

# Improve the health and nutrition of children and mothers



The absence of good health or the existence of risk factors results in increase morbidity and mortality especially among vulnerable groups mainly children and women. World Vision partners with communities to ensure they attain the highest attainable standards of health which is a fundamental human right.

## WHY HEALTH AND NUTRITION



Communicable diseases and undernutrition largely dominate Sudan's disease burden; the causes of many deaths are due to preventable and easily treatable communicable diseases.

30%

Access to quality primary health care remains one of the major challenges of the health systems. For instance, in South Darfur, where World Vision has operations, access to quality Primary Health Care (PHC) services (minimum basic health package) stands at only **30%** according to 2015 WHO's Health Resource Mapping System.

43%

Elsewhere, in Blue Nile, the 2012 health mapping exercise conducted by the Ministry of Health shows that only 23% of family health units are functional, coverage of midwives is at **43%**, community health workers are a major gap in the health human resource for health.

27%

Nutrition: United Nations Children's Fund (UNICEF's) State of the World's Children (2014) reported that Sudan has the highest prevalence of acute malnutrition in the region. The report further suggests that the coverage of treatment for acute malnutrition is very low at only **27%**. Additionally, one third of localities were found to have GAM (Global Acute Malnutrition) prevalence above 15%, which is the WHO emergency threshold for acute malnutrition.

51%

Lastly, the UNICEF's 2014 data, indicates that South Darfur state is one of five states out of 18 that carry half (**51%**) of the national burden of severe acute malnutrition.



Residents in hard to reach communities in South Darfur are attended to during a mobile clinic outreach conducted by World Vision.

## WHAT WE DO

World Vision is a key player in the health and nutrition sector in Sudan. Our interventions are geared towards reducing high rates of maternal and child morbidity and mortality.

Our interventions ensure children, both boys and girls are well nourished, are protected from infection and disease, children and caregivers access essential health services. We work alongside the government, national partner NGOs, community networks and other partners to:

- Support equipping, staffing and management of primary health care centres and mobile clinics that provide lifesaving health care for vulnerable groups especially women and children.
- Treat acute malnutrition among children, pregnant and lactating mothers.
- Support vaccination services against immunisable childhood diseases.
- Promote appropriate mother and child health care practices at the household, community and institutional levels.

- Promote appropriate feeding practices for children and mothers through nutrition support groups at the community level.
- Build capacity of Government health staff and community resource persons to undertake health and nutrition interventions at the primary health care level.
- Strengthen early warning, preparedness and response to public health threats and mitigating impact of communicable disease outbreaks.



World Vision sensitises communities on the importance of vaccination against immunisable diseases.



World Vision aspires to all children enjoying good health and reaching their full potential.

## OUR STRATEGY

Improving the health and the nutrition status of vulnerable children (0-59 months) and women of productive age is one of World Vision's priority objectives in the 2016-2020 strategy.

In particular, our focus is in improving access to essential Maternal, Newborn and Child Health (MNCH) and emergency health services for the most vulnerable populations. World Vision utilises the 'timed' and 'targeted' Counselling (ttC) model as a tool to extend maternal, newborn and child health care counselling to households. It is designed to promote healthy practices at the level of individuals and their immediate families through home visits. Reference: <http://www.wvi.org/health/timed-and-targeted-counseling-ttc>

## KEY PARTNERS

UN agencies i.e. UNICEF, WHO, UNFPA, UNAIDS and WFP; Government of Sudan through the Ministry of Health; national NGOs and community networks; Donors i.e. ECHO, OFDA, DFTAD, DFID, and Government of Germany (GOG).



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## KEY FACTS

- **Total population:** 38,764,000 of which, 18,135,000 are children under the age of 18 and 5,722,000 are under five.
- **Under -5 mortality rate:** 68 per 1,000 live births (Multi-Indicator Cluster Survey 2014).
- **Stunting prevalence:** 38.2% (Multi Indicator Cluster Survey 2014).
- **Wasting prevalence:** 16.3% (Multi-Indicator Cluster Survey 2014).
- **Antenatal care coverage:** 50.7% (Multi-Indicator Cluster Survey 2014).
- **Immunisation coverage:** 38.5% of children aged 12-23 months (Sudan Multi-Indicator Cluster Survey 2014).

LEARN MORE: [www.wvi.org/Sudan](http://www.wvi.org/Sudan)

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