

DARFUR NUTRITION UPDATE

Overview

- **Security:** Humanitarian access continues to be limited, resulting in instances of staff relocations and suspension of programmes. Population displacement continued with an estimated 25,000 people displaced in January¹ and 30,000 people in February²
- **Admissions to feeding centres** generally decreased from December to January, but have increased in February, due in large part to increased admissions in North and West Darfur.
- Results from four **localised nutrition surveys** are presented. Results from two out of three surveys in South Darfur are worrying. These results are attributed in part to poor underlying water and sanitation conditions, as well as population displacement. Malnutrition rates reported in the other survey in South Darfur and West Darfur are below emergency levels. These relatively lower levels, however, may rise with the onset of the dry season, and in the event of further insecurity and population displacement.
- There were no cases of **Acute Watery Diarrhoea** reported in Darfur from December to February.
- The majority of the target population under-5 was covered during the December **polio immunization campaign**; however coverage was lowest in North Darfur relative to West and South Darfur. This will be addressed during the National Immunization Days against polio scheduled for March.
- Five cases of **measles** were reported, four in West Darfur, and one in South Darfur.
- Data collection from **sentinel sites** continues, however regularity and thus comparability has been limited due to insecurity and staffing issues.
- The Joint FAO/WFP **Crop Assessment Mission** (October-December 2006) reported that the population affected by the conflict in the Darfur states benefits little from national and regional surpluses elsewhere in the country. Insecurity is still having a negative impact upon production, harvest, and commodity movement to markets, as well as reducing households' physical and financial access to market commodities.

Greater Darfur

Darfur-wide survey The final report for the Emergency Food Security and Nutrition Assessment in Darfur, Sudan 2006 is being prepared, with a provisional release date of mid April 2007.

Other nutrition surveys³

Four localised nutrition surveys have been undertaken over the past three months, and a number

¹ World Food Programme Sudan. Monthly Situation Report for WFP Sudan. January 2007.

² World Food Programme Sudan. Monthly Situation Report for WFP Sudan. February 2007.

³ All nutrition surveys reported in this bulletin use the standard 30x30 cluster methodology in line with international standards unless otherwise stated.

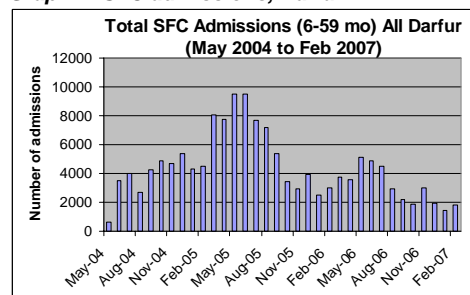
of localised surveys are in the process of data collection and analysis throughout Greater Darfur. Results from two surveys in South Darfur are worrying. ACF in Otash Camp (December 2006) reported a rate of Global Acute Malnutrition (GAM) of 15.6 per cent and Severe Acute Malnutrition (SAM) of 1.8 per cent, with an under-5 mortality rate between alert and emergency levels (2.58/10,000/day), and crude mortality rate at emergency levels (1.98/10,000/day). Tearfund reported from Ed Daien (February 2007) an alarming rate of GAM (21.9 per cent) and a SAM of 3.9 per cent, however under-5 (0.42/10,000/day) and crude mortality (0.17/10,000/day) rates were below alert thresholds. ICRC, in a follow up survey in Gereida (February 2007), reported an improvement in GAM (6.4 per cent), SAM (0.7 per cent), and mortality (under-5 rate 0.94/10,000/day, crude mortality rate 0.48/10,000/day) relative to rates found in May 2006. The fourth survey, by Tearfund in West Darfur (November/December 2006), covering IDP, nomadic groups, and host community, reported GAM (11.4 per cent) and SAM (1.3 per cent), as well as mortality rates (under-5 rate 0.45/10,000/day, crude mortality rate 0.37/10,000/day) below emergency levels.

In all surveys, levels of malnutrition are consistently higher in children 6-29 months relative to 30-59 months. This finding suggests that care and infant and young child feeding need to be systematically addressed.

Selective feeding centre data

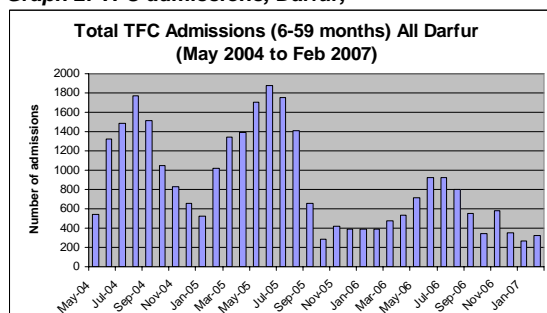
Admissions⁴ to Supplementary Feeding Centres (SFCs) across Greater Darfur fluctuated during the reporting period, falling from 1,922 in December to 1,457 in January, and subsequently increasing to 1,805 in February (due to increased admissions in North and West Darfur). Similarly, admissions to Therapeutic Feeding Centres (TFCs) declined steadily from 351 in December, to 265 in January, and then increased in February to 328, due in large part to a doubling of admissions in North Darfur. The absolute number of admissions for SFCs and TFCs are lower than at the same time in the previous year, which may in part reflect the decrease in number of organizations operating in the area (see Graphs 1 and 2).

Graph 1: SFC admissions, Darfur



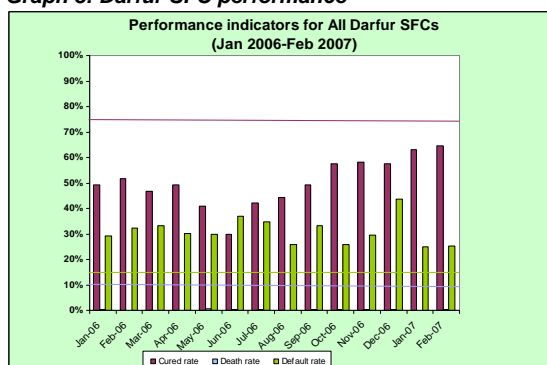
⁴ Refers to children 6-59 months of age

Graph 2: TFC admissions, Darfur,



Performance indicators for SFCs are consistently below SPHERE standards⁵, though cure rates increased from 57.5 per cent in December to 64.7 per cent in February. Default rates decreased from 34.7 per cent in December and remained stable at 25 per cent in January and February (see Graph 3). As part of ongoing efforts to support quality programming, a joint UNICEF/WFP workshop is planned for April 2007, covering SFP operations in North and South Darfur.

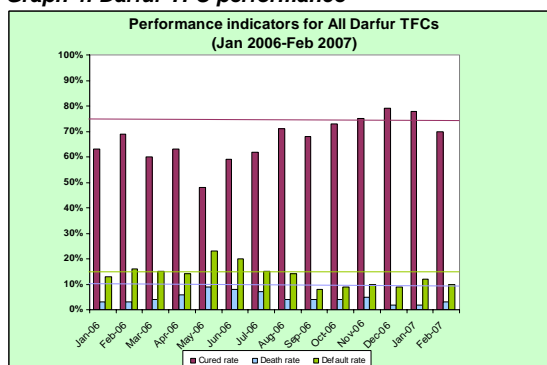
Graph 3: Darfur SFC performance



* horizontal lines in this graph represent SPHERE targets

Performance indicators for TFCs met SPHERE standards in December and January for cure, default and death rates, although cure rates fell below standards to 70 per cent in February (see Graph 4).

Graph 4: Darfur TFC performance



* horizontal lines in this graph represent SPHERE targets

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.

Health

There were no cases of **Acute Watery Diarrhoea** during the time period covered by this update. During the period from 24 May to 9 December, 2,768 cases of AWD were reported across Darfur. The majority of cases was reported in South Darfur (61 per cent), followed by West Darfur (28 per cent) and North Darfur (10 per cent)⁶.

There were five **cases of measles** noted during the reporting period. Of the three cases reported in December, two were from West Darfur and one from South Darfur.⁷ In February, 2 cases were reported from West Darfur.⁸

The National Immunization Days against **polio** were undertaken in December 2006. The majority of the target population of children under-5 was immunized; however coverage rates were lowest in North Darfur (89.5 per cent), and West Darfur (91.4 per cent) relative to South Darfur (99 per cent) and coverage figures in other states of the north of Sudan.⁹

Food security

Insecurity continues to have a negative impact upon household food security by undermining availability and access to food. The FAO/WFP Crop and Food Assessment Mission (CSFAM) reports that despite the favourable rainfall and two consecutive years of good climate, overall conflict has limited the "ability to increase crop production, and successfully harvest fields that are planted"¹⁰. Disturbances that coincide with timing of planting and harvest decrease the ability to increase food access through own production. Reduced financial and physical access to markets continues to hinder realisation of household food security. In North and South Darfur, Oxfam's monthly monitoring of markets indicates that the "average price of the crops continue to remain higher than the average of pre-conflict 2002 and post conflict 2004."¹¹ Crop and vegetable prices were noted to rise in January, with the exception of millet and onion. Some concerns were raised that this decline in millet price may be a disincentive to farmers in planning their cultivation for the upcoming year. The majority of the production is undertaken by host or rural communities, rather than IDPs, which indicates that IDP livelihoods are more fragile.¹²

Generally, pasture conditions are good, although some areas are less well off than others (such as central and northern parts of West Darfur). Cattle movement from Chad into West Darfur may potentially exacerbate overgrazing in that area - a principal livelihood concern.

⁶ WHO/FMOH Weekly Morbidity and Mortality Bulletin, week 49, 3-9 December 2006

⁷ WHO/FMOH Weekly Morbidity and Mortality Bulletin, week 49, 3-9 December 2006, WHO/FMOH Weekly Morbidity and Mortality Bulletin, week 51, 17-23 December 2006.

⁸ WHO/FMOH Weekly Morbidity and Mortality Bulletin, week 6, 3-9 February, 2007.

⁹ 2006 EPI NID Report, UNICEF.

¹⁰ FAO/WFP Crop and Food Supply Assessment Mission to Sudan. February 2007.

¹¹ OXFAM North and South Darfur Market Monitoring Monthly Bulletin. January 2007.

¹² OXFAM North and South Darfur Market Monitoring Monthly Bulletin. December 2006.

Livestock prices are generally stable, “indicating the adequate availability of water and pasture”¹³.

The three Darfur states will dominate planning figures for emergency food aid for North and Southern Sudan in 2007, with beneficiaries in Darfur comprising 57 per cent of all beneficiaries in Sudan for the year, and receiving 72 per cent of all planned food aid commodities. (Please note, however, that these figures do not include data for school feeding or targeted feeding centres)¹⁴.

The CSFAM noted that food aid commodities are found for sale in the markets (in particular in El Fasher, Kass, Zalingi, and Nyala) at below their import parity price. This is attributed to IDPs and residents meeting non-food requirements (e.g. health, education, shelter, etc) through sale of food aid. This finding raised the issue that the role of food aid may have shifted from saving lives to encompassing welfare needs, and may also be attributed to challenges with planning, targeting and monitoring food aid in the context of limited data and ongoing insecurity. Recommendations included “continuous appraisal of delivery methods with partners, rolling assessments, and enhanced capacity for better targeting,” as well as a market study to “determine the extent of commodity flows, presence of markets as well as impact of food aid on agricultural production and trade.” Additionally, the CSFAM called for a re-examination of the role of food aid as welfare assistance, and development of alternatives to address milling costs associated with the food rations.

The anticipated March/April wheat harvest is not expected to show the same improvements in production found in other states, due to the reduction in cereal-growing areas attributed to insecurity and displacement¹⁵.

There is an urgent need to ensure that emergency agricultural support measures are delivered before the onset of the main planting season in April.

North Darfur- doubling of admissions into TFCs

The security situation remains unstable in the area.

Other nutrition surveys

GOAL carried out a nutrition survey in Kutum Town and Kasab camp from 20-25 November 2006. Results will be presented pending confirmation of some details. No information is available on surveys in process or upcoming in North Darfur.

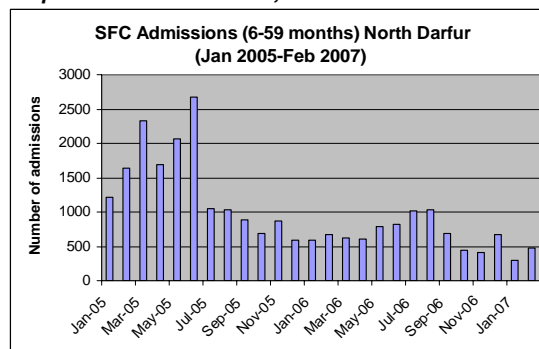
Selective feeding centre data

Admissions into SFCs fluctuated, with 673 admissions reported in December, falling to 292 in January, and rising again in February to 483 admissions (see Graph 5). Overall, admissions into TFCs increased, from 64 admissions in December, to 98 in January, to

135 in February (see Graph 6). This marked increase in TFC admissions between January and February is similar to the increase seen in 2006.

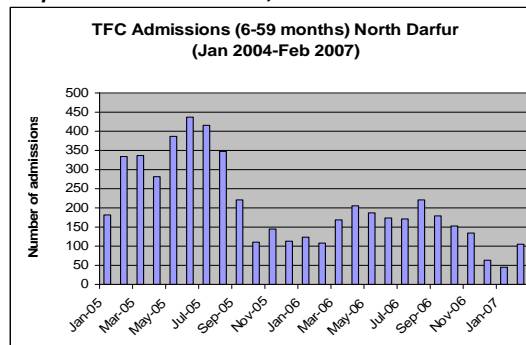
Performance indicators for SFCs met SPHERE standards in December (cured 88.7 per cent, defaulted 11 per cent, death 0 per cent), however cure rates dropped and default rates increased during January (cured 75.6 per cent, defaulted 21.6 per cent, death 0 per cent), and February (cured 60 per cent, defaulted 27.3 per cent, death 0 per cent)

Graph 5: SFC Admissions, North Darfur



Performance indicators for TFCs were also variable, as cure rates fell from 85 per cent in December to 80 per cent in January, to 64 per cent in February. While default rates remained below 15 per cent, they increased from 4 per cent in December, to 12 per cent in January, falling to 9 per cent in February. The death rate was consistently below 10 per cent during the reporting period.

Graph 6: TFC Admissions, North Darfur



Sentinel site system

Data collection was hampered by staffing and accessibility issues related to insecurity. In December, only 3 sites out of a planned 20 were visited, and in February, only 7 sites out of 20 were visited. As a result, comparisons with data from the previous year should be made with caution.

In February, 2 out of 7 sites reported influx of returnees and IDPs, motivated by desire to seek a better life, insecurity and lack of basic services.

The mean Weight for Height Z score (WHZ) was **-1.48** in December, and **-1.55** in February, indicating a deterioration in population nutrition status when

¹³ FAO/WFP Crop and Food Supply Assessment Mission to Sudan. February 2007.

¹⁴ Ibid.

¹⁵ Ibid.

compared to data from the previous year, November 2005 (-1.38) and January 2006 (-1.2).

Primary morbidities from data (diarrhoea, Acute Respiratory Infection [ARI], malaria) however some areas reported cases of skin diseases and eye infections were reported in February. Over half of the children assessed in December reported some illness during the previous two weeks (62.4 per cent), falling slightly to 55.7 per cent of children reporting an illness in the previous two weeks in February.

Health services in area are believed to be poor due to limited access by humanitarian agencies. Water access is low outside of camps (relative to last year), relying on hand dug wells or hand pumps with poor yield and variable water quality, again related to lowered humanitarian access for maintenance of wells.

The food security situation is poor as most of the population is reliant on food aid and the rest are coping with the minor stocks from last harvest. Food aid has been reported to be received in all sites (with the exception of Jebel Si administrative unit and East Jebel Marra), and was either the first or second primary food source for the majority of the population assessed. Other food sources included own production and gathering. Food aid is thought to have contributed to improved food availability in most areas.

While the majority of children and adults had three meals in the previous 24 hours, a worrying proportion of respondents indicated that the children under-5 had no meals in the last 24 hours (17 per cent December, 23.3 per cent in February). This may however be a result of under-reporting in hopes of aid. This possibility will be explored in the next rounds of data collection.

The weekly family dietary intake (quantified through 7 day dietary recall) is heavily reliant on oil and cereals, with consumption of these commodities on a daily basis, in line with the dependence on food aid commodities. Vegetable protein, dark green leafy vegetables and animal protein consumption is low, rarely more than once or twice per week. Milk consumption is quite low, with 78.3 per cent of households in December and 48.6 per cent in February claiming to not have had any in the previous week. Low dietary diversity may be predisposing the community to risk of micronutrient deficiency diseases.

Livestock and grain prices remained stable; however there is low demand as the majority of the population rely on general food distributions (GFD), have weak purchasing power, exacerbated by lack of traders, and limited movement of commodities and livestock.

Food security

The food security situation in January and February was improved relative to the last three months of 2006, attributed to the improved market supply of cereal grains and vegetables as a result of the

harvest, the slightly improved security situation that allowed movement of commodities, and associated decrease in prices of millet and sorghum in December¹⁶. As of February, the market prices of cereal grains were stable or decreasing in the majority of localities.¹⁷ There are some concerns however that the decrease in prices in the market will benefit consumers, but are a disincentive for farmers considering the risks associated with cultivation¹⁸.

The general animal health condition is relatively stable. Fodder scarcity is expected to become one of the main challenges in the upcoming dry season, in particular in Shangil Tobai and the Northern part of Um Kedada¹⁹. Some areas were reported to exhibit some scarcity in water sources, which might be exacerbated in April and May with the intensification of the dry season.²⁰

South Darfur – new displacements are cause for concern

The security situation is volatile and has led to a temporary suspension of some humanitarian operations in some areas. ACF suspended their operations in Gereida, and ICRC took on ACF's role as implementing partner for WFP in February.

Other nutrition surveys.

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

Table 1. Nutritional survey summary -South Darfur

Location	Agency	Date	% GAM	%SAM
Otash	ACF	Dec	15.6	1.8
Camp		06	(12.5-19.3)	(0.8-3.6)
Ed Daien	Tearfund	Feb	21.9	3.9
		07	(19.4 – 24.7)	(2.8-5.4)
Gereida	ICRC	Feb	6.4	0.7
		07	(4.9-8.1)	(0.3-1.5)

The **Otash Camp** survey by ACF exclusively covered the IDP population of the camp itself, in contrast to previous surveys that had covered both Nyala town and surrounding camps. This methodological change followed a large influx of IDPs from the end of September to mid October, combined with non-seasonal increases in admission in the Karary TFC, which indicated that the IDP population in Otash camp might be experiencing a nutritional crisis.

The GAM for children 6-59 months in Otash camp is 15.6 per cent (slightly above the emergency threshold), and SAM is 1.8 per cent. The level of malnutrition was lower than expected, given the scale of population movements (estimated IDP arrival rate of 10,000/month during the survey), but this might be related to the seasonal decrease in malnutrition expected at this point in the year. Results from the previous survey in

¹⁶ Food Security & Livelihood Coordination Group minutes. 22 February. 2007, North Darfur.

¹⁷ FAO Monthly Food Security Update, North Darfur State, February 2007.

¹⁸ OXFAM North and South Darfur Market Monitoring Monthly Bulletin. December 2006.

¹⁹ FAO Monthly Food Security Update, North Darfur State, February 2007.

²⁰ Ibid.

September 2006 (GAM 18.9 per cent, SAM 1.0 per cent), are presented for reference, although are not strictly comparable given the different target population and seasonality in malnutrition rates.

Mortality rates in Otash camp are of concern, with under-5 mortality (2.58/10,000/day) between alert and emergency levels, and crude mortality rates at emergency level (1.98/10,000/day). Given these high mortality rates, the lower than expected GAM reported in this survey might be related to survivor bias.

Primary morbidities were diarrhoea (15.2 per cent), followed by ARI (6.0 per cent). There was a statistically significant association between diarrhoea and malnutrition; however there was no statistically significant association between ARI and malnutrition. The reluctance to use clinics for medical treatment²¹ indicates a need to improve the public health environment and community acceptance of programmes as part of measure to prevent malnutrition.

Available information indicates that there is need for improvement in the public health conditions in Otash camp. A water and sanitation assessment of the camp indicated a low coverage of latrines exacerbated by cultural taboos preventing women from using latrines used by men. In addition, estimated water consumption is below SPHERE standards of 15L/person/day, falling from 9.1L/person/day in December to 7.8L/person/day in January.

The level of measles vaccination was reported to be low, as 43 per cent of children 6-59 months were not vaccinated; such vaccinations are a critical preventive measure in the context of high population movement. Available information on Knowledge, Attitudes and Practices (KAP) related to hygiene indicates low knowledge and low access to materials (e.g. soap, water containers) required to practice adequate hygiene.

The population is highly reliant on GFD, with 84.3 per cent registered and verified by card.

ACF recommends urgent efforts to address the poor water and sanitation situation through increasing water supply, assuring health and hygiene promotion targeting new arrivals, a vaccination campaign, awareness-raising activities to ensure adequate medical care is available and used, and ensuring that new arrivals are registered for GFD after verification are completed, as per guidelines. The nutrition situation will continue to be monitored, and active case finding efforts continued.

Tearfund had originally scheduled their survey in **Ed Daien** (IDP populations in Abumatariq, Elferdous, Khoromer, and Elneem) for November and December

2006, in order to follow up worrying results presented in May 2006 (GAM 25.9 per cent, SAM 4.6 per cent). Due to insecurity, Tearfund had to delay the follow up survey to February 2007, during which time approximately 25,000 IDPs arrived in camps surrounding Ed Daien. Preliminary results are reported here.

Rates of GAM (21.9 per cent) and SAM (3.9 per cent) in Ed Daien in February 2007 are alarming, and are higher than levels in November 2005 (GAM 13.9 per cent, SAM 1.4 per cent) though the results are not directly comparable due to issues of seasonality.

Mortality levels are below emergency thresholds with an under-5 mortality rate of 0.42/10,000/day, and crude mortality rate of 0.17/10,000/day.

In terms of the public health environment, 30.5 per cent of children reported diarrhoea in the previous two weeks, an increase relative to figures from November 2005 (13.5 per cent). Both access to toilets (40.9 per cent) and access to soap (64.6 per cent) improved relative to figures from November 2005. However, a lower percentage (70 per cent) was registered for WFP GFD relative to November 2005 (80.7 per cent).

In terms of coverage of services, measles immunization was reported (verbal or by card) as 64 per cent, and vitamin A supplementation reported at 74.7 per cent. The coverage of feeding centres was estimated at 42 per cent.

Preliminary recommendations by Tearfund include continuation of targeted feeding centres, and continued population level feeding support, for example the continuation of the GFD. There is also an urgent need for water and sanitation issues to be addressed. ICRC carried out a nutrition survey in **Gereida** during the period of 12- 18 February 2007. Preliminary results showed rates of GAM (6.4 per cent) and SAM (0.7 per cent) in Gereida *below emergency levels*, showing an improvement relative to figures from January 2006 (GAM 11.0 per cent, SAM 1.3 per cent).

Mortality rates show improvement relative to January 2006, and are below alert levels with an under-5 mortality rate of 0.94/10,000/day, and a crude mortality rate of 0.48/10,000/day. Morbidity rates improved relative to January 2006, and the level of measles vaccination (93.5 per cent) was higher than coverage of measles in January 2006. The report is in progress and will be distributed when finalised.

The improvement in malnutrition is attributed in part to the holistic response following the influx of IDPs and the May-June 2006 AWD outbreak, that led to an overall improvement in water management, chlorination, availability of latrines, hygiene and nutrition promotion. However, the survey was also conducted during the period with the lowest expected prevalence of malnutrition.

Selective feeding centre data

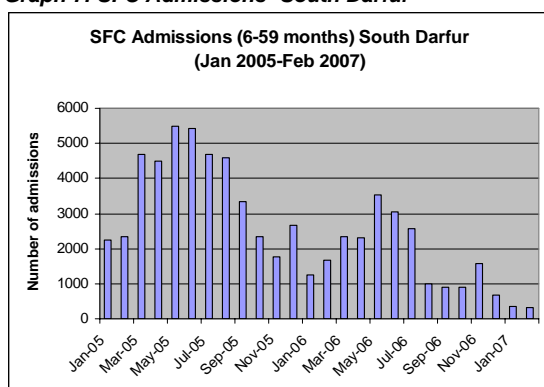
Admissions into SFCs decreased during the period of December 06 to February 07, falling from 673 in December, to 357 in January, and 334 in February (see

²¹ The majority of new arrivals (87.5 per cent) assessed in a separate study referred to in the survey report stated that using the health clinic was not beneficial for them.

Graph 7). Admissions in TFCs showed a similar trend of decrease, falling from 192 in December, to 131 in January, and then rising to 151 in February (see Graph 8).

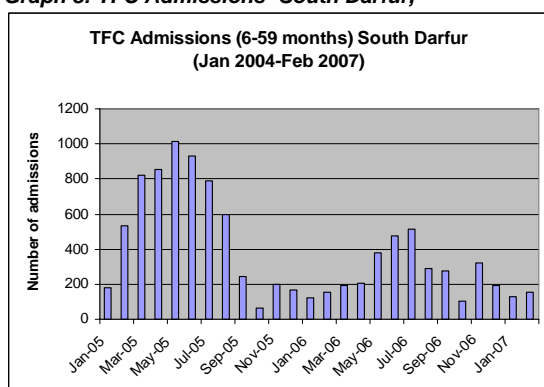
Overall, *performance indicators for SFPs* did not meet SPHERE standards in terms of cured and default rates, but did meet the standard for deaths. Cure rates fell from 60 per cent in December to 53.2 per cent in January and increased to 67.6 per cent in February. Default rates increased from 32.8 per cent in December to 36.5 per cent in January, falling to 23.2 per cent in February.

Graph 7: SFC Admissions- South Darfur



Performance indicators for TFCs were variable. In December (cure rate 83 per cent, default rate 8 per cent, death rate 1 per cent) and January (cure rate 85 per cent, default rate 8 per cent, and death rate 2 per cent), the TFCs did meet the SPHERE standards, however cure rates in February fell to 73 per cent, default rate was 7 per cent, and death rate (4 per cent) met SPHERE standards.

Graph 8: TFC Admissions- South Darfur,



Sentinel site system

Data was not collected in December and January due to insecurity and lack of access. Data was collected from 11 sites out of 20 planned sites in February.

Mean WHZ score was **-0.97**, signalling a slight deterioration in population nutrition status in comparison with data of **-0.81** from February 2006.

Primary illnesses reported in the communities included diarrhoea, malaria, and ARI. Almost all (93.3

per cent) of the children assessed reported some illness during the two weeks prior to data collection.

Key informants reported that average coverage of latrines was adequate. While water sources include from hand pumps, water tanks, and wells. Primary food sources were own cultivation, purchase (though not through sale of relief items), and food aid. The primary coping strategy reported was shifting to a less preferred food.

As in North Darfur, there is a heavy reliance on cereals and oils in the diet (eaten every day by the majority assessed). Consumption of fruit is low (75.8 per cent reported no consumption), and just over half (54 per cent) reported no consumption of milk. Consumption of vegetable protein is low, with 33.4 per cent reporting no consumption, and 20 per cent consuming it once per week and 20 per cent consuming twice weekly. Animal protein as well as dark green leafy vegetables are rarely eaten more than once per week. Low dietary diversity may be predisposing the community to risk of micronutrient deficiency diseases.

Food security

Overall, the food security situation is considered to be better relative to the same time last year; however this information needs to be verified in areas that have experienced insecurity and conflict.²² The increase in vegetables reaching the markets is in part attributed to the emergency distributions of seeds and tools in the previous season.²³ Millet and sorghum prices have fallen due to increased supply.

West Darfur- restrictions in access continue as admissions into SFCs double

Insecurity continues along the border with Chad, resulting in restricted movement by humanitarian workers²⁴ and displacement of residents.²⁵

Other nutrition surveys

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

Table 2. Nutritional Survey Summary -West Darfur

Location	Agency	Date	% GAM	%SAM
Beida	Tearfund	Nov/	11.4	1.3
Locality		Dec	(8.7-14.8)	0.5-2.9)
		06		

Tearfund conducted a survey in **Beida locality** (Masteri, Kongo Haraza, Beida, Arara), covering IDPs, nomadic groups and host community following an influx of approximately 2,500 Chadian refugees into the Beida locality in December 2006..

Preliminary results indicate that *malnutrition rates in Beida locality are below emergency levels*, with GAM of

²² FAO Monthly Food Security Update, South Darfur. February 2007

²³ Ibid.

²⁴ World Food Programme Sudan. Monthly Situation Report for WFP Sudan. December 2007.

²⁵ World Food Programme Sudan. Monthly Situation Report for WFP Sudan. January 2007.

11.4 per cent and SAM of 1.3 per cent. These figures are lower relative to results found in May 2006 (GAM 17.2 and SAM 3.4); however that improvement is likely in part due to the seasonal trend in malnutrition attributable in part to improvement in food security situation due to the harvest season and rainy season allowing more animals to remain in villages to provide meat and milk.

Mortality rates are below emergency levels, with U5MR of 0.45/10,000/day, and a CMR of 0.37/10,000/day.

Primary morbidities included diarrhoea (41.6 per cent), followed by ARIs (26.9 per cent), and fever with chills/malaria (20 per cent). While the majority reported seeking healthcare (82.1 per cent formal health centre and 1.3 per cent traditional healer), 16.5 per cent didn't access any treatment. Levels of hygiene and sanitation are worrying with only 48.9 per cent reporting access to a toilet, and the majority accessing water through taps (53.3 per cent) and pumps (37 per cent).

In terms of food security, the majority (89.6 per cent) of the population are registered for the GFD. While 53.7 per cent reported cultivation of some land, in practice this refers to only a small amount of land near the home. While the survey took place during the harvest season, the harvest does not appear to be sufficient as food stocks are not expected to last for long and alternatives are limited, indicating a precarious situation that "could easily deteriorate due to the ongoing displacement, insecurity that restricts coping strategies, poor living conditions and exposure to diseases and major disruptions in the care environment". Closure of the border with Chad has cut off a "significant source of livelihood support."

In terms of coverage of programmes, the SFC (43.7 per cent) and Outpatient Therapeutic Programme²⁶ (44.4 per cent) cover less than half of the targeted population. Measles immunization coverage, verified through card or recall, was reported as 78.8 per cent, and coverage of vitamin A supplementation was reported to be 86.6 per cent.

Tearfund recommends continuation of targeted feeding programmes, as well as their decentralization (which will be difficult in security situation). Preventive nutrition actions, including integrating the nutrition minimum package into health services, and strengthening growth monitoring and promotion programmes, are recommended in addition to improving coverage of latrines, access to safe drinking water, and ensuring coverage of immunization and supplementation programmes.

The food security situation is expected to decline in the coming months, and there will be a need to support food security and livelihoods. While this is not currently considered a nutrition emergency, it will be

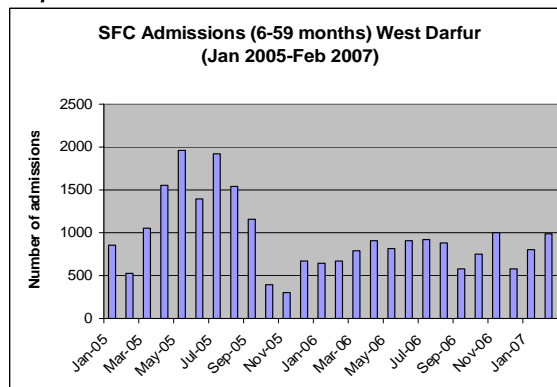
critical to take action to prevent deterioration in nutrition status of the population.

Selective feeding centre data

Admissions into the SFCs almost doubled, from 576 in December 2006 to 988 in February 2007 (see Graph 9) During the same time period, however, admissions into TFCs decreased from 95 in December, to 88 in January, to 72 in February (see Graph 10).

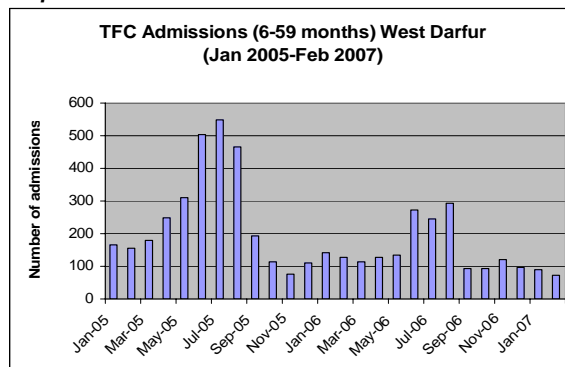
Performance indicators for SFCs were consistently below SPHERE standards, with below target cure rates, and above target default and death rates. Cure rates increased from 49.4 per cent in December to 65.1 per cent in January, and held stable in February at 64. per cent. Default rates were highest in December at 40.9 per cent, decreasing to 20.7 per cent in January and 25.6 per cent in February. Death rates were consistently below 0.3 per cent.

Graph 9: SFC Admissions- West Darfur



Performance indicators for TFCs were close to SPHERE standards, but fell below targets for cure rates, and exceeded acceptable levels of default in January. Cure rates were highest in December (74 per cent) and fell to 66 per cent in January and 69 per cent in February. Defaults were acceptable in December (11 per cent), but increased to 17 per cent in January, falling to 14 per cent in February. Death rates consistently met SPHERE standards, ranging between 2-3 per cent.

Graph 10: TFC Admissions- West Darfur



²⁶ Outpatient Therapeutic Care is one component of the Community Therapeutic Care approach.

Sentinel site system

The functioning of the nutrition surveillance system in West Darfur has been uneven throughout the year. While data collection from January to June 2006 was regular, average collection only covered half of the planned sites each month due to decreased access related to insecurity. For the second half of 2006, data collection ceased due to insecurity in the area, staff turnover, and limited availability of existing staff, as well as funding and logistic constraints. Plans have been made involving relevant stakeholders to address these issues, including development of a clear plan of action for the short term, mobilisation of financial resources, and establishment of a system for performance monitoring.

Food security

The availability of food in most of the markets has increased following the harvest, however conflict affected resident populations and IDPs remain heavily dependent on food aid.²⁷ The FAO office in Geneina has noted a significant increase in the number of farmers requesting support in comparison with the previous year.²⁸

Livestock prices were stable in January and February, though a slight increase was reported from Geneina market.²⁹

Other news

Minimum Nutrition Package

The Minimum Nutrition Package³⁰ was reviewed by relevant stakeholders in December, and material

was modified following a five day experimental training programme to assess suitability and clarity of content. Work is ongoing on the development of training materials for both participants and trainers, to be followed by a training of master trainers in April. Manuals will be finalised in English and subsequently translated into Arabic for use.

Memorandum of Understanding on the Achievement of Universal Salt Iodisation (USI) in Sudan

In March UNICEF, The Micronutrient Initiative, WFP, the Federal Ministry of Health and the Federal Ministry of Industry signed a Memorandum of Understanding detailing institutional roles and responsibilities related to the achievement of the Universal Salt Iodization programme in Sudan. The Federal Ministry of Health will be responsible for overall coordination, management, and quality control, while the Federal Ministry of Industry will facilitate engagement of private sector. WFP and MI support will focus on the production of iodized salt component of the National USI programme through the private sector. UNICEF will support development and implementation of broad social mobilisation and marketing campaigns. UNICEF will also conduct assessments at national level to enable monitoring of Iodine Deficiency Disorders, and facilitate development and enforcement of supportive legislation with the Government of National Unity.

CONTACT

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**Federal
Ministry of
Health**

The "Darfur Nutrition Update" is produced on behalf of the Federal Ministry of Health by the UNICEF-Sudan Nutrition Office, with input from the following actors in nutrition, food security and health:

UNOCHA, FAO, WHO, WFP, Federal Ministry of Agriculture, ACF, American Refugee Committee, CARE, CONCERN WORLDWIDE, CORDAID, GERMAN AGRO ACTION, GOAL, KUWAITI HOSPITAL FUND, ICRC, INTERNATIONAL MEDICAL CORP, ISLAMIC RELIEF, MSF-H, MSF-B, MSF-F, MSF-SPAIN, MERLIN, NORWEGIAN CHURCH AID, PAI, RELIEF INTERNATIONAL, SAMARITANS PURSE, SC-US, SOLIDARITES, TEARFUND, WORLD RELIEF, WORLD VISION INTERNATIONAL



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²⁷ FAO Monthly Food Security Update, West Darfur, February 2007.

²⁸ Ibid.

²⁹ Ibid.

³⁰ The Minimum Nutrition Package is being developed by the Federal Ministry of Health and UNICEF to standardise appropriate knowledge of nutrition issues amongst health centre staff, as well as improve their communication and behaviour change skills. The Package covers nine areas, specifically maternal nutrition during pregnancy and lactation, breastfeeding (with reference to guidance in the case of HIV/AIDS), immunization, GM&P, complementary feeding, micronutrients, feeding of the sick child, reproductive health, and hygiene and sanitation.