

DARFUR NUTRITION UPDATE

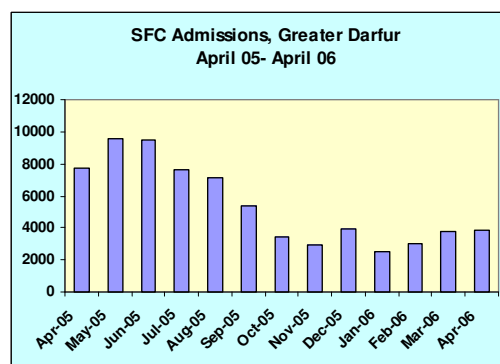
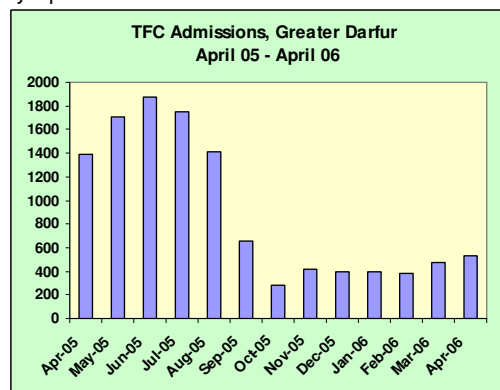
OVERVIEW

- **Admissions into selective feeding centres** (both TFC and SFC) across Greater Darfur **have seen an increase over the last two months**, an indication of the seasonal trends in malnutrition.
- 9 localised nutrition surveys were conducted in February and March across Greater Darfur, of which **3** from South Darfur reported rates of malnutrition **over the emergency threshold of 15%**.
- Following a funding crisis **WFP has proposed a 50% cut in the general food ration to the 2.2million conflict-affected beneficiaries** in Greater Darfur from May to September in line with the existing resources available.
- **Acute respiratory tract infections** continue to be the main reported illness in children under 5yrs from the nutrition sentinel site system; this is in line with WHO disease surveillance system and the expected seasonal trends. Diarrhoeal disease and malaria are reported as second and third.
- **Ongoing insecurity** across the three states, in particular Kulbus and Selea in West Darfur and Jebel Mara continues to hamper the delivery of humanitarian aid, increasing displacement as well as preventing the ability to fully determine the needs of the affected population.
- Cross-border tensions with Chad have led to small numbers of returnees to West Darfur, however a rapid screening of this group does not indicate a worrying nutritional situation at present.
- Round 2 of the **National Polio campaign** was conducted by FMOH/ SMOH/ UNICEF & WHO, across Greater Darfur in April reaching **1.33 million** children under 5 years. (>94% coverage)

GREATER DARFUR – NUTRITIONAL SITUATION DETERIORATING IN LINE WITH SEASONAL TRENDS

Selective Feeding Centre Data Admissions into selective feeding programmes continue to rise from the beginning of the year. Although the absolute numbers are less than this time last year they do indicate a deterioration in the nutritional situation which is in line with season trends. Admissions in 2004 and 2005 peaked in June and July and the current trends are following a similar pattern. The total number of admissions in the 6-59 months age group in March and April for therapeutic feeding centres was **1,006** with **7,575** admissions of the same age group into supplementary feeding

centres. Performance indicators have shown an improvement in the defaulting rates down from 40% in February to 30% in April for SFCs and maintaining at 14% for the TFCs, (*this is in line with the <15% cut off recommended by Sphere*). The indicators for cured rates, however, are less positive with 63% of discharges cured for the TFC and 50% for the SFC, below the 75% cut-off recommended by Sphere.



Reduced numbers of selective feeding centres

Over the last 5 months several selective feeding centres have closed across Greater Darfur as a result of insecurity, reduced funding and reduced need due to low beneficiary numbers. In North Darfur (Kebkabiya) ACF phased-out SFC and TFC programmes due to low beneficiary numbers, in El Fasher town MoH-supported SFC's closed, also due to an improvement in the nutrition situation as well as certain programmatic constraints. MSF Spain is also planning to phase-out and handover existing nutrition programmes to the MoH in Zam Zam IDP camp in June. In West Darfur (Golo, Jebel Mara) GOAL closed their TFC and SFC programmes due to insecurity and in Mukjar, Um Dukum and Kass MSFH have phased out their nutrition programmes, replacing them with nutritional monitoring. Therefore this reduction

needs to be considered when interpreting and comparing the numbers of admissions to this time last year. In addition the limited of the MoH to fill these gaps needs to be considered in the event of deterioration in the situation.

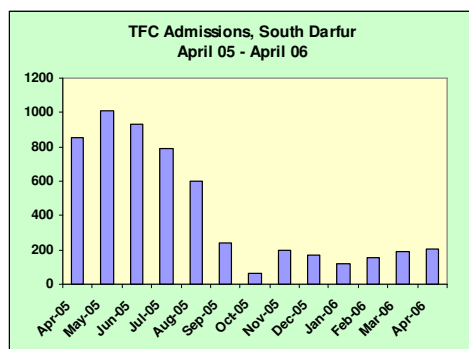
¹**Nutrition Surveys** – 9 localised nutrition surveys were conducted across Greater Darfur in the last two months, however two were not completed due to insecurity and therefore cannot be reported on. In general, the surveys have indicated deteriorating nutritional situation in South Darfur, and a stable situation in parts of West Darfur.

Health – The WHO mortality and morbidity bulletin continues to report acute respiratory infection (ARI) as the number one illness reported in health facilities with clinically diagnosed malaria and bloody diarrhoea following, these are reported to be in line with the global average. From the nutrition surveillance site the number one illness reported at household level is also ARI with watery diarrhoea and suspected malaria following. Fifty-five cases of Meningitis (*w135*) were confirmed in Zalingei in March with 1 death. A vaccination campaign from FMOH/ WHO/UNICEF followed in April targeting 50,000 high risk beneficiaries aged 2 to 30 years.

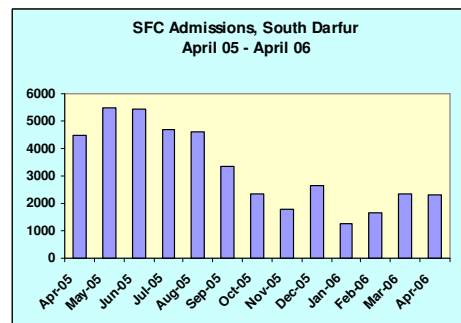
Food Security – The current market prices of staple cereals across Darfur have shown slight increases over the past few months with a subsequent decrease in the terms of trade for livestock. This is in line with seasonal trends, however it is of concern given the proposed ration cuts. The proposed cut by 50% in the general food ration from May 1 following a funding crisis is of great concern given the time of year, therefore close monitoring of the nutrition situation throughout the coming months in key vulnerable areas is essential. This is of particular concern in South Darfur where the current nutrition situation appears to be deteriorating.

SOUTH DARFUR – NUTRITIONAL STATUS DETERIORATING

Selective Feeding Centre Data. Numbers of admissions in both TFC's and SFC's rose in March and April across South Darfur. The largest increases were seen in Ed Daein locality in line with the two recent surveys conducted there, which indicate rates of malnutrition >15% GAM.



¹ All nutrition surveys reported in this bulletin use the standard 30x30 cluster methodology unless otherwise stated.



Nutrition Surveys. The table below provides a summary of the most recent nutrition surveys conducted in South Darfur.

Table 1. Nutritional Survey Summary -South Darfur

Location	Agency	Date	% GAM	%SAM
Gereida Camp	ICRC	Jan	11.0% (8.9-13.1%)	1.3% (0.5-2.0)
Ed Daein Jad Elsid, Al Mazroub, Haskinita & Fataha	Tearfund	Feb	18.5% (15.0-22)	2.01% (1.04-3)
Tulus	ARC	Feb	13.2% (11-15.7)	2.3% (1.5-3.6)
Nyala Town and IDP camps	ACF	Mar	9.7% (7.2-12.8)	0.7% (0.2-2.1)
Adelfursan	NCA/ACT	Mar	18.3% (14.9-1.6)	1.3% (0.7-1.9)
Ed Daein Ed Daein, Adilla	NCA/SUDO	April	17.9% (14.9-20.9)	2.9% (1.5-4.3)

Recent displacement into Gereida camp has doubled numbers of IDPs from approximately 45,000 last September to estimates of up to ²120,000 currently, with ten's of thousands of those arriving in recent weeks following the attacks in Dito and Joghana. ICRC is currently implementing both SFC and CTC nutrition programmes in the camp and is planning to conduct a repeat nutrition survey in July which is expected to indicate higher prevalence of malnutrition than was reported in January (above) given the increased numbers and the effect of seasonality.

The nutrition survey conducted by Tearfund in Ed Daein locality was the first survey to be conducted in this area and highlights an area of concern with **18.5% GAM** and **2.04% SAM**. The area included Northern Adilla and the southern tip of North Darfur – the SLA north sector. The mortality rates were also of concern at 2/10,000/day for the under 5 year's mortality and 1.17/10,000/day for the crude mortality.

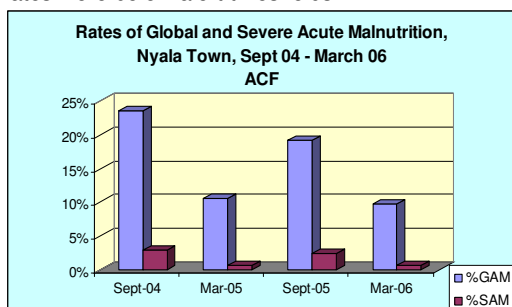
A second survey, conducted by NCA/SUDO in April in Ed Daein and Adilla localities, was also of concern with **17.9% GAM** and **2.9% SAM**. Mortality rates were below alert levels at 1.5/10,000/day for

² Source Sudan Humanitarian Overview – Vol. 2 Issue 4

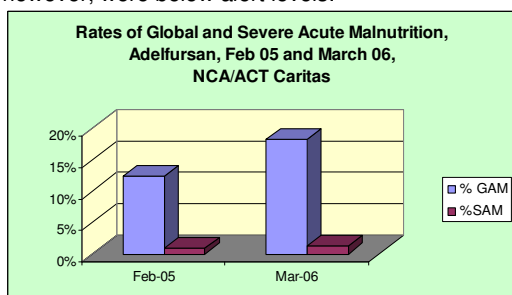
the under-5 mortality and 0.95/10,000/day for the crude mortality. The report is still undergoing analysis and no additional information is available at present. A previous survey conducted at the same time in Greater Ed Daein by SC-UK in May 2004 reported 14.2% GAM and 2.2% SAM, thus suggesting that the current situation is slightly worse off.

American Refugee Committee conducted a nutrition survey in Tulus locality in February which reported **13.2% GAM** and **2.3% SAM**. Mortality rates were just below alert levels at 1.9/10,000/day for the under 5 mortality and 0.9/10,000/day for the crude mortality. Similar to the other surveys, high morbidity levels were reported with 55% of children reporting an illness in the 2 weeks prior to the surveys with diarrhoea being the number one illness (33.6%) followed by fever (26.1%) and ARI (13.7%). There are no previous surveys to compare this to, however. Recommendations included close monitoring of the nutrition situation, improving access to safe water and efforts to improve child care practices.

ACF repeated a nutrition survey in Nyala town in March reporting **9.7% GAM** and **0.7% SAM** and when compared to the survey conducted at the same time last year when 10.6% GAM and 0.6% SAM were reported, the results are stable. Mortality rates were below alert thresholds.



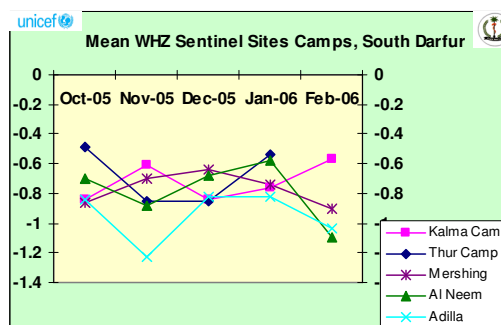
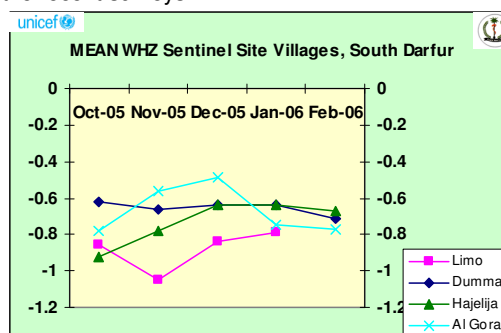
A nutrition survey conducted by NCA/ACT Caritas in Adelfursan locality in March also raised concern reporting **18.3% GAM** and **1.3% SAM**. The previous surveys conducted in Adelfursan in February 2005 by NCA reported 12.1% GAM and 1% SAM, thus indicating deterioration this year. Mortality rates, however, were below alert levels.



High levels of morbidity were reported with 70% of all children reporting an illness in the 2 weeks prior to the survey, diarrhoea being the main illness reported, followed by ARI and fever and a statistically significant association with

malnourished cases. The survey concluded that high rates of acute malnutrition in the younger children (28% in the 18-29mths) were linked to the poor infant and young child feeding practices with both very early and very late introduction of complimentary food and very early introduction of water been cited as possible underlying causes.

Sentinel Site System- Sentinel Site System – Insecurity has impacted on the access to certain sites in February and March. The ³mean whz for February for all the sites in South Darfur has reduced slightly at **-0.81** from **-0.73** reported in January. In general the surveillance system has indicated a stable situation in the villages with a slight deterioration in certain camps. The camps where this change is most noted are Al Neem and Adilla camps with Mershing affected to a lesser degree. The causes is possibly linked to the recent insecurity for Mershing camp and for Al Neem the overall deteriorating situation in Ed Daein as noted from the admissions into the feeding centres and the recent surveys.



Meal frequency for the under 5yrs did not indicate any significant difference between the sites or from what was reported in January.

Main sources of food for the camp based population continue to be food aid (approx 60%) with trade/sale of food aid (25%) being the second source. Other sources such as income generation activities, casual labour and gifts from relations make up the shortfall. In the event of food shortage the camp populations were consistent in identifying reduction of meals, and adapting new income generation activities as coping strategies.

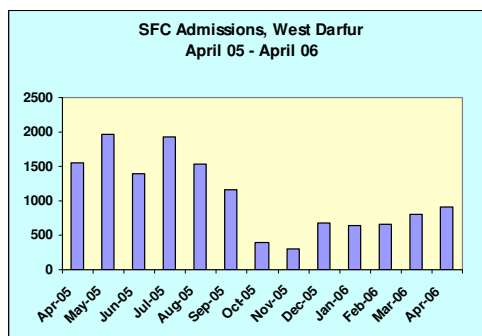
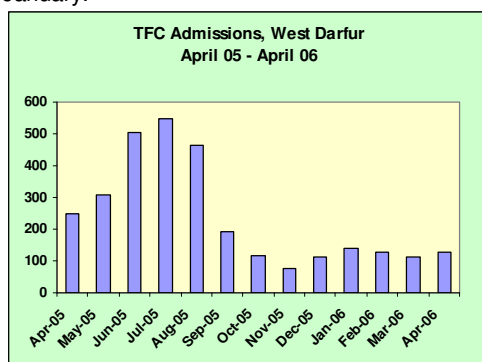
For the rural villages main sources of food is predominantly own production (40-60%) with

³ The mean weight for height in z scores is the indicator used to monitor trends in the sentinel site system given the sample size

purchase being the second source (25-35%) and the remainder made up from gifts, credit and borrowing. In the event of a food shortage the rural villages again were consistent listing a shift to less preferred food and reduced numbers of meals as the main coping strategies with family members migrating in search of work as the second most common. This would therefore assume that the protein content of the diet would reduce in the event of a food shortage at household given these foods are more expensive - to date this has not been seen and therefore is in line with the stable situation reported from these particular villages.

WEST DARFUR – NUTRITIONAL STATUS REMAINS STABLE BUT INSECURITY REDUCES ACCESS

Selective Feeding Centre Data - Admissions into feeding centres over the last 2 months has shown an increase, most significantly in the SFC where there has been a 40% increase from admissions in January.



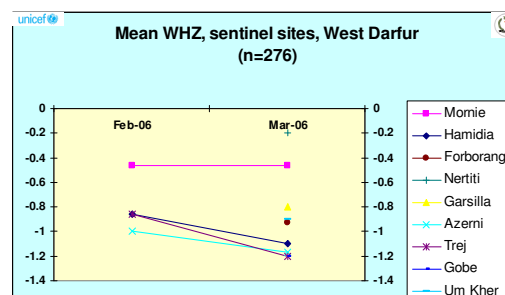
Nutrition Surveys - Two nutrition surveys were conducted in March in West Darfur. Concern Worldwide conducted a nutrition survey in Mornie IDP camp in early March, the results of which are in the table below and are comparable with the previous nutrition survey also conducted by Concern in January 2005 when 4.9% (3.2-5.9%) GAM and 0.6% (0.3-1.4%) SAM was reported. Mortality rates for both the under 5 years and the total population were within acceptable levels.

Table 2. Nutritional Survey Summary -West Darfur

Location	Agency	Date	% GAM	% SAM
Mornie	Concern	Feb	6.4% (5-8.2%)	0.6% (0.2-1.4%)

A second survey was attempted by World Relief in Kerenek locality, however due to insecurity only 15 of the 30 clusters were completed therefore the results are not reported.

Sentinel Site System - The sentinel site system is now operational in 9 sites across West Darfur with 4 sites reporting data in ⁴February and ⁵9 in March. Expansion is planned for a further 2 sites in April. However, this is reliant on security allowing access. The data from the sites indicates the mean WHZ for West Darfur in March (n=276) is **-0.89**. When comparing the individual sites lowest mean WHZ at -1.2 was reported in Trej village in Zalingei locality with Azerni village close at -1.17 and Mornie having the highest mean at -0.46.



Meal frequency for the under-5 population does not indicate any significant difference between the different sites with an average of 2.8 meals per day in the rural villages and 3 meals per day in the camps. Again, the main difference noted between the camps and villages is the availability of protein in the diet with the camp populations consuming protein food daily compared to an average 3.7 days a week for the rural villages. The main sources of food for the rural populations were predominantly own production with purchased, borrowed and gathered also reported to a lesser degree. This was consistent across all rural sites. Coping strategies for these groups include consumption of wild foods, and reducing numbers of meals. With the camp populations, consumption and trade of food aid were the main sources of food with income generating activities (brick making, sale of water and firewood) and sale of assets being the main non-food aid related sources. Coping strategies listed by the camp populations were: gathering of wild food and having family member move in search of employment opportunities – this was consistent across the camps.

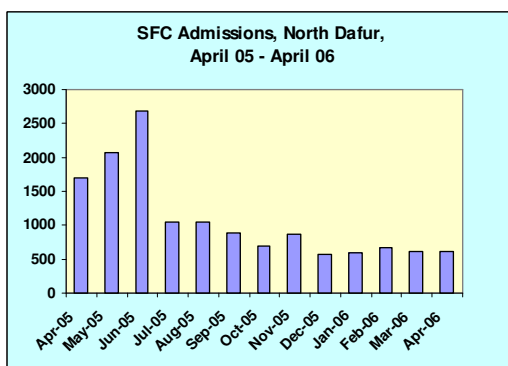
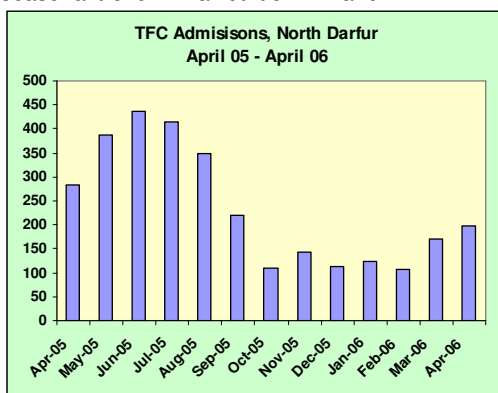
NORTH DARFUR – POCKETS OF MALNUTRITION PERSIST

Selective Feeding Centre Data. Admissions into selective feeding centres have seen an increase in

⁴ Mornie Camp, Azernie Village, Hamidia Camp and Trej Village (Zalingei)

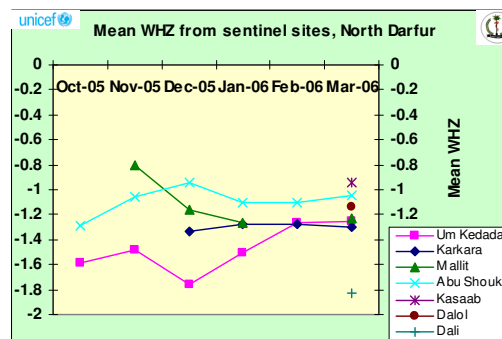
⁵ Mornie Camp, Azernie Village, Gobe Village, Forboranga Camp, Hamidia Camp, Trej Village, Garsilla Camp, Um Kher Village and Nertiti Camp

the past two months. This is most noticeable in the TFC where 364 children 6-59 months were admitted in March-April period compared to 233 in the January-February period. Again this illustrates the seasonal trend in malnutrition in Darfur.



Nutrition Surveys – One nutrition survey was conducted in February by PAI in Khzan Tunjur, however, due to insecurity the full 30 clusters were not completed therefore the results are not reported.

Sentinel Site System – The nutrition sentinel site system in North Darfur continued to expand in March with GOAL now collecting data in 2 sites in Kutum locality, Kasaab camp and Dalol village. In addition, data is now being collected from Dali camp by Relief International and from April Kebkabiya camp and a rural village will be included reaching the target of 12 sites. The data from February and March has indicated a stable situation in North Darfur where the mean WHZ for the state, though low, is stable at **-1.2** this is comparable with what was reported in January. Also an improvement in Um Kedadah locality where mean WHZ scores of children 6-59months is now **-1.25** up from -1.5 in January. In general, the situation unsurprisingly continues to indicate a slightly better nutritional status in the camp population (Abu Shouk and Kasaab), than the rural villages, however the one exception highlighting concern is Dali camp where the first round of monitoring indicated a worrying situation (**mean WHZ -1.83**). This is currently being investigated to confirm the situation.



Additional information on meal frequency analysed from February and March did not indicate any major changes from January for the under-5 population with the rural villages on average reporting 2.2 meals a day with the camps reporting 3.0.

The village population continues to report own production and purchase of food as the main sources, though wild food is now the third main source of food as opportunities for labour are significantly less with the current season. In both Um Kedadah locality (*Gilatananum and Arise villages*) and Mallit (*Wama and Um Kedadah villages*), water shortage continues to be the number one priority for the population with requests for food, health and livestock support following. Morbidity rates remain high in both camp and village populations all reporting over 45% of children with an illness in the 2 weeks prior to the visit. The illnesses are in line with the seasonal trends with ARI still the number one being reported. Dietary diversity also shows a significantly higher consumption of protein-based foods being consumed daily in the camp population compared to an average 2 days a week in the rural villages. A final point is that food aid including the sale or trade of food aid is the main source of food for the camp populations followed by alternative income generating activities (brick making, sale of water, etc.) This clearly indicates a high dependency on food aid for household food security and with the upcoming food ration cuts the situation is likely to impact negatively on household food security and needs to be monitored closely.

POLIO CAMPAIGN (2nd Round)

The second round of the Polio campaign was conducted in the three states in Darfur by FMoH/SMoH/ UNICEF & WHO in April 2006 and reached a total of **1,332,566 children under 5 years of age**, giving a coverage of >94%.

INTERAGENCY INFORMATION SYSTEMS MEETING

An interagency information system meeting was held in March in Nyala coordinated by UNICEF and facilitated by UNICEF, FAO and WFP. This meeting was an outcome of several months of discussions with the key actors in information systems in nutrition, food security and health for improved information sharing and analysis. Key technical focal points in nutrition, food security and health

from 2 Ministries (MoH, MoAg), 5 UN agencies (UNICEF, FAO, WFP, WHO & OCHA) and 13 International NGOs attended this three day workshop and identified the key areas of overlap in existing surveillance systems, the gaps and the potential for improved inter-sectoral collaboration. A livelihood map of Greater Darfur was prepared which is currently in draft form and a forum for inter-sectoral analysis has also been developed at state level in the three Darfurs. In addition a draft tool for conducting rapid nutrition assessments was developed and is currently under review. This process has the ultimate aim of providing a collaborative analysis of the situation in Darfur using information from the three sectors to improve monitoring and targeting for appropriate humanitarian response.

NUTRITION POLICY FOR SUDAN

The development of a national nutrition policy for Sudan is a key priority for the Federal Ministry of Health and, with support of an international UNICEF consultant, the first draft of a national nutrition policy and a five year implementation strategy was finalised in April. This document was the output of three months of a consultative process with both the international consultant and two national consultants from the Federal Ministry of Health and included a 2 day stakeholder meeting where members of both the public and private sectors were invited to make inputs on the first draft. The document is currently with a Ministerial task force who will develop the action plan for the implementation of the strategy.

CONTACT

Online: The "Darfur Nutrition Update" is now available online. Check the following link for this issue and issues 1 & 2 - <http://www.unicef.org/emerg/darfur/files/DarfurNutUpdateSeptDec05.pdf>

Contact: For more information or any nutrition queries on the Darfur Nutrition Update please contact Grainne Moloney on gmoloney@unicef.org UNICEF Sudan Country Office, House 47, Street 74, Khartoum 2



**Sudan
Ministry of
Health**

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WORLDWIDE , CORDAID,
GERMAN AGRO ACTION, GOAL, ICRC,
INTERNATIONAL MEDICAL CORP, ISLAMIC RELIEF, MSF-H,
MSF-B, MSF-F, MSF-CH, MSF-Spain,
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