



NUTRITION

Summary Issue 25: covering July, August and September 2010

Overview

This issue covers the end of the hunger gap and beginning of the harvest season.

- **Admissions into selective feeding programmes:** Overall, numbers of admissions into the Supplementary Feeding Centres have gradually decreased between July and September as the hunger gap has come to an end and the harvest has started (predicted to be good this year due to above average and prolonged rains, and an increase in number of households cultivating). Comparing the 3 States, the number of admissions to the SFC was highest in South Darfur, peaking in June, and halving during this reporting period. Admissions in West Darfur peaked in August and remained comparatively stable in North Darfur. Admissions into therapeutic feeding programmes (TFC/OTP/SC) followed a similar pattern, peaking in South Darfur in July, in West Darfur in August and remaining fairly constant in North Darfur.
- **Nutrition outcomes:** 17 localised surveys have been cleared for release during this quarter, mostly from North Darfur. In all cases results (where available) are similar to those of the same time last year, and where prevalence was high last year it has remained comparably high this year. CMRs and U5MRs are similar to those recorded in the previous round (Nov 2009) and have remained below emergency thresholds in all of the surveys.
- **Food security:** Compared to the same time last year, results from the August round of WFP's food security monitoring system (FSMS) shows a stable food security situation in North and West Darfur, and a deterioration in South Darfur, especially among IDPs and mixed communities. The deterioration is attributed to the great

Greater Darfur

The nutrition situation in Darfur, assessed through data from selective feeding centres, sentinel sites, and localised nutrition surveys, appears to be of concern in North Darfur, where just 3 out of 12 localised nutrition surveys showed a GAM of less than 20%; of potential concern in South Darfur, where population movements and insecurity have affected nutrition services, while remaining somewhat stable in West Darfur. Food prices have increased across Darfur, and the price of a 90kg bag of Sorghum has reached a record high in South Darfur at four times the price of the 5 year average.

Key achievements for the Nutrition Cluster during the period from July through September 2010 include:

- By the end of September, 82 out of 107 SFP sites and 137 out of 154 OTPs were operational. Eight new feeding centres (OTPs) were opened in response to covering more of the identified gaps. Provided Blanket Supplementary Feeding to at risk children.

- Started procurement for pre-positioning of emergency stocks ahead of the January 2011 referendum.
- Trained SMOH and NGO partners in various aspects such as treatment of malnutrition using the new CMAM protocols, Infant and Young Child Feeding, and essential nutrition package.
- Delivered limited supplies of therapeutic foods and drugs to MDM clinics in inaccessible areas of East Jebel Mara. Supplies were transported overland by camel.

A serious concern has been the insecurity contributing to an increasingly challenging working environment in Darfur. Insecurity has led to population movements and has undermined humanitarian access to vulnerable populations, contributing to concerns on the evolving nutrition situation. There is a serious lack of data from these vulnerable areas, especially in South Darfur where many planned localised nutrition surveys have been suspended due to insecurity.

Areas of particular concern are:

North Darfur: Nutrition service delivery to newly arriving IDPs in some areas.

South Darfur: East Jebel Mara, Muhajariya where services have been suspended for months, Ed Alfursan and Sharea which have no therapeutic services, and Rehad Albirdi where there are no nutrition partners intervening.

West Darfur: Areas where nutrition services are limited, specifically Abusoruj and Kondbay in Sirba Locality and Golol and Keling in Jebel Mara.

Key priorities in the coming months for the nutrition cluster in Darfur include:

- Ensuring continued operations for all selective feeding programs and trying to make sure supplies reach inaccessible areas.
- Support to research into infant and young child feeding practices. This research is being carried out by Afhad University together with the Federal Ministry of Health in 4 States, namely South Darfur, South Kordofan, Gedarif and Khartoum.
- The coming months will be essential for coordinated preparation of 2011 Nutrition Sector Work Plan and Contingency Plan.
- Continuing the roll out of CMAM services opening 2 new OTPs in West Darfur (Abusourj and Kondbay).

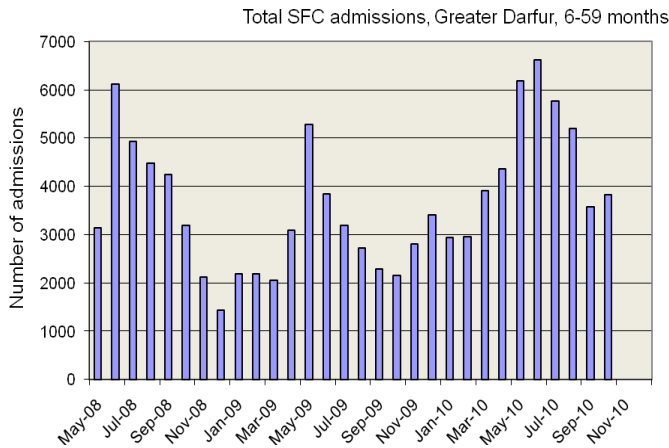
Selective feeding centre data

Across the 3 states, a total of 30,408 children have been treated on the CMAM programme (either supplementary or therapeutic) during July, August and September. Admissions into the supplementary feeding programme across Darfur have steadily decreased between July and September (Graph 1), however this covers an increase in admissions in July in West Darfur. This mid-hunger gap increase occurred last year (2009), but not in 2008. The number of admissions in South Darfur has reduced to a number more comparable

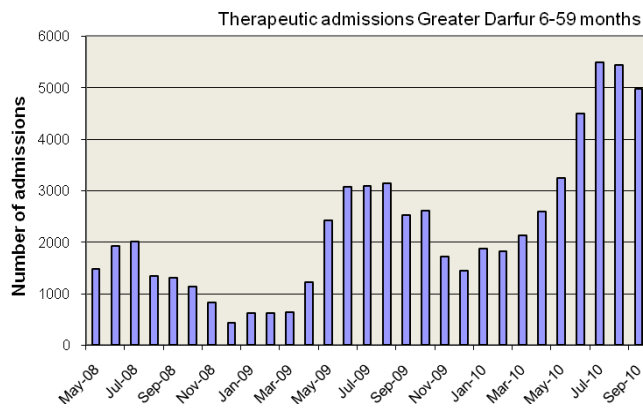


with the other 2 states, 2010 having seen a higher than usual seasonal increase in South Darfur. Admissions into TFC/OTPs have also decreased as the hunger gap has ended, however they remain far higher than previous years on record (Graph 2), and each state has seen a substantial rise in admissions. This is likely to be in part due to the increased number of centres operational, and the different admission criteria now being used compared to previous years (WHO z-scores instead of NCHS %median, and MUAC which will include more children in TFC/OTP), which will increase the therapeutic caseload.

Graph 1: SFC admissions, Greater Darfur

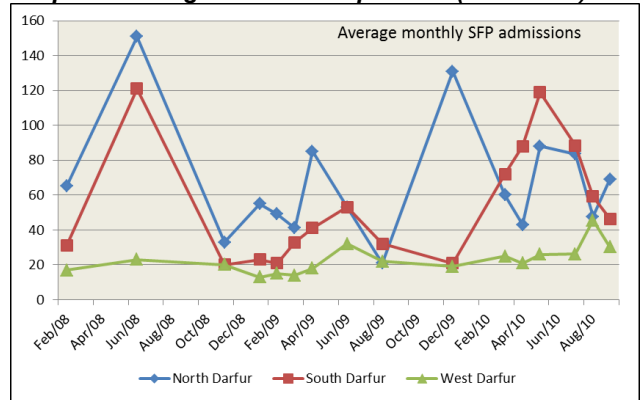


Graph 2: TFC/ OTP admissions, Greater Darfur

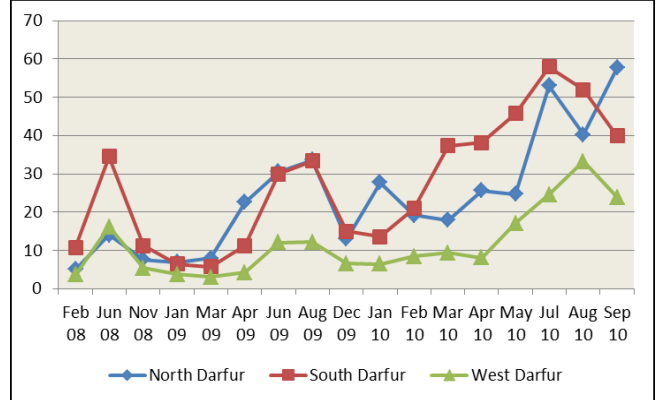


Comparison of admissions over time should be interpreted with caution due to the change in number of operational centres. Instead, average number of admissions per centre can be compared. Average admissions per SFC have declined steadily in South Darfur over the last 3 months, increased in August in West Darfur and in September in North Darfur (Graph 3). Average admissions per TFC have increased steadily throughout 2010, and remain higher than at the same time of previous years. This is likely to reflect the change in admission criteria (as above). The increase in admissions coupled with the low programme coverage reported on most localised surveys highlights the need for more accurate coverage information.

Graph 3: Average admissions per SFC (2008-2010)

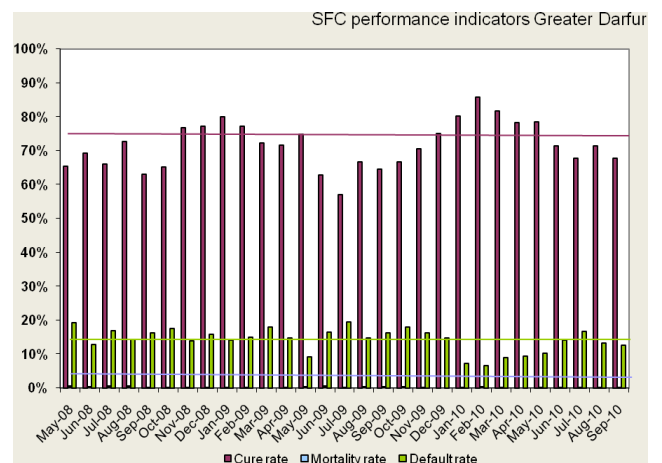


Graph 4: Average admissions per TFC/OTP (2008-2010)



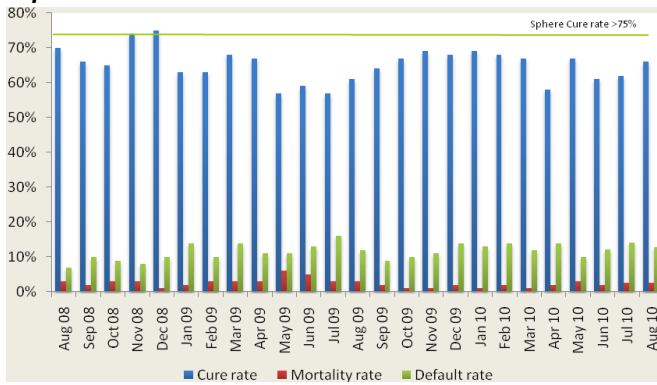
At the aggregate level, default rates and mortality rates for both SFCs and TFC/OTPs are meeting Sphere standards, however cure rates are below Sphere standards (SFP=69.3%, TFC/OTP=66.2% aggregated across the 3 states for the 3 months)(Graphs 5&6). The low cure rates are affected by the non-response rate (SFP=5.1%; TFC/OTP=4.1%) and the rate of internal transfers, meaning transfers within the CMAM programme, between TFC/SC, OTP and SFC (SFP=10% and TFC/OTP=13.4%). Reasons for non-response need to be investigated, while the correct calculations for internal transfers will be included in the 2011 CMAM database.

Graph 5: Performance indicators for SFCs





Graph 6: Performance statistics for TFC/OTPs



Food aid¹

WFP’s Blanket Supplementary Feeding Programme (BSFP) is not only implemented to prevent deterioration in the nutritional status of vulnerable population, but also to reduce the prevalence of acute malnutrition in children between 6-59 months thereby reducing the mortality and morbidity risk. WFP distributes BSFP during the most critical times of the year prior to and during the hunger season when threats to children’s health and nutrition status are at the highest. The program provides children with an improved mix of fortified corn-soya blend (CSB), dried skimmed milk (DSM) and sugar. Vegetable oil fortified with vitamin A is also provided as part of the ration. According to SPHERE Standards, BSFP is meant to provide a food/micronutrient supplement for all children at high risk of becoming malnourished.

The program for 2010 was started in May throughout Darfur and is planned to continue till October. There have been ongoing challenges encountered with delays in arrivals of raw materials for premix production, restricted access due to insecurity and/or roads cut-off by the rains. Number of BSFP rations distributed during the reporting period is shown below.

Table 1: BSFP rations distributed, Darfur

	North Darfur	South Darfur	West Darfur	TOTAL
July	307,458	38,166	27,583	373,157
August	200,200	51,243	-	251,443
September	153,244	75,998	-	229,242

Localised nutrition surveys²

Data was collected for 10 nutrition surveys between July and September 2010, 5 in South Darfur and 5 in West Darfur. In South Darfur, results from all of these surveys are still awaiting clearance from HAC in South Darfur, while in West Darfur 3 surveys have been cleared and 2 reports are still awaited from responsible partners (CAM for Geneina IDP camps and NCA for Zalingi). In South Darfur a further 5 surveys planned for this time period were cancelled due to insecurity. The next round of surveys in North Darfur is due to take place in October and November.

17 surveys were cleared for release between July and September, 12 from North Darfur, 3 from West Darfur and 2 from South Darfur. Compared to results from 2009 (where available), trend analysis shows a persistently critical and unchanging nutrition situation. Prevalence of GAM reported was consistently higher in North Darfur, however many areas

¹ From WFP documentation “Emergency Operation 200027; Tackling Malnutrition through Blanket Supplementary Feeding in Darfur”

² Unless otherwise mentioned, the results are presented according to the NCHS growth standards

in South Darfur have not been surveyed as planned due to insecurity leaving a worrying lack of data. CMRs and U5MRs remained below emergency thresholds in all of the cleared surveys.

Coverage of selective feeding programmes as estimated by survey findings remained very low at well below 10% across most surveys cleared during July to September. The only exceptions to this were surveys conducted in areas where Relief International is present, where coverage was reported to be 71%, 67% and 59% in Old ZamZam, New ZamZam and Kebkabiya (all North Darfur) respectively. In West Darfur, Concern also reported an OTP coverage of 30% and an SFP coverage of 44.4% in Geneina. These results show how critical it is to develop strong community based outreach, screening and referral mechanisms, and also that it is possible to achieve a higher coverage especially in camp settings.

When comparing the prevalence of malnutrition measured by MUAC and by weight for height z-scores (WHZ), in some areas there is a wide disparity (Table 2). MUAC is known to be a better predictor of risk of mortality than WHZ, and a better case detection method for severe acute malnutrition in terms of accuracy, precision, sensitivity and specificity³, and these results highlight the need to systematically include MUAC measurement in all surveys and reports. Further analysis of these trends is needed, as well as assessment of the quality of MUAC data collected at nutrition surveys.

Table 2: Comparison of GAM by WHZ and MUAC

Survey	GAM by WHZ ¹	GAM by MUAC ²
Old ZamZam (N Darfur)	22.3%	9.5%
New ZamZam (N Darfur)	28.8%	28.1%
Kebkabiya (N Darfur)	21.4%	21.0%
Mellit (N Darfur)	20.1%	7.2%
Geneina (W Darfur)	13.9%	6.0%

¹<2 z- weight-for-height (WFH) and/or oedema, NCHS Ref
²<125mm

Timely reporting of survey results is essential. Information collected on a survey is relevant at the time at which it is collected, as the real situation on the ground changes rapidly (e.g. between seasons).

Sentinel site data⁴

The sentinel site data collection continued on a monthly basis. Work is underway to review the sentinel site surveillance system to coordinate more closely with WFP’s FSMS and to ensure collection of data that can help understand the causes of malnutrition among community groups over time. This improved system will be introduced in 2011. Over July, August and September, mean WHZ-score has remained stable in North Darfur, has fluctuated in the South (rising in July and August and falling in September), and has steadily risen in the West (from -0.89 in July to -1.14 in September).

³ A review of methods to detect cases of severely malnourished children in the community for their admission into community-based therapeutic care programs, Myatt et al, 2006.

⁴ NOTE: Sentinel site data is not statistically representative (in contrast to nutrition survey data) because the sites are purposively selected; therefore nutrition is expressed through a Mean weight for height Z (WHZ) score rather than a percentage of GAM. The more negative the Mean WHZ score, the poorer the nutrition situation. The number of sites visited per month varies depending on access, so mean WHZ may slightly underestimate the severity of the nutrition situation if there is any consistent difference in conditions between accessible and inaccessible sites.



Key components in assessment of nutritional risk are quantity (number of meals) and quality (dietary diversity) of dietary intake.

- In South and West Darfur, quantity of child meals increased slightly in September while falling slightly in the North.
- Overall in West Darfur, IDPs recorded slightly higher number of child meals than residents, and differences were significant in August and September (as judged by non-overlapping confidence intervals), in South Darfur significantly more residents recorded a higher number of meals for under 5's (non-overlapping CIs), while in the North numbers were similar between the groups and differences not significant.
- All 3 states recorded a higher average number of meals for children than for adults.
- North and South Darfur recorded very similar average number of child meals, while West Darfur was slightly higher.

In order to compare diversity of food intake at household level, a food consumption score is calculated per household. The weighted household food consumption score is based on a 7 day recall period for household level intake of key foods and the frequency of consumption. Nutritional density of the foods is reflected by the weights used, based on those used in the WFP Food Security Monitoring System. The same cut offs are used to classify households as having either "poor," "borderline," or "acceptable" consumption. In response to concerns about nutrition status of younger children, an additional indicator on adequacy of child intake (defined as consumption of 4 or more food groups in the last 24 hours)⁵ was also collected.

- In North Darfur, a higher proportion of residents than IDPs recorded an acceptable score for household diet diversity. No households in resident sites recorded a poor score during the 3 months, while almost 15% of IDP households did in July. These shifted into the borderline group in August and September. Overall, child dietary diversity is poor with just about half of children reported as eating from 4 food groups or more on the day before the interview. Differences between IDPs and residents are not consistent, with 83% and 40% residents and IDPs respectively eating 4 groups or more in July, while the following month the proportion was 42% and 60% residents and IDPs respectively.
- In South Darfur, just under three quarters of households recorded an acceptable level of dietary diversity. No households were in the poor category during the 3 months, and there were no differences between scores in IDP versus resident households. South Darfur reported the poorest child diversity scores with just 20% of children reported as eating from 4 food groups on the day before the interview, increasing to 30% by September.
- In West Darfur, significantly more resident households reported an acceptable diet diversity (non-overlapping CIs) throughout the 3 months, while significantly more IDPs reported borderline diversity. In July, 15% of IDP households recorded a poor diet diversity score, almost all had shifted to the borderline category in August and September. Overall, approximately two-thirds of

households recorded an acceptable score. In contrast, IDP sites recorded more children eating from 4 food groups or more in August and September, although differences are non-significant (and confidence intervals wide as sample size is fairly small). Overall across the 3 months, just under three quarters of children were reported as eating from 4 groups or more.

Water consumption⁶ (mean number of litres of water per person per day) can play a role in morbidity in terms of increasing or decreasing exposure to water borne pathogens through safety of water source and household practice. Water consumption remained lowest in North Darfur (between 10 and 14 litres per person per day (l/p/d) over the 3 months), and highest in West Darfur (between 19 and 21 l/p/d). Litres used per person per day by IDPs and residents were similar in South and West Darfur, while in North Darfur residents generally reported a higher usage.

Food Security Monitoring System – Round 7 (August)

Data for round 7 of the FSMS was collected immediately before Ramadan. All 3 states reported an increase in the number of households cultivating this year, and a promising start to the rainy season. Food prices are higher across Darfur both in comparison to Round 6 (May 2010) and to the same time last year (August 2009), with prices highest in South Darfur and lowest in West. High prices are reportedly due to a poor harvest of the 2009/2010 agricultural season and a smaller supply of sugar and dried vegetables combined with an increased demand for these items prior to Ramadan. The rise in food prices is the main reason attributed to the deterioration in the food security situation seen in South Darfur, and has also caused a sharp deterioration in purchasing power with 70% of IDPs and 66% of mixed communities unable to afford the minimum healthy food basket (compared to 36% and 28% at the same time last year respectively). Terms of trade have also fallen in Nyala, where one male goat currently purchases less than half a 90kg sack of sorghum (compared to the 5 year average of one and a half sacks). In all 3 States, more than half of household expenditure is for food (60% in South and West and 55% in North Darfur), and accessibility to as well as availability of food will be of concern if high food prices are sustained⁷.

Despite the rise in food prices, food consumption has increased in all 3 Darfur States compared to round 6 and the same time last year. In West Darfur, no households were recorded as having a poor food consumption, while in the North despite higher food prices and lower general food rations, the food consumption remains stable. In South Darfur, although improved from last year, almost 30% of households in mixed communities are in the borderline food consumption category and 3% of IDPs are in the poor category which if prolonged will have an impact on their health.

Child dietary diversity across all 3 States is poor, with less than a quarter of children recorded as eating from 4 food groups or more (the definition of minimum dietary diversity). This is an indicator that child micro- and macro-nutrient intake is likely to be poor. At the same time, diarrhea prevalence was recorded as the main illness in South and

⁵ Indicator drawn from "Indicators for assessing infant and young child feeding practices: conclusions of a consensus meeting held 6–8 November 2007 in Washington D.C., USA". Definition and measurement manual available at http://www.who.int/child_adolescent_health/documents/9789241599757/en/index.html

⁶ Based on an assumption of 16L per jerrican, calculated at the household level based on actual number of people in the household.
⁷ The '80/80 Law' is a definition of poverty, where households spend 80% of income on food and meet only 80% of requirements (Lipton, 1983. *Poverty, Undernutrition and Hunger*, World Bank Staff Paper).



West Darfur, with almost 60% of children in the West reported as suffering from diarrhea in the 2 weeks prior to the FSMS. This is worrying because of the close synergistic relationship between malnutrition and diarrhea.

The full versions of the reports are posted on the following website <http://www.wfp.org/content/sudanfood->

North Darfur

By the end of September, 32 out of 40 therapeutic feeding centres/outpatient therapeutic programs (TFC/OTP) and all 17 supplementary feeding programs (SFPs) were reporting, all centres were operational in North Darfur. Reports were not received from MSF-B, and some SMoH centres facing logistical constraints for transport of reports. During this period, a total of 8,261 children were admitted to the CMAM programme, both therapeutic and supplementary.

Key operational issues summary

In agreement with SmoH, MSF-B have taken over SC/OTPs in Abushouk camp, effective from first September.

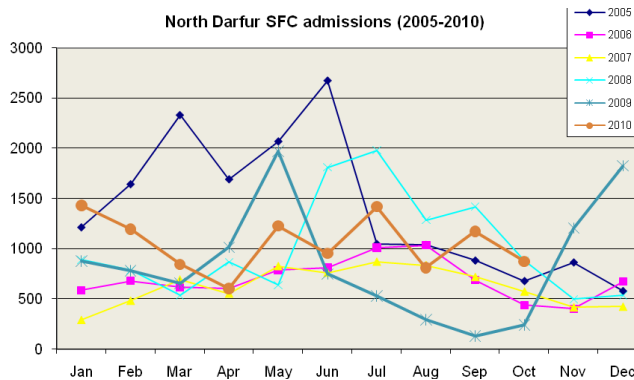
Key areas of concern for the coming months include

Service delivery to IDPs moving from Tabara in Tawilla, and new IDPs from Eastern Jebel Mara who are moving towards Sangil Tobay and Zamzam. The situation is being monitored.

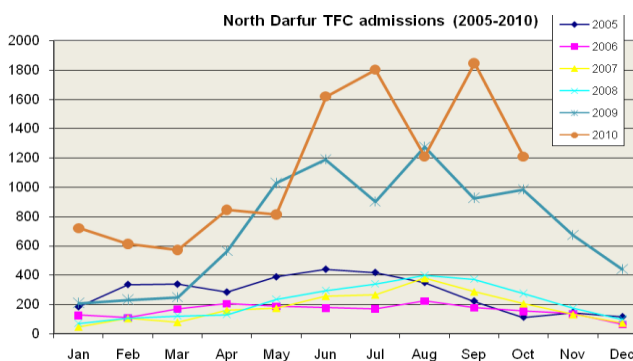
Selective feeding centre data

Admissions into both SFCs and TFC/OTP dropped in August, attributed to the lack of activities in Abushouk due to SMoH funding constraints. MSF-B took over activities at the beginning of September and admission numbers picked up again.

Graph 7: SFC admissions, North Darfur



Graph 8: TFC/OTP admissions, North Darfur



Localised nutrition survey information

During the reporting period, results from surveys conducted in the May/June round have been cleared. Where available for

comparison, results between 2009 and this year remain high but very similar. The next round of nutrition surveys are planned for October and November.

Table 3: Results of localised nutrition surveys cleared this quarter, with annual comparison North Darfur

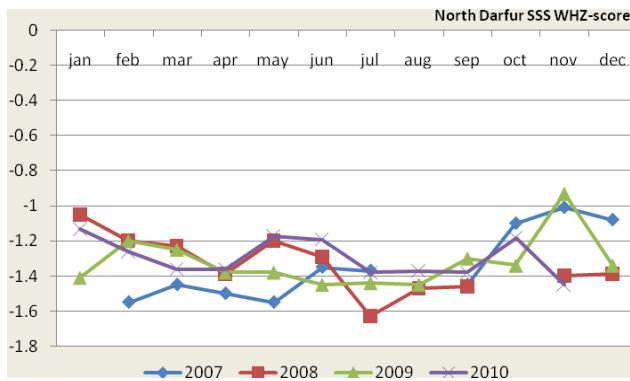
Location	Agency	Date	% GAM (WHZ, NCHS Ref)	% SAM (WHZ, NCHS Ref)
Abushok & Al Salam	SMoH / UNICEF	May 2010	24.4% [20.7-29.4]	3.1% [2.0-5.0]
		May 2009	26.1 [23.3 - 29.1]	2.5 [1.6 - 3.8]
El Fasher Town	SMoH / UNICEF	May 2010	17.4% [14.3-21.7]	1.5% [0.7-3.3]
		May 2009	16.9 [13.9 - 20.6]	2.6 [1.7 - 3.9]
ZamZam New	Relief Int	May 2010	28.8% [24.0-29.8]	3.9% [2.9-5.5]
		May 2009	29.9 [25.8 - 34.4]	2 [1 - 3.9]
ZamZam Old	Relief Int	May 2010	22.3% [19.5-25.0]	2.2% [1.3-3.3]
		May 2009	20.9 [17.4 - 25]	1.6 [0.7 - 3.3]
Al Kuma	SMoH / UNICEF	May 2010	23.6% [20.0-28.5]	3.3% [2.2-5.3]
		May 2009	24.6 [20.8 - 29]	4.4 [3.2 - 6]
Kutum	GOAL	May 2010	16.4% [13.8-3.8]	2.8% [1.9-3.8]
		May 2009	19.6 [15.7 - 24.2]	1.5 [0.9 - 2.6]
Shangil Tobay	SMoH / UNICEF	Jun 2010	25.7% [21.9-30.8]	4.9% [3.6-7.2]
		Jun 2009	No data	
Tawilla	SMoH / UNICEF	Jun 2010	18.2% [15-22.25]	2.6% [1.6-4.4]
		Jun 2009	No data	
Um Kedada	SMoH / UNICEF	Jun 2010	29.8% [25.4-35.3]	6.2% [4.5-8.7]
		Jun 2009	25.1 [21.6 - 29.5]	4.5 [3.4 - 6.1]
Mellit	SMoH / UNICEF	Jun 2010	20.1% [17.3-23.4]	2.3% [1.5-3.4]
		Jun 2009	26 [22.3 - 30.5]	4.1 [3 - 5.7]
Al Malha	SMoH / UNICEF	Jun 2010	28.7% [24.8-33.9]	4.3% [3.1-6.5]
		Jun 2009	34.5 [30.4 - 39.3]	3.9 [2.8 - 5.5]
Kebkabi ya Town	Relief Int	Jun 2010	21.4% [19.0-24.3]	2.3% [1.4-3.5]
		Jun 2009	25.5 [21.7 - 29.8]	4.3 [3.1 - 5.8]

Sentinel site data

Annual WHZ trends from sentinel site surveillance data are shown in Graph 9. It appears that z-scores are depressed during the hunger gap as would be expected (May – September), however other factors causing fluctuations need further investigation.



Graph 9: Mean WHZ from surveillance, North Darfur



South Darfur

By the end of September, 39/45 therapeutic feeding centers/outpatient therapeutic programs (TFC/OTP) and 27/36 supplementary feeding programs (SFPs) were operational in South Darfur. Therapeutic centres are suspended due to insecurity (East Jebel Mara) and denial of access (Muhajrea). Six seasonal SFCs were closed at the end of August (Edienne), and Ed Alfursan SFCs are suspended.

Key operational issues summary

Two additional OTPs were established in August by ARC in the Tulus Corridor (Alsafiya and Demso).

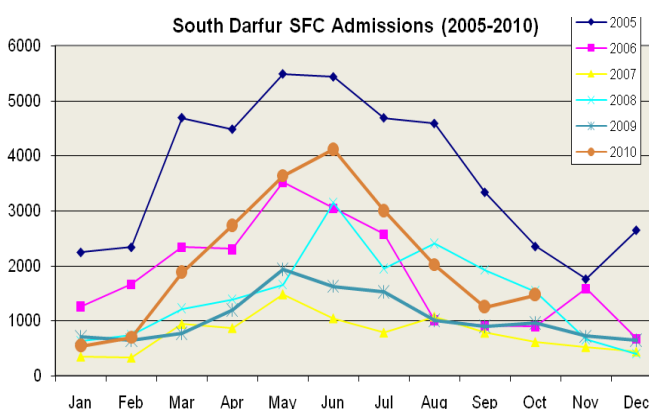
Key areas of concern for the coming months include

East Jebel Mara remains a key area of concern as it has been since the first quarter of the year due to the renewal of fighting which led to population movements and lack of access. Also of concern are areas with poor coverage of nutrition services such as Muhajriya where services have been suspended for months, Ed Alfursan and Sharea which have no therapeutic services, and Rehad Albirdi where there are no nutrition partners intervening.

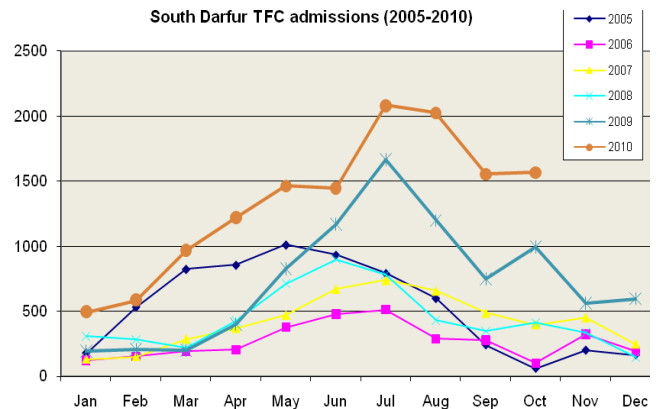
Selective feeding centre data

A total of 11,932 children have been admitted to the CMAM programme (both supplementary and therapeutic) over the last 3 months. Admissions to the end of September have gradually fallen, following seasonal trends and previous years (Graphs 10 and 11), although as in the rest of Darfur, TFC/OTP admissions remain much higher than previous years.

Graph 10: SFC admissions, South Darfur



Graph 11: TFC/OTP admissions, South Darfur



Localised nutrition surveys

Two surveys were cleared for release during the reporting period. Where available for comparison, results are very similar to 2009.

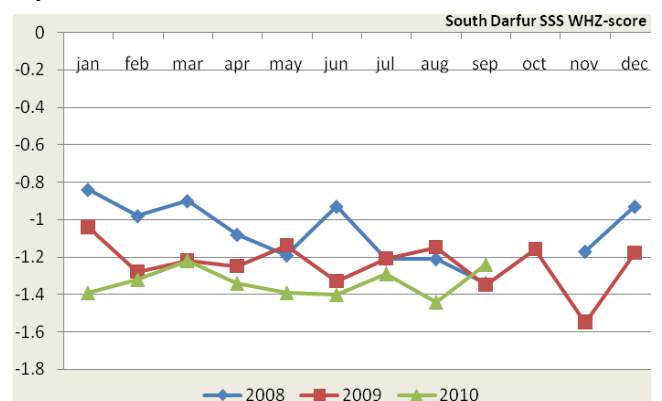
Table 4: Results of localised nutrition surveys cleared this quarter, with annual comparison South Darfur

Location	Agency	Date	% GAM (WHZ, NCHS Ref)	% SAM (WHZ, NCHS Ref)
Nyala Tulus	ARC	Jun 2010	18.6 [4.0 - 33.2]	0.3 [0 - 0.7]
		Jun 2009	19.1 [14.8 - 23.5]	3.6 [2.4 - 4.9]
Beliel	NCA	Jun 2010	14.6 [12.4 - 16.9]	0.8 [0.3 - 1.4]
		Jun 2009	No data	

Sentinel site data

Nutrition status, compared through mean WHZ, has remained below levels reported in 2008 and 2009 until September this year, when the mean WHZ-score improved up to -1.24. This remains a low mean score, well below the reference mean of zero and signifying that the distribution of malnutrition in the community is shifted below the norm (to the left) and is affecting all the children in the community.

Graph 12: Mean WHZ surveillance data, South Darfur





West Darfur

By the end of September, 66/69 therapeutic feeding centres/outpatient therapeutic programs (TFC/OTP) and 38/54 supplementary feeding programs (SFPs) were operational in South Darfur. Number of SFCs operational was reduced in September when World Relief suspended 24 centres in Krenick Locality due to a break in the WFP commodities pipeline.

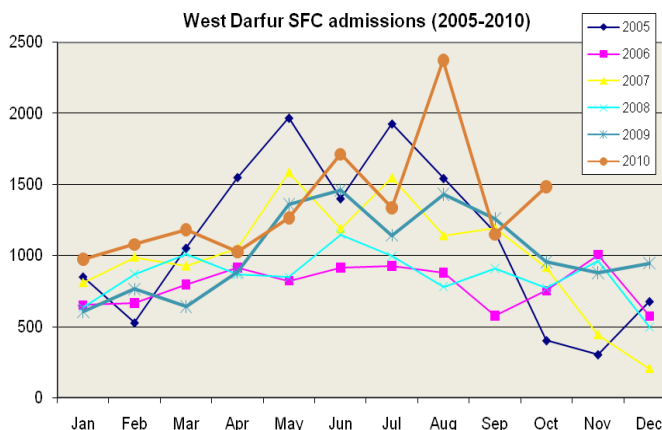
Key areas of concern for the coming months include

Areas of concern include Abusourj and Kondbay in Sirba Locality, and Golol and Keling in Jebel Mara where nutrition services are limited. Key recommendations for the coming months include opening 2 SC/OTPs in Abusourj and Kondbay and to conduct training on the essential nutrition package (ENP) for health and nutrition assistants.

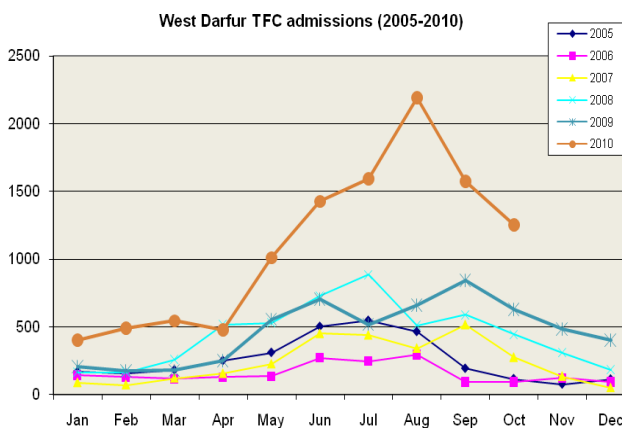
Selective feeding centre data

In total, 10,215 children were admitted to the CMAM programme in West Darfur, both therapeutic and supplementary. SFC admissions fell sharply in September (Graph 13), attributed largely to the suspension of 24 SFCs in Krenick Locality. TFC admissions peaked in August, slightly later than in previous years, and started to fall in September in line with seasonal trends (Graph 14).

Graph 13: SFC admissions, West Darfur



Graph 14: TFC/OTP admissions, West Darfur



Localised nutrition surveys

The results of three localised nutrition surveys were cleared for release. Slight decrease in malnutrition rates compared to 2009 rates is noted (see below). Another 4 surveys are planned for later in the year.

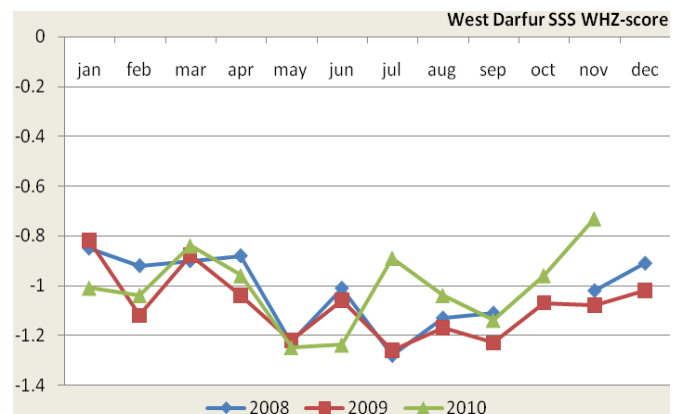
Table 5: Results of localised nutrition surveys cleared this quarter, with annual comparison West Darfur

Location	Agency	Date	% GAM (WHZ, NCHS Ref)	% SAM (WHZ, NCHS Ref)
Beida, Arara, Kango Haraza, Masteri	Tearfund	Jul 2010	12.2% [10.2 - 14.5]	1.1% [0.6 - 2.1]
		Jul 2009	14.3% [12.1 - 16.7]	2.7% [1.8 - 4.0]
Geneina and surrounding IDP camps	Concern	Aug 2010	13.9% [10.9 - 17.9]	1.2% [0.4 - 2.8]
		Jul 2009	15% [11.9 - 18.9]	1.2% [0.4 - 2.9]
Selea and Kulbus	Concern	Sep 2010	19.7% [16.3 - 23.5]	1.5% [0.6 - 3.1]
			No data	

Sentinel site data

Nutritional status reflected through mean WHZ score has improved from levels reported in 2008 and 2009 (Graph 15). West Darfur has reported the best mean WHZ-scores of the three states.

Graph 15: Mean WHZ Surveillance data, West Darfur



Non-Darfur Update

Progress of CMAM scale up in Non-Darfur states:

UNICEF/MOH have continued to scale up CMAM in Kassala, Blue Nile, Gadaref, South Kordofan and this quarter have added Red Sea State as part of the response to the high malnutrition rates there.

As of end September, 63 OTPs in the non-Darfur States were functioning, all in ministry of health facilities. The total number of children admitted through the OTPs as of end September 2010 was 8,938. 8 OTP centers were established in Blue Nile (Damazine, Roseiris, Bau and Tadamon Localities), with 601 children admitted from July to September. The defaulter rate is very high due to access difficulties during the rainy season, and hence the cure rate is low as well (50% and 46% respectively). Mortality remains within normal SPHERE standards. It is highly necessary to have a pre-rainy season contingency plan.

Kassala is maintaining normal CMAM programming with acceptable performance indicators, however in Gadaref the situation in Goriesha and Gala Alnahal seems to be unstable as indicated by the continuous increase in the number of admissions to OTP centers run by both SMOH and MSF-




CH. Ministry of health, supported by UNICEF, conducted a nutrition assessment in Central Gedaref and West Galabat Localities which showed high numbers of acute malnutrition, and hence ministry of health started operating mobile OTPs with the support of UNICEF in Botana Locality.

8 centers have been established in Red Sea State during the 3 months, in the two Localities of Port Sudan and Sinkat. Admissions as of end September 2010 were high at 925 children, reflecting a severe situation in the area. Plans are in place to extend to Haya and Tokar localities.

60 key political, health and nutrition staff have been orientated in CMAM in North Kordofan as a initial step towards CMAM expansion in the state. This will be followed in early 2011 by conducting CMAM capacity assessment and training.

Acronyms

BSFP	Blanket supplementary feeding programme
CMAM	Community management of acute malnutrition
FSMS	Food security monitoring system
GAM	Global acute malnutrition
OTP	Outpatient therapeutic programme
SAM	Severe acute malnutrition
SC	Stabilization centre
SFC/P	Supplementary feeding centre / programme
TFC	Therapeutic feeding centre
WHZ	Weight for height z-score

<p>Federal Ministry of Health</p> 	<p>The “Darfur Nutrition Update” is produced in collaboration with the Sudan Federal Ministry of Health and the State Ministries of Health in North, South and West Darfur, by the UNICEF Sudan Nutrition section, with input from the following actors in nutrition, food security and health:</p> <p>FAO, WHO, WFP, Ministry of Agriculture, American Refugee Committee, CARE international Switzerland, Catholic Relief Services, Committee d’Aide Medicale, Concern Worldwide, GOAL, ICRC, International Medical Corps, Islamic Relief, Medecins Du Monde MSF-E, Merlin, Norwegian Church Aid, Relief International, Samaritan’s Purse, Tearfund, World Relief, World Vision International</p> <p>The Nutrition Surveillance System is implemented by UNICEF and the Ministry of Health, funded by OFDA/ECHO and supported by WFP</p>	
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The “Darfur Nutrition Update” is now available online. Check the following link for this issue and previous issues

http://www.unicef.org/sudan/resources_4334.html

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