UNICEF SUDAN

NUTRITION 2019

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NUTRITION
ANNUAL REPORT

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Cover photo: a young child is screened for malnutrition in a health centre in Kassala, while other children look on.

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ACRONYMS

CMAM	Community Management of Acute Malnutrition
CSO	Civil Society Organisation
HDI	Human Development Index
HNO	Humanitarian Needs Overview
IDP	Internally Displaced Persons
MICS	Multiple Index Cluster Survey
MoH	Ministry of Health
NGO	Non-Governmental Organisation
ORE	Other Resources Emergency (emergency thematic funding)
ORR	Other Resources Regular (thematic funding)
OTP	Outpatient Therapeutic Programme
RR	Regular Resources
RUTF	Ready-to-Use Therapeutic Food
S3M	Simple Spatial Survey Method
SAM	Severe Acute Malnutrition
SC	Stabilisation Centre
SDG	Sustainable Development Goals (or Sudanese Pound)
UNFPA	United Nations Population Fund
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation

EXECUTIVE SUMMARY

Last year was a remarkable year for Sudan…

… political protests in the capital and other states led to the fall of the long-term regime of President Omar Al-Bashir in April. In August, an agreement for a transitional government – led by Prime Minister Abdalla Hamdok – was signed, providing new hopes and opportunities for Sudan and the Sudanese people.

At the same time, the situation of children and families deteriorated amid a continued severe and acute economic crisis. Exchange rate devaluation and high inflation rates drove the cost of living up and household purchasing power down. Shortages of fuel, cash, and bread hit vulnerable children and families hard, slowed down humanitarian and development operations and disproportionately affected densely populated urban areas.

The country continues to face protracted, complex and overlapping humanitarian challenges. According to the 2020 Humanitarian Needs Overview (HNO), at the beginning of 2020, 9.3 million people – of which 5.3 million are children – are in need of humanitarian assistance (a sharp increase from the 5.5 million people/2.5 million children in need of humanitarian assistance in 2019).

In the past 30 years, malnutrition rates have not improved in Sudan, and worse still, the number of children who are stunted and wasted has actually increased since 1987, especially in Sudan's conflict-ridden Darfur region as well as the eastern states. Sudan has one of the largest numbers of malnourished children in the world. A striking 2.7 million children under-five suffer from malnutrition, of which more than half a million from severe acute malnutrition. Without treatment these children are at risk of severe illness, developmental delays and death.

Despite the challenging operational environment, UNICEF screened millions of children for malnutrition and reached children suffering from severe acute malnutrition (SAM) with therapeutic food and care, even in the most hard-to-reach areas. To achieve these goals, UNICEF worked with a large number of partners, including governmental and non-governmental organisations, UN agencies, as well as communities.

- 4,576,666 children under-five years of age were screened for malnutrition (50 per cent girls) in comparison with 4.2 million children in 2018. A total of 260,000 children were found to be suffering from severe acute malnutrition and treated through 1,495 outpatients therapeutic programme (OTPs) centres in comparison with 244,000 children treated in 2018. Of the children receiving treatment, 212,000 girls and boys were completely cured of severe acute malnutrition (versus 196,364 cured in 2018);
- UNICEF procured a total of 5,470 metric tons (393,840 cartons) of Ready-to-Use Therapeutic Food (RUTF) in addition to 10,450 cartons of RUTF that were obtained on behalf of the Government of Sudan. In addition, therapeutic milk, medication for both inpatient and outpatient care, stabilisation centre kits (for children suffering from severe acute malnutrition with medical complications), anthropometric equipment and registers were secured;
- As part of integrating water, sanitation and hygiene (WASH) services in the management of acute malnutrition, 749 outpatient therapeutic programmes in the supported fourteen states were provided with improved water, sanitation, and handwashing facilities;
- Promoting proper infant and young child feeding (IYCF) practices was scaled-up in 2019. The national rate of exclusive breastfeeding reached 61 per cent[1]. In addition, 882,511 mothers and fathers accessed IYCF counselling in 2019 (752,000 caregivers were reached in 2018);
- 6,1367,64 children were reached with one dose of vitamin A;
- Fourteen stabilisation centres in the Darfur states were supported with supplies (e.g. medicines) for inpatient care for children suffering from SAM with medical complications, with UNICEF acting as the provider of last resort – and fulfilling its Core Commitments to Children (CCC).

[1] National rate of exclusive breastfeeding is 61.5% but 63% is within the Confidence Interval across all states (S3M 2018).

UNICEF continues its strategic partnerships and technical cooperation with the different stakeholders in order to scale-up nutrition interventions, through strengthening the health system, improving access to hard-to-reach population groups, and advocacy for domestic resource mobilisation.

THE SITUATION IN SUDAN

Sudan is the third largest country in Africa occupying approximately 1.9 million square kilometres (almost half the size of the European Union) and is home for a rapidly growing population of 41 million people. More than half of Sudan's population are children (aged below eighteen). Spurred by a high population growth of 2.4 per cent, Sudan is experiencing a demographic shift towards a youth-based population. It will be critical for the adolescents and youth bulge to be provided with education and vocational opportunities, so that Sudan can harness the potential for inclusive economic growth resulting from the demographic dividend. The demographic changes are further characterised by rapid urbanisation, with over a third of the population now living in urban areas. Rural-urban migration is being driven in part by conflict, drought and desertification, as well as by the search for better economic opportunities and access to basic services.

Socio-economic indicators remain low in a context of deep economic crisis. In the last decade, Sudan attained a lower middle-income country status. This standing, however, often masks the disparity in child-specific social indicators between states. Sudan ranked 168 out of 189 countries and territories in the 2019 Human Development Index (HDI). More than 2.7 million children are malnourished – one of the highest numbers of malnourishment in the world – and a staggering three million children in Sudan are out-of-school.[2]

National poverty levels have risen drastically and while the continued economic crisis hasn't gone unnoticed by anyone, the most vulnerable are bearing its brunt. Incomes, wages and purchasing power have fallen, driving six million people to food insecurity, with 58 per cent of households not able to meet basic daily food requirements[3]. Vulnerable communities have resorted to reducing meals, switching to cheaper and less nutritious foods, and borrowing, and selling livelihood and household assets, to the detriment of future generations and at the risk of creating poverty traps[4]. Others have spent less on health and education and have for example withdrawn their children from schools.

In 2020, 9.3 million people – of which 5.3 million children – are in need of humanitarian assistance (a sharp increase from the 5.5 million people/2.5 million children in need of humanitarian assistance in 2019).[5] Humanitarian crises – including protracted conflict and displacement, natural disasters, epidemics, emergency-level malnutrition and food insecurity – remain a major challenge. Sudan counts more than 1.8 million internally displaced persons (IDPs) who have fled violence and conflict. Since 2011, children in the areas with continued, ongoing armed conflict of Jebel Marra, Blue Nile and the Nuba Mountains have not had access to many basic services, such as education, polio and measles vaccinations, nutrition services, and water and sanitation facilities and child protection. With the transitional government's focus on peace, and the possibility of the inaccessible areas opening-up, many of these people could be reached with humanitarian assistance in 2020.

Sudan also receives high numbers of refugees from neighbouring Ethiopia, Eritrea, Chad, Central African Republic and South Sudan and, in recent years, significant numbers of Syrian refugees and several thousand Yemeni refugees. The country is both a temporary and a long-term host country of refugees and migrants through its position at the crossroads of the large, complex and constantly

[2] Humanitarian Needs Overview (HNO), 2020.

[3] Integrated Food Security Phase Classification estimates from World Food Programme (WFP), 2019. West Darfur State was not analysed by the state-level technical working group; counting West Darfur, figures were estimated around 6.2 million.

[4] Impact of economic crisis: household economic situation and coping mechanisms: Khartoum state.

[5] Humanitarian Needs Overview (HNO), 2020; and Humanitarian Response Plan (HRP), 2020.

evolving Horn of Africa migration route. Sudan is also a country of origin for migration due to high poverty, unemployment, conflict and insecurity.

At the beginning of 2020, Sudan hosted more than one million refugees and asylum seekers, but the Government of Sudan estimates that the actual number is closer to two million. UNHCR estimates that there are over 810,000 South Sudanese refugees living across Sudan, the second largest figure in the region (after Uganda)[6].

NUTRITION

In the past 30 years, malnutrition rates have not improved in Sudan, and worse still, the number of children who are stunted (too short for their age) and wasted (too thin for their height) has actually increased since 1987, especially in Sudan's conflict-ridden Darfur region and in the eastern states.

- The national prevalence rate of global acute malnutrition (GAM) is 14.1 per cent and places Sudan above the WHO threshold[7];
- 2.7 million children under five years of age (16 per cent) suffer from wasting (too thin for their height), up from 15.8 per cent in 1987;
- 522,000 children under five suffer from severe acute malnutrition (SAM);
- More than 2.8 million children under five years of age (37 per cent) are believed to be stunted (too short for their age), up from 32 per cent in 1987;
- Sudan is one of the 14 countries where 80 per cent of the world's stunted children live[8];
- An estimated 40,050 Sudanese children under-five years die every year as a direct or indirect result of malnutrition. This means that 45 per cent of child deaths are attributable to malnutrition.

The key drivers for the high malnutrition rates are poverty (almost half of the Sudanese population lives below the poverty line), inadequate feeding practices of young children, poor water and sanitation services, high disease prevalence, protracted crises, and recurrent droughts. Maternal nutritional status also affects the healthy development of the fetus and a healthy birth weight, as well as a mother's ability to sustain breastfeeding, and care for her children as they develop[9]. The prevalence of low birth weight babies (less than 2,500 grams at birth) is 32 per cent nationally, with great geographical and socioeconomic inequities.

Good nutrition is closely linked to exclusive breastfeeding. In Sudan, only slightly more than half of all babies are exclusively breastfed for six months. Regarding Infant and young child feeding practices, out of all children below the age of two, only 24 per cent enjoyed age appropriate dietary diversity and 64 per cent age appropriate meal frequency.

Inadequate dietary intake, suboptimal infant and young child feeding, maternal malnutrition and illnesses/diseases such as diarrheal diseases (all outlined above) are immediate causes of undernutrition in Sudan. Infections increase nutrient requirements and prevent the absorption of foods consumed, while poor dietary intakes result in reduced immunity to infections. This triggers further weight loss and reduced resistance to further infections. [10] [11] Environmental enteropathy, a sub-clinical disorder primarily due to poor sanitation and resulting in intestinal infections, is also an important immediate cause of malnutrition and stunting in children occasioned by chronic problems with nutrient absorption.

The underlying causes of malnutrition are multi-sectoral in nature. Inadequate household income and food insecurity leads to little variety of food. Poor access to basic sanitation and water services is another underlying cause. The correlation between increased use of basic sanitation and water services and the reduction of stunting among children under-five is well evidenced in Sudan. Many

[6] Sudan Population Dashboard: Refugees and Asylum-seekers, UNHCR (as of 28 February 2020).

[7] Simple Spatial Survey Method (S3M-II), 2018. The WHO threshold for wasting is very low if GAM is less than 2.5 per cent, low if between 2.5 and 5 per cent, medium from 5 to 10 per cent, high from 10 to less than 15 per cent, and very high from 15 and above.

[8] Ministry of Health, 'Sudan National Simple Spatial Surveying (S3M) Method', 2013.

[9] Lancet Series on Nutrition (Black et. al.), Maternal and Child Undernutrition, 2008

[10] Black, RE, Allen, LH, Bhutta, ZA et al. 2008. Maternal and Child Undernutrition: Global and regional exposures and health consequences.

[11] Lancet Series on Nutrition, Maternal and Child Undernutrition, 2013.

cultural practices undermine good nutrition, including caregivers' limited knowledge of malnutrition, early marriage (and childbirth, which affects children's birth weight) and poor education levels among mothers, which directly affect the nutrition status of young children. Less than half of the population has access to basic services despite efforts to expand the health, nutrition and water and sanitation services and to integrate nutrition into healthcare.

Structural causes: Close to half of Sudan's population lives below the poverty line and 5.7 million people are food insecure according to the latest Integrated Food Security Phase Classification (IPC). Lack of financial investment of the government in social sectors, a high inflation rate and an ongoing broader economic crisis, have increased the vulnerabilities of families and children. Insecurity and conflict continue to displace millions of people. Extreme climatological trends, exacerbated by climate change, have powerful consequences on nutritional status, including droughts and floods; loss of agricultural production and household income; and food price rises.

In 2020, UNICEF and partners continue combining efforts to prevent and treat malnutrition to contribute to Sustainable Development Goal (SDG) Two: *end hunger, achieve food security and improve nutrition and sustainable agriculture.*

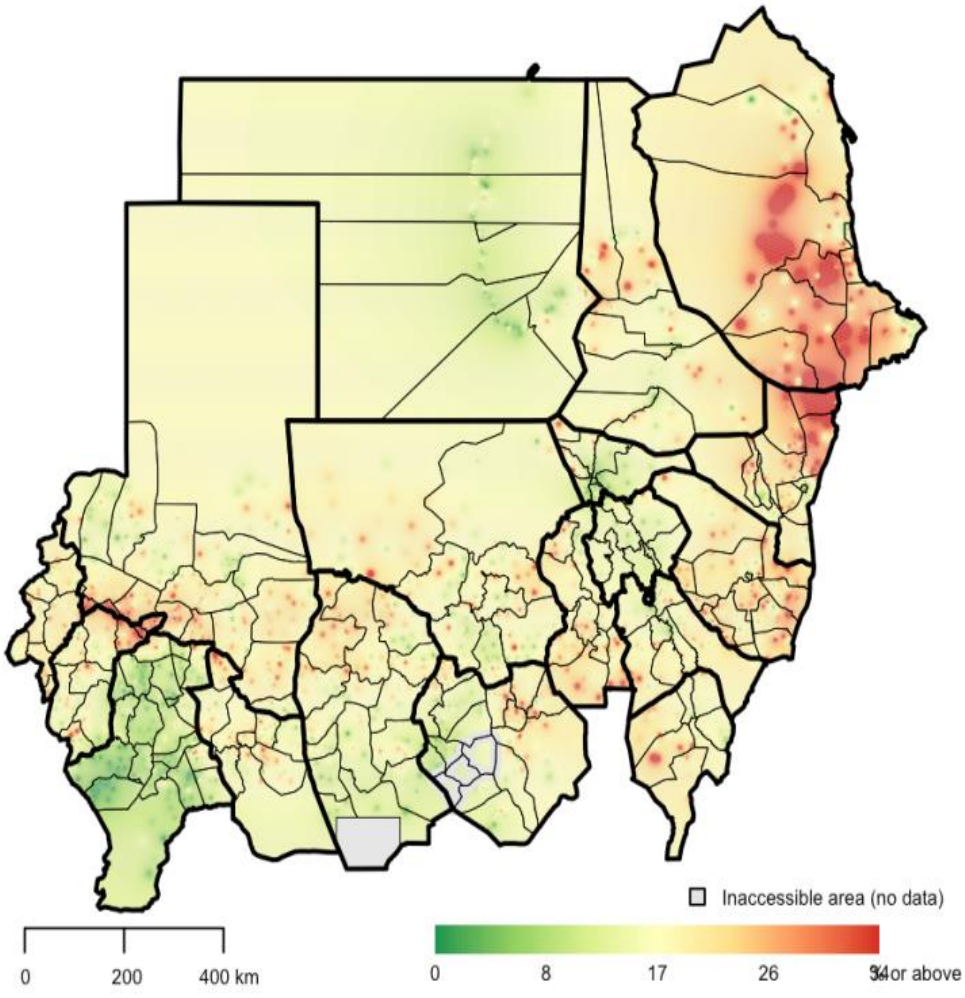

Figure one: areas in Sudan where children are suffering from severe acute malnutrition (SAM). Especially, the eastern states (Kassala, Red Sea) are affected as well as the Darfur states.

A child is screened for malnutrition in a nutrition centre in Kassala

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RESULTS

In 2019, despite significant socio-political and economic challenges in Sudan, and in recognition of the inalienable right to survival of every child and the aim of leaving no child behind, the Ministry of Health set an ambitious target of treating 300,000 children suffering from severe acute malnutrition (SAM) up from the previous year's target of 250,000 children reached. Unlike previous years, when the Government of Sudan contributed towards the ready-to-use therapeutic food (RUTF) pipeline, political and economic challenges in 2019 meant the Ministry of Health could not mobilise resources from the government budget. In response, UNICEF mobilised additional resources to ensure that the RUTF pipeline remained intact. Learning from previous years – that were too often characterised by fragile supply chains with recurrent stockouts – the Ministry of Health and UNICEF established a buffer reserve of RUTF, creating a cushion in the supply pipeline. This resulted in zero stockouts and allowing centers to operate and maintain the provision of lifesaving services for children with severe acute malnutrition. This result could not have been achieved without the crucial and flexible support of our donors, including flexible resources.

UNICEF and partners did active case finding of children suffering from severe acute malnutrition (SAM). This resulted in 4,576,666 children under-five years of age being screened for malnutrition (50 per cent girls). Among the screened children, 260,000 children (half of them girls) suffering from SAM were treated through 1,495 out-patient therapeutic programmes. The highest rates of admission were seen in four states, namely Central Darfur, North Darfur, South Darfur and Kassala, which account for fifty per cent of all admissions in Sudan. Timely treatment resulted in 212,100 children being completely cured of severe acute malnutrition.

The national *community management of acute malnutrition* (CMAM) approach – that aims to find and treat malnourished children at the community-level – was successfully implemented and resulted in a rapid increase in access to treatment for severe acute malnutrition. In the past five years, an increasing number of children suffering from SAM were treated through the CMAM programme:

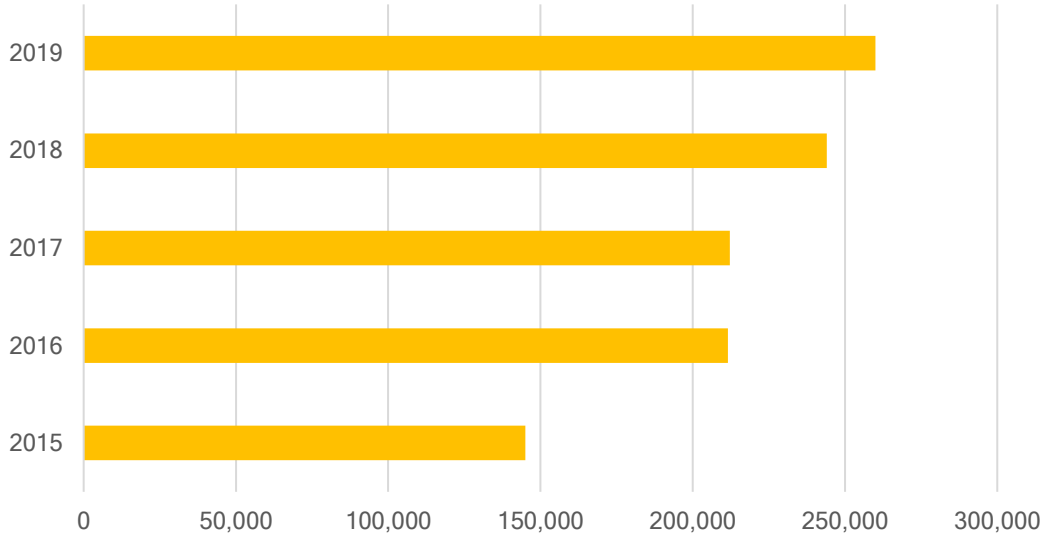

Figure two: children suffering from severe acute malnutrition treated in the period 2015 to 2019.

Further, there has been a progressive increase in cure rate from 85 per cent in 2016 to 91 per cent in 2019.

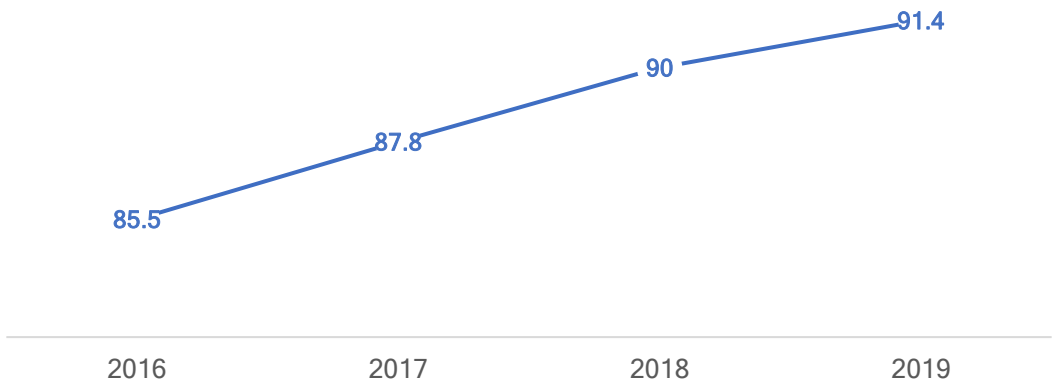

Figure three: percentage of children suffering from severe acute malnutrition cured in the period 2016 to 2019.

The increase in admission and cure rate, especially in 2019, could be attributed to UNICEF's doubled efforts to support the out-patient therapeutic feeding programme, for example by keeping the ready-to-use therapeutic food (RUTF) pipeline intact.

UNICEF procured a total of 5,470 metric tons (393,840 cartons) of of ready-to-use therapeutic food (RUTF) in addition to 10,450 cartons that were procured on behalf of the Government of Sudan. RUTF is a peanut-butter paste with essential minerals and vitamins that helps children suffering from severe acute malnutrition to regain their strength. UNICEF also managed to secure supplies, including medication, for both outpatient therapeutic feeding programme centres and stabilisation centres.

As part of integrating water, sanitation and hygiene (WASH) services in the management of acute malnutrition, 749 out-patient therapeutic programme centres were provided with improved water, sanitation, and handwashing facilities. This is important as it prevents already vulnerable children from becoming sicker due to unhygienic circumstances.

UNICEF and the World Food Programme (WFP) signed a Memorandum of Understanding (MoU) to increase geographical convergence and work with the same implementing partners on prevention and treatment of severe and moderate acute malnutrition. UNICEF also signed a Letter of Understanding (LoU) with the United Nations Refugee Agency (UNHCR) to ensure complementarity of efforts to provide high impact interventions for South Sudanese refugees. Furthermore, UNICEF worked closely with the World Health Organisation (WHO) to strengthen and improve the quality of inpatient care (e.g. stabilisation centres) for children suffering from severe acute malnutrition with medical complications, especially for the development of standard operating procedures (SOPs) for the treatment of children with severe acute malnutrition and medical complications and in drafting guidelines for management of cholera in children with SAM.

UNICEF is also scaling-up its partnership with key national non-governmental organisations (NGOs) (Almanar, Anhar, Mubadroun, Patient Helping Fund, Rufaida, National Initiative Development Organisation (NIDO), Operation for Development and Seaker) and International NGOs (Save the children, Concern, Relieve International, Islamic Relief, World Relief, American Refugee Committee).

To enhance the efficiency of the community management of acute malnutrition (CMAM) programme in improving supply chain management, UNICEF also contributed to supporting evidence generation and supported a detailed review of the supply chain for nutrition commodities. The review's recommendations will be implemented in 2020 and will focus on improving the current supply chain management system (for example, improving the stock reporting system, identifying and addressing capacity gaps for supply chain management) as well as long-term recommendations to include nutrition supplies within the national medical supply fund system. Recognising the need for delivery to end users (beneficiaries), UNICEF supported improvements in warehousing and logistics support for the timely delivery of ready-to-use therapeutic food to states and villages.

Many cultural practices undermine good nutrition, including limited knowledge of undernutrition, lack of time for care and poor education levels among mothers. Therefore, UNICEF and partners provided 882,511 mothers with information on infant and young child feeding (IYCF). These mothers now have improved knowledge and skills on issues like exclusive breastfeeding, appropriate complementary feeding, feeding of sick children and hygiene during feeding. The network of 3,000 mother support groups (with an average of ten members per group) greatly improved community-based nutrition interventions. The mother support groups were able to conduct initial screenings of children with severe acute malnutrition and referred these children to nutrition centres in their communities. They also promoted exclusive breastfeeding and provided peer support for mothers of children discharged from nutrition centres.

CHALLENGES

- The country is currently undergoing an important transition from a military rule to a civilian one. The transition itself, it has posed some challenges on programme implementation. The government has undergone a reshuffling of its leadership in the different line ministries. The federal and state ministries, being among those affected, have a new set of leadership officials posing a challenge on the pace of programme implementation. UNICEF continues to build the capacity of the Ministry of Health on nutrition, and advocates with the government for increased commitment and contribution to critical programmes like the community-management of acute malnutrition (CMAM);
- While promising progress has been made, the situation in the wake of ongoing socio-economic and political transition in Sudan is challenging and health and nutrition needs are increasing. The entire health system is fragile and overstretched at all levels. For example, the transportation of essential health and nutrition supplies (such as medication) from state capitals to health facilities continues being a challenge and UNICEF has had to step in to support the government. The monitoring and data reporting system remain a big challenge when it comes to data quality and timelines. As a result, stock management of nutrition supplies remains a concern due to inadequate supplies tracking systems;
- The Government of Sudan closed 58 national NGO (of which three UNICEF partners), which were associated with the former regime. This has caused reduced capacity to implement programmes. In these particular cases, UNICEF has handed over running projects to the state Ministries of Health, as well as other non-governmental organisations in the area;
- Poor quality inpatient management of severe acute malnutrition with medical complications remains one of the key challenges of the community management of acute malnutrition (CMAM) programme as well as inadequate integration of SAM (severe acute malnutrition) and MAM (moderate acute malnutrition) treatment. The stabilisation centers are regarded as external services within the hospitals (as they are seen as UN-supported by the Government of Sudan). As a result, doctors are not routinely assigned to the centres and provision of medicines is irregular. This compromises the treatment outcomes and undermines the linkages between outpatient and inpatient care. In such circumstances, some caregivers prefer staying at home to going to an inpatient facility when referred. UNICEF supported fourteen stabilisation centers in Darfur by providing inpatient kits and medicines, and also rehabilitated some of the centres. UNICEF provided operational funding support to the stabilisation centres through the payment of incentives to medical staff, including doctors. This improved the continuum of care and contributed to reduced mortalities associated with SAM with medical complications. UNICEF is advocating with the government and WHO to take over the services – taken that the provision of medical services usually falls under the WHO mandate – and to maintain standards of care in 2020;
- Supply chain management was also a challenge. With the increased number of children targeted for SAM treatment (50,000 more children than previous years), there was a shortage of storage capacity in warehouses in the states. The socio-political crisis also hampered the government capacity to transport ready-to-use therapeutic food (RUTF) from state-level to the nutrition clinics. UNICEF supported the rehabilitation of warehouses and supported transportation of RUTF up to locality and facility levels to ensure that supplies were available to children in need. UNICEF also prepositioned RUTF in flood-prone

communities ahead of the rainy season before risk of these being cut-off due to roads being closed;

- Although UNICEF increased its annual target from 250,000 to 300,000 children treated for severe acute malnutrition (SAM), this represents just 60 per cent of the total SAM cases. Due to reduced government spending on RUTF procurement (as well as other CMAM related activities), UNICEF cannot increase the target for SAM treatment due to limitations in available resources;
- Most of the funds received are humanitarian (short-term) funds, which are less suitable/effective in addressing the underlying causes of malnutrition;
- Delay in receiving in-kind contribution of RUTF is risking the nutrition supplies pipeline;
- Cultural and behavioural practices, which hinder communities from adopting proper feeding practices for mothers and children. Also, early marriage and childbirth, which jeopardises the health of mother and child.

LESSONS LEARNED

- Community participation and involvement is crucial for improving maternal and child health and children's nutrition status. The mother support groups link communities to health systems. As a community-based structure, the mother support group members are a rich community resource group who understand the culture and behaviour of the people in their community and know how to influence behaviour change. In 2019, mother support groups in the eastern states (Gedaref, Kassala, Red Sea) promoted diet diversity through cooking demonstrations and home gardening interventions, which is a step forward to improving the nutrition status of mothers and children;
- UNICEF also started engaging fathers in health and nutrition matters affecting their children. For example, both mothers and fathers were provided with counselling services on community management of acute malnutrition, infant and young child feeding practices (special men to men sessions), and common health concerns and diseases affecting the lives of children and their family members;
- The establishment of a buffer reserve of ready-to-use therapeutic food (RUTF) is crucial for creating a cushion in the supply pipeline that allowed ensuring zero stock-outs. Further, UNICEF stepped in to provide out-patient treatment programmes (OTPs) with essential drugs, which allowed health centres to operate and maintain the provision of lifesaving services for children with severe acute malnutrition and was reflected in increased admission numbers and improvement in the cure rates;
- Evidence generation is essential to enhance the efficiency of the community management of acute malnutrition (CMAM) programme (especially in improving supply chain management). UNICEF supported a detailed review of the nutrition supply chain. Recognising the need for delivery to end users, UNICEF supported improvements in warehousing conditions at state and locality levels and provided additional logistical support to deliver RUTF and other nutrition supplies to states, localities and communities;
- It was necessary for UNICEF to step-in and provide operational, technical and financial support for fourteen stabilisation (in-patient) centers in Darfur with a view to gradually hand over these centers to the state ministries of health in 2020. UNICEF's support included: the provision of supplies such as medication and medical supplies, support to operational costs and rehabilitation of centres, meals for caregivers, and free lab tests for admitted children. This support led to increased admission rates and quality of services. However, there remains a need to ensure greater accountability to stabilisation centres by hospital management and state level authorities to ensure their sustainability;
- Regular sub-national nutrition coordination meetings improved state level coordination. Yet, coordination needs to be strengthened even more to allow for joint planning and integrated interventions, which is crucial to for achieving durable impact. In addition, monitoring, reporting and functioning data systems are essential for strengthening the health system. Those aspects clearly need to be improved and to be integrated within one health system;
- Timely delivery of procured quantities of RUTF is necessary to avoid any risk of stock-out.

FUTURE WORK PLAN

UNICEF has initiated the process of the mid-term review of its Country Programme 2018-2021. In 2020, UNICEF will continue enhancing its strategic partnerships and technical cooperation with a wide range of stakeholders including the Global Fund, sister UN agencies (OCHA, WHO, UNFPA, UNHCR, WFP) to deliver services, and will continue developing partnerships with non-governmental and civil society organisations in the most hard-to-reach areas to scale-up integrated lifesaving health and nutrition interventions.

The year 2020 will be crucial for the new leaders and staff in the Ministry of Health at national and state level. UNICEF will support the transitional Government of Sudan in strengthening monitoring and data management systems to improve the quality of services. Further, UNICEF will work with the state Ministries of Health on strengthening the supply chain management at all levels, including improving warehousing conditions and ensuring timely supply delivery to states, localities and communities. UNICEF will also continue advocating for increased government contributions to essential health and nutrition interventions and supplies.

UNICEF and partners will strengthen social mobilisation interventions for community participation and demand creation. This includes scaling-up diet diversity related interventions and adopting additional mechanisms to prevent supply leakages (e.g. communities selling supplies they are receiving at health facilities in the market. However, community interventions and laws to prevent these kinds of leakages are underway). Further, UNICEF and partners will work on strengthening multi-sectoral integration and coordination at all levels, including joint planning and prioritisation, as well as geographical convergence.

UNICEF will continue working on improving the quality of the community management of acute malnutrition (CMAM) programme, as well as on strengthening active case finding and improving referral pathways. UNICEF will support the Government of Sudan to develop and update strategies and road maps for infant and young child feeding (IYCF) and CMAM programmes as well as in establishing a routine system for vitamin A supplementation for children under-five.

Given that 65 per cent of the Sudanese population are under 25 years of age, getting things right for children, adolescents and youth in the immediate and longer term, will to a great degree determine how successful Sudan will be in the future. Urgent action is needed to make a critical difference in the most vulnerable children’s lives in the next months, and years to come.

STORY: THE MOTHER GROUP THAT SAVES CHILDREN'S LIVES

In a small, remote village in Kassala – one of the eastern states of Sudan – women gather in front of the local nutrition clinic. They all wear colourful thawbs – the traditional dress for women in Sudan. They are here to address one of the most pressing issues in their community and country: malnutrition.

These women are part of the UNICEF-supported mothers' support group and go from door to door to find and treat malnourished children in their communities. Armoured with a measuring tape, the members of the group screen all children in the village. When the tape shows yellow or red, it means that the child is malnourished and in urgent need of treatment.

Ibtisam, one of the members of the group, tells that she just met a mother with a seven-month old son who looked malnourished. 'I told her that there is treatment available for her son, which will help him to become healthy and strong again', tells Ibtisam. The mother is now sitting in front of the health and nutrition clinic. Her young son, Abdulhafiz, indeed looks very small for his age. A quick weighing and measuring session points out that he is severely, acutely malnourished. 'I did not know that my son was in such a bad condition', worries his mother. Luckily, the boy will now receive therapeutic food, which will help him to recuperate in just a few weeks.

Afterwards, Ibtisam visits another child she referred for treatment. Muhammadin, also seven-months old, looks even more malnourished than his peer and - more worrying - has difficulties breathing. He is held by his grandmother, who could easily be assumed to be his mother. Her daughter, seventeen-year-old Madina still looks like a child herself and - besides Muhammadin - already has a two-year-old daughter.

A quick screening shows that Muhammadin's condition has not improved, besides my nutrition colleague suspects that in addition to suffering from severe acute malnutrition, the boy also has a medical condition. He needs to be transferred to a local hospital for specialised care.

For these two young boys – thanks to the heroes of the mother support group – treatment is coming in time. This cannot always be said for all the other more than 500,000 severely, acutely malnourished children in Sudan. Every day some 120 children die of causes related to malnutrition. More than 40,000 children die per year. Of causes that can be prevented.

Muhammadin is screened for malnutrition while his mother, sister and Ibtisam watch. ©UNICEF Sudan/Bos

STORY: A STORY WITH A HAPPIER ENDING

A lady dressed in a beautiful purple gown enters the nutrition centre in Otash camp (South Darfur state) for internally displaced persons. She carries her youngest child – one-year old Awab – who suffers from severe acute malnutrition. Patiently she takes a seat between the other mothers and children waiting for their turn to receive treatment.

This is not the first time Amina visits the nutrition centre. Years ago, she lost her second child to malnutrition. The boy's condition deteriorated rapidly, and Amina - still being young - didn't recognise the signs of imminent danger on time. By the time she noticed that something was very wrong, the child suffered from severe acute malnutrition with medical complications and was urgently admitted to the hospital in the state's capital. It was too late. Malnutrition had taken another young victim, a preventable death in many ways.

The story almost repeated itself with Amina's youngest child, but she was determined to get things right this time and change the outcome of the story. By the first signs that her child had fallen sick she rushed to the health centre. Little Awab had diarrhea and vomited. Even after the vomiting stopped he did not become better, and every day she saw her child becoming weaker and weaker. The light was gone from his eyes, he had no energy to play or even smile. His mother wasted no time and brought him to the UNICEF-supported feeding centre in Otash camp. The boy was screened for malnutrition and admitted to the outpatient feeding programme.

Every week Amina returns with Awab. His progress is closely monitored, and they receive ready-to-use therapeutic food, a peanut butter paste that helps malnourished children to regain their strength. Awab is doing better every day. He shows more of his cheeky personality as he walks prominently around the treatment room, exchanging smiles and laughs with the other children.

Amina received counseling on young child feeding and now knows better how to improve the nutritional status of her son and his siblings. 'I will do everything for my child', Amina says. 'I've already lost one cone child to malnutrition, but my youngest will survive'. Thanks to the support Amina received the story didn't repeat itself, this time it has a different ending, a happy one.

During his weekly check-up in the nutrition centre of Otash camp in South Darfur, Awab is screened for malnutrition.

For more stories, please check UNICEF Sudan's website: stories

Awab receives treatment in Otash camp.

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EXPRESSION OF THANKS

UNICEF Sudan would extend its heartfelt appreciation to all our donors who continued to support us or even scaled-up their support during the remarkable year Sudan went through. UNICEF and partners reached millions of girls and boys with often lifesaving interventions, which would not have been possible without the generous funding received. Thanks to your support, UNICEF can continue its mission to meeting the needs and fulfilling the rights of the most vulnerable children, their families and communities.

Flexible/thematic funding for UNICEF's nutrition interventions is absolutely crucial as it provides us with greater possibilities to plan and implement our interventions in an efficient, timely manner and to ensure an all-encompassing programming. It allows us to have a bigger and more effective impact on the lives of vulnerable and marginalised populations in a highly volatile, complex and dynamically evolving context like Sudan.

FEEDBACK FORM

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. The form is available on line at this link: English version or French version.

FINANCIAL ANALYSIS

TABLE ONE: Planned versus funded budget for 2019 (in US dollars)

Output	Funding type	Planned budget
Output 1.3 Severe Acute Malnutrition	RR	1,000,000
	ORR	2,589,817
	ORE	22,049,484
	Total	**25,639,301**

TABLE TWO: Thematic contributions received for nutrition in 2019 (in US dollar)

Donors	Grant number	Contribution amount	Programmable amount
Sweden	SC189903002	514,233	452,525
Regional Office	SC189903002	1,344,086	1,250,000
Total		**1,858,319**	**1,702,525**

TABLE THREE: Thematic expenses by results area in 2019 (in US dollars)

Organisational targets	Other Resources Emergency	Other Resources Regular	Total
21-04 Prevention of stunting and other forms of malnutrition	365	129,872	130,237
21-05 Treatment of severe acute malnutrition	21,252	173,852	195,104
Total	**21,617**	**303,724**	**325,341**

TABLE FOUR: Expenses for nutrition in 2019 (in US dollars)

	Expenditure Amount			
Organisational Targets	Other Resources Emergency	Other Resources Regular	Regular Resources	All programme accounts
21-04 Prevention of stunting and other forms of malnutrition	271,792	1,056,233	1,140,701	2,468,726
21-05 Treatment of severe acute malnutrition	15,979,605	198,163	663,309	16,841,077
Total	**16,251,397**	**1,254,396**	**1,804,010**	**19,309,803**

TABLE FIVE: Expenses by specific intervention codes in 2019 (in US dollars)

Row Labels	Expense
21-04-01 Breastfeeding protection, promotion and support	201,968
21-04-02 Diet diversity in early childhood (children under-five), includes complementary feeding and MNPs	233,689
21-04-03 Vitamin A supplementation in early childhood (children under-five)	85,259
21-04-07 National multisectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	76,742

21-04-08 Data, research, evaluation, evidence generation, synthesis, and use for prevention of stunting and other forms of malnutrition	1,103,639
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	18,993
21-05-01 Care for children with severe acute malnutrition	17,444,982
21-05-02 Capacity building for nutrition preparedness and response	28,512
21-05-03 Nutrition humanitarian cluster/humanitarian sector coordination	4,489
21-05-99 Technical assistance - Treatment of severe acute malnutrition	111,530
Grand Total	**19,309,803**

TABLE SIX: Planned nutrition budget for 2020 (in US dollars)

Output	Source of funds	Planned budget for 2020	Funded	Shortfall
Output 1.3 Severe Acute Malnutrition	RR	1,000,000	357,394	642,606
	ORR	3,834,045	376,009	3,458,036
	ORE	36,979,649	14,183,695	22,795,954
Total	**Total**	**41,813,694**	**14,917,098**	**26,896,596**

All expenses are provisional and subject to change.

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