External Evaluation

An Evaluation of ACF Operational Approach and Strategy in Warrap and Northern Bar el Ghazal States, South Sudan

Funded by ECHO                  Patrick Andrey, December 2011

This report is commissioned by Action Against Hunger | ACF International. The comments contained herein reflect the opinions of the Evaluator only.
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Patrick Andrey
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<thead>
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<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>ACF</td>
<td>Action Contre la Faim (Action Against Hunger)</td>
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<td>ACH</td>
<td>Accion Contra el Hambre (Action Against Hunger)</td>
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<td>BSFP</td>
<td>Blanket Supplementary Feeding Programme</td>
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<td>CHF</td>
<td>Common Humanitarian Fund</td>
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<tr>
<td>CMR</td>
<td>Crude Mortality Rate</td>
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<td>CNW</td>
<td>Community Nutrition Worker</td>
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<tr>
<td>CPA</td>
<td>Comprehensive Peace Agreement</td>
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<td>CIDA</td>
<td>Canadian International Development Agency</td>
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<tr>
<td>DFID</td>
<td>Department for International Development (UK Aid)</td>
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<tr>
<td>ECHO</td>
<td>European Commission Humanitarian Office</td>
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<tr>
<td>FANTA</td>
<td>Food and Nutrition Technical Assistance</td>
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<tr>
<td>FAO</td>
<td>Food and Agriculture Organisation of the United Nations</td>
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<tr>
<td>FES</td>
<td>Fuel Efficient Stoves</td>
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<td>FSL</td>
<td>Food Security and Livelihood</td>
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<td>GAM</td>
<td>Global Acute Malnutrition</td>
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<td>GoS</td>
<td>Government of Sudan</td>
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<td>Government of South Sudan</td>
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<tr>
<td>HoB</td>
<td>Head of Base</td>
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<tr>
<td>ICG</td>
<td>International Crisis Group</td>
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<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>IGA</td>
<td>Income Generating Activities</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>IYCFP</td>
<td>Infant and Young Child Feeding Practice</td>
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<td>Moderate Acute Malnutrition</td>
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<td>Ministry of Health</td>
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<td>MoU</td>
<td>Memorandum of Understanding</td>
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<td>MSF</td>
<td>Médecins Sans Frontières</td>
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<td>MUAC</td>
<td>Mid-Upper Arm Circumference</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>Norwegian Refugee Council</td>
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<td>Office for the Coordination of Humanitarian Affairs</td>
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<td>Office of Foreign Disaster Assistance (USAID)</td>
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<td>OTP</td>
<td>Outpatient Therapeutic Program</td>
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<td>PHAST</td>
<td>Participatory Hygiene and Sanitation Transformation</td>
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<tr>
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<td>Programme Assistant</td>
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<td>PM</td>
<td>Programme Manager</td>
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<td>PO</td>
<td>Programme Officer</td>
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<tr>
<td>KAP</td>
<td>Knowledge, Attitudes and Practices</td>
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<td>Sudan Armed Forces</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SC</td>
<td>Stabilization Centre</td>
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<td>Swiss Agency for Development and Cooperation</td>
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<td>SPLA/M</td>
<td>Sudan People’s Liberation Army / Movement</td>
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<td>Crude Mortality Rate for children under 5 years old</td>
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<td>United Nations Children’s Fund</td>
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<td>Vétérinaires Sans Frontières</td>
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<td>WaSH</td>
<td>Water, Sanitation and Hygiene</td>
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<td>WFP</td>
<td>World Food Program</td>
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<td>W/H</td>
<td>Weight for Height</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>WUC</td>
<td>Water User Committee</td>
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V. Executive Summary

Purpose of the evaluation

To assess the appropriateness and real time implementation of the ACF integrated approACF since 2007 in Southern Sudan NBeG and Warrap States, in order to verify the ACFievement of its objective (in terms of qualitative and quantitative results), and review and define the most effective approACF and strategy to ACFieve the overall ACF objective of treating and preventing acute malnutrition in the future, in a changing socio political context in South Sudan.

To have an independent structured evaluation of the ACF action results - relevance, impact, effectiveness, efficiency and, if appropriate, sustainability - and of the approACF and degree these results have been ACFieved (lessons learned). The evaluation should draw conclusions and define future approACF and strategy, as well as improvements in methodology for ACF integrated interventions.

Key findings and recommendations

ACF is intervening in Northern Bahr el Gazal and in Warrap States which are extremely relevant and appropriate to ACF’s mandate as they are amongst the areas which have the highest malnutrition rates and where several natural disasters and conflict related risks converge.

ACF has been increasing significantly its operations in these areas since 2008 and has at the same time gained a strong legitimacy as a key nutrition actor in the country. The overall level of ACFievements is satisfactory when looking at the outputs, which even exceed sometimes what was initially proposed to donors. However, the impact such outputs have on specific and general objectives of ACF strategy in South Sudan - aiming at reducing acute malnutrition - can hardly be seen. GAM rates have remained constantly above emergency threshold and more worryingly, SAM rates have increased over the last years in ACF areas of operation

In line with the increased operational volume, ACF has been focusing a lot on hardware approACFes at the expense of software approACFes. Health and Nutrition education and Hygiene promotion for instance are not implemented to a satisfactory level and the impact it has on local communities seems to be minimal. Given that feeding practices, care practices and hygiene practices seem to play a key role in contributing to acute malnutrition, such components should be strengthened.

Treatment of acute malnutrition has been performing very well and the nutrition centres are being increasingly accessed as indicated by admission trends which have constantly grown over the last years. This may be due on one hand on increased nutrition vulnerability of the target population but it is also an effect of increased community mobilisation and awareness within the local communities about the existence of ACF nutrition centres. ACF nutrition programmes have contributed in containing the under 5 years old mortality rates to levels which are under the emergency threshold.

Seasonality is a key pattern in yearly peaks of malnutrition, which would need to be better taken into consideration to strengthen the resilience capacity of vulnerable households before the malnutrition peak starts and to prevent acute malnutrition.

ACF FSL programmes have been very diversified and scattered in many different communities thus reducing the overall impact it could have and making it difficult to monitor and learn from the various experiences. It is recommended to select a smaller number of activities which are believed to have a stronger impact - thus increasing the capacity for monitoring and supervision - but to increase the coverage and to ensure sustainability over time in supporting targeted households over a longer period of time.

Although ACF has been implementing to a satisfactory level the integrated approACF, improvements can still be done to strengthen such an approACF. Building evidence on the effectiveness of such an approACF is also necessary in order to advocate for a multi-sectorial approACF to prevent acute malnutrition.
Sustainability is a concern for the whole humanitarian community in South Sudan and ACF is no exception. The WASH sector is currently starting the implementation of a spare parts network but none of the activities being run by ACF can be considered as being sustainable.

As a leading nutrition actor in South Sudan, ACF needs to get more engaged in advocating for nutrition and in ensuring that nutrition is being brought up within the Ministry of Health. To that extent, it is recommended to provide a nutrition secondment to Ministry of Health at State level which seems to be the most strategic nod in the upcoming decentralisation process.

In the coming years, ACF will need to develop a more holistic and longer term approach. To that extent, ACF should continue working on its current areas of intervention - with a possible marginal expansion in neighboring counties if necessary and relevant - and should focus on diversifying its strategic approach in order to sustain its presence and its impact in South Sudan. South Sudan new independence has created a momentum to materialize such an approach with opportunities appearing both within the Government of South Sudan and within the donors’ community.

However at the same time, many indicators point out to a humanitarian situation, which will remain very fragile and could even further deteriorate in the near future. ACF will therefore need to continue operating humanitarian aid to answer to recurrent emergencies and to high prevalence of severely acute malnutrition. To that extent, it will be essential that donors recognize the need for continuous support in the humanitarian sector for the years to come.

The following 10 key recommendations are developed in Part II:

1) ACF strategy should aim at having a more holistic and longer term approach

2) A comprehensive approach needs to be put in place in order to address the seasonality of malnutrition and have a stronger impact on preventing seasonal peaks of malnutrition

3) In order to strengthen and sustain its impact, ACF should plan for longer term programmes that would aim at reducing the structural nutrition vulnerability of the local communities

4) ACF should take advantage of its high profile in the nutrition sector to advocate towards a better inclusion of acute malnutrition within the health sector

5) ACF needs to strengthen its integrated approach and build evidence in order to advocate for a multi-sectorial approach to prevent acute malnutrition

6) ACF will need to continuously strengthen the capacity of the Ministries and the communities in involving them in information sharing, in design, in implementation and evaluation of programmes

7) ACF needs to adapt its human resources setup in order to transfer more decision making power and management capacity at field level with the aim of empowering all management levels within the mission

8) ACF should aim at strengthening the use of existing processes and tools with the aim of improving internal communication and anticipation

9) ACF should further investigate the means of gaining cost-efficiency and take better advantage of its geographical positioning

10) While advocating for humanitarian donors to continue supporting South Sudan and continuing to build good relations with existing donors, ACF should diversify its funding and look towards longer term funding perspectives
VI. Background

It is estimated that South Sudan has a population of about 8.3 million. The economy is predominantly rural and relies chiefly on subsistence farming while oil is by large the dominant source of revenue, projected to provide some 98% of total GoSS revenue in 2011. The country has been affected by two civil wars - the Sudanese government fought rebels from 1955 to 1972 in the First Sudanese Civil War and then the Sudan People's Liberation Army/Movement (SPLA/M) in the Second Sudanese Civil War for almost twenty-one years after the founding of SPLA/M in 1983 - resulting in serious neglect, lack of infrastructural development, and major destruction and displacement.

A referendum was held in January 2011 to determine if South Sudan should declare its independence from Sudan, with 98.83% of the population voting for independence. This led to a formal independence on 9th July, although certain disputes still remain to be negotiated between Sudan and South Sudan, such as the sharing of the oil revenues.

Government presence outside of Juba is concentrated mainly in state capitals, which are often small towns themselves where infrastructure and trained administrators are limited. Service delivery functions - security, infrastructure development, health and social services and education - are minimal at both state and county level. At the same time, the legacy of centralised authority remains strong.

The population statistics are characteristic of a state emerging from a long war and neglect. Poverty is widespread in both rural and urban areas and illiteracy is high, especially among women. Mortality, especially among children and women of child-bearing age, is very high, and infectious diseases, such as diarrhoea and malaria, are prevalent.

![Figure 1: Map of South Sudan](image)

ACF in South Sudan

ACF-USA started intervening in SPLA controlled areas in 2001 while ACF-France was intervening in GOS former garrison towns.1 Important structural changes occurred in 2007 and 2008:

- A decision was taken to split ACF Kenya and ACF South Sudan missions who were under a common umbrella until then lead by a senior management team based in Nairobi.

- Further to the 2005 CPA agreement, it was decided within ACF network to merge ACF-France and ACF-USA programming which became effective in 2008. ACF-USA therefore took

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1 ACF-France was expelled from SPLA controlled areas in September 1997 while assessing possible food diversion from the SPLA in Eastern Equatoria. After months of negotiation, ACF-US succeeded in 2001 in getting the agreement from SPLM/A to operate in SPLA controlled areas and became part of the Operation Lifeline Sudan (OLS).
over the humanitarian operations carried out by ACF-France in Northern Bahr el Gazal and closed down operations in Upper Nile and Jonglei for both funding and security constraints while keeping operations in Warrap State.\(^2\)

Since 2008, ACF-USA\(^3\) has been intervening in Warrap and Northern Bahr el Gazal States with a strategic objective of treating and preventing acute malnutrition through an integrated approach combining Nutrition, FSL and WASH activities.

The areas of intervention lie in the western flood plains zone that is characterized by flat low-lying terrain, black soil in low land and sandy loam in higher grounds. The topography and type of soil present predisposes the area to flooding during rainy seasons.

The main residents are Dinka who are traditionally agro-pastoralist. Although considerable members of the population are agro-pastoralist, the majority of the community depends today on crop farming for their livelihood.\(^4\)

**Figure 2: ACF Areas of Operation in Warrap and Northern Bahr el Gazal States - South Sudan**

![Map of ACF Areas of Operation in Warrap and Northern Bahr el Gazal States]

**Purpose of the evaluation\(^5\)**

“To assess the appropriateness and real time implementation of the ACF integrated approach since 2007 in Southern Sudan NBeG and Warrap States, in order to verify the ACF’s achievement of its objective (in terms of qualitative and quantitative results), and review and define the most effective approach and strategy to achieve the overall ACF objective of treating and preventing acute malnutrition in the future, in a changing socio political context in South Sudan.

To have an independent structured evaluation of the ACF action results – relevance, impact, effectiveness, efficiency and, if appropriate, sustainability - and of the approach and degree these results have been achieved (lessons learned). The evaluation should draw conclusions and define future approach and strategy, as well as improvements in methodology for ACF integrated

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\(^2\) ACF-F was also working in Unity State and a handover process with ACF-USA was discussed. However, since ACF-France was expelled from North Sudan in March 2009 alongside 12 other INGOs, the handover could not materialize.

\(^3\) In the remaining part of this report, ACF-USA mission in South Sudan will be referred as ACF. ACF will be used when referring to the international network of the organisation.

\(^4\) See Luka Deng (2010) for a very interesting analysis of the impact of the war on Dinka’s livelihoods

\(^5\) See ToRs for the evaluation in annex 1
interventions."

The below report will therefore be divided in two parts. Part I will evaluate the ACFiements of ACF in South Sudan over the period 2009-2011 and Part II will provide recommendations for a future approACF and strategy.

VII. Methodology

The evaluation has been executed through three main components:

1) Review of ACF project documents (proposal, reports, monitoring reports, surveys, assessments, capitalisation documents, etc.) and external documents

2) Interviews with operational and technical ACF staff in the HQ and in the mission and with external actors (donors, authorities, other humanitarian actors)

3) Observations through field visits and discussions with ACF beneficiaries and communities

Constraints

The support and dedication of ACF teams in South Sudan was remarkable. The only constraint during the evaluation has been related to the lack of consolidated and reliable data for the previous years. A great amount of time was therefore allocated to look into existing files and databases to try capturing information for 2009 and 2010. As a result, detailed and accurate information could sometimes not be collected and comparative trends might sometimes be based on estimates rather than on fully accurate figures. Although based on estimates, below trends are however believed to reflect sufficiently well the reality to allow for analysis to be relying on.

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6 The initial plan was to carry out an evaluation of ACF since 2007. It was however agreed at a later stage that the evaluator would rather focus on the period 2009 to 2011. This was both due to a lack of available information and to difficulties in assessing a period where operations were being run in areas where ACF was not present anymore. However, when relevant and available, the evaluator did integrate information pertaining to pre-2009 periods.

7 See annex 3 for Bibliography

8 See annex 2 for List of Interviewed Persons
PART ONE : KEY FINDINGS

A) Overall View of ACF 2008-2011

In 2008, ACF mission was a relatively small mission with an annual budget of about 3 million USD and had a low profile amongst the humanitarian community in Juba. Since then, the mission has grown impressively and has raised significantly its profile to become a key actor in the nutrition sector.

As indicated by below graph, the financial volume has more than doubled in 2011 when compared with 2008 to reACF more than 7 million USD in 2011. Interestingly, this increase in financial volume is mainly due to an increase in budget per grant allocated to ACF rather than an increase of contracts as shown by below table. This can at least partly be perceived as a consequence of ACF capacity to raise its profile as a key humanitarian actor in the country and to gain increased confidence from the traditional donors ACF has been working with over the years.

Figure 3: ACF South Sudan Annual Budget 2008-2011

![Annual Budget (in millions USD)]

Table 1: ACF contracts and donors 2008-2011

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<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
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<tr>
<td>NB contracts</td>
<td>15</td>
<td>12</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>NB donors</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>NB contracts &gt; 500 KUSD</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>5</td>
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</table>

This however means that ACF did not diversify significantly the donors supporting them since the number of donors is similar in 2011 than in 2008. Although ECHO share has reduced throughout the years, ACF still relies on its traditional donors, which beside ECHO are SDC, CIAA, CHF and UN agencies (mainly UNICEF). Although ACF started working with BSF\(^9\) in 2010 and with OFDA in 2011, such donors remain however within the traditional pool of ACF donors.

Figure 4: ACF Donors’ Share 2008-2011

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\(^9\) BSF is a pool fund mechanism where DFID is the main donor. Other contributing donors are CIDA, SIDA, EC, Dutch and Norwegians.
More fundamentally, ACF still heavily relies on contracts which have a very limited lifespan. All current contracts are for only 12 months - with the exception of BSF contract which runs over 18 months. This does pose a set of constraints on different aspects such as national human resources career management, longer-term impact programme design and implementation. While ACF should continue building on the confidence existing with current donors, the organisation should dedicate efforts in securing longer term funding, especially as the transition context in Sudan should open new opportunities.\(^{10}\) This might even be more necessary given that humanitarian focused donors will increasingly refine their scope as developmental donors get in. This will be further discussed in the second part of the report.

As indicated below, there has been a significant increase in beneficiaries in the Nutrition and WASH sectors since 2009 while FSL sector remained at the same level. Total amount of children being admitted in Therapeutic Feeding Programmes increased from 3,617 in 2009 to up to 16,968 from January to October 2011. At the same time, WASH beneficiaries increased from 62,683 beneficiaries in 2009 to 126,799 for the period January to October 2011.\(^{11}\)

Figure 5: ACF Beneficiaries per Sector 2009-2011

At the same time, ACF has grown impressively its profile amongst the humanitarian community and is today a key member of several coordination bodies, both at senior management level and at technical level such as:

- NGO Steering Committee
- Humanitarian Country Team
- Co-lead with UNICEF of South Nutrition Cluster

\(^{10}\) See Recommendation 10 in part II which lists existing longer term funding opportunities currently open in South Sudan in line with ACF mandate.

\(^{11}\) The count of WASH beneficiaries do not include beneficiaries who benefited from hygiene promotion sessions but only beneficiaries having benefited from access to water and sanitation. A large part of 2011 WASH beneficiaries are related to ACF WASH emergency intervention following the Abyei crisis.
B) Relevance and Appropriateness

There is no doubt that the areas where ACF intervenes are very relevant and appropriate given the mandate of the organisation. Warrap and Northern Bahr el Gazal States are areas highly affected by malnutrition and where many natural disasters and conflict related risks converge:

1) They are amongst the counties having the highest levels of both global and severe acute malnutrition throughout the country as shown by below table based on nutrition anthropometric surveys carried out at pre-harvest period in 2011 by several NGOs throughout the country. 12

<table>
<thead>
<tr>
<th>State</th>
<th>County</th>
<th>Survey Agency</th>
<th>GAM (%)</th>
<th>SAM (%)</th>
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<td>Akobo East</td>
<td>Save the Children</td>
<td>28.6</td>
<td>6</td>
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<td>Warrap</td>
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<td>Merlin</td>
<td>4</td>
<td>0.3</td>
</tr>
</tbody>
</table>

2) Food availability and accessibility are amongst the most critical in the whole country. This is partly due to recurrent flooding and dry spells occurring in these areas, which affect the agricultural production and potential, hence the food availability. At the same time, prices of basic staple food commodities such as sorghum increased massively as a result of the border closure further to South Sudan’s independence. Given that food supplies were essentially coming from the north, access to food to many poor households is hugely impacted. Below graph based on ACF market surveys shows the impact since July 2011 of border closure on the prices of sorghum in Aweil East, Gogrial West and Twic Counties.

Figure 6: Sorghum Prices in Border Areas - 2009-2011

12 These data were provided by South Sudan Nutrition Cluster
3) Returnees’ movements are amongst the highest in the country. Over the last year, 15,802 persons came back to Aweil East County, 16,646 to Twic County and 14,228 to Gogrial West County. This amounts to about 13% of the total returnee population having come back since 30th October 2010 in South Sudan and places these three counties amongst the eight counties hosting the biggest number of returnees since one year.\textsuperscript{13}

4) Population displacements from Abyei did affect mainly Warrap State and in particular Twic county where ACF operates. Out of 326,000 IDPs reported in 2011, more than 100,000 IDPs were displaced in Warrap State essentially from Abyei, the majority of them being located in Twic county.\textsuperscript{14}

**Context Analysis and Perspectives**

There are good reasons to believe that the context in Northern Bahr el Gazal and in Warrap States will remain fragile and humanitarian action will still be needed in the coming years. Beside a structural vulnerability leading to the highest malnutrition rates in South Sudan, the area along the north-south border remains dependant from political gambles along several issues.

A referendum was supposed to take place in January 2011 to decide whether Abyei would remain within the North or become part of the South. However this referendum never happened, partly because the issue of who was eligible for voting could not be solved - Ngok Dinka are largely in favour of joining South while Misseriya fear such an option could prevent migration and threaten their way of life. Both Misseriya and Ngok Dinka are important ethnic groups neither the North nor the South can afford to alienate.

In May 2011, the Sudan Armed Forces (SAF) seized the disputed territory of Abyei in response to an attack allegedly carried out by Southern troops, which led to massive displacements of population. An agreement was later found between Sudan’s President Bashir and South Sudan’s President Salva Kiir on the withdrawal of their respective armed forces from the disputed territory that are to be replaced by the United Nations Interim Security Force for Abyei (UNISFA) with 4,200 Ethiopian troops with an initial mandate of 6 months - by the end of November, 2,700 troops were deployed and discussions were on-going within UN SC as to extend the mandate to include the monitoring of the Sudan / South Sudan border. In any case, the presence of UN troops will further delay the possibility to find a lasting political solution to Abyei problematic and will therefore leave this area to remain structurally fragile and prone to renewed tensions and conflict patterns.

In parallel to the issue of Abyei, demarcation of joint border, Sudan’s national debt and fees of oil transportation, are among the issues still negotiated between the two countries.\textsuperscript{15} But there has been very little progress on these post-referendum issues and negotiations - which are currently facilitated by the African Union High Level Implementation Panel (AUHIP) and its chairman, Thabo Mbeki - are currently facing a deadlock.

Border demarcation can affect significantly communities leaving in Northern Bahr el Gazal and in Warrap States. The partition between North and South has resulted so far in a « hard » border, i.e. a border which severely restricts access for Southerners to goods and services from the North. In return, if access to pastoralists migrating from the North to the South is prevented by the South, this will fuel additional tensions in the area.

\textsuperscript{13} Based on OCHA Map “Number of returnees by county arriving at final destination, 30 Oct. 2010 – 22 Nov. 2011”. Other five counties having received the biggest caseload of returnees are Aweil Centre, Wau, Bentiu, Mayendit and Malakal

\textsuperscript{14} Based on OCHA Map “Cumulative figures of new conflict related displacement reported in 2011 – October 2011”

\textsuperscript{15} In the latest developments over oil transportation, Sudan announced on 28th November that it had halt South Sudan oil exports because of an issue of transit fees not having been paid by South Sudan. This issue which threatens to disrupt oil supplies and consequent incomes for South Sudan is likely to further complicate the negotiation talks in Addis Ababa over remaining pending issues.
Perspectives

In recent weeks, SAF have been bombing areas located in South Sudan at the border between North and South Sudan. None of this bombing did concern directly ACF areas of operations, it however does raise the issue of what are the motivations of GoS and to what extent the situation could escalate in a new conflict between North Sudan and South Sudan. GoS justification was related to presumed support provided by SPLA to rebel groups in areas which are currently at war with the Khartoum regime.

A key element in any future developments will be related to South Sudan reaction in case the aggressive attitude of the North will pursue. There is little doubt that GoSS does not want to engage in a new war with North Sudan, yet there is a need to react somehow to remain credible internally. The interpretation that is generally put forward to explain the existing tensions between the North and the South and the consequent bombings from the North relates to on-going negotiations and related tactics to put pressure on the other party. In that sense for instance, one can see the bombing from the GoS as a mean to put pressure on the GoSS. If the GoSS wants to halt such bombings in order to remain credible internally, it will probably need to give something out within the on-going negotiations and this would de facto put the GoSS in a weaker position at the negotiation table.

In any case, it can be assumed that on-going negotiations will take much time before any agreeable solution to both parties can be found out with a high risk of punctual and increased tensions between Sudan and South Sudan.

Another threat for South Sudan future lies in the risk of SPLM/A implosion. As a ruling party, the SPLM does not show any interest at the moment in including a broader representation from the civil society and will probably not do so until the next election planned in about 4 years. Rebel movements are building up in several areas of the country and a support from Khartoum to fuel the internal tensions cannot be ruled out. In return, the attitude of SPLM/A in possibly supporting old allies on the Northern side of the border is unclear as well.

As far as ACF and its areas of intervention in Northern Bahr el Gazal and Warrap are concerned, there are no indications that there will be an endogenous build up of rebels’ movements. The main conflict related risks for further humanitarian crisis in those areas will remain dependant on how the Abyei situation will evolve:

- At the moment, the Ngok Dinkas populations who fled the area further to SAF intervention have little confidence in UNISFA ability to protect them and most of them do not want yet to return back home. UNISFA ability to protect the civilians will hence be tested if and when large numbers of Ngok Dinkas return to the territory from which they were displaced.

- The way Misseriya will react in case they are prevented to move on the Southern side of the border is to be closely monitored. In response to Northern Sudan closing down the border with South Sudan, South Sudan announced its intention to close the border with the North beginning of December. This would lead to further pressure on land and resource in the north and could lead to tensions when seasonal herders will need to cross to the south for water and grazing and potentially to further displacement of population in the south.

Both situations will need to be monitored taking into account the wider political negotiations which will continue on various aspects such as demarcation of joint border, Sudan’s national debt and fees of oil transportation. The way those political negotiations will develop further will have an impact on the overall equation between Northern Sudan and South Sudan and will therefore define possible opportunities or threats for a mutually agreeable solution in Abyei.

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16 This was unanimously stated by interviewed IDPs in Twic county. A pattern that was however reported during the evaluation period was for some IDPs males to try going back to their areas to assess the situation.
C) Effectiveness and Impact

ACF overall objective in South Sudan is to improve the nutritional status of the population through an integrated approach combining Nutrition, FSL and Water, Sanitation and Hygiene components. Before discussing the effectiveness and impact of ACF intervention it might be useful to look into the main causes and patterns of malnutrition in the areas where ACF operates.

ACF carries out on a yearly basis nutrition surveys. Such surveys aim at assessing the prevalence of acute malnutrition in children aged 6-59 months and at estimating the crude under five mortality rate. In addition, the surveys integrate indicators from FSL, WASH and IYFC in order to identify factors contributing to malnutrition. Below analysis is partly based on such nutrition surveys.

C) 1) Causes of Malnutrition in ACF areas of intervention

Food insecurity - either in terms of food accessibility or availability - is commonly perceived as being the main cause for malnutrition. Although it certainly can be assumed that the lack of food quantity and food diversity is a strong contributing factor causing malnutrition, it is only one of many other factors and may even not be the main cause.

As in most countries, the majority of children who suffer acute malnutrition are under 29 months old and an important part of them are 6-12 months, indicating increased vulnerability associated with infant and young child feeding (IYCF) and child care practices. In ACF OTPs and SCs, 80% of the children admitted in 2010 and 2011 were in the 6-29 months age category and within this category, 44% were 6-12 months. The nutrition surveys carried out by ACF further confirm that children 6-29 months are more likely to suffer from acute malnutrition than are children 30-59 months. On average over the period 2009-2011, GAM rates for 6-29 months were 25.7% as compared to 22.7% for the whole category of 6-59 months aged children. SAM rates for 6-29 months were 6% whereas as 3.5% of 6-59 months old children were screened with SAM.

It is during that age period that inadequate complementary foods are introduced and because infants from 12-29 months have the highest micronutrient needs, they also must have micronutrient dense foods and would need to have several meals per day given their gastric capacity - young children would need at least four meals per day. However, the small number of meals eaten by children and the poor diet diversity points to a high probability that children are unable to meet their macro and/or micro-nutrient requirements on a day to day basis. This low frequency of meals offered to children does not contain sufficient quantity (even if food quality or density per feeding is high), and this may be a major cause of malnutrition. Interestingly, GOAL points out that adults reported eating significantly more times and more food during the day than children. This would indicate that food availability would not necessarily be the main problem but would rather lie in prioritization of food within a household and/or the poor knowledge of the quantity and quality of foods infants need.

Food intake of small children will depend to a certain extent on food availability in the household and on the knowledge of quantity and quality of foods infants need but will also depend on the

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17 Based on ACF proposals submitted to ECHO in 2009, 2010 and 2011.
18 Below section on causes of malnutrition is partly based on ACF and GOAL nutrition surveys and also on discussions held with Tesfatsion Woldetsadik, ACF expert carrying out a Nutrition Causal Analysis in Aweil East at the time of the evaluation. Existing literature on the causes of malnutrition in South Sudan was also reviewed – see bibliography.
19 According to GOAL nutrition surveys in Twic county, children would eat on average 1.5 meals / day with 0.9 food groups / day which is far from being sufficient since they would need at least 4 meals / day with high diet diversity.
20 About 25% of the children were given nothing to eat and only 20% of children were given animal based foods (meat, fish, egg or milk based) the previous day to the survey which greatly limits the intake of nutrient dense foods. By contrast, only 0.9% of adults did not eat the 24 hours before the survey and 64.2% of adults ate animal based foods.
mother’s/caregiver’s presence during the day. As a matter of fact, women have high workloads in activities that frequently separate them from their children and this is one possible cause for poor care practices and low number of meals given to young children in most communities.  

Traditional beliefs may also play a major role in undermining a nutritionally sound diet, and beliefs about health negatively influence how children and women are fed during illnesses and when or where health services are sought. With a few exceptions, such as the proscription of eggs during pregnancy, diets of pregnant and lactating women do not differ substantially from those of other household members, though they have greater nutritional needs. While pregnant and lactating women have greater nutritional needs, they are at the end of the household “food chain” and eat after their husbands and children, which sometimes has major implications for the quantity and quality of their food intake. 

Other than adequacy in dietary intake, South Sudan has a heavy burden of communicable diseases associated with under nutrition, such as malaria, acute respiratory infection (ARI), and diarrhoeal diseases. Diarrhoea is a major factor in acute malnutrition. Major cause of the diarrhoea burden of children under 5 is the use of unsafe water, poor sanitation conditions, and consumption of contaminated foods. Most infants are introduced to food or water before the age of 6 months, which, if coupled with inadequate water, sanitation, and hygiene conditions, exposes young children to pathogens that compromise their health and nutritional status. Moreover, nutrient requirements are increased during diarrhoea because nutrient intake and absorption are usually decreased. It is therefore required that feeding during diarrhoea incidence should be more than normal to prevent dehydration and malnutrition but the majority of caretakers will actually withhold food during the illness or only give teas or other fluids, adversely affecting nutritional status as shown by the below graph from ACF nutrition survey in Aweil East.

Figure 7: Feeding during Diarrheal incidence

![Feeding during Diarrheal incidence](image)

21 Activities in which women are engaged are typically related to fetching firewood, collecting water, collecting grass (for thatched roofs), visiting people (friends, relatives, traditional healers, health care workers), market visits (selling, buying), collection of wild foods, agriculture, income-generating activities, attending social activities, such as burials and weddings. In addition, women are physically active at home, grinding sorghum, cutting firewood, and cooking.

22 The following traditional practices compromise the health of women and children: not beginning to breastfeed until the second day after birth, instead giving sugar water or cow’s milk for the first day, discarding colostrum, depriving children of food while they have diarrhoea, avoiding egg consumption among (small) children and pregnant women (for fear that children will not be able to speak later), avoiding poultry consumption by children and pregnant women, avoiding certain vegetables (e.g., carrots, eggplant), depending on a person’s age or gender.

23 ACF Nutrition Survey, Aweil East, May 2011
C) 2) Seasonal Factors of Malnutrition

Malnutrition in South Sudan is caused by different factors but there are also important variations depending on seasonal factors as shown in below graph on ACF admission trends.\(^{24}\)

*Figure 8: ACF Seasonal Admission Trends in OTPs and SCs - 2009-2011*

Interestingly, the peak of malnutrition occurs every year between April and June which coincides with the dry season and diminishes with the coming of the rains. This would tend to indicate that the correlation between peaks of malnutrition and food security is weaker than generally thought since the hunger gap would last until August as shown in the seasonal agriculture calendar below.

*Figure 9: Seasonal Agriculture Calendar in South Sudan*

There are however a couple of issues to consider which could explain the lower attendance at the most critical period of the hunger gap and which would need to be further assessed in order to potentially adapt the programming during this critical period:

- Caretakers may prioritize the most needed agricultural labour during this period over the need to bring their children to attend a nutrition programme.
- Access can be severely constrained during the rainy season both for caretakers to reACF ACF nutrition centres and for ACF teams to develop outreACF activities - there are areas which are not accessible at all during the entire rainy season.

In any case, it is during that period that the population has the lowest water and food availability / accessibility. In the wet season, there are more water sources closer to the homestead. In the dry season, water sources are significantly depleted, and water points get congested and contaminated and local communities will easily resort to unsafe water from contaminated water points. Not surprisingly therefore, peaks in acute malnutrition will coincide especially with high diarrhoeal disease and reduced food accessibility and availability.

\(^{24}\) The sharp decrease in admissions in April 2010 is attributed to suspension of new admissions due to movement restrictions at the time of presidential and parliamentary elections.
Northern Bahr el Gazal and Warrap States will experience the lowest availability of staple food from April to August. The severity and duration of lack of food can increase in the event of a poor harvest caused by climatic hazards during the previous year. Food accessibility will be constrained during the same period of April to August as limited food availability will naturally have an impact on increasing food prices. This will be worse if there were limited harvests in the previous year.

In border areas, which are normally relying on food supplies from North Sudan, food access will be heavily affected if trade between Northern Sudan and South Sudan remains constrained by the political agenda. In addition, the influx of returnees and IDPs has increased the number of people feeding while the local production has certainly not increased to the same extent. It is likely that this will aggravate food intakes and consequently the nutrition situation for those already at risk.

C) 3) Effectiveness and Impact of ACF programmes

In summary, the impact of the therapeutic nutrition programme can be assessed against indicators related to the Crude Mortality Rates of children under 5 years old and coverage rates which indicates overall a positive impact of the nutrition therapeutic programmes.

In regard to the preventative approACF of FSL, WASH and Health and Nutrition education programmes, ACF does ACFeive the expected outputs but has no means to assess whether such outputs contribute to the specific and general objectives aiming at reducing the prevalence of acute malnutrition.

The level of ACFevements against the planned outputs are satisfactory. Below table for instance indicates the level of ACFevement by the end of October 2011 and reveals that - with the exception of SFP - ACF has already or is close to reACFe its outputs. However, it is very difficult to assess the level of contribution of such outputs to the specific and general objectives.

<table>
<thead>
<tr>
<th>AFC Beneficiaries 2011</th>
<th>2011 (planned)</th>
<th>2011 (October)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition (SAM)</td>
<td>14,450</td>
<td>16,968</td>
</tr>
<tr>
<td>Nutrition (MAM)</td>
<td>19,000</td>
<td>2,559</td>
</tr>
<tr>
<td>FSL</td>
<td>68,868</td>
<td>69,010</td>
</tr>
<tr>
<td>WASH</td>
<td>135,903</td>
<td>126,799</td>
</tr>
<tr>
<td>TOTAL</td>
<td>209,482</td>
<td>214,398</td>
</tr>
</tbody>
</table>

FSL is strongly depending on the seasonal agriculture calendar which explains that the target has already been reACFed. WASH and Nutrition are much less dependant on seasonal aspects and the positive level of ACFevements by October can be explained by the emergency answer provided to the Abyei IDPs and by a number of severely malnourished children which exceeded what was initially planned. As for the moderately malnourished children, the poor level of performance is explained below.

25 The fact that ACF in South Sudan has no means to actually evaluate the impact of its preventative programmes on the prevalence of acute malnutrition is something which is shared by many other ACF missions and should question the organisation in its capacity to demonstrate its commitment to such an objective which is embedded in the heart of the agency’s mandate and highlighted in donors’ proposals and internal strategy papers. It must be noted however that during the evaluation an interesting document was being finalised by FSL departments within ACF network that should help improving this issue – see ACF International, Food Security and Livelihood, Monitoring and Evaluation Guidelines

26 Below information are based on cumulative figures of beneficiaries from all ACF donors contracts that do not run necessarily from January to December 2011 – some beneficiaries are being planned for the period January – March 2012.
C) 3) i) Effectiveness and Impact of Nutrition Therapeutic Programme

ACF therapeutic nutrition programmes are constituted by out-patient treatment programmes (OTPs) targeting severely malnourished children without medical complication, in-patient treatment targeting severely malnourished children with medical complications (SCs), supplementary feeding programmes targeting moderately malnourished children (SFPs) and a community outreach component. When possible, therapeutic feeding programmes are integrated with existing health facilities in order to facilitate the identification and referral of malnourished children coming in the health facilities and to increase uptake of other essential health services like immunization and treatment of common childhood illnesses.\(^{27}\)

ACF OTPs and SCs have seen a constant increase in admissions when comparing the three last years and this concerns all three counties where ACF operates.

\textbf{Figure 10: ACF OTPs and SCs Admissions 2009-2011}

![Number of admissions in ACF OTPs and SCs 2009-2011](image)

Such an increase can be attributed to different factors:

a) \textbf{Introduction of WHO standards} from November 2009 on, that allow admission of children in an earlier stage of acute malnutrition and therefore induces naturally an increase in the number of admissions.

b) \textbf{Deterioration of nutritional status of children under 5} as indicated by increased SAM rates observed from nutrition anthropometric surveys over the period 2009-2011

c) Increase in number of OTPs in eACF county. While in 2009, ACF was running a total of 15 OTPs and 2 SC in the three counties, this increased to 22 OTPs (including 3 mobile OTPs) and 3 SCs being run in 2011.

d) \textbf{Arrival of returnees and IDPs in ACF areas of intervention}. The number of returnees and IDPs children having been treated in ACF OTPs and SCs is a much stronger pattern than in 2010 but does not however explain alone the significant increase in admissions. In 2011, only 7.3 \% of treated children had a returnee status while the proportion is even smaller for IDPs since it amounts to only 2.7 \% of the total treated children. It must be noted however that IDPs settlements did occur essentially in Twic county which is reflected in the higher proportion of IDPs children treated in ACF OTPs and SC in Twic county - 12.9\%.

\(^{27}\) Integration with health facilities is particularly strong in Aweil East and in Twic Counties where IRC, respectively GOAL run health facilities. It is weaker in Gogrial West where health facilities are supposed to be managed by the MoH who lacks resources to do so. Norwegian Church Aid (NCA) is supplying drugs as well as the MoH but the health staff are not paid and get only a financial contribution from the beneficiaries who can afford it.
e) **Strengthening of ACF community mobilisation.** The number of children referred by Community Nutrition Volunteers (CNV) and ACF staff did increase significantly from 1918 children in 2010 to 4468 children in 2011. In proportional terms, 25% of all treated children were referred by CNV and ACF staff whereas 35% were so in 2011. This indicates that the community mobilisation efforts have been considerably strengthened in the recent past. ACF recently put in place a one day per week intensive community mobilization in all catchment areas of the OTPs where Community Nutrition Workers, Community Nutrition Volunteers and community mobilizers actively conduct the community mobilization jointly.

f) **Increased awareness amongst the communities about the existence of ACF nutrition centres.** The major part of children being admitted are based on spontaneous arrivals from the caretakers to the ACF nutrition centres. The absolute number of spontaneous admissions did increase significantly in 2011 to reACF 7862 children in October compared with a total of 5420 children in 2010. In proportional terms however, the spontaneous admission did decrease and was compensated by a proportional increase in ACF referrals. This could show an increased awareness from the communities about the existence of ACF nutrition centres, however would need to be confirmed through coverage investigations which were being carried out during the evaluation. Coverage investigations carried out in 2010 were showing that 66% to 77% of interviewed caretakers knew about ACF nutrition centres, leaving still a considerable proportion of caretakers not aware about the availability of nutrition services in their areas.

Despite a significant increase in caseload management, ACF could maintain a satisfactory level of performance. The below table compares key performance indicators of the OTPs and SCs over the last two years with Sphere standards which reveal that ACF performance indicators are within the reACF of Sphere.

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>ACF performance</th>
<th>Sphere standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured Rate (%)</td>
<td>78.5</td>
<td>&gt; 75</td>
</tr>
<tr>
<td>Mortality Rate (%)</td>
<td>0.3</td>
<td>&lt; 10</td>
</tr>
<tr>
<td>Defaulter Rate (%)</td>
<td>11.5</td>
<td>&lt; 15</td>
</tr>
</tbody>
</table>

ACF did stop its supplementary feeding programme with CSB in South Sudan in 2008 following what were considered as being “unacceptably low recovery rates”. In October 2009, ACF undertook a pilot project in the use of Plumpy'Doz, a lipid-based nutrient supplement, for the treatment of moderate malnutrition. As shown below however, the performance indicators remained quite low and under Sphere standards

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>ACF performance</th>
<th>Sphere standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured Rate (%)</td>
<td>56.9</td>
<td>&gt; 75</td>
</tr>
<tr>
<td>Mortality Rate (%)</td>
<td>NA</td>
<td>&lt; 3</td>
</tr>
<tr>
<td>Defaulter Rate (%)</td>
<td>18.9</td>
<td>&lt; 15</td>
</tr>
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One of the reasons provided by ACF to explain the low performance indicators was linked with a general distribution of Plumpy’Doz carried out by WFP during the implementation phase of the

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28 ACF staff include Community Nutrition Workers, Home Visitors and children referred through screening being done during nutrition surveys.
29 Based on ACF OTPs and SCs discharge database from January 2010 to October 2011 which includes a total of 20,282 discharged children 6-59 months
30 Sphere Standards, 2011 edition
31 Mixture of Corn and Soya flour, Oil and Sugar
33 Sphere Standards, 2011 edition

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project. This was seen as a factor discouraging mothers to come to the SFP centres while they were accessing otherwise easily the same product.

In 2011, ACF discussed with WFP the possibility to do a blanket supplementary feeding programme but this project was aborted due to financial constraints on WFP side. As a consequence, ACF started again implementing a SFP programme in the existing OTP centres with the use of CSB+. This programme was run in partnership with WFP and three OTPs per county were selected on the basis of admissions levels. However, soon after the SFP started, the WFP supply chain faced breakdowns - reportedly as a consequence of border closure between North and South Sudan - and WFP started importing Plumpy’Doz which started being available in October. As a result, only 2,599 children were admitted in the SFP as of October 2011. It is too early to assess the current performance of SFPs but first indications tend to suggest that the performance level may not be better than in 2009-2010.

**Under 5 Crude Mortality Rates**

Data on under 5 mortality rates reveal that the mortality rate is low among children under 5 years old in ACF areas of intervention since it ranges from 0 to 1.98 deaths per 10,000 children per day in 2011. The under 5 mortality has therefore been contained and remains below the emergency threshold of 2.0 deaths / 10,000 children / day. This could be attributed at least partly to the therapeutic feeding programmes implemented by ACF and could be an indication of the positive impact the OTPs and the SCs had over the last years.

**Figure 11: Under 5 Crude Mortality Rates in ACF Areas of Intervention**

**Coverage of ACF nutrition therapeutic programmes**

ACF conducts regularly Coverage investigations to define the extent of its nutrition programme in its areas of intervention. Coverage findings are distinguished in ACF reports between point coverage and period coverage. Point coverage will refer to the ratio of cases receiving treatment found in the sample to the total number of cases requiring treatment found in the sample. Period coverage will include covered cases as well as the children who are in a recovery phase but were recently severely malnourished. Period coverage is therefore an estimator of recent coverage in a given period.

Sphere standards however do not make such a distinction and consider a rate of 50% as being satisfactory in rural areas. When looking at below table reflecting Coverage Survey findings in

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34 CSB+ is a mixture of Corn and Soya flour, Oil and Sugar which is enriched with micronutrients – vitamins and minerals

35 Retrospective mortality surveys are usually concurrently done along nutrition surveys and estimate the number of deaths between the total and the population children under 5 from the preceding 3 months. Caution must be used when interpreting mortality data derived from nutrition surveys as the nutrition survey method is not validated for assessing mortality and is usually subject to a high level of imprecision.
2010\textsuperscript{36}, ACF does have a better coverage rate - both in point and period coverage - than the Sphere standards in Gogrial West and in Twic. The rate of point coverage is however below Sphere standard in Aweil East.

**Table 6: Coverage of ACF Nutrition Programme**

<table>
<thead>
<tr>
<th></th>
<th>Aweil East</th>
<th>Gogrial West</th>
<th>Twic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point Coverage (%)</td>
<td>38.6</td>
<td>51.2</td>
<td>55.7</td>
</tr>
<tr>
<td>Period Coverage (%)</td>
<td>56.3</td>
<td>81.8</td>
<td>60.3</td>
</tr>
</tbody>
</table>

Most of the recommendations done in 2010 about improving coverage rates - in particular in Aweil East - were pertaining to the need to strengthen community mobilisation and screening. Given the efforts put in strengthening the community mobilisation aspects, it will be interesting to see whether this translates in better coverage rates in upcoming coverage investigations.

**C) 3) ii) Effectiveness and Impact of FSL, WASH and Health and Nutrition education**

In 2011, FSL and WASH have targeted about 9%, respectively 17% of the total population leaving in the three counties where ACF operates.\textsuperscript{37} For both FSL and WASH, indicators are being designed to evaluate the level of ACF achievements in regard to outputs or results but these indicators do not allow to assess their contribution to the specific objective or the general objective.

Such indicators would typically be:\textsuperscript{38}:

- At least 75% of targeted households produce cereals, leguminous crops and vegetables
- 50% of targeted households improved their dietary diversity by the end of the project
- Households firewood consumption is decreased by 50%
- 30,000 beneficiaries have access to improved water supply
- 90% of hand pumps have no downtime
- 30,000 beneficiaries have received health and hygiene messages

Information about these indicators are collected through regular monitoring visits compiled in monthly reports or through specific assessments being carried out such as post harvest assessment. **In general, the level of ACF achievement of the outputs against the pre-defined indicators is satisfactory but it however does not say anything about the contribution provided to the specific and general objectives.**\textsuperscript{39} As recommended in Part II, indicators should be designed in order to capture the added value of an integrated approach in relation to its impact on acute malnutrition rather than indicating only the level of ACF achievement related to the outputs.

The same applies to health and nutrition education and hygiene promotion. The number of persons having reportedly attended such sessions is largely beyond what was initially planned - both because increased community mobilisation and because admission trends in the OTPs and SCs were much higher than anticipated. From a perspective strictly linked with outputs or results, the ACF achievements are impressive. However, one can seriously doubt about the real impact of such sessions. Indicators related to change behaviour further to such sessions should be integrated and measured through existing methodologies, e.g. KAP surveys.\textsuperscript{40}

\textsuperscript{36} ACF was carrying out new coverage investigations during the evaluation and findings for 2011 were therefore not yet available.

\textsuperscript{37} Figures of population are based on census figures provided by WFP – VAM. According to such figures, population of Gogrial West would amount to 44,987 households or 243,921 persons, Twic to 34,124 households or 204,905 persons and Aweil East to 56,877 households or 309,921 persons.

\textsuperscript{38} Indicators extracted from ACF proposals

\textsuperscript{39} The evaluation tried to see whether the caretakers having a child admitted and cured in an ACF nutrition centre and having received as well a package of seeds and tools were less at risk of relapse than the remaining caretakers. It was however soon proven impossible to track back these information as there was nowhere a consolidation being done between FSL and nutrition data.

\textsuperscript{40} One KAP survey was recently carried out in Gogrial West to serve as a baseline but the findings were not yet available at the time of the evaluation.
When looking at the hardware components, WASH is working on rehabilitation of broken boreholes and on drilling new boreholes as well as on supporting communities for construction of latrines.

The type of drilling will depend on the areas and the related water table. In areas where water is easily accessible - the lowlands - a manual drilling system involving the participation of the communities will be used. In areas where water is particularly deep - the highlands - ACF will subcontract a drilling company based in Wau. The manual system allows drilling up to 30m and is much more cost-efficient but does not allow accessing water in highlands and hence the use of a drilling machine is fully justified in such areas. Creation of new water points will be systematically complemented by a water quality testing. The rehabilitation component lacks sustainability at the moment as it remains essentially dependant on ACF but the WASH department is working on a system aiming at providing more sustainability - the water spare parts network.

As for latrines construction, the programme is based on a community participation whereas communities are requested to dig holes and build protection walls around the holes. ACF will then provide the slabs and hygiene kits. From what was observed, communities were actually willingly engaged in such works and the latrines were used.

FSL Post Harvest Assessments look at the immediate impact of the agricultural inputs distribution and the results may vary depending on external climatic developments such as flooding or dry spells but in general households are able to cultivate more lands and to increase their dietary diet thanks to the provision of ACF seeds and tools. However, here again, the long term perspective and the sustainability of such programmes are not being looked at and it is of the opinion of the evaluator that such punctual support will not help getting the targeted households out of their structural vulnerability.

The implementation of Fuel Efficient Stoves is supposed to tackle the problematic of mothers spending much time collecting wood and therefore having reduced time to take care of their children. Based on the data collected with 70 households benefitting from the project, it is unclear whether such was ACFieved as there was no indicator related to” time spent on collecting wood”. Only related information was that 2 households had stopped collecting wood from the forest, i.e. only 3% of the beneficiaries.

ACF carried out an evaluation on Income Generating Activities performed in 2009 and 2010 in Gogrial West and Twic. 301 beneficiaries were selected for this programme and amongst them 38,5 % were ACF OTP beneficiaries. The evaluation team compared nutrition data of targeted households’ children based on MUAC which revealed significant improvements in the nutrition status of children. Although promising, such comparisons might however be biased by seasonal factors as August - September would be the period where the peak of malnutrition is already reducing.

ACF has been carrying out projects aiming at supporting fishermen before 2009 and did carry out two extensive external evaluations on fishery which should allow a decision to be taken about continuing or not such programmes. Given the efforts already put in evaluating the potential for fishery in South Sudan, this current evaluation did not look much into this topic as the added value would have been minimal. However, when looking both at the high nutrient value of fish consumption and at the high level of communities' interest in fish consumption, this might be a sector where ACF could further expand.

Although milk consumption is an essential part of local communities’ diet, ACF decided not to work on the livestock sector essentially because households owning livestock are often above the vulnerability threshold of people ACF will target. Increasing livestock production is a complex process especially as the most vulnerable households have no livestock neither the knowledge on

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41 On average, 64% of children in Warrap State boasted MUAC measurements of 135 mm or above, indicating that they were well nourished (as compared to 24% at the time of the baseline), while just 2% had MUACs of 110 mm or less, indicating severe malnutrition (as opposed to 17% in March 2009).

42 The ACF teams in South Sudan also reported a lack of technical capacity to handle programmes related to livestock. However, ACF has a lot of experience in working with livestock in other countries of intervention.
how to manage livestock. In addition, animal herding in South Sudan is more for prestige than for consumption, hence any support would not necessarily reflect an improved food consumption. In addition, increasing livestock production while environmental resources are already scarce would need a strong justification. In that sense, the only justification for ACF to intervene in the livestock sector would be through an emergency intervention aiming at treating / vaccinating livestock in case of massive diseases patterns in support to the GoSS and FAO.

When looking at the trends of GAM which remain similar over time and consistently above emergency thresholds and the SAM trends which increased over the last three years, it may indicate that the impact of FSL and WASH activities have been particularly low in preventing and reducing acute malnutrition - and this would concern not only ACF activities but other humanitarian agencies as well.

There are external factors that did certainly hinder the potential impact of activities aiming at preventing acute malnutrition such as:

- Arrival of returnees and IDPs which do pose additional constraints on already scarce resources. Even if returnees and IDPs do not seem to be a population at specific risk of having children being acutely malnourished, the pressure their presence will put on host communities may play a role in increasing the vulnerability of resident population.

- The recurrent flooding and dry spells have an impact on agriculture production, thus further affecting households FSL and hindering their capacity to cope with hunger gap period even further.

There are however a few weaknesses in ACF approACF which can be identified and which may contribute to the lack of impact in preventing acute malnutrition:

- Although it is widely known and recognized that malnutrition is impacted by seasonality, there is nothing being done to strengthen the households’ resilience before the peak of malnutrition will actually start.\(^{43}\)

- Given the increasing needs and the necessity for ACF to adjust to the situation, priority has been put on activities providing immediate relief such as nutrition treatment or water provision at the expense of soft components such as health and nutrition education or hygiene promotion despite the importance such components might have in preventing acute malnutrition - in particular for the 6-29 months old children. It was apparent during field visits that health and nutrition education for instance was not of big concern to the

\(^{43}\) ACF did plan for a blanket supplementary feeding programme (BSFP) in 2011 in collaboration with WFP, the project was aborted due to lack of funding available from WFP to ensure an appropriate implementation and monitoring.
Community Nutrition Workers. It must be noted that efforts have been recently done within the WASH department to implement PHAST methodology which has started in Gogrial West and is planned to be rolled out in the two other areas of intervention.

- Health and Nutrition Education and Hygiene Promotion sessions are essentially done by male staff. Only exception is a female hygiene promoter in Twic and two other ones in Gogrial West and in Malualkon who were on maternity leave during the visit. This has an obvious impact in relation to the capacity to sensitise caretakers which are essentially women and poses a real challenge in regard to the impact health and nutrition education session may have on caretakers which are essentially women - it has been unanimously agreed that female staff doing health and nutrition education would have a much stronger impact, allowing a freedom of expression amongst caretakers which could share their experience and be more comfortable in discussing matters pertaining to their health or to breastfeeding. ACF nutrition department stated that women were not applying to such positions. However, when looking at the job offer, it was found out that primary or secondary school diploma and spoken and written English were among the criteria for selection. However, skills needed to ensure health and nutrition education or hygiene promotion do not encompass the need for diploma or for English skills and should therefore not constitute a criteria for selection. What should be looked at instead as a key criteria is the personality of the candidate and the capacity of the candidate to be dynamic and receptive.

A few fundamental weaknesses may hinder the FSL capacity to have impact on beneficiaries:

- All FSL programmes are based on a yearly cycle which means that the support provided to targeted households will never extend one agricultural season. Although such an approach can be justified from a strictly humanitarian perspective, the level of vulnerability of targeted households will hardly allow an impact beyond the concerned agricultural season and households might fall back to their initial vulnerability if they are not supported otherwise.

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**Interview with Akichak, FSL Beneficiary from ACF 2009 Seeds and Tools distribution**

It was somehow by chance that we could meet with an ACF beneficiary having received seeds and tools in 2009. Akichak is a woman having 4 children. She returned from North Sudan early 2009 and her husband is a casual labour currently in Rumbeck.

Akichak was targeted by ACF as being a returnee and received a package of seeds and tools in 2009 - sorghum, groundnuts, sesame and beans. She did plant all received seeds in the small plot of land available next to her house and could keep from 2009 harvest seeds of sorghum and grounduts to plant them again in 2010. From 2010 harvest, she could only keep some seeds of sorghum that she used to plant in 2011. In August 2011, one of her children under 5 years old was admitted in the OTP centre next to her house and was cured.

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44 For instance, the posters used during the health education sessions were not readily available with the CNW but were stored in a separate building. In addition, in some OTPs, part or all of the posters were missing without apparent reporting having been done to the OTPs supervisor. This however does not mean that posters are the best solution to sensitise caretakers – even if they were composed by drawings only and therefore accessible to illiterate caretakers - as dynamic interaction would certainly be more effective.

45 Topics that would be covered during Health Education sessions include the importance of exclusive breastfeeding, introduction of appropriate complementary foods, child care practices, maternal nutrition, hand WASHing and sanitary practices, immunization, prevention of diarrhea, malnutrition awareness, and malaria prevention.

46 The only reason to request diploma and English skills is related to reporting needs. However, given the comparative importance of ensuring that sensitisation has an impact and the possibility to transfer easily the reporting responsibilities to CNW or Hygiene Promotion Supervisors, the need for diploma or English skills does not appear relevant.
There is a great diversity of FSL programmes which are scattered in many different areas. Typical FSL activities will include seeds and tools distribution, IGA, Fuel Efficient Stoves, fisheries programmes, etc... being implemented through different schemes such as Farmer Field Schools, Community Garden, etc... This diversity of activities and areas of implementation poses a serious challenge for the FSL teams to train the beneficiaries and to monitor the activities.

Despite many years of various FSL activities, it is unfortunate that there is very little capitalisation or evidence built on the impact of the implemented activities. There is no assessment done to see the impact over time of the agricultural projects implemented since years and, symptomatically, there is no follow up of previous years beneficiaries.

There was no recent in-depth needs assessments carried out which would help capture the complexity of FSL vulnerabilities in link with an evolving context impacted both by arrivals of returnees and IDPs and political tensions with North Sudan which has a significant impact on trading dynamics and related market prices fluctuations. Market data are collected on a monthly basis in all ACF areas of intervention but are lacking analysis as to the impact it might have on local livelihoods. The lack of in-depth assessments might therefore constrain the FSL department in their capacity to appropriately understand the FSL context and design relevant answers.

C) 3) iii) Answer to Emergencies

A large influx of IDPs into Twic County from the Abyei area took place after the Abyei conflicts in May 2011 with over 75,000 IDPs displaced into ACF operational areas. ACF was very proactive and endorsed a leading role in the WASH and Nutrition cluster coordination and response. WASH delivered emergency relief to over 40,000 individuals whereas WASH cluster supplies for the emergency were managed from ACF common storage facility in Wunrok. In parallel, the nutrition department targeted 6-59 months through a BSFP and carried out screening activities to ensure a quick referral of malnourished children. It is significant that more than 80 % of of IDPs children having been treated in 2011 by ACF in Twic County were actually admitted between 20th of May and 15th of June 2011, i.e. soon after they were displaced. This indicates a very good performance in answering to this emergency situation.

C) 3) iv) ACF Integrated ApproACF

Within ACF strategic framework, FSL, WASH and Health and Nutrition education will aim at preventing acute malnutrition through an integrated approACF. The fundamental assumption of the ACF integrated approACF is that a combined multi-sectorial approACF will have more impact on preventing acute malnutrition than intervening independently.

There is a wide spectrum within ACF when it comes to defining what is an integrated approACF. Such an approACF can be used on one end to qualify various sectors intervening independently in a same large area - weak integration - to a fully integrated approACF which would be characterised by a joint operation, coordination and management of all interventions needed to treat and prevent acute malnutrition - strong integration.

ACF integrated approACF in South Sudan ranges in between the weak and the strong integration. Although it is at the heart of ACF strategy and interventions in South Sudan, in reality, however, some weaknesses could be observed as illustrated in below example.

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47 The available information are generally compiled in Post Harvest Assessments which however provide information only as to the immediate outputs of the project. Exceptions are an evaluation carried out on IGAs and two evaluations carried out on fisheries projects.

48 There have been no published research studies that provide evidence of a synergistic effect on wasting of typical ACF interventions involving nutrition, FSL, care practices and WASH programmes. But the interventions implemented by eACF sector are known to be effective.
Above example might not characterise ACF integrated approACF in South Sudan. However, it reflects clearly the fact that the integrated approACF is well incorporated at design phase - as illustrated by ACF proposals or ACF strategy papers for instance - but lacks a management capacity to ensure an appropriate implementation. All interviewed programme staff on the field were aware of the need and the relevance of using an integrated approACF and there was a high level of awareness in relation to the need to use nutrition based information when pre-selecting an area of intervention. However, there was a general consensus in stating that the integrated approACF could be improved and used as typical examples to illustrate current weaknesses the lack of joint visits on the field or the lack of communication between programme managers. It was apparent that eACF ACF sector of intervention at field level and at capital level had a sectorial mentality or a “silo mentality” focusing more on their own sector, their own objectives, their “own car” without taking a lot of interest in other departments’ activities.

Given the openness to admit existing weaknesses and the level of awareness existing on the relevance of such an integrated approACF, it might therefore be possible to raise significantly the extent of the integrated approACF. It is believed that the key factor of success in strengthening the integrated approACF would lie in a stronger management capacity needed at field level in order to ensure joint operations - this will be further discussed in Part II.

C) 3) v) ACF targeting criteria

The beneficiaries targeted by the nutrition department are children under 5 years old who fall within the admission criteria as defined by WHO protocols for the treatment of acute malnutrition. Interviews and observations in the SC and the OTPs revealed that admission criteria are well understood by the Community Nutrition Workers (CNW) and were used appropriately. In addition to the Therapeutic Feeding Programme, ACF started some Supplementary Feeding Programmes in collaboration with WFP. The SFP runs one day / week in three OTPs per county having the highest levels of admissions.

There are debates within the nutrition sector in South Sudan as to the use of Weight for Height (W/H) vs the use of the Middle Upper Arm Circumference (MUAC). This debate is related to the body shape of Dinka’s pastoralist and agro-pastoralist population who typically have longer legs and shorter sitting heights than the agrarian population while the WHO standards are based on a mix of different populations. As a consequence, W/H measurements may have an effect of overestimating the prevalence of wasting among pastoral and agro-pastoral communities.

It is interesting to look at the variations between MUAC based information and W/H based information. In the nutrition surveys carried out in ACF areas of operation, the difference is quite significant as shown in the below table and concerns both GAM and SAM.

| Table 7: W/H and MUAC measurements during 2011 Nutrition Surveys in ACF areas of intervention |
|-----------------------------------------------|------------------|------------------|------------------|
| Aweil East | Gogrial West | Twic |
| W/H | GAM (%) | SAM (%) | GAM (%) | SAM (%) | GAM (%) | SAM (%) |
| 23.5 | 5.3 | 22.3 | 4.4 | 24.9 | 6.2 |
| MUAC | 11.5 | 2 | 9.9 | 0.8 | 4.7 | 1.1 |

49 Admission criteria in OTPs, SCs and SFPs are based either on MUAC or on Weight for Height or on presence of oedema. If a child has medical complication, he will be transferred to ACF Stabilization Centre.
There also significant variations in terms of admissions of children depending on the criteria to be used. Between 30% to 49% of admitted children in the OTP were malnourished according to MUAC - amongst them, a small minority was admitted only on MUAC, the vast majority being admitted according to both MUAC and W/H. The remaining children were admitted on W/H criteria only since they had a MUAC equal or higher than 11.5 cm.50

There is a need to clarify the issue of the body-shape as this may have an important impact on the effectiveness of the nutrition programmes as well as on the sustainability of running what are currently massive operations. However, until such is clarified and a common position reACFed amongst the actors operating in the nutrition sector, the best is to adopt a careful attitude and to continue using both MUAC and W/H criteria for admitting children in OTPs and SCs.

ACF FSL and WASH departments link to a certain extent their targeting criteria with the nutrition department within the integrated approACF promoted by ACF in South Sudan. This may happen either based on a geographical area of highest admissions concentration or on the list of nutrition beneficiaries.

WASH for instance will typically consider the catchment area of an OTP as a criteria for selecting an area to target with water points rehabilitation or with creation of new water points or with latrines building and will prioritise areas around OTPs having the biggest admission trends. The pre-selection process will then be further cross-checked with water availability in this specific area and will be discussed with Regional Water Bureau and community leaders before a final decision is taken.

FSL will apply the same principle in pre-selecting areas for agricultural programmes on the basis of OTPs catchment areas and will prioritise based on OTPs admission trends. Once the targeted locations have been identified, individual households will be selected in coordination with the local authorities (particularly SSRRC) and leaders of communities based on an agreed range of vulnerability criteria.51 FSL may go a step further in targeting directly caretakers with a child admitted in ACF nutrition centres through Income Generating Activities or distribution of vegetable seeds and tools.

Schemes such as Group Farming (Farmer Field Schools, Community Gardens) will use as a key targeting criteria the level of motivation and participation required for this type of intervention although vulnerability will still be considered. Such models shall therefore be essentially based on the identification of individuals with a progressive approACF to agricultural production and livelihoods development and would rather be orientated towards reducing structural vulnerability. This should be sustained within a longer term perspective.

Community Gardens producing vegetable seeds will also take into consideration as a key targeting criteria the availability of water availability - especially during dry season for vegetable production. However, communities benefiting from such water availability may not be the most vulnerable. In Twic county for instance, the visited vegetable gardens were located next to the main road where companies building the road did dig ponds and the availability of such water points were mentioned as being the main targeting criteria. Such vegetable gardens have however a huge potential for sensitising other communities as they are located just next to the main road.

Overall, some targeting criteria fit within a strong integrated approACF while others would rather fit within a weak integrated approACF aiming at reducing the structural vulnerability. As discussed in Part II, it would be important for ACF to clarify the distinction between targeting criteria aiming at coping or mitigating risks of malnutrition with those aiming at reducing risks of malnutrition.

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50 Very few children present with bilateral pitting oedema, indicating mostly incidence of marasmus rather than kwashiorkor
51 There will be a focus on recent returnees and newly displaced households but further criteria for household selection include: poor or failed harvest in the previous year; limited household assets and livestock ownership; low sources of income; female-headed households
D. Coherence

ACF is an active member of key coordination bodies at Juba level such as:

- NGO Steering Committee (elected by NGO forum)
- Humanitarian Country Team (NGOs and UN agencies)
- Nutrition Cluster where ACF is co-lead with UNICEF
- WASH and FSL Clusters

In addition, ACF is the WASH cluster lead in Warrap State and as such will ensure coordination between NGOs and State authorities in the WASH sector, facilitate information sharing with Juba, coordinate answers to emergency and liaise with donors visiting the area.

At State capital level, there are other sectorial cluster meetings that ACF generally attend as well as a bi-weekly Humanitarian Coordination Forum attended by NGOs, OCHA, SSRRC and UN agencies.

Generally speaking, ACF is very well represented in the coordination bodies both at Juba and on the field and ensures an active participation in coordination bodies. All interviewed persons at Government or community level had a good appreciation of ACF work and it is apparent that the organisation benefits from a high level of acceptance in its areas of intervention.

Table 8: Best Practice Reporting Table

<table>
<thead>
<tr>
<th>Innovative Features and Key Characteristics</th>
<th>Mapping of Water Points</th>
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<tr>
<td>One of the structural constraints in ensuring coherence in South Sudan is related to the lack of basic information as for instance the location of existing water points. Thanks to a database built up by ACF WASH department by the end of 2010 in Aweil East, ACF could collect GPS data of all existing water points - as well as their status by then - in Aweil East county. On the other hand, SDC could benefit from a detailed mapping of South Sudan provided by CDE (Centre for Development and Environment of Bern University), which created a geo-database for South Sudan. The common objective of SDC and ACF is now to start merging the mapping with WASH GPS data provided by ACF and other NGOs in order to have an appropriate tool for planning and coordination. This initiative will greatly contribute in having a better understanding of water gaps and help in coordinating efforts to improve over all the water coverage.</td>
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| Recommendations for Roll Out | One of the key conditions for rolling out such a practice is to access good quality maps. It could be interesting to further discuss with SDC and beyond with the CDE to see if an agreement could be find as to access such maps in other countries where ACF operates. |
E. Efficiency

E) 1) Human Resources

While the financial volume and the number of beneficiaries have significantly increased from 2009 to 2011, the human resources did follow the trend to a much smaller extent. There were 190 persons employed on the mission in August 2009 and 224 in September 2011. Overall, the ratio between staffing costs and overall direct costs has significantly reduced from 46% of total direct costs in 2009 to 41% in 2011 budgetary planning.

The proportionally low increase in staffing as compared to the overall mission growth could demonstrate strong economies of scale. However, although positive from a cost-efficiency perspective, it may however lead to a risk of putting priority on operational aspects and dedicating less time on supervision, monitoring and on soft components.

Interestingly, and although the proportionally low increase in staffing costs concerns overall both programme and support departments, comparing from a financial perspective the staff within programme departments with the staff within support departments (logistic and administration) over the period 2009-2011 reveals that the programme staffing costs increased proportionally much more than the logistic and administrative staffing costs. It must be noted however that 2011 figures are based on the budgetary planning and would need to be confirmed with real expenses at the end of the current contracts.52

Figure 14: Comparisons between Programme and Support Staff Costs - 2009-2011

This is further confirmed when looking at the organisation chart at field level. In general terms, the organisation chart at mission level did not change substantially since 2009, even less at field level. In regard to the support departments, the Head of Bases are in charge of logistics and administration together with security management and ACF representation. To that extent, they are line-managing:

- 1 Base Logistician who is in charge of ensuring local procurements, fleet management, reporting and when necessary construction works in the compound. Warehousing is managed by a storekeeper who is also supposed to be radio operator at the same time.
- 1 Base Administrator who is in charge of payments and accountancy, human resources and compound management.

As a result, support departments tend to become over-stretched in answering the increase in demands from the programme departments.

52 Data based on ACF financial reports for 2009 and 2010 and on proposal budgets for 2011.
The Head of Base

The Head of Base (HoB) is a position widely used by ACF in its missions. The HoB has generally a background in logistic or in finance and he is solely responsible for the logistic and finance sectors at base level. In addition, he is the person in charge of security management and representation at field level. The HoB has therefore no managerial authority on the programme sectors although he is requested to animate for instance weekly meetings. The position brings often confusion about the limits of the HoB’s roles and responsibilities and there may be great variations in HoB involvement in programme matters depending essentially on the interest and the personality of the HoB.

Moreover, the inexistence of a managerial relation between programme departments and the HoB means that in case of a disagreement between programmes and HoB, the matter will naturally be raised at the higher level of the management hierarchy, ie at coordination level. Ultimately, issues will be brought up to the Country Director who is the only one in such a setup to have the necessary overview and legitimacy to take a balanced and sound decision. This setup however carries a big risk for over-loading the CD and more generally creating a bottleneck at coordination level with micro-management issues that could be perfectly managed at field level.

Management and National Staff

In general terms and when it comes to management experience, one must conclude that the management team on the mission is very junior since more than 75% of the current Programme Managers or Coordinators can be considered as first missions. At the same time, all Programme Managers started working in 2011 and on average, Programme Managers have worked only since 4.1 months in their current positions.

The issue improves as we move on in the management hierarchy. The Country Management Team (CMT) has started working in their current positions on average since 7.4 months. Furthermore, of 7 current coordinators have been starting on South Sudan mission as Programme Managers and this concerns all Technical Coordinators. In addition, the HQ team supervising ACF operations in South Sudan have been in the same positions since many years - the nutrition and WASH advisors were even before becoming HQ advisors technical coordinators on the South Sudan mission. This means that the memory of the mission and the continuity is somewhat ensured but the problem lies essentially at field level where implementation of strategic decisions should be ensured.

Figure 15: Average Length of Stay for Staff as per Management Level

![Average number of months / management level](image)

CMT = Country Management Team / FMT = Field Management Team
PO = Programme Officers / PA = Programme Assistants

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53 *first missions* refers here to a) staff working for the first time with ACF or b) staff exposed to higher responsibilities for the first time, e.g. first time coordinators or first time expatriates

54 This ensures a continuity but at the same time may be a constraining factor for empowering the field
The above graph\textsuperscript{55} indicates that the main weakness in retaining staff and ensuring continuity lies at field management level, i.e. Programme Managers level and to a lesser extent at Country Management Team. This could explain also why little efforts have been done to promote Programme Officers and Programme Assistants levels given the high turnover at field management level and the lack of management experience of Programme Managers who would not necessarily see as a priority the need to empower their field teams.

Notwithstanding the fact that local skills and competencies have been severely constrained by a war context and a subsequent lack of education, there is however a general agreement on the mission that nothing has been really done to empower local staff. This is further reflected in the low number of trainings opportunities made available to the national staff.\textsuperscript{56} Such lack of trainings could however have been compensated by in-site trainings provided by Programme Managers or Coordinators but it did not happen to a satisfactory level.

There is sometimes a feeling amongst some expatriates that it is not even worth the effort. However South Sudan is not the only country which has been through a total disruption of basic services for more than a generation and as rightly stated by a member of the coordination team when mentioning the empowerment and capacity building of local staff, “why would it not be possible here?”

Interestingly and while efforts should be put on empowering national staff and providing them with more perspective within ACF, the highest level of retention does concern the Programme Officers and even more the Programme Assistants. To that extent, it must be noted that efforts were put in retaining national staff through a consequent salary increment of up to 20\%, which was implemented this year.

E) 2 ) Programme and Support Costs

The programme ratio is overall higher than the support ratio which is a positive sign of cost efficiency. Moreover, this does not include in-kind donations provided by UNICEF or WFP which if accounted for would significantly increase the programme financial volume.

The biggest expenses related to support costs are due to office and compound costs (rental and rehabilitation costs) and to vehicles (running costs, repair and maintenance) which together amount to more than 50\% of the total support costs.

Out of 13 ACF vehicles available in the three different bases, only 7 were actually functional. The others that needed some form of repair were either sent to Juba or were being repaired directly on site by ACF mechanics. Cars were either down due to accidents or to over-use. The majority of the cars - whether working or not - had already more than 100,000 km of use indicating a high risk of breakdown. Out of the 7 cars that were functioning, 3 of them had more than 100,000 km.

As a consequence of ACF cars breakdowns, ACF resorts to car rentals which are provided together with a driver. Since January up to November 2011, ACF has been renting cars totalling about 177,000 USD while ACF vehicle repair and maintenance had a cost of about 200,000 USD during the same period. Given that the purchase of a new suitable car would cost about 65,000 USD and related yearly maintenance would cost on average 11,500 USD / year, it would be more cost-efficient to purchase new vehicles rather than resorting to car rentals.

This also indicates the high level of logistic constraints faced by humanitarian actors in South Sudan and the related costs of such logistic constraints. It must be noted that ACF has significantly contributed with its own funds over the last years both for improving living conditions

\textsuperscript{55} This graph takes into consideration the average number of months of concerned staff in their current position in a given location. It does therefore not take into consideration previous experience of some of the staff in other positions or in other geographical areas. However, as stated above, more than half of the CMT had previous experience in the country as Programme Managers or Head of Base which is expected to have a positive impact on their level of sensitiveness and apprehension of South Sudan context.

\textsuperscript{56} An indication is the fact that only two national staff from South Sudan attended a training in the ACF Regional Training Centre in Nairobi in 2011.
of delocalised and expatriate staff as well as for improving office compounds and purchasing cars - more than 500,000 USD were dedicated to such purposes.

Fuel has increased significantly over the last months due to the closure of border between North and South Sudan, switching from 4 Sudanese Pounds / Lt in April to as much as 12 Sudanese Pounds / Lt in October. This had a significant impact on the expenses related to fuel since about 160,000 USD was spent on fuel from January to November 2011 - generating a significant overspend in the available budget lines.

At the moment ACF is supplying many items from Nairobi where it has a Logistic Supply Centre. These items are then transported directly from Nairobi to the field without transiting through Juba. It is unclear whether purchasing in Juba is more cost-effective than purchasing in Nairobi and transporting the purchases in South Sudan. What is certain however is that there will be an increasing number of suppliers in Juba - eg for water spare parts, vegetable seeds and tools - from neighbouring countries such as Uganda and Kenya.

E) 3) Processes and Management Systems

There has been much efforts put on the mission in building and formalising tools and processes over the last two years. As a result, most of the needed tools to appropriately manage a mission are in place and are of good quality although their regularity is not optimal. From a programme side, the available tools allow to have a real time measure of programme ACFievements. The below table does provide a list of tools that are used for mission management purposes :

<table>
<thead>
<tr>
<th>Monitoring Tool</th>
<th>Compiled by</th>
<th>Regularity</th>
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<tbody>
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<td>Activity Progress Report (APRs)</td>
<td>PM and Technical Coordinators</td>
<td>Monthly</td>
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<tr>
<td>Staff Movement Plans</td>
<td>Country Director and HoB</td>
<td>Monthly</td>
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<tr>
<td>Budget Follow-Up</td>
<td>Finance Coordinator</td>
<td>Monthly</td>
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<tr>
<td>Proposal / Report Follow-Up</td>
<td>Country Director</td>
<td>When needed</td>
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<tr>
<td>Procurement Follow-Up</td>
<td>Logistics</td>
<td>Monthly</td>
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<tr>
<td>Stock Report</td>
<td>Logistics</td>
<td>Monthly</td>
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<tr>
<td>Base Meeting Minutes</td>
<td>HoB</td>
<td>Weekly</td>
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<tr>
<td>Coordination Meeting Minutes</td>
<td>Country Director</td>
<td>Bi-Weekly</td>
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Given that many different donors do contribute financially in funding the same type of activities in the same areas, it is essential for ACF to track correctly the expenses related to eACF donor in correlation with the outputs proposed to eACF donor. Many efforts were put recently in this matter and technical departments have now tools to track down the ACFievements of the projects per donor contract - the “Activity Progress Reports”.

When elaborating purchase orders or cash request, field staff will use the budget follow-up consolidated on a monthly basis at capital level to identify the appropriate budget codes and ensure that sufficient money remains in the budget. Furthermore, in order to ensure from the start an appropriate coordination between the three different field bases, eACF programme manager will send its monthly cash forecast to its technical coordinator who will be able to ensure that the different requests from the three field bases match with the overall budget available. Once the cash forecast will be validated by the technical coordinator, it will be sent out to the Head of Base for consolidation at eACF field base level and then sent to capital where the Finance Coordinator will proceed to the overall consolidation.

From a donor perspective however, the ACF multi-funding scheme might be a constraint in understanding what they do really contribute to and ECHO for instance is requesting ACF to move to co-funding schemes. Beside satisfying the legitimate request from donors about having a better visibility on their contribution, this will also further help ACF in ensuring that an adequate tracking and reporting system continues being in place.

However, despite the existence of appropriate tools, there is still a room for improving the overall coordination and communication.
It is apparent that proposal building process remains weak and faces a lack of coordination. It was observed during the evaluation that proposals were not necessarily being discussed and shared between different departments. EACF coordinator would provide its section directly to the Country Director who would then need to consolidate the whole proposal with the Admin Coordinator.

Logistics more particularly is only weakly integrated in the building phase of a proposal and this leads to a lack of visibility from logistic perspective both on the needs of programme departments and on the timing to launch purchases. As a result, “most of the purchases have to be done in emergency” 57 while some form of anticipation would significantly improve the constraints associated with last minute purchases. This might consequently have an impact in service delivery as experienced this year by the FSL department who received lately the ox ploughs and the sesame seeds.58

**ACF Security Plan is well designed and incorporates all the necessary components:**
- analysis of risks and probability of incidents occurring
- indicators for eACF level of security with related action and persons responsible for it
- general advices on how to behave in case of a safety and security issue
- evacuation plans for eACF base
- MOSS (Minimum Operating Security Standards)

The last updated security plan was elaborated with field teams in December 2010. Given the high turnover, regular trainings on the security plan need to be implemented.59

**F. Sustainability**

As for most of humanitarian agencies working in South Sudan, sustainability is a weak part of ACF strategy and approach in South Sudan. If ACF would need to leave the country tomorrow, the only alternative would be for another INGO to take over. Furthermore and with the exception of WASH, there has been little strategic thinking about how to improve sustainability. This is however not only ACF responsibility as there are often no strong counterparts to discuss with or to partner with neither at local NGO level or at Ministry level.

The level of sustainability can be looked at either through the communities’ participation into the design and the maintenance of ACF programmes or through the involvement of national partners who would remain in place such as Ministries or local NGOs.

In regard to the communities’ involvement in the design, implementation and maintenance of the programmes, there have been some efforts being put in the FSL and WASH sectors.

FSL beneficiaries involvement in discussion and design of the project will vary depending on the nature of the project. There are a certain number of projects pertaining to the Farmer Field Schools or the IGAs schemes who were actually based on propositions done directly by beneficiaries which ACF decided to support. There is no doubt that such projects have a much stronger sense of ownership among the target community as observed during field visits. However their overall level of sustainability is under question as the support provided by ACF - distribution of seeds and tools and provision of training - may not suffice over a longer term period. For the remaining FSL beneficiaries, there was no prior consultation and the activities were entirely designed by ACF.

There is a regular collaboration between ACF FSL teams and Ministry of Agriculture through coordination meetings and when possible through involvement of Ministry of Agriculture extension workers in ACF activities. Although significantly better than in the recent past, the capacity of the Ministry of Agriculture remains overall quite weak. 

57 This statement was repeatedly heard from ACF logistic staff
58 As a result, the ox plough could not be used as much as expected to increase the surface of lands and the sesame seeds could not be planted.
59 One such training was being performed by the Logistics Coordinator in eACF base during the evaluation
As for WASH, for each borehole rehabilitated or created, there is a request done to the local community to identify six members who will constitute a Water User Committee (WUC). Within the WUC members, there will be at least a pump caretaker and a treasurer. The objective is for the treasurer to collect money from the households using the water point - requested amount of money will vary depending on the wealth of the households and some may not even be requested to contribute financially - and will use this money once the borehole is down to pay the services of the County Pump Mechanic for assessing the nature of the problem and the solution. The County Pump Mechanic has then access to some spare parts available at County Water Bureau and provided by UNICEF and ideally, the money collected would then also serve to pay for the borehole rehabilitation. Although the idea is interesting in terms of sustainability, there is still a need to strengthen the whole system and to solve the problem of water spare parts availability. At the moment, ACF remains generally contacted for repairing boreholes and try to involve the County Pump Mechanic in the process but not always with success.

WASH will use community participation in the building of latrines. Beneficiaries will be requested to dig a hole and protecting wall around the latrine while ACF will provide the slabs.

The relationship between ACF and County Rural Water and Sanitation Department and State Ministry of Water resources and Irrigation are believed to be strong - especially in Warrap State. ACF has signed MoUs with both entities which essentially contain ACF commitment to provide trainings and share information in exchange of an active support from the authorities to facilitate ACF work in the communities.

When it comes to nutrition, ACF does have a good relation with State and County Ministry of Health representatives and do invite MoH staff to attend trainings. However, the MoH does lack resources for nutrition and there is no staff specifically dedicated to the nutrition sector neither at State or County level.

In 2011, ACF launched a project funded by UNICEF aiming at building capacity of both State Ministry of Health and 2 NGOs in Lakes State for the management of severe acute malnutrition. This project overall objective is to increase coverage of SAM treatment in underserved States. There was no evaluation yet done as to the impact of this project and meetings with the partners could not be organised during the evaluation but ACF nutrition staff who did follow the project did highlight constraints such as the lack of human resources dedicated to nutrition within the MoH - and hence very little cooperation from MoH side - and the lack of financial visibility from the partners who could hardly engage in treatment of acute malnutrition.

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60 While ACF covered Lakes State, UNICEF did cover Jonglei and Eastern Equatoria
R 1: ACF strategy should aim at having a more holistic and longer term approach

The overall strategy which is proposed here is one that would encompass the need to tackle both the short term and the long term nutrition vulnerabilities through an integrated approach and with a view of having a real impact over time. It will therefore include the need to build evidence on approaches which would have a demonstrated impact and advocate for such approaches to different stakeholders and in particular to the concerned Ministries with a view of gaining more sustainability.

As illustrated in the below graph, the proposed strategy will aim at:

a) Coping and mitigating the risks to malnutrition through an approach aiming at absorbing peaks in nutritional vulnerability which are linked to shocks or to seasonal variations. This will include the current ACF approach aiming at answering to humanitarian emergencies and to high prevalence of severely acute malnutrition through appropriate therapeutic treatment but should also address seasonality as a key factor of nutrition vulnerability.

b) Reducing the risks to malnutrition in tackling the structural nutrition vulnerabilities of local communities. Such an approach would need a longer term perspective and sustainability should be a key determinant in assessing the impact.

c) Advocating for a better inclusion of acute malnutrition within the Ministry of Health but also with other concerned Ministries and develop an advocacy strategy based on evidence being built on projects which have demonstrated an impact on acute malnutrition. Such an advocacy strategy should be rolled out at eACF level of the Government structure from County to Central level and should start with advocating for additional resources to be provided for nutrition within the Ministry of Health in order to strengthen their institutional capacity to sustain the ACF achievements.

Figure 16: Illustration of ACF Strategy aiming at Comprehensive and Holistic Approach

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\[61\] Below recommendations are in line with ACF International Strategy 2010-2015
R 2: A comprehensive approACF needs to be put in place in order to address the seasonality of malnutrition and have a stronger impact on preventing seasonal peaks of malnutrition

As shown in Part I, seasonality is a key component to address in South Sudan in order to better tackle acute malnutrition. To that extent, it is essential for ACF to develop a comprehensive approACF aiming at preventing seasonal peaks of acute malnutrition and to take advantage of the integrated approACF for a greater impact.

When looking at the key causes of malnutrition, such an approACF would need to tackle in a comprehensive manner the lack of staple food availability and accessibility, the lack of food diversity, the lack of water availability and the lack of care practices as well as health and nutrition and hygiene education.

It would be recommended to implement such a comprehensive approACF in a limited geographical area - for instance at payam or boma levels where ACF operates already OTPs - in order to be able to document the impact of such an approACF. To that extent, it would be relevant not only to collect information based on admission trends but to carry out a nutrition anthropometric survey before and after the programme on the targeted area.

In terms of activities to be implemented and given the key determinants of acute malnutrition during seasonal peaks of malnutrition, the following ones should be prioritized:

- Target the most vulnerable households through a water harvesting programme allowing cultivation of vegetable seeds during the dry season through a cash transfer scheme (CFW)\(^2\). Cash transfer should allow accessing food and reducing the workload of caretakers while vegetables would aim at improving diet diversity before and during the peak of malnutrition.

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\(^2\) This would not need any specific technical expertise as it can be as simple as digging ponds allowing for the rain water to be available a few months after the rain stops. Many of these ponds were observed in the field although they were generally digged by the companies working on roads building in exchange of an undeﬁnite fee. Tools would probably need to be provided by ACF as well as treadle pumps to facilitate the collection of water.
- Blanket Supplementary Feeding Programme starting in March and targeting in priority 6-29 months children during 4 to 6 months. This would allow an improved food intake during the peak of malnutrition.

- Take the opportunity of the BSFP to provide to all targeted households joint health, nutrition and hygiene education sessions animated by women and targeting in particular risks related to seasonal malnutrition. This would imply the development of standard messages that could be rolled out across all sectors.

- Prioritize water points rehabilitation and if necessary and relevant build another water points in the targeted areas to allow access to safe water during the dry season.
As shown in Part I, the weakness of FSL programmes in ACF relations to a support limited in time which does not allow a sustainable impact and to a great diversity of FSL programmes being scattered in many different areas which hinder a proper follow-up.

ACF FSL should therefore focus its scope and implement less activities with higher numbers of beneficiaries over a longer period of time. To do that, ACF should go back to the basic needs of local communities.

ACF FSL should carry out an in-depth FSL needs assessment to be in a better capacity to understand the context and the FSL needs of the local communities in a dynamic environment which has been impacted by recent arrivals of returnees and IDPs and which is further constrained by political tensions with North Sudan leading to major disruptions in trading. Such an in-depth assessment would serve then as a baseline for comparing the level of vulnerabilities over the years. In line with the need to strengthen the integrated approach, such an assessment should be coordinated with Nutrition and WASH departments. It could for instance be carried out at the same time and in the same areas as the nutrition anthropometric surveys - it would however go beyond the analysis of factors of malnutrition integrated within the nutrition survey in order to look deeper into the FSL specific vulnerabilities - and could ideally be complemented by a KAP survey.

The biggest challenge from a FSL perspective in ACF areas of intervention is the very small surfaces of cultivated lands. The average surface of land which is cultivated makes it impossible for a household to harvest sufficient food to cover their basic food needs until the next harvest. In order to address this structural problem and given that land availability is not an issue, ACF should promote massively the use of ox ploughs which have apparently gained a high level of acceptance and interest amongst the local communities. Ox ploughs were said to increase the surface of land to be cultivated up to five times more when compared with the use of local malouda but it does also allow a better use of the soil nutrients. As the use of ox ploughs is depending on cows’ availability, ACF should promote farmers’ grouping and put as a condition the need to have within the group someone owning a cow.

There is apparently no capacity at the moment for local blacksmiths to produce themselves such ox ploughs but this would however needs to be further investigated. In any case, there are some CBOs who have become active in promoting ox ploughs and one of such CBO for instance is located in Kuajok and has capacities in providing trainings to local farmers on how to use the ox ploughs but also has connection with local blacksmiths to provide spare parts or repair ox ploughs.

Vegetable cultivation should continue to be promoted and more particularly during the dry season when possible, i.e. where water sources are available. The cultivation of vegetables during the dry season seems to be much more effective as the communities are not engaged in other farming activities as they would be during the rainy season and because the fields are less prone to floods. Moreover, the harvest of vegetables cultivated during the dry season may have a stronger impact on the nutrition vulnerability as they would be consumed right at the start of the malnutrition peak. Depending on the quantity harvested, conservation may be an issue and drying of vegetables should be then promoted. Increased water source availability for vegetable cultivation during the dry season should be developed by the communities with a support from ACF WASH department.

It would also be relevant to promote the cultivation of other crops that could be grown in the area such as maize, sweet potatoes, beans, rice or wheat. Interestingly, the cultivation of such crops would allow in theory the possibility to have a second cultivation season starting beginning of October - provided that the staple seeds would be planted early April. In addition, if planted earlier, staple crops would be harvested before the flooding season would start. Fruit trees

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63 VSF in Malualkon and NRC in Alek have been performing such baseline needs assessments in 2011 and could have interesting inputs to provide.
64 It was reported that malouda would reach a depth of about 30cm while ox plough would reach 60-100cm
65 The concerned CBO is « Gogrial Ox-Plough Farmers Group » and his representative, M. Mawien Ayom Reec, can be contacted at Mawien.ayom@yahoo.com - 0913743547
would also have a strong potential in improving the food diversity of local communities and children. Moreover, palm trees for instance would have a positive impact on flooding as it is well reputed for capturing water. However the extent to which this would be possible would need to be further investigated.

From what was observed during the field visit, community group farming seemed to have an interesting potential in being further developed. The model lies on members being selected by the communities based on their vulnerability and their motivation. EACF group will then propose what they want to cultivate and will receive a support from ACF in terms of agricultural inputs or cash transfer and in training provision. Such a model could constitute a good basis for ACF FSL interventions to expand but will require time as farmer organization still is in its early developmental stage and should be integrated in multi-year programming. One of the key aspects in terms of sustainability is to orientate such farming groups towards linkages with local markets as impact will be long lasting only if the targeted farmers make money out of farming. In addition, such an approACF could contribute in increasing food availability in local markets to the benefit of the wider community. To that extent, focus would be needed on addressing key weaknesses related for instance to planning, managerial and financial skills. In addition, women should be the primary targets of such community group farming models.

Income Generating Activities seem to be having a good potential both in terms of sustainability and for reducing the nutrition vulnerability and should therefore be pursued to a larger scale through the targeting of women essentially in order to have a positive impact on their workload and the burden it has on children care practices. The provision of services should be prioritized as it seems to be more efficient and less impacted by market prices’ fluctuations.

The WASH sector should pursue the development of the planned water spare network in close collaboration with the County and State authorities. ACF project is aiming at developing a market of spare parts through the involvement of businessmen who could import such spare parts from Uganda or Kenya. That project has a great potential and the vicinity of Wau will help developing such a business. It will however require a high level of coordination not only with the Government but also with other humanitarian organisation and UNICEF as the system will need to be put homogeneously in place to have an impact.

Given the low coverage of water points in ACF areas of intervention, there is no doubt that drilling water points is still relevant and areas of intervention should be prioritised based on available nutrition information and coordinated with other ACF sectors of intervention. In parallel, a mapping of water points was performed in Aweil East and it would be necessary to perform the same mapping in Gogrial West and in Twic in order to assess more accurately the main gaps in water availability. Such a mapping should be shared with FSL and Nutrition departments to discuss the possible linkages between the lack of water availability and the prevalence of acute malnutrition.

Given the importance of infant and young child feeding, care practices and traditional beliefs as causes of malnutrition, the health and nutrition education and hygiene promotion components should be strengthened and specific teams should be exclusively dedicated to this. One of the key factor of success is believed to be linked with the need to have women performing health and nutrition education and a mix of men and women performing hygiene promotion. The teams should therefore essentially be composed by women who would be selected according to their capacity to animate group discussions and deliver messages and not according to their diploma or English skills - caretakers having benefited from OTPs and / or SCs nutrition treatment might be a good pool to look at for recruitment. Such education teams could be dedicated to providing health, nutrition and hygiene promotion to all ACF beneficiaries within a cross-sectorial approACF.

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66 Visited community group farming included a) Farmer Field Schools cultivating groundnuts, b) Farmer Field School cultivating sorghum and c) IGA Community Group cultivating vegetables
67 Programmes such as Fuel Efficient Stoves or Fisheries did not demonstrate a clear impact and this is why they are not prioritized here.
68 ACF is part of the « Water Spare Parts Technical Group » in Juba who would be the ideal body where such coordination should take place.
Inconsistent commitment to local government among state and national actors as well as limited capacity at county and payam has inhibited decentralisation thus far and will continue to present challenges. A review of the decentralisation model is nonetheless planned within the strategic objectives of the transition government, as is a strategy to better devolve authority and revenue which should open opportunities to strengthen State and County levels.

While sub-national allocations have increased in recent years, 67% of public sector salaries and 73% of total expenditures are intended for the central government in 2011. Development has exploded in Juba but stops at the city limits. The draft 2011 budget allocated nearly 80 million Sudanese Pounds (29 million USD) for unconditional block transfers to counties but are often intercepted at the State level. States are often reluctant to delegate authority or resources, citing a lack of county-level capacity. However, keeping resources and authority away from counties guarantees that capacity and service-delivery will never improve.

Although in its early stage, decentralisation process is a great opportunity for GOSS to bring service delivery to County and State levels and ACF should take this opportunity to advocate for more resources to be allocated at State and County level. The new independence will therefore open opportunities to work in a more sustainable manner towards reducing the structural vulnerability of the local communities in collaboration with the concerned Ministries. This will take time but should be started now as there is a momentum both at government and at donors’ community levels.

In addition, there is a strong need to advocate for better inclusion of nutrition within the MoH. The budget of the MoH in 2011 has allocated only about 500,000 USD to nutrition which amounts to a total of 0.2% of the total Ministry of Health budget and concerns exclusively staffing costs.

There are other indications that nutrition is not considered at Ministry of Health level to the extent it should:

- While at central Juba level, nutrition sector was created in 2006 under a Directorate of Nutrition, it lately was downgraded to a Division of Nutrition under the Directorate of Community and Public Health. This did allow less leverage from the Head of Nutrition Division to raise nutrition problematic within the Ministry of Health.
- While there was a coordination meeting at State level dedicated to nutrition, this has moved now to a health and nutrition coordination meeting where nutrition is diluted in many other health related issues.

As a leader in the nutrition sector within South Sudan, ACF can and would need to play a more active role in advocating for a better recognition of nutrition problematic. The advocacy component would need to be defined as a strategic objective of ACF - this would also facilitate the search for funding. Such a strategic objective will need to aim at better integrating acute malnutrition within the national health system.

The key overall target will be the MoH and the best opportunity to be used at short term perspective will be the health pool fund to be implemented in 2012. By extension, the targets will be the donors contributing into the health pool funds.

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69 See ICG (2011). This was further confirmed through discussions held with MoH State General Director in Aweil and MoH County Health Director in Gogrial.
70 Interview with Mrs Victoria Eluzai, Head of Division Unit, MoH, Juba. It is apparent that Mrs Eluzai is facing internal issues within the Ministry of Health and sees herself as being targeted by other influential members within the Ministry of Health. Although she is a very dynamic and committed person and did a lot for voicing out the need to consider nutrition, staying in her current position may not help raising the problematic of nutrition within the Ministry of Health.
71 ACF South Sudan should liaise with ACF UK who has developed an advocacy initiative known as AMAI (Acute Malnutrition Advocacy Initiative)
72 In that sense, advocacy to ensure an appropriate integration of malnutrition within the upcoming health pool fund should already start now as discussions between donors are on-going.
The key messages could be developed along the following arguments:

- Malnutrition has a devastating and irreversible effect on infants and young children and impacts long-term intellectual, physical and social development. In that sense, malnutrition must be considered as a public health epidemic that hinders the development of South Sudan.
- To date, the treatment of acute malnutrition has relied essentially on international agencies which seriously limits its sustainability and the potential for further increase in coverage. MoH must take the lead in ensuring an increased political attention to this problem.
- Highly effective interventions exist for treating acute malnutrition. Proper and integrated treatment of acute malnutrition within the health system as a core part of the basic health package would reduce significantly case fatality.

Key indicators of success could be the following ones:

- % of national MoH budget allocated to nutrition has increased
- Number of MoH staff dedicated to nutrition has increased at State and County levels
- Number of MoH staff having participated in training on treatment of acute malnutrition
- Number of MoH staff effectively working in health centres for treating acute malnutrition

In order to facilitate the roll out of the advocacy strategy, it is recommended to provide a nutrition secondment to Ministry of Health at State level which seems to be the most strategic nod in the upcoming decentralisation process.  

The ACF secondment would not need to be necessarily a nutritionist - a profile with a background in public health could be optimal as it would allow creating the necessary linkages between nutrition, health and the other Ministries.

The role of such a secondment could be the following one:

- Facilitate collection and sharing of information pertaining to nutrition between County, State and National level
- Advocate for more resources to be provided at State and County level for nutrition
- Raise the multi-factorial dimension of malnutrition with other concerned Ministries and facilitate exchanges and coordination between different Ministries - see next recommendation

Discussions held at central, State and County level with representatives of Ministry of Health confirmed the interest of MoH in having such a secondment based at State level. Such a proposition would however need to be formally discussed and agreed first at central level with the Division of Nutrition in order to ensure formal adherence at that level. The Country Director would be the appropriate person to discuss the matter with the Head of Nutrition Division.

As a second step, agreements with State level would need to include a clear definition of roles and responsibilities pertaining to ACF secondment. The biggest risk would be for ACF secondment to handle everything pertaining to nutrition. It will therefore be necessary to ensure that the secondment would have a strong counterpart within the MoH.

In addition, it is strongly recommended to hire a national staff to perform the secondment as this would increase the level of acceptance and would constitute a more sustainable solution. The MoH should be involved in the recruitment process of the secondment.

Such a strategy will also imply that the relations with the Division of Nutrition at Central level are strengthened and that senior management of ACF in South Sudan is actively involved.

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73 ACF has had successful experiences in seconding nutrition staff to the MoH, in particular in Nigeria, and it is advised to gain lessons learnt from other missions.
As stated in Part I, ACF has already a solid ground for its integrated approACF which would need to be strengthened through a stronger management capacity at field level. As an illustration of the awareness of field teams about the relevance and the potential of an integrated approACF, the following ideas were suggested by some of the field staff:

- Selecting caretakers having a child admitted in the nutrition centre to be a “model mother”. Such a model mother would need to live in the vicinity of the nutrition centre and would receive incentives in exchange of visits to her place from other caretakers
- Selecting members of the Water User Committee for IGA or vegetable garden projects to increase their income sources
- Selecting groups doing latrines slabs through an IGA scheme

More generally, there is a need to lead the different sectorial field teams in thinking together and implementing jointly. Beside the need for a stronger management capacity at field level which will be further discussed below, the implementation of activities which would need a joint management would de facto facilitate a cross-sectorial way of thinking. Such activities could be:

- Joint answer to seasonal cycles of malnutrition as discussed under R2
- Joint assessments as discussed under R3
- Joint health, nutrition and hygiene education sessions as discussed under R2 and R3

In order to advocate for a multi-sectorial approACF to malnutrition, there is a strong need to build evidence and identify which are the integrated projects which have the strongest impact.74 Such an evidence building process will need to rely on key indicators and on a M&E team dedicated to this and discharged from other operational priorities.75

In order to capture the various factors affecting malnutrition, the selected indicators should highlight the links and impacts they have on malnutrition and encourage a more holistic approACF to programming while addressing the underlying causes of malnutrition. The purpose of having indicators is therefore:

- to ensure that all programmes work towards these common objectives
- to serve as standard indicators against which all programmes can report by collecting some cross-sectorial comparative data
- to encourage greater focus on the medium and longer-term change being brought about by programming, as opposed to focus solely on activities and outputs

It is recommended to have an independent M&E team to perform the collection of indicators as it would have the following advantages:

- ensure independence in carrying out monitoring activities
- be free from operational and programmatic constraints and priorities which may otherwise affect the possibility to carry out monitoring activities to the advantage of implementing activities

Ideally, the team would be composed by a member of eACF sector of intervention and have a leader who would report to the Field Coordinator. This means that there would ideally be a team of 4 staff in eACF base.

The targeting criteria used by ACF at the moment cover a wide range of vulnerabilities and are not clearly distinguished. This might lead to a certain level of strategic confusion and ultimately to constraints in assessing the performance and impact of different projects which do not necessarily pursue the same objectives.

74 In that sense, it may be premature to develop an advocacy strategy on the multi-sectorial approACF to prevent acute malnutrition before evidence can be built.
75 See ACF International, Food Security and Livelihood, Monitoring and Evaluation Guidelines, 2011
It is therefore recommended to clarify the targeting criteria between those who would on one hand refer to a humanitarian scope aiming at coping and mitigating risks of acute malnutrition with a short term impact and those on the other hand aiming at reducing risks of acute malnutrition who would fit within a longer term perspective and tackle the structural nutrition vulnerability of local population. Both types of targeting criteria can however be justified within the integrated approACF but the extent of the integrated approACF may vary. In a humanitarian perspective, a strong integrated approACF should be favoured while a weak integrated approACF would better fit with a more development orientated programme.

Targeting criteria falling within the strong integrated approACF should be reinforced and refined in order to have a better capacity to address the preventative aspects of acute malnutrition. WASH for instance should refine their pre-selection process in moving further from an OTP catchment area level down to a village level on the basis of available nutrition department information. On the other hand, FSL should continue targeting caretakers of admitted children together with beneficiaries coming from the same villages than WASH. Clarifying the targeting criteria and linking such criteria with the outputs and the objective of the projects will ultimately allow to have a better visibility on the aim of eACF programme and to be in a better capacity to monitor its impact.\(^{76}\)

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<th>R 6: ACF will need to continuously strengthen the capacity of the Ministries and the communities in involving them in information sharing, in design, in implementation and evaluation of programmes</th>
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<tr>
<td>The Government of South Sudan has too little capacity today to implement services for the benefit of the population and will still need to rely on the presence of humanitarian actors to do so for an indefinite period of time. However, it is essential to empower the Ministries in involving them in programme design and implementation as much as their weak resources allow. This should be done within a spirit of building their sense of being responsible for providing services to their population.</td>
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<td>At the moment, ACF has good relations with Ministries’ representatives, both at County and at State level. The nature of the relation remains however relatively basic as exemplified in the MoUs that ACF signs with the Ministries which essentially refers to information sharing and sometime inclusion of Ministries’ staff in ACF trainings.</td>
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<tr>
<td>ACF secondment to the State Ministry of Health was discussed previously and other concrete ideas would need to be considered such as for example:</td>
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<tr>
<td>- Involving Ministry of Water resources and Irrigation at eACF stage of the water spare parts network project development to allow a sense of ownership from their side</td>
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<tr>
<td>- Involving systematically extension workers from the Ministry of Agriculture in trainings and in field visits with the M&amp;E team</td>
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At the same time, empowerment should be mainstreamed with the communities supported by ACF. Local communities have been massively dependant upon humanitarian aid over a whole generation and it will take time to move out of this dependency. In that sense, the empowerment of communities through community participation and mobilisation is absolutely essential but at the same time difficult to perform. It requires a lot of patience, great sensitiveness and listening capacities and an attitude directed towards developmental approACFes, i.e. in sharp contrast with the usual emergency attitude which essentially delivers goods.

\(^{76}\) In addition and as a leading agency in the nutrition sector, ACF should further investigate the issue related to wide differences between W/H and MUAC measurements in Dinka populated areas as this may have a strong impact on targeting criteria. To that extent, ACF could launch a comparative study between pastoral / agro-pastoral and agrarian population in South Sudan. ACF network did already start addressing the issue and conducted studies within pastoral populations living in Mali and in Ethiopia. However, no studies have been so far planned for South Sudan.
R 7: ACF needs to adapt his human resources setup in order to transfer more decision making power and management capacity at field level with the aim of empowering all management levels within the mission.

The current mission management is characterised by a concentration of decision making power at coordination level. As a result, the coordination team is heavily engaged into micro-management and field teams are not encouraged to take initiatives or to be held accountable for what is being done. There is therefore a strong need for empowerment at all levels of the mission where empowerment means transferring responsibilities and competencies from capital to field level. Such empowerment is based on informed trust, ie trust with specific control mechanisms to be put in place.

However, such a process would need to follow a step-by-step approach and would need to start with reinforcing the management capacity at field level with the creation of a position of Field Coordinator who would have a managerial authority on both support and programme departments and could roll out an HR strategy aiming at empowering field teams.

A weakness in the current management of national human resources is related to the lack of career evolution perspectives within the organisation. All national staff are working under a 12 months contract that needs to be renewed annually. It is apparent that this does not create a sense of job security and it was repeatedly said that national staff would start looking for jobs 3 months before their contract end in fear of having their ACF contract terminated. It is unclear why ACF keeps a system of definite term contract for its national staff as the risk of not being funded anymore by a donor could be stated as a clause of force majeure justifying the termination of indefinite term contracts. It would be in any case highly beneficial to provide a greater job security to national staff at least at the higher levels of management and / or those that ACF wants to build on.

As shown in Part I, the staff having stayed longest with ACF are at Programme Assistant level and they generally come from the area. The Programme Officers on the contrary are hired based on their skills and diploma and therefore would generally come from other parts of South Sudan - most of them come from the Equatoria States. However, although better skilled at first, they remain strangers in the areas of intervention of ACF and for instance cannot communicate with the local population without the support of a translator. This is not an issue for positions which have little to no contact with the local communities such as finance but it might be an issue for the programme departments and can severely hinder their capacity to be context sensitive and understand the needs of the population. It is therefore recommended to favour as much as possible the capacity building and promotion of local staff in the technical fields and to look into possible promotion of promising Programme Officers to Programme Managers position.

More generally, the post-independence era opening in South Sudan constitutes a great opportunity from a national human resources perspective as there is an increasing number of young qualified and educated South Sudanese having studied in Uganda or Kenya who join the labour market - even in ACF areas of operations - and a few of them are already working with ACF. Given the growing opportunities to attract qualified and educated South Sudanese, there is therefore a need to develop a national human resources strategy which would prioritise the importance of building up the capacity of national staff and provide them with a career evolution perspective.

In order to answer to above mentioned challenges, there is a need to adapt the human resources setup. The inclusion of a Field Coordinator who would have a managerial authority on both support and programme departments would have several advantages:

a) increasing the sense of ownership of field teams through an increasing decision-making power at field level
b) strengthening the integrated ACF approach through a common and joint management of operations
c) facilitating the implementation of an HR strategy aiming at empowering the field teams
The Field Coordinator would manage directly 6 persons. In comparison with current organisation chart at field level, additional positions would be:

- Log Manager who would be a higher logistician profile than the current Log base aiming at strengthening logistics at field level with the support of a Procurement Officer and a Fleet Management Officer
- Admin manager who would be a higher admin profile than the current Admin base and who would manage finance aspects and rely on an HR Officer to strengthen HR aspects

The creation of such positions within the support department would answer to the need to have a better balance between support staff and programme staff in order to allow a better support capacity for programmes implementation.

- M&E Supervisor and M&E team to strengthen monitoring aspects and ensure a better integration between the different programmes through the collection of appropriate indicators. The M&E team should be composed by 1 staff from eACF programme sector.

From a financial perspective and given that a) support staffing costs have proportionally reduced when compared with programme staffing costs and b) overall staffing costs have comparatively reduced when compared to overall direct costs over the period 2009-2011, it is believed that such a setup would remain within an acceptable range of costs.

In addition, the inclusion of a Field Coordinator at base level would have an impact on changing some of the roles and responsibilities currently endorsed by the Technical Coordinators as illustrated in the below table:

Table 10: Change in roles and responsibilities within new organisational chart

<table>
<thead>
<tr>
<th>Now</th>
<th>New Setup</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of PM / Log / Admin</td>
<td>PM</td>
</tr>
<tr>
<td>Ensure Programme Achievements</td>
<td>C</td>
</tr>
<tr>
<td>Proposal Writing</td>
<td>I</td>
</tr>
<tr>
<td>Report Writing</td>
<td>I</td>
</tr>
</tbody>
</table>

I = In Charge  C = Contributing
The time that would be gained at coordination level should then allow the Coordinators to concentrate further on other responsibilities that would correspond better to their coordination status such as:

- evaluating programmes and building evidence-based reports
- developing strategic thinking based on programme evaluation and networking with other external actors
- providing training and capacity building to field staff in their sector of expertise.

At field level, such a setup would ensure that Programme Managers and Field Coordinator ultimately are being held accountable for the programme implementation but would also allow a contribution from the field in developing proposals. This should increase the sense of ownership from the field staff about their own programmes.

The profile of a Field Coordinator should be a manager profile - someone who has a good leadership capacity and similarly to a Country Director, such a profile does need to understand the content of the different sectors and to integrate them within an overall vision but does not need to be an expert in any of the sectors. From a global HR management perspective, such positions are interesting because they allow the promotion of promising profiles at transversal coordination positions - profiles that are pre-identified for becoming senior managers at mid-term perspective - and offer an alternative to the sectorial coordination career path.

**R 8: ACF should aim at strengthening the use of existing processes and tools with the aim of improving internal communication and anticipation**

Simple mechanisms to improve efficiency and smooth communication between field and capital would be for instance to apply the following process:

- Weekly meeting at base level eACF Friday to discuss pending issues and share key information
- Minutes of the meeting to be sent to capital by Saturday - the minutes should include a specific section about need for comments / approval from the coordination team
- Weekly meeting at coordination level on Monday where the field questions would be discussed and answers sent back to the field the same day

On a monthly basis, a strategic coordination meeting should take place in Juba and the Head of Bases / Field Coordinators should be invited. Such a meeting would aim at discussing macro-level aspects related to key aspects in relation to planned vs on-going activities and in link with related constraints and strategic need to adapt / re-orientate.

In addition, in order to improve capacity for anticipation, the following tools could be used:

- Systematic development of purchase procurement plans at proposal stage - to be done collaboratively between Programme and Logistics.77
- Yearly or bi-yearly Action Plan per department with pre-defined responsibilities and timeline

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77 Developing Purchase Procurement Plans at proposal stage is actually considered as mandatory in the ACF Kit Log
R 9: ACF should further investigate the means of gaining cost-efficiency and take better advantage of its geographical positioning

ACF should take advantage of working in neighbouring States and Counties to strengthen coordination mechanisms between the three bases.

Programme departments could organize on a regular basis meetings between Programme Managers and Programme Officers of all three bases in order to exchange ideas and lessons learnt.\(^78\)

Better coordination between the three bases could also be enforced as to share means. A clear example of optimisation is related to Alek base and Wunrok base who will purchase goods in Wau without necessarily consulting each other. Common purchases should be promoted for cost-effectiveness.

Most of the purchases of Alek and in Wunrok bases are done in Wau while Maluaklon base can rely to a certain extent on Aweil. As a consequence, regular trips to Wau are organised by the logistic department in Alek as well as the one in Wunrok to identify suppliers, proceed with quotations and purchase various items. It would be relevant to investigate the cost-effectiveness of hiring a logistic procurement officer who would be based in Wau and who would be in charge of ensuring identification of suppliers and collect the necessary quotations. Transport could then be organised in a coordinated manner between Alek and Wunrok to collect the purchased items and to cross-check prices at the same time.

Given the constraints existing with car fleet management and the impact it has on accessing the field, there is a need to investigate the possibility to hire motorbikes that would be used by the teams doing supervision and monitoring. 100 cc motorbikes are already used by a number of staff and are readily available in the region - spare parts should therefore not be an issue.\(^79\)

Given the high probability that the cost of fuel might remain high in the coming months in ACF areas of intervention, ACF would need to look into the possibility of sending fuel from Juba as it does cost significantly less, i.e. about 4 to 6 Sudanese Pounds. Such a convoy could be organised with other NGOs and/or UN agencies and would need to be safely managed to avoid possible thieves along the way.

Finally, given the current dynamic business environment in Juba, supplies which are now ordered in Nairobi might become increasingly available in Juba and possibly more cost-effective. To have better visibility, a price catalogue should therefore be developed in Juba - as well as in Wau - and should be updated as regularly as possible.

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\(^78\) This is already happening but to a very limited extent

\(^79\) Another innovative solution was proposed by the WASH Coordinator and referred to the use of Utility Vehicles which would cost about 10,000 USD eACF. This should be further investigated.
R 10: While advocating for humanitarian donors to continue supporting South Sudan and continuing to build good relations with existing donors, ACF should diversify its funding and look towards longer term funding perspectives.

The post-independence era in South Sudan will open new opportunities for longer term funding but will carry out at the same time the threat of a strong reduction in humanitarian funding while humanitarian needs will still need to be addressed in the coming years. This situation which is characteristic in so-called transition phases has the potential to create gaps of funding in some sectors. There were concerns for instance about WASH funding as there is no development donors getting in to support the sector while humanitarian donors become increasingly reluctant to fund WASH activities not directly related to emergencies. Finding the right balance is certainly not an easy task and ACF should continue advocating with other NGOs about the need for humanitarian donors to remain supportive for ensuring an appropriate transition phase which will in any case take many years.

Below are listed the currently existing longer-term funding opportunities that ACF could apply to:

1) Health Pool Fund

The Health Pool Fund will start in 2012 with the aim to fund primary health care. The contributing donors will be:
   - DfID-led Health Pooled Fund in 6 states
   - USAID in 2 states
   - World Bank in 2 states

DfID will cover Northern Bahr el Gazal and Warrap States. Although details of the Health Pooled Fund were not yet finalized, it seems likely that this fund will issue one contract per county to cover support to facilities, county hospitals and county health departments. There will therefore be a need for ACF to organize consortia with health NGOs working in the same areas in order to meet the requirements of such a contract. Funding will probably be for 3-5 years, with a transition to government responsibility expected in the final two years.

Such a funding mechanism will not allow ACF to cover the costs for the treatment of malnutrition which will remain covered by humanitarian donors. However, it will be essential for ACF to get engaged in this health pool fund as it will be a key forum to advocate for acute malnutrition. ACF secondment would need to be charged on such a budget.

2) European Union

a) The EU has allocated €5.5m for its Food Security Thematic Programme Annual Action Plan 2011 in South Sudan. A call for proposals for these funds was released in October and proposals had to be submitted on 24th November 2011. Grants will be for between €0.5m and €1.5m, for projects of 24-36 months duration. EACF project can be in a maximum of one state in South Sudan. There will be no further FSTP allocation in 2012, but there may be one in 2013.

b) In addition to the Food Security Thematic Programme, funds from the Non-State Actors and Local Authorities should be made available soon - however, it seems such a fund will not be based on an open call for proposal but pre-selected agencies will be requested to submit a proposal.

c) European Development Funds will allocate money to South Sudan through two tranches. The first tranche which should be available in January 2012 will allocate 42 million € in food security and rural development as follows:
   - Capacity building in policy and planning at central and state level - 7 million €, implemented through FAO

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80 Below information have been mostly collected through the NGO Secretariat in Juba
- **Agriculture, with a focus extension services and animal traction:** 12 million €, implemented through technical assistance and NGOs
- **180km of rural feeder roads:** 20.3 million €, implemented through WFP

Targeted areas will likely be Lakes, Western Bahr el Gazal, **Northern Bahr el Gazal and Warrap States.**

3) **CIDA**

CIDA is currently reviewing its strategy for Sudan and more information should be available in January 2012. However, CIDA will very likely be involved in the Food Security sector with a particular interest in small holders farmers, access to markets, IGAs and food diversity. ³¹

Funding per contract will range from 3 to 10 million Canadian Dollars over a 3 to 7 years period.

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³¹ Based on meeting with Nancy J. Foster, First Secretary of Development, CIDA
Conclusion

The new Republic of South Sudan has joined the international community in July 2011 as one of the least developed countries in the world. Structural vulnerability is deeply rooted and has not improved significantly since the CPA was signed in 2005. In addition to the chronic under-development, the country has to face recurrent emergency humanitarian situation provoked by conflict dynamics and climatic disasters.

At the same time however, the new independence has created a momentum in the country to build a better future and expectations amongst the civil society are high.

South Sudan has been relying a lot on the support provided by humanitarian agencies over the last two decades and will certainly need to continue doing so in the coming years. However, humanitarian agencies and donors alike need to see this momentum as a great opportunity. A great opportunity and a great challenge at the same time.

The challenge lies in the fact that there is a need to continue providing humanitarian aid to answer to recurrent emergencies while at the same time be orientated towards building the capacity of the GoSS to deliver themselves the necessary services to the population.

ACF has been performing well in the last years in containing the mortality rates associated with severe acute malnutrition and in answering proactively to humanitarian emergencies. It will be essential to keep this capacity for life-saving operations and advocate for humanitarian donors to continue providing the necessary support in the coming years.

At the same time however, the prevalence of acute malnutrition has remained similar over the years indicating a lack of impact of the preventative approach. This should be strengthened both through a stronger integrated approach - in link with a stronger management capacity at field level - and through a better consideration of malnutrition seasonal cycles.

Time has also come for ACF to think and act further and beyond and to use the current momentum as a great opportunity to diversify its strategy and to include longer-term programmes grounded on the need for sustainability. Empowering the line Ministries as well as the local communities is an essential part of it and it will take time. But this only will help reducing the structural vulnerability and will allow the country to get out of its chronic emergency status.

Furthermore, ACF has a real legitimacy in the nutrition sector in South Sudan and should use this to advocate for a stronger inclusion of acute malnutrition within the health system and also as an issue to be tackled through a multi-sectorial approach exemplified by ACF integrated approach.

Having a diversified strategy will allow ACF to contribute in supporting the country for becoming really independent. As rightly stated by a national ACF staff, “it will only be when the population will held the Government accountable for the services that are provided that we will have succeeded”.