

INTER-CLUSTER FAMINE RESPONSE STRATEGY IN SOUTH SUDAN

A Case Study
September 2020



GLOBAL
FOOD SECURITY CLUSTER
Strengthening Humanitarian Response



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01 List of abbreviations

5W	Who, What, When, Where, Why	IYCF-E	Infant and Young Child Feeding - Emergency
AAH	Action Against Hunger	KAP	Knowledge, Attitudes, Practices
AAP	Accountability to Affected Population	MAM	Moderate Acute Malnutrition
AFI	Acute Food Insecurity	MET	Multi-sectoral Emergency Team
ANC	Ante-natal Consultation	MIYCN	Maternal Infant and Young Child Nutrition
BCC	Behaviour Change Communication	MUAC	Mid-upper Arm Circumference
BSFP	Blanket Supplementary Feeding	NAWG	Needs Analysis Working Group
CAHW	Community Animal Health Worker	NBeG	Northern Bahr el Ghazal
CLA	Cluster Lead Agency	NW	Nutrition Workers
CLTS	Community-led Total Sanitation	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
CMAM	Community-based Management of Acute Malnutrition	ODF	Open Defecation Free
CNV	Community Nutrition Volunteers	OTP	Out-patient Therapeutic Programme
DFID	Department For International Development	PHAST	Participatory Hygiene and Sanitation Transformation
ERT	Emergency Response Team	PLW	Pregnant and Lactating Women
FAO	Food and Agriculture Organization	PSS	Psycho-social Support
FSLC	Food Security and Livelihoods Cluster	SAG	Strategic Advisory Group
GAM	Global Acute Malnutrition	SAM	Severe Acute Malnutrition
GBV	Gender-Based Violence	SDA	Small Doable Actions
gFSC	Global Food Security Cluster	SSHF	South Sudan Humanitarian Fund
GNC	Global Nutrition Cluster	TSFP	Targeted Supplementary Feeding Programme
HRP	Humanitarian Response Plan	UNICEF	United Nations Children's Fund
HW	Health Worker	VMG	Vertical and Micro Gardening
ICCG	Inter-cluster Coordination Group	WASH	Water, Sanitation and Hygiene
ICNWG	Inter-cluster Nutrition Working Group	WEA	Women Empowerment Organization
ICRM	Inter-cluster Response Mechanism	WFP	World Food Programme
IMCI	Integrated Management of Childhood Illnesses	WHO	World Health Organization
IOM	International Organization of Migration		
IPC	Integrated Phase Classification		
IRNA	Integrated Rapid Needs Assessment		
IRRM	Integrated Rapid Response Mechanism		

02 Executive summary

In complex crises, humanitarian responses must cut across many sectors and for this reason, inter-cluster collaboration is the best approach. For example, the famine and malnutrition experienced by people in South Sudan are the result of various factors and events converging. Stretching over many years, affected populations have been exposed to many shocks and underdevelopment. The country remains in a prolonged and critical period of unprecedented severe food insecurity (2017-2020) and acute malnutrition rates regularly surpassing the emergency thresholds of 15 per cent.

In late 2016, the situation in the Northern Bahr el Ghazal was characterized with very critical levels of acute malnutrition (above 30 per cent), high prevalence of morbidity and food insecurity. At the beginning of 2017, the food and nutrition situation extended further in some parts of the country leading to a declaration of famine in February 2017 in Leer and Mayendit counties.

Facing this situation, the four lifesaving clusters in country, Food Security and Livelihoods, WASH, Health and Nutrition, elaborated an integrated inter-cluster response plan embracing the multi-sectoral approach to respond to the famine crisis. The process started in October 2017 during the preparation of the 2018 Humanitarian Response Plan (HRP). It was then formalized in January 2018, when all the lifesaving clusters gathered together for a one-day workshop. During this session participants established a joint famine response strategy, to confirm a minimum famine response package of services and agree on a joint geographical convergence.

The inter-cluster efforts since 2017 resulted in a range of qualitative changes in the overall humanitarian response planning in South Sudan. The combination of response strategies enabled humanitarian actors to share mutual resources in order to provide comprehensive and timely humanitarian services. It allowed access to serve affected populations in difficult to reach, inaccessible and under-served areas in 2017. The need of an early warning system and joint needs tracking triggered the establishment of a Need Analysis Working Group, which continuously promotes data sharing and triangulation of indicators from various sectors. The integrated minimum famine response package became a reference list of services for the years to come. Currently, the package is regularly reflected in the clusters' HRPs confirming the alignment, the convergence and the colocation of clusters' responses. In the acute famine phase, the rapid mobilization of partners allowed quick scale-up of nutrition treatment and prevention services. Using this momentum to boost the coverage of nutrition programmes in 2017 was a key to maintaining it throughout 2018, 2019 and 2020.

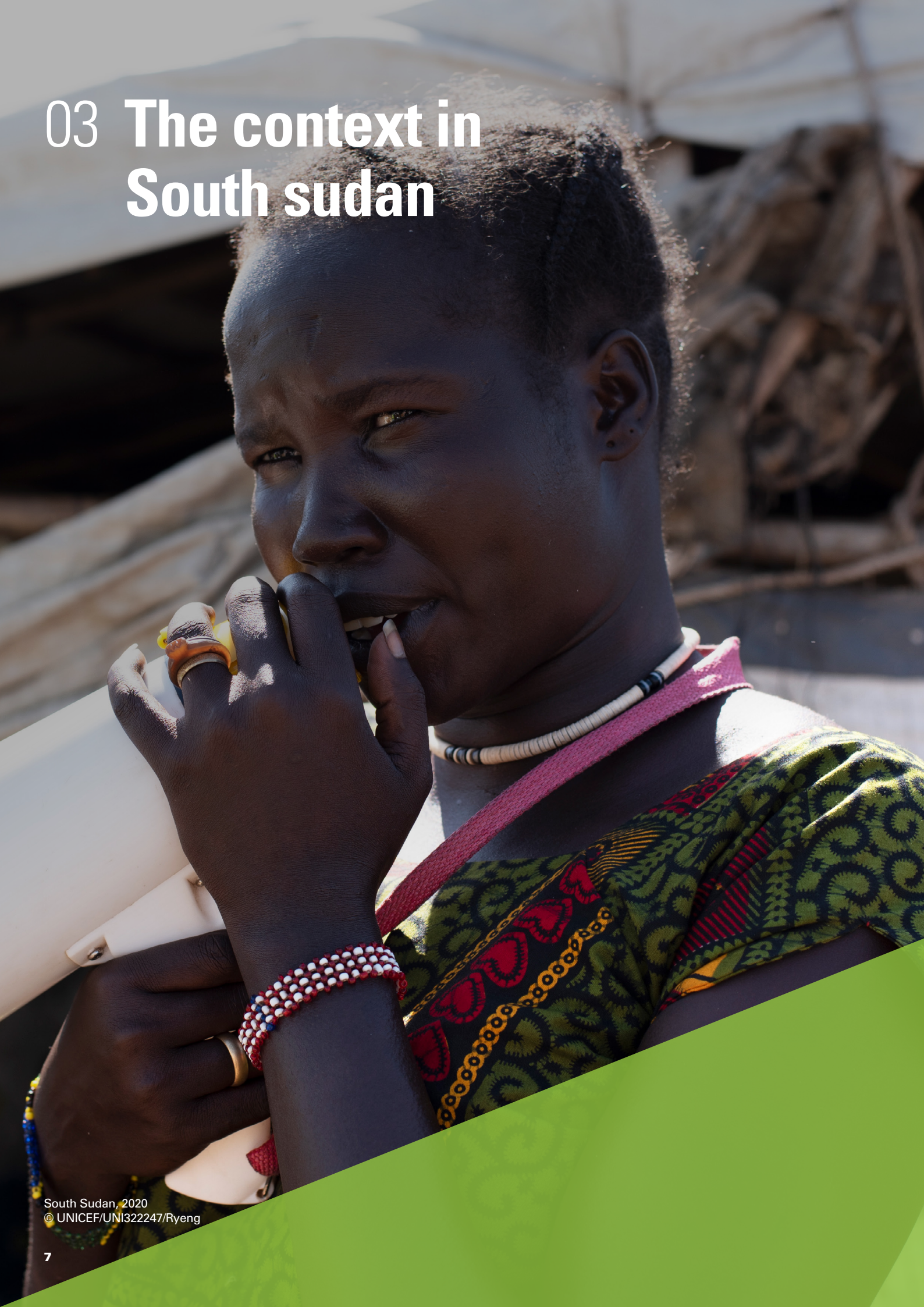
Although challenging, the South Sudan experience, documented in this case study, introduced a range of practices that have been further sustained. This included ensuring a joint coordination forum for partners to meet, discuss and listen to what they know and expect of integration. These forums were also an opportunity to clarify, encourage and address concerns. Regular analyses were done during cluster meetings to track gaps alongside the commitment of partners, and to hold them accountable to agreed timeframes. Another practice that was established was the incremental use of joint assessments and joint analyses, among others. Nowadays, clusters continue to use the minimum famine response package of services, while also committing to an integrated approach in the sectoral Humanitarian Response Plans.

An important lesson from the South Sudan experience is that famine and malnutrition can be prevented if multi-sectoral, multi-year, flexible and timely funding is provided to humanitarian and respective authorities that can build and restore resilience of the affected communities. In addition, the experience leveraged the following tangible learning:

- The need for working together was reinforced and was part of the regular agenda during the inter-cluster meetings. It increased understanding about the importance of partnerships, building relationships among the clusters and organizations, bringing synergies and complementarity among all the humanitarian responses and actors.
- The inclusion of the integration agenda in country-level planning documents in the past years is key to gaining commitment by various stakeholders.
- Bringing together all partners and sectors in the same place since the beginning of the inter-cluster process might be challenging. Initial leverage with present clusters and gradually moving advocacy for scale up by other clusters/sectors worked best.
- It is good to identify small, doable actions as a feasible and realistic start that does not necessarily require extra financial resources. The geographical convergence can begin with one site and then to be scaled up. Start small and doable to go big!
- The integrated response can be efficient when maintained with ongoing cluster engagement. It requires facilitation from the cluster coordinators and willingness to go the extra mile.

This case study presents a deeper description of the inter-cluster famine response strategy in South Sudan and its effects on better inter-cluster coordination.

03 The context in South Sudan



The crisis in South Sudan remains complex and protracted with both acute and chronic needs experienced at varying levels across 78 counties of the country and Abyei region. Nearly 4 million people remain displaced by the humanitarian crisis: 1.5 million internally and more than 2 million as refugees. The country remains in a critical period of unprecedented and severe food insecurity¹ (2017-2020), with about 6 million people considered food insecure and experiencing high acute malnutrition rates regularly surpassing the emergency thresholds of 15 per cent. Lack of access to basic services and eroded capacities have weakened the resilience of already vulnerable populations. Protection issues remain of great concern with vulnerable men, women, boys and girls facing protection threats and Sexual and Gender-Based Violence (GBV). The recently revitalized peace process promises to offer new opportunities in the coming years for South Sudan's women, men and children. The launch of the National Development Strategy 2018-2021,² with the overall objective of consolidating peace and stabilizing the economy, echoes the peace optimism.

¹ IPC Acute Food Insecurity, 2017 – 2020 various analyses (<http://www.ipcinfo.org/ipcinfo-website/where-what/east-and-central-africa/south-sudan/en/>).

² Available here: <http://www.mofep-grss.org/wp-content/uploads/2018/11/NDS-4-Print-Sept-5-2018.pdf>



South Sudan, 2020
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04 The risk of famine 2016 – 2017



In late 2016, the situation in the Northern Bahr El Ghazal (NBeG) was characterized with very critical levels of acute malnutrition (above 30 per cent), high prevalence of morbidity and food insecurity. At the beginning of 2017, the food and nutrition situation extended further into some parts of the country, leading to a declaration of famine in February 2017 in Leer and Mayendit counties. Meanwhile Koch and Panyijar counties were at the famine tipping point – classified at Integrated Phase Classification (IPC) level 4 Emergency (see [Figure 1](#)).

The IPC projections of Acute Food Insecurity (AFI) and Acute malnutrition (AMN) for the period from February to April 2017 were showing more than the usual levels of food insecurity for the post-harvest period. While the overall country regions were predicted to worsen, Unity and Equatoria states were amongst the most affected and several counties were classified at critical and very critical levels. Such dramatic projections were made by the IPC based on the fact that widespread food insecurity was exacerbated by “insecurity, displacement, poor access to services, extremely poor diet (both quality and quantity), low coverage of sanitation facilities and deplorable hygiene practices are underlying the high levels of acute malnutrition.”

Since September 2016, implementing a coordinated, multi-sector response has been agreed by all four lifesaving clusters (Health; Nutrition; Water, Sanitation and Hygiene – WASH; and Food Security and Livelihoods Clusters - FSLC). This is under the coordination of United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in South Sudan.

The following year, in April 2017, the Global Food Security Cluster (gFSC) and the Global Nutrition Cluster (GNC) organized a joint Famine conference on the risk of famine-affected countries, including South Sudan. Partners signed the Rome Call for Action, advocating for further reinforced and heightened inter-sector collaboration and partnership to plan and deliver a minimum, integrated lifesaving, multi-cluster response package, including nutrition, health, food security, WASH and Education.

³Source: [IPC South Sudan, Key IPC findings: January-July 2017](#)

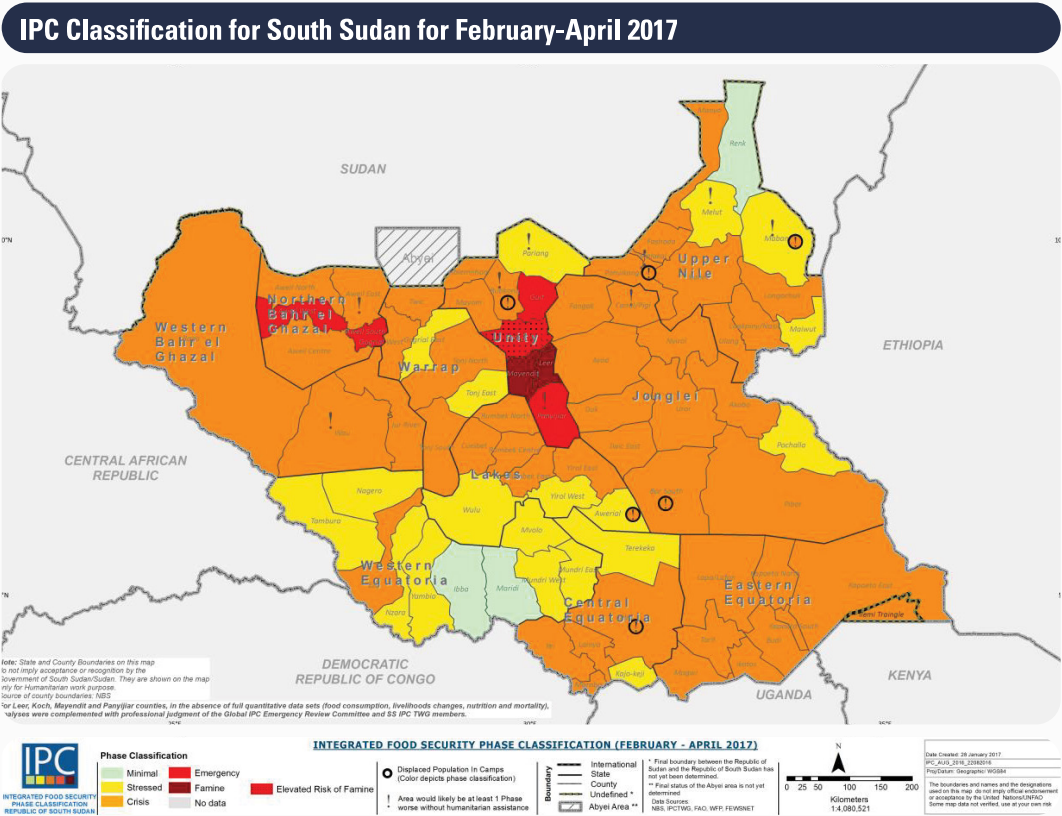
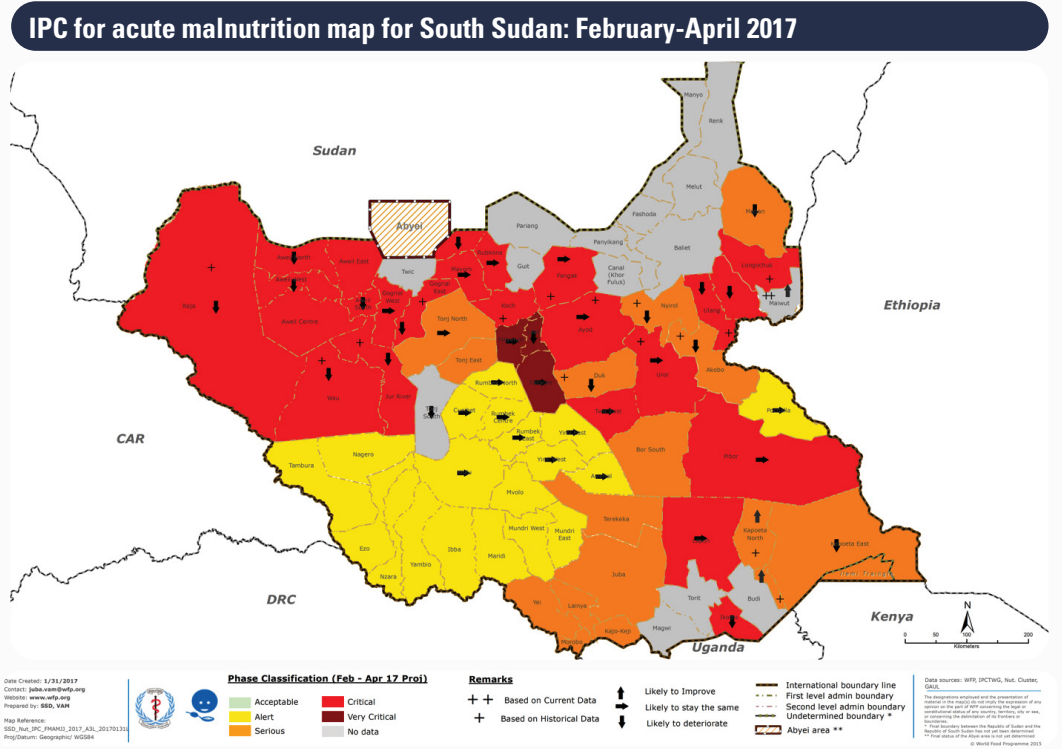
⁴Somalia, Yemen and Nigeria were also in the scope of the famine conference in Rome, April 2017.



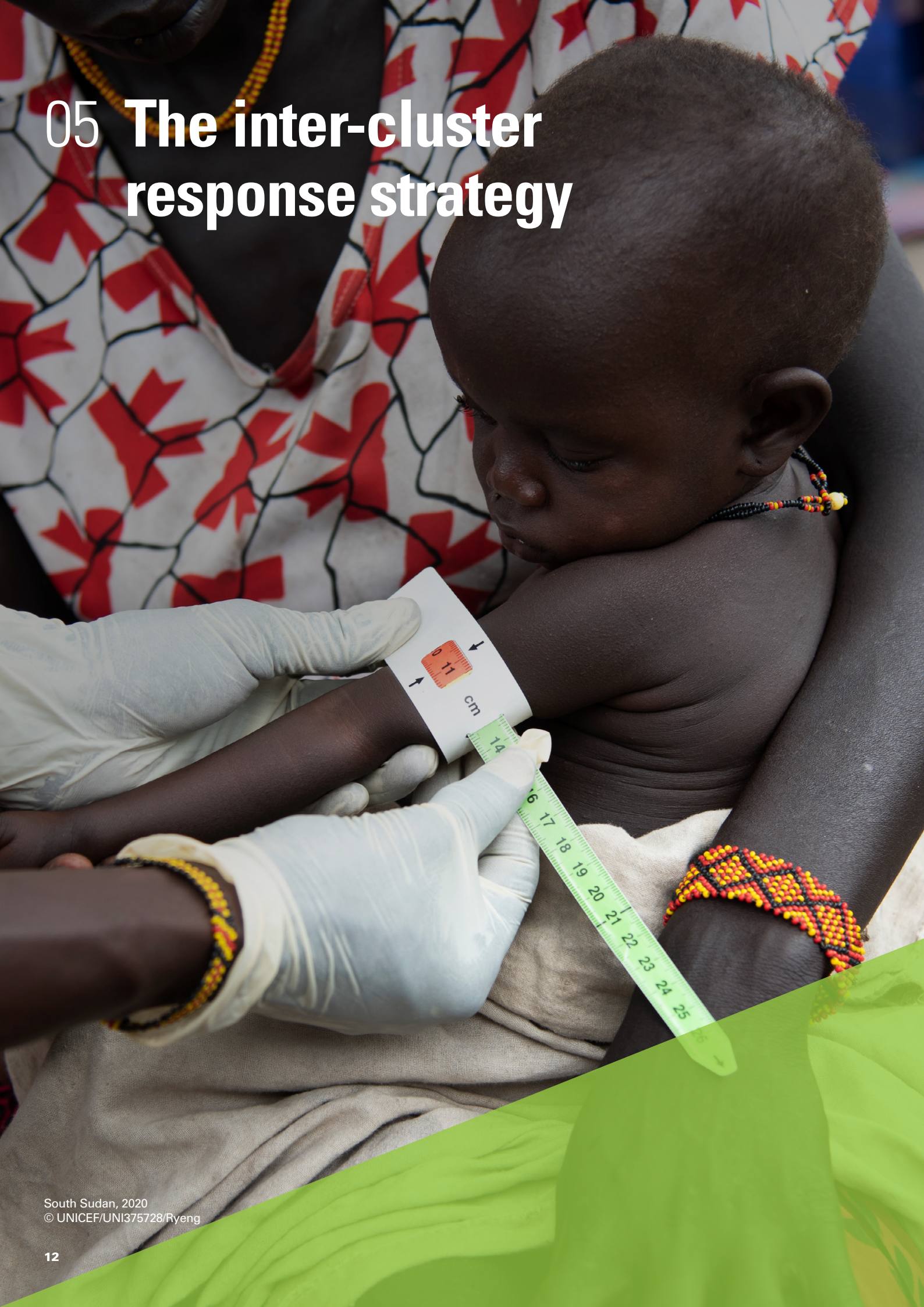
South Sudan, 2020
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Figure 1.

Integrated Acute Food Insecurity and Acute Malnutrition Phase Classification map for the period from February to April 2017 (Source: IPC South Sudan, key IPC findings: January-July, 2017)



05 The inter-cluster response strategy



05.1 The design

A deep analysis into the leading causes that were driving the spread of acute malnutrition was needed so that a comprehensive response could be developed. Several analyses from 2017 using the Conceptual Framework of Malnutrition (UNICEF, 1990)⁵ were conducted to better understand various root, underlying and immediate causes of malnutrition in most affected states of South Sudan. These also explored the various pathways leading to malnutrition. Developing an aligned and timely understanding across all sectors of the complexity of the malnutrition issue was a key to trigger a response beyond sectoral approaches.

At the Famine conference, the South Sudan Nutrition Cluster and the FSLC coordinators elaborated a Joint action plan and an integration model based on the UNICEF framework. The plan was presented to the OCHA -led Inter-Cluster Coordination Group (ICCG) and the respective clusters in the country calling for WASH and Health clusters to join.

Due to these efforts, the need for a multi-sectoral approach was recognized. An integrated inter-cluster response plan was then set up, starting in October 2017 during the preparation of the 2018 Humanitarian Response Plan (HRP). The four cluster coordinators drafted their respective minimum packages to be implemented in jointly prioritized locations. On January 25, 2018, all famine response clusters gathered for a one-day workshop to establish a joint strategy confirming the minimum famine response package of services (see Figure 2) and agree on the geographical convergence of the response (see Figure 3).

⁵ The Conceptual Framework of Malnutrition (UNICEF, 1990) indicates that the causes of child malnutrition are multi-sectoral and operate at three levels: immediate, underlying and basic level. At the immediate level, the key drivers are disease and inadequate food intake in terms of quality and quantity. The underlying drivers are multi-sectoral, and they are poor public health/ poor household food insecurity and poor care giving practices. Meanwhile, the basic drivers are structural issues including services and infrastructure, financial and human resource capacity, social and political drivers including, conflict, poverty and etc .

Figure 2.
Summary of minimum famine response package by cluster and by level, Integration Workshop January 25, 2017, Juba.



The strategy was elaborated with the wide participation from Food Security, Health, WASH and Nutrition sectors as well as partners representing United Nations agencies and NGOs. Where UN agencies were concerned, these included: the Food and Agriculture Organization (FAO), the World Food Programme (WFP), the World Health Organization (WHO), the International Organization of Migrations (IOM), UNICEF and UNIDO. Where international and national NGOs operating in the country were concerned, these included: Care, World Vision International, People's Initiative Development Organisation South Sudan, Smile Again Africa Development Organisation, Nile Hope, Save the Children, Mercy Corps, Medair, Universal Network for Knowledge and Empowerment Agency, Oxfam, International Medical Corps (IMC), Rural community action for peace and development, among others. The involvement of the REACH Initiative⁶ on information management, as well as donors (Department for International Development - DFID, Embassy of Switzerland) in the conversation from the beginning has been critical to ensuring their understanding and support.

Co-location/ collaboration/ coordination at the lowest possible administrative level (boma/payam) between operational partners to facilitate actual implementation had to be reinforced. This was achieved by strengthening coordination forums at the field level.

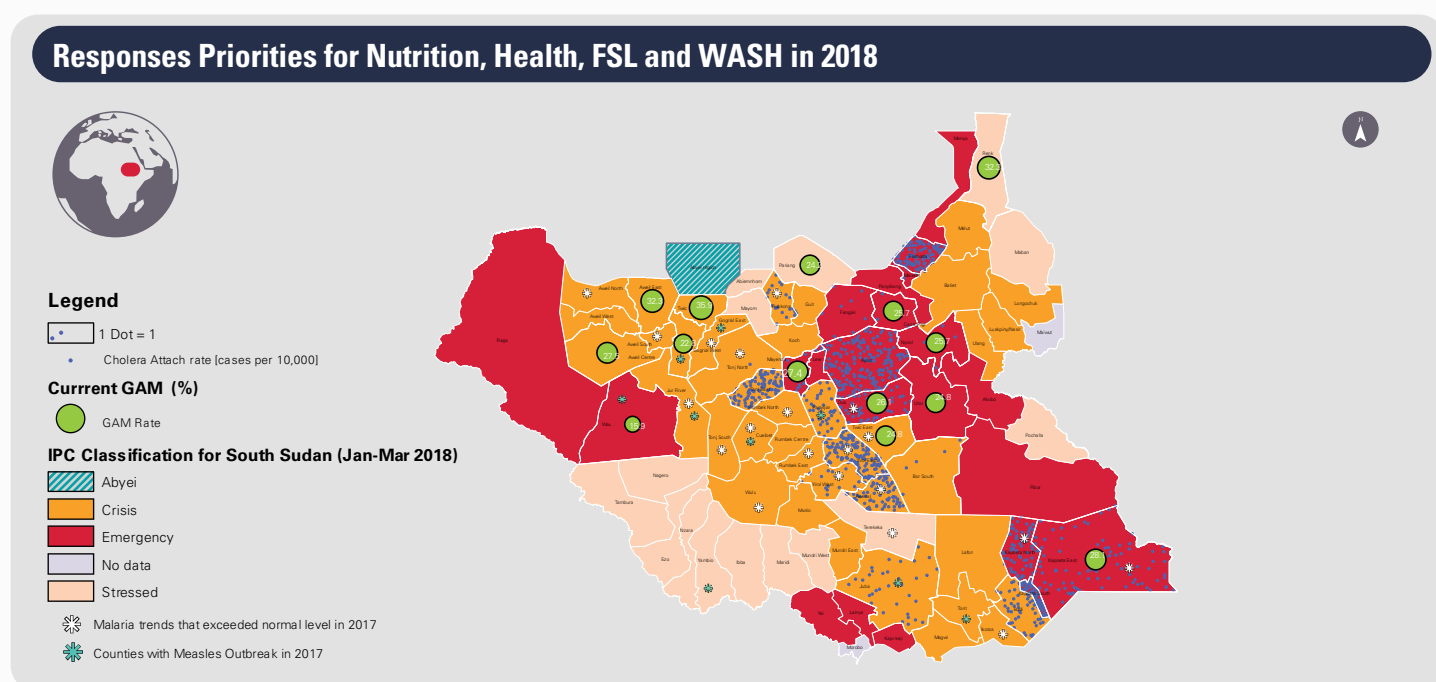
Integration activities in South Sudan gained attention and support from Global clusters and the Inter-cluster Nutrition Working Group (ICNWG). ICNWG supported the roll-out of the **Integrated Training package for nutrition outcomes**⁷ in November 2018 in Juba to further support the nutrition-sensitive programming of the four 'famine' clusters.

⁶ REACH is a leading humanitarian initiative providing granular data, timely information and in-depth analysis from contexts of crisis, disaster and displacement (more info: <https://www.reach-initiative.org/>).

⁷ https://www.nutritioncluster.net/Capacity_Strengthening?f%5B0%5D=training_category%3A7752

Figure 3.

Map of joint priority ranking in 2018 (Source: Integration Workshop Report, January 25, 2018 Juba, South Sudan.

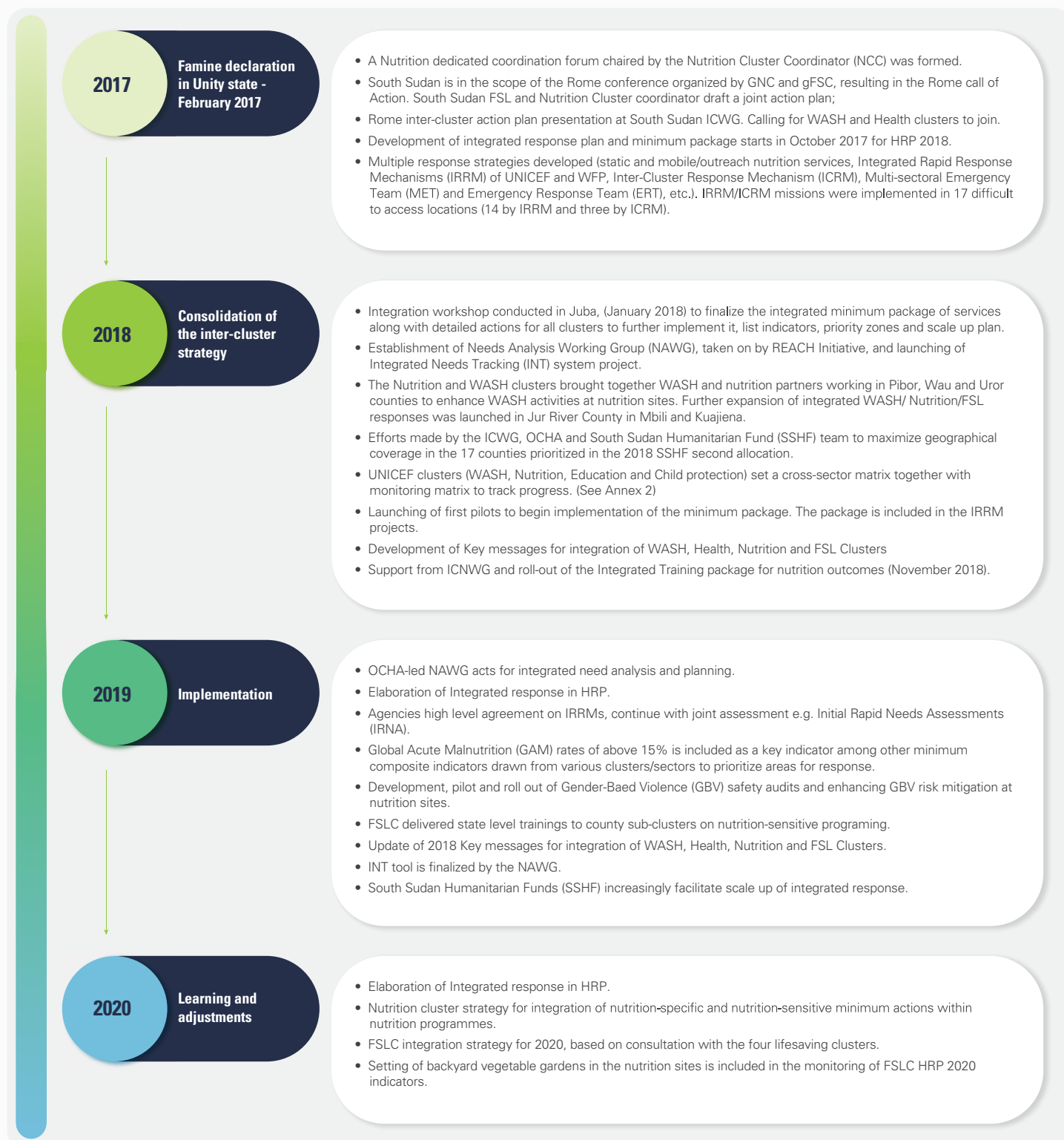


05.2 The implementation

The inter-cluster collaboration in South Sudan was a constantly evolving process. After initial efforts, the inter-sectoral collaboration was marked by various activities to further improve the multi-sectoral programming (see Figure 4). All along, cross-cutting issues such as protection, gender, cash interventions etc., were gradually addressed and integrated into the multi-sectoral programming practices.

Figure 4.

Timeline of activities from 2017 to 2020 in South Sudan





The integration agenda and the minimum integration package were well received by the South Sudan ICCG. Increasingly, integration has featured more prominently in the HRP in 2018, 2019 and 2020 with various commitments to actions on integration as initially agreed upon. ICCG and sub-national ICCGs were providing the leadership. Multiple efforts were provided by NAWG for integrated need analysis and integrated response planning to inform SSHF response prioritization. In the 2018 SSHF second allocation, OCHA and the SSHF team maximized geographical coverage in the 17 counties. Increasingly, the fund has facilitated the scale up of the integrated response. Beyond SSHF funds, other funding streams have supported integrated projects in the country.

During the gradual roll out of the minimum package, implementation in the counties was leveraged by the presence of relevant clusters. Many integrated response strategies were developed immediately after the famine was declared, including the rapid scale-up of the package through various projects.⁸

In 2020, the Nutrition cluster achieved a larger footprint across the country, with over 1,200 nutrition sites established in all 78 counties and the Abyei region. The Nutrition cluster established a Nutrition strategy for the integration of nutrition-specific and nutrition-sensitive minimum actions. Similarly, the FSLC launched its integration strategy.

⁸ These projects included: the static and mobile/outreach nutrition services, IRRM implemented by UNICEF and WFP, the ICRM coordinated by OCHA; and MET and ERT implemented by Action Against Hunger and Medair, respectively.

05.3 Inter-cluster needs and response monitoring

Information on rapid changes in the humanitarian needs in South Sudan is available through different sources. Recognising the siloed approach to needs analysis, the clusters agreed on improving inter-cluster information management to track changes in needs in a timely way. This task was taken on by the REACH Initiative and NAWG, thus starting the Integrated Needs Tracking (INT) system (see [Box 1](#)).

BOX 1. The Integrated Needs Tracking in South Sudan



The Integrated Needs Tracking system aims at providing an overview of emerging and ongoing intersectoral needs at county level in South Sudan to facilitate evidence-based decision-making. It draws from multiple up-to-date sources of data from the four lifesaving sectors: Food Security and Livelihoods (FSL), Water, Sanitation and Hygiene (WASH), Health, and Nutrition.

This data is then fed into an analytical framework that reflects the current risk level of intersectoral or sectoral emergency needs in each county. Each of the indicators has pre-determined thresholds that can classify the county risk level as 'Low', 'Moderate', 'High', or 'Very High'. This allows humanitarian actors to compare the relative needs between counties and over time to aid response prioritization. The more indicators that converge on 'High' or 'Very High' in a county, the more likely it is that emergency needs are at their greatest severity in that county. Therefore, the findings presented in this factsheet should be considered indicative of the broad overall and FSL needs in the respective county in December 2019 and are not statistically generalizable.

The outcomes are then presented to key coordination bodies such as the NAWG, the ICCG, and IPC initiative for contextualisation and to support humanitarian decision-making and prioritisation. (Source: <https://reliefweb.int/report/south-sudan/integrated-needs-tracking-int-county-profile-unity-state-south-sudan-december-2019>)



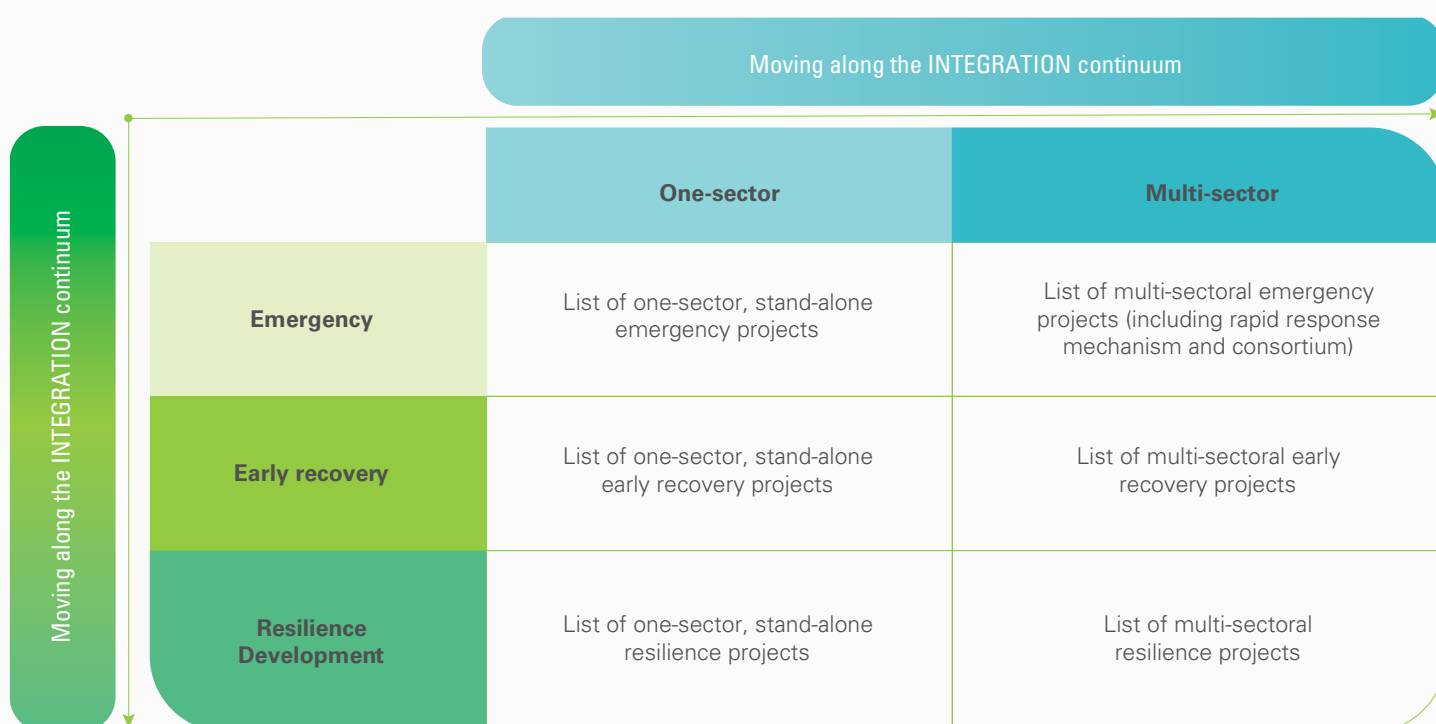
During the one-day integration workshop in January 2018, clusters established a joint monitoring matrix. It was agreed to monitor integration efforts using a number of process⁹ and outcome¹⁰ indicators. In addition, each sector defined their own indicators to follow within their sectoral monitoring frames. For example, percentage of nutrition sites with access to clean water, hygiene and waste management; percentage of children 6-59 months attending health clinics who are screened for malnutrition; number of households receiving agricultural inputs/ livelihood kits, etc.

The full suite of indicators was not implemented by all clusters. The Nutrition cluster initiated a quarterly data collection tool to monitor the Health, WASH, early childhood development and food security services integrated in the nutrition programmes. A different, more qualitative approach to integrated programming was implemented by the FSLC. A matrix for mapping FSLC partner projects with integrated programming and projects transitioning towards development was rolled-out at the county level (see Figure 5). Furthermore, WASH services for households with a malnourished child (WASH kits) were included in the WASH cluster monitoring for 2019 and 2020. In 2020, the “number of nutritional sites with backyard kitchen gardens” was a HRP indicator in the FSLC.

⁹Example: the number of multi-sectoral integrated coordination meetings at the county/ payam/ boma level, the number of people and community volunteers who received key Nutrition, WASH, FSL, and health messages at the community level; the number of integrated trainings for service providers on the ground who have basic knowledge of health, nutrition, and WASH and FSL, etc.

¹⁰Example: Prevalence of GAM (SAM and MAM), number of counties improving situation/changing from IPC 4 to IPC 3/2; crude and under-five mortality/death rates, etc.

Figure 5.
Food Security and Livelihood Cluster matrix to map project partners projects with multi-sectoral programming and transitioning from emergency to resilience



06 What has changed?



The inter-cluster efforts since 2017 resulted in a range of qualitative changes in the overall humanitarian response planning in South Sudan. The combination of response strategies enabled humanitarian actors to share resources to provide comprehensive and timely humanitarian services. It allowed humanitarian actors to serve affected populations in difficult to reach, inaccessible and under-served areas in 2017.¹¹ The need for an early warning system, combining indicators from various sectors, resulted in the INT system. The integrated minimum famine response package became a reference list of services for the years to come. Currently, the package is regularly reflected in the cluster's HRPs confirming the alignment, convergence and colocation of cluster's responses.

During the acute famine phase, the rapid mobilization of partners allowed for the quick scale-up of nutrition treatment and prevention services. For example, the number of Out-patient Therapeutic Programmes (OTP) and Targeted Supplementary Feeding Programmes (TSFP) sites in Unity state increased by 62 per cent – from 37 in February 2017 to 60 in May 2017. Meanwhile, TSFP sites increased by about 54 per cent from 41 to 63 during the famine period. The increase in nutrition sites enabled the selective feeding programme enrolment of 8,859 children with severe acute malnutrition and moderate acute malnutrition, while blanket supplementary feeding programming reached 362,921 children under-5 and 33,896 pregnant and lactating women during the same period. Meanwhile, a total of 4,373 pregnant and lactating women were also enrolled in TSFP.¹² Boosting coverage of nutrition programmes in 2017 paved the way for a sustained scale up of the efforts from 2018 to 2020.

The SSHF have greatly contributed to supporting the minimum response package with funding from 2018-2020. Its prioritisation strategy was based on integrated needs analysis, inter-sectoral assessments (for example IRNA) and integrated response. The integration became part of the cluster's language.

Many innovative projects and multi-sectoral approaches, implemented by partners, are currently part of the South Sudan landscape and deserve to be further promoted through clusters. Snapshots from various projects are available in [Annex 1](#).

The initial inter-cluster coordination for the famine response launched the key messages for integration of WASH, Health, Nutrition and FSL Clusters. UNICEF-led clusters elaborated a cross-sectoral matrix (see [Annex 2](#)) and monitoring framework, which further improved the inter-cluster dynamics. In addition, the formulation of joint monitoring indicators introduced a new practice to maximize the sectoral response monitoring, while supporting data to other sectors. The geographical convergence with prioritization based on a collective inter-cluster set of criteria such as Integrated Phases Classification (IPC) Acute Food Insecurity, or the alignment of WASH cluster priority zones based on GAM rates, were part of the results.

A range of activities were delivered throughout the nutrition and health facilities (see [Figure 2](#)). Meanwhile, available data from September 2019 suggest levels of progress and identifies gaps (see [Table 1](#)).

¹¹ For example, IRRM/ICRM missions were implemented in 17 locations (14 by IRRM and three by ICRM) that were not easily accessible, reaching around 30,000 people with lifesaving interventions (Vitamin A supplementation, deworming, infant and young child feeding in emergencies key messages). Of these, 9,072 were treated for SAM and MAM.

¹² Source: South Sudan Nutrition cluster 2017 famine lessons learnt. Full article available here: <https://www.ennonline.net/fex/56/southsudanfaminelessonslearnt>

Table 1.

Coverage of integrated services at nutritional sites in South Sudan by September 2019 (Various sources)

SERVICES INTEGRATED AT NUTRITION SITES	PERCENT OF SITES COVERED (reported)	SOURCE
Handwashing facility	90% (632)	Nutrition cluster GBV Safety audit
Safe drinking water	84% (632)	Nutrition cluster GBV Safety audit
Gender separated latrines	43% (632)	Nutrition cluster GBV Safety audit
Borehole available	74% (589)	Nutrition cluster integrated services monitoring tool
Early Childhood Development kits	12% (561)	Nutrition cluster integrated services monitoring tool
Backyard kitchen garden available	38% (570)	Nutrition cluster integrated services monitoring tool
GBV Safety audit conducted	62% (632)	Nutrition cluster GBV Safety audit

In 2019, 126,981 (52 per cent) of the children admitted at Out-patient Therapeutic and Stabilisation centres (OTP/SC) or services were tested for malaria and 17,838 (7 per cent) had received a WASH kit. By July 2020, about 48,668 children received a hygiene kit when discharged from functional OTP/SC (see Table 2). Additionally, 4,880 household received training in working with nutritional backyard kitchen gardens, while 8,938 got access to inputs to set up kitchen gardens. A quarter of the kitchen gardens were set in nutrition sites.

Table 2.

Individual level services to accompany OTP nutritional treatment in South 2019 and 2020 (Various sources)

INDIVIDUAL SERVICES	YEAR 2019	BY JULY 2020	SOURCE
Number of children tested for malaria at nutrition services	126,981	65,314	NIS
Number of tests being positive (referred to health out-patient department)	38,068	16,926	NIS
Number of SAM/MAM children who received WASH kits	17,838	48,668	5W WASH cluster

It is difficult to report how representative these data are compared to the real situation due to silo reporting lines of similar activities. For example, Nutrition cluster partners reported that around 38 per cent of the nutrition sites in 22 counties had kitchen gardens by September 2019. Meanwhile, in 2020, the FSLC reports that nine counties were covered. This underlines the importance of implementing joint monitoring across key activities to capture (in a timely way) progress on integrating activities, while also optimising the use of the data for future programming.

07 Challenges



07.1 Funding

Limited funding for some of the clusters was a major challenge and impaired integrated responses. For example, as of October 2017, the Nutrition and FSL clusters had secured 62 per cent and 73 per cent respectively of their funding, but the WASH and Health clusters were trailing at below 30 per cent. Important, as envisaged in the minimum integrated package, was the multi-annual funding which remains unavailable. Overall, the humanitarian funding mechanisms and processes are still a challenge for multi-sectoral integrated programming.

07.2 Access and on-the-ground coordination

South Sudan is vast with difficult terrain making operations complicated and costly. The lack of field/ground-level information and experience sharing between partners (due to insecurity and access issues) is still a limitation to the coordination process. Coordination between partners would be greatly improved by the recruitment of a focal point person who could visit partners at their operational sites.

07.3 Availability and time of partners

The implementation of the action plan included additional meetings that increased workloads, adding to already planned activities in the HRP and other initiatives. The implementation plan was overly ambitious; in practice, many actions were planned for implementation within a short period and proved unrealistic.

It was not possible to plan joint missions due to competing priorities and the ever-evolving situation, with varied re-focusing activities.

07.4 Timely information management, plus sharing and needs analysis

The triangulation of food security and nutrition information, which is key for declaring famine, was challenging. It can be difficult in a conflict context to have reliable and accurate information to conclude, beyond doubt, that famine thresholds have been met. Relying on international experts' opinion should not prevent the rapid scaling up of responses.

07.5 Early warning and response monitoring

The lack of joint early warning systems triggered the launch of the INT system. However, the scarcity of data for the INT system remained a challenge.

While the clusters agreed on a joint monitoring matrix, the joint monitoring of the response did not happen due to the lack of a platform where information from sectors could be collated in one place.

08 Best practices



When the famine declaration was made, a range of inter-cluster practices facilitated the rapid scale-up of an integrated response, preventing further deterioration:

- The pre-existing collaboration and partnership between cluster coordinators for WASH, health, FSL and nutrition, which had initiated an integrated response plan even before the famine was declared.
- Ensuring a coordination forum for partners to meet, discuss and listen to what they know and expect of integration; also, to clarify, encourage and address concerns. A useful practice was the gap analysis as a regular point on the agenda during weekly cluster coordination meetings. In this way, the clusters tracked gaps and partner commitments to fill these, holding them accountable to agreed timeframes. This made partners more accountable to themselves, to the cluster coordination team and to the affected population.
- High level of agreement and coordination between clusters lead agencies (for example, alignment of IRRMs by WFP, UNICEF and FAO) and promoting individual organizations and consortiums with multi-sector instruments.
- The ICRM, led by OCHA, provided an opportunity to partners that were not operational in the famine affected counties to participate in the famine response.

Some of these practices were sustained:

- The incremental use of joint assessments and joint analyses allow for a more comprehensive understanding of the needs.
- The four famine clusters come back regularly to the minimum packages throughout the humanitarian project cycle. For example, the Nutrition cluster continues to engage with other clusters on further scaling up integrated services at nutritional sites and to accompany nutritional treatment as outlined in an integration concept note (for example, malaria treatment, WASH kits to malnourished children under treatment, referral for antenatal consultations, etc.). In this way, at the beginning of each year, the FSLC coordinator reaches out to fellow clusters to complete and upgrade the FSLC Integrated Actions Strategy.
- The articulation and commitment for an integrated approach is part of the sectoral Humanitarian Response Plan.
- Regular information sharing between clusters to adjust the coverage of integrated services (for example, SAM, MAM and the number of nutrition sites that need to be supported with WASH interventions).

09 Lessons learnt



An important lesson learnt from the South Sudan experience is that famine can be prevented if multi-sectoral, multi-year, flexible and timely funding is provided to humanitarian and respective authorities, so that they can build and restore the resilience of affected communities. In addition, the South Sudan experience provides other tangible learning, including:

- The need for working together was reinforced and was part of regular agenda in the ICCG meetings and through the IRRM and ICRM response mechanisms. It increased the understanding of how important partnerships are, as well as building relationships between the clusters and involved organizations, bringing synergies and complementarity across all humanitarian responses and among actors.
- The inclusion of the integration agenda in country level planning documents over the past years was key to gaining commitment from various stakeholders.
- Bringing all partners and sectors together in the same place at the beginning of the inter-cluster process might be challenging. Using the leverage of already engaged clusters and steadily advocating for scale up by other clusters/sectors works best.
- The commitment and joint advocacy supported by global clusters was instrumental to the South Sudan famine response. While donors immediately provided increased funding to respond to the famine before the Rome Call for Action, many partners received additional funding and surge capacity following the Rome call.
- It is good to identify small, doable actions as a feasible and realistic start that does not necessarily require extra financial resources. The geographical convergence can begin with one site and then be scaled up. Start small and doable to go big!
- The integrated response can be efficient when maintained with ongoing cluster engagement. It requires facilitation from the cluster coordinators and willingness to go the extra mile.
- Joint project monitoring visits by the cluster coordinators might be helpful for clarifications and solutions on the spot, but may also help to follow progress, identify gaps and adjust further response. However, having a joint monitoring system might potentially provide the necessary information on the coverage and the efficiency of the integrated response. It would also support evidence-based joint advocacy to promote the needed multi-year and multi-sectoral funding.

10 Next steps



- All clusters recognize the need to continually build on the successes achieved over the past four years and to learn from experiences.
- Enhancing coordination and work in a progressive iterative manner at all level, while strengthening partners' capacity on multi-sectoral programming through trainings and promotion of consortiums are priorities for South Sudan Nutrition, FSLC and WASH clusters.
- WASH cluster will define a WASH-Nutrition indicator in the 2021 HRP and will evaluate the opportunities to promote additional WASH-Nutrition activities going above nutritional sites. The cluster will prioritise innovative projects having a research component to complement existing evidence.
- The FSLC Integration strategy for 2020 will be maintained and updated through consultations with famine response clusters for 2021. The cluster will reinforce the communication and the sensitization of partners on the strategy for improved ownership and uptake. FSLC will strengthen links with Nutrition around backyard gardens and training of community health volunteers as part of the wider community emergency cropping training events, delivering FSL and livestock support in the catchment areas of health, nutrition and education facilities, and in locations where WASH have renovated clean water supply systems. Current nutrition-sensitive activities will continue to be monitored through the cluster's 5W, while the "Number of nutritional sites with backyard Kitchen gardens" will be kept as HRP indicator in 2021.
- The Nutrition cluster will work on improving the integrated services monitoring tool and advocate for the scale up of the existing integrated services in nutrition treatment sites.
- The COVID-19 pandemic has changed the operating environment. The joint inter-cluster advocacy to Cluster Lead Agencies to include multi-sectoral activities by default in their projects should continue. And, overall advocacy to donors to ensure multi-year funding should also continue in the context of over-stretched capacity, increasing needs and declining funding since 2017.
- Documentation and dissemination of existing experiences is in the scope of all clusters. Thus, further learning and advocacy can be leveraged.
- Improving information sharing and management (for example, joint monitoring and response analysis) would help to collect outcome/impact data to show the benefits of the integrated response.
- The INT system has been superseded by the use of a COVID 19 risk analysis framework, as COVID-19 has been an all-encompassing and priority crisis. With concerns, especially across Jonglei State due to compounded shocks (floods, macro-economic crisis, conflict and violence as well as COVID-19), an urgent scaled up and multi-sectoral response is very much called for.
- Institutional integration was adopted in the 2020 and 2021 HNO and HRP processes, with the use of the Global cluster approved indicators for application in the Joint Intersectoral Analysis Framework (JIAF). Currently within the ICCG, the four famine clusters are contributing to the Inter Sectoral Analysis, first initiated in the 2020 HNO process.

11 Annex



11.1 Annex 1.

Snapshots of integrated projects in South Sudan

Case Study 1

THE VERTICAL AND MICRO-GARDENING (VMG) PROJECT in Kator Payam, Juba County, Central Equatoria State

Women Empowerment Organization – South Sudan

Project description:

The Vertical and Micro-gardening (VMG) Project is a climate-smart agricultural technology that has two components: micro-gardening and vertical farming. The vertical farm is a sack that can be assembled and positioned on any small ground, desk, rooftop, school yard, office building or walk-way, making it reachable to anyone. At the centre is a column of stones and vermicomposting chamber that allows water to circulate in the soil and converts waste to compost manure. The worms feed from the organic matter to produce high quality fertilizer.

To enhance uptake, the Women Empowerment Organization (WEA) engages targeted beneficiaries on a VMG demonstration farm. In this way, they raise interest, exposure, share information and create connections among farmers. Other activities include extension services and technical advice, waste collection, raising of seedlings, linking farmers' networks to markets and microfinance etc, in both urban and peri-urban areas.

In addition, WEA integrates water, sanitation, hygiene and nutrition into the VMG project. This is achieved through cooking demonstrations in communities to introduce recipes for nutritious, complementary foods. They also impart the importance of handwashing before food preparation, conducting Community Led Total Sanitation, promoting handwashing with soap at critical times with children and caregivers. They also communicate early childhood development and inter-related topics critical for children under-2. The use of a behaviour change small doable actions (SDAs) is part of the approach. Working through its community health workers, WEA promotes an integrated set of SDAs. These include: handwashing with soap; safe disposal of infant faeces; safe water treatment and storage; exclusive breastfeeding, complementary feeding, screening and referring malnourished children to health and nutrition care facilities; rehabilitating water supplies and promoting point-of-use water treatment.

Challenges:

The scale of needs increases as populations grow and available freshwater is used and contaminated at growing rates. The variability of problems and consequently the variability of solutions is different from place to place and from time to time. One-size-fits-all solutions have not worked and cannot be the strategy to scale-up reach. Sustained operation and maintenance of this infrastructure has been challenging. The failures faced by the projects are due to operation and maintenance, rather than a failure of the basic technology.

Key successes:

Reduced undernutrition incidences, increased behaviour change among targeted beneficiaries and increased household income through sale of surplus vegetables and cutting-down expenditure on fresh food items, amongst others, are the main outcomes of VMG project.

Lessons learnt:

Effective solutions will require many organizations working cohesively to provide smaller-scale, decentralised services, especially at the household level. Services must be sustained by adapting to local knowledge and context, and through increasing skills and knowledge of people to use and maintain the technology. Affordable and context adapted solutions at household's level have to be prioritized.

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Project description:

FARM STEW is the acronym for Farming, Attitude, Rest, Meals and Sanitation, Temperance, Enterprise, and Water. It is a multi-sectoral holistic approach to community development. Launched in South Sudan in Magwi County, Eastern Equatoria, in December 2018 with many Internally Displaced Persons (IDPs) and refugee-returnees. FARM STEW's objective was to support struggling, rural households by giving them the means to dispel hunger, disease, and poverty. FARM STEW is mobilizing a network of trainers who teach their communities to support themselves, allowing the needy to gain a position where they can help themselves.¹³ After attending one full day hands-on training, participants can agree to become part of an ongoing series of training sessions and house-to-house visits conducted by FARM STEW trainers and volunteers. Each trainer targets five communities and seeks to train at least three FARM STEW volunteers per community. Each of the volunteers will establish at least nine FARM STEW Certified Homes.¹⁴ Participants are taught nutrition-sensitive farming, nutrition-specific education, extended breastfeeding (≥ 2 years), proper sanitation, and entrepreneurial skills, with a focus on the critical first 1,000 days of life and the first five years, when a child's health is most influenced by the mother and the immediate family context. Diet diversification ('Rainbow dish'), the promotion of household soya production and other high nutritional value crops (orange sweet potato) encourages crop diversity but, more importantly, aims at guiding families step-by-step from the planting process to the most appropriate way to harvest and prepare the food. By June 30, 2020, a total of 23,317 beneficiaries, 68 per cent of them females, were reached through the project. Project support came from US-based FARM STEW International and the Swiss Agency for Development and Cooperation (SDC). Based on the initial impact results, the project was extended and expanded for two more years.

Challenges:

FARM STEW South Sudan needs to increase its financial and implementation capacity further to extend its training and curriculum to other areas. Additionally, for an organization with a multi-sectoral focus, the need to participate in various clusters is challenging, although it could leverage funding.

¹³ See more on https://fscluster.org/sites/default/files/documents/farm_stew_fsl_cluster_13-12-2019.pdf

¹⁴ A certified FARM STEW home is a home that has: 1. Garden, 2. Engagement in a faith/social club, 3. Rubbish Pit, 4. Latrine, 5. TippyTap and 2 to 4 from the following: 1. Compost, 2. Feeding kids legumes, 3. Savings club/Sell, 4. No alcohol

Lessons learnt:

Local people of skill and integrity can be the key to success in empowering families to find solutions. FARM STEW's impact is enhanced by leveraging local beliefs and values and inspired by religion to motivate positive behaviour change at the household and community level. Many of the key messages encourage hard work. The idea that God created humans, planted a garden, and told them to care of it is common to the Bible and the Koran, as it encompasses the responsibility to care and provide for one's family. Basic principles of sanitation, nutrition and temperance are also contained in the sacred texts. These concepts are interwoven along with evidence-based public health best practices, resulting in increased productivity, improved hygiene and health, reduced substance abuse, and the adoption of a lifestyle of community engagement and personal responsibility. The stakeholder engagement with local officials and religious leaders helps to reinforce change in attitudes and family practices.

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Charles Lasu Denese, Executive Director of FARM STEW South Sudan at lasu@farmstew.org: +211 927 811 479 and Joy Kauffman, MPH, Founder/Executive Director of FARM STEW Int. at joy@farmstew.org +1-434-409-0866. FARM STEW Basic e-learning courses are available for free at www.farmstew.org so that the curriculum can be shared.

WASH AND NUTRITION INTEGRATED APPROACH in Aweil East and Paguir Counties, South Sudan

Action Against Hunger, South Sudan

Programme description:

To address the key underlying causes of malnutrition, Action Against Hunger (AAH) in South Sudan follows the WASH Nutrition strategy and promotes Baby WASH. Both approaches recommend context-specific 'small doable actions' for the improvement of hygiene and sanitation amongst nutritionally vulnerable communities and across nutrition treatment sites. To strengthen the efficiency of the nutritional treatment, caregivers receive gender and age-appropriate non-food items, such as soap and menstrual hygiene supplies sourced from the WASH Cluster core pipeline. The nutrition sites are equipped with a minimum WASH package: functional water supply, sex-segregated and lockable latrines, and hand washing facilities in line with SPHERE Standards. The WASH Department is also supporting the nutrition department on implementing COVID 19 infection prevention and control measures at the Nutrition sites. AAH implements WASH Nutrition at both static and mobile nutritional centres. The WASH community volunteers conduct door-to-door hygiene promotion for households in the catchment areas of the nutrition sites, including all households with members enrolled in OTP/TSFP and Stabilization Centres. They are trained on MUAC measurement and timely referral during the door-to-door visits. An initial KAP survey identifies risky hygiene practices and informs the design of hygiene promotion messages. The sensitization activities conducted at nutrition sites, in Mother-to-Mother Support Groups, and by nutrition community volunteers also integrate hygiene and sanitation topics. To ensure that families of children with SAM have improved sanitation, AAH promotes latrines construction through a mix of methods that use Community Led Total Sanitation and Participatory Hygiene and Sanitation Transformation!. Household latrines also improve the safety of women and children from sexual harassment. Safety Audits conducted at the nutrition sites cover WASH issues, amongst other.

Challenges:

Finding the funding to implement the complete WASH Nutrition package is difficult, as often donors have very siloed funding strategies. Additionally, the short duration of humanitarian projects does not allow enough time to accomplish significant results and outcomes.

Key successes:

The joint distribution of Hygiene and Menstrual Hygiene Management kits from the WASH core pipeline in the nutrition sites, displays how both sectors can share their resources for improved service delivery. Additionally, in response to the COVID 19 crisis, the Integrated Food Classification measures in nutrition centres were quickly and easily started as WASH teams were already working there. By integrating WASH and FSL services with the Nutrition interventions, AAH can address the underlying causes within its larger preventive approach to undernutrition.

Lessons learnt:

The promotion of small and doable practices while considering the available resources and the social context, is easily taken and implemented by the community. As action is more feasible, it is likely that a broader number of households will adopt it. The use of flexible shock-responsive Behaviour Change Communication approach helps to optimally support beneficiaries optimally as they face shocks. For example, focusing on diarrhoea, refeeding during and after illness, etc., during the acute watery diarrhoea surges or discussing malaria and cholera during seasonal peaks, ensures a response tailored to the momentum and most relevant to the need of the population. The provision of an essential minimum package of integrated services represents the most appropriate approach for the South Sudan context when:

- Delivered at health or nutrition facilities, at both communities and at household levels;
- Developed with input from members of WASH and Nutrition cluster Strategic Advisory Groups, and;
- Is applicable across all nutrition and WASH programmes, and;
- Is not restricted to a specific emergency period or hunger season.

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INTEGRATING WASH AND NUTRITION in Renk, Aweil, Leer Counties and emergency response locations

Medair, South Sudan

Programme description:

The high rates of malnutrition in South Sudan are multi-factorial and include poor infant and young child feeding practices, poor WASH, poor health seeking, food insecurity, and high morbidity due to common illnesses. Medair has been implementing integrated WASH and Nutrition responses both in static locations (Aweil Centre, Renk, and Leer) and in all emergency response locations where high GAM rates or proxy GAM rates are identified. The integration includes, but is not limited to, the distribution of the WASH minimum packages for nutrition beneficiaries (PUR, filter cloth, water containers, and soap). Also, the provision of clean drinking water at the nutrition facilities for both patients and staff. It also includes appetite testing, improving access to sanitation and waste management facilities, training of nutrition staff, and disseminating key risk behaviour messages in the community. During distribution of the WASH non-food items at the nutrition facilities for patients, beneficiaries are trained on the proper use of the distributed WASH NFIs and demonstrations are held on a daily basis. This is complimented by house-to-house follow up visits and refresher training if gaps are identified.

Challenges:

Follow up is difficult and can lead to abuses. Attracted by services, different women bring the same child to nutrition facilities or mothers take the same child to different facilities to get WASH NFIs. In addition, there is limited research on the impact of the WASH-Nutrition integration, which is a challenge for evidence-based programming. Thus, donors are more interested to fund traditional silo approaches (for example, only nutrition or only WASH), which impacts WASH integrated programming.

Key successes:

Despite the challenges, Medair integrated WASH and Nutrition has extensive coverage and its implemented in all project sites. The trainings and demonstration sessions on the use of WASH NFIs (including the water treatment chemicals) brings results and beneficiaries are using them appropriately. The beneficiaries feedback survey reported that 100 per cent of the households are satisfied with the quality and quantity of WASH NFIs.

Lessons learnt:

WASH-Nutrition integration uptake by field nutrition staff is still very limited and can easily drift back when WASH teams leave areas. However, it is confirmed that the integrated package improved the quality of nutrition response.

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SUPPORT TO LIVELIHOOD RECOVERY, INTEGRATION AND RESILIENCE AMONG CONFLICT AFFECTED IDPS, RETURNEES AND HOST COMMUNITIES in Eastern Equatoria, South Sudan

BMZ

Main results:

As malnutrition is caused by many factors, addressing this issue requires a multi-sector approach at many levels. This project supports vulnerable people in target areas through a comprehensive and interlinked pack of multi-sectoral interventions. It integrates livelihoods support (including cash assistances), promotion of improved nutrition and hygiene/sanitation practices, access to water and child protection services.

Nutrition kitchen gardening is an example of integrated efforts. The vegetable gardens are owned by the Mothers to Mother Support Groups (MtMSGs) and used as learning centres. The groups use the vegetables produced during cooking demonstrations to the group members (pregnant and lactating mothers) and their neighbours. So far, the effort has reached 1,363 people, helping to changing their attitudes, while increasing their knowledge levels and uptake of practical child feeding behaviours (including complementary feeding). The MtMSGs also disseminated the knowledge and skills they gained to their neighbors, assisting nutrition experts in screening for children with acute malnutrition in their vicinity. The MtMSGs also disseminated key messages on hygiene/sanitation practices and protection concerns

Key challenges included the limited experience of staff on the integration model. This approach also faced some resistance from local authorities. These factors limited the reach, in the sense of layering assistance to maximize impact at a given location – both at the households or community level.

Inter sectoral linkages:

To strengthen nutrition outcomes, the project integrates the following interventions:

- The FSL component primarily targeted households with a child suffering severe acute malnutrition as identified by the community volunteers; as well as children discharged from health/nutrition facilities after having completed their treatment for acute malnutrition, and; households with unaccompanied and separated children. The project team works with the beneficiary selection committee and community-based distributors (health agents, child protection networks) and health facilities in linking households with cases of malnutrition who completed their treatment. The MtMSGs were supported through vegetable seeds and with hand tools and training packages. Some participating households gained cash incomes to meet their immediate needs (such as food purchase, medication, school fees) by helping with the excavation and fencing of multipurpose water ponds.
- The WASH component was delivered to nutrition and FSL beneficiaries. It supported those households suffering severe acute malnutrition and nearby populations by improving access to safe water points (water ponds, solar powered); as well as increased awareness on improved hygiene and sanitation practices through key message dissemination and the distribution of IEC/BCC materials. This effort also involved the rehabilitations of hand washing points with water tanks fitted, as well as latrines at 27 nutrition services sites (OTP/SC sites).
- Through the child protection services, the project set up and equipped eight Child Protection Help Desks (two mobile and six static) at OTP nutrition centers to address child protection issues and disseminate information. It was able to reach 824 children and 216 caregivers with awareness including MtMSGs; 39 cases of vulnerable and at-risk children were identified and provided with case management services including psychosocial support and emergency non-food items, and referral to other child protection actors. To help extend services, the project trained 15 community animal health workers, eight nutrition assistants and FSL officers on child protection information and services as well as supporting the identification/reporting of vulnerable children.
- The nutrition component supported cooking demonstrations to MtMSGs with key messages on child and pregnant and lactating women feeding practices as well as hygiene and sanitation promotion alongside nutrition education. The project was also able to use the established child protection community-based networks to provide training for additional roles to identify children with nutrition needs and to raise awareness among the targeted communities for infant and young child feeding.

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INTEGRATED MULTI-SECTORAL LIFESAVING HUMANITARIAN ASSISTANCE

ACROSS (PMU)

Introduction:

ACROSS, in partnership with Swedish Pentecostal Churches International Relief and Development Agency (PMU), is implementing a Multi-Sectoral Lifesaving Humanitarian project funded by SIDA in Kapoeta East, Kapoeta North, Pibor (Kssingor) and Lainya Counties. The project focuses on integrating FSL, Wash and Nutrition. The project goal is to save lives by providing timely and integrated multi-sectoral assistance. This is aimed at reducing acute humanitarian needs among the most vulnerable people and ensuring their safe, equitable and dignified access to critical basic services to meet their basic needs.

Main results:

Increased income from selling vegetables. For example, the majority of women residing near water points are actively involved in vegetable growing for home consumption and household income. This supports their socio-economic needs such as paying for medical bills, buying home-based necessities, schools fees and materials for their school-going children, improved nutrition for children as well as pregnant and lactating mothers, and other household needs.

Main results:

Increased income from selling vegetables. For example, the majority of women residing near water points are actively involved in vegetable growing for home consumption and household income. This supports their socio-economic needs such as paying for medical bills, buying home-based necessities, schools fees and materials for their school-going children, improved nutrition for children as well as pregnant and lactating mothers, and other household needs.

Success:

- Accessibility to water points (boreholes) has supported the establishment of home gardening for the population and livestock.
- Proximity to water sources has helped pregnant women and lactating mothers easily access water.
- Production of vegetables has contributed to diet diversification, and sufficient household foods and nutrition intake.
- Establishment of kitchen gardens, and training on basic agriculture skills of for nutrition workers, volunteers, and mother support groups, who in turn trained families of malnourished children in Lainya.

Challenges:

- ACROSS is only implementing outreach and referral components of nutrition in Kapoeta East. There is limited capacity among current nutrition partners to provide nutrition supplies and referral to stabilization centers of the severe malnutrition cases with medical complications.
- Where ACROSS is not the direct implementer of all three sectors, there is no harmonization of the selection criteria for beneficiaries between FSL and nutrition partners.

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11.2 Annex 2. UNICEF cross-cluster activities matrix

Instructions:

- Each cluster unit sits with the cluster (blue cells) they have to support;
- Use the objectives (text in white) as a situation to improve through your own cluster's support;
- In consultation with the cluster, whose objectives will be improved, each cluster unit has to come up with a list of three realistic actions to support.

	Education	Nutrition	Child Protection	WASH
Education	<ul style="list-style-type: none"> • Schools as platforms for integrated response 	<ul style="list-style-type: none"> • Key nutrition messages for: <ol style="list-style-type: none"> Teachers (to be used in classrooms); School clubs (children aged 6-18) School Management Committees; • Informing mothers in nutrition centres about the importance of education and ECD (where pre-primary facilities are available). 	<ul style="list-style-type: none"> • PSS trainings (child safeguarding, social and emotional health); • Training on referrals/establish referral pathways; • Situation analysis (CP-Sub cluster to confirm what exactly does this mean). 	<ul style="list-style-type: none"> • Training resources and training of trainers; • Simulation activities; • Adjustment of the response / messaging in relation to the school calendar.
Nutrition	<ul style="list-style-type: none"> • Raise awareness on the importance of early detection, screening and treatment of acute malnutrition; • Raise awareness among school children and teachers on the exclusive use of therapeutic/supplementary food issued to targeted beneficiaries only; • Advocate for the start and development of nutrition clubs in schools. 	<ul style="list-style-type: none"> • Improved understanding of availability of nutrition services and utilization for vulnerable groups 	<ul style="list-style-type: none"> • Screen and refer malnourished children to nearest nutrition facilities; • Pass key nutrition messages; • Train CP staff on identification and referral of nutrition concerns. 	<ul style="list-style-type: none"> • Provide WASH minimum package (aqua tab, soap) for nutrition at nutrition sites; • Raise awareness on nutrition/WASH key messages; • Provide technical support to partners on the installation of WASH services in nutrition sites; • Where possible support partners in providing water for appetite tests/drinking in nutrition sites.
Child Protection	<ul style="list-style-type: none"> • School safety guidelines and school safety committees; • Child friendly learning approaches; • Use of alternate discipline approaches in teaching/learning. 	<ul style="list-style-type: none"> • Conduct PSS activities for children in nutrition facilities; • Identify and refer children at risk to protection actors; • Pass key Child Protection messages. 	<ul style="list-style-type: none"> • Child Protection services for integrated response 	<ul style="list-style-type: none"> • WASH access related GBV risk analysis carried out and shared with WASH.
WASH	<ul style="list-style-type: none"> • Access to safe water in schools, especially during breaks; • Safe and hygienic sex-segregated latrines; • Hygiene promotion towards the household level. 	<ul style="list-style-type: none"> • Nutrition training for the WASH Cluster key members/staff; • Joint WASH in Nutrition geographical prioritization. 	<ul style="list-style-type: none"> • Improved safe WASH service (location, gender disaggregation, design, lighting, open hours etc.) agreed with female users; • Early warning/prevention system on WASH services/practices related to GBV is set up at community level. 	<ul style="list-style-type: none"> • Improved and sustainable WASH services, facilities and practices to acute vulnerabilities

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