Overview

- Admissions into feeding centres are in line with seasonal trends, beginning to increase with progression into the hunger gap.
- Vulnerability factors: Darfur is still vulnerable and there is concern that the nutritional situation in Darfur could deteriorate, in particular at the height of the hunger gap (June- August), in light of additional displacement, and subsequent pressure on individual IDP camps, pressure on the water table, poor harvest in South Darfur, and challenges in delivering aid to remote locations due to ongoing insecurity preventing the delivery of commodities and inhibiting staff presence to ensure delivery of quality programming.
- Localised nutrition surveys: Results of eight surveys (3 in North Darfur, 3 in South Darfur, 2 in West Darfur) are pending government clearance. Some of these results have been pending for months and UNICEF has intensified its advocacy efforts to ensure release of the nutrition survey data.
- Health: ARI, malaria and diarrhoea continue to be reported at the most prevalent illnesses during the reporting period, however prevalence is in line with seasonal trends.
- Food security: WFP has announced that they will need to cut the GFD ration, reducing kcal content by 40%, following continued banditry against WFP delivery trucks. While the GFD is cut for May, supplementary feeding programmes, blanket feeding programmes, and food for education will continue. Monthly market price data indicates localised increased in cereal and livestock.
- Humanitarian access remains variable, as temporary suspensions of programmes and population displacement continue to be reported.

Greater Darfur

Available information from feeding centres, sentinel sites, assessments, and partners on the ground continues to suggest that the situation is progressing in line with seasonal trends with a few localised exceptions such as Al Salaam camp and El Fadrous in South Darfur, following displacement and insecurity. Nonetheless, there is concern that the nutritional situation in Darfur could deteriorate, in particular at the height of the hunger gap (June- August), in light of additional displacement, and subsequent pressure on individual IDP camps, pressure on the water table, poor harvest in South Darfur, and challenges in delivering aid to remote locations due to ongoing insecurity preventing the delivery of commodities and inhibiting staff presence to ensure delivery of quality programming.

UNICEF will continue to work in close collaboration with FMOH, FAO, and WFP to ensure sharing of relevant information in real time in order to mobilize responses. As April progresses, it is expected that admissions into selective feeding centres will increase and that mean Weight for Height Z scores from the sentinel site data will show a seasonal deterioration, in particular as the hunger gap progresses, and with increased morbidity (in particular diarrhoea) during the rainy season. Supplies for treatment of acute malnutrition (in particular severe acute malnutrition) are in the process of being prepositioned at state level, based on previous year’s admissions, partner capacity, and contingency planning in case further deterioration beyond seasonal expectations is noted.

Localized nutrition surveys¹

Results from eight localised nutrition surveys by NGOs are not yet available for dissemination, pending their release by government. Since this process is related to the Joint Directory of Procedures, UNICEF has taken this up with the DSRSG and OCHA to address within the context of these procedures. UNICEF has also discussed this with the Minister of Humanitarian Affairs, the Federal Minister of Health and the Humanitarian Affairs Commissioner. They have agreed to address this.

Preliminary results for 2 rapid assessments (North and South Darfur) and one nutrition survey (South Darfur) conducted in 2008 have just been submitted for clearance. Preliminary results for a nutrition survey conducted in Gereida (South Darfur) in February 2008 are in final stage of preparation prior to dissemination.

Health

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

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

Agriculture

FAO is in the process of distributing agricultural inputs (seeds, etc), which are being complemented by seed protection rations distributed by implementing partners and supported by WFP. Implementing partners are encouraged to discuss with WFP about distributing protective seed rations, in particular in South Darfur, following concerns of poor harvest and food deficits in the short term.

Food prices²: Cereal prices began to stabilize in February and March, contrary to expectation of further increases given

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 #4, 2008
the limited supply in the market, though prices have stabilized at levels higher than those recorded during the same period in 2007. Driving factors behind the price increases include low supply of grain, increases in global food prices, prices speculation and limited export. Livestock prices overall declined in the month, and in Darfur where insecurity and variable markets have resulted in supply higher than demand, livestock prices remain low, undercutting livestock owner livelihoods, which when combined with increased cereal prices may constrain livestock owner purchasing power.

Several agencies, in particular WFP, the World Bank, and FAO/SIFSIA are in the process of developing further analyses of the driving factors and implications of increases of food prices in Sudan, in order to guide short term Government of National Unity policy responses as well as agency level programmatic responses to ensure that the most vulnerable are identified and appropriate support mobilised. UNICEF and WHO continue to advocate that implications on human health through changes in consumption and expenditure are addressed through these studies.

**Food security**

*Sentinel Site Data:* There was little change in dietary intake (number of meals and diversity) in comparison with previous months. Increases in cereal and livestock prices have been reported in selected sites.

Food Aid: The WFP pipeline of food commodities is secure within the country through the third quarter, however transport to the field continues to be problematic due to hijacking of trucks and banditry. As a result of the challenges of moving food commodities to hubs in Darfur, and transportation outside of hubs, WFP announced that the general food distribution (GFD) will be reduced for May. The cereal, pulses, and sugar will be cut 50 per cent, to 225 g, 30 g, and 15 g per person per day respectively. This will result in a reduction of kcal value by 40 per cent. While the GFD is cut, commodities for supplementary feeding, blanket feeding, and food for education will receive commodities as normal.

The blanket supplementary feeding programme supported by WFP and partners in response to elevated GAM reported from the Darfur Wide Food Security and Nutrition Assessment among conflict affected populations will run over a 4 month period in order to contribute to efforts to prevent malnutrition during the hunger gap. The BSFP will be implemented across North Darfur by partners distributing the GFD on a monthly basis. The BSFP will be run in West and South Darfur in targeted locations, with fortnightly distributions. DSM will be added to the ration once it is received in the field. Social mobilization about use of commodities will be critical for success. Parameters to monitor impact, in addition to output indicators are still in development. The Nutrition Coordination Mechanism plans to conduct a lessons learned exercise of blanket feeding programmes in Darfur in order to consolidate best practice and experience later on in the season.

WFP is in the process of conducting Rapid Food Security Assessments in areas identified as vulnerable by the post harvest crop assessments in order to determine if additional food aid will be required.

**Selective feeding centre data**

Admissions\(^3\) into Supplementary Feeding Centres (SFCs) and Therapeutic Feeding Centres (TFCs) across Greater Darfur continued to increase in line with seasonal trends, with localised fluctuations related to insecurity and population displacements, as well as expansion of programming and increased outreach efforts in some areas.

Graph 1: SFC admissions, Greater Darfur

Graph 2: TFC admissions, Greater Darfur

Graph 3: SFC Performance statistics, Greater Darfur

Performance indicators for TFCs , which had met SPHERE standards in January and February declined slightly in terms of cure rate in March, on average falling below Sphere standards.\(^4\)

Graph 4: TFC Performance statistics, Greater Darfur

---

\(^3\) Refers to children 6-59 months of age

\(^4\) 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.
North Darfur

MSF Spain's programme remains suspended in Tawilla due to insecurity. Relief International established a new SFC in Jafalo in El Fashir locality, in order to increase coverage of programmes and is going to cover part of Korma villages in East Korma administrative unit. Community outreach workers in Sarafaya, Umgidabo, and Kunjara temporarily refused to work, citing preference for cash as work as opposed to food for work support. Discussions between Relief International and the community resolved the issue for the short term.

ACF is planning to do survey in Kaguru and Kekbabaya in May/June 08, and have submitted all appropriate documents.

MSF Spain and MSF Belgium are working in Kaguro and Tawilla, however monitoring of the situation should continue given the recurrent suspension of programmes. Dar ar Salam (excluding Shangil Tobay), does not have any nutrition programmes. Kafod and Abu Sakin note challenges in provision of health care, as the health clinic and health facilities are not currently functioning, in the latter case following conflict. Kulkul and Hashaba continue to have limited access to humanitarian services, including health and nutrition. In addition, areas such as Malha, Lait, Tweisha, North of Kutum have been ongoing areas of concern.

Selective feeding centre data

Reported admissions into SFCs decreased in March primarily due to temporary suspension of programmes in Tawilla due to insecurity, as well as non reporting by some key programmes. Reported admissions into TFCs have increased slightly (Graphs 5 and 6).

Graph 5: SFC Admissions, North Darfur

Graph 6: TFC Admissions, North Darfur

Sentinel site system

Data was collected from 12 sites in March, and very little population displacement reported in sentinel sites. Approximately 20 families were displaced into Sanikaro from Umsaona (western part of Tawisha) due to insecurity, while 17 people returned from Khartoum to join their families in Kassab camp.

The nutrition situation is stable compared to previous months, with mean WHZ reported as -1.23 in March, compared to -1.20 in February 2008, and appears improved compared to the same time period in March 2007 when mean WHZ was reported as -1.45.

Acute respiratory infections, diarrhea and fever were reported from the majority of sites, while skin disease was reported in Umkedada and Wama sites in Mellit locality. ARI was more commonly reported among children under 5 than diarrhoea. In Wama village there is health unit with trained staff but no medicines in the facility therefore people have to travel to Mellit Hospital for care.

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. Similar to previous months, and consistent with the post harvest period, 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, suggesting that rising food prices could impact both IDP and resident populations. Food aid was reported as a main food source for IDPs in March.

Of those IDPs and residents that reported using coping strategies, both reported shifting to less preferred foods and engaging in new income generating activities.

An increase in livestock price trends was reported (eg. goat prices rose from 93SDG in February to 124 SDG in March, while the price of sheep rose from 121SDG in February to 140SDG in most sites. Grain prices also exhibited an increase, from 60SDG in February to 100SDG in March. Terms of trade between goats and cereal are in favour of livestock owners. Prices are expected to continue to increase in the coming months.

Currently the water supply issues are reported as stable, with the exception of Wama and Umkedada in Mellit where water issues have been chronic. In Argu and Konjara the issue of quality of water has been reported since last year, insecurity hindering the partners to get in to Tawilla for solving the problem. WASH is ready to support but there are limited partners available to expand programmes. Limited access to water may increase vulnerability to water borne diseases.

South Darfur

The post harvest crop assessment suggests that there is below average harvest, which may lead to decreased food security in the medium term. In response, blanket supplementary feeding is taking place in Ed Dairen, a chronic area of elevated global acute malnutrition, and Adilla, where additional support for the treatment of acute (moderate and severe malnutrition) is in preparation with MSF France following a rapid assessment in March in consultation with MOH, UNICEF, Tearfund and Cordaid. MSF France will
begin an OTP programme in April, supporting the paediatric ward of Adilla Hospital as well as the TFC.

In Yassin and Saleah of Shariea Locality where Merlin had taken over OTP in September, the survey planned for April has been delayed due to insecurity. In Buram locality, the lack of partners impedes ability to carry out programming. Assessment of the Nyala Tulus area in March suggests that the majority of the population have been displaced for more than 7 months, yet have not been able to meaningfully access humanitarian assistance, though NFI distribution in some areas has been done.

In East Jebel Marra, MSF Holland continues to operate an inpatient TFC in Feina, handing over mobile clinics with outpatient therapeutic feeding component to MDM in order to ensure geographic distribution of services. MDM is in the process of starting OTP and mobile PHC services in Deribat side of East Jebel Marra. A nutrition survey in East Jebel Marra is planned for May.

In Nyala, no significant changes have been reported. In Kass, CARE, in close collaboration with MOH and WFP, continues to run a TFC at Kass Hospital and SFP in two locations of Kass town. CARE is in consultations with MOH and UNICEF to run OTPs in Kass town.

Al Salaam camp remains an area of concern. Admissions into TFC/OTP programmes in Al Salaam report that almost half originate from sector 10. A rapid assessment was conducted in April. Ensuring adequate health, water, and hygiene for those in Al Salaam, continues to be challenging, however local advocacy is underway to address the needs. The blanket feeding programme planned by World Vision and WFP gave one distribution to new arrivals in March, however the second distribution has not yet started but is planned to start in April once verification processes are finalised.

Selective feeding centre data
Admissions into SFCs continue to increase in line with seasonal trends, however admissions into TFCs fell in March when compared to February admissions. An increase in admissions was noted in Ed Dainen, where 90 per cent of admissions in Ed Fadrus area were related to diarrhoea. In response, Tearfund has planned to distribute ORS and conduct hygiene promotion in collaboration with WES. Additionally, increased admissions are reported from Al Salaam camp and Kalma camp. In the case of Al Salaam camp, the majority are reported from Sector 10, while the majority report limited to no GFD. Discussions are ongoing with UNICEF, ACF and WFP to respond to the situation.

Graph 7: SFC Admissions- South Darfur

Graph 8: TFC Admissions- South Darfur

Sentinel site system
Data was collected from 15 sites in March.

The nutrition situation appears to be stable, as mean WHZ score was reported as -0.90 in March, compared to -0.98 in February 2008, and improved when compared to mean WHZ score from March 2007 (-1.23).

ARI, malaria and diarrhoea continue to be the main cause of morbidity among children under 5, though ARI continues to be reported more frequently than diarrhoea among both IDPs and residents in March.

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. The limited dietary diversity predisposes both camp and resident populations to micronutrient deficiency diseases.

Food aid continued to play a significant role for IDPs, as both direct food source as well as an asset to sell in the market to purchase other foods, as well as residents who reported purchasing food in the market through sale of relief items.

Both residents and IDPs that reported using coping strategies reported shifting to less preferred foods and using new income generating activities, though IDPs also reported sending family members in search of employment while residents reported reducing the number of meals eaten suggesting that IDPs have fewer options for coping.

West Darfur

In West Darfur, special focus need to be given to the northern corridor where most of the population has lost assets and the infrastructure has been undermined, in addition to areas like Armankul which currently accommodates a large number of new arrivals from Saraf Jadid. A rapid assessment in Saraf Jadid indicates that the nutrition situation is stable. The nutrition situation in Seleah is stable at present – a rapid assessment in February/March identified only a very few moderately malnourished children. Concern’s OTP programme remains suspended in Seleah, while in Sirba Concern, CRS, and Medair have agreed to reopen the OTP programme, though the programme will be operational pending the security situation. Assessments of the northern corridor are ongoing in order to monitor the evolution of the situation. Monthly rapid assessments are ongoing in Amankul and Abusuruj. The feasibility of blanket feeding programmes is in discussion with WFP and CRS.

Jebel Marra, which is accessed by each of the three Darfur states, continues to have limited partners and is an area of concern, though discussions are underway with partners
about potential programming. Discussions are underway with Medair Concern and CRS regarding new nutrition programmes in Sirbaj/Seleah/Abusuruj and Armakul. The security situation in the northern corridor remain of concern, impeding staff presence overnight, thereby affecting the delivery of service to the community. General food distributions were ongoing including the areas of northern corridor.

A nutrition survey is planned during the 1st and 2nd week of April in Mornel.

**Selective feeding centre data**
Admissions into SFCs and TFCs continue to increase in line with seasonal trends. Cross border movement from Chad continues, comprising some of the caseload in the SFC/TFCs. The reasons for the sudden increase in the admission at the TFC in Zalingi hospital in March attributed to increased active case finding and use of Z score as opposed to percent median for admission.

**Graph 9: SFC Admissions- West Darfur**

![Graph 9: SFC Admissions- West Darfur](image)

Performance indicators for SFCs met SPHERE standards in March, however recovery rates in TFCs dropped below SPHERE standards. The decline in TFC recovery rates was attributed to limited staff capacity (eg staff travel without adequate replacement, and followup on a biweekly rather than weekly basis). Bilateral discussions with partners regarding underlying reasons and responses are underway.

**Sentinel site system**
Data was collected from 14 sites in March.

Sentinel site data indicates a stable nutrition situation in comparison to previous months. Mean WHZ in March was reported as **-0.90**, compared to **-0.92** in February, however it indicates a slight deterioration when compared to the same period in March 2007 (-0.69).

ARI and diarrhoea were the most commonly reported illnesses among children under 5, with diarrhoea reported more commonly than ARI.

Dietary intake in terms of diversity and number or meals continued to improve slightly for IDP populations in comparison to previous months, as IDPs overall reported a slight increase in vegetable and animal protein, while residents reported slightly less frequent of cereals. 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 relief items.

Among IDPs and residents that practice coping strategies, limiting portion sizes and shifting to less preferred foods were most often reported. Additionally, IDPs reported purchasing food on credit while residents reported borrowing food, indicating the longer term implications of short term food insecurity.

**Other news**

**Darfur Planning Meeting**
A one day meeting was hosted Nyala, with MOH, UNICEF, HAG and key partners across Darfur. The objectives of the meeting were (1) To update implementing partners on procedural updates for 2008 (2) to share planning assumptions agree on contingency planning next steps for 2008 hunger season (3) to share experiences and best practices in feeding programs. Minutes from the meeting as well as presentations are available from MOH and UNICEF, and will be followed by follow up at state level.

**Review of Nutrition Surveillance System**
A review of the Nutrition Surveillance System was conducted in Nyala on April 1st and 2nd, to (1) review operational and technical issues related to the NSS and (2) review its relevance in light of changes in other surveillance systems in order to update tools and define areas for stronger collaboration between surveillance systems in order to ensure that the NSS system in Darfur has the capacity to detect deterioration in nutrition status of vulnerable groups in a timely manner to enable holistic and appropriate multisectoral response. The main actors in Nutrition, Food Security/ Livelihoods, WASH and Health monitoring in Darfur across the three Darfur States and from Khartoum were invited to participate in the review that was hosted by SMOH and UNICEF. Commonalities between sectoral surveillance systems as well as areas for technical/operation issues for modifications to the Nutrition Surveillance System, and preliminary steps forward were identified. Minutes are available upon request.

**Selective Feeding Centre Review- Darfur- Debriefing**
Main findings reported that while the quality of programmes is variable, at the level of individual programmes it is possible to meet SPHERE standards. Geographic coverage of programmes remains challenging due to the limited number of partners on the ground, and limited capacity of MOH to take on programmes in some areas. Strategic community outreach, including addressing the issue of demotivation within the community following rejection if screened based on MUAC and admitted on WFH, improves programme performance. Finalisation of the integrated...
guidelines for inpatient and community based treatment of severe acute malnutrition will be a critical first step in standardizing care and improving quality of treatment of severe acute malnutrition, in addition to strategic training plans. There is a need to increase lesson learning and sharing of best practices between agencies, and a need to continue efforts to make concrete links between nutrition and food security, health, and water/sanitation sectors.

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
UNICEF Sudan Country Office, House 47, Street 74, Khartoum 2

Federal Ministry of Health

The “Darfur Nutrition Update” is produced in collaboration with the Sudan Federal Ministry of Health by the UNICEF Sudan Nutrition section, with input from the following actors in nutrition, food security and health:

The Nutrition Surveillance System is implemented by UNICEF and the Federal Ministry of Health, funded by OFDA and supported by WFP