Overview

- UNICEF has joined with other agencies in expressing concern that limited time remains to "safeguard against an increasingly precarious situation" in Darfur. A joint statement issued this month calls for action to ensure the movement of WFP food aid to and within Darfur, that all actors work to ensure the security situation, and that the government follow through on ensuring the release of previous nutrition survey information and ensuring timely access to nutrition and food security information in future.

- Admissions into feeding centres: Admissions into SFPs and TFC/OTPs increased in line with seasonally expected increases at this time of the year. Overall admissions are higher this year than during the same time in 2007, attributed in large part to the addition of new centres and active case finding as well as to higher malnutrition rates among the newly displaced and in over-crowded camps.

- Localised nutrition surveys: Results of eleven NGO surveys/rapid assessments were cleared for distribution. The surveys were undertaken between August 2007 and March 2008. The different results released are discussed in this Nutrition Update.

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

- Food security: WFP distributed reduced General Food Distribution (GFD) rations for the second month in June, related to insecurity undermining capacity to move food commodities to Darfur and beyond state capitals. This ration cut is likely to persist in July if security of ground transportation cannot be assured. Rations for supplementary feeding programmes, blanket feeding programmes, and food for education were maintained.

- Humanitarian access: In June, WFP announced that in response to funding shortfalls, it will need to reduce the size of its helicopter fleet and number of flights to and from Darfur, thereby potentially reducing access to some of the more remote and vulnerable areas. Additional resources are urgently needed to ensure humanitarian access.

- Nutrition response: Technical support (through monitoring trips), material support (through continued mobilisation of therapeutic supplies), and assessment/coordination efforts are ongoing among partners to ensure continued timely delivery of nutrition services.

Greater Darfur

UNICEF has joined with other agencies in expressing concern that limited time remains to "safeguard against an increasingly precarious situation" in Darfur. Continued hijacking of WFP food convoys and resultant reduction in capacity to replenish stocks at state level as well as to move food stocks outside of state capitals, the impact of poor harvests in 2007 on reserve stocks, and pressure on the water table as a result of ongoing displacement continue to impact the population across Darfur. While some localised increases in malnutrition have been noted, linked primarily to population displacement, overall malnutrition outcome information is in line with levels and trends noted in 2007. Nevertheless, the joint statement calls for increased security and an end to vehicle hijacking to ensure the movement of WFP food aid to and within Darfur as well as for the government to follow through on ensuring the release of previous nutrition survey information and ensuring timely access to nutrition and food security information in future. The most urgent action required is to ensure secure routes for WFP convoys so that full food rations can be resumed. Otherwise, the situation will deteriorate.

Admissions into Supplementary Feeding Centres (SFC) and Therapeutic Feeding Centres (TFCs)/Outpatient Therapeutic Feeding Centres (OTPs) continued to increase, in line with seasonally expected trends. Mean WHZ score in North and South Darfur was comparable to the previous months, indicating a relatively stable nutrition situation, however mean WHZ score dropped slightly in West Darfur, suggesting that ongoing monitoring of the nutrition and food security situation in West Darfur in particular is warranted. Close monitoring of changes in coping strategies and other early warning indicators that precede declines in nutrition status will be continued.

There is a need to strengthen active case finding activities, in particular in light of access issues due to insecurity, ongoing population displacement due to insecurity and seasonal migration, and the increased dedication of caregiver time to labour outside of the household, in particular related to agricultural work, which can negatively impact children’s health and nutrition status. Additionally, there is a need to strengthen referral systems between health centers and nutrition programmes, to ensure that children are admitted early to appropriate care in a timely manner, in order to give the best chance for recovery.

A nutrition coordination meeting will be held in Khartoum on July 2nd to discuss the current status of nutrition, food aid, health and food security in Darfur, in order to define additional contingency planning for the coming months, in light of the reduced GFD and other operational issues.

Localized nutrition surveys

Results from eleven nutrition NGO surveys/rapid assessments conducted between August 2007 and March

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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.
2008 were cleared for release by the government, following continued negotiations between UNICEF, FMOH and HAC. Four nutrition surveys/assessments were conducted in North Darfur, five in South Darfur, and two in West Darfur. Where comparison with previous nutrition survey results from the same season was possible, the most recently published nutrition survey GAM rates are lower than those reported in the previous year, with one exception in West Darfur. Most of the surveys released were undertaken in the post-harvest to early hunger gap period.

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. ARI and clinically diagnosed malaria continue to be the most commonly reported illnesses through the EWars surveillance system, with South Darfur reporting the lowest incidence of ARI, and North Darfur reporting lowest incidence of malaria and bloody diarrhoea⁴.

Food security and agriculture
Sentinel Site Data: Dietary intake continues to rely on cereal and oil intake, with limited intake of meats, vegetables and fruits. Coping strategies adopted by IDPs and residents vary by state, however reduction in the number of meals, shifts to less preferred foods, and limitation of adult intake to ensure food available for children has been noted, which all have the potential to negatively impact nutrition status in the household in the short term.

The agricultural season is well under way. After a dry May, the first significant rains were observed in South Darfur in early June. In early June, water levels (moisture index) in South and West Darfur were adequate to meet water requirements of developing crops, provided that moisture remains meets adequate levels during the rest of the month.⁵ The June through September rain forecast provided by the Sudan Meteorological Association predicts a wetter than average season across Darfur and many parts of the country, however the length of rainfall and distribution will ultimately define the impact on agricultural production. Efforts by food security and agriculture partners are ongoing to ensure that agricultural inputs (eg seeds and tools) are distributed and that all efforts are made to support overall production, in light of the poor harvests in 2007. It should be noted that cereal food prices are double what they were at the same time last year for a number of reasons including a poor crop in South Darfur and global increases in oil and food prices.

Food Aid⁶:
In May, WFP reported that 2.7 million beneficiaries were reached by food aid, while insecurity prevented access to some 58,000 people in Darfur (in particular in South Darfur). The level of inaccessible beneficiaries was similar to April when insecurity prevented access to some 56,000 beneficiaries in West and South Darfur. The reduced GFD ration initiated in May was continued in June⁷. Ten WFP contracted trucks were hijacked in May, and government support to increase police escorts has not yet materialised, and thus WFP’s ongoing efforts to ensure movement of food supplies to beneficiaries is seriously challenged⁸. The preventive blanket feeding programme is ongoing in selected areas of South and West Darfur, however the programme in North Darfur will start in July.

WFP has initiated its seasonal support to vulnerable rural households (eg food for seeds protection and food for recovery) earlier than previous years, in light of the poor harvest in 2007. The level of support (eg full or half rations) depends on the food security status in targeted areas, and generally covers a period of three to five months. Rapid food security assessments continue to be undertaken to identify appropriate responses in vulnerable areas across Darfur.

Selective feeding centre data
Admissions⁹ into Supplementary Feeding Centres (SFCs) and Therapeutic Feeding Centres (TFCs) across Greater Darfur continued to increase in line with seasonal trends.

Graph 1: SFC admissions, Greater Darfur

Graph 2: TFC admissions, Greater Darfur

Graph 3: SFC Performance statistics, Greater Darfur

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2 Morbidity and Mortality Weekly Bulletin 17, 20, 23
3 Sudan Seasonal Monitor, Issue 3, June 2008
4 WFP Sudan Monthly Situation Report, May 2008
5 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.
6 WFP Sudan Monthly Situation Report, May 2008
7 Refers to children 6-59 months of age
**Performance indicators for TFCs** continued to decline, as recovery rates fell to 51 per cent across Darfur, and default rates increased to 14 per cent. While individual centres are achieving SPHERE standards, the decline in performance overall is attributed to late referrals and need to strengthen treatment of underlying illnesses, and strengthen community outreach and follow up. UNICEF continues to ensure close coordination in response to poor performance in specific centres.

**Selective feeding centre data**

In May, population movement increased sharply due to instability of the security situation across North Darfur. Population movement was noted in Argu and Konjara in Tawilla locality, from Tawilla town and villages to the camp. Displacement from Motorat in South Darfur to Sanikaro area in response to conflict was also noted. MSF Spain once again had to suspend their programme in Tawilla due to insecurity.

ACF initiated its seasonal SFP in Abu Shouk and Al Salaam Camps in 10th June 2008. In the first three days about 257 admissions from villages surrounding Abu Shouk camp were noted to increase. Once security allowed in June, screening resumed and GOAL, which is the primary method for case identification. In Kutum (most notably in Kasab), insecurity led to early hunger gap period. The results are summarized in Graph 5 and 6.

**North Darfur**

In May, population movement increased sharply due to instability of the security situation across North Darfur. Population movement was noted in Argu and Konjara in Tawilla locality, from Tawilla town and villages to the camp. Displacement from Motorat in South Darfur to Sanikaro area in response to conflict was also noted. MSF Spain once again had to suspend their programme in Tawilla due to insecurity.

ACF initiated its seasonal SFP in Abu Shouk and Al Salaam Camps in 10th June 2008. In the first three days about 257 under five children were included in the programme.

**Selective feeding centre data**

Reported admissions into SFCs decreased in May for a variety of reasons. In Zam Zam camp the reduction was attributed in part to population movement for registration for IDP camps in 16-18 February. A total of 300 children were assessed. The assessment reported that 9 per cent of the children measured were moderately malnourished and none were severely malnourished. At the same time, 18.7 per cent of children reported diarrhoea and 12.7 per cent reported ARI in the previous 2 weeks. Almost one quarter (25.3 per cent) were not vaccinated against measles.

**Graph 4: TFC Performance statistics, Greater Darfur**

**Graph 5: SFC Admissions, North Darfur**

**Graph 6: TFC Admissions, North Darfur**

Performance indicators for SFCs continue to meet SPHERE standards, with recovery rates of 85 per cent and default of 4 per cent. Performance indicators for TFCs on the other hand declined significantly, falling to 49 per cent in May from 68 per cent in April, with mortality rates increasing to 10 per cent. The mortality rate is attributed in large part to the delayed admission and aggravated physical condition upon presentation to the TFCs, and in some cases inadequate staff capacity in specific TFCs. UNICEF is discussing with SMOH on how to address the issue, through the commitment of another medical doctor to the TFC.

**Localised nutrition surveys**

In May, the State Ministry of Health conducted a nutrition survey in El Fashir town. The result indicates 13.5 per cent GAM and 0.9 per cent SAM. In May, Relief International completed a nutrition survey in Zam Zam camp, and in June, MOH conducted a nutrition survey in Mellit. The analysis of both surveys is underway.

Results from four NGO surveys/assessment were cleared for release by the government in June. Where comparison with previous nutrition survey results from the same timeframe was possible, the most recently published nutrition survey GAM rates are lower than those reported in the previous year. Mortality rates (under five and crude) were below emergency levels in all of these surveys. Most of the surveys released were undertaken in the post-harvest to early hunger gap period. The results are summarized below:

<table>
<thead>
<tr>
<th>Location</th>
<th>Agency</th>
<th>Date</th>
<th>% GAM</th>
<th>% SAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abu Shok/Al Salaam</td>
<td>ACF</td>
<td>Nov-07</td>
<td>14.3 (11.3-17.9)</td>
<td>0.6 (0.1-2.0)</td>
</tr>
<tr>
<td>Kutum</td>
<td>GOAL</td>
<td>Nov-07</td>
<td>16.5 (14.0-18.9)</td>
<td>0.9 (0.2-1.6)</td>
</tr>
<tr>
<td>Kaguro, Borey and surrounding town</td>
<td>ACF</td>
<td>Nov-07</td>
<td>17.4 (13.9-21.5)</td>
<td>1.5 (0.6-3.4)</td>
</tr>
</tbody>
</table>

**Shangil Tobai and Shadat IDP camps**

ACF conducted a rapid assessment in Shangil Tobai and Shadat villages from 16-18 February. A total of 300 children were assessed. The assessment reported that 9 per cent of the children measured were moderately malnourished and none were severely malnourished. At the same time, 18.7 per cent of children reported diarrhoea and 12.7 per cent reported ARI in the previous 2 weeks. Almost one quarter (25.3 per cent) were not vaccinated against...
measles. While 84.3 per cent of households were registered for the GFD, only 38.7 per cent of children were registered on the GFD card. Agency recommendations include continued treatment of acute malnutrition through MSF Spain feeding programmes, to continue active case finding, strengthen health and care practices through education, continuing nutrition assessments, and to continue the FGD for households settled in the two camps.

**Sentinel site system**

Data was collected from eleven sites in May. About 150 families internally displaced from Kafut moved to neighboring villages seeking better security following insecurity in Mario village west of Kafout. Population movement was noted in Argu and Konjara in Tawilla locality, from Tawilla town and villages to the camp. Limited movement was reported from Motorat in South Darfur to Sanikaro area.

The nutrition situation appears to have improved slightly, with mean Weight for Height (WHZ) score rising to -1.20 in May, as compared to -1.39 in April. It is an improvement compared to May 2007 (-1.55).

A slightly higher proportion of children reported an illness in the last two weeks in May (82 per cent) as compared to April when just over half of all children reported an illness in the previous 2 weeks. ARIs are most commonly reported, followed by diarrhea in children. Focus groups reported eye infections as a problem in the previous month in addition to ARI, diarrhea and malaria, however they did not report changes in the health situation from the previous month.

There was an increase in the proportion of children having 3 meals a day (73 per cent) from the previous month when the majority (57 per cent) of the children under five in the surveyed families have two meals a day. The number of meals for those above five (46 per cent) is comparable to the previous month when just over 40 per cent of the above five year population consumed three meals every day. Households remain highly reliant on intake of cereals, with a limited proportion consuming vegetables and animal protein more than once a week, however there was a decline in the proportion of households who consume oil on a daily basis. Consumption of milk decreased as well, in line with the seasonal decrease in milk production as livestock health tends to decline in the hunger gap. Through discussions, most of respondents reported that they reduced the meal size due to cut in GFD ration.

There was an increase in the diversity in the portfolio of food sources. While one third of households primarily rely on their own production (reduction from half that reported the same in the previous month), 15 percent rely on borrowing food, 12 percent rely on borrowing food, and 11 percent rely on sale of relief items for market purchase, food aid, and gathering food.

Of those households that did employ coping strategies, the majority reported borrowing food and reducing meal sizes, meaning that they are relying on changes within household consumption patterns rather than more extreme coping strategies, however these changes also have the most potential for impact on nutrition status in the short term.

Livestock prices have sharply decreased almost by almost half, falling from 124 SDG in April to 60 SDG in May in rural areas, however in urban center prices remain stable. Weak purchasing power, low demand and declined health condition of goats which is normal at this time in the year contributes to the price differential. Grain price are reported to be stable in observed markets. The terms of trade between goat and millet is one goat can purchase only 0.5 sack of millet while one sheep can purchase one sack. However this indicates that the terms of trade are in favor of grain traders.

Water supply is not reported as a challenge in the sites at this time, with the exception of Wama and Umkedada in Mellit where this is an ongoing issue, however there are indications of potential concern over water supplies (eg reduction in number of jeri cans taken by household) in Argu and Konjara.

**South Darfur**

Security and access continue to impede the regular monitoring of selective feeding programs. UN staff were unable to access El Ferdos, Mershing, Manawashi, Duma, Saleah and Yassin in May to monitor ongoing efforts of NGOs. Additionally, both Merlin and Tearfund have experienced decreased mobility in accessing their OTP sites with international staff to monitor performance.

The MSF-F program in Adilla is treating moderately and acutely malnourished children in their OTPs and has admitted over 1,108 children in May.

Efforts to continue to address the issue of service provision in Al Salaam sector 10. The SFP in Al Salam has over 829 beneficiaries in the program; more than half of these children are from the new arrivals area in sector 10. UNICEF is working with IOM, Humedica, CARE and WV to conduct an information campaign and ensure that services are established in El Serief, or a location to be determined.

In Ed Daein, which chronically reports high levels of GAM during the hunger gap, monitoring visits were undertaken in collaboration with WFP, to provide technical support to Tearfund and MOH staff. The Ed Daein TFC is well functioning and admissions have increased, particularly from El Ferdos. The SFPs are going well, with increased admissions from new arrivals areas. The OTPs are ongoing, with strong teams. An increased number of complicated medical cases were observed, that were referred directly to the TFC.

Monitoring visits to Tulus Hospital, Nyala TFC, Ed Daein OTPs, SFPs and TFC took place. Tulus hospital has space for rehabilitation of a ward to serve as a TFC if the need is identified during the ARC survey planned in June. A short refresher training was provided for the nutrition assistant working at Tulus hospital.

UNICEF had regular meetings with ACF, WV and WFP to work on the blanket supplementary feeding plan for Al Salam and possibly Otash and Kalma for this year. In order to support technical capacity and quality of programmes, a series of trainings were conducted between UNICEF, WFP and MOH on SFP guidelines, community mobilization and community mobilization, in particular how to develop

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8Mean 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.
strategic outreach. A total of 18 MOH and 19 staff were reached through the trainings.

**Localised nutrition surveys**

Results from five NGO surveys/assessments were cleared for release. Where comparison with previous nutrition survey results from the same timeframe was possible, the most recently published nutrition survey GAM rates are lower than those reported in the previous year. Most of the surveys released were undertaken in the post-harvest to early hunger gap period. Mortality rates (under five and crude) were below emergency levels in all surveys.

<table>
<thead>
<tr>
<th>Location</th>
<th>Agency</th>
<th>Date</th>
<th>% GAM</th>
<th>%SAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kalma Camp</td>
<td>ACF</td>
<td>Aug-07</td>
<td>15.0</td>
<td>1.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(11.9-18.7)</td>
<td>(0.5-2.9)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Oct-06</td>
<td>22.3</td>
<td>2.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(18.6-26.4)</td>
<td>(1.1-4.1)</td>
<td></td>
</tr>
<tr>
<td>Nyala Town</td>
<td>ACF</td>
<td>Sep-07</td>
<td>13.4</td>
<td>0.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(10.5-17.0)</td>
<td>(0.2-2.3)</td>
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<td></td>
<td></td>
<td>Sep-06</td>
<td>18.9</td>
<td>1.0</td>
</tr>
<tr>
<td>Otash camp</td>
<td>ACF</td>
<td>Dec-07</td>
<td>10.1</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(7.6-13.3)</td>
<td>(0.1-1.8)</td>
<td></td>
</tr>
<tr>
<td>Al Salam, sector 10 (rapid assessment)</td>
<td>ACF</td>
<td>Feb-08</td>
<td>11.7</td>
<td>1.5</td>
</tr>
<tr>
<td>Kalma Camp</td>
<td>ACF</td>
<td>Mar-08</td>
<td>8.1-14.0</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(8.1-14.0)</td>
<td>(0.4-2.7)</td>
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</tbody>
</table>

ACF conducted a rapid anthropometric assessment in Al Salam Camp, (Sector 10) from 25-27 February. Of the 300 children assessed, 11.7 per cent were classified as moderately or severely malnourished, while 1 per cent was classified as severely malnourished (WHZ or presence of oedema). In terms of morbidity, 17.7 per cent reported diarrhoea while 10 per cent reported ARIs. Almost three quarters of households were registered for the GFD, with almost 68 per cent of children registered in the GFD card, however concerns remained about the time delay between arrival and registration. More than half (56.6 per cent) of children assessed could not confirm measles vaccination. Agency recommendations included continued support to capacity to prevent, detect and treat malnutrition, increase social mobilisation, improve sanitation through latrine construction, strengthen community awareness on health and nutrition education, ensure timely registration of new IDPs, and undertaking a vaccination campaign.

ACF conducted a nutrition survey in Kalma IDP camp from 9-16 March. While there is no comparable survey at the same time in 2007, comparison to the previous survey in September 2007 and the rapid assessment in May 2007 are indicative. Under five (1.16/10,000/day) and crude mortality (0.60/10,000/day) rates were below emergency levels. Morbidity was low, with 9.9 per cent reporting diarrhoea and 6 per cent reporting ARI in the previous 2 weeks. Almost one third (31.4 per cent) could not confirm measles vaccination. While the majority (91.2 per cent) of households were registered for the general food distribution, less than half (46.7 per cent) of children under five were registered on the household GFD card. Utilisation of water and sanitation services was limited, with reports at the time of high levels of chlorine in the water, and limited practice of optimal hygiene, which contribute to diarrhoea prevalence. While diarrhoea prevalence was low, there was a statistically significant relationship between diarrhoea and malnutrition. Agency recommendations include continued provision of treatment of SAM, reopening SFPs on a seasonal basis, strengthened active case finding, ensure provision of sanitation services and increase practice of optimal hygiene, continue nutritional monitoring and ensure that children are included as part of the GFD.

Preparations are in process for a UNICEF supported nutrition survey by MoH in Kateela, Ed el Fursan in June. ACF will conduct surveys in Kass town, Otash Camp and Al Salam Camps in June. Tearfund is in the process of generating preliminary results for their nutrition survey in Ed Daiein. ARC/MOH will conduct a UNICEF supported survey in Tulus corridor in the coming months.

**Selective feeding centre data**

Admissions into SFCs were similar to the previous month, however admissions into TFCs/OTPs increased. Increased admissions into the TFCs are attributed to the inclusion of MSF-H (Feina in East Jebel Marra and Muhajarina) and MDM’s (Deribat in East Jebel Marra) admissions figures this month, the challenging hygiene situation in some areas (eg Otash, Al salam and Kalma sector 1, 6 and 7) contributing to diarrhoea and malnutrition, increased active case finding by ACF, continual displacement in Shariea locality contributing to poor physical conditions, and limited caregiving capacity in the household with increased labour outside of the home, either related to agricultural production or work in Nyala town.

**Performance statistics for SFCs:** Cure rates have fallen and default rates have risen to well above acceptable standards in May, and investigation with implementing partners is underway to identify the specific causes. Preliminary analysis suggests that the drop in overall performance is related to nomadic beneficiaries who have returned to areas of origin to tend their herds, (eg Um Bararow), caregivers being occupied with agricultural and non agricultural labour outside of the home, and the continuous population displacement in the Nyala-Tulus corridor. **Performance statistics in TFCs** Cure rates have fallen to well below SPHERE standards.

![Graph 7: SFC Admissions- South Darfur](image)
Out of the 10 feeding centres run by Concern in Selea/Kulbus area that were suspended during the month of April, one centre was re-opened in the month of May. A MUAC screening conducted among 83 children during last week of May identified 3 children with severe malnutrition and admitted into the OTP programme in Kulbus by Concern worldwide. Ongoing monitoring of the nutrition situation in West Darfur is recommended.

**Localised nutrition surveys**

Results of two NGO nutrition surveys were confirmed to be cleared for release, and their information is included below. GAM was higher in Azimi, Sanidadi, Um Tajouk in September 2007 as compared to September 2006 while GAM rates in Um Shalaya are lower than in the previous year. Mortality rates (under five and crude) in all 4 surveys were below emergency levels.

**Selective feeding centre data**

Admissions into SFCs continued to decline slightly in May, as the 9 SFCs supported by World Relief remain suspended due to funding constraints, while admissions into TFCs continue to increase in line with seasonal trends.

**West Darfur**

The security situation during the reporting month continues to be the main constraints to smooth delivery of humanitarian services, in particular in Sirba, Abusurug, Bendis, Nitriti and some areas in Selea and Kulbus.

In May, Tearfund in collaboration with WFP started a Blanket Supplementary Feeding Programme (BSFP) in Arara, Badia, and Kango Harza, targeting 10,474 children under five. The BSFP continued in June and is anticipated to run for a total of 3 months. Available information indicates that the nutrition situation was stable in May, eg that out of the 10,474 screened, 145 children who had MUAC<12.5 were referred to feeding centres, with a total of 56 and 24 children were admitted to SFP and OTP respectively. The BSFP in Misteri, initiated in April, also continued distributions in May and will continue in June.

Concern Worldwide plans to conduct nutrition survey in Mornei in end of June. -US postponed the nutrition survey in Forbaranga due to delays in getting technical staff.

**Sentinel site system**

Data were collected from 16 sites in May. The nutrition situation appears stable, as mean WHZ score was reported as -1.19, a slight decline from Mean WHZ reported in April (1.08), however comparable to figures from May 2007 (-1.12). No cases of oedema were reported this month.

Approximately two thirds of children reported an illness in the previous two weeks, with a slightly higher proportion (67 per cent) of IDPs reporting and illness, compared to 60 percent of IDPs. 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; however they did report cases of typhoid in more than one site.

In terms of dietary intake, the majority of the population under five (both IDP and resident) continue to report consuming 3 meals per day, similar to previous months. Oil and cereal consumption remains high, and only a small proportion of households consume vegetables, animal protein, and dark green leafy foods and fruits on a regular basis. There was a slight increase in the proportion of resident households eating wild foods, which could also be indicative of localised improvements in the security situation allowing access to areas with wild foods.

Both IDPs and residents reported attempts to generate income through small scale income generating activities, as well as shifting to less preferred foods. IDPs also reported reduction in the number of meals per day, suggesting that at this point, the community in the sentinel sites are not using extreme coping strategies.

**Performance indicators for SFCs met SPHERE standards in terms of recovery and default, with a small increase in the per cent of cases transferred to TFCs (8.2 per cent) rather than finishing treatment in the SFCs. Performance indicators for TFCs did not meet SPHERE standards, as recovery rates fell to 58 per cent, and default increased to 14 per cent. The elevated default rate is attributed to the ongoing displacement and security issues along the border with Chad, impacting programmes in Beida and Forbaranga in particular.**
**Sentinel site system**

Data was collected from 14 sites in May. Limited population movement from Chad into West Darfur (Gube and Um Kheir) was reported, as well as movement from Sarif Umra to Hamidia IDP camp in Zalingi due to insecurity.

Sentinel site data indicates a deterioration in the nutrition situation in comparison to previous months. Mean WHZ in May was reported as -1.23, compared to -0.88 in April 2008, however mean WHZ this month is comparable to mean WHZ reported in May 2007 (-1.11). One case of oedema was reported this month.

There was a slight improvement in the health situation, with a decline from figures in April when two thirds of children reported an illness, compared to the slightly half of children who reported an illness in the previous two weeks in May. Diarrhoea, ARI and malaria continue to be the most commonly reported illnesses in children among five, while eye infections continue to be reported by focus groups. In Treij, the community have complained of reported measles cases, while skin infection on scalp among children was reported in Um Kheir village.

Dietary intake for children under five and adults was similar to previous months for IDPs, with the majority of children reporting 3 meals per day and adults reporting 2 meals per day, however a higher proportion of resident reported 3-4 meals per day for children under five and 2-3 meals for adults, suggesting that residents are accessing larger quantities or food than IDPs, or that household utilisation practices differ between the two groups. Dietary intake is reliant on cereals and oils, however IDPs had less frequent consumption of oil than residents. While wild food intake for both IDP and residents was higher in West Darfur than other states, which may be indicative of localised security and ability to access wild foods that are growing with the onset of the rains.

Both residents and IDPs relied on food aid and trade/barter of food for food sources, however IDPs also relied on market purchase following sale of relief items, while residents reported that their own production also contributed to the household food sources. Of those IDPs and residents who reported use of coping strategies, limiting portion size at meals was reported by both IDPs and residents, while IDPs also restricted adult intake in favour of children and shifting to less preferred foods, while residents reported purchase of food on credit and sending members in search of work. The different in coping strategies, where IDPs are changing practices at household level while residents are interacting with the market and engaging in labour suggests that there IDPs will manifest nutrition impacts related to restricted food intake before residents due to limited options for income generation.

There were no issues reported related to water supply in the sites, with the exception of Kulbus, Thura and Treij where water is reported as salty. The average water consumed ranged between 4 and 11 jerry cans per day per household.

**Other news**

**Accelerated Child Survival Campaign**

In mid-May, with the support of the Federal Ministry of Health, UNICEF and WHO and other health partners, the State Ministries of Health conducted a national “Jump Start” campaign as part of the government’s Accelerated Child Survival Campaign. The campaign aimed to deliver high impact, low cost and evidence-based interventions using an integrated approach to reduce mortality of children under the age of five. Seven different interventions were delivered, including measles and polio vaccination, deworming and vitamin A for children under five, bed nets, health messages (targeting hygiene practice and optimal breastfeeding) and distribution of iodized oil capsules to prevent goiter (in specific states only). Coverage figures are currently being compiled. In future, similar interventions will be delivered twice a year through week long campaigns, supported by activities to strengthen routine health and nutrition services.

**Technical conference on malnutrition in the young child**

MSF- France and UNICEF, in collaboration with the Federal Ministry of Health, sponsored a two day conference in Khartoum on 18 and 19 June. The objective of the conference was to share information on the latest efforts to improve identification, prevention and treatment of malnutrition in the young child as well as to stimulate discussion in future. Over 100 participants, including FMOH and SMOH, UN, NGO, academics and pediatricians participated in discussions related to community based treatment of severe acute malnutrition, the nutrition-infection relationship, innovations in complementary feeding, agency lessons learned from nutrition programming in Niger and in Sudan, programmatic implications of the use of the new WHO growth curves, and current options to improve the adequacy of relief diets. Materials, including a variety of reference documents and selected presentations, are available upon request from UNICEF, and minutes from the meeting will be circulated widely once finalized.

**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

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