

Executive Brief: Darfur - Emergency Food Security and Nutrition Assessment

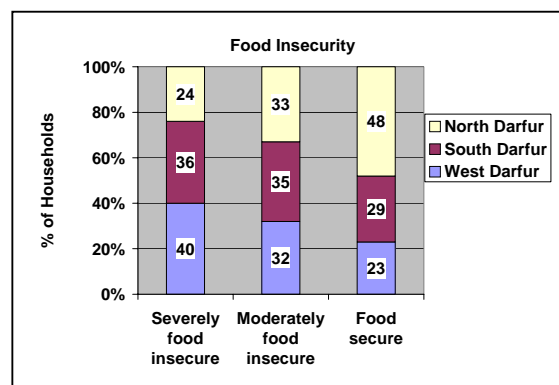
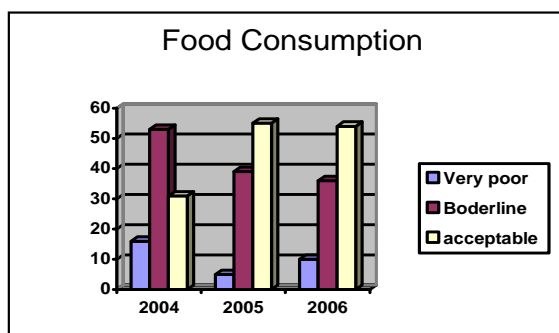
Since the start of the conflict between rebel liberation movements and the Government of Sudan in 2003, the population of Darfur has suffered from widespread insecurity and violence, severe disruption of livelihoods and displacement. As of August 2006, the international community estimated that the total number of people affected at 3.74 million.

In September 2006, WFP, FAO and UNICEF conducted an Emergency Food Security and Nutrition Assessment (EFSNA) with the support of the Sudanese Ministries of Health and Agriculture, the Center for Disease Control (CDC) and several international and national NGOs. It was undertaken to provide an update on the food security and nutritional situation of people in Darfur affected by three years of conflict, comparing the current situation with that of 2004 and 2005.

The main conclusions from the 2006 EFSNA include:

- The Darfur Region food security and livelihoods situation has not changed significantly from the previous year.
- Although the level of food insecurity remains very high, massive and sustained humanitarian interventions have had a significant impact, with household food consumption considerably improving between 2004 and 2005 and stabilising in 2006.
- Food assistance is currently a crucial resource for both IDPs and vulnerable resident populations. For the IDPs it is not only of a major source food, but also an essential income source, particularly in camps.
- **Where are the food insecure?**
 - The majority of the populations in the three Darfur States remain food insecure. However, the situation in West Darfur is the worst, followed by South Darfur.
- **Who are the food insecure?**
 - The food security of IDPs particularly those living in camps is worse than that of residents, reflecting the limitations on access to natural (land and livestock) and economic resources and income-earning activities of the former.
 - Approximately 58% of IDPs are severely food insecure, compared to slightly more than one third (34%) for residents. Residents most at risk (vulnerable) are those living in communities that predominately have displaced populations.
- **The causes of food insecurity**

	2005	2006
% of food insecure	46%	46%
% of moderately food insecure	28%	24%
% of food secure	26%	30%



Insecurity is clearly the main constraint impeding both residents and IDPs to conduct their usual livelihood activities.

Food production: Although just over half of all households had cultivated in 2006, same level as in 2005, the average area cultivated by households was less than half of its level last year.

Livestock: Nearly 38% of households didn't own any animals, the same level as last year, indicating a lack of any significant restocking.

Market activity: market access and the functioning of markets remain constrained due to a combination of limited movement of producers and traders due to insecurity as well as decreased purchasing power among the population.

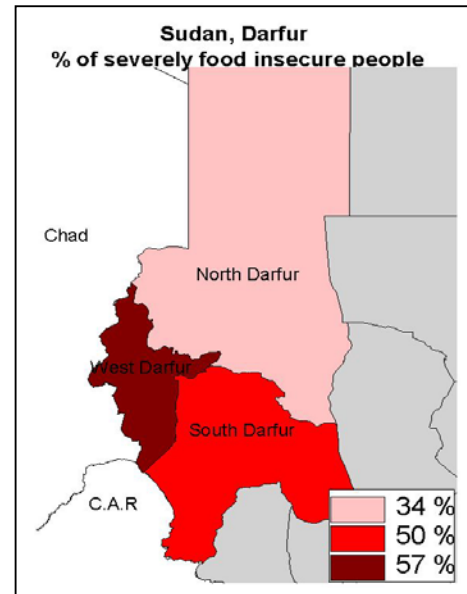
Income-earning opportunities remain very limited. Large numbers of people depend on daily wage labour and petty trade, a precarious alternative to their previously diverse livelihoods strategies. The primary source of income was wage labour for 45% of the IDPs and 29% of the residents. Other sources of income are agricultural production, the sale of firewood and food aid.

• **Malnutrition**

The Global Acute Malnutrition (GAM) rate is 12.9%, hovering just beneath the emergency threshold level of 15%. It is significantly below the 2004 rates of 21.8%.

The rates increased significantly in West Darfur although the level remains below the emergency threshold and is the lowest of the three states.

Acute malnutrition is associated with lack of access to safe water and sanitation and disease prevalence but not with food availability or consumption. There is a higher prevalence of acute malnutrition amongst residents than IDPs. Residents were more likely to drink unsafe water and use traditional latrines. IDPs benefited from better supplementary and therapeutic feeding programmes, particularly in camps.



	North Darfur	South Darfur	West Darfur	Darfur (Overall)
Global Acute Malnutrition	16%	12.6%	10.3%	12.9%
Severe Acute Malnutrition	2.5%	1.9%	1.3%	1.9%
Stunting	33.2%	39.2%	37.9%	36.6%

The security situation is still very volatile with no sign of improvement. It has even worsened in North and West Darfur. Attacks on humanitarian workers increased since May 2006, limiting the ability of the humanitarian organizations to reach the most vulnerable.

Main recommendations:

While food assistance is essential, improving security and establishing and maintaining peace are top priorities to improve food security and protect lives and livelihoods.

- Continue implementing general food distributions to assist between 2.33 and 2.52 million food insecure households who require immediate assistance. Food assistance needs to be complemented with other types of interventions to improve the food security and nutrition condition of the affected population.
- Food Assistance targeting priorities are (in order of priorities): (1) IDPs in camps, (2) communities where IDPs outnumber the residents, (3) communities facing food security problems or suffering from specific climatic or pests/disease difficulties, (4) communities with small numbers of IDPs, (5) vulnerable residents in communities with no IDPs and no major food security problems.
- Implement malnutrition reduction programmes, focussing on increasing access to safe water and sanitation and reducing disease incidence. Improve coverage of therapeutic feeding centers through outreach and early case finding of malnourished children. Expand the education of caretakers and promotion of good health, hygiene and caring practices in supplementary feeding programmes.
- Prioritise agricultural assistance interventions on crop and vegetable production, livestock services and supplies, income generation and natural resource protection and rehabilitation and local capacity building.

How was the assessment done? The assessment sampled households from the 3.7 million receiving humanitarian assistance, out of an estimated total population of 6.7 million in Darfur. It is based on households' interviews about their socio-economic and food security situation, key informants interviews, focus groups on gender issues and anthropometric measurements. The survey covered 2,155 households of which slightly more than half were IDPs. Field data collection took place in September 2006 at the peak of the hunger season and disease incidence.

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