

**Nutrition Information in Crisis Situations – Report Number IV,  
November 2004**



# Table of Contents

<b><u>Nutrition Information in Crisis Situations – Report Number IV, November 2004</u></b> .....	<b>1</b>
<u>Highlights</u> .....	1
<u>Risk Factors affecting Nutrition in Selected Situations</u> .....	2
<u>Greater Horn of Africa</u> .....	3
<u>Eritrea</u> .....	3
<u>Ethiopia</u> .....	6
<u>Kenya</u> .....	6
<u>Somalia</u> .....	7
<u>Sudan</u> .....	9
<u>West Africa</u> .....	15
<u>Ivory Coast</u> .....	16
<u>Liberia</u> .....	16
<u>Central Africa</u> .....	16
<u>Burundi</u> .....	17
<u>Democratic Republic of the Congo</u> .....	17
<u>Uganda</u> .....	18
<u>United Republic of Tanzania</u> .....	18
<u>Chad</u> .....	19
<u>Southern Africa</u> .....	21
<u>Angola</u> .....	21
<u>Asia</u> .....	22
<u>Afghanistan</u> .....	22
<u>The Caribbean</u> .....	24
<u>Haiti</u> .....	24
<u>Middle East</u> .....	25
<u>Occupied Palestinian Territories</u> .....	26
<u>References</u> .....	27
<u>Results of surveys</u> .....	33
<u>Survey methodology</u> .....	40
<u>Abbreviations and acronyms</u> .....	43
<u>Indicators and risk categories</u> .....	45
<u>References</u> .....	47
<u>NICS quarterly reports</u> .....	47
<u>Back Cover</u> .....	48



# Nutrition Information in Crisis Situations – Report Number IV, November 2004



**United Nations System  
Standing Committee on Nutrition**

## Highlights

**ERITREA – CRITICAL NUTRITION SITUATION** – The lingering effects of the war with Ethiopia and the 2002 drought have had a significant impact on households' food security and nutritional status in a country where the general situation was already poor. The future of the food security situation is bleak, partly because of the recent failure of rains.

The National Nutrition Surveillance System, a collaborative inter-agency group set up by the Ministry of Health conducted a second round of nutrition surveys in Northern Red Sea, Gash Barka, Debub and Anseba in mid-2004. The results showed that the situation was critical in all the areas surveyed except Debub where the situation was average.

Emergency and long-term development programmes need to be strengthened.

**SUDAN – SITUATION STILL GRIM IN DARFUR AND OF CONCERN IN SOUTHERN SUDAN** – Despite a renewed commitment by the Government of Sudan and the two armed opposition forces to halt air bombardments and to facilitate the provision of humanitarian aid, the situation on the ground is still dire.

About 2.2 m people are estimated affected by the crisis, including 1.6 m internally displaced persons. While humanitarian assistance has increased over the past months, gaps in response to humanitarian needs are still widespread. Several surveys have been conducted recently in accessible areas of Darfur. They showed average to critical levels of mortality depending on the area and a generally high prevalence of malnutrition. Moreover, access to safe drinking water and sanitation is inadequate.

In South Sudan, a poor rainy season and continued insecurity will probably affect further the food security of the populations.

**CHAD – PRECARIOUS SITUATION AMONG THE REFUGEES AND THE RESIDENT POPULATION** – Most of the refugees are now located in the eleven camps settled in eastern Chad. Tension and several security incidents have been reported in and around the camps. Availability of water is a main issue and the water table has been decreasing very rapidly in some of the camps.

As of October 2004, the nutrition situation seemed to have slightly improved in the camps, when compared with summer months.

Resident Chadian populations in the areas of refugee settlement seem to experience more and more difficulties. Government of Chad/UN mission recommended that 20,000 MT of emergency food assistance be distributed to 157,000 resident people.

Donor's and agencies' commitment should be sustained to allow the situation to improve further.

**HAITI – NUTRITION SITUATION NOT CRITICAL** – Haiti has known both political and natural crises in 2004. In early 2004, an armed uprising and international political pressure led to the resignation of the president Jean-Bertrand Aristide. This was followed by the deployment of a UN peace-keeping force, the MINUHSTA and by the appointment of an interim government until the elections scheduled in 2005. However, the situation is volatile. Violence and insecurity are on the rise, which hampers the proper delivery of aid, in the hurricane affected areas of Artibonite and North West departments, where about 300,000 people are vulnerable. Nutrition surveys conducted in the hurricane-affected areas before the hurricane or in on-affected areas

showed an acceptable nutrition situation.

## OCCUPIED PALESTINIAN TERRITORIES – FOOD INSECURITY AND MICRO-NUTRIENT DEFICIENCIES

The second *Intifada*, which began in September 2000, is still on-going. It had seemed there was a slight improvement in the situation in 2003, with a relaxation of closures and a modest economic recovery due to an increase in the amount of employment within the territories.

The situation suffered a further setback in 2004, especially in the Gaza Strip where an estimated 20,000 people lost their jobs. Restrictions of movement have intensified as well as incursions by the Israeli army which has led to an unprecedented destruction of houses and infrastructure. Coping mechanisms developed by the Palestinians to deal with the economic crisis have tended to become overstretched. However, it seems that basic needs services are still provided thanks to donors' commitment, although support from donors declined slightly in 2003 compared to 2002. A nutrition survey, which was conducted in mid-2003 and recently released, showed an acceptable situation.

























A survey on micro-nutrient deficiencies was carried out in June 2004 among children 6–59 months old. The survey revealed a high prevalence of vitamin A, vitamin E and iron deficiencies.

### 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.

	<b>SOMALIA</b> IDPs in Bossaso and Mogadishu	<b>SUDAN</b> Darfur	<b>CHAD</b> Iridimi and Touloum refugee camps	<b>TANZANIA</b> Refugee camps	<b>OCCUPIED PALESTINIAN TERRITORIES</b>	<b>AFGHANISTAN</b> Kabul
Nutritional risk category	II	I	II	III	III	II/III
<b>FOOD SECURITY</b>						
Households' livelihoods						
External assistance						
<b>PUBLIC HEALTH ENVIRONMENT</b>						
Availability of water and access to potable drinking water						
Health care						

Sanitation	?	?	?	?	?	☹
<b>SOCIAL AND CARE ENVIRONMENT</b>						
Social environment	☹	☹	☹	☹	☹	☹
Child feeding practices	?	?	?	?	?	☹
<b>DELIVERY OF ASSISTANCE</b>						
Accessibility to population	☹	☹	☹	☺	☹	☹
Resources for humanitarian intervention	☹	☹	☹	☹	☺	☹
Availability of information	☹	☹	☹	☹	☺	☺

☺ ADEQUATE    ☹ MIXED    ☹ INADEQUATE

## Greater Horn of Africa



### Eritrea

The future of the food security situation in Eritrea is bleak. The *kremti* rains (June–September) were poor in most of the country, and the harvest is forecast at 109,000 MT, which is only 58% of average production and 20% of the total annual food requirement (FEWS, 18/10/04). Pasture and grazing conditions are also very poor. The situation is compounded by the poor performance of the previous *azmera* rains (March–May) in some areas and by the overall drought experienced by the country over the previous years. Water shortage is acute throughout the country and the government has designed a mitigating action plan to improve access to safe potable drinking water for around 1.8 million people (FEWS, 18/10/04).

The current food pipeline for food distribution was sufficient to distribute a full ration to the intended 1.9 million beneficiaries towards the end of 2004 (FEWS, 18/10/04).

### Critical nutrition situation

The National Nutrition Surveillance System (N–NSS), a collaborative inter–agency group set up by the Ministry of Health conducted a second round of nutrition surveys in Northern Red Sea in May 2004, in Gash Barka in mid–June, in Debub at the end of June and in Anseba in mid–July (N–NSS, 07/04).

The results showed that the situation was critical in all the areas surveyed except Debub where the situation was average (table 1).

Moreover, a significant proportion of women had a BMI < 18.5 (table 1).

When compared with previous surveys carried out in December 2003, the situation seems to have worsened in Anseba and Gash Barka, whilst it has remained stable in Northern Red Sea (figures 1 & 2).

The nutritional status of both children and women has improved significantly in Debub (figures 1 & 2).

The December surveys were conducted during the post-harvest period, whilst the second round of surveys was done during the hunger-gap season. The increase in the prevalence of malnutrition recorded in Anseba and Gash Barka may be explained by an increase in food insecurity during the lean season, which was not compensated by coping mechanisms and humanitarian aid. On the other hand, it seems that the population in Debub has begun to recover from the 2002 drought.

### Food distribution

According to the survey, the vast majority of families received food distributions within the four months prior to the survey (table 2). The average amount of cereal received varied from 6.3 kg to 8.4 kg per person per month, depending on the area (table 2). This was less than in December 2003 when the families reported having received 10.4–12.3 kg of cereals.

**TABLE I PREVALENCE OF ACUTE MALNUTRITION AND CHRONIC ENERGY DEFICIENCY, ERITREA, MAY–JULY 2004 (N–NSS, 07/2004)**

6–59 month old children		18 to 60 year old women	
Acute Malnutrition (%) (95% CI)	Severe Acute Malnutrition (%) (95% CI)	Moderate Chronic Energy Deficiency 16>=BMI< 18.5 (%)	Severe Chronic Energy Deficiency BMI < 16 (%)
<b>ANSEBA</b>			
18.4 (16.2–20.8)	3.0	36.9	8.1
<b>DEBUB</b>			
7.6 (6.2–9.1)	1.4	29.4	3.8
<b>GASH BARKA</b>			
19.1 (17.1–21.3)	2.3	34.0	7.7
<b>NORTHERN RED SEA</b>			
13.9 (11.7–16.4)	1.3	37.0	10.0

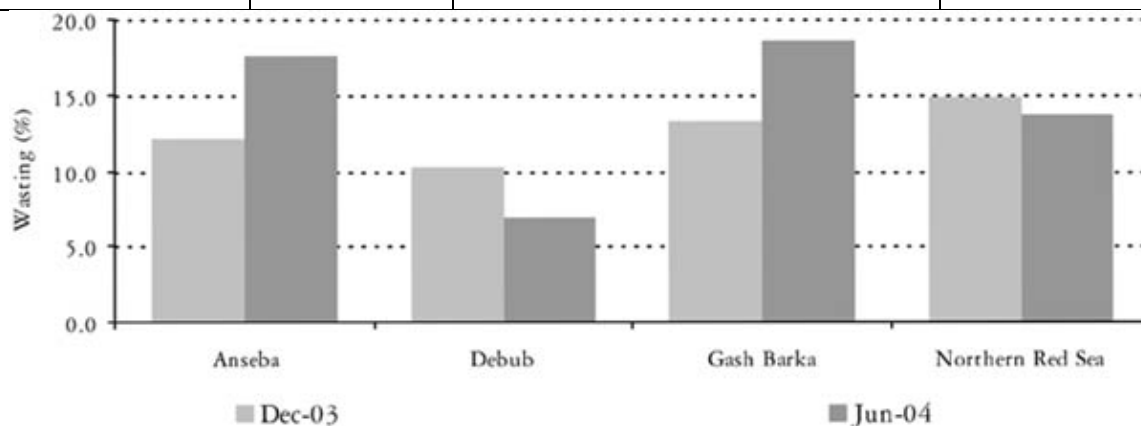


FIGURE I WASTING IN ERITREA, DECEMBER 2003–JUNE 2004



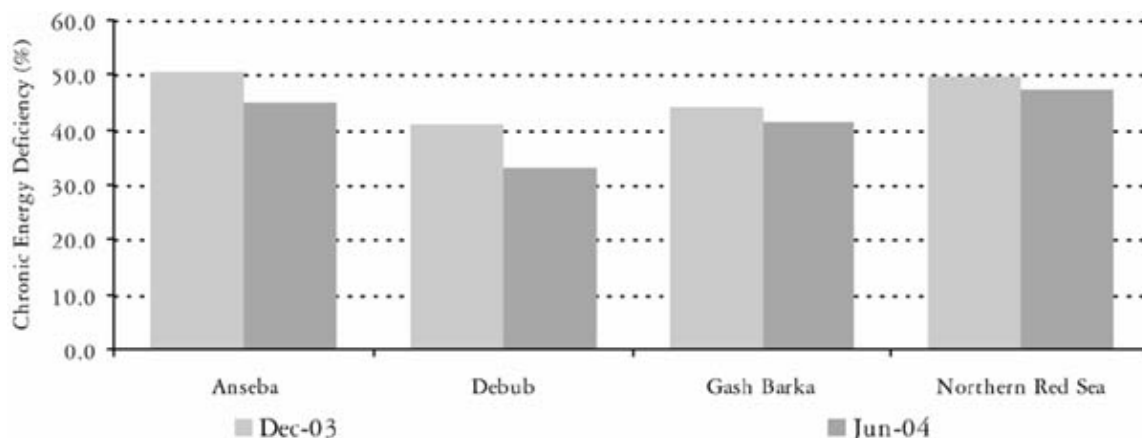


FIGURE 2 CHRONIC ENERGY DEFICIENCY IN ERITREA, DECEMBER 2003–JUNE 2004

TABLE 2 GENERAL AND SUPPLEMENTARY FOOD DISTRIBUTION, ERITREA, JUNE 2004 (N–NSS, 07/04)

Food distribution		Supplementary feeding	
Households receiving food aid in the last 4 months (%)	Average amount of cereals received (kg/ pers/month)	Supplementary food received in May 2004 (%)	Average amount of supplementary food received (kg/pers/month)
<b>ANSEBA</b>			
99.8	8.4	77.1	5.0
<b>DEBUB</b>			
88.4	7.4	34.0	6.0
<b>GASH BARKA</b>			
89.7	6.3	26.1	6.0
<b>NORTHERN RED SEA</b>			
97.5	7.9	23.6	4.0

### Supplementary feeding

There was no common mechanism of supplementary food distribution. Supplementary feeding was targeted at malnourished children in some places, whilst there was no targeting in other areas.

A significant percentage of children were receiving supplementary food (table 2) but the average amount received was generally less than the intended 6–10 kg/pers/month (table 2). Moreover, the distribution of supplementary food was irregular.

### Public health

Only about half of the mothers were seeking care when their children were ill. This is unchanged compared to December 2003. Access to water and to safe drinking water was also still very poor and has not improved compared to December 2003. Only 8.7%, 7.8%, 24.6% and 33.5% of the households had access to both enough (> 15 l/pers/day) and safe water, in Anseba, Debub, Gash Barka and Northern Red Sea, respectively.

### Overall

The lingering effects of the war with Ethiopia and the 2002 drought have had a significant impact on households' food security and nutritional status in a country where the general situation was already poor. The future of the food security situation is bleak, partly because of the recent failure of rains. Emergency and long-term development programmes need to be strengthened.

## Recommendations

### *From the N-NSS survey*

- Ensure regular distribution of food aid and supplementary food
- Implement treatment of severe malnutrition in the areas where acute malnutrition is high and facilities do not exist
- Facilitate accessibility of health care and increase effective treatment and prevention of childhood infection

## Ethiopia

The prospect of food security in Ethiopia in 2005 is poor owing to below average rainfall and structural factors. The *Belg/Gu* season (March–May) was bad in most part of eastern Ethiopia and the *Meher/Karma* (June–September) rainy season was below average in the eastern crop-dependent areas, and late and erratic in pastoral areas (FEWS, 26/10/04). The Somali region is especially affected and the evolution of the situation will depend on the performance of the *Deyr/Hagaya* rains (October–December) (FEWS, 29/10/04).

There is a 22% shortfall in pledges towards current cereal needs through October to December 2004. The needs may further increase if the situation deteriorates in pastoral areas (FEWS, 29/10/04). Only 44% of the non-food sector needs have been met so far (FEWS, 29/10/04).

A Productive Safety Net Programme has been designed to respond to the needs of 5.1 million people chronically food insecure and to differentiate them from people requiring emergency assistance. The programme will be cash-oriented rather than food-oriented (DFID, 04/10/04).

## Kenya

The short rainy season started earlier than usual and was expected to be good in agricultural areas. This will improve the situation in the drought-affected agricultural areas from the harvest expected in February 2005. On the other hand, drought was expected to continue in parts of Turkana, Marsabit, Isiolo and Laikipia districts (FEWS, 07/10/04). An assessment conducted early October in pastoral areas showed that the situation was still serious (FEWS, 28/10/04).

The August–January Kenya emergency operation was only 60% resourced as of October 2004 and it was anticipated that while cereal needs will be met, shortfalls of pulses and blended food will remain (FEWS, 07/10/04, WFP, 29/10/04).

WFP has experienced food shortfalls and delivery problems for Dadaab refugee camps; the food rations distributed have been lower than intended (WFP, 29/10/2004).

Investigation of the outbreak of aflatoxin intoxication in eastern and central regions, which peaked between April and July 2004 (see NICS 3), revealed aflatoxin concentrations above tolerated threshold (> 20 ppb) in about half of the food samples collected from households and markets, with some samples showing concentrations as high as 8,000 ppb (MMWR, 04/09/04). The government of Kenya provided replacement food in the most affected districts and people have been advised to avoid eating food suspected to be mouldy.

### **Precarious situation in the pastoral area of Garissa district and critical nutrition situation in Wajid district**

Garissa district is one of the 26 districts declared affected by drought in 2004. The district has also been included in the 12 districts selected by the Health and Nutrition sector group for interventions. A random-sampled nutrition survey was conducted in September 2004 in the pastoral area of the district (UNICEF/MOH, 09/04). **The prevalence of acute malnutrition revealed a precarious situation with 16.5% (14.3–18.8) of the children surveyed being acutely malnourished, including 3.5% (2.6–4.8) severely malnourished.** 11.8% of the mothers were classified energy deficient (MUAC < 22 cm). About 64% of the

children had received measles immunisation and only 43% of the children had received vitamin A during the year prior to the survey. **Mortality rates were average: CMR = 0.46 pers/10,000/day and under-five mortality rate = 1.1 pers/10,000/day.** The food security situation was estimated poor.

According to two nutrition surveys conducted in Wajid West and Wajid South in October 2004, the situation was critical: the prevalence of acute malnutrition was 31.5%, including 3.5% severe acute malnutrition, and 22.4%, including 2.3% severe malnutrition, in Wajir West and Wajir South, respectively (FEWS, 11/11/04).

### **Situation of concern in Mandera district**

Mandera district has been highly affected by the current drought. This district is also chronically food insecure, at least since the major drought in 1991–92 when pastoralists, the predominant group in this area, lost most of their livestock. A rapid assessment conducted in Mandera Central, Takaba, Kotulo, Lafey and Wargadud divisions in August 2004 (AAH–UK, 08/04), showed a situation of concern: 28.6% of the children (12–59 months) measured were at risk of malnutrition (MUAC > 12 cm and < 13.5 cm), while 1.9% and 0.7% were moderately (MUAC < 12 cm and > 11 cm) and severely (< 11 cm) malnourished, respectively. Scarcity of water has reached a critical level in some divisions.

## **Somalia**

The Transitional Federal Parliament was completed at the end of August (AFP, 29/08/04) and the members elected Mr Abdullahi Yussuf as transitional president (IRIN, 12/10/04). He himself appointed Mr Ali Mohamed Ghedi as prime minister (BBCNews, 03/11/04). A demilitarisation process will be planned, including the possible deployment of African Union peace-keeping forces (AFP, 11/10/04; AU, 01/11/04).

In the meantime, clashes and tension have worsened between Puntland and Somaliland in the disputed region of Sool (IRIN, 01/11/04).

As of October 2004, areas of major concern regarding the food security situation were the northeast, although good *Deyr* rainfall coverage may mitigate the situation, the central region, northern Gedo and Juba valley, where civil insecurity continues to play a major role in the poor food security situation (see map).

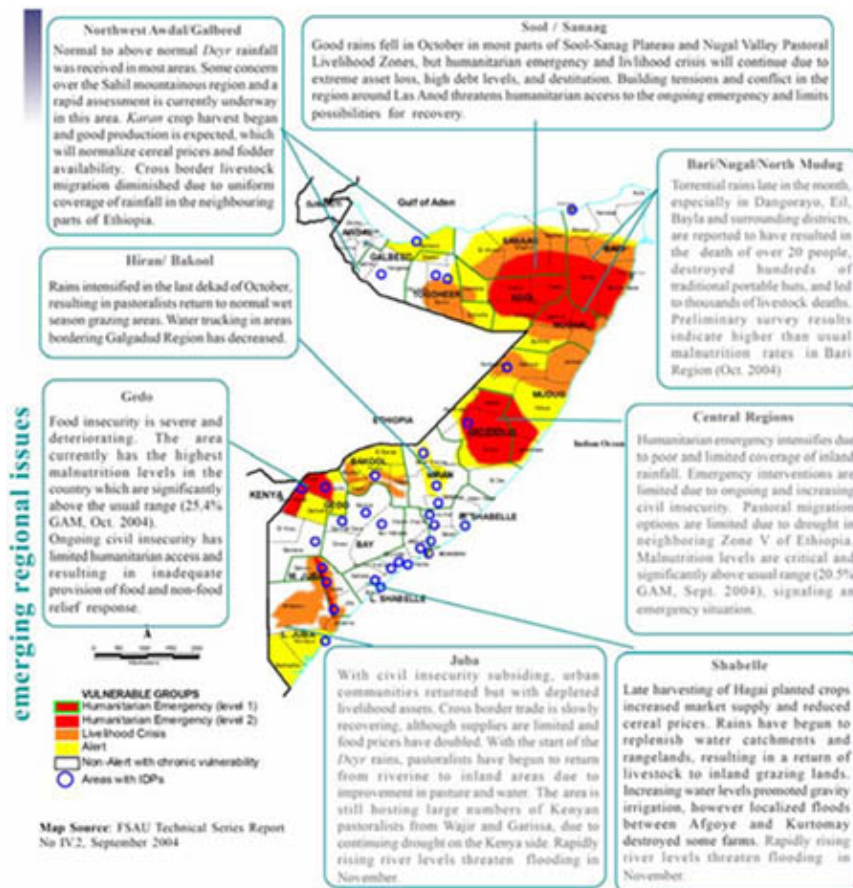
### **Situation still dire in Jilib riverine area, Middle Juba**

The situation remains critical in the Jilib riverine area where admissions to TFCs and SFCs doubled between January and August 2004 (FSAU/N, 09/04). The coverage area of supplementary feeding has been extended and some food security programmes have been put in place, such as the distribution of seeds, of irrigation pumps and fishing nets, as well as food for work (FSAU/N, 10/04).

### **High vulnerability of IDPs in Mogadishu and Bossaso**

An exhaustive nutrition survey was carried out in IDP settlements in Bossaso town (FSAU/N, 09/04). The prevalence of acute malnutrition was critical and has not improved when compared to the two previous years (table 3, figure 3). Mortality rates were also of concern (table 3). The main source of income was casual work for 95% of the families interviewed and the main coping mechanisms were borrowing and begging. Water and sanitation conditions were still dire. Only 46% of the 9–59 month old children were vaccinated against measles and 11 % of the children were reported as having had measles in the month prior to the survey. About 75% of the children had received vitamin A within the six months prior to the survey.

In Mogadishu, a random-sampled nutrition survey was conducted in July 2004 (FSAU/N, 10/04). The survey found a serious prevalence of acute malnutrition, while mortality rates seemed acceptable (table 3). The main source of income was casual work for 53% of the households. However, lack of appropriate skills and insecurity prevented IDPs from accessing sufficient incomes. The main coping strategies were borrowing and begging. Water and sanitation conditions in the camps were poor. The malnutrition rate was in the same range as in 2000, where a random sample survey found 12.9% (10.0–16.5) acute malnutrition, including 2% severe acute malnutrition (1.0–3.9).



INTEGRATED FOOD SECURITY ANALYSIS: EMERGING REGIONAL ISSUES (FSAU, II/04)

Map Source: FSAU Technical Series Report No IV. 2, September 2004

TABLE 3 ACUTE MALNUTRITION, MEASLES VACCINATION AND MORTALITY RATES, BOSSASO IDP CAMPS AND MOGADISHU IDP CAMPS, JULY 2004 (FSAU/N, 09/04; FSAU/N, 10/04)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
<b>BOSSASO IDP CHAMPS</b>				
20.3	4.3	46.0	1.75	2.32
<b>MOGADISHU IDP CAMPS</b>				
15.8(12.0–19.6)	3.2 (2.2–4.7)	46	0.5	0.7

\* According to cards and mothers' statements

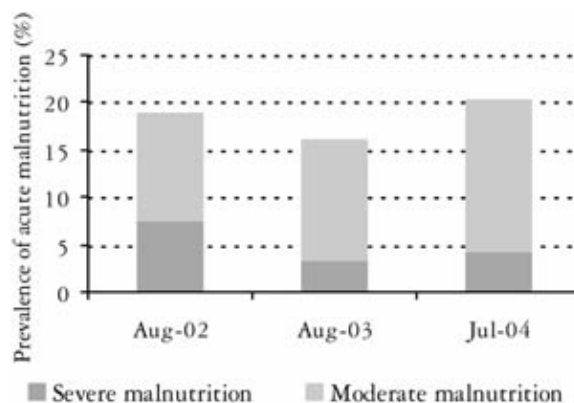


FIGURE 3 PREVALENCE OF ACUTE MALNUTRITION, BOSSASO IDP SETTLEMENTS, SOMALIA

### Critical situation in Dhusamareeb and Adaado districts, Galgadud region

The area has experienced the effect of drought and civil insecurity in the past years. The region is traditionally mostly pastoralist but according to household interviews during a survey carried out in September 2004, only 40% of the families declared themselves as being pastoralists, while 42% were involved in petty trade or self-employment and 18% relied on relatives or begging (FSAU/N, 10/04). The food security situation seems to have deteriorated over the last years. All families had had to use coping mechanisms in the month prior to the survey, such as switching to low quality food, limiting portion size, borrowing from relatives or purchasing on credit.

**The prevalence of acute malnutrition was critical: 20.5% (18.0–23.3) of the children surveyed were acutely malnourished, including 2.5% (1.6–3.7) severely malnourished.** Pregnant women also showed a high vulnerability with 7.9% of them having a MUAC less than 20.7 cm, defined as severe risk of malnutrition and 22.9% had a moderate risk of malnutrition (MUAC between 20.7 and 22.9 cm). Crude and under-five mortality rates were of concern: 1.66/10,000/day and 2.39/ 10,000/day, respectively.

Measles vaccination and vitamin A supplementation coverage were poor: 35% and 33% respectively. Access to water was very limited with a majority of households using only 1.59–2.5 litres of water per person per day.

### Overall

The situation is critical in Galgadud region (category II) which has experienced drought and civil insecurity and increasing destitution over the last years. IDPs in Mogadishu and Bossaso are highly vulnerable (category II) and people in Jilib area continue to experience dire living conditions.

#### Recommendations

##### *From the survey in IDP camps in Mogadishu*

- Improve health situation
- Improve access to food
- Implement medium and long-term projects to address poor living conditions and food insecurity

##### *From the survey in Galgadud region*

- Implement targeted supplementary feeding programmes/family ration through MCH
- Improve health care
- Support food intervention

### Sudan

### South Sudan

The rainy season has been poor in most areas of South Sudan. The harvests are below average and typical of a drought year (FEWS, 26/10/04). In Bhar el Ghazal, insecurity has also prevented people from cultivating (IRIN, 01/11/04). The capacity of the populations to put coping mechanisms in place will be determined within the next months. However, the absence of flooding has already jeopardized fishing and the gathering of wild food, such as water lily, which represent a significant source of food for many people (IRIN, 01/11/04).

In Karthoum, a number of IDP settlements, such as Soba, El Salam, Mayo and Wad El Bashir, have been destroyed (IRC, 20/10/04; IRIN, 13/10/04). The government promised to relocate 40,000 households. However, this is less than the number of households in need of a plot and most of the displaced households can not afford the cost for the plot and a new house. Most people have therefore built makeshift shelters. This policy may prompt the IDPs to return to South Sudan.

According to various nutrition surveys, the nutrition situation continues to be serious to critical, while mortality rates were average (table 4). In the first three quarters of 2004, rates of wasting were stable when compared to 2003 and to the average previous five years (UNICEF, 27/10/04). It seems that while the level of acute malnutrition was lower in the first two quarters of 2004 than in the average five previous years, it rose again in the third quarter (UNICEF, 27/10/04).

TABLE 4 MALNUTRITION, MEASLES VACCINATION AND MORTALITY, SOUTH SUDAN (AAH-US, 08/04; ACF-F, 08/04; MSF-CH, 05/04; TEARFUND, 07/04)

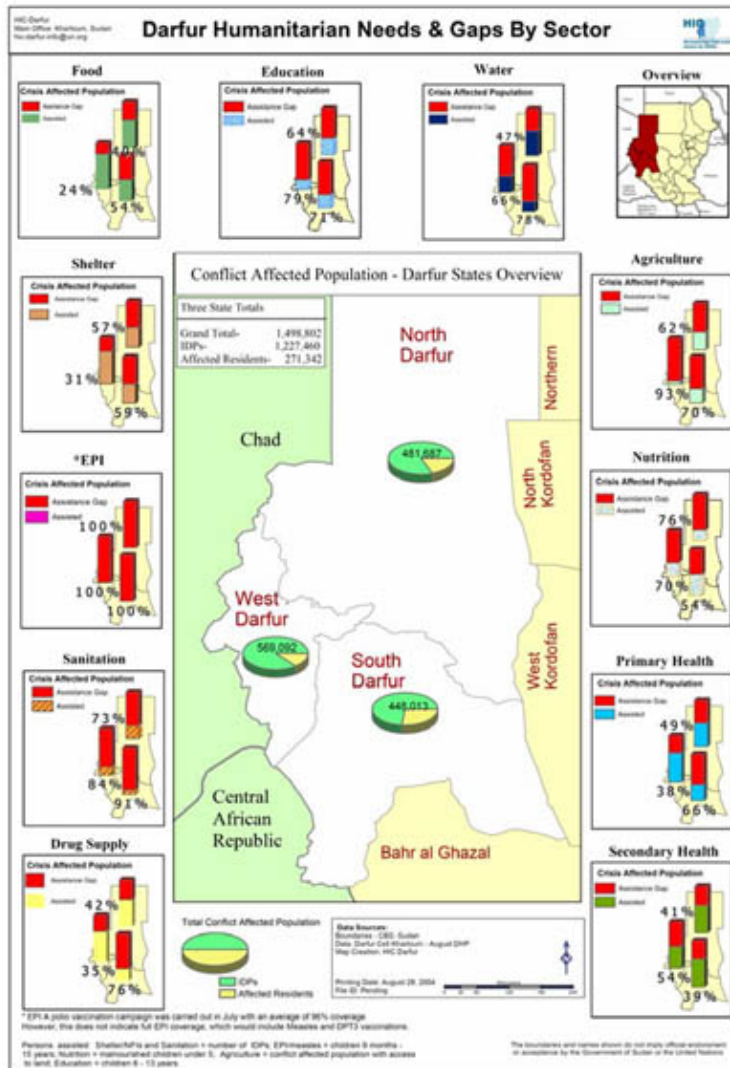
Date	Agency	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	% Measles vaccination coverage *	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
<b>AWEIL SOUTH COUNTY, BAHR EL GHAZAL</b>						
July-04	Tearfund	18.4 (14.9-22.2)	2.7 (1.4-4.6)	28.5	0.11	0.7
<b>TONJ COUNTY, BAHR EL GHAZAL</b>						
May-04	MSF-CH	21.5 (19.0-24.4)	2.4(1.5-3.7)	18.9	0.25	0.58
<b>LAFON RURAL COUNCIL, EQUATORIA</b>						
Aug-04	ACF-F	15.3(12.2-19.0)	1.4(0.6-3.0)	64.0	0.3	0.6
<b>MARYANDIT DISTRICT, MARYANDIT COUNTY, WESTERN UPPER NILE</b>						
Aug-04	AAH-US	20.4	2.6	22.2	0.65	-

\* According to cards and mothers' statements

## Darfur crisis

Despite a renewed commitment by the Government of Sudan and the two armed opposition forces (the Sudan Liberation Movement/ Army (SLA) and the Justice and Equality Movement (JEM)) to halt air bombardments and to facilitate the provision of humanitarian aid (DPA, 10/11/04), the situation on the ground is still dire. NGOs and WFP have reported deterioration in security conditions which hampers the delivery of assistance (IRC, 15/11/04; WFP, 12/11/04). Moreover, civilians continue to be targeted. They lack protection in rural areas and, in IDP camps, they are subjected to harassment and allegedly forced displacement (HRW, 15/11/04; RI, 10/11/04; IRIN, 25/10/04). There have been a number of calls for the international community to reinforce action on Sudan (IRC, 15/11/04; HRW, 15/11/04). The forces of the African Union, which are currently on the ground, will be reinforced to reach about 3,300 troops (DPA, 11/11/04).

About 2.2 m people are estimated affected by the crisis, including 1.6 m internally displaced persons (see map). While humanitarian assistance has increased over the past months, gaps in response to humanitarian needs are still widespread (see map).



### Darfur Humanitarian Needs & Gaps By Sector

#### HIGH LEVELS OF MALNUTRITION AND MORTALITY

Several surveys have been conducted recently in accessible areas of Darfur. They showed average to critical levels of mortality depending on the area (table 5) and a generally high prevalence of malnutrition (table 5). Most of the reports highlight the great number of deaths due to violence, especially among adult men. Depending on the area, deaths due to violence among adults varied from 12% to 70%. It seems that, among displaced people, most of the deaths due to violence occurred before displacement.

#### MICRO-NUTRIENT DEFICIENCIES

The CDC/WFP survey also investigated micro-nutrient deficiencies (CDC/WFP, 09/04). Anaemia was found to be a significant public health problem in both children and women (table 6). The presence of Bitot's spots in children was investigated to assess severe vitamin A deficiency; none was found. However,

15.5% (9.1–21.8) of the women reported night blindness during their last pregnancy: a symptom of vitamin A deficiency. Vitamin A supplementation coverage among children 9–59 months was average: 74.2% (66.8–81.5). 23.6% (16.7–31.5) of the women had detectable goitre, indicating substantial iodine deficiency. Iodine deficiency was already widespread before the current emergency.

#### PRECARIOUS FOOD SECURITY SITUATION

WFP conducted a food security assessment among crisis-affected populations during summer 2004 (WFP, 10/04). IDPs were found to be more food insecure than residents: nearly half of the residents were found to be able to access adequate food intake while only 7% of IDPs could. However, residents were also at risk, especially those hosting IDPs or those being in areas where a high number of IDPs have settled.

TABLE 5 MALNUTRITION AND MORTALITY, DARFUR, SUDAN (CDC/WFP, 08–09/04; WHO/EPIET, 08/04; EPICENTRE/MSF, 08/04; EPICENTRE/MSF, 09/04; DEPOORTERE & AL, 10/04)

Date	Agency	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Recall period for mortality surveys	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
<b>EMERGENCY AFFECTED POPULATIONS, DARFUR REGION</b>						
Aug–Sept–04	CDC/ WFP	21.8 (18.2–25.3)	3.9 (2.3–5.6)	Feb–Aug 04	0.72 (0.44–0.99)	1.03 (0.38–1.68)
<b>IDPs, NORTH DARFUR</b>						
Aug–04	WHO/ EPIET	–	–	June–Aug 04	1.5 (1.1–1.9)	2.5 (1.6–3.9)
<b>KEBKABYIA TOWN (DISPLACED AND RESIDENT POPULATIONS), NORTH DARFUR</b>						
Aug–04	EPICENTRE/ MSF	17.5 (14.4–21.0)	1.0 (0.5–1.8)	July 04	1.2 (0.7–1.8)	2.9 (1.5–5.3)
<b>IDPs, WEST DARFUR</b>						
Aug–04	WHO/ EPIET	–	–	June–Aug 04	2.9 (2.4–3.6)	3.1 (2.1–4.7)
<b>NIERTITI TOWN (DISPLACED AND RESIDENT POPULATIONS), WEST DARFUR</b>						
June–04	EPICENTRE/ MSF	–	–	Feb–June 04	1.5 (1.2–1.9)	2.1 (1.5–3.0)
<b>IDPs, EL GENEINA, WEST DARFUR</b>						
June–04	EPICENTRE/ MSF	–	–	May–June 04	5.6 (4.1–7.6)	14.1 (9.7–20.1)
<b>HABILAH TOWN (DISPLACED AND RESIDENT POPULATIONS), WEST DARFUR</b>						
Aug–04	EPICENTRE/ MSF	17.2(14.8–19.8)	3.9 (2.8–5.5)	July–Aug 04	2.6(1.8–3.6)	6.7 (4.2–11.0)
<b>KASS TOWN (DISPLACED AND RESIDENT POPULATIONS), SOUTH DARFUR</b>						
Sept–04	EPICENTRE/ MSF	14.1(11.2–17.0)	1.9 (0.8–3.0)	April–Aug 04	3.2 (2.2–4.1)	5.9 (3.8–8.0)
<b>MUHAJIRIA TOWN (DISPLACED AND RESIDENT POPULATIONS), SOUTH DARFUR</b>						
Sept–04	EPICENTRE/ MSF	10.7 (8.2–13.3)	0.9 (0.2–1.5)	Feb–Aug 04 Aug–Sept 04	1.2 (0.9–1.4) 2.3 (1.2–3.4)	0.7 (0.3–1.1) 1.0 (0.03–1.9)
<b>KALMA CAMP, SOUTH DARFUR</b>						
Sept–04	EPICENTRE/ MSF	23.6 (20.2–27.1)	3.3 (1.9–4.7)	Feb–Aug 04 Aug–Sept 04	1.6 (1.2–2.0) 2.0 (1.3–2.7)	2.9 (2.0–3.9) 3.5 (1.5–5.7)

TABLE 6 ANAEMIA AMONG CHILDREN AND WOMEN, DARFUR, SUDAN, AUG–SEPT 2004 (CDC/WFP, 08–09/04)

Population group	Anaemia*(%) (95% CI)
6–59 months	55.3 (50.4–60.2)



Non– pregnant women	26.2 (20.6–31.8)
Pregnant women	22.3 (20.6–31.8)

\* Hb < 11 g/dl for children 6–59 months and pregnant women, Hb < 12 g/dl for non–pregnant women

The overall food security situation is bleak. Households have lost productive assets such as livestock (90% loss for IDPs and 40% loss for residents) or grain stocks (75–85% and 20% of the IDPs and resident households lost their grain stock, respectively).

The area planted in 2004 is only 40% of the area cultivated in 2003, with almost no cultivation for IDPs in camps and an 80–90% decrease in area planted for IDPs residing outside camps. About 60% of farmers bought seeds in 2004 compared to 25% in 2003. There have been few seed distributions.

ICRC also reported a poor food security situation due to insecurity and drought (ICRC, 20/10/04). The harvest expected in November/ December may ease the situation but it is estimated that, at best, the harvest will only last until January/February 2005 in West Darfur and March/April in West and South Darfur.

Even should the population be able to plant next year, the food gap will last until the end of the year. According to ICRC and SC–UK, relief interventions should be implemented in drought–affected areas in order to prevent people from moving to IDP camps in search of assistance (ICRC, 20/10/04, SC–UK, 25/09/04).

Food prices are reported to be 60% above "normal" level because of the poor 2003–2004 harvest and because of disruption in transportation of food from surplus areas.

Sources of income have decreased and income has dropped by 80% and 70% for the IDPs and residents, respectively, compared to precrisis levels. The main sources of income for IDPs are wage labour and the sale of firewood and grass. Competition for wage labour has increased.

## **FOOD DISTRIBUTION**

The scale of food distribution has increased over the past months (figure 4). However, in September, more than half of the households received only cereals instead of a balanced food basket also including, oil, pulses, CSB and salt (WFP, 10/04). This reduces the energy of the ration to 1,500 Kcal/person/day instead of the intended 2,100 Kcal/kg/day, and also reduces access to micro–nutrients. Moreover, the cereal milling process leads to losses as well as the cost of the milling itself.

About 77% of IDP households had a ration card as well as 47% of the resident households (WFP, 10/04). Other surveys found that 87%, 75.7% and 98.1% of families in Habilah, Kass and Kalma IDP camp had a food distribution card (Epi/MSF, 08/04; Epi/MSF, 09/04).

In October 2004, WFP assisted 1.16 m people, or 73% of its 1.6 m target (WFP, 12/11/04). According to WFP evaluation, the number of people in need of food aid will be 1.7 m until the end of 2004 and could increase to 2 m in 2005 (WFP, 10/04).

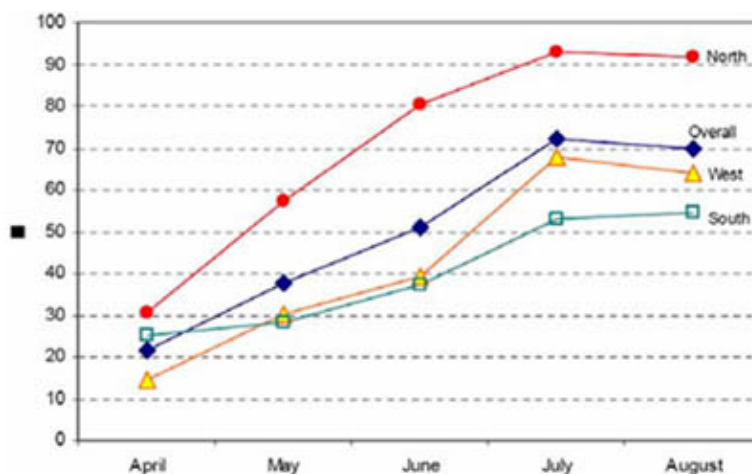


FIGURE 4 PROPORTION OF HOUSEHOLDS WITH RATION CARDS RECEIVING A FOOD DISTRIBUTION BY MONTH AND BY REGION (WFP, 10/04)

## NON-FOOD ITEMS

Access to non-food items was average to low, depending on the area (table 7). Availability of soap was especially low.

## PUBLIC HEALTH

Access to safe drinking water and sanitation was inadequate (table 7). It seems however, that it was better among the displaced people than among residents.

Measles vaccination coverage was below the 90% coverage required to prevent an outbreak in most of the areas surveyed, except in Habilah town.

## Overall

The future is still bleak in Darfur where continued insecurity, lack of protection, drought and insufficient humanitarian aid jeopardize a real improvement of the situation. In South Sudan, a poor rainy season and continued insecurity will probably affect further the food security of the populations.

### Recommendations

*From the CDC/WFP survey in Darfur*

- Adjust the current general ration to compensate for milling losses and to address the lack of micro-nutrients
- Continue to provide food assistance to IDPs and residents living in mixed IDP/ resident locations
- Provide assistance to the neediest residents in other areas in the form of productive and preferably self-targeting food aid schemes, such as food for work and school feeding
- Open market supply of sorghum to alleviate food gaps due to drought may be an appropriate response
- Continue or implement blanket and targeted supplementary feeding as well as therapeutic feeding
- Improve access to health care, water and sanitation

TABLE 7 ACCESS TO NON-FOOD ITEMS, WATER AND SANITATION DARFUR, SUDAN (EPICENTRE/MSF, 08/04; EPICENTRE/MSF, 09/04; WHO/EPIET, 08/04)

Date	Agency	Blanket	Soap
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		Roof protecting against rain	Jerry can or vessel to carry water		Cooking pot		Access to safe drinking water	Access and use of latrines
<b>IDPs, NORTH DARFUR</b>								
Aug-04	WHO/ EPIET	–	72.0%	55.7%	75.0%	44.2%	75%	60.5%
<b>KEBKABYIA TOWN (DISPLACED AND RESIDENT POPULATIONS), NORTH DARFUR</b>								
Aug-04	EPICENTRE/ MSF	92.7%	73.5%	61%	94.6%	–	–	–
<b>IDPs, WEST DARFUR</b>								
Aug-04	WHO/ EPIET	–	53.6%	56.3%	41.5%	54.0%	75%	35.3%
<b>HABILAH TOWN (DISPLACED AND RESIDENT POPULATIONS), NORTH DARFUR</b>								
Aug-04	EPICENTRE/ MSF	–	45%	59%	?	10%	–	31%
<b>KASS TOWN (DISPLACED AND RESIDENT POPULATIONS), SOUTH DARFUR</b>								
Sept-04	EPICENTRE/ MSF	–	70%	57%	64.3%	33.8%	50%	71%
<b>MUHAJIRIA TOWN (DISPLACED AND RESIDENT POPULATIONS), SOUTH DARFUR</b>								
Sept-04	EPICENTRE/ MSF	69.5%	86.2%	18.1%	85.2%	37.3%	18.6%	25.2%
<b>KALMA CAMP, SOUTH DARFUR</b>								
Sept-04	EPICENTRE/ MSF	88.6%	89.5%	77.3%	87.1%	31.4%	95%	44.3%

## West Africa



## **Ivory Coast**

The civil war erupted again in Ivory Coast. At the beginning of November, the government air force bombed two rebel-held towns: Bouake and Korhogo. Some French peace-keepers were killed or wounded and French peace-keepers destroyed the government air force and took the control of Abidjan airport. This was followed by rampage, mostly in Abidjan, and especially targeting French and other foreigners (UN HCHR, 15/11/04), and then by the intervention of the French peace-keepers, leading to killing and injury, according to the Ivorian Government (BBCNews, 14/11/04).

Thousands of expatriates were repatriated and more than 15,000 Ivorians fled to Liberia and Guinea (AAH, 09/11/04; UNHCR, 17/11/04).

It seemed that the situation has calmed down as of mid-November (UN News, 16/11/04).

The Security Council has imposed a 13 month arms embargo and has threatened further restrictions on travel and finance if the Ivorian parties fail to implement their commitments to the peace process by 15 December 2004 (UN SC, 15/11/04). The African Union will play a major role in further peace talks (DPA, 17/11/04).

## **Liberia**

The situation has remained calm, except in Monrovia where a riot over a land dispute left hundreds injured and led to the destruction or looting of Mosques, Churches, public building and private houses at the end of October 2004 (OCHA, 07/11/04).

Liberia's three warring factions (MODEL, LURD and the ex-government of Liberia) publicly announced the disbanding of their factions on the 3<sup>rd</sup> November (OCHA, 07/11/04). The disarmament and demilitarisation process officially ended at the end of October, but will be pursued at the border with Ivory Coast and Sierra Leone (OCHA, 17/11/04). Depending on the source, between 50,000 to 100,000 ex-combatants would have been disarmed (USAID, 31/10/04).

### **Refugee and IDP returns**

About 70,000 Liberian refugees are estimated to have returned spontaneously in the past months, owing to an improvement of the security situation and the deployment of UNMIL forces (UNHCR, 08/11/04). In the meantime, UNHCR has launched a voluntary repatriation programme of Liberian refugees from Guinea, Sierra Leone, Ghana and Nigeria (UNHCR, 08/11/04). Repatriation of IDPs has also begun. Both IDPs and refugees will receive a resettlement package including food and nonfood items (UNHCR, 29/10/04; UNHCR, 08/11/04). Most of the returns occurred in Lofa, Bomi and Montserrado counties.

Life has been restarting in counties which have been deserted for years. According to various assessments conducted in the south-east and north-west of the country, the food security situation is still precarious and people lack access to basic necessities such as clothes, construction equipment, tools and seeds (ACF-F, 08-09/04; ACF-F, 09/04; ICRC, 06/04).

### **Arrival of refugees from Ivory Coast**

A wave of more than 13,000 refugees arrived in Liberia in the first two weeks of November, particularly in Botua, Nimba county and in Bimplay (UNHCR, 16/11/04; UNHCR, 17/11/04). They have settled in public buildings or with residents. Food, water and sanitation are crucially needed. However, the remoteness of the area, with many roads impassable by car, renders the delivery of assistance difficult. Emergency relief items have been airlifted by UNMIL helicopters.

## **Central Africa**



## **Burundi**

The elections due to take place in October 2004 have been postponed until early 2005.

The new timetable includes local and communal elections in February, legislative elections in March and presidential elections in April (IRIN, 18/10/04). A referendum on a draft constitution, which lays out power sharing for the Hutu and Tutsi at a ratio of 60–to–40, should take place at the end of December 2004 (AFP, 17/11/04; IRIN, 03/11/04). Meanwhile, the transitional government has been extended for six months and the draft constitution has been acting as an interim constitution since the beginning of November. The uncertainty about the election timetable led to hundreds of Burundians fleeing to Burundi and Tanzania at the end of October, in fear of violence (IRIN, 03/11/04). Some of them returned shortly thereafter.

The United Nations Operation in Burundi (ONUB) is currently deployed (ONUB, 02/11/04). Demobilisation of 45,000 soldiers and 35,000 former rebels should begin at the end of November 2004 (AFP, 10/11/04).

More than 80,000 refugees have been repatriated from Tanzania so far this year. It seems, however, that due to the political uncertainties, repatriation has slowed down since October 2004 (OCHA, 07/11/04).

The re-integration of the returnees is ongoing and several programmes have been put in place. Donor's commitments to this process is crucial for the future in Burundi (RI, 04/11/04).

The nutrition situation seems to have been stable over the last months (UNICEF–B, 09/04).

## **Democratic Republic of the Congo**

The Rassemblement Congolais pour la Démocratie (RCD) resumed its participation in the government in September 2004 (OCHA, 23/10/04). The United Nations Mission in the Democratic Republic of Congo (MONUC) has been extended until March 2005, with a reinforcement of 5,900 civilian and military personnel (UNSC, 01/10/04). Instability is still prevailing in the east of the country, with reported violence against civilians, including sexual abuses (AI, 26/10/04). Moreover, some refugees, of Tutsi ethnicity, have been prevented from going back home for some time by local populations (OCHA, 31/10/04). The humanitarian

situation is also dire. A joint mission reported that humanitarian needs are not covered on the Uvira–Fizzi–Bukavu axis (OCHA, 15/11/04).

UNHCR signed agreements with the Republic of Congo and the Central African Republic for the repatriation of an estimated 72,000 refugees (OCHA, 23/10/04). Refugee International has drawn attention to the IDPs in Kinshasa and Kalemie, who have been left without protection or assistance (RI, 22/10/04).

## **Uganda**

The humanitarian situation continues to be grim for the estimated 1.4 million IDPs in Northern Uganda, despite a slight improvement in the security situation in September and October 2004 (OCHA, 31/10/04).

Several nutrition surveys showed a precarious nutrition situation. In Kitgum district, acute malnutrition rates ranged between 7.4% and 18.3% depending on the camp, while the prevalence of acute malnutrition was between 4.4% and 12.2% in IDP camps in Kitgum district (WFP, 07/04).

A survey conducted in 6 IDP camps in Lira district and one IDP camp in Pader district showed a prevalence of acute malnutrition of 8.3% (6.5–10.0), expressed in percentage of the median, including 4.4% (3.1–5.7) severe acute malnutrition. Half of severe malnutrition was due to oedema (MSF–H, 11/04). Moreover, mortality rates were extremely high: < 5 MR = 5.4 deaths/10,000/day and CMR = 2.79 deaths/10,000/day. Access to water was insufficient: on average, only 7.5 l/pers/day were available, which is far less than the minimum standard. 21 % of the families collected water from unprotected sources.

A cholera epidemic broke out in the largest camp of Gulu district where about 64,000 people are settled. In October 2004, 56 patients were identified, of whom three died (WHO, 10/11/04).

Protection is also a major issue. According to the above mentioned MSF survey, 56% of the families interviewed didn't feel safe in the camps. Mental health problems, especially among women, caused by the exposure to traumatic events are also a major concern (MSF–H, 09/04).

UNHCR reported arrivals of about 4,200 refugees from Sudan in September–October 2004, owing to an increase in raids by the Ugandan Lord's Resistance Army and a growing food shortage (UNHCR, 19/11/04).

## **United Republic of Tanzania**

Around 80,000 Burundians have been voluntary repatriated since the beginning of 2004 (RI, 04/11/04) but the flow seems to have decreased since October, probably due to the postponement of the elections in Burundi originally scheduled in October 2004 and now postponed until early 2005 (WFP, 12/11/04).

However, Tanzania still hosts an estimated 420,000 refugees mostly from Burundi and DRC, in 13 camps. Funding shortages have obliged WFP to cut cereal and pulse rations by 25%; the situation will not improved until new donors' commitments (WFP, 25/10/04).

### **Nutrition situation not critical**

Random–sampled nutrition surveys were conducted in each refugee camp in August–September 2004 (UNHCR/joint, 09/04). The results showed that the nutrition situation was under control and has remained stable when compared to last year but that the prevalence of malnutrition has slightly increased in some camps, compared to 2002 (figure 5). This may be explained by the cut in food rations experienced in 2003 and 2004 and by the restriction of movements of refugees which was reinforced in 2003 (see RNIS 43). The prevalence of stunting varied between 22% and 42%, depending on the camp. Anaemia was assessed among children and pregnant women and was found to be a significant health problem (table 8).

Anaemia was especially high in Lugufu II, which receives new arrivals from DRC.

Measles vaccination coverage was reported as exceeding 95%.

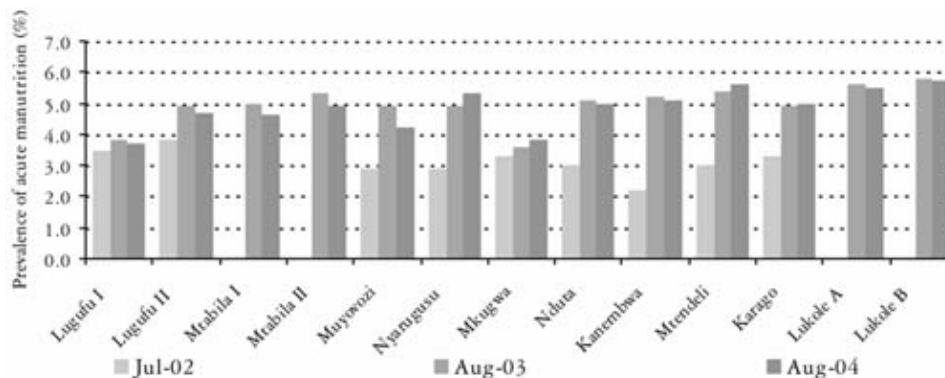


FIGURE 5 PREVALENCE OF ACUTE MALNUTRITION, TANZANIA REFUGEE CAMPS

TABLE 8 ANAEMIA AMONG CHILDREN AND WOMEN, REFUGEE CAMPS IN TANZANIA, AUG–SEPT 2004 (UNHCR, 09/04)

Camps	Anaemia*			
	6–59 months		Pregnant women	
	N	%	N	%
Lukole A	94	21.3	54	1A
Lukole B	90	31.1	73	23.3
Mkugwa	19	36.9	18	38.9
Mtendeli	142	26.2	65	7.7
Nduta	49	38.0	67	26.8
Karago	93	23.4	25	24.0
Kanembwa	107	22.6	40	17.5
Nyarugusu	93	39.4	55	47.3
Muyovosi	97	36.1	52	28.8
Mtabila I	96	41.7	39	28.2
Mtabila II	93	38.8	75	25.3
Lugufu I	95	38.9	79	41.8
Lugufu II	96	68.9	71	60.6

\* Hb < 11 g/dl for children 6–59 months and pregnant women

### Overall

The prevalence of acute malnutrition is not critical in the refugee camps in Tanzania. However, anaemia is a significant public health problem in most of the camps. Focus on micro-nutrients should be a priority.

### Chad

The situation is still precarious for the estimated 200,000 Sudanese refugees in Chad, as well as for the resident population.

### Sudanese refugees

Most of the refugees are now located in the eleven camps settled in eastern Chad (WFP, 05/11/04). Tension and several security incidents have been reported in and around the camps (IRIN, 03/11/04; UNHCR, 01/10/04).

Availability of water is a main issue and the water table has been decreasing very rapidly in some of the camps (UNHCR, 26/10/04). In most of the camps, the quantity of water available per person/day seems to be less than the 15 litres recommended; the number of latrines also seems insufficient.

Cases of hepatitis E have decreased in Goz Amer camp but not in the neighbouring villages (WHO, 27/09/04). The virus has now spread into Bredjing camp, where 41 suspect cases were reported as of 31 October 2004 (IRIN, 03/11/04).

The nutrition situation seems to have slightly improved in the camps. World Vision reported an improvement in October when compared to September. According to MUAC screenings conducted in seven camps during the distribution of blanket supplementary feeding rations, 17.6% of the children had a MUAC < 12.5 cm in September, compared to 12.4% in October (WV, 22/10/04).

**A nutrition survey conducted in September in Iridimi and Touloum refugee camps, showed a malnutrition rate of 19.6% (15.9–23.2), including 2.4% (1.3–3.5) severe malnutrition (MSF–B, 10/04).**

This compares favourably with the nutrition survey conducted by CDC in June 2004 in Iridimi, Touloum and Kounoungo refugee camps when the prevalence of acute malnutrition was 35.6% (see NICS3). Mortality rates were still high: CMR = 1.3 (0.8–1.8), under 5 MR = 2.2 (1.2–3.1).

Measles vaccination coverage was good: 96%.

At the time of survey, the number of children admitted to TFCs and SFCs were 100 and 2,000 respectively. The number of admissions to feeding centres peaked in July and decreased thereafter. According to the survey, the coverage of the nutrition programme was around 62%. It seems that cases of micro-nutrient deficiencies had been diagnosed in health centres.

Food distributions are on-going in the camps, but due to delays in delivery, shortfalls are expected during the months of November and December (WFP, 19/11/04). According to food basket monitoring, the average food ration distributed in five camps represented 1961 Kcal/pers/day in September and 1967 Kcal/pers/day in October, instead of the intended 2063 Kcal/pers/day. In October, according to the food basket monitoring, the rations distributed varied from 1702 Kcal/pers/day to 2070 Kcal/pers/day, depending on the camp (WV, 20/10/04). According to MSF–B's survey in Iridimi and Touloum camps, 99.6% of the families interviewed had a distribution card and 99.4% received a food distribution in September (MSF–B, 10/04). However, 53.5% of households reported that the number of persons registered on the food distribution card was lower than the actual number of persons in the family. On the other hand, the number of people registered on the card was higher than the actual number of people for 9.5% of the families.

The intended food ration was set at 2061 Kcal in September 2004, but was deficient in some micro-nutrients, especially, vitamin A, vitamin C, riboflavin, iron and folic acid. Moreover, according to the families, 15.4% did not receive sorghum, 28.8% did not receive maize meal, 37% did not receive beans and 10% did not receive CSB during the September distribution.

Blanket supplementary feeding programmes have been implemented in all the refugee camps, and also include monthly screening and referrals of malnourished children to feeding centres (WV, 20/10/04).

## **Resident population**

Resident Chadian populations in the areas of refugee settlement seem to experience more and more difficulties. Not only did they share food supplies with the refugees on their arrival, but refugees and residents populations continue to compete for the scarce resources of the area, such as pasture, water, firewood, wild food and labour opportunities (FEWS, 29/10/04). Moreover, the insecurity in Darfur halted the opportunities for cross-border trade, which was a significant component of the economy. Food prices are rising owing to the disruption of trade with Sudan and the increased demand. The food security situation is also adversely affected by the poor rains in June–September, which have affected both agriculture and pasture (FEWS, 29/10/04). A Government of Chad/UN mission recommended that 20,000 MT of emergency food assistance be distributed to 157,000 resident people (FEWS, 29/10/04). WFP also recommended food for work programmes, school feeding and blanket supplementary feeding (WFP, 05/11/04).



## Refugees from Central African Republic

At the end of 2002/beginning of 2003, refugees fled from Central African Republic to southern Chad. Approximately 30,000 refugees are currently settled in two camps. While the situation, including the nutrition situation, was precarious on the arrival of the refugees (MSF, 18/03/04; MSF, 28/05/04), it seems that it has now stabilized. According to a joint WFP/UNHCR assessment conducted in August 2004, the number of malnourished children was low (WFP/UNHCR, 08/04). Refugees had access to labour and trade opportunities and to agricultural activities, which helped them to maintain their food security, despite irregular food distributions due to funding shortages. Public health, water and sanitation were reported as being acceptable. The environment in southern Chad is much easier than in eastern Chad: water is available, there are opportunities for agricultural activities and the area is more developed.

## Southern Africa



## Angola

Since the peace accord in April 2002, about 274,000 refugees have returned home, of whom about 150,000 have been repatriated by UNHCR (IRIN, 15/11/04). However, programmes to support the resettlement are under funded. WFP food distribution programme was only 40% resourced as of October 2004 while FAO had a shortage of toolkits (IRIN, 16/11/04; WFP, 19/11/04). Bad road conditions and the presence of land mines continue to hamper access to part of the country.

The 2003/2004 cereal production was 9% higher than last year and 27% higher than the average five previous years, due particularly to an increased area being under cultivation (FAO/WFP, 06/08/04). Around 1.6 m people have been estimated in need of food aid between May 2004 and April 2005. The number of people categorized food insecure (mostly returnees arrived after the 2003 planting season) has decreased by 67%, compared to the previous year, while the number of people estimated moderately vulnerable and requiring food aid only during the hunger gap has increased by 29% (table 9).

According to various nutrition surveys, the nutrition situation is still average and mortality rates were under control (table 10). In Caconda and Ganda municipalities, the number of admissions to TFCs and SFCs were lower in 2004 than in 2003.

In Caconda municipality, the increase in the malnutrition rate when compared with January 2004 may be explained by the failure of the harvest due to heavy rains. Depending on the area, measles vaccination coverage and vitamin

A coverage were average to low (table 10). The prevalence of anaemia was a significant public health problem in Caconda and Chipindo municipalities. According to measurements of iodine concentration in salt, only 48% of families consumed iodized salt in Caconda municipality, while 80.7% of households consumed iodized salt in Chipindo municipality. However, 9% and 22.2% of the iodized salt contained less than 15 ppm iodine, in Caconda and Chipindo, respectively, which is less than the recommended amount.

## Overall

Despite some improvements, the situation is still precarious in the refugee camps in Eastern Chad, especially regarding the sanitary conditions and the delivery of food aid. Moreover, the Chadian population in the surrounding area face dire conditions. Donor's and agencies' commitment should be sustained to allow the situation to improve further.

TABLE 9 PEOPLE REQUIRING FOOD ASSISTANCE BETWEEN APRIL 2004 AND MAY 2005, ANGOLA  
(FAO/WFP, 08/04)

Population group	Number	% change 2004/2003
Food-insecure	341,000	-67%
Highly vulnerable	766,000	-11%
Moderately vulnerable	576,000	+29%

TABLE 10 RESULTS OF NUTRITION SURVEYS AMONG CHILDREN 6-59 MONTHS OLD, ANGOLA,  
AUGUST-SEPTEMBER 2004 (ACH-S, 08-09/04)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Vitamin A in the previous 6 months	Anaemia** (%)	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
<b>CHIPINDO MUNICIPALITY, HUILA PROVINCE</b>						
5.2 (3.9-6.8)	0.7 (0.3-1.6)	48.5	64.3	61.0	0.1	0.4
<b>CACONDA MUNICIPALITY, HUILA PROVINCE</b>						
7.8 (6.2-9.8)	1.3 (0.7-2.3)	69.3	84.0	69.3	0.46	0.8
<b>GANDA MUNICIPALITY, BENGUELA PROVINCE</b>						
6.1 (4.1-8.9)	0.4(0.0-1.8)	76.4	52.4	-	0.3	0.9

\* According to cards and mothers' statements

\*\* Hb< 11 g/dl

## Asia



### Afghanistan

The presidential elections ran more smoothly than expected and Hamid Karzai, the former interim president was elected with 55.4% of votes (BAAG, 31/10/04; ICG, 23/11/04).

There was a high turnout and it seems that voting was highly driven by regional and ethnic identity. The parliamentary elections are scheduled in April 2005.

The 2004 harvest was poor, due particularly to insufficient rainfall. The cereal harvest is estimated at 3.06 million MT, which is 43% down on the bumper harvest of 2003 and 18% down on the average harvest of 1998 (FAO/ WFP, 08/09/04). In addition to reduced precipitation, a slight decrease in the area planted, inappropriate cereal seeds distributed in some parts of the country, crop diseases and diluted mineral fertilisers have also contributed to the poor crop. In some areas, crop failure affected between 50 and 75% of areas planted.

It is estimated that more than six million people will be food insecure and will require support. Among them, four million will have access to assistance through government programmes, while 2.3 million people will be targeted by WFP's emergency programme (FAO/ WFP, 08/09/04).

The most affected provinces are Nimroz, Kandahar, Paktika, Zabul, Kunar, Logar and Faryab, with more than 50% of their population who will not be able to meet their basic food needs during winter and spring (MRRD, 09/04).

About 17,000 households were displaced during summer due to a lack of drinking water or irrigation water, or to food shortages (FEWS, 30/09/04).

Refugee repatriation continues. About 373,000 and 366,000 people were repatriated from Pakistan and Afghanistan so far this year: the total number of returns since 2002 amounting to about three million (UNHCR, 07/11/04).

### **Average situation in Kabul city**

A random-sampled nutrition survey was conducted in Kabul in July 2004 (ACF-F, 08/04). Among the families surveyed, 65% were residents, 30% were returnees and 5% were displaced. **The prevalence of acute malnutrition was 8.9% (6.6–12.0), including 0.6% (0.1–2.0) severe acute malnutrition. The mortality rates were under control: CMR = 0.3/10,000/day and under five MR = 0.63/10,000/day.** Measles vaccination coverage was average: 85.2%. The prevalence of acute malnutrition is higher during summer months than during winter. Compared with the previous two years, at the same season, the nutrition situation seems to have been stable (figure 6).

A random-sampled nutrition survey was also carried out in May 2004, among the under six-month-olds as they represent a significant proportion of admissions to TFCs (ACF-F, 05/04). Among the 507 infants measured, 18 had a height of less than 49 cm and therefore their weight-height index could not be calculated. Seven of these children had a weight lower than 2.5 kg.

Among the remaining 489 infants, only two cases of moderate malnutrition and no cases of severe malnutrition were recorded. The mean weight-height was  $-0.15$  Z-scores. 98.4% of the infants were breastfed, of whom only 44.1 % were exclusively breastfed. The others received liquids such as tea, water, juice and powdered milk (20.2%) and/or solid food (34.2%). About 25% of the mothers reported using feeding bottles, most of the time for giving powdered milk.

Although not directly comparable, the results of this survey compare favourably with the results of a survey conducted in February 1999, in conjunction with an anthropometric survey of 6–59 month-old children, where among about 132 infants measured, 6.1% (1.8–15.7) were found to be malnourished.

A vulnerability mapping analysis conducted in Kabul in January 2004 showed that access to infrastructure and services was key to vulnerability and was not equally available throughout the city (ACF-F, 01/04). Neighbourhoods left out of the municipality master plan were especially at risk. It also appeared that the status of the families (residents, displaced or returnees) was a less important factor of vulnerability than the stability of income resources, the network, the composition of the household and the housing situation, with the highest vulnerability among those who had to rent a house. The study recommends that comprehensive long-term plans on urban planning, health care, transportation and sanitation network be put in place as soon as possible, and that in the short to medium-term, rehabilitation of destroyed housing, income generation schemes, and public infrastructure be enhanced in highly vulnerable areas.

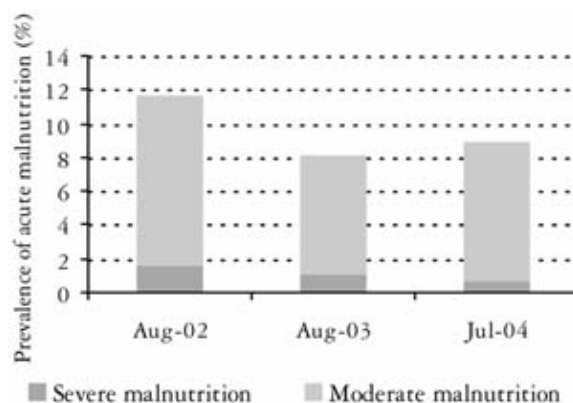


FIGURE 6 PREVALENCE OF ACUTE MALNUTRITION, KABUL, AFGHANISTAN

## The Caribbean



### Haiti

Haiti has known both political and natural crises in 2004. In early 2004, an armed uprising and international political pressure led to the resignation of the president Jean-Bertrand Aristide. This was followed by the deployment of a UN peace-keeping force, the MINUSTAH and by the appointment of an interim government until the elections scheduled in 2005. However, the situation is volatile. Only two-thirds of the peace-keeping forces have yet been deployed and no disarmament of illegal armed groups has been initiated. The transitional government has failed to establish its authority in most of the provinces, which are controlled by former military, and supporters of the former president control most of the poor neighbourhoods of Port-au Prince (ICG, 18/11/04). Violence and insecurity are on the rise (OCHA, 17/11/04), which hampers the proper delivery of aid, especially in the hurricane affected areas of Artibonite and North West departments.

TABLE II RESULTS OF NUTRITION SURVEYS AMONG CHILDREN 6–59 MONTHS OLD, HAITI, JUNE–JULY 2004 (ACF–F, 06–07/04)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
<b>TIBURON, SOUTH DEPARTMENT</b>				
4.0 (2.4–6.4)	0.2 (0.0–1.4)	62.3	0.17	0.67
<b>TERRIER ROUGE, NORTH-EAST DEPARTMENT</b>				
4.9 (3.2–7.5)	0.5 (0.1–1.9)	83.5	0.11	0.29
<b>SHADA II NEIGHBORHOOD, CAP HAITIEN TOWN, NORTH DEPARTMENT</b>				
3.2 (1.5–6.3)	0.4 (0.1–2.3)	88.6	–	–

BAS AVIATION NEIGHBORHOOD, CAP HAITIEN TOWN, NORTH DEPARTMENT				
2.6 (1.2–5.0)	1.7 (0.7–3.9)	69.5	0.12	0.3

\* According to cards and mothers' statements

The total number of people affected by the mid–September hurricane is estimated at 298,926 and Gonaive has been particularly affected (see map) (OCHA, 10/04). Food distribution was ongoing in Gonaive from the onset of the floods until mid–October. It was then replaced by targeted food distributions (WFP, 19/11/04). It is estimated that 80% of the irrigation system has been destroyed in the area (OCHA, 17/11/04). The floods have also had a significant impact on the fishing sector with a loss of assets such as hoop nets, fishing nets and boats. Moreover, people were reluctant to eat fish and the price of fish was very low. The salt marshes have also been badly affected with most of them being over–flooded (ACF–F, 10/04).

Random–sampled nutrition surveys conducted before the hurricane, in Anse Rouge

(Artibonite department) and Saint Louis du Nord (North West department), showed an acceptable nutrition situation (ACF–F, 04/04; ACF–F, 05/04). **The prevalence of acute malnutrition was 5.4% (3.6–8.0), including 0.2% (0.0–1.4) severe acute malnutrition and 3.8% (2.3–6.1), including 0.5% (0.1–1.9) severe acute malnutrition in Anse Rouge and Saint Louis du Nord, respectively.** The impact of the hurricane on the nutrition situation has not yet been documented.

Other random–sampled nutrition surveys conducted in vulnerable areas of departments which were not affected by the hurricane (South and North–East departments) or less affected (North department) also showed acceptable nutrition situations and mortality rates (table 11).



TROPICAL STORM JEANNE, HAITI (OCHA, 09/04)

*The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations*

## Middle East



## Occupied Palestinian Territories

The second *Intifada*, which began in September 2000, is still on-going. The recent death of the president of the Palestinian Authority, Yasser Arafat has meant that there will be elections in January 2005 (AFP, 14/11/04). Restrictions on the movement of Palestinians have particularly affected food security as many have lost their former employment in Israel. Moreover, the blockade paralyses the economy of the territories and hampers access to health care (see RNIS 43).

It had seemed there was a slight improvement in the situation in 2003, with a relaxation of closures and a modest economic recovery due to an increase in the amount of employment within the territories (WB, 11/04). The Palestinian Authority budget recovered somewhat in 2003 with an increase in the transfers of clearance revenue from Israel and collection efforts by the Palestinian authorities (WB, 03/04). On the other hand, budget support from donors declined to US\$ 230 million in 2003 from US\$ 467 million and US\$ 530 million in 2002 and 2001, respectively (WB, 03/04).

The construction of the Separation Barrier, which aims to separate the West Bank from Israel intensified in 2003. However, the construction of the barrier has had a limited impact on the economy compared to the impact of closures, although agricultural lands, infrastructure and water resources have been destroyed and access to land has been further restricted (WB, 11/04). Moreover, thousands of Palestinians have had less access to basic services.

The situation suffered a further setback in 2004, especially in the Gaza Strip where an estimated 20,000 people lost their jobs (WB, 11/04). Restrictions of movement have intensified as well as incursions by the Israeli army which have led to an unprecedented destruction of houses and infrastructure (UNRWA, 11/04). Only an average of 1,900 workers crossed daily from the Gaza Strip to Israel this year, compared to about 10,000 in 2003 (OCHA, 10/04). Humanitarian access to the Gaza Strip has also seen the worst restrictions since the beginning of the *Intifada* (UNRWA, 11/04). Coping mechanisms developed by the Palestinians to deal with the economic crisis have tended to become overstretched. While in 2001, 70% of the poorest families drew down their savings, only 13% were able to do so in 2003 (WB, 11/04). Support from relatives is also a significant way of coping, but it seems that the value of assistance from relatives has sharply decreased since the beginning of the *Intifada*, especially in the Gaza Strip (IUED, 10/03). However, it seems that basic needs services are still provided thanks to donors' commitment, although support from donors declined slightly in 2003 compared to 2002 (WB, 11/04). The proportion of the population who received assistance was consistent between 2001 and 2003 and was 48% in July 2003 (IUED, 10/03). Coverage of the needy population seemed to have increased in 2003 compared to 2002, maybe due to better targeting (IUED, 10/03).

However, 24% of the hardship cases reported that they did not receive assistance. The proportion was especially high outside the camps: 38% in the West Bank and 19% in the Gaza Strip.

Food was the main type of assistance received (69% of families), followed by financial aid (17%) (IUED, 10/03).

WFP has estimated that in 2004, 752,000 people are food insecure among the non refugee population, among whom WFP aims at targeting 457,000 for whom food aid is considered an appropriate intervention (WFP, 06/04): the "chronic poor", "new poor farmers" (farmers whose land is confiscated or who have lost

access to markets) and "new poor unskilled waged workers" (waged workers who have lost jobs due to closure).

In addition, UNRWA, the agency caring for the refugees in the Occupied Palestinian Territories (estimated at about 1.5 m) has made an appeal to distribute a 60% food ration to 226,000 families, besides other programmes such as employment creation, health care and house reconstruction (UNRWA, 11/04).

### Nutrition situation

A nutrition survey, which was conducted in mid-2003 and recently released, showed an acceptable situation: the prevalence of acute malnutrition was 3.9% in the Gaza Strip and 3.1% in the West bank, while stunting rates were 12.7% and 9.2% in the Gaza Strip and the West Bank, respectively (AQU/JHU/Care, 08/03). Stunting was significantly higher in the Gaza Strip than in the West Bank and significantly higher in refugee children than in non-refugees. However, there was no difference in wasting or stunting between camps, rural areas or urban areas, which is not contradictory to the fact that refugee children are more affected by stunting, because more than half of the refugees live outside the camps. The nutrition situation has been stable over the previous two years (see RNIS 43).

A survey on micro-nutrient deficiencies was carried out in June 2004 among children 6-59 months old (MARAM, 06/04). The survey revealed a high prevalence of vitamin A, vitamin E and iron deficiencies (table 12). Low plasma level of vitamin A may be caused or compounded by infection. When adjusted for infectious status, a significant proportion of the children remained vitamin A deficient (table 12). Prevalence of all micro-nutrient deficiencies was significantly higher in the Gaza Strip than in the West Bank.

The results of this survey are in line with the food consumption survey done by AQU/JHU/ Care, which found that a significant proportion of children had an intake of vitamin A, vitamin E, folic acid and iron lower than the Recommended Dietary Allowance, and for vitamin A and iron in particular in the Gaza Strip (AQU/JHU/Care, 08/03).

The MARAM survey also assessed use of iodized salt in the households. According to the survey, 80% of the families were using iodized salt, although about half of the women didn't know they were using it or thought they were not.

### Overall

The economic situation is still dire in the Palestinian territories. The resilience of the population, as well as the external assistance, has helped to keep the nutrition situation acceptable, although there are significant levels of micro-nutrient deficiencies. Only a political solution may see the situation improving.

TABLE 12 VITAMIN A, VITAMIN E DEFICIENCIES AND ANAEMIA AMONG 12-59 MONTH OLDS, THE GAZA STRIP AND WEST BANK, JUNE 2004 (MARAM, 06/04)

Population group	Vitamin A deficiency (< 200 µg/L)	Vitamin A deficiency among non infected children	Vitamin E deficiency (< 5 mg/L)	Anaemia (Hb < 11 g/dl)
West Bank & Gaza Strip	22.0%	11.6%	18.6%	23%
West Bank	18.9%	8.9%	15.6%	17.4%
Gaza Strip	26.5%	15.6%	23.1%	31.2%

## References

### Greater Horn of Africa

#### Eritrea

FEWS	18/10/04	Eritrea, food security update
N-NSS	07/04	Nutrition survey report, Northern Red Sea, Gash Barka, Debub, Anseba
<b>Ethiopia</b>		
DFID	04/10/04	Humanitarian situation in Ethiopia, Sep 2004
FEWS	26/10/04	Monthly food security update
FEWS	29/10/04	Food security emergency, October 2004
<b>Kenya</b>		
AAH-UK	08/04	Rapid assessment, nutrition and water, Mandara Central, Takaba, Kotulo, Lafey and Wargadud divisions, Mandera district, Kenya
CDC	03/09/04	Outbreak of aflatoxin poisoning–Eastern and Central provinces, Kenya, January–July 2004, MMWR
FEWS	07/10/04	Food security report
FEWS	28/10/04	FEWS Kenya food security warning 28 October 2004 – Pipeline shortfall elevates risk
FEWS	11/11/04	Monthly food security update
UNICEF/MOH	09/04	Integrated programme survey, Garissa district, summary report
WFP	29/10/04	WFP Emergency report No 44
<b>Somalia</b>		
AFP	29/08/04	Another batch of Somali lawmakers sworn in Nairobi
AFP	11/10/04	Somali president extends olive branch to warlords
AU	01/11/04	New initiative to support strategic planning for demilitarisation in Somalia
BBC News	03/11/04	Somali hopes rest with new Prime Minister
IRIN	01/11/04	Somalia: over 100 killed in clashes between Somaliland and Puntland
FSAU	10/04	Food security and nutrition monthly briefing
FSAU/N	09/04	Monthly nutrition update
FSAU/N	10/04	Monthly nutrition update
FSAU	11/04	Food security and nutrition, November monthly brief
<b>Sudan</b>		
AAH-US	08/04	Nutritional anthropometric survey, children under 5 years old, Mayiandit district, Mayiandit county, Western Upper Nile
ACF-F	08/04	



		Nutritional anthropometric survey, preliminary results report, 7 villages in Lafon Rural Council
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Depoorter E. & al.	10/04	Violence and mortality in West Darfur, Sudan, (2003–04): epidemiological evidence from four surveys, The Lancet. <a href="http://image.thelancet.com/extras/04art9087web.pdf">http://image.thelancet.com/extras/04art9087web.pdf</a>
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DPA	11/11/04	African Union names Special Representative to Sudan
Epi/MSF	08/04	A survey of internally displaced persons and resident population in Habilah, West Darfur, Sudan
Epi/MSF	08/04	Health assessment in emergencies, Kebkabyia, North Darfur, Sudan
Epi/MSF	09/04	Rapid health assessments of populations in Kass, Kalma and Muhajiria, South Darfur, Sudan
FEWS	26/10/04	FEWS Southern Sudan Food Security Update, harvest brings relief
HRW	15/11/04	"If we return, we will be killed" – Consolidation of ethnic cleansing in Darfur
ICRC	20/10/04	ICRC food needs assessment in Darfur
IRC	20/10/04	Khartoum: Bulldozers raze settlements of Sudan's displaced
IRC	15/11/04	NGOs call on the UN to take strong action on Sudan
IRIN	13/10/04	Sudan: Demolitions render thousands of IDPs homeless
IRIN	25/10/04	70,000 Darfur reportedly taken back to their homes
IRIN	01/11/04	Sudan: Absence of flooding threatens food security in the south
MSF–CH	05/04	Nutrition and measles vaccination coverage survey, Tonj county, South Sudan
RI	10/11/04	Lack of coordination is hampering effective relocation policy in Darfur
SC–UK	25/09/04	Darfur Food Information System Bulletin
Tearfund	07/04	Anthropometric nutritional survey for children under five years
UNICEF	27/10/04	South Sudan Operation: Nutrition Situation October 2005
WFP	10/04	Emergency food security and nutrition assessment in Darfur, Sudan
WFP	12/11/04	WFP Emergency Report No 46
WHO/EPIET	09/04	Retrospective mortality survey among internally displaced population, Greater Darfur, Sudan

## West Africa

### Ivory Coast

AAH 09/11/04 Guinée: Action contre la Faim s'apprête à accueillir les réfugiés de Côte d'Ivoire

BBCNews	14/11/04	Expats flood out of Ivory Coast
DPA	17/11/04	All nations must enforce UN arms embargo on Ivory Coast: Mbeki
UNHCR	17/11/04	Ivorian refugee arrivals in Liberia reach 13,000
UNCRH	15/11/04	United Nations human rights experts express strong concern about new outbreak of violence in Côte d'Ivoire
UNNews	16/11/04	UN reports improvement in Côte d'Ivoire conflict with hate messages ending
UNSC	15/11/04	Security Council imposes immediate, 13-month arms embargo on Côte d'Ivoire, unanimously adopts resolution 1572 (2004)

## **Liberia**

ACF-F	09/04	Food security surveillance assessment update, Bong County
ACF-F	08-09/04	Food security assessment reports, Lofa County
ICRC	06/04	Ecosec evaluation mission River Gee, Maryland, Grand Kru
OCHA	07/11/04	Liberia humanitarian situation update No. 124
UNHCR	29/10/04	Liberians repatriate from Guinea, IDPs set to return
UNHCR	08/11/04	Internally displaced Liberians start journey home; first airlift from Nigeria
UNHCR	16/11/04	Liberia: arrivals from Côte d'Ivoire in last 10 days top 10,000
UNHCR	17/11/04	Ivorian refugee arrivals in Liberia reach 13,000
USAID	31/10/04	USAID field report Liberia Oct 2004

## **Central Africa**

### **Burundi**

AFP	10/11/04	Massive demobilisation operation in Burundi to start November 29
AFP	17/11/04	Burundi's constitutional referendum postponed until 22 December
IRIN	18/10/04	Burundi: Transitional government to be extended six months
IRIN	03/11/04	Burundi: New interim constitution ushers optimism
OCHA	07/11/04	OCHA-Burundi situation report 1-7 Nov 2004
ONUB	02/11/04	Burundi: Opening of two new ONUB regional offices
RI	04/11/04	Refugee voice: Burundians returning from Tanzania
UNICEF-B	09/04	Analyse de la situation nutritionnelle

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OCHA	15/11/04	RDC Uvira/Fizzi: Un renfort financier et en partenaires humanitaires est indispensable
RI	22/10/04	DRC: UN humanitarian agencies are failing displaced in camps

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### **United Republic of Tanzania**

RI 04/11/04 Refugee voice: Burundians returning from Tanzania

UNHCR/ 09/04 A joint nutrition survey conducted by UNHCR, UNICEF and WFP in joint collaboration with the health implementing partners in the refugee camps in Western Tanzania

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### **Southern Africa**

## Angola

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FAO/WFP	08/04	FAO/WFP crop and food supply assessment mission to Angola
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## The Caribbean

### Haiti

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ACF-F	06/04	Enquête nutritionnelle anthropométrique, Terrier Rouge, Haiti
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## Middle East

### Occupied Palestinian Territories

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IUED	10/03	Palestinian public perceptions on their living conditions
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OCHA	10/04	Gaza on the edge
UNRWA	11/04	UNRWA Emergency Appeal 2005
WB	03/04	West Bank and Gaza update
WB	11/04	Four years – Intifada closures and Palestinian Economic Crisis
WFP	06/04	Emergency food security needs assessment, 2004 update assessment

## Results of surveys

Survey Area	Date	Population	Survey conducted by	Acute Malnutrition* (%) (95% CI) <sup>§</sup>		Severe Acute Malnutrition** (%) (95% CI) <sup>§</sup>		Oedema (%)
<b>GREATER HORN OF AFRICA</b>								
<b>ERITREA</b>								
Northern Red Sea	May–04	Residents	N–NSS	13.9	11.7–16.4	1.3		0.7
Anseba	June–04	Residents	N–NSS	18.4	16.2–20.8	3.0		1.1
Debub	June–04	Residents	N–NSS	7.6	6.2–9.1	1.4		0.6
Gash Barka	July–04	Residents	N–NSS	19.1	17.1–21.3	2.3		0.7
<b>KENYA</b>								
Pastoral area, Garissa district	Sept–04	Residents	UNICEF/MOH	16.5	14.3–18.8	3.5	2.6–4.8	–
<b>SOMALIA</b>								
IDP camps, Bossaso	July–04	Displaced	UNICEF/FSAU/MOH	20.3		4.3	–	–
IDP camps, Mogadishu	July–04	Displaced	UNICEF/WFP/joint	15.8	12.0–19.6	3.2	2.2–4.7	1.2
Dhusamareeb and Adaado districts, Galgadud region	Sept–04	Residents	FSAU/UNICEF/SRC	20.5	18.0–23.3	2.5	1.6–3.7	0
<b>SUDAN</b>								
<b>GREATER DARFUR</b>								
Emergency affected populations	Aug/ Sept–04	Displaced/ Residents	CDC/WFP	21.8	18.2–25.3	3.9	2.3–5.6	0.9
<b>NORTH DARFUR</b>								

IDP settlements	Aug-04	Displaced	WHO/EPIET	-	-	-	-	-
Kebkabyia town	Aug-04	Displaced/Residents	Epicentre/ MSF	17.5	14.4-21.0	1.0	0.5-1.8	0.2
<b>WEST DARFUR</b>								
IDP settlements	Aug-04	Displaced	WHO/EPIET	-	-	-	-	-
Niertiti town	June-04	Displaced/Residents	Epicentre/ MSF	-	-	-	-	-
El Geneina IDP settlements	June-04	Displaced	Epicentre/ MSF	-	-	-	-	-
Habilah town	Aug-04	Displaced/Residents	Epicentre/ MSF	17.2	14.8-19.8	3.9	2.8-5.5	0
<b>SOUTH DARFUR</b>								
Kass town	Sept-04	Displaced/Residents	Epicentre/ MSF	14.1	11.2-17.0	1.9	0.8-3.0	0
Muhajiria town	Sept-04	Displaced/Residents	Epicentre/ MSF	10.7	8.2-13.3	0.9	0.2-1.5	0.2
Kalma camp	Sept-04	Displaced	Epicentre/ MSF	23.6	20.2-27.1	3.3	1.9-4.7	0
<b>BAHR EL GHAZAL</b>								
Aweil South county	July-04	Residents	Tearfund	18.4	14.9-22.2	2.7	1.4-4.6	0
Tonj county	May-04	Residents	MSF-CH	21.5	19.0-24.4	2.4	1.5-3.7	0
<b>EQUATORIA</b>								
Lafon Rural Council	Aug-04	Residents	ACF-F	15.3	12.2-19.0 1	1.4	0.6-3.0	.
<b>WESTERN UPPER NIL.</b>								
Maryandit district, Maryandit county	Aug-04	Residents	AAH-US	20.4	-	2.6	-	0.2

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

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

§ 95% Confidence Interval; not mentioned if not available from the survey report NOTE: see at the end of the report for guidance in interpretation of indicators

Survey Area	Measles immunisation coverage (%)#	Micro-nutrient deficiencies	Vitamin A distribution coverage, within the	Women's anthropometric status (%)	Crude Mortality (/10,000/day) (95% CI)§	Under 5 Mortality (/10,000/day) (95% CI)§
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	Proved Card + by card history			past 6 months					
<b>GREATER HORN OF AFRICA</b>									
<b>ERITREA</b>									
Northern Red Sea	-	-	-	-	BMI <sup>1</sup> < 16: 10 BMI < 18.5: 47	-		-	
Anseba	-	-	-	-	BMI <sup>1</sup> < 16: 8.1 BMI < 18.5: 45	-		-	
Debub	-	-	-	-	BMI <sup>1</sup> < 16: 3.8 BMI < 18.5: 33.2	-		-	
Gash Barka	-	-	-	-	BMI <sup>1</sup> < 16: 7.7 BMI < 18.5: 41.7	-		-	
<b>KENYA</b>									
Pastoral area, Garissa district			64.1	43.3 <sup>2</sup>	MUAC <sup>3</sup> < 22 cm: 11.8	0.46		1.11	
<b>SOMALIA</b>									
IDP camps, Bossaso		46.0	-	75	-	1.75		2.32	
IDP camps, Mogadishu	-	46.0	-	59.3	-	0.5		0.7	
Dhusamareeb and Adaado districts, Galgadud region	-	35	-	33	MUAC <sup>4</sup> < 20.7 cm: 7.9 MUAC <sup>4</sup> > 20.7 & < 23 cm: 22.9	1.66		2.39	
<b>SUDAN</b>									
<b>GREATER DARFUR</b>									
Emergency affected populations		66.7	See p 12	74.1	MUAC <sup>4</sup> < 21 cm: 1.3	0.72	0.44–0.99	1.03	0.38–1.68
<b>NORTH DARFUR</b>									
IDP settlements	-	-	-	-	-	1.5	1.1–1.9	2.5	1.6–3.9
Kebkabyia town	14.9	63.2	-	-	-	1.2	0.7–1.8	2.9	1.5–5.3
<b>WEST DARFUR</b>									
IDP settlements	-	-	-	-	-	2.9	2.4–3.6	3.1	2.1–4.7
Niertiti town	-	-	-	-	-	1.5	1.2–1.9	2.1	1.5–3.0
El Geneina IDP settlements	-	-	-	-	-	5.6	4.1–7.6	14.1	9.7–20.1

Habilah town	6.8	98.5	–	–	–	2.6	1.8–3.6	6.7	4.2–11.0
<b>SOUTH DARFUR</b>									
Kass town	14.3	69.6	–	–	–	3.2	2.2–4.1	5.9	3.8–8.0
Muhajiria town	2.1	50.6	–	–	–	1.2	0.9–1.4	0.7	0.3–1.1
Kalma camp	19.0	45.7				1.6	1.2–2.0	2.9	2.0–3.9
<b>BAHR EL GHAZAL</b>									
Aweil South county		28.5	–	–	–	0.11	–	0.7	–
Tonj county	8.3	18.9	–	–	–	0.25	–	0.58	–
<b>EQUATORIA</b>									
Lafon Rural Council	24.0	64.0	–	–	–	0.3	–	0.6	–
<b>WESTERN UPPER NIL.</b>									
Maryandit district, Maryandit county	1.1	22.2	–	–	–	0.65	–	–	–

# Measles vaccination coverage for children aged 9–59 months

<sup>1</sup> Women aged 16 to 60 years

<sup>2</sup> Vitamin A coverage within the year prior to the survey

<sup>3</sup> Women aged 16 to 49 years

<sup>4</sup> Pregnant women

Survey Area	Date	Population	Survey conducted by	Acute Malnutrition* (%) (95% CI) <sup>§</sup>		Severe Acute Malnutrition** (%) (95% CI) <sup>§</sup>		Oedema (%)
<b>CENTRAL AFRICA</b>								
<b>TANZANIA</b>								
Lukole A	Sept–04	Refugees	UNHCR	5.5	4.1–7.1	0.4	0.1–1.1	–
Lukole B	Sept–04	Refugees	UNHCR	5.7	4.3–7.4	0.1	0.0–0.7	–
Mkugwa	Sept–04	Refugees	UNHCR	3.8	1.9–7.4	0.1	0.0–2.3	–
Mtendeli	Sept–04	Refugees	UNHCR	5.6	4.3–7.3	0.3	0.1–1.0	–
Nduta	Sept–04	Refugees	UNHCR	5.0	3.7–6.6	0.6	0.3–1.5	–
Karago	Sept–04	Refugees	UNHCR	5.0	3.7–7.1	0.5	0.2–1.5	–
Kanembwa	Sept–04	Refugees	UNHCR	5.1	3.8–6.7	0.4	0.1–1.2	–
Nyagurusu	Sept–04	Refugees	UNHCR	5.3	4.0–7.0	0.0	–	–
Muyovosi	Sept–04	Refugees	UNHCR	4.7	3.5–6.3	0.5	0.2–1.3	–
Mtabila I	Sept–04	Refugees	UNHCR	5.2	3.9–6.8	0.5	0.2–1.3	–
Mtabila II	Sept–04	Refugees	UNHCR	5.3	3.9–6.9	0.4	0.1–1.2	–



Lugufu I	Sept-04	Refugees	UNHCR	4.1	2.9-5.6	6.4	0.1-1.2	-
Lugufu II	Sept-04	Refugees	UNHCR	5.2	3.9-6.9	0.5	0:2-1:3	-
<b>CHAD</b>								
Touloum and Irimi refugee camps	Oct-04	Refugees	MSF-B	19.6	15.9-23.2	2.4	1.3-3.5	0
<b>SOUTHERN AFRICA</b>								
<b>ANGOLA</b>								
Chipindo municipality, Huila province	Sept-04	Residents/Returnees	ACH-S	5.2	3.9-6.8	0.7	0.3-1.6	0.7
Caconda municipality, Huila province	Aug-04	Residents/Returnees	ACH-S	7.8	6.2-9.8	1.3	0.7-2.3	0.5
Ganda municipality, Benguela province	Sept-04	Residents/Returnees	ACH-S	6.1	4.1-8.9	0.4	0.0-1.8	0.0
<b>ASIA</b>								
<b>AFGHANISTAN</b>								
Kabul city	July-04	Residents/Returnees	ACF-F	8.9	6.6-12.0	0.6	0.1-2.0	0.0
<b>THE CARIBBEAN</b>								
<b>HAITI</b>								
Anse Rouge, Artibonite department	May-04	Residents	ACF-F	5.4	3.6-8.0	0.2	0.0-1.4	0
Saint Louis du Nord, North-West department	April-04	Residents	ACF-F	3.8	2.3-6.1	0.5	0.1-1.9	0.3
Tiburon, South department	June-04	Residents	ACF-F	4.0	2.4-6.4	0.2	0.0-1.4	0.1
Terrier Rouge, North-East department	June-04	Residents	ACF-F	4.9	3.2-7.5	0.5	0.1-1.9	0.2
Shada 2 neighbourhood, Cap Haitien, North department	June-04	Residents	ACF-F	3.2	1.5-6.3	0.4	0.0-2.3	0.4
Bas Aviation neighbourhood, Cap Haitien, North department	June-04	Residents	ACF-F	2.6	1.2-5.0	1.7	0.7-3.9	0.0
<b>MIDDLE EAST</b>								
<b>OCCUPIED PALESTINIAN TERRITORIES</b>								
The West Bank	Aug-03	Residents/	JHU/AQU/CARE	3.1	-	-		-

		Refugees						
The Gaza Strip	Aug-03	Residents/ Refugees	CARE	3.9	-	-		-
The West Bank & Gaza Strip	June-04	Residents/ Refugees	MARAM	-	-	-		-

\*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

	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							
<b>CENTRAL AFRICA</b>									
<b>TANZANIA</b>									
Lukole A	-	-	See p 17	-		-		-	
Lukole B	-	-	See p 17	-		-		-	
Mkugwa	-	-	See p 17	-		-		-	
Mtendeli	-	-	See p 17	-		-		-	
Nduta	-	-	See p 17	-		-		-	
Karago	-	-	See p 17	-		-		-	
Kanembwa	-	-	See p 17	-		-		-	
Nyagurusu	-	-	See p 17	-		-		-	
Muyovosi	-	-	See p 17	-		-		-	
Mtabila I	-	-	See p 17	-		-		-	
Mtabila II	-	-	See p 17	-		-		-	
Lugufu I	-	-	See p 17	-		-		-	
Lugufu II	-	-	See p 17	-		-		-	
<b>CHAD</b>									
Touloum and Irimi refugee camps	57.8	96.0	-	-		1.30	0.8–1.8	2.2	1.2–3.1
<b>SOUTHERN AFRICA</b>									

ANGOLA								
Chipindo municipality, Huila province	25.1	48.5	See p 19	64.3	–	0.1	0.4	
Caconda municipality, Huila province	38.8	69.3	See p 19	84.0	–	0.46	0.8	
Ganda municipality, Benguela province	38.0	76.4	–	52.4	–	0.3	0.9	
ASIA								
AFGHANISTAN								
Kabul city	30.8	85.2	–	–	–	0.3	0.63	
THE CARIBBEAN								
HAITI								
Anse Rouge, Artibonite department	20.2	66.8	–	–	–	0.11	0.59	
Saint Louis du Nord, North–West department	24.9	56.3	–	–	–	–	–	
Tiburon, South department	49.1	62.3	–	–	–	0.26	0.33	
Terrier Rouge, North–East department	80.2	93.6	–	–	–	0.11	0.29	
Shada 2 neighbourhood, Cap Haitien, North department	66.9	88.6	–	–	–	–	–	
Bas Aviation neighbourhood, Cap Haitien, North department	32.9	69.5	–	–	–	0.12	0.3	
MIDDLE EAST								
OCCUPIED PALESTINIAN TERRITORIES								
The West Bank	–	–	–	–	–	–	–	
The Gaza Strip	–	–	–	–	–	–	–	
The West Bank & Gaza Strip	–	–	See p 24	–	–	–	–	

# Measles vaccination coverage for children aged 9–59 months

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

## **Survey methodology**

### **The Greater Horn region**

#### **Eritrea**

Four surveys were conducted in Anseba, Debub, Gash Barka and Northern Red Sea between May and July 2004. The samples were stratified multi-stage random samples. 1122, 1313, 1391 and 863 children were measured in Anseba, Debub, Garsh Bharka and Northern Red Sea, respectively. BMI was measured among women aged 18 to 60 years. The survey also estimated morbidity and various food security indicators.

#### **Kenya**

##### **PASTORAL AREA, GARISSA DISTRICT**

The survey was conducted by UNICEF/MOH in September 2004. A two-stage cluster sampling methodology of 30 clusters was used to measure 1118 children between 6–59 months. The survey also estimated measles vaccination and vitamin A coverage, retrospective mortality rates and various food security indicators.

#### **Somalia**

##### **IDP SETTLEMENTS, BOSSASO**

The survey was conducted by UNICEF/FSAU/ MOH in July 2004. An exhaustive survey was conducted. 1,411 children were surveyed. The survey also estimated measles vaccination and vitamin A coverage, morbidity, retrospective mortality rates over the 3 months prior to the survey and various food security and public health indicators.

##### **IDP CAMPS, MOGADISHU**

The survey was conducted by UNICEF/WFP/ joint in July 2004. A two-stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6–59 months. The survey also estimated measles vaccination and vitamin A coverage, morbidity, retrospective mortality rates over the 3 months prior to the survey and various food security and public health indicators.

##### **DUSAMAREEB AND ADAADO DISTRICTS, GALGADUD**

The survey was conducted by FSAU/UNICEF/ MOH in September 2004. A two-stage cluster sampling methodology of 30 clusters was used to measure 928 children between 6–59 months. The survey also estimated measles vaccination and vitamin A coverage, morbidity, retrospective mortality rates over the 3 months prior to the survey, pregnant women's MUAC and various food security and public health indicators.

#### **Sudan**

##### **IDPs, NORTH AND WEST DARFUR**

The survey was conducted by WHO/EPIET in August 2004. A two-stage cluster sampling methodology was used. For each state, 50 clusters were randomly selected. 30 households were interviewed in each cluster. The survey estimated retrospective mortality rate over the three months prior to the survey and various public health indicators.

##### **GREATER DARFUR**

The survey was conducted by CDC/WFP in August–September 2004. A two-stage cluster sampling methodology of 46 clusters was used to measure 888 children between 6–59 months and to interview 880 households. The survey also estimated measles vaccination and retrospective mortality rate over the six months prior to the survey.

Measurement of haemoglobin was performed directly in the household using a portable photometer 'Hemocue B-haemoglobin' Photometer. Iodine and vitamin A deficiencies were also assessed as well as the

anthropometric nutritional status of pregnant women.

### **KASS, KALMA AND MUHAJIRIA, SOUTH DARFUR**

Three surveys were conducted by Epicentre/MSF in September 2004. A two-stage cluster sampling methodology of 30 clusters was used to measure 898, 888 and 896 children between 6–59 months, respectively. The surveys also estimated measles vaccination, retrospective mortality rates over the previous 6 to 7 months and various public health and food security indicators.

### **KEBKABYIA, NORTH DARFUR**

The survey was conducted by Epicentre/MSF in August 2004. A two-stage cluster sampling methodology of 30 clusters was used to measure 921 children between 6–59 months and to interview 909 families. The survey also estimated measles vaccination coverage, retrospective mortality rate over one month prior to the survey and various food security and public health indicators.

### **HABILAH, WEST DARFUR**

The survey was conducted by Epicentre/MSF in August 2004. A two-stage cluster sampling methodology of 32 clusters was used to measure 938 children between 6–59 months and to interview 960 families. The survey also estimated measles vaccination coverage, mortality rate over the two months prior to the survey and various food security and public health indicators.

### **LAFON RURAL COUNCIL, EASTERN EQUATORIA**

The survey was conducted by ACF–F in August 2004. A two-stage cluster sampling methodology of 30 clusters was used to measure 950 children between 6–59 months, respectively. The survey also estimated measles vaccination and retrospective mortality rate over the previous 3 months.

### **AWEIL SOUTH COUNTY, BAHR EL GAZHAL**

The survey was conducted by Tearfund in Ayai, Wathmok, Gakrol, Panthou and Tieralet districts, in July 2004. A two-stage cluster sampling methodology of 30 clusters was used to measure 931 children between 6–59 months. The survey also estimated measles vaccination, retrospective mortality rate and various public health indicators.

### **MAYINADIT DISTRICT, MAYIANDIT COUNTY, WESTERN UPPER NILE**

The survey was conducted by AAH–USA in August 2004. An exhaustive survey was conducted, 470 children were measured. The survey only included villages situated within a 3 hour walk radius from the airstrip. The survey also estimated measles vaccination and retrospective mortality rate.

### **TONJ COUNTY, BAHR EL GHAZAL**

The survey was conducted by MSF–CH in Akop, Ananatak, Paweng and Makuac districts in August 2004. A two-stage cluster sampling methodology of 30 clusters was used to measure 921 children between 6–59 months. The survey also estimated measles vaccination and retrospective mortality rate over the five months prior to the survey.

## **Central Africa**

### **United Republic of Tanzania**

#### **REFUGEE CAMPS**

Thirteen surveys were conducted by UNHCR/ UNICEF/joint in August–September 2004. Two-stage cluster sampling methodologies of 30 clusters were used. The surveys also estimated measles vaccination. Measurement of haemoglobin was performed directly in the household using a portable photometer 'Hemocue B–haemoglobin' Photometer.

## **Chad**

## **TOULOU M AND IRIDIMI REFUGEE CAMPS**

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

### **Southern Africa**

#### **Angola**

##### **CHIPINDO MUNICIPALITY, HUILA PROVINCE**

The survey was conducted by ACH–S in September 2004. A two–stage cluster sampling methodology of 30 clusters was used to measure 950 children between 6–59 months. The survey also estimated vaccination and vitamin A distribution coverage and mortality rates. Measurement of haemoglobin was performed directly in the household using a portable photometer 'Hemocue B–haemoglobin' Photometer. Iodine concentration in salt was measured using field test kit for iodised salt (MBIKITS International).

##### **CACONDA MUNICIPALITY, HUILA PROVINCE**

The survey was conducted by ACH–S in August 2004. A two–stage cluster sampling methodology of 30 clusters was used to measure 950 children between 6–59 months. The survey also estimated vaccination and vitamin A distribution coverage and mortality rates. Measurement of haemoglobin was performed directly in the household using a portable photometer 'Hemocue B–haemoglobin' Photometer. Iodine concentration in salt was measured using field test kit for iodised salt (MBIKITS International).

##### **GANDA MUNICIPALITY, HUILA PROVINCE**

The survey was conducted by ACH–S in September 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.

### **Asia**

#### **Afghanistan**

##### **KABUL CITY**

The survey was conducted by ACF–F in July 2004. A two–stage cluster sampling methodology of 30 clusters was used to measure 951 children between 6–59 months. The survey also estimated measles vaccination coverage and mortality rates over the previous three months.

### **The Caribbean**

#### **Haiti**

##### **ANSE ROUGE, ARTIBONITE DEPARTMENT**

The survey was conducted by ACF–F in May 2004. A two–stage cluster sampling methodology of 30 clusters was used to measure 924 children between 6–59 months. The survey also estimated measles vaccination coverage and mortality rates over the previous three months.

##### **SAINT LOUIS DU NORD, NORTH–WEST DEPARTMENT**

The survey was conducted by ACF–F in April 2004. A two–stage cluster sampling methodology of 30 clusters was used to measure 923 children between 6–59 months. The survey also estimated measles vaccination coverage.

##### **TERRIER ROUGE, NORTH–EAST DEPARTMENT**

The survey was conducted by ACF–F in June 2004. A two–stage cluster sampling methodology of 30 clusters was used to measure 931 children between 6–59 months. The survey also estimated measles vaccination

coverage and mortality rates over the previous three months.

### **TIBURON SOUTH, SOUTH DEPARTMENT**

The survey was conducted by ACF–F in July 2004. A two–stage cluster sampling methodology of 30 clusters was used to measure 926 children between 6–59 months. The survey also estimated measles vaccination coverage and mortality rates over the previous three months.

### **SHADA II AND BAS AVIATION NEIGHBOURHOODS, NORTH DEPARTMENT**

The surveys were conducted by ACF–F in June 2004. A systematic random sampling methodology was used to measure 280 children and 351 children between 6–59 months in Shada II and Bas Aviation, respectively. The surveys also estimated measles vaccination coverage and mortality rates over the previous three months.

## **Middle East**

### **Occupied Palestinian Territories**

The survey was conducted by AQU/JHU/CARE in August 2003. The sample was a stratified multi–stage random sample. 3,089 children between 6–59 months were surveyed. The survey also estimated food consumption and various food security indicators.

### **MICRONUTRIENT DEFICIENCIES**

The survey was conducted by MARAM in June 2004. The sample was a stratified multi–stage random sample. 1,107 children between 12–59 months were surveyed. Retinol and vitamin E plasma concentration were measured by High Pressure Liquid Chromatography (HPLC) method.

## **Abbreviations and acronyms**

AAH–UK	Action against Hunger UK
AAH–US	Action Against Hunger USA
ACF–F	Action Contre la Faim France
ACH–S	Action Contra El Hambre Spain
AFP	Agence France Presse
AQU	Al Quds University, Jerusalem
AU	African Union
BAAG	British Agencies Afghanistan Group
BMI	Body Mass Index
CDC	Center for Disease Control
CMR	Crude Mortality Rate
< 5 MR	Under–five Mortality Rate
DFID	Department for International Development, United Kingdom
DPA	Deutsche Presse Agentur
Epi	Epicentre
EPIET	European Programme for Intervention Epidemiology Training
FAO	Food & Agricultural Organization of the United Nations

FEWS	Famine Early Warning System
FSAU	Food Security Analysis Unit for Somalia
HRW	Human Rights Watch
ICG	International Crisis Group
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IRC	International Rescue Committee
IRIN	International Regional Information Network
IUED	Graduate Institute of Development Studies, University of Geneva
JHU	John Hopkins University, Baltimore
MOH	Ministry of Health
MRRD	Ministry of Rural Rehabilitation and Development, Afghanistan
MSF	Médecins Sans Frontières
MSF–B	Médecins sans frontières – Belgique
MSF–CH	Médecins sans Frontières. Switzerland
MSF–H	Médecins sans frontières – Holland
MUAC	Mid–upper arm circumference
NGO	Non–governmental Organisation
N–NSS	National Nutrition Surveillance System, Eritrea
OCHA	Office for the Co–ordination of Humanitarian Assistance
ONUB	United Nations Operation in Burundi
RI	Refugees International
SC–UK	Save the Children–United Kingdom
UNCHR	United Nations Commission on Human Rights
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
UNRWA	United Nations Relief and Work Agency, The West Bank & Gaza Strip
UNSC	United Nations Security Council
USAID	US Agency for International Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision



## Indicators and risk categories

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

Most of the surveys included in the Reports on Nutrition Information in Crisis Situations are random sampled surveys, which are representative of the population of the targeted area. The Reports may also include results of rapid nutrition assessments, which are not representative of the target population but rather give a rough idea of the nutrition situation. In that case, the limitations of this type of assessments are mentioned.

Most of the nutrition survey results included in the Reports target children between 6–59 months but may also include information on other age groups, if available.

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

### Nutrition indicators in 6–59 month olds

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

- **WASTING**, defined as weigh-for-height index (w-h) < -2 Z-scores.
- **SEVERE WASTING**, defined as weigh-for-height index < -3 Z-scores.
- **OEDEMATOUS MALNUTRITION OR KWASHIORKOR**, diagnosed as bilateral pitting oedema, usually on the upper surface of the feet. Oedematous malnutrition is always considered as severe malnutrition.
- **ACUTE MALNUTRITION**, defined as the prevalence of wasting (w-h < -2 Z-scores) and/or oedema
- **SEVERE ACUTE MALNUTRITION**, defined as the prevalence of severe wasting (w-h < -3 Z-scores) and/or oedema.
- **STUNTING** is usually not reported, but when it is, these definitions are used: stunting is defined as < -2 Zscores height-for-age, severe stunting is defined < -3 Zscores height-for-age.
- **MID-UPPER-ARM CIRCUMFERENCE (MUAC)** is sometimes used to quickly assess nutrition situations. As there is no international agreement on MUAC cut-offs, the results are reported according to the cut-offs used in the survey.
- **MICRO-NUTRIENT DEFICIENCIES** Micro-nutrient deficiencies are reported when data are available.

### Nutrition indicators in adults

No international consensus on a definitive method or cut-off to assess adult under-nutrition has been reached (SCN, 2000). Different indicators, such as Body Mass Index (BMI, weight/height<sup>2</sup>), MUAC and oedema, as well as different cut-offs are used. When reporting on adult malnutrition, the Reports always mention indicators and cut-offs used by the agency providing the survey.

### Mortality rates

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

### Interpretation of indicators

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

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

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

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

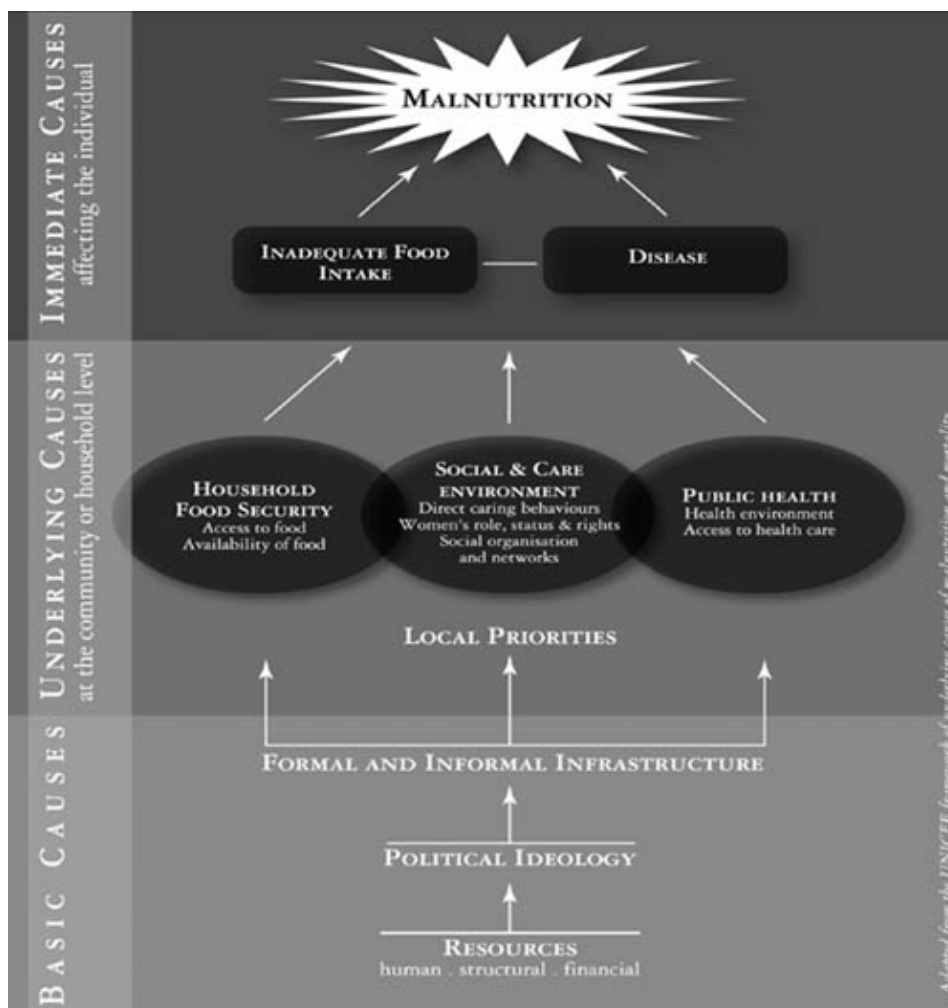
### **Classification of situations**

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

- Populations in *category I* – the population is currently in a critical situation; they either have a *very high risk* of malnutrition or surveys have reported a very high prevalence of malnutrition and/or elevated mortality rates.
- Populations in *category II* are currently at *high risk* of becoming malnourished or have a high prevalence of malnutrition.
- Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there maybe pockets of high malnutrition in a given area.
- Populations in *category IV* are *not* at an elevated nutritional risk.
- The risk of malnutrition among populations in *category V* is *not known*.

### **Nutrition causal analysis**

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



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

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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**

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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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