Sudan

Overview

Malnutrition status

Sudan is on course to meet the global target for infant exclusive breastfeeding, but is off course to meet the targets for all other indicators analysed with adequate data. There is insufficient target data to assess Sudan's progress for low birth weight.

Sudan experiences a malnutrition burden among its under-five population. As of 2014, the national prevalence of under-five overweight is 3%, which has increased slightly from 1.5% in 2010. The national prevalence of under-five stunting is 38.2%, which is greater than the developing country average of 25%. Sudan's under-five wasting prevalence of 16.8% is also greater than the developing country average of 8.9%.

In Sudan, 54.6% of infants under 23 months are exclusively breastfed. There is insufficient data on low birth weight.

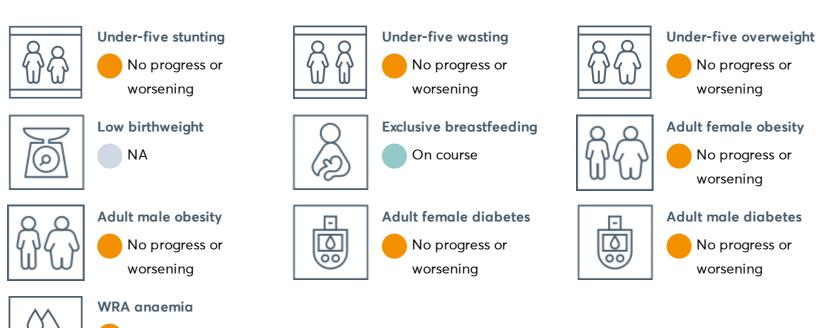
Sudan's adult population also face a malnutrition burden. While there is no prevalence data available for anaemia among women of reproductive age, 9.5% of adult women suffer from diabetes, compared to 8.3% of men. Meanwhile, 12.4% of women and 3.8% of men suffer from obesity.

Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, UNICEF/WHO Low birthweight estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory.

Notes: Data on the adult indicators are based on modelled estimates.

Progress against global nutrition targets 2018

No progress or worsening



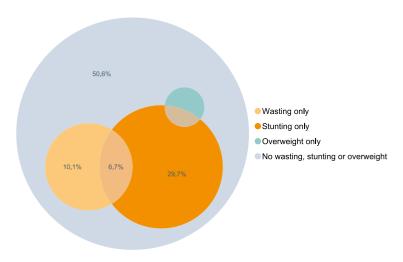
Sources: UNICEF global databases Infant and Young Child Feeding, UNICEF/WHO/World Bank Group: Joint child malnutrition estimates, NCD Risk Factor Collaboration, WHO Global Health Observatory and Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: WRA = Women of a reproductive age; NA = not applicable. The methodologies for tracking differ between targets. Data on the adult indicators are based on modelled estimates.

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Infant and child (under-five) status

Under-five coexistence of wasting, stunting and overweight



Sources: UNICEF, Division of Data Research and Policy (2019). UNICEF Global Databases: Overlapping Stunting, Wasting and Overweight, January 2019, New York.

Notes: Percentage of children under-five years of age who experience different and overlapping forms of malnutrition.

Low birth weight



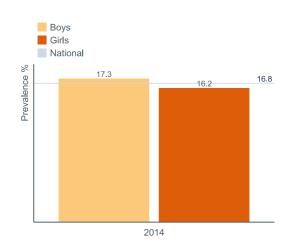
Source: UNICEF/WHO Low birthweight estimates, 2019 edition

Children (under-five) nutrition status

Wasting by gender

Stunting by gender

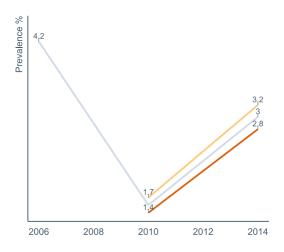
Overweight by gender



% 9 40.3 40.3 38.3 36.3 36.1

2010

2012



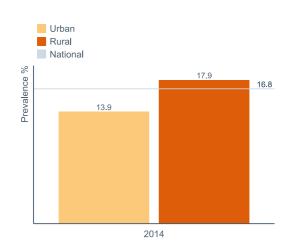
Wasting by location

Stunting by location

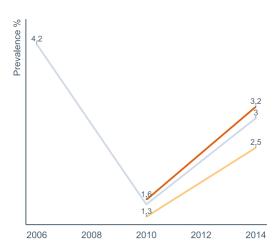
2008

2006

Overweight by location



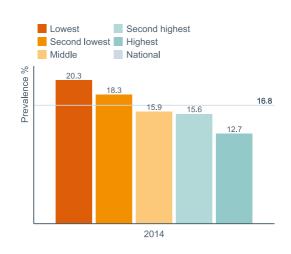




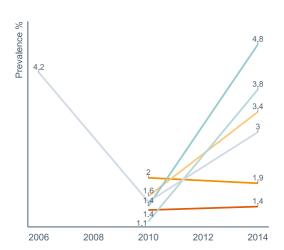
Wasting by income

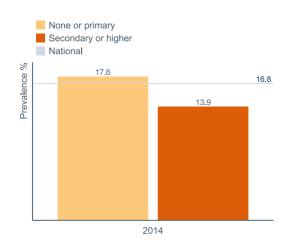
Stunting by income

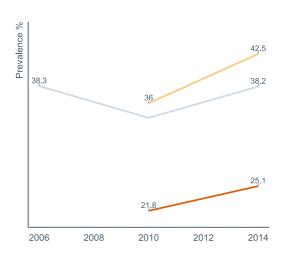
Overweight by income

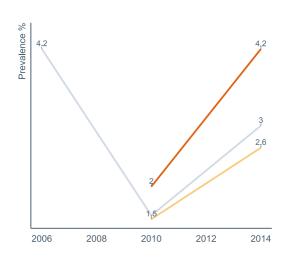










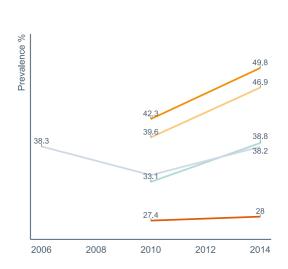


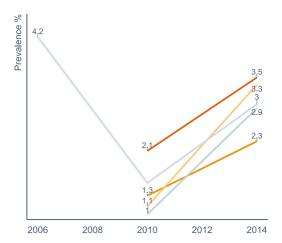
Wasting by age

Stunting by age

Overweight by age



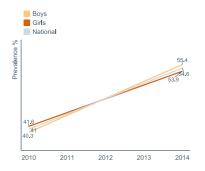




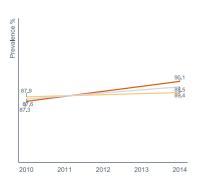
Sources: UNICEF/WHO/World Bank Group: Joint child malnutrition estimates.

Infant and child (under-five) feeding over time

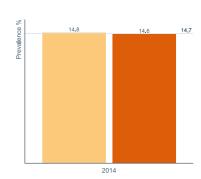
Exclusive breastfeeding by gender



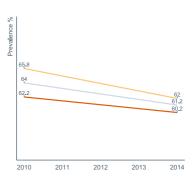
Continued breastfeeding at 1 year by gender



Minimum acceptable diet by gender



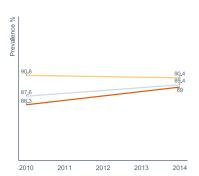
Introduction to solid, semi-solid or soft foods by gender



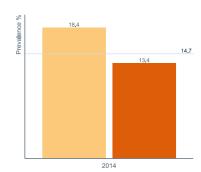
Exclusive breastfeeding by location



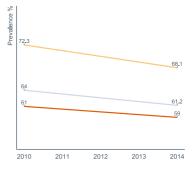
Continued breastfeeding at 1 year by location



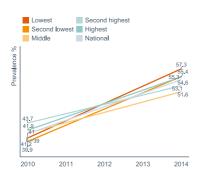
Minimum acceptable diet by location



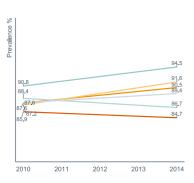
Introduction to solid, semi-solid or soft foods by location



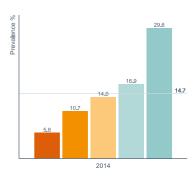
Exclusive breastfeeding by income



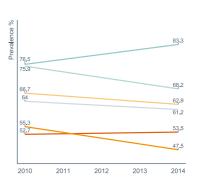
Continued breastfeeding at 1 year by income



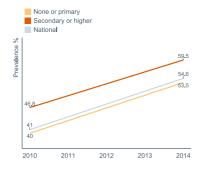
Minimum acceptable diet by income



Introduction to solid, semi-solid or soft foods by income



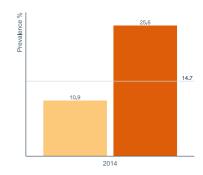
Exclusive breastfeeding by mother's education



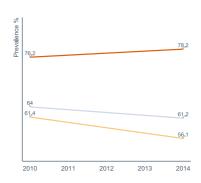
Continued breastfeeding at 1 year by mother's education



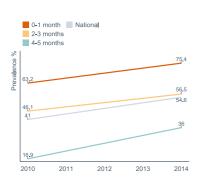
Minimum acceptable diet by mother's education



Introduction to solid, semi-solid or soft foods by mother's education



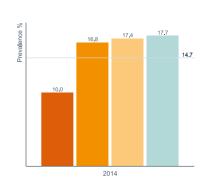
Exclusive breastfeeding by age



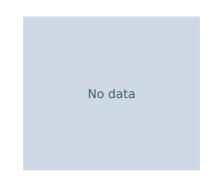
Continued breastfeeding at 1 year by age



Minimum acceptable diet by age

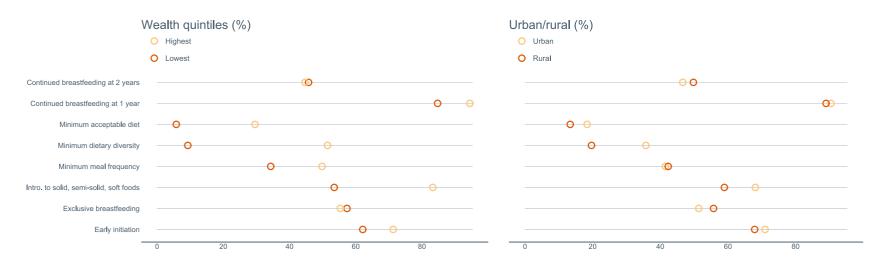


Introduction to solid, semi-solid or soft foods by age



Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

Infant and young child feeding



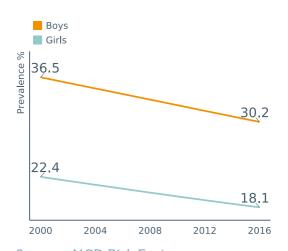
Sources: UNICEF, Division of Data Research and Policy (2019). Global UNICEF Global Databases: Infant and Young Child Feeding: Exclusive breastfeeding, Predominant breastfeeding, New York, May 2019.

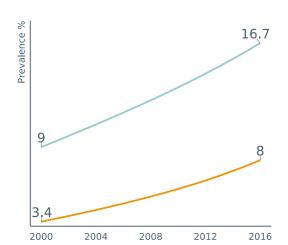
Children and adolescent (aged 5-19) nutrition status

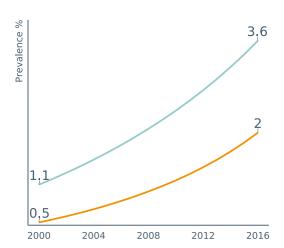
Ages 5-19 by gender: underweight (%)

Ages 5-19 by gender: overweight (%)

Ages 5-19 by gender: obesity (%)





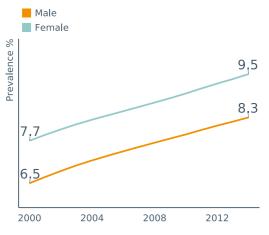


Sources: NCD Risk Factor

Collaboration.

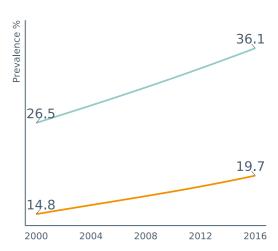
Adult nutrition status

Adult by gender: diabetes (%)

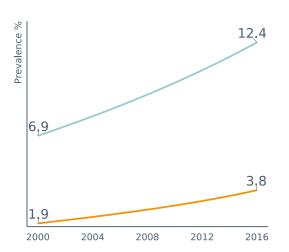


Sources: NCD Risk Factor Collaboration.

Adult by gender: overweight (%)



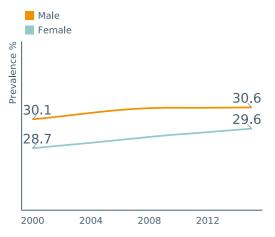
Adult by gender: obesity (%)



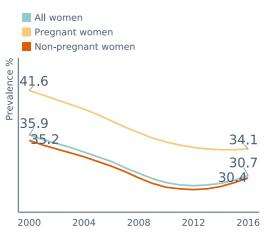
Adult by gender: raised blood pressure (%)

Adult: anaemia in WRA (%)

Adult: sodium intake (grams per day)

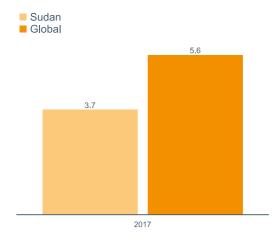


Sources: NCD Risk Factor Collaboration.



Source: WHO Global Health Observatory.

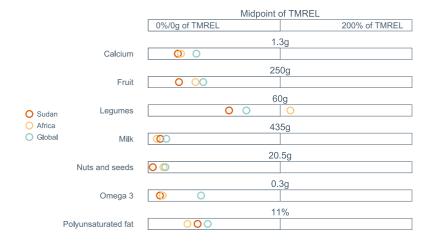
Notes: WRA = women of reproductive

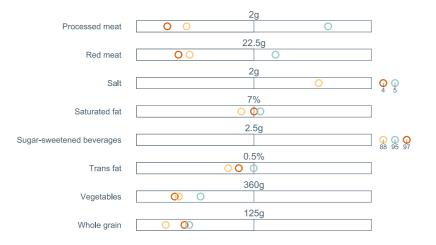


Source: Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Dietary needs

Consumption of food groups and components, 2016





Sources: TMREL = theoretical minimum risk of exposure level. Global Burden of Disease, the Institute for Health Metrics and Evaluation.

Notes: Men and women aged 25 and older.

Intervention coverage

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 0-59 months with diarrhoea who received zinc treatment	NA	NA	NA	NA

Coverage/practice indicator	Total (%)	Boy (%)	Girl (%)	Year
Children 6-59 months who received A supplements in last 6 months	NA	NA	NA	NA
Children 6-59 months given iron supplements in past 7 days	NA	NA	NA	NA
Women with a live birth in the five years preceding the survey who received iron tablets or syrup during antenatal care	NA			NA
Household consumption of any iodised salt	NA	NA	NA	NA

Sources: Huestis A. and Kothari M., based on 2016 Global Nutrition Report and UNICEF global databases, 2019.

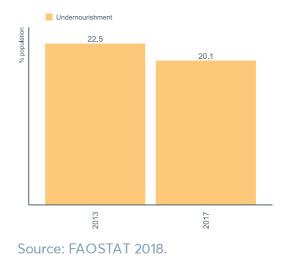
Notes: NA = not applicable. Data is compiled using STATcompiler and taken from country Demographic and Health Surveys for 2005-2018.

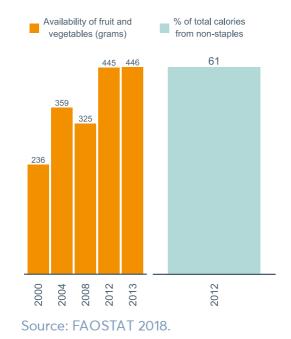
Determinants

Undernourishment (% population)

Food supply

Gender-related determinants





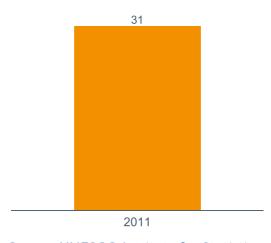
Early childbearing: births by age 18 (%) ¹	22	2014
Gender Inequality Index (score [*]) ²	0.56	2017
Gender Inequality Index (country rank) ²	139	2017

Sources: ¹ UNICEF 2018; ² UNDP 2018. Notes: *0 = low inequality, 1 = high inequality.

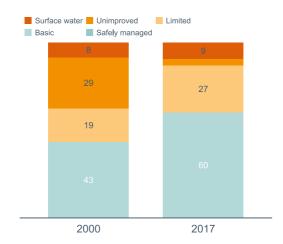
Female secondary education enrolment (net, % population)

Drinking water coverage (% population)

Sanitation coverage (% population)



Source: UNESCO Institute for Statistics 2018.



Source: WHO/UNICEF Joint Monitoring Programme 2019.

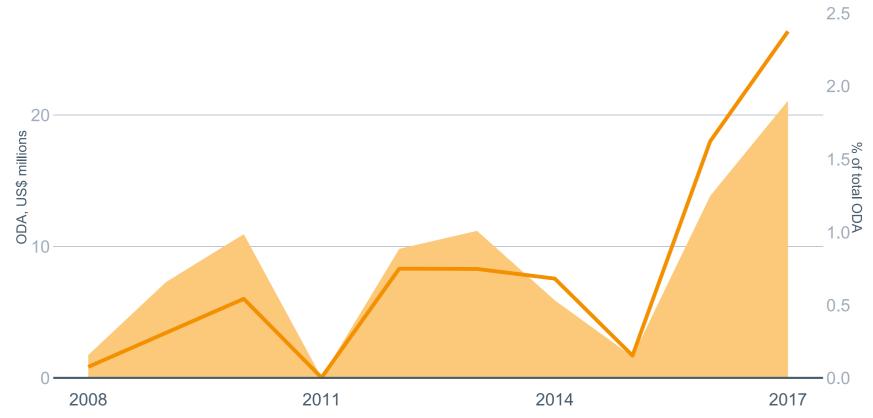


Source: WHO/UNICEF Joint Monitoring Programme 2019.

Resources, policies and targets

Development assistance

- Basic nutrition ODA received
- % of total ODA



Sources: Development Initiatives based on OECD Development Assistance Committee (DAC) Creditor Reporting System (CRS).

Notes: ODA = official development assistance. Amounts based on gross ODA disbursements, constant 2017 prices. Figure includes ODA grants and loans, but excludes other official flows and private grants.

National policies

Mandatory legislation for salt iodisation	No
Sugar-sweetened beverage tax	No
Food-based dietary guidelines	NA
Policy to reduce salt consumption	No
Operational policy, strategy or action plan to reduce unhealthy diet related to NCDs	No
Operational, multisectoral national NCD policy, strategy or action plan	No
Operational policy, strategy or action plan for diabetes	No
Policy to reduce the impact on children of marketing of foods and beverages high in saturated fats, trans-fatty acids, free sugars or salt	No
Policy to limit saturated fatty acids and virtually eliminate industrially produced trans-fats	No

Sources: Global Fortification Data Exchange 2018; Sugar-sweetened data prepared using data from the NOURISHING database, academic references and market reports; FAO 2018; WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review, WHO Global Health Observatory.

Notes: Add note: NA = not applicable; NCD = non-communicable disease.

Targets included in national (nutrition or other) plan

Stunting	Anaemia
Yes	No
Low birth weight	Child overweight
No	Yes
Exclusive breastfeeding	Wasting
Yes	Yes
Salt intake	Overweight adults and adolescents
No	Yes
Multisectoral comprehensive nutrition plan	
No	

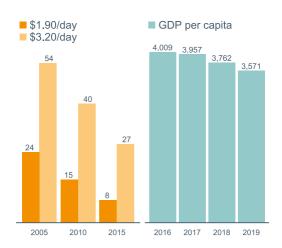
Sources: WHO Global database on the Implementation of Nutrition Action (GINA), 2nd Global Nutrition Policy Review.

Economics and demography

Poverty rates (%) and GDP (PPP\$)

Under-five mortality (per 1,000 live births)

Government revenues (\$m)

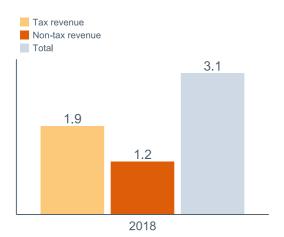


Sources: World Bank 2019, IMF World Economic Outlook Database 2019.

Notes: PPP = purchasing power parity.



Source: UN Inter-agency Group for Child Mortality Estimation 2018.



Sources: IMF Article IV staff reports (country specific) and IMF World Economic Outlook Database (April 2019).

Income inequality

Gini index score ¹	Gini index rank ²	Year
35	64	2009

Sources: World Bank 2019.

Notes: ¹ 0 = perfect equality, 100 = perfect inequality. ² Countries are ranked from most equal (1) to most unequal (120).

Population

Population (000)	41,801,533	2018
Under-five population (000)	6,246	2019
Rural (%)	65	2018
>65 years (000)	1,553	2019

Sources: World Bank 2019, UN
Population Division Department of
Economic and Social Affairs 2019.

Population density of health workers per 1,000 people

Physicians	0.28	2010
Nurses and midwives	1.16	2014
Community health workers	0.15	2004

Sources: WHO's Global Health Workforce Statistics, OECD, supplemented by country data.