



South Sudan

Capacity Statement 2018

Key Findings

Total Beneficiaries:

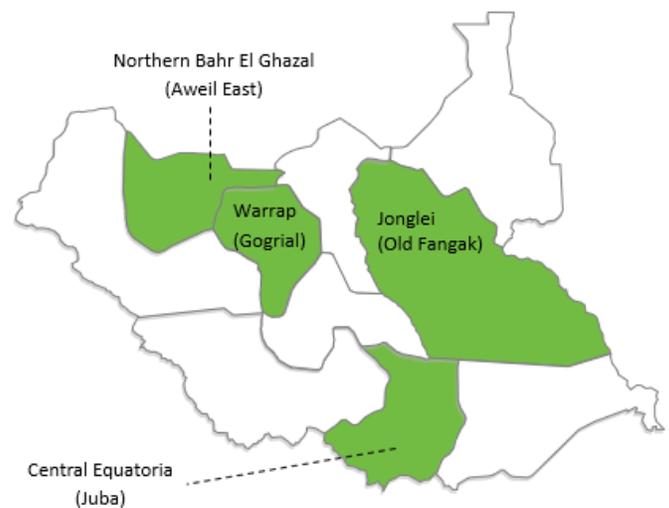
- 
179,457 Children reached with lifesaving nutrition and health programs.
- 
110,854 People reached by WASH interventions.
- 
11,806 Beneficiaries of our food security and livelihoods programs, including cash transfers and DRR.

Budget: \$10.63 M

Staff: 311 (90% national)

Donors: BPRM, ECHO, ELMA, FAO, GAC, GFFO, GIZ, OFDA, Radiata Foundation, SIDA, UNICEF, WFP

Where We Operate



Mandate and Mission

Action Against Hunger has been operating in the area of South Sudan since 1985. December 2018 marked five years since the outbreak of current conflict that resulted in deaths, displacement, substantial macroeconomic decline, and widespread acute food insecurity. IPC analysis in South Sudan estimates that 7.7 million people will need humanitarian assistance during the 2019 lean season and continue facing the risk of famine. We provide lifesaving nutrition, WaSH, and FSL interventions in Aweil East, Gogrial West/East and Fangak, as well as throughout the country through deployments of our emergency team in zones of crises. Our goal in South Sudan is to *deliver sustainable reductions in the burden of undernutrition and respond to acute emergencies in South Sudan.*

Strategic Objectives

Objective 1: To improve access to and quality of CMAM services	
Objective 2: To prevent undernutrition and promote resilience of nutritionally vulnerable women, men, girls and boys.	 
Objective 3: To identify and anticipate nutritional risks.	

Objective 1: To improve access to and quality of CMAM services

Increasing detection and early presentation

We are prioritizing interventions that identify children suffering from acute malnutrition earlier, resulting in those children getting treatment faster. Early detection of acute malnutrition can decrease mortality and morbidity of children with severe acute malnutrition (SAM) and reduce program costs.

We do this through

69,262 &
170,000

Caregivers sensitized on healthy nutrition and care practices & children U5 screened for malnutrition



6,293

Health and Nutrition education sessions



Increasing availability and accessibility of treatment

We are reinforcing the capacity of health care providers (incl. Community Health Workers) and local government partners to improve the effectiveness, cost-effectiveness and coverage of services for the management of acute malnutrition in order to reach more children who are in need of treatment.

71,290

Admissions to CMAM projects



92%

Cure rate for CMAM cases



Improve health and nutrition information systems for effective decision making

We are working in collaboration with local partners to strengthen existing methodologies for collecting nutritional data, and how to improve on those methodologies. Furthermore, we are reinforcing the national health management information systems (or other information systems) to more efficiently analyze and utilize data to trigger actions or shifts in nutrition programming to ensure that interventions are reaching those most in need.

114

MOH staff trained on CMAM, GBV concepts, risk

1+1

One gender analysis done and one research into combined protocol to treat acute malnutrition

Objective 2: To prevent undernutrition and promote resilience of nutritionally vulnerable women, men, girls and boys.

Increase disaster and seasonal resilience for nutrition

Environmental shocks and high seasonal fluctuation impact undernutrition rates so building resilience for nutrition is crucial. Action Against Hunger support the capacity of household and communities to minimize the impact of shocks and stresses on the GAM rate or to quickly return to the pre-disaster situation.

MET

Multi-sectoral Emergency Team deploys to respond to nutrition emergencies



7,814

Beneficiaries of agriculture-agroforestry interventions



Protect the 1000-day window

The 1000-day window refers to the period of time between conception and the child's 2nd birthday and is a crucial time for the healthy development of a child. We therefore promote a package of interventions that target this critical window. These interventions range from water and sanitation activities to promoting optimal infant and young child feeding practices to diversifying diets of pregnant and lactating women.

115

Improved water points to reduce the prevalence of diarrhea in children <5 (reaching 80,500 people)



1,451

Beneficiaries of reproductive Maternal and Child Health activities



Optimize Household Decision Making for Nutrition

The multi-causal nature of Acute Malnutrition is due to three primary elements: access to food, care practice and environmental health. These elements interact in a dynamic relation linking household decision making, available resources (including livelihood or water/sanitation assets) and knowledge (including hygiene and infant care practices).

We do this through:

5067 Households received seeds, tools and cash for livelihood support



2,687

Latrines built in households, schools, health centers and others



Objective 3. To identify and anticipate nutritional risks.

Identify context-specific drivers

The precise and accurate identification of context-specific drivers is a critical priority for Action Against Hunger – one that allows us to design programs that most effectively and sustainably address undernutrition from its root causes. In practical terms, Action Against Hunger identifies context-specific drivers through our work on Link Nutrition Causal Analyses (LinkNCAs) and through our research on Modelling Early Risk Indicators to Anticipate Malnutrition (MERIAM).

SET

Surveillance and Evaluation Team contributes to the South Sudan Nutrition Information Working Group



28

Food Security Assessment and Surveillance reports



Predict & quantify increases in nutritional risk

We seek to encourage early actions that prevent nutrition-related crises. However, existing early warning systems rely upon increasing levels of moderate and severe acute malnutrition warn of an impending crisis. Therefore, in reality, these systems actually provide 'late' warnings for undernutrition. We believe there's a better way to predict nutritional risk, so we are refining our existing systems and piloting a 'new' approach through MERIAM predictive modelling.

Our Niche: Gender Analysis and Safety Audits

Though they are often responsible for family nutrition, women in South Sudan lack access to assets and decision-making power and are disproportionately subject to gender-based violence (GBV). To prevent malnutrition, we must understand these gender dynamics, including the barriers women and girls face when accessing resources and services.

Funded by the US Bureau of Population, Refugees and Migration, we conducted a comprehensive gender analysis and safety audit of the Action Against Hunger country office in Juba, bases in Alek and Maluakon, and field sites in Aweil East and Gogrial West. The study employed a rigorous mixed-methods approach incorporating quantitative and qualitative participatory techniques. The gender analysis and safety audit findings confirmed high levels of gender inequality in South Sudan and our areas of intervention:



An overwhelming number of women are forced into early marriage, some as young as 10 years old.



Household roles and responsibilities disproportionately fall on women & girls who must meet all domestic, caregiving, food security, nutrition and water needs.



Decision-making control over assets and income (including that earned by women) remains male dominated.



GBV is rampant: 35 per cent of respondents said they experienced some form of GBV

Findings on the gender dynamics of South Sudan have already been incorporated into programme evaluations, proposals and reports. We are now engaging women in awareness-raising campaigns on GBV and gender equality. We also introduced "male group discussions" in all nutrition programmes, to inform men on the importance of nutrition.

Finally, we successfully developed a standard safety audit tool for reviewing protection risks at site level. Using this tool, many major risks identified in the 2018 gender analysis and safety audit can now be assessed routinely and mitigation measures can be quickly evaluated.