

## From the Director's desk

*Welcome to the first edition of the  
CE-DAT Scene Newsletter!*

With so many new and exciting projects on the horizon, it is difficult to take a moment and reflect on the past.

However it is important to take the time to reflect on 2006 and the things we accomplished this year.

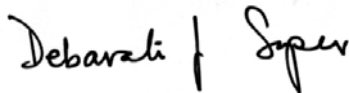
The third year of the Complex Emergencies Database (CE-DAT) has been a fruitful one and we continue to build momentum. We are pleased to announce new collaborations with Action Contre La Faim-France, Save the Children-UK, Save the Children-US, and Tearfund and look forward to future collaborations with IRC, IMC, GOAL, and Concern.

We have also held two very successful Technical Advisory Group (TAG) Meetings in Washington, DC and London, UK, in which policy-makers, NGOs, UN agencies, and academics came together to advise CE-DAT on how to improve its products. This newsletter is a result of those meetings.

Our aim is to produce a quarterly newsletter as a way of updating our friends and colleagues on CE-DAT activities as well as presenting findings from the surveys so generously contributed by the community. Although each newsletter will be brief, we hope that each one will help highlight 'forgotten emergencies' and provide analyses and insight into ongoing situations for our colleagues in the field.

As always, we welcome feedback. Please let us know whether the information we provide is helpful, and do not hesitate to make requests for analysis if there are areas that are being overlooked.

Thank you for your continued support and all the best for the year ahead!



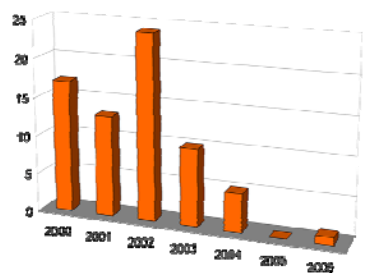
Debby Sapir, Director

## Afghanistan

At any one time multiple complex emergencies are ongoing across the globe. Most of these hotspots need and indeed are receiving humanitarian attention, but to varying degrees. And as attention strays, the humanitarian community is faced with the difficult task of prioritizing interventions for countries/conflicts that are seriously lacking evidence from the field.

Afghanistan, an indisputably critical conflict hotspot, is at risk of becoming another "forgotten emergency."

Recently compiled surveys and reliable data from the CE-DAT initiative available for Afghanistan revealed that in 2006 only one survey on the health and nutrition situation in Afghanistan was received and entered into CE-DAT.



This was not the case after the US intervention in the fall of 2001, when there were approximately 15 surveys submitted during the six months post-intervention. Yet the graph on the left highlights a trend towards a significantly yearly decrease in the numbers of surveys being undertaken.

Over two decades of civil conflict and natural disasters have taken a significant toll on the mortality and health of the Afghani people. Infant mortality is estimated at 257 deaths/1,000 live births<sup>1</sup>, which is high especially when compared to regional averages (Iran 70/1,000, Pakistan 62.5/1,000, Tajikistan 63/1,000)<sup>2</sup>, and maternal mortality rates of 1,600 deaths/100,000 births are the second highest in the world<sup>3</sup>. The recent UNICEF Humanitarian Action Report looked at the nutritional situation and noted that although global acute malnutrition rates (GAM) of 6.7% are not alarming, global chronic malnutrition is extremely high at 54%, indicating a prolonged nutritional shortage in Afghanistan.

Notes: <sup>1</sup> World Health Organization (2006). *World Health Report*. Geneva.

<sup>2</sup> Ibid.

<sup>3</sup> IRIN (2007). *Afghanistan: Humanitarian Country Profile*. OCHA: Geneva.

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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## Centre for Research on the Epidemiology of Disasters

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## Afghanistan (Cont'd)

Despite recent UNICEF and NGO efforts to increase vaccination coverage, current measles coverage of 64% is worrisome.

ACF-F findings from Day Kundi province (Miramoor, Sharestan, Nili districts) in November 2006 suggest similar conditions to those found by UNICEF4. Crude mortality rates (CMR) are at 0.19/10,000/day and under-five mortality rates (U5MR) are approximately 0.77/10,000/day, both below the emergency thresholds of  $\geq 1/10,000/\text{day}$  and  $\geq 2/10,000/\text{day}$  respectively. GAM rates of 3.0% (Z-score, 95% CI 1.5-4.5) and SAM rates of 0.8% (Z-score, 95% CI -0.2-0.7) indicate nutritional levels within acceptable ranges. However the global chronic malnutrition rates (46.4% Z-score, 95% CI 41.3-51.5) are of concern as they indicate a prolonged history of poor nutrition. Survey results found extremely low measles vaccination coverage rates (MCV) of 55% (10.8% with a card).

Although low acute mortality and malnutrition may indicate a leveling-off of acute need, there is still cause for concern. While the transitional government works to improve the situation in Afghanistan, fighting is ongoing and conditions are deteriorating in the south and southwest provinces4, where the 122,0265 internally displaced persons (IDPs) remain. Recent natural disasters such as the drought in June 2006 left 1.9 million people affected6 and the WFP7 has noted that the combination of natural disasters and violent conflict are hampering food distribution efforts.

The tireless work of the humanitarian community is laudable. However without a strong evidence-base, efforts to improve the situation in Afghanistan will only become more difficult as funding is diverted to more visible complex emergencies.

We ask for your cooperation in making available surveys from the field and making local NGOs aware of the work of CE-DAT so that we can help to provide the community with relevant, evidence-based trend analysis to aid decision-making.

### Notes:

<sup>4</sup> Action contre la Faim, *Report of nutrition and Mortality survey in children of families targeted by a food distribution in day Kundi province (Afghanistan): Pre-distribution*

*assessment*, November 2006.

<sup>5</sup> "Afghanistan -IDPs Population Estimate (Individual) by Camps and Settlements - October 2006" UNHCR: GIMU/PGDS. [Accessed from ReliefWeb: <http://www.reliefweb.int/rw/RWB.NSF/db900SID/CMAS-6VXMCV?OpenDocument> March 1, 2006].

<sup>6</sup> "EM-DAT: The OFDA/CRED International Disaster Database - [www.em-dat.net](http://www.em-dat.net) - Université Catholique de Louvain - Brussels - Belgium".

## Complex Emergency Watch

The following are countries that are experiencing escalating or ongoing crises but for which there are gaps in information contained in CE-DAT. This is not an alert system but a call to the community to provide CE-DAT with surveys conducted in these areas so that we may provide better analysis of the current situation.

**IRAQ:** Fighting in the region has been ongoing since the American-led Coalition invasion in March 2003. Attempts to estimate mortality in the country have been much publicized with Burnham<sup>1</sup> et al estimating mortality due to conflict at 650,000 in *The Lancet* in 2006. There are currently 1.7 million IDPs<sup>2</sup> in Iraq but security issues continue to hamper attempts to assess their health and welfare. There was one survey for Iraq submitted in 2006

**CENTRAL AFRICAN REPUBLIC:** The ongoing conflict in Sudan has recently sparked violence in a country that has struggled internally for years. There are currently over 200,000 IDPs<sup>3</sup> in CAR (20% in the North), with 80,000 CAR refugees in surrounding countries. In January 2007 a WHO<sup>4</sup> mission found severely decreased access to healthcare, with little information being collected and no data available for mortality and malnutrition. There was one survey for CAR entered in CE-DAT in 2006.

**SOMALIA:** Despite efforts of the transitional government, instability remains in a country that has been without formal leadership since 1991. The Somali government regained control of Mogadishu from Islamic militants after a brief war in December 2006. However the security situation has made it almost impossible to assess mortality and malnutrition in many parts of the country. Recent diarrhea outbreaks suggest the need for better surveillance especially amongst the almost 400,000 IDPs<sup>5</sup>. There were 16 surveys for Somalia entered in CE-DAT in 2006. Only five surveys were conducted in the North with the majority of surveys conducted in the Southern regions surrounding Mogadishu.

### Notes:

<sup>1</sup> Burnham G., Lafta, R., Doocy, S., Roberts. L. Mortality after the 2003 invasion of Iraq: a cross-sectional cluster sample survey. *The Lancet* 2006; 368:1421-1428.

<sup>2</sup> UNHCR (15 November 2006). Update on Newly-Displaced Populations in Iraq. Geneva.

<sup>3</sup> IDMC (10 February 2007). Humanitarian Community Partnership Team CAR. Geneva.

<sup>4</sup> World Health Organization (22-28 January 2007). Health Action in Crisis - Highlights No. 142. Geneva.

<sup>5</sup> OCHA (December 2006/January 2007). Humanitarian situation in Somalia: Monthly Analysis. Geneva.

## CE-DAT and CRED News

### Upcoming Events

UNHCR/UNFPA/CRED IDPs Profiling Workshop, 22-23 March, Brussels.

CEDAT Expert Group Meeting, 2-3-4 May, Belgium

LSHTM/CRED Survey Conference: Surveying Health in Complex Situations, 4-5-June, Brussels

### CE-DAT epidemiological briefs:

- The Democratic Republic of the Congo: a brief analysis of anthropometric surveys from 2000-2006 (January 2007)
- Iraq (Upcoming, March 2007)

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