Newsletter 7 - October 2008

From the Director's desk

Dear CE-DAT friends,

Welcome to the seventh edition of the CE -DAT Scene! We have two items of note for this issue. First, we are organizing an innovative symposium on the *Documentation of Mortality in Conflict Settings*, to be held November 6-7 in Brussels.

The aim is to discuss different methods used to estimate deaths in conflict and post conflict situations. We will bring together not only epidemiologists but also human rights and judiciary investigators, forensic anthropologists and statistical and political analysts. Participants come from the International Criminal Court, IRC, PRIO, Amnesty International, Human Rights Data Analysis Group and others. We anticipate lively discussion and as a collective, we hope to move towards better and more reliable estimations of mortality. To please find out more, visit http:// conference.cedat.be/.

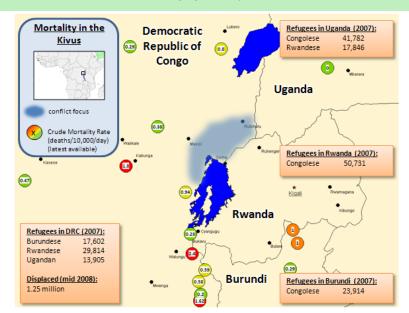
We are also following the ongoing events in the Democratic Republic of Congo (DRC). The DRC presents one of the worst humanitarian crises in recent years. Civilians are experiencing massive displacement and violence is preventing humanitarian access. The CE-DAT team remains at the service of the operating agencies and decision makers for any additional technical support. This issue is dedicated to summarizing recent health trends in the Kivus to highlight the already fragile health status of the populations affected by the crisis.

Should you have any comments or questions, please feel free to contact us.

Debarati

Debby Sapir, Director

North Kivu



North Kivu is currently embroiled in some of the heaviest fighting since the end of the war in 2003. Developments since the beginning of 2008 imply that this should not be the case. A peace agreement was signed in January between the government, various rebel forces and most importantly, General Nkunda's Congrès National pour la defense du peuple (CNDP). The CNDP represents a major faction whose battles with government forces have repeatedly violated the ceasefire.

By August 2008, renewed fighting flared up between the army and CNDP in North Kivu. Tensions have been intensified by civilian attacks carried out by the Lord's Resistance Army from Uganda. As of October 31, the CNDP has advanced with the intention of capturing Goma but has now proposed a ceasefire brokered by the United Nations Mission in the Democratic Republic of Congo (MONUC) to allow humanitarian access.

There is now massive displacement of those afraid of the next eruption of violence. More than a million persons are displaced in DRC, with two thirds in North Kivu. Since August, an additional 100,000 have been displaced in North Kivu, adding to the 500,000 already displaced between 2006 and 2008. In Kibati camp, north of Goma, UNHCR staff have accommodated some 30,000 new arrivals. Others have reportedly fled to Uganda, Sudan and Rwanda.

Military engagement in Goma has forced many aid agencies to evacuate. This is particularly worrying given the massive scale of displacement, reports of violence against civilians and the usual dire lack of access to basic infrastructure.

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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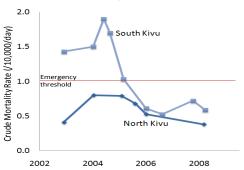
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Health Situation in North Kivu

MORTALITY For the last 10 years, the volatile eastern part of the Democratic Republic of Congo has been the scene of many clashes and hostilities. This unstable situation has had considerable impacts on the health condition of the local populations. Since 2000, the International Rescue Committee (IRC) has conducted several mortality surveys across DRC. In 2002, they reported that the mortality rate in the eastern part of the country was higher than in any other country in the world and much higher than the emergency threshold (1 death/10,000 people/ day). The highest mortality rates in 2000-2001 were found in Mweso, a district close to Goma in North Kivu. More recent data however suggested an encouraging evolution. The latest IRC survey from 2007 showed a significant decrease in mortality rates in eastern DRC, below the emergency threshold in almost all surveyed areas. In addition, the highest figures were no longer in North Kivu.

Over the last years, the nutritional status of **N**UTRITION



children in North Kivu has generally remained relatively acceptable. An exception, however, is the area around Rutshuru, where surveys between 2001 and 2007 indicated levels above the emergency threshold.

SOUTH KIVU Throughout the last 5 years, the health situation in South Kivu was poorer than in North Kivu. This difference however has almost disappeared and the health indicators for both provinces are at present almost at equal level. On the other hand, the north of South Kivu, bordering North Kivu, is the area where the situation is still the most precarious. The current violence and resulting influx of displaced people might compromise this positive evolution.

DISPLACEMENT Massive displacement has already begun. Residents from the North Kivu province Crude Mortality Rate lence and adding to million displaced people ¹

Sub-Saharan Africa (source: UNICEF) 0.44/10,000/day are fleeing the vio- $\overline{\text{Under Five}}$ Mortality Rate 1.14/10,000/day the existing 1.25 Global Acute Malnutrition < 5% internally Measles Vaccine Coverage >95%

Reference values for

(IDP) in DRC and over 100,000 Congolese refugees in neighbouring countries. These types of population movements can result in the emergence of large-scale epidemics, as was the case in 1994 in Goma, where a cholera epidemic killed 12,000 Rwandese refugees. In addition to the displaced Congolese, some 50,000 Rwandan and Burundese refugees are currently living in eastern DRC. The current events will most likely have impacts on their health situation.

EPIDEMICS WHO has already reported hundreds of cases of cholera and several cases of measles. The principal causes for these are displacement and lack of clean water. Displaced people tend to gather in makeshift camps with poor hygiene conditions, increasing the risk for disease transmission. In addition, malnutrition, which can be related to acute displacement, impairs people's resistance against diseases. In this context, a July 2008 measles epidemic in Katanga, some 600 km from North Kivu, is noteworthy. Although a massive vaccination campaign was undertaken, the situation should be closely monitored.

ACKNOWLEDGEMENT

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Recommendations

- Ensure adequate vaccination coverage, especially in areas with many displaced.
- Ensure access to clean water and food
- Prevent the conflict from affecting the health conditions of residents in South Kivu

CE-DAT and CRED News

Upcoming Event

Symposium: "Documenting Mortality in Conflicts" November 6th & 7th, 2008 - Brussels, Belgium

Recently published

Methods and tools to evaluate mortality in conflicts: critical review, case-studies and applications Click <u>here</u> to download this working paper.