

From the Director's desk

Dear CE-DAT Friends,

Last year, in the 8th issue of the CE-DAT Scene, we presented a summary of the 2008 trends in malnutrition and mortality. We received a lot of positive feedback on this and it led to an upsurge of new surveys that were sent to us. We therefore decided to redo a similar analysis for the 2009 figures. The results of this analysis are presented in this issue of the CE-DAT scene, as well as on the CE-DAT website: <http://www.cedat.org/health-indicators-2009>

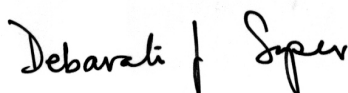
The CE-DAT data collection system has developed considerably over the last years. Through better collaborations with NGOs, surveys are now regularly and automatically forwarded to the CE-DAT team. Proactive searches for survey-based health data, using modern tools such as Twitter and automated news alerts, have also further increased the number of surveys that reach us.

To gauge the transparency and reliability of survey data that is received by the CE-DAT team, we have developed the **CE-DAT Survey Completeness Checklist**. This tool is used internally to validate survey reports before relevant indicators are made available online through the CE-DAT Website. The checklist is also available online to assist field staff in preparing survey reports that include all relevant contextual, methodological and data validation issues. <http://www.cedat.org/Field Resources>

Thanks to a greater awareness of the importance of reliable health data for needs-based decision making, the transparency of survey reports has increased considerably over the last years. Nevertheless, there are still considerable challenges to ensure that all methodologically-sound health and nutrition information flows from the field to other operational agencies, decision-makers and the wider humanitarian community.

Thanks for your continued support !

Debby Sapir, Director



2009 Health Indicators in Complex Emergencies

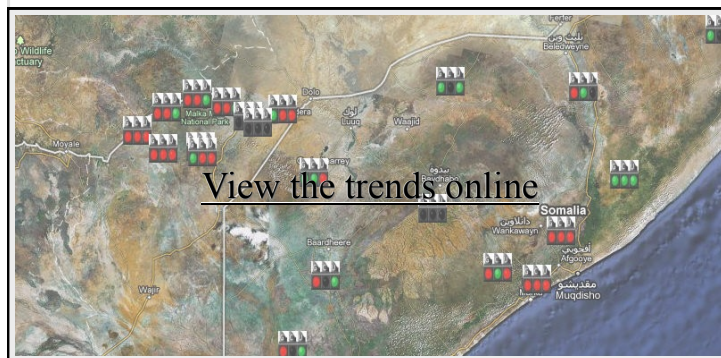
Malnutrition

Out of 99 settings in Africa and Asia for which data from both 2008 and 2009 were available, 48 (48%) showed an increase in global acute malnutrition (GAM) and 41 (42%) a decrease. Kenya and Sudan in particular were countries where the nutritional situation worsened considerably. The Mandera district in Kenya's North Eastern province had the highest reported levels of GAM (31.9% and 31.3%). Compared to last year's figures, this represents an increase in value of 5 to 10%. More east in the district, at the border with Ethiopia and Somalia, the situation improved with GAM levels decreasing from 26-27% to 20%.

In Sudan, the nutritional deterioration was less substantial than in Kenya, with an increase in GAM that was generally less than 5% in value. An exception was Aweil East county in North Bahr-El-Ghazal, where GAM almost doubled compared to 2007 going from 16% to 29.5%. Balliet county in Upper Nile on the other hand, experienced a considerable decrease from 28.8% in 2008 to 22% in 2009.

Two refugee camps in Bangladesh had GAM values that were at their highest levels since 2005. Compared to 2008, there was a doubling from 8.5% and 9.2% for Kutupalong and Nayapara, respectively, to 17.9% in 2009 in both camps. This is the 2nd highest figure reported for these camps since 1998.

A more positive evolution was seen in Somalia, with Somaliland regions of Awdal, Togdheer and Woqooyi Galbeed halving the levels of malnutrition from around 20% to about 10%. In general, the situation in Puntland also improved, though with the exception of its capital city Garrowe where GAM among IDPs increased from 21.2% in 2008



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

Université catholique de Louvain, 30.94 Clos Chapelle-aux-Champs, 1200 Brussels, Belgium
 Tel: +32-(0)2-764-33-27 - Fax: +32-(0)2-764-34-41 - www.cedat.org - contact@cedat.org

to 24% in 2009. Regions south of Mogadishu reported a slight increase in malnutrition.

Surveys conducted in the north of Côte d'Ivoire showed a decrease in GAM from around 17% to values between 6.8% and 8.5%.

Crude Mortality

Of the 48 locations for which crude mortality rates (CMR) from both 2008 and 2009 were available, 21 (44%) had higher rates in 2009 than 2008, 19 (40%) had lower rates and 8 (17%) remained unchanged.

Similarly to malnutrition, the North Eastern province of Kenya was the area with the most deteriorating trend in CMR. Overall, rates in 2009 were about twice as high as the rates of 2008. Although all rates were below the emergency threshold of 1 death/10,000/year, the trend is nevertheless alarming.

Sudan also showed some alarming CMR patterns, especially in the Kurmuk area, Blue Nile state. The CMR in 2009 was 1.3/10,000/day, compared to 0.9 in 2008. The situation has been alarming for several years and is mainly due to the high number of diarrhoea-related deaths, indicating a need for more Water, Sanitation and Hygiene assistance projects.

Surveys from North Bahr-El-Ghazal also reported increasing CMRs from 0.2/10,000/day in 2008 to 0.7 in 2009, the highest rates since 2003. Finally, Twic area in Warab state had a 2009 CMR of 0.9/10,000/day, 0.3 higher than in 2008 and just below the emergency threshold.

Positive trends were reported in Somalia. Most of the lo-

cations had lower CMRs in 2009 compared to 2008. Noteworthy are the improvements in the Awdal region (0.5 vs 1.1), Bossaso city (0.4 vs 1) and Togdheer (0.6 vs 1.1). The Shabelle and Juba regions around Mogadishu, however, remain of concern with often increasing mortality rates, almost all of which are above the emergency threshold.

Under 5 Mortality

Fifty-one percent (28/55) of the locations reporting under 5 mortality rates (U5MR) in 2008 and 2009 had lower U5MRs in 2009 compared to 2008. The other locations had higher figures in 2009, except for 3 where 2009 rates were equal to those of 2008.

Unlike CMR, Kenya did not show a particularly alarming trend. Areas where U5MR was elevated in 2008 had lower rates in 2009 and those areas where U5MR increased in 2009 remained within an acceptable range. The highest reported value was 1.5/10,000/day in the northern part of Mandera district, North Eastern province.

In Sudan, U5MR patterns followed the CMR trends. Main areas of concern are Kurmuk area, Blue Nile state (2.8) and Twic area, Warab state (2.3), as well as Aweil north and Aweil West in North Bahr-El-Ghazal, where U5MR increased from 0.3 in 2008 to 1.2/10,000/day in 2009.

The biggest improvement is again in Somalia, where, except for Gedo, Jubaland and Lower Shabelle, all locations had U5MRs below the emergency threshold. Gedo had the highest U5MR with 2.7/10,000/day, a doubling compared to 2008. Finally, a survey conducted among displaced people in Garowe city in Nugaal region reported an important increase from 0.3 in 2008 to 1.3/10,000/day in 2009.

CE-DAT and CRED News

Assessing Public Health in Emergency Situation (APHES). CRED's International summer course will be held in Brussels from July 5th to 16th, 2010. This course aims to familiarize professionals with epidemiological techniques to determine impacts of disasters and conflicts. The course will introduce participants to the methods and tools of epidemiology in the context of humanitarian emergencies, including the different quantitative tools for the assessment of health needs in populations affected by catastrophic events. For more information, please consult the [APHES website](#).

The Asian Symposium on **Disaster Impact and Assessment in Asia** will take place on August 25-27, 2010 in Hue City, Vietnam. Hosted by Hue College of Economics in collaboration with the University of Delhi and the Université catholique de Louvain as a part of the European Commission funded FP6 MICRODIS Project. Call for abstracts closes May 31st. More information at: www.microdis-eu.be/content/events.

MICRODIS Special Session on Flood Impacts in Indonesia, the UK and Vietnam will take place during the [International Disaster and Risk Conference](#) in Davos, Switzerland on May 31st from 13h-14h30 in the Pischia room.

Recent Publication

DEGOMME O., GUHA-SAPIR (2010). [Patterns of mortality rates in Darfur conflict](#). *The Lancet* 375 (9711), pp. 294 - 300.

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