Newsletter 2 - June 2007

From the Director's desk

As the third year of the Complex Emergencies Database (CE-DAT) comes to an end, it is time to sum up our achievements and set our goals for the approaching year based on the lessons learned during our past activities. This year has been rewarding for our team. We saw the establishment of the CE-DAT Expert Group, the creation of the new web site (www.cedat.be) and the collaboration with the London School of Hygiene and Tropical Medicine (LSHTM) for a international conference in early June.

The first CE-DAT Expert Group meeting, held in early May, gave way to an interesting discussion about two technical issues: the definition of a complex emergency for the scope of CE-DAT and the elaboration of a completeness checklist for survey reports. The expert advice of Colombo A., Garfield R., Pedersen J., Spiegel P., and Van Herp M. aided the CE-DAT team regarding these two points. The meeting was fruitful and the results will be used for improving CE-DAT's quality and clarity in the future.

Our new web site is home to the "CE-DAT Forum", which acts as a platform to facilitate dialogue within the CE-DAT network. Organizations and individuals active in the field of humanitarian aid are encouraged to subscribe and participate in the e-discussions hosted in the forum. We hope it will become popular and thus prove useful as a communication tool for the humanitarian community.

Keeping with a main objective of CE-DAT to improve survey and sampling design skills in the humanitarian community, CRED is co-organizing the "Surveying Health in Complex Situations" conference with LSHTM. The conference seeks to identify and discuss practical and theoretical problems with health surveys performed in challenging contexts.

As always, we welcome your 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 being overlooked.

Thanks for your continued support!

Debays Sapir, Director

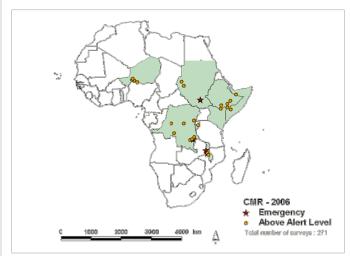
2006: Global Overview

248 surveys have been entered in CE-DAT in 2006 that cover 19 complex emergencies occurring in the world.

Crude mortality rate (CMR)¹

- CMR in 29 locations is above alert level, 4 locations above emergency level (DRC, Malawi (2) and Sudan).
- All alert situations are in Africa: the highest recorded in the DRC, Katanga region, in 3 IDP camps next to the city of Dubie (4.3 deaths/10,000/day, March 2006).
- Karnali region in Nepal records the highest CMR among non-African countries (0.67 deaths/10,000/ day).
- Residents seen as worse off than IDPs and refugees. Camps experiencing an emergency situation are the 3 next to Dubie; 3 others are above the alert level. The first refugee camp in the ranking is Yarenja camp in the Beneshangul-Gumuz region, Ethiopia (CMR of 0.54 deaths/10,000/day).

CMR above alert level 2006



Notes: 1 Definitions can be found on page 2.

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

To subscribe to *CE-DAT Scene* click here. To unsubscribe click here.

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Some definitions

When considering Crude Mortality Rate, Under Five Mortality Rate and Global Acute Malnutrition, we can get a brief overview of the global humanitarian situation. The definitions are:

- <u>Crude Mortality Rate (CMR)</u>: the number of deaths in a certain population during a specific period of time. 1 death/10,000/day is the threshold for alert, 2 deaths/10,000/day is the threshold for emergency.
- Under Five Mortality Rate (U5MR): the mortality among children between 0-59 months; alert threshold is 2 deaths/10,000/day, emergency is 4 deaths/10,000/ day.
- Wasting: the main characteristic of acute malnutrition, occurring with a recent rapid loss of weight.; defined as weight-for-height ratios less than 2 standard deviations below the mean (Z score of less than -2).
- Global Acute Malnutrition (GAM): the term used to include all malnourished children, both with moderate and severe wasting and oedema. GAM is the term used to include all malnourished children, both with moderate wasting, severe wasting and oedema. According to the WHO classification of severity of malnutrition¹, a population with GAM above 15% is experiencing critical malnutrition.

The CE-DAT project was established in 2003 as part of the SMART initiative to standardize collection methodologies in the field, with generous support by the US Department of State's Bureau of Population, Refugees and Migration (PRM) . The goal of CE-DAT is to collect key mortality, nutrition, and health indicators for use in trend analysis, monitoring and reporting, and impact briefing as a means of promoting evidence-based humanitarian decision-making.

The database is accessible 24 hours a day, 7 days a week and contains over 1,484 validated surveys previously collected in complex emergencies occurring in 42 countries since the year 2000.

For more information or to utilize the database contact us at: contact@cedat.be

Upcoming Events

LSHTM/CRED International Conference "Surveying Health in Complex Situations", 4-5-June, Brussels

CRED/UCL

Summer Course: "Assessing Public Health in Emergency Situations" 16-27 July, Brussels

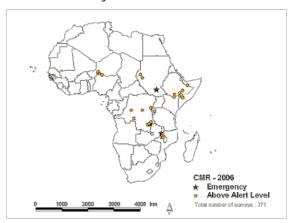
4th Technical Advisory Group Meeting - October 2007

Global Overview (Cont'd)

Under 5 mortality rate (U5MR)

- U5MR are above the alert level in 38 locations, 3 locations above emergency level (DRC, Kenya, Ethiopia).
- All alert situations are in Africa: the highest registered in the IDP camps next to Dubie (12.7 deaths/10,000/day, March 2006).
- No other camp presents U5MR above the emergency level, but 5 are above alert level (Sudan- Darfur: Hay Abassy, Kalma, Otash, Gereica- DRC- Katanga: Mitwaba). The first refugee camp in the ranking is Yarenja (U5MR 1.2 death/10,000/day).

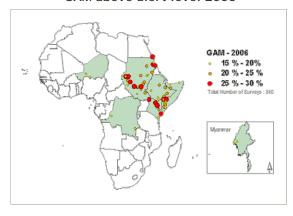
Crude mortality rate above alert level 2006



Global Acute Malnutrition (GAM)

- 121 locations recorded populations with critical malnutrition, 27 with wasting present for 1 in 4 children.
- Sinkat zone in Sudan recorded the highest GAM; wasting occurring in 30.8% of children between 6-59 months. Residents were worse off than those in IDP or refugee camps.
- Highest GAM among camps were from 4 camps in South Darfur (25.9%).
- A record from the Government of Liberia which reported 58.8% GAM for Sinoe district was excluded, since it has a peculiar result compared to neighbouring regions and could not be confirmed.

GAM above alert level 2006



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