

DARFUR NUTRITION SUMMARY May/June 2007

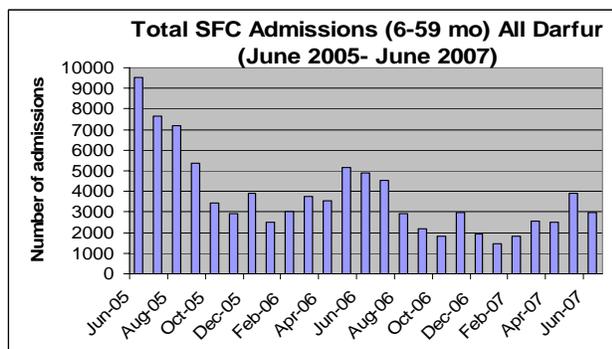
This brief report is prepared to give a short overview of the nutritional status across Darfur. The comprehensive Darfur Nutrition Update is in preparation and will be released in early August 2007.

Admissions into feeding centres continue to increase in line with seasonal trends; however Therapeutic Feeding Centre (TFC) admissions are higher than those in 2006, indicating a potential decline in the nutrition situation. Localised nutrition surveys report Global Acute Malnutrition (GAM) above emergency levels, and above levels observed at the same time in 2006. Population movement, insecurity leading to diminished access to services, and shortfalls in water and sanitation contribute to the high levels of malnutrition observed. Programmatic recommendations include strategic mobilisation of resources to support nutrition programming, pre-positioning of nutrition stocks, implementation of blanket Supplementary Feeding Centres (SFCs) to prevent increases in moderate malnutrition in areas reporting elevated malnutrition rates, as well as further efforts to address shortfalls in services related to improving the underlying causes of malnutrition through multi-sectoral work, including advocating for the timely identification and inclusion of new arrivals in humanitarian support being provided by agencies.

GREATER DARFUR - AN OVERVIEW

Selective feeding centre data

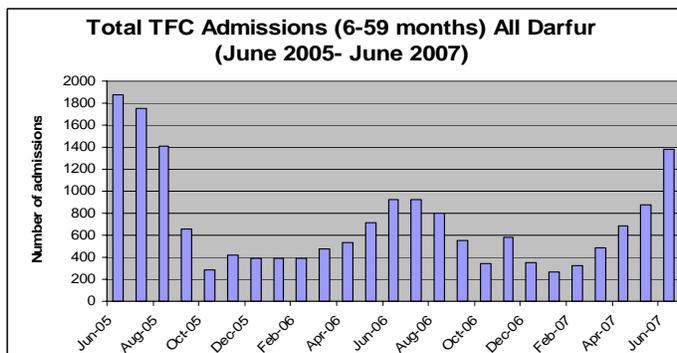
Admissions¹ into **Supplementary Feeding Centres (SFCs)** across Greater Darfur saw a 150 per cent increase on the previous two months, which is in line with seasonal trends. However, the absolute number of admissions into SFCs is lower than during the same time period in 2006, with the exception of West Darfur. The reduction in admissions in SFC in absolute number may be due in part to the closure of some SFC programmes that had high case loads in the past.



Performance indicators for SFCs across Greater Darfur remain below SPHERE standards,² with low rates of recovery and high default rates. Transfer rates from SFCs to TFCs, which indicates the deterioration of individual children's nutrition status while participating in the supplementary feeding programme has increased from 4.5 per cent in April to 8.3 per cent in June. The sharpest decline in performance was observed in West Darfur. This is a clear indication of poor performance of the SFC and its ability in improving nutrition status of the individuals.

Continued lack of progress in meeting SPHERE standards underlines the need to strengthen interventions that address the underlying causes of malnutrition, as well as increase acceptability of the programme. There is also a need to strengthen the referral system between SFCs and TFCs.

Admissions into **Therapeutic Feeding Centres (TFCs)** across Greater Darfur continue to increase, almost double compared to the last two months. The increase is sharper than expected at this point in the year. The highest increases remain in West Darfur. The absolute number of admissions into TFCs was higher across Greater Darfur in May and June 2007 (2,252) compared to the same period in 2006 (1,637).



Performance indicators for TFCs improved in terms of recovery rates (60 per cent in June versus 54 per cent in April), but remain below SPHERE standards. The death rate rose from 5 per cent in

¹ Refers to children 6-59 months of age

² 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.

April to 11 per cent in June. Defaulting rates rose in May (to 18 per cent) but fell to 12 per cent in June. 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, or poor physical condition of IDPs and refugees). In one instance in Ed Daien, the increase in mortality was due to the replacement of qualified staff with untrained staff. This in part has led to inadequate identification and treatment of underlying illnesses prior to treatment in TFCs. The increased demand for services also stretches available resources. Action has been taken to address quality of care issues.

The Federal Ministry of Health's global ban on the use of F100 and F75 therapeutic milk, following concerns about the quality of stocks in Khartoum, must also be noted. The ban was not systematically applied but reports were received of increased diarrhoeal disease where therapeutic milks were not being used, as this required the use of alternatives that increased exposure to water borne diseases. This ban, introduced on 7 April 2007 was finally lifted on 4 July 2007. The total number of SFCs and TFCs across Greater Darfur has not changed significantly since 2006 (89 SFCs in July 2007 compared to 86 in June 2006, and 63 TFCs in June 2007 compared to 61 in July 2006), however there have been increases and decreases between states. The case load also varies between programmes, so total number is only part of the issue. For example, in West Darfur, where admissions have increased, the number of TFCs has decreased, while at the same time the number of TFCs in South Darfur increased. Thus the overall increase in number of services cannot explain increases in admissions in TFCs.

The main problem faced by NGO and the Federal Ministry of Health who are implementing these programme have been access to programme areas and the inability of beneficiaries to access services due to security problems. Some of the coverage shortfalls are as a result of the agencies not being able to expand programmes beyond their current capacity while in areas covered by the State Ministry of Health, there is restrictions as they can only work in government controlled areas. There is therefore a need to address shortfalls in terms of coverage of nutrition programming by advocating to NGOs to expand, however there is limited capacity in terms of implementing partners on the ground.

Localised nutrition surveys

Six localised nutrition surveys were conducted during the reporting period, two in North Darfur, three in South Darfur and one in West Darfur. Global Acute Malnutrition (GAM) rates exceeded the emergency threshold of 15 per cent in all six. Rates of Severe Acute Malnutrition (SAM) ranged from 1.4 per cent to 2.8 per cent. In three of the surveys (North and West), GAM rates are higher than those found during the same period in 2006. In the three surveys in South Darfur there was no comparable information from the same period in 2006. While an increase in GAM rates is in line with seasonal trends, the underlying causes are being investigated at state level in order to identify responses.

Mortality rates in two surveys (Otash Camp and Kass in South Darfur) were above alert levels for both under-5 and crude mortality. The primary identified causes of death were reported as diarrhoea (watery and bloody), and ARI. This indicates that concerted action is required to strengthen efforts in prevention and control of diarrhoea.

The rate of GAM for children 6-29 versus 30-59 months continues to be elevated, indicating that sustained efforts are required to address sub optimal infant and young child care practices.

State	Location	Agency	Date	% GAM	% SAM	Previous Survey	%GAM	%SAM
North Darfur	Kebkabiya	ACF	Jun 07	27.0% (23-31.3%)	1.9% (0.9-3.7%)	May 06	21.7% (18.1-25.8%)	2.1% (1.0-4.0)
North Darfur	Abu Shok and Al Salaam	ACF	Jun 07	30.4 % (26.3% 34.9%)	2.8% (1.6% – 4.9%)	June 06	22.8% (19.1-27%)	2.2% (1.1-4.1%)
South Darfur	Al Salam IDP camp	ACF	May 07	23.3% (19.2-27.9%)	2.8% (1.5-5.2%)	n/a		
South Darfur	Otash camp	ACF	May 07	17.2% (14.0-21.1%)	2.1% (1.0-4.0%)	Dec 06	15.6% (12.5-19.3%)	1.8% (0.8-3.6%)
South Darfur	Kass	ACF	June 07	17.8% (14.4-21.6%)	2.8% (1.6-4.9%)	n/a		
West Darfur	Geneina Town & IDP camps	Concern	June 07	17.4% (14.1-20.6%)	1.4% (0.8-2.1%)	June 06	12.3% (10.3-14.6)	1.6% (0.9-2.6)

STATE UPDATES

The following summarizes available information and highlights key areas of concern. It must be noted that in some areas with inadequate access and information, there may be unreported deterioration. Efforts are being made to address information gaps in the next update.

A. North Darfur

In North Darfur, Key areas of concern are Abu Shouk and Al Salaam camp and Kebkabiya. There have been no reports of deterioration from Kutum locality, Malha, Mellit, Um Kedada, Al Lait, and Korma.

Abu Shouk and Al Salaam IDP camp

Above emergency levels of GAM have been reported in Abu Shouk since 2004, despite ongoing assistance including TFC and SFC programmes. Abu Shouk was recently closed for new arrivals because it had reached capacity, while new arrivals can register in Al Salaam. There are reports of recent population influx into the area. While the last General Food Distribution (GFD) took place one week prior to the survey, with good coverage, the June 2007 ACF nutrition survey reported that 23.6 per cent of children surveyed were not registered for the GFD. The SFCs were closed in September 2006 following concerns over poor performance, however an additional OTP was opened in Jan 2007 (Abu Shouk) and April 2007 (Al Salaam). Rates of morbidity were low (less than 8 per cent) and cannot fully explain the high level of GAM.

Kebkabiya

GAM remains elevated relative to last year, despite provision of services in the area. Coverage of the GFD is high, though in January 2007 the quantity was cut by 50 per cent. Little population influx is reported. Nutrition programmes are present, though the coverage has changed over time. ACF ran 1 TFC and 5 mobile SFCs during the period of May 2004-March 2006. MSF-B opened an ambulatory therapeutic feeding centre in June 2006, and in January 2007, the State Ministry of Health opened a TFC in Kebkabiya Hospital. Currently there are no SFCs in the area, and there are some concerns about quality of care in the State Ministry of Health TFC. Public health indicators gathered during the survey cannot fully explain the high rates of GAM. Morbidity reported was at or below 10 per cent, and measles vaccination was more than 80 per cent.

B. South Darfur

In South Darfur, the areas of concern are Ed Daien, Kalma Camp, and Al Salaam camp. There have been no reports of serious deterioration from Otash, El Serif, Mershing, Manawashi, and Duma.

Ed Daien and Adilla

Following nutrition survey results from February that reported a GAM of 21.9 per cent, a blanket supplementary feeding programme was implemented. Tearfund reports very low access in Ed Daien and Adilla the last month due to insecurity. A nutrition survey has been carried out and results are pending. In June, there were 12 deaths in the Ed Daien hospital. Further investigation reported challenges of caretaker refusal to allow treatment by naso gastric tube when the children were unable to be fed orally, as well as replacement of trained staff with inadequately skilled staff. Tearfund has seconded staff to the TFC to ensure quality of care, and trained State Ministry of Health staff have been returned to work in the TFC.

Al Salaam

There has been massive influx of population over the past 2 months, and new arrivals continue. ACF has been monitoring the nutrition situation in Nyala town since 2004, and has been operating TFC in Nyala. Increases in admission have been observed in the past months. Recently ACF established an SFP in Al Salaam camp with financial support from UNICEF following the preliminary results of the recent nutrition survey reporting GAM above 15 per cent (23.3 per cent). Access to adequate water and hygiene practice remain limited, and morbidity in the last two weeks was elevated (cases of diarrhea 19.3 per cent). Measles vaccination is low (56.6 per cent) suggesting that measures are required to address shortfalls in the near term. The majority of children surveyed are covered by the GFD (85.9 per cent), and the majority received their last distribution May, with a smaller percentage (13 per cent) receiving their last in April.

Otash

The camp is now closed to new arrivals. The IDPs in the camp are highly dependent on the GFD and the majority (85.6 per cent) of children surveyed were registered. The majority of children surveyed received their last GFD in March. In terms of nutrition services, ACF is running 2 OTPs and World Vision are

running an SFP. Morbidity was elevated, with 15.6 per cent reporting diarrhoea in the last two weeks, and measles vaccination was 70.9 per cent.

Kalma

ACF continues to provide services in Kalma camp. While the situation was considered stable in May, the issue hygiene and access to GFD are primary areas of concern.

ARC opened an SFP along the Nyala-Tulus border following results from the nutrition survey in April that reported GAM of 14.1 per cent.

C. West Darfur

Areas of concern in West Darfur are Um Dukum, Garsila/Delieg. Lack of access persists in Jebel Marra area, while in Geneina town the situation is stable, Population movement is reported throughout West Darfur, including movement of IDPs, returnees and refugees from Chad and the Central African Republic. Tension persists on the borders, and it is likely that population movement will continue. Population movement appears to be a major driving factor behind the observed rates of malnutrition and increased feeding centre admissions in some locations. The increase in diarrhoeal disease, while in line with seasonal trends, is reported to be widespread and persistent and no doubt contributes to the increased admissions. A joint assessment was recently conducted, involving UNICEF, WFP, UNHCR and CARE International and findings will be circulated. Insecurity is preventing full access to rural areas. A nutrition survey was carried out by Tearfund in Beida locality, and results are pending. Some referral systems exist between Darfur and Chad (between Tearfund and MSF Holland).

Nertiti/Jebel Marra

Issues of limited access persist, and as a result there is limited information on nutrition status in the area. Delivery of services, including the GFD, is problematic. There are few options for implementing partners following the pull out of Solidarites in July in response to insecurity, and no nutrition partners in the area.

Garsila/Delieg

In June there was a peak in death rate in the Garsila TFC supported by IMC and the State Ministry of Health, and assessments into the underlying causes followed. Hygiene issues as well as need to strengthen identification of underlying illnesses were identified as areas for action. The TFC been expanded into an OTP in order to respond to increased case loads. IMC proposes to fill the gap in addressing moderate malnutrition by establishing an SFC.

Um Dukhum

A TFC is being run in the area. A nutrition survey is planned to cover Um Dukhum and Delieg. There is no capacity currently to address moderate malnutrition in the area. A 15 day emergency ration was given in Um Dukhum during the registration process.

El Jedid

This is a new camp started close to Um Dukhum. New arrivals have been registered. The GFD began in July with CARE as the implementing partners. IMC is planning to establish a mobile health clinic to serve the needs in the area.

Nutrition Supplies

Due to the ban imposed by the Federal Ministry of Health on therapeutic products, UNICEF was not able to purchase quantities of supplies as planned. Limited contingency stocks were ordered, however stock are available from South Sudan, and procurement for larger quantities is underway. Current in country stock levels are being confirmed, as well as identification of priority areas for movement of stocks.

The combination of targeting in country resources (including loans between partners) and mobilization of external resources should be sufficient to meet needs in the coming months. In the event, however, that case loads increase dramatically, there may be a need to mobilize further resources and advocate for direct support to partners to enable expansion of programming.

RECOMMENDATIONS

- Continued support to nutrition programming (financial, technical and supplies) to identify and treat malnutrition.
- Prepositioning of nutrition supplies in priority areas.

- Mobilization of resources to support NGOs and the State Ministry of Health to maintain current levels of service, and advocate for programme expansion where the evidence indicates a need to do so.
- Identification of areas where SFPs are required and defining the time frame and commodity to be used. In some instances, the use of BP 5 is being discussed and will be recommended where appropriate.
- Ensure reexamination of the SFP system and definition of the most appropriate way to address moderate malnutrition and improve performance of SFPs.
- Greater mobilization of efforts to prevent malnutrition through addressing underlying causes (such as health education, water/sanitation and hygiene practices, caring practices, etc).
- Advocacy for the the timely identification and inclusion of new arrivals in humanitarian support being provided by agencies.

Prepared by UNICEF Sudan Nutrition Section, with information provided by:

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

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