

From the Director's desk

Dear CE-DAT Friends,

First of all, we are happy to present our newly redesigned [CE-DAT website](#) with a whole new interface. We are now working to improve features and add new tools for analysing and visualizing data.

We have two new publications in press - *Coming together to document mortality in conflict situations: proceedings of a symposium in Conflict & Health*, and *Consequences of on-going civil war in Somalia: providing an evidence base for a sustained public health response* forthcoming in PLoS Medicine.

We are also finalising two reports on the Nutritional and Mortality Situation in the Democratic Republic of Congo and in Darfur, which will be available shortly on our website.

The expulsion by the Government of Sudan of some of the key NGO's working in Darfur risks triggering an even more severe humanitarian crisis. Bridging the gap in assistance is vital, as is documenting the impact of these expulsions on the already vulnerable populations.

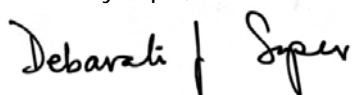
The deterioration in Somalia should also be of great concern to the international community if we want to avoid a return to same conditions that led in the early 1990's to the international armed intervention.

On a brighter note, CE-DAT will be holding its annual Expert Group Meeting, as well as the 5th Technical Advisory Group meeting, in June to assess progress of the CE-DAT initiative, discuss technical and methodological issues, gather input and feedback from our partners and identify future directions.

Finally, we welcome two new members of the CE-DAT Team, Nita Maria Paliakara as a health and nutrition analyst and Manuel Albela as an IT specialist.

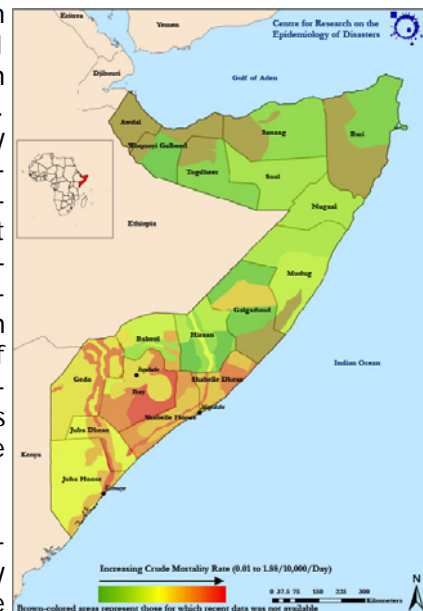
Thanks for your continued support!

Debby Sapir, Director



Mortality in Somalia

Conditions throughout the southern and central regions of Somalia have deteriorated greatly since the eruption of hostilities there in 2006 and about 1.1 million have been internally displaced. The Food Security Analysis Unit of Somalia (FSAU), a field research unit that closely monitors Somali livelihood, projects that 3.25 million are in dire need of the most basic, emergency food aid. This is a 77% increase since early 2008.



Epidemiological mortality surveys, many conducted by the FSAU and national NGOs, provide the most comprehensive estimates of deaths at various geographic levels. UNICEF's national



survey during a relatively stable period in 2005 highlights the dangers already faced by Somali children with a demographic under five mortality rate of 135 deaths per 1,000 children. This is already one of

the highest under five mortality rates in the world and well above the rates in neighbouring Ethiopia, Djibouti and Kenya.

The magnitude of recent child and adult death rates is high but the fact that the severity has remained elevated since 2006 is unusual for any humanitarian crisis and requires an urgent response from the international community.

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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Complex Emergencies and Anaemia

Micronutrients consist of all vitamins and minerals and are essential components for human development and health. More than 2 billion people in the world today are estimated to be deficient in key vitamins and minerals, particularly vitamin A, iodine, iron and zinc. Micronutrient deficiencies increase the general risk of infectious illness and of dying from diarrhoea, measles, malaria and pneumonia. These conditions are among the 10 leading causes of disease in the world today. Anaemia is one of the major consequence of iron deficiency though there are other non nutritional factors that contribute to anaemia.

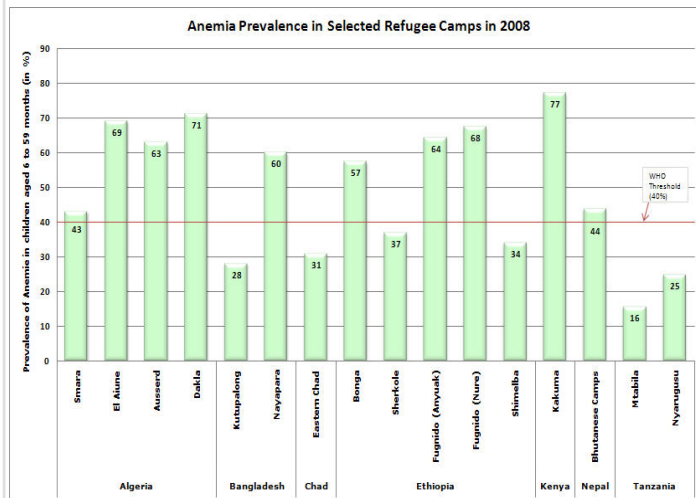
Anaemia can easily develop during an emergency or worsen if it is already present. This happens because livelihoods and food crops are lost; food supplies are interrupted; diarrhoeal diseases break out, resulting in malabsorption and nutrient losses; and infectious diseases suppress the appetite whilst increasing the need for iron or other micronutrients to help fight illness. In these situations, it is critical that general food-aid rations are adequate and well balanced to meet iron or other nutrient needs, and that they are distributed regularly and in sufficient quantities.

The delivery of supplements should be monitored to assess coverage while existing anaemia control strategies within the micronutrient programmes should continue as before the emergency. The health of target groups should be monitored to ensure that they are protected from deficiencies as well as from excessive consumption. Moreover the continued need for supplements and fortified foods should be assessed periodically during and after the emergency. As the crisis wanes, the general distribution of supplement is likely to be reduced and then increasingly targeted to specific groups.

Decisions regarding prevention and treatment programmes should be based on scientifically sound data. One source for this are nutrition surveys that are periodically conducted by NGOs, UN agencies and other institutions. However, a look at surveys included in the CE-DAT database reveals that data on anaemia is rare compared to vitamin A capsules supplementation.

Complex Emergencies and Anaemia (cont'd)

Data related to mean haemoglobin levels and prevalence of anaemia among children, pregnant & women of reproductive age is more common. The other aspects covered in the surveys are on the iron folic acid supplementation and Vitamin A capsule coverage. Considering the world-



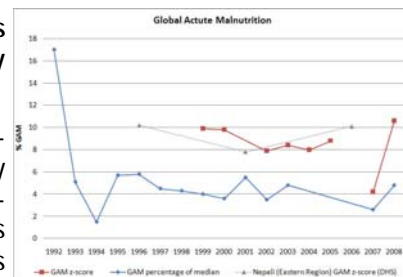
wide gravity of anaemia, there is an urgent need for countries to conduct surveys on a regular basis to help assess the current situations of anaemia for developing suitable programmes to control it .

In this context, CE-DAT team is preparing a brief that will provide information on anaemia to help monitor and evaluate the health status of populations in protracted situations and complex emergencies.

Refugee Population Brief

Bhutanese Refugees in Nepal - February 2009

A brief on the nutrition and mortality situation in the Bhutanese Refugee Camps in Eastern Nepal is available [here](#)



CE-DAT and CRED News

CE-DAT Expert Group Meeting - Brussels, June 10th, 2009

CE-DAT Technical Advisory Group meeting - Brussels, June 11th & 12th, 2009

APHES summer course: Assessing Public Health in Emergency Situations - Brussels, July 6-19, 2009
<http://www.aphes.be>

CRED is moving: we will shortly be moving from the 7th to the 5th floor of the university's School of Public Health building.

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