

# NUTRITION

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for every child

South Sudan Country Office

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## Situation overview

Over 1.1 million children are estimated to be acutely malnourished in 2017. According to the most recent Famine Early Warning System Network (FEWSNet) food security outlook, extreme levels of food insecurity persist across South Sudan and nearly one third of the population is in need of emergency food assistance. Further deterioration in food security is likely during an extended lean season (February-June), as widespread insecurity continues to limit livelihoods, disrupt trade and block humanitarian access. At the peak of the 2017 lean season, a record over five million people are estimated to be food insecure.

The nutrition situation in South Sudan remains critical in many parts of the country. Special areas of concern are the Greater Equatoria, Western Bahr el Ghazel, Northern Bahr el Ghazel and Unity, which show 'serious', 'critical' and 'very critical' nutrition situations respectively.

The security situation in Greater Equatoria remains tense and continues to hinder supportive supervision and implementation of nutrition services. The prevalence of malnutrition has doubled in Central Equatoria state from 4.2% in December 2015 to 8.1% in the same month in 2016. In Eastern Equatoria, recent SMART surveys conducted in Ikotos and Lopa Lafon show GAM rates in critical levels (15-29.9%) and with over 20% of households having poor food consumptions score, the general food and nutrition situation is likely to worsen in the coming months. Counties in Kapoeta East and North as well as Torit town are in a

'serious' nutrition situation.

In Unity, as a result of insecurity, humanitarian access to some areas of Koch, Leer and Mayendit counties continue to be a serious challenge, and as a result most of the outpatient therapeutic programme (OTP) sites have been suspended. The recent mass mid-upper arm circumference (MUAC) screening conducted in Mayendit, Panyijar and Leer had shown proxy GAM rates more than double the World Health Organization (WHO) 15% emergency level. In Leer, repeated mass MUAC screening conducted in November and December 2016 showed proxy GAM rates of 41.8% and 32.4% and proxy SAM rates of 14.2% and 11.5% respectively. Similar catastrophic levels of malnutrition was also shown in Mayendit and Panyijar, with proxy GAM rates of 24.4% and 35.2% and proxy SAM rates of 4.0% and 11.5% respectively.

The dire situation in southern Unity has also been confirmed by the January 2017 joint rapid assessment mission by WFP, FAO and UNICEF to Mayendit, which found that most households reported having one to two meals a day, mainly composed of water lily seeds and roots, lalop seeds and palm tree seeds. No cereals were available in any of the markets visited. Anecdotal evidence also suggests the situation in Leer is worsening due to access and volatility of the security situation. Urgent intervention to secure access for humanitarian interventions and delivery of much needed humanitarian supplies is a priority if a catastrophe is to be averted in the state.

## Situation of children



**276,343**

children estimated to be severely malnourished in 2017



**4.8 million**

people experiencing crisis and emergency levels of food insecurity

## UNICEF and partner results



**3,171**

children 6-59 months with SAM enrolled in therapeutic care **1.5% of target**



**612**

Outpatient Therapeutic Programmes (OTPs) operational



**86.2%**

of children admitted to therapeutic care discharged as cured **Target is 75%**



**590,134**

pregnant and lactating women to be reached with IYCF messages **60% of caseload**



**2,102,351**

children under 5 expected to receive Vitamin A supplementation



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UNICEF and partners admitted 3,175 children for SAM treatment in January 2017.

**Nutrition information:** To date in 2017, two SMART surveys were conducted, in Ikotos, Eastern Equatoria and Aweil South, Northern Bahr el Ghazal. Both surveys showed GAM rates above the 15% WHO emergency threshold, at 20.2% in Ikotos and 16.9% in Aweil South, as well as high SAM rates; 4.6% and 5.3% in Aweil South and Ikotos, respectively.

A total of 60 SMART surveys and four IYCF knowledge, attitudes and practices (KAP) surveys are planned by UNICEF and partners in 2017. Joint WFP/UNICEF/FAO Food Security and Nutrition Monitoring Systems (FSNMS) surveys are also planned for July and November 2017.

**Nutrition Scale-up Plan:** In July 2014, UNICEF and the World Food Programme (WFP) initiated a Nutrition Scale-up Plan to respond to alarming rates of malnutrition in the country. The availability of malnutrition treatment services were mapped and gaps addressed by entering into additional partnerships for hard-to-reach and high-burden counties. Capitalizing on achievements made in the past two years, the third annual Joint UNICEF/WFP Nutrition Response Plan (2016-2017) has recently been rolled out and outlines the strategies needed to

continue treating and preventing malnutrition. The Plan refines the focus of activities to ensure quality implementation of lifesaving nutrition services at field level. The third annual plan also addresses the need to sustain the efforts made thus far by including a strategy for strengthening the policy environment to enable a lasting impact on the country's nutritional situation.

**Rapid Response Mechanism (RRM):** To date in 2017, three joint WFP/UNICEF RRM missions have been conducted; two in Ayod, Jonglei and one in Longochuck, Upper Nile. In total, 3,998 children between six and 59 months and 2,099 pregnant and lactating women (PLW) were screened for acute malnutrition, with 127 SAM cases and 470 moderate acute malnutrition (MAM) cases being identified and treated, or referred for treatment. In addition, 3,322 and 2,304 children aged 6-59 months were reached with Vitamin A supplementation and deworming treatment, respectively, and over 2,566 PLW and caregivers have been reached with key IYCF messages.

**Infant and young child feeding (IYCF):** One of the programme outputs of the UNICEF nutrition sector in South Sudan is prevention: Malnutrition prevention remains a key tool in addressing the alarming malnutrition status of children in the country. The prevention package is part of the maternal, infant and young

child nutrition (MIYCN) programme implementation, which is ongoing across the country. UNICEF provided technical and financial support to develop the first MIYCN Strategy and Guidelines, which was endorsed by the Ministry of Health in December 2016 and is now undergoing design and layout for eventual printing within the first quarter of 2017. All 47 NGOs in partnership with UNICEF are implementing elements of MIYCN in their operational areas. Infant and child feeding practices have not been fully implemented within the health facilities and communities. Therefore, the MIYCN training package is being reviewed for subsequent roll out to the health facilities and communities. However, significant underfunding is posing a key challenge.

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Funding required in 2017

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More information on the situation in South Sudan and UNICEF's response, including the latest situation reports, can be found at [www.childrenofsouthsudan.info](http://www.childrenofsouthsudan.info)

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