Overview

- Admissions into feeding centres have declined in comparison to previous months, in line with seasonal trends. Identification of areas that may require blanket supplementary feeding in early 2008 to prevent deterioration in the nutrition situation, as well as development of plans for prepositioning of supplies, are underway.
- Localised nutrition surveys: Results from two localised surveys in West Darfur were released. GAM was reported above emergency thresholds in Beida locality in July and at emergency thresholds in Azirni, Sanidadi and Um Tajouk in September. Crude and under-5 mortality rates in both surveys were below emergency thresholds. Results of other localised nutrition surveys are pending government approval for release.
- Health: ARI, malaria and diarrhoea continue to be reported at the most prevalent illnesses during the reporting period, underscoring the need to ensure coverage and quality of medical services.
- Food security: Onset of the post-harvest season has resulted in increased food availability, though not uniformly. Post harvest crop assessments will be instrumental in identifying areas that will require additional support in the near term.
- Humanitarian access continues to be constrained, due to armed clashes, population displacement, and increased violence within camps. Limited routine access is impeding smooth service delivery and monitoring activities to ensure quality of programmes.

Greater Darfur

On December 9th, preliminary results of the Food Security and Nutrition Assessment of the conflict-affected population in Darfur (DFSNA) were presented through a joint technical briefing by government (Federal Ministry of Health, Federal Ministry of Agriculture, Humanitarian Aid Commission) and the UN (FAO, UNICEF, WFP). Government concerns in terms of methodology and process were also raised and discussed.

Nutrition

Results indicate that there has been a deterioration in the nutrition situation among the conflict-affected population in Darfur in 2007. A statistically significant increase in Global Acute Malnutrition at regional level was reported (16.1 per cent, CI 14.1-18.2) compared to 2006 figures (12.9 per cent, CI 11.1-14.8). Severe acute malnutrition (1.9 per cent, CI 1.3-2.6) is stable in comparison to 2006 (1.9 per cent, CI 1.3-2.5).

GAM in North Darfur (20.5, CI 16.7-24.3) has consistently been higher than in South Darfur (14.2, CI 10.4-17.9), and West Darfur (12.2, CI 9.7-14.7) in the previous two assessments, aggravated by the limited number of partners available to respond in North Darfur. At state level, Severe Acute Malnutrition (SAM) was reported as 2 per cent in North Darfur (CI 0.9-3.0), 1.5 per cent in South Darfur (CI 0.1-2.9), and 2.3 per cent in West Darfur (CI 1.3-3.2). Fever and bloody/watery diarrhoea were significantly associated with acute malnutrition, though residential status and gender were not, underscoring the need to effectively link health and nutrition services and referral systems.

A larger proportion of children aged 6-29 months are malnourished than those aged 30-59 months, which is consistent with results of all localized nutrition surveys in Darfur, and is in large part attributable to sub optimal infant and young child feeding practices. Concrete action to improve complementary feeding practices are required.

<table>
<thead>
<tr>
<th>Year</th>
<th>Global Acute Malnutrition (GAM)</th>
<th>Severe Acute Malnutrition (SAM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>21.8% (18.2-25.3)</td>
<td>3.9% (2.3-5.6)</td>
</tr>
<tr>
<td>2005</td>
<td>11.9% (10.3-13.6)</td>
<td>1.4% (0.9-2.0)</td>
</tr>
<tr>
<td>2006</td>
<td>12.9% (11.1-14.8)</td>
<td>1.9% (1.3-2.5)</td>
</tr>
<tr>
<td>2007</td>
<td>16.1% (14.1-18.2)</td>
<td>1.9% (1.3-2.6)</td>
</tr>
</tbody>
</table>

Crude mortality (0.29/10,000/day) and under five mortality (0.66/10,000/day) were both below emergency levels. Feeding centre coverage (13 per cent, SFC and TFC combined, CI 7.4-18.6) remains below SPHERE standards of 50 per cent from rural areas, and has not improved in comparison to coverage reported in 2006 (14.2 per cent, CI 7.9-23.9).

Limited coverage of nutrition and public health services resulting in limited capacity for early identification and treatment of malnutrition and contributing morbidities, variable access to adequate sanitation in particular after rain damage; deterioration in the overall food security situation in Darfur; the high reliance on food aid combined with limited income earning activities which contribute to low dietary diversity; and limited progress in ensuring adequate programming to prevent malnutrition through sustained behaviour change efforts are contributory factors to the nutrition situation.

Localized nutrition surveys

Results from two localised surveys have been cleared by government for circulation. GAM was reported above emergency cut-offs in July in Beida locality with SAM of 3.7, and at the emergency threshold in Azirni, Sanidadi, and Um Tajouk localities in September with SAM at 3.6 per cent.

1 Formerly referred to as “Emergency Food Security and Nutrition Assessment.” The preliminary results presentation is available upon request. The full report is in preparation.

2 All nutrition surveys reported in this bulletin use the standard 30x30 cluster methodology in line with international standards unless otherwise stated.
Crude and under-5 mortality rates in both surveys were below emergency thresholds.

Sentinel site data, which includes both IDP and resident populations, indicates a continued stabilisation in the nutrition situation in accessible areas during the period of September through November, compared to previous months, as weight for height Z (WHZ) scores in all three Darfur states improved in comparison to previous months.

Health
Overall, the incidence of endemic diseases increased in Greater Darfur, in line with seasonal trend data.

Acute respiratory infections (ARI), diarrhoea and malaria/fever continue to be reported as the most common illnesses in the sentinel sites. Eye infections and Kalazar were also common from North Darfur sites, and cases of goitre observed.

Results from the DFSNA reported coverage of vitamin A supplementation\(^3\) (54.4 per cent) and measles campaigns (73.7 per cent) continued to improve since figures reported in 2005, though there is room for improvement. The polio and vitamin A campaign scheduled for 29-31 December 2007 throughout Darfur should contribute to higher supplementation coverage in the short term.

Overall, The DFSNA reports that access to safe drinking water continues to improve, with 76 per cent of conflict affected households across Darfur reporting a safe source as the main water source. Sustained efforts, including continued behaviour change and education related to hygiene and sanitation are required to maintain these gains.

Agriculture
Overall results from the DFSNA indicate that insecurity remains the greatest hindrance to both agricultural production and animal husbandry. There was a decrease in the proportion of households who cultivated in 2007 compared to 2006 indicate the potential impact of continued insecurity, shortage of agricultural inputs and limited access to farming land, while at the same time, the increase in area cultivated per household may indicate existence of some safer areas and good rainfall conditions early in the season. There is no significant change in the overall livestock ownership between 2007 and 2006. Even for among the conflict affected households, agriculture sector remains second most important sources of income for the populations (27 per cent of households). However, natural resources remain at high risk of degradation as the sale of firewood represents an important source of income (18.4 per cent of the households)

Food security
Even in the post harvest season, sentinel site data reports dietary intake in terms of number of meals remains similar for IDPs and residents in comparison with previous months. Overall, dietary diversity remains reliant on cereals and oils, with limited intake of protein, vegetables, and fruits, predisposing both IDP and resident populations to micronutrient deficiency diseases.

The DFSNA reports that overall level of food insecurity in Darfur remains very high, with little improvement compared to last year. Food security among IDPs in communities has deteriorated compared to last year. At the State level, overall food security in North and West Darfur has deteriorated compared to last year.

WFP and its implementing partners continue to deliver food assistance in Darfur, however the number of eligible people across Darfur who were inaccessible for delivery of food assistance was elevated, from 122,00 in September, rising to over 200,000 in October, and falling to 126,500 in December, the majority of whom are in South Darfur\(^4\). In response to the continuing arrival of IDPs across Darfur, registration efforts for the GFD are ongoing\(^5\). Due to a pipeline break, the limited amount of CSB was removed from the GFD and prioritized for SFP programmes, while pulses were added to the general food distribution in lieu of CSB. The blanket SFP implemented by ACF in Abu Shouk and Al Salam camps, targeting 15,000 beneficiaries, ended in October. Plans will be made in the short term through the nutrition coordination groups to identify areas that are likely to need blanket supplementary feeding early in 2008 in order to prevent seasonally documented deterioration, in addition to ensuring that other sectoral inputs to address the underlying causes of malnutrition.

Selective feeding centre data
Admissions\(^6\) into Supplementary Feeding Centres (SFCs) and Therapeutic Feeding Centres (TFCs) across Greater Darfur continued to decline in comparison to previous months, though SFP admissions rose slightly in November (Graph 3 and 4). Since January 2007, over 28,500 children 6-59 months have been admitted into SFCs and almost 10,000 children 6-59 months have been admitted into TFC/OTPs\(^7\).

Graph 3: SFC admissions, Greater Darfur

Graph 4: TFC admissions, Greater Darfur,

Performance indicators for SFCs across Greater Darfur have improved in recent months in relation to SPHERE standards.\(^8\)

Recovery rates across Greater Darfur have reached 68 per cent, though default rates remain above the 15 per cent cut

\(^3\) The previous vitamin A campaign was implemented April/May 2007.

\(^4\) WFP Monthly Situation Reports, 2007/9, 2007/10, 2007/11
\(^5\) WFP Monthly Situation Reports, 2007/9
\(^6\) Refers to children 6-59 months of age
\(^7\) Outpatient Therapeutic Programme
\(^8\) 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.
off (17.8). Transfer rates from SFCs to TFCs decreased in November to 2.1 per cent, indicating that fewer children are exiting the programme before having fully recovered, in comparison to summer months.

Performance indicators for TFCs continue to be variable, with a recovery rate across Darfur increasing to 68 per cent in November. Defaulting rates improved in September and October, but returned to 15 per cent in November. Death rates remained below 5 per cent.

The increase in recovery rates is attributed to the seasonal decrease in diarrhoea and other illnesses, as well as increased availability of food in the household and markets in the post harvest season. Defaulting rates are attributed to insecurity, sharing of the ration and time constraints related to agricultural activities, Ramadan and Eid. The increased death rate and decreased recovery rate in TFCs is due in many cases to the extremely poor condition in which some children are admitted (a result of insecurity delaying access to services). An interagency review of quality and effectiveness of selective feeding programmes is planned for March 2008, in order to identify and recommend ways to improve the positive impact of programming.

North Darfur

Security during the reporting period was poor, hindering movement for monitoring outside of El Fasher. Insecurity was notable in Kebkabiya, Tawilla Rural, and Shangil Tobay9. GOAL reopened the SFC/OTP outside Kutum town after suspension in September. MSF-E reopened the programme in Tawilla after its suspension due to insecurity. The blanket SFP implemented by ACF in Abu Shouk and Al Salam camps, targeting 15,000 beneficiaries, concluded in October. Post distribution monitoring reported 70 per cent consumption by intended beneficiaries. Population movement from South Darfur into North Darfur was reported, including Umkedada in Mellit, El Fashir and Sanikaro.

Nutrition surveys were conducted in Kaguro, and Abu Shouk/Al Salam, as well as a nutrition causal analysis, however circulation of the preliminary reports is pending government approval.

Selective feeding centre data

Admissions into SFCs and TFCs have decreased since the summer months (see Graph 6 and 7). Active case finding continues where access allows. The general decrease in admissions since August combined with the high cure rates have led to lower numbers of children in charge. The decrease in disease incidence following the rainy season, increased availability of food following the harvest, and additional time for child care with the reduction in agricultural labour required have contributed to the overall improvement in the nutrition situation.

Graph 6: SFC Admissions, North Darfur

Graph 7: TFC Admissions, North Darfur

Performance indicators for SFCs in North Darfur improved and met SPHERE standards for recovery, default and mortality. Recovery rates improved from 69 per cent in September to 83.3 per cent in November. Defaulting rates, with the exception of October, have improved, attributed to the lowered time demand for agriculture and livelihood activities. The slight peak in defaulting from 4 per cent (September) to 8.5 per cent in October is attributed to non participation during Eid.

Performance indicators for TFCs also met SPHERE standards at the end of the reporting period. Recovery rates rose from 59 per cent in September to 76 per cent in November. Mortality ranged from 3 to 4 per cent during the reporting period. Mortality in the TFC programmes are attributed in large part to late admissions, and therefore poor condition upon admission, as well as limited treatment of underlying causes when there is a need to refer out of the TFC programme for medical care.

Sentinel site system

Data was collected from seven sites in September, ten sites in October, and eleven sites in November. Population movement into camps and villages was reported in September and November.

The nutrition situation appears to be improving slightly, as mean WHZ score was -1.45 in September, -1.10 in October, and -1.01 in November, in comparison to previous months where mean WHZ was reporting ranging from -1.35 to -1.55. Mean WHZ during September to November 2006 ranged from -1.41 to -1.48.

ARIs are the most commonly reported illness by both camp and resident populations, followed by diarrhoea and fever. Eye infections and kalazar were reported from several sites during the reporting period. Goitre was observed in Sanikaro. Morbidity for children (2 week recall) is stable in resident populations, with almost half reporting no illness. Camp residents reported similar morbidity levels for

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September, improving in October and deteriorating in November to where three quarters reported an illness.

Dietary intake (in terms of diversity and number of meals) for IDPs and residents did not change markedly in comparison to previous months, with continuing reliance on cereals and oil with limited intake of animal protein and vegetables, despite increased availability of these products in the market. Food aid was reported as a main food source for both residents and IDPs, however residents also relied on their own production and market purchase (from sale of items other than relief), while IDPs relied to a small extent on their own production, as well as sale of relief and non relief items. Agricultural labour, non agricultural labour, and safe of firewood and grasses also contributed to resident and IDP household incomes.

Despite resident access to independent production, both residents and IDPs reported borrowing food, shifting to less preferred foods, reducing the number of meals and engaging in new income generating activities as coping strategies employed in the event of food shortage. The reliance on borrowing food contributes to the cycle of liquidating debts which can then lead to decreased resources in the home. In September, both IDPs and residents also reported sending family members for labour, potentially related to the increase agricultural labour opportunities at the time.

In terms of production, grasshopper damage was reported from El Fashir Rural in October. Grain prices continue to decrease, with the continued exception of Malha, attributed to the weak flow of grain due to access issues in that area. Livestock prices declined after an increase of market supply, following distress sales of livestock by some families in reponse to insecurity in Saouth Darfur, including Sahra Labado, Khazan Jadeed, Others who were displaced and who did not sell the livestock were reported to have moved north of El Fashir.

South Darfur

Insecurity prevented much movement out of Nyalta town for monitoring of programmes. World Vision’s OTP in Duma was suspended for 2 weeks in October and the SFP in Manawashie was temporarily not operational with reduced staff movement due to insecurity. Tension was high in IDP camps, in particular Otash and Kalma. There is little credible information on the outcome of population movement from Otash and Kalma camp, however ACF initiated active case finding in Sakaly, El Serief, Otash , Al Salam and Kalma following movement from Kalma (sector 7 and 8) to identify and refer children to appropriate selective feeding programmes. It appears that many beneficiaries of ACF programmes in Kalma are now enrolled in World Vision feeding programmes in Otash, El Serief, Derieg, and ACF in Al Salam. Close coordination between actors in the area will be necessary in order to prevent deterioration in the nutrition situation. Insecurity was notable in the Bulbul and Fardous areas10. Action arising from the multi sectoral meeting in response to the nutrition situation in Ed Dainen and Adilla reported through nutrition surveys in June and July, including the temporary OTP opened by Tearfund in Hai Gubba (Ed Dainen) to mobilize the people and increase the access to the feeding programme, appears to have contributed to the stabilization in the nutrition situation in those areas. CARE began supporting a TFC in Kass in September, in response to results from the ACF nutrition survey in July which reported Sam 2.8 per cent11. ACF closed their seasonal SFC in Kalma camp, while the Al Salam camp SFC remains operation. ICRC is in the process of transition for their nutrition programme in Gereida. CARE is in the process of exploring the possibility of working in Gereida in water, health and food distribution. NCA is planning to close their selective feeding programmes in Kubum and Um Labasa in December, handing over supported PHC centres to State Ministry of Health, due to improvement in the nutrition situation reported during the last nutrition survey in the area.

Nutrition surveys were conducted in Ed Dainen and Al Salam camp, however circulation of the preliminary reports is pending government approval.

Selective feeding centre data

Admissions into SFCs continue to decline in comparison to summer months (see Graph 9), while admissions into TFCs declined and then rose again in November, likely in relation to active case finding following population movement as well as the increase in acute jaundice cases reported from Kass and Al Salam camp (see Graph 10).

Performance indicators for SFCs improved during the reporting period, with recovery rates reaching 71 per cent and default dropping below 15 per cent in November. Performance indicators for TFCs improved from September to October, reaching recovery rates of 65 per cent with default rates below 15 per cent, and then declined in November, when default rates rose to 23 per cent. Mortality rates remain below 10 per cent.

Graph 9: SFC Admissions- South Darfur

Graph 10: TFC Admissions- South Darfur

Sentinel site system

Data was collected from 9 sites in September and 10 sites in October and November. Population movement into both village and camp sites continued to be reported.

The nutrition situation appears to be improving slightly, as mean WHZ score reported in September (-1.22) rose to -1.08 in October and -0.95 in November.

ARI, malaria and diarrhoea continue to be the main cause of morbidity among children under five, with ARI and malaria

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11 Since February 2007, over 25,000 are reported to have arrived in Kass and have been registered for GFD as per recommendations of agency assessments by MSF-F, CARE and UNICEF.
more common that diarrhoea, in contrast to previous months. Eye infections were also reported. Residents consistently reported that almost three quarters of children had been ill in the previous two weeks, while the prevalence was slightly lower among camp residents.

Dietary intake (in terms of diversity and number of meals) for IDPs and residents did not change markedly in comparison to previous months, with continuing reliance on cereals and oil with limited intake of animal protein, fruits, or vegetables. Residents reported gathering wild foods and higher consumption of vegetable proteins than IDPs. The limited dietary diversity predisposes both camp and resident populations to micronutrient deficiency diseases.

IDPs consistently reported their main source of food from the sale of non relief and relief commodities, as well as food aid and agricultural labour, while residents accessed a variety of sources, including their own production, sale of non relief items, gathering, and to a small extent food aid. Market access and supply are essential during this period given reliance of both IDPs and residents on markets.

Approximately two thirds of both IDPs and residents reported using coping strategies in the previous month. There was no clear trend as range of strategies were employed by both IDPs and residents, including shifting to less preferred foods or reducing the number of meals, borrowing food, engaging in new income generating activities, and sending members of family in search of labour opportunities.

**West Darfur**

Insecurity hampered operations in West Darfur. Limited movement outside of Selea has impeded follow up in Concern’s feeding programmes. In response to the increased number of cases of malnutrition found in Zalingi, MSF- France opened an OTP programme in Hamidia Camp. World Relief started an OTP programme in villages northeast of Geneina, and was able to reopen their nutrition programme in Jagjak. Population movement was notable in Hamidia camp and Kubus town. A number of cases of malnutrition have been identified through the Zalingi hospital (many reported to have come from Kass in South Darfur). Cross border movement continues, with Chadians accessing feeding programmes in Beida locality (Beida, Mesteri and Kongo Hazara), indicating the sustained need to improve cross border coordination between health, nutrition, and food security programmes.

The state Ministry of Health and nutrition coordination group have identified Sirba, Kondobe, Au-Surug, and Saraf Gidad as areas of concern with limited services. Rapid assessments will be carried out by partners on the ground.

**Localised nutrition surveys**

<table>
<thead>
<tr>
<th>Location</th>
<th>Agency</th>
<th>Date</th>
<th>% GAM</th>
<th>% SAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beida Localities</td>
<td>Tearfund/UNICEF/MOH</td>
<td>Jun 07</td>
<td>19.5</td>
<td>3.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>16.5-23.0</td>
<td>2.4-5.6</td>
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<tr>
<td>Azumi</td>
<td></td>
<td>Sep 07</td>
<td>12.9-17.7</td>
<td>2.4-4.8</td>
</tr>
<tr>
<td>Sanidadi and Um Tajouk localities</td>
<td>World Relief</td>
<td></td>
<td>15.7</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Tearfund, UNICEF and SMOH conducted a nutrition survey in **Beida Locality** (Mesteri, Kongo Haraza, Beida, Ararah) from 27 May-28 June, covering IDP, nomadic, and host communities.

GAM was reported above emergency levels (19.5 per cent, CI 16.5-23.0) with SAM of 3.7 per cent (CI 2.4-5.6), which is comparable to rates reported during the survey done in May/June 2006 which reported GAM 17.2 (CI 13.9-21.0 per cent) and SAM 3.4 (2.0-5.5 per cent) (see Graph 11). Under-5 mortality (0.76/10,000/day) and crude mortality (0.46/10,000/day) remain below emergency levels.

Overall coverage by public health services was positive, with some room for improvement in terms of vaccination coverage, in addition to addressing the practices of 17.1 per cent of the population who would not seek medical treatment from any source when ill. Diarrhoea was the more prevalent morbidity reported, with 23.6 per cent of children reporting diarrhoea in the previous 2 weeks. Access to latrines is low, with only 45 per cent reporting adequate access. While the majority of households (69.3 per cent) have access to safe water, at times people opt to access water from the wadi instead of queuing at handpumps. The majority of households (79.1 per cent) are covered by GFD, however concern was raised through focus group discussions in relation to the sufficiency of the ration.

Agency recommendations include continued targeted feeding in addition to the GFD, community nutrition and health education, social mobilization (including nutrition screening), continued efforts in increasing access to adequate water and sanitation facilities, support by food security programming, and improved coverage of vaccination/immunization programmes.

World Relief and the Darfur Relief Collaboration conducted a food security and nutrition survey in **Azirni, Sanidadi and Um Tajouk localities** from 1-13 September, covering IDP and resident populations, as an ongoing follow up in the area since March 2005.

GAM was reported slightly above the emergency cut off and SAM reported at 3.6 per cent. GAM has increased from September 2006 (9.2, CI 7.3-11.1), but has not returned to levels reported in September 2005 (18.6, CI 16.1-21.3). Both crude (0.31/10,000/day) and under-5 mortality (0.51/10,000/day) were below emergency cut offs.

Coverage of SFPs was low (12 per cent). Measles vaccination was high (87 per cent, card or verbal report), with vitamin A supplementation of 81 per cent, representing improvements from the previous year. Morbidity was high, with almost half of children reporting diarrhoea (2 week recall) and two thirds reporting fever. Overall, food security in the area appears to have improved in comparison to previous years, with a larger proportion of households able to maintain supplies of food through the hunger period, and fewer households reporting experiencing food shortages in the past year. Approximately three quarters of the households continued to be covered by GFD.

Agency recommendations include emphasis on activities to increase livelihood diversification and household income rather than food production per se, continued SFP programming to be complemented by active case finding, health and nutrition education with an emphasis on sanitation, improved immunization services, and improved access to water.

**Selective feeding centre data**

**Admissions into SFCs and TFCs** declined in comparison to previous months, in line with seasonal trends (Graphs 11 and 12). Monitoring of programmes, including ensuring medical care for underlying illnesses has been challenging.

**Performance indicators for SFCs** were variable. Recovery rates increased to 55.5 per cent in November. While rates of...
transfer to TFCs fell from 11 to 3.3 per cent, defaulting rates increased from 19.8 to 29.7 per cent. Performance indicators for TFCs improved, with recovery rates improved from 57 to 80 per cent, and mortality rates fell from 7 to 3 percent while defaulting remained at 8-9 per cent.

Defaulter tracing and active case finding, when possible, have found that time constraints including Ramadan and Eid, ration sharing, cross border movement, and limited prioritization of treatment of moderate malnutrition have undermined programme performance. Diarrhoea or other underlying illness and sharing of rations are cited as primary reason for non response in response to the increase in malaria cases, mosquito nets were distributed to all feeding centre beneficiaries in September. 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.

Dietary intake in terms of diversity and number or meals improved slightly for both IDP and resident populations in comparison to previous months. While reliance on cereals and oils continues, intake of animal products, vegetables, and wild foods increased, however dairy intake by IDPs was much lower than residents. While IDP household production did contribute to food sources, food aid and borrowing of food or receipt of charity suggest the continued precariousness of the IDP food security situation. Residents did report food aid receipt, however own production, market purchase (from sale of relief and non relief items) and trading indicate a greater diversity of food source options. Coping strategies practiced by both resident and IDPs included those with nutritional impacts (shifting to less preferred foods, limiting portion sizes at meals) as well as borrowing food and finding new ways to generate income.

Other news

Training on New Growth Curves
Federal Ministry of Health, with financial support from UNICEF, conducted a Training of Trainers for 24 state level nutritionists during the period of 12 to 20th November on the use of the new WHO growth curves. Growth monitoring and promotion, which is a key part of the Minimum Nutrition Package to be rolled out in 2008, utilizes the new growth curves as the reference population against which individuals are compared to assess their nutritional status.

Training on social mobilization for Universal Salt Iodization campaign
Federal Ministry of Health and UNICEF conducted a Training of Trainers for 30 representatives from state level media outlets (TV and radio) and State Ministries of Health. The objective of the training was to orient communication staff in the media and State Ministry of Health in the development of media spots in relation to the support of the Universal Salt Iodization campaign, which will be rolled out in 2008.

Sentinel site system
Data was collected from 13 sites in September, 7 in October and 9 in November. Population movement was notable in Hamidia camp and Kulbus town.

Sentinel site data indicates a stable nutrition situation, as mean WHZ was reported ranged between -0.95 and -0.88 during the reporting period. Mean WHZ in previous months ranged between -1.09 to -1.13.

ARIs were most commonly reported, as well as diarrhoea and eye infections. Morbidity between IDPs and residents were similar, with almost two thirds of children reported (2 week recall) to have been ill, with the exception of September when only 40 per cent of IDPs and half of residents reported illness. Jaundice (unconfirmed) was reported from Riyadh camp in September, and Leishmania (unconfirmed) reported from Kulbus in October. Focus group discussions highlighted eye infections as a common health concern as well.

CONTACT
The “Darfur Nutrition Update” is now available online. Check the following link for this issue and previous issues http://www.unicef.org/infobycountry/sudan_resources.html

For more information or any nutrition queries on the Darfur Nutrition Update, please contact Diane Holland on dholland@unicef.org, or Wigdan Madani on wmadani@unicef.org

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