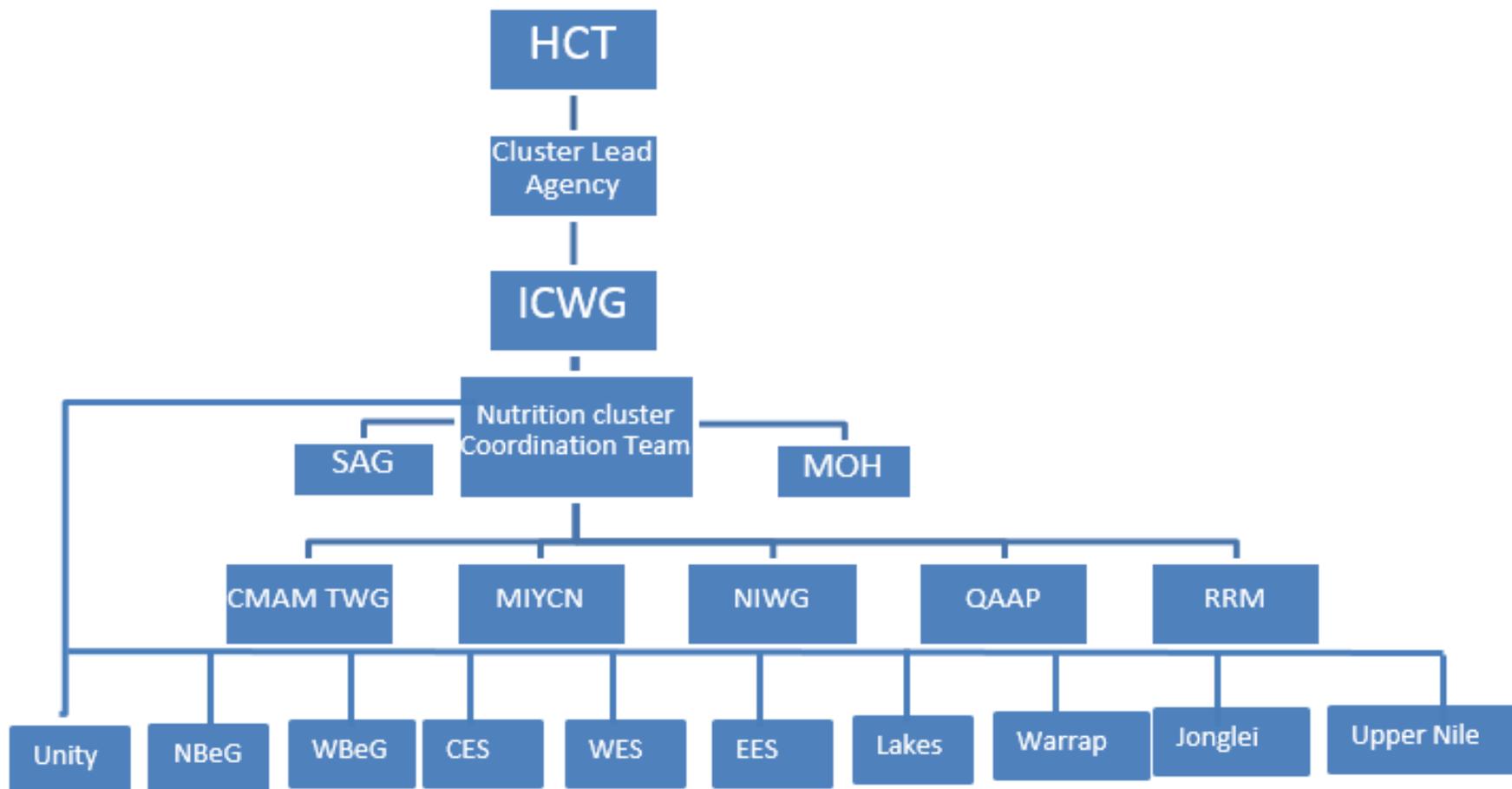


South Sudan Nutrition Cluster Integrated Famine Prevention Package: South Sudan country actions

Global Nutrition Cluster Annual Meeting
10-12th October, 2017
Geneva, Switzerland



Pre-emergency Nutrition Cluster coordination structure



Humanitarian response and linkage with the MOH

- Humanitarian Responses is coordinated by the nutrition cluster housed in UNICEF
- Nutrition activities ([SUN, Guidelines, policies](#)) at national level are coordinated by the MOH through the Nutrition Unit

Linkage with MOH

- MOH prepares Annual work plan that include both development and emergency
- Quarterly/bi-annual reviews are conducted by the MOH
- Cluster Annual Work Plan and updates to the MOH provided regularly
- [MOH part of the cluster coordinated TWGs under cluster](#)



Preparedness plan and implementation strategy

- Pre-crisis (Famine)
 - Relying on OCHA preparedness and implementation- nutrition cluster contributes with respect to prioritized locations.
 - Relying on UNICEF and WFP preparedness and implementation strategy.
- Post crisis: (Famine)
 - Cluster determined to prepare its own Preparedness and implementation strategy with consensus from all partners.



South Sudan context (complex emergency)

- Ongoing and spreading conflict in more states since 2013
- Wide spread acute malnutrition - situation worsening for last three years
- Increased severe food insecurity in the last three years, up to 50% of population in May 2017
- High prevalence of morbidities (malaria, AWD, cholera outbreak) associated with limited access to health services
- Economic crisis associated with high inflation, collapsing of markets
- Insecurity and limited access for humanitarian workers and increasing levels of criminality- disrupting supply networks, looting of humanitarian supplies
- Ever growing humanitarian needs in all sectors compounded with ever growing bureaucratic challenges



Broader emergency nutrition priorities

- Provision of **life saving management of acute malnutrition** to at least 75% of SAM and 60% of MAM burdens among children; 60% of PLW and 60% of the elderly in the PoC
- Increased access to **preventive nutrition services** to the most vulnerable and at risk (IYCF 60%; BSFP <5s-30%; BSFP PLW-20%) mainly in conflict and high burden states
- Enhanced **needs analysis of nutrition situation** and ensure robust monitoring and coordination of emergency nutrition responses.
- Increased access **to integrated nutrition**, health and WASH FSL activities in counties with critical levels of global acute malnutrition ($GAM \geq 15\%$)



Achievement Jan – August 2017

Program	People in need	Cluster Target	New Admission	Achieved Vs People in Need	Achieved Vs Target
SAM	273,624	205,218	140,774	51%	69%
MAM	835,348	501,209	296,293	35%	59%
PLW	339,053	203,432	207,823	61%	102%
BSFP (<5s)	1,453,081	435,924/729,623	628,234	43%	144%/86%
BSFP (PLW)	592,916	118,583 /285,371	161,748	27%	136%/57%

Year	SAM Admission	MAM Admission	Total Admission
<i>Jan-Aug 2016</i>	158432	208623	367055
<i>Jan-Aug 2017</i>	140,774	296,293	437067
<i>% changes in admission</i>	-11%	42%	19%

Less SAM in 2017 associated with consistent good coverage of TSFP services from January to date. Additional 8 counties were reached with BSFP in CES and EES. Cluster/WFP revising the BSFP target. Overall, 19% more SAM and MAM combined beneficiaries were enrolled in OTP and TSFP in 2017 than it was in 2016

Country buy-in process

- Partners briefed of the Rome call for action.
- Cluster lead agencies (UNICEF/FAO/WFP) briefed
- Health/WASH/Education CC briefed
- Call for action 16 points shared with all partners
- Nutrition and FSL CCs jointly drafted the action plan, health and WASH involved
- Draft action plan discussed with WFP/UNICEF/FAO
- Field visit conducted to collect inputs-FSL
- Joint nutrition and FSL 120 partners meeting approved the action plan



Actions plan and Progress to date

County Action plan (May to Dec 2017)	Progress to date
Revise existing FSL and FSNMS methodology	FSL information being and partly nutrition (4-SMART) collected at county level.
Capacity building of partners and government staff on FSNMs assessment	492 (Govt, FSL and nutrition) enumerators trained including 70 trained on detailed FS analysis
Monitor presence and functionality of services (Health, WASH, nutrition,	Reinforced for nutrition on monthly as it existed before. Nutrition Gap revised now covering other sectors
Implement integrated famine prevention package:	Scaled up integrated responses: Famine contained and prevented from Spreading to other counties.
Harmonizing UNICEF/RRM and OCHA coordinated ICRM missions	Joint review meeting RRM and ICRM done and UNICEF/WFP/OCHA meeting held.
Targeting GFD as opposed to blanket approach	In progress - in kind to CASH from unconditional to conditional being tried and targeted GFD.

Actions plan and Progress

County Action plan (May to Dec 2017)	Progress to date
Conducting localized analysis framework for prepare index of severity	REACH has developed an early warning tool informing the IPC
Develop an integrated response plan (WASH/Health/FSL/Nutrition)	Consensus of having integrated response plan reached. Moved to Dec 2017
Identify IPC 4 where integrated responses should be implemented.	Agreed with FSL,WASH and Health CCs and all partners to prioritize IPC 4 Scale up of food and nutrition integrated responses.
Advocate for flexible, timely, multi-sector, multi-year funding	Done by nutrition cluster and FSL coordinators. More advocacy needed



Challenges

- Seen as top down - Initiated and **driven** by the HQ
- Implementation of action plan increasing workload to already existing HRP plan
- Limited funding for some of the clusters eg **WASH (20%, Health 17%, Nutrition 62.5%, FSL 73%)**
- Over ambitious (many actions within a short time)
- Donor fatigue - increased need vs shrinking resources
- Funding both development and emergency response (short term and reactive)



Context & lessons learned

- Famine situation can be prevented and/or reversed with **multiple responses** within a short period (4-month)
- **Good analysis and triangulation** of food security and nutrition information is key in declaring famine
- **Involvement of country offices** in development of the initiative fosters ownership
- **Pre-existing collaboration** with other clusters-was enriched by the new impetus on integration.
- **Partnership =building friendly working relationship, trust, transparency**



Next steps

- Development of integrated response plan by Dec 2017
- -Continued advocacy of adequate funding for the four clusters planning to implement an integrated response plan
- Revising the action plan and timeline
- Integrating the action plan into the cluster AWP where appropriate



Reflections (did the Rome call made any difference?)

- Need for working together back on the agenda esp (WASH/Health, FSL and Nutrition)
- Increased understanding of the value of partnership
- Building relationships and believing in synergies of integrated responses
- Donors understood and supported the need for working together/integration.
- The need for timely response including developing an composite index for to guide early response based on early warning information
- Devising strategies for improving quality of nutrition services



Global asks

- Advocacy and provide technical support in the development of an integrated response plan for the four clusters
- Continued advocacy for adequate funding for the four clusters, otherwise, the call for an integrated response will be futile.



Acknowledgements

This presentation was prepared by the Nutrition cluster coordinator with input from FSL cluster coordinator, UNICEF and WFP nutrition sections who reviewed and enriched the presentation.

