South Sudan

UNICEF and WFP Joint Nutrition Response Plan

June 2015 — May 2016

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Introduction

As the two United Nations agencies mandated to addressing nutrition in emergencies and as Nutrition Cluster partners, United Nations Children's Fund as the cluster lead agency, the World Food Programme and UNICEF have considerable technical and deep field experience in treating and preventing acute malnutrition and responding to the nutrition needs of vulnerable populations. Treatment and prevention of malnutrition in emergencies are key interventions and are part of a comprehensive approach to save lives, particularly in very complex emergencies. In July 2014, our agencies formally agreed to pool our comparative advantages and collective resources to respond to the nutrition emergency in South Sudan brought on by the December 2013 crisis.

The resulting ***WFP & UNICEF Nutrition Scale Up Plan—South Sudan*** (July 2014) outlined clear and actionable targets, strategies and activities to which each agency committed. While our achievements over the past year have contributed to expanding the coverage of an integrated nutrition response, challenges remain in achieving the quality of programming required to reduce the burden of acute malnutrition within the context of South Sudan. The continued political instability, conflict and deteriorating economic situation increasingly impact the affected population's ability to meet their basic health and nutrition needs. Therefore, we must continually evaluate and refine our approach as the emergency response continues.

For this reason, we have developed a revised Scale Up Plan, now named the ***Joint WFP/UNICEF Nutrition Response Plan (2015-2016)***. This document is a product of multi stakeholder consultations and an internal review of the achievements, challenges and lessons learnt from the previous scale up plan. It builds on the gains made and addresses key challenges not only programmatically, but also in the joint partnership between our two agencies.

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I. Overview

South Sudan continues to be in a state of nutrition emergency, with the global acute malnutrition (GAM) rate, nationally and in five of the ten states, above the WHO classification of 15%[1], as indicated by the Mar/April 2015 Food Security and Nutrition Monitoring System (FSNMS). The May IPC findings reiterate the deteriorating nutrition situation, showing a critical nutrition situation in all three conflict states (Upper Nile, Jonglei and Unity) and two non-conflict states (Warrap and Northern Bahr el Ghazal). Further analysis indicates without the continued humanitarian assistance and interventions, counties such as Rubkona, Koch, Mayendit, Panyijar and others already classified as critical have the potential to worsen throughout the lean season from May to August.

Beginning in the second half of 2014, UNICEF and WFP formally agreed to scale up the emergency nutrition response. This increased effort contributed, along with the post-harvest season, to a national reduction in GAM from 15.4% in August (FSNMS Round 13) to 12.5% in December (FNSMS Round 14). However, as a result of the escalation of the conflict in the second quarter of 2015, there is likely to be a decline in the nutrition situation affecting consumption, access to services and caring practices. At a time when the humanitarian community has to face, yet again, a disruption of services in certain high conflict (and high malnutrition burden) counties (i.e. Koch, Leer, Panyijar, Rubkona, Foshoda and Malakal), severely disrupting life-saving activities, which will continue to push these communities deeper into a nutrition emergency.

WFP & UNICEF have a shared understanding that without a focused, integrated and collaborative nutrition response to the emergency, the malnutrition burden in South Sudan will continue to escalate. Therefore, WFP & UNICEF agreed to continue their partnership and bring forth their collective resources and align country strategies and priorities for a joint integrated nutrition response for 2015-2016. The goal of this document is to highlight specific actions and activities UNICEF and WFP will take in the second phase of the Joint Scale Up Plan, mutually and individually, to address the critical malnutrition burden of South Sudan, with particular focus on the five high burden states.

a. Background

As a result of the December 2013 crisis, South Sudan was faced with a worsening nutrition crisis in a country with an existing critical level of malnutrition. Along with a shrinking operating environment, it was clear that the original strategies and actions set for the year 2014 would not meet the new emergency nutrition needs. The conflict in South Sudan exacerbated the rates of acute malnutrition due to the reduced ability of vulnerable individuals (children under five, chronically ill and pregnant and lactating women) to meet their nutrition needs and employ proper care practices, as a result of substantial population displacement and the increased morbidity caused by disease outbreaks, lack of access to clean water, sanitation facilities and basic health services.

In July 2014 the United Nations Children's Fund (UNICEF) & the World Food Programme (WFP) formally developed a strategic partnership aimed at scaling up the nutrition response in support of the nutrition cluster response plan. Leveraging their respective comparative advantages with the goal of integrating the treatment and prevention of moderate and severe acute malnutrition, a joint response plan was developed: the *WFP & UNICEF Nutrition Scale Up Plan—South Sudan* (July 2014). This was done in consultation with implementing partners, the nutrition cluster and donors. The plan outlined urgent and immediate actions needed from WFP & UNICEF to address identified gaps and contribute to a scaled up emergency nutrition response. The response focused on the five high priority states-- three conflict states: Jonglei, Upper Nile and Unity, also known as the Greater Upper Nile States (GUNS), and two high burden states: Warrap and Northern Bahr el Ghazal. Both of which are non-conflict states, however the on-going conflict is exacerbating the already chronic history of high GAM rates.

1 15% is the emergency threshold as per WHO classification.

b. Achievements

Nutrition Response

1. Prior to July 2014, a slow start of the nutrition response due to limited internal and external capacity, limited partner presence, restricted access and targets doubling mid-year factored in not meeting the initial targets of 75% Severe Acute Malnutrition (SAM) and 60% Moderate Acute Malnutrition (MAM) of the total national caseloads. However, post-July as the Scale Up Plan was formally agreed upon and implemented, the increased coverage of treatment for acute malnutrition activities contributed to treating 53% of the targeted SAM cases and 40% of the MAM cases by the end of 2014. Efforts put in place last year contributed to the first half of 2015 achievement rates being on track. As of July 2015 50% (74,534) and 45% (153,335) of the SAM and MAM, respectively, annual targeted beneficiaries were reached. This achievement was realized by:

- Re-establishing or establishing humanitarian space to implement nutrition programmes with a sustained presence. As of July 2015, 93% (128,231) of SAM and 75% (258,170) of MAM targeted caseloads are covered under UNICEF's partnership contract agreements (PCAs) and WFP's field level agreements (FLAs), respectively.
- Scaling up the number of outpatient therapeutic programmes (OTP) and targeted supplementary feeding programme (TSFP) sites by 30% and 27%, respectively, with a higher concentration in the conflict affected and the high burden states.

2. Scaling up of the preventive interventions: 109%[2] of targeted beneficiaries were reached with the blanket supplementary feeding programme (BSFP), 111% (target: 1,980,069) with vitamin A supplementation[3], 15% (target: 1,771,640) for deworming and 98% with infant and young child feeding (IYCF) messaging.
3. An increase in nutrition surveillance and needs analysis improved in the second half of 2014. Enhanced data collection and analysis contributed to the Nutrition Cluster refining national targets[4] in August and identifying priority areas for a targeted nutrition response and decision making. Over 60 SMART surveys were conducted; nutrition indicators were integrated in the Food Security and Nutrition Monitoring System (FSNMS), and the Integrated Food Security Phase Classification (IPC) included a nutrition situation analysis and mapping.

2 The target for BSFP was for 23% of the total population of children under 5 years. However, due to including BSFP within the rapid response mechanism, the target was exceed.
3 The target for vitamin A supplementation was for 90% of the children under 5 within South Sudan, however due to high social mobilization efforts the initial target was surpassed.
4 Updated targets based on the increased caseload: 169,113 SAM children; 268,757 MAM children; and 129,745 malnourished pregnant and lactating women.

Figure 2: Treatment of acute malnutrition interventions achievement versus targets
Achievements vs Targets (2014)

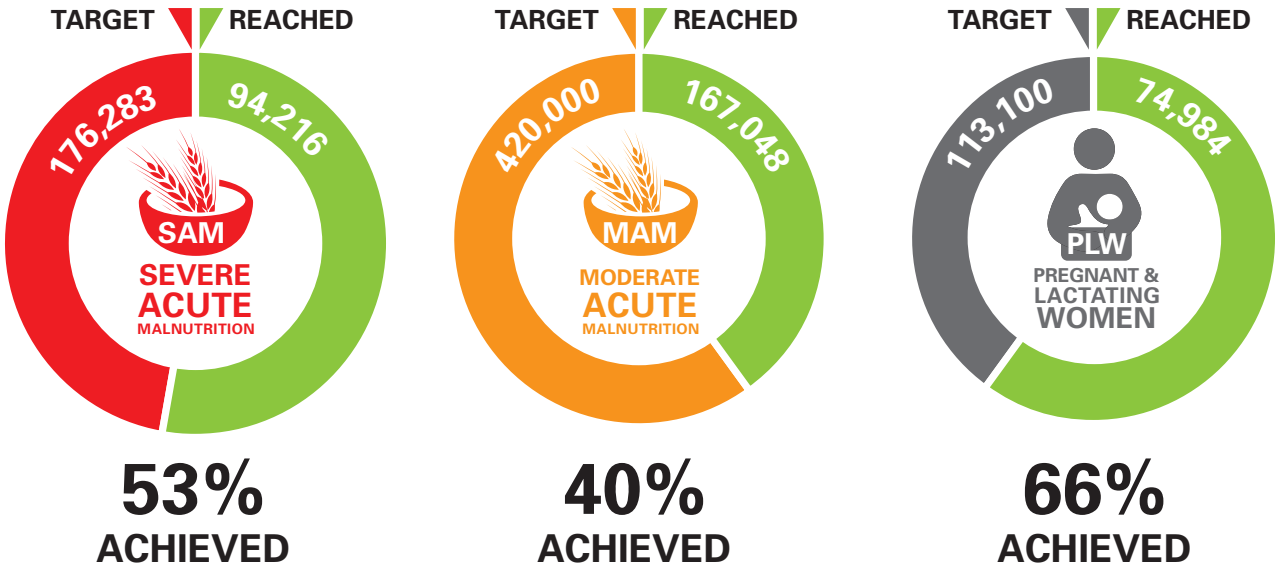
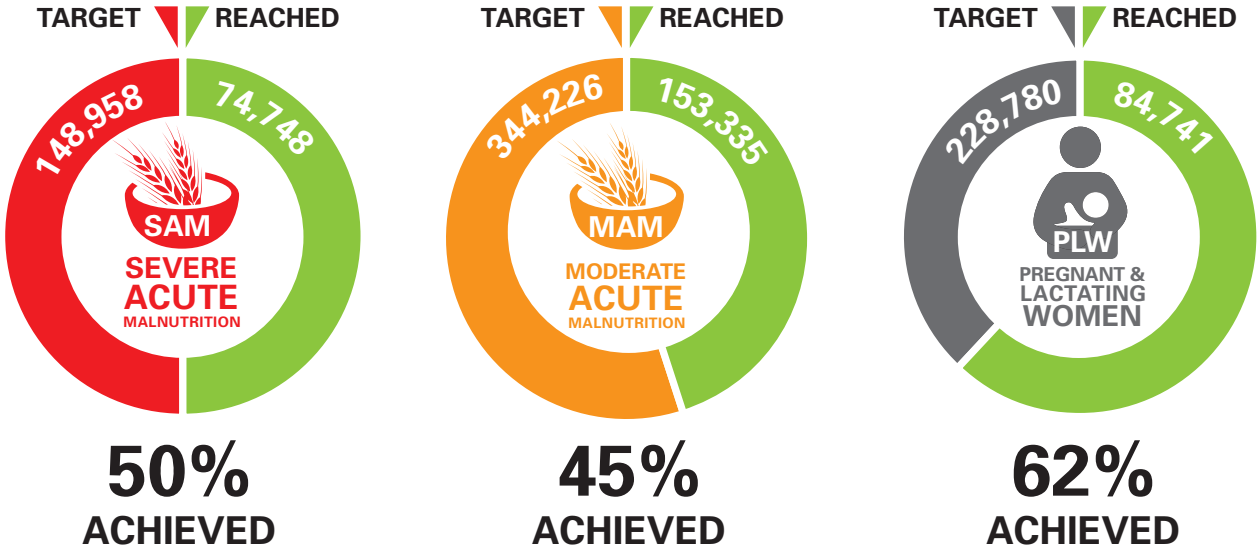


Figure 3: Treatment of acute malnutrition interventions achievement versus targets
1st Half Progress 2015



WFP & UNICEF Partnership

One of the main aims of the partnership itself was to commit to collective resources to more effectively support partners to scale up the overall nutrition response in South Sudan. Based on internal and stakeholder consultations, it was evident a formal operational partnership between WFP and UNICEF actually strengthened the capacity of each agency to deliver more together than separately. Some of the achievements recognized due to the partnership itself included; strengthening the pipeline and supply chain management coordination and logistics; a continuum of CMAM services; financial and administrative processes were streamlined for both agencies and the analysis of the nutrition situation and needs was enhanced through the integration of nutrition indicators in both the Food Security Monitoring System and the IPC. Partners and stakeholders recognized the impact the partnership had around the common objective for a unified integrated response. The partnership itself allowed for a more complete and integrated response, with WFP bringing in Food Security expertise and cluster experience and UNICEF with Water, Sanitation and Health expertise and cluster experience. For example, targeting for the RRM mission sites were prioritized based on food security and nutrition situation of the population, based on surveillance and surveys contributed by both agencies. Additionally, many of the RRM missions had an integrative approach with WASH, nutrition and food security interventions.

c. Revision of the Scale Up Plan→ Joint Nutrition Response Plan

Over a year has passed since the initiation of the scale up plan. WFP and UNICEF conducted a review through internal reflections (at headquarters, regional bureau, sub/field office and country office levels) and consultations with key stakeholders (Nutrition Cluster, partners and the donor community) at country office (CO) and sub/field office (S/FO) on the achievement of targets, implementation of activities and the added value of the partnership between the two UN agencies. Feedback on challenges and the way forward from the consultations and analysis of the current nutrition emergency situation is incorporated into this document--the revised joint Scale Up Plan, renamed Joint Nutrition Response Plan (June 2015-May 2016) .

The Joint Nutrition Response Plan (June 2015-May 2016) outlines the specific activities and actions UNICEF and WFP will accomplish based on the agreed upon nutrition priorities and strategies. The plan continues to support the Nutrition Cluster Strategy (July-December 2015) in providing therapeutic and supplementary feeding to severely and moderately malnourished children under the age of 5 years and pregnant and lactating women. This is a dynamic document and will continue to be adjusted as the nutrition situation evolves to ensure a relevant and targeted response to the nutrition needs in South Sudan.

II. Joint Nutrition Response Plan (June 2015 – May 2016)

The first year since the initiation of the formal partnership for scale up of nutrition response focused on responding to an emergency by investing in re-building a previously weak foundation to deliver nutrition services at scale. However, this was only made possible with huge financial support. The aim of the Joint Nutrition Response Plan (June 2015-May 2016) is to strengthen the response by capitalizing on the benefits from the investments made last year, and by strengthening the systems in place (both external and internal), such as developing guidelines, protocols, standards and harmonization of training packages, in order to be more efficient and better prepared as the humanitarian response continues.

a. Rationale of the Nutrition Response Plan

The Scale Up Plan, developed in July 2014, delineated activities that each agency needed to implement under the L3 emergency to support the Nutrition Cluster's priorities and targets. With the on-going, and at times escalating conflict, responding to the emergency needs remains a high priority. However, the Joint Nutrition Response Plan also aims at improving quality and strengthening systems at national level.

The plan outlines **7 strategies** that guide the second phase of the nutrition response, which concentrates on improving the efficiency of delivery of nutrition services through investing in system strengthening (both internal and external), aligning and harmonizing joint activities, capacity building of previously established partners and the government, establishing operating standards and ensuring that the structure and foundation previously built are sustained (e.g. logistic support, supply chain management, continued needs analysis and coordination). The seven strategies are:

1. Strengthen community based prevention approach
2. Promoting continuum of care at site level
3. Direct delivery of nutrition programmes in hard to reach areas
4. Capacity development (partners and government) and standards setting
5. Strengthening and developing nutrition capacity and systems within the Ministry of Health
6. Strengthening existing supply chain and pipeline management
7. Enhanced needs analysis and coordination

Specific details and activities for each strategy can be found in section III.

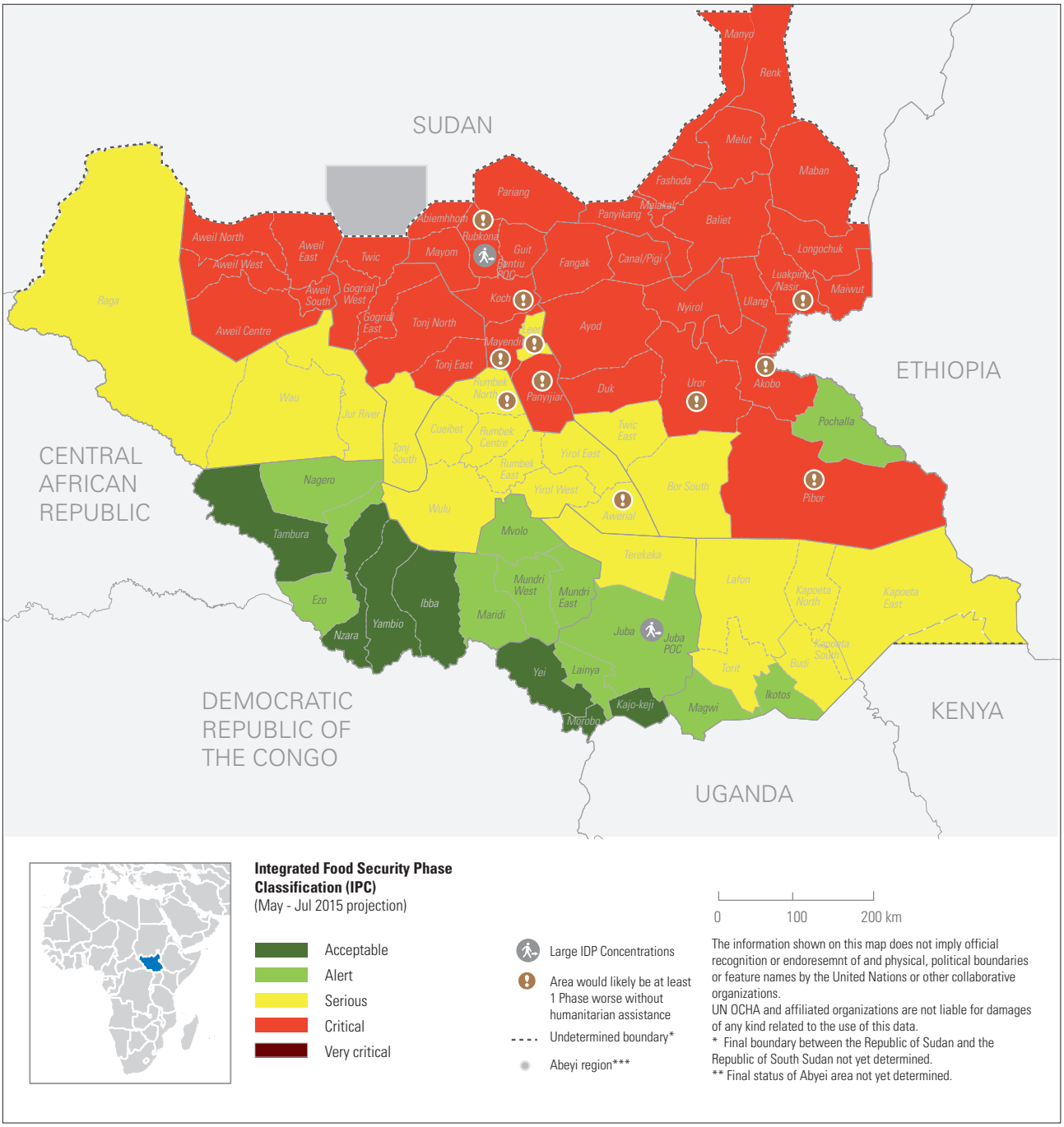
The initial timeline of the scale up plan was for 6 months ending March 2015, however due to the continued conflict and reduced operational environment, WFP and UNICEF, agreed to continue the emergency nutrition response through at least the end of 2015. This is also in support of the revised Nutrition Cluster's Response Strategy. Therefore, this document details activities to support the response through end of May 2016. UNICEF & WFP commit to internally review the progress and rationale for the nutrition response plan to ensure relevance of objectives, targets and activities mid-project cycle (December 2015) or as the nutrition or political situation changes.

b. Situation Analysis

The recent IPC and FSNMS analysis, conducted at the end of April 2015, indicates a further deterioration in the overall food security situation when compared to the January – March 2015 period. The onset of the lean season was two months earlier compared to previous years. In addition, the long-term effects of the conflict have put pressure on households. An estimated 3.8 million people are classified as severely

food insecure in April (3 million in crisis and 800,000 in emergency) and are unable to meet their food needs. The majority of these populations are located in the three conflict affected states of the Greater Upper Nile region and most parts of the Greater Bahr el Ghazal. As the lean season progresses, in May to July 2015, the situation will deteriorate further to an estimated 4.6 million people classified severely food insecure (3.6 million in crisis and 1 million in emergency). However, the Greater Equatorial region remains generally food secure as households still have some stocks from their own production.

Map 1. South Sudan: Overall Nutrition Situation (May - July 2015 Projection)



The deepening food insecurity is a result of the protracted conflict and insecurity; limited market functionality; high food prices caused by rising inflation and depreciation of the local currency; diminishing purchasing power; depletion of household stocks and high cost of living. Market functionality is greatly constrained in the Greater Upper Nile region while in the rest of the states, food prices are very high and are having a negative impact on household food security especially in the lean season when most households depend on markets. The cost of living has significantly increased for all households due to reduced stocks and diminished purchasing power as a result of high staple cereal prices, decreasing livestock prices and inadequate labour opportunities. An estimated 610,000 urban poor population are amongst the worst affected by dysfunctional markets and high food prices.

Although South Sudan has chronically high levels of acute malnutrition, the nutrition situation shows a similar picture of continued deterioration. As of April 2015, the nutrition situation remains above the emergency threshold with about 80% of counties in the conflict affected and high burden states. Warrap and Northern Bhar el Ghazal (NBeG) classified at critical nutrition levels (GAM > 15-29.9%). Lakes, Western Bahr el Ghazal (WBeG), and Eastern Equatoria (EES) States, are classified as serious nutrition status (GAM >10-14.9%). Western Equatoria (WES) State and Central Equatoria (CES) states are classified as alert and acceptable nutrition status respectively (GAM >5-9.9 and GAM <4.9%, respectively). Panyijiar, Akobo and Longuchuk counties recorded slight improvement from December 2014 from very critical to critical nutritional status. As shown in the IPC projection map below, the nutrition situation is projected to remain above the emergency threshold (GAM >15%). The conflict affected states (GUNS) and high burden states (Warrap and NBeG Lakes, WBeG and EES) will remain in a serious nutrition status, while WES and CES are expected to maintain a stable nutrition situation due to the anticipated green harvest.

Factors found significantly associated with wasting in children include: illness (children suffering from diarrhea), younger children (under 2 years), household malnutrition (child belonging to a household with malnourished adult women) and poor nutrient intake (low dietary diversity). GAM based on mid-upper arm circumference (MUAC) (<230mm) was prevalent in 17.3% of the pregnant and lactating women (PLWs). The highest prevalence of wasted women was observed in Jonglei (28.8%), Warrap (21.8%), NBeG (20.8%), Unity (19.9%), Upper Nile (19.9%) and EES (16.9%).

Since the beginning of April, the increased instability and insecurity has reduced the operating environment in the conflict affected states, particularly in Upper Nile (Malakal) and Unity (Koch, Leer, Guit, Mayindeit and Bentiu), resulting in a reduction or ceasing of humanitarian interventions in some areas. A number of Rapid Response Mechanism (RRM) missions in high conflict areas were cancelled as a result of insecurity, affecting over 155,000 individuals. Additionally, with over 1.5 million internally displaced persons (IDPs) in South Sudan continually on the move targeting, implementation and continuing nutrition services to this affected population remain a major challenge. The disruption in essential primary and secondary health care and water and sanitation services in conflict affected areas further aggravates the malnutrition and communicable diseases burden, particularly in displaced populations. The capacity of the Ministry of Health (MOH) to manage nutrition services at national or state level remains limited. Particularly in the conflict affected states, where currently few state based health facilities are operating and basic social and health services and structures are extremely limited and inadequate.

Funding constraints remain an overall issue. WFP's funding shortfall for the remainder of the year is approximately 163.4 million USD[5], impacting provision of BSFP, TSFP for PLWs and reducing logistic cluster and United Nations Humanitarian Air Services (UNHAS) activities and services. UNICEF's funding shortfall for the same period is approximately 25.7 million USD. However, funding and supplies are secured until December 2015 for curative (OTP) and supplementation activities.

5 Includes funding for WFP emergency operation, protracted programme operation, UNHAS services, logistics, special operations and emergency communication services.

c. Scenario Building

Throughout 2014 and in early 2015, WFP/UNICEF and partners significantly increased geographic coverage of acute malnutrition prevention and treatment programmes. UNICEF and WFP increased treatment sites from 2014 to 2015 by 30% and 27% respectively. A significant achievement through the joint scale up partnership was the reopening space for humanitarian operations, assisted by the RRM and a number of high burden accessible areas now have sustained nutrition services such as stabilization centers (SCs), OTPs and/or TSFP.

However, since late April 2015, insecurity has escalated in conflict states, further deteriorating the humanitarian operations and deep field presence of partners. As populations continue to move into harder to reach areas other direct to beneficiaries modalities, such as the RRM, will likely become the main response to access the affected population.

The Response Plan (2015-2016) was developed with the assumption the political situation would cause some adjustments in the partners' ability to implement depending on security affecting access and overall capacity of partners. The following five scenarios are envisaged in relation to programmatic aspects of implementing the joint nutrition response in South Sudan in high burden, conflict affected areas:

Scenario	Partner Presence	Partners Ability to Implement[5]		Programmatic Response	Locations[6,7]
		Capacity	Security		
1	Yes	Strong	Stable	Continue to monitor and support	Most counties in Northern Bahr el Gahzal, Lakes, Warrap states; Bor South, Nyirol, Akobo
2	Yes	Weak	Stable	Joint supportive supervision missions	Fangak, Ayod, Duk, Pibor, Ulang, Boma, Twic East, Tonj East, Tonj South, Gogrial West, Uror & Twic
3	Yes	Strong	Deteriorating	RRM mission with partner (if possible)	Akoka, Baliet, Koch, Leer, Panyijar, Mayandit, Mayom, Rubkona
4	Yes	Weak	Deteriorating	RRM mission with partner & on-site training and supervision (if possible)	Pigi, Longechuk, Nasir, Renk, Balliet
5	No (or very limited)	NA		Work with Nutrition Cluster to determine cause of non-partner presence, if area is a high nutrition priority (high GAM, high population) deploy RRM mission and follow RRM Taskforce protocol for establishing partner presence.	Manyo, Fashoda, Panyikang, Abienhom, Pariang

6 Capacity of partners is dependent on their ability to implement a robust CMAM programme (e.g. technical skill, staffing levels, programme coverage and quality and accuracy of reports). Accessibility is determined on the ability of partners and UN to provide humanitarian support in a location/payam area.
7 The categorization is based on the current security and partner capacity level as of June 2015, however it is subject to change.
8 The colour indicates the current nutrition situation classification, as of April 2015 given by the May IPC . Red is indicative of critical, yellow is serious, light green is alert and green is acceptable.

However, the response plan would need to be adjusted if deterioration of the political situation differs, the following scenarios are considered, see table below.

Scenario	Implications	Programmatic Response
Political situation improves	A peace agreement is reached, access increases and building & developing infrastructure	Continue curative and prevention of acute malnutrition. Expand response to prevention of chronic under nutrition & micronutrient deficiencies. Strengthening nutrition component with in the health systems and community platforms.
Status-quo with acute instability	Access constrained in certain areas, population movement increases	Adjust modalities based partners' ability to implement (see table above). Continue to establish and strengthen on-going nutrition services.
Significant political deterioration	High instability increasing inaccessible areas, high levels of population movement,	Strategies and activities to be adopted based on the operational environment with stronger emphasis on curative and preventative interventions to vulnerable populations. A continued major deterioration would require a significant review of response strategy, a higher reliance on direct to beneficiaries modalities and increase use of deep field INGO's.

In addition, recently a shortage of USD and high inflation rates have increased fuel and commodity prices nationwide, contributing to a declining economic situation. Rural, and possibly even urban, markets are likely to collapse due to rising fuel and commodity prices, a high reliance on imported goods and payment in USD. If this continues, the plan would need to be revised to include response to urban and peri-urban areas. Currently an urban food security assessment for Juba is being carried out. WFP/ UNICEF will await the results before adjusting the plan accordingly.

Use of expanded criteria protocol

The expanded criteria protocol was developed as an exceptional interim measure where either SAM or MAM services are not available in South Sudan. Under these circumstances, the agencies may exceptionally utilize the commodities for treatment of SAM to also treat MAM, or vice versa, in order to reduce mortality associated with malnutrition by ensuring early detection and treatment and scaling up of services. As a result of delays due to the endorsement process, the protocols were not implemented during the first year of the scale up plan. For the second year of the plan, it remains an option and is seen particularly relevant for the RRM. However, practical implications of its operational feasibility still need to be considered by each agency, e.g. cost to implement, partner's readiness and ability to implement and monitoring and reporting once the protocol is established. The nutrition cluster holds the responsibility to activate the expanded criteria protocol upon request from partners outside of the RRM missions based on consent from both UNICEF and WFP.

d. Geographic coverage and Targeting

As in year one of the scale up plan, the Joint Nutrition Response Plan (June 2015–May 2016) is designed to support the collective achievement of the targets set out by the Nutrition Cluster in the Strategic Response Plan (2015)[9]. The Cluster will target a population of 1.9 million individuals who are most vulnerable to acute malnutrition (children under 5, pregnant and lactating women and chronically ill individuals). Nutrition activities are implemented at a national level, however, a targeted response and focus remain on the conflict affected and high burden states as indicated by the GAM rates (e.g. GUNS, Warrap and NBeG).

Targeting, prioritization and geographical coverage will be under the guidance of the Nutrition Cluster with the aim of complementarity and non-duplication of efforts. Revision of targets are on-going and based on the most updated FNSMS and IPC situation analysis. The targets presented in this plan are based on the current Nutrition Cluster response strategy plan (SRP May 2015). Annex I has the most updated targets for each objective.

e. Objectives

The objectives of the Joint WFP/UNICEF Nutrition Response Plan—South Sudan are:

1. **Deliver quality, life-saving, management of acute malnutrition for:**
    a. At least 60% of SAM cases for children 6-59 months,
    b. At least 60% of MAM cases for children 6-59 months and
    c. At least 60% of MAM cases for pregnant and lactating women.

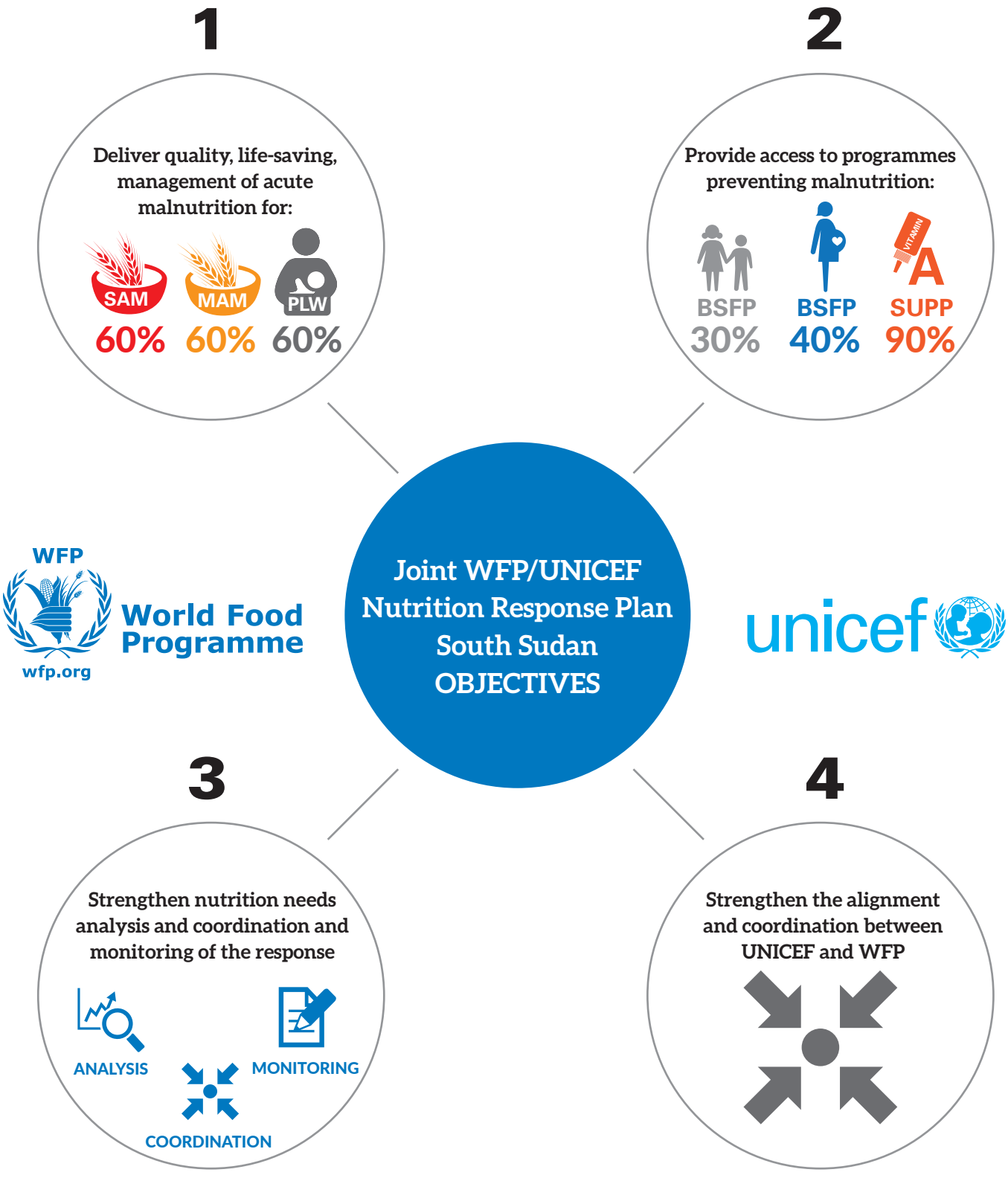
2. **Provide access to programmes preventing malnutrition:**
    a. Provide BSFP to 30% children 6-59 months in the high priority areas,
    b. Provide BSFP to 40% of pregnant and lactating women[10] in the high priority areas and
    c. Provide IYCF, vitamin A supplementation and deworming medication to 90% of children 6-59 months.

3. **Strengthen nutrition needs analysis and coordination and monitoring of the response**

4. **Strengthen the alignment and coordination between UNICEF and WFP**

9 Nutrition Cluster Strategic Response Plan revision (May 2015)

10 BSFP to PLWs is contingent on the procurement of a new modified 1.5kg individually packaged CSB+ and will be set to begin in the lean season of 2016


1
Deliver quality, life-saving, management of acute malnutrition for:
SAM
MAM
PLW
60%
60%
60%
2
Provide access to programmes preventing malnutrition:
BSFP
30%
BSFP
40%
SUPP
90%
WFP
World Food Programme
wfp.org
Joint WFP/UNICEF Nutrition Response Plan South Sudan OBJECTIVES
unicef
3
Strengthen nutrition needs analysis and coordination and monitoring of the response
ANALYSIS
MONITORING
COORDINATION
4
Strengthen the alignment and coordination between UNICEF and WFP

f. Operational Model of the Partnership

The goal of the UNICEF/WFP partnership is to align objectives, goals, resources and efforts for an integrated and efficient approach to respond to the nutrition needs in South Sudan.

Under this operating principle, WFP and UNICEF commit to:

- Joint advocacy and communication strategy around an integrated, strengthened nutrition response;
- Harmonize internal systems to increase efficiency (i.e. planning process, geographic targeting, FLA/PCA process coordination, community outreach, data capturing, supportive supervision);
- Provide a targeted and coordinated approach to direct delivery of nutrition interventions under the RRM;
- Strengthen malnutrition prevention package (e.g. IYCF, BSFP for children under 5 and PLWs, vitamin A, deworming);
- Continue to jointly expand geographic and treatment coverage for acute malnutrition under the guidance of the Nutrition Cluster;
- Develop a viable nutrition strategy for PLWs;
- Continue information sharing on respective programmatic changes and updates;
- Review respective internal staffing requirements and resources to enact the strategies outlined;
- Refine performance reporting to capture information on output and outcome level;
- Have a united voice when engaging with cooperating/implementing partners and donors and
- Meeting regularly and monitoring the progress and implementation of the nutrition response plan.

Role of the Nutrition Cluster

As the coordination body for the nutrition activities in South Sudan, the Nutrition Cluster plays a key role in supporting and guiding the nutrition operations. Therefore the cluster will facilitate discussion at national level on guidelines and protocols, provide geographical analysis of the coverage and capacity gaps and advocate for continued funding for nutrition activities.

These commitments are detailed further in the strategies and actions below.

III. Revised Strategies for Strengthening the Nutrition Response

Strategy 1: Strengthen community base prevention approach

Activities	unicef	WFP World Food Programme	NUTRITION CLUSTER	Remarks
Partners training sessions at field or sub office level to improve quality of screening, outreach and referrals through social mobilization and community nutrition volunteers (CNVs)	✓	✓		Joint training
Discussion at cluster level (CMAM TWG) on ways forward on relevant incentive for CNVs at national level			✓	Recommended to be integrated in CMAM guidelines
Joint programming in Warrap and NBeG between UNICEF and WFP on outreach, screening and referrals	✓	✓	✓	NC to assist in planning and coordination
Reinforce partners' capacity on food utilization messaging and IYCF counselling, and ensure screening is undertaken during BSFP	✓	✓		
Improve analysis of screening data versus admission data	✓	✓	✓	
Introduce 1.5 kg of CSB+ for the BSFP of PLWs and develop implementation modality with partners		✓		
Ensure access to vitamin A supplementation, deworming and IYCF counselling through integration in NIDs	✓			
Increase outreach activities to urban and sub-urban areas (social mobilization)	✓			

Strategy 2: Promoting continuum of care at site level

Activities	unicef	WFP World Food Programme	NUTRITION CLUSTER	Remarks
Update and share coverage matrix after finalization of FLA /PCA process	✓	✓		WFP/UNICEF to have a shared matrix.
Begin FLA/PCA process two to three months before end of current agreements		✓		
Organize annual orientation sessions on FLA/PCA process for partners	✓	✓		To be done jointly.
Develop system of close follow up with partners with reported non-operational TSFP sites		✓		
Monthly follow up of reporting rate of partners	✓	✓	✓	Under the leadership of NC
Develop mapping of MAM/SAM coverage gaps (recommended number of OTP/TSFP sites per payam/ county)	✓	✓	✓	Under the leadership of NC
Identify TSFP/OTP sites with GPS coordinates	✓	✓	✓	Under the leadership of NC
Advocacy to partners to implement the OTP/TSFP package at site level	✓	✓	✓	Under the leadership of NC
Support nutrition cluster with secondment of deputy coordinator		✓		
Review operational feasibility and use of expanded protocol.	✓	✓	✓	To be done at mid-year review

Strategy 3: Direct deliveries of nutrition programming in hard to reach areas

Activities	unicef	WFP World Food Programme	NUTRITION CLUSTER	Remarks
Conduct an evaluation of the nutrition component (treatment of acute malnutrition) of the RRM	✓	✓		Separate from the RRM on year report (May 2015)—it is a systematic evaluation for the nutrition component of RRMs
Build supportive supervision/monitoring and capacity building to nutrition partners to RRM modality in areas unreached by sub/filed offices	✓	✓		
Develop minimum joint SOPs (follow up missions for areas without partners, expanded criteria, sharing of information)	✓	✓		
Enhance reporting mechanism of RRM data (RRM taskforce)	✓	✓	✓	Under the leadership of NC
Refine the decision tree for deployment of RRM nutrition team based on settings (partner/no partner/ new partner, population density, prioritization matrix and access)	✓	✓		
Further refine a multi-sectoral coordination and designation of nutrition RRM activities	✓	✓	✓	

Strategy 4: Capacity development (partners, government) and standards setting

Activities	unicef	WFP World Food Programme	NUTRITION CLUSTER	Remarks
Support the nutrition coordination at state level (recruit P2 level nutritionists at Sub Office level for Warrap, NBeG and Lakes)		✓		
Develop joint field monitoring and supervision missions at national and state level	✓	✓		
Support roll out of CMAM guidelines at state level	✓	✓		
Facilitate discussion of CMAM protocol and guidelines through CMAM TWG			✓	
Strengthen partners and SMOH capacity in monitoring and reporting	✓	✓		Through trainings and joint missions.
Mapping capacity gaps of partners and recommend way forward			✓	
Strengthen the capacity of national NGO's	✓	✓		Through trainings and supportive joint monitoring missions.

Strategy 5: Strengthening and developing the nutrition capacity and systems for Ministry of Health (national)

Activities	unicef	WFP World Food Programme	NUTRITION CLUSTER	Remarks
Continue the support to the CMAM guidelines process (P3 & P4 level consultants)	✓	✓		
Support the roll out of SUN (P4 level consultant)	✓	✓		
Lead agency supporting the government in implementation of the SUN	✓			

Strategy 6: Strengthen existing supply chain pipeline management

Activities	unicef	WFP World Food Programme	NUTRITION CLUSTER	Remarks
Apply secondary transportation for partners in non-conflict affected states		✓		
Improve/strengthen the delivery mechanism to partners in conflict affected areas	✓	✓		
Organize training on supply procedures and how to use the log cluster			✓	
Training of partners on nutrition commodity management	✓	✓		

Strategy 7: Enhanced needs analysis and coordination

Activities	unicef	WFP World Food Programme	NUTRITION CLUSTER	Remarks
Continue to refine targeting, prioritization and geographical coverage as needed	✓	✓	✓	NC to provide coordinates
Maintain nutrition indicators in FSNMS survey	✓	✓		
Analyse performance on a monthly basis and provide feedback with partners and SOs	✓	✓		
Conduct in-depth analysis of FSNMS data for Warrap, NBEG and Lakes States to better inform programming	✓	✓		
Organise state level meeting to ensure adequate coverage of OTP/TSFP sites to avoid duplication and gaps.			✓	
Advocate to donors on funding gaps	✓	✓	✓	

IV. Risks and Assumptions

Given the current environment, several risks are likely to affect the Joint Nutrition Response Plan (2015-2016), see below for the risk likelihood, impact on objectives and possible mitigation strategies.

Risk/Assumptions	Likelihood	Impact on achievement of objectives	Mitigation strategy
Further deterioration of security situation	High in the conflict states	Reduced working environment	Implement other modalities (i.e. RRM)
High population movements	High in the conflict states	Reduced intervention timeframe	Develop light intervention modalities
Political sensitivity around the use of data	Medium	Delayed response	Capacity building and involvement of government in all analysis processes
Insufficient funding	Medium	Reduced nutrition activity implementation	Prioritize locations and activities based on needs.

ANNEX I:
Joint WFP/UNICEF Nutrition Response Plan Annual Targets as of May 2015[10]

Objective	Beneficiary categories & interventions	Total calculated caseload	% of targeted caseload	Total targeted caseload
#1: Treatment of SAM & MAM	Children 6-59 months receiving SAM treatment (OTP, SC)	238,180	60%	143,442
	Children 6-59 months receiving MAM treatment (TSFP)	573,710	60%	344,226
	Pregnant and Lactating Women receiving MAM treatment (TSFP)[h]	228,780	60%	137,268
#2: Prevention of Acute Malnutrition	Children 6-59 months receiving BSFP	1,222,290	30%	366,687
	Pregnant and Lactating Women receiving BSFP	514,750	40%	205,900
	Children 6-59 months receiving Vitamin-A supplementation	2,200,077	75%	1,712,944
	Children 12-59 months receiving deworming treatment	1,968,489	60%	1,226,107
	PLW and caregivers (female, male) with children 0-23 months receiving IYCF interventions	1,389,521	30%	288,496

11 Targets are based on the Nutrition Cluster targets as per the SRP (May 2015). UNICEF & WFP CO targets include refugee populations and are not reflected in the above targets.

Acronyms Used in the Document

BSFP	Blanket Supplementary Feeding Programme
CES	Central Equatorial State
CMAM	community management of acute malnutrition
CNV	community nutrition volunteers
CO	country office
CSB	corn-soya blend
EES	Eastern Equatoria State
FLA	field level agreement
FO	field office
FSNMS	Food Security and Nutrition Monitoring System
GAM	global acute malnutrition
GUNS	Great Upper Nile States
HQ	headquarters
IDP	internally displaced persons
IPC	Integrated Food Security Phase Classification
IYCF	infant and young children feeding
L3	Level 3
MAM	moderate acute malnutrition
MOH	Ministry of Health
NBeG	Northern Bahr el Ghazal
NGO	non-government organisations
OTP	outpatient therapeutic programme
PCA	partnership contract agreement
PLW	pregnant and lactating women
RB	regional bureau
RRM	rapid response missions
SAM	severe acute malnutrition
SC	stabilization centres
SMOH	State Ministry of Health
SO	sub-office
SOP	standard operating procedures
SRP	Strategic Response Plan
TSFP	targeted supplementary feeding programme
TWG	technical working group
UN	United Nations
UNHAS	United Nations Humanitarian Air Service
UNICEF	United Nations Children's Fund
USD	United States Dollars
WBeG	Western Bahr el Ghazal
WFP	World Food Programme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