



DARFUR NUTRITION UPDATE

Issue 20: covering January-March 2009

Overview

- **Admissions into selective feeding programmes:** Admissions into TFC/OTP and SFCs appear to be following seasonal trends, even taking into account the reduction in programmes in March.
- **Nutrition outcomes:** In six cases where comparable nutrition data was available from 2007, rates of GAM and SAM were similar to levels reported in 2007, suggesting localised stability in the nutrition situation. In the three other cases where comparable data was not available (Shangil Tobai and Al Malha in North Darfur, Yassin in South Darfur), GAM was above the threshold of 15 per cent in November/December, when rates of GAM are generally observed below the threshold. For the most part, nutrition status in sentinel sites is comparable to 2008 levels. Nutrition status in sentinel sites consistently indicates conditions in North Darfur sites are less positive than in South or West Darfur.
- **Health:** ARI, diarrhoea, and high fever (clinically undiagnosed malaria) were the primary morbidities reported in the first quarter, with some localized reports of eye infections. Trends between types of morbidity and type of site varied between states.
- **Food security:** The ration distributed through the general food distribution (GFD) remains at a reduced level since May 2008, eg two thirds of the full ration kilocalorie value. A two month ration was distributed most recently by WFP through local Food Relief Committees and cooperating partners covering March and April needs. Large scale blanket feeding programmes for North Darfur and selected areas of West and South Darfur are in the preparatory phases. The use of coping strategies in sentinel sites is widespread, often including food based modifications in the short term, and increasingly involving borrowing which puts household into cycles of debt and repayment and longer term impacts.

Greater Darfur

The nutrition situation in Darfur, assessed through data from selective feeding centres, sentinel sites, and localised nutrition surveys, continues to be variable but appears to be following seasonal trends of improvement in the winter months, prior to decline during hunger gap. Ministry of Health, UNICEF and NGO partners continued the provision of services to prevent, identify, refer, and treat moderate and severe malnutrition during the first quarter of 2009. In 2008, nutrition programmes on the ground were covering approximately 40 per cent of estimated total needs.

In March, six NGOs implementing nutrition programming in Darfur had their licenses to operate in Sudan revoked. A joint Government-UN mission confirmed that as a result, 37/125 therapeutic feeding (TFC/OTP) centres and 17/92 supplementary feeding programmes were affected, the majority in South Darfur, followed by West and then North Darfur. With close coordination and provision of financial and technical support, at the end of March, 23 of the 37 affected therapeutic feeding programmes and 11 of the 17 affected

supplementary feeding programmes resumed partial functioning. Key areas of concern raised by the joint assessment mission included the need to retain technical expertise on the ground and prevent further losses through retention of ex NGO staff, management and movement of supplies, potential impacts on nutrition surveillance systems, and how to re-establish community based services including active case finding and social mobilisation.

Insecurity continues to add challenges to the humanitarian response in Darfur. Insecurity in South Darfur (Muhajeriya and Gereida) starting in mid January contributed to the displacement of over 35,000 people to camps in North Darfur. In North Darfur, conflict was also reported in February in Shangil Tobai, Wadah and in Katur, near East Jebel Marra, which contributed to staff relocation and temporary suspension of humanitarian flights¹. Insecurity in North Darfur contributed to the closure/indefinite suspension of 3 TFC/OTP and 3 SFPs in Seref Omra, Kebkabiya and Tawilla during the last week of March, requiring additional efforts to fill gaps in the context of a reduced operational network.

Continued monitoring of the evolution of the nutrition situation, as well as gap filling, will be required in the short term to ensure delivery of lifesaving services. At the same time, there is a need to continue expansion of nutrition programming where possible.

Nutrition outcomes

Localised nutrition surveys²

Nutrition information from nine nutrition surveys from September-December 2008 (2 North Darfur, 6 South Darfur, 1 West Darfur) are now cleared for circulation. Mortality rates in all nine surveys were below emergency thresholds. In six cases where comparable nutrition data was available from 2007, rates of GAM and SAM were similar to levels reported in 2007, suggesting localised stability in the nutrition situation. In the three other cases, comparable data from the same season in 2007 was not available (Shangil Tobai and Al Malha in North Darfur, Yassin in South Darfur). In these cases, GAM was above the threshold of 15 per cent in November/December, when rates of GAM are generally observed below the threshold. Some underlying reasons for these rates above the 15 per cent threshold include previous poor harvests/history of food insecurity, repeated suspension of humanitarian services due to insecurity and limited provision of other services in other sectors due to insecurity, and ongoing population displacement.

No localised nutrition surveys were conducted in January or February. A nutrition survey planned in Kalma by SMOH/UNICEF in March was delayed to April due to access issues. Two surveys (West Darfur October 2008) are pending clearance for release. MOH, UNICEF and partners have developed a timeline of nutrition survey implementation

¹ WFP Sudan Monthly Situation Report, February 2009

² All nutrition surveys reported in this bulletin use the standard 30x30 cluster methodology in line with international standards unless otherwise stated. Results from surveys in the last quarter were not cleared for dissemination at the time of writing this Update.

across Darfur which aims to fill the gap in generation of nutrition survey data formerly done by NGOs that have departed Darfur. Resources are in the process of being mobilized to ensure that nutrition survey data is generated and cleared for release in a timely manner in order to fill the gap of nutrition survey data generated by NGOs whose licenses were revoked.

Sentinel site data

In 2008, mean weight for height Z (WHZ) score declined in all states in comparison with the beginning of the year in line with the seasonally expected deterioration during the hunger gap, though the degree of deterioration in 2008 was deeper than in 2007, and varied by state. In December, mean WHZ score was reported above 2007 levels in West Darfur, at similar levels in South Darfur, and remained below 2007 levels in North Darfur. Given that sentinel site data incorporates rural household information, the data suggested that the deterioration of nutrition status at state level during the hunger gap was greater in 2008 than in 2007.

Data from the first quarter shows variable improvement from the figures in the last quarter. In the first quarter of 2009 in North Darfur, mean WHZ score climbed back to similar levels reported in 2008 (Feb and March). In South Darfur, mean WHZ score remained below 2008 levels, and in West Darfur, mean WHZ score was similar to 2008 levels in Jan and Feb, suggesting that the nutrition situation in IDP and resident areas that were accessible continues to be variable and requires close monitoring.

Health

Similar levels of morbidity (approximately two thirds of children under five) were reported in IDP and resident sites in North Darfur and South Darfur (with short term improvement in South Darfur in February), while in West Darfur a higher proportion of resident households reported morbidities (three quarters, with an improvement in March to less than half) than IDP households.

ARI, diarrhoea, and perceived malaria were the primary morbidities reported in the first quarter, with some localized reports of eye infections. Trends between types of morbidity and type of site varied between states. In North Darfur, rates of ARI were higher than diarrhoea in resident populations in the first quarter, while rates of reported diarrhoea were higher than other morbidities reported in IDP sites in Feb and March. In South Darfur, ARIs were consistently the most reported illness between the two groups in the first quarter, followed by diarrhoea and malaria, and were in line with expectations for seasonal morbidities expressed by focus groups. In West Darfur, ARIs were more consistently reported than diarrhoea and high fever (clinically undiagnosed malaria) in IDP sites, while diarrhoea was more consistently reported than ARIs in February and March in resident sites.

Food security and agriculture

Food prices

Cereal prices remain elevated, and did not display the anticipated decrease during the immediate post harvest period, with the exception of wheat.³ Seasonally noted increases in cereal prices may be sharper than previous years, which is likely to impact net purchasers of food as well as pastoralist communities, given that terms of trade continue to increasingly favour grain producers as opposed to livestock owners. Coordinated interventions, at the level of government and humanitarian actors, will be critical in the coming months

in order to insulate vulnerable households against the impact of increased prices of food in the markets.

Agriculture

Post harvest crop assessments were completed in the 3 Darfur states, and the results are in the finalisation process.

Food Aid:

The ration distributed through the general food distribution (GFD) remains at a reduced level, eg two thirds of the full ration kilocalorie value. WFP delivered food aid to 2.4 million beneficiaries in January, 2.2 million people in February, and 2.3 million March. Insecurity and lack of access prevented access to 30,500 beneficiaries in January, 89,900 beneficiaries in February and 134,000 in March, which is comparable to similar levels in 2008.

In March, four cooperating partners operating in 130 locations had their licenses to operate in Sudan revoked. WFP carried out a two month ration distribution in March through local Food Relief Committees in order to fill the gap. Discussions are ongoing on how to address the food aid sector from May onwards.

WFP carried out a two day lessons learned consultation in North Darfur in February to form the basis for planning for the blanket supplementary feeding programming (BSFP) in 2009 to cover 200,000 children. Registration and sensitization in North Darfur and selected areas in West and South Darfur are underway. With the reduction in cooperating partners, it is unlikely that the BSFP will be able to be expanded to reach over 300,000 (compared to the 225,000 that were reached in 2008).⁴ An impact study is planned for 2009 implementation and a technical group is looking into how best to more formally review BSFP in Darfur in 2009.

Selective feeding centre data

Feeding centre admissions reflect most, but not all, of the data from selective feeding centres in Darfur (Graphs 1 and 2). Following March 4th, the majority of NGOs reported on their February activities, including those whose licenses to operate had been revoked. Admissions into TFCs and SFCs have been fairly stable from December through February, which is in line with previously noted trends- though these figures slightly underestimate the total admitted in February, and service delivery was limited in March.

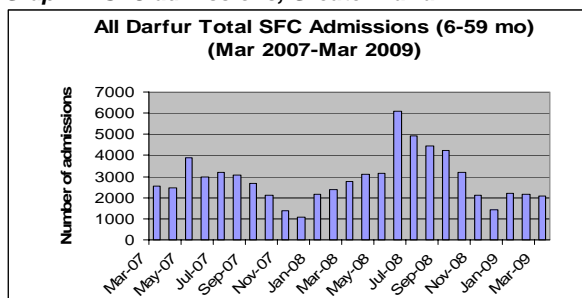
Total caseload of children 6-59 months in charge in TFCs in February was 1,045 (518 admissions), while total caseload in charge in March was 1,015 (502 admissions). Total caseload of children 6-59 months in charge in SFCs in February was reported as 10,288 (2,181 admissions), while total caseload in March was reported as 10,307 (2,062 admissions).

The closure/suspension of a large number of programmes in March 2009 makes direct comparison to admissions in 2008 less direct, however an estimate of average admissions per centre indicates that the average number of admissions per centre has not increased on average in March to the degree that is noted during the hunger gap, though trends at the level of individual centres varies.

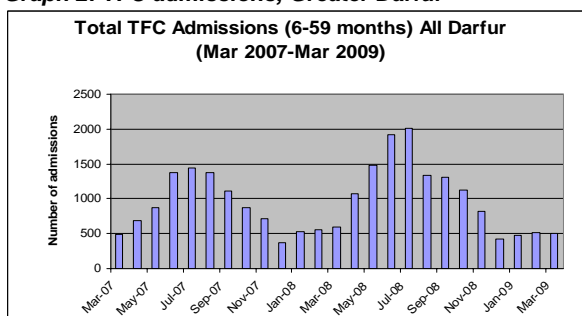
³ Sudan Monthly Market Update, March 2009, April 2009

⁴ WFP Sudan Monthly Situation Report, February 2008

Graph 1: SFC admissions, Greater Darfur

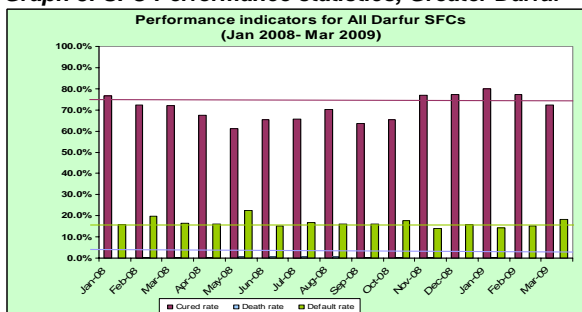


Graph 2: TFC admissions, Greater Darfur

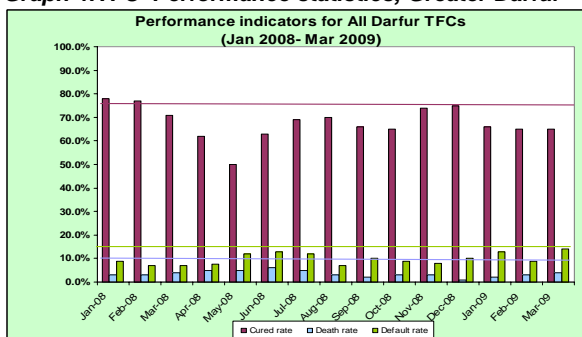


Performance statistics for SFPs (Graph 3) and TFC/OTPs (Graph 4) continue to be variable.

Graph 3: SFC Performance statistics, Greater Darfur



Graph 4: TFC Performance statistics, Greater Darfur



North Darfur

The situation in North Darfur remains volatile, due to ongoing insecurity within North Darfur. Tawilla is an area of concern given the continued suspension of programming due to insecurity, resulting in populations without access to key services. In March, a joint emergency intervention was carried out by UNICEF, WHO and SMOH to reactivate the PHC with trained staff to provide services to the IDPs. A nutrition mobile team will be trained in May to cover all the three Tawilla camps and Town. Insecurity in North Darfur

contributed to the closure/indefinite suspension of 3 TFC/OTP and 3 SFPs in Seref Omra, Kebkabiya and Tawilla during the last week of March, requiring additional efforts to fill gaps in the context of a reduced operational network.

The arrival of displaced persons from Muhajeria in January and February into North Darfur put additional pressure on limited resources and raised concerns of how best to provide services to a larger population. Population influx was noted into Zamzam camp, Al Salaam camp, Shangil Tobay camp, and Wadah, as well as focus groups in sentinel sites reporting moving into Al Malha locality and Eastern Dar El Salaam. In February, a joint assessment was conducted in Zam Zam by SMOH, Relief International, WFP and UNICEF. The results suggest an urgent need to ensure that services are in place and adequate to prevent malnutrition (eg food aid, water and sanitation, health) and that community level screening and referral mechanisms need to be supported to ensure that acutely malnourished children have timely access to treatment services. In ZamZam 7995 children under five were reached through emergency food rations (BP5) implemented by Relief International (in March 2009) with support of UNICEF as a short term stop gap measure until WFP would be able to register beneficiaries. Discussions were initiated with WFP to explore feasibility of inclusion of Zam Zam camp beneficiaries in the blanket feeding programme scheduled for April. Community sensitisation and training of trainers for the large scale BSFP was conducted and BSFP will commence as soon as registration and verification of the caseload is completed.

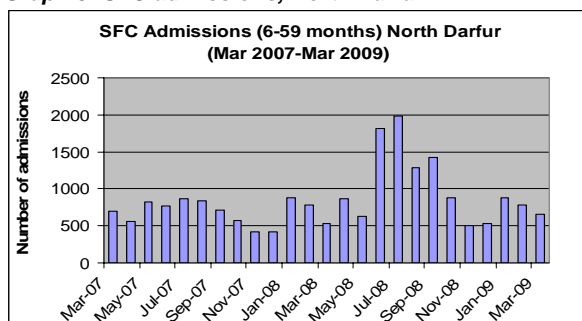
At the same time, some nutrition programmes are being initiated/expanded. In Dar el Salam Partner Aid International with support from UNICEF distributed emergency rations (BP5) to 413 under 5 children of new arrivals as a one off stop gap measure. The six OTPs established in (El Fasher Town) by SMOH are in operation as of last December 2008), with three quarters of caseload from 12-24 months of age. However, there are still areas where service provision could be augmented. In March, there was an increase in the number of cases of severe malnutrition with complications in Wada OTP referred to El Fasher TFC. The main reason was the suspension of activities in February due to insecurity and also an influx of IDPs from rural Wadah.

Selective feeding centre data

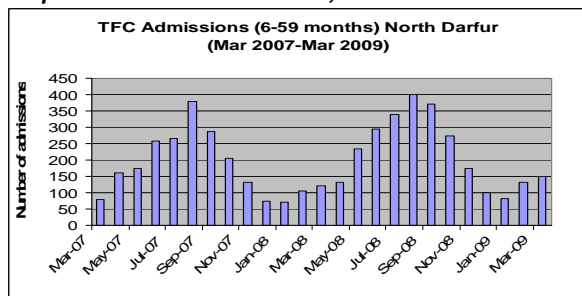
Admissions into selective feeding centres in North Darfur fluctuated in the first quarter, with suspensions and re-openings of programmes interrupting routine delivery of nutrition programming, combined with influx of displaced persons in poor physical condition and localised increases in morbidities such as diarrhoea and acute respiratory infections (ARI). For example, GOAL resumed operations in January that had been suspended in September due to insecurity- contributing to admissions, while in February, MSF-E had to suspend programmes in the first two weeks of February due to insecurity, and the ongoing tension in Kunjara and Tawilla were a disincentive to participation in nutrition programmes. In February, Malteser temporarily suspended mobile outreach clinics due to insecurity, which weakened the referral system into nutrition programmes in the area. Challenges remain in receiving data from rural TFCs (Mellit, Um Keddada, Al Kuma and Kutum), though in general admissions are low in comparison to other centres.

Internal movement between camps and outside of camps (security, displacement –perceived threats.) and continues to contribute to high defaulter rates in Tawilla (when it was operational) and Shangil Tobai camps.

Graph 5: SFC admissions, North Darfur



Graph 6: TFC/OTP admissions, North Darfur



Localised nutrition survey information

Results from 2 localised nutrition surveys carried out by SMOH with support of UNICEF were cleared for circulation. GAM was above the threshold of 15 per cent in both surveys, when rates of GAM are generally observed below the threshold. Some underlying reasons for these rates include:

- *Shangil Tobai* - poor recent harvest, repeated suspension of health and nutrition services due to insecurity and limited provision of other services in other sectors due to insecurity, ongoing population displacement
- *Al Malha*- historically food insecure area, suspension of GFD by GAA in August/September and October/November following carjacking, limited health and nutrition and other services and challenges in provision of technical support to existing services due to insecurity.

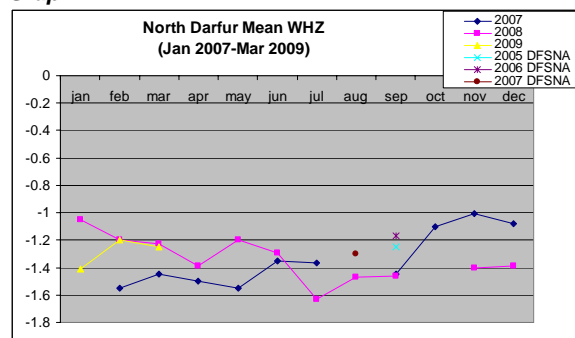
Location	Agency	Date	% GAM	%SAM
Shangil Tobai	SMOH/ UNICEF	Nov-08	17.0 (14.6-19.8.)	2.1 (1.3-3.4)
		No comparable data		
Al Malha	SMOH/ UNICEF	Dec-08	16.7 (14.1-19.6)	2.6 (1.6-4.1)
		No comparable data		

Sentinel site data

Sentinel site data was collected from 15 sites in January, 11 sites in February, and 14 sites in March, with insecurity and logistical constraints limiting full access.

Mean WHZ score improved in the first quarter in comparison to the end of 2008, when mean WHZ score was well below 2007 levels. Mean WHZ was reported as -1.41 (Jan), -1.20 (Feb) and -1.25 (Mar) (Graph 7).

Graph 7:



Morbidity reported through focus group discussions and through sentinel site data remains high, with more than two thirds of children under five reporting an illness in the past 2 weeks throughout the first quarter, in both IDP and resident sites. Overall, rates of ARI were higher than diarrhoea in resident populations in the first quarter, while rates of reported diarrhoea were higher than other morbidities reported in IDP sites in Feb and March. Currently the water supply condition is reported by focus groups in accessed sentinel sites to be adequate, however the situation will need to be monitored in light of recent displacement and the additional pressure on IDP camps following population displacement and the potential for increased diarrhoea cases

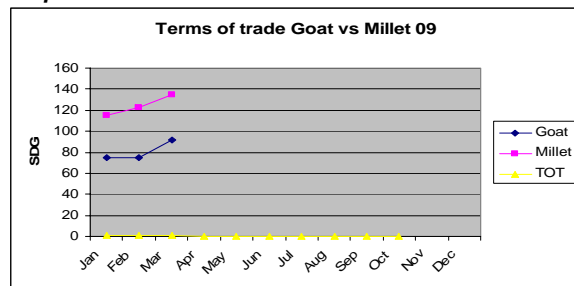
Food intake in terms of frequency is stable, with children under five and adults reporting 2-3 meals per day as in previous months. Intake of animal protein, vegetables and dark green leafy vegetables remains similar to previous months, with limited consumption (generally less than 3 times per week) for households in both IDP and resident sites. Cereals remain the primary staple, with four fifths of resident sites reporting daily intake, while IDP intake was more variable, with an increase in February and a decline to two thirds of households reporting daily cereal consumption in March, which could be due in part to timing of the assessments and the food aid distribution at community level.

Food aid continues to play a major role as primary food source in IDP sites, however a smaller percentage do consistently report foods from their own production and from market purchase with funds from sale of items other than relief items. At the same time, residents report that their own production is the primary food source, however food aid and market purchase also contribute to household food commodities, suggesting that changes in market prices has the potential to impact both resident and IDP households in sentinel sites.

In terms of coping strategies, nine out of ten resident households consistently reported having relied on a coping strategy in the past month, while in IDP sites, three quarters of households reported reliance on coping strategies in Jan and Feb, increasing to nine out of ten in March. Borrowing food as well as engagement in alternative methods of income generation and some modification to the diet was consistently reported by residents, while households in IDP sites, who have fewer alternatives, reported changes in dietary intake (reduction in meal size and shift to less preferred foods), eating immature crop (Jan) as well as borrowing food, suggesting that the anticipated improvement in food security post harvest has not materialized as expected.

Terms of trade observed in sentinel sites were fairly stable, however goat prices increased slightly in March and the grain price increased slightly. The market remains in favour of grain suppliers and one goat can only purchase about 0.7 sacks of grain 90kg (Graph 8).

Graph 8:



South Darfur

Conflict between the government and rebels groups was notable in Muhajeriya, Shaeria and Labado during January and February, contributing to population displacement. In January, sentinel sites in Al Neem (Ed Daien) and Gereida reported inflow of households from Muhajeria and Gereida, while in March population movement in sentinel sites was limited in Ditto (Gereida) following conflict in Um El Khairat. Some population movement was also reported as few households returned to their original villages in preparation for cultivation.

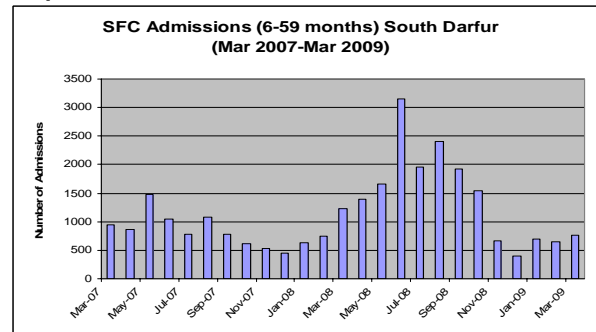
Localised deterioration in insecurity also contributed to suspension of CARE nutrition programmes in Kubum (Dec 08) and partial suspension of programmes outside of Kubum (Jan 09), while tribal clashes continued in the Nyala-Tulus corridor.

A rapid assessment was conducted in Assalaya in early February. In response to the findings, Tearfund distributed BP5 for a one month period to 338 children under 5. Operational planning is underway in South Darfur by WFP and partners in preparation for the BSFP in Ed Daien (Al Neem, Khor Omer, El Firdos & Abu Matariq IDP camps), as well as Yassin & Sealea. In Nyala, plumpy'doz is being distributed in Al Salaam through a small scale comparative study (eg comparison with the distribution of an improved dry ration in Otash) being conducted by the Ministry of Health in partnership with HAC, UNICEF, World Vision, and WFP.

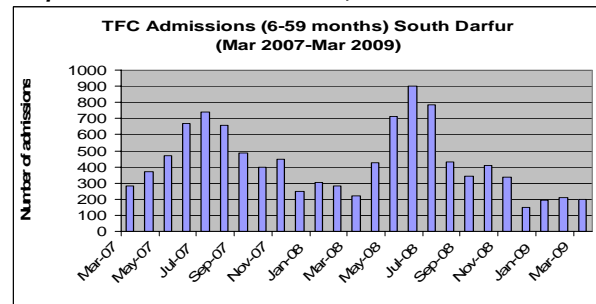
Selective feeding centre data

Admissions into SFC and TFC programming were lower than expected in March, likely due in part to interruption of services as well as insecurity undermining active case finding and movement of beneficiaries to programmes (Graphs 9 and 10). Nutrition programming in Kubum, Kalma and Kass has been challenging to re-establish full function. Additionally, some confusion was reported from communities in terms of which nutrition programmes were still operational and which were closed, resulting in fewer households seeking nutrition services.

Graph 9: SFC admissions, South Darfur



Graph 10: TFC/OTP admissions, South Darfur



Default rates in SFCs, which have been above 15 per cent since the beginning of the year, almost doubled in March. Following the expulsion of the three nutrition NGOs, communities perceived that the departure of the NGOs indicated a discontinuation in programs, and therefore, many caregivers did not bring their children to selective feeding programs in the weeks following March 4th. However, as former NGO staff continued to work under the SMOH, outreach and defaulter tracing continued, which will hopefully show improvements in performance statistics in April. Defaulting was also attributed in part to movement of families back to their land for cultivation.

Localised nutrition surveys

Results from six localised nutrition surveys were cleared for circulation. In five cases where there was comparable data from a similar period in 2007, GAM rates were similar or marginally improved in 2008 compared to 2007 rates, and below the threshold of 15 per cent. Under-five and crude mortality rates were also under emergency levels.

In the last case (Yassin), there was no comparable data nutrition survey data. Reported GAM was above the 15 per cent threshold, though under-five and crude mortality were below emergency levels. The nutrition survey area has been one of low access and insecurity since 2004, characterized by population movement and limited routine service provision in life saving sectors. Agency recommendations included continuation of the therapeutic feeding programme, initiation of supplementary feeding, as well as scaling up/integrating other sectoral inputs, in particular hygiene and sanitation, in the context of ongoing monitoring.

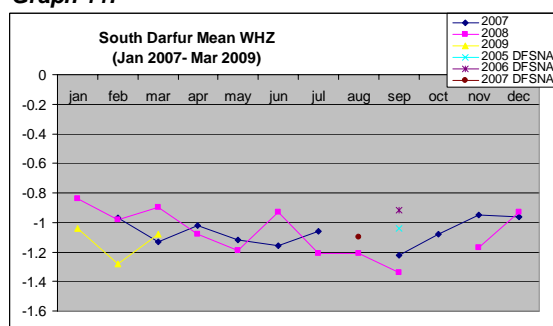
Location	Agency	Date	% GAM	%SAM
Kalma	ACF	Sept-08	14.4 (11.4-18.0)	0.8 (0.2-2.3)
		Aug-07	15 (11.9-18.7)	1.3 (0.5-2.9)
Nyala Town-Dereig and Musse camps	ACF	Sept-08	14.0 (11.1-17.6)	1.1 (0.4-2.7)
		Sept-07	13.4 (10.5-17.0)	0.8 (0.2-2.3)
Al Salaam	ACF	Nov-08	7.4 (5.3-10.3)	0.4 (0-1.7)
		Nov-07	11.3 (8.6-14.6)	1.3 (0.5-2.9)
Otash Camp	ACF	Dec-08	9.8 (7.3-12.9)	0.8 (0.2-2.3)
		Dec-07	10.1 (7.6-13.3)	0.5 (0.1-1.8)
Seleah locality	Merlin	Nov-08	13.3 (10.6-15.9)	0.6 (0.1-1.2)
		Aug-07	15.9 (12.5-20.0)	2.0 (0.9-4.0)
Yassin	Merlin	Dec-08	16.6 (13.8-19.4)	1.7 (0.9-2.4)
		No comparable data		

Sentinel site data

Sentinel site data was collected from 13 sites in January, 10 sites in February, and 13 sites in March. Insecurity and logistic constraints are consistently preventing access to areas in Tiwal, Umdafoug, Tabaldiat, Kubum, and challenges in movement of data from two sites in Feina (East Jebel Marra).

Nutrition status, compared through mean WHZ, fell from 2008 levels in December, indicating a deterioration in the nutrition situation in sentinel sites. WHZ was reported as -1.04 (Jan), -1.28 (Feb) and -1.08 (Mar)(Graph 11).

Graph 11:



Approximately 6 out of 10 children under five reported an illness in the previous two weeks in both resident and IDP sites in Jan and Mar. Some improvement was seen in February when 55 per cent of children in IDP sites and 40 per cent of children in resident sites reported an illness. ARIs were consistently the most reported illness between the two groups in the first quarter, followed by diarrhoea and malaria, and were in line with expectations for seasonal morbidities expressed by focus groups. Eye infections were also reported in Thur and Mershing camps (Kass Locality).

Water and sanitation services in the IDP camps remain more accessible than in rural sentinel sites, indicating that further scaling up and expansion of rural water and sanitation efforts to improve water and sanitation services in rural areas continue to be needed.

Food intake has not changed markedly from previous months. Children are reported to consume 3 meals per day in both IDP and resident sites, while adults report 2-3 meals per day. Consumption of cereals and oil is almost universally on a daily basis (though there was a drop in daily cereal consumption by resident populations in March). Consumption of meat and vegetable protein remains limited in both communities, with limited consumption of dark green leafy vegetables and fruits. Accessibility and availability of commodities in the market are cited as limited due in part to insecurity preventing movement of commodities combined with localised increased in food prices.

Food aid continues to play a primary role as food source for IDPs households, along with market purchase with proceeds from the sale of relief items as well as other goods. In contrast, resident sites report greater reliance on their own production and purchase from the market from the sale of non relief items, in addition to receiving food as gifts and minor contribution of food aid. Both populations rely on the market, and are thus potentially vulnerable to increased food prices.

A slightly higher proportion of resident households employed coping strategies in the first quarter than IDP households. Two thirds of IDP households reported using coping strategies in January and March, almost three quarter in February, while two thirds of resident households reported using coping strategies in January, increasing to four fifths in February and three quarters in March. The consistently high proportion of households reporting use of coping strategies underlines the continued vulnerability of some communities in Darfur.

Households in IDP and resident sites in February both reported using new ways to earn income as well as reduction of meals, with IDPs also reporting purchase of food on credit and residents reporting labour migration of family members. In March, households in both IDP and resident sites reported reduction in the number of meals per day as well as labour migration, with IDPs continuing to report that purchase of food on credit and resident households, with greater access to assets, were employing new ways to generate income. In IDP sites, primary methods of income generation include sale of relief items, daily labour and petty trade, while resident communities rely on their own production and petty trade. The use of labour migration indicates wage labour opportunities are available in the localities with sentinel sites.

Cereal prices (sorghum and wheat) in sentinel site markets were variable at the end of the harvest season Millet costs rose from an average of 120 SDG in December to 180 SDG in January, falling to 100-135 SDG in February and rising again in March to an average of 150 SDG. Sorghum in sentinel site markets were noted to have increased from an average of 90 SDG in December to 120 SDG in January, falling to 60-75 in February.

The increase in sorghum and wheat prices in the market may encourage the GFD beneficiaries to sell their food aid commodities to earn money.

Term of trade (ToT) were noted to be variable, with one millet sack equal to two sheep in January, falling to one sheep in February and March, and one sack of sorghum was equivalent to 2 goats in January and March, falling to one goat in February. Terms of trade and market prices continue to favour cereal producers as opposed to livestock owners.

West Darfur

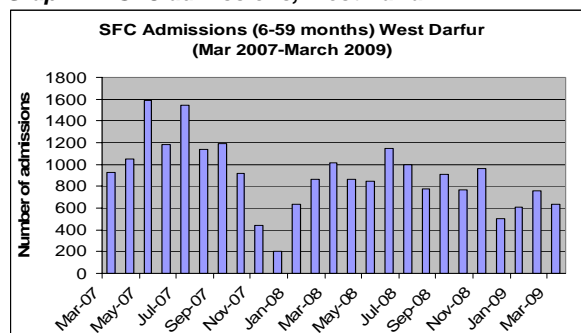
Insecurity continues to prove a challenge in access in some areas, such as Seleia and Kulbus, as well as Abu Suroj Armankul and Bendisi. Access to Sirba and Um Kheir has improved marginally. In March Concern Worldwide managed to resume their SFP in Arosharow (Selea locality) that had been suspended due to insecurity for over one year.

Tearfund plans to implement supplementary blanket feeding programmes in Beida, Kongoharaza, Arara, and Masteri from April through June 2009. Concern Worldwide plans to reopen a seasonal SFP in Kulbus (that had been suspended in December 2008 due to low admissions) during the hunger gap.

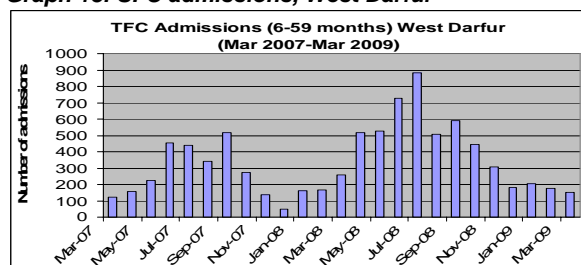
Selective feeding centre data

Admissions into SFC and TFC/OTP programmes began to rise in January in line with seasonally anticipated trends. The stability/decline of admissions in February and March is attributed in large part to missing data and temporary suspension of programmes. Performance indicators were stable, meeting SPHERE standards in TFC/OTPs in February and March, and meeting SPHERE standards in SFCs in January and February.

Graph 12: SFC admissions, West Darfur



Graph 13: SFC admissions, West Darfur



Localised nutrition surveys

The result of one localised nutrition survey, conducted by Tearfund, State Ministry of Health, and HAC (27 November through 4 December), was cleared for dissemination. Results in terms of GAM are comparable to results found in the same area in March 2008 as well as Nov/Dec 2006 (GAM 11.4 per cent, SAM 1.3 per cent). Under-five and crude mortality rates were below emergency levels. The relative stability and improvement in some indicators are attributed to continued inputs in health, water and sanitation, and food security. Agency recommendations include continuation of current programming as well as strengthening infant and young child feeding practices, improved safe water and latrine access, and strengthening of hygiene promotion and access to health services.

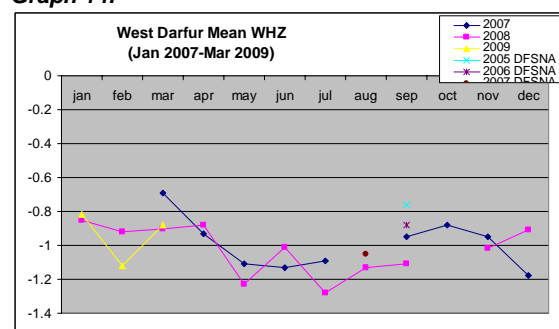
Location	Agency	Date	% GAM	%SAM
Beida (Arara, Bedia Masteri, Konga Hazara)	Tearfund	Nov-08	10.4 (6.9-13.9)	1.2 (0.5-1.9)
		Mar-08	9 (6.6-12.1)	1.4 (0.5-3.0)

Sentinel site data

Data was collected from 20 sites in January, 17 sites in February and 18 sites in March, with insecurity and operational constraints posing some limitation. Population movement was reported in sentinel sites in January into Kulbus, Sirba, Hamadia IDP camp, Selea, UmDukhun and Abu Suroj and March limited movement into Thur, Hamadia, and Kulbus, as well as into Seleah IDP camp.

Nutrition status, compared through mean WHZ, remained at 2008 levels in January (-0.82) and March (-0.88), however fell below 2008 levels in February (-1.12) though there is not a clear cut underlying cause for this trend (Graph 14).

Graph 14:



Households in resident sites consistently reported higher levels of morbidity than households in IDP sites, with an improvement in both communities in March. Approximately three quarters of children in households in resident sites reported an illness in the last two weeks in January and February, dropping to slightly less than half in March, while two thirds of children in households in IDP sites reported an illness in the last two weeks in January, dropping to less than two thirds in February and two fifths in March. ARI was more consistently reported than diarrhoea and perceived malaria in IDP sites, while diarrhoea was more consistently reported than ARIs in February and March in resident sites. Water supplies are consistently reported by focus groups to be safe with the exception of Gube village (Habilla locality), and in instances where communities supplemented water available in IDP camps (Seleah) with water from wadis.

Children under five are generally reported to have 3 meals per day, while adults are reported to have 2 meals per day, in both IDP and resident sites in the first quarter. Dietary diversity remains low, reliant on cereal and oil with limited intake of dark green leafy vegetables and fruit, with less frequent consumption of milk in both IDP and resident sites than in other states. Daily consumption of oil in IDP sites was consistently lower than in resident sites, suggesting that oil is one of the relief items sold to access other needs as in previous months.

Food aid continues to play a primary role in direct consumption as well as asset transfer, with both IDP and resident sites reporting food aid as one of their primary food sources in the first quarter. In IDP sites, other main food sources included purchase in the market from sale of non relief items and gathering, while in resident households, own production and purchase from the sale of non relief items.




Focus group discussions reported main sources of income in the first quarter to include casual labour, agricultural labour, and petty trade and collection of fire wood.

There was no clear trend in the use of coping strategies between IDP and resident sites, though overall use was high- as 100 per cent of households in IDP sites reported using a coping strategy in January, dropping to 78 per cent in February and increasing to 90 per cent in March, while in resident sites, 90 per cent of households reported using a coping strategy in January, dropping to 85 per cent in February, and 100 per cent of households reported using a coping strategy in March.

Limitation of number of meals was the most commonly used coping strategy in both IDP and resident sites in January, in addition to shifting to less preferred foods and use of new income generating methods in IDP households, and borrowing in March. Households in resident sites also reported use of food based coping strategies, including reduction of number of meals and collection of wild foods.

CONTACT

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 For more information or any nutrition queries on the Darfur Nutrition Update, please contact Susan Lillicrap, Head of Nutrition at slillicrap@unicef.org or Diane Holland at dholland@unicef.org UNICEF Sudan Country Office, House 47, Street 74, Khartoum 2

<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, UNOCHA, Federal Ministry of Agriculture, Action Contre la Faim, American Refugee Committee, CARE, Concern Worldwide, Cordaid, German Agro Action, GOAL, Kuwaiti Patient Helping Fund, ICRC, International Medical Corps, Islamic Relief, MSF-Belgium, MSF-France, MSF-Holland, MSF-Spain, Merlin, Norwegian Church Aid, PAI, Relief International, Samaritan's Purse, Save the Children-US, Solidarités, Tearfund, World Relief, World Vision International</p> <p>The Nutrition Surveillance System is implemented by UNICEF and the Ministry of Health, funded by OFDA and supported by WFP</p>	 
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