

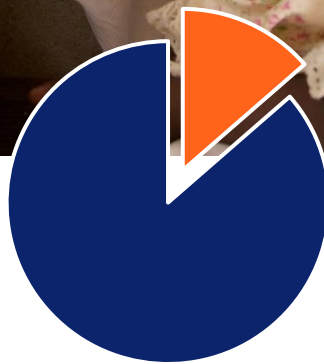


In the past 30 years, malnutrition rates have not improved in Sudan, and worse still, the number of children who are stunted (too short for their age) and wasted (too thin for their height) has actually increased since 1987, especially in Sudan's conflict-ridden Darfur region and in the eastern states.

children under five...



■ STUNTED



■ WASTED



■ SEVERELY ACUTE MALNOURISHED

Three million children under-five years of age currently suffer from acute malnutrition in Sudan. Of these 3 million children, and with food insecurity on the rise in Sudan, UNICEF and partners estimate 650,000 children under-five will be suffering from severe acute malnutrition (SAM) in 2022. Without treatment about half of all children suffering from SAM will not survive. Investing simultaneously in preventing and treating malnutrition is not only a moral obligation, but also a smart investment: studies show that every USD 1 invested in reducing stunting generates USD 10 in economic returns.

Generous support from donors to date in 2022 will reach 300,000 of these severe acute malnourished children. To cover the gap of 350,000 children suffering from SAM, **UNICEF and our nutrition partners require USD 100 million per year to provide lifesaving nutrition services to all children suffering from severe acute malnutrition.**

FOOD INSECURITY AND MALNUTRITION IN SUDAN

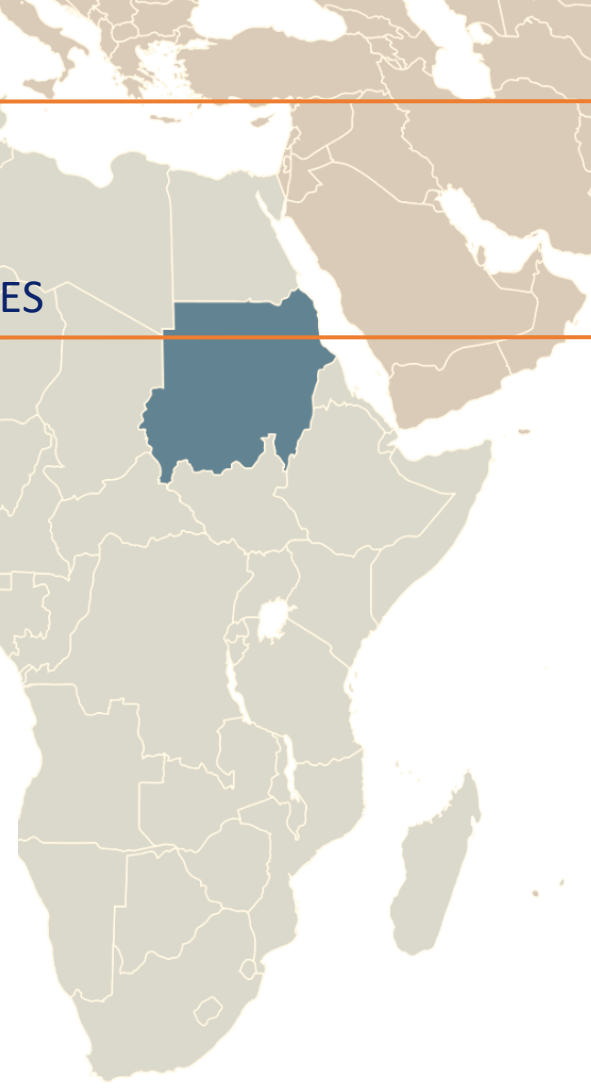
- 🚩 WFP and FAO have projected that more than 15 million people are likely to face acute food insecurity this year.
- 🚩 11 out of 18 states have recorded global acute malnutrition rates above the WHO's very high threshold of 15 per cent.
- 🚩 650,000 children under five suffer from severe acute malnutrition.
- 🚩 3 million children under-five suffer from wasting - they are too thin for their height.
- 🚩 2.8 million children under-five are stunted - they are too short for their age.

CAUSES OF MALNUTRITION

POVERTY
DISEASES
DECREASED INCOME
DROUGHTS
CONFLICT
GENDER INEQUALITY
POOR FEEDING PRACTICES

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.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 in children occasioned by chronic problems with nutrient absorption.

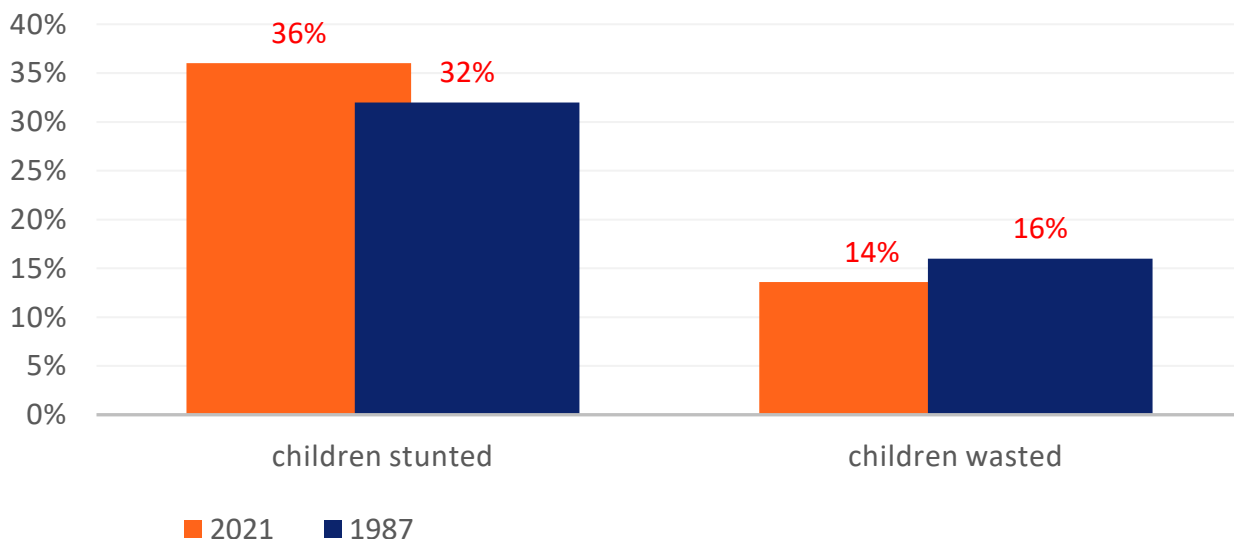
The **underlying causes** of malnutrition are multi-sectoral in nature. Inadequate household income and food insecurity leads to little variety of food. Poor access to basic sanitation and water services is another underlying cause. The correlation between increased use of basic sanitation and water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



SDG 2

UNICEF and partners collaborate to prevent and respond to malnutrition in children under-five years of age to contribute to Sustainable Development Goal (SDG) Two: End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

malnutrition prevalence 1987 - 2018



CHALLENGE

Currently, 3 million children are acute malnourished in Sudan, of which a projected 650,000 children suffer from severe acute malnutrition. Investing in malnutrition is not only a moral obligation. Studies show that improving nutrition is actually good for a country's national economy: every USD 1 invested in nutrition provides USD 10 in returns.

UNICEF Sudan and its partners supported the treatment of about 290,000 children suffering from severe acute malnutrition in 1,792 out-patient therapeutic treatment centers in 2021. This is considered to be the highest admission figure in the history of the 'community management of acute malnutrition' programme in Sudan. There was potential to reach and save the lives of significantly more children, however this was not possible due to the lack of financial resources.

This year, UNICEF is committed to raise additional resources to reach and treat as many children suffering from severe acute malnutrition as possible. To achieve this goal, UNICEF is supporting the capacity development of service providers, the procurement and delivery of nutrition supplies (both from local and international suppliers), ensuring quality of service provision including through supportive supervision, monitoring, and reporting. UNICEF is also putting efforts into improving supply chain management at all levels including effective planning and forecasting, timely and efficient distribution, and increasing warehousing capacities. The biggest resource gap, however, pertains to the funds for the procurement of the lifesaving ready-to-use therapeutic food (RUTF) of which UNICEF is the sole provider in Sudan.

Funding constraints Currently, more than 80 per cent of the available funding is from humanitarian sources, which are short term and earmarked to specific geographical areas and vulnerable populations (e.g., internally displaced, refugees or conflict-affected) making it challenging to respond to the needs of children irrespective of status and location. To effectively cover the need of all the 650,000 children expected to be severely acute malnourished, 778,800¹ cartons of RUTF are needed.

Expected impact Bridging this funding gap will contribute to the treatment of 650,000 children with severe acute malnutrition and hence save their lives. It will allow these girls and boys to grow-up and develop into healthy and strong individuals, which will affect their longer-term growth and development of society at large, including future work productivity, purchasing power and hence contribute to the economic growth in Sudan.

USD 100 million is annually needed to enable UNICEF and implementing partners to admit 650,000 children aged 6 to 59 months with severe acute malnutrition for treatment and to counsel primary caregivers of these children on infant and young child feeding.

→ **USD 62 million** is needed to procure ready-to-use therapeutic food (RUTF) and nutrition supplies, crucial for the treatment of 650,000 children under-five suffering from SAM. Without treatment more than half of these children will be at increased risk of mortality and without appropriated treatment more than 200,000 children will not survive.

→ **USD 38 million** is needed annually to ensure functional nutrition services, the operationalisation of service delivery sites and continuing capacity development activities

USD 10 helps to establish and support one *mother support group* in a small village in Sudan. These mother groups play an important role in identifying malnourished children, referring them to local nutrition clinics, and informing mothers and fathers about healthy infant and young child feeding.

USD 138 provides a child suffering from severe acute malnutrition with lifesaving therapeutic food and care for eight weeks.

For more information, please contact:

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¹ This quantity includes 20 per cent contingency stock.



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