Sudan has one of the largest numbers of malnourished children in the world, ranking 13 out of 96 countries for high rates of undernutrition. Their prevalence of child wasting is 13.6%.

Geographic variability in child wasting exists across the different states in Sudan. The states with the highest prevalence of global wasting are the Red Sea, River Nile, Khartoum, and part of the Darfur states. Furthermore, very high rates of global and severe acute malnutrition (GAM & SAM) are reported among refugee children, ranging from 9.1-19.4% and 1.3-6.1%, respectively.

Key drivers of undernutrition include an ongoing complex emergency that results from continued conflicts, internal displacements, food insecurity, economic crisis, lack of access to basic social services, drought, and disease. Moreover, inadequate dietary intake, disease, inadequate care for mother and child as well as health services are also driving these high rates of child wasting.

High levels of food insecurity result in a limited variety of foods available or consumed, with an estimated 9.6 million being food insecure. Although 62.3% of children under 6 months are exclusively breastfed, only a quarter (25.4%) and 12.8% of children 6-23 months received a diversified and adequate diet, respectively. Between October 2021–February 2022, the harvest is anticipated to improve but the number of households facing crisis is expected to remain high.

Rates of disease are also high in Sudan, resulting in increased nutrient requirements and the prevention of absorption of consumed foods. The prevalence of diarrhea, acute respiratory infection (ARI) and fever among children is 24%, 23.7% and 23.1%, respectively. Several diseases are endemic in Sudan and annual outbreaks of these diseases are common across several states. Finally, only 64% of the population has access to a health facility within 30 minutes of travel and only half of those who visited a health facility were attended to by a health worker.

Environmental enteropathy, a sub-clinical disorder primarily caused by poor sanitation and resulting intestinal infections, is a common cause of undernutrition in children, due to reducing nutrient absorption. 37.4% have access to improved toilet facilities and 73.7% of households have access to basic drinking water sources within 30 minutes of their home.

Many cultural practices undermine good nutrition, including limited knowledge of undernutrition, lack of time for care and poor education levels among mothers. Moreover, the prevalence of early marriage (at or below 18 years) was 60.2% across the whole country, of which 26.6% were marriages before 15 years of age.

Altogether, the humanitarian, political and security situation in Sudan remains fluid. Covid-19 has exacerbated the nutrition crisis and the climatological trends are having powerful consequences on nutritional status, loss of agricultural production and household income. Sudan will likely face many of the same challenges, possibly on a larger scale, in 2022.
**OUTCOME 1**

**REDUCE LBW BY IMPROVING MATERNAL NUTRITION**

**SYSTEM**

**PRIORITY ACTION/SERVICE**

**HEALTH**

- Scale up provision of iron and folate acid and multiple micronutrient supplements for pregnant and lactating women with a special focus on areas with a high level of malnutrition
- Increase the number of pregnant women who attain ANC 4+ visits during pregnancy
- Scale up of quality maternal and newborn care services, including EMANC and ensure improved access and quality of ANC, delivery and PMTCT services
- Rehabilitation of moderate acute malnourished pregnant and lactating women to prevent mortality and morbidity associated with acute malnutrition
- Prevention of child marriage and adolescent pregnancy through actions at different levels including raising and enforcing legislation of the minimum age for marriage and community engagement related interventions

**FOOD**

- Prevention of acute malnutrition among pregnant and lactating women through provision of Specialized Nutrition Foods during emergency to minimize the impact of the shocks.
- Strengthen enabling legislative and policy environment for food fortification and implementation of universal salt iodization work plan

**SOCIAL PROTECTION**

- Support convergence between nutrition and social protection programmes to enable vulnerable adolescent girls and women to access services and nutritious diet

**OUTCOME 2**

**IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY**

**SYSTEM**

**PRIORITY ACTION/SERVICE**

**HEALTH**

- Strengthen the integration of critical nutrition interventions into the package of health services as part of national health plans ensuring better access to services at PMTCT and community level
- Strengthen the integration between CMAM service delivery sites (OTPs/TSFPs) with the different components of the Primary Health Care package of services at community and facility level
- Encourage caregivers to monitor the health growth and the nutrition status of their children through user-friendly anthropometric tools
- Support capacity development of Primary Health Care package of services to services providers at health facility & community level
- Support growth monitoring and growth promotion activities at facility, community and household level and strengthens their integration with IYCF interventions
- Provision of MAMs for girls and boys from 6-23 months to prevent mortality and morbidity associated with undernutrition and deficiencies

**FOOD**

- Improve food storage and food handling at household level (food hygiene), with a focus on complementary and supplementary foods for young children
- Support innovative approaches to integrate specific nutrition interventions with WASH at community & facility level such as upgrading health facilities with wash services
- Support the provision of hygiene kits for adopted orphaned boys & girls and their families
- Strengthen multisectoral collaboration between WASH and social safety nets.

**SOCIAL PROTECTION**

- Support the provision of cash assistance to the most vulnerable HHs as part of family support programmes, including Mother and Child Cash Transfer Plus programme (MCCT+)