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# SUDAN NUTRITION

GLOBAL THEMATIC REPORT  
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Cover photo: A mother gives her child Plumpy' Nut at a health centre in Kadugli, South Kordofan.

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## ACRONYMS

AUHIP	African Union High-Level Implementation Panel
CMAM	Community Management of Acute Malnutrition
CNVs	Community Nutrition Volunteers
FAO	Food and Agricultural Organisation
IDP	Internally Displaced Persons
IYCF	Infant and Young Child Feeding
MSG	Mother Support Group
MUAC	Mid-Upper Arm Circumference
NGO	Non-Governmental Organisation
OR	Other Resources
OTP	Outpatient Therapeutic Feeding Programme
PHC	Primary Health Care
RR	Regular Resources
RUTF	Ready-to-Use Therapeutic Food
SDGs	Sustainable Development Goals
SSR	South Sudanese Refugees
UNDAF	United Nations Development Assistance Framework
UNHCR	United Nations Refugee Agency
UNICEF	United Nations Children's Fund
UNOCHA	United Nations for the Coordination of Humanitarian Affairs
USA	United States of America
WASH	Water, Sanitation and Hygiene

## I. EXECUTIVE SUMMARY

The current context in Sudan is one of ongoing protracted and multi-faceted needs, with more than two million internally displaced people and displacement-affected communities, a total of 1.2 million refugees and vulnerable communities including significant numbers of children requiring assistance, combined with underdevelopment and a need to address the root causes of vulnerability, including conflict and climate change. In this context, multiple activities need to run concurrently across the humanitarian-development-peace equation, sometimes in the same geographical areas, to adequately address needs in ways that can achieve a sustainable impact. This includes response to emergencies and lifesaving needs; investment in preparedness and resilience; seeking durable solutions for displaced people; supporting conflict prevention, social cohesion and peacebuilding; planning for longer term development; and building and working with national capacities.

In 2018, Sudan also faced an intense economic crisis, characterised by extreme inflation and shortages of basic commodities after administrative austerity measures were adopted in January 2018. Rather than alleviate the crisis, these measures had a paralysing effect on the economy throughout the year, causing a severe shortage of fuel and other commodities such as bread and increasing social tensions. Restrictions on bank withdrawals also caused a liquidity shortage, causing a slowdown in humanitarian and development operations by the government, international and national Non-Governmental Organisations (NGOs), and development partners.

The population in need of humanitarian assistance went up from 4.8 million in 2017 to 5.5 million in 2018 (2.6 million of whom are children). The population of Internally Displaced Persons (IDPs) was approximately two million, including 960,000 children and more than 300,000 returnees, as well as an undefined number of vulnerable people due to the economic deterioration. Last year, Sudan continued to receive a regular flow of refugees each month from South Sudan with nearly 30,000 people arriving in 2018. At the end of the year more than 850,000 South Sudanese refugees, including approximately 520,000 children, were living in Sudan.

Nearly 80 per cent of all South Sudanese refugees in Sudan stay in out-of-camp settlements, with dire needs particularly in education, nutrition, and protection. Higher prices for food baskets – which have typically accounted for half of household income and are now taking up more than 65 per cent of household expenditure among Internally Displaced Persons (IPDs) and refugees – are having knock-on effects in other areas.

To alleviate the situation, UNICEF Sudan's long-term vision is to ensure that more children under the age of five years and women of reproductive age utilise high-impact, quality health and nutrition services. To contribute to this vision, UNICEF Sudan dedicated to support the Government of Sudan at national and subnational levels to have strengthened capacities and develop evidence-based, equity, multi-sector focused policies, plans and budgets to improve health and nutrition services in 2018. Further, the capacities of health systems and communities in targeted localities were strengthened, severely malnourished children received quality treatment, and mothers and other caregivers were supported to improve their skills and knowledge on key family practices.

UNICEF technical and financial support significantly contributed towards increasing children and women's access to nutrition services, specifically to achieving the following outputs and results:

**OUTCOME 1** By 2021, more children under the age of five years and women of reproductive age utilise high-impact, quality health and nutrition services.

**OUTPUT 1.3** More severely malnourished children receive quality treatment with integrated WASH and infant and young child feeding services.

- 4,207,401 children aged 6 to 59 months were **screened for malnutrition**. Among the screened children, 237,604 children (51% girls) suffering from SAM were treated through 1,447 **Outpatients Therapeutic Programmes** (OTPs). A total of 196,364 children were completely cured of severe acute malnutrition, which presents a 91 per cent cure rate.
- UNICEF procured a total of 324,540 cartons of **Ready-to-Use Therapeutic Food** in addition to 29,100 cartons that were obtained on behalf of the Government of Sudan. Specifically, with thematic nutrition funds, 6,000 cartons of RUTF were procured and transported to the end user, to treat an equal number of children under five years of age.
- To improve the **quality of care** for the children suffering from SAM (but without additional medical complications) the capacity of 947 nutritionists was improved through face-to-face and on-job trainings as well as mentorship on Community Management of Acute Malnutrition (CMAM). Further, 3,569 volunteers were trained on community outreach. As part of integrating WASH-services in the management of acute malnutrition, 655 outpatients therapeutic programmes (47%) were provided with **improved water, sanitation, and handwashing facilities**.

In 2019, UNICEF aims to reach more children under the age of five and women of reproductive age with high-impact, quality health and nutrition services. To reach this goal, UNICEF seeks to strengthen a coordination structure for multisector action on scaling-up nutrition services at subnational levels. Health systems and communities in targeted localities will be trained so that they can deliver integrated high-impact health and nutrition services.

## II. STRATEGIC CONTEXT

On the political level, the situation in Sudan is characterised by the existence of unresolved internal conflicts and unfulfilled political reform. While the security situation relatively improved, it remained volatile. The comprehensive implementation of the African Union High-level Implementation Panel (AUHIP) roadmap to end the armed conflicts in Darfur, Blue Nile, and South Kordofan, and on the National Dialogue remains the basis for efforts to attain sustainable peace required to end long-standing armed conflicts in the country.

The economic situation reached a point of ‘instability and dysfunction’ (according to the World Bank).<sup>1</sup> In September, the Sudanese Government adopted a series of austerity measures, including a major cabinet reshuffle, additional exchange rate devaluation and further restrictions on bank withdrawals. However, these measures were unable to stabilise the situation, and long queues continued at cash machines, fuel stations, and bakeries across Sudan. In December, following public demonstrations and protests, a state of emergency and school closure were imposed in several cities and towns, causing major disruption in children’s access to basic services, especially in education and health care.

The economic crisis had a major humanitarian impact. According to recently published analysis, nearly 5.7 million people were estimated to be in crisis (Integrated Food Security Phase Classification - IPC 3) or emergency (IPC 4) levels of food insecurity in the October-December period – which is up from 3.8 million for the same period the previous year.

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<sup>1</sup> Sudan Country Office Annual Report 2018





The crisis is having a serious impact on all humanitarian sectors in Sudan. Higher prices for food baskets – which have typically accounted for half of household income and are now taking up more than 65 per cent of household expenditure among Internally Displaced Persons (IDPs) and refugees – are having knock-on effects in other areas. Households can afford less nutritious food, less medical treatment, or fewer agricultural inputs. The economic situation has had an impact on communities across the country, including areas where current humanitarian operations are concentrated (e.g. Darfur) and others which have not had significant humanitarian programming (e.g. Khartoum and other urban areas).

On top of these recent development, Sudan has been, and continues to be, affected by multiple emergencies including armed conflict resulting in lack of basic services delivery and a collapse of basic infrastructure and livelihoods, influx of South Sudanese Refugees (SSR), food insecurity and more. Conflict in East Jebel Marra forced further displacements into existing IDP-camps in South Darfur, including Kass and Ottash, where UNICEF developed multisector response plans to address the resulting increased needs of 14,733 new IDPs. Malnutrition<sup>2</sup> – already at very high levels – is also impacted by rising food prices, with households cutting back on food consumption and/or replacing existing diets with cheaper, less-nutritious alternatives. New admission rates for nutrition programmes increased by 50 per cent between October 2017 and October 2018. An estimated 2.9 million people are acutely malnourished across the country.

Unprecedented elevated levels of acute malnutrition among South Sudanese Refugees in and out of camps (identified through UNHCR surveys) - with up to six per cent prevalence of Severe Acute Malnutrition (SAM) in some camps - led UNICEF to launch a surge response through the *Find and Treat Campaign*. This initiative mobilises partners for an intensive weeklong SAM case finding and immediate admission of children with SAM and Moderate Acute Malnutrition (MAM) in White Nile, South and West Kordofan states. Within the letter of understanding between UNICEF and UNHCR, a multisector response plan including scale-up of health and nutrition services was developed in White Nile for out-of-camp refugees following the UNICEF-led Interagency Needs Assessment among out-of-camp refugees in the state, which identified some 88,000 refugees with multiple vulnerabilities living out-of-camp in White Nile.

The One Health Plan that has components of all key outputs from SDGs two (zero hunger) and three (good health and well-being) was developed as a One Comprehensive Health and Nutrition Sector Plan for the government, United Nations agencies, donors, Non-Governmental Organisations, and the private sector.

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<sup>2</sup> Approximately 700,000 children suffer from Severe Acute Malnutrition in Sudan and require urgent treatment to avert morbidity and possible death.



© UNICEF Sudan/Noorani. During a growth monitoring session for young children, a health worker weighs an infant at a UNICEF-supported outpatient therapeutic feeding center in the town of Kadugli, South Kordofan.

### III. RESULTS

**OUTCOME 1** By 2021, more children under the age of five years and women of reproductive age utilise high-impact, quality health and nutrition services.

**OUTPUT 1.1** More severely malnourished children receive quality treatment with integrated WASH and infant and young child feeding services.

Overall, UNICEF provides overarching technical support to the Government of Sudan to reverse the dire nutrition situation. The thematic nutrition funds complemented resources from the Government of United States of America (USA), and helped UNICEF and its partners, to save children aged 6 to 59 months, including IDPs, refugees and hard-to-reach populations. The more severely malnourished children received treatment with integrated Water, Sanitation and Hygiene (WASH) and Infant and Young Child Feeding (IYCF) services.

To ensure that children suffering from Severe Acute Malnutrition (SAM) received quality treatment, 4,207,401 children aged 6 to 59 months were screened for malnutrition. Most of these young girls and boys (70%), were refugees, IDPs or from vulnerable host populations. The came from the five Darfur States, West Kordofan, South Kordofan, Blue Nile and White Niles states. Among the screened children, 237,604 children (51% girls) suffering from SAM were treated through 1,447 outpatients’ therapeutic programmes.



A total of 196,364 children were completely cured of severe acute malnutrition (among 216,910 girls and boys who were discharged from the treatment programme), which is a 90 per cent cure rate that fits well into the expected international SPHERE standards.

UNICEF procured a total of 324,540 cartons of Ready-to-Use Therapeutic Food in addition to 29,100 cartons that were obtained on behalf of the Government of Sudan. Specifically, with thematic nutrition funds, 6,000 cartons of RUTF were procured and transported to the end user, to treat an equal number of children under five years of age.

To improve the quality of care for the children suffering from SAM (but without additional medical complications) the capacity of 947 nutritionists was improved through face-to-face and on-job trainings as well as mentorship on Community Management of Acute Malnutrition (CMAM). Further, 3,569 volunteers were trained on community outreach. As part of integrating WASH-services in the management of acute malnutrition, 655 outpatients therapeutic programmes (47%) were provided with improved water, sanitation, and handwashing facilities.

UNICEF Sudan, similarly, engaged with key private sector partners (Haggar, Dal, and Samil Industrial Company) together with the World Food Programme (WFP) to develop a joint public-private partnership project in the East of Sudan which will be further planned and implemented in 2019. Additionally, UNICEF partnered with UN-agencies of WFP and the Food and Agricultural Organisation (FAO) in Red Sea State and with partner Concern in West Kordofan to develop joint projects to address both the immediate and more interim determinants of malnutrition, thereby bridging the humanitarian-development-peace nexus.

## CASE STUDY: FIND AND TREAT CAMPAIGN

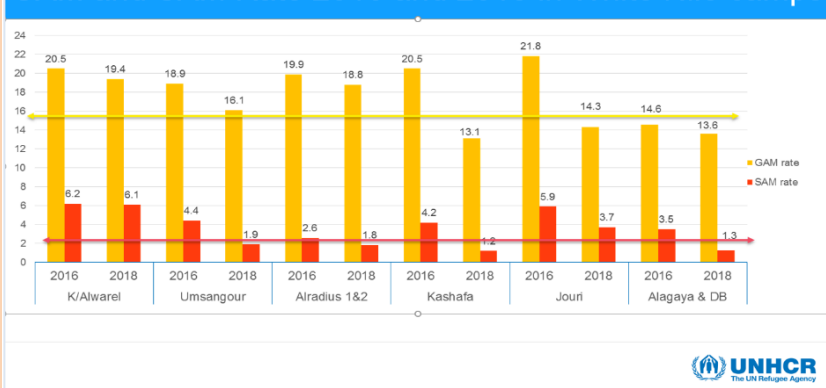
UNICEF adopts systems approach to deliver health and nutrition services at both facility and community levels. This allows refugees to access services from existing facilities, especially those living in host communities. UNICEF conducts monthly or bimonthly screening of children under five years for early detection and treatment of Severe Acute Malnutrition (SAM) integrated with immunisation, IMCI, Integrated Community Case Management (ICCM), health promotion, Infant and Young Child Feeding (IYCF), reproductive health and newborn care services. To address to acute and wider needs in a rapid manner, UNICEF has successfully implemented the ‘Find and Treat Campaign’, rallying partnerships to rapidly deliver lifesaving integrated health and nutrition services to affected children within a short term.

The states of White Nile, South and West Kordofan benefited from this approach, saving lives of thousands of children who could have suffered preventable deaths. This was in response to low immunisation coverages, high levels of SAM and Moderate Acute Malnutrition (MAM), high incidence of diarrheal diseases and low coverage of IMCI. A total of 24,282 children under five benefited from the campaign, including children screened for SAM and MAM. 482 children were found with SAM and received lifesaving treatment; 1,192 children were treated for MAM, 4,822 children were treated for diarrhea, ARI or malaria (IMCI diseases) and 14,201 children were vaccinated against measles. Additionally, 1,724 pregnant mothers received Antenatal Care (ANC) services and 15,201 children received Vitamin A supplementation.

## BACKGROUND

Many interagency assessments have been conducted on the wellbeing of refugees, all pointing to high needs for health, nutrition, WASH, protection and education. The most recent, the Standardized Expanded Nutrition Survey (SENS) conducted by UNHCR and partners, including UNICEF brought to light the specific health and nutrition needs among the refugees and coverage of existing interventions in key states, including White Nile, South and West Kordofan. The survey was done in West Kordofan (October – November 2017), White Nile (March-April 2018) and South Kordofan (May 2018).

## GAM and SAM Rate 2016 and 2018 in White Nile camps



Among the findings, Global Acute Malnutrition (GAM) prevalence of 17.6 per cent (with 4.2% Severe Acute Malnutrition) was reported in Alliri, South Kordofan; GAM prevalence of 19.6 per cent (with 4% SAM) in Elmeiram, West Kordofan; GAM prevalence of 16.8 per cent (with 2.2% SAM) in Kharasana, West Kordofan.

Diarrhea prevalence reported in Alliri was 27.3 per cent, and 32.6 per cent and 24.3 per cent in Kharasana and Elmeiram respectively. Coverage of immunisation, Antenatal Care and Vitamin A supplementation were also low across all three states.

### PROGRAMME

The *Find and Treat Campaign* was adopted as an accelerated strategy to reach a maximum number of children in need of treatment for Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM) and diarrheal diseases as well as to identify and refer pregnant women for antenatal care. It was necessary to rapidly mobilise wider partnerships, leverage capacities from the Ministry of Health, NGOs, the World Health Organisation (WHO), the World Food Programme (WFP) to accelerate provision of lifesaving health and nutrition services to population in desperate need (i.e. the South Sudanese Refugees), stabilise the deplorable humanitarian crisis and to strengthen systems to maintain provision of these services in a systematic and routine manner. The *Find and Treat Campaign* was implemented on assumption that it would be successfully implemented experience in 2017 in Jebel Marra. It was planned under the assumption that the refugee population will remain at their residential locations in the camps and out of camps. It was executed in an integrated and multisectoral manner under the assumption that all agencies and partners would be ready, and avail required logistics, supplies, financial and human resources.

The response was planned to benefit the entire refugee population; directly all children under five and pregnant and lactating mothers, and indirectly the entire refugee community in White Nile camps, South and West Kordofan out of camps. A total of 273,192 people was expected to benefit directly or indirectly. UNICEF planned the integrated response for efficiency and in consideration of multidimensional needs of the refugee child.

### STRATEGY AND IMPLEMENTATION

The *Find and Treat Campaign* approach focused on intensive and active case-finding, strict supervision and instant admission of children in need of health and nutrition services. Three-person teams - consisting of a Mid-Upper Arm Circumference (MUAC) measurer, a trained community health worker and a vaccinator - were formed. The teams were trained after which they were deployed to visit all individual refugee households to measure children's mid-upper arm circumference and detect oedema among children age 6-59 months, deliver measles vaccination for children 9-59 months, deliver Vitamin A to children 6-59 months, provide antenatal care services for pregnant women, check for diarrhea and other childhood illnesses (e.g. Acute Respiratory Infection) and to provide malaria prevention and treatment.

All other sick children were referred to the health center for further diagnosis and treatment. Children with acute malnutrition were brought to the Outpatient Therapeutic feeding Programme (OTP) within the camp by a designated admission facilitator, usually a respected and well-known South Sudanese refugee leader within the community. As a measure to prevent non-compliance, no SAM child or sick child was referred unaccompanied. To ensure quality, each team covered not more than 100 households a day.

During the campaign, OTPs and health centres remained opened until the last child was screened. Children suffering from SAM with medical complications were transported for admission in the Stabilisation Centre (SC). When there was no NGO supporting the SC, UNICEF paid the full cost of transportation as well as the caretaker ration. More importantly, UNICEF staff in the field ensured that severe acute malnourished children were transported to the SC within one day of referral and followed-up to ensure that they received care and treatment free of charge, including medication and laboratory services.

A joint supervision team comprising of UNICEF, UNHCR, WHO, WFP and MOH ensured quality supportive daily supervisory support to the teams and held daily meetings to review the progress of implementation and take stock of challenges and lessons learned.

## RESOURCES

Provision of therapeutic supplies, MUAC tapes, IMCI kits, Vaccines, RH kits	UNICEF, WFP
Financial support	UNICEF
Transportation of supplies & logistics	CONCERN, Almanar, SCI, CIS
Field implementation of the response	SMOH, CONCERN, Almanar, SCI, CIS
Monitoring and supervision	UNICEF, WHO, WFP, UNHCR, SMOH, Concern, SCI, CIS, Almanar, Goal
Provision of supplementary feeding supplies	WFP
Orientation workshop and trainings	UNICEF, SMOH
Support transportation of complicated cases	CONCERN, SCI, Almanar, CIS
Coordination with COR, HAC and other state authorities	UNHCR
arrange after the campaign progress review meetings	UNICEF, UNHCR, SMOH

## RESULTS

A total of 24,282 children under five benefited from the campaign, including children screened for SAM and MAM. 482 children were found with SAM and received lifesaving treatment; 1,192 children were treated for MAM, 4,822 children were treated for diarrhea, Acute Respiratory Infections (ARI) or malaria (IMCI diseases) and 14,201 children were vaccinated against measles. Additionally, 1,724 pregnant mothers received antenatal care services and 15,201 children received vitamin A supplementation. The participation of various NGOs and UN-agencies plus commitment of the State Government ensured that resources were contributed and not coming from one agency; this greatly contribute to the success of the intervention.



**CHALLENGES AND LESSONS LEARNED**

One of the key challenges faced was shortage of MAM supplies in West and South Kordofan states. This handicapped the provision of MAM treatment, creating a huge gap in the response.

The key lessons learned included the efficiency of the multisector approach and the leveraging of resources and platforms from other agencies. For example, even though UNICEF did not form a financial partnership agreement with some NGOs, the health centres being run by those partners conformed to the need of the campaign and adapted their strategies and approaches to meet the immediate needs. They opened their clinics throughout the week to ensure children had uninterrupted access, although normally the clinics are opened only once a week.

The community participation was a commendable lesson. The community health workers and volunteers were themselves South Sudanese Refugees who understood the cultural and social dynamics of the refugees. As a result, rejection of services was at record low. Overall the *Find and Treat Campaign* has successfully proven an emerging best practice and the results have been consistently impressive.

**MOVING FORWARD**

While UNICEF's strategic focus will remain on system strengthening, the *Find and Treat Campaign* approach remains an important lifeline for many of Sudan's population caught-up in conflict. UNICEF hopes to replicate the *Find and Treat Campaign* in two other areas once access is provided. In areas with regular access, UNICEF will scale-up services and improve on quality, including improved monitoring.

**IV. FINANCIAL ANALYSIS****TABLE 1: PLANNED BUDGET BY OUTCOME AREA HEALTH AND NUTRITION (IN USD)**

Intermediate Results	Funding Type	Planned Budget
<b>Output 1.1</b> Evidence-Based Planning for Health and Nutrition	RR	1,080,399
	OR	812,449
	Total	1,892,848
<b>Output 1.2</b> Integrated High-Impact Health and Nutrition Services.	RR	650,000
	OR	9,565,748
	Total	10,215,748
<b>Output 1.3</b> Severe Acute Malnutrition	RR	1,000,000
	ORR	2,589,818
	Total	3,589,818
<b>Output 1.4</b> Knowledge on Key Family Practices	RR	403,351
	ORR	1,550,216
	Total	1,953,567
<b>Grand Total</b> <b>Health and Nutrition Outcome Area</b>		<b>17,651,980</b>

TABLE 2: COUNTRY-LEVEL THEMATIC CONTRIBUTIONS RECEIVED IN 2018 (IN USD)

Donors	Grant Number	Contribution Amount	Programmable Amount
SIDA Sweden	SC1899010032	595,632	553,938
SIDA Sweden	SC1899030020	595,632	553,938
<b>Total Thematic contributions</b>		<b>1,191,264</b>	<b>1,107,876</b>

TABLE 3: EXPENDITURES BY KEY-RESULTS AREAS (IN USD)

Organizational Targets	Expenditure Amount			
	Other Resources-Emergency	Other Resources-Regular	Regular Resources	All Programme Amounts
21-01 Maternal and newborn health	4,307,651	4,472,892	1,418,004	10,198,547
21-02 Immunization	2,304,478	3,019,143	904,422	6,228,043
21-03 Child Health	708,811	2,131,106	782,567	3,622,484
21-04 Prevention of stunting and other forms of malnutrition	130,984	661,292	178,497	970,773
21-05 Treatment of severe acute malnutrition	15,550,707	858,340	3,070,272	19,479,319
21-08 Early childhood development	89,381	16,394	5	105,780
<b>Grand Total</b>	<b>23,092,012</b>	<b>11,159,167</b>	<b>6,353,767</b>	<b>40,604,946</b>

TABLE 4: THEMATIC EXPENSES BY PROGRAMME AREA (IN USD)

	Grants	Expenses amount
Other Resources - Emergency	TOTAL	975,459
21-01 Maternal and newborn health	SM149910	496,091
	SM189910	4,211
21-02 Immunization	SM18991	365,700
21-03 Child Health	SM149910	41,230
	SM189910	41,496
21-05 Treatment of severe acute malnutrition	SM149910	10,849
	SM189910	13,414
21-08 Early childhood development	SM189910	2,468
Other Resources - Regular	TOTAL	516,877
21-01 Maternal and newborn health	SC149901	2,995
21-03 Child Health	SC149901	1,773
21-04 Prevention of stunting and other forms of malnutrition	SC149904	30,323
	SC189903	70,833
21-05 Treatment of severe acute malnutrition	SC149904	67,621
	SC189903	343,332
<b>Grand Total</b>		<b>1,492,336</b>

TABLE 5: EXPENSES BY SPECIFIC INTERVENTION CODES (IN USD)

Intervention Codes	Expenses
21-01-01 Community and home based maternal and newborn care	5,465
21-01-02 Facility based maternal and newborn care (including emergency obstetric and newborn care, quality improvement)	1,105,117
21-01-05 Maternal and newborn care policy advocacy, evidence generation, national / subnational capacity development	3,424,026
21-01-99 Technical assistance - Maternal and newborn health	4,553,368
21-02-01 Demand for immunization (C4D)	29,410
21-02-02 Immunization supply chain, including cold chain	1,435,734
21-02-03 Evidence generation and policy advocacy for immunization	59,521
21-02-04 Purchase of vaccines and devices	1,150,953
21-02-05 Immunization operations	2,651,999
21-02-12 Continuous social mobilization and communication	79,245
21-03-02 IMNCI facilities	6,208
21-03-03 Child health policy advocacy, evidence generation, national/ subnational capacity development	303
21-03-09 HSS - Community Health System	177
21-03-10 HSS - Health systems procurement and supplies management	1,014,073
21-03-11 HSS - Health sector policy, planning and governance at national or sub-national levels	321,079
21-03-16 HSS - Management Information Systems	16,305
21-03-17 HSS - Health real time monitoring	57,112
21-03-18 Public health emergencies, including disease outbreaks	780,621
21-03-98 Technical assistance - HSS	8,111
21-03-99 Technical assistance - Child health	204,070
21-04-01 Breastfeeding protection, promotion and support (including work on Code)	418,020
21-04-02 Diet diversity in early childhood (children under 5), includes complementary feeding and MNPs	3,968
21-04-03 Vitamin A supplementation in early childhood (children under 5)	10,943
21-04-07 National multisectoral strategies and plans to prevent stunting (excludes intervention-specific strategies)	89,068
21-04-08 Data, research, evaluation, evidence generation, synthesis, and use for prevention of stunting and other forms of malnutrition	314,651
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	39,930
21-05-01 Care for children with severe acute malnutrition	16,942,660
21-05-02 Capacity building for nutrition preparedness and response	2,582
21-05-03 Nutrition humanitarian cluster/humanitarian sector coordination	3,470
21-05-99 Technical assistance - Treatment of severe acute malnutrition	253
21-08-09 Social and behavioural change communication for ECD	66,592
26-01-01 Country programme process (including UNDAF planning and CCA)	55,243
26-01-02 Programme reviews (Annual, UNDAF, MTR, etc.)	16,665

26-02-02 MICS - General	31,756
26-02-04 Stimulating demand for and capacity to use data	58,704
26-02-05 Administrative data, registers and non-MICS household surveys and censuses	1,055
26-02-06 Analysis of data	2,386
26-02-07 Data dissemination	8,603
26-02-08 Programme monitoring	54,687
26-02-09 Field monitoring	19,178
26-03-07 Strengthening C4D in Government systems including preparedness for humanitarian action	13,758
26-03-99 Technical assistance - Cross - sectoral communication for development	101,585
26-05-06 Building global / regional / national stakeholder evaluation capacity	757
26-05-11 Building global / regional / national stakeholder research capacity	1,819
26-06-04 Leading advocate	232,075
26-06-05 Leading voice	14,114
26-06-06 Supporter engagement	1,574,235
26-06-07 Leading brand	10,818
26-07-01 Operations support to programme delivery	3,572,689
27-01-06 HQ and RO technical support to multiple Goal Areas	40,875
27-01-15 CO programme coordination	262,336
27-01-16 CO advocacy and communication	35,746
28-07-04 Management and Operations support at CO	-299,170
Unknown	51
<b>Grand Total</b>	<b>40,604,995</b>

TABLE 6: PLANNED BUDGET FOR 2019 (IN USD)

Output	Funding Type	Planned Budget	Funded Budget	Shortfall
Output 1.1: Evidence Based Planning for Health-Nutrition	RR	1,080,399	7,247	-1,073,152
	ORR	812,449	1,634,635	822,187
	Total	1,892,848	1,641,882	-250,965
Output 1.2: Integrated High-Impact Health and Nutrition Services	RR	650,000	472,359	-177,641
	ORR	9,565,748	14,501,967	4,936,220
	Total	10,215,748	14,974,326	4,758,579
Output 1.3: Severe Acute Malnutrition	RR	1,000,000	522,396	-477,604
	OR	2,589,818	4,119,446	1,529,629
	Total	3,589,818	4,641,842	1,052,024
Output 1.4 Knowledge on Key Family Practices	RR	403,351	8,000	-395,351
	OR	1,550,216	258,663	-1,291,553
	Total	1,953,567	266,663	-1,686,904
Grand Total	RR	3,133,750	1,010,002	-2,123,748
	OR	14,518,230	20,514,712	5,996,482
	<b>Total</b>	<b>17,651,980</b>	<b>21,524,714</b>	<b>3,872,734</b>



## V. FUTURE WORK PLAN

This current economic and political situation in Sudan worsens the already elevated levels of malnutrition. This requires UNICEF to reach more vulnerable children with lifesaving interventions.

In 2019, UNICEF aims to reach more children under the age of five and women of reproductive age with high-impact, quality health and nutrition services. To reach this goal, UNICEF seeks to strengthen a coordination structure for multisector action on scaling-up nutrition services at subnational levels. Health systems and communities in targeted localities will be trained so that they can deliver integrated high-impact health and nutrition services.

- To increase child survival, more severely malnourished children are targeted to receive quality treatment with integrated WASH and Infant and Young Child Feeding (IYCF) services. UNICEF aims to increase the number of children (6-59 months) suffering from SAM admitted into treatment from 236,823 (in 2018) to 300,000 (in 2019).
- The percentage of Outpatient Therapeutic Programme (OTP) centers that meet minimum standards for WASH as well as Primary Health Care (PHC) facilities with zero stock out or RUTF will be maintained at 100 per cent.
- UNICEF aims to increase the percentage of mothers and caregivers who have improved skills and knowledge on key family practices and plans to increase the percentage of mothers and other caregivers practicing at least six of the key family practices from 50 per cent (in 2018) to 70 per cent (in 2019).
- UNICEF aims to increase the percentage of children under five years receiving two annual doses of Vitamin A from 70% (in 2018) to 95% (in 2019) and to increase the number of pregnant women who receive iron and folic acid supplementation for at least 90 days from 68,701 (in 2018) to 72,000 (in 2019).
- UNICEF Sudan and partners seek to improve the number of children who are exclusively breastfed in the first five months of their lives (from 44.5% in 2014 to 70% in 2019).

## VI. EXPRESSION OF THANKS

In 2018, UNICEF continued to implement life-saving interventions in Sudan, which would not have been possible without the generous funding from our donors. Consequently, UNICEF Sudan expresses its highest gratitude to all the donors that continue to support our efforts in meeting the needs and fulfilling the rights of the most vulnerable populations, especially children. These efforts and results have been detailed in this report.

UNICEF would specifically like to thank the Governments of the United States of America, Sweden, Italy, Japan as well as the European Union and the Office for the Coordination of Humanitarian Affairs (UNOCHA) for their valuable contributions.

Flexible funding for UNICEF's health interventions is crucial as it provides us with greater flexibility to respond to the needs of children, particularly in emergencies. UNICEF Sudan highly appreciates this type of funding in order to have a bigger and more effective impact on the lives of vulnerable children in a highly volatile, complex and dynamically evolving context like Sudan.

## ANNEX 1: HUMAN INTEREST STORY

### NAEIMA' S STORY

Naeima Adam Ahamed lives with her family in Fajara village, in the state of West Darfur. She is a young mother, married and blessed with three children. Naeima was one of the mothers who was visited by community volunteers during one of their routine nutrition screenings. The volunteers go from door to door to measure young children's mid-upper arm circumference and check if they are malnourished.

The volunteer asked Naeima to bring her children to the nutrition center in Fajara. The young mother was reluctant at first but eventually decided to bring her daughters and sons to the center. After a quick screening the eldest of the siblings, a girl, was diagnosed with severe acute malnutrition and was immediately referred to the Outpatient Therapeutic Programme for treatment with Ready-to-Use Therapeutic Food.

Each day, Naeima saw her daughter's health improve. The girl started gaining weight and became more active; finally, she was playing and laughing again. Naeima tells: 'In the outpatient therapeutic programme, a nurse patiently screened my daughter and referred her for treatment. The care and food supplements that my daughter received helped her to be healthy again.'

Naeima decided to become an active member of a local Mother Support Group (MSG). She participates in awareness sessions about nutritious food for young children, the importance of breastfeeding, and proper hygiene and sanitation. She now has all the information to protect her children from malnutrition and diseases like diarrhea and malaria.

Being a member of the support group, Naeima was equipped with practical nutritional lessons that she is now applying at home. She feels welcomed by the other mothers in her group and believes in her skills and capacities. According to Naeima: 'After becoming a member of the mother support group, I realised that I have something to contribute to my community, especially to the situation of young mothers, like myself, in my village'.

## ANNEX 2: 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](#).

Thank you!

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