

South Sudan

Nutrition Programme

Sectoral and OR+ (*Thematic*) Report

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1. Abbreviations

BMS	Breastmilk Substitute
CMAM	Community Management of Acute Malnutrition
EPRP	Nutrition emergency preparedness and response plan
FSNMS	Food Security and Nutrition Monitoring System
HFP	Health Pooled Fund
IPC	Integrated Food Security Phase Classification
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MIYCN	Maternal Infant and Young Child Nutrition
MOH	Ministry of Health
MSG	Mother Support Groups
NGO	Non-Government Organization
NID	National Immunization Day
NIWG	National Information Working Group
OTP	Outpatient Therapeutic Program
PCAs	Programme Cooperation Agreements
PLW	Pregnant and Lactating Women
PoC	Protection of Civilian
IRRM	Integrated Rapid Response Mechanism
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilisation Centre
SDGs	Sustainable Development Goals
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SMOH	State Ministry of Health
ToT	Training of Trainers
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VAS	Vitamin A Supplementation
WBW	World Breastfeeding Week
WFP	World Food Programme
WHO	World Health Organization

2. Executive Summary

Widespread insecurity, lack of infrastructure and low levels of humanitarian access continue to define the environment in South Sudan. The nutrition situation has been classified as a chronic protracted complex emergency. With the devastating challenges facing the country in both scale and complexity, displacement and insecurity, the malnutrition burden is steadily increasing with acute malnutrition caseloads now hitting a historic high since 2013. Prevalence of acute malnutrition in South Sudan has been consistently higher than any other country in sub-Saharan Africa and more than twice the average reported for countries in sub-Saharan Africa.

The persistent conflict continues to further exacerbate the rates of acute malnutrition due to the deteriorating food insecurity situation, economic hardship, displacement and the destruction of health, water and sanitation facilities along with underlying causes of poor maternal nutrition and suboptimal infant and young child feeding (IYCF) practices that are the root causes of childhood undernutrition. Only 45 per cent of children are exclusively breast-fed for the first six months of life. The level of undernutrition remained high as 1.1 million children under-five were estimated to suffer from acute malnutrition in 2018. In 2018, 25 out of 55 county-level Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys found that 45 per cent of the counties fall above the 15 per cent World Health Organisation (WHO) emergency threshold. The estimated number of children suffering from severe acute malnutrition (SAM) incrementally rose from a pre-crisis estimate of 108,000 per annum in 2014 to 229,000 in 2015 to 362,000 in 2016, 276,000 in 2017 and 269,000 in 2018, which is over a 150 per cent increase to date.

The September 2018, Integrated Food Security Phase Classification (IPC) results painted a bleak picture of the country's food security situation, particularly the harvest season when households are expected to be food secure. The IPC estimated that 6.1 million people (59 per cent of the population) were severely food insecure of whom 47,000 were in humanitarian catastrophe condition.

In 2018, UNICEF South Sudan remained the technical lead agency for both nutrition curative and preventive services. UNICEF South Sudan worked with more than 40 non-governmental organizations (NGOs) (both national and international), who are the main nutrition service-providers as the government's capacity is limited to deliver curative and preventive nutrition services as a result of the recurring civil war, hence the government relied mainly on UNICEF South Sudan for nutrition programming in the country.

UNICEF South Sudan in collaboration with the Ministry of Health (MOH) and other United Nations (UN) agencies has significantly contributed to the increase of treatment of boys and girls with SAM, from 148,863 in 2015 to 206,673 in 2018. This represents an increase of 15 per cent of SAM children treated, from 60 per cent in 2015 to 77 per cent in 2018. The key performance indicators of SAM treatment were within the acceptable threshold of Sphere standards with cure rates of 88.2 per cent, defaulter rates of 8.1 per cent and death rates of 0.5 per cent. As a result, the prevalence of SAM among children 0-59 months has decreased from 9.9 per cent in 2010 to 2.7 per cent in 2018 in South Sudan. The prevalence of SAM is slightly higher among boys than girls. The states with the highest prevalence of SAM were

Jonglei and Upper Nile. About 70 per cent of girls and boys treated for SAM were hosted in the five states of Jonglei, Northern Bahr El Ghazal, Unity, Lakes and Warrap.

The significant achievement in SAM treatment is attributed to an 86 per cent increase in the number of outpatient therapeutic programme (OTP) treatment sites, from 462 in 2015 to 858 in 2018; increased partnership with NGO partners; and active case finding at community level for early detection and referral, especially in the five high malnutrition burden states. Dry season pre-positioning of essential nutrition supplies effectively eliminated stock-out bottlenecks at OTP treatment sites, allowing continuity of service delivery without disruption. Harmonization of treatment protocols through development of national guidelines and roll out of Community-based Management of Acute Malnutrition (CMAM) trainings in the five target states have been instrumental in scaling up access to treatment of SAM among children. The supportive supervision and corrective action interventions using a star rating model significantly contributed to increased coverage and improved quality of SAM treatment services in Northern Bahr El Ghazal and Unity states.

Strengthened collaboration between UNICEF, the World Food Programme (WFP) and WHO in management of acute malnutrition ensured continuum of care through seamless referral mechanisms for girls and boys across the different treatment programmes for children with moderate acute malnutrition (MAM) and SAM. Use of other joint strategies such as expanded criteria, adoption of one partner per location for both WFP and UNICEF programmes, together with joint monitoring of nutrition activities at the treatment sites bolstered CMAM treatment in South Sudan.

UNICEF South Sudan continued to chair the National Information Working Group (NIWG). Previously, nutrition data for South Sudan was inaccessible, UNICEF South Sudan supported the development and implementation of a real-time data management system, providing data on the nutrition situation. The nutrition programme and survey data contributed to informed decision making relating to CMAM and Maternal, Infant and Young Child Nutrition (MIYCN).

Through the scale up of partnership with WFP, life-saving nutrition services were provided to communities in hard to reach locations through integrated rapid response mechanism (IRRM) missions. In 2018, 50 IRRM missions were conducted, including the nutrition stand-alone response, leading to the screening of 76,550 children and 35,350 pregnant and lactating women.

The complex humanitarian emergency in South Sudan has brought about a number of challenges for the nutrition programme. Insecurity, poor infrastructure and poor road networks are contributing factors to providing timely access to nutrition services. Looting of nutrition supplies as a result of insecurity is also a challenge to the programme. The capacity of government in terms of human and financial resources is limited. Moreover, there is limited multi-year and unearmarked funding for development programmes in nutrition.

3. Strategic Context of 2018

Country trends

The ongoing conflict and protection crisis since the end of 2013 has resulted in a complex humanitarian crisis that is manifested by large scale population displacements, violence against women and children, loss of livelihoods, high levels of malnutrition, and disruption of infrastructure and basic social services. As a result of repeated shocks and ongoing conflict, the situation in South Sudan has been classified as a chronic protracted complex emergency. The major consequences of the ongoing complex humanitarian and food security crisis are increased acute malnutrition; mortality and morbidity among children, related to their vulnerability to common and vaccine-preventable diseases; poor access to safe water and sanitation; as well as heightened protection risks for women and children. Previously resilient households are no longer able to cope with the cumulative effects of this protracted crisis.

Already before the crisis, malnutrition was a major public health concern given the poor public health situation and caring practices such as sub-optimal IYCF practices, and low coverage of hygiene and sanitation facilities. In 2018, 25 SMART surveys out of total 55 showed a Global Acute Malnutrition rate (GAM) at or above 15 per cent, with the highest rates in Renk with 26.9 per cent followed by Gogrial West at 26.6 per cent, Nyirol at 25.7 per cent and Duk at 25.3 per cent. The acute malnutrition situation was expected to deteriorate further during the lean season. It was estimated that 1.1 million children were acutely malnourished in 2018, out of which 269,140 were estimated to be severely malnourished.

Changes observed in the nutrition sector 2017 vs 2018

The food security situation has deteriorated over the past years. The 2018 IPC report (January 2018) estimated that 6.1 million people (59 per cent of the population) were estimated as severely food insecure (IPC Phases 3, 4, and 5) until the start of the lean season. Overall, the food security situation worsened in the consecutive months due primarily to the protracted conflict and displacements, which contributed to insufficient crop production (only 61 per cent of the 2018 national cereal needs were met by the harvest), disruptions to livelihoods and persistent macroeconomic deterioration. Livelihoods have been further eroded by climatic shocks, such as prolonged dry spells, flooding and pest infestations (e.g. Fall Armyworm). Three successive droughts also greatly affected all livelihood aspects of poor households. These conditions have all adversely affected pastoral areas of Eastern Equatoria state. Furthermore, low supply, high transportation costs and the depreciation of the South Sudanese pound (SSP) has resulted in extremely high staple food prices for the population.

Key challenges and changes after the launch of the Sustainable Development Goals (SDGs)

UNICEF South Sudan's nutrition programme contributes to the achievement of zero hunger which is SDG 2. This involves the elimination of hunger for children age under five and improved nutrition.

UNICEF South Sudan and its partners have identified a range of bottlenecks to improving the nutritional status across South Sudan. The 2013 Knowledge, Attitudes and Practices (KAP) study showed that the vast majority of women in South Sudan are aware of the health benefits of breastfeeding at the household level. Even so, inappropriate knowledge among caregivers and cultural beliefs and taboos on feeding practices can negatively affect maternal nutrition, early initiation of breastfeeding, exclusive breastfeeding and weaning. Meanwhile, when women are not empowered to make decisions over household resources, it is difficult for them to effectively care for children.

Nutritional status is also harmed by tropical enteropathy, under which poor digestion and ingestion of faecal matter affects the intestine, leading to poor absorption of micronutrients. Displaced populations, in particular, have a lack of access to adequate and sufficient nutrition. At the community level, only a very limited number of markets and social services are in operation, and ongoing insecurity has led to restricted access to conflict-affected populations. In addition, community mobilization on nutrition is weak. Community workers or support groups often drop out of programmes due to a lack of motivation and supportive supervision.

From the side of the healthcare system, not enough attention is paid to maternal nutrition during antenatal care visits, and few women attend antenatal services. There is inadequate funding to train sufficient numbers of community workers and support groups. There is also a broader lack of professional capacity for nutrition in the healthcare system, from the MOH through regional and local government to frontline healthcare and nutrition providers. Government funding for nutrition is negligent. It relies on development partners for information, training, supply procurement, implementation of programmes, coordination, and monitoring. Nutrition services (OTP) have been established by international organizations, where possible, as part of primary healthcare facilities.

The causes of malnutrition are multi-faceted and hence require a multi-sectoral approach and platform such as the global Scale-Up Nutrition (SUN) Movement. While South Sudan became a member of the SUN movement in 2013 with plans to establish a multi-sectoral platform to accelerate nutrition service delivery, in practice the establishment of such a platform has not been possible. South Sudan needs a conducive enabling environment for multi-sectoral coordination and planning, which in the current situation and with current Government leadership and coordination capacity is not feasible to achieve.

UNICEF positioning to engage to address these challenges

UNICEF South Sudan is working with the MOH and other relevant ministries as well as sister UN organisations and implementing partners to build capacity for, and deliver of, multi-sectoral interventions aimed at reducing stunting. Priority areas for UNICEF South Sudan are: managing SAM, preventing malnutrition, strengthening nutrition surveillance and information management, and prioritizing nutrition emergency response.

UNICEF South Sudan is the sole provider for the nutrition core pipeline, providing all nutrition partners in South Sudan with Ready to Use Therapeutic Food (RUTF) and other supplies needed for the treatment of severely malnourished children. In 2018, UNICEF South Sudan supported more than 40 NGOs and the MOH with RUTF commodities.

UNICEF South Sudan also addressed the root causes of malnutrition through promoting good feeding practices among women. UNICEF South Sudan also supports the development of MIYCN guidelines and strategy and training package for South Sudan, aiming at addressing the causal factors to malnutrition.

UNICEF South Sudan is closely working with the nutrition cluster and other technical working groups to strengthen the monitoring of programme data as well as support the establishment of nutrition data analysis in the MOH, to provide and generate timely nutrition information needed to develop evidence-based nutrition interventions in South Sudan.

Given the absence of updated national nutrition data, the Food Security and Nutrition Monitoring System (FSNMS) round 22 was designed in such a way as to produce food security results at the country level, while the nutrition results were representative at the state level. The sampling design in round 22 was informed by the food security indicators representative at county level. A total of nine clusters and 12 households were selected from each county. Weighted estimates were done at state and national level to provide estimates for the different indicators measured.

Given the widespread complex humanitarian emergency in South Sudan, communities affected by the conflict in seven out of the ten former states remain without consistent essential nutrition services. To reach those communities with no services in hard to reach locations, UNICEF South Sudan in collaboration with WFP carried out IRRM missions, bringing urgent assistance to desperate communities in the least accessible parts of the country, using whatever means necessary, whether by air, boat, or overland. Teams normally consisted of technical specialists who flew in to remote areas and established a temporary camp where they remained for up to two weeks. In addition to providing immediate emergency services, IRRM teams worked to establish, or reopen, long-term humanitarian access to remote communities. The IRRMs and other emergency services also prepared the ground to re-establish static nutrition services.

Challenges in the nutrition sector

Poor road infrastructure, especially during the rainy season, necessitated dry season supply prepositioning to UNICEF South Sudan warehouses and hubs maintained by partners to ensure supplies were closer to the implementing partners. Insecurity led to engagement of organized force-protected convoys to ensure delivery of supplies to implementing partner programme areas.

To improve implementing partners' capacity to manage supplies, UNICEF South Sudan nutrition staff continued to closely monitor partner's adherence to protocols for treatment of

SAM in order to strengthen their capacity as needed and to maximize outcomes of the programme by ensuring appropriate use of supplies.

4. Results in the Outcome Area

The CMAM programme achieved an average 88.2 per cent recovery rate for children discharged from the SAM treatment programme, well above the Sphere standard of 75 per cent. This improved recovery rate was due to multiple factors including the repositioning of supplies in conflict affected locations; increased partners' presence; and improved linkages with MAM treatment which subsequently reduced the number of children falling into SAM. A total of 206,673 out of 215,312 targeted children were admitted for SAM treatment with support from UNICEF South Sudan in 2018.

Malnutrition prevention remained a key tool for addressing the alarming malnutrition status of children in the country. Yet, underfunding for prevention packages remains a key challenge. The prevention package – MIYCN programme - was rolled out across the country. In 2018, a total of 950,376 mothers and caregivers acquired knowledge and skills on appropriate IYCF practices in targeted communities. Furthermore, two preventive joint health and nutrition national campaigns during the National Immunization Days (NIDs) integrating Vitamin A Supplementation (VAS) and deworming with polio/measles vaccination for children under five years were conducted. In the first round (April/May), a total of 2,310,639 and 1,884,491 children received VAS and deworming tablets respectively. In the second round (November/December 2018), the number of children reached were 2,321,597 and 1,588,947 respectively.

The Nutrition programme was strengthened through integration with other sectors such as health, WASH, education and protection, including introduction of childhood stimulation in nutrition services with early childhood development (ECD) support through education and child protection services. Through the health programme mosquito nets were provided to enrolled SAM cases in the OTPs as well as the provision of soap to promote hygiene and sanitation.

The nutrition supplies pipeline was closely monitored to ensure there were no stock-outs of critical nutrition supplies throughout the country. However, at facility level due to insecurity and difficult terrains, an average of eight per cent of facilities reported stock-outs within a range of one to thirty days. Various strategies were employed including the development and implementation of a dry season plan for the country. These strategies led to continuous availability of nutrition supplies in state warehouses. Through regular nutrition cluster tracking system, supplies monitoring was conducted in all states including conflict-affected states of Unity, Jonglei and Upper Nile. Overall, states with warehousing facilities did not experience stock-outs and maintained provision of quality services.

In relation to strengthening local capacities to prevent and treat malnutrition, UNICEF South Sudan rolled out MIYCN guidelines. Since the rolled out of the MIYCN guidelines around the end of 2016, UNICEF South Sudan and partners have been providing trainings for health and nutrition workers. In 2018, a total of 2,831 service providers on MIYCN and

micronutrient supplementation were trained. To improve evidence-based programming, 25 government and NGO service providers were trained on SMART survey management.

Through the scale up of partnership with WFP, life-saving nutrition services were provided to communities in hard to reach locations through IRRM missions. UNICEF South Sudan continued strengthening collaboration in the provision of life saving nutrition services through partnering with 40 NGOs of which 38 per cent were local NGOs.

Output 1 – Provision of quality services

UNICEF South Sudan in partnership with nutrition implementing partners, has significantly contributed to the expansion and improvement of treatment services for children with SAM. The number of children treated for malnutrition increased from 148,863 to 206,673 (107,720 girls, 98,953 boys) between 2015 and 2018. This represent an increase of coverage from 60 per cent in 2015 to 77 per cent in 2018. The key performance indicators of SAM treatment were within the acceptable threshold of Sphere standards with cure rates of 88.2 per cent, defaulter rates of 8.1 per cent and death rates of 0.5 per cent. Despite the challenging context in the country, UNICEF South Sudan supported an increase of 17 per cent in the number of OTPs.

CMAM training packages were rolled out in collaboration with the MOH, WFP and NGO partners to improve the quality, standards and to strengthen the capacity of nutrition service providers to manage children with SAM. The training included screening methods, diagnosis including admission and discharge criteria to nutrition services, as well as identification and referral of SAM with medical complications. In 2018, a total of 3,503 health and nutrition workers have been trained on CMAM as per the national protocol.

UNICEF South Sudan and WFP continued their partnership providing support for continuum of care for acute malnutrition management. UNICEF South Sudan supported services to treat SAM in OTPs while WFP supported partners to treat MSM in targeted supplementary feeding programmes (TSFP). The partnership enabled joint monitoring of activities at the facilities, as well as working together to support the Nutrition Department at the MOH at the national and state level.

At the national level, no stock-outs were experienced for nutrition supplies due to the introduction of pipeline nutrition supplies tracking system for facilities by the Nutrition Cluster. The tool led to improved nutrition supplies pipeline management that led to only one per cent of local facilities experiencing stock-outs for one month. The local stock-outs were due to insecurity (which on occasion led to evacuation of facility personnel and looting of supplies); delayed supply requisitioning by partners; and delays in transportation because of bad road terrain and weather. UNICEF South Sudan supported the RUTF supply pipeline in the country to manage SAM while WFP provided commodities to manage MAM.

Output 2 – Infant and young child feeding

UNICEF South Sudan supported the government through MOH both at the national and state level to finalize the national MIYCN strategy, guidelines and training package. Rolling

out the strategy and guidelines remains critical for demand creation and promoting appropriate behaviour and social change to improve MIYCN knowledge and practices.

In partnership with implementing partners, WFP, WHO and MOH, UNICEF South Sudan contributed to an increase in the number of caregivers of children aged 0-23 months reached through MIYCN counselling, from 539,547 to 950,376 between 2015 and 2018. A recent national food security and nutrition survey has revealed an increase in the proportion of children aged under six months who are exclusively breastfed from 45 per cent to 74 per cent between 2010 and 2018. This remarkable progress was achieved through the development of the MIYCN strategy and scaling up of activities at community and health facility levels. However, only 57 per cent of children are breastfed up to two years of age, 15 per cent of children aged 6-23 months receive minimum dietary diversity, and five per cent of children aged 6-23 months receive a minimum acceptable diet. Key bottlenecks include weak planning, monitoring and reporting, coupled with limited donor funding for malnutrition prevention. As part of its new Country Programme, UNICEF South Sudan will strengthen integration of MIYCN into its partnership cooperation agreements with 40 CSOs and within the health system.

UNICEF South Sudan and its partners also contributed to an increase in the number of children receiving VAS, from 1,536,612 in 2017 to 2,310,639 in 2018. Similarly, the number of children receiving deworming tablets has increased from 1,200,617 to 1,884,491. Additionally, the proportion of counties that have conducted vitamin A supplementation and deworming (VASD) campaigns increased from 61 per cent in 2017 to 76 per cent in 2018. The national food security and nutrition survey conducted in 2018 revealed that the proportion of children aged 6-59 months who received VAS increased from four per cent in 2010 to 63 per cent in 2018. This remarkable increase is mainly attributed to the integration of VASD into NIDs, as well as to the improved coordination and supervision of activities. The phasing out of NIDs for polio will necessitate the exploring of alternative strategies and opportunities to maintain high coverage of VASD. Therefore, in the new Country Programme, UNICEF South Sudan will strengthen the integration of VASD with the screening of children with SAM implemented by UNICEF South Sudan partners under the supervision of the MOH. There are also opportunities to further link these initiatives with the ECD programme being initiated in 2019.

However, coverage was affected by logistical challenges due to poor road infrastructure in the rainy season in some parts of the country. Insecurity also affected coverage in some counties in Jonglei, Upper Nile, Unity, Central Equatoria, Western Equatoria and Eastern Equatoria states. VASD interventions were also administered during IRRM missions to communities not reached by the NID campaigns. Through IRRM missions, a total of 45,178 children aged six to 59 months were given VAS and 34,211 received deworming treatment.

Insecurity in most of the country continued to limit monitoring and supportive supervision. Although 1,714 mother support groups (MSG) were operational in South Sudan, the sustainability of the MSGs was a challenge, as most mothers demanded incentives to continue with the groups. Despite the fact that MIYCN interventions are some of the most cost-effective preventive nutrition interventions for addressing the underlying causes of

childhood malnutrition, funding remains a challenge as most donors prioritize emergency lifesaving interventions.

Output 3 – Evidence based nutrition intervention

Under UNICEF South Sudan's chairmanship, the NIWG planned surveys, reviewed proposals and validated surveys conducted in South Sudan. From January to December 2018, UNICEF South Sudan provided technical guidance and validation to 55 SMART assessments, two rounds of FSNMS, and three IPC analysis.

NIWG reviewed and validated 55 planned SMART surveys (100 per cent). Over 45 per cent showed GAM above WHO's 15 per cent emergency threshold. Generally, high GAM rates occurred in Warrap, Jonglei and Unity states. The highest prevalence was reported in Renk, Upper Nile state (26.9 per cent) followed by Gogrial west (26.6 per cent), and Nyirol (25.7 per cent). The lowest prevalence was recorded in Yambio (2.3 per cent) and Mundri East (5 per cent).

Previously, FSNMS seasonal assessments were conducted three times a year and were reduced to two rounds per year in order to inform the two main IPC analysis of July and December/January. The round 22 and 23 assessments were completed in August and December 2018 respectively. The findings of the round 22 revealed that four out of ten states have GAM exceeding the 15 per cent emergency threshold. Highest GAM rates were recorded in Jonglei (19.4 per cent), Unity (16.6 per cent), Upper Nile (16.65 per cent) and Warrap (15.3 per cent) states. Complementary feeding practices in South Sudan are generally very poor. Only 15 per cent of children six-23 months old received four or more food groups, and about 48 per cent received solid, semi-solid or soft foods adequately within the 24-hour recall period. Only five per cent of six-23 months children received adequate quantity and quality of complementary food. This greatly exacerbates child malnutrition and affects child survival. Therefore, improving MIYCN practices in children under 24 months of age remains critical for improving nutrition, health and development. Heightened insecurity in many areas, particularly Greater Equatoria, Jonglei and Unity states, hindered assessments and nutrition programme monitoring, as well as on-the-job training and capacity building.

Output 4 – Nutrition emergency preparedness and response plan (EPRP)

IRRM missions continued to be the best way of reaching women and children in areas made inaccessible by insecurity and limited access. UNICEF South Sudan, WFP and partners scaled up the deployment of IRRM missions following the declaration of famine in Unity state in 2017. In 2018, a total of 50 joint UNICEF/WFP IRRM missions were conducted in collaboration with partners.

A total of 76,550 children aged six-59 months were screened, with 2,383 (3.1 per cent) identified with SAM and 7,379 (9.6 per cent) with MAM. All children with SAM and MAM were treated in OTPs and TSFP, respectively. Similarly, mid-upper arm circumference (MUAC) screening of pregnant and lactating women revealed that 6,112 of 25,628 (23.8 per cent) were acutely malnourished (MUAC <23cm). In addition, a total of 45,178 children aged six-59 months received VAS, 34,211 children (12-59 months) were dewormed and 35,350

pregnant and lactating women received key MIYCN messages. During IRRM missions, pregnant and lactating women also received non-food item kits including soap, buckets and long-lasting mosquito nets.

Lessons learned

UNICEF South Sudan's partnership with WFP strengthened the continuum of care for children with severe and moderate acute malnutrition in CMAM in static nutrition/health facilities, as well as providing flexible nutrition service delivery modalities indirectly through implementing partners and directly through the joint IRRM missions in hard to reach locations.

In addition, the prepositioning of nutrition supplies in UNICEF South Sudan and Implementing Partners' warehouses across the country through the dry season supply plan ensured availability of supplies at any time, hence avoiding stock-outs in-country.

The cross-sectoral integrated responses improved effectiveness and efficiency of services such as integrating nutrition interventions into the health-sector led NID campaigns implemented twice a year which provided the opportunity to reach many children under age five with VASD administration.

Linking short term life saving/ protection results with longer term development results

UNICEF South Sudan in collaboration with the MOH, NGOs and WFP provided capacity building and life-saving nutrition treatment services for children with acute malnutrition and provided malnutrition prevention skills and counselling through the MIYCF package, which will contribute to the reduction in stunting. Funding during the emergency was an opportunity to develop the CMAM Guidelines and the MIYCN Guidelines and Strategy to standardize and sustain services. The rollout of national trainings contributed to capacity building within the MOH, NGOs and Community Workers on quality of nutrition services.

Table 1: Result framework

Outcome - Improved and equitable provision of evidence-based nutrition interventions for children, and for women of child-bearing age, including pregnant and lactating women by 2018						
No.	Outcome Indicators	Baseline		Target		Achievement
		Year	Value	Year	Value	
1	# of children aged 6-59 months affected by severe acute malnutrition who are admitted into treatment in humanitarian situations	2015	148,863	2018	215,312	206,673
2	Percentage of infants aged 0-5 months who are exclusively fed with breast milk	2015	45%	2018	50%	74.1%
3	Percentage of children 6-59 months receiving at least a dose of vitamin A supplementation	2015	90%	2018	>90%	76.2%

Outcome - Improved and equitable provision of evidence-based nutrition interventions for children, and for women of child-bearing age, including pregnant and lactating women by 2018						
4	Death rate from SAM	2015	0.36%	2018	<10%	0.5%

Output 1- Health facilities and communities are able to provide quality Integrated Management of Severe Acute Malnutrition (IMSAM) as per the national guidelines						
No.	Output Indicators	Baseline		Target		Achievement
		Year	Value	Year	Value	
1	Number of children aged 6-59 months with SAM who are admitted for treatment	2015	148,863	2018	215,312	206,673
2	Number of Sphere standards met (in relation to the management of SAM)	2015	3	2018	3	3
3	Percentage of facilities with stock outs of supplies for managing SAM for more than one month (denominator is OTP facilities that provide SAM services)	2015	12%	2018	10%	1%
4	Average number of health facilities that provide treatment services for the management of SAM	2015	462	2018	750	858
5	Number of health and nutrition workers trained on management of SAM as per the national protocol	2015	1,500	2018	3,000	3,503

Output 2- Enhanced support for children, caregivers and communities for improved nutrition and provision of appropriate care and Infant and IYCF in emergencies in targeted locations						
No.	Output Indicators	Baseline		Target		Achievement
		Year	Value	Year	Value	
1	Number of primary caregivers of children aged 0-23 months who received counselling on IYCF	2015	539,547	2018	1,053,536	950,376
2	# Government and NGO partners staff and health and nutrition workers trained with UNICEF support to provide infant and young child feeding counselling services in the reporting year	2015	2,500	2018	3,600	2,831
3	Number of children aged 6-59 months who received vitamin A supplements during	2015	1,742,944	2018	2,466,492	2,310,639

Output 2- Enhanced support for children, caregivers and communities for improved nutrition and provision of appropriate care and Infant and IYCF in emergencies in targeted locations						
	semester 1					
4	Number of children aged 12-59 months receiving de-worming medication during semester 1	2015	1,226,107	2018	2,206,539	1,884,491
5	Proportion of counties that have carried out vitamin A supplementation campaign during semester 1	2015	50	2018	70	72

Output 3- Systems and capacity strengthened to effectively scale-up equitable, evidence-based nutrition interventions and provide robust data						
No.	Output Indicators	Baseline		Target		Achievement
		Year	Value	Year	Value	
1	Key National Policies and Action Plans developed and in place	2015	0	2018	3	3
2	% of SMART surveys reviewed and validated by UNICEF supported NIWG over the number of SMART surveys planned	2015	84%	2018	100%	100% (target 55 Surveys)

Output 4- Effective Nutrition preparedness and response for emergency affected population delivered in line with CCCs						
No.	Output Indicators	Baseline		Target		Achievement
		Year	Value	Year	Value	
1	# of UNICEF RRM missions conducted with Nutrition component	2015	59	2018	52	50
2	Number of caregivers who received MIYCN messages during IRRM	2015	35,804	2018	42,000	35,350
3	Number of children aged 6-59 months screened for acute malnutrition during IRRM	2015	131,545	2018	94,000	76,550
4	Number of children aged 6-59 months supplemented with Vitamin A during IRRM	2015	74,808	2018	48000	45,178

5. Financial Analysis

Table 2: Planned and funded budget for 2018 (in US dollar)

Intermediate Result	Funding Type	Planned Budget
Provision of Quality Integrated Management of Severe Acute Malnutrition	RR	0
	ORR	800,000
Infant and Young Child Feeding	RR	0
	ORR	1,000,000
Evidence based Nutrition Intervention	RR	0
	ORR	200,000
Nutrition EPRP	RR	0
	ORR	60,000
Technical Support	RR	318,132
	ORR	873,493
Sub-total Regular Resources		318,132
Sub-total Other Resources - Regular		2,933,493
Total for 2018		3,251,625

Table 3: Country-level Thematic contributions to outcome area received in 2018

Donors	Grant Number	Contribution Amount	Programmable Amount
Italian National Committee	SC1899030013	34,435	32,795
Polish National Committee for UNICEF	SC1899030016	78,401	74,667
United Kingdom Committee for UNICEF	SC1899030019	134,125	127,738
Total		246,960	235,200

Table 4: 2018 Expenditures by Key-Results Areas (in US Dollars)

Organizational Targets	Expenditure Amount			Grand Total
	Other Resources - Emergency	Other Resources - Regular	Regular Resources	
21-04 Prevention of stunting and other forms of malnutrition	591,413	844,437	38,306	1,474,156
21-05 Treatment of severe acute malnutrition	32,678,405	5,859,656	352,344	38,890,405
Grand Total	33,269,819	6,704,092	390,650	40,364,561

Table 5: Thematic expenses by programme area

Fund Category	All Programme Accounts
Year	2018
Business Area	South Sudan - 4040
Donor Class Level2	Thematic
Prorated Goal Area	21 Survive and Thrive
Outcome	4040/A0/02/002 NUTRITION PROGRAMME

Row Labels	Expense
Other Resources - Emergency	582,904
21-04 Prevention of stunting and other forms of malnutrition	1,179
21-05 Treatment of severe acute malnutrition	581,725
Grand Total	582,904

Table 6: Expenses by Specific Intervention Codes

Fund Category	All Programme Accounts
Year	2018
Business Area	South Sudan - 4040
Prorated Goal Area	21 Survive and Thrive
Outcome	4040/A0/02/002 NUTRITION PROGRAMME

Row Labels	Expense
21-04-01 Breastfeeding protection, promotion and support (including work on Code)	245,849
21-04-03 Vitamin A supplementation in early childhood (children under 5)	867,801
21-04-05 Maternal nutrition, including information, supplementation and counselling	38,074
21-04-08 Data, research, evaluation, evidence generation, synthesis, and use for prevention of stunting and other forms of malnutrition	13,161
21-04-99 Technical assistance - Prevention of stunting and other forms of malnutrition	309,272
21-05-01 Care for children with severe acute malnutrition	33,302,799
21-05-02 Capacity building for nutrition preparedness and response	1,296,299
21-05-03 Nutrition humanitarian cluster/humanitarian sector coordination	21,157
21-05-04 Data, research, evaluation, evidence generation, synthesis, and use for SAM and nutrition in emergencies	160,934
21-05-99 Technical assistance - Treatment of severe acute malnutrition	4,109,216
Grand Total	40,364,561

Table 6: Planned Budget and Available Resources for 2019

Intermediate Result	Funding Type	Planned Budget	Funded Budget	Shortfall
Early childhood	RR	0	0	0
	ORR	2,946,279	519,768	2,426,511
Care for SAM children	RR	0	0	0
	ORR	0	0	0
Maternal and Child Nutrition in Emergencies	RR	0	0	0
	ORR	0	0	0
Nutrition Governance, Information and Knowledge	RR	0	0	0
	ORR	0	0	0
Technical Support	RR	278,370	278,370	0
	ORR	523,390	0	523,390
Sub-total Regular Resources		278,370	278,370	0
Sub-total Other Resources - Regular		3,469,669	519,768	2,949,901
Total for 2018		3,748,039	798,138	2,949,901

6. Future Work Plans

In 2019, UNICEF South Sudan will continue to provide quality preventive and curative nutrition services to vulnerable children and women. In line with the new Country Programme for 2019-2021, UNICEF South Sudan nutrition programme will focus on the following priority areas: emergency preparedness and response, enabling environment, governance and partnerships, and nutrition information system.

To ensure that support has a wide reach, services will be delivered through static operations, direct outreach and rapid response modalities. UNICEF's operations will be led by its 13 field offices to enable wide coverage and quality programming across the country. UNICEF South Sudan will continue supporting recovery and resilience programming in selected field locations, including basic social service delivery, community-based system strengthening and accountability to affected populations. UNICEF South Sudan will also invest in building the capacities of central and sub-national state authorities.

In 2019, UNICEF humanitarian response will aim to reach the following results:

- 220,700 children aged 6 to 59 months with SAM admitted to therapeutic care.
- 984,700 caregivers of children aged zero to 23 months reached with IYCF counselling.

7. Expression of Thanks

UNICEF South Sudan would like to take this opportunity to express its sincere appreciation for the financial contributions received in support of the children of South Sudan. On behalf of the entire UNICEF South Sudan team, we thank you for helping to advance our shared commitments, and most importantly in helping the country to improve and provide equitable access to nutrition services for the population of South Sudan, especially for vulnerable children and women.

However, despite the progress made during 2018, South Sudan continues to face significant obstacles further deepening children and women's nutritional needs. Flexible thematic funding is a key funding modality which enables UNICEF South Sudan to continue to respond to these increasingly challenging needs in an effective, efficient and timely manner. With the current crisis and unpredictable environment, the continued and generous support from our donors is of utmost importance to ensure that these priority needs are fulfilled.

8. [Annexes](#)

Human interest story

Pulling children out of hunger, disease and death in war-torn South Sudan

The ready-to-use therapeutic food to treat malnutrition is rescuing the most vulnerable children, especially in several internally displaced families

By Pavithra S Rangan



Three-year-old Lidia in Wau. Photo: UNICEF/ Pavithra Rangan

Wau, South Sudan, 15 April 2018: Frightful murmurs spread in early 2016 that the escalating violence across South Sudan might soon reach their neighbourhood in Besselia, Western Bahr El Ghazal. Before they could grasp the intensity of the conflict, armed groups and cattle keepers were moving in, occupying farm communities and destroying their crops. Thousands fled for their lives. Twenty-five-year-old Mary Paul was one of them.

She walked for nearly four months with her 60-year-old mother and four children, trying to find a place to settle. “I was looking for any place where I could feed my children at least one meal a day,” she recounts. “Through the journey, we ate whatever wild food we found like cassava leaves and we slept on the streets.” When she finally reached the neighbouring

Mboro county and began setting up a temporary shelter, fighting erupted there too and once again it was time to escape. After several months, starved and exhausted, she reached the UN Protection of Civilians (PoC) site in Wau.



Mary Paul and her children in Wau. Photo: UNICEF/ Pavithra Rangan

As she made a home at the PoC, it was clear the months of arduous travel had taken a terrible toll on Mary's children. "They lost weight, struggled to eat and had frequent bouts of diarrhoea, vomiting and fever. My mother tried to treat them with juices from the herbs she found on our way, but their condition only became worse," says Mary.

UNICEF South Sudan and partners conduct regular screenings of all children under five at the PoC and it was soon discovered that three of Mary's four children were malnourished. four-year-old Christina John, three-year-old Lidia and 17-month-old Nayah had rarely eaten a meal a day and were suffering from severe acute malnourishment.

With Lidia at her side, Mary is listening intently to the healthcare worker who is explaining the importance of a healthy start for children to several mothers at the PoC. But, Lidia's attention is focused on the sachet in her hand. Sitting silently in a dark blue frock, she squeezes out the last few remnants of the paste and gulps it down eagerly. This 'plumpy nut' paste, a ready-to-use therapeutic food (RUTF) for treating acute malnourishment, is saving the lives of thousands of South Sudanese children.

Only two months ago, Lidia's mid-upper arm circumference was 10.8 cms and she weighed less than 10 kilograms (the ideal measurements for a child of her age are 12.5 cm and 14

kilograms respectively). UNICEF South Sudan and partners instantly enrolled her into the Outpatient Therapeutic Programme (OTP) at the PoC. However, she didn't respond adequately to treatment and was quickly diagnosed as suffering from malaria.



Awareness raising in Wau. Photo: UNICEF/ Pavithra Rangan

Since, she has received treatment for both malaria and malnutrition. The staff at the OTP are, today, proud and relieved that she has been cured of malaria and that her condition is steadily improving. She has already gained nearly two kilograms, thanks to the RUTF, they say.

"She used to cough and shiver incessantly. That has stopped entirely now. I know she will be fine soon," says Mary confidently. "My two other children were in a very bad shape when I arrived here. But now both are healthy and rarely fall ill." Christina and Nayah have gained over three kgs on following the carefully doctored OTP for two months.

The only famine anywhere in the world in the last six years was declared last year in South Sudan. Coupled with the worst cholera outbreak in the country's history, it has left an estimated 1.1 million children under the age of five acutely malnourished. UNICEF has so far enrolled 206,993 children between six-59 months with severe acute malnutrition in therapeutic care. 736 such outpatient therapeutic programmes are currently operational. Over 86.7% of children admitted to therapeutic care across the country are discharged as cured.

The OTP staff have a rigorous schedule that ensures all children are screened, any complications diagnosed, and their condition treated. They also conduct thorough follow-ups to ensure that children do not slip back into illness. Several preventive measures, such as provision of mosquito nets, soap etc. to mothers, are also in place so that children don't fall prey to the vicious cycle of malnutrition and infection.

"I haven't seen my husband for one year. This programme, which has been supporting my children and taking care of their life for months, is now my husband and my mother," says Mary.

Donor Feedback form

Project title: Global Thematic Fund for Nutrition

Grant number: SC189903

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Jennifer Banda

Email: jebanda@unicef.org

**SCORING: 5 indicates “highest level of satisfaction” while
0 indicates “complete dissatisfaction”**

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what we missed or what we could do better next time?

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

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5	4	3	2	1	0

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4. To what extent does the report meet your expectations with regard to reporting on results?

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5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?

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