Overview

- **Admissions into selective feeding programmes:** Overall admissions into Supplementary Feeding Centres (SFCs) and Therapeutic Feeding Centre/Outpatient Treatment Programme (TFC/OTP) declined across the three Darfurs, however admissions into TFC/OTPs in North and West Darfur continued to increase. This unseasonal trend was attributed to broadening of the admission criteria into TFC/OTPs as well as increased number of centres in the areas, but is anticipated to decline in October/November.

- **Nutrition outcomes:** The results of sixteen localized nutrition surveys (7 in North Darfur, 4 from South Darfur, 5 from West Darfur) were cleared for dissemination. Global acute malnutrition rates (GAM) for all surveys conducted from May onwards all reported GAM above 15 per cent, with the exception of Mornie IDP camp. The nutrition survey results clearly indicated that localized pockets of elevated malnutrition, and in particular severe acute malnutrition, as well as the need of younger children, remain to be addressed. Nutrition status in accessible sentinel sites in all 3 Darfurs mirrored trends reported in 2008, though overall the situation was comparatively better off in North Darfur in 2009 compared to 2008. At the same time, mean weight for height Z score (WHZ) dropped in all three states in September, suggesting that if mean WHZ score does not improve in October/November, the population in rural and vulnerable areas may be unable to fully recover at the end of the hunger gap period, potentially undermining their capacity to prepare for the year ahead.

- **Food security:** Between July to September 2009, WFP had distributed 8,586mt of food to 360,812 beneficiaries through the blanket supplementary feeding programme in Darfur. In terms of the general food distribution, WFP maintained the peak in GFD distribution in the quarter, providing assistance to 3.7m beneficiaries with 41,000mt of food.

**Greater Darfur**

The nutrition situation in Darfur, assessed through data from selective feeding centres, sentinel sites, and localised nutrition surveys, suggested that localised pockets of malnutrition remain to be addressed and that the coming months will be critical for recovery at household level after the hunger gap. Close monitoring of the situation and period following the hunger gap will be critical in order to guide intersectoral planning for the end of the year and preparations for 2010.

During the period of July-September, the nutrition cluster has:

- Retained technical and practical workforce of the former NGO staff, from 576 supported in July, to 492 in September;
- Continued to ensure provision of operational costs for training and supportive supervision to affected centres, in addition to intensified technical support and monitoring;
- Continued to provide financial and technical support to ensure sentinel site/localised nutrition survey data was collected in areas formerly supported by NGOs;
- Maintained additional technical support on the ground provided by staff hired to address technical gaps post March, with a focus on inaccessible programmes.

At the same time, some areas of concern remain, including:

- Services in West Darfur (Hassahissa IDP camps) have not yet been secured;
- While centre-based treatment capacity has been maintained for the most part, community outreach activities have been undermined, resulting in later admissions/admission in poor condition, with a negative impact on treatment outcomes. There is a keen need for adaptive strategies to galvanize community outreach activities;
- Longer term funding for operation of affected centres is still not secured;
- In addition to the gap filling process, ongoing localized insecurity continues to contribute to intermittent programme suspensions (eg Kutum locality in North Darfur), resulting in increasing unmet needs.

Key actions for the end of the year include:

- Strategic introduction of harmonized payment and staffing levels in affected centres and the development of a transition/exit strategy from current support modalities of selective feeding centres (SFCs);
- Scaling up of community-based management of acute malnutrition through transition of TFC into OTPs with stabilization centres, in addition to strengthening referral mechanisms;
- Introduction of the Essential Nutrition Package in key states as part of broader national scale up plans for strengthening preventive nutrition activities;
- Development of strategic nutrition survey implementation plan across the three states, in order to maintain information from regularly surveyed areas in addition to identification of priority under-surveyed areas for assessment in 2010;
- Rolling out revised sentinel site surveillance forms and making already agreed upon technical modifications to existing nutrition information systems.
**Selective feeding centre data**

Overall admissions of children 6-59 months into SFCs declined steadily from July through September, after reaching their highest level in 2008 in May. West Darfur has the largest number of operational SFC sites, followed by South Darfur and then North Darfur. There has been a slight increase in the overall number of centres between 2008 to 2009. As a result, the increase in average number of admissions per centre was less pronounced in 2009 than in 2008, though localised suspensions of programming and the opportunity cost for participation in SFCs during implementation of the BSFP are also factors in the overall SFC admission trends.

Overall admissions of children 6-59 months into TFC/OTPs have begun to decline, though admissions reached their peak in South Darfur in July, but continue to increase in North Darfur and West Darfur following adoption of wider admission criteria into TFC/OTPs as a safety net during the hunger gap (resulting in earlier admission and anticipated better treatment outcomes), increased emphasis on community outreach efforts in these states, as well as the establishment of additional centres in North Darfur in response to the poor nutrition situation reported earlier in the year. There has also been an increase in the number of operational centres in West and North Darfur, followed by comparable number of sites in South Darfur. Admission rates in West and North Darfur are anticipated to decline in the coming months.

Similar to the previous quarter, there were no clear trends in terms of performance figures at centre level pre and post March 2009, as they continue to vary from month to month contingent on localised factors.

**Graph 1: SFC admissions, Greater Darfur**

![Graph 1](http://documents.wfp.org/stellent/groups/public/documents/ena/wfp208670.pdf)

**Graph 2: TFC admissions, Greater Darfur**

![Graph 2](http://documents.wfp.org/stellent/groups/public/documents/ena/wfp208652.pdf)

**Localised nutrition surveys**

The results of sixteen localized nutrition surveys (7 in North Darfur, 4 from South Darfur, 5 from West Darfur) were cleared for dissemination. Global acute malnutrition rates (GAM) for all surveys conducted from May onwards all reported GAM above 15 per cent, with the exception of Mornei IDP camp. In North Darfur, GAM rates were comparable or above those reported in 2008, with rates of severe acute malnutrition (SAM) at or above 4 per cent in Kebkabiya, Mellilit, Kuma, Malha, and Umkeddada. In South Darfur, SAM rates were at or above 3 per cent in Nylia, Tulus and Ed Daïen. Prevalence of illness and malnutrition among younger children (6-29 months) versus older children (30-59 months), as well as the association between illness and malnutrition where reported, continued to highlight the vulnerability of the younger age group to illness and malnutrition. The nutrition survey results clearly indicated that localized pockets of elevated malnutrition, and in particular severe acute malnutrition, remain to be addressed.

Actions taken to date in response to the survey results include follow up visits to the area, inter-sectoral response plan meetings, additional technical support and training in nutrition services, as well as follow up nutrition surveys in some areas.

**Sentinel site data**

In all 3 Darfur, nutrition status during July and September mirrored trends reported in 2008, though overall the situation was comparably better off in North Darfur in 2009 compared to 2008. At the same time, mean WHZ dropped in all three states in September, suggesting that if mean WHZ score does not improve in October/November, this may indicate that the population in rural and vulnerable areas may be unable to fully recover at the end of the hunger gap period, potentially undermining their capacity to prepare for the year ahead.

**Food Security Monitoring System - Third round results**

The Food Security Monitoring System, implemented by WFP and the State Ministry of Agriculture (North and West Darfur), monitors changes in the food security and market prices trends over time in the 3 Darfurs. Results from the third round undertaken in August indicated that food consumption remained acceptable in Darfur, except for resident locations in West Darfur state. Food security in general has improved, apart from residents in West Darfur, as agricultural labour opportunities increased with the season (weeding) and thus improved the income for poor households.

Full version of the three reports and further state level details are found at:


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1. NOTE: Sentinel site data is not statistically representative (in contrast to nutrition survey data) because the sites are purposively selected; therefore nutrition is expressed through a Mean weight for height Z (WHZ) score rather than a percentage of GAM. The more negative the Mean WHZ score, the poorer the nutrition situation. The number of sites visited per month varies depending on access, so mean WHZ may slightly underestimate the severity of the nutrition situation if there is any consistent difference in conditions between accessible and inaccessible sites.


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**Darfur Nutrition Update**

**July-September 2009**
Progression of the agricultural season
September data from the Sudan Meteorological Authority, Federal Ministry of Agriculture and Forestry indicated that “crop growing conditions did not extend to more marginal areas as they had done in the previous four seasons, especially in the west.” There are concerns that “an earlier/drier than usual end of season may have significant impacts on crop yields and pasture production…” which in turn may have the potential to impact overall food security. The northwest area of North Darfur was highlighted for potential concern. A pre-harvest crop assessment, with field work in October, by the Federal Ministry of Agriculture and Forestry and FAO/SIFSIA will aid in indentifying key areas for concern in terms of agricultural production shortfalls.

North Darfur

By the end of September 35 out of 38 therapeutic feeding centres/outpatient therapeutic programmes (TFC/OTP) and 8 out of 14 supplementary feeding programmes (SFPs) were operational in North Darfur. The suspended feeding programmes remain the ones suspended by GOAL in the Kutum locality in June, following the kidnapping of staff members. Relief International established an outpatient therapeutic programme in Abu Deleik health centre, and continued preparations with SMOH (State Ministry of Health) to take over the nutrition programmes in Kebkabiya, with support from UNICEF. MSF Spain signed a technical agreement with SMOH to support the health care centre in Tawilla, including the OTP, as of 1 October.

UNICEF supported trainings of SMOH and partners in multiple areas, including:
- 61 SMOH staff in screening by mid upper arm circumference (MUAC) and basic nutrition concepts in July
- 20 SMOH staff in CMAM (El Fasher and Jebel Marra staff) in August
- 125 SMOH staff (25 each from El Fasher OTPs, Kebkabiya, Mellit, Jebel Marra and Al Malha) were trained in September on CMAM with emphasis on the outreach component to increase case identification and referral into therapeutic feeding programmes.

The World Food Programme in collaboration with the nutrition cluster and in partnership with International and national implementing partners initiated the BSFP in North Darfur, targeting an estimated 245,000 beneficiaries during the period of July-September.

Geographic areas of concern in North Darfur for the coming months include Kutum locality, Al Malha, Tawilla, due to lack of implementing partners, remoteness and access. Discussions were at an advanced stage for MSF Spain to take over the health and nutrition programmes in Tawilla from SMOH beginning October 2009. Key actions for the coming months include continued support SMOH to continue deliver nutrition services wherever possible, and identification of partners able to take on support in the longer term in affected centres.

Selective feeding centre data
Admissions into SFCs decreased sharply from June-September (Graph 3), attributed in part to the suspension of programmes in Kutum, seasonal movement for agriculture and the increased opportunity cost for participation in the targeted SFCs, as well as the wider admission criteria (from MUAC 110 mm to 115 mm for severe acute malnutrition) into TFC/OTPs and the subsequent shift in caseload into TFC/OTPs as part of augmented efforts to roll out the community management of acute malnutrition (CMAM) in the area. As a result, admissions into TFC/OTPs increased contrary to seasonally noted declines normally noted as this point of the year (Graph 4).

Graph 3: SFC admissions, North Darfur

Graph 4: TFC/OTP admissions, North Darfur

Localised nutrition survey information
No nutrition surveys were conducted during the period of

<table>
<thead>
<tr>
<th>Location</th>
<th>Agency</th>
<th>Date</th>
<th>% GAM (95% CI)</th>
<th>%SAM (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abu Shouk</td>
<td>SMOH/UNICEF</td>
<td>May-09</td>
<td>26.1% (23.3-29.1)</td>
<td>2.5% (1.6-3.8)</td>
</tr>
<tr>
<td>Al Salam</td>
<td>ACF</td>
<td>Jun-08</td>
<td>17.9% (14.6-21.8)</td>
<td>1.5% (0.6-3.1)</td>
</tr>
<tr>
<td>IDPs camps</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>El Fasher</td>
<td>SMOH/UNICEF</td>
<td>May-09</td>
<td>16.9% (13.9-20.6)</td>
<td>2.6% (1.7-3.9)</td>
</tr>
<tr>
<td>town</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kebkabiya</td>
<td>SMOH/UNICEF</td>
<td>Jun-08</td>
<td>13.5% (11.2-16.0)</td>
<td>1.0% (0.5-2.0)</td>
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<tr>
<td>Mellit</td>
<td>ACF</td>
<td>Jun-08</td>
<td>24.2% (20.4-28.4)</td>
<td>1.3% (0.5-2.9)</td>
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<tr>
<td>Al Kuma</td>
<td>SMOH/UNICEF</td>
<td>May-09</td>
<td>24.6% (20.8-29.0)</td>
<td>4.4% (3.2-6.0)</td>
</tr>
<tr>
<td>Um Kaddada</td>
<td>SMOH/UNICEF</td>
<td>Jun-09</td>
<td>25.1% (21.6-29.5)</td>
<td>4.5% (3.4-6.1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

3 Sudan Seasonal Monitor, Issue 6/September 2009, Sudan Meteorological Authority, Federal Ministry of Agriculture and Forestry, FAO/SIFSIA
July-September due to administrative constraints on the implementation of nutrition surveys during certain parts of the year. At the same time, results from seven localized nutrition surveys were cleared for release.

In the case of Al Kuma, Al Malha, and Umkedada, there was no comparable data from the previous year; however GAM was well above the emergency threshold. In the case of Abushouk and Al Salam and El Fasher town, GAM was higher in 2009 than in 2008, while in Kebkabaya GAM was similar, but SAM was higher in 2009 than in 2008, and in Mellit both GAM and SAM increased in comparison to 2008 (see table below). Given that all of the results were above the emergency threshold of 15 per cent, a nutrition coordination meeting was held on 25th August to discuss underlying factors and response.

Key concerns highlighted in the interagency discussion were the persistent high rates of malnutrition in areas where humanitarian access has been fairly constant (Abu Shouk/Al Salaam), which suggested that further analysis of underlying causes was required. In Al Malha, a key driving factor identified was the historical food insecurity with low production and no humanitarian services. Similarly, in Mellit and Umkedadda, the level of remoteness, inaccessibility and inadequate humanitarian services were identified as key driving factors. Key priority response actions plans and recommendations included: to carry out causality analysis Abushouk and Kebkabaya to further clarify driving causes of malnutrition in collaboration with other cross cutting sectors (WASH, Nutrition, Health and Livelihoods); to review and support the capacity of the existing system of TFC and OTPs (eg protocols, staff, quality of work, carry out training of outreach workers and roll out Community Management of Acute Malnutrition (CMAM)); to continue general food distribution (GFD), to continue the targeted blanket supplementary feeding programme; to establish SFP programming in Kebkabaya, including training of outreach workers; and finally an assessment of Al Malha to gather further information for response planning.

SMOH with support of UNICEF and partners will conduct a causal analysis in Abu Shouk/Al Salaam as well as Kebkabaya in October/November. SMOH with support from UNICEF started preparations to undertake localized nutrition surveys in Al Malha, Mellit, Umkedada, Tawilla, El Fashir Town, Abu Shouk/Al Salam, Al Kuma, Shangil Tobay, Kutum (GOAL/SMOH) and Kebkabaya in October/November survey window period, while Relief International will conduct surveys in Zamzam new and old camps during the same period.

Sentinel site data
Sentinel site data was collected from 11 sites in July (336 households and 342 children under five), 11 sites in August (366 households and 342 children under five) and 11 sites in September (347 households and 380 children under five). Fewer sites were accessed this quarter than in previous quarters as insecurity and logistical constraints limited access to the remaining sites. A review of sites is ongoing and inaccessible sites may be replaced.

Nutritional status reported through Mean WHZ score showed a seasonal deterioration slightly earlier than that observed in 2008, and remained above levels reported during the same period in 2008. This difference is in part attributable to the fewer number of sites accessed, in the event that conditions in inaccessible sites are markedly different than accessed sites (Graph 5). At the same time, mean WHZ declined slightly in September, indicating that the situation requires ongoing monitoring to determine if this is part of normal variation or the indication of a further non seasonal deterioration in nutrition status.

Graph 5:

South Darfur
As of 30th September, 30/31 SFPs and 35/36 TFC/OTPs were operational in South Darfur. Out of the 8 SFPs and 23 TFC/OTPs that had been affected in March, 7/8 SFPs and 22/23 TFC/OTPs were functioning up to the end of August. One OTP (Hassaballa) & one SFP (Dumba) in Kubum continued to be suspended due to insecurity outside Kubum area since last of April. Programmes in Kalma were re-established with support from Merlin in August.

Blanket supplementary feeding programmes (BSFP) reached the final distribution in As Salam, Otash, and Kalma camps, as well as in Ed Dainen and Yassin & Sealea in August. In August, Samaritan’s Purse initiated its BSFP in Tulus locality using lipid based spread in August in response to the high rate of global acute malnutrition reported in a localised nutrition survey June 2009 by American Refugee Committee. In Tulus locality the distribution was conducted in seven locations including Sergela, Jedad, Rajay/Sygon, Garad, Al Tomat, Dimso and Nakhara and total number of under five covered was 3,369. In Buram the distribution covered 2,908 beneficiary children under five in five IDP villages/camps (Darasalm, Hilfigra, Joyka, Abuson and Serafa).

Geographic areas of concern in South Darfur for the coming months continue to include Muhajire (due to limited availability of services and information following departure of MSF-H), Feina (UNICEF continued to provide full financial support to the Feina nutrition programme, while discussions continued with an NGO to take over provision of support) and Kubum (where insecurity has prevented team to access Hassab alla & Damba since last year). Discussions between SMOH and the local community are ongoing, with indications that work will be able to be resumed in Hassab Allah in October/November. In the case of Damba, the possibility of merging the programme with that in Kubum (to enable better access to health services) are ongoing.

Selective feeding centre data
Admissions into SFCs and TFC/OTPs began to decline as anticipated in line with seasonal trends.
under five and crude mortality levels (0.51/10,000/day) and under five mortality (1.12/10,000/day) were below emergency thresholds. Agency recommended actions included continuation of SFP activities; enhancement of active case finding and referral to the feeding centre and follow up; strengthened preventive nutrition, health and hygiene activities and social mobilization.

Tear Fund conducted a nutrition survey in Ed Daein from 16th to 20th of June. GAM and SAM were reported similar to levels reported in 2008. Crude mortality (0.51/10,000/day) and under five mortality (1.54/10,000/day) were below emergency thresholds. While vitamin A supplementation was high (94.2 per cent), measles vaccination was low (62 per cent) suggesting further need to strengthen public health services. Agency recommendations included multi-sectoral responses to address underlying causes of malnutrition in the upcoming months; increase of the admission criteria in the OTP to less than 75% weight for height percentage of the median to ensure that children who are moderately malnourished receive ready to use therapeutic foods prior to becoming severely malnourished which is anticipated to address the high referrals from SFP to OTP that are currently being experienced and will in turn prevent unnecessary deterioration of the children’s nutritional status; implementation of alternative approaches to prevent and treat malnutrition with emphasis on the community management of acute malnutrition approach; and intensification of active case finding in the camp with an emphasis on moderately malnourished children through both the health units and home visits.

Nutrition surveys are planned by Merlin in Yassin in October, and in Seleah in November. SMOH and UNICEF are planning nutrition surveys in As Salaam and Otash in December, while Tear Fund plans a nutrition survey in Ed Daein in December.

**Sentinel site data**

Sentinel site data was collected from 14 sites in July (404 households, 445 children under five), 16 sites in August (484 households, 523 children under five) 13 sites in September (389 households and 424 children under five).

Nutrition status, compared through mean WHZ, followed the same trend of decline during the period of July to August noted in 2008 (Graph 8). While typical of the hunger gap period, if mean WHZ score does not improve in October/November, this could indicate that the population in rural and vulnerable areas are unable to fully recover at the end of the hunger gap period, potentially undermining their capacity to prepare for the year ahead.

**Graph 6: SFC admissions, South Darfur**

<table>
<thead>
<tr>
<th>Location</th>
<th>Agency</th>
<th>Date</th>
<th>% GAM (95% CI)</th>
<th>% SAM (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adilla</td>
<td>Merlin</td>
<td>Feb-09</td>
<td>12.4% (9.3-15.6)</td>
<td>1.8% (0.7-2.9)</td>
</tr>
<tr>
<td>Nyala - Tulus</td>
<td>ARC</td>
<td>Jun-09</td>
<td>19.1% (14.8-23.5)</td>
<td>3.6% (2.4-4.9)</td>
</tr>
<tr>
<td>Beliel IDP camp</td>
<td>NCA</td>
<td>Jun-09</td>
<td>19.0% (16.5-21.5)</td>
<td>2.0% (1.1-2.9)</td>
</tr>
</tbody>
</table>

A nutrition survey conducted in the Nyala-Tulus corridor by the American Refugee Committee from 11-20 June 2009 reported overall GAM is slightly lower than GAM reported in June 2008, though statistically comparable. Conversely, an increase in SAM was reported in 2009 when compared to 2008. Both crude and under five mortality rates were reported below emergency levels.

NCA conducted a nutrition survey (21-28 June 2009) in Beliel IDP camp - though no comparable nutrition data is available. GAM was reported above the emergency threshold, though

**Graph 7: TFC/OTP admissions, South Darfur**
West Darfur

As of 30 September, 51 out of 54 SFCs and 62 out of 65 TFC/OTPs were operational in West Darfur. Out of the 6 SFPs and 13 TFC/OTPs that had initially been affected in March, 6/6 SFPs and 12/13 TFC/OTPs have now resumed activities. Discussions are still ongoing with the communities among SMOH and NGOs regarding the reopening of the Hassahissa Feeding Centre, where services remain suspended since March 2009.

Key geographic areas of concern in West Darfur for the coming months continue to include Bendisi, Sirba/Abusouj, and Golol/Keling in Jebel Marra where nutrition services are limited.

Selective feeding centre data

Admissions into SFCs were variable from July to September. Despite the considerable variation in admissions from month to month due to the ongoing challenges of ensuring universal reporting from programmes as well as intermittent suspensions of programmes, overall, the admissions appeared to be declining as expected at this time of the year. Admissions of children 6-59 months into therapeutic feeding programmes/outpatient feeding programmes were variable from July to September.

Admissions into SFPs and 13 TFC/OTPs that had initially been affected in March 2009. 6/6 SFPs and 12/13 TFC/OTPs have now resumed operations in operational areas and outreach activities through programmes.

Localised nutrition surveys

Results from 5 localised nutrition surveys were cleared for release.

World Relief and Global Relief Alliance conducted a nutrition survey in Azirni, Sandadi and Um Tagouk villages in Krenieck locality (November 2008). Global acute malnutrition (GAM) was reported as 14.6 per cent, representing a small improvement (though not statistically significantly different) from results in 2007 (15.3%). Severe acute malnutrition (SAM) was reported 2.7% in the 2008 survey. Mortality was below emergency thresholds.

Norwegian Church Aid conducted a nutrition survey in Kurdol village in Wadi Saliti locality (June 2009). GAM exceeded the emergency threshold, while SAM was reported as 2.3%. No comparable information was available from same period in previous years. Under-5 mortality (0.48/10,000/day) and crude mortality (0.31/10,000/day) were below emergency levels. Key agency recommendations included provision of adequate health and nutrition services and food security interventions for all population in Kurdol locality and continuous monitoring of the situation in Kurdol locality in order to respond in a timely manner.

Norwegian Church Aid conducted a nutrition survey in Hamedia camp, Hassahissa camp, and Khamsa dagaig camp IDP camps in Zalingie locality (24th June – 4th July 2009). GAM exceeded the emergency threshold, while SAM was reported as 2.7 per cent (95% CI: 2.0%-3.7%). Both under five mortality (0.53/10,000/day) and crude mortality (0.40/10,000/day) were below emergency levels. In terms of health information, coverage of measles vaccination (90%) and vitamin A supplementation (98.7%) were high, though almost half (45.4%) of children were reported ill in the two weeks prior to the survey. Coverage of the SFP programme was reported as 50.2 per cent. While there is no comparable information from same period in 2008, GAM and SAM were similar to levels reported by NCA in July/August 2005 among Zalingie IDP camps and the Zalingie resident community (GAM: 18.1 per cent (95% CI: 15.8%-20.5%); SAM: 2.7% in Zalingie camps in April 2004 (GAM: 23.4% and SAM 2.3%).

Concern conducted a nutrition survey in El Geneina town and IDP camps from 17-22 June. The change in GAM between July 2008 and June 2009 was not statistically significant however the level of malnutrition was reported at the emergency threshold. Under five mortality rate (0.4/10,000/day) and crude mortality rate (0.5/10,000/day)
were below emergency thresholds. Nearly 40% of children were reported to have been ill during the two weeks prior to the survey, of which almost three quarters were taken for medical treatment. Children 6-29 months reported a higher prevalence of illness, and 59% of children who reported an illness were also acutely malnourished.

Concern conducted a nutrition survey in Mornei IDP camp and Rongatass, Annex of Mornei IDP camp in collaboration with the SMOH from 19-23 July. Reported GAM and SAM have improved slightly from the previous year, though reported child morbidity remained elevated (47%). Reported illness was higher among children 6-29 months, and almost two thirds (61.2%) of the children who had suffered from one form of illness were acutely malnourished, similar to the findings of the Geneina camps. At the same time, nearly three quarters were taken for treatment to the local health facility. Under five (0.4/10,000/day) and crude mortality rates (0.3/10,000/day) were below emergency levels.

Agency recommendations in both cases included strengthened efforts against preventable diseases, including hygiene and sanitation promotion and public health programming, strengthened nutrition programming including improvement of utilisation of existing services, and continuation of the general food distribution as a supportive mechanism.

**Sentinel site data**

Data was collected from 19 sites in July (582 households, 603 children under five), 19 sites in August (575 households, 580 children under five), and 19 sites in September (604 households, 604 children under five). Data collection did not take place in Hamedia IDP camps due to refusal of access following the expulsion of NGOs in the area, in addition to access issues in Abusourj due insecurity and Treij village in Zalingie locality due SMOH strike during September. **Graph 1:**

Nutrition status, compared through mean WHZ, followed the same trend of decline during the period of July to August noted in 2008 with a slight drop in September 2009 (Graph 11). While typical of the hunger gap period, if mean WHZ score does not improve in October/November, this could indicate that the population in rural and vulnerable areas are unable to fully recover at the end of the hunger gap period, potentially undermining their capacity to prepare for the year ahead.

**Other News**

**Nutrition Surveillance System**

Streamlined sentinel site forms are in the process of being rolled out in Darfur, based on adaptations endorsed in a technical review in June 2009, to adapt and strengthen current nutrition information systems. Current sentinel sites are being reviewed against original selection criteria and accessibility, which may lead to some site changes in the near term. Discussions are ongoing between MOH, UNICEF and WFP on practical ways of closer collaboration between the NSS system and the Food Security Monitoring System, supported by WFP.

**CMAM guidelines and status**

The Technical Working Group for Community Based Management of Acute Malnutrition (CMAM), with the support of UNICEF and FANTA-2, has conducted a series of consultations to finalise the adaptation of CMAM guidelines to Sudan. The adapted guidelines are provisionally planned for endorsement in early November. The guidelines include a revised monitoring and reporting section will be rolled out as part of further support to routine facility based reporting systems in the end of 2009/2009.

**Community outreach progress**

Community outreach is a critical component of effective treatment of acute malnutrition, however reviews of the portfolio of programmes in Darfur in 2008 highlighted that this component required some strategic definition and strengthening. In order to complement the current CMAM guideline revision, a short review team (FMCH, UNICEF, FANTA-2, Ahfad University) visited North Darfur and Kassala in order to identify areas of programmatic opportunity/overlap, and define key minimum standards and strategies to strengthen community outreach components in Sudan.

**CONTACT**

The “Darfur Nutrition Update” is now available online. Check the following link for this issue and previous issues

http://www.unicef.org/sudan/resources_4334.html

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