Overview

- **This year’s hunger gap in Darfur (from June-August) will be a particularly difficult one.** Increased displacement, continued insecurity, a poor harvest, and a reduction in general food rations due to attacks on WFP convoys will place increased strain on households’ coping mechanisms. While current data indicates that malnutrition levels in Darfur – with the exception of very localised ‘spikes’ – are in line with seasonal trends for this time of year, the timely implementation of, and release of results from, nutrition surveys to help humanitarian organizations effectively monitor and respond to the hunger gap is critical – an agreement to this effect has been confirmed with the Government of Sudan.

- **Admissions into feeding centres** continue in line with seasonal trends, as admissions into SFPs and TFC/OTPs increases as the hunger gap approaches.

- **Localised nutrition surveys:** Results of two surveys were cleared for distribution in South Darfur, from November 2007 and February 2008. Results were comparable to results from the same area at the same season in the previous year.

- **Health:** ARI, malaria and diarrhoea continue to be the most prevalent illnesses during the reporting period, however prevalence is in line with seasonal trends.

- **Food security:** WFP distributed reduced General Food Distribution (GFD) rations in May, following challenges in ground transportation of food commodities to Darfur and beyond state capitals. This ration cut is likely to persist in June if security of ground transportation cannot be assured. Rations for supplementary feeding programmes, blanket feeding programmes, and food for education were maintained.

- **Humanitarian access** remains variable, as temporary suspensions of programmes and population displacement continue to be reported in particular in West and South Darfur.

- **Nutrition response:** Therapeutic supplies continue to be moved to Darfur by air to cover anticipated case loads as well as contingency stocks for the coming months, based on updated information from partners in the field. There is ongoing close coordination between UN agencies and partners to respond in areas where needs have been highlighted. Interagency assessments missions are being conducted where access allows to ascertain further needs and appropriate responses.

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Greater Darfur

In Darfur, the hunger gap will be difficult this year as continued attacks on humanitarian agencies reduce the ability to reach the most vulnerable. The poor crop harvest in 2007, especially in South Darfur, will place communities under even greater pressure in the months ahead as the prices of food available in the market increase. Increased displacement, already exceeding 170,000 people this year alone, will place more strain on humanitarian operations, and on the water table. Currently malnutrition levels remain in line with expected seasonal trends, but it is known that at the height of the hunger gap rates can rise to above emergency levels, requiring an effective response from humanitarian actors.

In order to fully assess the ongoing situation and plan responses, humanitarian agencies must have access to timely results from local nutrition surveys undertaken by partners. Following delays in implementing and reporting results of NGO surveys, related to ambiguity around application of the government’s Directory of NGO Procedures, UNICEF’s Deputy Executive Director Hilde Johnson confirmed an agreement with the Humanitarian Aid Commission during her visit to Sudan in May that will ensure the immediate release of results from all surveys that have been undertaken in line with Ministry of Health guidelines.

UNICEF and its partners are already responding, pre-positioning nutritional supplies in high-risk areas, and ensuring that water treatment and hygiene education programmes are rolling out now, ahead of the rainy season, to mitigate disease outbreaks.

As expected in April, admissions into Supplementary Feeding Centres (SFC) and Therapeutic Feeding Centres (TFCs) are increasing in line with seasonal trends. Mean WHZ score has remained comparable to March data, and is overall showing a more stable situation than in April 2007. Ongoing monitoring of the nutrition situation, given the current risk factors, will be essential in addition to continued advocacy efforts and technical support to mobilising multisectoral responses. In light of the cut in the general food distribution, the overall impact of targeted supplementary feeding programmes may be less than expected, however efforts are ongoing to ensure mobilisation of food commodities as well as monitoring of the situation.

**Localized nutrition surveys**

Results from two localised nutrition surveys by NGOs were released, one in 2007 and the other in 2008. The results of the nutrition survey in February 2008 in Gereida are comparable to those in February 2007, with GAM well below the emergency threshold of 15 per cent.

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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.
Health
Overall, the incidence of endemic diseases increased in Greater Darfur, but 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 and skin infections are also reported.

Food prices\textsuperscript{2}
Cereal prices continue to rise across Sudan and Darfur, with little indication that prices will fall in the short term. Sorghum prices continue to show the greatest degree of volatility in comparison with other cereals. The terms of trade between cereal and livestock continue to favour those involved in growing and trading crops as opposed to livestock producers as livestock prices remain stable or have fallen in some areas. According to the Sudan Monthly Market Update, the “combination of rising food commodities, weak wage gains (or with no increase in other income sources) and falling livestock prices have left poor households who are net buyers of these staple foods, feeling further squeezed. This will reach its peak during the June – August hunger period when an increasing number of rural households deplete their stocks and resort to market purchases. It also remains to be seen if the current rising cereal prices may boost farmers’ planting decisions and future cereal production in Sudan.”

The Government of National Unity has released some of the strategic grain reserve in order to mitigate the price increases, however more sustainable solutions will need to be found in terms of improving social safety nets, humanitarian aid and trade policies. Studies are underway by various agencies, including WFP, World Bank and to document trends as well as identify areas for action in the medium term.

Food security
Sentinel Site Data: Dietary intake remains limited in terms of diversity, with reliance on cereals and oils and limited intake of meats, vegetables and fruits. The increases in cereal and livestock prices reported through market monitoring have been confirmed in sentinel sites.

Food Aid\textsuperscript{3}
In April, WFP reported that insecurity prevented access to some 56,000 people in West and South Darfur. WFP continues its advocacy to ensure transport of food commodities to Darfur in order to support its overall response, however 10 hijacking incidents were reported, including the death of a contracted driver in South Darfur. WFP distributed a reduced GFD in May in which cereal, pulses, and sugar were cut 50 per cent, to 225 g, 30 g, and 15 g per person per day respectively, with a resultant reduction in kcal content by 40 per cent.

The blanket supplementary feeding programme is in different levels of implementation across Darfur. For example, in South Darfur, blanket SFP being began on March 16\textsuperscript{th} in El Daein camps to over 10,000 under 5s, however the distributions have not yet started in all planned sites, and additional sites are under discussion In light of the reduced GFD, the blanket supplementary feeding programmes are likely to have a more limited impact in preventing rises in malnutrition in key areas, indicating a need to resolve the issues contributing to the cut in GFD ration.

Selective feeding centre data
Admissions\textsuperscript{4} 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

Across Darfur, performance indicators for SFCs across Greater Darfur approached, but do not meet, SPHERE standards in April in terms of recovery rate.\textsuperscript{5}

Performance indicators for TFCs, which had met SPHERE standards in January and February continue to decline in terms of lowered recovery rate. The trend that has been observed in 2007 with the approach of the hunger gap, in part attributed to higher case loads and underlying morbidity.

\textsuperscript{2} Sudan Monthly Market Update, Ministry of Agriculture and Forestry and Ministry of Animal Resources and Fishery, FAO/SIFSIA, Bulletins #5, 2008
\textsuperscript{3} WFP Sudan Monthly Situation Report, April 2008
\textsuperscript{4} Refers to children 6-59 months of age
\textsuperscript{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.
North Darfur

MSF Spain was able to restart their programme in Tawilla after suspension following insecurity, and programmes in Shangil Tobay continue smoothly. Relief International reported an increase in admissions in Zam Zam camp’s Outpatient Therapeutic Programme (OTP), and sent a team to investigate the reason. Community outreach workers have agreed to receive support through WFP food for work rather than cash for work after advocacy efforts to resolve the issue reported in the previous month.

GOAL reported suspected cases of whooping cough reported in Anka, which were confirmed on subsequent investigation. Further assessment is required to identify any additional cases in the surrounding area. GOAL is also strengthening its active case finding capacity in Kutum through regular screening in SFC/OTP centers in Kutum centre, Gerbya, Dalol and Kassab. Poor sanitation and hygiene in Dalol village has contributed to the number of cases of diarrhea and malnutrition reported from the Kutum SFC. While insecurity did interrupt some of the activities of home visitors in ACF programmes, approximately 12,000 children were screened. ACF will be initiating its seasonal SFP in Abu in ACF programmes, approximately 12,000 children were screened. ACF will be initiating its seasonal SFP in Abu Shouk and Al Salaam Camps in June. No information is available from SMOH programmes in Kuma and Kebkabiya.

ACF is planning to do a nutrition survey in Kaguru and Kebkabiya in May/June 08.

Selective feeding centre data

Reported admissions into SFCs increased in April following resumption of programmes in Tawilla and further follow up of non reporting programmes. Reported admissions into TFCs have increased slightly compared to previous months, in line with seasonal trends (Graphs 5 and 6).

Graph 5: SFC Admissions, North Darfur

Performance indicators for SFCs in North Darfur continue to exceed SPHERE standards in April, with a decrease in default from 8 per cent in January to 1.8 per cent in April. Performance indicators for TFCs were mixed in comparison to previous months, with default rate improving, and recovery rate falling from 73 per cent in March to 68 per cent in April.

Sentinel site system

Data was collected from seven sites in April, attributed to insecurity and logistic constraints to movement. No population movement was reported from the sentinel sites visited.

The nutrition situation appears to have deteriorated slightly, with mean Weight for Height (WHZ) score falling to -1.39 in April, as compared to -1.23 in March 2008, however mean WHZ is higher than at the same time in April 2008 (-1.50), suggesting that the situation may be slightly better than last year at this time in the season.

Slightly more than half of all children reported an illness in the previous 2 weeks. Acute respiratory infections, diarrhea and malaria were more often reported from all sites. Twenty three cases of whooping cough were reported in Anka area and investigated by GOAL.

About 57 per cent of the children under five in the surveyed families have two meals a day and over 40 per cent of the above five year population consumed three meals every day, in line with trends in previous months. Households remain highly reliant on intake of cereals and regular consumption of oil, with a limited proportion consuming vegetables and animal protein more than once a week.

The majority of households reported reliance on their own production, followed by food aid and purchase in the market (not from the sale of relief items) for their source of food. Of those who did employ coping strategies, reduction in the number of meals, limiting portion sizes, and eating less preferred foods were most commonly reported, suggesting that at this point in the hunger gap, the majority of the population are not yet employing extreme coping strategies, however changes in food intake does contribute to the risk for micronutrient deficiency diseases.

Mean WHZ score describes the average anthropometric “score” of children 6-59 months in the sites visited. Given that the sites are not randomly selected, it is not appropriate to express the score in per cent GAM, however mean WHZ is useful to identify trends over time. The closer the mean WHZ score is to zero, the better the nutrition situation is, and conversely, the more negative mean WHZ score indicate that among those sampled, the nutrition situation is less well off.

Darfur Nutrition Update

May 2008 3
Livestock prices have sharply decreased almost by 50 per cent in April from 124 SDG in last month to 60SDG in the rural areas but in urban centers prices remain stable compared to previous months. Weak purchasing power, low demand and declined health condition of goats which is to be expected at this time of the year contribute to price fluctuations in livestock. Grain price remain stable, however terms of trade remain in favour of grain traders.

Water supply in terms of quantity and reported quality are reported as stable, with the exception of Wama and Umkedada in Mellit, and Argu and Konjara, where concerns about quantity and quality are consistently raised by the community. In Daloli village, concerns were also reported, and IRC has plans to address the issue by the end of the month, as well as construct 80 new latrines.

### South Darfur

Insecurity during May continues to be the main constraint affecting the flow of humanitarian services in South Darfur. In El Fadrus, Tearfunds’ SFC and OTP were temporarily suspended. In Sanaa Fandu, renewed conflict has resulted in increased displacement of approximately 15,000 people, as well cut off access to monitor Merlin’s OTPs in Yassin and Saleah. Interagency visits to Yassin are planned to assess the situation, and UNICEF continues to work closely with Merlin to ensure that once the area is secure, regular monitoring of nutrition activities can quickly be resumed.

In Al Salam camp, high admissions in the SFP and OTP run by ACF continue as a result of diarrhoeal disease related to inadequacy of water and sanitation facilities as well as challenges of ensuring adequate services to new arrivals, however limitations on the water table and available land indicate that it will not be possible to scale up water and sanitation services to accommodate the additional population. Advocacy efforts to identify a durable solution, which may include movement of IDPs to a new camp, are ongoing. UNICEF, WFP, World Vision and ACF are also working together to determine the next best steps in terms of a blanket supplementary feeding program in the interim.

Kalma camp remains relatively stable for this time of year, as do the other Nyala camps (Otash, Dereig, Sereif). Ed Daein camps, particularly El Fadrus had an increase in admissions to the OTP, as a result of diarrheal outbreak and increased displacement. Tearfund and Cordaid are working together with MOH to address the situation. Additionally, in Ed Daein, WFP reported that 1,571 newly displaced people fleeing from conflict in Buram locality were included in the food assistance programme. In Kalma, the program continues to run smoothly and ACF will begin the seasonal SFP in June. In Kubum, CARE has successfully taken over the SFPs from NCA. Tearfund responded to diarrhea situation in El Fadrus by enhancing diarrhea messages for the month focusing on prevention and treatment of diarrhea, safe use of latrines and increasing latrine coverage per household. WFP and UNICEF tried to access the area in May, but were denied due to security constraints.

UNICEF conducted the first round of distribution of iodized oil capsules (lipiodol) to prevent iodine deficiency disorders in Feina, East Jebel Marra, targeting 35,000 children under five and 60,000 women child-bearing age. UNICEF implemented basic training for East Jebel Marra communities to re-establish 2 NSS sites in Feina.

There are several areas where additional resources may be required in the short term. In Adilla, the poor harvest and politically volatile border area have contributed to food insecurity. In response, a nutrition programme is planned to be started by MSF-F, in collaboration with Cordaid, Merlin and MOH. In Al Salaam Sector 10, new arrivals from Sanaa Fandu and Buram continue. Concerns about timeliness of registration and adequacy of the half ration and insufficient water supply are being followed up by UNICEF and partners. In Sanaa Fandu the conflict, particularly in Yassin and Marla areas, has resulted in a lack of access by humanitarian actors. In Tului/Biram, lack of access due to security and ongoing fighting continues to be problematic, combined with lack of partners on the ground resulting in limited reliable information on the situation the area.

#### Localised nutrition surveys

Kass (rural) survey planned by ACF was started, but had to be postponed due to two security incidents. ARC also the Nyala-Tulus corridor survey due to insecurity and lack of staffing. The results from two nutrition surveys which are cleared for circulation are below.

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<table>
<thead>
<tr>
<th>Location</th>
<th>Agency</th>
<th>Date</th>
<th>% GAM</th>
<th>% SAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ed Daein</td>
<td>Tearfund</td>
<td>Feb 07</td>
<td>(19.4-24.7)</td>
<td>(2.8-5.4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nov 07</td>
<td>(13.5-18.2)</td>
<td>(0.8-2.5)</td>
</tr>
<tr>
<td>Gereida Camp</td>
<td>ICRC</td>
<td>Feb 07</td>
<td>(4.9-8.1)</td>
<td>(0.3-1.5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feb 08</td>
<td>(7.2-11.0)</td>
<td>(0.4-1.8)</td>
</tr>
</tbody>
</table>

Results from the November 2007 nutrition survey conducted by Tearfund in collaboration with Cordaid, UNICEF SUDO/NCA and MoH Ed Daein Hospital in Abumatarriq, El Ferdous, El Neem and Khor Omer IDP camps in Ed Daein and Baher El Arab Locality were recently cleared for distribution. In comparison to previous survey results, GAM, SAM and mortality rates showed an improved compared to results (February 2007) when GAM was reported as 21.9 per cent (CI 19.4-24.7; SAM 3.9, CI 2.8-5.4). Both crude (0.55/10,000/day) and under five mortality (1.27/10,000/day) were reported below emergency levels. The main causes of death of children under five was reported as watery diarrhoea and lower respiratory tract infections. Suspected malaria and violence related incidents were reported as the causes of death in those over five years of age in the population. Slightly more than one third (34.6 per cent) of children reported an illness in the previous two weeks. Among 153 observed malnourished children, 18.9 per cent of them have had watery diarrhoea, 22.9 per cent respiratory tract infection and 11.7 per cent of them had suspected malaria two weeks prior to the dates of survey. Almost one third (32.1 per cent) of children were not vaccinated against measles. While overall latrine availability was 64.7 per cent, 60 per cent of the children sampled were not using a latrine.

Feeding programme coverage was high, with 71.4 percent of severely malnourished children in the OTP and 58.0 per cent

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7 The nutrition survey was not conducted in November 2006, hence the comparison to closest comparative seasonal results are made to February 2007.
of moderately malnourished children in SFP. The majority of those who reported that they were not enrolled in the GFD were new arrivals.

Agency recommendations included maintaining and strengthening current nutrition programmes, including active case finding and community mobilisation to ensure early treatment, continued efforts to ensure adequate latrine coverage and use (in particular for El Fadrus new arrivals), preventive blanket feeding and improved measles vaccination.

ICRC conducted a nutrition survey in Gereida camp from 14 Feb-14 March 2008. The majority of indicators similar to those reported in February 2007.

Global acute malnutrition and severe acute malnutrition was not significantly different from figures reported in February 2007 (GAM 6.4, CI 4.9-8.1; SAM 0.7, CI 0.3-1.5).

Both crude (0.44/10,000/day and under five (0.77/10,000/day) mortality were well below emergency levels. Almost one third (31 per cent) of children reported an illness in the previous two weeks, with young children reporting more frequent bouts of illness when compared to older children, which was also positively correlated with moderate malnutrition, underlining the critical need to adequately address malnutrition and morbidity, however less than half of the children were found to be vaccinated against measles.

GFD coverage is reported as adequate, with 94.2 per cent registered from the GFD. Those who were not registered did however benefit from ad hoc distributions. More than one third of children (36.7 per cent) had been enrolled in an ICRC feeding programme since their arrival in the camp.

The positive results from the nutrition survey are attributed to the comprehensive, multisectoral dimension of ICRC response, including NFIs, health, nutrition water and sanitation, and food aid. Agency recommendations include expansion of public health services, modification of GFD to improve nutritional requirements, ensure 24 hour care for the nutrition programme, consider seasonal programmes to prevent and treat malnutrition, and overall promotion of caregiver skills in care.

Selecte feading centre data
Admissions into SFCs and TFCs increased in April, in line with seasonal expectations. The increase in admissions is attributed to the continued influx of IDPs into camps as a result of conflict and poor harvest (in particular Al Salaam and Ed Daein), the onset of the hunger gap, hygiene issues in Al Salaam sector 10 and El Fadrus contributing to high levels of diarrhoeal disease in addition to the seasonal increase in diseases, and in the case of TFCs, the additional capacity to treat children through an increased number of OTP sites.

Performance statistics for SFCs: defaulter rates across all programmes have exceeded 30 per cent since February, and recovery rates continue to fall, reaching a low of 42 per cent in April. The defaulter rate and poor recovery is attributed to the continued population movement in light of the ongoing conflict. Performance statistics in TFCs show some deterioration from March, with recovery rates falling below SPHERE standards to 60 per cent, and defaulter rate increasing to 12 per cent, however mortality meets SPHERE standards.

Sentinel site system
Data were collected from 17 sites in April. The nutrition situation appears stable, as mean WHZ score was reported as -1.08, comparable to March 2008 (-0.90) and April 2007 (-1.02). No cases of oedema were reported this month.

Approximately two thirds of children reported an illness in...
the previous two weeks, with no difference between IDP and resident populations. ARI, diarrhea and malaria continue to be the primary causes of morbidity reported among children under five, in line with key informant interviews and WHO EWars information. There were no changes in the health situation reported through focus group interviews.

In terms of dietary intake, the majority of the population under five reported consuming 3 meals per day, while those above 5 years report 2 meals per day, similar to previous months. The majority of the population relies on consumption of cereals and oils 7 days per week. Only a small proportion consumes vegetables, animal protein, and dark green leafy foods and fruits on a regular basis. The prolonged intake of limited undiversified food contributes to the nutritional situation and predisposes the population to micronutrient deficiencies diseases.

Both IDPs and residents relied on market purchases with income other than that from sale of relief items as their primary food source, however IDPs also reported dependence on food aid and market purchase with funds gained through sale of relief items. In contrast, residents reported the second main food source as their own production. Approximately three quarters of both IDPs and residents reported use of coping strategies, namely the use of new income generating activities, shifts to less preferred foods, and the reduction in the number of meals per day, suggesting little difference at this time in activities of vulnerability between IDPs and residents.

Information on water and sanitation suggest that conditions are variable. Overall, water sources are more prevalent in camps than in rural communities, however in some camp sites such as Al Salaam and Al Neem camps, water levels are reported to be lower than in the previous year at the same time.

**West Darfur**

Insecurity continues to limit smooth delivery of humanitarian programmes, in terms of limiting direct access to site, limiting ability for staff to stay overnight in some locations, necessitating remote monitoring and management of programmes. The south west corridor or West Darfur was inaccessible in May due to conflict between the Chadian government and rebels, and Beida, Kongo Haraza, Arara and Selea were also challenging to access.

Concern’s feeding programmes (in Selea/Kulbus) continued to be suspended during the month of April due to security concerns in the area. However, Concern carried out several rapid assessments to assess the nutrition situation among the displaced populations in Sirba, Selea and Kulbus. The assessments indicated that the nutrition situation was stable in the areas.

With support of UNICEF, SMOH and Committee Aid management (CAM) carried out a MUAC screening in Armankul in April and results indicated that the nutrition situation was not worrying at that point, however ongoing monitoring of the situation was indicated. WFP subsequently carried out an assessment in Armankul to determine the programme needs in the area, and Catholic Relief Services (CRS) will begin a blanket supplementary feeding programme in May for three months.

SMOH/UNICEF conducted rapid MUAC assessments in Abu Souroj in April. The assessment revealed that the nutrition situation among the displaced population was stable. World Relief temporarily suspended 9 SFPs because of funding constraints, however the programmes will re-commence in June 08.

Ongoing support to monitoring of the nutrition situation in the northern corridor in particular is recommended, and a series of ongoing assessments by partners, UNICEF and SMOH are planned for the coming months.

The nutrition survey planned by Concern in Mornei in April was postponed due to the census implementation.

**Selective feeding centre data**

Admissions into SFCs dropped slightly in April, mainly attributed to suspension of 9 SFCs by World Relief (due to funding constraints) and suspension of a few SFP centers due to census, while admissions into TFCs continue to increase in line with seasonal trends.

**Sentinel site system**

Data was collected from 15 sites in April. Limited population movement was reported from sites in Mornei, Gube, Umkheir, Thur, Mukajar, ranging from 9-15 households, primarily moving from Chad into West Darfur due to insecurity, though 13 families from Khartoum reported return to separated families in Mornei camp. Sentinel site data indicates a stable nutrition situation in comparison to previous months. Mean WHZ in April was reported as -0.88, compared to -0.90 in March 2008, which is comparable to mean WHZ reported in April 2007 (-0.93). Slightly less than two thirds of children under five reported
an illness in the previous 2 weeks among both IDP and resident communities. Diarrhoea was the most commonly reported illness, followed by ARIs and malaria, and to a limited extent, focus groups reported eye infections as well. Focus groups reported stable health situations compared to previous months.

Dietary intake in terms of quantity and quality remains similar to previous months, with heavy reliance on cereals and oils, and limited intake of animal protein, vegetables and fruits. Residents reported slightly higher consumption of animal protein and vegetables than IDPs, however dietary diversity remains limited. IDPs reported their main food sources as food aid, borrowing and receiving gifts, suggesting that there are limited capacities or opportunities for obtaining food through productive means and indicating their heavy reliance on humanitarian aid. Residents by contrast relied more on their own production, as well as market purchase of food, through sale of both relief and non relief items. Collection of firewood, casual labour, petty trade and agricultural labour were reported as common income sources this month.

Residents and IDPs also differed in terms of coping strategies employed. IDPs reported limiting portion sizes at meal times, reducing the number of meals or borrowing food, and purchasing on credit, which have a much more immediate potential impact on nutrition status. In contrast, residents reported shifts to less preferred foods, or small scale income like collection of firewood.

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

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