THE CHALLENGE

Why is there a need for action?

An estimated 40,050 Sudanese children under-5 years of age die every year as a direct or indirect result of undernutrition, using the conservative global estimate of 45% of child deaths attributable to undernutrition; this represents 120 children per day. Sudan’s undernutrition is associated with multiple factors, including conflict, poverty, challenging agro-ecological conditions and the current economic situation in the country, leading to increased food prices, in addition to poor access to clean drinking water and health services.

The nutrition situation in Sudan has been characterised by persistently high levels of undernutrition since records began in 1987. Currently, 38.2% of children less than five years of age are stunted. The national prevalence rate of global acute malnutrition (GAM) at 16.5% places Sudan above the emergency threshold according to WHO criteria. About 2.3 million children suffer from wasting annually: approximately 693,924 are currently suffering from severe acute malnutrition (SAM) and around 1.5 million children from moderate acute malnutrition (MAM) out of whom only 250,000 SAM and 366,000 MAM children are targeted by the outpatient therapeutic and supplementary feeding programmes. The expected inpatient SAM cases are around 96,494 for 2018. However the 2018 HRP targeted only 50% of the caseload.

Despite substantial attention to the provision of treatment services in the conflict-affected states over the years, the majority (52%) of Sudan’s acutely malnourished children live in nine non-conflict affected states where the response has been inconsistent. The stagnation in the prevalence of all forms of malnutrition is an indication that different ways of working are needed.

Maternal nutrition is also a concern, with some 208,391 pregnant and lactating women (PLW) being undernourished every year (measured by Mid-upper arm circumference (MUAC) < 23 cm), while the prevalence of low birth weight is 32.3%. Additionally, while recent prevalence data is lacking, there is a high risk of micronutrient deficiency: the 2014 Multiple Indicator Sector Survey (MICS) indicated only 7.6% of households consumed iodised salt.

The percentage of overweight and obese adults aged 18-69 years is 28.3% with 22.2% among males and 35.5% among females. The burden of non-communicable diseases (NCDs) is on the rise alongside high rates of infectious diseases. A 2016 survey found that NCDs accounted for a total of 44 percent of the overall adult mortality in the country. Moreover, the distributions of the specific risk factors are not systematically identified in the country, which hinders the design of appropriate preventive and control strategies. The 2016 Malaria Indicator Survey showed a malaria parasite prevalence of 5.9%, with variations between rural and urban areas. Highest rates were reported in conflict-affected States and States with influxes of refugees (Central Darfur (21.8%), South Kordofan (14.4%) and Blue Nile (12.1%) because

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1 Sudan investment case 2016
2 MICS 2014 and 3SM 2013
3 SSM prevalence for SAM
4 Red Sea, Kassala, Gezira, Khartoum, Northern, River Nile, Gedaref, Sennar and White Nile
5 MICS 2014
6 Sudan Stepwise Survey 2018
of weak health systems, persistent disruption of services and poverty⁷. Internal Displaced Peoples (IDPs) and refugee camps are registering high rates (11.3%), while prevalence among the lowest wealth quintile is 9.9% compared to 1.3% among the highest wealth quintile, reflecting socio-economic inequality as a key driver. Please refer to the table above.

Since January 2018, Sudan has been facing a new set of challenges following a 160% devaluation in the official USD – SDG exchange rate. The annual inflation rate soared above 60% in June 2018, leading to a sharp rise in the cost of living and a precipitous drop in purchasing power. The situation was further aggravated by a shortage of basic commodities, particularly fuel, wheat flour, and pharmaceuticals, causing major disruption to basic service delivery, including electricity, education, health and water, sanitation and hygiene (WASH) services.

The deteriorating macroeconomic situation is worsening economic conditions for all Sudanese people, especially vulnerable families and children. WFP data shows a large decline in the proportion of people who can afford the local food basket in 2018. According to the recent Integrated Food Security Phase Classification (IPC) around 5.5 million people are severely food insecure⁸ in the last quarter of 2018, almost 1.7 million more than estimated. Considering the high rates of malnutrition before the crisis, the rising food insecurity will serve to exacerbate the already precarious nutritional status of children.

The current crisis has also affected the country’s health systems. In 2017-18 Sudan experienced its worst outbreak of Acute Watery Diarrhoea, which spread across 18 states with 36,962 reported cases, coupled with disease outbreaks of measles, chikengunya and dengue.

The currency inflation has also affected the implementation of ongoing humanitarian projects.

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<th>INDICATORS</th>
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<tbody>
<tr>
<td>Prevalence of wasting among children &lt; 5 years (GAM) (%)</td>
<td>16.3%</td>
<td>Anemia among pregnant women</td>
<td>34.1%</td>
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<tr>
<td>Prevalence of severe wasting among children &lt; 5 years (SAM)</td>
<td>4.5%</td>
<td>Anemia among non-pregnant women</td>
<td>30.4%</td>
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<tr>
<td>Prevalence of stunting among children &lt; 5 years</td>
<td>38.2%</td>
<td>Early initiation of breastfeeding</td>
<td>68.7%</td>
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<tr>
<td>Prevalence of underweight among children &lt; 5 years</td>
<td>33%</td>
<td>Exclusive breastfeeding</td>
<td>55.4%</td>
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<tr>
<td>Prevalence of overweight among children &lt; 5 years</td>
<td>3%</td>
<td>Minimum acceptable diet (breastfed children)</td>
<td>25%</td>
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<tr>
<td>Prevalence of low birth weight infants</td>
<td>32.3%</td>
<td>Consumption of iodized salt</td>
<td>7.6%</td>
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<td>Population using improved drinking-water sources</td>
<td>62%</td>
<td>Births in baby-friendly facilities</td>
<td>5.9%</td>
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<td>Population using improved sanitation facility</td>
<td>25.4%</td>
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1 Malaria Indicators Survey 2016
2 Sudan IPC, April 2018
CURRENT RESPONSE

In Sudan, the nutrition sector approach was rolled out in 2008 to coordinate the Darfur humanitarian response. Since its inception, the Nutrition Sector has played a critical role in coordinating humanitarian nutrition response and saved thousands of lives through the timely implementation of lifesaving interventions. The Nutrition sector is currently established at national level, with seven sub-national sectors at the state level. It is supported and guided by the Strategic Advisory Group and various technical working groups.

In addition to the lifesaving interventions, the Nutrition Sector has been helpful in demystifying the nutrition situation in Sudan. It was because of Nutrition Sector partners’ advocacy efforts that stakeholders were convinced to conduct nutrition surveys and assessments both in conflict and non-conflict areas to inform the decision-makers about the prevailing situation.

The Government of Sudan has recognised malnutrition as the single most important threat to public health, limiting education achievements and opportunity for economic development and attainment of Sustainable Development Goals. Both chronic and acute malnutrition are a key concern and priority for the government, which joined the Scaling Up Nutrition (SUN) Movement in December 2015 with a strong commitment to eliminate all forms of undernutrition. Established platforms for nutrition include: the Higher Council of Food Security and Nutrition, established by Presidential Decree in 2014, which convenes 13 line ministries; the National Nutrition Programme Office (NNP) in the Federal Ministry of Health (FMOH), which is responsible for coordination and reports to the President through the Vice-President; and the National Nutrition Committee (NNC), which engages with multiple stakeholder groups including the private sector, civil society, United Nations agencies, development partners and academia. In 2016, an investment case was developed by the Sudan FMOH, UNICEF and WFP to rollout a high impact, cost-effective integrated multi-sectoral package of interventions to reduce the very high undernutrition burden of Sudanese children and women. Under the leadership of the Sudan Government’s SUN Focal Point, the development of a multi-sectoral nutrition action plan is ongoing.

Recognising the gravity of the situation, malnutrition response has been assigned an outcome area under Sudan’s Multi-Year Humanitarian Strategy (MYHS 2017-19) led by UNOCHA. The MYHS calls for an urgent multi-sectoral response to tackle Sudan’s malnutrition problems. Currently, there are 57 Nutrition Sector partners supporting the scaling up of acute malnutrition management services.

However, despite efforts by the Nutrition Sector partners, a huge gap remains between the actual coverage of nutrition services and the needs of the targeted population. The Sudan Humanitarian Response Plan (HRP) 2018, targeting only 30% of the national SAM burden and one fifth of MAM burden because of financial and capacity constraints, leaves almost 1.5 million children vulnerable to morbidity and death. Additionally, Sudan is hosting around 1.5 million refugees and the recent SENS survey has reflected the worst malnutrition situation in camps which may compel refugees to adopt negative coping strategies and force further migration. In 2018, at least 20,000 people have been newly displaced in Darfur and South Kordofan; some 15,000 in
Darfur, as compared to 10,000 in 2017, and 152,000 in 2016.

The HRP 2018, projects that approximately 5.5 million people (2.6 million children), including 2 million internally displaced persons (IDPs) (960,000 children) and 761,889 South Sudanese refugees (464,752 children) will require humanitarian assistance in 2018. Overall, the 2018 HRP called for approximately USD 1 billion to deliver life-saving interventions to 4.3 million of the most vulnerable people in Sudan. Funding to date amounts to USD 366.3 million; leaving the HRP with a funding gap of USD 641.2 million; the Nutrition Sector has received only USD 19 million out of the USD 94 million required for 2018. Around sixteen key donors are supporting the humanitarian response and are playing a critical role in Sudan.

Currently around 1447 Outpatient Therapeutic Programmes (OTP), 583 Supplementary Feeding Programmes (SFP) and 139 Stabilization Centres are operational throughout Sudan. From January to June 2018, the Sector partners were able to treat 152,000 SAM, 150,000 MAM and 10,437 SAM children with complications.

However, the economic situation, influx of refugees, mostly from South Sudan, and the internal displacement of people resulting from conflict within Sudan itself, exacerbate the situation, increasing needs in geographical areas and limiting the available resources.

The graph below illustrates the discrepancy between the estimated burden of global acute malnutrition, the HRP targets and the number of children actually reached in 2018.

The FMOH and State Ministry of Health in collaboration with partners are implementing high impact nutrition specific programmes including Infant and young Child feeding (IYCF) health education and counselling through mother support groups (currently, around 4000 functional groups), Growth Monitoring and Promotion (GMP), implementation of the International Code of Marketing of Breast-milk substitutes, Baby Friendly Hospital Initiatives (only 5.9% facilities functional) and flour fortification (with iron and folic acid).

However, the efforts focusing on high impact nutrition specific interventions have been limited in scale. Given the burden of malnutrition, an urgent and comprehensive multi sectoral response is required, not only focusing on treatment, but also on prevention by addressing the underlying causes.
OBJECTIVES OF THE MEETING & EXPECTED OUTCOME

The Nutrition Sector and UNICEF EMOPS and Programme Department have taken the opportunity of the Global Nutrition Cluster meeting to convene this special side event to facilitate discussion of these critical issues with the aim of driving the agenda forward to tackle malnutrition in Sudan.

This side event will bring together a focused group to develop clear parameters for action in support of comprehensively addressing malnutrition in Sudan. Representation is expected from the Government of Sudan, the World Bank, UN agencies, donors and operational NGOs working in Sudan and at the regional level, non-traditional donors, African Development Bank, OCHA, National and State level cluster coordinators and programme staff and GNC partners working in Sudan.

The overall goal of the Sudan meeting is to call for immediate actions for a longer-term comprehensive nutrition approach for Sudan, identifying practical mechanisms that provide support to the Government of Sudan in bridging humanitarian and development work.

Specific objectives are:

- To identify successes, challenges and bottlenecks in responding to immediate needs in Sudan and to implementing a long-term transitional strategy to sustain programmes.
- To examine opportunities for an improved interface between existing structures and the ‘nutrition in emergency’ coordination structure.
- To discuss actions to address the structural and programmatic challenges to delivery of a comprehensive package of nutrition interventions through strengthened national systems, while ensuring the humanitarian imperative is upheld.
- To advocate for enhanced engagement of donors and the international community to support a comprehensive nutrition approach in Sudan.

Outcome of the Side Meeting

Agreed immediate actions to be implemented by donors, UN agencies, NGOs and the Government of Sudan to:

- Ensure the HRP is fully funded to enable scale up of urgent GAM treatment and IYCF support.
- Improve Sudan’s access to longer-term development finance.
- Move forward the multisectoral nutrition agenda.
- Bring together development and humanitarian coordination structures on nutrition to drive a comprehensive approach to the nutrition challenges in the country.
- Integrate acute malnutrition management more fully into the health system and facilitate Government leadership of the response.

THE GOAL IS TO CALL FOR IMMEDIATE ACTIONS FOR A LONG-TERM NUTRITION APPROACH
Sudan has been under sanctions for almost two decades. This has barred the Government of Sudan from accessing international financing facilities and long-term funding for nutrition programmes. However, the recent situation calls for immediate attention to the humanitarian needs as the HRP is only 20% funded, while supporting the Government to develop and finance a long-term multi-sectoral nutrition response bridging the humanitarian and development programmes. Following 30 years of efforts and continuous advocacy the Government of Sudan has acknowledged the nutrition situation and shown its commitment to address the issue by endorsing the nutrition investment case. However, to sustain this commitment the international community need to support and complement the Government efforts.

The response to the immediate needs over the next six months to one year requires sustainable financing and an operational model that more closely aligns humanitarian and development policies and programming.

Over the longer-term, Sudan has committed to achieving the World Health Assembly targets, including reduction of stunting by 40% and maintaining wasting prevalence below 5% by 2025. However, achieving these targets will be difficult without addressing the challenges below:

**Funding constraints**

- Sustaining and scaling up of existing acute malnutrition management response. Currently, more than 80% of the ongoing programmes are supported through humanitarian funds, which are short term and earmarked to specific geographical areas and vulnerable populations (e.g. IDPs, refugees or conflict-affected).

- Ongoing pipeline breaks for general food assistance, nutritional resources such as therapeutic and supplementary foods are a consequence of this underfunding and unpredictability in terms of donor assistance. This constrains the delivery of comprehensive and targeted nutrition programming for the most vulnerable groups, notably pregnant women, lactating mothers and children below five years of age.

- Sudan has been facing a protracted emergency in the Darfur states since 2003. However, apart from the humanitarian funding, Sudan has not been a recipient of any short- or longer-term development assistance and even the humanitarian resources have been receding over time. The situation has become increasingly complex because of competing donor priorities to fund other emergencies in the region. This has made the fate of ongoing nutrition programmes unpredictable.

- Egypt’s economic reform in 2016 was supported by a USD 12 billion IMF loan. Sudan has no such offer of support at this time. These important risks and lack of international financial support have been repeatedly stressed by the Government of Sudan, recalling the conditions in 2013 which led to unrest.

- Additionally, financing of the multi-sectoral plan will be a challenge as Sudan has been facing sanctions over the last two decades. The United States Government partially lifted the sanctions in 2017. However, complete lifting of sanctions is a pivotal first step to commencing dialogue on debt relief and eventual access to international financial transactions and International Finance Institutions (IFI) instruments. Support and joint advocacy efforts of stakeholders will be critical to mobilise the resources for multi-sectoral plans.
Capacity deficit

- Due to the technical and financial capacity constraints, the current response has been capped at 30% of actual need. In order to reach the remaining 70% case-load, Sudan requires twice the existing capacity in terms of human and financial resources.

- Nutrition response has largely been limited to the conflict-affected areas and focuses on nutrition specific interventions, largely Community-based management of acute malnutrition (CMAM). To achieve the goal of stunting and wasting reduction, a large-scale multi-sectoral programme to address the underlying causes of malnutrition is being developed under the leadership of FMOH. Ultimately this will enable the Government of Sudan to take ownership of the existing HRP-aligned programmes, which are almost 90% partner funded, and scale up nutrition sensitive programmes. However, many steps are needed to achieve this; for example, enhancing the capacity of line ministries to implement nutrition sensitive programmes and to work under the SUN coordination structure.

Technical/operational challenges

- Sudan lacks a robust nutrition surveillance system which can provide nutrition data continuously and guide the nutrition response to the hotspot areas. In the humanitarian context, it is difficult to rely on large-scale cross-sectional surveys which are donor dependent and only repeated infrequently.

- Since 2008, humanitarian coordination has been led by the Nutrition Cluster while the development coordination structures have been evolving since Sudan joined the SUN Movement in 2015. Linking and institutionalising the two structures remains a challenge; decisions on how to operationalise a ‘New Way of Working’ on nutrition in Sudan are urgently needed.

- Sub-national coordination and implementation adds further complexity. Sudan has a decentralised governance system with 18 states having a semi-autonomous fiscal system. Currently the implementation of projects is coordinated through seven dedicated nutrition sub-clusters and state nutrition directorates. However, implementing and coordinating a multi-sectoral sub-national programme at scale will be a challenge due to capacity constraints.
Priority and feasible areas for action to move forward on will be examined in working groups, informed by presentations on the prevailing nutrition situation, operational context and challenges. In developing this background paper, several themes are emerging that are shared below with some questions to stimulate thinking on how to move forward. Finalised priority questions will be presented at the meeting to identify clear actions and accountabilities.

**Theme 1:** a) How can we secure adequate funding to meet immediate and urgent humanitarian needs in Sudan?

- What do the Government of Sudan and partners need to do to get more donors to fund the nutrition components of the HRP quickly?
- What are the next actionable steps to fill the critical funding gap?

b) How can we establish funding mechanisms to build for a longer-term comprehensive approach?

- What does the Government of Sudan need to do and how can stakeholders change the position of the International Monetary Fund and World Bank?
- What are the next actionable steps to address this?

**Theme 2:** How do we progress the multi-sectoral nutrition agenda in Sudan?

- What steps have already been taken by the Government of Sudan? What are the next steps? How can partners support these?
- Should/how can the Clusters work on a multi-sector minimum package and generate evidence of effectiveness?
- What can we learn from other countries about models and approaches for coordinating and implementing the nutrition agenda? E.g. Ethiopia, Pakistan, Bangladesh.

What are the next actionable steps to move the agenda forward?

**Theme 3:** How can acute malnutrition treatment be better integrated into government health system planning?

- Sixty per cent of health structures for the delivery of malnutrition treatment are operated by the State and 40% by partners: how can we shift that balance further towards Government-operated services?
- What structures can the Government of Sudan feasibly put in place to prepare for leadership on delivery? How can partners support them in this?
- What is needed by the Government of Sudan to enable better integration of nutrition partners’ programmes into health systems?
- How can partners support the Government of Sudan to strengthen information systems (surveillance and monitoring)?
- How can capacity constraints be addressed?

What could be fed into the planning process government is currently engaged in, regarding this?

**Theme 4:** How do we structurally need to configure coordination to bring Nutrition Cluster, development partners and Government / SUN together?

- What systems need to be put in place and what support will be required to move forward?
- Under the UNDAF’s collective outcomes new working groups are being established to connect the humanitarian and development programmes. How should these be structured and leveraged?
- How should the SUN coordination mechanism evolve to accommodate the needs?
- How can sub-national coordination be established and sustained?

How can we build on existing opportunities?

**Further reading**

- Sudan: Multi-Year Humanitarian Strategy
- Sudan 2018 Humanitarian Needs Overview
- Sudan 2018 Humanitarian Response Plan
- Sudan Nutrition Sector Brief
- The Case for Investment in Nutrition in Sudan

This background note was developed by the Sudan Nutrition Cluster in consultation with the Federal Ministry of Health, country partners and the Global Nutrition Cluster Coordinator, supported by the Emergency Nutrition Network (ENN).
