



SUDAN
NUTRITION
SECTOR

SUDAN NUTRITION CRISIS

ADVOCACY BRIEF

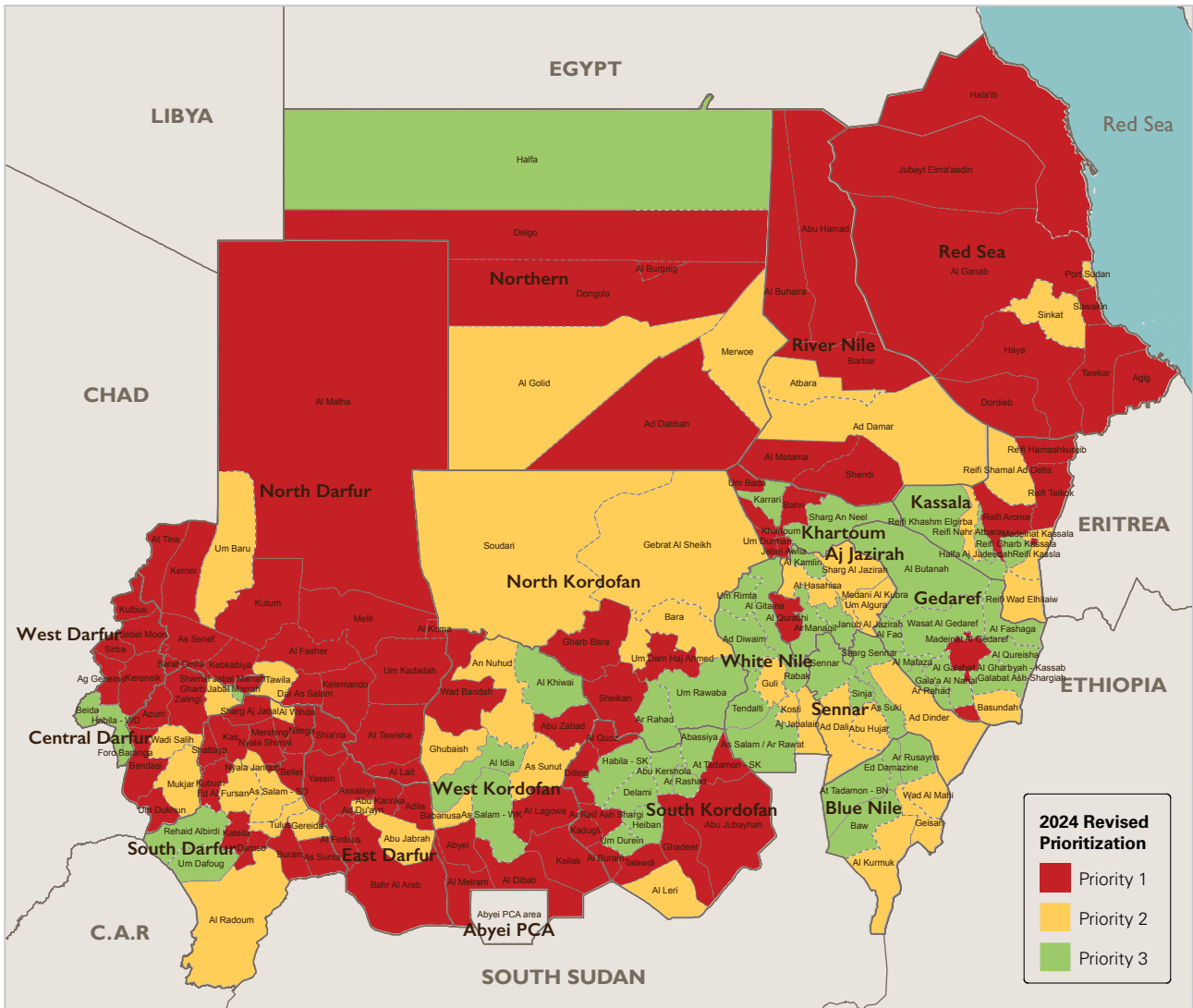


KEY HIGHLIGHTS

- The nutritional situation in Sudan was already grave before the outbreak of the conflict one year ago. Since then, **humanitarian conditions have further deteriorated leading to massive population displacement, limited and disrupted access to basic services, disease outbreaks, and worsening food and water security.** Each of these poses a major threat to the lives of millions of children under 5 years of age as well as pregnant and breastfeeding women and girls, who are the most vulnerable to wasting (acute malnutrition).
- The Integrated Food Security Phase Classification (IPC) December 2023 projections indicated that 17.7 million people faced IPC phase 3 or above (crisis-IPC phase 3 and emergency-IPC phase 4)¹ alongside 65 per cent of the population who had no access to health services between October 2023 and February 2024. However, the situation has deteriorated beyond this. Levels of global acute malnutrition (GAM) have already crossed the emergency thresholds in some areas, even before the lean season which traditionally is a time of higher nutrition vulnerability. **The number of people (women and children) in need of nutrition assistance is now projected to be 4.9 million (22 per cent higher than the same period in 2023), the highest ever estimate for Sudan.** Without timely intervention, the number of children under 5 at risk of GAM could spiral to 3.66 million before the end of 2024. This includes 730,000 with severe acute malnutrition (SAM), the most life-threatening form of malnutrition; of which over 109,000 have medical complications and need specialized care.
- Despite the **critical need for humanitarian access to facilitate timely needs assessments and evidence-based responses,** security and administrative hindrances are making it difficult to reach most areas.
- Of the 190 localities in Sudan, 93 have the highest priority for nutrition interventions (see *Figure 1*). **There is urgent need to scale up lifesaving nutrition services as part of the famine prevention plan** being developed by the nutrition cluster.
- **Additional flexible and multi-sectoral funding** is urgently needed to prevent the nutritional deterioration and mortality by acting on the drivers of acute malnutrition as well as meet the growing needs. The 2024 Nutrition Cluster Humanitarian Response Plan (HRP) funding requirement that was initially estimated in December at US\$ 350M, has now increased to US\$ 454 M to support the famine prevention plan. Sudan's neighbours also are grappling with a rising influx of refugees, while continuing to face their own complex and lingering crises. An estimated two million Sudanese have fled the country and are facing multiple nutritional and other deprivations.

1 The IPC acute food insecurity classification phase 1 signifies minimal or none, phase 2 signifies stressed, phase 3 crisis, phase 4 emergency and phase 5 catastrophe/ famine.

FIGURE 1:
PRIORITY LOCALITIES FOR NUTRITION INTERVENTIONS IN SUDAN



(Source: Nutrition Cluster)

4.9 million

ACUTELY MALNOURISHED CHILDREN, AND PREGNANT & BREASTFEEDING WOMEN IN NEED OF LIFE SAVING NUTRITION INTERVENTION

24%

1.2 million

ACUTELY MALNOURISHED PREGNANT AND BREASTFEEDING WOMEN

75%

3.66 million

OF CHILDREN UNDER 5 AT RISK OF GAM BEFORE THE END OF 2024. INCLUDING 730,000 WITH SEVERE ACUTE MALNUTRITION (SAM), THE MOST LIFE-THREATENING FORM OF MALNUTRITION

US\$ 454 million

THE 2024 NUTRITION CLUSTER HUMANITARIAN RESPONSE PLAN (HRP) FUNDING REQUIREMENT ESTIMATE **INCREASED FROM US\$ 350M** TO SUPPORT THE FAMINE PREVENTION PLAN



THE SITUATION

Several nutrition and mortality surveys have been conducted in the (December 2023 to March 2024) covering eight localities in four states (Blue Nile, Gedaref, Central Darfur and Kassala) and one internally displaced people (IDP) camp in North Darfur. Furthermore, the recent World Food Programme-led Comprehensive Food Security and Vulnerability and Nutrition Analysis (CFSVA) included key indicators like mid-upper arm circumference (MUAC), minimum acceptable dietary and minimum dietary diversity for women and children in the survey assessments conducted between February and March 2024 in 13 states.

One of the IDP camps in North Darfur State epitomizes the crisis, with a very high proportion (23.1%) of children 6-59 months suffering from GAM, including 7.1 per cent from SAM. Additionally, 40 per cent of pregnant and breastfeeding women exhibit malnutrition, indicating widespread vulnerability. Alarming high mortality rates above the emergency thresholds² further underscore the need for urgent intervention, with 2.5 deaths per 10,000 individuals and 2.3 deaths per 10,000 children under 5 (all causes) reported daily. Moreover, a recent MUAC assessment from the CFSVA shows a proxy GAM of 14.4 per cent in Red Sea and 8.8 per cent in West Darfur. The data only covers accessible areas in West Darfur.

The nutrition situation is reported to be further worsening. Four out of the eight SMART³ surveys conducted between December 2023 to March 2024 point to a deteriorating nutrition situation compared to survey results conducted in the last five years (see Figure 2). For example, in the survey results in Blue Nile (Baw and Geisan localities) and Telkok in Kassala, the acute malnutrition prevalence either tripled or doubled. In Central Darfur (Zalingei locality) where the survey was conducted in March 2024, the prevalence of acute malnutrition has been estimated at 15.6 per cent and remains above World Health Organization emergency thresholds.

These SMART surveys also highlighted elevated levels of children under 5 suffering from one or more diseases, particularly in Blue Nile (64.6% in Geisan and 74.2% in Baw) as compared to Gedaref State (31.4% in Sharg El Galabat and 37.9% in El Quresha) and Kassala State (45.9% in Wad El Helew and 44.8% in Telkok). Age-appropriate dietary diversity in children aged 6-23 months ranged from 24.3 per cent (Baw locality) to 42.4 per cent (Al Qureisha locality).

Acutely malnourished children and pregnant and breastfeeding women are at greater risk of contracting or dying from serious illnesses. Malnutrition weakens the body's immunity and increases the risk of contracting disease, which can lead to various complications and even death. Malnourished children are more likely to die from diarrhoea, pneumonia and measles, especially when they have no access to vital health services.

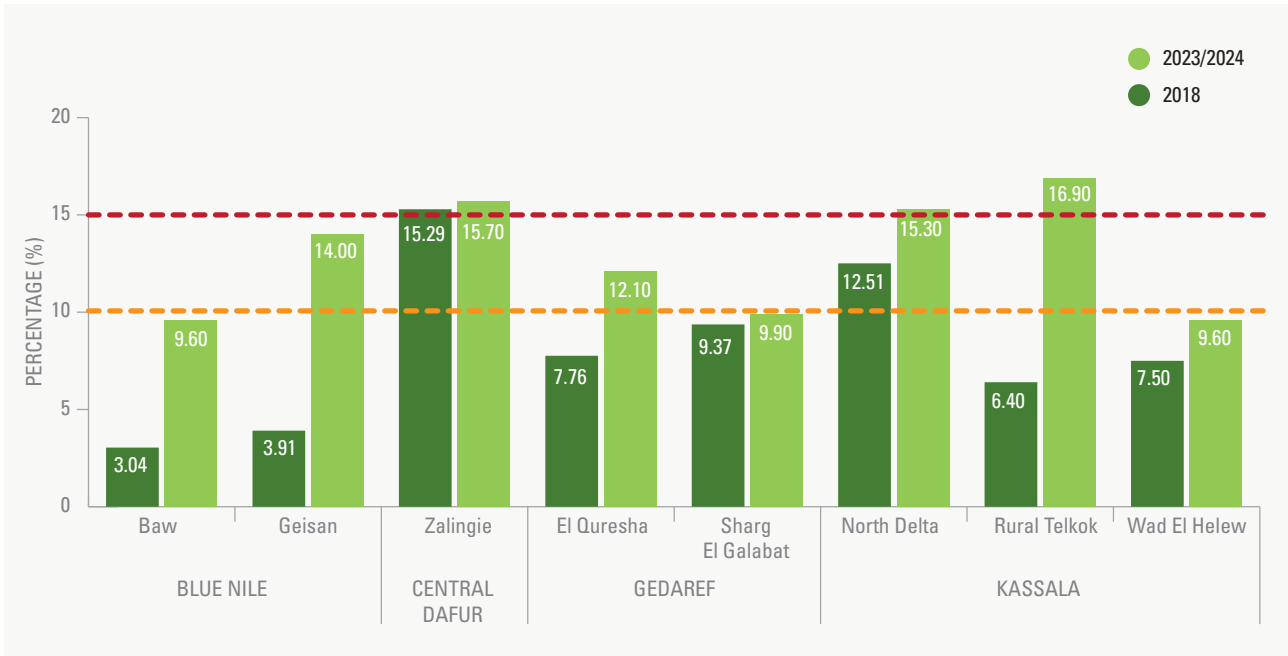
THE ACUTE MALNUTRITION PREVALENCE EITHER TRIPLED OR DOUBLED

BLUE NILE				KASSALA	
BAW		GEISAN		TELKOK	
3.04%	9.06%	3.91%	14.00%	6.40%	16.90%
2018	2023 / 2024	2018	2023 / 2024	2018	2023 / 2024

² One death per 10,000 people per day and 2 deaths per 10,000 children under 5 per day.

³ Standardised Monitoring and Assessment of Relief and Transitions (SMART) is a methodology for nutrition survey design and anthropometric assessments conducted by cluster partners.

FIGURE 2:
COMPARISON OF CHANGE IN PREVALENCE OF ACUTE MALNUTRITION IN EIGHT LOCALITIES IN SUDAN, 2018 – 2023/24



(Source: Nutrition Cluster)



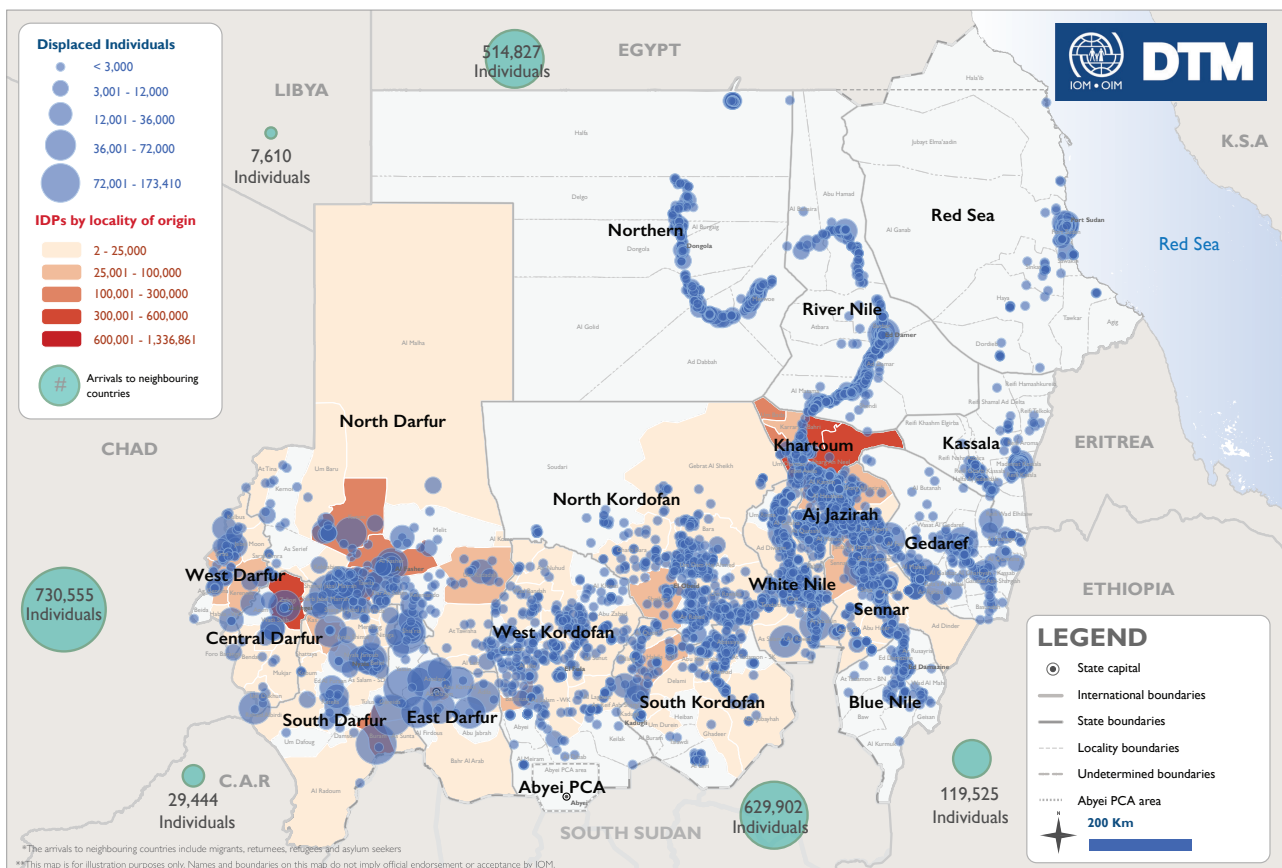
DRIVERS

Nutrition is multidimensional by nature. The decline in food security and the rise in diseases compounded by lack of access to basic services and humanitarian assistance are the key drivers of acute malnutrition, especially in conflict-affected areas. Though hampered access has hindered humanitarian assessments, all reports indicate a worsening situation in the drivers of acute malnutrition.

Conflict and displacement:

The conflict that erupted on 15 April 2023 has significantly impacted multiple determinants of malnutrition including disruption to health, limited access to water, sanitation and hygiene (WASH), food, and social protection systems. Household food production and livelihoods have been severely disrupted resulting in increased vulnerability to malnutrition. Sudan also is facing one of the worst displacement crises worldwide, with more than 6.6 million people internally displaced, many of them multiple times (*see Figure 3*). The highest proportions of IDPs were observed across South Darfur (11%), River Nile (11%), and East Darfur (10%). The majority of IDPs (66%) were reportedly living with host communities, often because of existing tribal ties and social connections, which could spark tensions due to limited and shared resources. Approximately two million have crossed the border to Chad, South Sudan, Egypt, Ethiopia, Central African Republic and Libya. Conditions of the displaced populations are increasingly dire because of the ongoing insecurity that limits household mobility, access to food and income sources and deteriorates the purchasing power of households. The already poor access to improved drinking water sources prior to the conflict has worsened with the breakdown of operation and maintenance mechanisms, increasing the risk of water-borne disease. Extreme WASH conditions thus are contributing to high levels of morbidity and malnutrition. The conflict has also exacerbated the risk of gender-based violence for young girls, pregnant and breastfeeding women.

FIGURE 3: DISPLACEMENT ACROSS SUDAN AND INTO NEIGHBOURING COUNTRIES AS AT 29 MARCH 2024



Food insecurity:

According to the IPC-AFI analysis⁴, a total of 17.7 million people across Sudan (37% of the analysed population) are estimated to have high levels of acute food insecurity, classified in IPC Phase 3 or above between October 2023 and February 2024. According to the IPC alert released on 29 March, the situation may have further deteriorated beyond initial estimates as the conflict has had impact beyond the initial assumptions. A total of 15 localities in greater Darfur and 10 localities in greater Kordofan are classified in Phase 4 (emergency) due to conflict, low production, high prices and limited humanitarian access for vulnerable people in need of assistance. The recent expansion of frontlines in the south east impacted traditionally high cereal production and national grain storage areas. For example, attacks in mid-December on Wad Madani and surrounding towns in Al Jazirah interrupted the main harvesting season of sorghum and millet, worsening production expectations to 46 per cent lower than the previous year, with yield reductions up to 80 per cent in greater Kordofan and greater Darfur. In West Darfur State, insecurity during the planting season has led to complete crop failure. Food insecurity is projected to further deteriorate with the early onset of the lean season in March/April.

Disrupted Health system and disease outbreaks:

ELEVATED LEVELS OF CHILDREN UNDER 5 SUFFERING ONE OR MORE DISEASES

BLUE NILE		GEDAREF		KASSALA	
64.60% GEISAN	74.20% BAW	31.40% SHARG EL GALABAT	37.90% AL QUREISHA	45.90% WAD EL HELEW	44.80% TELKOK

As a result of the conflict, about 65 per cent of the population lacks access to healthcare across Sudan. In Khartoum and the Darfur states, health infrastructure has been massively destroyed and looted, with between 70 – 80 per cent of health facilities currently reported as nonfunctioning. The disruption of the health system has impacted the entire country due to the heavy reliance on Khartoum. Medical supplies in the country are estimated at about 25 per cent of the need. Disease outbreaks are increasing in the face of disruption to basic public health services, including a 50 per cent decrease in vaccination coverage and 60 per cent decrease in maternal, newborn and child health services coverage. In addition, disease surveillance, public health laboratories and rapid response mechanisms have been negatively impacted. Since the onset of the conflict, about 5,000 cases of measles have been reported across Sudan, with 106 deaths (Case Fatality Rate 2.27%) although this represents only data from accessible areas with a likelihood of much higher numbers in hard-to-reach areas. There have also been measles and other outbreaks in areas hosting large numbers of displaced children. The cholera outbreak continues despite efforts to control it, with 11,035 suspected cases, including 307 associated deaths (CFR 2.78%), reported from 64 localities of 12 states in 2023. Furthermore, malaria outbreaks could increase mortality among anaemic individuals.



⁴ Integrated Food Security Phase Classification Sudan: Acute Food Insecurity Projection - Update for October 2023 - February 2024.

HUMANITARIAN ACCESS



Delivery of life-saving assistance to those trapped in conflict hotspots has been hampered by the complex operating environment, marked by extended insecurity and bureaucratic impediments (United Nations Office for the Coordination of Humanitarian Affairs, February 2024).

Access challenges have impacted the delivery of supplies and movement of humanitarian workers thus disrupting service delivery in areas that need it the most. Significant stock outs were already recorded in the last year thereby obstructing an effective and timely response to the increasing nutrition needs. Even in partially accessible areas, access to nutrition services (targeted supplementary feeding programmes (TSFP), outpatient therapeutic programmes (OTP) & stabilization centres (SC)) remains challenging with many localities facing disruption and a lack of human resource due to delayed salary payments. Out of the 161 existing stabilization centres, only 104 in 18 states are fully functional and able to provide life-saving treatment to children who have SAM with medical complication. Similarly, of 1,885 OTPs, 1,486 are functional while out of 1,400 TSFPs, less than half (559) are functional with most of the non-functional facilities in the conflict hotspots of Darfur and Khartoum. Additionally, recent telecommunication outages have severely impacted large swathes of the country, hindering humanitarian programming including cash transfers as well as timely reporting, and further complicating awareness of and response to the evolving nutrition situation.

Furthermore, access challenges are also limiting the response to key underlying determinants of malnutrition including food assistance. For example, only 1 in 10 people facing emergency levels of hunger in conflict hotspots are reached regularly with food aid, including in Khartoum, Darfur, Kordofan, and most recently Gezira. In late March, cross-border access was granted from Chad into Darfur for the first time in six months, resulting in food and nutrition assistance for around 250,000 people in North, West and Central Darfur.

With respect to life saving nutrition interventions, only 114,930 children with severe acute malnutrition, representing 42 per cent of the target in Darfur, Kordofan and Khartoum were reached with treatment services in 2023, most of whom accessed treatment during the first quarter before the conflict erupted. The corresponding coverage for moderately malnourished children was just 4 percent.

Limited assistance in the face of worsening underlying factors such as food insecurity, inadequate diets and disease would significantly hasten the looming nutrition crisis across Sudan. Access to health and WASH services also remains a major concern, particularly the omnipresent risk of epidemics among displaced people and host communities.

ONLY

64.5% (104/161)

STABILIZATION CENTRES IN 17 STATES ARE FULLY FUNCTIONAL AND ABLE TO PROVIDE LIFE-SAVING TREATMENT TO CHILDREN WHO HAVE SAM.

ONLY

78.8% OTPs AND 39.9% TSFPs

ARE FUNCTIONAL WITH MOST OF THE NON-FUNCTIONAL FACILITIES IN THE CONFLICT HOTSPOTS OF DARFUR AND KHARTOUM.

ONLY

42% CHILDREN WITH SEVERE ACUTE MALNUTRITION AND 4% MODERATELY MALNOURISHED CHILDREN

IN DARFUR, KORDOFAN AND KHARTOUM **REACHED WITH TREATMENT SERVICES IN 2023.**




NUTRITION OUTLOOK

The complex nature of the emergency in Sudan points to a high likelihood of rapid deterioration in the nutrition situation over the coming weeks as the lean season progresses particularly in the most inaccessible areas. The scale of needs is enormous, with the nutrition cluster having identified 93 very high priority localities, and a further 46 high priority out of the 190 localities in Sudan, based on triangulation of the IPC results, the nutrition situation, and the levels of displacement. This therefore calls for urgent scale up of the humanitarian response through a no-regrets approach for famine prevention. Humanitarian access remains pivotal for effective and timely implementation of response actions at scale.

Adequate humanitarian funding for the four life-saving sectors - nutrition, food security, WASH and health - could significantly increase the level of humanitarian operations and save lives of millions of children and pregnant and breastfeeding women, who are major risk now and in the months to come.

SUDAN

NUTRITION CRISIS 2024

ABOUT
3.66 million
CHILDREN

aged 6-59 months are acutely malnourished in Sudan. This includes 730,000 children currently suffering from life-threatening severe acute malnutrition. Without urgent care and treatment, they are at high risk of death.

This is a joint appeal of the Nutrition Cluster highlighting the dire situation, the impending risk during the upcoming lean season and the urgent action required to save the lives of millions of women and children in Sudan.



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