Overview

- **Admissions into feeding centres**: 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**: 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. Mortality rates in two surveys (Otash Camp and Kass in South Darfur) were above alert levels for both under-5 and crude mortality.
- **Health**: There is no unusual trend reported for endemic diseases during the May and June. South Darfur reported the majority of measles cases, while West and South Darfur reported the majority of bloody diarrhoea cases.
- **Food security**: In May, there was a 40 per cent increase in the population that WFP was unable to cover due to insecurity. Preparations for the next agricultural season are underway.
- **Humanitarian access**: Humanitarian access across Greater Darfur continues to be limited, due to insecurity as well as travel restrictions. This limitation has resulted in localised suspensions of some activities and unmet targets due to agencies’ inability to access beneficiaries in some areas.
- **Population movement**: The influx of refugees from Chad and the Central African Republic continues into Darfur. Population movement, including movement of IDPs, indicates that continued action is needed to quickly identify vulnerable groups and address their needs in order to prevent further strain on host communities.

Greater Darfur- seasonal deterioration in nutritional situation observed with localised areas of concern

Localized 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 (ranging from 17.2 to 30.4 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.

**Selective feeding centre data**

Admissions 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 that had high case loads in the past, as well as suspension of some programmes, rather than indicating an improvement in the nutrition situation.

**Performance indicators for SFCs** across Greater Darfur remain below SPHERE standards, with low rates of recovery and high default rates. Transfer rates from SFCs to TFCs, which indicate the deterioration of individual children’s nutrition status while participating in the supplementary feeding programme, have 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.

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.

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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 Refers to children 6-59 months of age

3 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.
Admissions into Therapeutic Feeding Centres (TFCs) across Greater Darfur continue to increase, almost doubling compared to the last two months and higher than those reported during the same period in 2006. The highest increases are reported from West Darfur. Increases in admissions are attributed to increased need at the population level due to influx of refugees in West Darfur, increased prevalence of diarrhoeal disease, as well as increased social mobilisation efforts in some areas. Efforts to prevent and control diarrhoeal disease, as well as to ensure timely identification and registration of new arrivals, are recommended.

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 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 in some instances 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 main problems faced by NGO and the Federal Ministry of Health who are implementing these programmes 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 are restrictions as the State Ministry of Health 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.

Graph 1: SFC admissions, Greater Darfur

Graph 2: TFC admissions, Greater Darfur,

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.

Over 100 measles cases were reported in May and June, with the majority reported from South Darfur.3

The majority of reported cases of bloody diarrhoea continue to be from West Darfur. It will be critical to ensure that appropriate preventive and curative measures are strengthened, in particular in West Darfur, in order to prevent deterioration in the nutritional situation.

Food security
In anticipation of increased vulnerability during the hunger months, WFP is expanding food assistance programmes to include vulnerable rural households.5

In terms of agricultural production, humanitarian actors are in the process of distributing agricultural inputs prior to the rainy season. In West Darfur, there is concern that refugees are settling in agricultural areas, and negatively impacting production. Cross border movement has been observed in West Darfur as refugees return to cultivate their land.

Sentinel site data continues to report low dietary diversity with a reliance on cereals and oils, and limited consumption of animal products or vegetables, though

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3WHO/FMOH Weekly Morbidity and Mortality Bulletin, week 18-26
4WFP Sudan Situation Report, 2007/6
this trend is more pronounced in IDP sites compared to resident populations (with the exception of West Darfur where both resident and IDP intake information is poor).

**Overall 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.
- Reviewing the causes of the high defaulter rates in existing SFCs, acceptability of the food commodity, 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 timely identification and inclusion of new arrivals in humanitarian support being provided by agencies.

**North Darfur- localised deterioration in nutrition status reported**

Insecurity continues to inhibit smooth operation of nutrition related interventions in the area. Relief International has suspended their nutrition activities in Tawila following hijacking of agency vehicles and insecurity. 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. The table below provides a summary of the most recent nutrition surveys conducted in North Darfur.

**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>Kebkabiya</td>
<td>ACF</td>
<td>Jun-07</td>
<td>27.0%</td>
<td>1.9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(23-31.3)</td>
<td>(0.9-3.7)</td>
</tr>
<tr>
<td>Abu Shouk and Al Salaam</td>
<td>ACF</td>
<td>Jun-07</td>
<td>30.4%</td>
<td>2.80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(26.3-34.9)</td>
<td>(1.6-4.9)</td>
</tr>
</tbody>
</table>

**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 registration of new arrivals because it had reached full capacity; however new arrivals are being registered in Al Salaam camp.

ACF carried out a nutrition survey (23-28 June) in Abu Shouk and Al Salaam IDP camps. Slightly more than half of the IDPs had arrived in 2004, and one third had arrived in 2005, with the remaining IDPs arriving in 2006 and 2007. Preliminary results also indicate a need for action in the short term. GAM for children 6-59 months was reported above emergency levels at 30.4 per cent (CI 26.3-34.9), and SAM was reported at 2.8 per cent (CI 1.6-4.9), with three cases of oedema. The results indicate a deterioration in nutrition status compared to earlier surveys (See Graph 3). The mortality rate for children under-5 (1.15/10,000/day) and crude mortality rate (0.65/10,000/day) are below alert levels.

**Graph 3: Nutrition survey results in Abu Shouk and Al Salaam (June 2004-2007)**

**Kebkabiya**

ACF carried out a nutrition survey (6-12 June) in Kebkabiya Town covering both IDP and resident populations. The majority of IDPs arrived in 2003. Preliminary results indicate that there is a need for action in the short term. GAM for children 6-59 months was reported above emergency levels at 27 per cent (CI 23-31.1), and SAM was reported at 1.9 per cent (CI 0.9-3.7), with one case of oedema. The results indicate a deterioration in nutrition status when compared to results in May 2006 where GAM was reported as 21.7 per cent (CI 18.1-25.8). The mortality rate for children under-5 (1.28/10,000/day) and crude mortality rate (0.51/10,000/day) are below alert levels.


**Selective feeding centre data**

Admissions into SFCs increased slightly relative to March/April, and were comparable with admissions during the same period in 2006 (see Graph 5). Admissions into TFCs almost doubled compared to March/April, and are slightly higher than figures reported during the same period in 2006 (see Graph 6).
The leading causes of morbidity continue to include diarrhoea, ARI, fever and skin/mouth/eye infections. Cases of whooping cough were reported in Madu (Mellit locality). Less than half of children reported an illness in May, while approximately half reported an illness in June. The proportion of reported illness in children in camps is higher than in villages. For example, while 34.7 per cent of children in villages reported an illness in May, 48.3 per cent of children in camps reported an illness. Despite this increase, focus groups did not report changes in the health or sanitation situation.

The majority of children under five are reported to have 3 meals per day, a slight improvement compared to previous months. Adults continue to have 2 to 3 meals per day. Dietary diversity, however, continues to be low. While oil and cereals are consumed on a daily basis, consumption of animal protein and dark green leafy vegetables is generally only once or twice per week. The trend did not differ between camp or village residents. The reported trend is in line with decreased availability and access to a more diverse diet during the hunger gap.

In terms of food sources, IDPs report some reliance on their own production, food aid, as well as sale of food aid. Residents report reliance on their own production, sale of items not related to food aid, and food aid. The majority of NSS sites are covered by GFD.

There is some indication that the current coping strategies employed by camp and resident populations have negative impacts on nutrition status. Reducing the number of meals and borrowing food were reported by both camp and resident populations, in addition to small income generation activities. Camp populations also reported that they reduced quantity (portion size) of food eaten at meals, while resident reported shifting to less preferred foods.

Lowered access to water was reported from several village sentinel sites, necessitating negotiation of longer distances resulting in diversion of time for other activities. The onset of the rainy season may alleviate the stress somewhat in terms of greater quantity and availability of water.

Market prices for key commodities in sentinel sites were reported as stable relative to previous months. Harvests in some areas were reported to be lower than the previous year, and insecurity is reported to continue to undermine livestock and agricultural production.

**Food security**
May was considered to be the peak of the hunger gap, as grain stocks were depleted. WFP resumed its seasonal food aid distributions in West Darfur in response to increased food insecurity during hungry season, though some areas remain inaccessible due to insecurity.6

The rainy season began in June with light showers, however the rains were not adequate for planting.7 Agricultural inputs have been prepositioned by humanitarian organisations in addition to distributions in preparation for the upcoming agricultural season;

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6 FAO Monthly Food Security Update, North Darfur, May 2007
7 FAO Monthly Food Security Update, North Darfur, June 2007
however insecurity remains a critical threat to the success of the season.

With the exception of an outbreak of camel disease in Abu Gamra and the northern part of Kebkabiya, the general animal health condition was reported to be stable.\(^8\)

**South Darfur – localised deterioration in nutrition status reported**

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. Population influx from the Central African Republic has been reported.

**Localised nutrition surveys**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Agency</th>
<th>Date</th>
<th>% GAM (CI)</th>
<th>%SAM (CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Al Salaam IDP camp</td>
<td>ACF</td>
<td>May 07</td>
<td>23.3% (19.2-27.9)</td>
<td>2.8% (1.5-5.2)</td>
</tr>
<tr>
<td>Otash camp</td>
<td>ACF</td>
<td>May 07</td>
<td>15.6% (12.5-19.3)</td>
<td>1.8% (0.8-3.6)</td>
</tr>
<tr>
<td>Kass</td>
<td>ACF</td>
<td>Jun-07</td>
<td>17.8% (14.4-21.6)</td>
<td>2.8% (1.6-4.9)</td>
</tr>
</tbody>
</table>

**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 in the last month due to insecurity. A nutrition survey has been carried out and results are being analyzed. 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 returned to work in the TFC.

**Al Salaam**

ACF has been monitoring the nutrition situation in Nyala town since 2004, and has been operating TFC in Nyala. Increases in admissions have been observed in the past months. ACF undertook a nutrition survey (26-31 May) in Al Salaam IDP camp. This was the first survey conducted in Al Salaam as a response to increasing population and admissions into the OTP (opened in April). Population estimations report an increase from 3500 in January to 21,000 in May, with the majority of new arrivals arriving from Buram locality. This rapid increase in population overwhelmed available health and water resources.

Preliminary results report GAM for children 6-59 months of 23.3 per cent (CI 19.2-27.9), above emergency levels. SAM is reported at 2.8 per cent (CI 1.5-5.2), including two cases of oedema.

Mortality rates are below alert levels, with under-5 mortality reported as 1.6/10,000/day, and crude mortality reported as 0.87/10,000/day. ACF established an SFP in Al Salaam camp with financial support from UNICEF after the survey.

**Otash**

ACF undertook a nutrition survey (19-24 May) in Otash IDP camp. The camp is no longer taking new admissions. Final results report GAM for children 6-59 months of 15.6 per cent (CI 12.5-19.3), at emergency levels. SAM is reported at 1.8 per cent (CI 0.8-3.6), including two cases of oedema. Results are similar to those found in December 2006, when GAM was reported as 15.6 per cent (CI 12.5-19.3) and SAM was reported as 1.8 per cent (0.8-3.6), suggesting a stabilization in nutrition status in the camp.

Mortality rates are above alert levels, with under-5 mortality reported as 2.38/10,000/day, and crude mortality reported as 1.19/10,000/day. Primary identified causes of death for children under five were watery and bloody diarrhoea, while primary identified causes of death for above fives were watery diarrhoea and ARIs. The poor water and sanitation situation has been identified as a major causal factor for the malnutrition and mortality rates.

**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.

ACF undertook a nutrition survey (21-27 June) in Kass Town, covering both IDP and residents. Preliminary results report GAM for children 6-59 months of 17.8 per cent (CI 14.4-21.6), above emergency levels. SAM is reported at 2.8 per cent (CI 1.6-4.9), including four cases of oedema. The last nutrition survey results from Kass were from MSF-H in September 2004, where GAM was reported as 14.1 per cent (CI 11.2-17.0), and SAM 1.9 (CI 0.8-3.0), but population movement in the intervening period make comparison difficult.

Mortality rates are above emergency levels, with under-5 mortality reported as 4.42/10,000/day, and crude mortality reported as 2.12/10,000/day. Primary identified causes of death for children under five were watery diarrhoea and ARIs; however the elevated mortality figures are not accompanied by evidence reported in the health facilities. This will be verified in the final report.

ARC has established SFC programming in the Nyala-Tulus corridor, following the April 2007 nutrition survey results that reported GAM of 14.1 per cent and SAM 1.0 per cent.

**Selective feeding centre data**

Admissions into SFCs increased relative to previous months, increasing from 1584 in March/April to 2524 in May/June, but remaining well below admissions during the same period in 2006 (see Graph 7).

Admissions into TFCs almost doubled, increasing from 653 in March/April to 1142 in May/June, which is higher than the 855 admissions reported during the same period in 2006. (see Graph 8). Increases in admissions are in part attributable to increases in reported cases of diarrhoea.

\(^8\) FAO Monthly Food Security Update, North Darfur, May 2007
was reported in one camp, and dysentery reported in one village in June. In May, two thirds of children were reported to have been ill in the past two weeks, decreasing slightly to half of children. The trend is similar for both camp and resident populations. There were no changes reported in the sanitation or health situation, with the exception of one village.

Dietary intake for children under five appears to have improved, with the majority of children under five having 3 to 4 meals a day (as opposed to 2 to 3 in March/April). Adults reporting 2 to 3 meals per day. These trends held for both camp and resident populations. The majority of camps and some villages reported receipt of food aid.

Dietary diversity remains low and reliant on cereals and oil. Intake of dark green leafy vegetables, animal and vegetable proteins, and dairy, remains limited, though this trend is more pronounced in IDP populations relative to resident populations. There is a slight deterioration in dietary diversity relative to intake reported in March and April. Low dietary diversity may predispose the population to micronutrient deficiency diseases.

Camp residents reported food aid, purchase of items through the sale of relief and non relief items, as well as some contribution of their own production. Residents reported a greater reliance on their own production (compared to camp residents), as well as purchase of items through the sale of non relief items, as well as some contribution through food aid. Focus groups in both villages and camps reported an increasing proportion of agricultural labour as income source compared to previous months.

Coping strategies reported did not differ between IDP and resident sites. These included shifts to less preferred foods as well as engaging in new income generating activities.

**Food security**

A post harvest assessment conducted by the State Ministry of Agriculture reports a significant gap between available food and food needs. WFP is addressing much of that need through food aid distributions. Seed prices in the markets were reported to be rising, in part due to increased demand for seed grain as well as insecurity preventing the flow of goods to market. Farmers are well into preparations for the upcoming season, supported by humanitarian inputs.

**West Darfur- population influx and TFC admission increase raise concern**

The influx of refugees from Chad and the Central African Republic into West Darfur continues to be reported, in particular into Forabarang, Um Dukhum, and Beida localities, as well as in the majority of sentinel sites. Insecurity and population movement in June was reported from Um Dukhum and Seliea. 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 is line with seasonal trends, is reported to be widespread and persistent and no doubt contributes to the increased admissions. Insecurity is preventing full access to rural areas. A nutrition survey was carried out by Tearfund in Beida locality, and results are pending.

Areas of concern in West Darfur are Um Dukhum (due to reports of deterioration in nutrition status following population influx and limited nutrition services in the area), Garsila/Delieg (due to increased admissions and poor performance in the Garsila TFC). Lack of access persists in Jebel Marra area, while in Geneina town the situation is stable. The increase in SAM reported in April in Habilla locality (primarily Forbaranga where SC US operates and OTP/SFC) are reported to have stabilised in June.

**Localised nutrition surveys**

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Agency</th>
<th>Date</th>
<th>% GAM</th>
<th>%SAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geneina Town</td>
<td>Concern</td>
<td>Jun-07</td>
<td>17.4%</td>
<td>1.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(14.1-20.6%)</td>
<td>(0.8-2.1%)</td>
</tr>
</tbody>
</table>

Concern carried out a nutrition survey (20-26 June) in Geneina town and camps. Preliminary results report GAM for children 6-59 months above emergency levels at 17.4 per cent (CI 14.1-20.6), and SAM at 1.4 per cent (CI 0.8-2.1) with no cases of oedema. The results suggest a deterioration in nutrition status in comparison to the last nutrition survey in June 2006 (GAM 12.3 per cent, CI 10.3-14.6, SAM 1.6 CI 0.9-2.6).

The mortality rate for children under-5 (1.08/10,000/day) and crude mortality rate (0.95/10,000/day) are below alert levels. At the same time, public health indicators suggest room for improvement. Almost half (42.5 per cent) of children were reported to have experienced an illness in the previous 2 weeks, the majority of which was simple diarrhoea. Measles vaccination is reported as 56.7 per cent.

**Selective feeding centre data**

Admissions into SFCs increased from 1978 in March/April to 2770 in May/June, and are higher than the 1735 admissions reported during the same period in 2006. (see Graph 9). SFCs that reported reduced admissions are also areas that have reported reduced access to services and reduced case finding activities.

Admissions into TFCs steadily more than doubled in May/June (678) compared to March/April (277), which is higher than the 415 admissions reported during the same period in 2006 (see Graph 10). Increases in admissions are attributed to the influx of refugees, increased community mobilisation in some areas for the use of TFC and SFC services, as well as the seasonal increase in diarrhoeal diseases. There is a 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.

Performance indicators for SFCs in terms of recovery and defaulting remain below SPHERE standards, and have deteriorated considerable relative to March/April. Recovery rates of 48.3 per cent were reported in May, and 30 per cent in June. Defaulter rates remain elevated as they have in previous months, and were reported as 29.6 per cent in May and 30.9 per cent in June. Increased defaulter rate is attributed in part to movement of refugees back into Chad for cultivation. While the death rate remained nominal, the rate of transfer to children in the SFC to TFCs (indicating a deterioration in individual nutrition status while in the programme) rose from 4.9 per cent in April to 19 per cent in June.

**Performance indicators for TFCs remain below SPHERE standards. Recovery rates were reported as 52 per cent in May and 60 per cent in June. Defaulter rates remain above the 15 per cent cut off, reported as 24 per cent in May and 16 per cent in June. Death rates rose from 7 per cent in May to 16 per cent in June.**

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

**TFC Admissions (6-59 months) West Darfur (June 2005- June 2007)**

**Graph 10: TFC Admissions- West Darfur**

**Sentinel site system**

Data was collected from 12 sites in May and 14 in June. Population influx was reported from most of the sites.

Mean WHZ score in May (-1.11) and June (-1.13) indicates a continued deterioration in population nutrition status compared to March (-0.69) and April (-0.93), and compared to the same period in 2006 (-0.92).

Approximately two thirds of children reported an illness in the previous two weeks in May and June. Reported morbidity was higher in resident children compared to children in IDP camps in June, in contrast to figures from April that reported little difference based on residency status. Diarrhoea was the most commonly reported morbidity in both IDP and resident children, suggesting that further action is required to prevent and treat diarrhoea at community level. Focus groups reported...
deterioration in the overall health situation, in terms of increased morbidity. Dysentery, hepatitis, malaria and malnutrition were reported as primary illnesses in the community by focus groups in addition to ARIs and diarrhoea. Dietary intake in terms of frequency remains the same as previous months, with the majority of children under five are reported as having 3 meals a day, while the majority of adults reported 2 meals per day. Dietary intake in terms of diversity continues to be low for both resident and IDPs, with some notable exceptions. Daily intake of oil has decreased for both IDP and residents, in the absence of increased consumption in other areas, suggesting reduced access to staple commodities. Daily intake of cereals declined in June for residents, while it did not for IDPs which is likely related to their reliance on the GFD. Intake of dark green leafy vegetables increased marginally for IDPs, while at the same time wild food consumption declined. Collection of wild foods, which has not previously contributed to food sources for residents, increased in June, indicating that accessibility to food by residents is limited.

Almost all sites report receipt of food aid. Food aid continues to play a role in household food security for both residents and IDPs (through direct consumption or sale in the market), though food aid was reported as a main food source by IDPs in May and by residents in June. A limited proportion of residents report their own production as a main food source. IDPs do not frequently report their own production as a main food source, though they do participate in agricultural wage labour, indicating the continued vulnerability of IDPs to household food insecurity as a result of their limited livelihood options.

In terms of coping strategies, IDPs report borrowing food, collection wild food, and going an entire day without food in addition to small scale income activities. With the exception of collecting wild food, this is similar to the previous month. Residents continue to report borrowing food and using new small scale income activities, in addition to shifting to less preferred foods. The relative importance of selling capital assets increased for residents in June, suggesting that residents are increasingly vulnerable during the hunger gap.

**Food security**

A post harvest assessment by the State Ministry of Agriculture reported that food stocks (in terms of cereals) would run out for the majority of the population during May, which is an improvement from previous years when food stocks would last only until December or January.10 Once food stocks are depleted, an increasing proportion of the population will be reliant on market purchase to access food supplies, which may in turn negatively impact overall household food security. WFP has resumed its seasonally targeted food distributions.

Concerted efforts are required to avoid delays in prepositioning and distribution of agricultural inputs in order to ensure a successful harvest.11

**Emergency Food Security and Nutrition Assessment 2007**

The Federal Ministry of Health, Federal Ministry of Agriculture, Humanitarian Aid Commission, FAO, WFP, UNICEF and NGO partners are preparing for the fourth Darfur Emergency Food Security and Nutrition Assessment. The assessment will gather information on food security, vulnerability, health and nutrition status of the conflict affected population in Darfur. Field work is planned to take place between 11 August and 10 September. Preliminary results are anticipated in October.

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**CONTACT**

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

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10 FAO Monthly Food Security Update, West Darfur, May 2007