Nutrition and Food Security
Famine Prevention Response in
South Sudan

April 2017
**Food Security Cluster Dashboard**

**PEOPLE IN NEED**
- **2016**
  - 4.8 mil
    - Current (2017)
  - 5.2 mil (HRP)
  - 5.5 mil (IPC*)

**PEOPLE ASSISTED**
- **2016**
  - 4.2 mil
    - Current (March 2017 snapshot)
  - 1.97 mil (SO1: food assistance)
  - 1.52 mil (SO2: livelihood support)

**FUNDING REQUIREMENT**
- **2016**
  - $429 mil
    - Current (2017)
  - $690 mil
    - (plus $91 mil refugee response)

**Funding Gap**
- $441m (64%)
- Resourced (36%)

**RECEIVED**
- $249

**STRATEGIC PRIORITIES**
- **SO1**: Secure **safe and life-saving access to food** for the most vulnerable (WFP & partners)
- **SO2**: Protect and promote **emergency livelihoods** to enhance coping mechanisms and improve access to food (FAO & partners)

**Prioritization**:
- IPC 4 & 5 – most severely food insecure (Unity/Jonglei/ NBeG/ EES);
- Increasing number of ‘hot spots’ (areas of increasing need): 19 identified in current IPC verification process (April 2017); and
- Other IPC 3 locations

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* IPC projections for May-July 2017 (lean season)
Nutrition Cluster Dashboard

**PEOPLE IN NEED**
- **2016**: 934,835
- **Current (2017)**: 1.45 mil

**FUNDING REQUIREMENT**
- **2016**: $125 mil
- **Current (2017)**: $159.3 mil

**STRAategic PRIORITIES**
1. Life saving treatment of SAM and MAM among <5s and PLWs
2. Increased access to prevention services for acute malnutrition (IYCF, BSFP in GFD and TSFP sites)
3. Enhanced needs assessment, analysis, monitoring situation and emergency responses
4. Increased access to integrated health, WASH, FSL and nutrition services in areas with GAM ≥15%

**PEOPLE ASSISTED**
- **2016**: 676,436
- **Current (2017)**: 281,563

- $141.7 m (89%) Resourced
- $17.6 mil (11%) Funding Gap
Operational Presence Maps
Food Security Cluster

Global Food Security Cluster
Strengthening Humanitarian Response
Nutrition Operational Presence

Nutrition Situation and Presence of Partners in March

Updated Date: April 23, 2017

Global Food Security Cluster
Strengthening Humanitarian Response

Legend:
- Critical Food Security (CFS) for Acute Malnutrition (Feb-Apr 2017)
- Red
- Orange
- Brown
- Very poor

Total OTPs: 675
Total TSPs: 675
Total Scale: 47
Current Food Security Cluster and Nutrition Cluster Interventions
**Current FSC / Nutrition Interventions**

**Integrated package**: incorporating the existing and highly effective WFP/UNICEF IRRM with livelihood support, health and WASH

**Start up**: registration/mass MUAC: MAM & SAM services

**1st phase**: GFD (BSFP) + OTP/TSFP/IYCF + fishing kits and emergency health care and if required water trucking

**2nd phase**: additionally NID (vaccination + micro-nutrient supplementation), static/mobile health service delivery, WASH services: community mobilization & water supplies + vegetable kits and livestock vaccinations and treatment (for milk production)

**3rd phase**: options for FFA/FFE, nutrition messaging in institutions + rain season seeds and tools and later dry season livestock vaccination and treatment

**Further phases** of intervention incorporate early recovery and resilience building where possible

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**TARGETED POPULATION**

- 5.5 mil FSL-C*
- 1.45 mil Nutrition

- 4.8 mil FSL-C
- 0.91 mil Nutrition

* IPC projections for May-July 2017 (lean season)
Achievements to date

- Resumption of regular nutrition & food assistance to famine affected pockets; anecdotal evidence suggests: with existing instruments, where services can be delivered, famine can be abated and prevented;
- Scaled up response in Central Unity: 30 day distribution cycles in Leer & Mayendit; 60 day cycles in Koch & Panyijar
  - Food assistance to 1.97 M reached in March by WFP & FSL-C partners;
  - Nutrition support to 281,563 under-five children & PLW by WFP/UNICEF & partners;
  - Fishing and vegetable kits & livestock vaccination/ treatment reached 1.52 M January to March by FAO & partners;
- An integrated response that also includes Nutrition, FSL, WASH, health & protection services (OCHA coordination)
- Number of assessments: e.g. 4 SMART surveys during current IPC verification → analysis & response
Demonstrated best practices

- **IPC projections** allows for pre-positioning & response
- Integrated nutrition and FSL RRM interventions;
- Inter-Cluster Response Mechanism (ICRM): survival kits (NFI, fishnets, BP-5) etc.
- Integrated Community Case Management (iCCM): malaria, diarrhoea & ARI by CHVs
- Treatment of **SAM with malaria** in static health & nutrition sites

- Despite insecurity strong desire by IDPs to farm with main season **livelihood inputs**
- Government **guidelines** for CMAM, MIYCN & training
- Both clusters trusted as conflict & duplication **mediating bodies**
- Emphasis on **Quality, Standards and AAP** through TWGs (documenting & sharing best practices)
**Challenges**

**Systems:**
- Conflict & insecurity prevents access to ‘normal’ livelihood activities and life-saving service delivery – man-made protection crisis
- Strategic planning: some degree of integration is happening but can be improved based on the WFP/UNICEF IRRM model;
- Resource mobilization: overall needs greater than combined resources & capacity of actors, e.g. FAO pipeline only 50% and Nutrition HRP only 11% funded

**Capacities:**
- High staff turnover; insufficient national & international HR capacities; limited technical & logistic capacity resulting in weak monitoring (capacity & access issues)

**Implementation:**
- Needs assessment & analysis: access & insecurity limits data availability and reliability; and quality of data etc.
- Variation in standard and quality of services delivered; misuse of supplies in some locations; limited implementation of accountability frameworks (AAP): leadership, participation, transparency (information sharing), feedback & complaints & design M&E
- Dysfunctional markets limits scope of using CBT instruments in urban areas;
Recommendations

- Advocacy and international pressure to **stop the war** of the ‘educated elite’
- Advocacy to **secure safe access** for people to their farms & place of work and for humanitarian access to conduct assessments & deliver services unhindered
- Extension of **biometric registration** in all areas
- Develop comprehensive **Integrated response strategy**:
  - Advocacy to address current **funding & capacity gaps** to strengthen service delivery: assets, technical support & frontline services
  - Establish a **proactive humanitarian funding for prevention** rather than the existing reactive mechanism
  - Timely recruitment, hiring and continuous **capacity building** of national & international staff (emphasis on M&E)
  - Compliance to implement actions across the **accountability to affected population** (AAP) framework