OVERVIEW

- Admissions into selective feeding centres (both TFC and SFC) across Greater Darfur continue to increase over the last two months, a continuing indication of the seasonal deterioration in malnutrition.
- 5 localised nutrition surveys were conducted in May and June across Greater Darfur, of which 4 reported rates of malnutrition over the emergency threshold of 15%. The 5th survey results have not yet been released.
- Despite the earlier fears of severe ration cuts to 50% of needs which was commenced in May, WFP have increased rations from June to 86% of needs, with IDP beneficiaries receiving 100% in cereals, 75% in oil and CSB with pulses, sugar and salt at 25%. Taking into account milling costs this represents approximately 1800kcal.
- An acute water diarrhoea outbreak in Ed Daein South Darfur has had a significant impact on admissions into feeding centres. Diarrhoea is now the main reported illness in children under 5yrs, this is inline with the expected seasonal morbidity trends. Acute respiratory infections and malaria are reported as second and third.
- Ongoing insecurity across the three states, notably recent events in North Darfur, continues to hamper the delivery of humanitarian aid, increasing displacement as well as preventing the ability to fully determine the needs of the affected population.
- A measles mop up campaign was conducted in early July in parts of West Darfur previously inaccessible due to insecurity.

GREATER DARFUR – NUTRITIONAL DETERIORATION CONTINUES

Selective Feeding Centre Data Admissions into selective feeding programmes continued to rise over the last two months in line with seasonal trends. This is indicated graphically with the peaks in admissions in both TFC and SFC noted in the June to August period over the last two years. However it must be noted that the numbers over the two years illustrated cannot be directly compared as this year there are approximately one third less TFC and SFC in operation due to NGO phasing out. This was in part due to lower beneficiary numbers not warranting fully operational feeding centres in addition to insecurity. In some cases the remaining neighbouring feeding centres are absorbing the caseload from previously served area. However overall the coverage of feeding centres is lower therefore there is a strong possibility that the full picture is not being reported; therefore these graphs should be referred to purely for trend analysis. The total number of admissions in the 6-59 months age group in May and June for therapeutic feeding centres was 1,606 with 9,999 admissions of the same age group into supplementary feeding centres, this compares with 1,006 TFC and 7,575 SFC admissions in the March/April period. Performance indicators for all feeding centres have shown deterioration with the defaulting rates up from 30% in April to 37% in June for SFC’s and from 14% for the TFCs in April to 20% in June. The indicators for cured rates have also deteriorated with 60% of discharges cured from the TFC and a mere 30% from the SFC, both below the 75% cut-off recommended by Sphere. Mortality rates however remain within the recommended range for Sphere standards at <10% for TFC and <3% for SFC. An ongoing concern reported in the last bulletin is the reduction in the number of nutrition actors and feeding centres across greater Darfur. This continues to be apparent in the current hungry season where the remaining TFC are seeing larger numbers of children being admitted from areas which previously had TFC in operation. Through the state level nutrition coordination structure UNICEF, SMoH and NGO actors are attempting to meet the needs.
Nutrition Surveys – 5 localised nutrition surveys were conducted across Greater Darfur in the last two months, four of which have reported rates above the emergency thresholds of 15% GAM, the 5th survey has yet to be reported.

Health – An Acute Watery Diarrhoea outbreak has been reported in South Darfur with 239 cases to date with 8 deaths. Majority of the cases are in the older age group and in women. Results from tests indicate Vibrio Cholera. UNICEF/ WES and other actors in wasatn are conducting chlorination and hygiene awareness campaigns in response. From the nutrition surveillance site the number one illness reported at household level is also diarrhoea with suspected malaria and acute respiratory infections following. As part of the measles mop up campaign 180,035 children 9 months to 15yrs were vaccinated in the first week in July in Geneina in West Darfur. In East Jebel Marah the Polio round 2 and measles mop up will be conducted in late July and mid August.

Food Security – Rainfall has commenced in North Darfur though to date insufficient to start the agricultural season with many farmers delaying planting. However the rainfall in June in the southern parts of West and South Darfur led to the onset of the agricultural season. FAO/ MoAg and NGO actors in food security have completed the distribution of agricultural inputs across Greater Darfur. In South Darfur the prices of cereal crops and livestock remain high due to shortages of market supply. Insecurity also hampered the free movement of goods and livestock between market points that negatively affected the food security situation. In June the MoAg reported many farmers were busy clearing, preparing and cultivating their fields. Meanwhile some vegetable production such as okra, cucumber onions and fruits are being harvested and sold in the market. In West Darfur the current food security situation is being described as fragile, most of the food available during the previous months was from relief food and the few areas of irrigated cultivation. Access to food for the majority in the rural areas is hindered by low income and the remaining low stock from the previous harvest. Livestock (sheep, camels and cattle) prices have shown an increased trend during June whereas goat prices remain stable. Millet and sorghum prices have shown a slight decrease in most of Geneina markets in June - this is due to the increase of supply to the markets where families are selling their stocks to access income for land preparation for the coming cultivation. In North Darfur with the poor rains to date cultivation has not yet started for the majority. In general the recent deterioration in security has had a negative impact of the free movement of livestock and production.

SOUTH DARFUR – NUTRITIONAL STATUS CONTINUES TO DETERIORATE

Selective Feeding Centre Data - Numbers of admissions in both TFC’s and SFC’s rose again in May and June across South Darfur. A total of 855 severely malnourished children 6-59months were admitted in May/June compared to 397 in March/April. For the SFC 6,574 moderately malnourished children were admitted compared to, 1,645 in March/April. The largest increases were seen in Ed Daein locality which is in line with the recent survey conducted there by Tearfund, which indicate rates of malnutrition of 25.9% GAM. This has also been affected by the Acute Watery Outbreak in Ed Daein which saw admissions into TFC jump from 20 to 100 in a week. In addition newly displaced children into Gereida and Kalma camps have also been the largest proportion of the new admissions with diarrhoea being reported as the main underlying cause for new admissions in both camps. Performance indicators for TFC indicated 22% defaulter rates, 60% cured rate and 8% mortality rates. For SFC the defaulter rates was higher at 37%, cured rates very low at 27% with a high transfer rate of 17% meaning many children relapsed and were referred for medical or TFC care.

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

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1 Nutrition Surveys reported in this bulletin use the standard 30x30 cluster methodology in line with international standards unless otherwise stated.
2 Sudan Seasonal Monitor, WFP, July 2006
3 Monthly Food Security Update, South Darfur, June 2006, FAO.
4 Monthly Food Security Update, West Darfur, June 2006, FAO.
The situation reported by Tearfund in Ed Daein is of great concern with such high severe malnutrition reported. The report highlighted that diarrhoea was reported in February, this is in line with the overall insecurity in these areas. Insecurity has continued to impact on the access to certain sites over the last few months and this is reflected graphically where the line has broken when information was not gathered. The overall mean WHZ for South Darfur is -0.92 which has shown a reduction from the -0.81 reported in February, this is in line with the overall deterioration with seasonal trends. This deterioration is most obvious in the villages where all sites have seen a reduction in the mean WHZ over the past two months. In the camps Mershing and Al Neem has seen deterioration and this is in line with the ongoing insecurity in these areas. In the other camps the nutritional situation generally appears stable.

A nutrition survey is planned to be conducted by ICRC in Gereida camp in late July.

Sentinel Site System - Insecurity has continued to impact on the access to certain sites over the last few months and this is reflected graphically where the line has broken when information was not gathered. The overall mean WHZ for South Darfur is -0.92 which has shown a reduction from the -0.81 reported in February, this is in line with the overall deterioration with seasonal trends. This deterioration is most obvious in the villages where all sites have seen a reduction in the mean WHZ over the past two months. In the camps Mershing and Al Neem has seen deterioration and this is in line with the ongoing insecurity in these areas. In the other camps the nutritional situation generally appears stable.

WEST DARFUR – INCREASED MALNUTRITION REPORTED IN PARTS

Selective Feeding Centre Data - Admissions into feeding centres over the last 2 months has shown a significant increase, most significantly in the TFC with a large proportion of admission reported from Tearfund feeding centres in Beida locality. Performance indicators for West Darfur indicate very worrying trends with defaulting rates at 43% for SFC and 20% for TFC, cured rates of 37% for SFC and 50% for TFC and 8% mortality for TFC.

Also in line with expected disease trends, diarrhoea is the number one reported illness in all sites followed by respiratory tract infections with a slightly higher prevalence of diarrhoea reported in the camps than the villages. The number one priority for the camp population is security with access to clean water being the priority in the villages. Sources of food for the village based population continue to be purchased and own production with recent vegetable cultivation.
Nutrition Surveys - Two nutrition surveys were conducted in May June in West Darfur. Concern Worldwide conducted a nutrition survey in Geneina Town and IDP camp in early June, the results of which will be published in the coming weeks. A second survey was conducted by Tearfund in Beida locality which reported a concerning 17.2% GAM and 3.4% SAM. This has shown a significant deterioration from the previous survey conducted in March 05, although the impact of seasonality must be considered. The report also highlighted high morbidity patterns with 57% of children reporting diarrhoea in the 2 weeks prior to the survey, ARI and suspected malaria followed. The mortality rates were below alert levels. Recommendations include increasing nutritional screening in vulnerable areas, enhancing health, water and sanitation facilities and increasing registration of beneficiaries for the general food ration in Masteri. In addition to the increased malnutrition from the survey, Tearfund have reported a significant rise in the numbers of severely malnourished children admitted in Beida which is reflected in TFC graph above. A further concern is that Tearfund have also reported and have admitted cases of severe malnutrition in adults. The ongoing insecurity which has significantly reduced the delivery of a regular supply of humanitarian access and regular evacuation of Tearfund nutrition staff in addition to other actors is thought to be a significant contributor to the deterioration. State level discussions have been held with Tearfund, SMoH, UNICEF and WFP and the response includes the increased ration from WFP, increased screening and availability of BP5 for children under five from vulnerable households.

Table 2. Nutritional Survey Summary - West Darfur

<table>
<thead>
<tr>
<th>Location</th>
<th>Agency</th>
<th>Date</th>
<th>% GAM</th>
<th>% SAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beida</td>
<td>Tearfund</td>
<td>May</td>
<td>17.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Locality</td>
<td></td>
<td>(13.9-21)</td>
<td>(2-5.5)</td>
<td></td>
</tr>
</tbody>
</table>

Sentinel Site System – Again as per the other states regular access to all the 12 sites has not been possible with ongoing insecurity. In the last two months the mean WHZ for West Darfur has reduced slightly at -0.92 down from -0.89 in March. The nutritional situation has shown deterioration in Nertiti in Jebel Mara, not surprising with the ongoing insecurity hampering humanitarian access, in Hamidia again affected by insecurity and recent new IDP influx and Mornie, Azernia and Forboranga remain stable.

As per the other states, there is marked difference in the dietary diversity between the village and camp populations with vegetable protein foods consumed on average of 1.9 days a week compared to 5.5 days a week in the camps. Sources of food remain unchanged in the past 2 months with gathering and sale of firewood and own production being the main source in the villages and food aid for the camps. Coping strategies reported in the last 2 months for the village population include reduction of meal frequency and shift to less preferred food. This is reflected with the number of meals consumed having reduced from 3 to 2.5 in the villages in the past 2 months.

NORTH DARFUR – ONGOING HIGH MALNUTRITION BEING REPORTED

Selective Feeding Centre Data - Admissions into selective feeding centres continue to increase in the past two months. This is most noticeable in the SFC where 1,600 children 6-59 months were admitted in May /June compared to 1,221 in March April. In the TFC the figures remain unchanged from the last period with 361 children 6-59 months being admitted in May June however 2 TFC have not yet
Recent insecurity has been hampering humanitarian access in many parts of North Darfur. This is notable in Kutum where GOAL has suspended activities outside the town and Kassab camps due to recent insecurity. In early July further insecurity led to the displacement of approximately 7,000 IDP’s into Tawilla, As Salaam, Zam Zam and Shanguil Tobayaya camps.

Nutrition Surveys – Two nutrition surveys were conducted in May/June by ACF in Kebkabiya and Abu Shouk/As Salaam IDP camps. Both surveys indicated worrying results with rates well above the emergency threshold of 15%. However these rates are comparable with the surveys conducted the same time last year, this is illustrated graphically below. In spite of the high malnutrition in both areas it is unclear as to the main underlying cause. Despite the ration cut in June, general food rations of 86% resumed in June, with 95% of the sample population in Kebkabiya and Abu Shouk being recipients of food aid, and slightly lower coverage in As Salaam camp at 85% due to the recent new IDP arrivals. In addition in both survey areas, access to clean water remains high and rates of morbidity do not appear abnormally high. Finally mortality rates in both areas were below alert levels. This may be explained to some extent with the recent IDP arrivals into As Salaam camp where the malnutrition was significantly higher in the younger children with diarrhoea associated with malnutrition but the rates of diarrhoea are not exceptional for this time of year. This was not the case in Kebkabiya where there was no difference in the age groups although again diarrhoea was associated with malnutrition but again rates of diarrhoea were about 17%, in line with the expected trend and not exceptional.

In response to the high rates of malnutrition, state level coordination meetings have been held with the key actors in nutrition. With the increase in the general food ration to the IDP population and recent spraying and hygiene promotion in Abu Shouk/As Salaam camps it was felt that this was adequate to meet the increased needs given the presence of both TFC and SFC programmes from ACF. For Zam Zam camp there were further concerns given the lack of partners and nutrition programmes and there are ongoing discussions being conducted with UNICEF, WFP and SMoH/ SUDO about a possible blanket SFP for the July/ August period. For Kebkabiya, UNICEF is supporting the SMoH to re-establish a TFC in the hospital as currently the severe cases are being referred to and treated in El Fasher Town TFC. In addition efforts to improve sanitation to reduce the risk of diarrhoea are ongoing in all camps. MSF Spain who have...
recently phased out of Zam Zam are concentrating their efforts in Shanguil Tobaya with plans to commence blanket supplementary feeding in addition to scaling up activities and analysis in both health and nutrition in Jebel Marra, (Killin and Gorni).

**Sentinel Site System** – Data collection was hampered in certain locations due to insecurity therefore a lack of continuity of information has occurred in some sites which is reflected graphically where there are not continuous lines. The mean WHZ for all North Darfur sites remain the lowest of the three states at -1.2, this is in line with what was reported in the last bulletin. As is reflected graphically below the sites of most concern continue to be the villages and not the camps. However it is evident that there has not been a significant deterioration in any of the sites in the last 2 months, though a slight deterioration noted in all, which would be expected at this time of year. Um Kedadah remains low but stable and in response to the concerning nutritional status observed in January and February with the sentinel site system, UNICEF supported the SMoH to re-establish a TFC in Um Kedadah hospital. The TFC is now fully operational and has treated 44 severely malnourished children since April.

High rates of morbidity continue to be reported in all sites with diarrhoea emerging as the number one illness followed by respiratory information and then suspected malaria. In addition WFP has commenced distribution of cereals to the resident population in Northern Um Kedadah for the planting season. Some concerns from Abu Shouk are use of traditional medicine which delays access to conventional medicine. Quality and diversity of diet in the village-based populations continues to be poor with consumption of vegetable/plant protein based food significantly lower than the camps where the diet is mainly composed of cereals. On average vegetable/plant protein is consumed on average 2 days a week compared to daily in the camps. In general access to adequate water for human and livestock remains a number one priority in addition to hopes for good rains. Source of food for host/village populations are now focused on labour opportunities for preparation of land for cultivation and sale of firewood, some households are also selling their remaining stocks of cereals to purchase agricultural inputs for planting. Camp populations have requested further jerry cans and soap.

**FINALISATION OF NATIONAL NUTRITION GUIDELINES**

A workshop was held in El Fasher on June 19th and 20th for all actors in nutrition to finalise the draft National Nutrition Survey Guidelines and the National Supplementary Feeding Centre Guidelines. Twenty five nutritionists from UN, NGO and Federal and State Ministry of Health attended. The guidelines are currently being edited by UNICEF to include all the comments and once endorsed by the FMoH will be published and circulated to all. The national guidelines for the management of severe acute malnutrition which have been developed by the Federal Ministry of Health with input from UN and NGO technical staff are also in final draft form and will be finalised with support from an international expert in the coming months to ensure they are in line with international standards.

**CONTACT**

Online: The “Darfur Nutrition Update” is now available online. Check the following link for this issue and issues 1, 2 & 3 - [http://www.unicef.org/emerg/darfur/files/](http://www.unicef.org/emerg/darfur/files/)

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