Dear CE-DAT friends,

Regrettably, there is little light at the end of the tunnel for both Iraq and Sudan. Two of the worst humanitarian disasters in the world in recent years, the CE-DAT team continues to receive discouraging reports from the field.

Violence in Iraq, although clustered in time and space, does not show signs of abating. Humanitarian workers face serious threats in Baghdad, which is effectively divided along religious lines. The recent bombing in two Yazidi villages near Mosul causing 300 deaths, reinforced the promise of sustained violence against ethnic minorities in Iraq. Displacement within the country and across the borders has reached crisis level, with more than 700,000 people estimated to have been internally displaced between Feb. 2006 and Mar. 2007. The barriers placed by the neighbouring countries of Iraq will only worsen the situation inside the country.

In this scenario, the only positive note is the unanimously approval of the UNSC Resolution (1770 Aug. 10), which strengthens the role of UNAMI. However the step between UN approval and actual implementation can be a long one.

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.

Thank you for your continued support!

Prof. Debarati Guha-Sapir
Director, CRED

The Complex Emergencies Database (CE-DAT) is an online, publicly accessible, searchable database of global humanitarian emergencies.

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:

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Since 1991, when the last nationally recognised President Siad Barre was ousted, the Somali population has been living without a central functioning government providing any health service.

Since then, civil strife and natural disasters have not spared any of the Somali regions. The areas around Mogadishu continue experiencing inter-clan tensions, roadblocks, resource based conflicts and escalating violence (assassinations, bombings and human rights abuses); floods at the end of 2006 hit around 300,000 people in Gedo and middle Shabelle regions; drought (spring 2007) has seriously compromised November harvest in Shabelle, Gedo, Bay, Hiran, Bakool and Juba regions. Here cereal production is estimated at only 1%, 5% and 8% of Gu (rainy season) Pre-War Average (PWA) (1995 – 2006) and 2%, 9% and 8% of last year’s Gu ’06 production, respectively. In Shabelle region (the maize Basket of the country), the production was 44% of Gu maize PWA (1995-2006) and 60% of Gu ‘06 maize. Severe food shortage in the near future will further aggravate the vulnerability of the population due to the conflict. While Somaliland presents an acceptable nutritional situation, the rest of Somalia presents serious to critical level of malnutrition. Early this year, surveys from the southern regions report between 15 to 20% global acute malnutrition. The penury of the shortage of hospital beds and medical services indicate that severe malnutrition cases cannot be provided minimum life saving, therapeutic feeding.

Current Figures

- 1.5 million people are in need of humanitarian assistance. Of this 1.5 million:
  295,000 are in Humanitarian Emergency requiring life saving interventions;
  490,000 are in Acute Food and Livelihood Crisis, requiring livelihood support.
- 400,000 people were forced to leave Mogadishu because of generalized violence between February and May 2007. Of those, some 125,000 have already returned back, but at the same time around 27,000 people left the city since June.
- Highest concentration of IDPs in Galgadud (34% of the total), Lower and Middle Shabelle (25%), Hiran (13%) and Mudug (12%).
- Global Acute Malnutrition in southern regions is above the WHO Emergency threshold of 15% since early 2006 (see chart below). A rapid health assessment carried out by MSF in June in the Shabelle region reported GAM at 21.5% and SAM at 3%. The situation is not expected to improve due to the poor Gu’ rain season.

Global Acute Malnutrition: southern regions
(Bay, Bakool, Gedo, Juba and Hiran)

Nutrition situation July 2007

- Between 1 January and 10 August 2007, 3864 Acute Watery Diarrhoea cases were reported from Somaliland including 46 related deaths (Case Fatality Rate 1.24%).
- MSF expressed serious concern on the medical care availability in Mogadishu: less than 250 out of the 800 hospital beds available in Mogadishu in January are still in service.


1 Food Security Analysis Unit Somalia (FSAU), Special brief Post Gu’07 Analysis, August 23, 2007. 2 UNHCR Briefing Note, Another wave of Departure, 3 August 2007. 3 FSAU, August 2007. 4 MSF Press Release, Access to medical care dangerously scarce in and around Mogadishu, Somalia, 20.08.2007.