

South Sudan's protracted humanitarian crisis is a result of civil war, mass displacement of people, a collapsing economy and a deteriorating food and nutrition security situation.

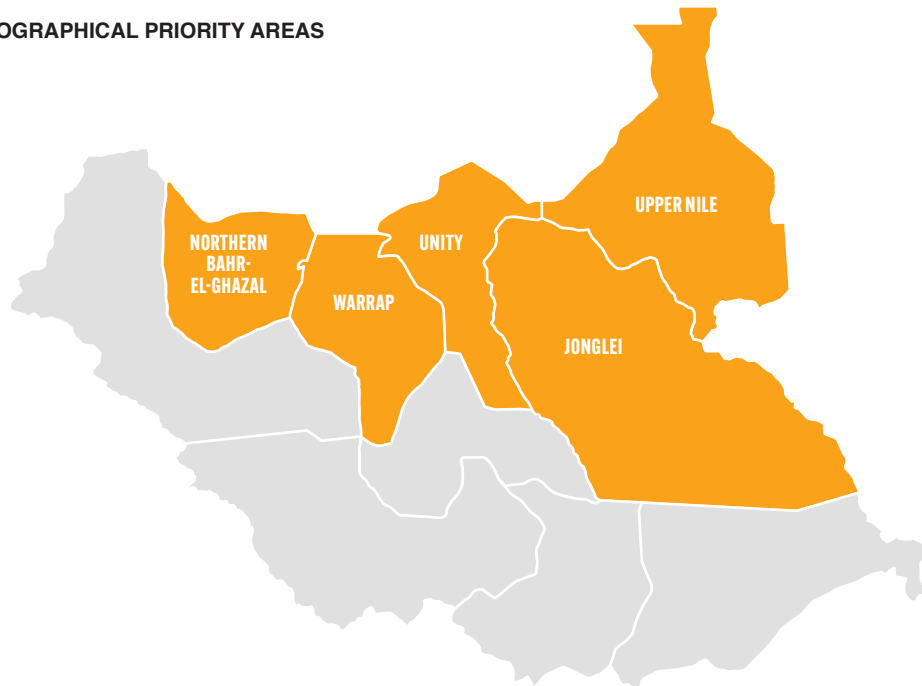
Since the start of the conflict, rates of food insecurity have continued to rise. It is estimated that the number of food insecure people has increased from 3.9 million in 2015 and it is projected to reach 7.2 million by July 2021. The rate of Global Acute Malnutrition (GAM) is 16.2%, exceeding emergency thresholds.

South Sudan hosts 316,298 refugees that are distributed across 10 refugee camps. The refugees rely on humanitarian food assistance due to limited livelihood opportunities. Rates of GAM and Severe Acute Malnutrition (SAM) are 11.2% and 2.3%, respectively. This is indicative of a serious situation.

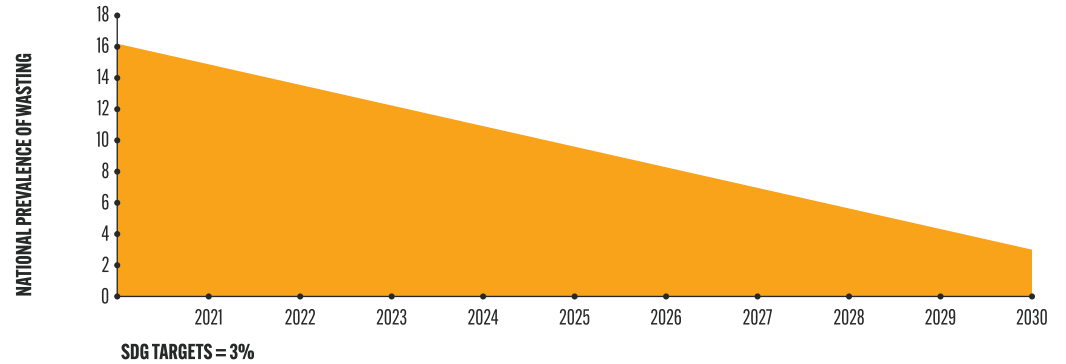
The determinants of acute malnutrition are poor infant and young child feeding practices, frequent illness, high food insecurity, poor maternal nutrition as well as lack of access to health and other social services. In South Sudan, only 7% of children under 2 years receive the minimum number of calories required to support their daily basic needs and only 15% of children receive the minimum number of food groups per day. It is also reported that frequent illness is prevalent with recent assessment figures revealing 38% of children having reported an illness within the 2 weeks preceding the assessment.

The COVID pandemic, flooding, worsening economic crises and heightened intercommunal conflict are all 2020 shocks that have impacted the nutrition situation of children as well as nutrition service delivery in South Sudan. Their effects have perpetuated the causes of acute malnutrition and limited the impact of efforts made towards preventing and treating this form of malnutrition.

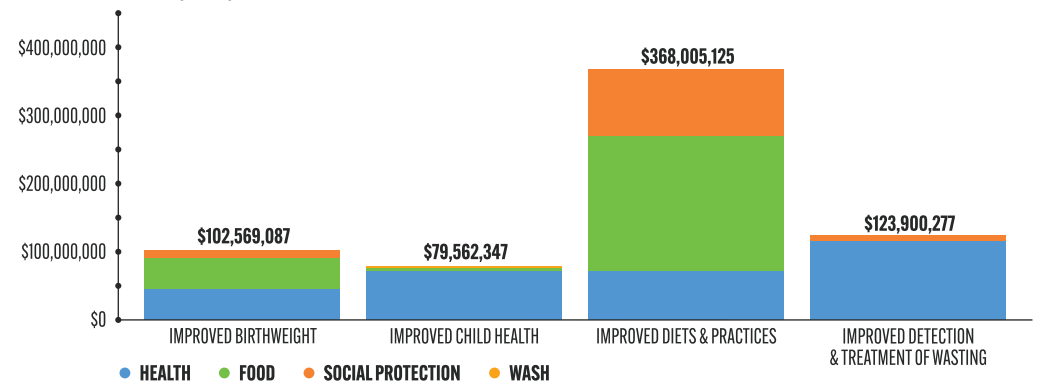
GEOGRAPHICAL PRIORITY AREAS



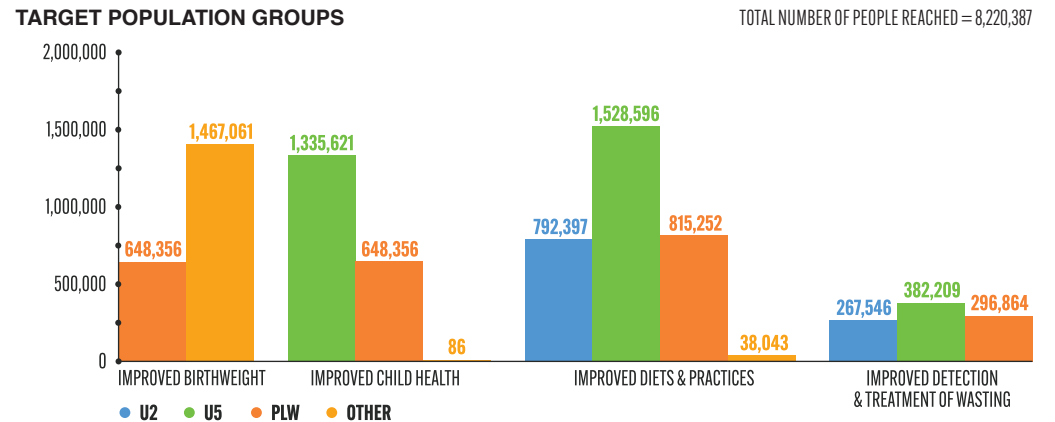
REACHING THE SDG TARGET BY 2030



ANNUAL COST (USD)



TARGET POPULATION GROUPS



By 2025

- REDUCE LOW BIRTHWEIGHT TO 9.6%
- INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO 75%
- INCREASE TREATMENT BY REACHING 80% OF CHILDREN WITH WASTING
- IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES FOR 79% OF CHILDREN UNDER 5 AND 76% OF PREGNANT AND LACTATING WOMEN

OUTCOME 1 REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<ul style="list-style-type: none"> Iron Folate Supplementation Promote Skilled Birth Attendants/Deliveries in Health Facilities Promote Antenatal Care Increase the use of Effective Contraception MUAC screening of all Pregnant Women Deworming of Pregnant Mothers Treatment of Acute Malnutrition in Pregnant and Lactating Women Essential Micronutrient Supplementation
FOOD	<ul style="list-style-type: none"> Facilitate the establishment of Model Farms Blanket Supplementary Feeding Programme for Prevention Targeted Supplementary Feeding Programme for Treatment Subsidy and other production-based entitlements to most vulnerable community
SOCIAL PROTECTION	<ul style="list-style-type: none"> Contribute to school feeding programs as a means to improve nutritional quality of school meals and to create markets for local produce Establishment of school gardens to be used to supplement the diet and act as a teaching platform for school children (for nutrition and agricultural skills), on-school demonstration for parents Nutrition education & cooking demonstrations

OUTCOME 3 IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<ul style="list-style-type: none"> Conduct social behavioural change communication training of health care providers, community nutrition volunteers and Boma Health Workers mothers/caregivers on key MIYCN practices Community engagement in all of the cycles of MIYCN activities Revision/Development of policy/strategy/standards on BHFI/BMS/MNP/LMS Mass media component (radio spots, radio jingles, dramas on nutrition). Endorse Codes and Standards like BMS and BFHI Enrollment of pregnant women for antenatal to timely educate mothers to improve positive uptake of breastfeeding messages
FOOD	<ul style="list-style-type: none"> Distribution of seeds Provision of small ruminants (e.g., goats, sheep) and poultry to increase household access to proteins as well as income (from scale of livestock products) to diversify diets Blanket supplementary feeding program distribution for vulnerable groups (Under 3, pregnant and lactating mothers prioritizing locations with GAM>5, general food distribution, support for kitchen gardens (seeds, irrigation kits, training, etc.) Training on harvesting and post-harvest handling of food commodities to ensure foods remain safe and nutritious for consumption Distribution of food preservation equipment (e.g., Purdue Improved Crop Storage (PICS) bags, etc.) Training key technical stakeholders on MIYCN Practical cooking lessons of locally available health veg/meal selection Training and provision of crop & vegetable seeds, as well as fishing kits and small ruminants (goats, sheep) and poultry to increase access to nutritious foods and diversified diets Build the capacity of households - through training - to engage in alternative livelihoods e.g., beekeeping etc. for income diversification in order for them to be able to purchase food and diversify their diets Setting up of closely monitored Village Savings and Loan Association (VSLA) groups
SOCIAL PROTECTION	<ul style="list-style-type: none"> Linking to scaling up cash/food vouchers for vulnerable groups including PLW and children discharged from CMAM programme Scaling up CASH based transfer, vouchers/Food for Asset (FFA), BSFP and emergency relieve interventions General food assistance, Preventive supplementary feeding Kitchen garden for growing locally available diverse foods at family level for use in daily cooking

OUTCOME 2 IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<ul style="list-style-type: none"> Provision of Integrated Management of Neonatal and Childhood Illness (IMNCI) Integrated Community Case Management through BOMA Health Initiative (ICCM/BHI) Increase access to routine Immunization services Early Childhood Development including birth registration Provision of long-lasting Insecticide Nets (LLIN) for malaria prevention Support testing and treat malaria for early detection and prompt malaria treatment Screening for children with TB/HIV Build capacity of midwives and TBAs to identify low-birth weight cases in home delivery and refer to the health facilities Counselling and support for optimal infant and young child feeding Growth monitoring, breastfeeding support Assessment of maternal physical and mental health
FOOD	<ul style="list-style-type: none"> Promote integrated pest and disease management (IPDM) methods and practices including promotion of prudent use of appropriate chemical pesticides Training of households/communities on hygiene Teaching of households on the importance of hand washing with soap and water Develop strategy to ensure that foods produced, handled, stored, processed and distributed are safe, wholesome and fit for consumption Develop capacity of stakeholders and farmers to handle food safety with quality issues
WASH	<ul style="list-style-type: none"> Handwashing with soap (HWS) at critical times, safe disposal of faeces and safe water treatment and storage Provide water including use of solar piping to increase coverage and multiple water use and sanitation facilities in communities and institutions (health centers, Health/Nutrition facilities, schools) Increase access to hygiene by families of children with SAM and PLW in refugee populations

OUTCOME 4 IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<ul style="list-style-type: none"> Conduct systematic active and passive screening for children and pregnant and lactating women at the community and various health service delivery points Roll out the use of family MUAC/Caregiver MUAC/Mother MUAC for easy detection of wasted children Set up a referral mechanism for timely referral of wasted children for timely treatment and management Procure and distribute anthropometric equipment Development of standard curriculum and roll out training of community nutrition volunteers and skilled health workers Strengthen on job coaching and mentorship of CNVs and skilled health workers ICCM including treatment of acute malnutrition in areas with no/limited access to PHC services Develop reporting and monitoring system and training database of CNVs and health workers trained Support the Nutrition information reporting through the national DHIS2 Support the roll out of SCOPE-CODA, digital beneficiary management system Sharing Nutrition Information System data with MOH Printing and distribution of recording and reporting tools Advocate with the government to include Ready to Use Therapeutic Foods (RUTF) and Ready to Use Supplementary Foods (RUSF) into the Model Essential Medicine List Advocate with government for budgetary allocation to procure, store and distribute RUTF and RUSF Procure and distribute Ready to Use Therapeutic Foods (RUTF), Ready to Use Supplementary Foods RUSF) and therapeutic milk (F75 and F100) supplies for treatment of wasting
FOOD	<ul style="list-style-type: none"> Capacity building of government relevant department on procurement, distribution and general management of Specialised Nutrition Food (SNF) pipeline. This to ensure adequate resource allocation, timely procurement, prepositioning and distribution. Capacity strengthening of quality control staff within the ministry to ensure therapeutic food and SNFs quality monitoring and that a public health response capacity is in place to prevent occurrence and advice on response.
SOCIAL PROTECTION	<ul style="list-style-type: none"> Link families with wasted children under 5 years and Pregnant and Lactating Women are targeted and supported (second level targeting) with nutrition sensitive Food Security and Livelihood (FSL) e.g., inclusion in complementary fresh food voucher distribution, provision of agricultural inputs; re-stocking accompanied by technical training support and other income generating activities