South Sudan Nutrition Cluster Bulletin

April 2014 Issue 2

Cluster Coordinator (ad interim):

Deborah Joy Wilson
dwilson@unicef.org
+211 955 089 874
Skype: deborahsskype

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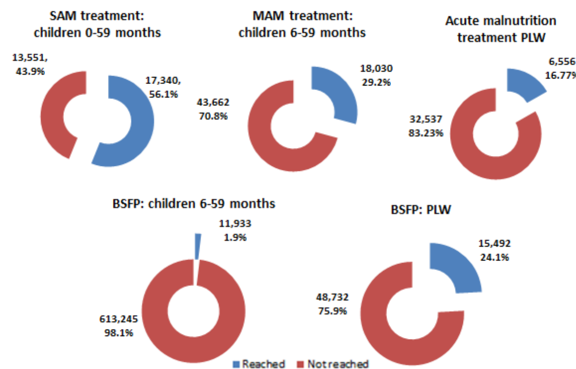
Nutrition Cluster Crisis Response Plan (as developed in January) for January-June 2014 is 81% covered ($67,434,405 of $83,267,835), which leaves a gap of $15,833,430.

Cluster highlights



- The ongoing response to the humanitarian emergency which erupted mid December 2013, has been the priority focus of the Nutrition Cluster this year.
- The Cluster Coordination team at national level has been supported since February by surge support from the Global Nutrition Cluster, commencing with the Deputy Global Nutrition Cluster coordinator being in-country for three weeks, followed by two Global Nutrition Cluster rapid response team members (Information Manager; Cluster Coordinator) who arrived early March.
- Some of the key activities of the Cluster since February are featured in this Bulletin. These include a Cluster Performance Evaluation, and activities to directly support the Crisis Response Plan –such as prioritization of counties for the humanitarian response; initiation of the WFP-UNICEF-FAO Inter-sector Rapid Response Mechanism; technical working groups and the Strategic Advisory Group activities; state level coordination activities; support for the scaling up of Infant and young child feeding initiatives.
- The mid-year review of the Crisis Response Plan (CRP) commences early May. Nutrition is a priority sector. The scaling up of identification, coverage and provision of quality services for the prevention and management of malnutrition is imperative. The Cluster Team looks forward to working with you in the spirit of partnership during the coming months.
- Main cluster achievements towards targets from January 2014 to March 2014 are presented below,
- 334,836 children 6-59 months were screened for acute malnutrition from January to date (including 16,250 last week), 18,689 (5.6%) were identified with severe acute malnutrition (SAM) and 41,564 (12.4%) with moderate acute malnutrition (MAM).
- 17,340 children 0-59 months were admitted to SAM treatment programmes (including 1,179, 6.8% admitted as having SAM with complications). So far, 7,885 children were cured (65% of all children discharged), less than 1% died and 30% children defaulted from the programme. High defaulters rate in January (49%) decreased substantially in February and March to 13% and 14% respectively due to decreased population movement.
- 18,030 children 0-59 months were admitted to the MAM treatment programmes. By the end of March, 6,457 children were cured (54%), 0% died (12 children) and 30% defaulted (with a peak of 57% defaulters in February, which declined to 17% in March).
- 67,725 pregnant and lactating women (PLW) were screened for acute malnutrition and 19,303 (28,5%) were identified with acute malnutrition (MUAC less than 23,0cm). 6,556 PLW were admitted to acute malnutrition treatment programmes.
- 11,933 children and 15,492 PLW were enrolled to blanket supplementary feeding programmes in January-March 2014.

**Note that all numbers are for the following reporting rate: January 70%, February 69%, March 55%.*

27 SCs **268 OTPs** **148 TSFPs** **91 BSFPs** **90 IYCF** **17 MN programmes** **Number of locations with ongoing programmes**	**17,340** **Children admitted to SC/OTP this year**	**18,030** **Children admitted to TSFP this year**	**6,556** **PLW admitted to TSFP this year**	**11,933** **Children admitted to BSFP this year**	**15,492** **PLW admitted to BSFP this year**
	30,891 **Target in CRP (Jan-Jun)**	**61,692** **Target in CRP (Jan-Jun)**	**39,093** **Target in CRP (Jan-Jun)**	**625,178** **Target in CRP (Jan-Jun)**	**64,224** **Target in CRP (Jan-Jun)**

Cluster Performance Monitoring update

During the 10-23 March partners had the opportunity of assessing the coordination performance of the nutrition cluster, through the platform of an online survey. 23 partners (47%) completed the survey.

The aim of the CPM evaluation was to identify the perceptions of partners and cluster coordinators about the functioning of the national level cluster in fulfilling its 6 specific core functions:

1.Supporting service delivery
2. Informing strategic decision-making of HC/HCT for humanitarian response
3. Planning and strategy development
4. Advocacy
5. Monitoring and reporting
6. Contingency planning/preparedness

+ Accountability to affected populations

The results of the online survey were processed electronically, and a report produced. On 4 April # during a Workshop, nutrition cluster partners discussed the results and developed an action plan for improving the coordination performance of the cluster.

Some recommended actions to improve the performance of cluster coordination include:

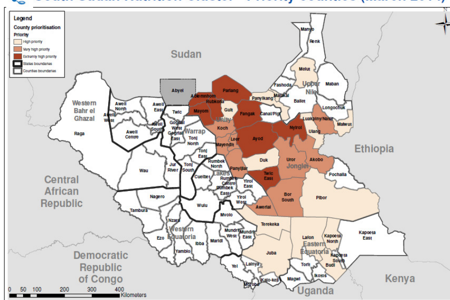
- ⇒ Presentation on the Cluster approach be provided to partners
- ⇒ Strengthen information flow between national and state level focal persons
- ⇒ Review of the SAG and TWGs TORs and memberships
- ⇒ Multi-cluster information flow and inter-cluster response planning be strengthened
- ⇒ Partners share case studies, lessons learned etc through the cluster coordination platform
- ⇒ Surveys/RNAs guidelines be completed and endorsed, with defined timelines for assessments
- ⇒ Updates from Inter-cluster meetings be shared with partners
- ⇒ Review of the Crisis Response Plan be developed in consultation and collaboration with partners

Full list of recommendations can be found in the cluster performance monitoring report.

Ideally, a CPM evaluation will be repeated every 6 months, and results shared with the HCT.

Prioritization of counties for Nutrition Cluster response

South Sudan Nutrition Cluster - Priority counties (March 2014)



Prioritization of the counties for the cluster response was done by the Nutrition Cluster and presented to the partners on the 11th of April. The prioritization was based on the following factors:

- ⇒ Number of IDPs per county;
- ⇒ Integrated Food Security Phase classification;
- ⇒ Food Security cluster prioritization;
- ⇒ GAM/SAM rates for those counties which had pre-harvest SMART survey in 2013;
- ⇒ Access issues were taken into account.

The score of one to three was assigned for each factor and the counties with total index of more than three were prioritized as high priority, very high priority, extremely high priority.

The discussions on prioritization (including with other sectors) are ongoing as the situation is changing rapidly., especially with the forthcoming rains and population displacements.

A map of priority counties was produced anmd can be found here. Currently nutrition cluster has eight extremely high priority, nine very high priority and 13 high priority counties.

Intersectoral Rapid Response Mechanism

UNICEF, WFP and FAO have developed an innovative multi-agency intersectoral rapid response mechanism (IRRM) of airlifting in human resources and supplies to address critical gaps in humanitarian needs of affected populations in hard to reach locations, in the states most affected by the current crisis. Considering the volatility of the situation, and the severity of logistical and access constraints, the operating mode of the rapid response provides for flexibility to accommodate a changing environment, in order to reach populations beyond the Protection of Civilians (PoC) and IDP sites.

Through the IRRM, partners aim to reach more than 400,000 people, including a minimum of 200,000 children, by June 2014, with an integrated package of interventions (WASH, Health, Nutrition, Education and Child Protection) in an initial 24 priority locations*. The teams spend approximately 7-10 days on the ground at each location.

Priority nutrition interventions are: provision of immediate essential nutrition services, including special food for children under 5 for out patient, mass screening with MUAC and referral of SAM cases for RUTF, Vitamin A and deworming and complicated cases to health services.

Multi-sector responses have already been completed in Akobo, Melut, Mayandit and Nyal. Ongoing missions are in Kodok, Pagak and Haat. Initial findings from the missions show: heavy caseloads of malnourished children; low vaccination coverage; high numbers of unaccompanied and separated children; breakdown in health and education services.

The IRRM provides an opportunity to respond to the immediate needs while assessing the situation and developing strategies to scale up the response through mobilizing additional partnerships with local or International NGOs as well as follow up missions.

Please contact the Nutrition Cluster Coordination team if you are interested in staff from your agency being part of a rapid response mission. When the IRM is going to a location where nutrition partners are on the ground, your participation in the mission would be greatly appreciated.

*Priority locations: Akobo, Ganyel, Nyal, Mayendit, Kodok, Haat, Melut, Duk, Lankien, New Fangak, Pochala, Old Fangak, Motot, Walgak, Leer, Yuai, Waat, Ayod, Pagal, Maiwut, Mathiang, Mabior, Nasir, Ulang.

Future proposed locations include: Wunrok, Likuangole, Koch, Pariang, Lul, Pibor, Rom, Akoka, Wau Shaluk, Kiech Kon, Juong, Malwal, Gakhoth, Abwong, Wun-Gak.

One of the camps in South Sudan

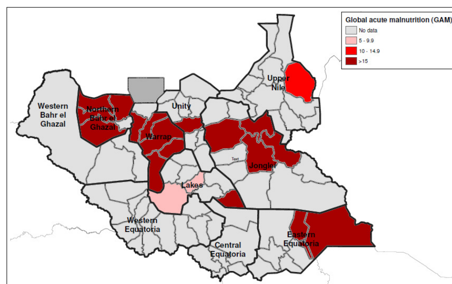
IRRM upcoming missions:

Leer – Monday 28 April

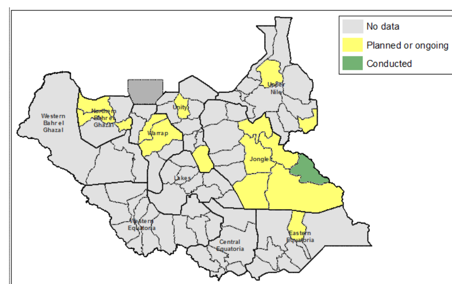
Old Fangak – Tuesday 29 April

Yuai – Friday 2 May

Surveys Technical Working Group update



Map of 2013 pre-harvest assessments GAM rates



Map of 2014 pre-harvest assessments (planned and conducted)

Critical forms of under-nutrition have been prevalent among boys and girls under-five and pregnant and lactating women in South Sudan for many years. According to the results of SMART surveys conducted in 23 counties of seven states during the pre-harvest season of 2013, the pre-crisis levels of global acute malnutrition (GAM) ranged from 5.4 per cent in Wulu county of the Lakes State to 35.6 per cent in Gogrial East county of Warrap State. The prevalence of severe acute malnutrition (SAM) ranged from 1.3 per cent in Rumbek to 13.4 per cent in Gogrial East.

Sub-optimal feeding practices of infants and young children were also prevalent with rates of exclusive breastfeeding being as low as 11.3 % in Nyirol before the crisis. Aggravating factors such as the likely rise in water-borne illnesses and other infections, limited access to safe water and excreta disposal, increased food insecurity, increased time away from young children, psychological stress related to displacement and violence, limited access to health care (60% of health facilities closed) and difficulty to adequately promote, protect and support optimal Infant and Young Child Feeding (IYCF) practices will significantly deteriorate the nutritional status of young children and mothers. Additionally, the breakdown of traditional livelihoods by pastoralis communities considerably decreased access of young children to complimentary food (milk) with estimated 10 million livestock displaced.

Nutrition Cluster partners acknowledge that there is a lack of up-to-date detailed nutrition information of population affected by the current crisis. Partners plan to undertake nutrition surveys in over 20 counties across ten states to make sure that age and gender disaggregated data on nutritional status and mortality is available to inform future decisions and guide cluster partners.

All assessment plans are validated by the Surveys Technical Working Group (TWG) prior to conducting assessments and all reports are also validated before wide dissemination .The results are presented at national Nutrition Cluster meetings as well as inter-cluster state meetings to inform programming of not only nutrition but other clusters active in the county.

So far, one SMART surveys in 2014 has been validated by the STWG (IMC in Pochalla county with GAM 6.2 % [4.1- 9.3 95% C.I. and SAM 1.4 % [0.6- 3.4 95% C.I. and exclusive breastfeeding rate of 47.8%). Another 15 assessments are ongoing in South Sudan.

The Nutrition Cluster is engaged with the ACAPS secondary data review project, through the provision of data and technical assistance for the analysis. The review is due fto be completed in April.

In the coming month the Nutrition Cluster will be involved in the update for the Integrated Food Security Phase Classification (IPC), which will be critical in guiding prioritization of geographic areas for the review of the Crisis Response Plan. It is planned that convergence of data will be done at the IPC workshop from 23rd – 30th of April.

Infant and young child feeding

The protection, promotion and support of breastfeeding and appropriate complementary feeding are vital life-saving interventions. During emergencies, such as the one currently facing South Sudan, disease and associated death rates among children under-5 years of age are generally higher than for any other age group. Their risk of dying is particularly high due to the combined impact of an increased incidence of communicable diseases and diarrhoea and possible under-nutrition. The younger the child, the higher is the risk.

Breastfeeding confers critical protection from disease and infection. It should be the only food and fluid a baby is fed for the first six months of life, even in hot weather, and should continue until the child is 2 years of age or beyond. The provision of appropriate and timely complementary foods (other foods in addition to breastmilk, starting at 6 months) are important for meeting the energy and nutrient needs of young children. Provision of adequate fluids and food for pregnant and lactating women is also a priority intervention, to help protect their health and that of their child.

IYCF-E activities are a major component of a comprehensive programme for the prevention and management of malnutrition in children 0-24 months. There are concerning gaps in the provision of IYCF-E activities. During March 2014, IYCF activities were reported as being implemented by 13 agencies, in 20 counties in South Sudan. Scale up in IYCF-E coverage, scope and number of activities by nutrition cluster partners is required, as is the need for other sectors to have IYCF-E sensitive programmes.

An IYCF-E consultant, recruited by UNICEF, is in country until the end of May, to facilitate humanitarian actors to support appropriate infant and young child feeding in populations affected by the current emergency and to provide technical support to the Ministry of Health Nutrition Department.

For guidance with integrating IYCF-E activities into your programmes, or scaling up current activities, please contact the Nutrition Cluster Coordination Team.

A women breastfeeding her child

For guidance with integrating IYCF-E activities into your programmes, or scaling up current activities, please contact the Nutrition Cluster Coordination Team.

Upcoming events

April and May Nutrition Cluster Meetings will be held on Fridays, 4th, 11th, 25th of April and 2nd, 9th, 16th, 23rd and 30th of May. The meetings will start at 11.00 am in the WHO conference room (with exception of the meetings on the 25th of April and 30th of May, which will be held in the Aron Hotel (TBC).

The next Strategic Advisory Group meeting will be held on the 23rd of April to review and finalise the Terms of reference for the SAG and initiate discussion on the revision of the Crisis Response Plan.

A six days IYCF training of trainers for 21 Nutrition Officers (11 partners and 10 MoH Nutritionists) is planned to be conducted in Juba commencing 30th of April.

Terms of Reference including membership of all Working Groups will be reviewed in April.

Key contacts

Title / Responsibilities	Location	Organization	Focal Point	Phone number	Email
Director of Nutrition	Juba	MoH	Victoria Eluzai	+211954582635	ohakim73@yahoo.com
Cluster Coordinator (surge)	Juba	UNICEF	Deborah Joy Wilson	+211955089874	dwilson@unicef.org
Email for reporting	-	-	-	-	nutritionreporting.southsudan@gmail.com
Cluster Co-Lead	Juba	ACF	Kirathi Mungai	+211913321148	nutritioncc.ss@gmail.com
Information Management Specialist (surge)	Juba	UNICEF	Anna Ziolkovska	-	aziolkovska@unicef.org
Information Management Officer	Juba	UNICEF	Austin Mueke	+211954878408	amueke@unicef.org

Latest links

Map of priority counties of the nutrition cluster as of March 2014

Planned and conducted nutrition assessments in 2014 as of 10th of April 2014

Progress towards CRP targets and partners contributions to it as of 10th of April 2014

Nutrition Cluster – Who does What Where Dashboard as of 10th of April 2014, based on information filled in by partners in 3W tool

Map pf 2013 pre-harvest acute malnutrition rates based on information from partners' SMART assessments
Map of 2013 pre-harvest exclusive breastfeeding rates based on information from partners' SMART assessments
Map of 2013 pre-harvest) vitamin A supplementation coverage based on information from partners' SMART assessments

Monthly reporting template (version 5.0 — all partners), Weekly reporting template (version 1.0 — all partners except working in refugee camps)

All Nutrition Cluster visuals including maps of operational presence

A women with children in one of the IDP camps in South Sudan

https://southsudan.humanitarianresponse.info/clusters/nutrition

Deborah Wilson, South Sudan Nutrition Cluster Coordinator (surge)

About South Sudan Nutrition Cluster

The Nutrition Cluster was created in South Sudan in late 2010 after strong advocacy for a greater focus on nutrition in South Sudan. On the15th of December 2013 violence started in South Sudan, followed by declaration of a Level 3 emergency on the 11th of February 2014 and the Cluster continues and scales up its interventions to fight malnutrition in the country.

The primary purpose of the Nutrition Cluster is to support and strengthen coordination of nutrition actors within the humanitarian community, and ensure appropriate and efficient response to humanitarian crisis by providing life-saving nutrition support to populations in need in accordance with national and global standards.

The main focus of the South Sudan Nutrition Cluster is on high risk underserved communities and areas where there is food insecurity, and/or high numbers of IDPSs returnees and refugees. The key priorities for the cluster are to provide services for treatment of acute malnutrition in children under 5 years, pregnant and lactating women (PLW) and other vulnerable groups; provide services for prevention of malnutrition in children under 5 years and PLW; and strengthen Nutrition Cluster coordination, emergency preparedness and emergency response. The current Crisis Response Plan is available here .

The Nutrition Cluster works closely with and supports the GOSS Ministry of Health which is responsible for overall initiation, organization, coordination, and implementation of all nutrition activities in South Sudan. Where ever possible, the Nutrition Cluster operates in support of and in coordination with local authorities.

Currently there are 40 partners directly implementing nutrition activities including State Ministries of Health , 21 International and 18 National NGOs ,as well as donors and UN agencies. The Nutrition Cluster is coordinated by the MOH and UNICEF as Cluster Leads and ACF-USA as a Cluster Co-lead. The regular Cluster meetings are held on a weekly basis with ad-hoc meetings and extensive email/phone communications in-between.

A Nutrition Cluster Strategic Advisory Group has been established by the Nutrition Cluster, and is responsible for the overall strategic direction of the Nutrition Cluster.

There are four technical working groups where discussions in main technical areas are taking place, namely Surveys and Assessments, Infant and young child feeding, Information Management and CMAM technical working groups.