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**

**JONGLEI**

**NORTHERN Bahr-el-Ghazal**

**UNITY**

**WARRAP**

**UPPER NILE**

**REACHING THE SDG TARGET BY 2030**

**ANNUAL COST (USD)**

**TARGET POPULATION GROUPS**
OUTCOME 1  
**REDUCE LBW BY IMPROVING MATERNAL NUTRITION**

**HEALTH**

- Iron Folate Supplementation
- Promote Skilled Birth Attendants/ Deliveries in Health Facilities
- Promote Antenatal Care
- Increase use of Effective Contraception
- MUAC screening of all Pregnant Women
- Deworming of Pregnant Mothers
- Treatment of Anaemia in Pregnant and Lactating Women
- Essential Micronutrient Supplementation

**FOOD**

- 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**

- Contribution to school feeding programs as an avenue to improve nutritional quality of school meals and to create markets for local produce
- Subsidy and other production-based entitlements to most vulnerable community
- Targeted Supplementary Feeding Programme for Treatment
- 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

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

**HEALTH**

- Provision of Integrated Management of Neonatal and Childhood Illness (IMNCH)
- Integrated Community Case Management through CHAMBA Initiative (ICCM-BHI)
- Increase access to Drugs/Immunisation services
- Early Childhood Development, including birth registration
- Provision of long-lasting insecticidal nets (LLINs) for malaria prevention

**FOOD**

- Promote integrated pest and disease management (IPDM) methods and practices including promotion of prudent use of appropriate chemical pesticides
- Training of households in communities on hygiene
- Teaching of households on the importance of hand washing with soap and water
- Develop strategy to ensure food products, 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**

- Handwashing with soap (HWS) at critical times, safe disposal of faeces and safe water treatment and storage
- Provision of water including use of solar piping to increase coverage and multiple water use and sanitation facilities in communities and institutions (health centers, Health
  Nursery facilities, schools)
- Increase access to hygiene by families of children with SAM and PLW in refugee populations

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

**SYSTEM**

**HEALTH**

- Conduct social behavioral change communication training of health care providers, community nutrition volunteers and Boma Health Workers mothers/  caregivers using MNCH practices
- Community engagement in all of the cycles of MNCH activities
- Revision/Development of policy/strategy/standards on BHF (BMIS/MACOS/MS)
- Mass media component (radio spots, radio jingles, dramas on nutrition), EmbarCode and Standards like BMIS and BFHI
- Enrolment of pregnant women for antenatal to timely educate mothers to improve positive uptake of breastfeeding messages

**FOOD**

- Distribution of ready to use Therapeutic Food
- Provision of small ruminants (e.g., goats, sheep) and poultry to increase household access to proteins as well as income from sale of livestock products to diversify diets
- Blanket supplementary feeding program distribution for vulnerable groups (under 5, pregnant and lactating mothers prioritizing locations with SAMA-8, 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 MNCH
- Practical cooking lessons of locally available health/vegetable selection
- Training and promotion 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 clearly monitored Village Savings and Loan Association (VSLA) groups

**SOCIAL PROTECTION**

- Linking to scaling up cash food vouchers for vulnerable groups including PLW and children discharged from CMAM programme
- Scaling up CASH benefits, transfers, vouchers/Food for Asset (FTA), BISP and emergency relief interventions
- General food assistance, Preventive supplementary feeding
- Kitchen gardens for growing locally available diverse foods at family level for use in daily cooking

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

**HEALTH**

- Development of standard curriculum and roll out training of community nutrition volunteers and skilled health workers
- Strengthening of job coaching and mentorship of CNVs and skilled health workers
- ICMD: Including treatment of acute malnutrition in areas with limited access to PHC services
- Procurement and distribution of food preservation equipment
- Training key technical stakeholders on MNCH
- Practical cooking lessons of locally available health/vegetable selection
- Training and promotion 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 clearly monitored Village Savings and Loan Association (VSLA) groups

**FOOD**

- Technical capacity and state-level knowledge of community nutrition volunteers at various levels of the health system
- Role out of the community-based nutrition program
- Provision of food preservation equipment (e.g., Purdue Improved Crop Storage (PICS) bags, etc.)
- Training key technical stakeholders on MNCH
- Practical cooking lessons of locally available health/vegetable selection
- Training and promotion 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
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**OUTCOME 1**

**REDUCE LBW BY IMPROVING MATERNAL NUTRITION**

**SYSTEM**

**PRIORITY ACTION/SERVICE**

- Iron Folate Supplementation
- Promote Skilled Birth Attendants/ Deliveries in Health Facilities
- Promote Antenatal Care
- Increase use of Effective Contraception
- MUAC screening of all Pregnant Women
- Deworming of Pregnant Mothers
- Treatment of Anaemia in Pregnant and Lactating Women
- Essential Micronutrient Supplementation

**OUTCOME 2**

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

**SYSTEM**

**PRIORITY ACTION/SERVICE**

- Provision of Integrated Management of Neonatal and Childhood Illness (IMNCH)
- Integrated Community Case Management through CHAMBA Initiative (ICCM-BHI)
- Increase access to Drugs/Immunisation services
- Early Childhood Development, including birth registration
- Provision of long-lasting insecticidal nets (LLINs) for malaria prevention

**OUTCOME 3**

**IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN’S DIETS IN THE FIRST YEARS OF LIFE**

**SYSTEM**

**PRIORITY ACTION/SERVICE**

- Conduct social behavioral change communication training of health care providers, community nutrition volunteers and Boma Health Workers mothers/ caregivers using MNCH practices
- Community engagement in all of the cycles of MNCH activities
- Revision/Development of policy/strategy/standards on BHF (BMIS/MACOS/MS)
- Mass media component (radio spots, radio jingles, dramas on nutrition), EmbarCode and Standards like BMIS and BFHI
- Enrolment of pregnant women for antenatal to timely educate mothers to improve positive uptake of breastfeeding messages

**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**

- Development of standard curriculum and roll out training of community nutrition volunteers and skilled health workers
- Strengthening of job coaching and mentorship of CNVs and skilled health workers
- ICMD: Including treatment of acute malnutrition in areas with limited access to PHC services
- Procurement and distribution of food preservation equipment
- Training key technical stakeholders on MNCH
- Practical cooking lessons of locally available health/vegetable selection
- Training and promotion 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 clearly monitored Village Savings and Loan Association (VSLA) groups

**KEY FINDINGS**

- **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**

**An action plan to improve the health and well-being of women and children**

**By 2025**

**Consideration of Key Priorities**

1. **IMPROVE CHILD HEALTH**
   - 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.
   - Increasing the rate of exclusive breastfeeding to 75%.
   - Increasing treatment by reaching 80% of children with wasting.

2. **REDUCE LOW BIRTHWEIGHT**
   - Reducing low birthweight to 9.6%.

**Strategies and Activities**

- **HEALTH**
  - Capacity building 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 adverse consequences.
  - Advocating for the government to procure Ready to Use Therapeutic Foods (RUTF) and Ready to Use Supplementary Foods (RUSF) into the MOH’s基本Medicine List.
  - Advocating for the government for budgetary allocation to procure, store and distribute RUTF and RUSF.

- **FOOD**
  - Promoting breast feeding, exclusive breastfeeding and diversified diets.
  - Training key technical stakeholders on MNCH.
  - Practical cooking lessons of locally available health/vegetable selection.
  - Training and promotion 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.

- **SOCIAL PROTECTION**
  - Linking to scaling up cash food vouchers for vulnerable groups including PLW and children discharged from CMAM programme.
  - Scaling up CASH benefits, transfers, vouchers/Food for Asset (FTA), BISP and emergency relief interventions.
  - General food assistance, Preventive supplementary feeding.
  - Kitchen gardens for growing locally available diverse foods at family level for use in daily cooking.