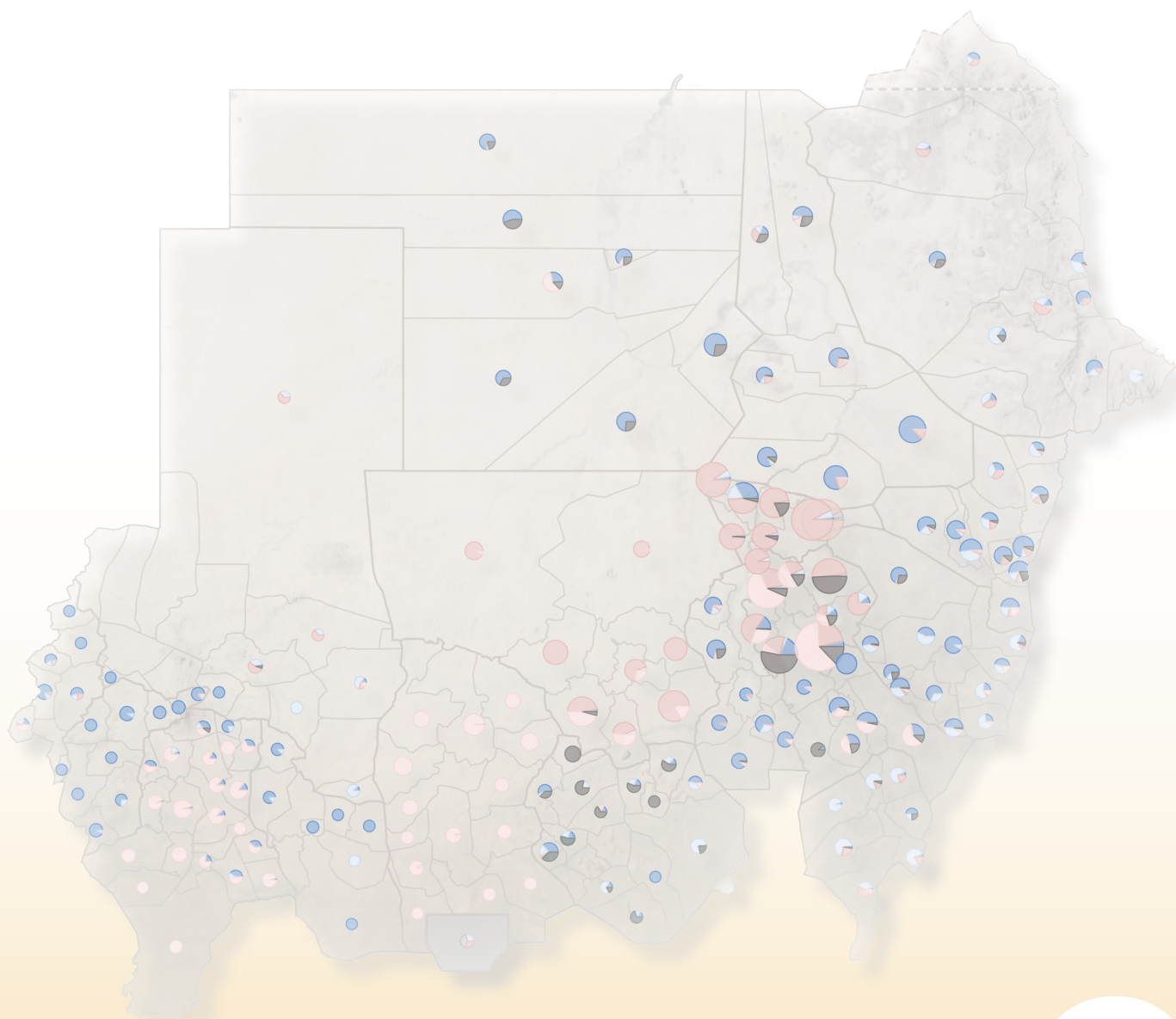




HeRAMS Sudan

Baseline report
2025



Child health and nutrition

A comprehensive mapping of availability of essential services and barriers to their provision



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HeRAMS Sudan

Baseline report

2025

Child health and nutrition

A comprehensive mapping of availability of essential services and barriers to their provision





ACRONYMS

HeRAMS	Health Resources and Services Availability Monitoring System
HSDU	Health Service Delivery Unit
IMCI	Integrated Management of Childhood Illness
ARI	Acute Respiratory Infection
CHW	Community Health Worker
IMAM	Integrated Management of Acute Malnutrition
SAM	Severe Acute Malnutrition
IEC	Information, Education, and Communication
IYCF	Infant, Young, and Child Feeding
MUAC	Mid-Upper Arm Circumference
CMAM	Community Management of Acute Malnutrition
EPI	Expanded Programme on Immunization
WHO	World Health Organization



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DISCLAIMER

Disruptions to health systems can impede provision of and access to essential health services. Communities' vulnerability to increased morbidity and mortality substantially increases when a lack of reliable information prevents sound decision-making, especially in rapidly changing environments that require continued assessment. The Health Resources and Services Availability Monitoring System (HeRAMS) aims to provide decision-makers and health stakeholders at large with vital and up-to-date information on the availability of essential health resources and services, help them identify gaps and determine priorities for intervention.

HeRAMS draws on the wealth of experience and knowledge gathered by the World Health Organization (WHO) and health sector actors, including nongovernmental organizations, donors, academic institutions and other technical bodies. It builds on a collaborative approach involving health service providers at large and integrating what is methodologically sound and feasible in highly constrained, low-resourced and rapidly changing environments such as humanitarian emergencies. Rapidly deployable and scalable to support emergency response and fragile states, HeRAMS can also be expanded to - or directly implemented as - an essential component of routine health information systems. Its modularity and scalability make it an essential component of emergency preparedness and response, health systems strengthening, universal health coverage and the humanitarian development nexus.

HeRAMS has been deployed in Sudan since 2023 and has allowed for the assessment of 4363 health service delivery units (HSDUs). This analysis was produced based on the data collected up to 01 July 2025. It is important to note that the deployment of HeRAMS is ongoing, including data verification and validation. Hence, this analysis is not final and was produced solely for the purpose of informing operations.

This is the third report of the **HeRAMS Sudan baseline report 2025** series, focusing on the availability of child health and nutrition services. It is a continuation of the first report on the operational status of the health system¹ and should always be interpreted in conjunction with results presented in the first report. Additional reports are available covering essential general clinical and trauma care services², communicable diseases services³, sexual and reproductive health services⁴, and noncommunicable diseases and mental health services⁵.

Caution must be taken when interpreting the results presented in this report. Differences between information products published by WHO, national public health authorities, and other sources using different inclusion criteria and different data cut-off times are to be expected. While steps are taken to ensure accuracy and reliability, all data are subject to continuous verification and change.

For additional information, please see <https://www.who.int/initiatives/herams> or contact herams@who.int

¹ HeRAMS Sudan baseline report 2025 - Operational status of the health system: A comprehensive mapping of the operational status of HSDUs, <https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-operational-status-of-the-health-system>

² HeRAMS Sudan baseline report 2025 - General clinical and trauma care: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-general-clinical-and-trauma-care>

³ HeRAMS Sudan baseline report 2025 - Communicable diseases: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-communicable-diseases>

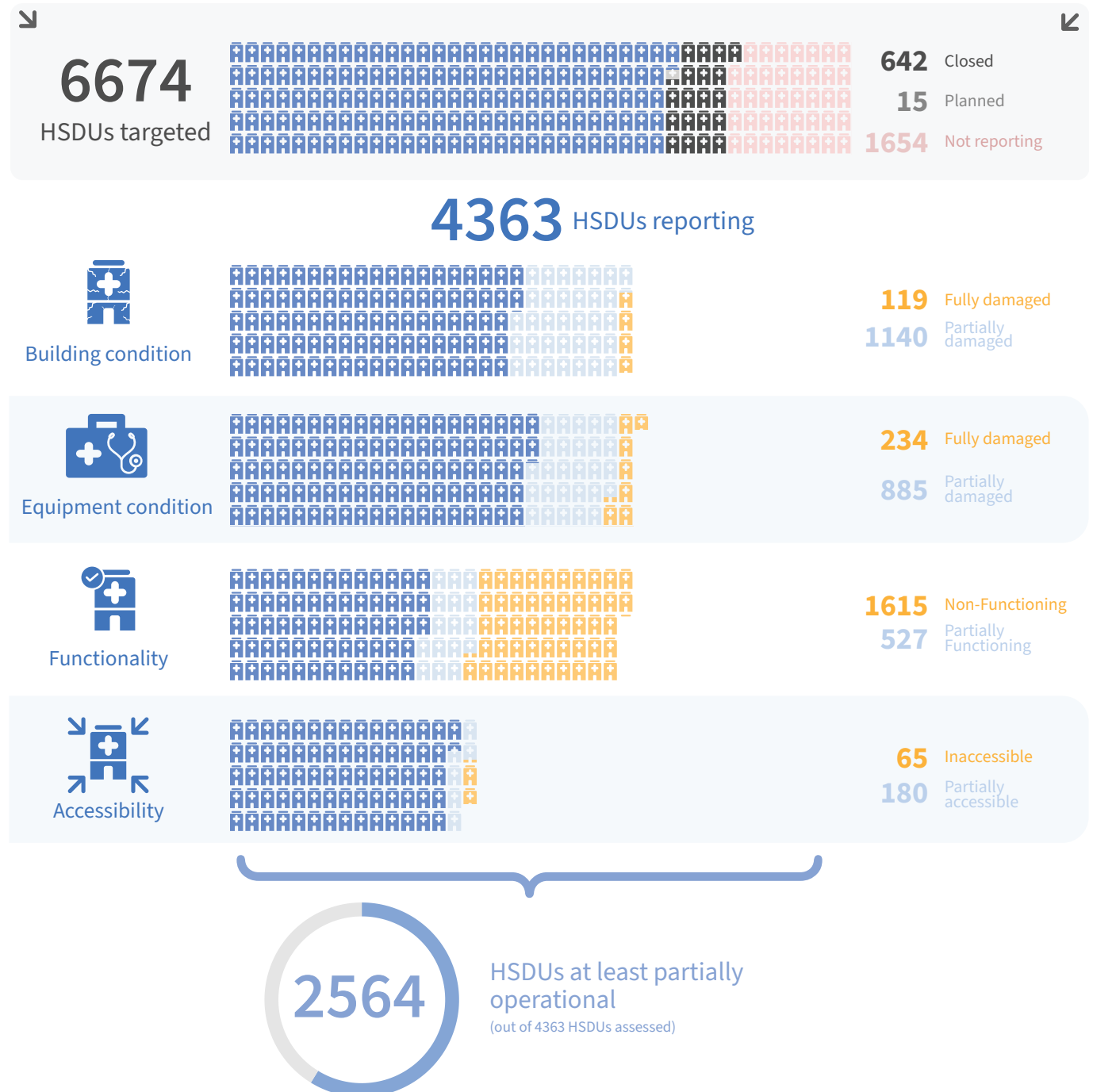
⁴ HeRAMS Sudan baseline report 2025 - Sexual and reproductive health: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-sexual-and-reproductive-health>

⁵ HeRAMS Sudan baseline report 2025 - Noncommunicable diseases and mental health: A comprehensive mapping of availability of essential services and barriers to their provision, <https://www.who.int/publications/m/item/herams-sudan-baseline-report-2025-noncommunicable-diseases-and-mental-health>



OVERVIEW OF HSDUS EVALUATED

Data collection summary ⁶



⁶ HSDUs (Health Service Delivery Units) reported as destroyed, non-functioning, or inaccessible are deemed unable to provide any health services, hence categorized as non-operational. Consequently, reporting ends upon confirmation of an HSDU's non-operational status.



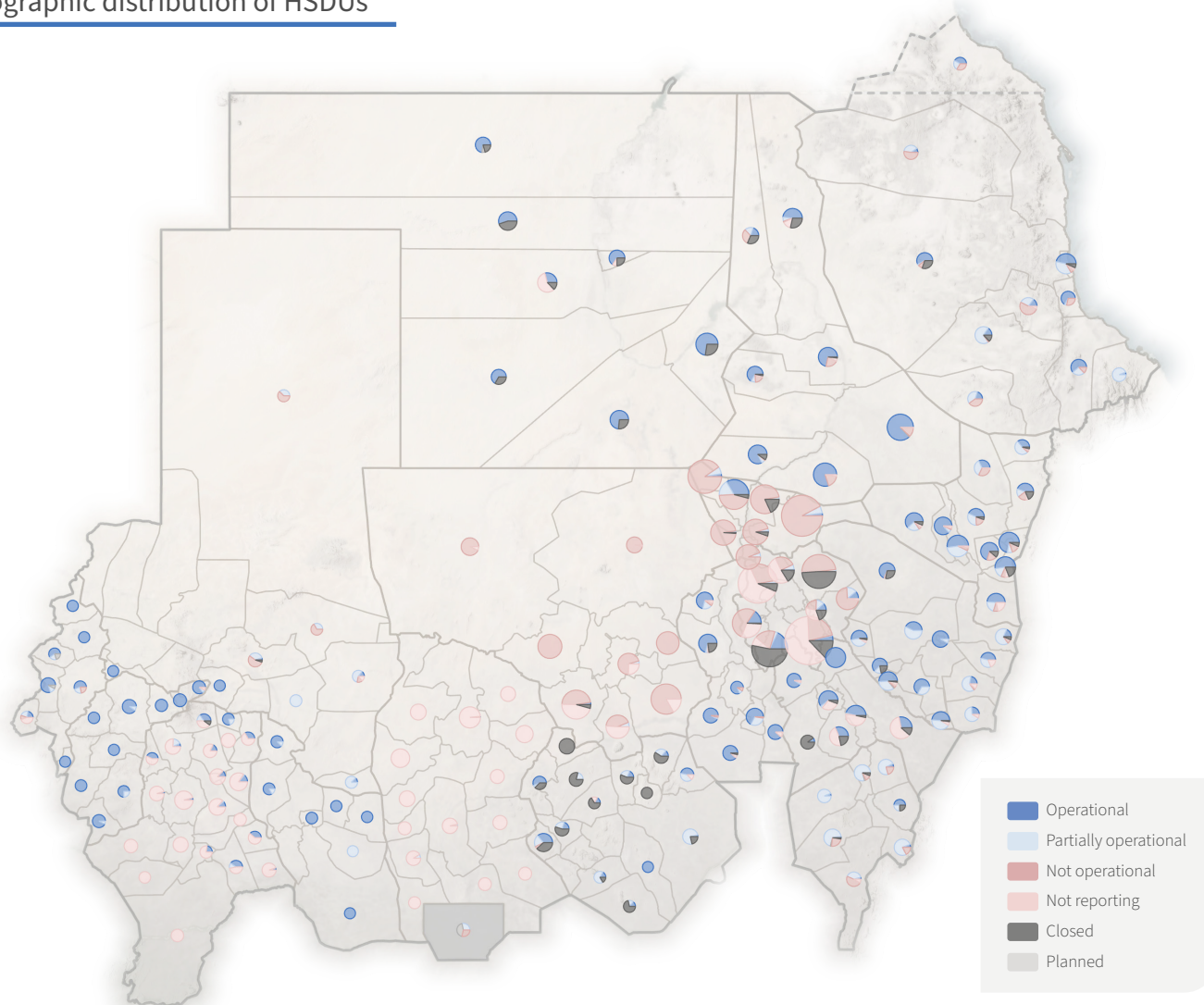
Reporting frequency and operational status by state

	Hospital				Rural hospital				Family health unit				Family health center				Other				Total			
	O	N/O	N/R	P/C	O	N/O	N/R	P/C	O	N/O	N/R	P/C	O	N/O	N/R	P/C	O	N/O	N/R	P/C	O	N/O	N/R	P/C
ABYEI PCA	-	-	-	-	1	-	-	-	2	-	-	1	1	2	-	2	-	2	-	3	4	4	-	6
AJ JAZIRAH	10	3	12	9	20	12	18	16	27	169	178	97	52	177	176	109	-	-	-	-	109	361	384	231
BLUE NILE	5	-	-	-	8	1	-	-	56	24	2	2	66	12	-	4	3	-	-	-	138	37	2	6
CENTRAL DARFUR	3	-	-	-	1	-	-	-	32	-	-	-	42	-	1	-	6	-	-	-	84	-	1	-
EAST DARFUR	-	-	-	-	1	-	-	-	4	-	-	-	19	-	-	-	2	-	-	-	26	-	-	-
GEDAREF	6	-	-	-	30	-	-	-	206	6	18	18	114	-	1	3	-	-	-	-	356	6	19	21
KASSALA	29	-	4	-	14	2	-	2	148	36	13	13	202	13	9	18	-	-	-	1	393	51	26	34
KHARTOUM	16	66	-	4	11	4	-	-	4	160	-	10	74	489	-	18	-	-	-	-	105	719	-	32
NORTH DARFUR	3	-	-	-	-	-	-	-	16	8	1	-	15	13	-	-	2	-	-	1	36	21	1	1
NORTH KORDOFAN	1	3	1	-	5	16	6	-	2	294	72	1	3	149	58	-	-	12	-	4	11	474	137	5
NORTHERN	4	-	-	-	22	-	2	-	89	-	23	76	77	-	10	11	-	-	-	-	192	-	35	87
RED SEA	11	-	2	-	13	3	-	2	76	49	-	12	110	11	3	5	3	-	-	-	213	63	5	19
RIVER NILE	3	-	-	1	27	1	1	-	76	20	9	21	196	33	6	13	-	-	-	-	302	54	16	35
SENNAR	7	-	-	2	19	-	-	1	53	-	103	25	101	-	11	14	-	-	-	-	180	-	114	42
SOUTH DARFUR	1	-	1	-	4	-	10	-	15	-	200	-	48	-	144	2	-	-	-	-	68	-	355	2
SOUTH KORDOFAN	3	-	-	-	1	-	-	2	39	1	4	77	67	-	-	42	-	-	-	-	110	1	4	121
WEST DARFUR	3	-	-	-	4	-	-	-	2	-	2	-	32	3	2	1	2	-	-	2	43	3	4	3
WEST KORDOFAN	1	-	5	-	2	-	19	-	-	-	151	-	1	-	206	-	-	-	-	-	4	-	381	-
WHITE NILE	21	-	1	-	1	-	-	-	105	4	5	12	63	1	2	-	-	-	-	-	190	5	8	12
GRAND TOTAL	127	72	39	16	184	39	56	23	952	771	858	365	1283	903	701	242	18	14	-	11	2564	1799	1654	657

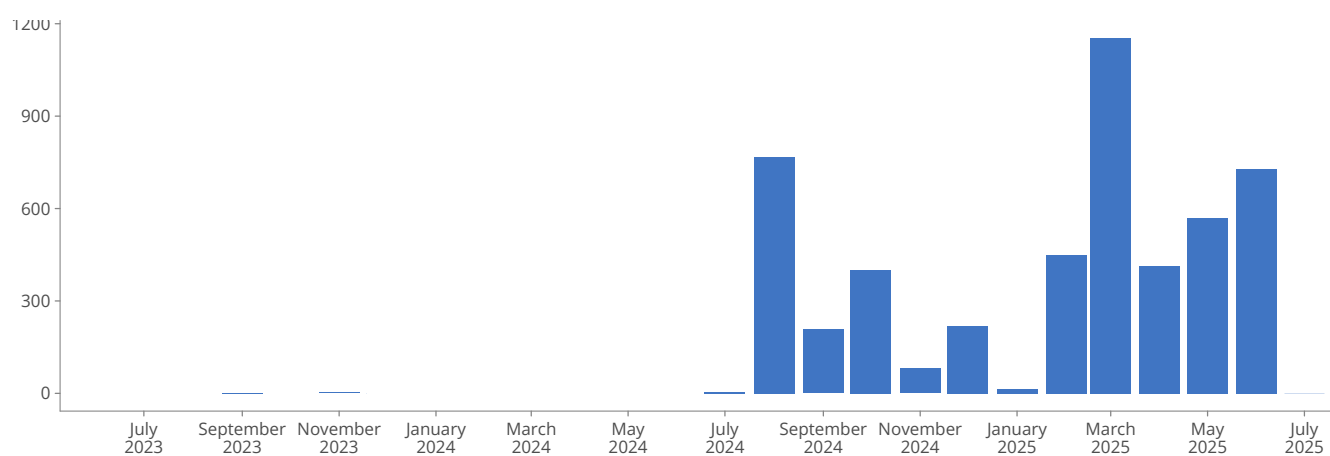
O = At least partially operational - N/O = Not operational - N/R = Not reporting - P/C = Planned / closed



Geographic distribution of HSDUs



Date of last update





OVERVIEW OF SERVICE AVAILABILITY

Service availability and main barriers

						Barriers (%)				
Service	Availability (%)									
Community-based first aid	14	4	5	36	41	31	25	67	46	28
Community-based IMCI	14	4	6	34	41	42	39	84	35	19
IMCI under 5 clinic	17	7	6	29	41	31	27	90	41	20
Management of children classified as severe or very severe diseases	6	3	3	47	41	18	24	80	52	19
Community mobilization for EPI	14	3	5	36	41	30	21	60	50	51
Expanded programme on immunization	26	5	6	22	41	28	13	64	66	39
IEC on IYCF practices	17	3	5	34	41	31	18	54	44	36
Screening for acute malnutrition at the community level	22	3	6	28	41	43	27	59	48	34
Growth monitoring at primary care level	17	3	7	32	41	53	29	53	39	27
CMAM	13	2	7	37	41	36	14	85	35	19
IMAM	11	2	7	39	41	37	12	85	33	20
Stabilization center for SAM	2			55	41	32	18	74	41	43

Availability status

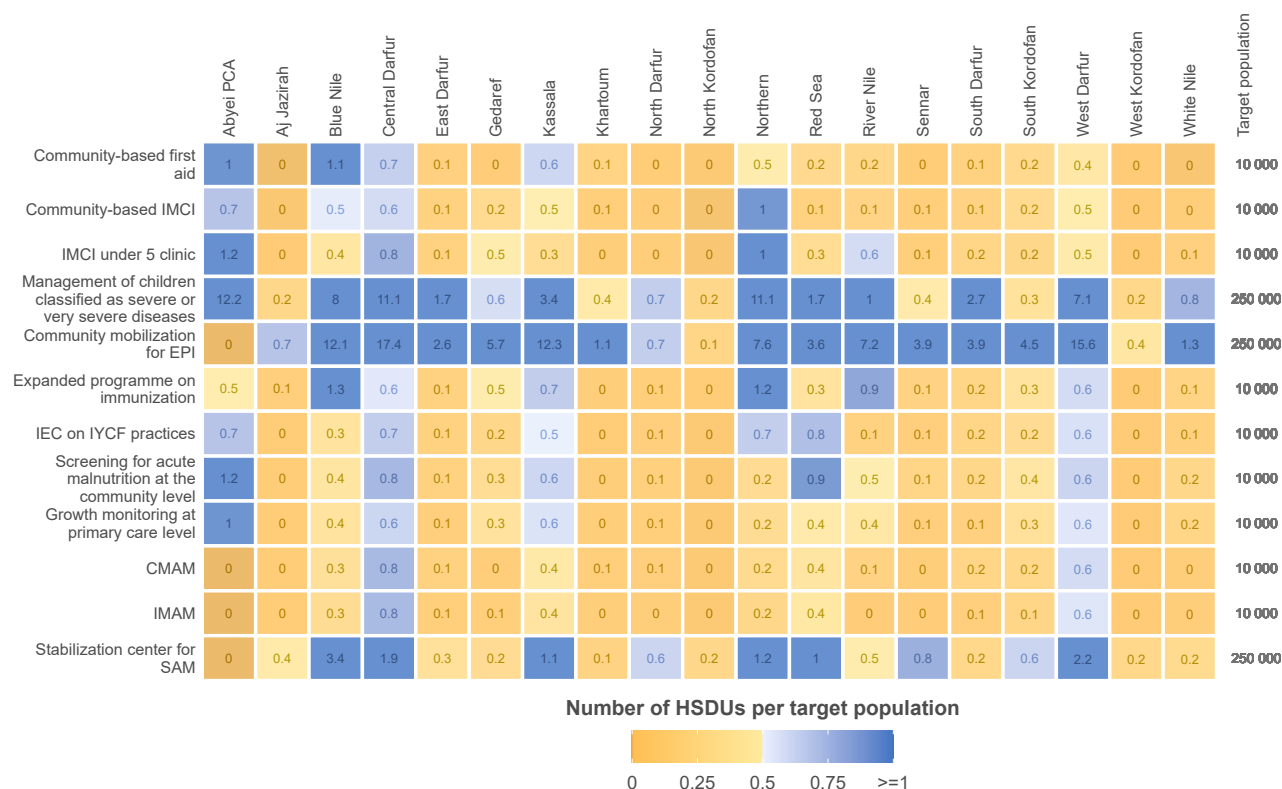
-  Available
-  Partially available
-  Not available
-  Not operational

Barriers for partial availability or non-availability.

-  Lack of staff
-  Lack of supplies
-  Lack of financial resources
-  Lack of training
-  Lack of equipment



Number of HSDUs providing services per target population ⁷



⁷ To account for partially available services, a weighing was applied with a weight of 1 given to services reported as fully available and 0.5 for partially available services. As target populations may vary across services, an additional column has been included to the right of the graph to assist readers in comprehending the target populations associated with each service. See [Annex I](#) for population estimates per state.

IN-DEPTH ANALYSIS BY HEALTH SERVICE

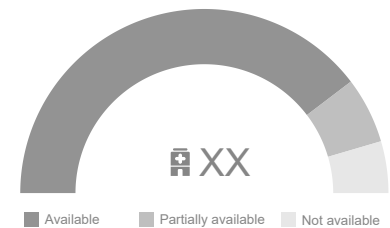




INTERPRETATION GUIDE

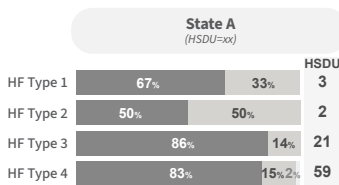
Service status

Arc charts provide an overview of the overall availability of a health service. The total number of HSDUs included in the analysis of a service is shown inside the arc chart.



For further insights, donut charts break down service availability by HSDU type. To improve readability, labels indicating the availability level for each category are provided either beside or below the chart. Additionally, to highlight the percentage of HSDUs where an service is available up to standard, the number may also be prominently placed inside the chart. Information on the total number of HSDUs included is clearly indicated above or below the respective donut.

Column charts offer a breakdown of service availability by state. The numbers represented by the bars indicate the count of HSDUs that fall into the specified availability category. The length of each bar is determined by the total number of HSDUs in the state. The total number of HSDUs included in each state is indicated under the state name.



Column charts by HSDU type display the availability of services by state and HSDU type. Each bar represents the percentage of HSDU falling into each category for the specified HSDU type and state. The grey bar on the right shows the number of HSDU falling into the category. By default these charts exclude HSDUs where a service was not normally provided or the HSDU did not report on it.

Maps use pie charts to depict the availability of an service at the locality level. The size of each circle represents the total number of HSDUs in the locality, while each slice reflects a specific availability level.



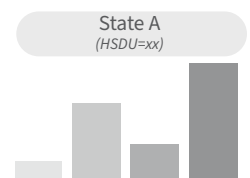
Barriers



To gain a more comprehensive understanding of the challenges faced by HSDUs, whenever a service was not or only partially available, main barriers impeding availability were recoded.

Each **donut chart** indicates the percentage of HSDUs having reported a specific barrier. The total number of HSDUs reporting at least one barrier is shown below the chart header.

Bar charts further break down barriers by state. Each bar represents a specific barrier, with the percentage value indicating the proportion of HSDUs reporting that particular barrier. Additionally, the number of HSDUs reporting at least one barrier is displayed below the Locality's name.

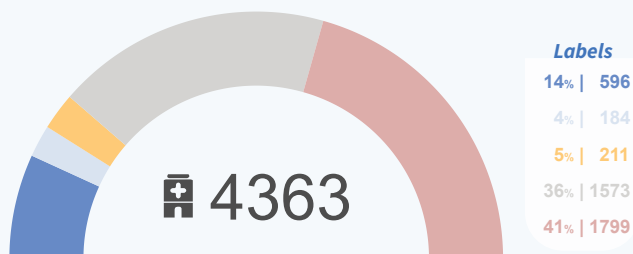


Important: The denominator for barrier charts excludes HSDUs where the service is fully available or not normally provided. It should further be noted that HSDUs can report up to three barriers for each service. Thus, the sum of all barriers may exceed 100%.

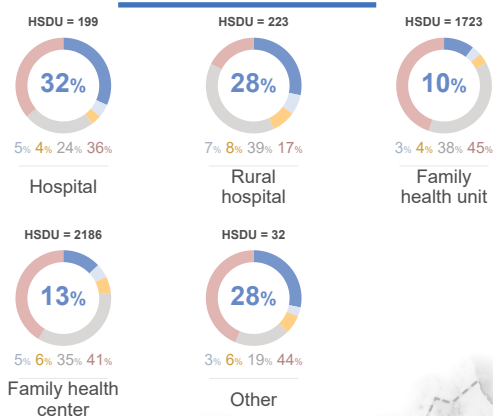


COMMUNITY-BASED FIRST AID

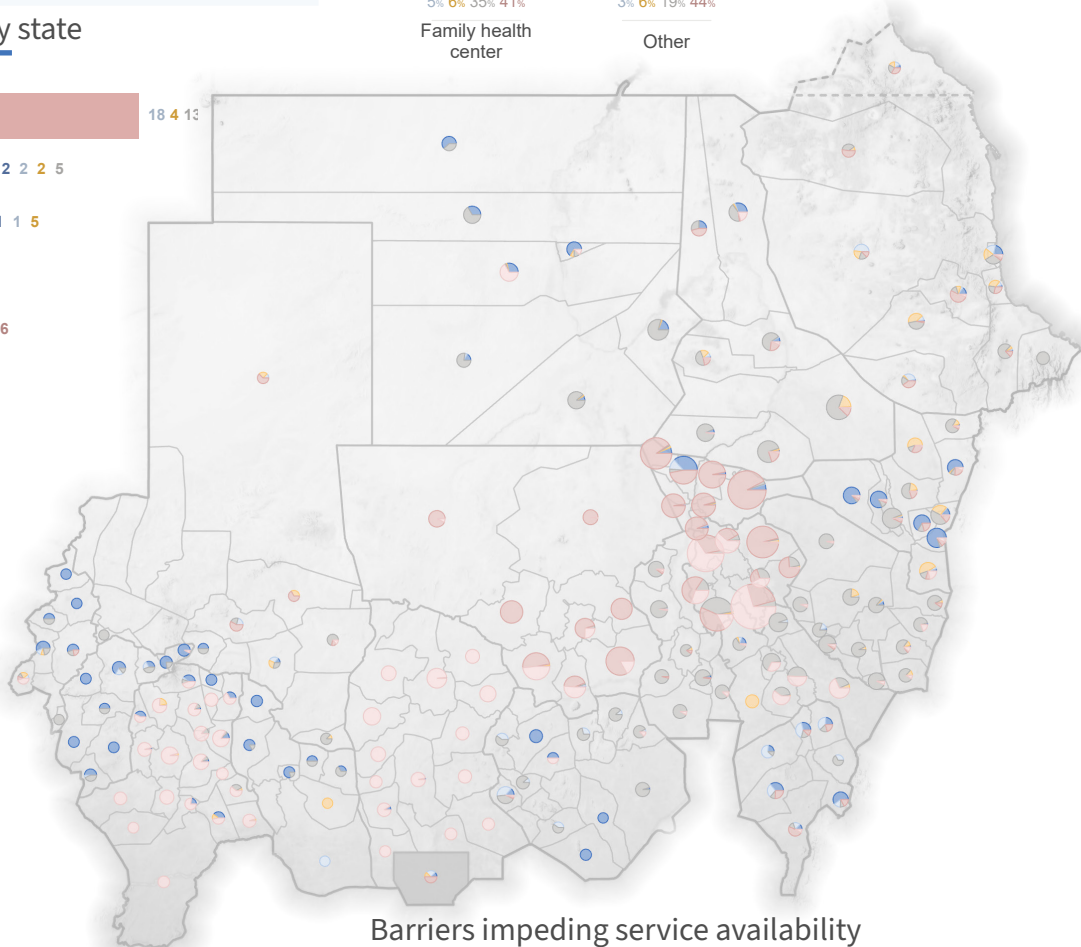
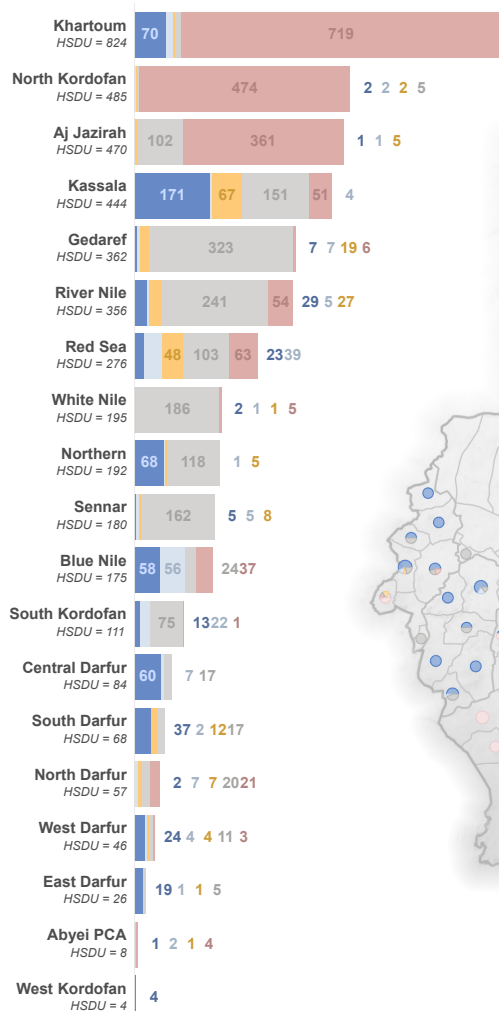
Service availability⁸



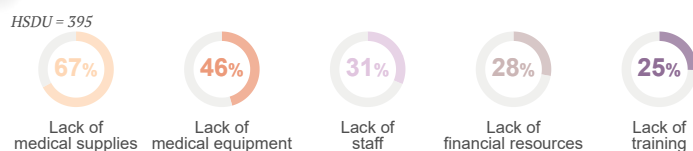
Service availability by HSDU type



Service availability by state

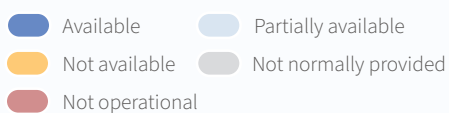


Barriers impeding service availability

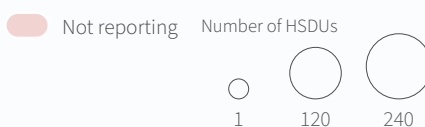


⁸ Interventions include airway positioning, choking interventions, and basic external hemorrhage control.

Availability status

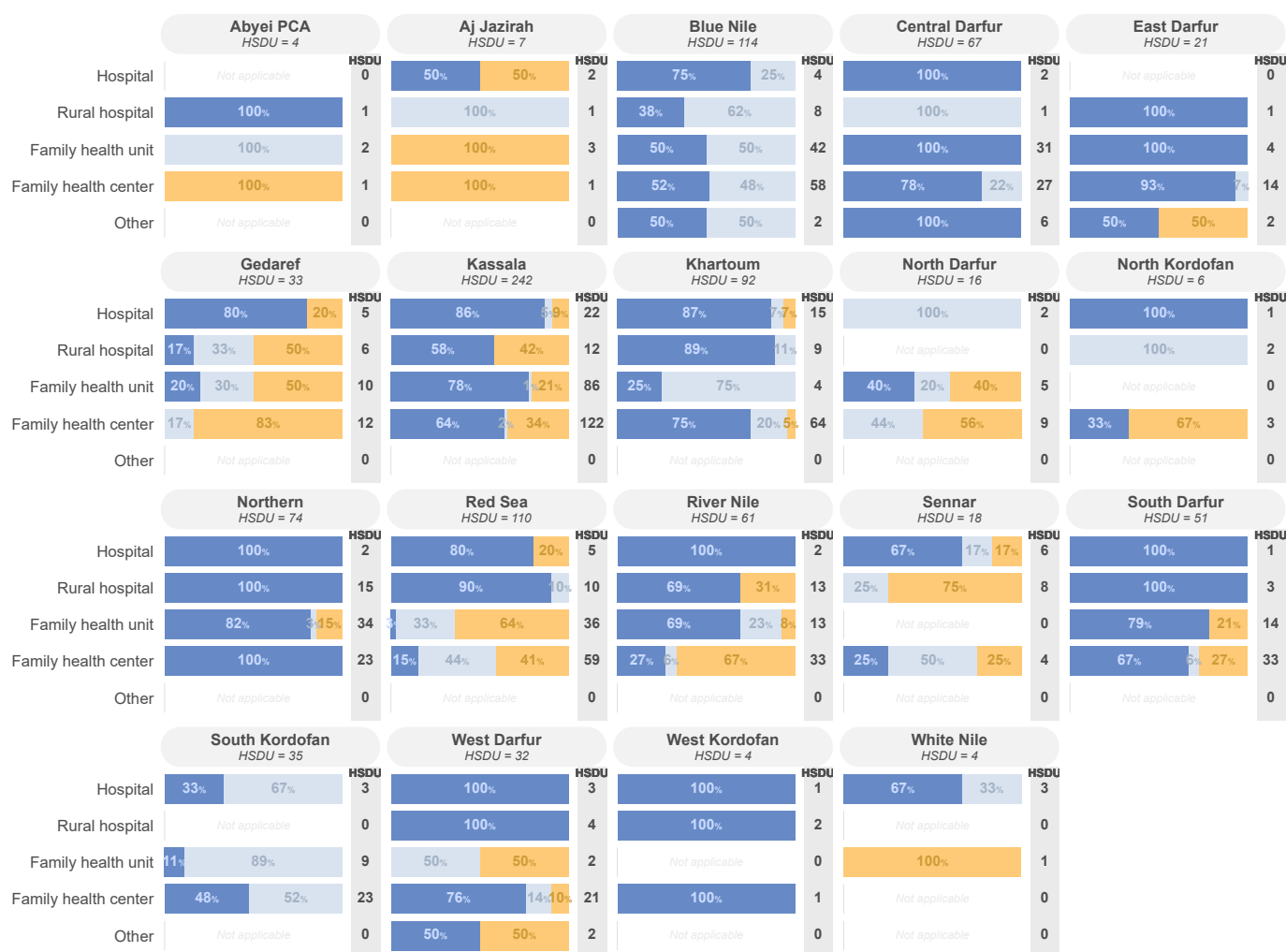


Maps

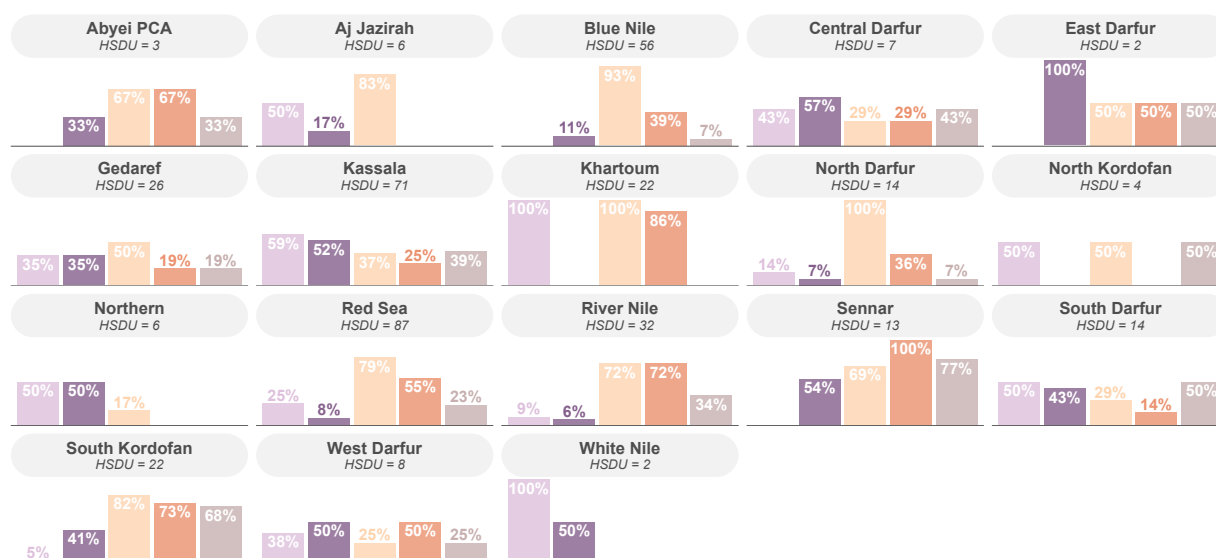




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

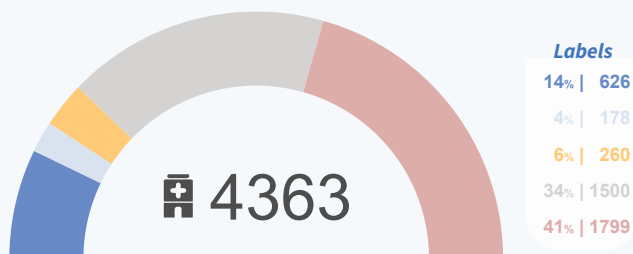
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

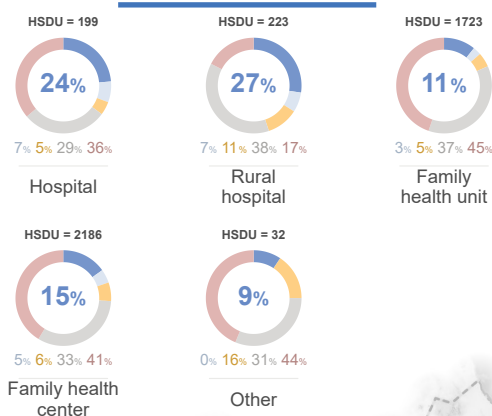


COMMUNITY-BASED INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

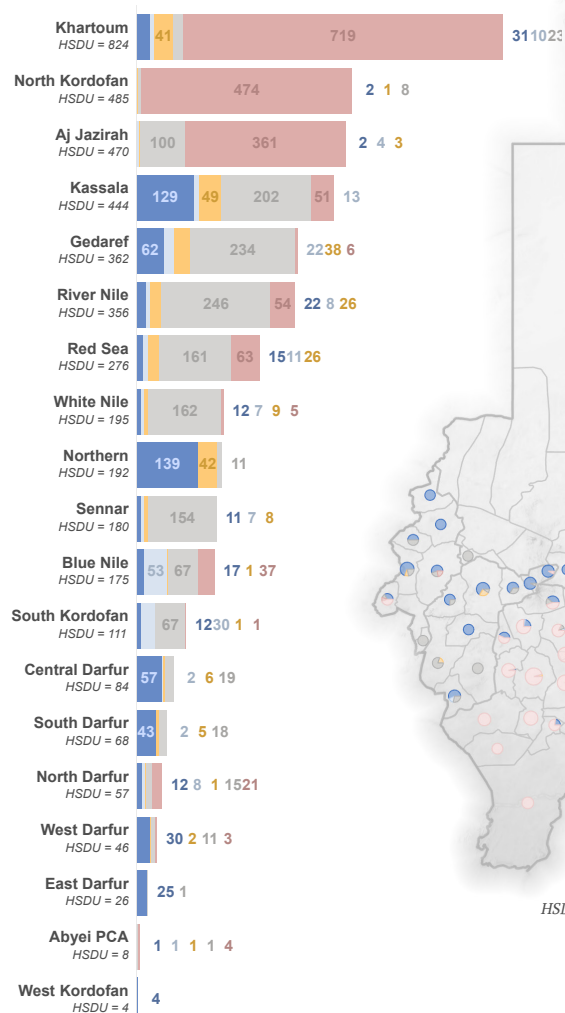
Service availability⁹



Service availability by HSDU type



Service availability by state

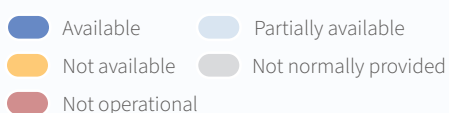


Barriers impeding service availability

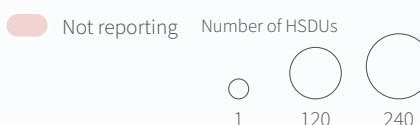


⁹ Integrated management of newborn and childhood illnesses (IMNCI) for acute respiratory infection, and diarrhea by trained community health workers.

Availability status

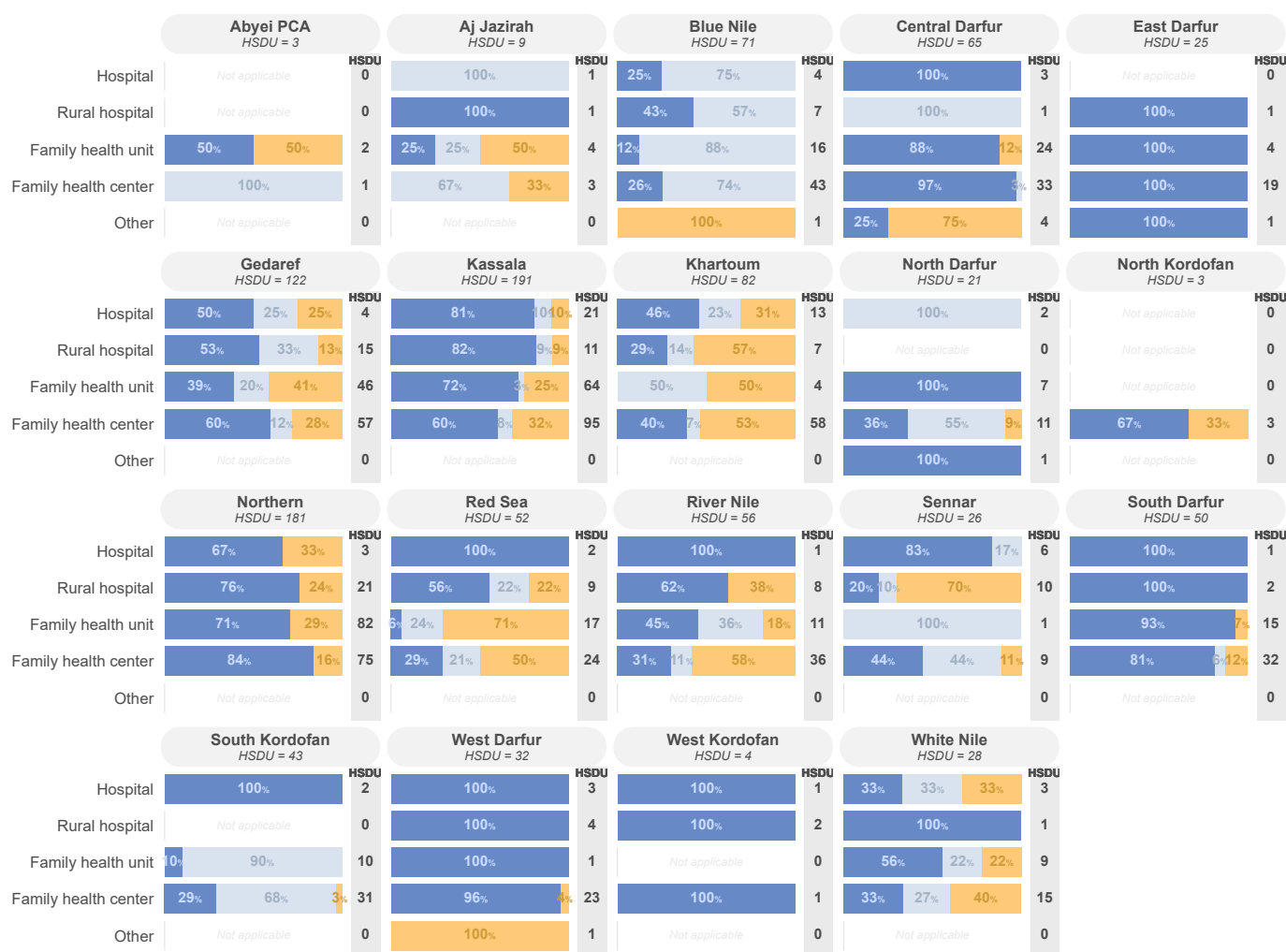


Maps

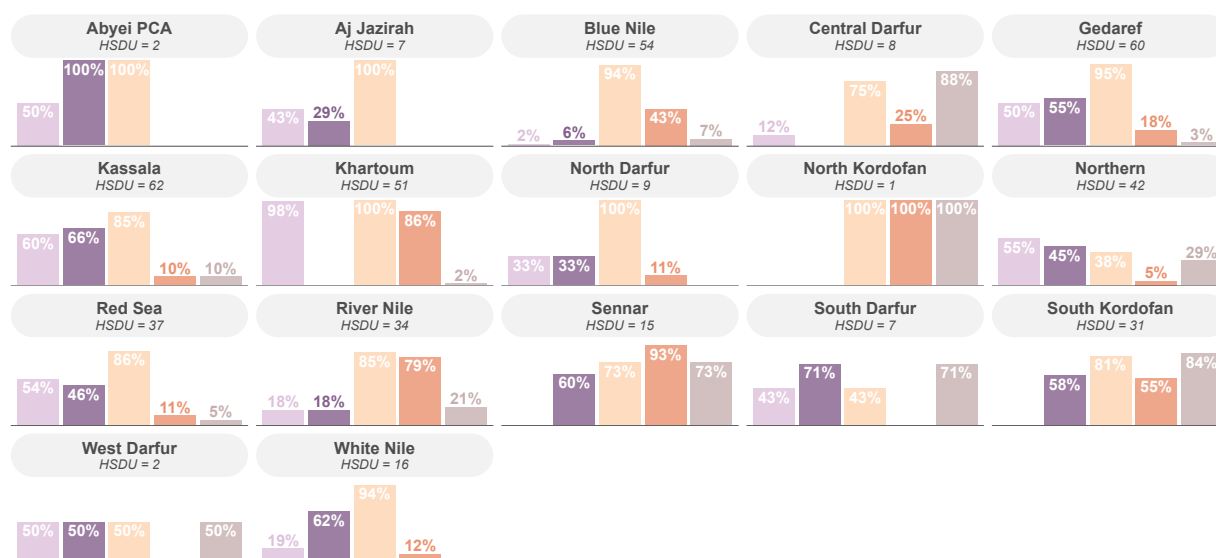




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

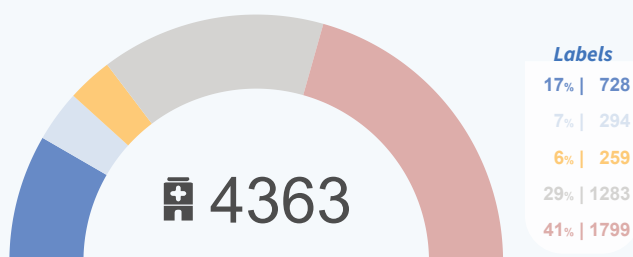
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

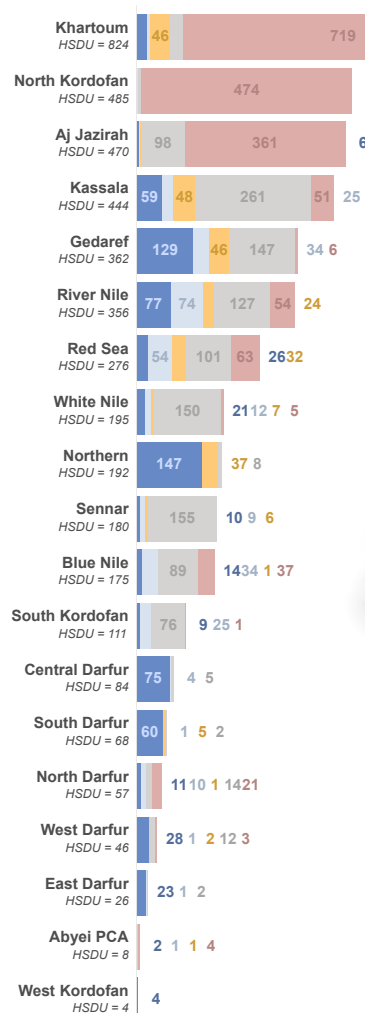


IMCI UNDER 5 CLINIC

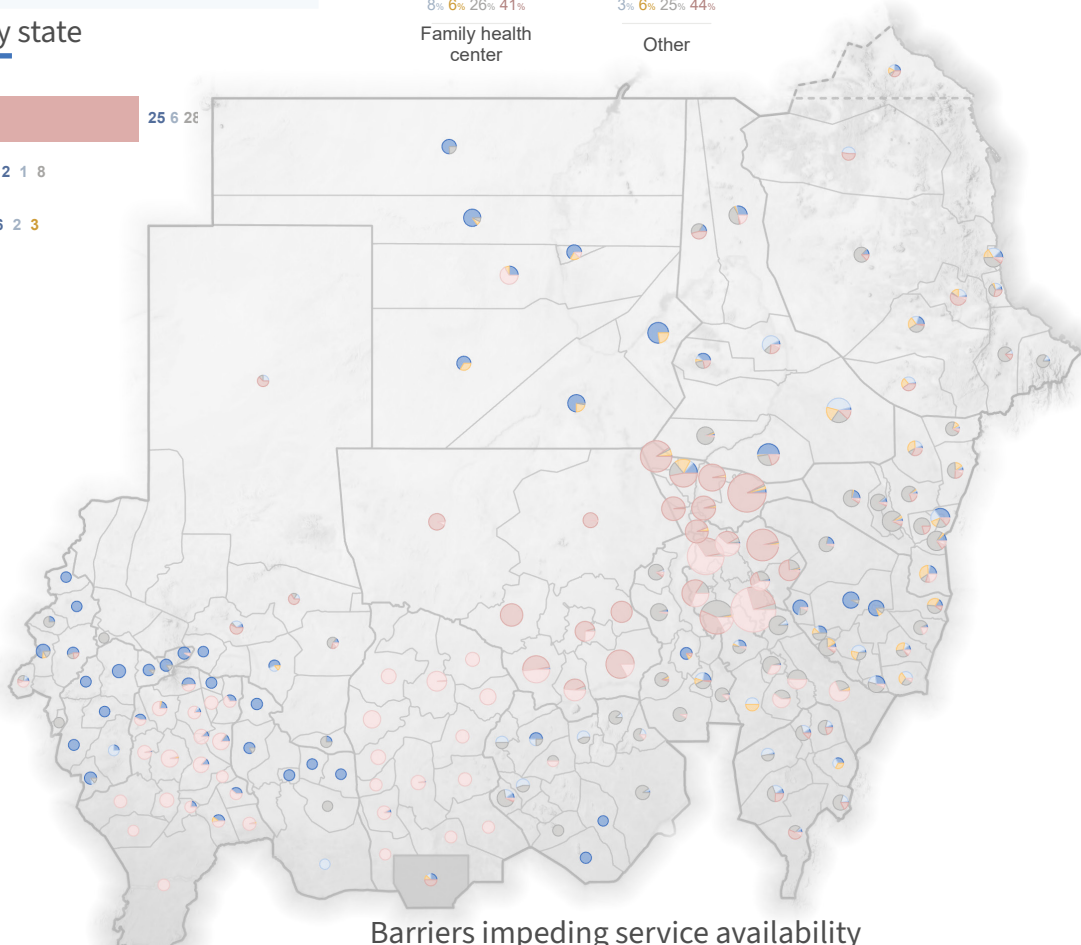
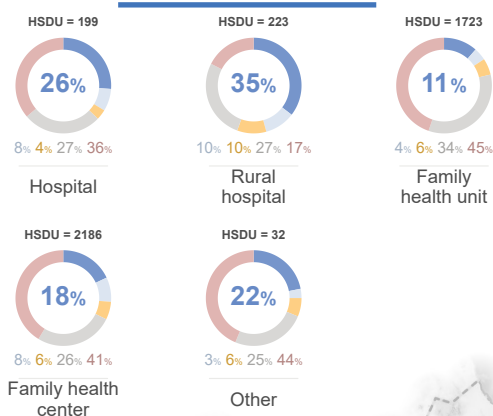
Service availability¹⁰



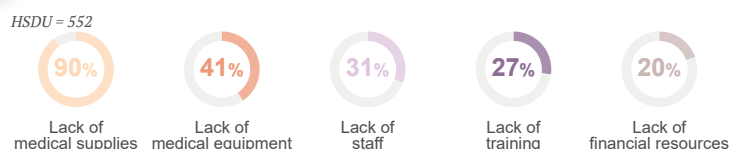
Service availability by state



Service availability by HSDU type

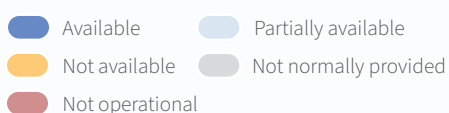


Barriers impeding service availability

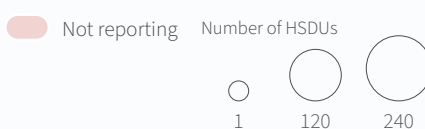


¹⁰ Under-5 clinic conducted by IMNCI-trained health staff with available paracetamol, first-line antibiotics, oral rehydration salts and zinc dispersible tablets, with national IMNCI guidelines and flowcharts.

Availability status

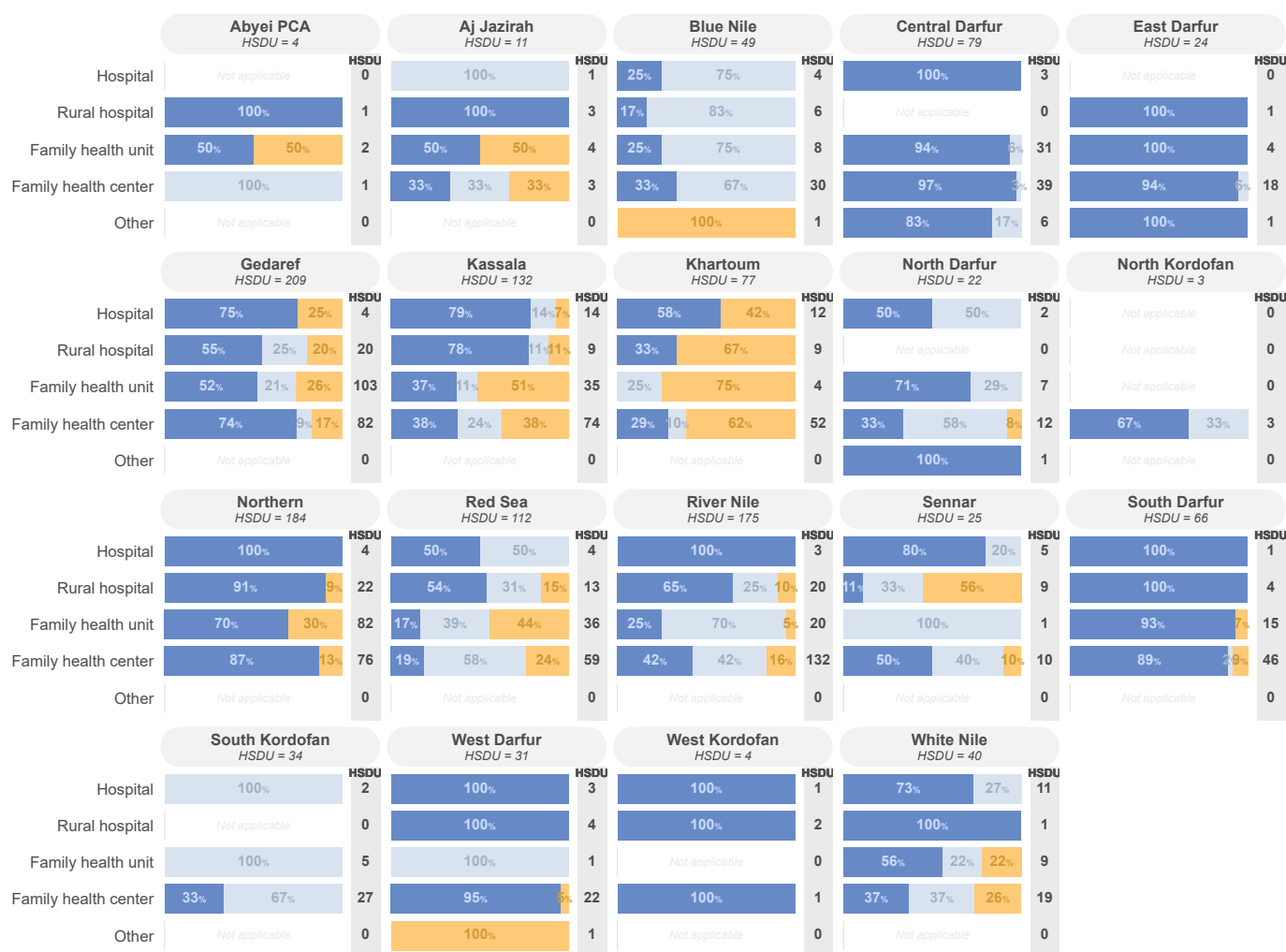


Maps

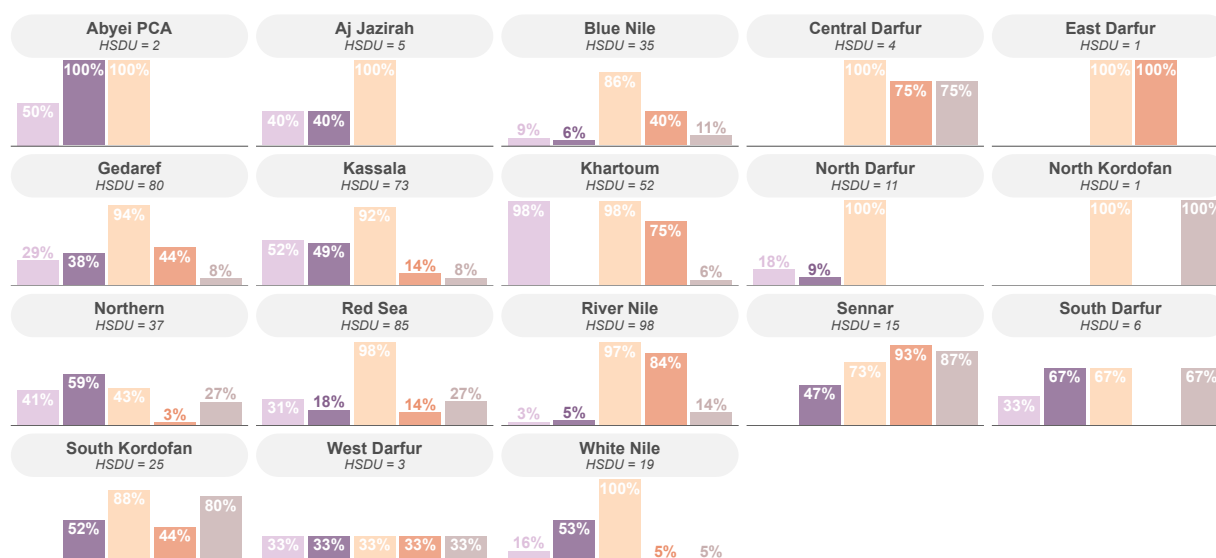




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

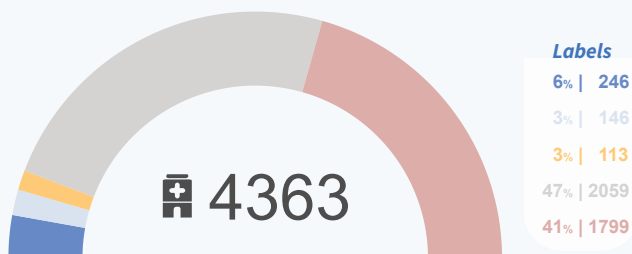
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

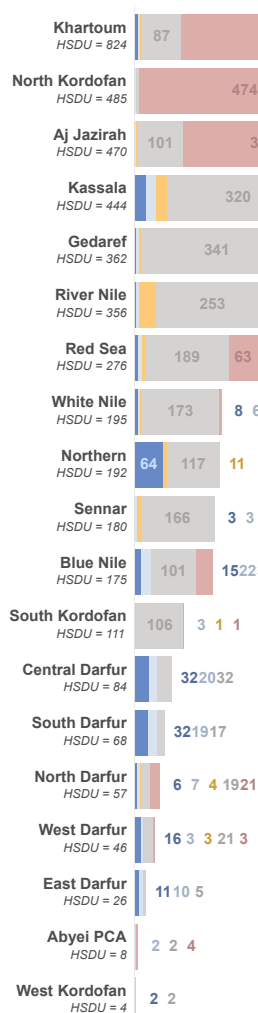


MANAGEMENT OF CHILDREN CLASSIFIED AS SEVERE OR VERY SEVERE DISEASES

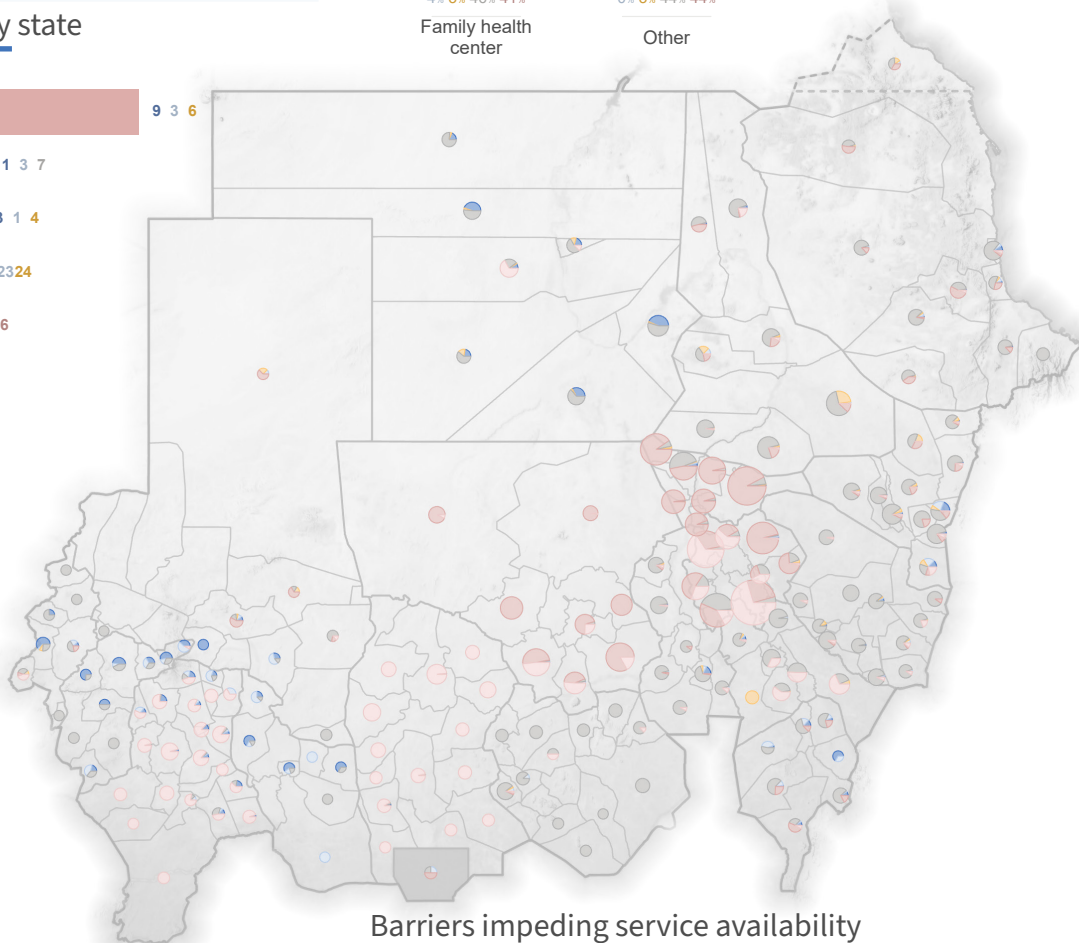
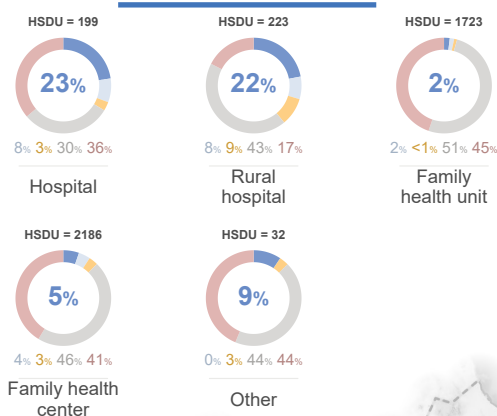
Service availability¹¹



Service availability by state



Service availability by HSDU type

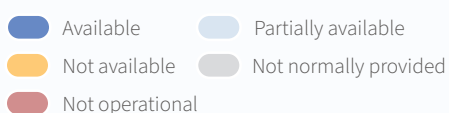


Barriers impeding service availability

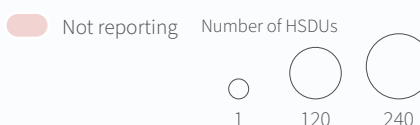


¹¹ Management of children classified as severe or very severe diseases with parenteral fluids, drugs, and oxygen, etc.

Availability status

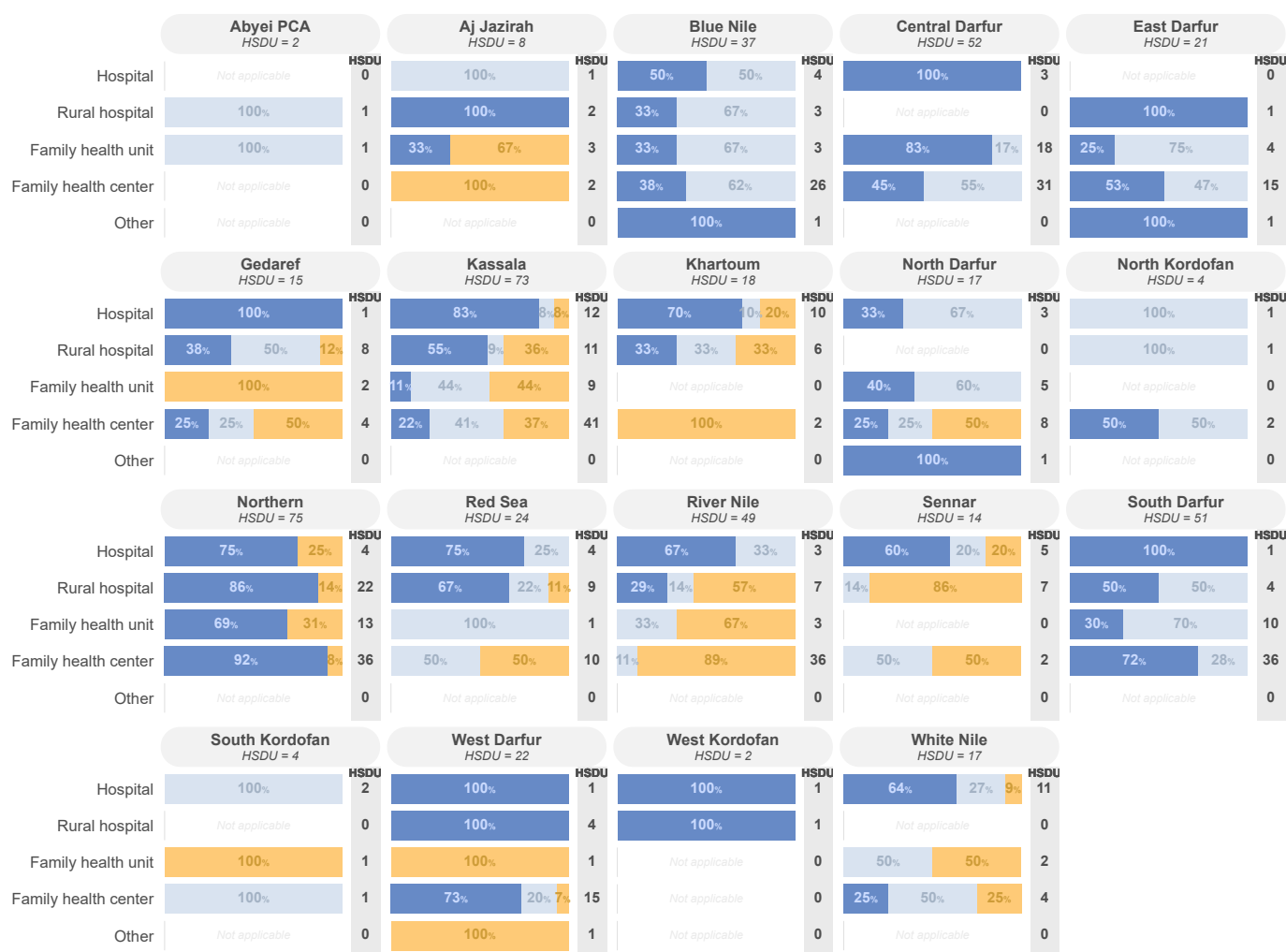


Maps

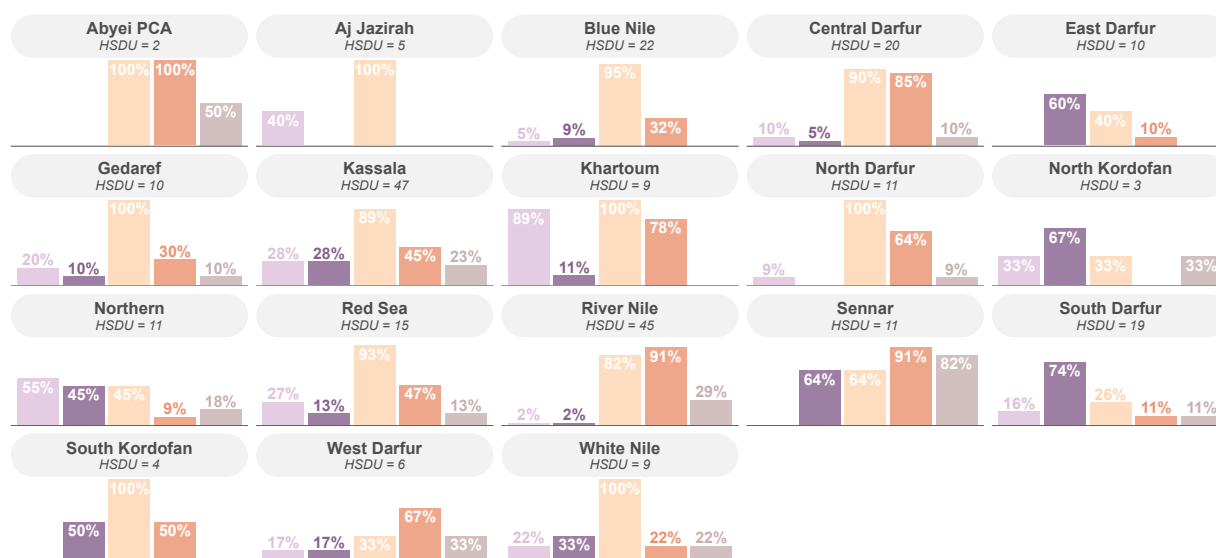




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

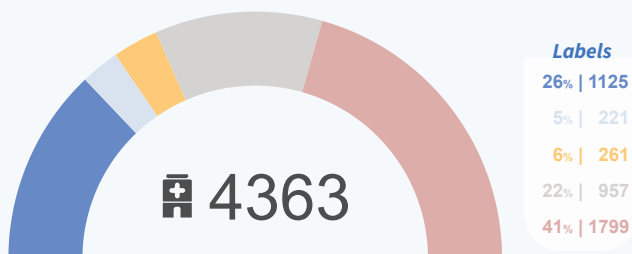
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

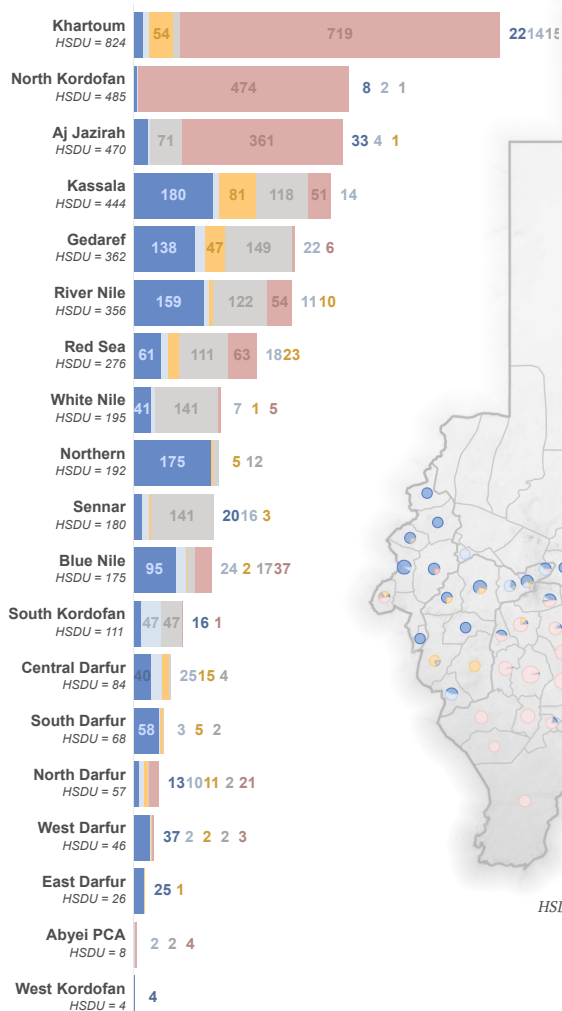


EXPANDED PROGRAMME ON IMMUNIZATION

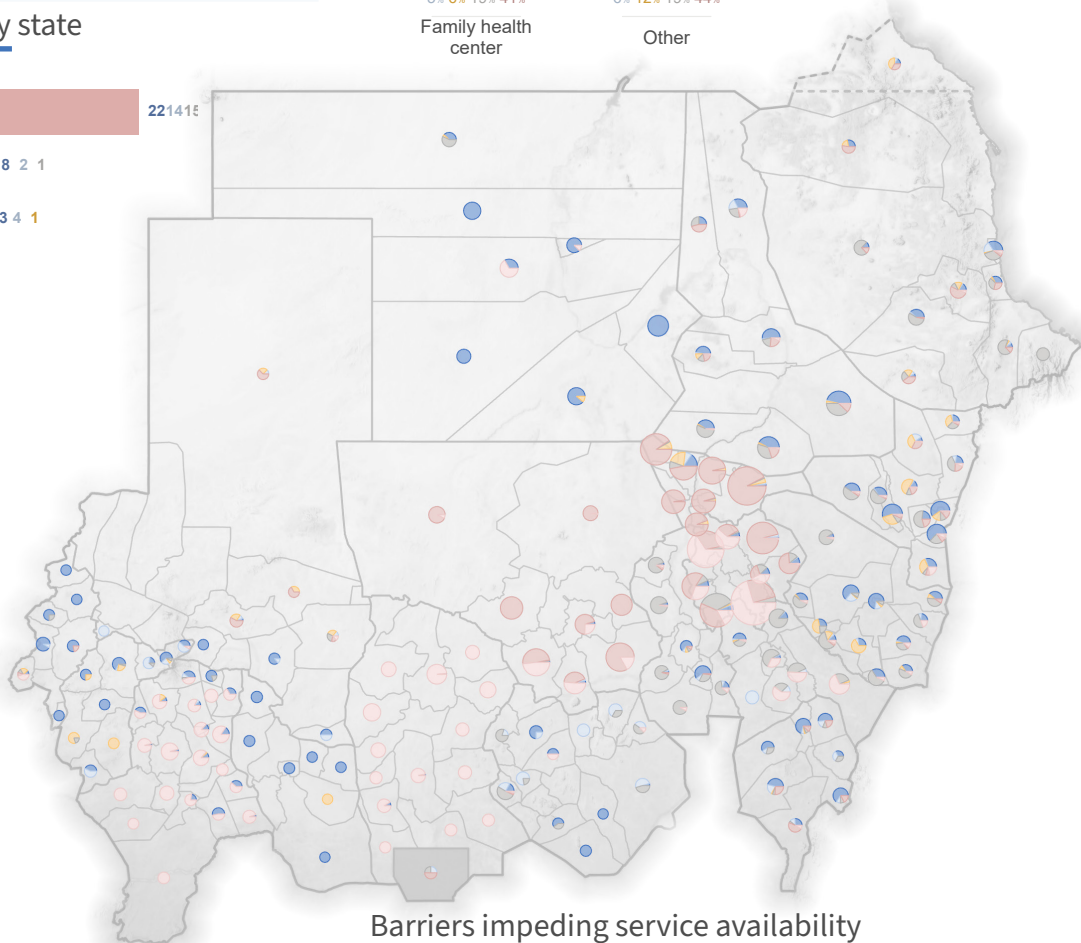
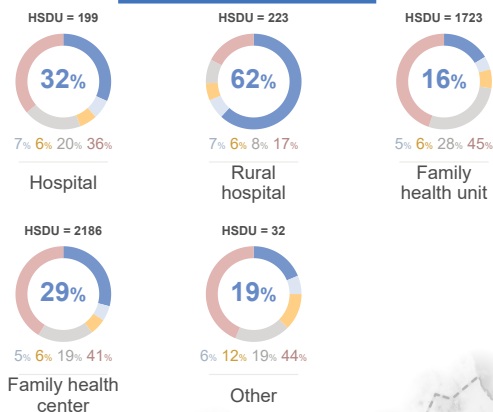
Service availability¹²



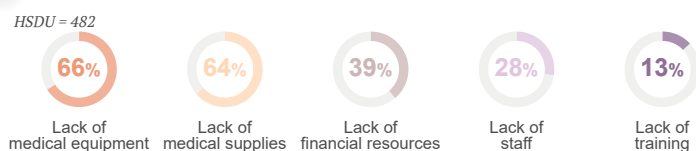
Service availability by state



Service availability by HSDU type

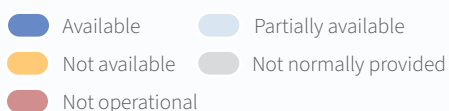


Barriers impeding service availability

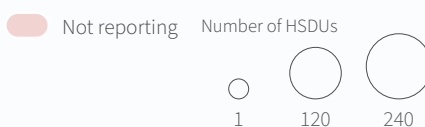


¹² Routine immunization against all national target diseases with a functioning cold chain in place.

Availability status

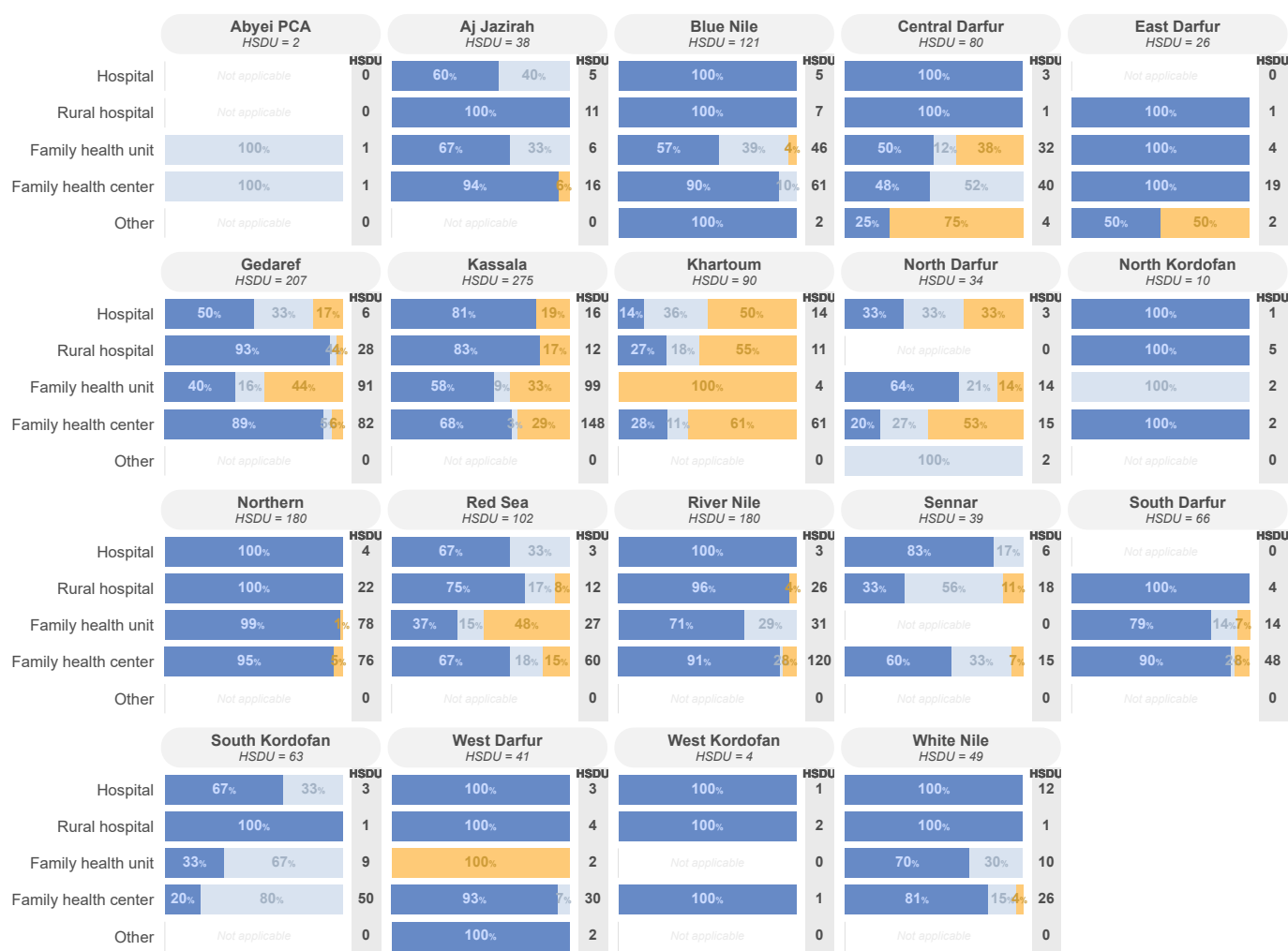


Maps

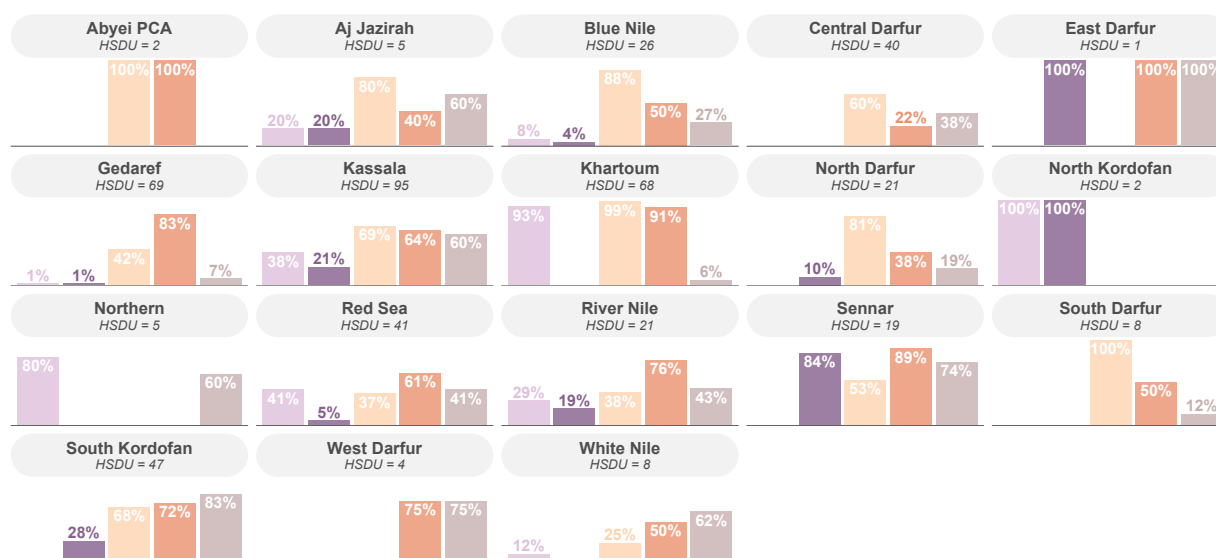




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

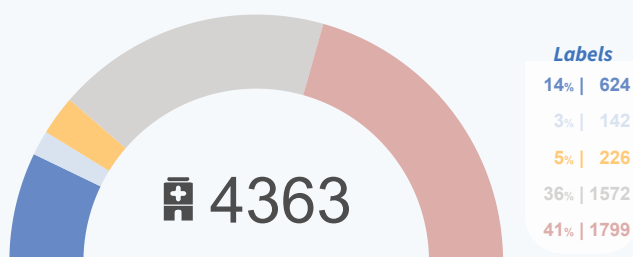
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

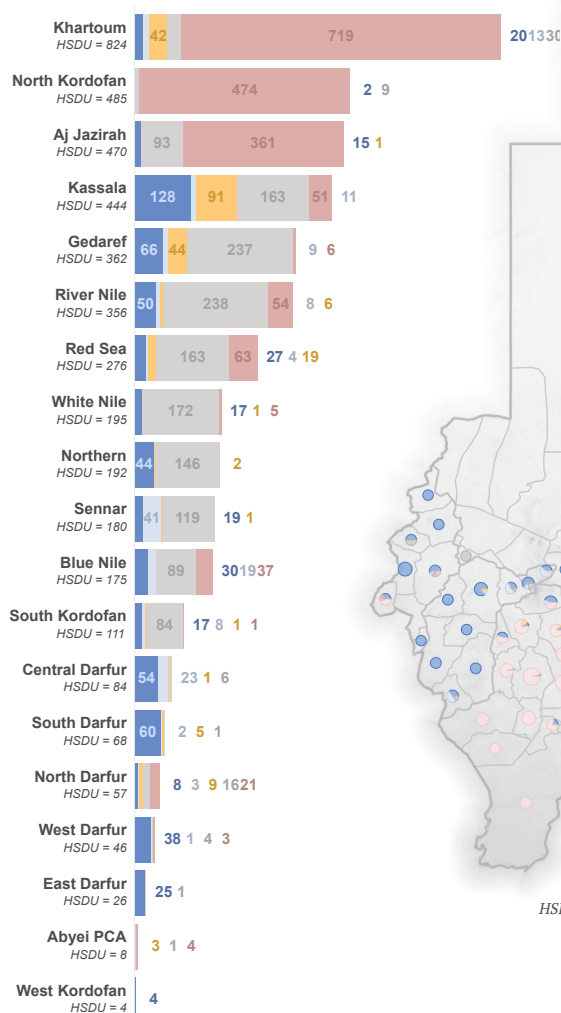


COMMUNITY MOBILIZATION FOR EPI

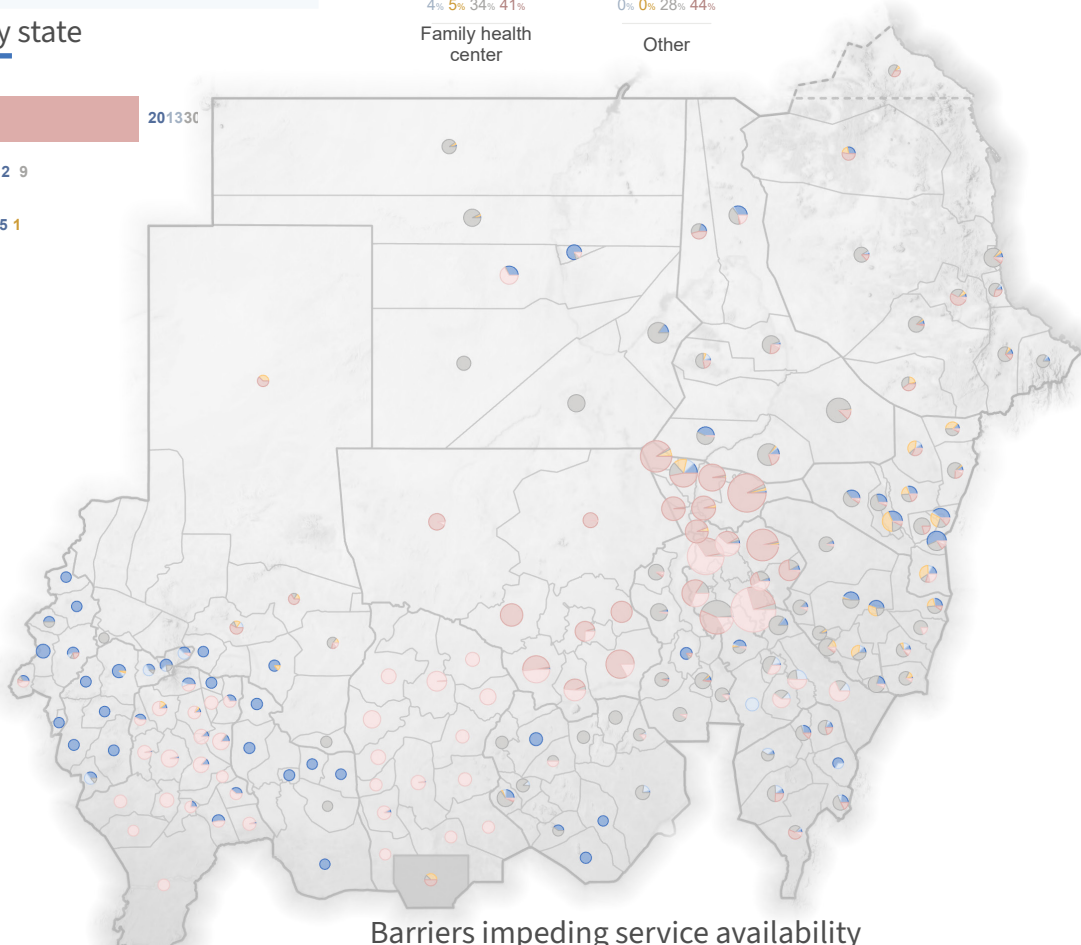
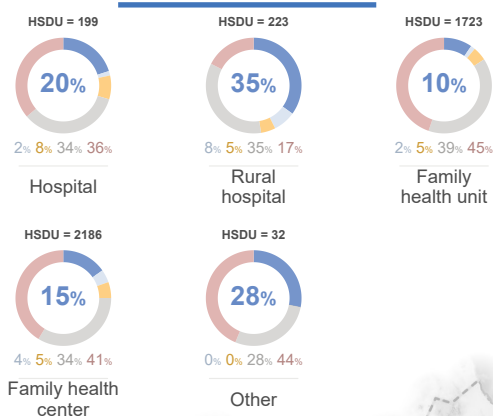
Service availability¹³



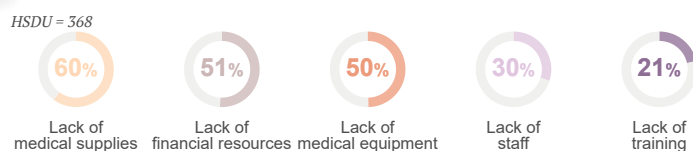
Service availability by state



Service availability by HSDU type

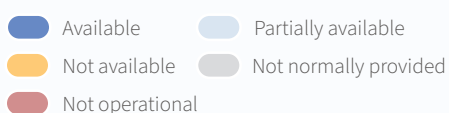


Barriers impeding service availability

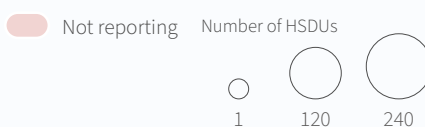


¹³ Community mobilization and support of outreach sites of routine Expanded Programme for Immunization (EPI), and/or mass vaccination campaigns.

Availability status

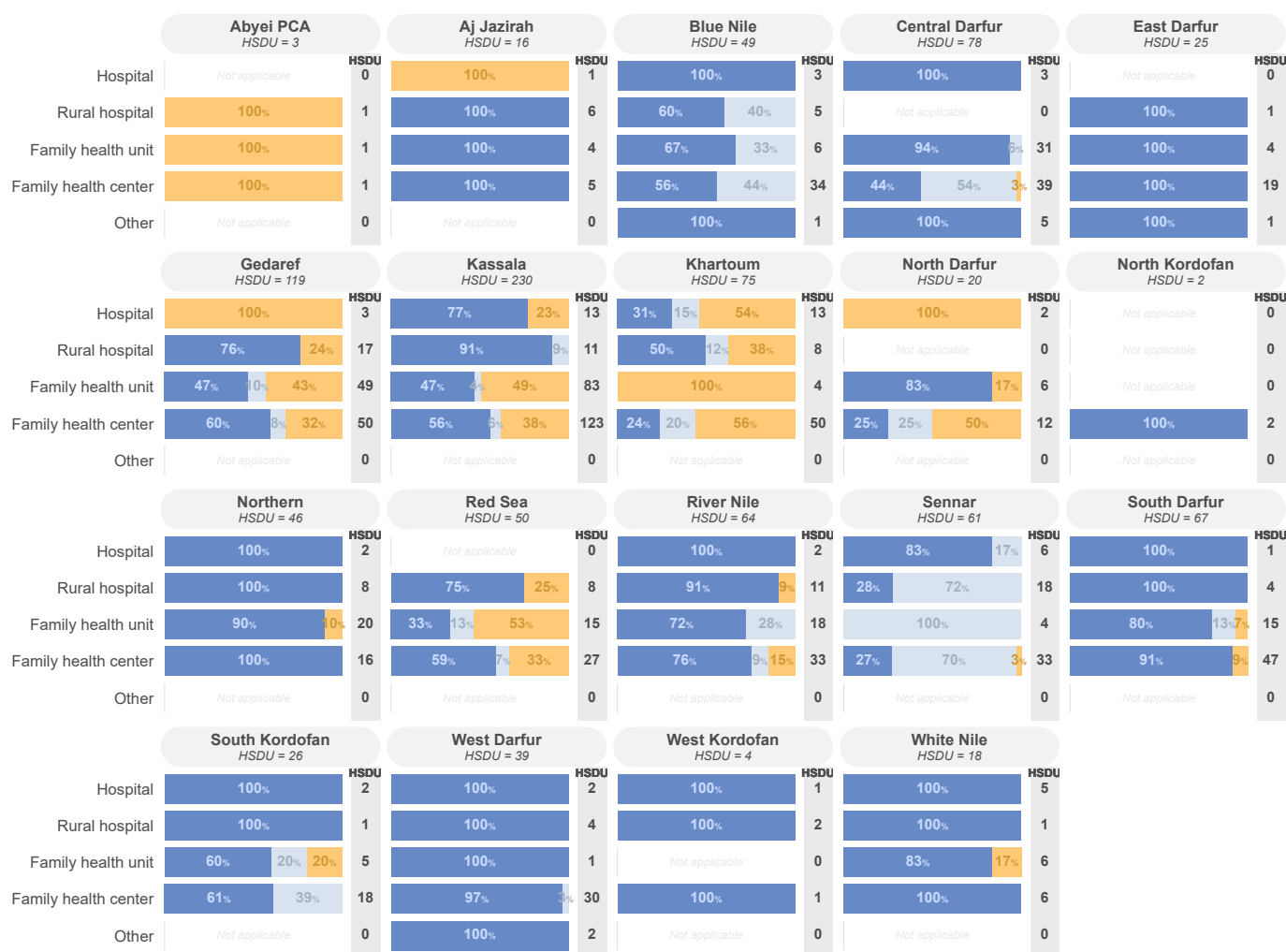


Maps

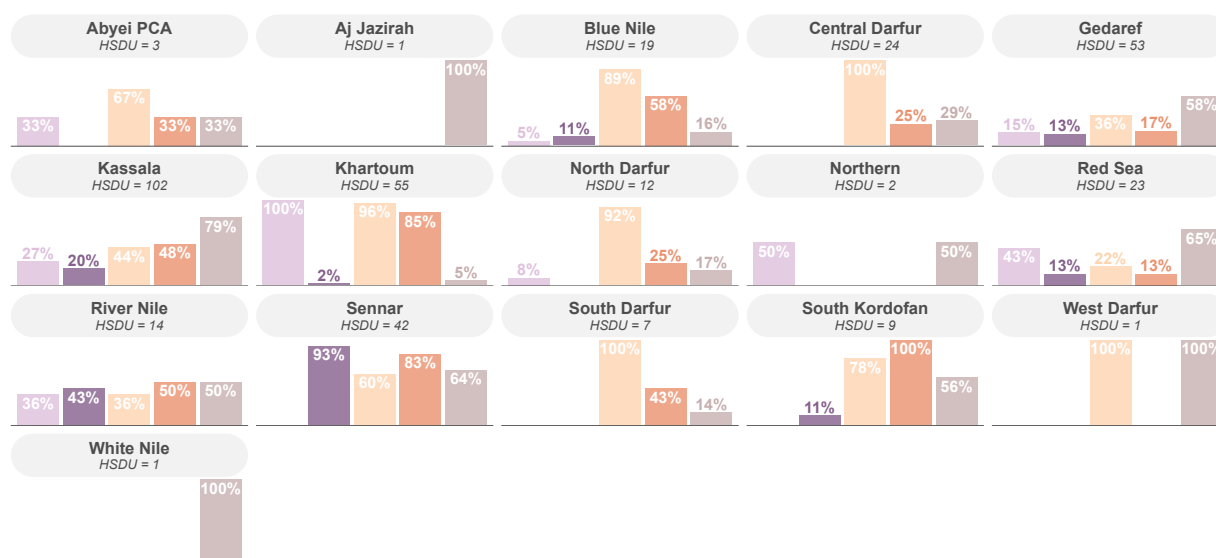




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

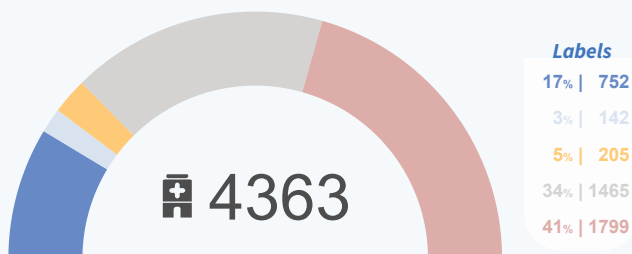
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

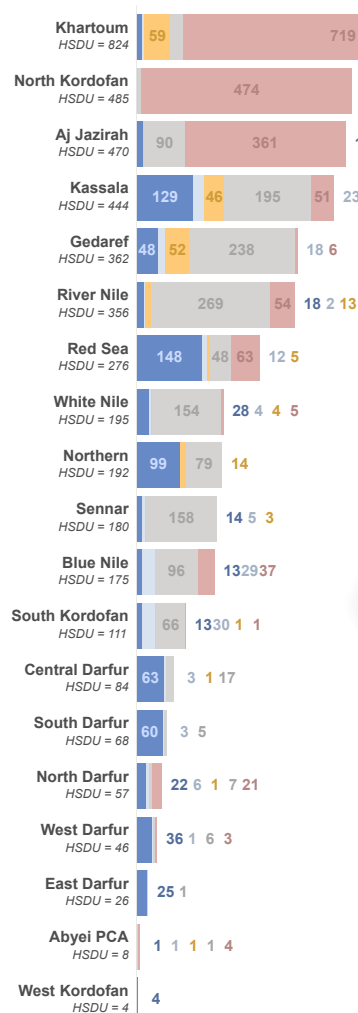


IEC ON IYCF PRACTICES

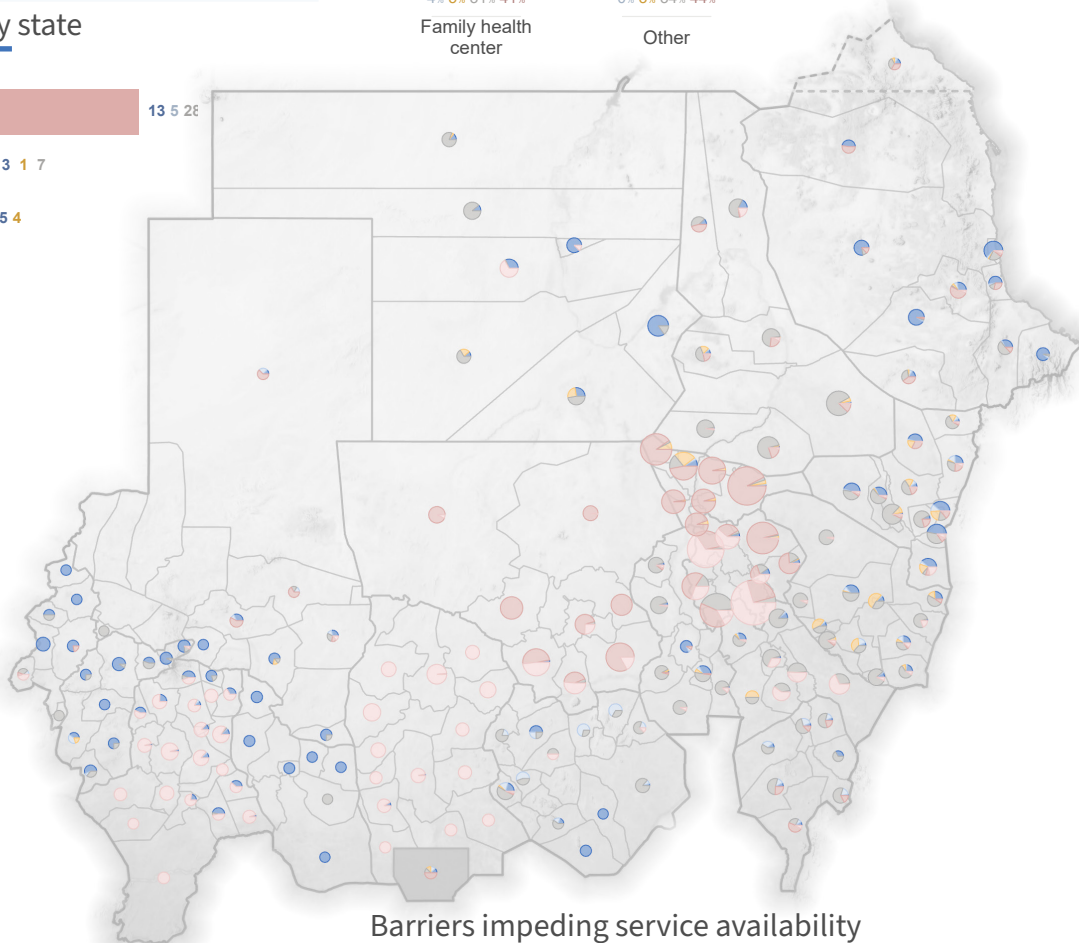
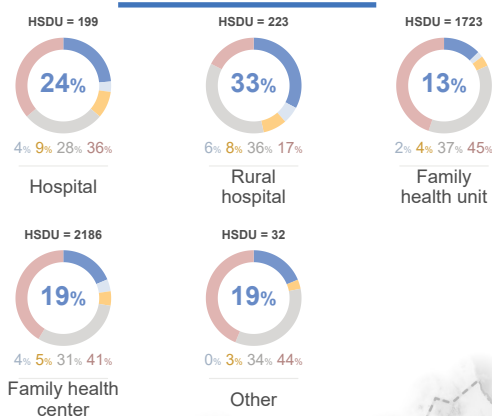
Service availability¹⁴



Service availability by state



Service availability by HSDU type

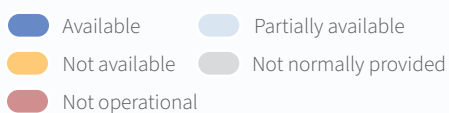


Barriers impeding service availability

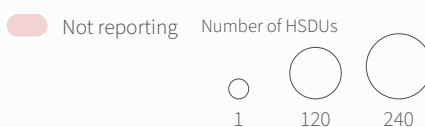


¹⁴ Information, education and communications (IEC) for child caretakers, early initiation of breastfeeding, promotion of exclusive breastfeeding, and infant, young, and child feeding practices, active case finding, and referral of sick children.

Availability status

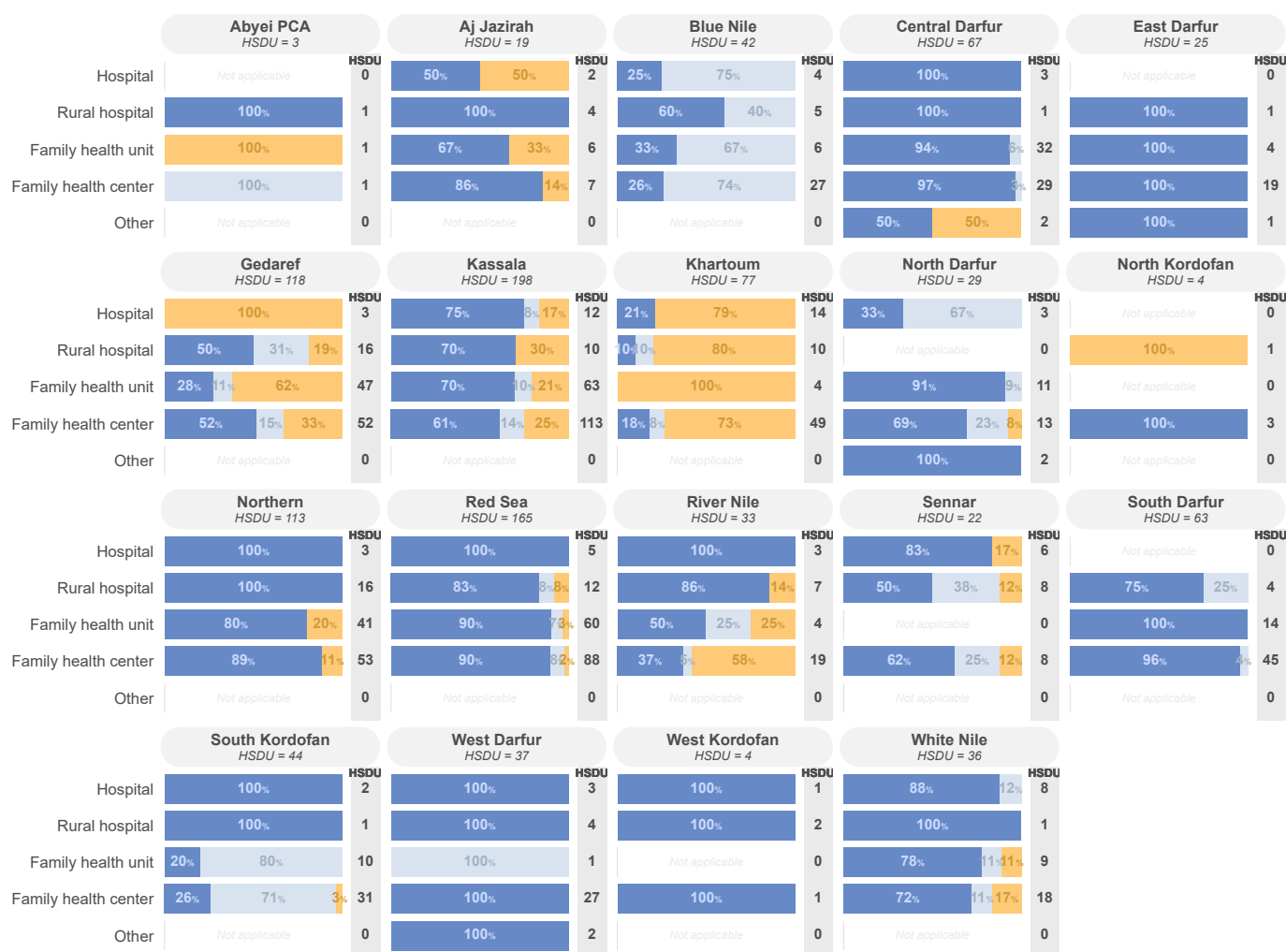


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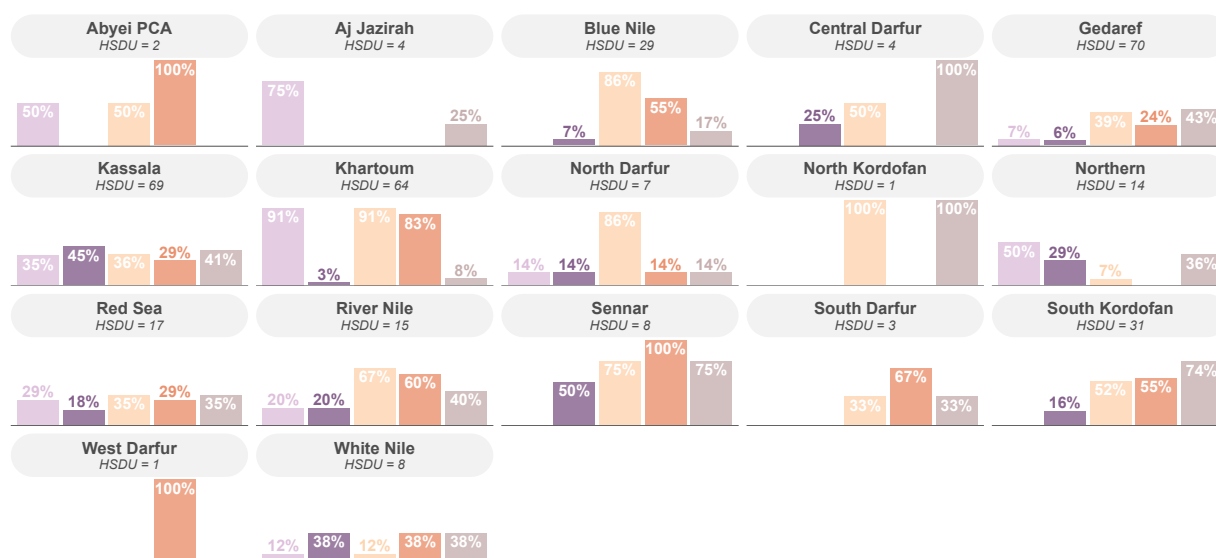




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

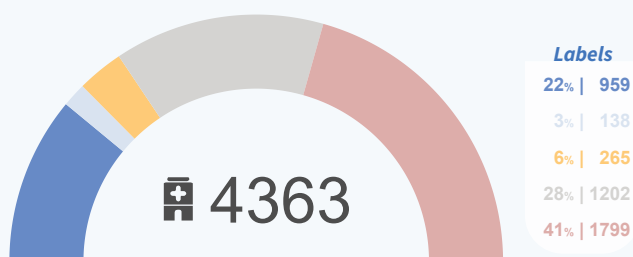
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

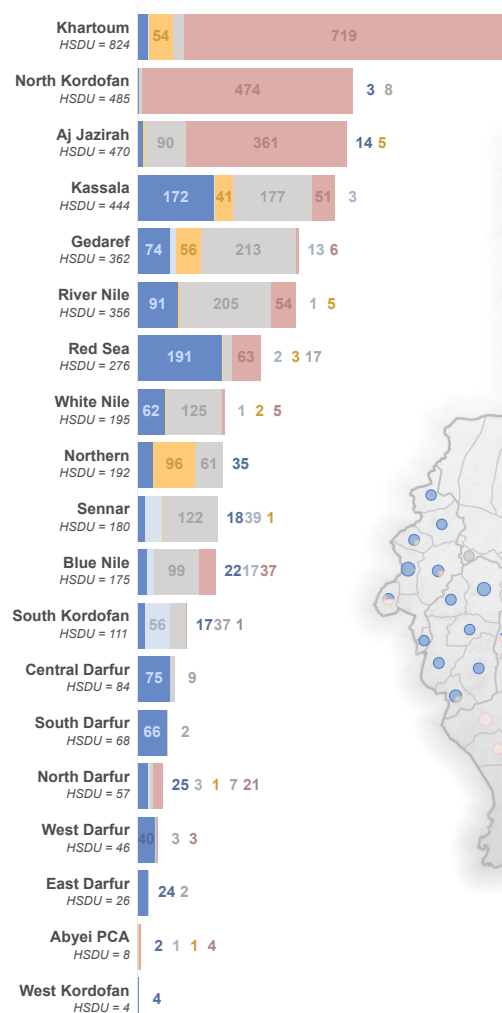


SCREENING FOR ACUTE MALNUTRITION AT THE COMMUNITY LEVEL

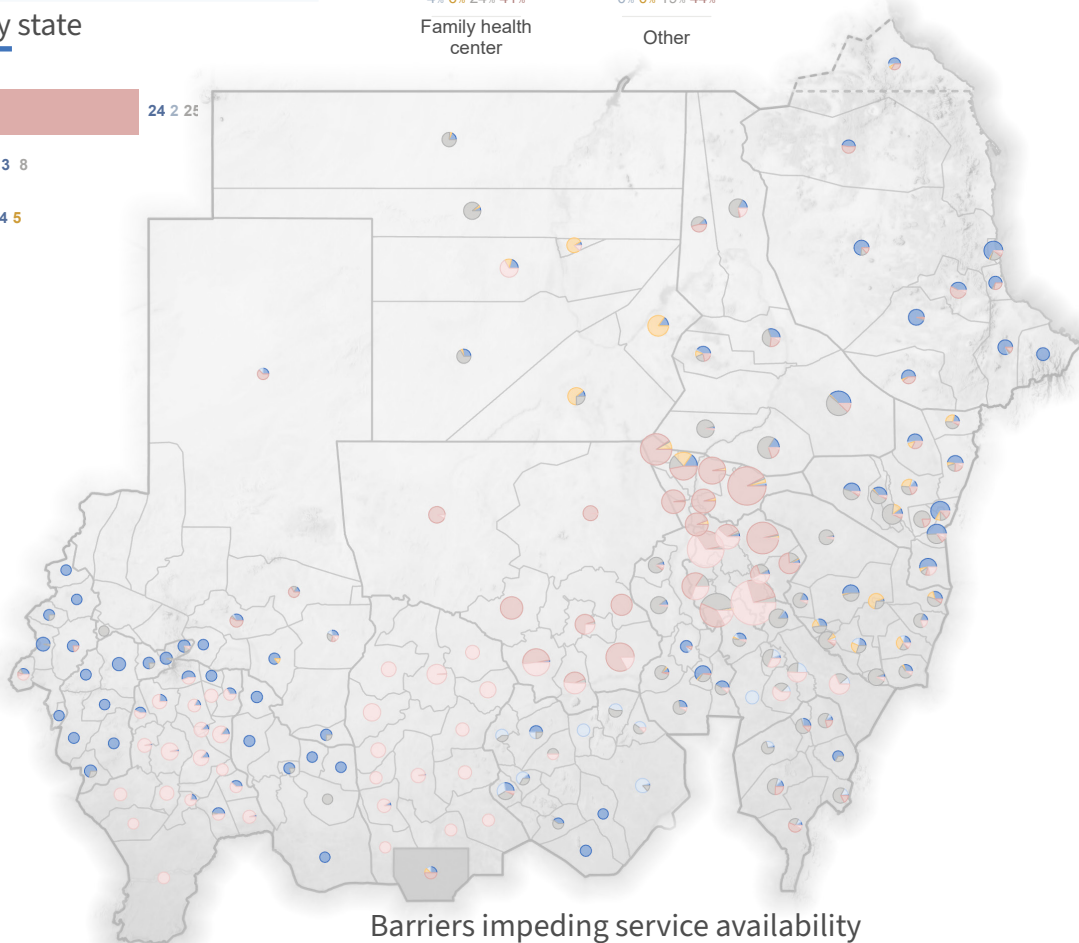
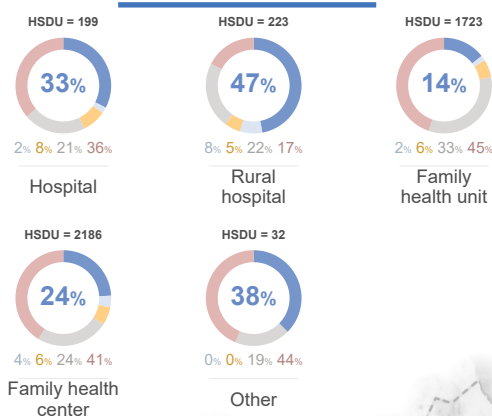
Service availability¹⁵



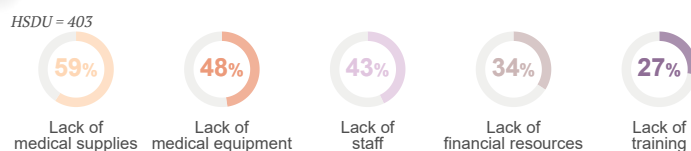
Service availability by state



Service availability by HSDU type

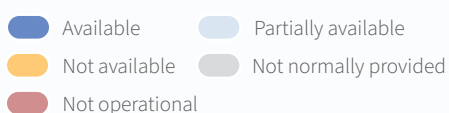


Barriers impeding service availability

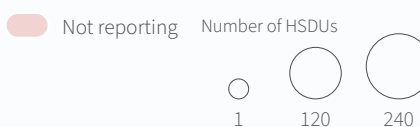


¹⁵ Screen for acute malnutrition with mid-upper arm circumference (MUAC) at the community level.

Availability status

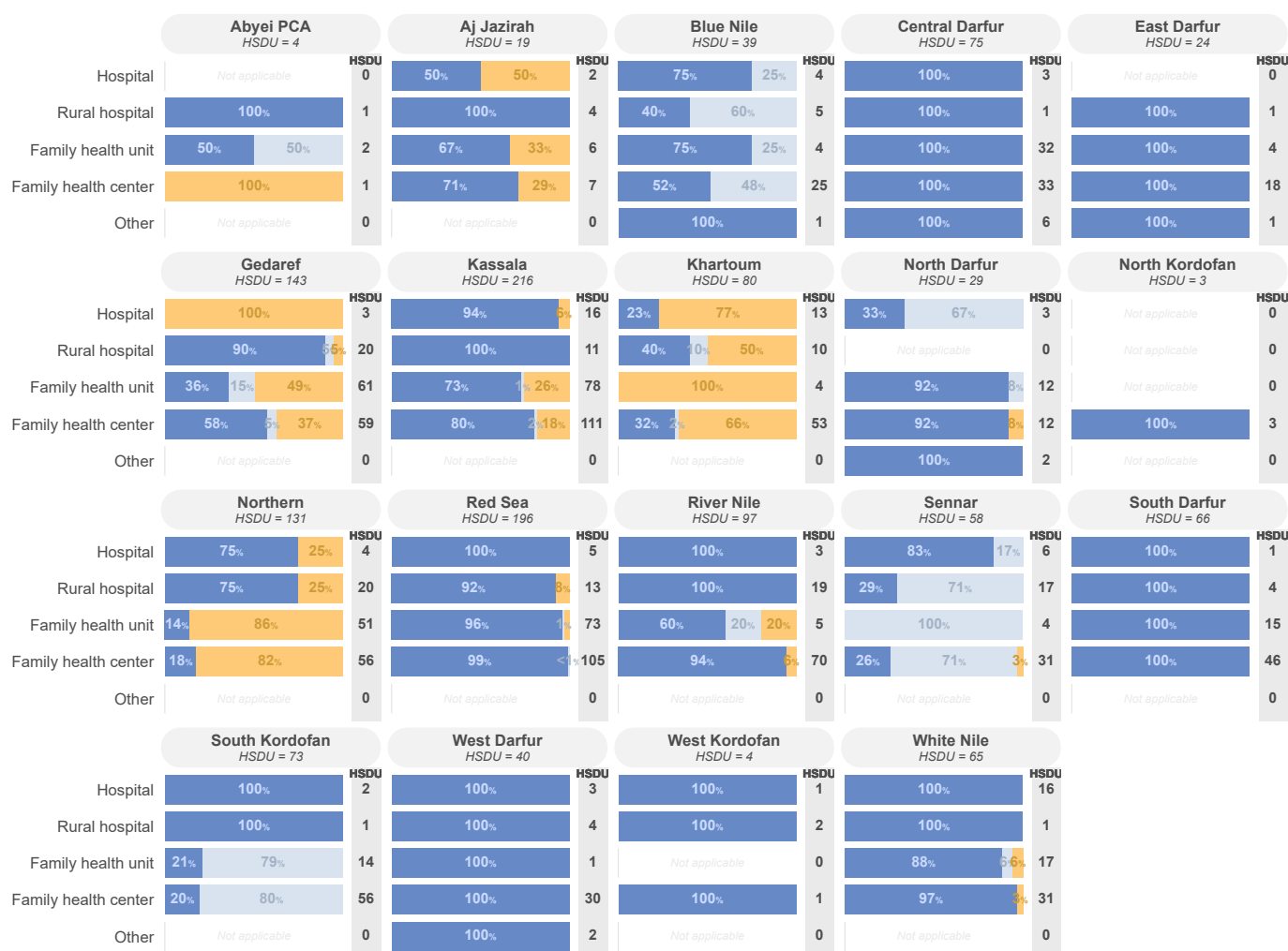


Maps

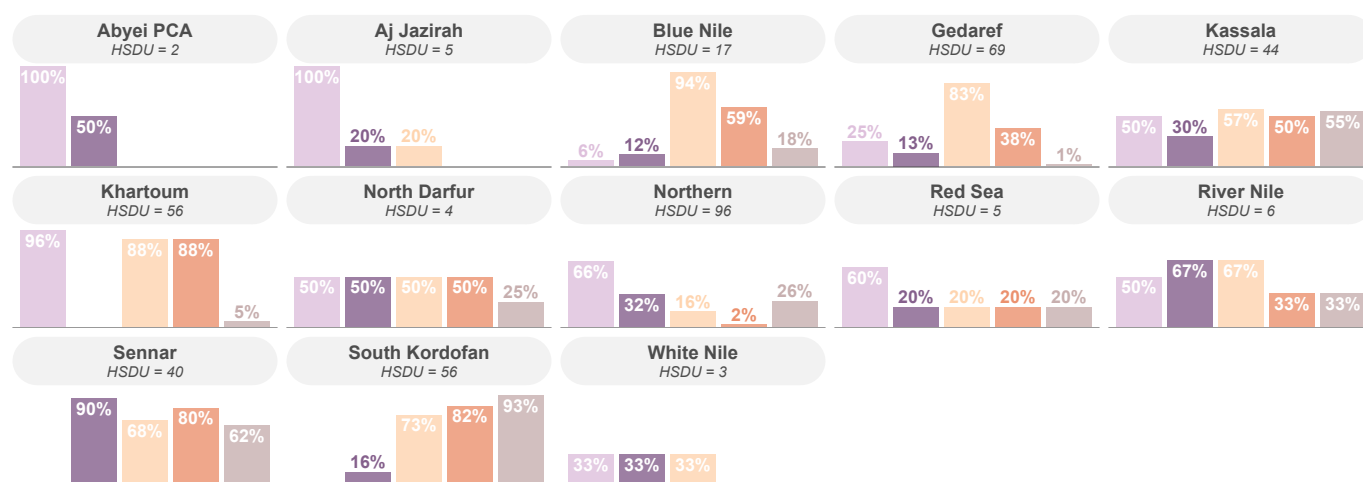




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

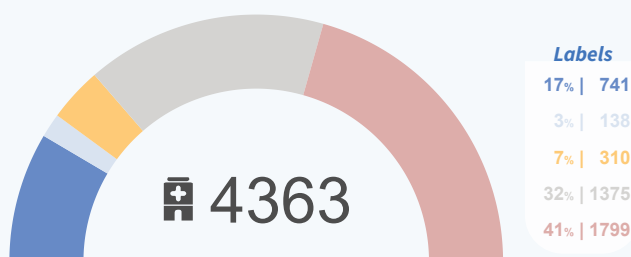
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

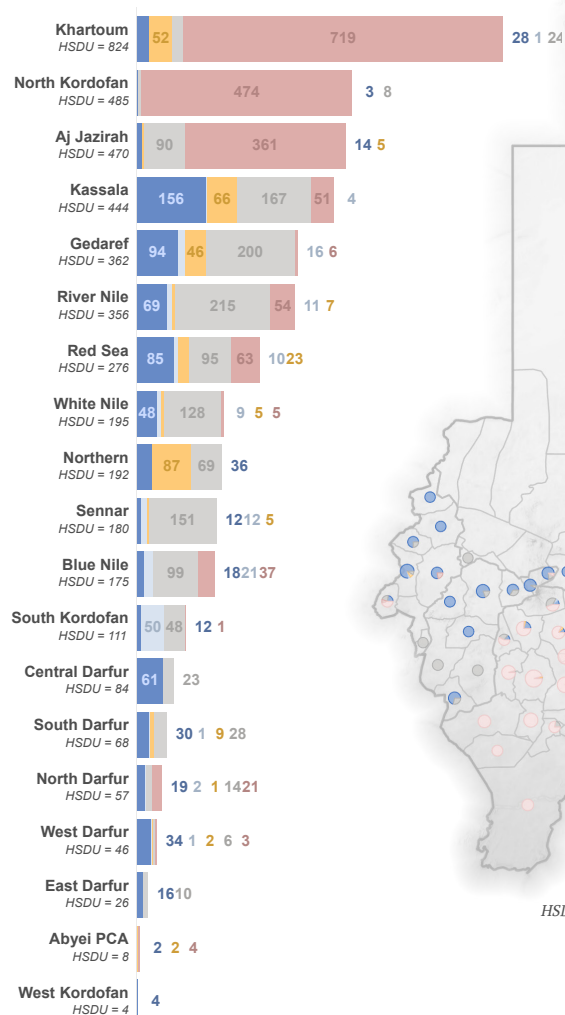


GROWTH MONITORING AT PRIMARY CARE LEVEL

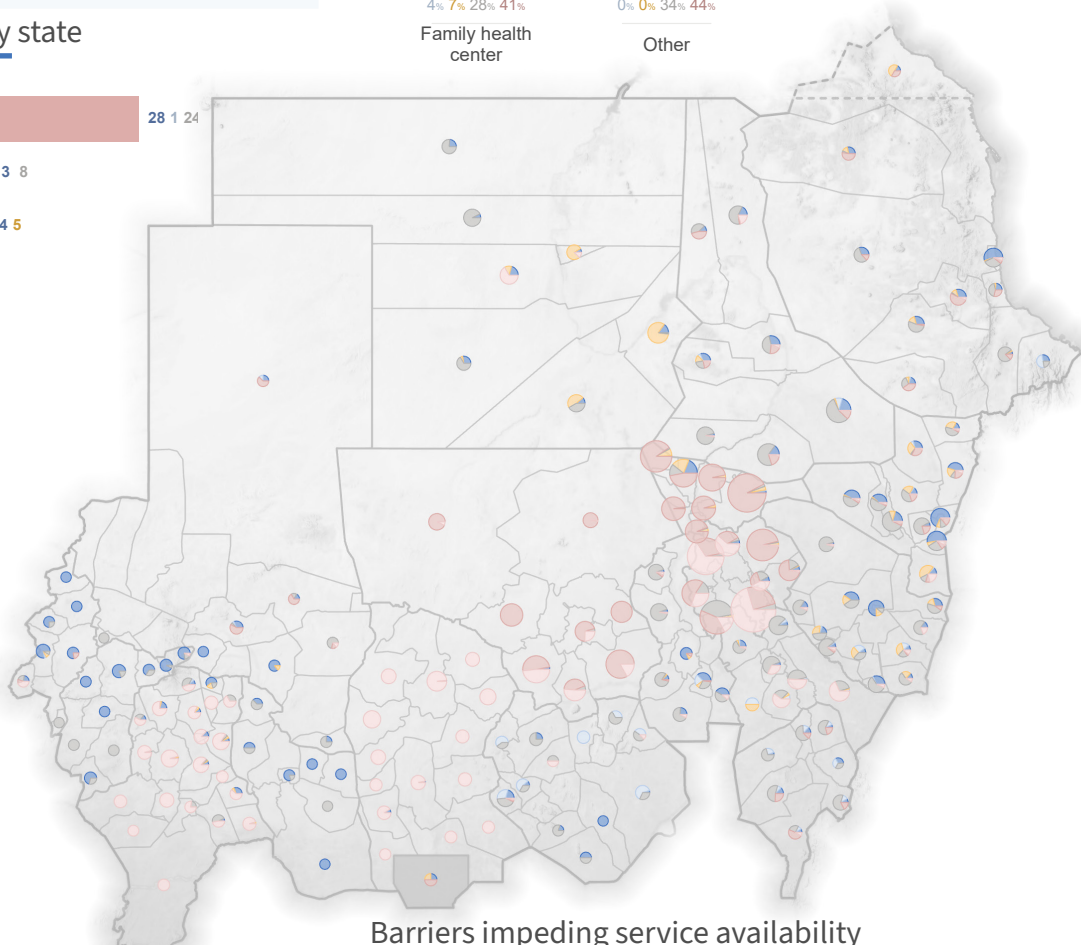
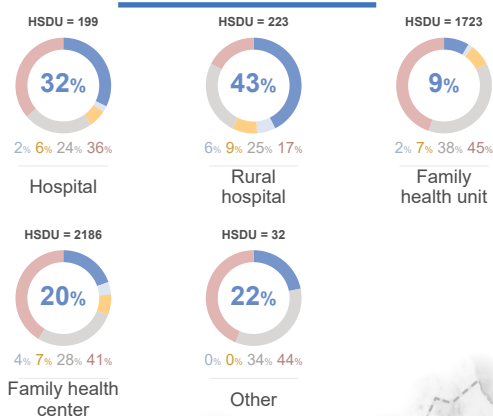
Service availability¹⁶



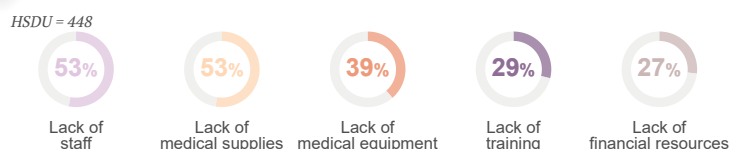
Service availability by state



Service availability by HSDU type

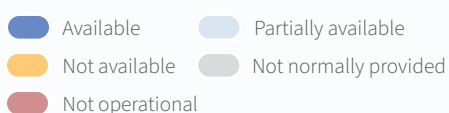


Barriers impeding service availability

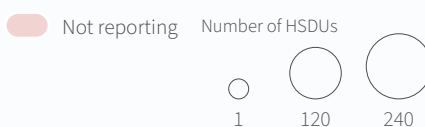


¹⁶ Growth monitoring and/or screening of acute malnutrition with MUAC, weight-for-height or oedema.

Availability status

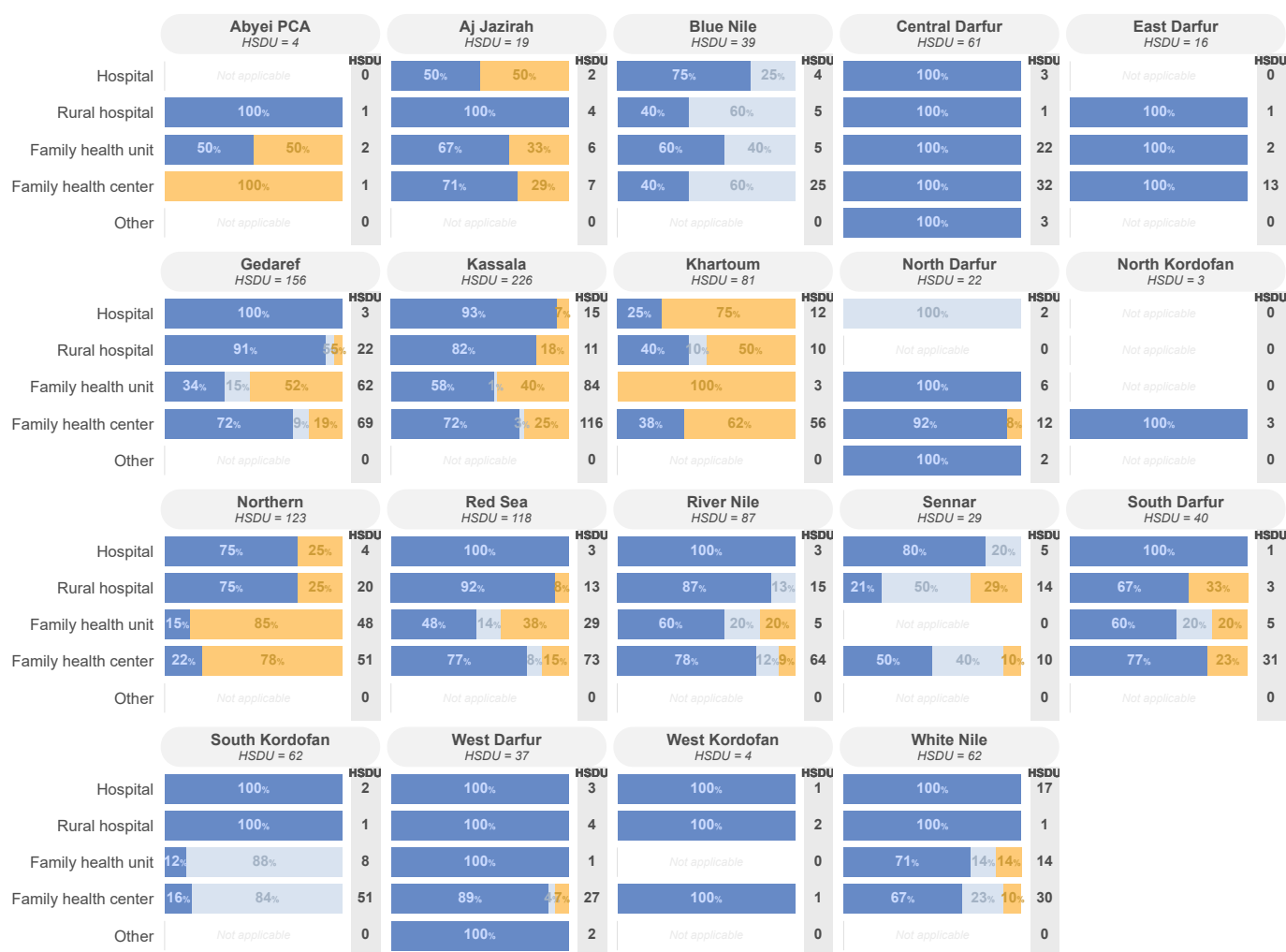


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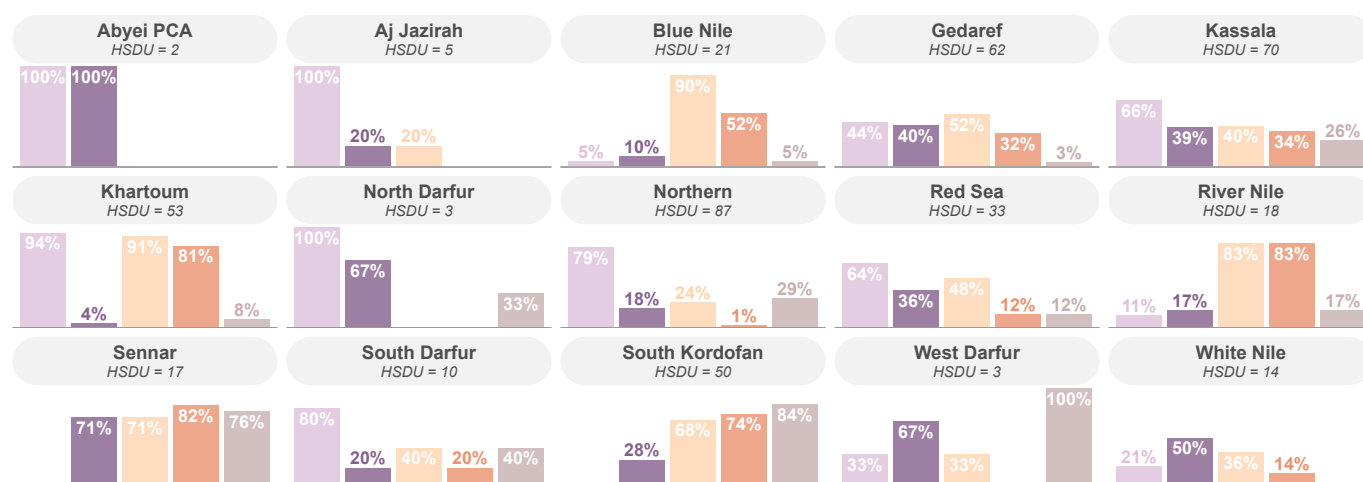




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

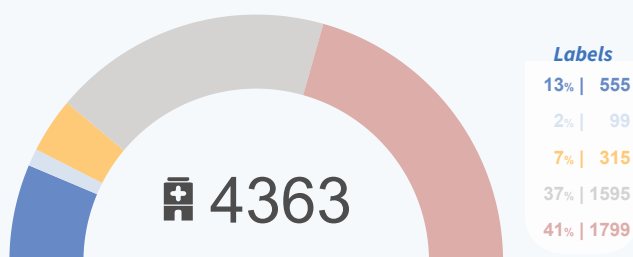
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

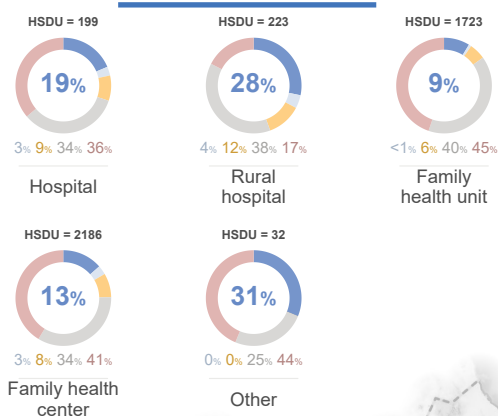


COMMUNITY MANAGEMENT OF ACUTE MALNUTRITION

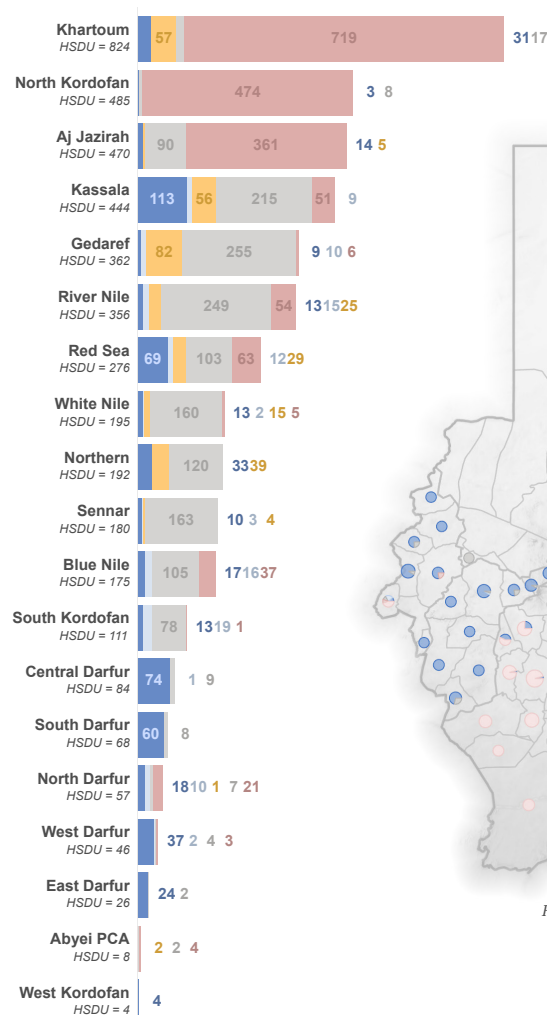
Service availability¹⁷



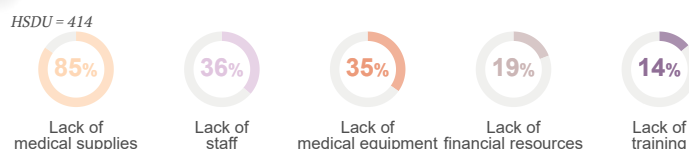
Service availability by HSDU type



Service availability by state

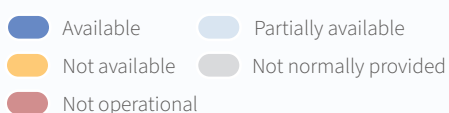


Barriers impeding service availability

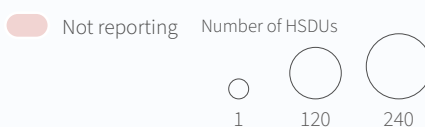


¹⁷ Support community site for community management of acute malnutrition (CMAM) programme and/or follow-up of children enrolled in supplementary/therapeutic feeding

Availability status

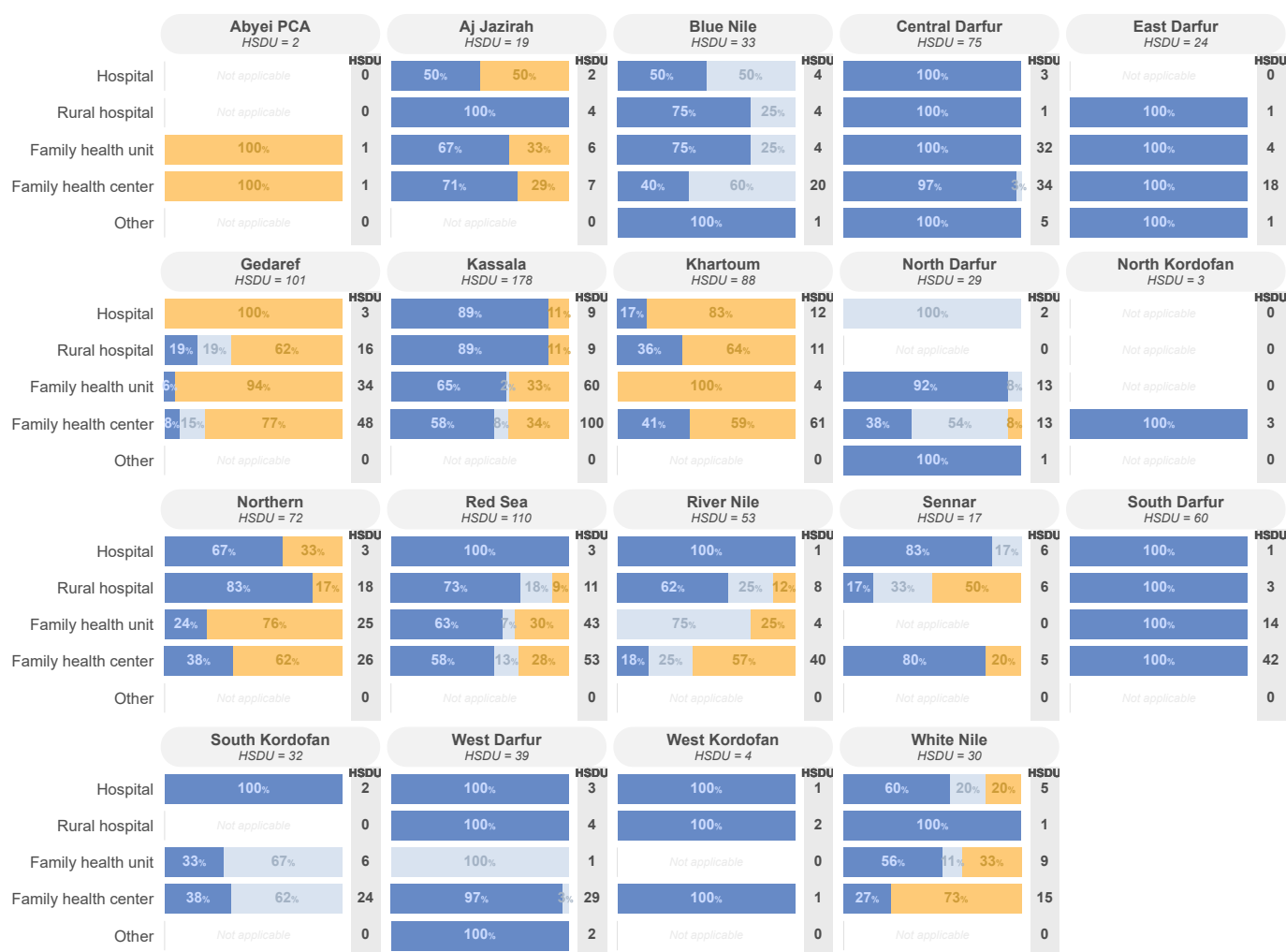


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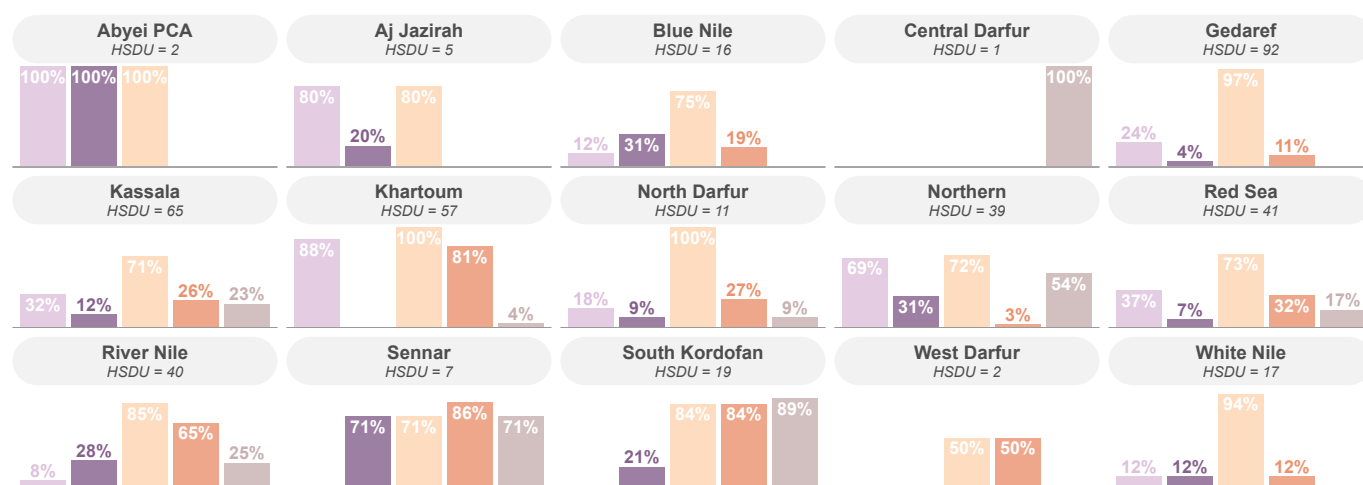




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

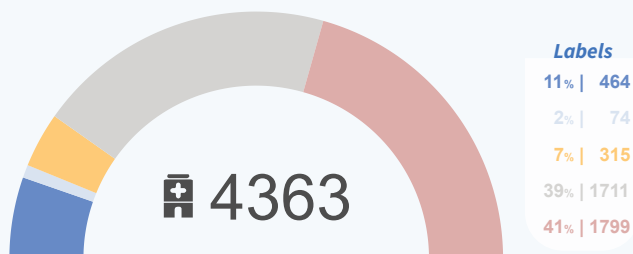
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

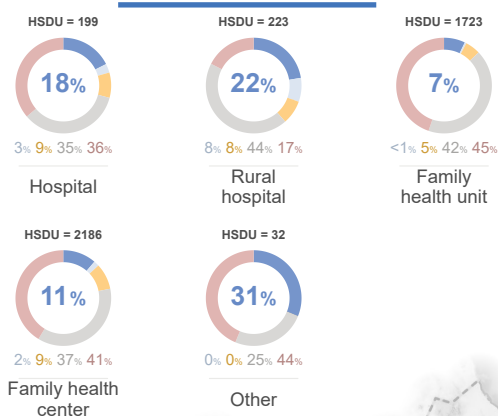


INTEGRATED MANAGEMENT OF ACUTE MALNUTRITION

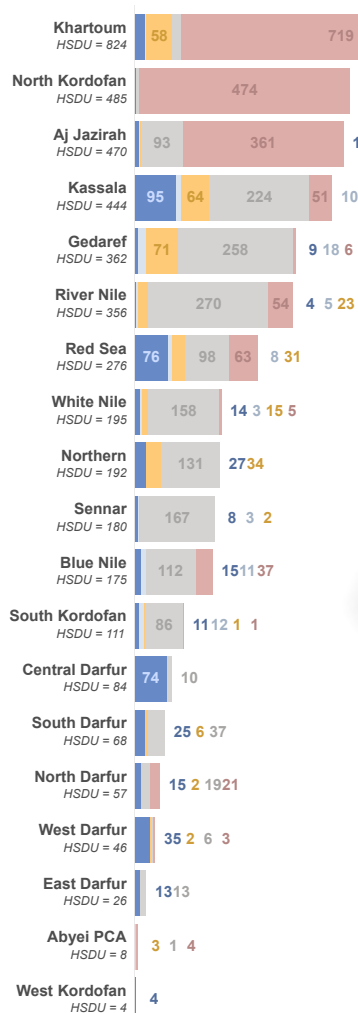
Service availability¹⁸



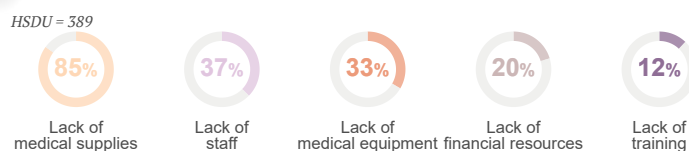
Service availability by HSDU type



Service availability by state

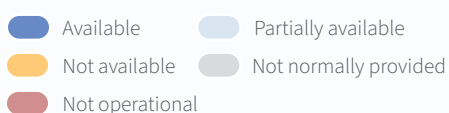


Barriers impeding service availability

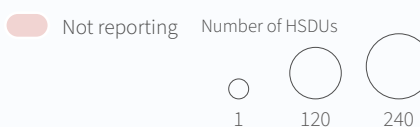


¹⁸ Integrated management of acute malnutrition for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available.

Availability status

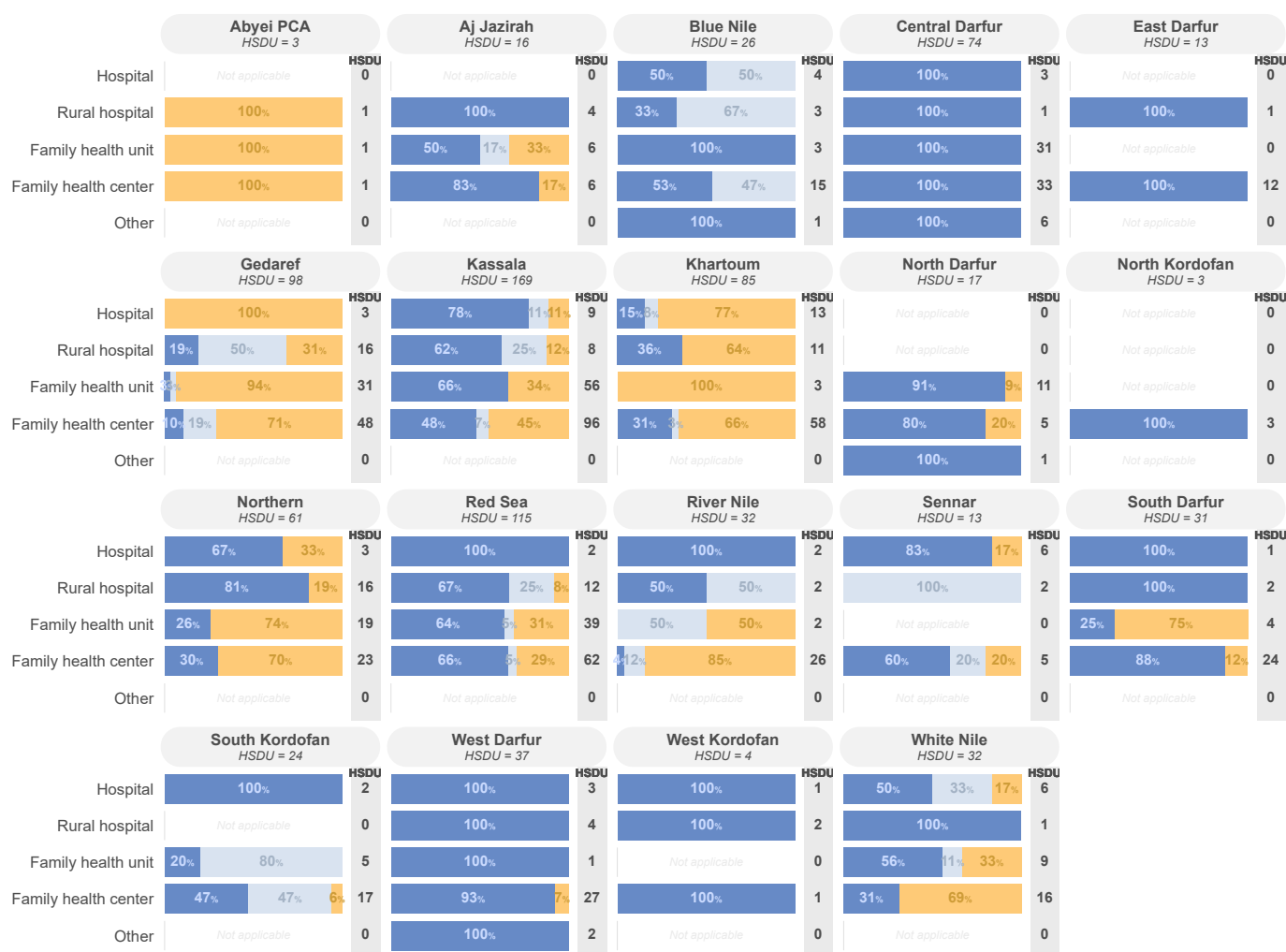


Maps

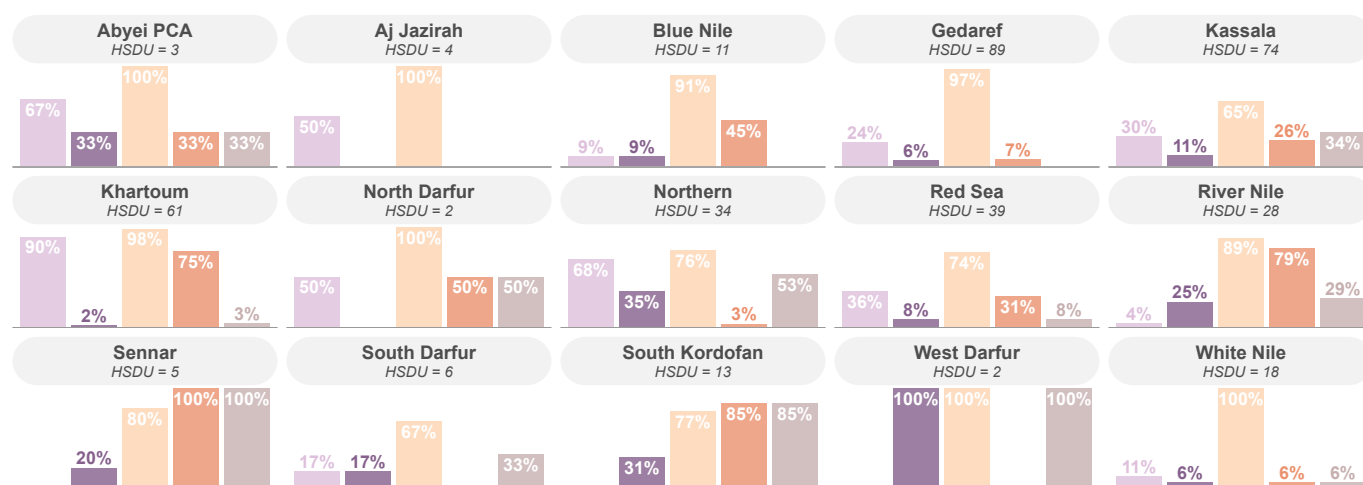




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

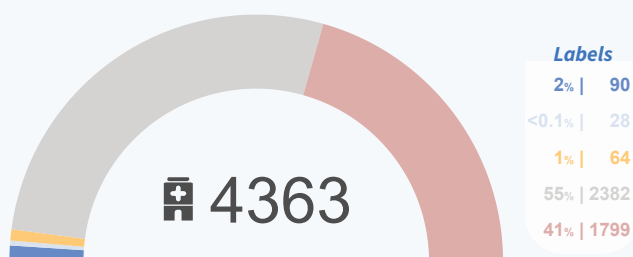
- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

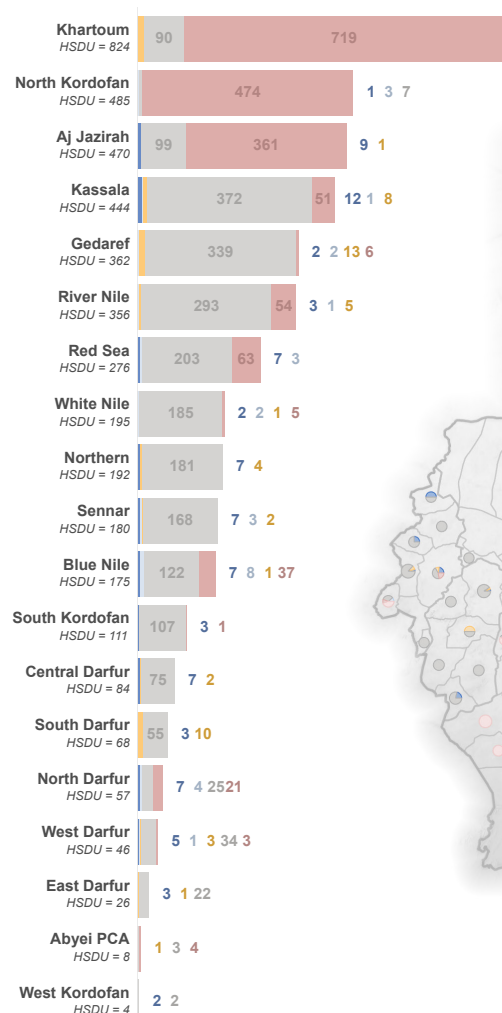


STABILIZATION CENTER FOR SEVERE ACUTE MALNUTRITION

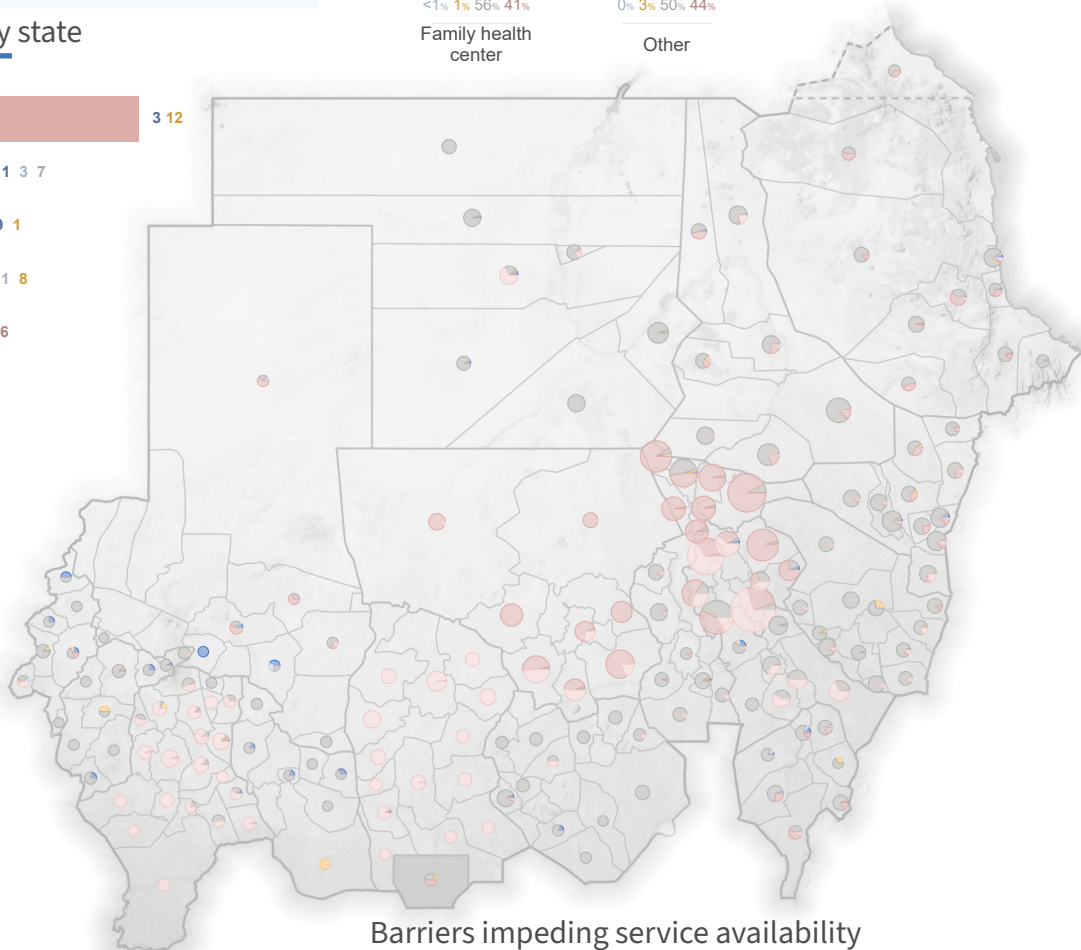
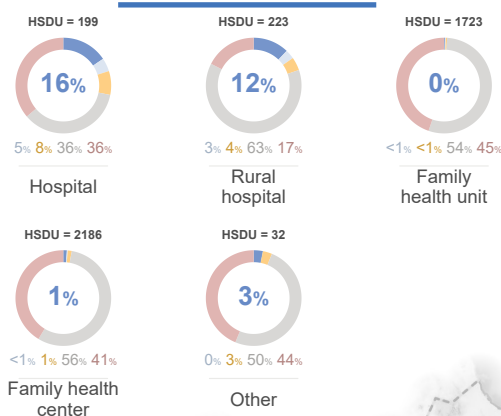
Service availability¹⁹



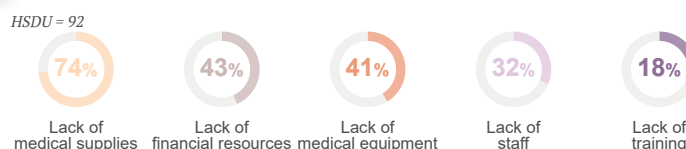
Service availability by state



Service availability by HSDU type

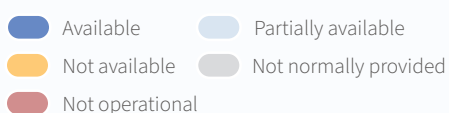


Barriers impeding service availability

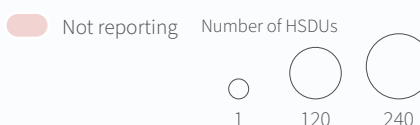


¹⁹ For severe acute malnutrition with medical complications, with availability of F75, F100, ready-to-use therapeutic foods, and a dedicated trained team of doctors, nurses, and nurse aides, 24/7.

Availability status

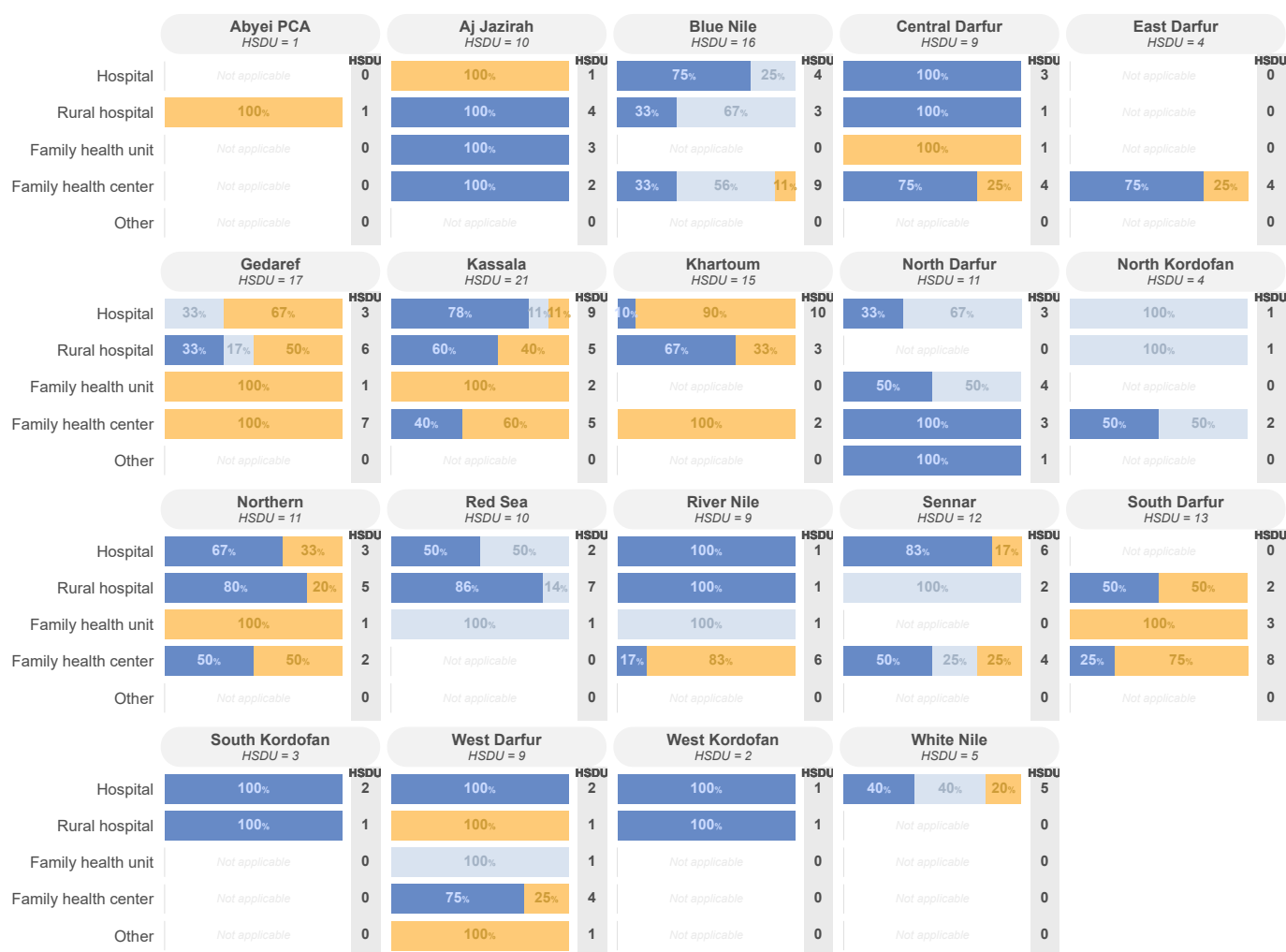


Maps

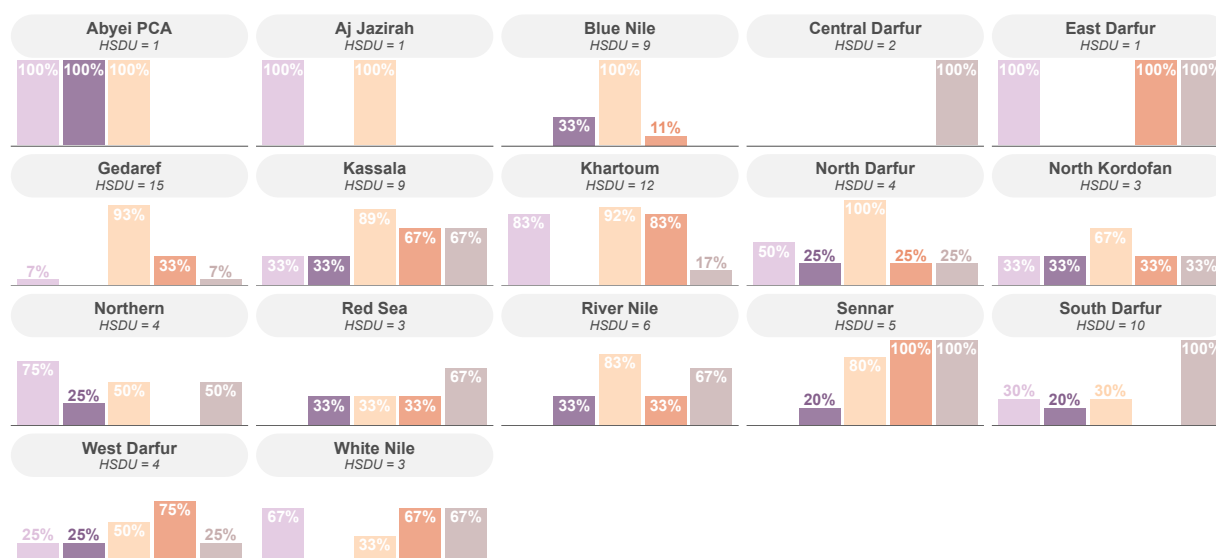




Service availability by HSDU type and state*



Barriers impeding service availability by state



Availability status

- Available
- Partially available
- Not available

Barriers for partial availability or non-availability.

- Lack of staff
- Lack of supplies
- Lack of financial resources
- Lack of training
- Lack of equipment

* Non-operational HSDU and those not normally providing the service are excluded from this chart.

ANNEX





ANNEX I: POPULATION ESTIMATES

State	Population estimates
KHARTOUM	5 941 286
AJ JAZIRAH	5 124 749
SOUTH DARFUR	3 895 007
NORTH DARFUR	3 461 818
NORTH KORDOFAN	3 444 769
WHITE NILE	3 392 274
GEDAREF	3 091 393
KASSALA	2 718 540
WEST KORDOFAN	2 612 654
SENNAR	2 532 326
EAST DARFUR	2 390 080
RED SEA	2 035 582
RIVER NILE	1 862 303
NORTHERN	1 446 861
SOUTH KORDOFAN	1 156 469
CENTRAL DARFUR	943 721
BLUE NILE	813 930
WEST DARFUR	618 178
ABYEI PCA	20 480
Grand total	47 502 420



ANNEX II: HeRAMS SERVICE DEFINITIONS

Service	Definition
COMMUNITY-BASED FIRST AID	Interventions include airway positioning, choking interventions, and basic external hemorrhage control.
COMMUNITY-BASED IMCI	Integrated management of newborn and childhood illnesses (IMNCI) for acute respiratory infection, and diarrhea by trained community health workers.
IMCI UNDER 5 CLINIC	Under-5 clinic conducted by IMNCI-trained health staff with available paracetamol, first-line antibiotics, oral rehydration salts and zinc dispersible tablets, with national IMNCI guidelines and flowcharts.
MANAGEMENT OF CHILDREN CLASSIFIED AS SEVERE OR VERY SEVERE DISEASES	Management of children classified as severe or very severe diseases with par-enteral fluids, drugs, and oxygen, etc.
COMMUNITY MOBILIZATION FOR EPI	Community mobilization and support of outreach sites of routine Expanded Programme for Immunization (EPI), and/or mass vaccination campaigns.
EXPANDED PROGRAMME ON IMMUNIZATION	Routine immunization against all national target diseases with a functioning cold chain in place.
IEC ON IYCF PRACTICES	Information, education and communications (IEC) for child caretakers, early initiation of breastfeeding, promotion of exclusive breastfeeding, and infant, young, and child feeding practices, active case finding, and referral of sick children.
SCREENING FOR ACUTE MALNUTRITION AT THE COMMUNITY LEVEL	Screen for acute malnutrition with mid-upper arm circumference (MUAC) at the community level.
GROWTH MONITORING AT PRIMARY CARE LEVEL	Growth monitoring and/or screening of acute malnutrition with MUAC, weight-for-height or oedema.
CMAM	Support community site for community management of acute malnutrition (CMAM) programme and/or follow-up of children enrolled in supplementary/therapeutic feeding
IMAM	Integrated management of acute malnutrition for severe acute malnutrition without medical complications with ready-to-use therapeutic foods available.
STABILIZATION CENTER FOR SAM	For severe acute malnutrition with medical complications, with availability of F75, F100, ready-to-use therapeutic foods, and a dedicated trained team of doctors, nurses, and nurse aides, 24/7.



