Child malnutrition

According to joint child malnutrition estimates, the prevalence of wasting in children under five in Sudan increased from 14.5% in 2006 to 16.3% in 2014. The prevalence of stunting has decreased from 40.8% to 33.7% over the past two decades. During the same period, the prevalence of overweight in children under five decreased from 3.5% to 2.7%.

Source: WHO Global Health Observatory.
Nutrition country profile
Sudan

Breastfeeding practices

An overall increase in the prevalence of overweight among adults in Sudan was recorded between the years 2000 and 2016 (from 23.7% to 28.9%), although there has been some fluctuation in the trend. Moreover, the prevalence of overweight among children and adolescents aged 5–19 has risen overall, from 6.7% in 2000 to 12.4% in 2016; however, a slight decrease occurred in the years 2002, 2003 and 2006.

Infant and young child feeding

The prevalence of early initiation of breastfeeding (within one hour of birth) in Sudan decreased slightly from 73.2% to 68.7% between the years 2010 and 2014. During the same period, the prevalence of exclusive breastfeeding increased from 41% to 54.6%, after which it increased to 61.5% in 2018\(^1\), making Sudan one of the few countries in the Region to be on track to meet the WHO’s global nutrition target of increasing the rate of exclusive breastfeeding in the first six months of life to at least 50%.

Anaemia in women of reproductive age

An overall increase in the prevalence of overweight among adults in Sudan was recorded between the years 2000 and 2016 (from 23.7 to 28.9%), although there has been some fluctuation in the trend. Moreover, the prevalence of overweight among children and adolescents aged 5–19 has risen overall, from 6.7% in 2000 to 12.4% in 2016; however, a slight decrease occurred in the years 2002, 2003 and 2006.

BMI = body mass index. (Overweight in adults is defined as a BMI of 25 or greater, and in children and adolescents as a BMI one or more standard deviations above the median. Obesity in adults is defined as a BMI of 30 or greater, and in children and adolescents as a BMI two or more standard deviations above the median.)

Despite the low incidence of obesity among adults in Sudan and the fluctuations in the trend, the prevalence of obesity has increased overall, from 5.8% to 8.6% between 2000 and 2016. Similarly, the prevalence of obesity among children and adolescents aged 5-19 has increased between 2000 and 2016 from 0.9% to 2.9%.

Sources: WHO Global Health Observatory.
Micronutrient status

The prevalence of vitamin A deficiency, defined as retinol binding protein, was at an alarmingly high level in 2018 as it was estimated at 57.8% (the age of children or cut-off data is not available). The iodine intake in Sudan has been determined to be sufficient, defined as 100-299 μg/L, as the estimated median urinary iodine concentration (UIC) among school children was 108 μg/L in 2018, while it was insufficient earlier as the recorded UIC was 65.5 μg/L in 2006 and 66 μg/L in 2014.

Source: WHO Micronutrients Database. Vitamin and Mineral Nutrition Information System.

Nutrition policies and strategies

Key national programmes

<table>
<thead>
<tr>
<th>Policies</th>
<th>Date</th>
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<tbody>
<tr>
<td>Development of national nutrition strategy or action plan</td>
<td>For 2014–2018</td>
</tr>
<tr>
<td>Plan of action for obesity prevention</td>
<td></td>
</tr>
<tr>
<td>Strategy or plan of action on infant and young child feeding</td>
<td>2015-2024</td>
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<tr>
<td>Code of marketing of breast milk substitutes</td>
<td>Since 2005</td>
</tr>
<tr>
<td>Child growth monitoring</td>
<td>1967</td>
</tr>
<tr>
<td>School feeding programme</td>
<td></td>
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<tr>
<td>Community-based management of acute malnutrition (CMAM)</td>
<td>For 2015-2018</td>
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Policies

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<tr>
<th>Policy to reduce salt/sodium consumption</th>
<th>Tax on sugar sweetened beverages</th>
<th>Policy to limit trans-fatty acid intake</th>
<th>Policy to reduce the impact of marketing of food to children</th>
<th>Policy on salt iodization</th>
<th>Front-of-pack nutrition labelling for food</th>
<th>Wheat flour fortification</th>
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=Policy/programme implemented  ✗ =Policy/programme not implemented

Note: The WHO estimates for overweight and obesity are derived from a Bayesian hierarchical model that uses NCD-RisC database of population-based data. The model has a hierarchical structure in which estimates for each country and year are informed by its own data, if available, and by data from other years in the same country and from other countries, especially those in the same region with data for similar time periods. Due to this method, the estimates may differ from official estimates of Member States. The methodology is described here: https://pubmed.ncbi.nlm.nih.gov/29029897/.
Success stories

Management of acute malnutrition and building nutrition capacity in Sudan

Malnutrition is a problem of public health significance in Sudan for the past three decades, with the most vulnerable groups being women and children under five years. Malnutrition is associated with poor physical and mental development in children and it reduces work performance in adults. The results of the S3M II survey in Sudan revealed that one out of three children is suffering from stunting (36.4%) and every seventh child under five is suffering from acute malnutrition (13.6%).

Almost 30 years since the last micronutrient survey was conducted in Sudan, the Federal Ministry of Health and WHO, with the support of the European Union, conducted such a survey within the S3M II survey. It was led by the National Nutrition Programme, the National Public Health Laboratory and WHO, with contributions from other United Nations agencies. The survey results will help in providing representative national and state level baseline data to understand the micronutrient situation in the country, and will provide results that can be used for advocacy purposes including enacting a mandatory national food fortification law in the country. WHO has supported Federal Ministry of Health in updating its National Nutrition Policy for 2021-2025. The policy was updated with technical contributions from other UN agencies and nutrition partners. WHO has supported the operationalization of the Scaling Up Nutrition (SUN) Civil Society Network in Sudan as part of its support of other SUN networks.

Approximately 15–20% of children under five with severe acute malnutrition are likely to develop medical complications and require inpatient treatment in stabilization centres. In 2020, 144 centres were functional nationwide to provide treatment for children with medical complications. These centres treated 38,399 children under the age of five. WHO supported the treatment of severe acute malnutrition with medical complications through capacity-building of staff, provision of medical and lab supplies and medical and nonmedical equipment, treatment guidelines, job aids, IEC materials and rehabilitation to improve the quality of inpatient care in the country.

WHO also supported nutrition services in the newly accessible areas (Laiba Stabilization centre in East Jabel Marra) in South Darfur. A stabilization centre was established based on the urgent need identified by the Government and nutrition sector to provide nutrition and life-saving support to malnourished children under five. No other partner was active in the area, and WHO supported the area in the establishment of the centre. On an annual basis, the centre supports the needs of more than 1300 children with severe acute malnutrition with medical complications via inpatient care at the centres. WHO and the Federal Ministry of Health have jointly worked together in strengthening the nutrition surveillance system using the existing nutrition data, and bulletins are being produced on a regular basis. In 2022, WHO provided medical and laboratory supplies to 48 stabilization centres and renovated nine stabilization centres in various states.