Overview

- **Admissions into feeding centres:** Admissions into feeding centres have stabilised in comparison to previous months.
- **Localised nutrition surveys:** Four localised nutrition surveys were conducted during the reporting period, one in North Darfur and three in South Darfur. While Global Acute Malnutrition (GAM) rates exceeded the emergency threshold of 15 per cent in all five surveys, mortality rates were below emergency levels.
- **Health:** There is no unusual trend reported for endemic diseases during July and August, though there is increased seasonal incidence reported in malaria, ARI and diarrhoea.
- **Food security:** Availability of food in markets (e.g., grains and vegetables as well as animal and animal products including soured milk and yoghurt) has increased, while prices for the most part remain stable. Agricultural inputs were successfully delivered, and cultivation activities are ongoing.
- **Humanitarian access** Concerted efforts to ensure delivery of humanitarian aid in light of insecurity continued. Strategies to increase programme coverage have included prepositioning of supplies, short term presence of staff on the ground, and use of helicopters. There is an overall decrease in the number of humanitarian aid workers in Darfur, in the face of an overall increase in population need, indicating that renewed efforts at multisectoral coordination and contingency planning continue to be essential.

Greater Darfur - overall stabilisation with pockets of concern

**Localised nutrition surveys**

Four localised nutrition surveys were conducted during the reporting period, one in North Darfur and three in South Darfur. Global Acute Malnutrition (GAM) rates exceeded the emergency threshold of 15 (ranging from 15.9 to 29.4 per cent). Rates of Severe Acute Malnutrition (SAM) ranged from 1.2 per cent to 4.4 per cent.

Malnutrition rates in three of the surveys reported GAM higher than that found during the same period in 2006. In the fourth survey, there was no comparable information from the same period in 2006. Under-5 mortality rates and crude mortality rates were below emergency levels in all five surveys. The rate of GAM for children 6-29 months continues to be elevated in comparison to children 30-59 months, indicating that sustained efforts are required to address sub optimal infant and young child care practices.

Sentinel site data, which includes both IDP and resident populations, indicates a relative stabilisation in the nutrition situation during July and August compared to previous months, as weight for height Z (WHZ) scores in all three Darfur states improved or remained the same. Overall, sentinel site data does however suggest a slight deterioration in nutritional status amongst vulnerable groups in 2007 in comparison with 2006 figures.

In response to the localised reports of deterioration in nutrition status, UNICEF on behalf of the Federal Ministry of Health convened a meeting with partners in Khartoum in September in order to share situation updates in relevant sectors, and define areas of action for the end of 2007 through 2008 (see Other News).

**Selective feeding centre data**

Admissions into Supplementary Feeding Centres (SFCs) across Greater Darfur in July and August have stabilised in comparison to increased admissions reported in previous months. The absolute number of admissions into SFCs remains lower than during the same time period in 2006 with the continuing exception of West Darfur (Graph 3).

Performance indicators for SFCs across Greater Darfur remain below SPHERE standards, with average recovery rate of 60.3 per cent in July falling to 46.4 per cent in August. Transfer rates from SFCs to TFCs decreased in July to 5.2 per cent, and increased in August to 10.3 per cent. This indicates that much less children exit the programme before having fully recovered.

Continued lack of progress in meeting SPHERE standards (below the 75% cut-off point recommended by SPHERE) underlines the need to strengthen interventions that address the underlying causes of malnutrition, as well as increase acceptability and quality of the programme.

Admissions into Therapeutic Feeding Centres (TFCs) across Greater Darfur have also stabilised in July and August in comparison to previous months. Admissions into TFCs are higher than those reported during the same period in 2006 (Graph 4).

Performance indicators for TFCs continue to be variable, with cure rates reported as 57 per cent (July) and 64 per cent (August). Default rates remained at 15 per cent, and death rates below 10 per cent.

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1 Sudan Humanitarian Overview Volume 3, Issue 4, May-June 2007
2 Sudan Humanitarian Overview Volume 3, Issue 4, May-June 2007
3 All nutrition surveys reported in this bulletin use the standard 30x30 cluster methodology in line with international standards unless otherwise stated.
4 Refers to children 6-59 months of age
5 SPHERE standards refer to minimum standards in humanitarian response to be attained in five key sectors (water supply and sanitation, nutrition, food aid, shelter and health services), that were developed through inputs from practitioners.
Defaulting rates are attributed to insecurity as well as agricultural activities preventing participation in feeding programmes. The increased death rate and decreased recovery rate in TFCs is due in some cases to the extremely poor condition in which some children are admitted (a result of insecurity delaying access to services).

Graph 3: SFC admissions, Greater Darfur

Graph 4: TFC admissions, Greater Darfur

Health

Overall, the incidence of endemic diseases increased in Greater Darfur, in line with seasonal trend data. The onset of the rains contributed to the elevated incidence of malaria and diarrhoea.

Acute respiratory infections (ARI), diarrhoea and malaria/fever continue to be reported as the most common illnesses in the sentinel sites.

There were 80 cases of measles reported during July and August, 67 from South Darfur, 13 from West Darfur, and none from North Darfur.

Cases of bloody diarrhoea have increased compared to previous months, with the majority reported from West and South Darfur. 6

Food security

Rainfall has for the most part been adequate, and some population movement back to original areas for cultivation has been reported. Fodder and water supplies for livestock have increased owing to the rainy season. Availability of food in markets (eg grains and vegetables as well as animal and animal by products including soured milk and yoghurt) has increased, while prices remain for the most part stable. Sentinel site data reports some improvement in dietary diversity for both residents and IDPs, with the exception of North Darfur.

Seasonal agricultural labour is contributing to the livelihoods of IDPs who may not have access to their own land for cultivation. Improvements in food security in Darfur may be maintained provided that the weather continues favourably and insecurity does not impede access to land under cultivation. In terms of food security interventions, agricultural inputs were successfully delivered, and cultivation are ongoing.

WFP delivered food assistance to 3.1 million beneficiaries in July (53,000MT) and August (33,000MT) in order to cover vulnerable rural households during the pre-harvest hunger gap. Efforts continue to ensure that verification of registration following population movement to ensure efficient delivery of food assistance to intended beneficiaries.

North Darfur

MSF Spain has established SFP and OTP services in Tawilla and may expand to Tawilla rural areas. Key areas of concern are Zam Zam Camp (see nutrition survey results below), Kebkabiya (limited additional response following the nutrition survey results in June), Abu Shouk/Al Salaam (chronically high levels of GAM), Tawilla (following interruption in nutrition services in previous months), Kutum (limited rural access due to insecurity) and Mellit- Abbas Camp (no nutrition services though reports of malnutrition received from the health centre). State Ministry of Health (SMOH) operates TFCs in Al Lait and is rehabilitating TFCs in Malha and Um Kedada. In these areas, there is a need to address issues of limited capacity by SMOH to carry out community level social mobilisation/screening/ followup, lack of links to SFP programming, and limited acceptability of in-patient care in light of other time constraints.

There have been no reports of deterioration from Malha, Um Kedada, Al Lait, and Korma, however this may be due in part to limited coverage of health and nutrition services and therefore limited coverage of information. In August, 3,375 newly displaced arrivals received emergency rations pending verification and registration in North Darfur (Fata Borno) 7.

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Agency</th>
<th>Date</th>
<th>% GAM</th>
<th>% SAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zam Zam Camp</td>
<td>Relief International</td>
<td>Aug 07</td>
<td>20.4 (16.8-24.5)</td>
<td>1.2 (0.4-2.8)</td>
</tr>
</tbody>
</table>

Zam Zam Camp

Relief International carried out a nutrition survey in Zam Zam Camp (15-23 August 2007). Preliminary results report GAM above emergency levels, at 20.4 per cent, and SAM reported at 1.2 per cent with no cases of oedema, indicating a slight deterioration in nutrition status from the previous survey (September 2006 GAM 15.1 per cent [13.8 – 24.6 per cent] SAM 2.9 per cent) (See Graph 5). GAM for children 6-29 months old was reported as 32.1 per cent, and SAM of 2.6 per cent, in line with the suboptimal infant and young child feeding practices reported in the survey, where only 18.1 per cent of children were exclusively breastfed to 6 months.

Both crude (0.64/10,000/day) and under-5 mortality (1.8/10,000/day) rates are below emergency levels. Diarrhoea prevalence is children under five (27 per cent) is

6 MMWB Weeks 27-35
7 WFP Situation Report, August 2007
elevated, in line with seasonal trends, and also contributed to mortality rates, suggesting that concerted efforts to ensure adequate availability and utilization of hygiene and sanitation facilities for the prevention and control of diarrhea is required.

Coverage of the CTC programme in Zamzam is 44 per cent, but additional support is needed to improve coverage to meet SPHERE standards in camp. Almost one third of children were not covered by measles vaccination, though RI carries out routine campaigns.

Agency recommendations include continued support to CTC programming, community nutrition and health education (including prevention and control of diarrhea), social mobilization (including nutritional screening), EPI campaign, and support to the GFD verification process.

**Graph 5: Malnutrition rates in Zam Zam camp (2004-2007)**

Selecting feeding centre data
Admissions into SFCs increased slightly in July and August in comparison to June (see Graph 6). Admissions into TFCs remained stable in July in comparison to June, but increased in August in part due to increased referrals as a result of a nutrition survey and social mobilisation efforts in some areas (see Graph 7).

**Performance indicators for SFCs in North Darfur**
Deteriorated slightly in July and August in comparison to June. Recovery rates fell from 71.4 per cent in July to 58.1 per cent in August. Default rates remained below 10 per cent, however the transfer rate to TFCs doubled from 3.1 per cent in July to 6.6 per cent in August.

**Performance indicators for TFCs**
Were variable. Recovery rate improved from 59 per cent in July to 70 per cent in August, while default rates were 12 per cent in July and 10 per cent in August. Death rate remained below 10 per cent, but in August returned to rates reported in June (8 per cent) after improving in July (4 per cent).

The elevated levels of defaulting and poor recovery observed in SFCs and TFCs are attributed in large part to increased time costs of agricultural and livelihood activities. Overall there is a reluctance among the IDPs to attend the TFCs, leading to delayed presentation of these children at a TFC/OTP/CTC site, at which time children are in very poor condition and potential for recovery reduced. Mortality rates in TFCs are attributed in part to the extremely poor conditions of children upon admission due to delayed admission into TFCs as a result of being transferred from CTC programmes.

**Sentinel site system**
Data was collected from eleven sites in July. Population movement into Kutum (returnees) and Zam Zam Camp was reported (including transfer from Al Salaam camp), in addition to movement in Abu Shouk following insecurity. Temporary migration from Mellit to Umkedada village in search of water was reported.

The mean WHZ was -1.37 in July, which indicates a stabilisation in nutrition compared to previous months (-1.55 in May, and -1.35 in June) as well as mean WHZ reported in August 2006 (-1.35).

The leading causes of morbidity continue to include diarrhoea, ARI, fever, while eye infections and kalazar were reported from Umkedada and Wama sites in Mellit locality. There is a decrease in morbidity compared to previous months, in both resident and IDP populations.

Dietary intake for IDPs and residents did not change markedly in comparison to previous months, continuing to be reliant on cereals and oil with limited intake of animal protein and vegetables, despite increased availability of these products in the market. There is little difference between IDPs and residents in terms of food sources as they continue to rely on their own production and food aid, with the exception that IDPs purchase food with proceeds from the sale of relief items, while residents purchase food from the sale of non relief items.

The majority of planned agricultural inputs, including seeds and tools, were delivered by the end of August and there are indications for a positive harvest. While the rains were late, amount of rainfall has been positive. Planting, as well as weeding in some areas where rains came early, are primary agricultural activities. Demand for agricultural daily labour has increased, contributing to household purchasing power, and seasonal movement of IDPs from El Fasher to Korma and Tawila for cultivation has occurred.6. Livestock production has improved following low fodder prices (due to increased availability outside of markets, though access

6. FAO Food Security Update, El Fasher, August 2007
remains constrained by security), and plentiful water sources remain uncharacteristically high given the season.

Grain prices decreased in most sites, particularly in rural markets, with exception of Malha where the grain prices have increased sharply from 75 to 120 pounds per sack (which is considered as a highest among the all sites). This increase is attributed to weak flow of the grain commodities due to remoteness of the area and access problems during the rainy season. Moreover, Malha is historically known as one of the food insecure areas in North Darfur. The area is classified as pastoral with very limited agricultural practices and they only rely on getting their supplies from Mellit locality.

In terms of coping strategies, IDPs and residents both rely on new income generating activities, while residents also reported shifting to less preferred foods and limiting amount of food eaten at meals and IDPs reported reduction in the number of meals and borrowing food, indicating that the nutrition status of IDPs is more vulnerable in light of food shortages.

South Darfur

In South Darfur, the areas of concern are Ed Daien and Adilla (following nutrition survey information), Kass (lack of coverage and limited function of SMOH TFC) and Al Salaam camp. There have been no reports of serious deterioration from Otash, El Serif, Mesrings, Manawashi, and Duma. Tearfund opened up 2 additional feeding centre sites in El Neem camp. Some population movement was reported, including approximately 1,700 families arrived in Sekele Neem camp. Some population movement was reported, including approximately 1,700 families arrived in Sekele Neem camp. There have been no reports of serious deterioration from Otash, El Serif, Mesrings, Manawashi, and Duma. Tearfund opened up 2 additional feeding centre sites in El Neem camp. Some population movement was reported, including approximately 1,700 families arrived in Sekele Neem camp. August, humanitarian activities were suspended for a few days due to insecurity in Kalma Camp.

Localised nutrition surveys

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Agency</th>
<th>Date</th>
<th>% GAM</th>
<th>%SAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ed Daien - Adilla</td>
<td>Tearfund</td>
<td>Jun 07</td>
<td>21.7 (18.5-24.9)</td>
<td>2.6 (1.1-4.0)</td>
</tr>
<tr>
<td>Ed Daien and Abu Matarik Locality</td>
<td>Tearfund</td>
<td>Jun 07</td>
<td>29.7 (25.8-33.7)</td>
<td>4.4 (3.1-5.7)</td>
</tr>
<tr>
<td>Seleah</td>
<td>ACF</td>
<td>Aug 07</td>
<td>15.9 (12.5-20.0)</td>
<td>2.0 (0.9-4.0)</td>
</tr>
</tbody>
</table>

Ed Daien and Adilla

Tearfund in collaboration with Cordaid, UNICEF, SUDO/NCA and MOH carried out two nutrition surveys, one in Adilla locality (10-19 June) and in Abu Matarik, El Firdous, El Neem and Khor Omer IDP camps Ed Daien and Abu Matarik localities (26 June-2 July).

In Adilla, GAM was above emergency levels at 21.7 (18.5-24.9) and SAM was reported as 2.6 (1.1-4.0), which is not significantly higher than the results of the previous survey in February 2006 (GAM 18.5 per cent, CI 18.5-24.9, SAM 2.0, CI 1.1-4.0), however the February 2006 results were uncharacteristically high given the season. Under-5 mortality (1.33/10,000/day) and crude mortality (0.55/10,000/day) were below emergency levels.

The majority of those surveyed were residents (69.2 per cent) who are heavily reliant on agriculture for their livelihoods. Morbidity was quite high, with almost half (49.8 per cent) of children suffering from an illness in the 2 weeks prior to the survey (ARI, diarrhoea, and suspected malaria). Overall, coverage with basic public health services was adequate, with some room for improvement. While availability of latrines and safe water was high, utilisation was low or poor (eg use of unclean containers to transport water), suggesting that additional social mobilisation is required.

Agency recommendations included support to food security programming, expansion of coverage of SFP/OTP sites, improving coverage of health promotion programming, support to Adilla hospital, improvement in water safety at water points, and measles campaign.

In Ed Daien and Abu Matariq, the reported GAM rate was above emergency levels (29.7 per cent) and SAM was reported as 4.4 per cent, which is not significantly different from the previous survey during the same period in May 2006 (GAM 25.9, CI 23.3-28.8 per cent), SAM 4.6 (CI 3.4-6.2 per cent). The area has reported high levels of GAM during the summer months during the previous two years (See Graph 8). Under-5 mortality (1.12/10,000/day) and crude mortality (0.62/10,000/day) were below emergency levels.

The majority of those surveyed (98.5 per cent) were IDPs, heavily reliant on GFD, however one third of households claimed to not have ever been registered for the GFD. Morbidity was high as 44 per cent of children reported an illness in 2 weeks prior to the survey. Measles vaccination coverage was low, with 48.7 per cent not vaccinated.

Agency recommendations include increasing coverage of SFP/OTP sites, social mobilization, support to ensure appropriate registration for the GFD, measles campaign, community health and nutrition education (including prevention and control of diarrhoea) in addition to continued support to adequate water and sanitation access and utilisation and establishment of an additional primary health care centre in El Neem camp.

An interagency meeting was held in Nyala on 13 September with representation from government, NGO, and UN agencies in several sectors in order to review underlying causes of these two surveys, in order to define action for the coming months. Primary constraints include limited availability of partners on the ground and security constraints.

Graph 8: Malnutrition rates in Ed Daien (2004-2007), Abu Matariq, El Firdous, El Neem and Khor Omer

9 FAO Food Security Update, El Fasher, July 2007
10 Sudan Humanitarian Overview Volume 3, Issue 6, August 2007
ACF carried out a nutrition survey in Seleah (7-13 August), an area into which population has been moving since October 2006 following tribal conflict in Muhajiriya. This is the first survey done in Seleah, and therefore there is no comparable information from previous seasons.

GAM, reported as 15.9 per cent was above emergency levels. SAM was reported as 2.0 per cent. Under-5 (1.40/10,000/day) and crude mortality rates (0.74/10,000/day) were below emergency levels. Morbidity in the population was elevated, with 18.2 per cent of children reporting diarrhoea and 11.4 per cent reporting ARI in the previous two weeks, which is in line with seasonal trends. Two thirds (65.5 per cent) were vaccinated against measles, and the majority (86 per cent) registered for the GFD.

Agency recommendations are to continue selective feeding programmes by MSF-Hollan, continue provision of humanitarian assistance to IDPs, social mobilization and programme by MSF-Hollan, continue provision of Agency recommendations are to continue selective feeding programmes by MSF-Hollan, continue provision of humanitarian assistance to IDPs, social mobilization and programme by MSF-Hollan, continue provision of Agency recommendations are to continue selective feeding programmes by MSF-Hollan, continue provision of humanitarian assistance to IDPs, social mobilization and programme by MSF-Hollan, continue provision of Agency recommendations are to continue selective feeding programmes by MSF-Hollan, continue provision of humanitarian assistance to IDPs, social mobilization and programme by MSF-Hollan, continue provision of Agency recommendations are to continue selective feeding programmes by MSF-Hollan, continue provision of humanitarian assistance to IDPs, social mobilization and programme by MSF-Hollan, continue provision of Agency recommendations are to continue selective feeding programmes by MSF-Hollan, continue provision of humanitarian assistance to IDPs, social mobilization and programme by MSF-Hollan, continue provision of Agency recommendations are to continue selective feeding programmes by MSF-Hollan, continue provision of humanitarian assistance to IDPs, social mobilization and programme by MSF-Hollan, continue provision of 86 per cent) registered for the GFD.

Selective feeding centre data
Admissions into SFCs dropped in July and rose in August, returning to levels reported in June, which are below admissions reported during the same period in 2006 (see Graph 9).

Admissions into TFCs stabilised in August in comparison with previous months, attributed in large part to seasonal increases in diarrhoea, and in some cases increased social mobilisation efforts (see Graph 10).

Performance indicators for SFCs improved in July/August in comparison with previous months with the exception of the transfer rate to TFCs increasing from 4.8 per cent in July to 12.2 in August. Performance indicators are still below SPHERE standards, with the exception of the death rate which is less than 1 per cent.

Performance indicators for TFCs remain stable, though below SPHERE standards, with the exception of the death rate maintained at less than 10 per cent.

Graph 9: SFC Admissions- South Darfur

Graph 10: TFC Admissions- South Darfur

Sentinel site system
Data was collected from 13 sites in July. Population movement into both village and camp sites continued to be reported. Mean WHZ score improved slightly, from -1.16 in June to -1.06 in July, returning to levels reported in April 2007 (-1.02).

Diarrhoea, ARI, and malaria continue to be the main cause of morbidity among children under five, though hepatitis cases were reported from Otash, and skin diseases reported from some sites. Fewer children report an illness in July (41.4 per cent of IDP children, 30 per cent of resident children), an improvement from June when approximately half of IDP and resident children reported an illness. Cases of hepatitis were also reported from Otash Camp.

Dietary intake for children under five and adults did not change markedly from previous months in IDP or resident populations. Dietary diversity remains low and reliant on cereals and oil. Dietary intake for IDPs was comparable to previous months, with the exception of increased intake of wild foods. Similarly, resident diets were comparable to previous months, with the exception of lowered consumption of dark green leafy vegetables and fruits. The main source of food for IDPs are purchases from the sale of food aid (42 per cent), and from the sale of other goods, as well as food aid, while almost half of residents reported reliance on their own production.

Overall, the food security situation in South Darfur remains fragile. Conflict and ongoing banditry and hijacking of vehicles (in particular Kass, Ed Daein, Shaeria, Nyala and Buram localities) has impeded movement to markets, resulting in increased seed prices in light of limited supply in some areas. Other commodities, such as fruit and some potatoes and vegetables are available and affordable in some markets. General livestock condition and range condition are reported to be good.

Rainfall is reported to be positive, and field crops are reported to be performing well. Many farmers are reported to have returned to original areas in order to carry out cultivation activities. There is every indication that if rainfall continues to be adequate and households are able to cultivate their land, that the harvest may be good.

Proportionally fewer IDPs relied on coping strategies in July compared to previous months, while proportionally more

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11 FAO Monthly Food Security Bulletin, August 2007, Nyala
residents relied on coping strategies compared to previous months. The majority of both IDPs and residents that did employ coping strategies shifted to a less preferred food and used new income generating activities.

**West Darfur**

Overall, the security situation was reportedly calm, with the exception of tribal clashes, carjacking and banditry in some areas of the state. In August, humanitarian activities were suspended for a few days due to insecurity (Zalingi Camp). Small scale population movement following flash floods in some areas in August was reported while cross border movement with Chad continues.

Tearfund reopened its SFC/OTP in Mesteri in July, after partial closure in June as a result of insecurity. Concern suspended 4 SFCs and 4 OTPs in Selela in August following a security incident.

Accessible areas of concern in West Darfur are Garsilla, Deliej (recently opened OTP with no SFC support), Um Shalaya (reports of increased admissions in light of continued population displacement), Momei, Mesteri and Nertiti, where admissions and performance statistics indicate that sustained support is required. Other areas of concern that do not have nutrition services include Bendisi, Sirba/Abu Suruj, and Golol in Jebel Marra.

**Selective feeding centre data**

Admissions into SFCs increased to 1,548 in July and then fell to 929 in August, higher than those reported during the same period in 2006 (see Graph 11). The decrease in SFC admissions is due in part to the suspension of programmes.

Admissions into TFCs stabilised in comparison to the increases observed in the past few months. Suspension of programming contributed to this stabilization in part. Admissions in July/August are slightly higher than those reported during the same period in 2006 (see Graph 12). Admissions from SFCs in Geneina town were noted, attributed to increased morbidity among residents and IDPs living inside of the town, as well as reported delays in registration of new IDPs for food aid.

Overall, SFC/TFC admissions were attributed to increased morbidity and the physiological stress of population movement. There is a continued need to strengthen efforts to address diarrhoeal diseases, as well as ensure the rapid identification and registration of new refugees for the general food distribution, in order to prevent further deterioration in nutrition status.

**Performance indicators for SFCs** in terms of recovery and defaulting continue to remain below SPHERE standards, and deteriorated in terms of lower recovery rates and higher default rates. The transfer rate to TFC, which had fallen to 6.3 per cent in July increased to 11 per cent in August. Defaulting and relapse are attributed to time constraints during the cultivation period, leaving siblings to care for siblings, and population movement across border into Chad for cultivation.

**Performance indicators for TFCs** remain below SPHERE standards in terms of recovery and default rates, however death rates fell to 10 per cent in August.

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15 Sudan Humanitarian Overview Volume 3, Issue 6, August 2007
16 FAO Monthly Food Security Bulletin, August 2007, Geneina

**Sentinel site system**

Data was collected from 14 sites in July. Population movement decreased in July compared to June, but was noted in Garsila, Deliej, and Azerni.

Mean WHZ score in July was -1.09, which is comparable to the mean WHZ reported in May (-1.11) and June (-1.13), indicating a stabilisation in the nutrition situation.

Morbidity remains high, with almost two thirds of children reporting an illness in the previous two weeks in July, though this trend was slightly more pronounced in resident (66 per cent) than IDP (59.1 per cent) children. Diarrhoea continues to be the most common illness, suggesting that further action is required to prevent and treat diarrhoea at community level. Focus groups in both camps and villages reported deterioration in the overall health situation, in terms of increased morbidity and mortality. Diarrhoea, malaria and malnutrition were reported as primary illnesses in the community by focus groups in addition to skin and eye infections and malnutrition.

Dietary intake in terms of frequency remains improved slightly for both resident and IDP children. Dietary intake in terms of diversity continues to be low for both resident and IDPs, though increased intake of animal products and vegetables was noted in both IDP and resident populations was reported. Consumption of dark green leafy vegetables, however, decreased for both IDPs and residents. IDPs had more diverse food sources.

FAQ successfully completed distribution of agricultural inputs. Rainfall has been positive, though rains have been delayed in the northern part of West Darfur, and flash floods were reported from the southern part of the state in
Agricultural activities (sowing, weeding) have progressed in a timely manner, with considerable numbers of IDPs reported to have cultivated in their areas of origin or displacement.17

The food security situation across West Darfur improved in August, attributed to increased market availability during this period where the majority of the population are reliant on the markets for food supply.19 Market prices of millet and sorghum have remained stable, attributed to increased quantities of food aid and the promise of a positive harvest as a result of the rainy season.20

Main income sources for most vulnerable populations during August remained provision of agricultural labour, collection and selling of firewood, green grass and local building materials in addition to selling of animals21. Coping strategies reported for both IDP and residents included shifting to less preferred foods, new income generating activities, and reduction in the number of meals.

Other news

Training on New Growth Curves
UNICEF/WHO/FMOH organized an orientation and Training of Trainers in Khartoum from 5th-9th August on the new WHO growth curves. On the 5th, an orientation for paediatricians and other decision makers with the health system was conducted. During the 6th-9th, participants were trained as trainers in the use of the new WHO growth curves. Participants were from the states and federal level. Those trained will assist in rolling out of the utilization of the new growth curve in growth monitoring and promotion activities.

Emergency Food Security and Nutrition Assessment
Data collection by eleven teams of 10-12 staff of State and Federal Ministry of Health, Ministry of Agriculture, HAC, FAO, UNICEF, WFP and NGO began in the first week of August, following training of team leaders and enumerators. Data collection ended on 5 September, and in the process of analysis.

Nutrition strategy meeting
Following recent nutrition information suggesting localized areas of deterioration in Darfur, a special technical meeting was held in Khartoum on 23rd and 24th of September. State and federal level Ministry of Health, UN, and NGO partners in nutrition, food security, health, water and sanitation shared intersectoral situation updates. Areas of action in relation to information systems, prevention and treatment of malnutrition for the end of 2007 and 2008 were jointly defined. The minutes of the meeting have been shared through the Nutrition Coordination Group, and will be shared at state level through the Nutrition Coordination Meetings. The minutes and presentations are available upon request from UNICEF and MOH.
The “Darfur Nutrition Update” is produced in collaboration with the Federal Ministry of Health of Sudan by the UNICEF-Sudan Nutrition Office, with input from the following actors in nutrition, food security and health:

- UNOCHA
- FAO
- WHO
- WFP
- 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

The Nutrition Surveillance System is implemented by UNICEF and MoH funded by OFDA and supported by WFP.

<table>
<thead>
<tr>
<th>State</th>
<th>Locality</th>
<th>Month</th>
<th>Agency</th>
<th>% GAM (WHZ)</th>
<th>95% CI</th>
<th>% SAM (WHZ)</th>
<th>95% CI</th>
<th>U5MR</th>
<th>CMR</th>
</tr>
</thead>
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<tr>
<td>North</td>
<td>Dar Es Salaam</td>
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<td>ACF</td>
<td>27.0%</td>
<td>23.1-31.3%</td>
<td>2.8%</td>
<td>1.6-4.9%</td>
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<td>0.54</td>
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<td>South</td>
<td>Gereida</td>
<td>Jul-06</td>
<td>ICRC</td>
<td>15.5%</td>
<td>12.2-18.7%</td>
<td>2.3%</td>
<td>1.0-3.7%</td>
<td>3.01</td>
<td>1.32</td>
</tr>
<tr>
<td>North</td>
<td>El Fasher (Zam Zam Camp)</td>
<td>Sep-06</td>
<td>MOH</td>
<td>15.5%</td>
<td>13.8 – 24.6%</td>
<td>2.9%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>South</td>
<td>Nyala town and camps</td>
<td>Sep-06</td>
<td>ACF</td>
<td>18.9%</td>
<td>15.5-22.9%</td>
<td>1.0%</td>
<td>0.4-9.6%</td>
<td>1.6</td>
<td>0.8</td>
</tr>
<tr>
<td>North</td>
<td>Kebkabiya</td>
<td>Oct-06</td>
<td>ACF</td>
<td>25.4%</td>
<td>221.0-29.7%</td>
<td>1.8%</td>
<td>0.8-3.6%</td>
<td>1.21</td>
<td>0.69</td>
</tr>
<tr>
<td>West</td>
<td>Um Shalaya Camp</td>
<td>Oct-06</td>
<td>Concern</td>
<td>13.1%</td>
<td>11.3-15.2%</td>
<td>0.6%</td>
<td>0.2-1.3%</td>
<td>2.09</td>
<td>0.89</td>
</tr>
<tr>
<td>South</td>
<td>Kalma Camp</td>
<td>Oct-06</td>
<td>ACF</td>
<td>22.3%</td>
<td>18.6-26.4%</td>
<td>2.2%</td>
<td>1.1-4.1%</td>
<td>2.2</td>
<td>1.2</td>
</tr>
<tr>
<td>North</td>
<td>El Fasher Town (Abu Shok and Al Salaam Camp)</td>
<td>Nov-06</td>
<td>ACF</td>
<td>22.6%</td>
<td>18.9-26.7%</td>
<td>2.7%</td>
<td>1.5-4.8%</td>
<td>1.82</td>
<td>0.74</td>
</tr>
<tr>
<td>North</td>
<td>Kutum</td>
<td>Nov-06</td>
<td>GOAL</td>
<td>19.4%</td>
<td>17.1-22%</td>
<td>2.2%</td>
<td>1.4-3.3%</td>
<td>0.74</td>
<td>0.33</td>
</tr>
<tr>
<td>South</td>
<td>Otash camp</td>
<td>Dec-06</td>
<td>ACF</td>
<td>15.6%</td>
<td>12.5-19.3%</td>
<td>1.8%</td>
<td>0.8-3.6%</td>
<td>2.58</td>
<td>1.98</td>
</tr>
<tr>
<td>West</td>
<td>Beida Locality</td>
<td>Dec-06</td>
<td>Tearfund</td>
<td>11.4%</td>
<td>8.7-14.8%</td>
<td>1.3%</td>
<td>0.5-2.9%</td>
<td>0.45</td>
<td>0.37</td>
</tr>
<tr>
<td>South</td>
<td>Ed Dairian</td>
<td>Feb-07</td>
<td>Tearfund</td>
<td>21.9%</td>
<td>(19.4 – 24.7)</td>
<td>3.9%</td>
<td>(2.8-5.4)</td>
<td>0.42</td>
<td>0.17</td>
</tr>
<tr>
<td>South</td>
<td>Gereida</td>
<td>Feb-07</td>
<td>ICRC</td>
<td>6.4%</td>
<td>4.9-8.1%</td>
<td>0.7%</td>
<td>0.3-1.5%</td>
<td>0.94</td>
<td>0.48</td>
</tr>
<tr>
<td>West</td>
<td>Furburanga</td>
<td>Feb-07</td>
<td>SC-US</td>
<td>7.9%</td>
<td>6.2-9.9%</td>
<td>0.6%</td>
<td>0.2-1.4%</td>
<td>1.47</td>
<td>1.21</td>
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<tr>
<td>South</td>
<td>Ed Al Fursan And Kass</td>
<td>Mar-07</td>
<td>ACT/Caritas/NCA</td>
<td>12.5%</td>
<td>8.9-16.1%</td>
<td>1.7%</td>
<td>0.7-2.8%</td>
<td>0.81</td>
<td>0.44</td>
</tr>
<tr>
<td>South</td>
<td>Nyala town and camps</td>
<td>Apr-07</td>
<td>ACF</td>
<td>11.8%</td>
<td>9.1-15.2%</td>
<td>0.7%</td>
<td>0.2-2.1%</td>
<td>2.4</td>
<td>1.05</td>
</tr>
<tr>
<td>South</td>
<td>Nyalal-Tulus locality</td>
<td>Apr-07</td>
<td>ARC</td>
<td>14.1%</td>
<td>12.0-16.5%</td>
<td>1.0%</td>
<td>0.5-1.9%</td>
<td>1.02</td>
<td>1.07</td>
</tr>
<tr>
<td>South</td>
<td>Al Salam IDP camp</td>
<td>May-07</td>
<td>ACF</td>
<td>23.3%</td>
<td>19.2-27.9%</td>
<td>2.8%</td>
<td>1.5-5.2%</td>
<td>1.6</td>
<td>0.87</td>
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<tr>
<td>South</td>
<td>Otash camp</td>
<td>May-07</td>
<td>ACF</td>
<td>17.2%</td>
<td>14.0-17.2%</td>
<td>2.1%</td>
<td>1.4%</td>
<td>2.38</td>
<td>1.19</td>
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<tr>
<td>South</td>
<td>Ed Dairian - Adilia</td>
<td>Jun-07</td>
<td>Tearfund</td>
<td>21.7%</td>
<td>18.5-24.9%</td>
<td>2.6%</td>
<td>1.1-4.0%</td>
<td>1.33</td>
<td>0.55</td>
</tr>
<tr>
<td>West</td>
<td>Geneina Town</td>
<td>Jun-07</td>
<td>Concern</td>
<td>17.4%</td>
<td>14.1-20.6%</td>
<td>1.4%</td>
<td>0.8-2.1%</td>
<td>1.08</td>
<td>0.95</td>
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<tr>
<td>South</td>
<td>Kass</td>
<td>Jun-07</td>
<td>ACF</td>
<td>17.8%</td>
<td>14.4-21.6%</td>
<td>2.8%</td>
<td>1.6-4.9%</td>
<td>4.42</td>
<td>2.12</td>
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<tr>
<td>North</td>
<td>Kebkabiya</td>
<td>Jun-07</td>
<td>ACF</td>
<td>27.0%</td>
<td>23-31.3%</td>
<td>1.9%</td>
<td>0.9-3.7%</td>
<td>1.28</td>
<td>0.51</td>
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<tr>
<td>North</td>
<td>Abu Shouk &amp; As Salaam Camp</td>
<td>Jun-07</td>
<td>ACF</td>
<td>30.4%</td>
<td>26.3-34.9%</td>
<td>2.8%</td>
<td>1.6-4.9%</td>
<td>1.15</td>
<td>0.65</td>
</tr>
<tr>
<td>South</td>
<td>Ed Dairian - Adilia</td>
<td>Jun-07</td>
<td>Tearfund</td>
<td>21.7%</td>
<td>18.5-24.9%</td>
<td>2.6%</td>
<td>1.1-4.0%</td>
<td>1.33</td>
<td>0.55</td>
</tr>
<tr>
<td>South</td>
<td>Ed Dairian and Abu Matarq Locality</td>
<td>Jun-07</td>
<td>Tearfund</td>
<td>29.7%</td>
<td>25.8-33.7%</td>
<td>4.4%</td>
<td>3.1-5.7%</td>
<td>1.12</td>
<td>0.62</td>
</tr>
<tr>
<td>West</td>
<td>Sileah</td>
<td>Aug-07</td>
<td>ACF</td>
<td>15.9%</td>
<td>12.5-20.0%</td>
<td>2.0%</td>
<td>0.9-4.0%</td>
<td>1.4</td>
<td>0.74</td>
</tr>
<tr>
<td>North</td>
<td>Zan Zam Camp</td>
<td>Aug-07</td>
<td>Relief Int</td>
<td>20.4%</td>
<td>16.8-24.5%</td>
<td>1.2%</td>
<td>0.4-2.8%</td>
<td>1.8</td>
<td>0.64</td>
</tr>
</tbody>
</table>