



## Scaling up care for children with severe acute malnutrition in South Sudan

This is a summary of the following report:

United Nations Children Fund (UNICEF). (2020). *Scaling up care for children with severe acute malnutrition in South Sudan: Lessons learned from expanding quality services in a complex emergency context*. New York: UNICEF.

<https://www.unicef.org/southsudan/documents/scaling-care-children-severe-acute-malnutrition-south-sudan>

South Sudan faces a complex and protracted crisis and even before the conflict, the prevalence of global acute malnutrition in 2010 was 23% (Ministry of Health, National Bureau of Statistics, 2010). In 2013, the Government of South Sudan, UNICEF, and partners intervened to scale up services for children with severe acute malnutrition (SAM), and in 2014, UNICEF and the World Food Programme (WFP) launched a joint Nutrition Scale-Up Plan. The plan concentrated on a community-based prevention approach, promoted the continuum of care at nutrition sites, directly delivered nutrition interventions in hard-to-reach areas, developed the capacity of partners and governments, strengthened supply chains and pipeline management, enhanced needs analyses and coordination, and strengthened monitoring and evaluation. Several joint strategies were also piloted to improve programme efficiency and accelerate results, such as adopting a one common partner per location approach for UNICEF and WFP treatment programmes.

The scale-up of the community-based management of acute malnutrition (CMAM) programme was implemented as part of a broader strategy to improve maternal and child nutrition, which increased access to preventative services and improved infant and young child feeding practices. The proportion of children admitted to the CMAM programme compared with those in need increased from 40% in 2014 to 77% in 2018. The number of outpatient therapeutic programme sites more than doubled, from 351 sites in 2014 to 1,145 sites in 2019. Between 2014 and 2019, the proportion of children with SAM who recovered increased (78% to 91%), the proportion of children defaulting declined (17.4% to 5.3%), and the death rate remained low.

The report identified several challenges to effective scale-up: low health system capacity, the lack of long-term funding, poor infrastructure, occasional looting of nutrition supplies and supply pipeline disruptions, high staff turnover, and cancellations and postponements of integrated Rapid Response Missions.<sup>1</sup> The report also identified several enablers and lessons learned, including the need to:

- Mobilise political support and engagement from the highest levels of government for programme ownership, policymaking, and accountability.
- Leverage global evidence to encourage government endorsement of national guidelines using clear and easy-to-follow materials.
- Provide technical support, leadership, and coordination to jointly plan, implement, monitor, and report on CMAM strategies and activities within a government-United Nations-non-governmental organisation partnership.
- Mobilise communities for active programme engagement and create awareness and demand for CMAM services through community nutrition volunteers and mother-to-mother support groups.
- Develop the capacities of skilled health workers using harmonised training packages to support programme delivery with expanded coverage and quality, and test innovations to address bottlenecks and improve programme efficiency.
- Facilitate a smooth supply pipeline for therapeutic foods with a tracking system and pre-position supplies to avoid stockouts.
- Enable evidence-based, data-driven decisions by integrating child nutrition indicators across sectors and programmes, setting targets, and monitoring progress.

South Sudan's experience shows that it is possible to scale up a resilient, collaborative CMAM programme during an ongoing humanitarian crisis. However, predictable long-term funding and a stronger health system are needed to sustain the programme into the future.

<sup>1</sup> Rapid Response Missions deliver services directly to vulnerable women and children in hard-to-reach communities.

### References

Ministry of Health, National Bureau of Statistics (2010) South Sudan Household Health Survey, 2010. <https://reliefweb.int/report/sudan/sudan-household-and-health-survey-second-round-2010-summary-report>

## Global Nutrition Cluster Annual Report

This is a summary of the following report:  
*The Global Nutrition Cluster and the Technical Alliance (2021). Annual Report.*

[https://www.nutritioncluster.net/resources\\_Annual\\_Report\\_2021](https://www.nutritioncluster.net/resources_Annual_Report_2021)



The Global Nutrition Cluster (GNC) 2021 Annual Report presents an in-depth view of the achievements of the GNC and the Technical Alliance (the Alliance) in 2021 to improve cluster/sector coordination and nutrition in emergencies programming. The report comes in two parts: 1) a global level summary of the work of the GNC and the Alliance, and 2) a country level report with 34 country profiles of the humanitarian response efforts of national clusters/sector coordination mechanisms.

In 2021, the GNC consolidated the significant expansion in its direct support to over 60 priority countries through close collaboration with key partners at the regional and country-level, increasing the scope and breadth of technical assistance through the Alliance and significant improvements in capacity building and knowledge management. Across the 34 countries providing data, 73.3 million people were identified as needing life-saving nutrition assistance in 2021, with emergency nutrition response services reaching 39.7 million women and children in need.

In 2021, 57 out of the 62 priority countries received direct support from the GNC. The Technical Support Team provided operational and technical support to national-level nutrition coordination mechanisms and partners for improved cluster coordination and nutrition in emergencies programming via remote and in-country deployments and helpdesks.

In response to the COVID-19 pandemic, the GNC continued to adapt to more flexible and innovative ways of working. The GNC's shift to providing remote support was evident in its capacity development strategy with 24 webinar events and 33 remote training packages implemented in 2021. To facilitate the increased scope of its work, the GNC continued to expand its blended learning programme to build capacity for nutrition coordination, information management and nutrition in emergencies programming. This programme comprises the GNC mentoring programme,<sup>1</sup> which recruited a further 33 mentees in 2021, and the soft launch of GNC Learn,<sup>2</sup> an online learning platform with more than 120 courses.

One of the most significant challenges in 2021 was limited financial resource allocation for cluster and sectoral coordination capacity at the country level. The Advocacy and Finance working groups were established to help to overcome this challenge and provide a more strategic approach towards advocacy. In addition to funding constraints, countries reported several challenges such as deteriorating social-economic situations, disruptions to nutrition services and data collection efforts due to the COVID-19 pandemic, lack of information management capacity contributing to the low availability of recent data, persistent conflict affecting the movement of people and supplies and challenges in implementing intersectoral approaches.

A pivotal event for the GNC in 2021 was the launch of the GNC Strategy (2022-2025) and the related workplan which set out the priorities over the next four years for both the GNC and the Alliance. For the GNC, key focus areas moving forward include launching the GNC e-learning platform and finalising the GNC Advocacy Strategy (2022-2025). The next steps for the Alliance are to continue providing demand-driven technical services for requests while improving systems and the quality of support provided. This includes the need to generate demand for the Alliance's services, particularly with focused outreach at national and sub-national levels.

<sup>1</sup> [https://www.nutritioncluster.net/resource\\_GNC\\_Mentoring\\_Programme](https://www.nutritioncluster.net/resource_GNC_Mentoring_Programme)

<sup>2</sup> <https://www.nutritioncluster.net/learn>