olds with some data for pregnant women. No data were available for adolescents and elderly.

Data on micro−nutrient deficiencies were out of date or not available.

No clear policy on infant and young children feeding practices has been adopted so far by the government; this would be especially important in the context of HIV/AIDS.

The inter−sector coordination of nutrition activities is weak; the adoption by the government of the National Action Plan for Nutrition may improve it.

The integration of the nutrition activities carried out by NGOs during the crisis into the national health system is a priority, and has been designed.

A community based approach of nutrition activities will also be developed.

The provision of adequate staffing, of equipment, and of treatment affordable to the poorest is a challenge for the forthcoming years.

Democratic Republic of the Congo

The peace process has suffered a significant setback over the last months. At the beginning of June, renegade former RCD (Rally for Democracy) soldiers mutinied against the army in Bukavu (USAID, 20/08/04). This was the beginning of a two−month wave of violence in Bukavu and in Kahele region, south Kivu, which has led to the displacement of an estimated 35,000 people within DRC and of 20,000 people who fled to Burundi (OCHA, 31/07/04). The humanitarian activities were suspended for about two months.

In Mahagi territory, Ituri district, at least 35,000 people have been displaced owing to violence during July 2004 (OCHA, 31/07/04). In addition, on the political front, the RCD has suspended his participation in the transitional government and in the parliament (AFP, 23/08/04).

The International Crisis Group has called for a greater commitment by the international community to the resolution of the DRC's crisis (ICG, 24/08/04).

WHO has announced a resurgence in major epidemics, such as measles, cholera, meningitis and plague (AFP, 12/08/04).

Uganda

Deficit in maize production

Because of sporadic rains during the main cropping season (May–June), Uganda may experience a 30% decrease in maize production this year (FEWS, 26/07/04). IDPs will especially suffer from these poor rains as well as the Karamoja region because of its uni–modal cropping season. It is thought that the rest of the Ugandan population will be little affected. However, it seems that there were heavy rains at the beginning of August, which may mitigate the situation.

Northern Uganda

The security situation continues to be volatile with sporadic attacks of the Lord's Resistance Army (LRA) on IDP camps. About 1.6 million people are still displaced and mostly depend on food aid. However, WFP will face a 34,000 MT food shortage from August if no further funds are received (WFP, 06/08/04). The government of Uganda, in partnership with the FAO, has begun supporting agricultural production in the north: distributing agricultural implements (Xinhua, 29/07/04). However, the limited access to land due to insecurity is a major constraint to agricultural production. Since the visit of the UN's Emergency Relief Coordinator in Uganda, there has been more commitment from the UN agencies and the donors to the crisis, such as the opening of more UN agencies' offices in the north and more funds allocated (NRC, 06/07/04). However, according to NRC, no tangible improvement in security or humanitarian situation has yet occurred.

ACCEPTABLE NUTRITION SITUATION IN GULU DISTRICT

A random–sampled nutrition survey was conducted in Gulu IDP camps in June 2004 (AAH–US, 06/04). The results showed an acceptable nutrition situation which has been stable over the last years (figure 4). Crude mortality rate (1.2/10,000/day) was however above alert threshold.

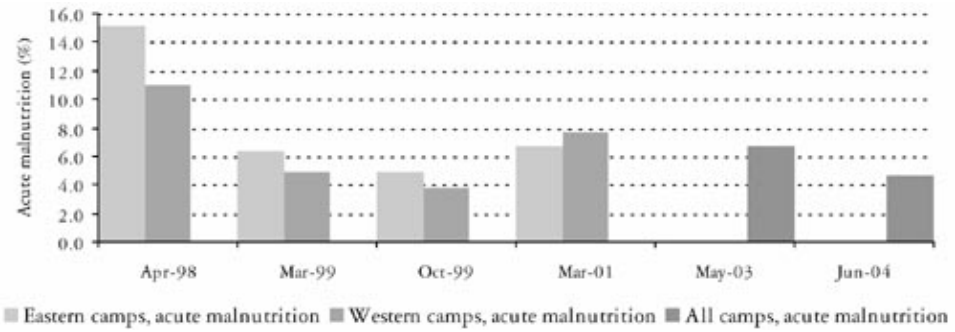


FIGURE 4 PREVALENCE OF ACUTE MALNUTRITION, IDP CAMPS, GULU DISTRICT, NORTHERN UGANDA

Box 2 SOURCES OF FOOD AND SOURCES OF INCOME, GULU IDP CAMPS, UGANDA (WFP, 04/04)

*SOURCES OF FOOD**

Food distribution: 96%
Purchase: 82% (expenditure on food = 38% of total household expenditure)
Own crop: 53%
Labour exchange: 31%
Gathering: 15%

*SOURCES OF INCOME**

Labour for cash: 64%
Brewing: 49%
Crop sales: 36%
Natural resources based activities: 31 %
Petty trade: 24%

*LIMITED ACCESS TO LAND**

65% of the families had access to land
Average land size: 0.5 acres

*100 families interviewed in ten camps and focus group discussion

In Gulu district, there are two TFCs, caring for some 30–50 children a month and 16 SFCs where 2,300 children were registered in May 2004.

According to cards and mothers' statements, 97% of the children were vaccinated against measles. Although the food security situation is fragile, IDPs receive general food distributions and are engaged on small–scale agricultural activities; they have also access to income generating activities (box 2) (WFP, 04/04). During the nutrition survey, the under–six month olds who were in the families selected for the 6–59 month olds' survey were also measured. The results are not representative but give some indications. Seventy infants were surveyed; two infants, who were twins, measured less than 49 cm and weighed 2.2 and 2.8 kg, respectively: they were considered malnourished. None of the other infants surveyed were acutely malnourished. All infants were breast–feeding and 87% did not receive other food; eight of the nine infants receiving complementary food were aged four months or above.

AVERAGE NUTRITION SITUATION IN KALONGO TOWN, PADER DISTRICT

According to a random–sampled nutrition survey conducted in Kalongo town (including resident and displaced population) in July 2004, the nutrition situation was average (GOAL, 07/04) and seems to have improved compared to the same period last year (figure 5). However, mortality rates were well above alert thresholds: CMR=1.7 deaths/10,000/day and <5MR=3.3 deaths/10,000/day. The main presumed causes of under–five mortality were fever/malaria and candidiasis.

The proportion of households which cultivated during the 2004 crop season was higher than at the same time in 2003: 65.4% vs. 29%. The percentage of households using an unprotected source of water has remained stable since August 2003 and represented about one third of the families.

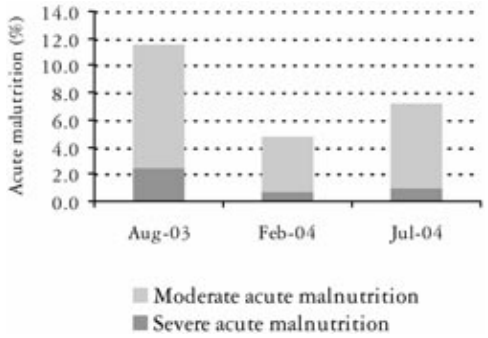


FIGURE 5 ACUTE MALNUTRITION, KALONGO TOWN, PADER DISTRICT, NORTHERN UGANDA

Chad

Sudanese refugees still face dire conditions in Chad. As of August 2004, there were an estimated 180,000 refugees in Chad (WFP, 30/07/04) and a new wave of about 500 people poured into the country at the beginning of August (UNHCR, 17/08/04).

Two additional camps (Oure Cassoni and Djabal) have been opened in the last two months, bringing the number of camps to nine (see map). Around 142,000 refugees were settled in camps as of late July 2004 (UNHCR, 30/07/04). The opening of two more camps was planned firstly, to help to relieve the pressure on some of the camps which are overcrowded, such as Breidjing camp, where 36,000 are settled in a camp with a capacity of 25,000, and, secondly, to move refugees from spontaneous settlements at the border to camps (UNHCR, 06/08/04).

REFUGEE CAMPS, CHAD, AUGUST 2004

The very typology of the region renders the living conditions of the refugees and the delivery of aid extremely difficult. The scarcity of water resources hampers the establishment of refugee camps and limits refugees' access to water (UNHCR, 30/07/04). The poor road conditions, especially during the rainy season (which will end by mid–September), and the vastness of the area where refugees are settled, cause difficulties in delivering aid. However, it seems that humanitarian aid has scaled up, with France providing military airlifts to fly relief supplies (IRIN, 02/08/04) and more agencies being involved in aid delivery. UNHCR has increased its budget for the Chad crisis from US$ 20 million to US$ 55.8 million (UNHCR, 11/06/04). As of 10 August 2004, funding amounted to US$ 45,800 (UNHCR, 10/08/04).

Meanwhile, security conditions have deteriorated. There have been several cross–border incursions from Sudan into Chad over the last months (HRW, 22/06/04). France has deployed 200 of its troops based in Chad to secure the border (IRIN, 02/08/04). Tensions between refugees and aid agencies in Breidjing and Farchana camps, have led to two deaths owing to clashes with local security forces, and to a temporary withdrawal of aid agencies from the camps (AFP, 25/07/04). There have also been reports of harassment of refugees and the host population and of attacks on NGO vehicles by unidentified armed groups (WFP, 09/07/04).

Dire sanitation and health situation

An outbreak of hepatitis E has been reported in Goz Amer camp (WHO, 19/08/04). Between June 26 and August 13, 672 cases and 21 deaths were reported. The outbreak is thought to be related to an insufficient supply of clean water and to poor sanitary conditions.

A joint survey **(CDC UNHCR/WFP/UNICEF/MOH)** conducted in three camps in the north of Biltine prefecture revealed that watery and bloody diarrhoea were the major diseases and causes of death among the 6–59 month–olds (CDC, 06/04). Whilst almost all the refugees derived their water from a water bladder with tap, only 32.6% of the refugees had access to latrines. The quantity of safe drinking water available per refugee and per day was not investigated. At the time of the survey, only 13.6% of the refugees reported having soap at home. However, it seems that access to water and sanitation has recently improved in the camps (IRIN, 13/08/04).

The same study carried out in refugee settlements near the border, showed that about 30% of the refugees relied on rivers, open water and dams and that about half of them needed more than five hours to get water. None had access to latrines and almost none of them had shelter. Only 15% had soap in the house.

Appalling nutrition situation among the refugees in three northern camps and spontaneous settlements at the border

Joint random–sampled nutrition surveys (CDC/UNHCR/WFP/UNICEF/MOH) were conducted in three camps, which were considered the most vulnerable (Irisimi, Touloum and Kounoungo) and among spontaneous refugee settlements at the border (Bahai and Cariari). Most of these refugees have since been relocated to camps.

The results showed dramatically high prevalence of acute malnutrition (table 9). On the other hand, mortality rates were average in the refugee settlements but were higher in the refugee camps (table 9). The fact that crude mortality was higher than under–five mortality may be explained by the high number of war–related deaths among the more than five year–olds.

At the time of the survey, there was one therapeutic feeding centre at the Iriba hospital caring for 150–170 children referred from Irimi and Touloum camps and from the frontier settlements and one TFC at the Guereda hospital serving Kounoungo camp, but there were no TFCs at camp sites. Supplementary feeding programmes were established in Iridimi and Touloum camps.

Following the survey, a joint UNHCR/WFP assessment endorsed the establishment of blanket feeding programmes for under–fives, and pregnant and lactating women (IRIN, 13/08/04).

In the refugee camps, according to cards and mothers' statements, 83.1% of the children had been vaccinated against measles within the six months prior to the survey and 61.1% had received vitamin A.

Most of the refugees (99.4%) reported having received food rations over the six months prior to the survey. The percentage of families who received a food distribution increased from March (65.9%) to May (98.3%). However, it seems that the ration received decreased in June 2004. Most of the families (91.7%) were able to cook food at home. About 17% of the families reported selling part of the ration. Only two families said they were relying on their own production for food.

More stable nutrition situations in southern camps

It seems that the nutrition situation was more stable in the southern camps with a low number of admissions to TFCs and SFCs.

Chadian population also highly vulnerable

The joint (CDC/UNHCR/WFP/UNICEF/ MOH) survey also investigated the nutrition situation in the Chadian villages surrounding the camps (CDC, 06/04). Because of non–availability of population figures, a convenience sampling was used. **35% of the children surveyed were acutely malnourished, including 3.7% severely malnourished. Only 32.5% of the children had been vaccinated against measles within the six months prior to the survey and 26.6% had received vitamin A.** Diarrhoea and bloody diarrhoea were the main diseases. The majority of the families were sourcing their water from open wells and 82.6% of the families had soap in the house.

TABLE 9 PREVALENCE OF ACUTE MALNUTRITION AND MORTALITY RATES AMONG SUDANESE REFUGEES IN CHAD, JUNE 2004 (CDC/JOINT, 06/04)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Crude mortality rate (/10,000/day)	Under−five mortality rate (/10,000/day)
IRISIMI, TOULOUM AND KOUNOUNGO REFUGEE CAMPS			
35.6(30.9−40.3)	5.5 (3.1−7.9)	1.56(1.44−1.67)	1.46(1.3−1.62)
BAHAI AND CARIARI REFUGEE BORDER SETTLEMENTS			
39.2 (34.3−44.2)	6.4 (4.0−8.8)	0.62 (0.53−0.7)	0.44(0.31−0.57)

Most households reported sharing water and food with refugees. This has led to an increase in the distance for fetching water (the median number of hours for fetching water was 2 last year, compared to 3 this year) and to a reduction in availability of food and water. About 25% of the Chadian families reported giving charity to the refugees, whilst 62% reported employing refugees against food.

Overall

Both the refugees and the Chadian population in the area of refugee settlements are facing a dire situation. Refugees in the north of the area seem especially at risk (category I), whilst the situation seems more stable in the southern camps. Mobilisation of resources towards the refugee and the Chadian population is crucial for avoiding the crisis deteriorating.

Recommendations

From the CDC/UNHCR/WFP/UNICEF/MOH survey

For refugees

- Support expansion of therapeutic and supplementary feeding programmes and establish TFCs and SFCs at camp level
- Implement blanket supplementary feeding programmes for under−fives and pregnant and lactating women
- Establish nutritional screening
- Ensure consistent and sufficient nutritional content of the general food ration
- Implement regular food basket monitoring
- Improve communication and coordination about health and nutrition issues
- Provide additional support to local health services
- Provide health education
- Provide measles vaccination and vitamin A to all children aged 6 months to 15 years
- Improve access and availability of safe water and latrines
- Implement surveillance for bloody and non−bloody diarrhoea
- Conduct laboratory assessments for the cause of bloody diarrhoea
- Establish health information system
- Consider repeating nutritional survey including micronutrient assessment

In villages

- Consider including the local population into general ration distribution

• Refer malnourished children appropriately to TFCs and SFCs

• Conduct a comprehensive nutrition survey

• Plan a catch−up measles vaccination campaign

• Strengthen village's primary level community health surveillance and primary care outreach

Southern Africa

Angola

Slow reconstruction process and lack of funding

Two years after the signing of the peace agreement, macro−economic indicators and transparency, especially regarding oil revenues, have improved, but the overall economic and infrastructure situation is still weak and funding to allow a smooth stabilisation of the country is lacking. The rate of inflation declined by 50% in 2003 and the GDP grew by about 3.5 % (IMF, 21/07/04). The number of people in need of food aid at the beginning of 2004 decreased by 33% compared to last year, but one million people were still estimated food insecure between November 2003 and April 2004, with returnees being the most vulnerable and making up 60% of the people in need of food aid (OCHA, 30/06/04). However, WFP has been experiencing food shortages for several months and therefore has reduced the rations distributed (see NICS 2). Only 24% of the WFP's return and resettlement programme was funded as of late July 2004, whilst UNHCR repatriation programmes from Namibia, Zambia and DRC resumed in May/June 2004 (UNHCR, 06/07/04). Unless new contributions are received, no distribution will be conducted during the hunger gap season, beginning in September (WFP, 30/07/04).

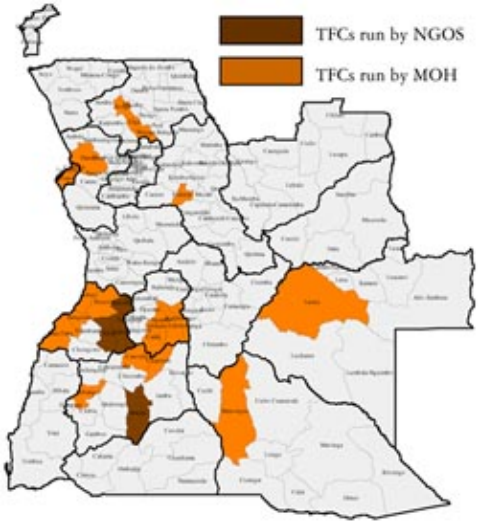
The 2003/2004 agricultural season has been doing well generally, with 90% of families cultivating more land compared to the previous year. However, adverse climatic conditions have jeopardised food security in the central highlands and in the south east (OCHA, 30/06/04). Landmines are still an issue and limit the population's movement and access to lands (OCHA, 30/06/04).

The public health situation is of concern, with pipeline breaks in essential medicines in Moxico, Bie, Kuando Kubango, Huila, Benguela and Luanda Norte (OCHA, 30/06/04). The capacity of health staff is also still limited. Moreover, the lack of funding obliged NGOs to hand medical structures over to the MOH, despite a concern of lack of capacity. The same pattern is observed for nutrition centres (see below) (OCHA, 30/06/04).

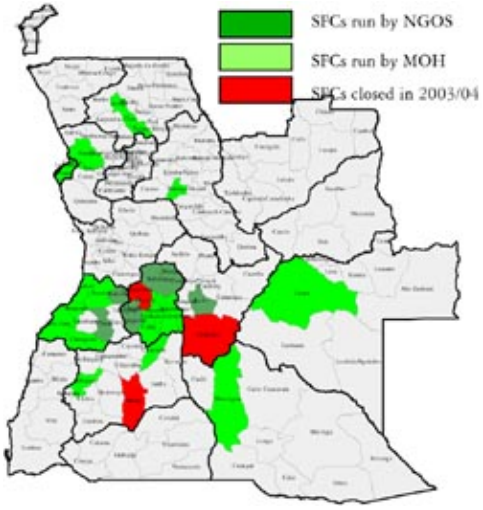
Stable nutrition situation

ADMISSIONS TO NUTRITION CENTRES

The maps show the coverage of the TFCs and SFCs (UNICEF–A, 05/04). As of March 2004, there were 20 TFCs managed by 78 MOH staffs trained in the management of severe malnutrition according to national protocols, and four TFCs managed by NGOs. In 2003/2004, twelve TFCs were handed over by NGOs to the MOH and one TFC was closed. During the same period, ten SFCs managed by NGOs closed, 18 were handed over to the MOH and 14 SFCs were opened by the MOH (UNICEF–A, 05/04). As of March 2004, there were 33 and 10 SFCs managed by the MOH and NGOs, respectively.



TFC COVERAGE BY MUNICIPALITY, ANGOLA, MAY 2004 (UNICEF–A, 05/04)



SFC COVERAGE BY MUNICIPALITY, ANGOLA, MAY 2004 (UNICEF–A, 05/04)

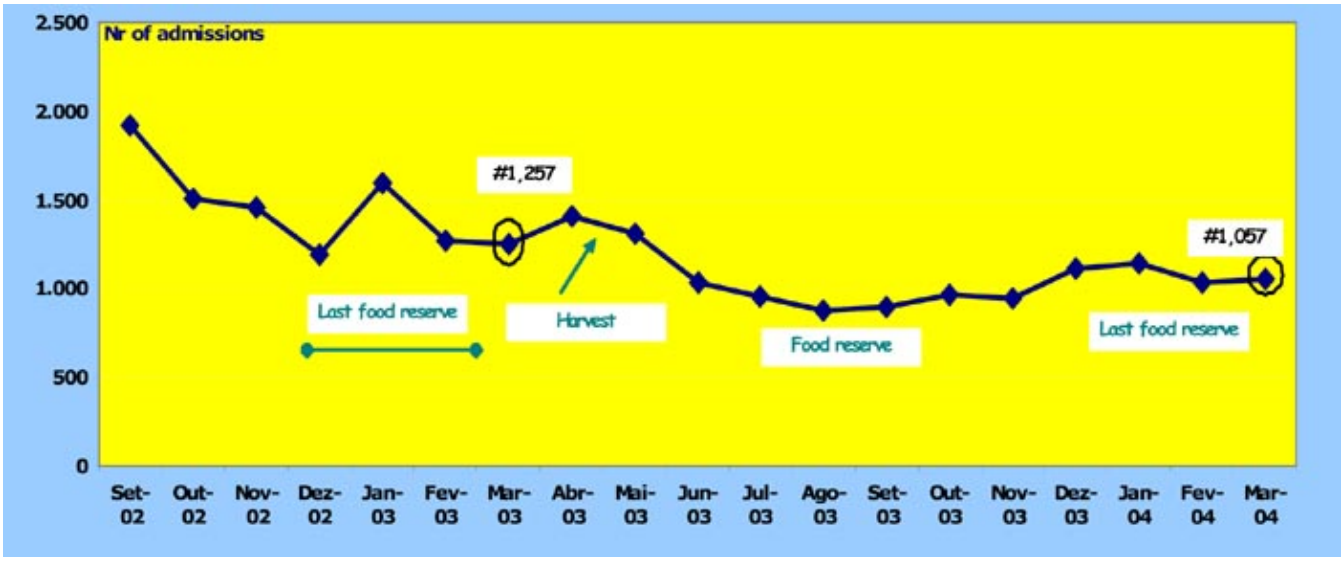
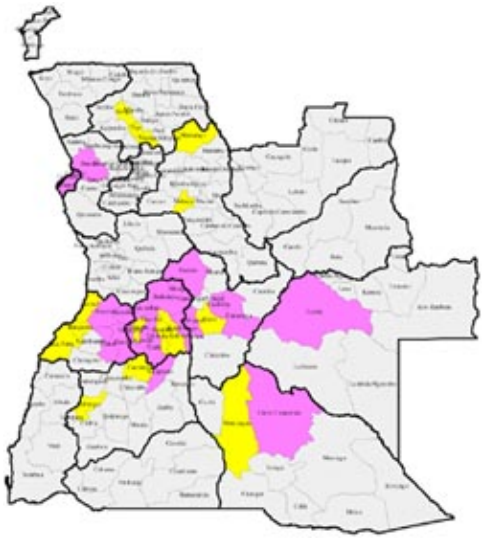


FIGURE 6 NUMBER OF ADMISSION TO THERAPEUTIC FEEDING CENTRES, ANGOLA (UNICEF–A, 05/04)



GROWTH MONITORING COVERAGE BY MUNICIPALITY, ANGOLA, MAY 2004 (UNICEF–A, 05/04)

The number of children registered in the SFCs has been stable since July 2003, remaining around 10,000. On the other hand, the number of admissions to TFCs seems to have been lower in late 2003/beginning 2004 than in late 2002/beginning 2003. In particular, the number of admission has only slightly increased during the hunger–gap season, compared to previous years (figure 6). This may be explained either by a better food security situation or by the fact that the quality of care in the TFCs has decreased since mid–2003, discouraging people to bring their children to the centres. Indeed the rates of mortality and absconding have increased from less or around 10 % before mid–2003 to more than 10% with peaks at about 15% thereafter (UNICEF–A, 05/04). This may be partly explained by the decrease of the staff–patients ratio which is of 1:20–25 in TFCs managed by the MOH and which was probably higher when the TFCs were managed by NGOs.

CHILD'S GROWTH MONITORING

Child–growth monitoring is part of the National Nutrition Programme and aimed to be further developed (OCHA, 30/06/04). As of March 2004, 330 health facilities were running growth monitoring and 43% were providing regular and reliable reports (see map) (UNICEF–A, 05/04). According to these reports, 7% and 3.3% of the children who were measured were moderately and severely malnourished, respectively, in February 2004 (UNICEF–A, 05/04).

NUTRITION SITUATION UNDER–CONTROL IN BALOMBO MUNICIPALITY, BENGUELA PROVINCE

A random–sampled nutrition survey was undertaken in Balombo municipality in May 2004 (CRS, 05/04). 63% of the families interviewed were resident, whilst 37% were returnees (arrived after April 2002).

The results showed an acceptable nutrition situation, which has gradually improved since 2001 and was stable compared to 2003 (figure 7). Mortality rates were average (under–five mortality rate = 1.86/10,000/day, crude mortality rate = 0.72/10,000/day), but have decreased since March 2002, when under–five mortality rate and crude mortality rate were respectively 3.2/10,000/day and 1.4/10,000/ day (see RNIS 36/37). The main presumed cause of under–five mortality was malaria (74%). Measles vaccination coverage for the 12–23 month olds was 17% according to cards and has not improved compared to 2003. Vitamin A distribution coverage was also low at 16%.

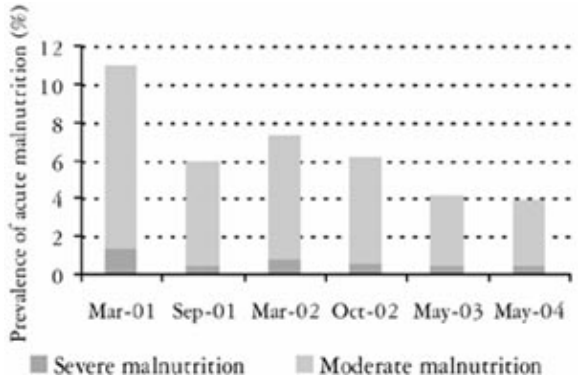


FIGURE 7 PREVALENCE OF ACUTE MALNUTRITION, BOLOMBO MUNICIPALITY, BENGUELA PROVINCE, ANGOLA, MAY 2004 (CRS, 05/04)

Overall

The nutrition situation remains stable with more and more nutrition centres handed over to the Ministry of Health, who plans to develop growth–monitoring and vitamin A distribution as part of the National Nutrition Programme.

Asia

Afghanistan

The security situation is still very tense with terrorist attacks and factional fighting (BAAG, 31/07/04). NGOs continue to be targeted and MSF withdrew from Afghanistan after 5 of its staff were killed (MSF, 29/07/04). Thirty–four aid agencies denounced the blurring between military operations and aid work in the country, which, they said, adds to the tension and danger face by the workers (AFP, 01/09/04). The presidential election, in which 18 candidates will compete, is scheduled for the 9th of October 2004 (UN News, 07/09/04).

Refugees

About 450,000 refugees, 242,000 from Iran and 210,000 from Pakistan, have been voluntarily repatriated to Afghanistan so far this year (UNHCR, 20/07/04). The high number of returns from Iran may be linked to

increased pressure from the government of Iran on the refugees, such as demanding high fees for education or health care (RI, 09/07/04). In Pakistan, UNHCR stopped the aid provided to 194,000 refugees settled in "new camps" established at the end of 2001 along the border in unsafe areas (UNHCR, 20/07/04). 82,000 refugees were voluntarily repatriated to Afghanistan whilst others were moved to another camp (UNHCR, 07/09/04).

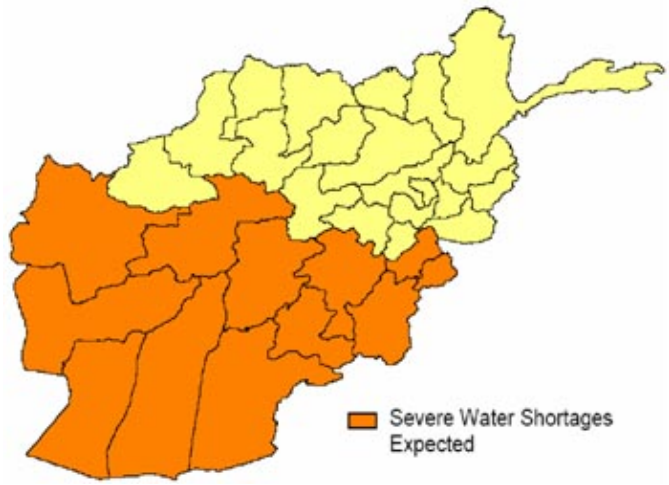
An estimated 20,000 refugees were obliged to flee Pakistani army operations in South Waziristan (AFP, 23/07/04). They were given a 72 hours notice to leave. They have fled to Paktika province, a stronghold of the Taliban, where UN and humanitarian agencies have little access (IWPR, 20/08/04).

Internally Displaced Persons

As of late July 2004, the IDPs' caseload was estimated at 145,000 in the south, 20,000 in the west, 9,000 in the north and 5,000 in both east and south−east provinces (BAAG, 31/07/04). Spin Boldak IDP camp was expected to close at the end of August. As of July, 20% of the IDPs wished to be transferred to Zhare Dasht camp; only 2% wanted to return home and the remaining wished to stay in Spin Boldak and were therefore no longer considered as IDPs (UNHCR, 05/07/04).

Drought

An appeal was launched by the Afghan government and the UN for combating the consequences of the drought (GTISA, 01/09/04). According to a recent study, 37% of the population are thought to be food insecure, a doubling in the past 12 months.



DISTRICTS AFFECTED BY WATER SHORTAGE, AFGHANISTAN, JULY 2004 (FEWS, 12/07/04)

Poorly distributed precipitation and the early and rapid depletion of the snow pack owing to higher than normal temperature are responsible for ground water levels dropping, scarcity of access to water and to an expected crop failure (FEWS, 12/07/04). The south of the country is the most affected (see map).

Pakistan

Chaghi district in Baloshistan province is a drought−prone area. The district suffered an especially acute drought between 1999 and 2002, which led to a loss of livestock and to poor crop production. Food distributions were carried out during the period. Rains were better in 2003. About 60% of the population is from the agro−pastoral group; 20% are tenant farmers; the others are landowners (5−10%), or are involved in government work or in urban business.

A random−sampled nutrition survey was carried out in the district in March 2004 (Oxfam−GB, 03/04).

The results showed a poor nutrition situation: the prevalence of acute malnutrition was 8.3% (6.1−10.4), including 1.3% (0.8−2.0) severe acute malnutrition. Crude and under−five mortality rates were below alert thresholds and stood at 0.4/10,000/day and 0.8/10,000/day, respectively. Measles vaccination and vitamin A distribution coverage were average: 70.4% and 84.6%, respectively.

The nutrition situation seemed to have improved compared to August 2002, when the rate of acute malnutrition was 15.9% (12.4–17.0), reflecting an improvement in the availability of food and of peoples' access to it, although the population is still vulnerable.

Nepal

Bhutanese refugees

The annual nutrition survey was conducted in June 2004 in the seven camps where about 104,000 refugees were settled (AMDA, 06/04). The results showed a stable situation in terms of acute malnutrition and prevalence of angular stomatitis, compared to 2003 (figures 8 & 9). The prevalence of stunting was 25.3%, including 7.7% severe stunting, and has remained stable over the past five years.

Measles vaccination and vitamin A distribution coverage were satisfying: 97.2% and 97.6%, respectively.

The proportion of families who had kitchen gardens decreased by 12% compared to last year: 60% vs. 72%. On the other hand, the number of families reporting having regular income seems to have increased from 54% in 2003 to 69% in 2004. The main sources of income were daily work, incentives from aid agencies and petty trade. 93% of the families reported purchasing food in addition to the general ration, mainly vegetables (100%) and dairy products (49%).

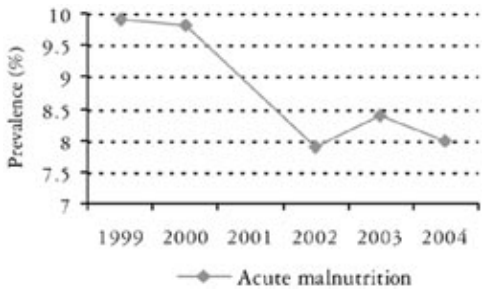


FIGURE 8 PREVALENCE OF ACUTE MALNUTRITION, BHUTANESE REFUGEE CAMPS, NEPAL

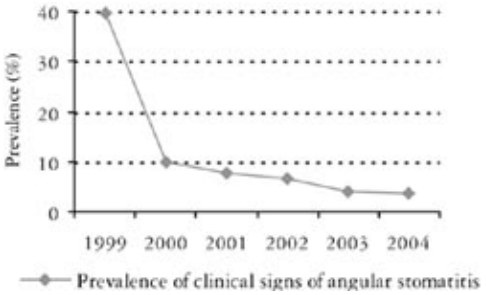


FIGURE 9 PREVALENCE OF ANGULAR STOMATITIS, BHUTANESE REFUGEE CAMPS, NEPAL

According to ante–natal care records, 9–3% of the children surveyed weighed less than 2,500 g at birth, which is similar to 2003 (11.4%).

Among the children with a low birth weight, 25% were acutely malnourished at the time of the survey, compared to 6.3% who were acutely malnourished amongst the children who had a birth weight above 2,500 g.

Nepalese crisis

The political crisis is still raging in Nepal (see NICS 2). A blockade recently paralysed the capital, Kathmandu (AFP, 25/08/04). A natural disaster also occurred, with floods devastating the eastern and central regions (IFRC, 20/08/04). 800,000 people have been affected and 185 killed.

The pressure of the Maoists on NGOs and donors has increased over the recent months, leading to the suspension of programmes previously benefiting about 55,000 people (IDP Project, 06/04).

A joint OCHA/IDP unit mission to Nepal reported that Nepal "is not yet experiencing a humanitarian crisis. Basic needs in terms of food, health, shelter and water continue to be met, at least according to the standard of a very poor developing country" (OCHA/IDP Unit, 06/04). The report highlights that most of the aid agencies involved in Nepal have a development perspective and are reluctant to engage in humanitarian activities, for fear of undermining population's coping mechanisms. There are no specific programmes targeting IDPs partly because most of them are hosted in local communities. The mission recommends not establishing such programmes for fear of destabilising the situation, but recommends that a broader approach based on the protection of civilians be adopted.

The report also stated that women and children are especially at risk, with, among other things, an increasing risk of being involved in trafficking and prostitution.

The mission emphasised the fact that little information exists on socio–economic conditions, population movements, and human rights abuses, and that the existing information is of low quality.

Recommendations

From the joint OCHA/IDP Unit mission

- Establish a countrywide monitoring network on protection and assistance needs.
- Further assess population movements on an continuing basis, to better understand the causes and impacts both in Nepal and India.
- Develop a comprehensive protection strategy and address protection needs.
- Develop assistance programmes. These should be community based and ensure provision of basic services and livelihoods, while maintaining a medium/long term development focus.
- When appropriate, humanitarian tools may be used, such as early warning mechanisms and direct program implementation.
- Attention needs to be given to prepositioning stocks in case there is a deterioration in the humanitarian situation.

South America

Colombia

Colombia has been experiencing 40 years of civil unrest, in which several armed guerrilla movements, such as the Colombian Revolutionary Armed Forces (FARC) and the National Liberation Army (ELN) are engaged. This has led to the displacement of several thousands of people inside the country and in nearby countries. In 2003, it was estimated that 904 of the 1,100 municipalities were affected (IDPProject, 2003). IDPs suffer from inadequate food intake due to a limited access to food and they are in worse living conditions than the urban poor (WFP, 16/06/03).

Puerto Asis municipality, Putumayo department

Putumayo department is one of the areas which was the most affected by violence and population displacement in 2003. Puerto Asis municipality has received a high number of displaced families, who settled mostly with relatives.

The majority of the population in Puerto Asis municipality face difficult living conditions with limited access to employment, poor housing conditions and intra–familial and social violence. About 40% of the displaced families are female–headed. The population reported that their main needs are food, shelter, work, children's care, potable water and access to health care.

A random–sampled nutrition survey was conducted in the urban area of Puerto Asis municipality in June 2004 (ACH, 06/04). The rate of acute malnutrition was low, but underweight and stunting were higher (table 10). These results were within the same range as the DHS national survey carried out in 2000, which found 0.8% wasting, 13.5% stunting and 6.7% under–weight (DHS, 2000).

TABLE 10 NUTRITIONAL STATUS, PUERTO ASIS MUNICIPALITY, PUTUMAYO DEPARTMENT, COLOMBIA, JUNE 2004 (ACH–S, 06/04)

Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	% Underweight*	% Severe Underweight#	% Stunting	% Severe Stunting
June–04	1.4	0.1	6.2	0.5	9.4	1.6

* Weight–age < –2 Z–scores

Weight–age < –3 Z–scores

Anaemia was found to be a problem of high significance in children: about 50% of the children surveyed had anaemia (table 11). The youngest children were especially at risk. Among the 6–59 month olds who were anaemic, 3.6% had severe anaemia (Hb < 7 g/L). Vaccination against measles was 91.3%, and crude and under–five mortality rates were under–control: 0.3/10,000/day and 0.1/10,000/ day, respectively. 45% of deaths among the over fives were due to violence.

6.2% of the families surveyed were displaced. About 61% of the resident families and 88% of the displaced families earned less than the national minimum wage. 37% of the displaced families had benefited from a nutritional programme or from humanitarian aid the year prior to the survey, whilst only 16% of the resident families had

TABLE 11 PREVALENCE OF ANAEMIA, PUERTO ASIS MUNICIPALITY, PUTUMAYO DEPARTMENT, COLOMBIA, JUNE 2004 (ACH–S, 06/04)

Population group	N	Anaemia*(%)
6–17 months	194	67.5
18–29 months	221	59.3
30–41 months	204	48.0
42–53 months	203	33.0

54–59 months	72	29.2
Total	894	50.1

* Hb < 11 g/dl for children < 24 months, Hb < 11.1 g/dl for children 24–59 months

Abbreviation and acronyms

AAH–USA	Action Against Hunger USA
ACF–F	Action Contre la Faim France
ACH–S	Action Contra El Hambre Spain
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
CRS	Catholic Relief Service
DHS	Demographic and Health Surveys
DPA	Deutsche Presse Agentur
DPPC	Disaster Prevention and Preparedness Commission
FEWS	Famine Early Warning System
FSAU	Food Security Analysis Unit for Somalia
GTISA	Government of the Transitional Islamic State of Afghanistan
HRW	Human Rights Watch
ICG	International Crisis Group
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
IMF	International Monetary Fund
IRIN	International Regional Information Network
IWPR	Institute for War and Reporting
MOH	Ministry of Health
MSF	Médecins Sans Frontiéres
MUAC	Mid–upper arm circumference
NGO	Non–governmental Organisation
OCHA	Office for the Co–ordination of Humanitarian Assistance
PRRO	Protracted Relief and Recovery Operation
RI	Refugees International

SC–UK	Save the Children–United Kingdom
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
UNSC	United Nations Security Council
UNSG	United Nations Secretary General
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision

Listing of sources

Greater Horn of Africa

Eritrea

FEWS	17/06/04	Eritrea, food security update
FEWS	20/07/04	Eritrea, food security update
IRIN	21/06/04	Eritrea: Critical water shortages reported in several regions
UNICEF	15/07/04	UNICEF humanitarian action donor update 15 Jul 2004

Ethiopia

AddisTribune	06/08/04	Ethiopia: UN aid team goes to Somali region
DPPC		http://www.dppc.gov.et/pages/earlywarningsystems.htm
DPPC	05/04	Nutrition survey report of Chewaka resettlement area, Bedela woreda, Illubabur zone; http://www.dppc.gov.et/pages/earlywarningsystems.htm
EWS	07/04	Alert, impact of the Belg/Gu season on the food security situation of the Belg producing and pastoral areas
FEWS	22/07/04	Seed shortfalls remain in many drought–stricken areas
IRIN	08/06/04	Major relief effort in progress for resettled people
IRIN	13/07/04	Food trucks attacked as drought, insecurity hit Somali region
UNHCR	01/07/04	World's largest refugee camp closed in Ethiopia

Kenya

AFP	14/07/04	Kenya's Kibaki declares food crisis a national disaster
FEWS	06/07/04	Food aid interventions improve food security in parts of Turkana and Marsabit districts, but targeting uneven

KFSSG	14/07/04	Rapid long rains assessment 2004, consolidated inter−agency report
OCHA	10/08/04	Kenya flash appeal 2004
UNICEF	03/08/04	UNICEF gears up emergency response in drought affected areas in Kenya
WFP	06/08/04	WFP Emergency report No 32

Somalia

AFP	05/08/04	Six killed in inter−clan fighting in Somali capital
FSAU/FS	04/05	Monthly food security report
FSAU	05/04	Jilib riverine nutrition survey, Middle Juba region, Somalia
FSAU/N	07/04	Nutrition update
FSAU	08/04	Monthly food security and nutrition report
IRIN	01/07/04	Somalia: WFP appeals for US$ 14 m to fund humanitarian operations
IRIN	14/07/04	Somalia: more funds needed for humanitarian operations−agencies
IRIN	17/08/04	Somalia: More than 20 killed in fighting in Bay region
IRIN	19/08/04	Names submitted for proposed MPs but divisions linger
UNSG	23/08/04	Secretary−General welcomes inauguration of transitional federal parliament for Somalia

Sudan

ACF−F	06/04	Nutritional anthropometric survey, children under 5 year old, Abu Shok camp, El Fasher, North Darfur state, Sudan
AFP	30/08/04	World faces humanitarian failure in southern Sudan, UN warns
DPA	30/08/04	Violence continues in Darfur as UN deadline expires
DPA	01/09/04	Sudan fails commitments in Darfur, UN says, sanctions loom
Epicentre/MSF	06/04	Health assessment in emergencies, Munei and Zalingei, West Darfur,
FEWS	26/08/04	Food security update
HRW	27/08/04	Janjaweed camps still active
IRIN	30/08/04	Major protection crisis in Darfur−UN mission Sudan
OCHA	25/08/04	Remaining humanitarian requirements for Sudan until 31 December 2004
SAB	15/08/04	Sudan Assistance Bulletin No 32
SC−UK	05/04	Malha, nutrition survey report
WFP	27/08/04	WFP Emergency report No 35
WHO	30/08/04	Hepatitis in Sudan−update

WV	24/07/04	Rapid assessment report

West Africa

Ivory Coast

ACCRA SC	31/07/04	Accord d'Accra III sur la Côte d'Ivoire
AFP	09/08/04	Peace process pushes forward at first Ivory Coast cabinet meeting in months
DHS	1998/99	Enquete démographique et de santé, Côte d'Ivoire
MOH/UNICEF	06/04	Enquete nutrition, santé et mortalité en Côte d'Ivoire
OCHA	12/07/04	Crisis in Côte d'Ivoire, situation report No 29
OCHA	27/07/04	Crisis in Côte d'Ivoire, situation report No 30

Liberia

AAH	16/08/04	Liberia, un an aprés
IRIN	22/07/04	Guinea−Liberia: refugees criss−cross a fluid and volatile border
OCHA	01/07/04	Liberia, humanitarian update No 106
OCHA	30/07/04	Liberia, humanitarian update No 110
OCHA	06/08/04	Liberia, humanitarian update No 111
OCHA	13/08/04	Liberia, humanitarian update No 112
UNDP	07/06/04	Liberia gets $24.3 million from Global Fund to fight HIV/AIDS, tuberculosis and malaria
WFP	05/04	Vulnerability analysis and mapping, Liberia: Bong and Margibi counties

Sierra Leone

UNHCR	21/07/04	UNHCR's Sierra Leone repatriation draws to end

Central Africa

Burundi

AFP	17/08/04	New crisis in Great Lakes as Rwanda, Burundi threaten DR Congo
OCHA	27/06/04	OCHA−Burundi situation report 21−27 Jun 2004
OCHA	15/08/04	OCHA−Burundi situation report 09−15 Aug 2004
Reuters	19/08/04	Tutsis massacre part of Congo conflict − Zuma
UNHCR	17/08/04	UN peacekeepers tighten security along Burundi−Congo border
UNHCR	20/08/04	Burundi: Agreement reached with government on second site for transit camp
UNSC	21/05/04	Security Council, unanimously adopting resolution 1545 (2004), authorises UN operation in Burundi for initial six−month period
UNICEF/WHO	25/05/04	Interagency WHO and UNICEF health and nutrition needs assessment

DRC

AFP	12/08/04	Resurgence of epidemics hitting much of DR Congo: WHO
AFP	23/08/04	Former DR Congo rebels suspend role in government
ICG	24/08/04	Prevent the return to full−scale war in the Congo
OCHA	31/07/04	Humanitarian situation in DRC monthly update, Jul 2004
USAID	20/08/04	DR Congo: Complex Emergency Situation Report#4
OCHA	21/05/04	Humanitarian situation in DRC 15−21 May 2004

Uganda

AAH−US	06/04	Nutrition survey in IDP camps, Gulu district, Northern Uganda
FEWS	26/07/04	Monthly food security update
GOAL	07/04	Preliminary nutrition survey report for Kalongo town, Agago county, Pader district, Uganda
NRC	06/07/04	Uganda: Increased international attention has yet to produce concrete results for the displaced
WFP	04/04	Emergency food security assessment, Gulu district
WFP	06/08/04	WFP Emergency Report No. 32
Xinhua	29/07/04	War−torn northern Uganda resumes massive food production

Chad

AFP	25/07/04	Two Darfur refugees killed in Chad amid tensions with aid groups: UN
CDC/joint	06/04	Emergency nutrition and mortality surveys conducted among Sudanese refugees and Chadian villagers, North−eastern Chad
IRIN	02/08/04	France provides airlift to eastern Chad, deploys troops to secure border
IRIN	13/08/04	Chad−Sudan: special feeding targets malnourished refugees but water problems persist
HRW	22/06/04	Sudan: Darfur atrocities spill into Chad
UNHCR	11/06/04	UNHCR revises budget for Chad operations to $55.8 million
UNHCR	30/07/04	UNHCR completes refugee transfer from major border towns in Chad
UNHCR	06/08/04	Chad: government/UNHCR sign agreement for new refugee camp in Adre region
UNHCR	10/08/04	UNHCR Sudan funding overview as of 10 August 2004
UNHCR	17/08/04	New arrivals reported from Sudan; the burden on Chad
WFP	09/07/04	WFP Emergency Report No. 28
WFP	30/07/04	WFP Emergency Report No. 31
WHO	19/08/04	Disease outbreak reported: hepatitis E in Chad

Southern Africa

Angola

IMF	21/07/04	Statement by IMF mission staff on Angola
CRS/MOH	05/04	Inquerito de nutricao, cobertura vicinal e mortalidade, Balombo, Angola
OCHA	30/06/04	Humanitarian situation in Angola Quarterly Analysis April–June 2004
UNHCR	06/07/04	Angola: second phase of repatriation from DRC begins
UNICEF–A	05/04	Nutrition group meeting
WFP	30/07/04	WFP Emergency Report No. 31

Asia

Afghanistan

AFP	23/07/04	Humanitarian crisis looms as Afghan refugees flee Pakistan's Al–Qaeda hunt
AFP	01/09/04	Aid workers accuse military in Afghanistan of putting them in danger
BAAG	31/07/04	BAAG Afghanistan monthly review, July 2004
GTISA	01/09/04	Afghan Government and UN launch Emergency Appeal to combat drought: USD 71.3 million needed
IWPR	20/08/04	Little aid for refugees forced out of Pakistan
MSF	29/07/04	MSF pulls out of Afghanistan
R=	09/07/04	Afghan refugees: maintain assistance as returns continue into 2005
UNHCR	05/07/04	UNHCR starts relocating Afghan IDPs under plan to close border camps
UNHCR	20/07/04	Afghan returns from Iran surpass those from Pakistan, says UNHCR
UNHCR	07/09/04	Pakistan: Enhanced voluntary repatriation programme for "new camp" Afghans completed
UN News	07/09/04	Afghanistan's first free presidential election campaign kicks off

Pakistan

Oxfam–GB	03/04	Anthropometric nutrition and food security survey, district Chaghi, Baloshistan

Nepal

AFP	25/08/04	Kathmandu returns to normality as rebels lift blockade
AMDA	06/04	Report of annual nutrition survey 2004
IDP Project	06/04	Many aid agencies suspend their work in rural areas under Maoist pressure
IFRC	20/08/04	Nepal: Floods emergency appeal No 17/2004 Operations update No 3
OCHA	06/04	Report of the OCHA/IDP unit mission to Nepal

South America

Colombia

ACH–S	06/04	Encuesta nutricional, municipio de Puerto Asis, departamento de Putumayo, Colombia
DHS	2000	Encuesta Nacional de Demografia y Salud

IDPProject	2003	Colombia: "Democratic security" policy fails to improve protection of IDPs
WFP	16/06/04	Vulnerabilidad a la Inseguridad Alimentaria de la Poblacion Desplazada por la Violencia en Colombia

Summary of the survey results

Survey Area	Date	Population	Survey conducted by	Acute Malnutrition* (%) (95% CI)§		Severe Acute Malnutrition**(%) (95% CI)§		Oedema (%)
GREATER HORN OF AFRICA								
ETHIOPIA								
Chewaka resettlement area, Bedele woreda, Oromya region	May–04	Resettled	DPPC	9.8	7.1–12.5	1.9	0.7–3.2	1.1
SOMALIA								
Jilib riverine area, Middle Juba	May–04	Resident	FSAU	19.5	17.0–22.2	3.7	2.6–5.2	0.4
Sool plateau	June–04	Resident	FSAU	13.7	11.5–16.1	3.1	2.1–4.5	1.3
SUDAN								
NORTH DARFUR								
Abu Shok IDP camp, El Fasher	June–04	Displaced	ACF–F	39.0	34.5–43.6	9.6	7.2–12.8	0.1
Malha	May–04	Resident	SC–UK	33.4	28.9–37.8	5.4	3.4–7.5	1.2
WEST DARFUR								
Zalingei	May–04	Displaced	Epicentre/ MSF	23.4[1]	19.4–28.0	4.5[1]	2.8–7.0	1.3
Murnei	May–04	Displaced	Epicentre/ MSF	20.6[1]	17.4–24.2	4.1[1]	3.1–5.6	0.2
SOUTH SUDAN								
Aweil West and Aweil North counties, Bahr el Ghazal	July–04	Resident	Concern	23.8	21.1–26.8	2.9	1.9–4.2	0.1
Duk Payuel payam, Duk county, Upper Nile	July–04	Resident/ Returnees	AAH–US	22.7	18.9–27.0	4.1	2.5–6.5	0
CENTRAL								
AFRICA UGANDA								
Kalongo town, Pader district	Jul–04	Displaced/ Resident	GOAL	7.2	(5.7–9.2)	0.9	(0.4–1.8)	–

IDP camps, Gulu district	Jun–04	Displaced	AAH–US	4.6	(3.0–6.8)	0.8	(0.3–2.2)	0.1
CHAD								
Irisimi, Touloum and Kounoungo refugee camps	Jun–04	Refugees	CDC/joint	35.6	30.9–40.3	5.5	3.1–7.9	0.5
Bahai and Cariari refugee frontier settlements	Jun–04	Refugees	CDC/joint	39.2	(34.3–44.2)	6.4	(4.0–8.8)	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] Including children with MUAC < 110 mm

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									
ETHIOPIA									
Chewaka resettlement area, Bedele woreda, Oromya region	–	93.2	–	–	–	0.73		2.65	
SOMALIA									
Jilib riverine area, Middle Juba	–	23.2	–	70.6	–	2.2		5.4	
Sool plateau	–	73.0	–	57.8	MUAC < 21 cm: 11.2%	0.9		2.9	
SUDAN									
NORTH DARFUR									
Abu Shok IDP camp, El Fasher	3.0	52.8	–	–	–	2.15		6.76	
Malha	7.2	30.9	–	–	–	–		1.0	
WEST DARFUR									

Zalingei	62.9	90.3	–	–	–	2.2	1.8–2.7	1.8	1.1–3.0
Murnei	73.8	85.6	–	–	–	3.4	3.1–3.8	1.6	1.1–2.2
SOUTH SUDAN									
Aweil West and Aweil North counties, Bahr el Ghazal	17.2	46.2	–	–	–	0.38		3.2	
Duk Payuel payam, Duk county, Upper Nile	22.6	53.2	–	–	–	1.36		–	
CENTRAL									
AFRICA UGANDA									
Kalongo town, Pader district	–	–	–	–	–	1.7		3.3	
IDP camps, Gulu district	9	47	–	–	–	1.2		–	
CHAD									
Irisimi, Touloum and Kounoungo refugee camps	–	–	–	61.1	Mean MUAC for pregnant women : 25,8 cm.(2.5,2–26,4)	1.56	(1.4–1.7)	1.46	(1.3–1.63)
Bahai and Cariari refugee frontier settlements	–	–	–	38.4	Mean MUAC for pregnant women : 24.6 cm (23.6–25.6)	0.62	(0.5–0.7)	0.5	(0.31–0.57

[#] Measles vaccination coverage for children aged 9–59 months
NOTE: see at the end of the report for guidance in interpretation of indicators

Survey Area	**Date**	**Population**	**Survey conducted by**	**Acute M (%)(Malnutrition* (%)(95% CI)[§]**		**Severe Acute Malnutrition** (%) (95% CI)[§]**		**Oedema (%)**
WEST AFRICA								
IVORY COAST								
Urban areas, West	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	5.2[1]	3.8–2.0	2.0[1]	1.2–3.4	–
Rural areas, West	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	7.3[1]	5.6–9.5	2.1[1]	1.3–3.5	–
Urban areas, North	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	8.1[1]	5.5–11.7	2.4[1]	1.1–4.8	–

Rural areas, North	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	15.5[1]	3.3–8.5	5.4[1]	3.3–8.5	–
Urban areas, Northwest	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	7.5[1]	5.1–10.8	1.6[1]	0.7–3.6	–
Rural areas, Northwest	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	13.3[1]	9.8–17.7	1.9[1]	0.8–4.3	–
Urban areas, Centre	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	3.7[1]	2.1–6.4	1.1[1]	0.4–3.1	–
Rural areas, Centre	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	7.2[1]	5.0–10.2	1.6[1]	0.7–3.5	–
Urban areas, Northeast	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	8.7[1]	6.1–12.1	1.4[1]	0.5–3.3	–
Rural areas, Northeast	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	12.7[1]	9.6–16.5	3.4[1]	1.9–5.8	–
Urban areas, Centre–west	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	4.7[1]	2.8–7.7	0.9[1]	0.2–2.8	–
Rural areas, Centre–west	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	6.1[1]	4.0–9.0	0.8[1]	0.2–2.4	–
Urban areas, Southeast	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	7.6[1]	5.3–11.0	1.6[1]	0.7–3.6	–
Rural areas, South–east	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	9.2[1]	6.5–12.7	1.4[1]	0.5–3.3	–
Urban areas, South	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	6.5[1]	4.5–9.1	0.6[1]	0.2–1.7	–
Rural areas, South	Nov–03/ Feb–04	Residents/ Displaced	MOH/ UNICEF	8.1[1]	6.0–10.9	1.2[1]	0.5–2.7	–
SOUTHERN AFRICA								
ANGOLA								
Balombo municipality, Benguela province	May–04	Resident/ Returnees	CRS	3.9	(2.3–6.3)	0.4	(0.0–1.8)	0.3
ASIA PAKISTAN								
Chaghi district, Balochistan province	Mar–04	Resident	OXFAM–GB	8.3	(6.1–10.4)	1.3	(0.6–2.0)	0.1
NEPAL								
Refugee camps	Jun–04	Refugees	AMDA	8.0	–	0.5	–	–
SOUTH AMERICA								
COLOMBIA								
Puerto Asis municipality, Putumayo department	Jun–04	Residents/ Displaced	ACH–S	1.4		0.1		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
[1] Children aged 0–59 months

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					
WEST AFRICA							
IVORY COAST							
Urban areas, West	–	–	See p 12	–	BMI[2] < 16: 1.5 BMI[2] < 18.5: 8.0	–	–
Rural areas, West	–	–	See p 12	–	BMI[2] < 16: 1.6 BMI[2] < 18.5: 9.5	–	–
Urban areas, North	–	–	See p 12	–	BMI[2] < 16: 1.3 BMI[2] < 18.5: 6.7	–	–
Rural areas, North	–	–	See p 12	–	BMI[2] < 16: 1.1 BMI[2] < 18.5: 9.5	–	–
Urban areas, Northwest	–	–	See p 12	–	BMI[2] < 16: 0.3 BMI[2] < 18.5: 9.6	–	–
Rural areas, Northwest	–	–	See p 12	–	BMI[2] < 16: 1.3 BMI[2] < 18.5: 10.2	–	–
Urban areas, Centre	–	–	See p 12	–	BMI[2] < 16: 0.6 BMI[2] < 18.5: 5.6	–	–
Rural areas, Centre	–	–	See p 12	–	BMI[2] < 16: 1.4 BMI[2] < 18.5: 10.	–	–
Urban areas, Northeast	–	–	See p 12	–	BMI[2] < 16: 0.5 BMI[2] < 18.5: 7.5	–	–
Rural areas, Northeast	–	–	See p 12	–	BMI[2] < 16: 0.7 BMI[2] < 18.5: 8.6	–	–
Urban areas, Centre–west	–	–	See p 12	–	BMI[2] < 16: 0.9 BMI[2] < 18.5: 3.6	–	–
Rural areas, Centre–west	–	–	See p 12	–	BMI[2] < 16: 0.3 BMI[2] < 18.5: 5.4	–	–
Urban areas, Southeast	–	–	See p 12	–	BMI[2] < 16: 0.5 BMI[2] < 18.5: 6.7	–	–
Rural areas, South–east	–	–	See p 12	–	BMI[2] < 16: 0.9 BMI[2] < 18.5: 8.1	–	–

Urban areas, South	–	–	See p 12	–	BMI[2] < 16: 1.2 BMI[2] < 18.5: 7.3	–	–
Rural areas, South	–	–	See p 12	–	BMI[2] < 16: 0.4 BMI[2] < 18.5: 7.5	–	–
SOUTHERN AFRICA							
ANGOLA							
Balombo municipality, Benguela province		–	–	15.9	–	0.72	1.86
ASIA							
PAKISTAN							
Chaghi district, Balochistan province	45.3	70.4	–	84.6	–	0.4	0.8
NEPAL							
Refugee camps	97.2	–	See p 25	97.6	–	–	–
SOUTH AMERICA							
COLOMBIA							
Puerto Asis municipality, Putumayo department	20.0	91.3	See p 26	–		0.3	0.1

[#] Measles vaccination coverage for children aged 9–59 months
[2] Non–pregnant women
NOTE: see at the end of the report for guidance in interpretation of indicators

Notes on the survey methodologies

The Greater Horn region

Ethiopia

CHEWAKA RESETTLEMENT AREA, BEDELA WOREDA, ILLUBABUR ZONE, OROMYA REGION The survey was conducted by DPPC in May 2004. A two–stage cluster sampling methodology of 30 clusters was used to measure 932 children between 6–59 months. The survey also estimated retrospective mortality over the previous three months, measles vaccination coverage, morbidity and various food security indicators.

Somalia

JILIB RIVERINE AREA, MIDDLE JUBA

The survey was conducted by FSAU in May 2004. A two–stage cluster sampling methodology of 30 clusters was used to measure 913 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.

SOOL PLATEAU, NORTHERN SOMALIA

The survey was conducted by FSAU in June 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 901 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, women's MUAC and various food security and public health indicators.

Sudan

ABU SHOK CAMP, EL FASHER, NORTH DARFUR

The survey was conducted by ACF−F in June 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 955 children between 6−59 months. The survey also estimated measles vaccination and retrospective mortality rate over the month prior to the survey.

MALHA, NORTH DARFUR

The survey was conducted by SC−UK in May 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 941 children between 6−59 months. The survey also estimated measles vaccination and retrospective mortality rate over the three months prior to the survey.

MURNEI AND ZALINGEI, WEST DARFUR

Two surveys were conducted by Epicentre/MSF in Murnei and Zalingei in April/May 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 470 and 917 children between 6−59 months, respectively. The surveys also estimated measles vaccination and retrospective mortality rates over the previous 6 months.

AWEIL WEST AND NORTH COUNTIES, BAHR EL GAZAL

The survey was conducted by Concern in July 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 907 children between 6−59 months. The survey also estimated measles vaccination coverage and retrospective mortality rate over the previous four months.

DUK PAYUEL PAYAM, PAYAM−DUK COUNTY, CENTRAL UPPER NILE

The survey was conducted by AAH−US in July 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 903 children between 6−59 months. The sample only included villages situated within a 3 hours' walk from Poktap town centre. The survey also estimated measles vaccination coverage and crude mortality rate over the 3 months prior to the survey.

West Africa

Ivory Coast

WEST, NORTH, NORTH−WEST, CENTRE, NORTH−EAST, CENTRE−WEST, SOUTH−EAST AND SOUTH

Eight surveys were conducted between November 2003 and February 2004. The samples were stratified multi−stage random samples. The samples were drawn from 2 to 3 departments, randomly selected and considered representative of each zone.

Areas	Regions included in the survey
West	Montagnes and Moyen Cavally
North	Worodougou and Bafing
North−west	Denguele et Savanes
Centre	Vallée du Bandama, du Nzi−Comoe and lakes
North−east	Zanzan

Centre−West	Haut Sassandra and Marahoue
South−east	Agneby, Moyen Comoe and South Comoe
South	Lagune, South Bandana and Bas Sassandra

The surveys also estimated various food security and public health indicators.

Central Africa

Uganda

KALONGO TOWN, PADER DISTRICT

The survey was conducted by GOAL in July 2004. A two−stage cluster sampling methodology of 30 clusters was used. The survey also estimated mortality rates, morbidity and various food security indicators.

IDP CAMPS GULU DISTRICT

The survey was conducted by AAH−US in June 2004. Only the official camps which were accessible according to the security situation were included in the sampling frame. A two−stage cluster sampling methodology was used to measure 1072 children between 6−59 months. The survey also estimated measles vaccination coverage, crude mortality rate over the previous three months and infant nutritional status.

Chad

IRISIMI, TOULOUM AND KOUNOUNGO REFUGEE CAMPS

The survey was conducted by CDC in June 2004. A two−stage cluster sampling methodology of 25 clusters was used to measure 151 children between 6−59 months in Iridimi. In Touloum and Koundoungo, systematic samplings were conducted. 219 and 54 children were measured respectively. The survey also estimated measles vaccination and vitamin A distribution within six months prior to the survey, mortality rates over the previous six months and several food security and public health indicators.

BAHAI AND CARIARI REFUGEE FRONTIER SETTLEMENTS

The survey was conducted by CDC in June 2004. 375 children between 6−59 months were measured through systematic random sampling . The survey also estimated measles vaccination and vitamin A distribution within six months prior to the survey, mortality rates over the previous six months and several food security and public health indicators.

Southern Africa

Angola

BALOMBO MUNICIPALITY, BENGUELA PROVINCE

The survey was conducted by CRS in May 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6−59 months. The survey also estimated vaccination and vitamin A distribution coverage and mortality rates over the previous four months.

Asia

Pakistan

CHAGHI DISTRICT, BALOCHISTAN PROVINCE

The survey was conducted by **OXFAM−GB** in March 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 933 children between 6−59 months. The survey also estimated measles vaccination coverage, vitamin A distribution coverage, mortality rates over the previous month, morbidity and several food security indicators.

Nepal

BHUTANESE REFUGEE CAMPS

The surveys were conducted by AMDA in June 2004.A systematic sampling was used to measure 387 children. The survey also estimated measles vaccination and vitamin A coverage, the prevalence of clinical signs of angular stomatitis and various food security indicators.

South America

Colombia

PUERTO ASIS MUNICIPALITY, PUTUMAYO DEPARTMENT

The survey was conducted by ACH–S in June 2004. A two–stage cluster sampling methodology of 30 clusters was used to measure 911 children between 6–59 months. The survey also estimated measles vaccination coverage, mortality rates over the previous three months and several food security indicators. Measurement of haemoglobin was performed directly in the household using a portable photometer 'Hemocue B–hemoglobin' Photometer.

Indicators, interpretation and classification

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.

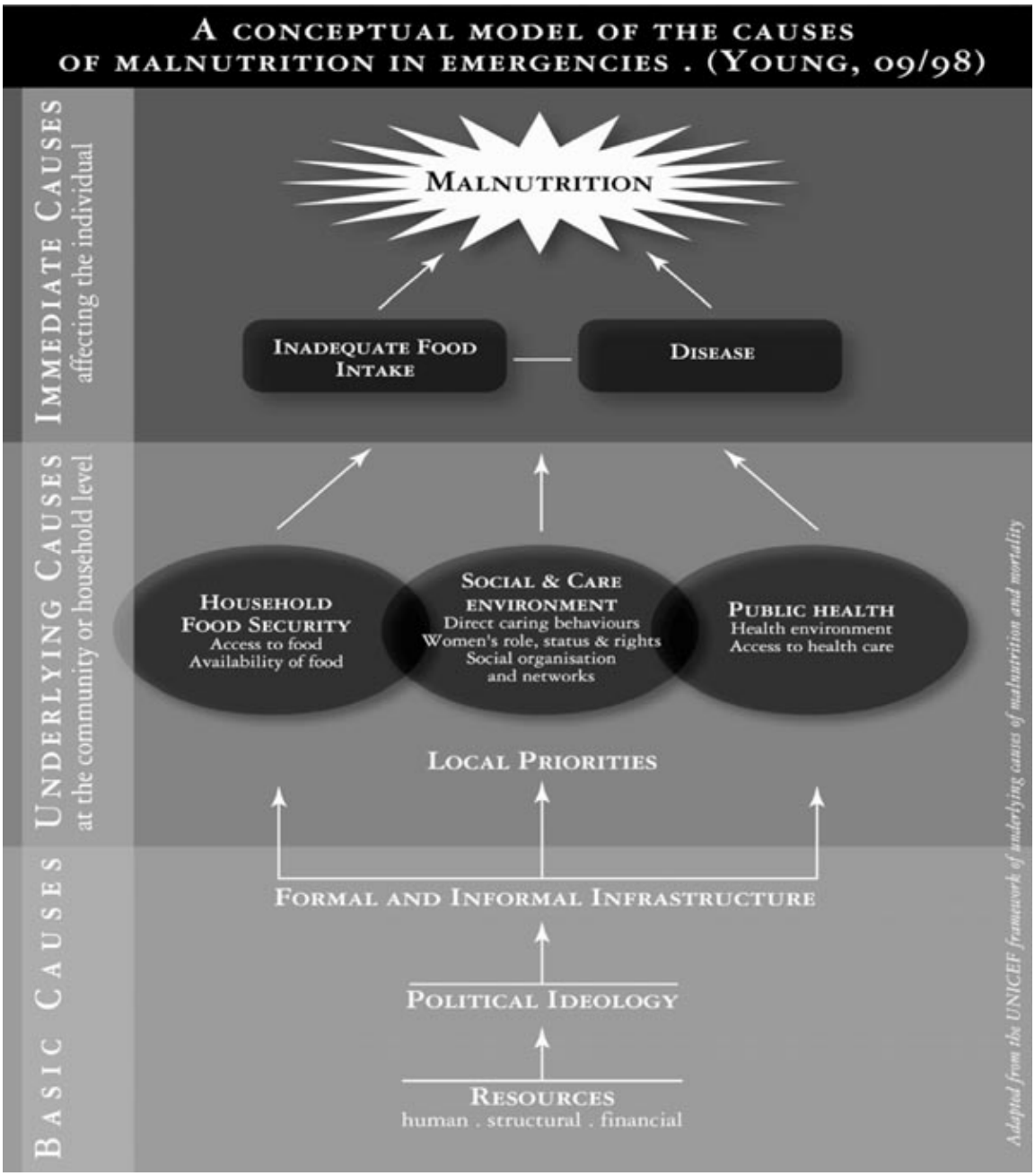
• Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there maybe pockets of high malnutrition in a given area.

• 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.



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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.

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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