## Goals

### Goals, objectives or targets related to nutrition:

#### Policy goal

In order to maximize contributions to economic growth as well as promote personal well-being, Sudan’s government and its many partners will strive to improve nutrition in the whole population.

This can only be done successfully by challenging the food and trade sectors to make healthy and affordable food products available to and accessible by all; by encouraging the health and education sectors and the media to instruct in and advocate for appropriate diets; and by ensuring that health services have adequately skilled staff, resources and partners to help the nutritionally disadvantaged back to happier, more productive lives.

A Strategy for achieving all these outcomes, from Sudan’s low starting-point, will stretch over two decades. The attached Strategy for the first five-year period, 2006-2010, will map out the actions needed in order to proceed to subsequent multisectoral Strategies, under this or future Nutrition Policies. The 2006-10 Strategy will outline the programme context for the emergency work which is currently the primary focus of interest of international nutritionists in Sudan. It will also make clear the roles of nutrition in minimizing HIV-prevalence and in the treatment of AIDS.

Sudan’s nutrition coordinators are the National Nutrition Directorate in the Ministry of Health in Khartoum, and the Nutrition Department in the Ministry of Health in Juba. The Federal Government’s Council of Ministers has decided that health is the primary home of nutrition. However nutrition can with time have greater influence, also beyond the health sector. The 2006-2010 Strategy is consequently built around developing the profile and reach of these Sudanese nutritionists, with a view to their leading the multisectoral nutrition strategies of the future.

#### Policy objectives: shared responsibilities, shared benefits

The five key objectives of the policy are:

- Reverse the current deterioration in nutritional status, among various population groups, of all ages; and gradually improve it, particularly among the physiologically vulnerable.
During the short-term improvements brought about by emergency interventions, increase local skills and develop adequate programmes to sustain the improvements. Sudan needs to upgrade and expand emergency staff in both publicly and privately-funded programmes and those liaising between sectors. Also needed are discussions on the requirements for managing nutrition-related emergency activities, and ensuring adequate capacity-building for Sudanese to meet the specifications for such management posts.

Expand nutrition resources for state- and local-level activity, both human and financial. Capacity-building and the working environment in the federal system will need to improve, with local teams adapting and developing programmes appropriate to local needs. Funding will be required for this upgrading.

Actors across the sectors will talk together and coordinate activities. Sudan will need a broad nutrition forum, or a series of formal and informal fora, in which the implications of this policy can be discussed along with other nutritional issues between those working in many sectors. To enhance coordination, an oversight body to monitor the level of activities outlined in the Strategy and to propose relevant changes will be needed, and proposals for this could emerge from the different level of fora.

Mainstream nutritional status as a key development indicator during Recovery and Reconstruction. Monitoring in Sudan will correlate various nutrition indicators with those of improved health, rising incomes, economic and social growth.

### Strategies

#### Strategies and activities related to nutrition:

**Nutrition-in-Health strategies - (NH) Titles and Rationales**

- **NH 1 Supporting good food, health and care in the family:** As the context for most meals and health care, the family is the main influence on individual nutrition behaviour. Ensuring that this influence is as healthy as possible provides each member with the basis for his/her food and diet choices, also in adversity and humanitarian contexts.

- **NH 2 Nutrition in crises:** During natural disasters, displacement and conflict, as well as in medical crises like AIDS in the family, it is family units who are able to stay together who are best able to maintain health and nutritional levels. Their own strategies under stress, for finding drinking water, and for getting, preparing and eating food they know, will need supporting. When one or more family members becomes malnourished, s/he should as far as possible be able to get help while remaining together with his/her family. People separated from their families may need special support.

- **NH 3 Pre-marital and newlywed nutrition:** Small babies are less healthy and at greater risk of early death or of illness in adulthood. Young men and women both need to know that prospective mothers must be well-nourished in order to have healthy babies. They and their families may need support in order to put good nutrition for prospective mothers into practice.

- **NH 4 Pregnancy, lactation and nutrition:** Small babies are less healthy and at greater risk of early death or of illness in adulthood. The mother herself needs reserves of strength and energy. All family members should be aware of this and encourage her to eat well. Where eating well during pregnancy is difficult, support and advocacy in the local community contributes to healthy outcomes. All family members should encourage lactating mothers to eat well. Where eating well during lactation is difficult, support and advocacy in the local community contributes to healthy outcomes.

- **NH 5 Nutrition at birth:** New babies belong with their mothers, and both may need help to start breastfeeding soon after birth. Babies who are exclusively breastfed for the first few months thrive more, and their mothers return to normal health quickly.

- **NH 6 Infants and nutrition:** Low birth weight pre-disposes infants to poor health. Breast-milk is the best food for infants under 6 months (even for infants with HIV+ mothers) since it contains immunising and other protective ingredients. If infant growth falters significantly after 6 months, the carer may need supporting with relevant advice and directing to nutritious weaning products.
- **NH 7 Young children and nutrition**: By the age of 6 months infants are already becoming interested in foods in addition to breastmilk. These need to be as nourishing as possible if child growth is to be given the best chance. Carers may need advice on weaning preparations and the introduction of solid foods.

- **NH 8 Pre-schoolers, school-age children and nutrition**: Children at school need to be well-nourished in order to stay awake and learn attentively, as well as to walk to and from school and do their home chores properly. Those children kept at home need to be well-nourished to do their home chores properly.

- **NH 9 Adolescents and nutrition**: Adolescent growth is not as rapid as that of infants, but the development of critical potential takes place, including boys? bodily strength, and girls? reproductive capacity. Good nutrition maximises these potentials.

- **NH10 Adult nutrition**: Most adults have families to support, and risk the well-being of their dependents if they neglect their own nutrition, particularly in a crisis (v NH 2) Any nutritional programme for other age groups should consider the nutritional situation of the relevant adult carer(s), and if they need help should also advocate on their behalf.

- **NH11 Elderly nutrition**: Many elderly work hard into old age, often supporting the social, care and even financial needs of younger members of their families. They need to eat well to do so; but both they and more sedentary elderly people have changing nutrient and food needs, not least as their digestive systems and teeth become less robust with increasing age. They and their families need to Know how to manage this well on a daily basis.

**Nutrition across sectors - (NC) Titles and Rationales**

- **NC 1 Media and nutrition**: Advertising and TV are playing an ever greater role in influencing which foods urban Sudanese look for when shopping or going out to eat, as well as which health products and remedies people try. Media influence is also growing in rural areas. The sub-strategies throughout suggest some ways the various media can access reliable information from professionals, and create the variety of collaborative partnerships that can be formed which impact positively on nutrition.

- **NC 2 Nutrition in food security**: A well-nourished, healthy workforce is a precondition for successful economic and social development, and nutritional status is internationally recognised as a key indicator of food security and national development. Agriculture and its related activities constitute a major source and often the main source of employment and income. Thus direct investment in improving the nutritional status of rural populations is likely to have a significant pay-off in raising labour productivity and incomes. National agricultural research, in its role of enhancing food production and productive capacity of a country, can benefit from information about the specific nutritional needs of populations in order to contribute towards the nutritional well-being and productive capacity of the agricultural work force. Nutrition is also a major factor in deciding when food is needed to support hungry people, and what types of food the support should consist of.

- **NC3 Water, sanitation and nutrition**: More food is lost to children through diarrhoeas caused by unclean drinking water and poor sanitation than through storage losses and food spoilage. Reducing diarrhoeas and other intestinal complaints associated with poor sanitation will both improve health and save food.

- **NC4 Schools, nutrition and foods**: After the family, the school is, or should be, the best source of general knowledge about foods, diets and nutrition. Teachers, parents, pupils and the local community can all support this learning by contributing to school plots and school meals, which can in turn be used as practical examples in lessons.

- **NC5 Higher learning, Community Colleges, Nutrition teaching**: The currently limited scope of nutrition work in Sudan neither challenges nor enhances the scope and depth of nutrition teaching, learning and research in the country. As economic development refreshes perspectives on a broader spectrum of nutritional activity, medical health horizons will lift beyond the purely curative; agricultural knowledge and practice will stretch beyond a production focus; and social and cultural studies will also encompass food culture.

- **NC6 Adult and non-formal education**: Many adult learners, especially those who missed out on some years of schooling, are surprised to find that there is a great deal about foods, diet and nutrition that can be learnt. They are keen to learn and to apply what they learn immediately. This opportunity to improve nutrition habits should not be missed.
NC7 Food industry and retailing ? a healthy foods code: Rapid developments in Sudan?s food industry have seen an imbalance develop; on the one hand growing investment in and advertising for sure-sale foods and drinks with high fat/salt/sugar content, and on the other little attention to developing and promoting healthy food products. This is one factor contributing to rising rates of diabetes and heart disease in urban areas. This is now an opportunity to right the imbalance and encourage Sudan?s food industry to profit from developing the healthy eating market.

NC8 Restaurants and caterers ? a healthy eating code: The market for meals as well as products that support eating healthily will grow. Restaurants and other eating places can profit from developing this market.

NC9 Healthy institutional feeding: Sports clubs, schools, army camps, hospitals, prisons should all be budgeting for nutritional balance in the meals they provide, as well as keeping costs low.

NC 10 Monitoring nutritional impacts: Hitherto monitoring data has largely been kept by central officers and funding agencies. There is now an opportunity to make more use of this data, to inform the development of nutrition and other programmes.

NC 11 Evaluating nutritional progress: Making use of monitoring data from many sectors can give a rounded picture of how far nutritional progress develops in parallel with the impacts of relevant programmes in those sectors. This is crucial to understanding nutritional mechanisms in development, and consequently for formulating and adapting programmes in the relevant sectors in order to maximise nutritional and other impacts.

NC 12 Surveillance: Routine responses to the trigger-levels provided by nutritional status will continue to play an important role in crisis situations where speedy action is of the essence. However this limited data is insufficient for monitoring the role of nutrition in recovery, rehabilitation and development processes. A broader surveillance and more nuanced interpretation and discussion is required.

NC 13 Food safety, food quality and food hygiene: More awareness of this nutrition and health contribution to consumer protection will help raise awareness of foods and food products.

NC 14 Nutrition research and nutritional aspects of research: Many areas being researched by agriculture, education, social sciences and economics have nutritional elements.

NC 15 Nutrition competencies: Regularising the status and employability of nutritionists, and filling the quotas for government recruitment should encourage more to join the profession.

NC 16 Food and Nutrition Forum: As more nutrition work in areas other than emergencies and MCH is developed, the network of people working in nutrition in several sectors will need a forum for discussing their work and its perspectives.

NC 17 2012-2017 Policy &/or Strategy Development: Before 2012 this Policy will need reviewing to establish its level of continuing validity in the context at that time. Similarly, a new Strategy may need to highlight other priorities or be reformulated. The F&N Forum could draft terms of reference for this work and recommend people and institutions capable of doing it.

Nutrition Leadership strategies - (NL) Titles and Rationales

- NL1 Nutrition-friendly programming in health: Nutrition in Sudan should be more than a problem of malnourished children that falls to the health sector to sort out. A capable and competent nutrition leadership is urgently needed as the basis for developing support for both the NH and the NC strategies. Much learning can be done by meeting other sectors and developing their own nutrition focus with them. This work and this approach should start in Health.

- NL2 Nutrition-friendly health facilities: The ongoing process of integrating services at this level supports the involvement of nutritionists in many aspects of people?s lives and health. This can only benefit the communities using the health facilities where this is effected.

- NL3 Nutrition-friendly hospitals: When dietitians and nutritionists are involved in consultations with medical doctors, aftercare as well as in-patient care will benefit.

- NL4 Nutrition officers do nutrition; trainers do training: The broad Nutrition Policy and pro-active first five-year Strategy require
nutritionists with breadth and depth who can operate pro-actively within Health and in other sectors. While Nutritionist numbers remain inadequate, their non-nutrition work (administration, data-entry, training) should be done by others. - **NL5 Leading through advocacy in other sectors:** Thinking nutrition, broad nutrition, may be new to many; specific projects will need to be promoted by nutritionists in order to illustrate the links and the need to work inter-sectorally.

- **NL6 Focal-point nutrition:** Many sectors, and many departments in Health, will need to appoint and train a Nutrition Focal Point to liaise with nutritionists in NND and elsewhere, with a view to achieving inter-sectoral action on nutrition.

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**Policy topics:**

- Low birth weight
- Underweight in women
- Maternal, infant and young child nutrition
- Complementary feeding promotion/counselling
- Nutrition in schools
- School-based health and nutrition programmes
- Provision of school meals / School feeding programme
- Promotion of healthy diet and prevention of obesity and diet-related NCDs
- Reformulation of foods and beverages
- Media campaigns on healthy diets and nutrition
- Nutrition counselling on healthy diets
- Nutrition and infectious disease
- HIV/AIDS and nutrition
- Nutrition sensitive actions
- Food security and agriculture

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**Partners in policy implementation**

- Government
  - Health
  - Details: more Federal Ministry of Health Health: Nutrition Department in the Ministry of Health in Juba, National Nutrition Directorate in the Ministry of Health in Khartoum

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**Links**