Nutrition Information in Crisis Situations

United Nations System
Standing Committee on Nutrition

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Highlights

Infant and young child feeding practices – directly affect the nutritional status especially of children under two years of age and, ultimately, have an impact on child survival. Appropriate and timely support for infant and young child feeding (IYCF) practices in emergency situations can save lives. ICYF practices have been investigated by ACF, UNICEF and UNHCR in Côte d'Ivoire, Uganda and Syria. The newly revised indicator list was applied by SC-UK in Afghanistan and in the Gaza Strip of the occupied Palestinian territory. Results from the Gaza Strip and observations in Haiti show that IYCF practices need more attention, especially in crisis situations. Uncontrolled distribution of breast milk substitutes and other milk products can undermine breastfeeding practices in emergency settings.

DRC - In October 2009, attacks by the enyele militia and the subsequent army offensive in the Northwestern Province forced an estimated 180 000 people to flee their homes. As many as 120 000 fled to neighboring Republic of Congo and Central African Republic. Many of the host communities were unprepared to accommodate the sudden influx of refugees and resources are severely limited.

Swaziland - has the highest prevalence rate of HIV/AIDS among adults in the world which still stands at 26.1%. This factor has contributed to acute food insecurity. On the other hand, the Swaziland Vulnerability Assessment Committee reported the global acute malnutrition rate at only 1.0% in July 2009. In addition, in all regions, over half of observed women were overnourished.

Haiti - An earthquake, measuring 7.0 on the Richter scale, struck the country on January 12th, 2010. With the earthquake's epicenter a mere 17 km away from Port-au-Prince, the damage was catastrophic. Preliminary estimates put the death toll at well over 200 000, with countless more unaccounted for. A full 3 million people have been affected by the earthquake, of which more than a million were left homeless. Relief efforts, initially focused on search and rescue and providing basic essential services, have been severely hindered due to damaged infrastructure and casualties among government officials and civil servants. International aid agencies are coordinating with the Haitian government to provide much needed medical assistance and evacuation, water, food, tents and blankets, as well as to develop a long-term recovery plan. A revised Humanitarian Appeal was launched in February 2010 for US$ 1.4 billion, one of the largest ever natural disaster appeals. It runs from January to December 2010 and folds into the earlier Flash Appeal.

Syria – Persistent drought since 2006, affects some 1.3 million inhabitants, primarily in the northeast. Syria continues to host the largest population of refugees from Iraq. The total number of Iraqi refugees remains unconfirmed and is thought to be somewhere between 215 000 and 1.2 million. ACF-S evaluated the health, nutrition and livelihood conditions of the Iraqi refugees in the North East of Syria between October and December 2009. They found that anemia prevalence are very high, affecting about half of the children aged 6-59 months.

IASC Global Nutrition Cluster HTP - Hosted on the SCN website

www.unscn.org

The Harmonized Training Package (HTP) is a unique resource for trainers, practitioners and decision makers. It is now being used by different agencies and institutions in many regions and in different contexts. The HTP focuses on key areas in nutrition in various emergencies and protracted crisis situations. It is divided into 4 sections; Introduction and Concepts (5 modules), Nutrition needs assessment and analysis (5 modules), Interventions to prevent and treat malnutrition (9 modules) and Monitoring, evaluation and accountability (2 modules). The SCN website allows you to download all modules in either WORD or PDF format. Visit also the Nutrition in Emergency Repository for relevant key documents.

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.

	Cote d'Ivoire Worodougou Region, North	Democratic Republic of the Congo Bandudu P, Djuma Health Zone	Swaziland Lubombo Region	Afghanistan Jawzjan Province, North	Occupied Palestinian Territory Gaza Strip
Nutritional risk category	III	I-II	IV	II-III	IV
Food Security					
Households' livelihoods	😐	☹	😐	☹	☹
External assistance	☺	😐	☺	😐	?
Public health environment					
Availability of water and access to potable drinking water	😐	☹	☹	☹	?
Health care	☹	😐	☹	😐	☹
Sanitation	?	☹	😐	☹	☹
Social and care environment					
Social environment	?	?	?	☹	☹
Child feeding practices	☹	☹	☹	😐	☹
Delivery of assistance					
Accessibility to population	☺	☺	☺	😐	☹
Resources for humanitarian Intervention	?	☺	☺	☺	?
Availability of information	😐	😐	☺	☺	😐

☺ Adequate   😐 Mixed   ☹ Inadequate

Greater Horn of Africa

Ethiopia

Overall food security worsens

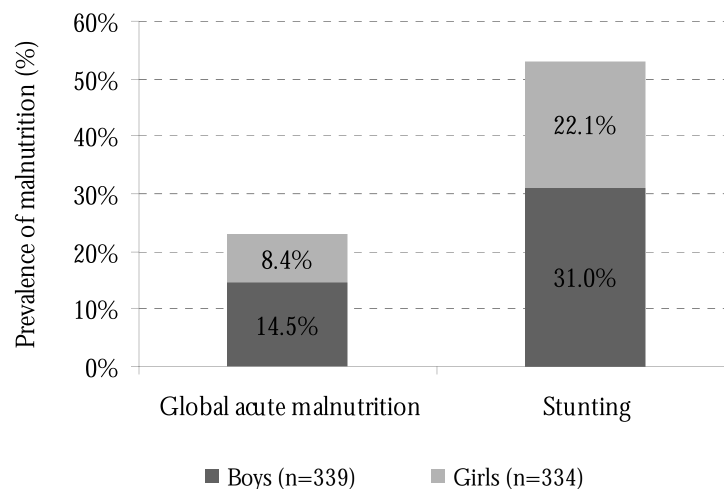
Continued inter-clan and tribal conflicts, including livestock raids by tribesmen from Sudan, pose a serious threat to food security. In some parts of the western woredas, pastoralists have been forced to restrict their livestock movements and grazing grounds to reduce the risk of attacks by these outside forces. Hence, the lack of free access to some of the major dry season grazing grounds has had a negative impact on both livestock conditions and productivity. Insufficient rainfall has led to serious water shortages in several areas of Warder, Afder and Korahe Zones, as well as in most of the lowland areas of Bale Zone in Oromiya Region. Relief food continues to be an important source of food for most people in these areas. Market prices for cereals continue to be stable due to improved distribution of food aid (FEWS, 12/09).

According to projections for the first half of 2010, overall food security in most areas of the country is and will be significantly worse compared to the same period in the previous year. The population in the eastern marginal cropping areas is expected to be especially hard hit. However, improved food aid distribution and trade flow in the southern and eastern Somali Region will benefit pastoral populations. Recent rainfall might further improve the situation (FEWS, 01/10).

An estimated 4-5 million people in need of food aid

The Government released a joint Government and Humanitarian Partners' National Contingency Plan for the period from January to June 2010. The plan estimated that 4.76 million people are in need of emergency food assistance. In the most recently published Humanitarian Requirements Document, this estimate was increased to 5.23 million people, based on results of the latest *meher* assessments from November/December 2009. The total requirements of food aid are estimated at 503 013 Mt of cereals, 52 882 Mt of blended food, 66 404 Mt of pulses and 20 684 Mt of vegetable oil. A further US$ 63.4 million is needed in order to provide essential non food items, in particular for water and sanitation, health and nutrition, agriculture and livestock, and education activities (FEWS, 01/10).

Figure 1: Results of nutrition survey, Metta Woreda in East Hararghe Zone of Oromiya Region, Ethiopia (GOAL, 10/09)



GOAL Ethiopia is in the process of establishing a community therapeutic care program in Metta Woreda, East Hararghe Zone of the Oromiya Region in the South. The nutrition baseline survey, which assessed the food security, health and nutrition situation of the population, revealed a global acute malnutrition (GAM) rate of 11.4% (CI:8.6-14.2) in children 6-59 months old, including 3.1% (CI: 1.7-4.4) of severe cases (figure 1). Furthermore, the prevalence of stunting (height-for-age below -2 Z-Score) was 26.5% (CI: 20.6-32.4), indicating that chronic food insecurity is a problem in the woreda. Boys were found to be more often affected than girls by both indicators (table 1) (GOAL, 10/09).

Table 1: Prevalance of wasting and stunting in Metta Woreda, East Hararghe Zone, Oromiya Region, Ethiopia (GOAL, 10/09)

	Total (N=683)	Boys (n=339)	Girls (n=334)
Global Acute Malnutrition*, (%) (95% CI)	11.4 (8.6-14.2)	14.5 (10.6-18.3)	8.4 (5.4-11.4)
Severe Acute Malnutrition*, (%) (95% CI)	3.1 (1.7-4.4)	4.1 (2.1-6.2)	2.0 (0.6-3.4)
Stunting*, (%) (95% CI)	26.5 (20.6-32.4)	31.0 (23.7-38.3)	22.1 (15.4-28.8)
Severe stunting*, (%) (95% CI)	5.4 (3.3-7.6)	8.0 (4.5-11.5)	2.9 (0.9-4.9)

*) WHO Growth Reference Standard

Kenya

Improvements in food security in the south-eastern zone

According to FEWSNet (01/10), considerable improvements in food security are expected until March 2010, especially in the south-eastern marginal agricultural livelihood zone, attributed primarily to a resurgence of rains in December. Nevertheless, recovery is moderated by high livestock mortality and lowered livestock birth rates, as well as lingering impacts of conflict and weak cross-sectoral interventions. In addition, market prices for cereal remain well above average.

Conflict has declined markedly

Conflict incidences, that characterized the north-western pastoral districts in the past one and half years until mid December 2009, have declined markedly. Although pastoralists displaced by the conflicts have not yet returned home, market disruptions have decreased. However, there is an increasing threat from Somali militants who cross the north-eastern border into Kenya. A number of incidents have been reported, notably in Mandera District, which could adversely affect the food security recovery prospects if grazing areas, watering points, and markets become insecure and thus less accessible. An increased number of Somali refugees is crossing into Kenya in order to escape the on-going conflict and also probably to access food supplies subsequent to the suspension of WFP food distributions in southern Somalia (FEWS, 01/10).

In order to monitor the nutritional situation in Mandera East and Mandera West District, ACF-US is conducting annual nutrition surveys in its intervention area before the start of the long rainy season (*gu'u/gan* rains) that traditionally lasts from January to March. A summary of the 2009 assessment results was presented in the previous NICS bulletin (SCN, 12/09). The final report

reveals more detailed information, according to which the prevalence of global acute malnutrition ranges from 20.5% (CI:16.6-24.4) in Mandera East District to 32.2% (CI: 28.2-36.4) in the Takaba and Dandu Divisions of Mandera West District (figure 2). These high prevalences are in line with the results of a dietary diversity assessment, according to which about 45% of participating households in the selected divisions of Mandera West District reported a low dietary diversity index whereas a higher index was found more often in the divisions of Mandera East District (figure 3).

The nutrition situation in Mathare, Nairobi Municipality, showed global acute malnutrition rates of 4.0% (CI: 0.9-7.1) in January and 6.0% (CI: 2.6-7.7) in July 2009. Dietary diversity was found to be medium and remained unchanged in all survey rounds (ACF-US, 04/09 and 07/09). Lack of adequate care was identified as a contributing factor to childhood malnutrition. Mothers or caretakers are pursuing work outside of their home due to economic reasons. Complementary feeding and weaning practices were found to be inadequate to the physiological needs of the child, and poor personal and environmental hygiene behaviour prevailed.

FIGURE 2: RESULTS OF NUTRITION SURVEYS IN SELECTED DIVISIONS OF MANDERA EAST AND WEST DISTRICT, KENYA (ACF-US, 03/09)

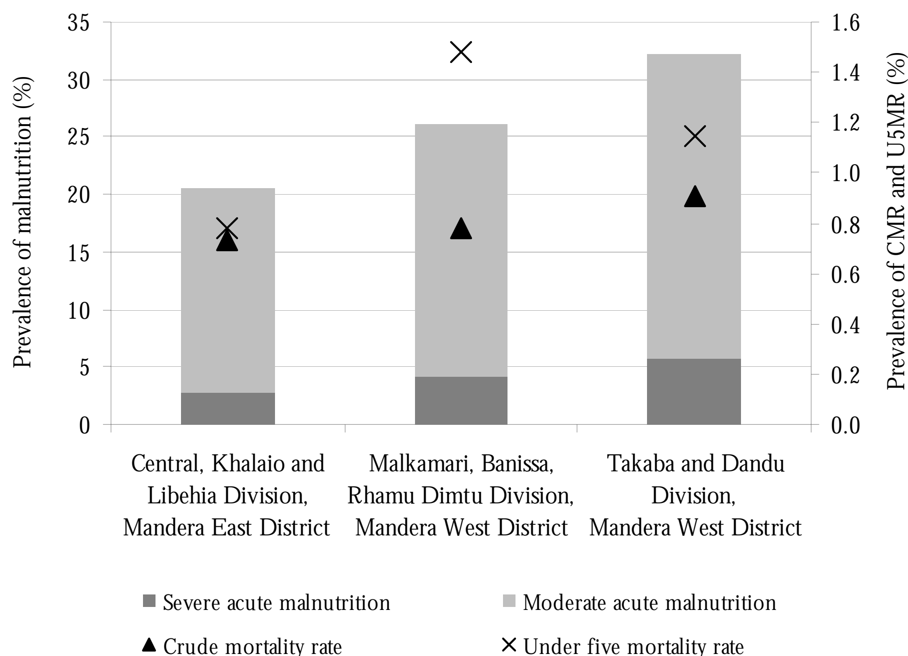
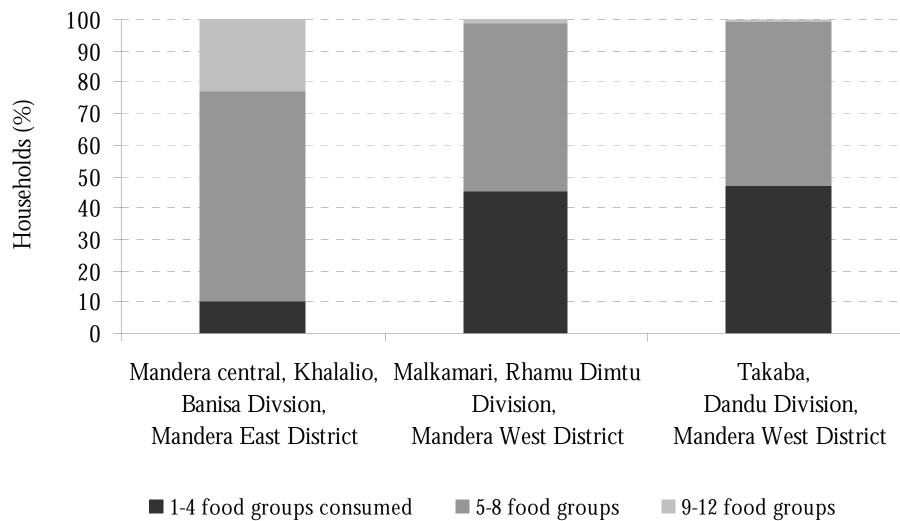


Figure 3: Results of dietary diversity assessments in selected divisions of Mandera East and West District, Kenya (ACF-US, 03/09)



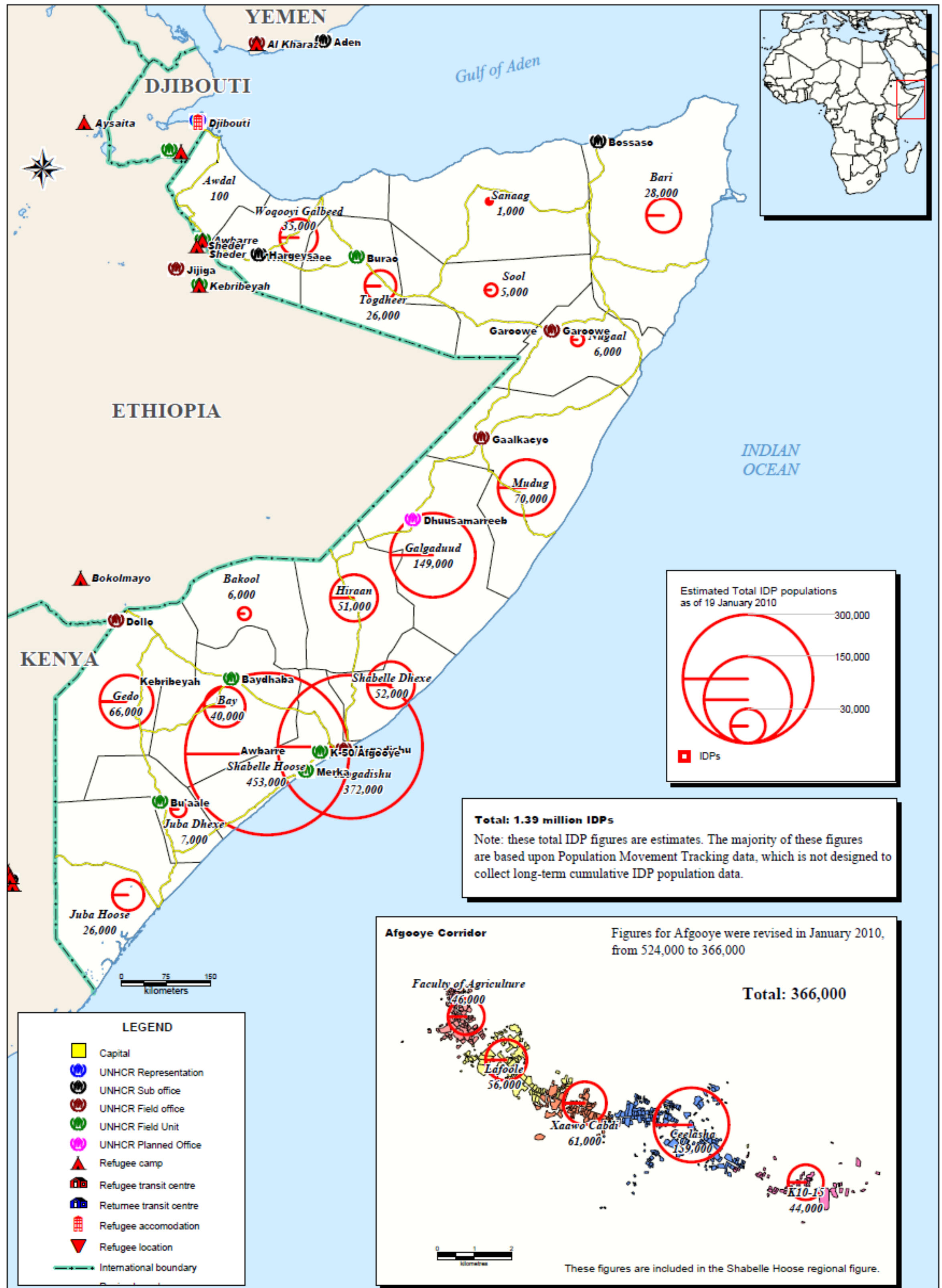
Somalia

Humanitarian crisis persists, affecting 42% of the population

The widespread humanitarian crisis persists in Somalia with 42% of the population, or an estimated 3.2 million people, in need of emergency humanitarian assistance and/or livelihood support (FSNAU, 02/10). Recent clashes in south-central Somalia have led to an intolerable number of civilian causalities and massive displacement, mainly from Mogadishu, Dhuusamarreb and Belet Weyne. Population displacement remains the biggest outcome of the ongoing violence and political tensions. According to UNHCR's population movement tracking system, 1.39 million people are estimated to be currently displaced within the country and in need of humanitarian support (map 1) (UNHCR, 01/10; UN, 01/10).

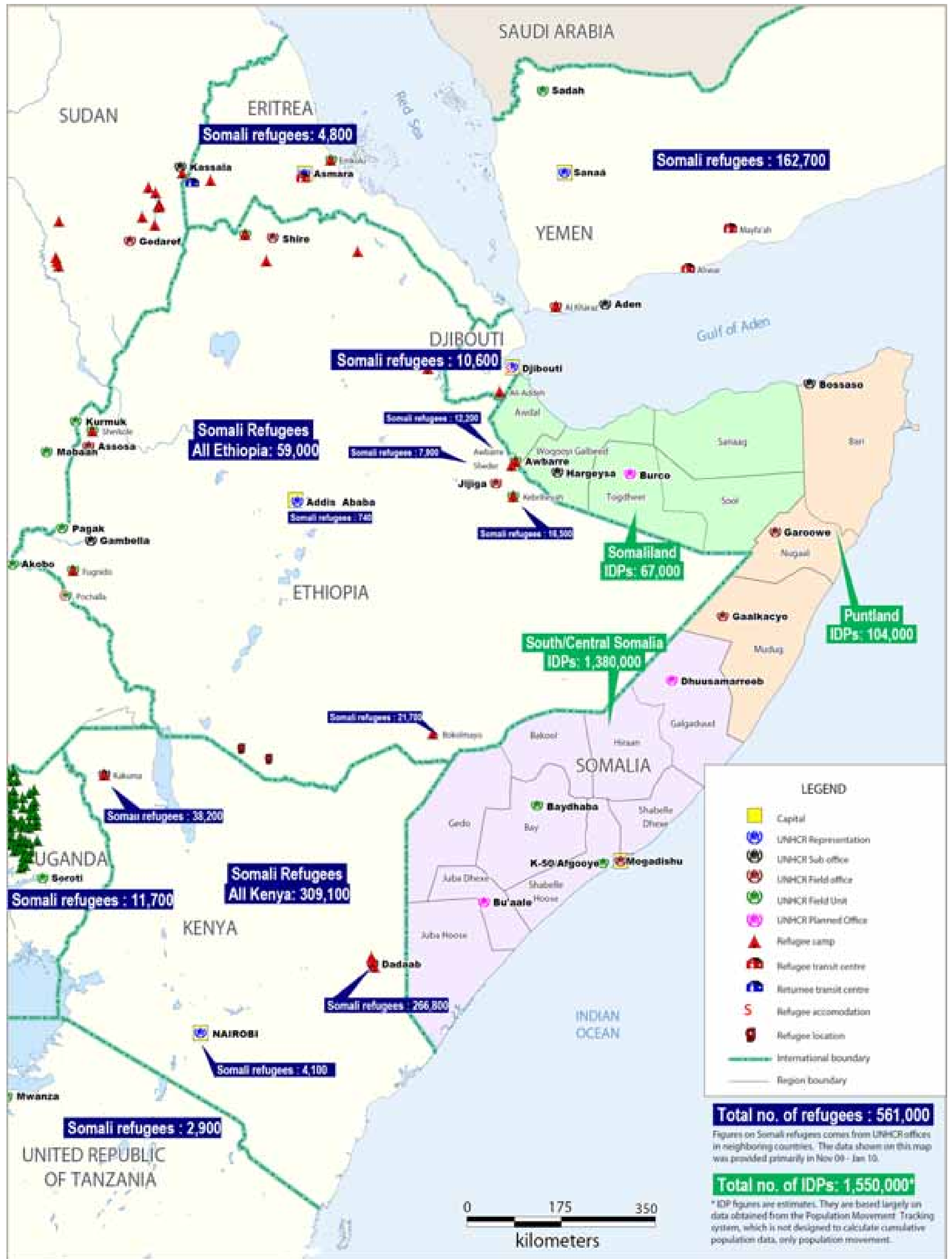
Conflict and increased attacks targeting aid agencies have resulted in food aid suspensions and diminished humanitarian access to displaced and conflict-affected populations. The World Food Programme announced the temporary closure of six sub-offices in southern Somalia due to escalating insecurity in south Somalia on January 5th. This temporary suspension affects Lower and Middle Juba, Lower and Middle Shabelle, Gedo, Bay, Bakol, and Hiran Regions (FEWS 01/10, WFP 01/10). Humanitarian agencies expect increased insecurity and the recent suspension of WFP operations are expected to result in increased population movements within Somalia. Increased insecurity also continues to displace populations across international borders. As of early January, UNHCR reported that about 561 000 Somali refugees resided mainly in Kenya and Yemen, but also in Ethiopia, Uganda, Djibouti, Eritrea and Tanzania (map 2) (UNHCR, 01/10).

Map 1: Internally Displaced Persons in Somalia as of January 2010 (UNHCR, 01/10)



Nutrition Information in Crisis Situations

Map 2: Somali Refugees as of January 2010 (UNHCR, 01/10)



One of the highest levels of malnutrition

The nutrition situation remains critical and Somalia has one of the highest levels of malnutrition in the world. FSNAU (02/10) estimates that one in six children in Somalia is acutely malnourished and that one in 22 is severely malnourished. The national average global acute malnutrition rate is 16% with 4.2% severe acute malnutrition. This translates into 240 000 children under five years of age being affected by GAM and 63 000 affected by SAM. More than two-thirds of these children are located in the areas of south and central Somalia which are most affected by the current conflict (Map3).

Improved crop and pasture conditions in areas of southern Somalia

Normal to above-normal 2009/2010 *deyr* rains have improved crop and pasture conditions in most areas of southern Somalia. The findings of the FSNAU-led multi agency seasonal post *deyr* assessments and analysis indicate an improving overall food security situation, especially in rural areas. As a result, crop harvests are above average while livestock productivity and value continue to improve. In turn, this has led to improved access to food and income for households in rural livelihood zones. In particular Gedo, Juba, Bay, and Shabeele Regions have experienced significant improvements in food security (FSNAU, 02/10).

No improvements in Central Regions

The food security and nutrition situation in the Central Regions remains in crisis. Escalating conflict and displacement are creating a double burden for drought affected populations: having to support those recently displaced, while at the same time, access to assistance from aid agencies is reduced due to insecurity.
A nutrition assessment conducted by FSNAU and partners in the Central Regions during November 2009 reported a prevalence of GAM of 20.2% with 4.6% of severe acute malnutrition (SAM) in the Addun livelihood zone and 19.1% GAM with 4.3% SAM in the Hawd livelihood zone (FEWS 01/10).

Sudan

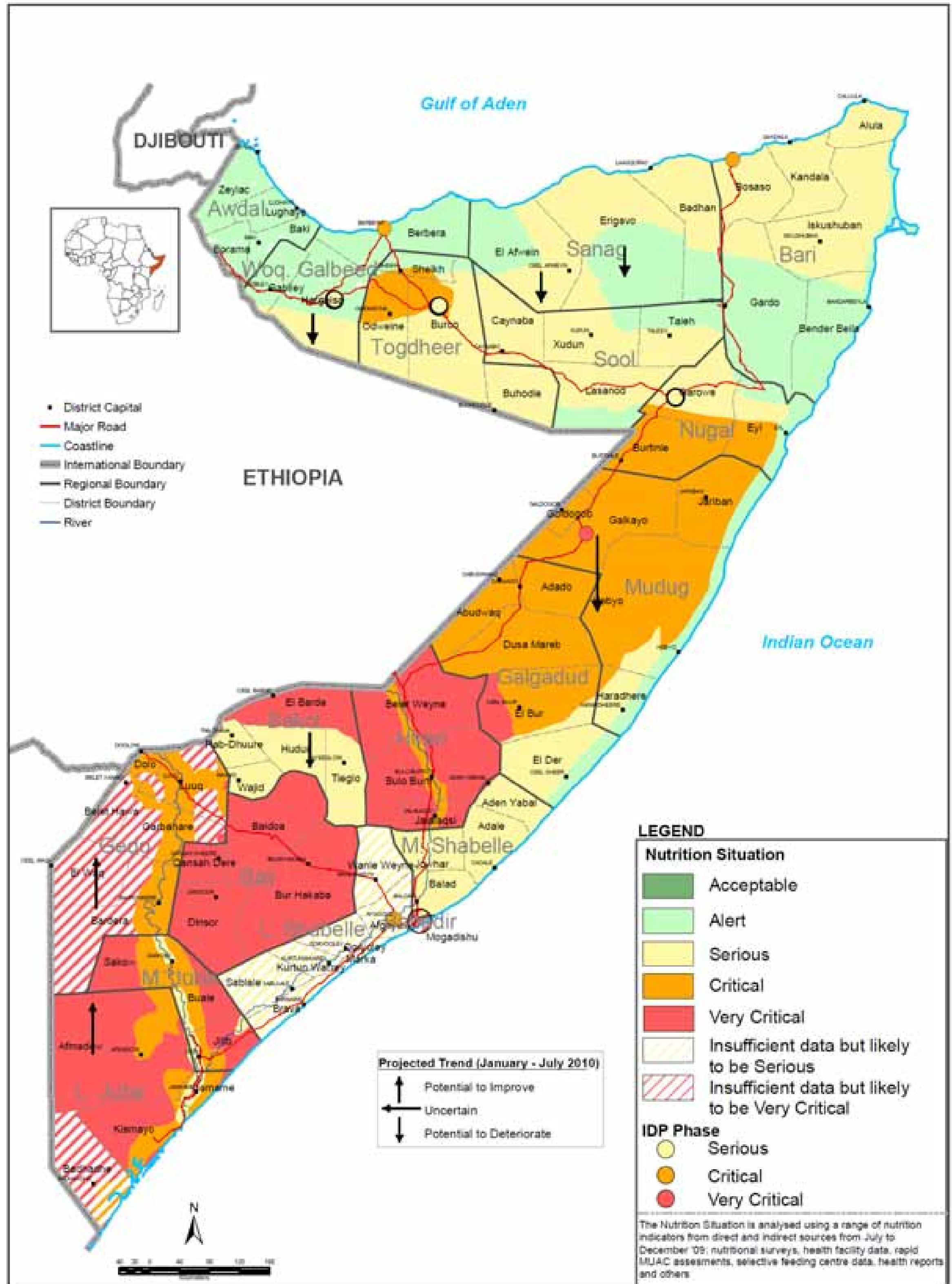
Darfur

Insecurity continued to hinder the provision of humanitarian assistance. Nevertheless, humanitarian organizations continued to monitor population displacements, the food security situation and humanitarian needs throughout Darfur and provided food and non-food assistance to populations (USAID, 02/2010).
In late January 2010, a UN/ joint assessment reported that a lack of rain in areas of Northern Darfur State had led to a shortage of food and water. The consequences of the expulsion of 13 international humanitarian organizations by the Government of National Unity in March 2009 aggravated the situation, especially in areas like Dar Al Salaam and Shangil Tobayi, where local food and water supplies for IDPs are insufficient. In addition, the gap in water provision due to the expulsion of Oxfam/Great Britain has not yet been properly filled. OCHA reports increased tensions between populations in the area over resources, including water (USAID, 02/2010; SMOH/UNICEF, 06/09).

Reduction in humanitarian assistance could worsen mortality rates

Any reduction in humanitarian assistance could lead to an increase in mortality rates. This was observed between mid- 2006 and mid- 2007. Since 2005, disease has been the primary cause of most deaths, with displaced populations being the most susceptible (Lancet, 01/10). Due to recent decreases in humanitarian access and NGO presence

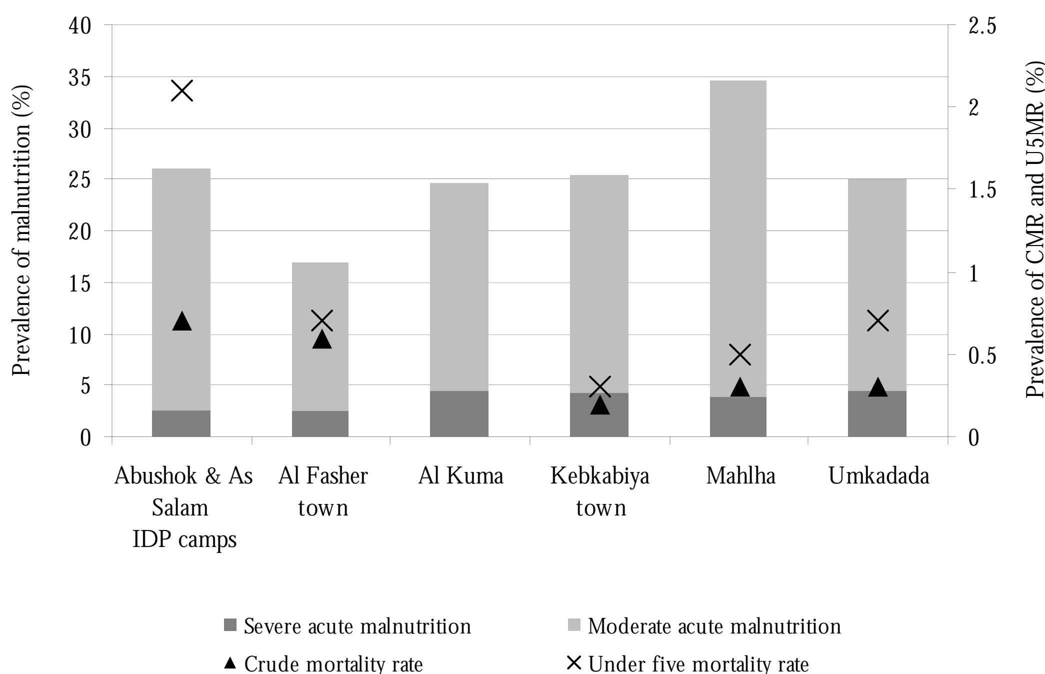
Map 3: Somalia-Estimated Nutrition Situation - January 2010 (FSNAU, 02/10)



throughout Darfur, relief staff and international donors have expressed concerns over the potential increase in disease rates and lack of access the population has to humanitarian and health services.

The nutrition situation in Northern Darfur continues to be serious, with global acute malnutrition rates between 16.9% and 34.5% according to results of several localized nutrition surveys conducted jointly by the Ministry of Health and Unicef between May and July 2009 (figure 4).

Figure 4: Results of nutrition surveys, Northern Darfur, NCHS Reference Standard (SMOH/UNICEF, 05/09 and 06/06 and 07/09)



At the time of the assessments, seasonal general food distribution from WFP, which had started in April 2009, was still ongoing and there was no blanket supplementary feeding. Nevertheless, compared to survey results from the previous year, the already precarious nutrition situation worsened in a number of areas of Northern Darfur in 2009, especially in the Abushok & As Salam IPD camps and Mellit (figure 5).

Southern Sudan

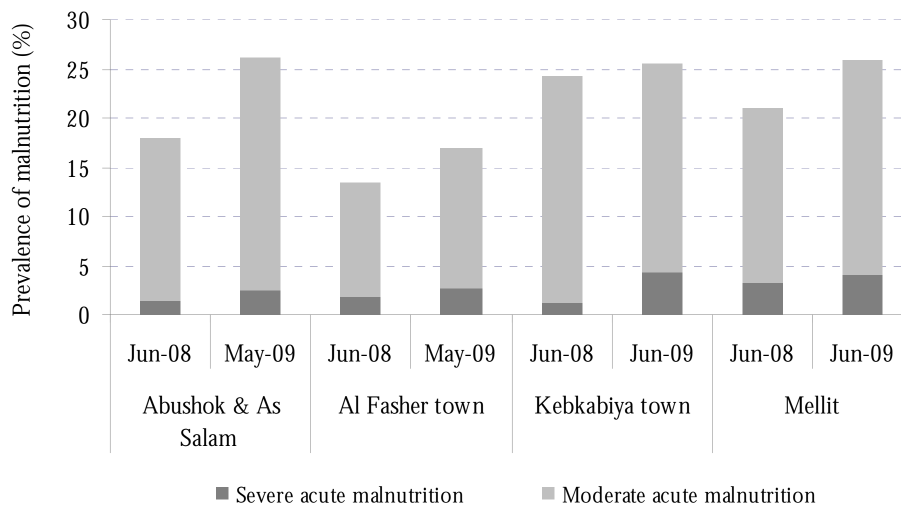
Conflict and drought leaves more than 4 million people in need of food assistance

According to the Southern Sudan's Ministry of Agriculture and Forestry and UN WFP, the number of people in Southern Sudan who are in need of food assistance has more than quadrupled, from almost 1 million in 2009 to 4.3 million in 2010, mainly due to conflict and drought. A spike in the number of hungry people in Southern Sudan comes just ahead of the rainy season, when roads become blocked and communities are cut off from food assistance, further complicating the distribution of relief food.(WFP, 02/02/2010).

A serious nutrition situation was observed in the Southern Zone of Malakal County, Upper Nile State, with GAM of 20.7% (CI: 14.6-

28.8) including 4.3% (CI: 2.0-6.6) of SAM (ACF, 02/09). The survey report presents the results of the eighth round of data collection and analysis. The results also include an analysis of the food security, water and sanitation, and health situation, as well as information on care practices.

Figure 5: Nutrition survey results, North Darfur (SMOH/Unicef, 09/09)



West Africa

Cote d'Ivoire

Political instability still divides the country

Over the last six years, Côte d'Ivoire has experienced growing instability as a result of a complex socio-political crisis that erupted in 2002. Following the signing of the Ouagadougou Political Agreement in March 2007 between the President of the Republic and the political coalition Forces Nouvelles, there has been a considerable improvement in the security situation. This has facilitated the voluntary return of an estimated 69 000 IDPs to their places of origin in western parts of the country during 2007 and 2008 and further returns in 2009 (FSMS/joint, 07/09). However, there is ongoing concern about the continued deteriorating political and social situation in the country. Presidential elections are still outstanding.

Soaring global food prices have had a significant impact on household-level food security

across the country, considerably decreasing purchasing power and forcing families to reduce the quality and quantity of food consumption. In May/June 2008, FAO and WFP conducted the first round of the Food Security Monitoring System (FSMS) survey, which indicated that 24% of households in the north of the country were food insecure, of which 3% were severely food insecure. By the second round of FSMS in August 2008, this had risen to 27% of households being food insecure and 12% severely food insecure (FSMS/joint 07/09).

The nutritional situation is complex

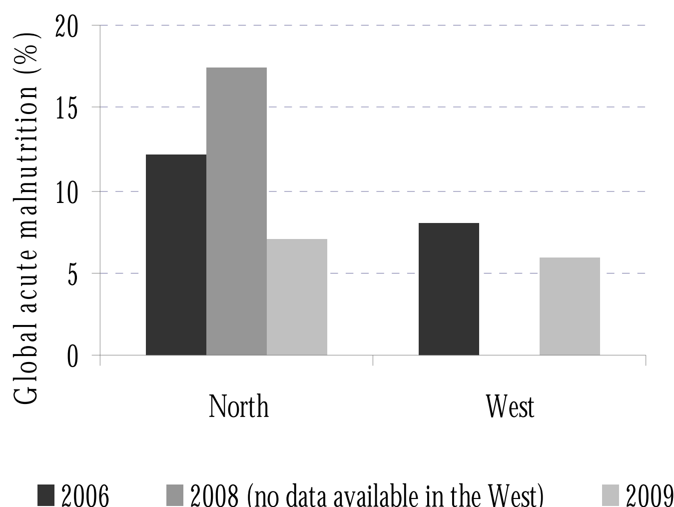
According to the recent nutrition survey conducted by a joint group of experts in July 2009 in the northern and western parts of the country, global acute malnutrition rates, based on WHO Growth Reference Standards, were at 8.2% (CI:7.1-9.3) in the North and 5.4% (3.9-6.8) in the West. Furthermore, stunting rates were considerably high with 44.7% (41.9-47.4) in the North and 40.3% (36.6-44.1) in the West. Compared to the previous year (based on the NCHS Reference Standard), GAM had dropped in the north from 17.5% in 2008 to 7.1%. In the western part of the country GAM was estimated at 5.6%, with no comparison data from 2008 (figure x). On the other side, stunting rates increased in the North, reaching 37.1% and remained high in the West with 33.8%, indicating chronic food insecurity in both parts of the country (MOPH/joint, 07/09).

As explanations for the decrease in acute malnutrition observed between 2008 and 2009 in the north, the report mentioned the possible impact of the National Nutrition Programme (PNN) and FAO supported interventions, which focused on an increase of food diversification at community level through education and the distribution of agriculture kits.

The analysis of infant and young child feeding and care practices showed particularly inadequate behaviours in Worodougou and Bas Sassandra, where only 1.8% and 3.9% of children aged 0-23 months had been breastfed within the first hour after birth and only 6.6% and 1.9% of children aged 0-5 months had been exclusively breastfed (table 2).

The country presents a complex nutrition situation. According to the results of the same survey, undernutrition in women (BMI < 18.5

Figure 6: Prevalence of global acute malnutrition, northern and western part, Cote d'Ivoire (NCHS References Standards), (MOPH/joint, 07/09)

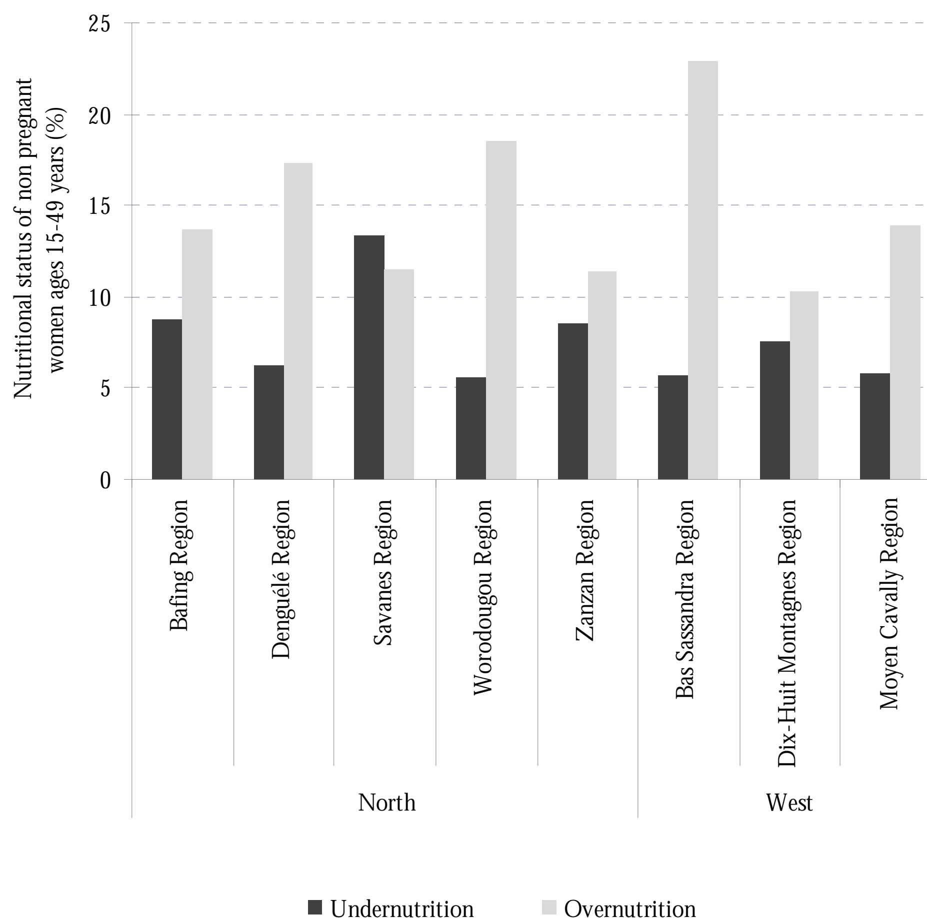


kg/m²) was generally less prevalent than overnutrition (BMI ≥ 25 kg/m²) among non-pregnant women aged 15-49 years, indicating an increasing double burden of malnutrition in the surveyed areas (figure x). Prevalence of undernutrition ranged between 5.6% and 13.4%, whereas overnutrition rates were between 10.3% and 22.9%. Only in the northern Savanna Region did undernutrition prevalence exceed that of overnutrition (Ministry of Public Health/joint, 07/09).

Table 2 : Infant and young child feeding practices in northern and western parts of Côte d'Ivoire (Ministry of Public Health/joint, 07/09)

Region		Initiation of breastfeeding within first hour of birth (0-23 months) %	Infants exclusively breastfed (0-5 months) %	Children with a minimum diet of four or more food groups (6-23 months) %	Children with a diet rich on iron (6-23 months) %
North	Bafing	14.3	5.3	21.8	37.2
	Denguélé	93.2	20.3	14.3	40.4
	Savanes	68.5	7.3	16.3	39.1
	Worodougou	1.8	6.6	2.0	47.3
	Zanzan	43.8	30.4	25.7	38.1
West	Bas Sassandra	3.9	1.9	5.7	71.9
	Montagnes	19.5	35.7	9.8	65.9
	Moyen Cavally	14.3	9.5	23.9	71.4

Figure 7: Survey results on nutritional status in non-pregnant women, northern and western parts of Côte d'Ivoire, (Ministry of Public Health/joint, 07/09)



Sierra Leone

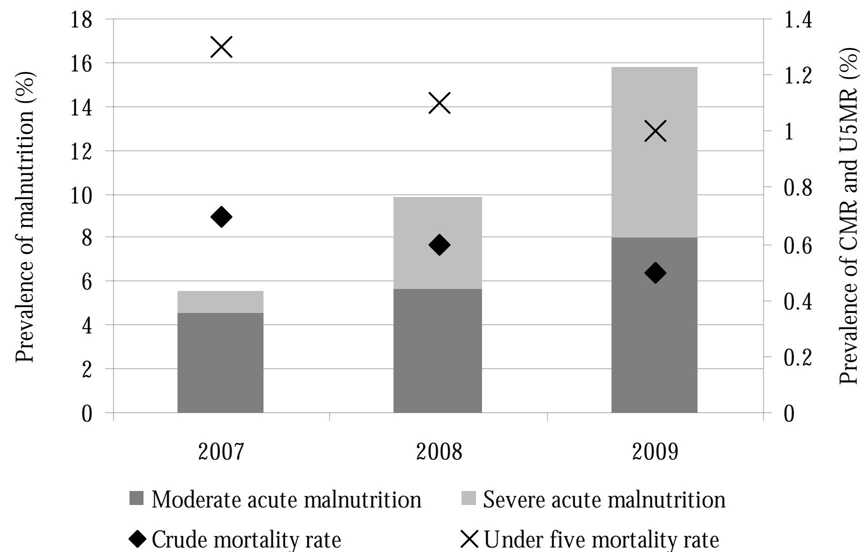
Overall food security situation relatively stable

The overall food security situation in Sierra Leone is estimated to be relatively stable, despite the fact that the supply of the main staple food rice is challenging in terms of meeting the national requirements. The rice harvest, completed by end of December 2009, was slightly below that of 2008, although it should be noted that it was higher than the past five-year average. Prices of imported rice vary throughout the markets and from August until October 2009, the price trends of both imported and local rice decreased or stabilized in most markets. The purchasing power of wage earners in urban areas improved due to lower consumer prices for rice, while that of cash crop farmers deteriorated due to a drop in the wholesale price of coffee. According to WFP, about 29% of the population in Sierra Leone has inadequate food consumption. In urban, peri-urban and rural areas, food expenditures constitute up to 50% of household monthly expenditures, indicating potential food insecurity (WFP, 12/09).

A recent survey from ACF-UK reported alarming levels of severe acute malnutrition (3.8%)

in the Moyamba District of southern Sierra Leone. The area of Moyamba possesses little in terms of public health infrastructure, including few trained hospital staff to successfully treat childhood malnutrition (ACF-UK, 12/09). Also, exclusive breastfeeding is not commonly practiced in the country, with only 8% of infants exclusively breastfed for the first 6 months (UNICEF, 2009). ACF launched an emergency response by providing treatment for over 600 children diagnosed with life-threatening severe acute malnutrition (Reliefweb, 12/09). MSF-B observed a dramatic increase of acute malnutrition rates in the last year in the catchment areas of five community health centres in Gondoma, Bandajuma, Gerihun, Jembe and Jimmi Bagbo, located in the neighboring Districts of Bo and Pujehun, (figure 8) (MSF-B, 11/09).

Figure 8: Results of nutrition surveys, Bo and Pujehun District, Sierra Leone (MSF-B, 11/09)



Central Africa

Democratic Republic of the Congo

Conflict in the northwest spurs wave of refugees

Since the end of October 2009, more than 120 000 people have fled the Dongo Region of the Sud-Ubangi District in north-western Equateur Province. A local conflict concerning fishing and agricultural rights led to attacks of the *enyele* militia against *munzaya* people. This was followed by fights between the ethnic groups and an offensive by the Forces Armées de la République

Démocratique du Congo (FARDC) against the enyele militia.

UNHCR is urging the creation of official camps for refugees in the neighboring Republic of the Congo, where more than 107 000 people fled, and in Central African Republic, where around 17 000 fled. Another 60 000 people are internally displaced, with the majority in Sud-Ubangi district.
Acute malnutrition rates in the area were already high before the conflict, at 11.8%, in addition to an estimated 45% of children under five suffering from stunting. Even though WFP was able to begin some food distributions to IDPs, the nutrition situation is very likely to worsen due to the abandonment of crops at harvest time, rising consumer prices and general market disruption (OCHA, 12/09 and 01/10).

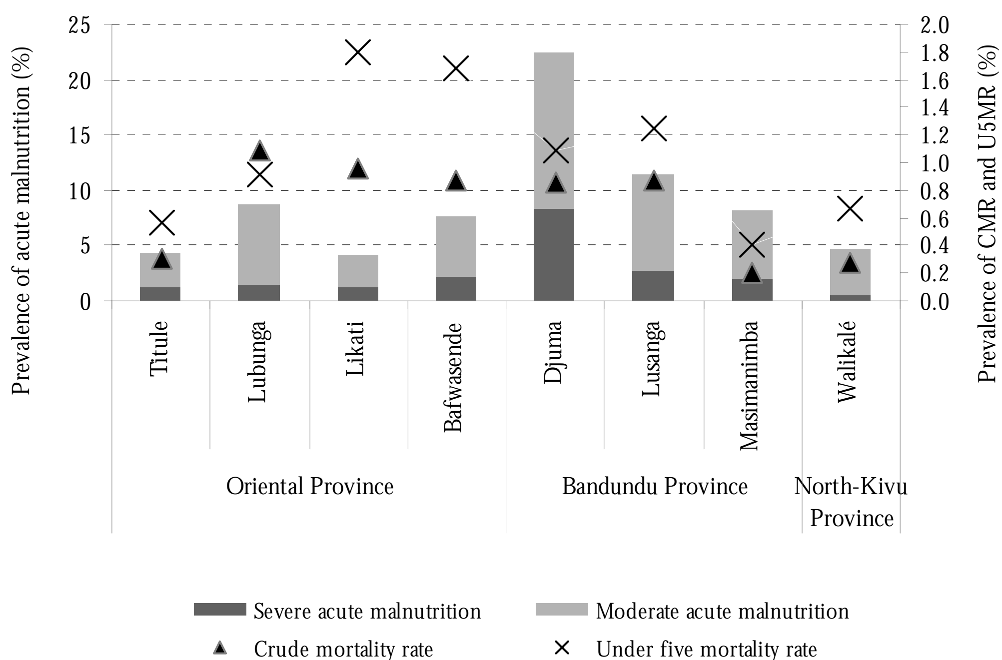
Security situation in eastern provinces remains fragile

Of special concern is the situation in Uele, Oriental Province, where around 45 000 people fled from attacks by the Lord's Resistance Army (LRA) in mid-December. The majority of those displaced arecurrently residing in Rungu and Nangazini.

In South-Kivu, the Forces Démocratiques pour la Liberation du Rwanda (FDLR) are still operational and continue to recruit combatants, financed mainly through the exploitation of gold. According to a group of experts who presented a report to the UN Security Council, operations of the FDLR are partly supported by officers of the FARDC. Both are responsible for a number of deaths amongst civilians during 2009, causing new waves of displacement (UNSC, 11/09). By end of December, the number of IDPs in South-Kivu Province was estimated at 730 000. Around 11 000 persons left South-Kivu for Katanga where about half of them are accommodated by local families.

In North-Kivu, important agricultural lands were destroyed by lava of the erupting volcano Nyamulagira on the 2nd of January 2010. Several crops were damaged and livestock died after grazing in grasslands covered by lava dust. Local authorities and the population fear a food crisis following this disaster (WHO, 02/10).

Figure 9: Results of nutrition surveys in Health Zones of Oriental, Bandudu and North-Kivu Province (ACF, 05/09 - 10/09)



ACF conducted a series of nutrition surveys in the country, including four surveys in Oriental Province, three in the Province of Bandundu and one in North-Kivu.

In Oriental Province, the highest rates of global acute malnutrition were found in Lubunga health zone, with 8.7% (6.1-11.4) for global acute malnutrition including 1.4% (0.7-2.0) for severe acute malnutrition (ACF, 06/09). An important factor contributing to the high prevalence rate is the large number of illegitimate children, which may be explained by the presence of the military camp in the zone. These children are often abandoned or given to grandparents who have insufficient resources to provide adequate care. Malnutrition rates are not significantly different from those in 2006 and 2008 which indicates that the situation has not improved and adequate answers to the problem are still outstanding.

Despite security problems that have caused numerous displacements in the area, the nutrition situation was found to be acceptable in the Walikalé health zone of North Kivu. A survey conducted by ACF in October 2009 estimated global acute malnutrition at 4.8% (CI: 3.1-6.6) (ACF, 10/09).

In Bandundu Province, in Djuma health zone, a serious nutrition crisis was identified with a prevalence of global acute malnutrition of 22.5% (CI: 18.0-27.1) - one of the highest rates ever measured by ACF in the country (ACF, 10/09). Severe acute malnutrition was at a very alarming 8.3% (CI: 6.2-10.5). Compared to the survey conducted in October 2008, the rates have more than doubled. Since data collection for the two surveys took place at the same time of the year, the results are most likely not due to seasonal fluctuations (figure 9).

The crisis situation in Djuma is the result of numerous factors, including a decrease in agricultural and animal production and difficulties in the marketing of agricultural products. Combined with a shortage of income-generating activities, this has led to a decrease in household incomes, with less money available for the purchase of nutritious food.

Uganda

Peace and stability are taking root

Northern Uganda has remained stable and secure in the past years following the Cessation of Hostilities agreement in 2006, even with the repeated failure of the Lord's Resistance Army (LRA) to sign the final peace agreement of the Juba Peace Process. Despite intensifying its activities in neighboring states, the LRA appears to no longer pose a direct threat within Uganda, prompting increased population movements out of camps. In general, humanitarian access is unhindered throughout the regions of humanitarian concern. Karamoja Region is the only part of the country in which insecurity continues to restrict humanitarian access (OCHA, 11/09).

Progress has been made in addressing the displacement situation in Northern Uganda, with almost 80% of former IDPs having returned to their villages. Despite the increased presence of government security bodies in Karamoja, crime rates continue to rise, particularly in the Amuru District, raising concerns for those returning to their villages. Some 400 000 residual IDPs remain in camps in northern and eastern Uganda.

Transition from humanitarian to recovery assistance

UN agencies and other organizations are working together with the Government of Uganda in support of the Peace, Recovery and Development Plan (PRDP) which aims to facilitate the transition from humanitarian to recovery and development assistance in Uganda. This transition is at a critical point in northern and eastern Uganda as gaps in social service provisions

are emerging. Deficient basic social services in return areas compound the vulnerability of IDP returnees regarding hunger, epidemic disease outbreaks and natural disasters. In Karamoja, the combined effects of climate change, insecurity and longstanding marginalization have led to the worst humanitarian indicators in the country (UGANDA CLUSTERS, 12/09).

Two million people continue to be in need of humanitarian assistance

According to UN estimates for 2010, some 2 million vulnerable individuals across four regions- Acholi, Teso, Karamoja and the refugee-hosting districts in West Nile and Southwestern Regions- remain in need of urgent humanitarian assistance.

The number of food insecure people in Uganda currently stands at approximately 1.4 million. At least 900,000 of those are in the Karamoja Region, an area that has suffered from recurrent drought conditions since 2006. Repeated lower-than-normal harvest or harvest failures have contributed to widespread food and livelihood insecurity. Following nearly two decades of insecurity and displacement that limited or wiped out production, households in northern Uganda are gradually rebuilding their food production and livelihoods. In eastern Uganda, a combination of population displacements over the years and poorly distributed rains or floods in the recent past have reduced people's means of production, leaving many households suffering moderate food insecurity (FEWS, 01/10).

A nutrition and mortality survey was conducted in the Lira District of the northern Ugandan Lango sub-region by ACF in August 2009. The global acute malnutrition rate was 3.5% (CI: 2.2-4.8), representing no change since 2008 (table 3). However, stunting rates were seriously high at 33.9% (CI: 29.3-38.4) among children 6-59 months old. According to the survey results, exclusive breastfeeding was widely practiced, but the number of meals provided to young children per day seemed inappropriately low, with nearly 50% consuming only two meals a day (ACF, 08/09).

Table 3 Results of nutrition and mortality surveys, Northern Uganda, (ACF-US, 05/08) and (ACF-US, 08/09)

Survey Area	Acute Malnutrition (%) (95% CI)	Severe Acute Malnutrition (%) (95% CI)	Crude Mortality (/10,000/day) (95% CI)	Under 5 Mortality (/10,000/day) (95% CI)
Oyam & Apac districts	5.9 (4.1-7.7)	0.3 (0.0-0.7)	0.71 (0.43-0.99)	1.75 (0.89-2.61)
Lira district	4.2 (2.6-5.8)	0.0	0.54 (0.27-0.82)	1.06 (0.39-1.73)

ACF-US conducted another survey in the informal settlements in Kampala City in July 2009, where global acute malnutrition rates were found to be within the normal range at 1.8% (CI: 0.3-3.2) (ACF, 07/09).

Political instability in the neighbouring countries of Sudan and DRC has led to an influx of thousands of refugees in the West Nile and South West subregions of Uganda in the past years. According to a joint nutrition assessment carried out by the MOH, in collaboration with IBFAN Uganda, UNHCR and WFP in August 2009, the overall nutrition situation in the refugee settlements showed GAM rates below 5%. However, anemia rates among children ages 6-59 months in the West Nile Region and women of reproductive age were extremely high, ranging between 54% and 79%. Anemia levels in the South West Region were

estimated between 30% and 59%, indicating a moderate to severe situation. The survey identified inadequate IYCF practices, as well as the poor overall nutritional status of women, as contributing factors to the high rates of anemia (MOH/Joint, 08/09).

Southern Africa

Swaziland

High HIV and AIDS prevalence is a human crisis

Swaziland faces a crisis arising from the combined effects of HIV/AIDS, poverty, recurrent drought and weakened capacity to deliver basic social services. Around 69% of Swaziland's one million residents live below the poverty line and the life expectancy is one of the lowest in the world at only 42 years.

The HIV prevalence rate is the highest in the world. It is estimated that about 40% of pregnant women attending antenatal care centres are HIV positive (UNAIDS, 10/08). Swaziland's first Demographic Health Survey, released in June 2007, indicated that 26.1% of the population aged between 15 and 49 years are HIV-infected. The impact of HIV/AIDS has been particularly hard on Swazi children. In the country, over 96 000 children are orphaned, the majority due to AIDS. Children head 15% of total households in the country. Widespread poverty, combined with the high prevalence rate, contributes to Swaziland's weak economic performance and also has a negative impact on household food security (WFP, 03/10).

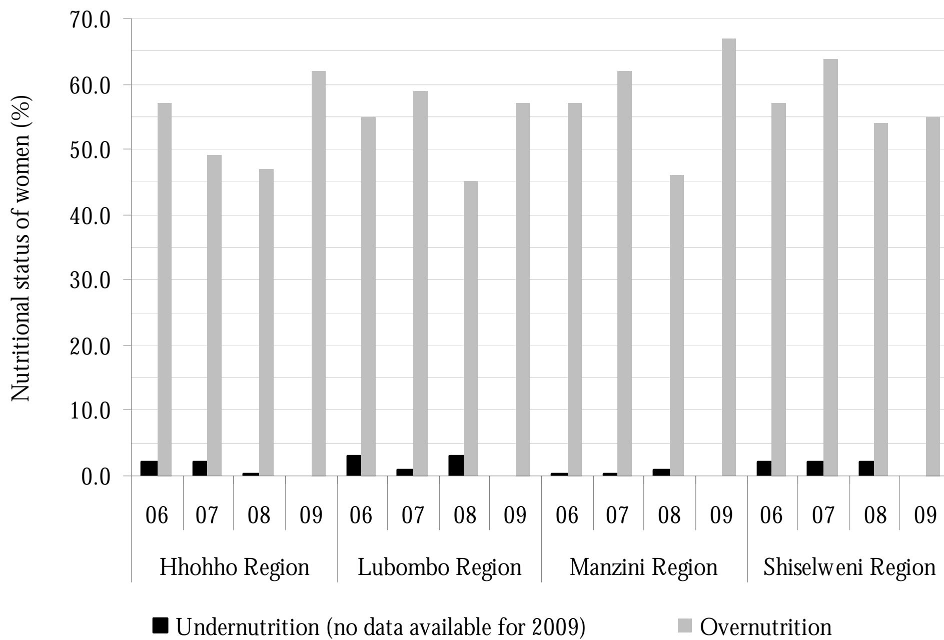
Although the annual harvest of maize in 2009, estimated at 70 000 tons, was slightly higher than the previous one, the country still needed to import around 90 000 tons of cereals during the consumption year April 2009–March 2010 (FEWS/joint, 02/10). Findings from the survey of the Swaziland Vulnerability Assessment Committee (VAC, 07/09) indicate that 256 000 people are facing a food deficit - 114 000 with acute food insecurity and 148 000 chronic food insecurity. Food price increases have come down from around 16% food inflation rate in January 2009, to 3.5% in December 2009 (FEWS/joint, 02/10). The proportion of the population who received assistance was particularly high in the Lowveld cattle and maize livelihood zone. Approximately 70% of 'poor' and 'very poor' households in the area, which stretches from north to south and covers parts of three regions of the country, received relief food in 2008 (AVC, 07/09).

Chronic undernutrition in children, overnutrition in women

According to the Swazi VAC survey report (07/09), the overall global acute malnutrition rate is only 1.0% in children 6-59 months of age, with a maximum of 1.7% according to region. However, stunting rates, which were last assessed in 2008, were above 35% in all regions. The Lubombo Plateau had reached an alarming 51% and the peri-urban areas 43% (VAC, 07/08).

At the same time, the VAC estimates that more than 50% of the observed women showed overnutrition (BMI >25kg/m^2), a situation already noted in 2006 (figure 10). The VAC concludes that this double burden may be a reflection of the poor quality diet, which consists mostly of carbohydrates from cereals with little diversity (FEWS/joint, 02/10). The Swaziland UN country team is in the process of including food security and nutrition as a core pillar for UN support to the government.

Figure 10: Results of vulnerability assessment, Swaziland (VAC, 07/09)



Asia

Afghanistan

Increase in war related insecurity hinders reconstruction and development

Decades of war, along with the escalating armed conflict in 2009, have turned Afghanistan into a complex emergency. The armed conflict is now affecting more than half of Afghanistan's territory. Also, in provinces not yet affected by open armed confrontations, roadside bombs and suicide bombings occur regularly. While the south and the south-east are most affected, the eastern provinces have also seen deterioration in the security situation. This insecurity hinders reconstruction and development in most parts of the country.

As a consequence, Afghanistan's economic and social indicators remain among the lowest in the world and its Human Development Index ranking was 181 out of 182 countries in 2009. Extreme poverty and lack of development have left the population more susceptible to crisis and emergencies, limiting their coping strategies and draining contingency reserves.

The maternal mortality rate of 1 600 per 100 000 live births is the second-highest in the world. The gender difference in literacy (18% female: 50% male) and the continuing

gender gap in school enrolment (35% of students are females) both highlight the disadvantaged social status of women and their restricted role in society (OCHA, 11/09).

Another consequence of the continued insecurity is the increase in internal displacement. In mid-November 2009, 276 000 people were estimated to have been displaced (including new and protracted displacements) by armed conflict, ethnic tensions, human rights violations, or natural disasters such as drought. About 1 500 families newly displaced by conflict were identified in Helmand Province in October 2009 alone. Humanitarian access to the displaced and other vulnerable groups remains limited. Therefore it has been difficult in many cases to determine their conditions and physical needs (OCHA, 11/09).

Repatriation efforts of Afghans from neighbouring countries have been gradual. The number of actual returnees was considerably lower than the 220 000 planned for in 2009, with the great majority coming from Pakistan and Iran. UNHCR is arranging to assist some 165 000 returnees in 2010.

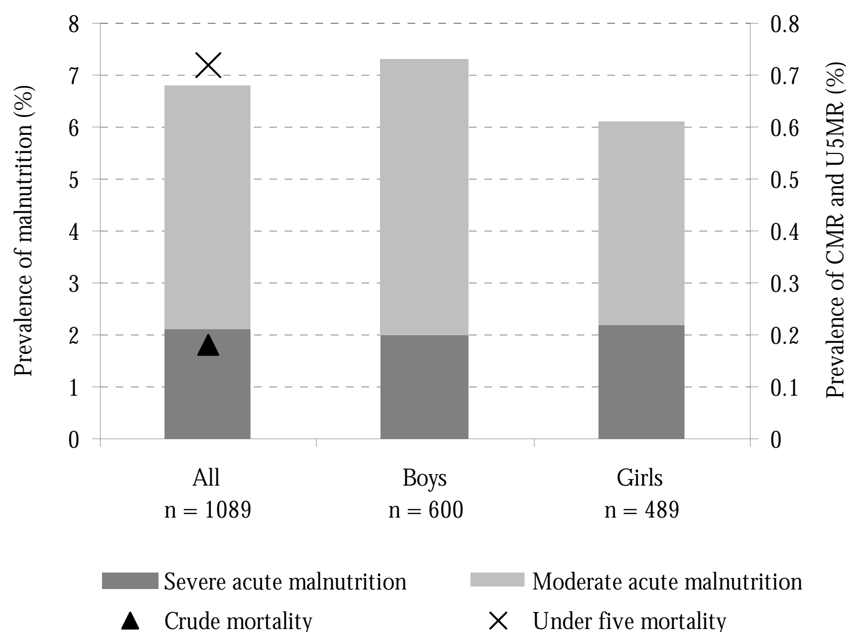
Current food security conditions are favourable

As compared to the last nine years, the current hunger season (March – June) looks optimistic in terms of food availability and food access. Following the large 2009 harvest and generous food aid distribution over the course of the past year, food availability is currently better than average. In addition, wheat prices continue to decrease against the five-year average and 2008 wheat market prices (FEWS, 02/10).

High vulnerability to natural disasters

Afghanistan's vulnerability to natural disasters remains high. A survey in flood-affected areas in the northern region identified four food-insecure districts: Aqcha, Faizabad, Murdyan and Khamyab in Jawzjan Province. An estimated 22 000 households in 13 provinces of the north, north-east and western part of the country were affected by floods in May 2009.

Figure 11: Results of nutrition survey, Jawzjan Province, Afghanistan (SC-UK, 07/10)



Short-term support needs to be linked to longer-term solutions

In July 2009, a nutrition assessment was conducted by SC-UK in the Jawzjan Province of northern Afghanistan. The prevalence of global acute malnutrition in children ages 6-59 months was 6.8% (CI:5.2-8.8) including 2.1% (CI: 1.3-3.4) of severe cases (figure 11). The prevalence of stunting, estimated at 55.3% (95%CI: 50.8-59.7%), was very high. All results were similar to estimates found in the last national nutrition survey of 2004. Among infants less than 6 months of age, 11.4% (CI: 6.8-18.5) were affected by global acute malnutrition and 16.4% (CI: 10.7-24.3%) by stunting. Annual admissions to therapeutic feeding units have been steadily rising and in 2008, 30% of admissions were infants under 6 months of age, indicating inadequate breastfeeding practices. Countrywide, it is estimated that the prevalence of chronic energy deficiency among women of childbearing age is as high as 21% (National Nutrition Survey 2004). SC-UK did not assess women's nutritional status.

Infant and young child feeding

According to survey findings, some of the infant and young child feeding (IYCF) indicators showed good results (SC-UK, 07/09). However, more than half of infants are not being put to the breast within an hour after birth or being exclusively breastfed for the first six months (table 4). Well over half of the mothers (68.7%) reported giving pre-lacteal fluids like sugar-water. Focus group discussions also revealed that, in some areas, infants were given half a teaspoon of "cow's oil" (fat skimmed off the cream) twice a day for up to 40 days after birth. This tradition is thought to smooth the intestine and was not recorded in the interviews as it is not considered as a drink or food. There seems to be some evidence that IYCF practices have improved with increased access to education sessions and medical care. Although advice of a doctor would be followed above that of a respected elderly women or mother-in-law, mothers also reported seeking advice from religious leaders, thus suggesting specific sensitization on IYCF for them is necessary.

TABLE 4 : INFANT AND YOUNG CHILD FEEDING PRACTICES, JAWZJAN PROVINCE, AFGHANISTAN (SC-UK, 07/09)

% of children who are: early initiation of breastfeeding	56.5	(52.1-60.8)
% of children who are: exclusively breastfed (<6 months)	47.5	(39.0-56.1)
% of children who are: fed solid, semi-solid or soft foods (6–8 months)	73.2	(61.4-83.1)
% of children who are: still breastfed (12–15 months)	93.8	(86.9-97.7)
% of children who receive: foods from 4 or more food groups (6-23 months)	40.7	(35.8-45.9)
% of children who received: meals the minimum number of times or more per day (6-23 months)	73.9	(69.1-78.3)
% of children who: consume iron-rich or iron fortified foods (6-23 months)	50.5	(45.4-55.7)
% of children who: receive a minimum acceptable diet (apart from breast milk) (6-23 months)	37.7	(32.8-42.9)
% of children who: are fed with a bottle (0-23 months)	24.3	(20.7-28.7)
% of children who: are fed infant formula (0-23 months)	6.2	(4.3- 8.7)

Middle East

Occupied Palestinian Territory

The Gaza Strip is the setting of a protracted political and socio-economic crisis. Recent events have worsened the already precarious living conditions and further eroded a weakened health system. The closure of Gaza in mid -2007, coupled by the last Israeli military strike (27 December 2008 and 18 January 2009), have led to the on-going deterioration of the social, economic and environmental determinants of health (WHO, 01/10).

Food insecurity affects 60% of households

The Palestinian Central Bureau of Statistics (PCBS), in cooperation with the WFP and FAO, has institutionalized a survey methodology to regularly assess information on socio-economic and food security conditions of households and related issues on a more regular basis. In November 2009, PCBS released a second report on socio-economic and food security issues in Gaza Strip based on data collection from April to June 2009. Conducted after the Israeli military operation "Cast Lead" in December 2008 and January 2009, it reflected the food security situation in the aftermath of this operation. According to the results, overall food insecurity affects 60% of households, while another 16% are considered vulnerable to food insecurity. Analysis revealed that both refugee and non-refugee population groups were affected. The prevalence of food insecurity is 6% higher among non-refugee households compared to households with refugee status (table 5).

TABLE 5: RESULTS OF FOOD SECURITY ASSESSMENT, GAZA STRIP, OCCUPIED PALESTINIAN TERRITORY (PCBS/JOINT, 11/09)

Population Group	Food insecure %	Vulnerable to food insecurity %	Marginally food secure %	Food secure %
Refugee	58.1	16.0	6.8	19.0
Non-refugee	64.2	16.5	4.9	14.3

During the military offensive in December 2008 and January 2009, about 10% of households reduced their daily number of meals to cope with increased food insecurity. Post-war coping strategies have included a reduction of food quantities consumed by adults in favour of their children (8.7% of households) and the consumption of food items that are less expensive, poorly diversified and lower in nutritional quality (33.7% of households).

In 2006, before the military operation, the prevalence of stunting was estimated at 13.2% and low birth weight at 7%. Micronutrient deficiencies were also widespread. In order to inform and guide appropriate health and nutrition interventions for achieving optimal maternal nutrition and infant and young child feeding practices, SC-UK (07/09) conducted a joint survey with its implementing partners in 12 communities in Gaza Strip in July 2009. According to nutritional screening data from three neighbourhoods - Al Attatra, Al Moqrega and Beit Hanoun - from April/May 2009, global acute malnutrition level was at 2.2% in children aged 6-59 months old.

Uncontrolled distribution of breast milk substitutes may influence women's decision on breastfeeding

Initiation of breastfeeding within one hour after delivery was reported by 64.1% of inter-

viewed mothers. However, the rate of exclusive breastfeeding was only 2.6%. It is very concerning that, while bottle feeding is common practice, access to safe water is a challenge for 80% of the households. Although no relation between bottle feeding and incidence of diarrhoea was found, the potential risk factors under the prevailing conditions should not be underestimated according to the surveyors.

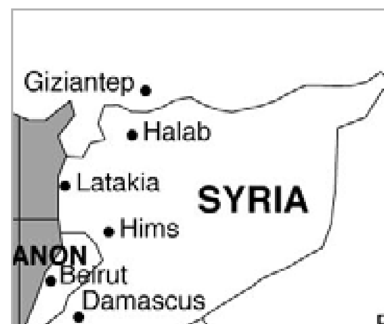
Uncontrolled distribution of breast milk substitutes in the absence of necessary basic and technical interventions to promote, support and protect appropriate infant and young child feeding practices were observed during and after the military operation in December 2008 and January 2009. About 50% of mothers reported a reduction in the frequency of breast feeding and 5% stopped breastfeeding altogether since the recent conflict. While most of these mothers felt unable to produce sufficient milk because their diet was inadequate, some stopped breast feeding due to the availability of breast milk substitutes. About 27% of mothers received infant formula, 47% other milk products and 5% baby bottles as part of relief distributions.

According to these findings, infant and young child feeding practices have deteriorated since the recent hostilities. The authors conclude that the promotion of supportive environments for breastfeeding needs to be stronger during the humanitarian response phase and that adherence to international standards for the protection of safe infant and young child feeding in crisis situations be enforced (SC-UK, 07/09) .

Table 6 : Infant and young child feeding practices, Gaza Strip, Occupied Palestinian Territory (SC-UK, 07/09)

% of children who are: early initiation of breastfeeding	64.1	(61.0-67.2)
% of children who are: exclusively breastfed (<6 months)	2.6	(0.7- 4.5)
% of children who are: fed solid, semi-solid or soft foods (6–8 months)	83.1	(70.7-88.3)
% of children who are: continued breastfed at 1 year (12-15 months)	40.3	(31.5-49.1)
% of children who receive: foods from a minimum of 4 or more food groups) (6-23 months)	77.7	74.7-80.9)
% of children who received: meals the minimum number of times or more per day (6-23 months)	81.3	(78.4-84.2)
% of children who: consume iron-rich or iron fortified foods (6-23 months)	100.	
% of children who: receive a minimum acceptable diet (apart from breast milk) (6-23 months)	73.8	(70.6-77.2)
% of children who: are fed with a bottle (0-23 months)	35.6	(35.6-38.7)

Syrian Arab Republic



Some 1.3 million people affected by drought

The 2009 drought affecting Syria is the third one in as many years. According to the Government of Syria and UN assessments in 2009, some 1.3 million people in the northeast have been affected, out of which over 800 000 have lost almost all of their livelihoods and face extreme hardship. According to the UN Needs Assessment Mission, up to 80% of those severely affected live on a diet consisting of bread and sugared tea, which, on average, only covers half of the caloric and protein nutritional requirements (OCHA, 02/10; CERF, 11/09).

One of the most visible effects of the drought is the ongoing rural exodus out of the affected areas in 2009. Migration estimates range from 40 000 – 60 000 families. About 36 000 families have apparently migrated from Hassakeh Governorate alone. In the areas where the migrants have temporarily settled, they still face hardship and poverty.

Low global acute malnutrition rates but high prevalence of anaemia

Syria continues to host the largest population of refugees from Iraq. The total number of Iraqi refugees is estimated at 1.2 million. There are 205 754 Iraqi refugees registered with UNHCR across the country. ACF-S evaluated the health, nutrition and livelihood conditions of Iraqi refugees in settlements in the countryside of Hassake Governorate and Der Ezzor Governorate in the northeast of the country between October and December 2009 (ACF-S/joint, 01/10).

Global acute malnutrition rate was 5.4% (CI: 1.8-9.0), with 1.9% (CI: 0.1-3.6) severe acute malnutrition. Stunting prevalence was 11.9% (CI: 5.7-18.1). The majority of mothers breastfed their children (93%), but only half of the mothers started breastfeeding within the first three hours after delivery and only 41% of the mothers gave breast milk first. It was suggested that religious beliefs encourage that honey be given on delivery or at least sugared water. Anaemia prevalence was very high, affecting about 50% of children aged 6-59 months. One third of all children were moderately or severely anaemic. Intake of iron supplementation was found to be low, with only 10.2% of children receiving it. Consumption of iron rich food was also estimated to be low in children (ACF-S/joint, 01/10).

The Caribbean

Haiti

On January 12th 2010, Haiti was rocked by its strongest earthquake in more than 200 years, measuring 7.0 on the Richter scale. The earthquake struck Ouest Province, with the epicenter some 17 km southwest of Haiti's capital, Port-au-Prince. The nearby cities of Carrefour, Leogane and Jacmel, as well as other areas to the west and south of Port-au-Prince, were also affected (map 1) (OCHA, 01/10).

Around 1.2 million homeless

At the moment there is no way to be certain of the numbers of people killed, wounded, trapped, missing or homeless. An estimated 3 million people are severely affected, in the sense of injury and/or loss of access to essentials such as food, water, health care, shelter, plus livelihoods, education and other basic needs. Meanwhile the government estimates the number of deaths to be around 217 366, with another 300 572 people injured, and at least 383 people still missing. Around 1.2 million people are homeless and living in spontaneous settlements, most of them in Port-au-Prince. Many of them are still under sheets and cardboard in makeshift camps. In addition, an estimated 511 000 people have traveled to areas outside the capital in search of shelter, food, medical care, etc., exerting additional demographic pressure on rural areas and other urban centers. The UN estimates that out of the 3 million people severely affected, at least 2 million are in need of regular food aid (OCHA, 06/02/10; DPC, 15/02/10).

Initial international effort has focused on urban search and rescue and improving logistics. Large-scale aid, including medical assistance and evacuation, water, food, tents and blankets, is also being prioritized. The level of casualties sustained by civil servants, as well as the damage to public buildings and services, has significantly reduced the capacity of national authorities to lead and coordinate the response. Port-au-Prince's critical infrastructure, such as electricity and water, is still disabled. Communications remain widely disrupted. The damage to infrastructure will inevitably affect the speed and scale of the relief effort.

Food insecurity increased

Before the earthquake, the food-insecure population was estimated at 1.8 million people (FEWS NET, October 2009). In particular, the food security situation in rural villages and areas along the border with the Dominican Republic was already precarious prior to the earthquake. Now, with the arrival of thousands of people from Port-au-Prince and the increased demand for food, the situation is deteriorating even further.

The data collection phase for the country-wide multi-sectoral needs assessment has been completed. The data are currently being statistically weighted against existing population figures. Final results are being expected (OCHA, 8 Feb 2010).

Nutritional needs

Although post-crisis nutritional surveys and assessments are pending, the pre-crisis GAM rate was estimated at 4.5% for the affected areas, with severe acute malnutrition at 0.8%. Based on these figures, an estimated 27 200 children are affected by global acute malnutrition, of which 4 850 are severely malnourished and in need of life-saving assistance. Assessments are underway to determine the post-crisis GAM levels in highly affected areas (NCC, 22/02/10).

Although these data do not indicate an emergency situation, a further increase in acute malnutrition and micronutrient deficiencies is expected with the start of the rainy season because overall sanitary conditions are poor and the risk of child morbidity will increase. The seasonal pre-harvest

hunger gap from May to July might aggravate the nutrition situation even further.

In order to prevent any additional deterioration, adequate nutritional support is needed for approximately 300 000 children under 2 years of age. These children are at greater risk of malnutrition due to food insecurity, inappropriate feeding practices or the absence of breastfeeding. Displaced, orphaned and unaccompanied children are the major focus of all nutritional operational agencies given risks to their nutrition security (NCC Haiti, 28/01/10). Special attention is also being given to pregnant and lactating mothers and, in particular, to the control of infant formula distribution and its use.

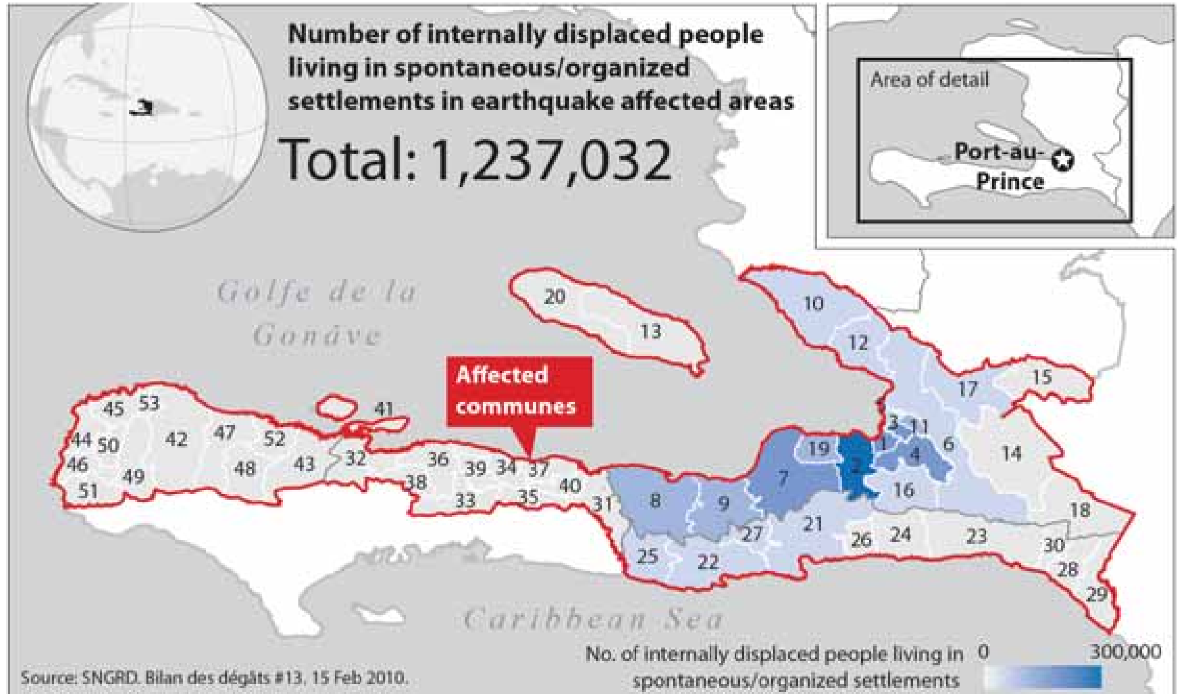
Nutrition interventions so far:

So far, some 107 community outpatient care centres and 19 mobile units are currently operational, capable of treating acute malnutrition. Nutrition Cluster partners plan to open about 105 additional ones in the coming weeks. A major constraint for scaling up is the lack of staff trained in the integrated management of acute malnutrition (NCC, 22/02/10). Furthermore, some 61 'baby-friendly tents', which provide both nutrition support and counselling on infant and young child feeding (including breastfeeding) to care givers, have been established.

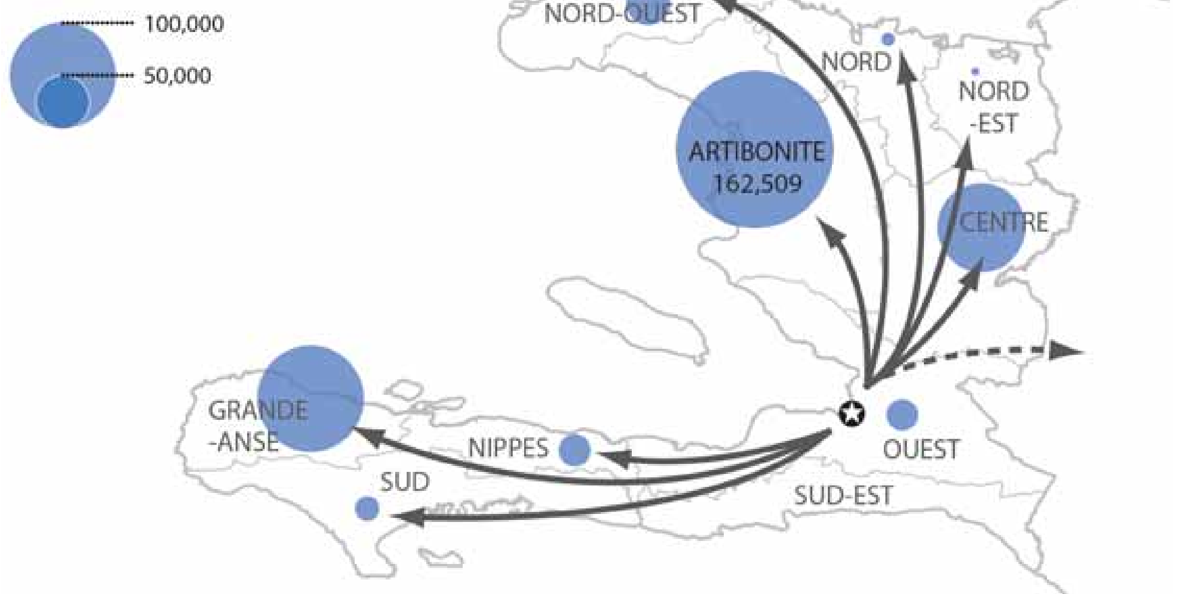
Blanket supplementary feeding for an estimated target of 53 600 children 6-59 months old and 16 000 pregnant and lactating women is under way in temporary settlements around Port-au-Prince.. High-energy biscuits and supplementary plumpy, as well as deworming tablets, are being distributed. Coverage is expected to increase in the coming weeks (NCC, 22/02/10).

A revised Humanitarian Appeal was launched in February 2010 for US$ 1 441 million, one of the largest ever natural disaster appeals. It runs from January to December 2010 and folds into the earlier Flash Appeal (OCHA, 18/02/10). So far, donors have contributed 69% of the total of originally pledged US$ 43 million funds sought for post-earthquake nutritional assistance to women and children in Haiti (OCHA, 18/02/10). Human resources to ensure continuous staffing of the nutrition cluster and of the implementing agencies still remains a challenge (GNC, 03/03/10).

Internal Displacement and Population Figures (as of 15 February 2010), HAITI (OCHA 16/02/10)



Affected communes: communes where death, missing, injured, people living in shelter, house damaged or destroyed reported by the Government.



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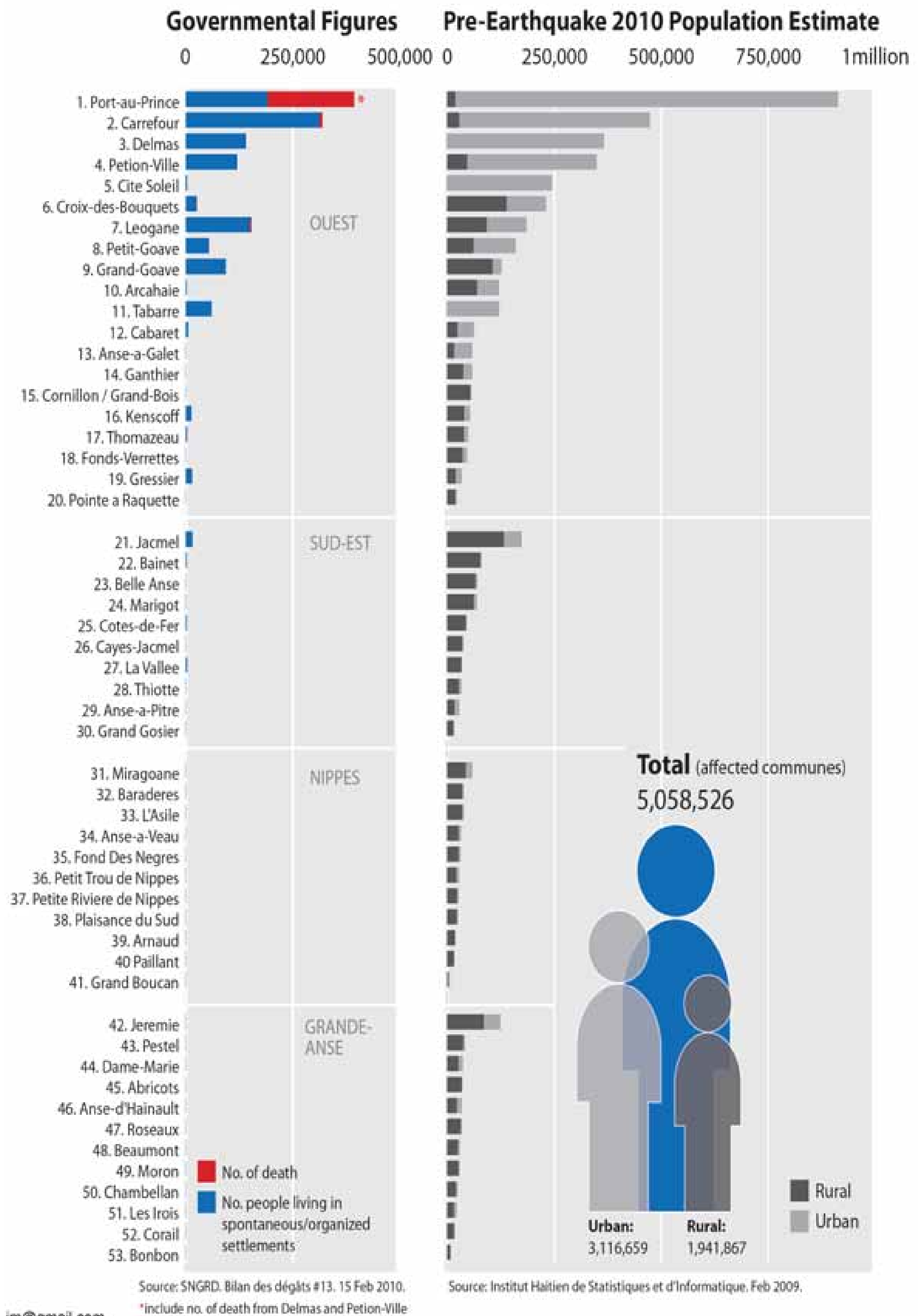

Results of surveys

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI)§		Severe Acute Malnutrition** (%) (95% CI)§		Oedema (%)	MUAC# (%)
GREATER HORN OF AFRICA ETHIOPIA										
OROMIYA REGION										
Metta Woreda, East Hararghe Zone	Oct-09	Residents	252,185	GOAL	11.9 *11.4[1]*	8.8-14.9 *8.6-14.2*	1.9 *3.1[1]*	1.0-2.8 *1.7-4.4*	0.6	MUAC < 11.0 cm: 1.5 MUAC < 12.5 cm 14.4
KENYA										
NORTH EASTERN PROVINCE										
Mandera East District: Central, Khalaio and Libehia Divisions	Jan-09	Residents	-	ACF-US	19.8 *20.5[1]*	16.2-23.4 *16.6-24.4*	1.1 *2.8[1]*	0.4-1.9 *1.4-4.1*	0.3	MUAC < 11.0 cm: 0.1 MUAC < 12.0 cm: 1.5
Mandera West District: Malkamari, Banissa, and Rhamu Dimtu Divisions	Feb-09	Residents	-	ACF-US	26.0 *26.2[1]*	21.7-30.3 *21.5-30.8*	1.2 *4.2[1]*	0.3-2.1 *2.6-5.8*	0	MUAC < 11.0 cm: 0.3 MUAC < 12.0 cm: 1.8
Mandera West District: Takaba and Dandu Divisions	Mar-09	Residents	-	ACF-US	31.5 *32.3[1]*	27.0-35.9 *28.2-36.4*	2.6 *5.7[1]*	1.3-3.9 *3.5-7.8*	0	MUAC < 11.0 cm: 0.6 MUAC < 12.0 cm: 3.8
NAIROBI MUNICIPALITY										
Mathare, Central Division	Jan-09	Residents	118,000	ACF	4.5 *4.0[1]*	1.4-7.7 *0.9-7.1*	1.0 *1.0[1]*	0-2.4 *0-2.4*	-	-
Mathare, Central Division	Apr-09	Residents	118,000	ACF	4.3 *4.3[1]*	1.7-6.9 *1.5-7.1*	1.7 *1.7[1]*	0-3.4 *0-3.4*	-	-
Mathare, Central Division	Jul-09	Residents	118,000	ACF	5.2 *6.0[1]*	3.3-8.7 *2.6-7.7*	3.0 *3.0[1]*	1.0-5.1 *1.0-5.1*	-	-

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Measles immunisation coverage (%)[#]		Assessment of micro-nutrient	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	Deficiencies (%)						
17.8	61.9	-	15.7	-	0.16	0-0.31	0.30	0.0-0.73
29.2	92.6	-	-	-	0.73	0.38-1.09	0.78	0.11-1.44
12.1	72.9	-	-	-	0.78	0.45-1.12	1.48	0.74-2.22
15.0	65.6	-	-	-	0.91	0.6-1.22	1.15	0.51-1.78
45.4	89.2	-	76.8	-	-	-	-	-
39.4	81.8	-	69.2	-	-	-	-	-
-	-	-	-	-	-	-	-	-

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI)§		Severe Acute Malnutrition** (%) (95% CI)§		Oe-dema (%)	MUAC# (%)
SUDAN										
North Darfur										
Abushok and As Salam IDP camps	Jul-09	IDPs	-	SMOH/ UNICEF	26.1	23.3-29.1	2.5	1.6-3.8	-	-
Al Fasher town	May-09	Residents, 15% IDPs	-	SMOH/ UNICEF	16.9	13.9-20.6	2.6	1.7-3.9	-	-
Al Kuma	May-09	Residents, IDPs	-	SMOH/ UNICEF	24.6	20.8-29.0	4.4	3.2-6.0	-	-
Kebkabiya town	Jun-09	20% Residents, 60% IDPs	-	SMOH/ UNICEF	25.5	21.7-29.8	4.3	3.1-5.8	-	-
Mahlha	Jul-09	Residents	-	SMOH/ UNICEF	34.5	30.4-39.3	3.9	2.8-5.5	-	-
Umkadada	Jul-09	Residents	-	SMOH/ UNICEF	25.1	21.6-29.5	4.5	3.4-6.1	-	-
Upper Nile State										
Malakal Southern Zone	Feb-09	Residents	-	ACF/ MOH	21.6 *20.7*[1]	15.6-27.5 *14.6-28.8*	1.7 *4.3*[1]	0.1-3.4 *2.0-6.6*	-	Height >65 cm MUAC <11.0 cm: 0.4 MUAC <12.0 cm: 5.6

Continued...

Measles immunisation coverage (%)[#] Proved by card	Measles immunisation coverage (%)[#] Card + history	Assessment of micro-nutrient Deficiencies (%)	Vitamin A distribution coverage (%) within the past 6 months	Women's anthropometric status (%)	Crude Mortality (/10,000/day) (95% CI)[$]		Under 5 Mortality (/10,000/day) (95% CI)[$]	
-	97.4	-	98.0	-	0.7	-	2.1	-
-	93.3	-	98.9	-	0.6	-	0.7	-
-	-	-	-	-	-	-	-	-
4.4	74.4	-	89.5	-	0.2	-	0.3	-
-	97.7	-	99.8	-	0.3	-	0.5	-
-	90.9	-	94.9	-	0.3	-	0.7	-
-	-	-	-	-	-	-	-	-

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI)§		Severe Acute Malnutrition** (%) (95% CI)§		Oedema (%)	MUAC# (%)
WEST AFRICA **COTE D'IVOIRE**										
NORTH										
Bafing Region	Jul-09	Residents	-	PNN/ joint	7.9 *8.3[1]*	5.4-11.3 *5.5-12.3*	2.0 *3.1[1]*	0.8-4.5 *1.8-5.3*	-	MUAC <11.0 cm: 1.0 MUAC <12.5 cm: 7.3
Denguélé Region	Jul-09	Residents	-	PNN/ joint	6.8 *6.8[1]*	4.7-9.8 *4.7-9.9*	0.5 *2.1[1]*	0.2-1.6 *1.9-4.2*	-	MUAC <11.0 cm: 0 MUAC <12.5 cm: 4.9
Savanes Region	Jul-09	Residents	-	PNN/ joint	5.7 *7.8[1]*	3.8-8.4 *5.9-10.3*	0.8 *0.8[1]*	0.3-2.2 *0.3-2.8*	-	MUAC <11.0 cm: 0.8 MUAC <12.5 cm: 6.4
Worodougou Region	Jul-09	Residents	-	PNN/ joint	7.8 *9.6[1]*	5.9-10.4 *7.5-12.3*	0.7 *3.3[1]*	0.8-4.9 *1.7-6.3*	-	MUAC <11.0 cm: 1.7 MUAC <12.5 cm: 8.8
Zanzan Region	Jul-09	Residents	-	PNN/ joint	6.9 *8.0[1]*	3.9-11.9 *5.4-11.7*	0.6 *1.9[1]*	0.2-2.0 *0.9-4.1*	-	MUAC <11.0 cm: 2.1 MUAC <12.5 cm: 8.9
WEST										
Bas Sassandra Region	Jul-09	Residents	-	PNN/ joint	4.1 *3.9[1]*	2.3-7.2 *2.2-6.7*	0.5 *0.5[1]*	0.1-1.9 *0.1-1.9*	-	MUAC <11.0 cm: 0 MUAC <12.5 cm: 3.0
Dix-Huit Montagnes Region	Jul-09	Residents	-	PNN/ joint	8.6 *8.4[1]*	5.5-13.0 *5.6-12.4*	4.3 *4.5[1]*	2.3-7.8 *2.4-8.2*	-	MUAC <11.0 cm: 0.2 MUAC <12.5 cm: 4.4
Moyen Cavally Region	Jul-09	Residents	-	PNN/ joint	4.2 *3.8[1]*	2.7-6.4 *2.4-6.0*	0.2 *1.2[1]*	0.2-2.4 *0.5-3.0*	-	MUAC <11.0 cm: 0.3 MUAC <12.5 cm: 2.5

Continued...

Measles immunisation coverage (%)[#] Proved by card	Measles immunisation coverage (%)[#] Card + history	Assessment of micro-nutrient Deficiencies (%)	Vitamin A distribution coverage (%) within the past 6 months	Women's anthropometric status (%)	Crude Mortality (/10,000/day) (95% CI)[§]	Under 5 Mortality (/10,000/day) (95% CI)[§]
-	-	-	80.9	non pregnant[3] BMI < 18.5 kg/m^2: 8.8 BMI > 25 kg/m^2: 13.7 pregnant:[3] MUAC < 21.0 cm: 2.1 MUAC < 23.0 cm: 11.6	- -	- -
-	-	-	83.2	non pregnant[3] BMI < 18.5 kg/m^2: 6.3 BMI > 25 kg/m^2: 17.3 pregnant:[3] MUAC < 21.0 cm: 0 MUAC < 23.0 cm: 5.6	- -	- -
-	-	-	84.0	non pregnant[3] BMI < 18.5 kg/m^2: 13.4 BMI > 25 kg/m^2: 11.5 pregnant:[3] MUAC < 21.0 cm: 2.4 MUAC < 23.0 cm 11.9	- -	- -
-	-	-	63.2	non pregnant[3] BMI < 18.5 kg/m^2: 5.6 BMI > 25 kg/m^2: 18.5 pregnant:[3] MUAC < 21.0 cm: 1.0 MUAC < 23.0 cm: 9.1	- -	- -
-	-	-	73.2	non pregnant[3] BMI < 18.5 kg/m^2: 8.5 BMI > 25 kg/m^2: 11.4 pregnant:[3] MUAC <21.0 cm: 2.5 MUAC< 23.0 cm: 5.0	- -	- -
-	-	-	81.4	non pregnant[3] BMI <18.5 kg/m^2: 5.7 BMI >25 kg/m^2: 22.9 pregnant:[3] MUAC <21cm: 0.0 MUAC 21-23cm: 6.9	- -	- -
-	-	-	85.2	non pregnant[3] BMI <18.5 kg/m^2: 7.6 BMI >25 kg/m^2: 10.3 pregnant:[3] MUAC <21cm: 1.5 MUAC 21-23cm: 12.3	- -	- -
-	-	-	80.5	non pregnant:[3] BMI <18.5 kg/m^2: 5.8 BMI >25 kg/m^2: 13.9 pregnant:[3] MUAC <21cm: 0.0 MUAC 21-23cm: 10.5	- -	- -

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI)§		Severe Acute Malnutrition** (%) (95% CI)§		Oe-dema (%)	MUAC# (%)
SIERRA LEONE										
Southern Province										
Five health centres' catchment area, Bo District	Nov-09	Residents	157,665	MSF-B	14.6 *15.6*[1]	11.1-18.1 *12.0-19.2*	2.7 *7.8*[1]	1.5-3.8 *5.8-9.8*	-	MUAC < 11cm: 1.2
Central Africa										
Democratic Republic of the Congo										
Oriental Province										
Zone de Santé de Titule	May-09	Residents	65,248	ACF	5.0 *4.4*[1]	3.2 - 6.9 *2.4 - 6.3*	1.5 *1.2*[1]	0.4 - 2.5 *0.2 -2.2*	1.2	Height >= 65cm: MUAC <11.0 cm: 0.5 MUAC <12.0 cm: 1.6
Zone de Santé de Lubunga	Jun-09	Residents	144,470	ACF	10.1 *8.7*[1]	7.5 -12.8 *6.1 - 11.4*	1.9 *1.4*[1]	0.8 - 2.9 *0.7 - 2.0*	0.4	Height >= 65cm: MUAC <11.0 cm: 1.2 MUAC <12.0 cm: 4.9
Zone de Santé de Likati	Jul-09	Residents	59,342	ACF	5.2 *4.1*[1]	3.7 -6.7 *2.5 - 5.7*	1.2 *1.2*[1]	0.3 -2.2 *0.3 - 2.2*	1.2	Height >= 65cm: MUAC <11.0 cm: 0.5 MUAC <12.0 cm: 3
Zone de Santé de Bafwasende	Aug-09	Residents	76,305	ACF	8.5 *7.6*[1]	6.4-10.5 *5.4 -9.7*	1.3 *2.1*[1]	0.6-2.0 *1.2 -2.9*	1.2	Height >= 65cm: MUAC <11.0 cm: 0.1 MUAC <12.0 cm: 2.1
Bandudu Province										
Zone de Santé de Djuma	Oct-09	Residents	178,996	ACF	19.8 *22.5*[1]	16.0-23.6 *18.0-27.1*	4.1 *8.3*[1]	2.6-5.6 *6.2-10.5*	2.0	Height >= 65cm: MUAC <11.0 cm: 2.5 MUAC <12.0 cm: 8.6
Zone de Santé de Lusanga	Oct-09	Residents	197,387	ACF	10.6 *11.4*[1]	8.6-12.6 *9.1-13.6*	1.0 *2.8*[1]	0.2-1.7 *1.5-4.1*	-	Height >= 65cm: MUAC <11.0 cm: 0.3 MUAC <12.0 cm: 3.3
Zone de Santé de Masima-nimba	Oct-09	Residents	162,529	ACF	7.3 *8.2*[1]	5.4-9.2 *6.0-10.5*	1.1 *2.0*[1]	0.0-2.1 *0.7-3.3*	-	Height >= 65cm MUAC <11.0 cm: 1.0 MUAC <12.0 cm: 4.4
South Kivu Province										
Zone de santé de Walikalé	Oct-09	Residents	156,405	ACF	4.2 *4.8*[1]	2.5-5.8 *3.1-6.6*	0.8 *0.6*[1]	0.2-1.3 *0.1-1.2*	0.6	Height >= 65cm: MUAC <11.0 cm: 0.3 MUAC <12.0 cm: 1.9

Continued...

Measles immunisation coverage (%)#		Assessment of micro-nutrient Deficiencies (%)	Vitamin A distribution coverage (%) within the past 6 months	Women's anthropometric status (%)	Crude Mortality (/10,000/day) (95% CI)$		Under 5 Mortality (/10,000/day) (95% CI)$	
Proved by card	Card + history							
48.9	86.4	-	-	-	0.49	0.38-0.59	1.00	0.67-1.32
4.6	73.8	-	88.2	-	0.30	0.14-0.46	0.56	0.03-1.10
1.2	47.0	-	80.7	-	1.09	0.63-1.54	0.92	0.31-1.54
1.2	47.0	-	80.7	-	1.09	0.63-1.54	0.92	0.31-1.54
13.2	62.5	-	88.0	-	0.96	0.46 -1.46	1.80	0.97 - 2.63
36.6	81.2	-	89.8	-	0.85	0.51-1.20	1.09	0.41-1.78
50.5	85.8	-	86.4	-	0.87	0.54-1.19	1.24	0.66-1.83
15.5	93.6	-	92.7	-	0.21	0.06-0.36	0.41	0.00-0.83
5.2	85.6	-	83.7	-	0.28	0.13-0.43	0.66	0.25-1.07

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI)§		Severe Acute Malnutrition** (%) (95% CI)§		Oe-dema (%)	MUAC# (%)
UGANDA										
CENTRAL REGION										
Informal settlements, Kampala Municipality	Jul-09	Residents, IDPs, and immigrants from Rwanda, Sudan, Ethiopia, Congo	-	ACF, UNICEF	1.9 *1.8*[1]	0.6-3.2 *0.3-3.2*	0 *0*	- -	0	MUAC < 11.5cm: 0 MUAC < 12.5 cm 0.5
NORTHERN REGION										
Lira District, Lango Sub-region	Aug-09	Residents 81.2 %, Temporary residents 0.9%, Re-turnees 17.9%	674,744	ACF, UNICEF	3.3 *3.5*[1]	2.1-4.5 *2.2-4.8*	0.2 *0.2*[1]	0-0.5 *0-0.5*	-	MUAC < 11.5cm: 0.8 MUAC < 12.5 cm: 3.3
Adjumani, Impevi/ Rhino, Kiry-andongo, and Palorinya settlements	Aug-09	Refugees	-	MOH/ joint	4.8 *3.8*[1]	3.5-6.6 *2.4-5.4*	0.7 *0.2*[1]	0.3-1.8 *0.1-1.0*	-	-
Adjumani settlement, West Nile	Aug-09	Refugees	-	MOH/ joint	*4.7*[1]	*2.3-9.2*	*0.0*[1]	*0.0-0.0*	-	MUAC <11.5 cm 0.3 MUAC <12.5 cm 2.2
Imvepi/ Rhino Camp, West Nile	Aug-09	Refugees	-	MOH/ joint	*4.8*[1]	*1.9-11.4*	*1.1*[1]	*0.2-5.7*	-	MUAC <11.5 cm 0.7 MUAC <12.5 cm 3.1
Kiryandongo settlement, West Nile	Aug-09	Refugees	-	MOH/ joint	*2.0*[1]	*0.6-6.4*	*0.0*[1]	*0.0-0.0*	-	MUAC <11.5 cm 1.5 MUAC <12.5 cm 4.4
Palorinya settlement, West Nile	Aug-09	Refugees	-	MOH/ joint	*2.1*[1]	*0.5-9.3*	*0.0*[1]	*0.0-0.0*	-	-

Continued...

Measles immunisation coverage (%)[#]		Assessment of micro-nutrient	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	Deficiencies (%)						
42.6	90.1	-	-	-	0.19	0-0.41	0.17	0-0.47
33.3	88.0	-	-	-	0.23	0.06-0.39	0.29	0-0.65
-	50.7	Anemia: 6-59 months: 69.8 NPNL women: 49.5 pregnant: 71.4	25.8	-	0.07	0.02-0.22	0.11	0-0.85
-	64.9	Anemia: 6-59 months: 74.7 women: 55.9	29.3	-	-	-	-	-
-	45.0	Anemia: 6-59 months: 53.8 women: 33.3	30.0	-	-	-	-	-
-	27.9	Anemia: 6-59 months: 77.8 women: 52.8	16.7	-	-	-	-	-
-	58.2	Anemia: 6-59 months: 78.8 women: 57.9	24.4	-	-	-	-	-

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI)§		Severe Acute Malnutrition** (%) (95% CI)§		Oe-dema (%)	MUAC# (%)
WESTERN REGION										
All four settlements, South-West	Aug-09	Refugees	-	MOH/ joint	2.5 *2.8*[1]	1.7-3.8 *1.9-4.1*	0.7 *0.7*[1]	0.3-1.4 *0.3-1.4*	-	-
Kyaka settlement, South-West	Aug-09	Refugees	-	MOH/ joint	*1.5*[1]	*0.5-4.2*	*0.0*[1]	*0.0-1.8*	-	-
Kyangwali settlement, South-West	Aug-09	Refugees	-	MOH/ joint	*4.1*[1]	*2.2-7.7*	*0.9*[1]	*0.3-3.3*	-	-
Nakivale settlement, South-West	Aug-09	Refugees	-	MOH/ joint	*2.2*[1]	*1.1-4.3*	*0.3*[1]	*0.0-1.6*	-	-
Oruchinga settlement, South-West	Aug-09	Refugees	-	MOH/ joint	*3.1*[1]	*1.2-7.5*	*2.3*[1]	*0.8-6.5*	-	-
SOUTHERN AFRICA **SWAZILAND**										
Hhohho Region	Jun-09	Residents	-	VAC/ Joint[2]	*1.7*[1]	-	-	-	-	-
Lubombo Region	Jun-09	Residents	-	VAC/ Joint[2]	*1.2*[1]	-	-	-	-	-
Manzini Region	Jun-09	Residents	-	VAC/ Joint[2]	*0.0*[1]	-	-	-	-	-
Shiselweni Region	Jun-09	Residents	-	VAC/ Joint[2]	*0.9*[1]	-	-	-	-	-

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Measles immunisation coverage (%)[#] Proved by card	Measles immunisation coverage (%)[#] Card + history	Assessment of micro-nutrient Deficiencies (%)	Vitamin A distribution coverage (%) within the past 6 months	Women's anthropometric status (%)	Crude Mortality (/10,000/day)	Crude Mortality (95% CI)[§]	Under 5 Mortality (/10,000/day)	Under 5 Mortality (95% CI)[§]
-	38.1	Anemia: 6-59 months: 38.9 NPNL women: 11.8 pregnant: 23.3	40.5	-	-	0.13-0.69	1.16	0.65-2.04
-	42.9	Anemia: 6-59 months: 34.2 women: 13.6	32.9	-	-	-	-	-
-	29.4	Anemia 6-59 months: 58.6 women: 21.3	28.8	-	-	-	-	-
-	39.2	Anemia: 6-59 months: 30.2 women: 11.2	48.0	-	-	-	-	-
-	48.0	Anemia: 6-59 months: 36.5 women: 10.7	51.0	-	-	-	-	-
-	-	-	-	BMI < 18.5 kg/m^2 <2 BMI >25.0kg/m^2=62[4]	-	-	-	-
-	-	-	-	BMI < 18.5 kg/m^2 <2 BMI >25.0kg/m^2=57[4]	-	-	-	-
-	-	-	-	BMI < 18.5 kg/m^2 <2 BMI >25.0kg/m^2=67[4]	-	-	-	-
-	-	-	-	BMI < 18.5 kg/m^2 <2 BMI >25.0kg/m^2=55[4]	-	-	-	-

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%)	(95% CI)§	Severe Acute Malnutrition** (%)	(95% CI)§	Oedema (%)	MUAC# (%)
ASIA AFGHANISTAN										
Jawzjan province	May-09	Residents	450,000	SC-UK	5.9 *6.8*[1]	4.5-7.7 *5.2-8.8*	1.6 *2.1*[1]	0.9-2.8 *1.3-3.4*	0	MUAC <11.0 cm: 1.6 MUAC <12.5cm: 8.2
MIDDLE EAST OCCUPIED PALESTINIAN TERRITORY Gaza Strip										
Al Attatra, Al Moqrega and Beit Hanoun neighbourhoods	April/ May-09	mainly Refugees	-	NGO Ard El Insan	*2.4*[1]	-	*0.6*[1]	-	-	-
Twelve communities	May-09	mainly Refugees	66,400	SC-UK	-	-	-	-	-	-
SYRIA										
Governorates of Hassakeh and Der Ezzor	Nov-09	Refugees	13,964	ACF-S	*5.4*[1]	*1.8-9.0*	*1.9*[1]	*0.1-3.6*	-	-

*Acute malnutrition (children aged 6-59 months): weight-height < - 2 Z-scores and/or oedema (NCHS/ *WHO* references)
** Severe acute malnutrition (children aged 6-59 months): weight-height < -3 Z-scores and/or oedema (NCHS/ *WHO* references)
§ 95% Confidence Interval; not mentioned if not available from the survey report
# Mid Upper Arm Circumference
[1] According to WHO 2006 Child Growth Standards (http://www.who.int/childgrowth/en/)
[2] Joint = Swazi Vulnerability Assessment Committee members
[3] Women between 15-49 years
[4] Age and pregnancy status of women not presented in the report

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Measles immunisation coverage (%)[#]		Assessment of micro-nutrient Deficiencies (%)	Vitamin A distribution coverage (%) within the past 6 months	Women's anthropometric status (%)	Crude Mortality (/10,000/day) (95% CI)[§]		Under 5 Mortality (/10,000/day) (95% CI)[§]	
Proved by card	Card + history							
36.6	82.5	-	76.7	mothers MUAC < 21.0cm: 3.0 MUAC < 23.0cm: 21.3	0.18	0.09-0.36	0.72	0.34-1.52
-	-	-	-	-	-	-	-	-
-	-	Anemia: 6-59 months: 73.0 (95%CI 68.1-77.8) Women: 36.8	dates of last dose were available for only 38% of children: out of those: 94.6	-	-	-	-	-
6.5	80.5	Anemia : 6-59 months: 54.4	7.0	-	0.03	0-0.09	0.18	0-0.43

Survey methodology

The Greater Horn region

Ethiopia

Metta Woreda, East Haraghe Zone, Oromiya Region

A full scale nutrition survey was conducted by GOAL in October 2009, using a two-stage 19-by-35 cluster sampling to measure 683 children aged 6-59 months. The survey also estimated measles and BCG vaccination, vitamin A distribution coverage, retrospective mortality rates and child morbidity, as well as food security and public health indicators.

Kenya

Central, Khalaio and Libehia Division, Mandera East District, North Eastern Province

An anthropometric and retrospective mortality survey was conducted by ACF-USA in January 2009. A two-stage 19-by-42 cluster sampling method was used to measure 811 children ages 6-59 months. The survey also estimated measles vaccination and vitamin A distribution coverage, child morbidity and mosquito net coverage, as well as indicators on food security, dietary diversity, public health, coping strategies, breastfeeding and child feeding practices.

Malkamari, Banissa, Rhamu Dimtu Division, Mandera West District, North Eastern Province

An anthropometric and retrospective mortality survey was conducted by ACF-USA in February 2009. A two-stage 17-by-41 cluster sampling method was used to measure 743 children ages 6-59 months. The survey also estimated measles vaccination and vitamin A distribution coverage, child morbidity and mosquito net coverage, as well as indicators on food security, dietary diversity, public health, coping strategies, breastfeeding and child feeding practices.

Takaba and Dandu Division, Mandera West District, North Eastern Province

An anthropometric and retrospective mortality survey was conducted by ACF-USA in March 2009. A two-stage cluster 15-by-42 sampling method was used to measure 640 children ages 6-59 months. The survey also estimated measles vaccination and vitamin A distribution coverage, child morbidity and mosquito net coverage, as well as indicators on food security, dietary diversity, public health, coping strategies, breastfeeding and child feeding practices.

Mathare slums, Nairobi Muncipality

Three sentinel surveillance surveys were conducted by ACF in January, April and July 2009. A probability proportional to population size sampling with 33-by-6 two-stage cluster design was used to measure a minimum of 198 children and/ or households. In addition to anthropometric measurements of children ages 6-59 months, the survey investigated food security, dietary diversity, and public health and livelihoods indicators, comparing the results over the three assessment rounds.

Sudan

Abushok and As Salam IDP camps, Al Fasher and Kuma, North Dafur State, North Sudan

The survey was conducted by Unicef and the MoH in July 2009. A two-stage 30-by-30 cluster sampling was employed to measure 911 children. The survey also investigated measles vaccination and vitamin A distribution coverage, public health indicators and food aid distribution coverage.

Al Fasher town, Al Fasher and Kuma, North Dafur State, North Sudan

The survey was conducted by Unicef and the MoH in May 2009. A two-stage 30-by-30 cluster sampling was employed to measure 963 children. The survey also investigated measles vaccination and vitamin A distribution coverage, public health indicators and food aid distribution coverage.

Al Kuma, Tawila and Korma, North Dafur State, North Sudan

The survey was conducted by Unicef and the MoH in May 2009. A two-stage 30-by-30 cluster sampling was employed to measure 891 children. The survey also investigated measles vaccination and vitamin A distribution coverage, public health indicators and food aid distribution coverage.

Kebkabiya town, Kebkabiya and Jebel Si council, North Dafur State, North Sudan

The survey was conducted by Unicef and the MoH in June 2009. A two-stage 30-by-30 cluster sampling methodology was used to measure 935 children ages 6-59 months. The survey also investigated measles vaccination and vitamin A distribution coverage, public health indicators and food aid distribution coverage.

Mahlha, Mallit, North Dafur State, North Sudan

The survey was conducted by Unicef and the MoH in July 2009. A two-stage 30-by-30 cluster sampling was employed to measure 963 children. The survey also investigated measles vaccination and vitamin A distribution coverage, public health indicators and food aid distribution coverage.

Umkadada, Al Fasher, North Dafur State, North Sudan

The survey was conducted by Unicef and the MoH in June 2009. A two-stage 30-by-30 cluster sampling methodology was used to measure 969 children ages 6-59 months. The survey also investigated measles vaccination and vitamin A distribution coverage, public health indicators and food aid distribution coverage.

Malakal Southern Zone, Panyinkang County, Upper Nile State, South Sudan
The survey was conducted by ACF and the MoH in February 2009. The Lot Quality Assurance Sampling (LQAS) methodology was employed for data collection. The results included anthropometric measurements of children ages 6-59 months, food security, WASH, health and care practice indicators.

West Africa

Côte d'Ivoire

Bafing, Denguélé, Savanes, Worodougou and Zanzan in the North, Bas Sassandra, Dix-Huit Montagnes Region and Moyen Cavally , West
The joint nutrition survey was conducted by PNN, Unicef, WFP, OCHA, FAO and HKI in July 2009. A two-stage cluster sampling was performed to take anthropometric measurements of 4352 children ages 6-59 months. The survey included anthropometric measurements of women ages 15-49 years as well as data assessment on livelihood system, infant and young child feeding practices, vitamin A supplementation and deworming coverage.

Sierra Leone

Gondoma, Bandajuma, Gerihun, Jembe, Jimmi Bagbo, Bo District
The nutrition and mortality survey was conducted by MSF in November 2009. A three-stage cluster sampling method was performed in a radius of 10km around the 5 Community Health Centers supported by MSF. Anthropometric measurements were taken from 970 children ages 6-59 months. The survey also estimated measles vaccination coverage, health seeking behaviors, nutrition program coverage, as well as mortality rates, causes of death, health seeking behaviors prior to death and access to health care. Calculations were performed to estimate sensitivity, specificity of MUAC compared to Weight-to-Height Z-score (WHO 2006).

Central Africa

Democratic Republic of Congo

Zone de Santé de Titule, Buta Territory, Buta District, Oriental Province
The nutrition survey was conducted by ACF in May 2009. A two-stage 30-by-26 cluster sampling method was employed to measure 767 children ages 6-59 months. The survey also investigated measles vaccination, vitamin A and Mebendazole coverage, and mortality rates.

Zone de Santé de Lubunga, Lubunga Commune, Kisangani District, Oriental Province
The survey was conducted by ACF in June 2009. A random-sampled nutrition survey measuring 986 children ages 6-59 months using a two-stage 30-by-31 cluster design was employed. The survey also investigated measles vaccination, vitamin A and Mebendazole coverage, and mortality rates.

Zone de Santé de Likati, Aketi Territory, Buta District, Oriental Province
The survey was conducted by ACF in July 2009. A random-sampled nutrition survey of 815 children ages 6-59 months with a two-stage 30-by-26 cluster design was employed. The survey also investigated measles vaccination, vitamin A and Mebendazole coverage, and mortality rates.

Zone de Santé de Bafwasende, Bafwasende Territory, Tshopo District, Oriental Province
The survey was conducted by ACF in August 2009. The A random-sampled nutrition survey of 934 children ages 6-59 months with a two-stage 30-by-31 cluster design was employed. The survey also investigated measles vaccination, vitamin A and Mebendazole coverage, and mortality rates.

Zone de Santé de Djuma, Bulungu Territory, Kwilu District, Bandundu Province
The survey was conducted by ACF in October 2009. A random-sampled nutrition survey of 881 children 6-59 months with a two-stage 31-by-28 cluster design was employed. The survey also investigated measles vaccination, vitamin A and Mebendazole coverage, and mortality rates.

Zone de Santé de Lusanga, Bulungu Territory, Kwilu District, Bandundu Province
The survey was conducted by ACF in October 2009. A random-sampled nutrition survey of 941 children 6-59 months with a two-stage 31-by-30 cluster design was employed. The survey also investigated measles vaccination, vitamin A and Mebendazole coverage, and mortality rates.

Zone de Santé de Masimanimba, Masimanimba Territory, Kwilu District, Bandundu Province
The survey was conducted by ACF in October 2009. A random-sampled nutrition survey of 970 children 6-59 months with a two-stage 31-by-28 cluster design was employed. The survey also investigated measles vaccination, vitamin A and Mebendazole coverage, and mortality rates.

Zone de santé de Walikalé, North-Kivu Territory, Masisi District, North-Kivu Province
The survey was conducted by ACF in October 2009. A random-sampled nutrition survey of 817 children 6-59 months with a two-stage 34-by-23 cluster design was employed. The survey also investigated measles vaccination, vitamin A and Mebendazole coverage, and mortality rates.

Uganda

Kampala Muncipality, Bwaiae I, II, III and Wandegeya (Kawempe Division), Kagugube and Kisenyi I, II, III (Central Division), Mbuya I

(Nakawa Division), Central Region
The survey was conducted by ACF/Unicef in the informal settlements of Kampala in July 2009. The SMART approach was used to measure 571 children ages 6-59 months. The survey also investigated measles immunization coverage, incidence of common diseases and factors influencing the nutrition situation of the community.

Lira District, Northern Uganda
The survey was conducted by ACF/Unicef in August 2009. A two-stage 17-by-34 cluster sampling was employed to measure 570 children ages 6-59 months. The survey also investigated measles vaccination coverage, socio-demographic characteristics of the respondents, food security and public health indicators, as well as IYCF practices.

West Nile Region (Adjumani, Impevi, Kiryandongo, Palorinya, and Rhino settlements), Northern Uganda
The joint survey was conducted by the MoH, IBFAN Uganda, UNHCR, and WFP in August 2009. Based on the SMART methodology, the survey investigated the anthropometric status of children ages 6-59 months and women of reproductive age, as well as vaccination coverage, food security and public health indicators and practices.

South West Region (Kyaka, Kyangwali, Nakivale, and Oruchinga settlements), Western Uganda
The survey was conducted by the MoH, International Baby Food Action Network Uganda, UNHCR, and WFP in August 2009. Based on the SMART methodology, the survey investigated the anthropometric status of children ages 6-59 months and women of reproductive age, as well as vaccination coverage, food security and public health indicators and IYCF practices.

Southern Africa

Swaziland

Hhohho Region, Lubombo Region, Manzini Region, Shiselweni Region
The survey was conducted by the Swazi Vulnerability Assessment Committee (SADC, RHVP, WFP, Unicef, NERCHA, World Vision, UNFPA, WHO) in June 2009. A comprehensive sampling design was used to cover all of the seven food economy zones within the country. A total of 130 enumeration areas were selected and, for each, 10 households were interviewed. A total of 40 chiefdoms were visited for Focus Group discussion. Data collection was done using Personal Digital Assistants (PDAs) for household interviews. Anthropometric measurements were taken from over 600 children ages 6-59 months. The survey also explored livelihood and food security systems, water and hygiene indicators, family planning methods and response to HIV/AIDS within the country.

Asia

Afghanistan

The results of the National Risk and Vulnerability Assessment (NRVA) carried out in 2007/ 2008 were released in October 2009. The NRVA project team consisted of a "joint venture" between the Vulnerability Analysis Unit within the Ministry of Rehabilitation and Rural Development and the Central Statistics Organisation (CSO). The NRVA 2007/8 was based on a sample of 20 576 households, to provide governments and other agencies with more robust and up-to-date socio-economic data. The sampling design built upon the experiences from the NRVA 2005 and the same sampling approach was maintained, with representative statistics generated for 34 provinces, 11 (instead of 10) urban centres, and the nomadic pastoralists. Based on the CSO pre-census household listing data, a geographically ordered list of all of the primary sampling units (PSUs) (rural settlements and urban blocks) was created with their estimated number of households. The resulting sample is a total of 2 441 PSUs and 20,576 households (including 19 528 households from the settled urban and rural population; and 1 048 households from the Kuchi population). The use of a random start and a pre-determined sampling interval provided each household with an equal chance of being selected. Once individual households were selected, seven other households were selected within the same PSU. Consequently, in every PSU, eight households were interviewed. To avoid the problem of household replacements in the field, the 2007/8 sample design was improved by randomly selecting four households that were kept as reserve in case the household had moved away. The core of NRVA 2007/8 survey was a household questionnaire consisting of 20 sections. On average, the time required to answer the household questionnaire was two hours.

Jawzjan province, Northern Afghanistan
The nutrition assessment was conducted by SC-UK in May 2009. The two stage 30-by-30 cluster sampling was modified in order to include a minimum of 100 children between 0-6 months in order to include an assessment on IYCF practices based on the new 2008 WHO indicators guide on infant and young child feeding (meanwhile revised and called "WHO Indicators for assessing Infant and Young Child Feeding practices. Part 1 Definitions 2009"). In total, 40 clusters were selected using the probaility proportional to size method. Anthropometric measurements were taken from 142 children ages 0-6 months and 1 093 children aged 6-59 months. The survey also investigated childhood morbidity, vaccination and vitamin A distribution coverage, mortality rates, public health and food security indicators.

Middle East

Occupied Palestinian Territory

Gaza Strip

A socio-economic and food security assessment was conducted by the Palastanian Central Bureau of Statistics (PCBS) with asssistance from the WFP and FAO between April and June 2009. The survey was carried out in all 5 governorates of Gaza Strip, including urban and rural areas and refugee camps. The methodology was based on the design of the PCBS Impact of Israeli Measures dataset for April - June 2006. The survey consisted of 8,081 households. After removal of households because of missing data or outliers, 8 043 households remained, comprising the basis of the socio-economic and food security assessment in the West-Bank and Gaza Strip. About one-third (34.1%) of those households are in Gaza Strip. Considering the multiplicity of indicators, several clustering techniques were run on the data to identify the latent pattern of the data. The process generated three distinct clusters with strong internal homogeneity. Subsequently, a three-way-cross-tabulation was performed on different indicators producing a decision matrix which was subjected to a focus group discussion generating four food security groupings.

Al Attatra, Al Moqrega, Beit Hanoun

The surveillance survey was conducted by Ard El Insan from April to May 2009. Anthropometric measurements were taken on 818 children ages 6-59 months. Ard El Insan does screen children's weight and height on a regular basis, thus anthropometric measurements were obtained from the initial first exhaustive anthropometric screening of all children under 5 in the three neighborhoods: Al Attatra, Al Moqrega and Beit Hanoun in April and May 2009. These are not necessarily the same children as for the anaemia and IYCF assessment, therefore the anthropometric data could not be correlated with the haemoglobin levels and feeding practices.

Twelve areas in Gaza Strip

The Infant and Young child nutrition assessment was conducted by SC-UK in July 2009. The sample size was calculated based on the 0-23.9 month age group covering 12 areas of Gaza. Anthropometric data of children ages 6-59 months was obtained from Ard El Insan, a partner of Save the Children, working in 3 of the 12 surveyed areas. The survey also investigated morbidity rates among children, rates of iron supplementation and compliance, as well as haemoglobin levels of 318 children and 337 mothers.

Syrian Arab Republic

North Eastern Governorates of Hassakeh and Der Ezzor (Deir ez-Zor)

The survey on health and livelihood conditions of Iraqi refugees was conducted by ACF-S in November 2009. Based on the UNHCR distribution list, a simple random sampling methodology was used to measure 555 children ages 6-59 months. The survey investigated the food and livelihood system, as well as measles vaccination coverage, mortality rates, health services and IYCF practices.

Abbreviations and acronyms

ACF	Action Contre la Faim
ACF-S	Action Contre la Faim Spain
ACF-UK	Action Contre la Faim United Kingdom
ACF-US	Action Contre la Faim United States of America
CERF	Central Emergency Respond Fund
CI	Confidence Interval
CMR	Crude Mortality Rate
DPC	Direction de la Protection Civil
FAO	Food & Agricultural Organization of the United Nations
FARDC	Forces Armées de la République Démocratique du Congo
FDLR	Forces Démocratiques de Libération du Rwanda
FEWS	Famine Early Warning System
FSNAU	Food security and nutrition analysis unit
GoE	Government of Ethiopia
GNC	Global Nutrition Cluster
HKI	Helen Keller International
IASC	Inter Agency Standing Committee
IDP	Internal Displaced Person
IYCF	Infant and young child feeding
MoH	Ministry of Health
MoPH	Ministry of Public Health
MSF	Médecins sans frontières
NCC	Nutrition Cluster Coordination
NPNL	Non pregnant non lactating
OCHA	Office for the Coordination of Humanitarian Assistance
PCBS	Palestinian Central Bureau of Statistic
PSU	Primary sampling unit
SC-UK	Save the children – United Kingdom
SMART	Standardized Monitoring & Assessment of Relief and Transitions
U5MR	Under five mortality rate
UN SC	United Nations Security Council
UN SCN	United Nations Standing committee on nutrition
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
USAID	US Agency for International Development
VAC	Vulnerability Assessment Committee
WFP	World Food Programme
WHO	World Health Organization

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Greater Horn of Africa

ETHIOPIA

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FEWS	01/10	Ethiopa Food Security Outlook, January to June 2010
GOAL	10/09	Full scale nutrition survey in Metta Woreda, East Hararghe Zone, Oromiya Region
GOE	12/09	National Contingency Plan. Jan. – June 2010
GOE	02/10	Humanitarian Requirements. 2 February 2010
KENYA		
ACF-US	03/09	Anthropometric and retrospective mortality surveys in the Districts of Mandera
ACF	04/09	Mathare Sentinel Surveillance report
ACF	07/09	Mathare Sentinel Surveillance report
FEWS	01/10	Kenya Food Security Outlook January to June 2010
UNSCN	12/09	Nutrition Information in Crisis Situations, volume XX
SOMALIA		
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SMOH/UNICEF	07/09	Nutrition Survey in Abushok/ As Salm, North Darfur
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Central Africa

DEMOCRATIC REPUBLIC OF THE CONGO

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ACF	06/09	Enquête Nutritionnelle Anthropométrique, Zone de Santé de Lubunga, Province Orientale
ACF	07/09	Enquête Nutritionnelle Anthropométrique, Zone de Santé de Likati, Province Orientale
ACF	08/09	Enquête Nutritionnelle Anthropométrique, Zone de Santé de Bafwasende, Province Orientale
ACF	10/09	Enquête Nutritionnelle Anthropométrique, Zone de Santé de Djuma, Province de Bandundu
ACF	10/09	Résumé exécutif, Enquête Nutritionnelle Anthropométrique, Zone de Santé de Lusanga, Province de Bandundu
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ACF-US	05/08	Nutritional anthropometric surveys, preliminary results summary, Lira District, Uganda.
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FEWS	01/10	Food Security Outlook January to June 2010
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SOUTHERN AFRICA

SWAZILAND

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UNAIDS/joint	10/08	Epidemiological fact sheet on HIV and AIDS, Swaziland. 2008 Update.
VAC	09/06	Swaziland Annual Vulnerability Assessment & Analysis Report
VAC	07/08	Swaziland Annual Vulnerability Assessment & Analysis Report
VAC	07/09	Swaziland Annual Vulnerability Assessment & Analysis Report
WFP	03/10	Website: country information Swaziland.

Asia

AFGHANISTAN

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OCHA	11/09	Monthly humanitarian Update, 11/10/2010
SC-UK	07/09	Report of the nutrition assessment in Jawzjan province in Northern Afghanistan
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Middle East

OCCUPIED PALESTINIAN TERRITORY

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PCBS/joint	11/09	Socio-Economic and food Security Survey Report 2 - Gaza Strip November 2009
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DPC	02/10	Bulletin no. 13, 15 Feb 2010
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Indicators and risk categories

The methodology and analysis of nutrition and mortality surveys are checked for compliance with internationally agreed standards (SMART, 2006; 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 of the NCHS / WHO reference.
. **Severe wasting**, defined as weigh-for-height index < -3 Z-scores of the NCHS / WHO reference.
. **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 of the NCHS / WHO reference.
. **Mid-Upper-Arm Circumference (MUAC)** 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.

Unless specified, results reported in the text and graphs are based on the WHO 2006 Growth Standards. The results section reports both results based on NCHS and WHO references, if available.

Nutrition indicators in adults

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

Mortality rates

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

Interpretation of indicators

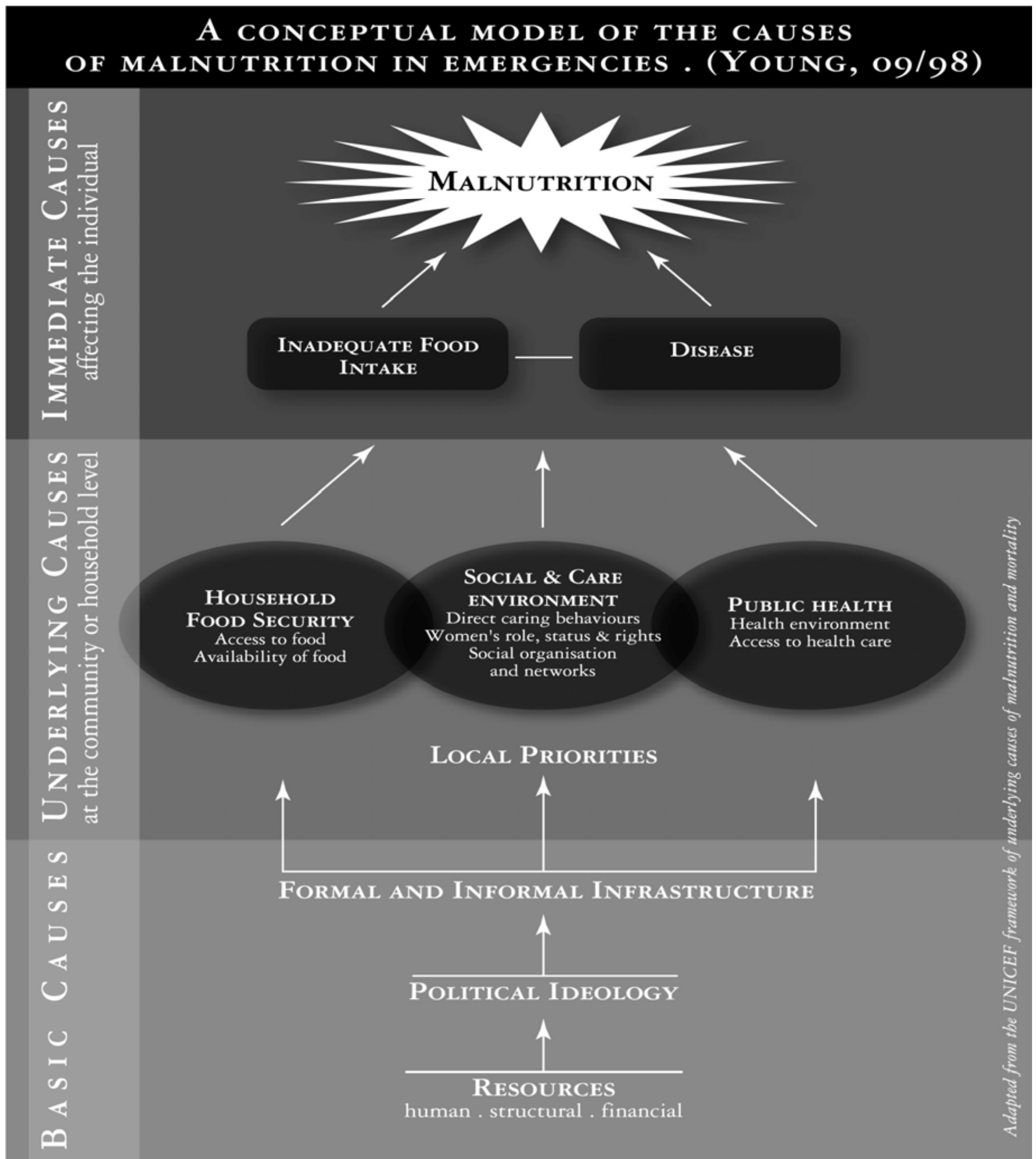
Prevalence of malnutrition and mortality rates are late indicators of a crisis. Low levels of malnutrition or mortality will not indicate if there is an impending crisis. Contextual analysis of health, hygiene, water availability, food security, and access to the populations, is key to interpret prevalence of malnutrition and mortality rates.
Thresholds have been proposed to guide interpretation of anthropometric and mortality results.
A prevalence of acute malnutrition between 5-8% indicates a worrying nutritional situation, and a prevalence greater than 10% corresponds to a serious nutrition situation (SCN, 1995). The Crude Mortality Rate and under-five mortality rate trigger levels for alert are set at 1/10,000/day and 2/10,000/day respectively. CMR and under-five mortality levels of 2/10,000/day and 4/10,000/day respectively indicate a severe situation (SCN, 1995).
Those thresholds have to be used with caution and in relation to contextual analysis. Trend analysis is also recommended to follow a situation: if nutrition and/or mortality indicators are deteriorating over time, even if not above threshold, this indicates a worsening situation.

Classification of situations

In the Reports, situations are classed into five categories relating to risk and/or prevalence of malnutrition. The prevalence/risk is indirectly affected by both the underlying causes of malnutrition, relating to food, health and care, and the constraints limiting humanitarian response. These categories are summations of the causes of malnutrition and the humanitarian response:
• Populations in *category I* – the population is currently in a critical situation; they either have a *very high risk* of malnutrition or surveys have reported a very high prevalence of malnutrition and/or elevated mortality rates.
• Populations in *category II* are currently at *high risk* of becoming malnourished or have a high prevalence of malnutrition.
• Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there maybe pockets of high malnutrition in a given area.
• Populations in *category IV* are *not* at an elevated nutritional risk.
• The risk of malnutrition among populations in *category V* is *not known*.

Nutrition causal analysis

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



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NICS quarterly reports

The UN Standing Committee on Nutrition, which is the focal point for harmonizing nutrition policies in the UN system, issues these Reports on Nutrition Information in Crisis Situations with the intention of raising awareness and facilitating action. The Reports are designed to provide information over time on key outcome indicators from emergency- affected populations, play an advocacy role in bringing the plight of emergency affected populations to the attention of donors and humanitarian agencies, and to identify recurrent problems in international response capacity.
The Reports on Nutrition Information in Crisis Situations are aimed to cover populations affected by a crisis, such as refugees, internally displaced populations and resident populations.
This system was started on the recommendation of the SCN's working group on Nutrition of Refugees and Displaced People, by the SCN in February 1993.
Based on suggestions made by the working group and the results of a survey of the readers, the Reports on Nutrition Information in Crisis Situations are published every three months.
Information is obtained from a wide range of collaborating agencies, both UN and NGOs. The Reports on Nutrition Information in Crisis Situations are put together primarily from agency technical reports on nutrition, mortality rates, health and food security.
The Reports provide a brief summary on the background of a given situation, including who is involved, and what the general situation is. This is followed by details of the humanitarian situation, with a focus on public nutrition and mortality rates. The key point of the Reports is to interpret anthropometric data and to judge the various risks and threats to nutrition in both the long and short term.

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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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