Nutrition Information in Crisis Situations – Report Number VI, May 2005

Table of Contents

Nutrition Information in Crisis Situations – Report Number VI, May 2005

United Nations System Standing Committee on Nutrition

HIGHLIGHTS

DJIBOUTI – DROUGHT ALERT – The last three rainy seasons were poor and this was compounded by the migration of pastoralists from Somalia, Ethiopia and Eritrea in search of pasture and resulted in the deterioration of the food security situation. At the beginning of April 2005, the government of Djibouti asked for support from the international community for the provision of the humanitarian assistance to 28,650 persons affected by the drought and the provision of animal feed, water and emergency veterinary care for 50,000 heads of livestock.

A further assessment carried out at the end of April estimated that the number of people in need of emergency food assistance had increased from 28,650 to 47,500 due to additional migration of pastoralists.

Food is currently distributed, but is only sufficient to cover the needs until the end of May. Further pledges towards the appeal are urgently needed.

ETHIOPIA – NUMBER OF AFFECTED POPULATION INCREASED – A flash appeal, released at the beginning of May 2005, reconsidered the number of affected people from the estimated 3.1 m at the beginning of the year to 3.8 m. This increase is due to new evidence gathered through assessments and to a delay in the delivery of food assistance. Another concern is that the safety net, which should cater for 5m chronically food–insecure people, who were therefore removed from the emergency relief programme, was not yet implemented as of February 2005, leaving them without assistance.

KENYA – APPALLING RATES OF MALNUTRITION IN NORTHERN KENYA– Following a poor short–rainy season in parts of Kenya, the delay in the onset of the long–rains season is a cause of concern. A significant number of districts are considered as being in the alert phase regarding food security. The drought–affected pastoral and marginal agricultural areas are the most at risk. Beside weather hazards, the problem of chronic poverty seems to be also related to minorities' issues in some districts. Random–sampled nutrition surveys, which were conducted in the worst affected areas of Wajir and Mandera districts, revealed very high rates of acute malnutrition while crude mortality rates were under control.

SUDAN – PRECARIOUS SITUATION – Following the peace agreement signed in January 2005 between the government of Khartoum and the SPLM/A, donors have pledged US$ 4.5 billion for reconstruction in South Sudan for the period of 2005–2007, exceeding by US$ 2 billion the estimated minimum requirements.

Displaced and refugee populations continue to return to the South, although their number is impossible to estimate because of problems of registration and tracking. Several random–sampled nutrition surveys conducted in South Sudan showed average to critical nutrition situations.

The security situation saw no improvement in Darfur. As of February 2005, it was estimated that 58% and 80% of the affected population were covered in regard with provision of drinking water and non–food items, respectively, while sanitary interventions covered 70% of the needs. Primary health coverage was still far from sufficient. Recent random–sampled nutrition surveys showed average to precarious nutrition situations.

GUINEA – WORSENING OF THE SITUATION – The prevalence of malnutrition seems higher in Gueckedou prefecture since 2002 than in 1999–2000. This might be partly explained by the fact that since the refugees who were hosted in Gueckedou prefecture were relocated in 2001 the dynamic of the region has changed and the humanitarian assistance has decreased. The current economic and political instability probably also plays a major role.

NIGER – FOOD CRISIS LOOMING – Last year's weather conditions were bad with drought and locust invasion. According to MSF, more than 3,000 children were admitted to their therapeutic feeding centre in Maradi, southern Niger, in the first four months of 2005, which is three times higher than for the same period in previous years. A UN appeal was launched on 19 May 2005, requesting US$ 16.2 million to, amongst other things, provide food aid to 3.6 m people and cater for malnourished children.

UGANDA – AVERAGE SITUATION – The situation has remained tense in Northern Uganda over the last months. Several nutrition surveys conducted in IDP camps in Gulu, Lira, Appac and Pader districts showed acceptable to average nutrition situations.

HAITI – NUTRITION SITUATION NOT CRITICAL – The security situation is still highly volatile, especially in Port au Prince. A number of nutrition surveys conducted over the last months do not show a critical situation, even in Gonaives, which was hard hit by hurricane Jeanne in September 2004.

Risk Factors affecting Nutrition in Selected Situations

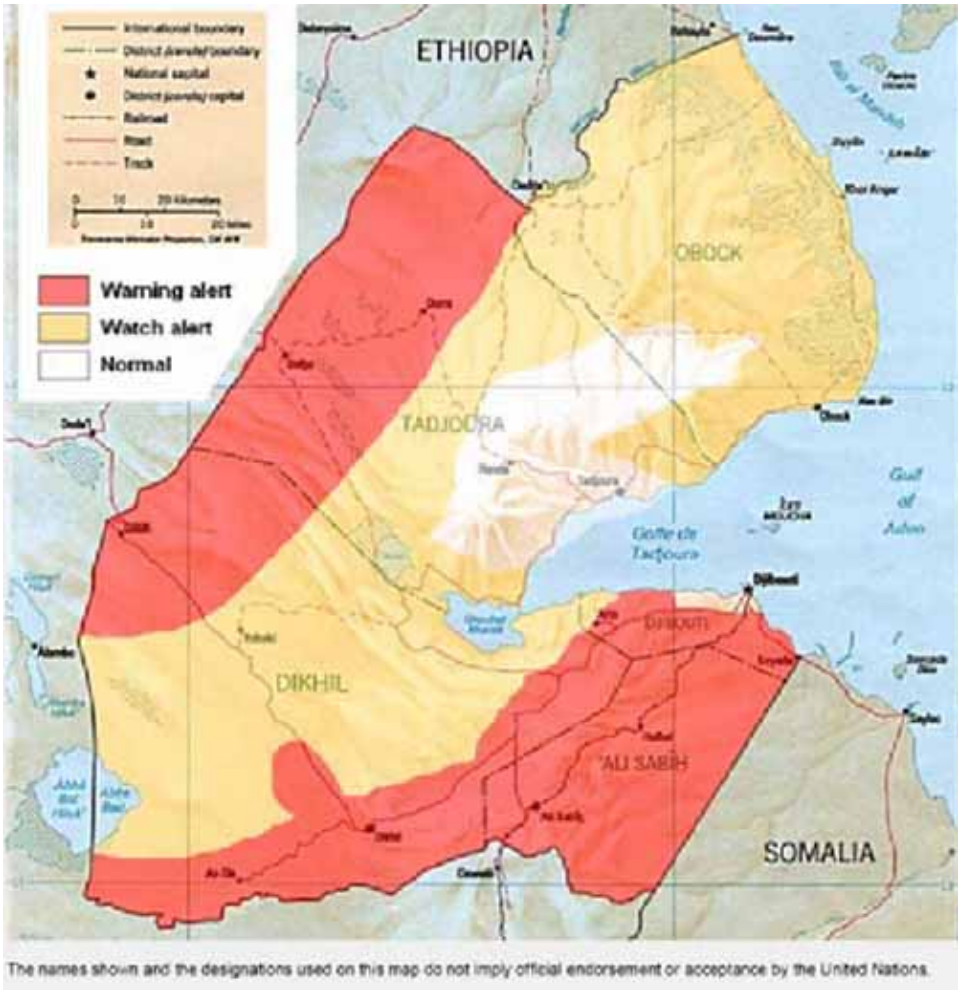
Situations in the table below are classed into five categories relating to prevalence and or risk of malnutrition (I – very high risk/prevalence, II – high risk/prevalence, III – moderate risk/ prevalence, IV – not at elevated risk/prevalence, V–unknown risk/prevalence; for further explanation see section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

	KENYA Wajir and Mandera districts	**LIBERIA** Lofa county	**LIBERIA** Grand Gedej county	**BURUNDI** Kirundo province	**UGANDA** IDP camps in Northern Uganda	**INDONESIA** Ache province
Nutritional risk category	**I**	**II**	**III**	**III**	**II/III**	**II/III**
FOOD SECURITY						
Households' livelihoods						
External assistance						
PUBLIC HEALTH ENVIRONMENT						
Availability of water and access to potable drinking water				?	?	
Health care						
Sanitation	?			?	?	
SOCIAL AND CARE ENVIRONMENT						
Social environment	?	?	?	?	?	?
Child feeding practices	?			?	?	?
DELIVERY OF ASSISTANCE						
Accessibility to population						
Resources for humanitarian Intervention						
Availability of information						

ADEQUATE
MIXED
INADEQUATE

GREATER HORN OF AFRICA

Djibouti



DJIBOUTI: DROUGHT (OCHA, 21/04/05)

Djibouti is a small country of about 500,000 inhabitants. Because only 3% of the land is arable, most of the inhabitants were nomadic pastoralists. However, due to adverse climatic conditions and national border limitations, most of the population (an estimated 85%) have shifted to an urban way of life. They mostly rely on the activity of the port of Djibouti.

The last three rainy seasons were poor and this was compounded by the migration of pastoralists from Somalia, Ethiopia and Eritrea in search of pasture and resulted in the deterioration of the food security situation (OCHA, 21/04/05). At the beginning of April 2005, the government of Djibouti asked for support from the international community for the provision of the humanitarian assistance to 28,650 persons affected by the drought (OCHA, 21/04/05). A flash appeal was then launched by the international agencies for providing emergency assistance such as food to 28,650 people, water to 18,000 people, implementing nutrition programmes for malnourished children, and animal feed, water and emergency veterinary care for 50,000 heads of livestock (OCHA, 2005).

A further assessment carried out at the end of April estimated that the number of people in need of emergency food assistance had increased from 28,650 to 47,500 due to additional migration of pastoralists (WFP, 13/05/05). Food deficits of between 17% and 50% are expected to start in June and to last for at least six months in pastoral areas (FEWS, 13/05/05). The most affected areas are the Southeast pastoral zone, the Roadside sub−zone and the Northwest pastoral zones (see map). NICS is not aware of any nutrition survey recently conducted in Djibouti. The government of Djibouti has started to provide water to the population of the Roadside pastoral zone. Food is currently distributed, but is only sufficient to cover the needs until the end of May. Further pledges towards the appeal are urgently needed.

Recommendations

Requirements for international assistance to the needs of the government of Djibouti:

- Expertise in appropriate and effective emergency livestock interventions

• Water, food and veterinary care for livestock

• Support for water purification and distribution as well as logistical assistance in terms of fuel and spare parts for borehole generations and for water tankers

• Emergency food rations

• Supplementary food

• Support for national disaster management structures

• The provision of non–food items, especially containers for storing water

Eritrea

Owing to the poor crop in 2004, 2.3 m vulnerable people require food aid in 2005 (see NICS 5).

Nutrition situation remains precarious in Anseba and Northern Red Sea

Nutrition surveys conducted in Anseba and Northern Red Sea in January 2005 showed a precarious nutrition situation with a prevalence of acute malnutrition of 12.6% in Anseba and 14.2% in Northern Red Sea (DPPC, 01/05). This is comparable to the rate of acute malnutrition found in the same season in 2004 and is lower than the prevalence of acute malnutrition found during the lean season in summer 2004 in Anseba, while the prevalence of malnutrition remains stable in Northern Red Sea (figure 1).

On the other hand, chronic energy deficiency among women has slightly decreased when compared to December 2003 in Anseba, but has not changed in Northern Red Sea (figure 2).

As in previous surveys, most families (98% in Anseba and 94% in Northern Red Sea) had received food aid in the four months prior to the survey. On average, they had received 8 kg of cereals per person per month in Anseba, but only 6.3 kg in Northern Red Sea, which is slightly less than in June 2004 when families received an average of 7.9 kg of cereals. The coverage of the supplementary feeding programme was about 69% in Anseba, which was slightly lower than in June 2004.

In Anseba, ninety–three percent of children less than one year old were breastfeeding as well as 68% of the 12 to 23 month–olds.

Only 6% and 12.1% of the families interviewed had access to sufficient safe drinking water in Anseba and Northern Red Sea, respectively. This has remained stable when compared to the previous surveys.

In Anseba, it seems that Selea area was the most at risk according to the different factors measured in the survey while Gheleb area was the "better–off.

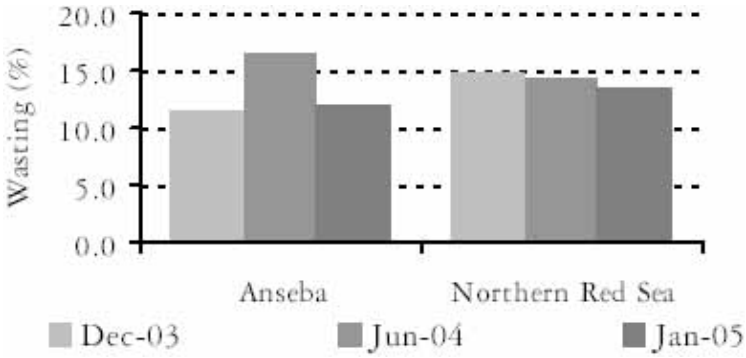


FIGURE I PREVALENCE OF WASTING, ANSEBA AND NORTHERN RED SEA, ERITREA

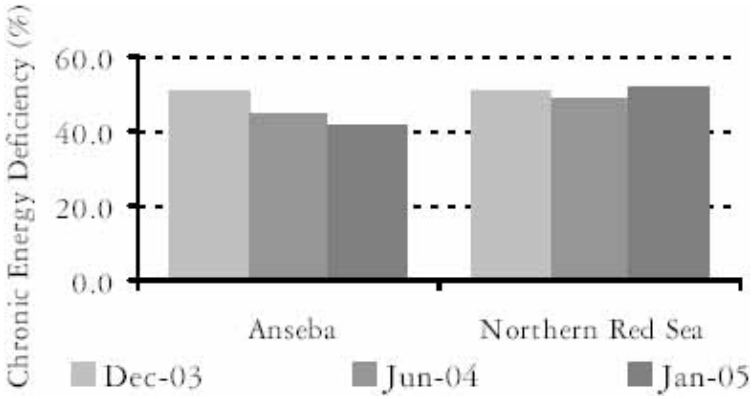


FIGURE 2 PREVALENCE OF CHRONIC ENERGY DEFICIENCY, ANSEBA AND NORTHERN RED SEA, ERITREA

Recommendations

From the N–NSS survey in Anseba for Selea area

- Improve coverage and frequency of supplementary feeding, where possible community based, also for energy–deficient women
- Provide health education to improve child feeding practices and reduce infection and diseases
- Improve the quality of the drinking water
- Consider livelihood interventions targeting the improvement of household food security

Ethiopia

A flash appeal, released at the beginning of May 2005, reconsidered the number of affected people from the estimated 3.1 m at the beginning of the year to 3.8 m (OCHA, 04/05/05). This increase is due to new evidence gathered through assessments and to a delay in the delivery of food assistance. The affected populations are those who have not benefited from the bumper harvest of 2004, estimated 24% above the 2003 harvest (FAO, 28/01/05).

These comprise the populations of agricultural areas which have received little rain, and of pastoral areas (see map). Another concern is that the safety net, which should cater for 5m chronically food–insecure people, who were therefore removed from the emergency relief programme, was not yet implemented as of February 2005, leaving them without assistance (OCHA, 21/02/05).

Somali region, which has been hard–hit by the drought, has recently suffered from severe flooding. An estimated 150 people have been killed and 250,000 displaced (AFP, 03/05/05). Affected populations are difficult to reach (IRIN, 10/05/05).

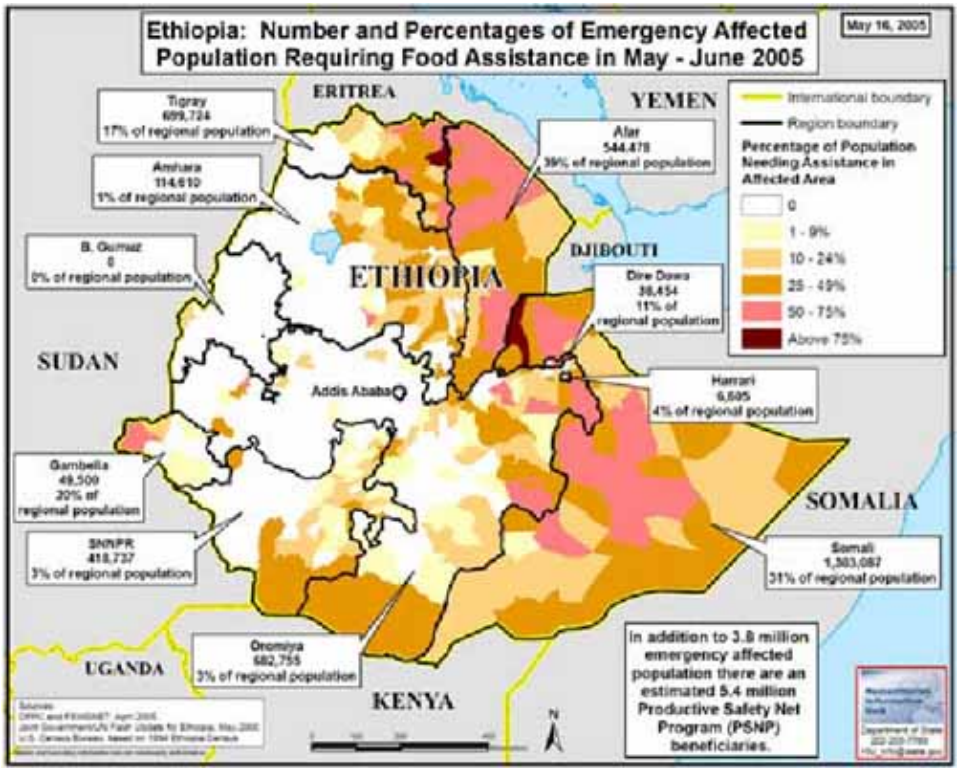
Critical to precarious prevalence of acute malnutrition have been reported in Hartishek and Fanfan IDP camps, Jijiga area, Somali region. The under–five mortality rates were also well above emergency thresholds (OCHA, 11/04/05). The situation has been dire in those camps for years (see NICS 2).

According to two random–sampled nutrition surveys conducted in Afar region at the beginning of the year, the nutrition situation was precarious (table 1) (GOAL, 02/05; WV, 01/05). While the mortality rates were below the alert threshold in Abala district, zone 2, they were of concern in Assayita district, zone 1 (table 1). Measles vaccination and vitamin A distribution coverage was low (table 1). In Abala, almost all the families interviewed reported a fall in livestock–holding size compared to last year, and poor condition of livestock. Households were reliant on coping strategies such as reduced food consumption, unusual migration and sale of livestock. In Assayita, the food security was also precarious and the nutrition situation has not improved compared to November 2003, despite the distribution of food to targeted families.

TABLE 1 RESULTS OF SURVEYS IN ZONES 1 AND 2, AFAR REGION, ETHIOPIA (GOAL, 02/05; WV, 01/05)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Vitamin A distribution	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
ASSAYITA DISTRICT, ZONE 1					
11.5 (8.8–14.9)	2.0 (1.0–3.8)	50.5	–	1.24	2.38
ABALA DISTRICT, ZONE 2					
13.5 (11.4–15.8)	0.4 (0.1–1.1)	15.0	14.3	0.53	1.29

* According to cards or mothers' statements



Kenya

Following a poor short–rainy season in parts of Kenya, the delay in the onset of the long–rains season is a cause of concern (FEWS, 14/04/05). A significant number of districts are considered as being in the alert phase regarding food security. The drought–affected pastoral and marginal agricultural areas are the most at risk. Moreover, inter–clan clashes have been reported in Turkana, West Pokor, Garissa, Marsabit and Mandera districts (IRIN, 16/03/05, FEWS, 14/04/05). Food distributions have been disrupted in March due to logistical problems (FEWS, 14/04/05).

Beside weather hazards, the problem of chronic poverty seems to be also related to minorities' issues in some districts. A report highlights that some minorities are the frequent victims of development policies (MRG, 13/04/05). For example, the total development budget for the district of Turkana, which is one of the poorest districts in Kenya and is regularly hard hit by drought, was less than one sixth of the budget for the relatively prosperous Nyeri district, in 2004–2005. The report warns that excluding minorities from development can result in conflict.

Appalling rates of malnutrition in North Eastern Kenya

Wajir and Mandera districts are part of the arid lands. They are mainly populated by Somali ethnic pastoralists. The areas suffer political, social and economic marginalisation and have poor infrastructure and very limited employment opportunities. They were also hard hit by the drought which began in 2003. **Random–sampled nutrition surveys were conducted in the worst affected areas of the districts: Wajir South and Wajir West in October 2004 (OXFAM, 10/04), and Mandera Central and Khalalio divisions in Mandera district in March 2005 (AAH–US, 03/05). The surveys revealed very high rates of acute malnutrition while crude mortality rates were under control (table 2).** The under–five mortality rate was above alert threshold in Wajir West. When compared with the results of nutrition surveys carried out in September 2001, the nutrition situation in Wajir South seems to have remained stable while it has significantly worsened in the Western zone. A food distribution is implemented in the district, targeting 22% of the households. This is clearly not enough to guarantee an adequate nutritional status. In Mandera district, the comparison with previous surveys conducted in Mandera Central division showed that the nutrition situation is within the same range as in March 2002, but has significantly deteriorated when compared to March 2001. Despite the implementation of a targeted food distribution and of supplementary and therapeutic feeding programmes, the nutrition situation is still highly precarious.

Recommendations

From the Oxfam nutrition survey in Wajir

- Distribute a full general ration to at least 60% of the population
- Implement blanket supplementary feeding for children under–five years old
- Implement supplementary feeding centres for moderately malnourished children
- Improve the accessibility and availability of affordable medical care and access to water and sanitation
- Implement programmes to support livelihood recovery

TABLE 2 RESULTS OF SURVEYS IN MANDERA AND WAJIR DISTRICTS, NORTH–EASTERN PROVINCE, KENYA (OXFAM, 10/04; AAH–US, 03/05)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Vitamin A distribution	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
WAJIR WEST					
31.5 (27.3–36.0)	3.5 (2.0–5.7)	69.5	65.1	0.74	2.94
WAJIR SOUTH					
22.4 (18.7–26.5)	2.3 (1.2–4.3)	79.6	72.8	0.2	1.54
MANDERA CENTRAL AND KHALALIO DIVISIONS, MANDERA					
26.6 (22.6–31.0)	3.5 (2.0–5.7)	89	69.8	0.38	–

* According to cards or mothers' statements

Somalia

There is still no formal plan for the relocation of Somalia political authorities into Somalia (AFP, 21/04/05).

Good Deyr season in most parts of the country

The *Deyr* season was exceptionally good in most parts of the country. In southern Somalia, cereal production is estimated at 122,400 MT, which is 121% above post−war average (FSAU, 02/05). While the sorghum harvest was very good, heavy rains and floods along the Shabelle and Juba rivers have hampered maize production, which, consequently, is less than half of the post−war average. In Northern Somalia, the above normal rains have ended a three−year drought and have renewed pasture and water sources. Livestock productivity and livestock prices have increased (FEWS, 21/04/05). It is expected that the situation will improve in the drought hit areas of Sool plateau and Nugal valley, although full recovery will need time to be achieved.

TABLE 3 PEOPLE IN NEED OF ASSISTANCE, SOMALIA (FSAU, 02/05)

Regions	Livelihood crisis	Humanitarian emergency	Affected population as % of total population
North			
Bari	29,000	24,000	20
Nugal	14,000	8,000	19
Sanag	37,000	26,000	33
Sool	30,000	26,000	29
Togdheer	48,000	0	16
Central			
Galgadud	13,000	25,000	14
Mudug	11,000	12,000	9
South			
Bakol	0	0	0
Gedo	59,000	53,000	29
Lower Tuba	0	30,000	9
Middle Juba	0	53,000	21

One million people still in need of assistance

Despite the relief which has been brought by the *Deyr* season, 240,000 people are still experiencing livelihood crises and 260,000 people require emergency assistance (table 3). In the North, these are people who have experienced multiple shocks over a number of years (drought, flooding and tsunami). In the Central area, insecurity is the main negative factor affecting population, while in Southern Somalia, populations of the Juba and Shabelle valleys who have experienced floods are the most affected, and people from Gedo region are most affected because of insecurity. Around 400,000 displaced people also require assistance as well as 100,000 urban chronically poor (FEWS, 21/04/05). In March 2005, food aid was provided to about 320,000 beneficiaries.

Nutrition situation has improved or stabilised in Northern Somalia

A new round of sentinel sites surveillance was conducted in February 2005 in Lower Nugal valley and Sool plateau (FSAU/N, 03/05). The nutrition situation has remained stable in Sool plateau (table 4) and has improved in Nugal valley: the prevalence of acute malnutrition was 17.2% in February 2005, including 3.7% acute malnutrition, compared to 33.9%, including *6.6%* severe acute malnutrition in November 2004.

TABLE 4 NUTRITION SITUATION IN SOOL PLATEAU, SCRÉENING IN SENTINEL SITES (FSAU−N, 03/05)

Acute Malnutrition (%)	Severe Acute Malnutrition (%)
December 2003	

18.9	3.8
January 2004	
21	5.7
April 2004	
15	1.9
November 2004	
12	3.3
February 2005	
15.1	3.4

The situation, however, remains precarious. Sentinel sites surveillance has been implemented in the North East, an area hit by several shocks, the latest being the tsunami (FSAU/N, 03/05). The nutrition situation was acceptable to highly precarious depending on the site and the prevalence of acute malnutrition ranged from 1.7% to 19.9%. The average nutrition situation was attributed to the monthly food distribution carried out in the area.

Nutrition situation still precarious in Juba riverine areas

A random–sampled nutrition survey was conducted along the Juba River 20 km north and 20 km south of Marere in November 2004 (MSF–H, 11/04). The nutrition situation was precarious: 10.9% (8.1–12.8) acute malnutrition, including 2.3% (1.1–3.2) severe acute malnutrition), but was better than that re– corded in Jilib riverine area in May 2004 (see NICS 3). Measles immunisation coverage was only 24%. The survey was done after the *Gu* harvest and although some families had had a bad harvest, others were doing well. Moreover, families had put in place coping mechanisms and it was also believed that distribution of supplementary food and family food rations had helped to mitigate the situation.

Overall

Despite an exceptionally good *Deyr* season in most part of Somalia, a significant number of people still remain in need of assistance either because they have not yet completely recovered from the previous poor seasons, or because of chronic food insecurity due to displacement or insecurity.

Sudan

South Sudan

Following the peace agreement signed in January 2005 between the government of Khartoum and the SPLM/A (Sudan People's Liberation Movement/Army) (see NICS 5), donors have pledged US$ 4.5 billion for reconstruction in South Sudan for the period of 2005–2007, exceeding by US$ 2 billion the estimated minimum requirements (UNNews, 12/04/05). During a reconciliation conference held in Kenya in April 2005, factions operating in Southern Sudan agreed to support the peace deal (AFP, 21/04/05). However, this meeting was not attended by the Khartoum–backed militia which controls oil–rich areas in Upper Nile. On the ground, it seems that the population are still subjected to arbitrary taxations by the different factions (IRIN, 12/04/05).

Displaced and refugee populations continue to return to the South, although their number is impossible to estimate because of problems of registration and tracking (FEWS, 31/03/05). It seems that the influx is more significant in Northern Bhar–el–Ghazal. Urgent funding is needed to help the re–integration of the returnees, while host populations are already only surviving on meagre resources and will not be able to provide help for the returnees, especially in Bhar–el–Gahzal where the food security situation is fragile (FEWS, 04/05). In Khartoum, arbitrary demolition of IDP settlements continues, compromising IDP livelihood (IRIN, 22/03/05).

UNICEF, together with WHO, will develop the Expanded Programme of Immunisation and implement a mass measles vaccination coverage, targeting children from six months to 15 years (UNICEF, 02/05). Vaccination

coverage is generally very low in South Sudan. Several random–sampled nutrition surveys conducted in South Sudan showed average to precarious nutrition situations.

The nutrition situation was critical in Twic and Abeyi counties, Bhar el Ghazal (table 5), mainly due to poor food security (AAH–US/ GOAL, 04/05). Cereal stocks were depleted and the last food distribution took place in July 2004. Moreover, the security situation was still volatile. On the other hand, the nutrition situation was average in Bunagok district, Awerial county, Bhar el Ghazal (table 5) (AAH–US, 01/05). The food security situation in the area was considered satisfactory as the last harvest was good. The area seems to have benefited from a calm situation since 2000. In Luakini county, Upper Nile, the nutrition situation was precarious mainly because of poor rains in 2004 (table 5) (AAH–US, 03/05). Crude mortality was under control in the three above mentioned locations (table 5). The prevalence of acute malnutrition has significantly decreased in Kapoeta South county, when compared to January 2004 (figure 3) (AAH–US, 01/05). This might be explained by a good rainy season, leading to a better harvest than in the previous year and to the negotiation of a truce with neighbours, which has allowed access to the nearby valley for grazing pasture and to the route to Uganda for trading.

TABLE 5 RESULTS OF SURVEYS IN SOUTHERN SUDAN (AAH–US, 01/05; AAH–US, 03/05; AAH, US/GOAL, 04/05; GOAL, 02/05)

Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
KIECHKUON & KIER DISTRICTS, LUAKPINY COUNTY, UPPER NILE					
Mar–05	24.0(20.1–28.3)	4.4(2.8–6.9)	38.5	0.4	–
BUNAGOK DISTRICT, AWERIAL COUNTY, BHAR EL GHAZAL					
Jan–05	11.6	0.9	82.7	0.8	–
TWIC & ABYEI COUNTIES, BHAR EL GHAZAL					
Apr–05	30.7(26.4–35.3)	4.9(3.2–7.5)	48.8	0.36	–
KAPOETA SOUTH COUNTY, EASTERN EQUATORIA					
Jan–05	10.1 (7.3–13.8)	1.6(0.6–3.6)	10.5	1.0	–
KURMUK COUNTY, SOUTHERN BLUE NILE					
Feb–05	9.1 (7.1–11.1)	1.0(0.4–1.7)	29.7	1.3	2.5

* According to cards and mothers' statements
** Turalei, Ajak–Kuac & Akoc districts, Twic county; Alal & Rum–Amer districts, Awerial county

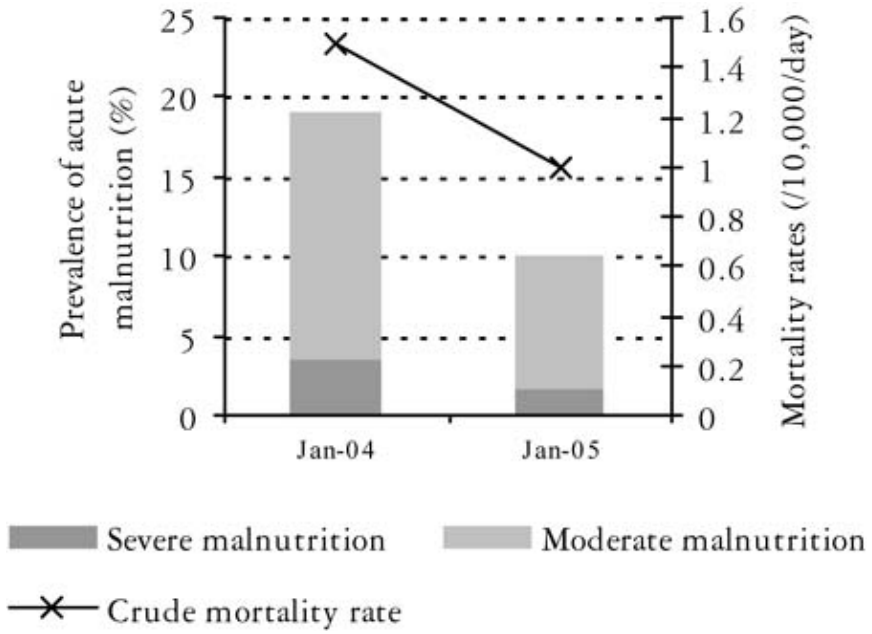


FIGURE 3 ACUTE MALNUTRITION AND MORTALITY, KAPOETA COUNTY, SOUTHERN SUDAN

BOX 1 FOOD SECURITY, PUBLIC HEALTH AND CHILD FEEDING PRACTICES, KURMUK COUNTY, SOUTHERN BLUE NILE, FEBRUARY 2005 (GOAL, 02/05)

FOOD SECURITY
Poor 2004 harvest

SOURCES OF FOOD
Main source of food: own crop production: 71.3% Secondary source of food: market, wild food 90% of the households had received a food distribution within the previous year 66% of the families were owning animals (mostly goat and chicken)

SOURCES OF INCOME

Petty trading: 63%
Casual labour: 14.7%
Sale of crops: 11.4%

WATER SOURCES
Protected source: 61.7%

HEALTH FACILITIES
95% of the households were seeking treatment at nearby health facilities within a 2–hour walk

CHILD FEEDING PRACTICES
Introduction of liquid or solid food before 6 months: 99%
Introduction of liquid or solid food before 2 months: 45.6%
Continued breast–feeding until 24 months: 74% 56.7% of the households give priority to the under–fives at meal time

However, measles vaccination coverage was very low and crude mortality rate was at the alert level.

In Kurmuk district, Southern Blue Nile, the nutrition situation was average (table 5) (GOAL, 02/05). Food security, health and access to water were also average (box 1). However, the mortality rates were above alert thresholds. The main cause of mortality was bloody diarrhoea.

It is worth noticing that these surveys were done after the rainy season, a favourable period in regard to food security.

Darfur

The security situation saw no improvement in Darfur (BBC, 11/04/05; UNNews, 18/04/05). Attacks on civilians seem to have decreased only marginally, while attacks against humanitarian personnel and convoys are on the rise. A new round of African–Union sponsored peace talks are due to begin in Nigeria in May 2005 (AFP, 26/04/05).

WFP food deliveries increased by 34% in February 2005 compared to January (UNNews, 15/03/05). New routes have been opened for food transportation from Abeche in Chad and from Libya (WFP, 09/05/05). However, as of April 2005, WFP was facing a funding shortfall of 40% of the total requirement (WFP, 06/05/05).

As of February 2005, it was estimated that 58% and 80% of the affected population were covered in regard with provision of drinking water and non–food items, respectively, while sanitary interventions covered 70% of the needs (UNSC, 12/04/05). Primary health coverage was still far from sufficient.

Access to several remote areas has recently been gained (UNSC, 12/04/05).

A recent report describes the effects of the conflict and humanitarian crisis on the livelihoods of the communities in Darfur (FIFC, 02/05). The main livelihoods in Darfur are crop cultivation and livestock rearing and trading, supplemented by migration and remittances, collection of natural resources (firewood, fodder and wild foods) and trade. The figure below attempts to summarise the main findings regarding the disruption to livelihood in Darfur (figure 4).

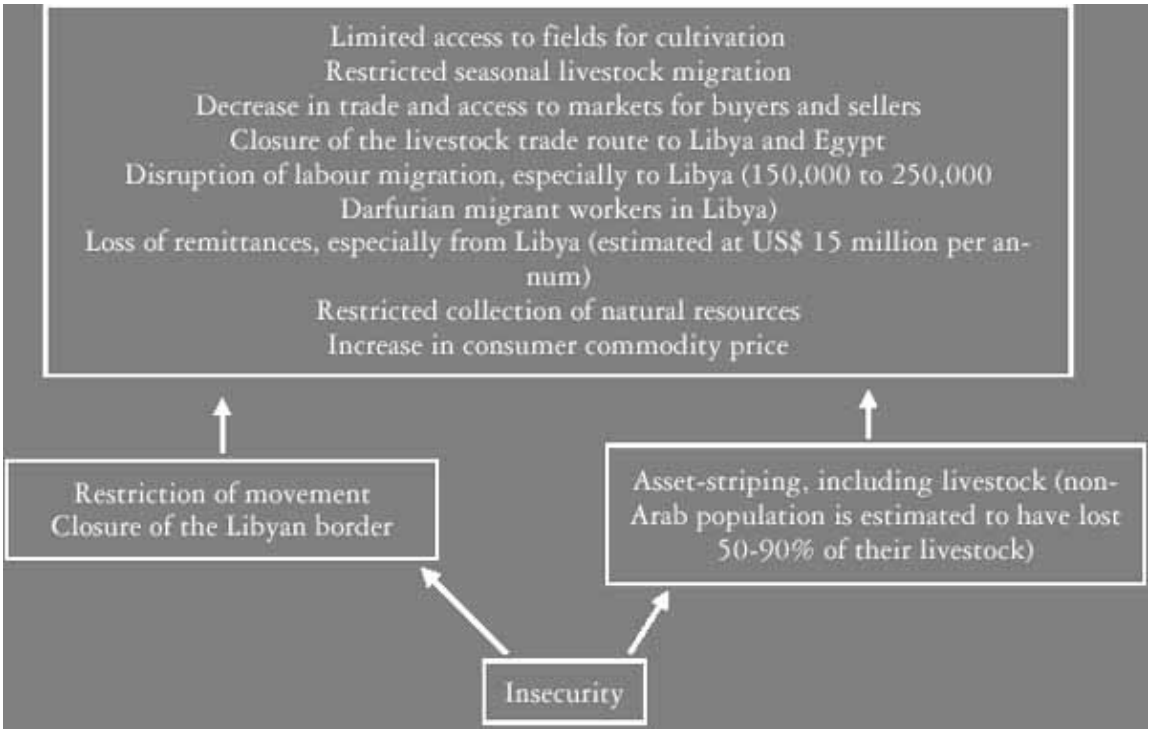


FIGURE 4 DISRUPTION TO LIVELIHOOD, DARFUR, SUDAN (FIFC, 02/05)

TABLE 6 RESULTS OF SURVEYS IN DARFUR REGION, SUDAN (ACF, 01/05; GOAL, 03/05; MSF–H, 02/05)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
GEREIDA IDP CAMP, SOUTH DARFUR				
15.6 (12.5–19.3)	4.0 (2.4–6.3)	39.3	1.18	4.17
KALMA CAMP, SOUTH DARFUR				
9.9 (8.1–12.1)	2.6 (1.7–3.9)	30.3	0.94	1.52

GOLO, GILDU & ROKERO, JEBEL MARA, WEST DARFUR				
16.2 (12.6–20.4)	1.5 (0.2–1.7)	85.4	1.12	3.22

* According to cards and mothers' statements

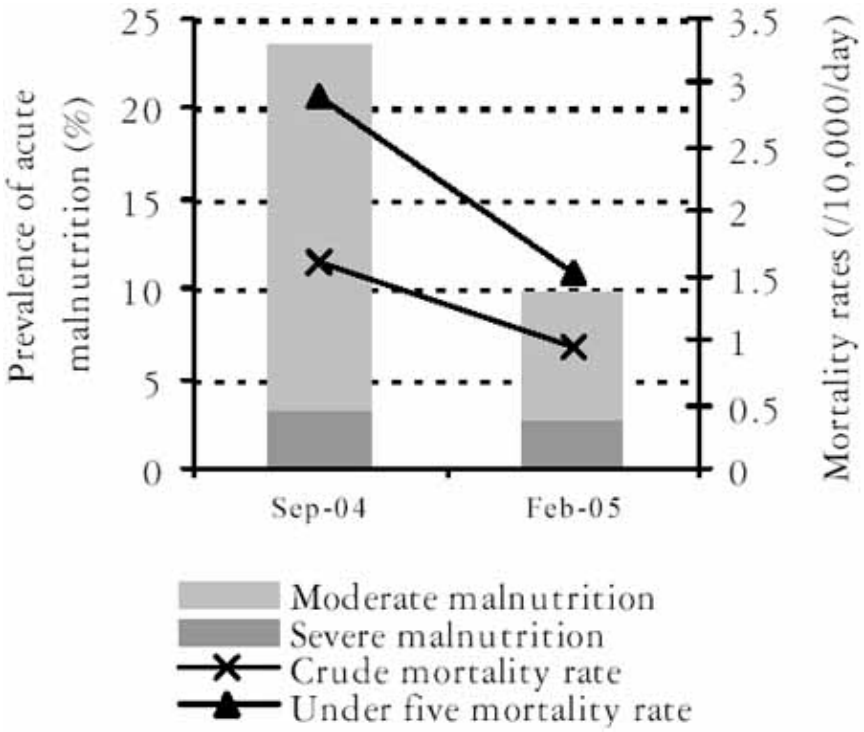


FIGURE 5 MALNUTRITION AND MORTALITY, KALMA IDP CAMP, SOUTH DARFUR, SUDAN

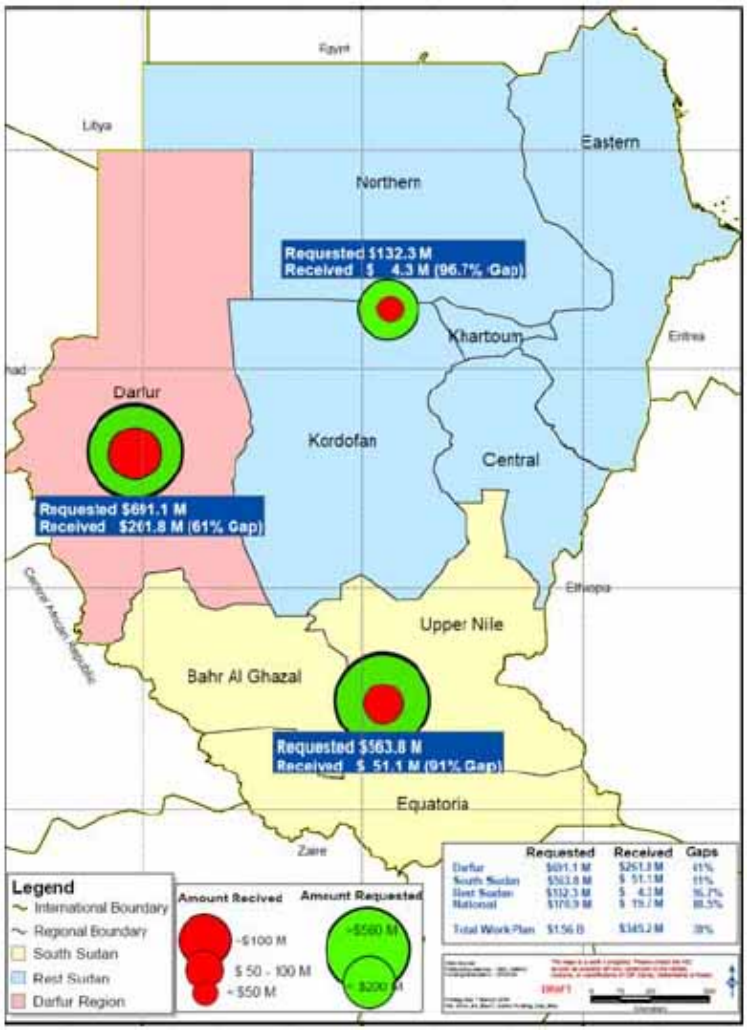
Recent random–sampled nutrition surveys showed average to precarious nutrition situations (table 6).

In the IDP camp of Kalma, South Darfur, the nutrition situation and the mortality rates have improved when compared to September 2004 (figure 5) (MSF–H, 02/05).

However, a rise in the number of admissions to the feeding centres has been reported from March 2005. Measles vaccination was low and despite the fact that the great majority of the population had access to a protected source of water, diarrhoea was widespread. There was a fear that some of the bladders might be contaminated. Latrine coverage has improved from 44.3% in September 2004 to 74.3% in February 2005. However, only 20% of the households surveyed reported having soap at home. Eighty–four percent of the families interviewed stated they had a ration card. Among them, 12% reported not having received a food distribution in the month prior to the survey. In Gereida camp, South Darfur, the nutrition situation was precarious and the under–five mortality was above emergency threshold (however, mortality was recorded over the month prior to the survey and confidence intervals are probably very large) (table 6) (ACF–F, 01/05). Diarrhoea was the main cause of death. Ninety six percent of the families were benefiting from the general food distributions. The nutrition situation was also precarious in Jebel Mara area, West Darfur and under– five mortality was of concern (table 6) (GOAL, 03/05). The area, which was the bread basket of Darfur, has been affected by food insecurity due to the conflict and poor rainfall. Only one food distribution had taken place in the five months prior to the survey (03/05).

Overall

Despite some improvements, the situation is still grim in both Southern Sudan and Darfur. Both regions suffer funding gaps (see map).



FUNDING GAPS, SUDAN (HUMANITARIAN INFORMATION CENTRE, DARFUR, 02/05)

WEST AFRICA

Guinea

Guinea has been suffering an economic crisis since 2003, which has hampered the provision of basic services (OCHA, 28/02/05). The political situation is volatile, with a coup attempt perpetrated in January 2005

(OCHA, 28/02/05).

A random–sampled nutrition survey was conducted in Gueckedou prefecture in February 2005 (ACH–S, 02/05). The nutrition situation was precarious (especially when considering that the survey was carried out after the harvest period) (table 7) and has remained within the same range over the last few years (figure 6). The prevalence of malnutrition seems higher since 2002 than in 1999–2000. This might be partly explained by the fact that since the refugees who were hosted in Gueckedou prefecture were relocated in 2001 the dynamic of the region has changed and the humanitarian assistance has decreased. The current economic and political instability probably also plays a major role. On the other hand, mortality rates were average (table 7).

TABLE 7 RESULTS OF A NUTRITION AND MORTALITY SURVEY IN GUECKEDOU PREFECTURE, GUINEA, FEBRUARY 2005 (ACH–S, 02/05)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
10.1 (7.3–12.8)	0.2 (0–0.6)	80.2	0.4	1.14

* According to cards and mothers' statements

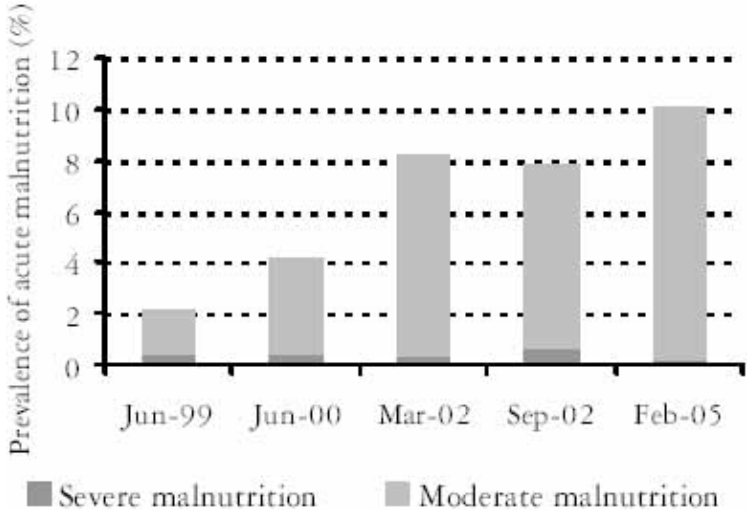


FIGURE 6 ACUTE MALNUTRITION IN GUECKEDOU PREFECTURE, GUINEA

Ivory Coast

After the renewal of violence in Ivory Coast in November 2004, the president of South Africa, mandated by the African Union, has led new rounds of peace–talks (IRIN, 11/01/05). Some progress has been made towards the organisation of elections in October 2005, the latest being the Ivory Coast president authorising Alassane Ouattara to stand in October's elections (IRIN, 27/04/05). Alassane Ouattara, the leader of the opposition Rally of the Republicans party could not stand in the 2000 elections as a result of the new constitution adopted before this election, which stipulates that candidates to the election should have two Ivorian parents.

The situation is still volatile on the ground with tensions and clashes, especially in the west of the country (IRIN, 27/04/05; OCHA, 21/04/05). In the north, access to health care, education and safe drinking water continues to cause concern (OCHA, 21/04/05).

A nutrition survey was conducted in Abidjan in late 2004 (UNICEF, 2004). The nutrition situation was average with a prevalence of acute malnutrition of 6.3% (5.1–7.5) including 1.1% (0.6–1.6) severe acute malnutrition. Chronic Energy Deficiency (BMI < 18.5) was found in 5.3% of the women measured, while 34.1% were overweight or obese (BMI ? 25). Only 10.8% of the children were exclusively breastfed while 84.2% of the children 6–9 months were receiving an adequate food supplement. Twenty percent of the children aged 20–23 months were still breast–feeding.

A nation−wide iodine deficiency disorders survey was carried out in mid 2004 (UNICEF, 11/04). Eighty−four percent of the 4,680 households surveyed had access to iodised salt. The average iodine content of 415 samples analysed was 145.4 ppm, 34.2% of which contained more than 100 ppm, the current standard at production in the country. The average iodine content of 1,190 urine samples of children 6 to 12 years old was 202.7 ?g/1. Twenty seven percent had an iodine content of less than 100 ?g/1, characterising an iodine deficiency, while 32% had an iodine content of more than 300 ?g/1, or an excess of iodine. The overall prevalence of goitre among the 6−12 year−olds was 4.8% indicating a situation under control. Nevertheless, some regions were experiencing a mild iodine disorder.

Recommendations

From the IDD survey

- Ensure the adjustment of the rate of salt iodisation at production to be in line with international standards: 20−40 ppm.
- Strengthen the promotion of iodised salt consumption
- Strengthen the enforcement of regulatory measures through a tighter control of iodine at the border posts and inside the country

Liberia

The security situation has remained stable in Liberia. All the counties are now declared safe for return of IDPs and refugees. Lofa was the last county to be declared safe in February 2005 (IOM, 19/04/05). However, the problem of ex−fighters is not totally solved. About 100,000 former fighters were registered for disarmament, more than twice as what was expected. This has resulted in a lack of funds and only one of eight former fighters has been enrolled in a social rehabilitation programme (IRIN, 19/04/05). This is a cause of concern as it might trigger the fragile peace.

Repatriation of displaced and refugee populations

As of mid−April 2005 and since the start of the repatriation and resettlement process, about 12,000 refugees and 102,000 IDPs have been resettled (WFP, 15/04/05). They have received a four−month food distribution as part of the resettlement package. About 100,000 refugees should have returned by themselves. In the mean time, lack of funding has led to a reduction of the food ration distributed in Guinea and Sierra Leone refugee camps over the last months (AFP, 24/04/05; OCHA, 28/02/05). Assessments conducted in IDP camps in Montserrado, Margibi and Bong counties showed that the food security situation is relatively favourable but can be improved (ACF−F, 02/05). In addition, access to safe drinking water and sanitation is limited in some of the camps. ACF−F recommends that particular attention is paid to the future living conditions of the IDPs and that assistance does not scale down until all the IDPs are repatriated. There are concerns that the return process of IDPs and refugees is neither safe nor sustainable (IDP project, 15/04/05) with areas of return lacking sufficient security guaranties, shelter and infrastructure. It is also argued that political considerations in the run−up to the October 2005 elections are given precedence at the expense of humanitarian principles (IDP project, 15/04/05). In addition, there is fear that long−term engagement to tackle the roots of the instability will continue to be insufficient.

Acceptable nutrition situation but unstable food security in Lofa county

Lofa county is thought to have suffered the worst impact of the civil war and at least three quarters of its population has sought refuge in IDP camps or nearby countries. As of February 2005, less than half of the inhabitants had returned. Some families have split, some members having returned to Lofa while the others have remained to the refugee or IDP camps. Before the war, Lofa was one of the leading agricultural and cash crop producers. Despite the disruption of agricultural activities during the war, land remains the most important source of food and income. Hunting, fishing and oil−pressed palm nuts are also major sources of food and income. People have mainly access to markets in Sierra Leone and Guinea. All the schools and health facilities were destroyed during the conflict as well as a significant number of shelters. They are gradually being rehabilitated.

A random–sampled nutrition survey and a food security survey were conducted in February 2005, excluding Vahun district because of inaccessibility and uncertain security situation (WFP, 02/05). About 75% of families interviewed were returnees while 20% had never moved and 5% were still displaced. The nutrition situation was acceptable (table 8) but mortality rates were above alert thresholds. Depending on the district, households' expenditure for food accounted for 52% to 61% of the total expenditure and between 15% and 70% of households had fairly good to good food consumption. The best food consumption pattern was observed in Voinjama and Zorzor districts and the worst in Foya district. Child feeding practices were average (table 9). Half of the population does not have the mean to adequately absorb the negative impacts of shocks. According to the community, the most pressing needs were the construction of shelters, the construction of health facilities and provision of health services, the rehabilitation of educational facilities and the development of skills training, the improvement of the quality of drinking water and agricultural rehabilitation.

It is worth noticing that the survey was done when less than half of the population had returned. The situation should be followed closely in the coming months as a significant number of people are expected to re–settle.

TABLE 8 RESULTS OF NUTRITION AND MORTALITY SURVEYS IN LOFA AND GRAND GEDEH COUNTIES, LIBERIA, FEBRUARY–MARCH 2005 (WFP, 02/05; WFP, 03/05)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Vitamin A in the last 6 months (%)	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
LOFA COUNTY					
2.6 (1.7–3.9)	0.4 (0.1–1.2)	71	90	1.35	2.41
GRAND GÉDEH COUNTY					
4.5 (3.3–6.1)	0.7 (0.3–1.5)	71.6	94.5	1.27	3.31

* According to cards and mothers' statements

Nutrition situation under control in Grand Gedeh county

Before the war, the economy of Grand Gedeh county depended essentially on timber production and to a lesser extent on gold mining, cash crops and agricultural production. All these activities suffered significant setbacks during the war. In March 2005, the main source of income was hunting, collection of wild palm nuts and gold mining. Less than half of the population had moved during the war and it is thought that among them about half has already returned. Damage to infrastructure and shelter was lower than in Lofa county.

A random–sampled nutrition survey and a food security survey were conducted in March 2005 (WFP, 02/05). About 48% of families interviewed were returnees who came back in 2000 while 44% had never moved and 8% were still displaced.

The nutrition situation was under control but mortality rates were of concern (table 8). 21%, 39% and 63% of the households interviewed had a good to fairly good food consumption in Konobo, Gbarzon and Tchien districts, respectively. Child feeding practices were not optimum (table 9).

According to the population, priorities were to improve access to health services, safe drinking water and sanitation and to rehabilitate education infrastructure, agricultural means of production, and shelters.

TABLE 9 CHILD FEEDING PRACTICES, LOFA AND GRAND GEDEH COUNTIES, LIBERIA (WFP, 02/05; WFP, 03/05)

	Lofa county	Grand Gedeh county
Timely complementary feeding started at 6–9 months (%)	53.8	26.3
Continued breastfeeding to one year (%)	83.3	53.4
Continued breastfeeding to two years (%)	16.7	3.3

Average age introducing solid foods (months)	7.8	8.4
Average age introducing liquids (months)	4.8	3
Average age of stopping breastfeeding (months)	19.7	17.4

Recommendations

From WFP surveys in Grand Gedeh and Lofa counties

- Support agriculture through seeds and tools
- Enhance access to income–generating opportunities
- Improve access to education
- Construct/open health facilities, especially in remote parts of the counties
- Ensure adequate supply of drugs and other medical supplies
- Improve access to basic treatment
- Conduct a causal analysis of the high under–five mortality rate
- Improve access to safe drinking water
- Help with the reconstruction of shelters

Sierra Leone

Sierra Leone is recovering from a ten– year civil war which ended in 1999. A random–sampled nutrition survey was conducted in the Capital of the country, Freetown, in September 2004 (ACF, 09/04). The nutrition situation was under control (table 10).

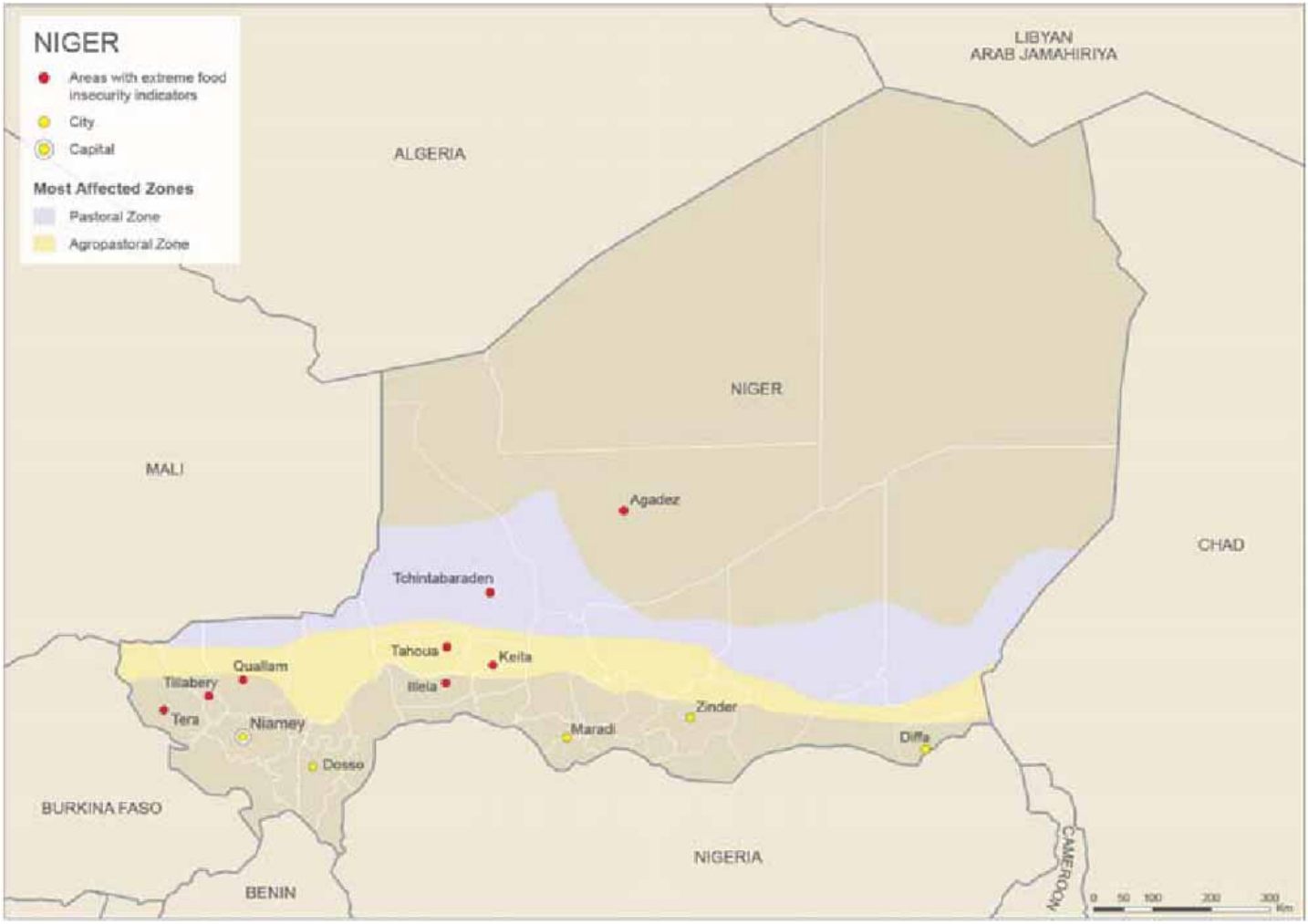
TABLE 10 RESULTS OF A NUTRITION SURVEY IN FREETOWN, SIERRA LEONE, SEPTEMBER 2004 (ACF–F, 09/04)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	% Stunting (95% CI)	% Severe Stunting (95% CI)	Measles immunisation coverage (%)*
5.6 (3.8–8.3)	0.3 (0.0–1.5)	13.0 (10.2–16.4)	3.4 (2.0–5.5)	83.2

Niger

A food crisis is looming in Niger. Last year's weather conditions were bad with drought and locust invasion (FAO/WFP, 21/12/04). Some political decisions may also worsen the situation, such as the implementation of a 19% tax on all goods, including food stuffs (CI, 31/03/05).

According to MSF, more than 3,000 children were admitted to their therapeutic feeding centre in Maradi, southern Niger, in the first four months of 2005, which is three times higher than for the same period in previous years (MSF, 26/04/05). Two new TFCs have been opened as well as 13 consultations sites for home treatment of severe malnutrition. A nutrition survey conducted in January 2005 in the rural areas of Zinder and Maradi revealed 13.4% acute malnutrition, including 2.7% severe acute malnutrition (WFP, 22/04/05). Two other surveys conducted in April 2005 in the same area but not precisely the same populations showed about 19% acute malnutrition (WFP, 20/05/05). According to MSF, last year's crops was poor with over 90% of the culture destroyed in the most affected areas (MSF, 28/04/05). Livestock was also affected with only scant pasture remaining and a lack of fodder. Poor households are especially affected in pastoral, agro–pastoral and localised areas of agricultural zones (FEWS, 16/03/05) (see map). Cereal availability in market is low, which triggered significant increases in cereal prices which were 46% higher in March 2005 than at the same period in 2003. On the other hand, prices of livestock were low. People are reported to increasingly moving to towns in search of food and income. A UN appeal was launched on 19 May 2005, requesting US$ 16.2 million to, amongst other things, provide food aid to 3.6 m people in 3,815 villages in the areas of Tillaberi, Tahoua, Maradi, Diffa, Agadez and Zinder (OCHA, 19/05/05) and cater for malnourished children.



FOOD SECURITY INDICATORS, NIGER (RELIEFWEB, 10/05/05)

Recommendations

Priority needs and humanitarian response plan from the CAP

• Recuperate malnourished children under five, and pregnant and lactating women through therapeutic and supplementary feeding.

• Increase food availability and accessibility at community–level, through subsidised sales, food–for–work activities, cash–for–work, food–for–training, and support to cereal banks.

• Support existing health services to prevent water–borne diseases in affected areas.

• Ensure livestock survival through the distribution of fodder.

• Increase seed availability and accessibility at community–level through the distribution of cereal and pulse seeds.

• Reduce migration flows by providing food assistance and creating favourable conditions for the 2005 agricultural campaign.

CENTRAL AFRICA

Burundi

New developments in the peace process have recently been achieved. Firstly, the last active rebel group and the government of Burundi signed a peace deal announcing an immediate end to hostilities and the beginning of negotiations for a formal cease fire at the beginning of May 2005 (AFP, 16/05/05). Secondly, the long expected referendum on the new constitution was eventually held on the 28 February 2005 and 90.1% of the voters agreed to the new constitution (IRIN, 07/03/05). As of February 2005, 18,000 ex–fighters had been disarmed, as opposed to 3,000 who had refused to disarm (AFP, 16/02/05).

As of 5 May 2005, UNHCR reported 10,539 facilitated and 808 spontaneous returns since the beginning of the year (OCHA, 12/05/05). The food security situation has deteriorated as a result of below normal rainfall in 2004 and the spread of the manioc mosaic virus. It has been estimated that 2 m Burundians will be in need of emergency food aid in 2005 (WFP, 16/03/05). Food prices have been on the rise, limiting access to food for the poorest. Northern areas are especially at risk. The 2005A agricultural season is estimated 6% lower than the 2004A season (Minagri, 2005). According to a Vulnerability Assessment Mapping, conducted in summer 2004, 16% of Burundian households are chronically food insecure, 67% are exposed to food insecurity, 11% have stable food security and 5 % have adequate food security (VAM, 12/04). Admissions to feeding centres have risen by the end of 2004, which is a normal seasonal pattern. The increase in the number of admissions was higher than in 2004 (figure 7).

Nutrition situation under control in Northern Kirundo

Parts of Bugabira, Kirundo and Busoni communes have been classified as especially affected by food insecurity. A random–sampled nutrition survey was conducted in these three communes in January 2005 (MSF–H, 01/05). The nutrition situation was considered under control: acute malnutrition was 3.8% (2.6–10.3) including 0.5 (0–1.2) severe acute malnutrition. It is worth noting that the upper confidence interval is high. The mortality rates were at the limit of alert threshold: CMR = 1/10,000/day and under–five MR = 1.8/10,000/day. Measles vaccination coverage was 89%. The prevalence of malnutrition was within the same range as of August 2004. About 6% of the families included in the survey were returnees from Rwanda. It seemed that mortality was especially high among these. This might be partly explained by the fact that contrary to the returnees from Tanzania, returnees from Rwanda do not benefit from free health care.

Overall

Despite positive improvements arising from the peace process, the situation in Burundi is still fragile (category III), especially regarding the food security prospects and the re−integration of the returnees. The situation needs continued careful attention.

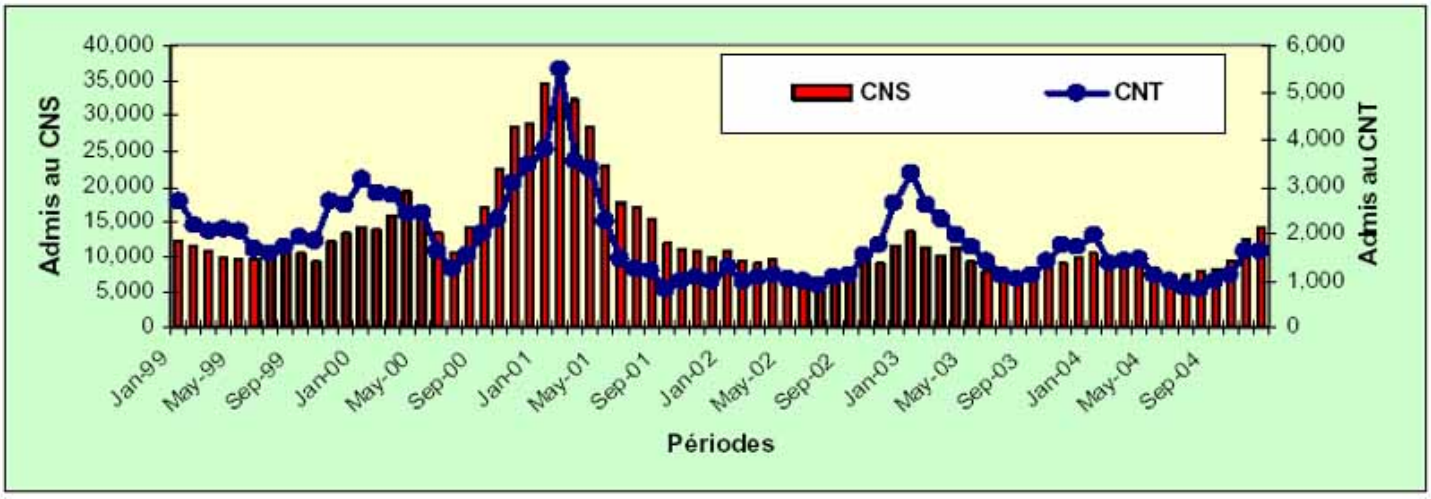


FIGURE 7 ADMISSIONS TO THERAPEUTIC (CNT) AND SUPPLEMENTARY (CNS) FEEDING CENTRES, BURUNDI (MINAGRI, 2005)

Democratic Republic of the Congo

The security situation is still highly volatile in Eastern DRC, despite the disarmament of more than 11,000 ex−combatants following the arrest of former militia leaders who were preventing fighters from disarming (USAID, 30/04/05). A cholera epidemic has been reported in Ituri but was on the decrease as of beginning of May (OCHA, 06/05/05).

According to a random−sampled nutrition survey, conducted in Lubutu and Obokote health zones, Maniema province, the nutrition situation was precarious and the crude mortality rate was above emergency threshold (table 11) (AAH−US, 12/04). On the other hand, among a survey of 96 infants less than 6 months old, only three were acutely malnourished. The nutrition status of the adults (male and female) was considered average: **BMI** < 18.5 = 17.9%. **The situation was worse in Shabunda health zone, South Kivu, where 4.1% of the children surveyed had oedema as well as 2.1% of the adults (table 11) (AAH−US, 11/04).** In addition, out of 112 0−6 month−old infants measured, five measured less than 49 cm and nine were considered acutely malnourished. The crude mortality rate was above alert threshold (table 11). The situation has worsened compared to November 2003 (figure 8).

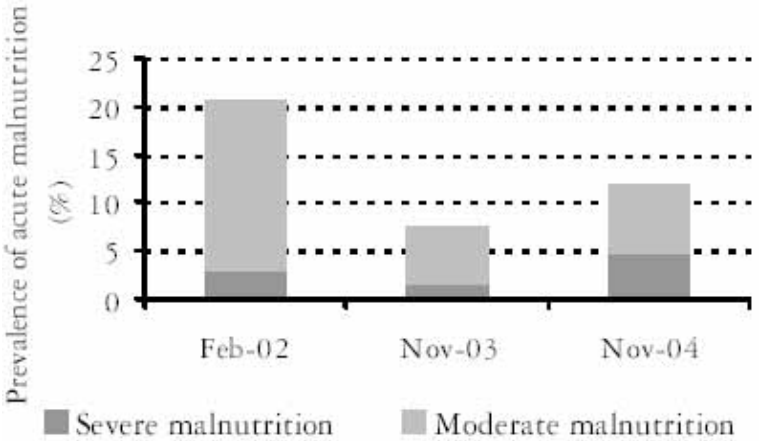


FIGURE 8 ACUTE MALNUTRITION IN SHABUNDA HEALTH ZONE, SOUTH KIVU, DRC

TABLE II RESULTS OF SURVEYS IN MANIEMA AND SOUTH KIVU PROVINCES, DRC (AAH−US, 11/05; AAH−US, 12/05)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Vitamin A distribution	Crude Mortality (/10,000/day)
LUBUTU & OBOTOKE HEALTH ZONES, MANIEMA PROVINCE				
14.4 (11.3–18.1)	3.1 (1.7–5.3)	51.9	33	2.2
SHABUNDA HEALTH ZONE, SOUTH KIVU PROVINCE				
12.0 (9.2–15.4)	4.9 (3.1–7.4)	74.4	79.9	1.7

* According to cards or mothers' statements

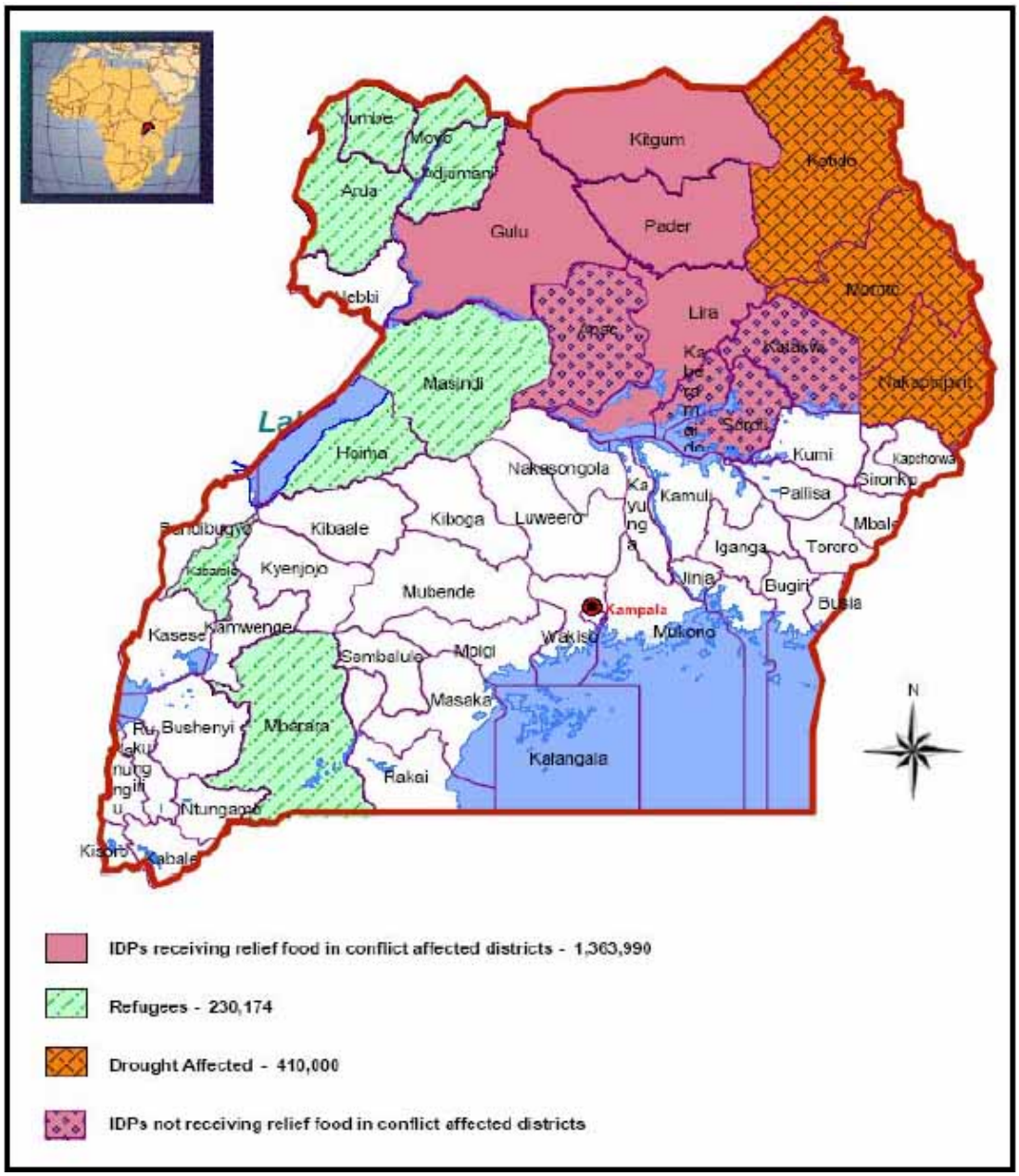
Uganda

The situation has remained tense in Northern Uganda over the last months with continued attacks against civilians by the Lords' Resistance Army (USAID, 13/04/05). Peace negotiations which took place at the end of 2004/ beginning of 2005 failed and hostilities have resumed (USAID, 13/04/05). About 1.4 m IDPs and 215,000 refugees are dependent on food aid (USAID, 13/04/05) (see map). An estimated 570,000 people are affected by drought in Karamoja and are in need of food aid at least until July 2005 (FEWS, 05/05) (see map).

Banana bacterial wilt has spread throughout the country, threatening crops and reducing farmers' income and employment opportunities in banana growing areas (FEWS, 05/05).

Acceptable to average nutrition situation in IDP camps in Gulu district, but high mortality rates

Random systematic nutrition surveys were conducted in the camps in Gulu district at the end of last year (WFP/MOH/UNICEF, 10/04; SC, 11/04). The overall prevalence of acute malnutrition in the 33 originally–gazetted camps was not critical but varied from 0% to 11.8% depending on the camp (WFP/MOH/ UNICEF, 10/04) (table 12). Nutrition status of women of reproductive age was also acceptable with 9.2% of them having a BMI < 18.5. However, the mortality rates were well above alert level (table 12). In the 13 newly–gazetted camps, the situation was average and the prevalence of acute malnutrition ranged from 4.4% to 12.1%, depending on the camp (SC, 10/04) (table 12). The mortality rates were also well above alert threshold.



AFFECTED DISTRICTS, UGANDA (OCHA, 21/04/05)

TABLE 12 PREVALENCE OF ACUTE MALNUTRITION AND MORTALITY RATES, UGANDA (AAH–US, 02/05; AAH–US, 03/04; GOAL, 03/05; SC, 11/04; WFP/MOH/UNICEF, 10/04)

% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
GULU DISTRICT			
33 GAZETTÉD CAMPS			
4.5	0.7	2.33	3.47
17 NEW GAZETTÉD CAMPS			
7.7 (6.7–8.8)	1.1 (0.7–1.6)	2.1	3.2
LIRA DISTRICT			
25 **IDP** CAMPS			
1.9 (0.9–3.7)	0.6 (0.1–2.0)	0.7	–

PADER DISTRICT			
KALONGO TOWN			
4.4 (3.1–6.1)	0.6 (0.2–1.4)	0.7	1.7
WOL IDP CAMP, AGAGO COUNTY			
7.2 (4.6–11.1)	2.2 (0.9–4.9)	–	–
PAIMOL MUTTO IDP CAMP, AGAGO COUNTY			
4.0 (2.1–7.2)	1.1 (0.3–3.4)	–	–
OMYIA PACWA			
6.5 (3.2–9.0)	1.1 (0.3–3.4)	–	–
APAC DISTRICT			
IDP CAMPS IN MINALUKU, NGAI AND OTWAL SUB–COUNTIES			
4.4 (2.8–6.8)	1.4 (0.5–3.0)	1.4	–

Situation not critical in Lira IDP camps

According to a random–sampled nutrition survey conducted in 25 IDP camps in Lira district, the situation was not critical (AAH, 03/05) (table 12). The measles vaccination coverage was satisfactory: 91.5%. The situation is far better compared with the result of a survey conducted in November 2004 in six IDP camps (see NICS 4).

Average situation in Kalongo town and surrounding IDP camps, Pader district

Four surveys were conducted in Kalongo town and in three IDP camps, Pader district, in March 2005 (GOAL, 03/05). In Kalongo town, the nutrition situation and the mortality rates were under control (table 12). The prevalence of acute malnutrition was within the same range as of February 2004, while mortality rates have decreased (figure 9). In the three IDP camps, the nutrition situation was average (table 12). The measles vaccination coverage varied between 70% and 80%.

The main source of food was food aid for about 90% of the population in Kalongo town and Wol IDP camp, while in Paimol and Pomiya Pacwa IDP camps, about 75% of the households were mainly relying on food distribution. These proportions correspond to the percentage of the households who were registered for food distribution. The main source of food for the other families was purchase and own production.

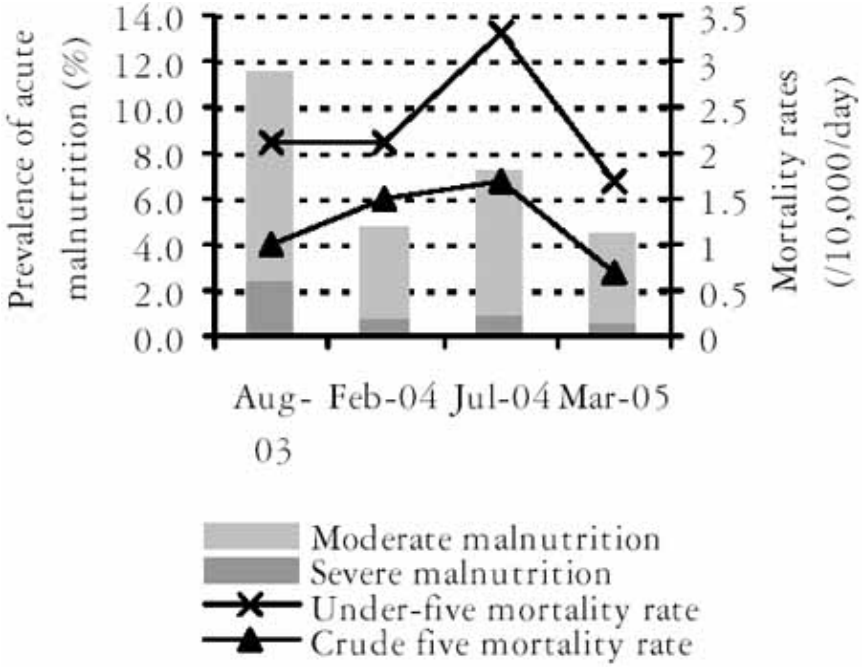


FIGURE 9 ACUTE MALNUTRITION AND MORTALITY, KALONGO TOWN, PADER DISTRICT, UGANDA

The main source of income was sale of firewood, daily labour and brewing of alcohol. 38, 11.7, 21.1 and 34.4 percent of the households reported having harvested in August and/or December 2004, in Kalongo, Wol, Paimol and Omiya Pacwa, respectively.

Northern Appac

Although this district has been less affected by the current civil unrest than the Northern districts of Uganda, it has begun to suffer from insecurity over the last two years, especially in the north. People have scattered to IDP camps or moved to the south. According to a random– sampled nutrition survey, the nutrition situation was not critical in the IDP camps in the north of the district, although the crude mortality rate was above alert threshold (AAH, 02/05) (table 12).

Overall

The situation is still precarious in Northern Uganda (category III). Besides, natural hazards jeopardise food security in those parts of the country which are more stable.

Chad

Refugees

Re–registration of refugees, which has been carried out in refugee camps, has led to some tensions, and the evacuation of humanitarian workers, especially in Iridimi camp. Meanwhile, a clash in Goz Amer camp between refugees and the Chadian police resulted in some deaths and injuries (UNHCR, 12/05/05). Tensions between refugees and host populations have been reported as being on the rise, especially concerning firewood collection (RI, 05/04/05). According to Refugee International, although positive accomplishments have been made, there is still a lack of aid agencies working with refugees, especially in the area of child protection, gender–based violence and mental health, and there is also a failure of a comprehensive UN response (RI, 05/04/05).

Following an outbreak of meningitis in January 2005, a vaccination campaign has been completed in Treguine, Bredjing and Farchana camps (IRIN, 08/02/05).

Water supply remains a challenge and in April, in Am Nabak camp, refugees had only access to 5 1 of water per person per day, instead of the accepted minimum standard of 15 1/pers/day (IRIN, 26/04/05). Water supply has also dwindled in Touloum camp.

A twelfth camp was opened in May 2005 in the area of Breidjing, Treguine and Farchana camps, to shelter some refugees who were still on the border and to transfer refugees from overcrowded camps (UNHCR, 03/05/05). Following the registration exercise, the new caseload of refugees has been estimated at 193,300 refugees (WFP, 13/05/05). After disruption in the food distributions in February 2005, the situation improved in March and April when a full food basket was distributed (FEWS, 25/04/05)

TABLE 13 RESULTS OF SURVEYS CONDUCTED IN SUDANESE REFUGEE CAMPS, CHAD (AAH–US, 01/05; MSF–H, 01/05)

Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day) (95% CI)	Under 5 Mortality (/10,000/day)
FARCHANA & BREDGING CAMPS					
Jan–05	8.0 (5.8–10.3)	1.1 (0.3–1.9)	88.7	0.7 (0.4–1.0)	1.6 (0.5–2.6)
TREGUINE CAMP					
Jan–05	11.3 (8.6–14.6)	1.1 (0.4–2.6)	97.2	–	1.0
MILE CAMP					
Jan–05	15.8 (12.7–19.6)	0.8 (0.4–1.7)	64.2	–	1.6
OURECASSONI CAMP					
Jan–05	20.5 (16.9–24.5)	1.7 (0.8–3.4)	87.6	–	0.8

* According to cards and mothers' statements

Nutrition surveys conducted at the beginning of the year showed average to precarious nutrition situation in the camps located in Adre health district (Farchana, Bredging and Treguine) (AAH–US, 01/05, MSF–H, 01/05); a precarious nutrition situation in the camp of Mile (Guereda Health district) (AAH–US, 01/05) and a critical situation in the northern camp of Ourecassoni (Bahai health district) (AAH–US, 01/05) (table 13). The mortality rates were below alert threshold. It is worth noting that the nutrition situation of the refugees matches the one of the local population (see below).

Host population

Although WFP has increased its assistance to the Chadian population around the camps through food for work, school feeding and blanket supplementary feeding (WFP, 03/05/05), this is not sufficient to guarantee the food security of the host population, especially in the northern area of refugee camps (FEWS, 25/04/05). Refugees International has deplored the lack of development agencies providing assistance to the local population (RI, 05/04/05). According to several nutrition surveys conducted in January 2005, the nutrition situation was precarious to critical among the host population (table 14) (AAH–US, 01/05). The northern area (Bahai) was the most affected.

Overall

The situation is still precarious (category II) for the refugees and the host population, especially in Bahai, the northern of the area where most of the refugee camps are located.

TABLE 14 RESULTS OF SURVEYS CONDUCTED IN CHADIAN HOST POPULATIONS, CHAD (AAH–US, 01/05; MSF–H, 01/05)

Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day) (95% CI)	Under 5 Mortality (/10,000/day)

HOST POPULATION AROUND TREGUINE CAMP					
Jan–05	14.2 (11.2–17.8)	1.2 (0.4–2.7)	31.5	–	1.14
HOST POPULATION AROUND MILE CAMP					
Jan–05	13.6	1.3	33.2	–	1.27
HOST POPULATION AROUND OURE CASSONI CAMP					
Jan–05	21.4	1.7	29.2	–	1.01

* According to cards and mothers' statements

ASIA

Tsunami affected areas

Sri Lanka

The pace of assistance and reconstruction seems slow in Sri Lanka. Firstly, there is a problem in delivering assistance to the LTTE (Liberation Tigers Tamil Ealam) controlled areas because the LTTE and the government of Sri Lanka have not yet reached an agreement (AFP, 04/05/05). Secondly, the construction of temporary shelters and the rehabilitation of homes has been delayed due to the Government policy of banning building close to the shore line (Reuters foundation, 24/05/05). Many displaced persons are still living in tents (OCHA, 05/05).

The security situation is tense in the eastern provinces with reports of violence (USAID, 30/04/05).

WFP has increased the caseload of beneficiaries of the general food distribution from 750,000 in January to 910,000 from March until June 2005. People have been receiving a full food ration (OCHA, 05/05). Support to fisherman to rebuild their fishing equipment is on–going (OCHA, 24/05/05).

A survey conducted by UNICEF in displaced camps showed a relatively satisfactory situation with regard to water and sanitation, although improvements could be made in some camps (WHO, 11/03/05).

Myanmar

It is estimated that about 5,000 people require food aid in Myanmar (WFP, 01/05). These are mostly poor families depending on fishing who have lost most of their assets. The seawater did not extend inland more than 200 meters, so no adverse effects are expected on paddy production. There has been a significant decrease in availability of safe drinking water.

Indonesia

An earthquake which hit, among others, the island of Nias, in March 2005 caused a further 1,650 deaths, 177 injured and 267,000 displaced people in addition to the 534,000 people previously displaced by the Tsunami (UNDP, 17/04/05).

The caseload for general food distribution was 814,000 beneficiaries as of May 2005 (WFP, 20/05/05).

New talks between the government of Indonesia and the Free Aceh Movement were held in Finland in April 2005 and seemed to have ended on a positive note (BBCNews, 18/04/05). A FAO/WFP assessment mission in Aceh province and Nias island showed that many farmers in the most affected areas have lost two consecutive paddy seasons and that the fishery output is estimated to fall 50 % for marine fishing and 41% for brackish water aquaculture (FAO/WFP, 05/05/05). On the other hand, rice production in Aceh is expected to be 200,000 tonnes surplus for the 2005/2006 season. Whenever possible, local purchase for food aid should be encouraged. The reconstruction of homes and infrastructure will be essential to enable people resuming their economic activities. Cash for work activities seemed to have been very efficient for the cleaning of waste (OCHA, 11/05/05).

A random−sampled nutrition survey was conducted in 13 districts of the West Coast, East Coast and North Coast of Aceh province in February 2005 (MOH/joint, 02/05). Among the households interviewed, 10.4% were displaced families living in camps, 9.2% were host households with IDPs present and 80.4% were resident households not hosting IDPs. The nutrition situation was precarious with 11.4% (6.7−17.2) of the children measured being acutely malnourished, including 1% severely malnourished. There seemed to be no difference in wasting between displaced and non−displaced children. 10.7% of the women measured showed sign of chronic energy deficiency (BMI < 18.5) while 29.7% were overweight (BMI > 25). Anaemia was diagnosed in 48.2% (23.6−70.7) of the children (Hb < 11 **g/dl) and in 29.7% (15.9−46.0) of the women (Hb < 12 g/dl).**

80% of the IDP households had received rice, noodles, fish and biscuits (the WFP regular food ration), and 40% had also received sugar and dried milk. It is worth remembering that dried milk should not be distributed to families in crisis situations.

Sanitary conditions were poor with more than half of households having unprotected source of drinking water and most households having no latrines. Vitamin A distribution and measles vaccination coverage was 60% and 35%, respectively. A measles vaccination campaign was on−going.

Following the survey, a blanket supplementary feeding programme was implemented for children under five years old, and pregnant and lactating women (OCHA, 29/04/05).

Helen Keller International is currently distributing sprinkles fortified with multi−vitamins and iron fortified soy sauce to affected families (HKI, 01/05/05).

THE CARIBBEAN

Haiti

Several initiatives have been launched by the interim government towards political transition such as national dialogue and the election process. However, it is reported that internal divisions and lack of capacity have limited the transition process (UNSC, 05/05). The electoral calendar had planned local elections on 9 October 2005 and parliamentary and presidential elections on 13 November 2005. Voter registration began at the end of April 2005. The security situation is still highly volatile, especially in Port au Prince, including violent demonstrations, kidnappings and gang activity (UNSC, 05/05). The United Nations Stabilisation Mission in Haiti has been reinforced and totalled 6,211 forces out of a total authorized strength of 6,700 as of beginning of May (UNSC, 05/05). The government of Haiti has complained that international aid, pledged last July, has been slow to come so far (AFP, 19/03/05).

Below normal rainfall has been recorded, especially in Artibonite and Centre departments, which were just recovering from floods which occurred in September 2004 (FEWS, 23/02/05). A number of nutrition surveys conducted over the last months do not show a critical situation, even in Gonaives, which was hard hit by hurricane Jeanne in September 2004 (table 15). Humanitarian aid has been deployed in the area.

TABLE 15 RESULTS OF SURVEYS IN HAITI, SEPTEMBER 2004–MARCH 2005 (ACF–F)

Date	% Acute Malnutrition (95% CI)	% Severe Acute Malnutrition (95% CI)	Measles immunisation coverage (%)*	Crude Mortality (/10,000/day)	Under 5 Mortality (/10,000/day)
ARTIBONITE DEPARTMENT					
Saint Michel de l'Attalaye commune					
Nov–04	5.7 (3.8–8.4)	0.5 (0.1–1.9)	46.5	0.45	1.21
Anse Rouge commune					
Jan–05	3.6 (2.1–5.9)	0.3 (0.0–1.6)	69.4	0.53	0.81
Gonaives town					
Jan–05	2.5 (1.3–4.5)	0.2 (0.0–1.4)	50.7	0.3	0.2
NORTH WEST DEPARTMENT					
Mole Saint Nicolas commune					
Nov–04	4.3 (2.6–6.9)	0.4 (0.0–1.8)	75.6	0.36	0.24
NORTH DEPARTMENT					
Pilate commune					
Dec–04	5.8 (3.9–8.5)	1.3 (0.5–3.0)	68.6	0.34	0.74
NORTH EAST DEPARTMENT					
Ouanaminthe commune (section I)					
Oct–04	4.5 (2.8–7.0)	0.7 (0.1–2.1)	73–5	0.10	0.21
CENTRE DEPARTMENT					
Cerca Cavajal commune					
Feb–05	2.0 (0.9–4.2)	0.4 (0.0–1.9)	81.6	0.23	0.25
WEST DEPARTMENT					
Soussaille, Kenscoff commune					

Sept–04	4.0 (2.4–6.4)	0.0 (0.0–1.0)	91.3	0.17	0.11
Fonds Verrettes commune					
Feb–05	3.0 (1.6–5.4)	0.4 (0.0–1.8)	51.4	0.36	0.67
SOUTH EAST DEPARTMENT					
Bainet commune					
Mar–05	2.8 (1.5–4.9)	0.2 (0.0–1.4)	71.9	0.23	0.21
Belle Anse commune					
Mar–05	5.8 (3.9–8.5)	0.8 (0.2–2.2)	43.7	–	–
SOUTH DEPARTMENT					
Saint Jean du Sud commune					
Oct–04	2.7 (1.4–5.0)	0.1 (0.1–1.4)	69.9	–	–
GRAND ANSE DEPARTMENT					
Bonbon commune					
Jan–05	3.1 (1.6–5.8)	0.4 (0.0–1.9)	90.5	0.21	0.28
Corail commune					
Jan–05	6.1 (4.1–8.8)	0.7 (0.1–2.1)	66.2	0.42	0.94
NIPPES DÉPARTMENT					
Petit Trou de Nippes & Plaisance South commune					
Apr–05	3.3 (1.9–5.6)	0.1 (0.1–1.2)	77.6	0.46	0.53

* According to cards and mothers' statements

REFERENCES

Greater Horn of Africa

Djibouti

FEWS	13/05/05	Fews Djibouti food security warning 13 May 2005 – Pledges below appeal requirements
OCHA	21/04/05	Djibouti: drought OCHA situation report No 1
OCHA	2005	Djibouti drought, 2005 flash appeal
WFP	13/05/05	WFP Emergency Report No 20 of 2005

Eritrea

N–NSS	01/05	Nutrition survey report, Anseba
N–NSS	01/05	Nutrition survey report, Northern Red Sea

Ethiopia

AFP	03/05/05	At least 146 killed, more than 250,000 displaced in Ethiopian floods
FAO	28/01/05	FAO/WFP crop and food supply assessment mission to Ethiopia
GOAL	02/05	Preliminary results of Abala nutritional survey
IRIN	10/05/05	Ethiopia: floods ravage remote Somali region
OCHA	21/02/05	Relief bulletin: weekly humanitarian highlights in Ethiopia 21 Feb 2005
OCHA	11/04/05	Relief bulletin: weekly humanitarian highlights in Ethiopia 11 April 2005
OCHA	04/05/05	Flash update: The 2005 joint humanitarian appeal for Ethiopia
SC–USA	11/04	Rapid assessments in 4 drought–affected woredas of Somali region
WV	01/05	Summary report, Nutrition surveys conducted in Assayita woreda, zone 1, Afar regional state

Kenya

AAH–US	03/05	Nutritional anthropometric survey, children under five years, Mandera Central and Khalalio divisions
IRIN	16/03/05	1,500 families flee from inter–clan violence in Mandera
FEWS	14/04/05	FEWS Kenya food security update Apr 2005 – Concerns over late long–rains season
MRG	13/04/05	Risk of conflict increasing
OXFAM	10/04	Nutritional survey in the Western and Southern zones of Wajir district – North Eastern province

Somalia

AFP	21/04/05	Somali president urges bickering MPs, ministers to return to Kenya
FEWS	21/04/05	FEWS Somalia: food security emergency 21 Apr 2005: significant needs remain
FSAU	02/05	Food security and nutrition, February monthly brief
FSAU	03/05	Food security and nutrition, March monthly brief
FSAU/N	03/05	Monthly nutrition update
MSF–H	10/04	Nutritional survey report, Lower and Middle Juba, Somalia

Sudan

ACF–F	01/05	Nutritional anthropometric survey, children under five years old, Gereida camp, South Darfur state
AFP	21/04/05	Southern Sudanese factions, minus militias, agree to support peace deal
AFP	16/04/05	Sudan to take part in Nigeria peace talks with Darfur rebels
AAH–US/ GOAL	04/05	Nutritional anthropometric survey, children under five years old, results summary, Twic/Abyei counties, Bhar el Ghazal

AAH–US	01/05	Nutritional anthropometric survey, children under 5 years old, Bunagok district, Awerial county – Bhar el Ghazal
AAH–US	01/05	Nutritional anthropometric survey, children under 5 years old, Kapoeta South county, Eastern Equatoria
AAH–US	03/05	Nutritional anthropometric survey, children under 5 years old, Kiechkuon, Kier districts, Luakipinyi county – Upper Nile region
BBC	11/04/05	Darfur village rampage shocks UN
FEWS	31/03/05	Population returns continue
FEWS	04/05	Southern Sudan, food security update
FIFC	17/02/05	Darfur 2005, livelihood under siege
GOAL	02/05	Findings of a nutrition survey, Kurmuk county, Southern Blue Nile
GOAL	03/05	Preliminary findings of a nutrition survey, Jebel Mara, West Darfur
IRIN	22/03/05	Sudan: IDPs forced to move as Khartoum settlement is demolished
IRIN	12/04/05	Sudan: NGO says armed groups still active in the south
MSF–H	02/05	Nutrition and health assessment, Kalma camp, South Darfur state, Sudan
UNICEF	02/05	Monthly report, February 2005, Southern Sudan
UNNews	15/03/05	Despite attacks, UN food deliveries rise in Sudan's war–torn Darfur region
UNNews	12/04/05	After Annan's call for generosity, donors pledges $4.5 billion for Sudan
UNNews	18/04/05	UN reports no security improvement in Sudan's strife–torn Darfur region
UNSC	12/04/05	Sudan: Monthly report of the Secretary–General on Darfur
WFP	06/05/05	WFP Emergency report No 19 of 2005
WFP	09/05/05	Sudan: WFP opens new air route via Libya to increase food flow to Darfur
WHO	15/04/05	Sudan: Primary health coverage in Darfur IDP camps

West Africa

Ivory Coast

IRIN	11/01/05	Côte D'Ivoire: Mbeki gets more time to mediate but runs into trouble
IRIN	27/04/05	Côte d'Ivoire: Gbagbo agrees to let rival stand in election, rebels give cautious Welcome
IRIN	27/04/05	Côte d'Ivoire: Une ratonnade à Guiglo fait au moins un mort et plusieurs blesses
OCHA	21/04/05	Crisis in Cote d'Ivoire situation report No 39
UNICEF /MOH	2004	Assessment of nutritional status of the populations of Côte d'Ivoire
UNICEF /MOH	11/04	Assessment of the fight against iodine deficiency disorders in Côte d'Ivoire

Liberia

ACF−F	02/05	Food security report, Internally displaced persons, Montserrado, Margibi and Bong IDP camps/Bomi and Grand Cape Mount communities
AFP	24/04/05	Food rations for Sierra Leone refugees to be cut
Global IDP project	15/04/05	Liberia's displaced people face rushed and poorly planned return process
IOM	19/04/05	Liberia − IOM begins returns to Lofa county
IRIN	19/04/05	Liberia: Ex−fighters making money from latex refuse to leave rubber plantation
OCHA	28/02/05	Rapport de situation humanitaire en Guinée − Février 2005
WFP	02/05	Lofa county, food security and nutrition assessment
WFP	03/05	Grand Gedeh county, food security and nutrition assessment
WFP	15/04/06	WFP Emergency Report No 16 of 2005

Guinea

ACH−S	02/05	Enquête nutritionnelle, prefecture de Gueckedou, Guinée
OCHA	28/02/05	Rapport de situation humanitaire en Guinée − Février 2005

Sierra Leone

ACF−F	09/04	Nutrition survey, Freetown, Sierra Leone

Niger

CI	31/03/05	Une révolte justifiée
FEWS	16/03/05	Niger: Food security warning 16 March 2005 − Growing food insecurity conditions
FAO/WFP	21/12/04	FAO/WFP crop and food supply assessment mission to Niger
MSF	26/04/05	Nutritional emergency in Niger
MSF	28/04/05	Alarming increase in malnutrition in Niger
OCHA	19/05/05	UN appeals for $ 16 million for Niger food crises
WFP	22/04/05	WFP Emergency Report No 17 of 2005
WFP	20/05/05	WFP Emergency Report No 21 of 2005

Central Africa

Burundi

AFP	16/02/05	Army says 18,000 ex−rebels disarmed in Burundi
AFP	16/05/05	Burundi rebel group, president sign deal to end hostilities
IRIN	07/03/05	Burundi: court to endorse final result of constitutional referendum, official says
MINAGRI/ FAO, WFP, UNICEF	2005	Evaluation des récoltes, des approvisionnements alimentaires et de la situation nutritionnelle

MSF–H	01/05	Nutritional survey, Kirundo province, Burundi
OCHA	12/05/05	Burundi situation report, 2–8 May 2005
VAM	12/04	Analyse de la sécurité alimentaire et de la vulnérabilité effectuée en juillet–août
WFP	16/03/05	Burundi: food shortages deepen as country embraces peace

DRC

AAH–US	11/05	Rapport d'enquête nutritionnelle, zone de santé de Shabunda, province du Sud Kivu
AAH–US	12/05	Rapport d'enquête nutritionnelle, zone de santé de Lubutu, province du Maniema
OCHA	06/05/05	Monitoring de la situation humanitaire en RDC du 30 avril au 6 mai 2005
USAID	30/04/05	USAID field report DR Congo Apr 2005

Uganda

AAH–US	02/05	Nutritional anthropometric survey, children under five years old, Minakulung/Ngai/Otwal, Northern Appac
AAH–US	03/05	Nutritional anthropometric survey, children under five years old, results summary, Lira, Northern Uganda
FEWS	05/05	Uganda, food security update
GOAL	03/05	Findings of a nutrition survey, Parabongo, Wol *&* Paimol sub–counties, Agago county, Pader district, Northern Uganda
SC	10/04	Summary results of the nutrition survey conducted by Save the Children in Uganda in partnership with the office of the district director health service – Gulu
USAID	13/04/05	Uganda complex emergency situation report #2 (FY05)
WFP/MOH UNICEF	10/04	Summary of nutrition and health assessment in the internally displaced persons camps in Gulu district

Chad

AAH–US	01/05	Rapport final d'enquête nutritionnelle, districts sanitaires d'Adre, de Bahai et de Guereda, Décembre 2004–Janvier 2005
FEWS	25/04/05	Rapport mensuel de sécurité alimentaire au Tchad: 25 avril 2005 – Accès des céréales limité par des prix élevés
IRIN	08/02/05	Chad–Sudan: Vaccination completed following meningitis outbreak in refugee camps
IRIN	26/04/05	Chad: water supplies run dry in desert refugee camps
MSF–H	01/05	Nutritional survey, Farchana and Bredging camps, Eastern Chad
RI	05/04/05	Sudanese refugees in Chad: situation stabilises but challenges remain
UNHCR	03/05/05	12th camp opened in eastern Chad
UNHCR	12/05/05	UNHCR press release, Chad, 12 May 2005

WFP	13/05/05	WFP emergency report No 20

Asia

Tsunami affected countries

AFP	04/05/05	Sri Lanka's president vows Tsunami deal with rebels
BBCNews	18/04/05	Aceh talks end constructively
FAO/WFP	05/05/05	FAO/WFP food supply and demand assessment for Aceh province and Nias island (Indonesia)
HKI	01/01/05	Operations update
MOH/joint	20/04/05	Rapid nutrition assessment in Nanggroe Aceh Darusslam, February–March 2005, Executive summary
OCHA	29/04/05	Indonesia, Sri Lanka, Maldives, Thailand and Seychelles: earthquake and Tsunami OCHA situation report No 38
OCHA	11/05/05	Indonesia situation report: natural disasters in Nanggore Aceh Darussalam and North Sumatra 11 May 2005
OCHA	05/05	Post–Tsunami update
OCHA	24/05/05	Humanitarian situation report – Sri Lanka: 20–24 May 2005
Reuters Foundation	24/05/05	S. Lanka tsunami aid stuck on the ground–World Bank
UNDP	17/04/05	UNDP's initial response to the tsunami in Indonesia (end of mission report: Jan–Marc 2005)
USAID	30/04/05	USAID field report Sri Lanka Apr 2005
WFP	01/05	Impact of the Tsunami on the lives and livelihhod of people in Myanmar with special focus on Labutta township, Ayeyarwaddy division
WHO	11/03/05	Tsunami and health, situation report #41

The Caribbean

Haiti

ACF–F	09/04	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Section communale de Soussaille, Commune de Kenscoff, Département de l'Ouest, Haiti
ACF–F	10/04	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune de Ouanaminthe (section I), Département du Nord Est, Haiti
ACF–F	10/04	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune de Saint Jean du Sud, Département du Sud, Haiti
ACF–F	11/04	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune du Mole Saint Nicolas, Département du Nord Ouest, Haiti
ACF–F	11/04	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune du Saint Michel de l'Attaye, Département de l'Artibonite, Haiti
ACF–F	12/04	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune de Pilate, Département du Nord, Haiti
ACF–F	01/05	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Ville de Gonaives, Département de l'Artibonite, Haiti
ACF–F	01/05	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune de Anse Rouge, Département de l'Artibonite, Haiti

ACF–F	01/05	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune de Corail, Département de la Grande Anse, Haiti
ACF–F	01/05	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune de Bonbon, Département de la Grande Anse, Haiti
ACF–F	02/05	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune de Fonds Verrettes, Département du Sud Est, Haiti
ACF–F	02/05	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune de Cerca Cavajal, Département du Centre, Haiti
ACF–F	03/05	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune de Belle Anse, Département du Sud Est, Haiti
ACF–F	03/05	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Commune de Bianet, Département du Sud Est, Haiti
ACF–F	04/05	Enquête nutritionnelle anthropométrique et de mortalité rétrospective, Communes de Petit Trou de Nippes et de Plaisance du Sud, Département de Nippes, Haiti
AFP	19/03/05	Haitian PM slams slow pace of international aid
FEWS	23/02/05	Fews Haiti food security watch Feb 2005
UNSC	13/0505	Report of the secretary–general on the United Nations stabilisation mission in Haiti
FAO/WFP	12/01/05	FAO/WFP crop and food supply assessment mission to Haiti
OCHA	17/11/04	Haiti: socio–political crisis OCHA situation report No. 16
USAID	31/12/04	USAID field report Haiti Dec 2004

RESULTS OF SURVEYS

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI)§		Severe Acute Malnutrition** (%) (95% CI)§		Oedema (%)
GREATER HORN OF AFRICA									
ERITREA									
Anseba, rural area	Jan–05	Residents	400,840	N–NSS	12.6	–	1.2	–	0.4
Northern Red Sea, rural areas	Jan–05	Residents	392,600	N–NSS	14.2	–	2.0	–	0.5
ETHIOPIA									
AFAR REGION									
Asayita district, zone 1	Jan–05	Residents	53,181	WV	11.5	8.8–14.9	2.0	1.0–3.8	0.3
Abala district, zone 2	Feb–05	Residents	–	GOAL	13.5	11.4–15.8	0.4	0.1–1.1	0
KENYA									

Wajir West, Wajir district, North–Eastern province	Oct–04	Residents	39,130	OXFAM	31.5	27.3–36.0	3.5	2.0–5.7	0
Wajir South, Wajir district, North–Eastern province	Oct–04	Residents	55,140	OXFAM	22.4	18.7–26.5	2.3	1.2–4.3	0.2
Mandera Cantral & Khalalio divisions, Mandera district., North–Eastern province	Mar–05	Residents	63,660	AAH–US	26.6	22.6–31.0	3.5	2.0–5.7	0.7
SOMALIA									
Marere riverine area, Lower & Middle Juba	Nov–04	Residents	70,500	MSF–H	10.9	8.1–12.8	2.3	1.1–3.3	0.9
SUDAN									
Gereida IDP camp, South Darfur	Jan–05	Displaced	30,000	ACF–F	15.6	12.5–19.3	4.0	2.4–6.3	0
Kalma IDP camp, South Darfur	Feb–05	Displaced	140,380	MSF–H	9.9	8.1–12.1	2.6	1.7–3.9	0.4
Jebel Mara, West Darfur	Mar–05	Residents/ displaced	192,770	GOAL	16.2	12.6–20.4	1.5	0.7–3.1	0
Kiechkuon & Kier districts, Luakipiny county, Upper Nile	Mar–05	Residents	23,670	AAH–US	15.1	11.9–18.8	2.3	1.2–4.3	0
Bunagok district, Awerial county, Bahr el Ghazal	Jan–05	Residents	53,000	AAH–US	11.6		0.9		0
Twic & Abyei counties, Bahr el Ghazal	Apr–05	Residents	–	AAH–US/ GOAL	30.7	26.4–35.3	4.9	3.2–7.5	–
Kapoeta South county, Eastern Equatoria	Jan–05	Residents	11,000	AAH–US	10.1	7.3–13.8	1.6	0.6–3.6	0.1
Kurmuk county, Southern Blue Nile	Feb–05	Residents/ Displaced	32,090	GOAL	9.1	7.1–11.1	1.0	0.4–1.7	0.1

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

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

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

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

Survey Area	Measles immunisation coverage (%)#		Micro–nutrient deficiencies	Vitamin A distribution coverage, within the past 6 months	Women's anthropometric status (%)	Crude Mortality (/10,000/day) (95% CI)§		Under 5 Mortality (710,000/day (95% CI)§	
	Proved by card	**Card + history**							
GREATER HORN OF AFRICA									
ERITREA									
Anseba, rural area	–	–	–	–	BMI[1] < 18.5: 41.9	–		–	
Northern Red Sea, rural areas	–	–	–	–	BMI[1] < 18.5: 51.9 BMI[1] < 16: 11.7	–		–	
ETHIOPIA									
AFAR REGION									
Asayita district, zone 1	47.7	50.5	–	–	–	1.24		2.38	
Abala district, zone 2	–	15.0	–	14.3	–	0.53		1.23	
KENYA									
Wajir West, Wajir district, North–Eastern province	41.2	69.5	–	65.1	–	0.74		2.94	
Wajir South, Wajir district, North–Eastern province	47.3	79.6	–	72.8	–	0.20		1.54	
Mandera Cantral & Khalalio divisions, Mandera district., North–Eastern province	27.8	89.0	–	69.8	–	0.38		–	
SOMALIA									

Marere riverine area, Lower & Middle Juba	9.7	24.0	–	–	–	–		–	
SUDAN									
Gereida IDP camp, South Darfur	16.6	39.3	–	–	–	1.18		4.17	
Kalma IDP camp, South Darfur	19.8	30.3	–	–	–	0.94	0.67–1.21	1.52	1.07–1.97
Jebel Mara, West Darfur	34.4	85.4	–	83.6	–	1.12	0.82–1.42	3.22	2.09–4.35
Kiechkuon & Kier districts, Luakipiny county, Upper Nile	2.9	38.5	–	–	–	0.4		–	
Bunagok district, Awerial county, Bahr el Ghazal	20.9	82.6	–	–	–	0.8		–	
Twic & Abyei counties, Bahr el Ghazal	16.3	48.8	–	–	–	0.36		–	
Kapoeta South county, Eastern Equatoria	2.1	10.5	–	–	–	1.0		–	
Kurmuk county, Southern Blue Nile	8.4	29.7	–	63.3	–	1.3		2.5	

[#] Measles vaccination coverage for children aged 9–59 months
[1] Women aged 18 to 60 years

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%)(95%CI)[§]		Severe Acute Malnutrition** (%) (95% CI)[§]		Oedema (%)
WEST AFRICA									
GUINEA									
Gueckedou prefecture	Feb–05	Residents	433,460	ACH–S	10.1	7.3–12.8	0.2	0.0–0.6	0
IVORY COAST									
Abidjan	End 2004	Residents	4 m	UNICEF/ MOH	6.3	5.1–7.5	1.1	0.6–1.6	–
Nation–wide	Aug–04	Residents	–		–		–		–

				UNICF/ MOH					
LIBERIA									
Lofa county	Feb–05	Returnees/ Residents	99,200	WFP/joint	2.6	1.7–3.9	0.4	0.1–1.2	0.1
Grand Gedeh county	Mar–05	Residents/ Returnees	124,750	WFP/joint	4.5	3.3–6.1	0.7	0.3–1.5	0.4
SIERRA LEONE									
Freetown	Sep–04	Residents	525,000	ACF–F	5.6	3.8–8.3	0.3	0.0–1.5	0
CENTRAL AFRICA									
BURUNDI									
Bugabira, Kirundo and Busoni communes, Kirundo province	Jan–05	Residents	245,520	MSF–H	3.8	2.6–10.3	0.5	0–1.2	–
DEMOCRATIC REPUBLIC OF THE CONGO									
Shabunda health zone, South Kivu province	Nov–04	Residents	166,020	AAH–US	12.0	9.2–15.4	4.9	3.1–7.4	4.1
Lubutu & Obokote health zones	Dec–04	Residents	167,390	AAH–US	14.4	11.3–18.1	3.1	1.7–5.3	0.8
UGANDA									
33 IDP camps, Gulu district	Oct–04	Displaced	438,680	WFP/joint	4.5		0.7		–
13 newly gazetted IDP camps, Gulu district	Nov–04	Displaced	120,000	SC	7.7	6.7–8.8	1.1	0.7–1.6	–
IDP camps, Northern Apac district	Feb–05	Displaced	–	AAH–US	4.4	2.8–6.8	1.4	0.5–3.0	–
25 IDP camps, Lira district	Mar–05	Displaced	–	AAH–US	1.9	0.9–3.7	0.6	0.1–2.0	–
Kalongo town, Pader district	Mar–05	Residents/ Displaced	37,930	GOAL	4.4	3.1–6.1	0.6	0.2–1.4	0
Wol IDP camp, Pader district	Mar–05	Displaced	9,230	GOAL	7.2	4.6–11.1	2.2	0.9–4.9	0
Paimol IDP camp, Pader	Mar–05	Displaced	7,210	GOAL	4.0	2.1–7.2	1.1	0.3–3.4	0

district									
Pomiya Pacwa IDP camp, Pader district	Mar–05	Displaced	7,770	GOAL	6.5	3.2–9.0	1.1	0.3–3.4	1.1

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

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

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

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

Survey Area	Measles immunisation coverage (%)§		Micro–nutrient deficiencies	Vitamin A distribution coverage, within the past 6 months	Women's anthropometric status (%)	Crude Mortality (/10,000/day) (95% CI)§	Under 5 Mortality (710,000/day) (95% CI)§
	Proved by card	Card + history					
WEST AFRICA							
GUINEA							
Gueckedou prefecture	55.0	80.2	–	–	–	0.4	1.14
IVORY COAST							
Abidjan	–	–	–	–	BMI[1] < 18.5: 5.3 BMI[1] ? 25: 34.1	–	–
Nation–wide	–	–	See p 13	–	–	–	–
LIBERIA							
Lofa county	40	71	–	90	–	1.35	2.41
Grand Gedeh county	24.7	71.6	–	94.5	–	1.27	3.34
SIERRA LEONE							
Freetown	36.2	83.2	–	–	–	–	–
CENTRAL AFRICA							
BURUNDI							
Bugabira, Kirundo and Busoni communes,	20.7	89	–	–	–	1.0	1.8

Kirundo province							
DEMOCRATIC REPUBLIC OF THE CONGO							
Shabunda health zone, South Kivu province	48.8	74.4	–	79.9	BMI[2] < 16: 4.0 BMI[2] < 18.5: 22.2	1.7	–
Lubutu & Obokote health zones	0.6	51.9	–	33	BMI[2] < 16: 1.3 BMI[2] < 18.5: 17.9	2.2	–
UGANDA							
33 IDP camps, Gulu district	–	–	–	–	BMI[1] < 16: 0.4 BMI[1] < 18.5: 9.2	2.33	3.47
13 newly gazetted IDP camps, Gulu district	–	–	–	–	–	2.1	3.5
IDP camps, Northern Apac district	27.3	75.1	–	–	–	1.4	–
25 IDP camps, Lira district	43.5	91.5	–	–	–	0.7	–
Kalongo town, Pader district	46.3	81	–	–	–	0.7	1.7
Wol IDP camp, Pader district	31.2	75.6	–	–	–	–	–
Paimol IDP camp, Pader district	34.8	81.2	–	–	–	–	–
Pomiya Pacwa IDP camp, Pader district	26.1	69.9	–	–	–	–	–

[1] Non–pregnant women of reproductive age
[2] Male and female of more than 18 years, excluding pregnant and lactating women
[§] Measles vaccination coverage for children aged 9–59 months

Survey Area	Date	Population	Estimated Population Number	Survey Conducted by	Acute Malnutrition* (%) (95% CI)	Severe Acute Malnutrition** (%) (95% CI)[§]	Oedema (%)

CHAD									
Farchana & Bredging camps, Adre health district	Jan–05	Refugees	51,500	MSF–H	8.0	(5.8–10.3)	1.1	(0.3–1.9)	0.4
Treguine camp, Adre health district	Jan–05	Refugees	14,480	AAH–US	11.3	(8.6–14.6)	1.1	(0.4–2.6)	0.0
Ourecassoni camp, Bahai health district	Jan–05	Refugees	24,680	AAH–US	20.5	(16.9–24.5)	1.7	(0.8–3.4)	0.0
Mile camp, Guereda health district	Jan–05	Refugees	14,960	AAH–US	15.8	(12.7–19.6)	0.8	(0.4–1.7)	0.0
Host population around Treguine camp	Jan–05	Residents	–	AAH–US	14.2	(11.2–17.8)	1.2	(0.4–2.7)	0.0
Population around Ourecassoni camp	Jan–05	Residents	–	AAH–US	21.4		1.7		0.0
Population around Mile camp	Jan–05	Residents	–	AAH–US	13.6		1.3		0.0
THE CARIBBEAN									
HAITI									
Artibonite department									
Saint Michel de Lattalaye commune	Nov–04	Residents	48,000	ACF–F	5.7	(3.8–8.4)	0.5	(0.1–1.9)	0.1
Anse Rouge commune	Jan–05	Residents	32,104	ACF–F	3.6	(2.1–5.9)	0.3	(0.0–1.6)	0.1
Gonaives town	Jan–05	Residents	206,000	ACF–F	2.5	(1.3–4.5)	0.2	(0.0–1.4)	0.2
West department									
Mole Saint Nicolas commune	Nov–04	Residents	19,660	ACF–F	4.3	(2.6–6.9)	0.4	(0.0–1.8)	0.4
North department									
Commune de Pilate	Dec–04	Residents	40,440	ACF–F	5.8	(3.9–8.5)	1.3	(0.5–3.0)	0.5
North–East department									
Commune de Ouanaminthe, section I	Oct–04	Residents	22,320	ACF–F	4.5	(2.8–7.0)	0.7	(0.1–2.1)	0.7
Centre department									

Commune de Cerca Cavajal	Feb–05	Residents	17,570	ACF–F	2.0	(0.9–4.2)	0.4	(0.0–1.9)	0.3
West department									
Soussaille section, Kenscoff commune	Sep–04	Residents	18,750	ACF–F	4.0	(2.4–6.4)	0.0	(0.0–1.0)	0
Fonds Verrettes commune	Feb–05	Residents	15,950	ACF–F	3.0	(1.6–5.4)	0.4	(0.0–1.8)	0.2
South East department									
Bainet commune	Mar–05	Residents	41,410	ACF–F	2.8	(1.5–4.9)	0.2	(0.0–1.4)	0.2
Belle Anse commune	Mars–05	Residents	31,220	ACF–F	5.8	(3.9–8.5)	0.8	(0.2–2.2)	0.4
South department									
Saint Jean du Sud commune	Oct–04	Residents	14,840	ACF–F	2.7	(1.4–5.0)	0.1	(0.0–1.4)	0.1
Grand Anse department									
Bonbon commune	Jan–05	Residents	5,415	ACF–F	3.1	(1.6–5.8)	1.8	(0.7–4.0)	0.1
Corail commune	Jan–05	Residents	24,731	ACF–F	6.1	(4.1–8.8)	0.7	(0.1–2.1)	0.4
Nippes department									
Petit Trou de Nippes & Plaisance du Sud communes	Apr–05	Residents	34,889	ACF–F	3.3	(1.9–5.6)	0.1	(0.0–1.2)	0.1
ASIA									
TSUNAMI AFFECTED COUNTRIES									
West Coast, North Coast and East Coast, Aceh province	Feb–05	Residents/ Displaced	–	MOH/joint	11.4	6.7–17.2	1.0		–

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

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

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

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

Survey Area	Measles immunisation coverage (%)#		Micro–nutrient deficiencies	Vitamin A distribution coverage, within the past 6 months	Women's anthropometric status (%)	Crude Mortality (/10,000/day) (95% CI)§		Under 5 Mortality (/10,000/day) (95% CI)§	
	Proved by card	Card + history							
CHAD									
Farchana & Bredging camps, Adre health district	47.5	88.7	–	–	–	0.7	(0.4–1.0)	1.6	(0.4–1.0)
Treguine camp, Adre health district	97.0	97.2	–	–	–	–		0.8	
Ourecassoni camp, Bahai health district	84.2	87.5	–	–	–	–		0.8	
Mile camp, Guereda health district	43.9	64.2	–	–	–	–		1.6	
Host population around Treguine camp	28.7	31.6	–	–	–	–		1.14	
Population around Ourecassoni camp	21.6	29.2	–	–	–	–		1.01	
Population around Mile camp	10.7	43.2	–	–	–	–		1.27	
THE CARIBBEAN									
HAITI									
Artibonite department									
Saint Michel de Lattalaye commune	26.6	46.5	–	–	–	0.45		1.21	
Anse Rouge commune	39.8	69.4	–	–	–	0.53		0.81	
Gonaives town	11.0	50.7	–	–	–	0.3		0.2	
West department									
Mole Saint Nicolas commune	76.5	84.6	–	–	–	0.36		0.24	

North department									
Commune de Pilate	42.3	68.6	–	–	–	0.34		0.74	
North–East department									
Commune de Ouanaminthe, section I	43.9	73.5	–	–	–	0.1		0.21	
Centre department									
Commune de Cerca Cavajal	48.0	81.6	–	–	–	0.23		0.25	
West department									
Soussaille section, Kenscoff commune	63.7	91.3	–	–	–	0.17		0.11	
Fonds Verrettes commune	24.2	51.4	–	–	–	0.36		0.67	
South East department									
Bainet commune	40.6	71.9	–	–	–	0.23		0.21	
Belle Anse commune	12.2	42.7	–	–	–	–		–	
South department									
Saint Jean du Sud commune	40.2	69.9	–	–	–	–		–	
Grand Anse department									
Bonbon commune	73.4	90.5	–	–	–	0.21		0.28	
Corail commune	45.7	69.9	–	–	–	0.42		0.94	
Nippes department									
Petit Trou de Nippes & Plaisance du Sud communes	59.8	77.6	–	–	–	0.46		0.53	
ASIA									
TSUNAMI AFFECTED COUNTRIES									
West Coast, North Coast and East Coast, Aceh province	–	35	See p 23	60	BMI[1] <18.5: 10.7 BMI[1] >25: 29.7	–		–	

[1] Women of reproductive age
[#] Measles vaccination coverage for children aged 9–59 months

SURVEY METHODOLOGY

The Greater Horn region

Eritrea

ANSEBA

The survey was conducted in January 2005 by the N–NSS. The sample was a stratified multi–stage random sample. 1125 children were measured. BMI was measured among non–pregnant women aged 18 to 60 years. The survey also estimated morbidity and various food security indicators.

NORTHERN RED SEA

The survey was conducted in January 2005 by the N–NSS. The sample was a stratified multi–stage random sample. 829 children were measured. BMI was measured among non–pregnant women aged 18 to 60 years. The survey also estimated morbidity and various food security indicators.

Ethiopia

ASSAYITA DISTRICT, ZONE I, AFAR REGION

The survey was conducted by WV in January 2005. A two–stage cluster sampling methodology of 30 clusters was used to measure 910 children between 6–59 months. The survey also estimated measles vaccination coverage, retrospective mortality rates over the 3 months prior to the survey and various food security and public health indicators.

ABALA WOREDA, ZONE 2, AFAR REGION

The survey was conducted by Goal in February 2005. A two–stage cluster sampling methodology of 30 clusters was used to measure 966 children between 6–59 months. The survey also estimated measles vaccination and vitamin A coverage, retrospective mortality rates and various food security and public health indicators.

Kenya

WAJIR, NORTH–EASTERN REGION

Two surveys were conducted in Wajir South & Wajir West by OXFAM in October 2004. Two–stage cluster sampling methodologies of 30 clusters were used to measure 956 children and 948 between 6–59 months, respectively. The surveys also estimated measles vaccination and vitamin A coverage, crude and under–five mortality rates over the 3 months prior to the survey and various food security and public health indicators.

MANDREA CENTRAL & KHALALIO DIVISIONS, NORTH–EASTERN REGION

The survey was conducted by AAH–US in March 2005. A two–stage cluster sampling methodology of 30 clusters was used to measure 921 children between 6–59 months. The survey also estimated measles vaccination and vitamin A coverage, retrospective mortality rates over the 3 months prior to the survey and various food security and public health indicators.

Somalia

LOWER & MIDDLE JUBA

A random–sampled nutrition survey was conducted along the Juba River 20 km North and 20 km South of Marere by MSF–H in November 2004. A two–stage 30–by–30 cluster sampling methodology was used to measure 894 children between 6–59 months. The survey also estimated measles vaccination coverage.

Sudan

GEREIDA CAMP, SOUTH DARFUR

The survey was conducted by ACF−F in January 2005. A two−stage cluster sampling methodology of 30 clusters was used to measure 956 children between 6−59 months. The survey also estimated measles vaccination coverage and retrospective mortality rate over one month prior to the survey.

KALMA CAMP, SOUTH DARFUR

The survey was conducted by Epicentre/MSF in February 2005. A two−stage cluster sampling methodology of 30 clusters was used to measure 900 children between 6−59 months. The survey also estimated measles vaccination coverage, retrospective mortality rate over three and a half months prior to the survey and various food security and public health indicators.

GOLDO, GILDU & ROKERO, JEBEL MARA, WEST DARFUR

The survey was conducted by GOAL in March 2005. A two−stage cluster sampling methodology of 30 clusters was used to measure 921 children between 6−59 months. The survey also estimated measles vaccination and vitamin A distribution coverage and retrospective mortality rate over three months prior to the survey.

KURMUK COUNTY, SOUTHERN BLUE NILE

The survey was conducted by GOAL in February 2005. A two−stage cluster sampling methodology of 30 clusters was used to measure 956 children between 6−59 months. The survey also estimated measles vaccination coverage, retrospective mortality rate over three months prior to the survey and various food security and public health indicators.

KAPOETA SOUTH COUNTY, EASTERN EQUATORIA

The survey was conducted by AAHUS in January 2005. A two−stage cluster sampling methodology of 30 clusters was used to measure 769 children between 6−59 months, respectively. The survey also estimated measles vaccination and retrospective mortality rate over three months prior to the survey.

TURALEI, AJAC−KUAC & AKOC DISTRICTS, TWIC COUNTY & ALAL & RUM−AMER DISTRICT, ABYEI COUNTY

The survey was conducted by AAH−US in April 2005. A two−stage cluster sampling methodology of 30 clusters was used. The survey also estimated measles vaccination and crude mortality rate over the three months prior to the survey.

BUNAGOK DISTRICT, AWERIAL COUNTY, BAHR EL GHAZAL

The survey was conducted by AAH−US in January 2005. An exhaustive survey was conducted, 424 children were measured. The survey only included villages situated within a 3 hour walk radius from Bunagok. The survey also estimated measles vaccination and crude mortality rate over the three months prior to the survey.

KIECHKONG & KIER DISTRICTS, LUAKIPINY COUNTY, UPPER NILE

The survey was conducted by AAH−US in March 2005. A two−stage cluster sampling methodology of 30 clusters was used to measure 922 children. The survey also estimated measles vaccination and crude mortality rate over the three months prior to the survey.

West Africa

Guinea

GUECKEDOU PREFECTURE

The survey was conducted by ACH−S in February 2005. A two−stage cluster sampling methodology of 30 clusters was used to measure 908 children. The survey also estimated measles vaccination coverage and

retrospective mortality over the previous 3 months.

Ivory Coast

ABIDJAN

The survey was conducted by UNICEF/MOH at the end of 2004. The sample was a stratified multi−stage random sample. The survey also estimated various food security and public health indicators.

NATION−WIDE IDD SURVEY

The survey was conducted by UNICEF/MOH in August 2004. The sample was a stratified multi−stage random sample. The survey estimated various indicators of iodine deficiency disorders.

Liberia

LOFA COUNTY

The survey was conducted by WFP/ joint in February 2005. A two−stage cluster sampling methodology of 30 clusters was used to measure 950 children. Vahun district was excluded from the sampling frame because of inaccessibility. The survey also estimated measles vaccination and vitamin A distribution coverage, retrospective mortality over the previous 6 months and various indicators of food security and public health.

GRAND GEDEH COUNTY

The survey was conducted by WFP/ joint in March 2005. A two−stage cluster sampling methodology of 30 clusters was used to measure 916 children. The survey also estimated measles vaccination and vitamin A distribution coverage, retrospective mortality over the previous 6 months and various indicators of food security and public health.

Sierra Leone

FREETOWN

The survey was conducted by ACF−F in September 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 957 children. The survey also estimated measles vaccination.

Central Africa

Burundi

BUGABIRA, KIRUNDO & BUSONI COMMUN**É**S

The survey was conducted by MSF−H in January 2005. A two−stage cluster sampling methodology of 30 clusters was used to measure 924 children. The survey also estimated measles vaccination coverage, retrospective mortality over the previous 3 months and various indicators of food security and public health.

Democratic Republic of Congo

LUBUTU AND OBOKOTE HEALTH ZONES, MANIEMA PROVINCE

The survey was conducted by AAH−US in December 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 910 children. The survey also estimated measles vaccination and vitamin A coverage, retrospective mortality over the previous 3 months and nutritional status of adults and infants.

SHABUNDA HEALTH ZONE, SOUTH KIVU

The survey was conducted by AAH−US in November 2004. A two−stage cluster sampling methodology of 30 clusters was used to measure 957 children. The survey also estimated measles vaccination and vitamin A coverage, retrospective mortality over the previous 3 months and nutritional status of adults and infants.

Uganda

33 IDP CAMPS, GULU DISTRICT

The surveys were conducted by WFP/ MOH/UNICEF in October 2004. Random systematic sampled surveys were conducted in each camp. The surveys also estimated retrospective mortality and women's nutritional status.

13 NEWLY GAZETTED IDP CAMPS, GULU DISTRICT

The surveys were conducted by SC in November 2004. Random systematic sampled surveys were conducted in each camp. The surveys also estimated retrospective mortality.

IDP CAMPS, MINAKULU, NGAI & OTWAL, NORTHERN APAC

The survey was conducted by AAH–US in February 2005. A two–stage cluster sampling methodology of 30 clusters was used to measure 956 children. The surveys also estimated measles vaccination coverage and retrospective mortality over the previous 3 months.

25 IDP CAMPS, LIRA DISTRICT

The survey was conducted by AAH–US in March 2005. A two–stage cluster sampling methodology of 30 clusters was used. The survey also estimated measles vaccination coverage and retrospective mortality over the previous 3 months.

KALONGO TOWN AND 3 SURROUNDING IDP CAMPS, AGAGO COUNTY, PADER DISTRICT

The surveys were conducted by GOAL in March 2005. Two–stage cluster sampling methodology of 30 clusters were used to measure 894, 273, 270 and 272 children in Kalongo town, Wol, Paimol and Miya Pacwa IDP camps, respectively. The surveys also estimated measles vaccination coverage, retrospective mortality over the previous 3 months and various public health and food security indicators.

Chad

FARCHANA & BREDGING REFUGEE CAMPS The survey was conducted by MSF–H in January 2005. A two–stage cluster sampling methodology of 30 clusters was used to measure 995 children. The survey also estimated measles vaccination and retrospective mortality over the previous 3 months.

TREGUINE, MILE & OURECASSONI REFUGEE CAMPS & HOST POPULATIONS

The surveys were conducted by AAH–US in January 2005. A two–stage cluster sampling methodology of 30 x 30 was used to measure approximately 900 children in all locations, except in Ourecassoni & Mile surrounding local populations where exhaustive surveys were conducted. The surveys also estimated measles vaccination coverage and retrospective mortality over the previous 3 months.

Asia

Indonesia

WEST COAST, NORTH COAST & EAST COAST, ACEH PROVINCE

The survey was conducted by MOH/ joint in February 2005. A cluster sampling methodology of 255 clusters was used to measure 4,030 children between 6–59 months and 4,024 women aged 18–45 years. The survey also estimated vitamin A distribution and measles vaccination coverage, anaemia and various indicators of food security and public health.

The Caribbean

Haiti

BELLADÈRE, CENTRE DEPARTMENT

The surveys were conducted by ACF–F between September 2004 and April 2005. A two–stage cluster sampling methodology of 30 clusters was used in each survey. The number of children surveyed in each

survey is given in the table below. The surveys also estimated measles vaccination coverage and mortality rates over the previous three months.

Date	Number of children surveyed
ARTIBONITE DEPARTMENT	
Saint Michel de l'Attalaye commune	
Nov–04	913
Anse Rouge commune	
Jan–05	915
Gonaives town	
Jan–05	922
NORTH WEST DEPARTMENT	
Mole Saint Nicolas commune	
Nov–04	819
NORTH DEPARTMENT	
Pilate commune	
Dec–04	926
NORTH EAST DEPARTMENT	
Ouanaminthe commune (section I)	
Oct–04	897
CENTRE DEPARTMENT	
Cerca Cavajal commune	
Feb–05	782
WEST DEPARTMENT	
Soussaille, Kenscoff commune	
Sept–04	907
Fonds Verrettes commune	
Feb–05	821
SOUTH EAST DEPARTMENT	
Bainet commune	
Mar–05	905
Belle Anse commune	
Mar–05	916
SOUTH DEPARTMENT	
Saint Jean du Sud commune	
Oct–04	802
GRAND ANSE DEPARTMENT	

Bonbon commune	
Jan–05	677
Corail commune	
Jan–05	909
NIPPES DÉPARTMENT	
Petit Trou de Nippes & Plaisance South commune	
Apr–05	907

ABBREVIATIONS AND ACRONYMS

AAH–US	Action Against Hunger USA
ACF–F	Action Contre la Faim France
ACH–S	Action Contra El Hambre Spain
AFP	Agence France Presse
BMI	Body Mass Index
CI	Courrier International
CMR	Crude Mortality Rate
< 5 MR	Under–five Mortality Rate
FAO	Food & Agricultural Organization of the United Nations
FEWS	Famine Early Warning System
FIFC	Feinstein International Famine Center, Tufts University
FSAU	Food Security Analysis Unit for Somalia
HKI	Helen Keller International
IOM	International Organisation on Migration
IRIN	International Regional Information Network
MOH	Ministry of Health
MONUC	United Nation Organisation Mission in the DRC
MRG	Minority Rights Group International
MSF	Médecins Sans Frontières
MSF–H	Médecins sans frontières – Holland
MUAC	Mid–upper arm circumference
NGO	Non–governmental Organisation
N–NSS	National Nutrition Surveillance System, Eritrea
OCHA	Office for the Co–ordination of Humanitarian Assistance
RI	Refugees International

SC–US	Save the Children–United States
UNDP	United Nations Development Programme
UNHCR	United Nations High Commission on Refugees
UNICEF	United Nations International Children's Emergency Fund
UNSC	United Nations Security Council
USAID	US Agency for International Development
VAM	Vulnerability Analysis Mapping
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision

INDICATORS AND RISK CATEGORIES

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

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

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

Nutrition indicators in 6–59 month olds

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

- **WASTING,** defined as weigh–for–height index (w–h) < –2 Z–scores.

- **SEVERE WASTING,** defined as weigh–for–height index < –3 Z–scores.

- **OEDEMATOUS MALNUTRITION OR KWASHIORKOR,** diagnosed as bilateral pitting oedema, usually on the upper surface of the feet. Oedematous malnutrition is always considered as severe malnutrition.

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

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

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

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

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

Nutrition indicators in adults

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

Mortality rates

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

Interpretation of indicators

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

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

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

Classification of situations

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

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

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

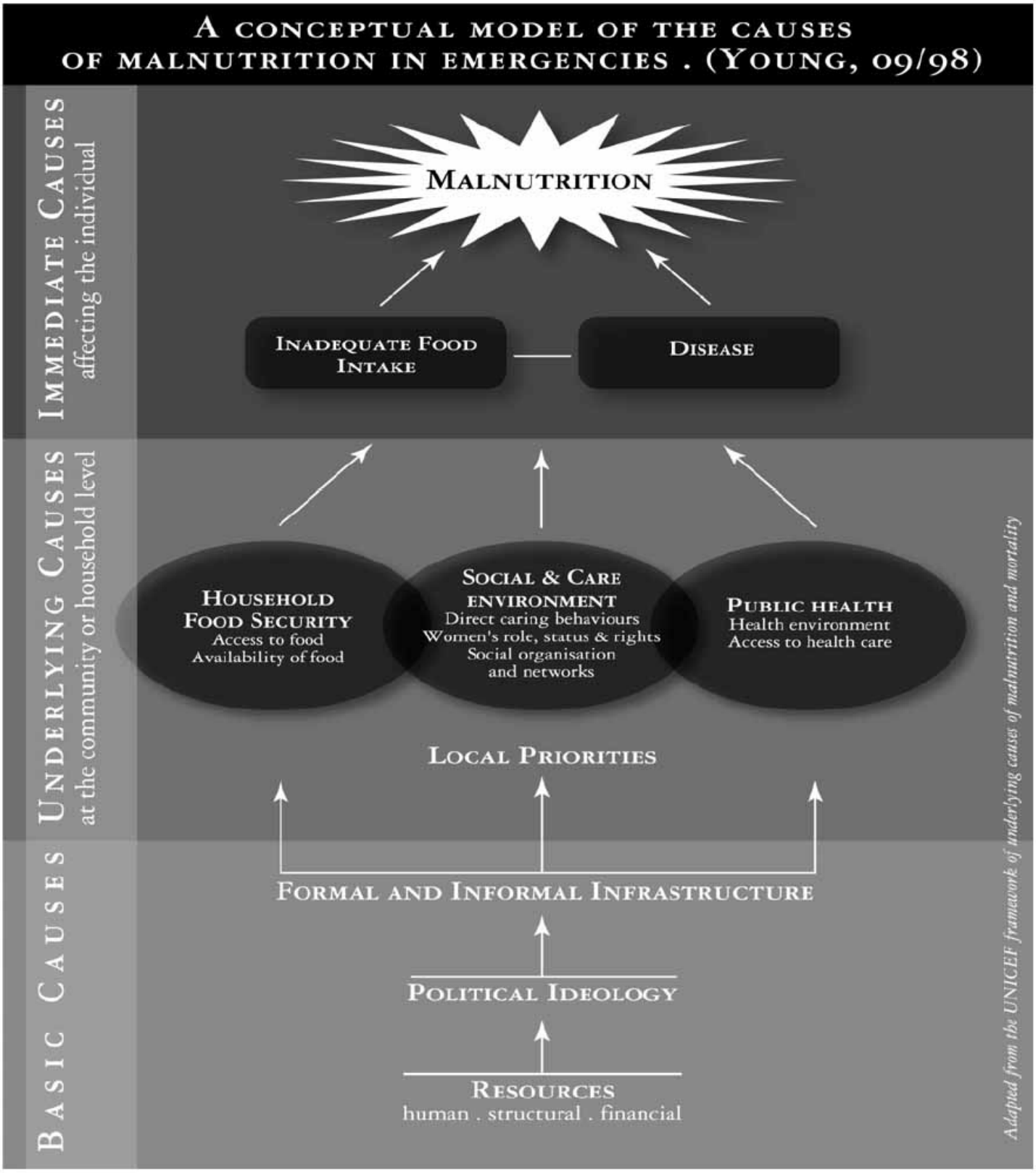
• Populations in *category III* are at *moderate risk* of malnutrition or have a moderately high prevalence of malnutrition; there maybe pockets of high malnutrition in a given area.

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

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

Nutrition causal analysis

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



References

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

Médecins sans Frontières (2002) *Nutritional guidelines.*

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

Geneva: SCN.

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

SMART (2002) www.smartindicators.org

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

NICS quarterly reports

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

This system was started on the recommendation of the SCN's working group on Nutrition of Refugees and Displaced People, by the SCN in February 1993. Based on suggestions made by the working group and the results of a survey of the readers, the Reports on Nutrition Information in Crisis Situations are published every three months.

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

This report was compiled by Dr Claudine Prudhon of the UNS/SCN Secretariat
Sarah Philpot assisted in the editing.
Design concept: Marie Arnaud Snakkers

The chairman of the UNS/SCN is Catherine Bertini

The SCN Secretariat and the NICS Coordinator extend most sincere thanks to all those individuals and agencies who have provided information and time for this issue, and hope to continue to develop the excellent collaboration which has been forged over the years.

If you have information to contribute to forthcoming reports, or would like to request back issues of the report, please contact:

Claudine Prudhon, NICS Coordinator,
UNS/Standing Committee on Nutrition
20, avenue Appia, 1211 Geneva 27, SWITZERLAND
Tel: +(41–22) 791.04.56, Fax: +(41–22) 798.88.91,
Email: scn@who.int
Web: http://www.unsystem.org/scn

Funding support is gratefully acknowledged from the Canadian International Development Agency, the Department of Foreign Affairs, Ireland, the Royal Ministry of Foreign Affairs, Norway and UNHCR. This report was also made possible through the support provided to the Food and Nutrition Assistance (FANTA) Project by the Office of Program, Policy and Management at the Bureau for Democracy, Conflict and

Humanitarian Assistance and the Office of Health, Infectious Diseases and Nutrition at the Bureau for Global Health at the U.S. Agency for International Development, under the terms of Cooperative Agreement No. HRN–A–00–98–00046–00 awarded to the Academy for Educational Development (AED). The opinions expressed herein are those of the authors and do not necessarily reflect the views of the US Agency for International Development.

ISSN 1564–376X