

## From the Director's desk

Dear CE-DAT Friends,

About two-thirds of the world's forcibly uprooted people are displaced within their own country. In 2008, Africa was the most affected continent, with 11.6 million IDPs in 19 countries. A historic convention for the Protection and Assistance of Internally Displaced Persons in Africa was adopted this month during the African Union (AU) Summit. It is the first legal instrument of its kind in the world. It defines the obligations that states, and even armed groups, have to protect and assist their own uprooted citizens. The international community can applaud this great achievement and look forward to its successful implementation.

On the CRED side, CE-DAT staff were busy bees preparing and organising the annual Technical Advisory Group (TAG) meeting, which was held at the end of August. The TAG was aimed at introducing our partners to the new data visualization tools and get feedback from them on the checklist to assess the completeness of survey reports. You can find the proceedings of the meeting on our website.

CRED also participated in the Conference on Casualty Recording and Estimation in Times of Conflict, which was held in Pittsburgh, USA. Another interesting workshop that CE-DAT staff attended was the UN-Spider workshop on disaster management and space technology held in Bonn, Germany. Our presentation was titled "using space-based technologies in improving effectiveness of humanitarian assistance ».

Thank you for your continued support!

*Debarati Sapir*  
Debby Sapir, Director



CE-DAT is a global database on the human impact of conflicts and other complex humanitarian emergencies and serves as a unique source of health indicators for monitoring conflict-affected populations and for the production of trend analyses, impact briefings and policy recommendations

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## Hot Spots

### Global Acute Malnutrition & Measles Vaccination Coverage

Throughout the last twelve months, areas in the Horn of Africa (map), as well as the Kutupalong Makeshift Camp in Bangladesh have shown to be particularly vulnerable to acute malnutrition. Out of the 60 CE-DAT surveys from November 2008 to July 2009, 16 reported GAM over 15% and 6 reported MCV coverage less than 50%.

Region	Admin	Date	GAM <sup>1</sup>	MCV <sup>2</sup>
Bangladesh, Chittatong	Kutupalong Makeshift Camp	Mar-09	21.20	35
Central Somalia	Hawd livelihood	May-09	18	52.9
	Addun livelihood	May-09	17.30	31.5
South Sudan	Upper Nile	May-09	22.80	42.7
	Twic	Mar-09	23.7	43.1
	Aweil West	Mar-09	19.7	28.7
	Gogrial West	Jan-09	18.1	26.3

An improvement in nutritional status and vaccination coverage in these areas is necessary to improve the health status and livelihoods of these populations, prevent measles epidemics and avoid high mortality.

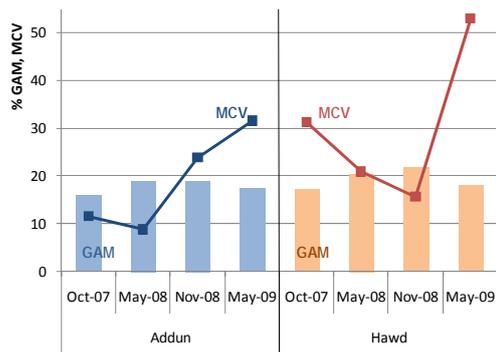
**Bangladesh** There are an estimated 200,000 Rohingya in Bangladesh, of whom only 14% are documented refugees living in two UNHCR camps, Kutupalong and Nayapara. Since the general election of December 2008, many undocumented refugees have resettled in the vicinity of the Kutupalong camp. According to ECHO, the population of this makeshift camp has quadrupled from mid-2008 to today to reach 20,500 persons. Those unregistered refugees have absolutely no right in Bangladesh and do not receive support from UNHCR.

With no access to basic services, their health status is very poor, with 21.2% GAM and 35% MCV coverage for children from 6 to 59 months. The situation in the official camps is also very precarious as wasting reached 18.6% in May 2009, compared to 8.2% in February 2008. An increasing population density increases the risk of epidemics and worsens the living condition both within and outside the camps. Funds have been provided by ECHO to respond to the needs of the undocumented Rohingya refugees before the monsoons, including for a measles vaccination campaign by UNICEF and emergency support in the makeshift settlements by ACF-France and MSF-Holland.

<sup>1</sup> < 2 Z-score and/or oedema, WHO reference, 6-59 months  
<sup>2</sup> 9-59 months, except Kutupalong Makeshift Camp (6-59)

## Hot Spots (Cont'd)

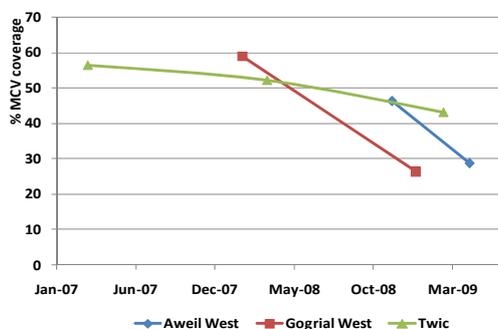
**Somalia** In Galgadud and Mudug, the Hawd and the Addun



pastoral livelihood zones reported persistent critical GAM rates since 2007 due to a chronic food insecurity, ongoing displacement, increased insecurity and decreased humanitarian assistance.

Though still far below what is required, MCV coverage is improving and GAM showing lower figures since May and November 2008 in both groups. But food security and welfare are once again put at risk by 204,000 newly displaced people fleeing the escalating conflict in Mogadishu. An recent outbreak of measles has been reported by MSF in areas near the Galgadud region. After the WHO/UNICEF vaccination campaign in December 2008 that reached 1.5 million children throughout the country, MSF launched a mobile measles vaccination campaign and treatment in the Central Region. Efforts to increase vaccination coverage, so as to at least maintain the achieved coverage in view of the newly arrived IDPs, should be strengthened in order to decrease the risks of epidemics.

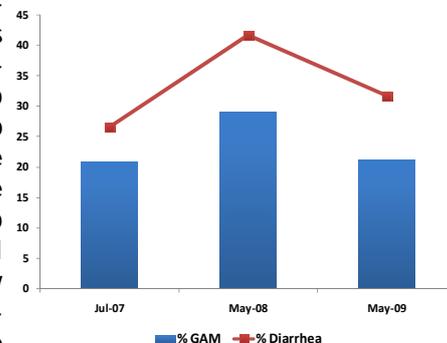
**Sudan - Warab, North Bahr-El-Ghazal** The Aweil West, Twic and Gogrial West counties were located on the front line during the civil war.



They have thus suffered from displacement and the destruction of assets, and today live with localised insecurity due fighting over grazing rights and water resources. Furthermore, they experience recurrent droughts and floods.

The latest surveys in the area reported critical GAM rates. Furthermore, since 2008 MCV coverage has decreased in the three counties. Poor coverage can be attributed to the conflict and to flooding, which rendered some villages inaccessible.

GOAL is currently developing a strategy to fly in vaccines to the inaccessible clinics during the rainy season to ensure they will not be completely cut-off. Joint efforts should be promoted to identify sustainable solutions.



**Sudan - Sobat Corridor** Since the end of November 2007, there have been frequent localised conflicts reported in the Sobat Corridor. Three surveys have been conducted in the area since 2007. The last survey reported a very critical GAM rate of 22.8%. As malnutrition is highly correlated to the occurrence of diarrhoea, it is not sufficient to only target nutrition practices as one must also focus on preventing diseases through WASH programs.

The 2009 survey reports a very low MCV coverage, which fell from 74.1% in 2007 to around 40% in May 2008 and May 2009. One possible cause for this could be that the population has increased by about 20% from 2007 to 2009 in the area surveyed. Measles vaccination should be set as a priority, knowing that during the 2007 and 2008 surveys, measles outbreaks were reported in clusters that had not been covered by the Mass Measles Campaign, thereby explaining previous high mortality rates. Moreover, measles remain the leading cause of death amongst under-five.

## CE-DAT and CRED News

CRED has launched its new website. Check the latest news by surfing on [www.cred.be](http://www.cred.be).

The CE-DAT Completeness Checklist, along with guidelines, is now available [here](#). The checklist is intended to assist field personnel in preparing complete reports of anthropometric and mortality surveys.

The proceedings of the 5th CE-DAT TAG meeting (25-26 August 2009) can be downloaded [here](#).

## Latest Publications

GUHA-SAPIR D., VOGT F. (2009). Cyclone Nargis in Myanmar: Lessons for public health preparedness for cyclones. Forthcoming in: *American Journal of Disaster Medicine*.

GUHA-SAPIR D., RATNAYAKE R. (2009), "Consequences of Ongoing Civil Conflict in Somalia: Evidence for Public Health Responses," *PLoS Med* 6, no. 8.

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