Overview

- Admissions into feeding centres are in line with seasonal trends.
- Localised nutrition surveys: Results of one nutrition survey in South Darfur (Ed Daein) was cleared for release, and malnutrition rates indicated an improvement in the situation in comparison to previous survey data. Currently, results of eight surveys (3 in North Darfur, 3 in South Darfur, 2 in West Darfur) are pending government clearance. UNICEF continues its advocacy efforts to ensure release of nutrition survey data.
- Health: ARI, malaria and diarrhoea continue to be reported as the most prevalent illnesses during the reporting period, underscoring the need to ensure coverage and quality of medical services. Prevalence is however in line with seasonal trends.
- Food security: Results from post harvest crop assessments indicate that production increased in West and North Darfur, however production in South Darfur decreased dramatically. Further analysis of the data and mobilisation of support where appropriate is underway. Blanket feeding programmes will be conducted across North Darfur, and in targeted areas in South and West Darfur. Monthly market price data indicates that in absolute term, prices for some cereals are higher in 2008 than in 2007.
- Humanitarian access remains variable, as insecurity, tribal clashes, banditry and population displacement continue. Conditions have required temporary suspension of programmes in some areas. Limited routine access is impeding smooth service delivery and monitoring activities to ensure quality of programmes.

Greater Darfur

Available information from feeding centre data, sentinel site data, and other sources on the ground suggests that overall the situation in Darfur is progressing in line with seasonal trends. Ongoing monitoring in the nutrition, health, food security, water/sanitation sectors and close collaboration between agencies is encouraged, to enable mobilization of evidence based responses.

Localized nutrition surveys

Results from eight localised nutrition surveys conducted in 2007 are still pending government clearance prior to dissemination. UNICEF continues its advocacy efforts to ensure prompt release of nutrition data in real time since the introduction of the introduction of the 2007 NGO Directory of Procedures. An interministerial government committee has been formed to address the issue.

Health

Overall, the incidence of endemic diseases in Greater Darfur, is 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.

Agriculture

Production: Post harvest crop assessments conducted by Ministry of Agriculture and Natural Resources, in collaboration with the Food Security and Livelihood Working Group, FAO, HAC, SLA report that production in West Darfur and North Darfur increased, however production from South Darfur reported a dramatic decrease from 2006 levels. Recommendations include closer coordination between government and humanitarian agencies in terms of definition and timely delivery of appropriate support, including seeds, tools, and pesticides. Food for seed protection, food for work, relief and strategic stock are expected to play a large role in bridging the gap in South Darfur. Further details are available in the full reports available from Ministry of Agriculture and FAO.

Food security

Sentinel Site Data: In terms of dietary quality (diversity) and quantity (number of meals), there is little change across IDP and resident populations in comparison to previous months. Consistent with the post harvest period, own production is reported to play a large role in terms of food sources.

Food prices

In December, monthly market information reported sorghum and millet prices exhibiting stable or slight increases following decreases in previous months, however wheat prices remained substantially lower than 2006-2007 average. Typical of the immediate post harvest (Jan-Feb) period, prices of cereal commodities increased in January 2008. Wheat prices were 75 per cent higher than recorded in 2007. Wholesale sorghum prices have been increasing since October 2007 and “exceeding average price for the first time in January 2008.” These non seasonal trends are attributed in part to export of sorghum, increased world market prices, and depleted country level stocks from 2007. The expected decline in cereal prices in February to March was less than the decline recorded in previous years. Ongoing food aid distributions in Darfur and the increasing supply of cereals in the market following harvest are thought to be stabilizing factors in sorghum price trends, preventing further price increases in the short term. While sorghum prices are stable, wheat prices continue to rise in February. Livestock prices, noted in January 2008, are higher than normal, attributed to increases in feed prices.

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1 All nutrition surveys reported in this bulletin use the standard 30x30 cluster methodology in line with international standards unless otherwise stated.

2 Sudan Monthly Market Update, Ministry of Agriculture and Forestry and Ministry of Animal Resources and Fishery, FAO/SIFSIA, Bulletins #1,2,3 2008
While cereal prices are expected to begin to decline from March to June, households that are dependent on purchase of food in the markets, in particular the urban poor and rural poor with limited livelihood/income options in Darfur, will be disproportionately affected by the increased cost of cereals.

Food Aid: Following pipeline issues related to CSB in October and the subsequent reduction in the GFD in October and November 2007 (while prioritized for supplementary feeding programmes) CSB supply returned to previous levels in December through February. The commodity pipeline is reported as secure through third quarter in country, however movement to the field continues to prove challenging due to highjacking of vehicles and insecurity. State level planning meetings in preparation for the Blanket Feeding Programme across North Darfur and in targeted areas of West and South Darfur initiated following the results of the Darfur Wide Food Security and Nutrition Assessment among conflict affected populations, are underway to finalise operational issues related to targeting, social mobilization and monitoring.

In December, 106,600 people in need of food assistance were not accessible due to insecurity, primarily in North Darfur (61,000) and South Darfur (43,000). In January, over 133,500 people were not accessed, primarily in the northern part of West Darfur. In February, 64,000 people were not reached. In terms of absolute numbers, however, the number of people inaccessible in January/February 2008 is lower than those not accessible in January/February 2007.

Selective feeding centre data
Admissions into Supplementary Feeding Centres (SFCs) and Therapeutic Feeding Centres (TFCs) across Greater Darfur are beginning to increase in line with seasonal trends observed since 2004 (Graphs 1 and 2). Admissions of children 6-59 months old into SFPs and TFCs are at their lowest in December and January, and begin to rise from then onward, reaching a peak in May/June (SFPs) and June/July/August (TFCs), and subsequently decline. The increase in absolute numbers reached in January 2008 compared to January 2007 is attributed in part to increased access (eg increased number of programmes), increased outreach, and in some areas additional population displacement. In August 2007, there were 82 SFCs and 73 TFCs, while in February 2008, there are 88 SFCs and 92 TFCs. Additional programmes in West Darfur are currently in planning stages. There is a need to continue strengthening screening and referral mechanisms between health centres and selective feeding centres.

Graph 1: SFC admissions, Greater Darfur

Following concerns about the performance of TFCs/OTPs and SFPs in Darfur, the Nutrition Coordination Group developed a terms of reference in 2007 for a review of selective feeding centres. The review will be conducted by an interagency team (UNICEF, WFP, FANTA) to assess quality, efficacy and effectiveness of selective feeding programmes in the three Darfur states in order to form the basis for evidence based recommendations to improve selective feeding programming in the short and medium term through both direct action (including trainings and technical assistance) as well as indirect action (including advocacy).

North Darfur

Accessibility to beneficiaries was variable. Verification activities are initiated for new arrivals in Zam Zam camp following reports of displacement due to poor harvest. In December, over 10,000 people received emergency food rations, while verification efforts were initiated (6,400 in Zam

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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.
Zam, Shadad and Serief Bin Hussein IDP camps, 3,300 in Kutum area, 750 in El Fasher rural 

). In January, 61,500 people in the South Dar Zaghawa route were accessed with food aid, who had not been reached in December due to insecurity 

. Inter-tribal fighting was reported in Saraf Omra area in North Darfur 

. Haskanita, in southern North Darfur, continues to be an area of concern with limited accessibility since July 2007.

Admissions overall area stable into SFCs and TFCs, however admissions into TFCs supported by MOH outside of El Fasher Town (eg Mellit, Kebkabiya, Umkedada) remain low, in part due to limited community outreach, indicating that additional support is needed. The TFC in Al Kuma locality (MOH) is in the process of being rehabilitated in order to improve treatment infrastructure. MSF Spain reported that most cases of malnutrition in Tawilla programme are coming from Kunjara village. As a result, they will start mobile outreach in collaboration with Relief International who has worked in the area previously.

A micronutrient supplementation campaign, distributing lipiodol to approximately 475,000 beneficiaries (children 1-5 years, women of child bearing age and pregnant women) in order to prevent goiter in endemic areas, as well as deworming of children 1-5 and lactating women and distribution of folic acid to pregnant women was conducted in January/February, with coverage ranging from 80-85 per cent distribution of folic acid to pregnant women.

Graph 5: SFC Admissions, North Darfur

Graph 6: TFC Admissions, North Darfur

Performance indicators for SFCs in North Darfur exceeded SPHERE standards during the reporting period, with cure rates above 83 per cent and default rates less than 8 per cent. Performance indicators for TFCs are approaching SPHERE standards, with cure rates ranging from 68-69 per cent and death rates below 5 per cent.

Sentinel site system

Data was collected from 15 sites in December, 17 sites in January and 18 sites in January.

The nutrition situation appears to be improved compared to the same time in 2006/2007, and following seasonal trends. Mean WHZ score was -1.08 in December, -1.05 in January, and -1.20 in February, compared to -1.48 in December 2006 and -1.55 in February 2007 . The Mean WHZ ranged from -1.45 in September to -1.01 in November 2007, reflecting the seasonal improvement at the end of the year.

While more than one third did not report an illness among children under 5 in the previous 2 weeks, ARIs continue to be most commonly reported illness by both camp and resident populations among children under 5, followed by diarrhoea. Malaria as well as skin and eye infections were reported in both camp and resident populations.

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, with the exception of marginally increased intake of dark green leafy vegetables. Consistent with the agricultural season, both IDPs and residents reported own production as a key food source, while market purchase (through sale of relief items in the case of IDPs and through sale of items not associated with relief in the case of residents) was another major food source for both IDP and residents. Food aid was reported as a main food source for IDPs in December, and for residents in February.

Of those IDPs and residents that reported using coping strategies, both reported reducing the number of meals, using new income generating activities as well as borrowing food. Residents also reported shifting to less preferred foods.

South Darfur

Overall humanitarian access was higher in January and February 2008, compared to November and December 2007. In January, the Nyala – Kass road was re-opened for humanitarian access, while 5,800 individuals were displaced, moving into Al Salam camp and 2,599 to El
Firdous\(^{10}\). Intertribal fighting continues to be reported from Buram locality. Arrivals were reported in Sakali. Visits to places of origin of IDPs are ongoing in order to identify reasons for displacement.

Concerns continue regarding overcrowding, coverage of services and crowing in Al Salaam IDP camp, however no durable alternative solution has been found to date. The camp currently houses over 45,000 IDPs, compared to 3,500 people at the beginning of 2007\(^{11}\). Recent movement into Al Salaam has been attributed to poverty as well as inter-tribal tensions in Tulus and Buram localities. A blanket supplementary feeding programme was initiated in February in Al Salaam by WFP, World Vision, ACF and UNICEF. The new arrivals into Al Salaam have been noted to comprise 50 per cent of the caseload in the OTP, underlying the need to ensure adequate services for new arrivals in order to address poor conditions upon arrival. Additionally, in Kass, there is a need to finalise registration of new arrivals to basic services including GFD, NFIs, health, etc. Information from Kalma camp indicates a stable situation at this time.

In December 2007, UNICEF and WFP and partners conducted a strategic meeting to review coverage of programmes and identify geographic areas of need and advocate for appropriate resources and responses.

**Localised nutrition surveys**

Results of a localised nutrition survey conducted by Tearfund in collaboration with Cordaid, UNICEF SUDO/NCA and MoH Ed Daein hospital in Abumatariq, El Firdous, El Neem and Khor Omer IDP camps in Ed Daein and Baher El Arab Locality (25th November - 2\(^{nd}\) December, 2007) were cleared for release.

**Malnutrition:** Global acute malnutrition was reported as 15.7 per cent, indicating improvement compared to results from June 2007 (29.7 per cent) as well as February 2007 (21.9 per cent). Severe acute malnutrition was reported as 1.4 per cent, reduced from 4.4 per cent in June 2007 and 3.9 per cent in February 2007. The area has consistently reported spikes in GAM on a seasonal basis.

![Ed Daein Malnutrition Rates](image)

**Mortality:** CMR was reported as 1.27/10,000/day, and under 5 mortality rate reported as 0.55/10,000/day. As in the previous 2 surveys, both mortality rates remain under emergency levels.

Following the high level of GAM in June, a blanket feeding programme for new arrivals in El Neem IDP camps was instituted for 3 months in collaboration with UNICEF and WFP, in addition to the ongoing SFP and OTP programmes. The selective feeding programmes have high coverage, with 71.4 per cent of severely malnourished children registered in the OTP and 58.0 per cent moderately malnourished children registered in SFP.

More than one third (34.6 per cent) of children under 5 were ill in the previous 2 weeks, with diarrhea and ARI. Almost one third of children, however, were never vaccinated against measles, though this is an improvement from the previous survey results. The majority (more than 90 per cent) have access to safe water within 30 minutes distance and use jerry cans for collection. While some improvement in latrine use was reported among children, marginal improvement was made amongst adults. The majority of new arrivals reported arriving from Buram Locality followed by the recent tribal clashes between Habania and Salamat tribes. GFD verification processes were ongoing during data collection.

Agency recommendations included continuing the selective feeding programmes, strengthening hygiene education, latrine construction, and implementation of a blanket feeding programme early 2008 to prevent the rise in GAM.

Results of three other nutrition surveys (Kalma, August 2007, Nyala Town, September 2007, Otash, December 2007) are pending government clearance.

The post harvest crop assessment, conducted from December to February, reported an estimated reduction in production of 75 per cent for both millet and sorghum, and 61 per cent for groundnut. The reduction is attributed in part to rain fall, pests, insecurity, as well as the caseload of IDPs who are not able to engage in production activities to the same extent as residents.

Localities identified as those most affected included Sharia, Adeala Buram, Ed Daen, East Jebel and Nyala, Kass and Alsalam, while least affected localities were reported as Tulus, Rehad elbirdi and Eid al Fursan.

**Selective feeding centre data**

**Admissions into SFCs** are beginning to increase, in line with seasonal trends, following a low point in December, and have not increased markedly despite the population movement in South Darfur. For the most part, the number of selective feeding centres is comparable in February 2008 (26 SFCs, 27 TFC/OTP) to August 2007 (24 SFCs, 26 TFC/OTP). Several programmes were handed over during the reporting period. In December, SUDO handed over 2 SFs to Tearfund who began programmes in February. NCA handed over SFs to CARE, and Kuwaiti Patient Helping Fund handed over the TFC in the Nyala Teaching Hospital to MOH in January.

![Graph 7: SFC admissions- South Darfur](image)
Reported that while conflict in areas of Habila and ForBaranga, in December, humanitarian staff were relocated from west Darfur following the displacement of an estimated 57,000 people in early 2008, leading to the temporary suspension of several nutrition programmes, including CRS and Concern in Kulbus, Seleia and Sirba. MSF CH reported difficulty in accessing the programme in Seleia in January due to insecurity. Interagency assessments in the northern corridor followed the conflict, and emergency assistance, including food, NFIs and health supplies have been provided in key locations to conflict affected and displaced persons. World Relief opened 7 new OTP sites in the areas of Um-Tajouk, Azirni and Sanidadi in February.

UNICEF, in collaboration with other actors, ensure prepositioning of therapeutic supplies as well as BPS in order to respond to increased caseloads in TFC/OTPs in Geneina following population displacement, as well as to enable rapid mobilization of supplies if needed in the case of additional displacement prior to coverage by WFP food aid. Additional equipment and supplies have been mobilised to restore health, nutrition, water/sanitation and education services in the northern corridor. Hijackings and banditry in West Darfur continue to be reported.

Results from localised nutrition surveys conducted in Azimi, Sanidadi, Um Tajouk, September 2007 and Um Shalaya, November 2007, are pending government clearance for release. The nutrition survey planned for Beida locality in January was delayed due to insecurity. SMOH and UNICEF conducted a rapid nutrition assessment in Abusuruj in February. 36 children from 25 families were screened. 4 moderately malnourished children were found. No children with severe acute malnutrition were identified suggesting stability in the nutrition situation at that time.

The post harvest crop assessment reported that while production was higher than in 2006, that there is a deficit of 32-37 per cent of annual food requirements. Primary constraints reported included rainfall, limited agricultural inputs, insecurity, and crop damage due to animals.

Sirba, Geneina, Azum, Habilla, Rokhero localities are estimated to have food supplies that will last 4-6 month supplies, while all other localities are forecast to have supplies adequate for 6-8 months or more.

Selective feeding centre data
Admissions into SFCs and TFCs declined in December and have begun to increase in line with seasonal trends (Graphs 9 and 10), however the increase is lower than expected, attributed to insecurity and limited access to several key nutrition programmes. Overall there are more programmes available in West Darfur in February 2008 (52 SFCs and 45 TFC/OTP) than in August 2007 (44 SFC and 25 TFC/OTP).

West Darfur

In December, humanitarian staff were relocated from west Darfur following conflict in areas of Habila and ForBaranga, though in early January staff were able to return. Military action between the Government of Sudan and the Justice and Equality Movement in the northern corridor of West Darfur led to the displacement of an estimated 57,000 people in early 2008, leading to the temporary suspension of several nutrition programmes, including CRS and Concern in Kulbus, Seleia and Sirba. MSF CH reported difficulty in accessing the programme in Seleia in January due to insecurity. Interagency assessments in the northern corridor followed the conflict, and emergency assistance, including food, NFIs and health supplies have been provided in key locations to conflict affected and displaced persons. World Relief opened 7 new OTP sites in the areas of Um-Tajouk, Azirni and Sanidadi in February.

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Performance indicators for SFCs improved considerably, meeting SPHERE standards for cure and default in February. Performance indicators for TFCs met SPHERE standards for cure, default and death during the reporting period.

Sentinel site system
Data was collected from 4 sites in December, 5 sites in January and 15 sites in February, due to insecurity and operational constraints.

Sentinel site data indicates a stable nutrition situation, as mean WHZ was reported as -1.18 in December, -0.85 in January and -0.92 in February. These rates, with the exception of December (variability likely due to small number of data points) are consistent with previous months and data from similar period in the year.

ARIs and diarrhoea were the most commonly reported illness in children under 5.

Dietary intake in terms of diversity and number or meals continued to improve 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. IDPs reported reliance on food aid, for direct consumption as well as a commodity to sell in the market to purchase other foods, in addition to own production. Residents reported reliance on market purchase through sale of goods other than relief items, as well as a variety of trading, borrowing and gathering of food.

Among IDPs that practice coping strategies, limiting portion sizes and borrowing food were most often reported, while among residents, borrowing food as well as purchasing on credit was reported, suggesting that while improving dietary diversity marginally may be possible, households are not universally able to meet their needs.

Other news
Nutrition Causal Analysis- Darfur
In order to more fully characterize the nutrition situation in Darfur, UNICEF, MOH and partners developed a terms of reference for a specific analysis into the current and previous underlying causes of malnutrition in Darfur through the Nutrition Coordination Mechanism in 2007. A holistic analysis of the current and previous underlying causes of malnutrition will form the basis for evidence based recommendations for key intervention in the short and medium term. The desk review was completed in December 2008, and the field work undertaken in January. Preliminary results were shared in a debriefing in February at UNICEF. The final report will be circulated once completed.