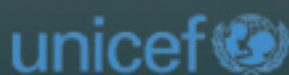




Case Study

South Sudan

**Overcoming nutrition
information challenges**



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This case study is one of six case studies produced through a year-long collaboration in 2015 between ENN and the Global Nutrition Cluster (GNC) to capture and disseminate knowledge about the Nutrition Cluster experiences of responding to Level 2 and Level 3 emergencies. They each provide very rich insights into the achievements of the cluster approach and the challenges of working in complex environments.

The findings and recommendations documented in this case study are those of the authors. They do not necessarily represent the views of UNICEF, its Executive Directors or the countries that they represent and should not be attributed to them.

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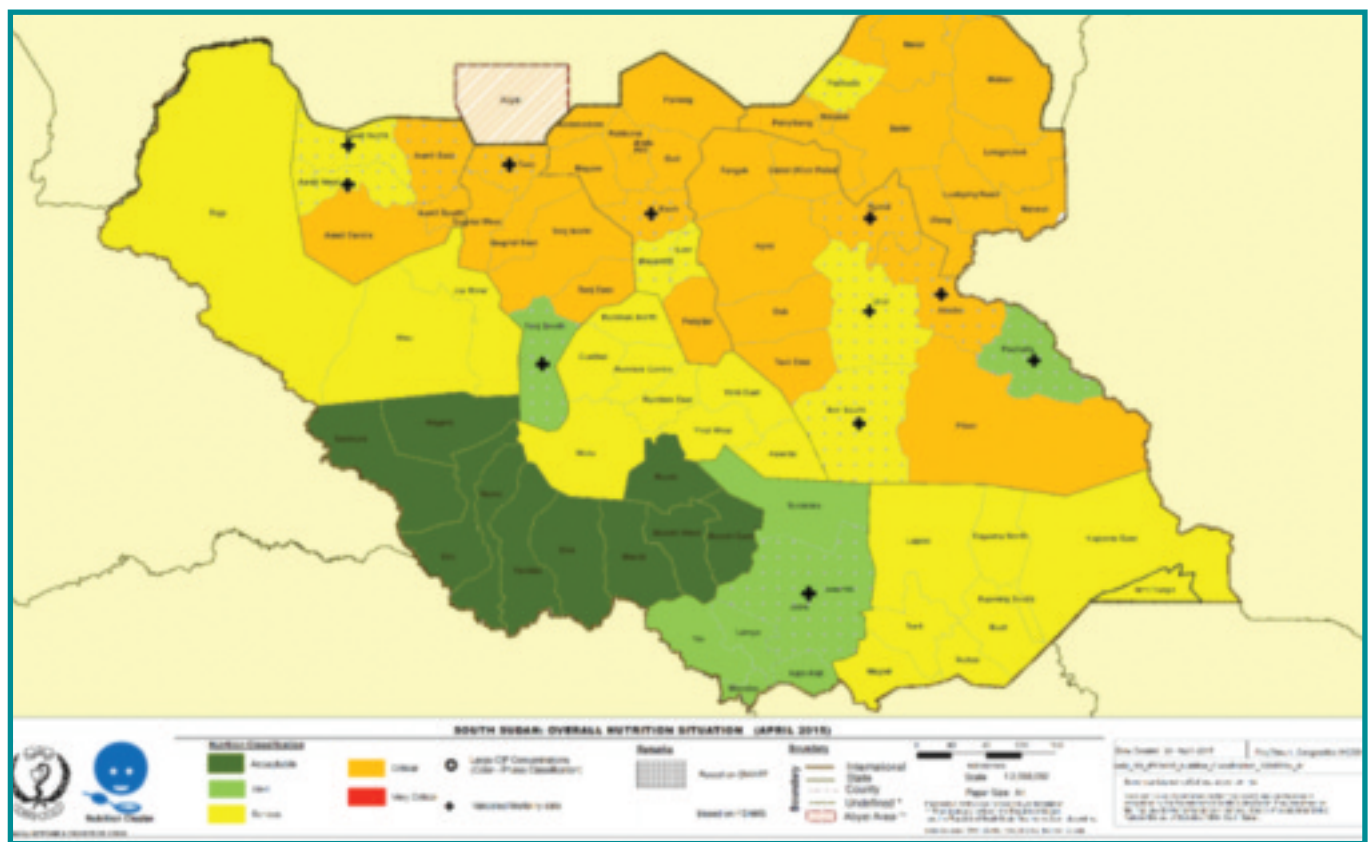


Summary

This case study documents how the nutrition information systems in South Sudan, once weak and unreliable, have been transformed into a well-developed system supported by government, donors and Nutrition Cluster (NC) partners. It highlights how increased technical capacity in nutrition and information management within the Cluster Lead Agency (UNICEF) has allowed for the NC to focus on coordination. Integrating nutrition information management capacity into Ministry of Health (MoH) systems remains a work in progress.

Overview of crisis in South Sudan

On 15 December 2013 violence broke out in South Sudan’s capital Juba, quickly spreading to Jonglei, Unity and Upper Nile states. More than two million individuals fled their homes to internally displaced person (IDP) camps, UN compounds, other communities and neighbouring countries. Ongoing conflict has prevented them from returning to their homes. A Level Three emergency¹ was declared in March 2014. The humanitarian community has responded with a wide array of interventions supporting emergency health, nutrition, protection, distribution of non-food items and education. However, due to continued conflict, the ability of humanitarian agencies to deliver food aid, provide basic health and other life-saving services and assess affected communities has been severely affected.



Acceptable Alert Serious Critical Very Critical

³ An emergency is declared a Level Three when the Inter-Agency Standing Committee affirms that a crisis requires a system-wide response to significantly increase the scale and improve the overall effectiveness of assistance.

Nutrition Cluster governance

The NC has been active since 2010 with the MoH Director of Nutrition and UNICEF as co-chairs. At national level the cluster coordination team is comprised of a NC Coordinator (NCC) (funded by UNICEF), a NC co-coordinator (funded by ACF and covers NCC role when NCC is away), a Deputy Cluster Coordinator (funded by WFP; 80% dedicated to the NC), an Information Management Officer (IMO) (funded by UNICEF; 100% dedicated to the NC), and a Monitoring and Evaluation Specialist (funded and seconded by the UN Office for the Coordination of Humanitarian Affairs (UNOCHA); 100% dedicated to the NC). The UNICEF nutrition team works closely with the NC team and is comprised of a Nutrition Specialist (P3), an Information Manager (P4) and two Assistant Information Managers (P3). Additionally, most NGOs have a nutritionist/s supporting the implementation of their nutrition programmes who also contribute to the NC work by participating in cluster discussions and technical working groups.

All states have coordination focal points, usually identified among partners active in the state. The national NC team provides remote support as well as frequent visits to support coordination and capacity development in cluster coordination and information management at sub-national levels.

The NC is supported by a Strategic Advisory Group (SAG) which advises the cluster on strategic issues and oversees activities implemented by the NC and partners. The SAG is comprised of technical representatives from international non-government



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organisations (INGOs) and UN agencies and the Director of Nutrition from the MoH.

Additionally, the Government and NC partners participate in three technical working groups (WG): Nutrition Information Working Group (NIWG), Community Management of Acute Malnutrition Technical Working Group (CMAMTWG) and the Infant and Young Child Feeding Technical Working Group (IYCFTWG). WGs discuss technical issues in scheduled meetings and identify activities to develop technical capacity. Ad hoc committees are also created to address other technical needs.

Nutrition Information

Nutrition information is crucial in an emergency to provide information on the severity of the situation, guide coordination of activities, identify vulnerable groups and plan and forecast supplies and interventions. Prior to 2013 nutrition information was collected through multiple mechanisms with varying quality and limited coordination in decision-making. Key challenges to nutrition information

management in 2013 included:

- Limited capacity within the MoH and partners on information management and reporting led to poor quality reporting;
- Limited technical capacity among the MoH and NC partners on assessments led to poor-quality SMART surveys at different times of the year (and were therefore incomparable);

- Limited role of the NIWG in coordination, high turnover and variable engagement of NIWG staff and lack of robust survey validation methodologies led to inability to accurately advise on survey validation;
- Separate reporting forms for programmes addressing moderate acute malnutrition (MAM; UN World Food Programme) and severe acute malnutrition (SAM; UNICEF) resulted in confusion and disputed numbers of reported beneficiaries;
- Poor quality and limited number of coverage surveys and poor representation of nutrition in the Integrated Phase Classification (IPC) analysis;
- Poor quality, presentation, interpretation and timing of reporting of programme performance data led to overall lack of understanding of the nutrition situation and needs.

As a result, during the crisis of 2013, interventions were uncoordinated and duplicated and nutrition information was contested, thereby failing to provide evidence for decision-making. The need to respond effectively required reliable nutrition information and it was agreed that a coordinated, validated Nutrition Information System (NIS) was necessary. From 2013 to date the NC, with significant support from UNICEF, has worked to develop an NIS and build capacity in assessments to overcome these challenges.

Nutrition Information Working Group

A NIWG existed pre-2013 with a remit to review nutrition surveys for validation. One of the main

challenges that limited the effectiveness of the group was the lack of consistency of individuals attending the NIWG meetings. Advocacy at the cluster meeting on the importance of continuity and technical capacity aimed to address this, and from 2014 onwards partners were assigned to review survey results ahead of the presentations, which encouraged partners to identify staff with technical capacity in nutrition assessment to represent and regularly attend the NIWG. An annual calendar of NIWG meetings was developed for partners to plan their attendance in advance. While these efforts have resulted in a stronger, more coherent group, staff turnover is still a challenge for the NIWG. Lack of individual partner capacity to review survey proposals and results confidently was also a challenge. This resulted in reliance on a few members to review surveys and proposals. However, several SMART trainings were conducted for partners in 2014 (covering issues such as what to look for in review of survey data, interpretation of mortality, rapid SMART methodology and when and how it should be done) that built the confidence of NIWG members to participate more effectively.

While all these efforts have contributed to a more effective NIWG, overall strengthening of the NIWG was addressed by revising and expanding its terms of reference include the following:

- Technical streamlining of nutrition survey planning, implementation, information management and reporting;
- SMART survey protocol review and validation of results (see below);
- Platform for discussion of nutrition information issues;
- Direct technical support and guidance on nutrition surveys;
- Lead for the nutrition component of the IPC;
- Support to nutrition information management functions of the government;
- Building a repository of nutrition information from SMART surveys, routine data and other assessments with a nutrition component.

The NIWG is now comprised of members from UN agencies (FAO, WFP, WHO and UNICEF), MoH and national and international NGOs involved in nutrition and related programme interventions in South



Sudan. The NIWG is chaired by the UNICEF Nutrition Information Manager. While the MoH agreed to hold the secretariat functions, this has yet to happen due to limited capacity within the MoH. A member of the NC team attends all NIWG meetings. The NIWG officially reports to the NC.

Nutrition assessment validation and capacity development

From 2011 to 2013 the NIWG collectively identified geographic areas in need of SMART surveys. Partners working in these areas committed to implementing the surveys in their areas of operation during pre- and post-harvest periods. More than 20 surveys were conducted annually during this period. Despite the review and validation of the surveys by the NIWG, the capacity of the group to review assessments confidently was questioned by humanitarian agencies in 2013. Delays in the validation process were also common. To address this a revised survey validation process was developed and the capacity of the NIWG in nutrition assessments was strengthened.

Revised validation process

In 2014 UNICEF commissioned a review of the survey validation system. This recommended strengthening nutrition information through an externally supported/validated system, based on a similar system established in Somalia in 2011. The NIWG developed a new system for validating SMART surveys which initially included external support from the Global SMART Team (Action

Against Hunger) (ACF) and the Centers for Disease Control (CDC) to review survey quality and build capacity of the NIWG. However by August 2014 external support was provided only upon request and not as a routine part of the survey validation process. The revised process for survey validation is as follows: All partners share their proposals for SMART assessments and the NIWG (which includes a South Sudan Government (GoSS) official) and reviews and provides feedback on improving the proposals and ultimately validates them. Once a proposal is validated, the partner conducts the assessment. Preliminary results and data sets are submitted to the NIWG for review, suggestions and finally validation. The entire process from submission of protocol to validation could take about one to two weeks. CDC is only involved if there are concerns about survey results. Nutrition assessment findings are communicated in the cluster meeting every two weeks and uploaded on the NC website alongside the final reports for the wider audience. Based on broad understanding of the process, open discussion of proposals and visibility of survey report findings, all partners now comply with this process.

Capacity development in assessments

Since early 2014 the NC has supported a large effort to build capacity in nutrition assessment. Various trainings on SMART survey methodology for partners and government with funding from UNICEF were conducted by ACF as a special effort to build government and cluster-partner capacity.



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Trainings specifically for NIWG members and their agencies on how to review and check survey results have also been conducted to build the confidence and technical capacity of the NIWG. Guidance has also been provided to partners to standardise methods and reduce the number of surveys conducted in the peak lean season to allow for increased comparability.

Improvement in programme data-harmonised reporting of a new Nutrition Information System (NIS)

The nutrition program database prior to 2013 suffered from significant gaps and it was challenging to understand the nutrition situation, needs and trends prior to and shortly after the crisis. Routine programme data quality was poor in terms of completeness, accuracy and timeliness and availability of monthly reports. Additionally, partners were using different programme-reporting tools (one for the NC and one for WFP) and reporting separately to both WFP and the NC for Targeted Supplementary Feeding Programmes (TSFP). WFP received most of the reports and reported a considerably larger MAM caseload compared to that reported by the cluster, which created confusion.

To improve the information management and reporting system, partners agreed that a new overall information system for programme data was needed. To address this a strategic collaboration between the NC, UNICEF and WFP was undertaken. The NIWG led the process of collaboratively developing tools for data collection and designing a new NIS for emergency nutrition site-level programme data and information (including therapeutic feeding programmes, TSFPs, micronutrient interventions and infant and young child feeding (IYCF) programmes) with the aim of enabling partners and the NC to improve nutrition program data quality in terms of completeness, accuracy, timeliness and storage. It also facilitated the monitoring of cluster achievements against the Strategic Response Plan (SRP) targets.

As part of this process, the NC and WFP worked together to harmonise the TSFP monthly reporting tool and update the reporting mechanisms. Reports are now submitted through a common email account automatically linked to WFP and the NC IMO. WFP also informs the NC of the number of expected TSFP sites in each of their field level agreements (FLA) with partners. As a result all partners that have FLA with WFP now report information to both WFP and the NC. The harmonisation has assisted the cluster and WFP to track the number of TSFP sites that are operational; something that was not initially possible under the former system.

The overall NIS has introduced an online reporting function with a flexible submission period of two weeks. Once reports are submitted online they are simultaneously received by MoH, WFP, UNICEF and the NC. The NC analyses and triangulates the reports against organisational programme information and sends the analysis to the Ministry before sharing with partners in the NC meeting. Monthly statistics are presented in NC meetings and partners not submitting reports are identified. More than 60 participants from 37 partners (NGOs and UN agencies) have been trained on the use of the system². At the end of the month a list of partners who have reported is compiled and shared at the next NC meeting. This new process has



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² As of August 2015.

resulted in huge reporting improvements for sites by NGO partners from 30% (2014) to 85% (2015).

The NIS was launched in May 2015 in a number of counties supported by NGOs. A total of 520 outpatient therapeutic programme (OTP) sites and 460 TSFP sites contribute to the NIS³.

The NIWG played a key role in reviewing the NIS reporting tool, pilot-testing and rolling out a training plan for utilising the NIS. The NIWG remains heavily involved in supporting the running of the NIS and advocates for all partners to submit reports and reviews partner reports. The NIWG also analyses reports and identifies bottlenecks in reporting.

In order to continue to develop capacity for NIS within NC partners, the NC is supporting several ongoing initiatives. A pool of 'master trainers' on the NIS has been developed directly by the NIWG (who were initially trained themselves and then rolled out training of trainers) and is available to support individuals or other organisations in developing their capacity in using the new NIS. A state-level training is also planned which will provide an opportunity for partners working at state level to build their capacity. Additionally, the cluster IMO has an open-door daily surgery from 14:30 to 15:30 for partners for coaching on information management.

Integration of nutrition in Integrated Phase Classification (IPC)

The IPC is run by a technical WG comprised of Ministry of Agriculture (MoA; chair), MoH, UN and NGO partners. Implementation of the IPC is divided into food security and nutrition components. The former is led by the MoA; the latter by the NIWG. The MoH approves the attendance of the nutrition partners and facilitates the attendance of state MoH nutritionist in the IPC workshop.

Initially Mid-Upper Arm Circumference (MUAC) was the only nutrition indicator in the IPC; however as a result of advocacy by the NIWG weight and height are now collected and calculated as part of the IPC analysis. IPC nutrition situation maps for South Sudan (see map below) are now possible. Colours identify the category levels of malnutrition. The level of malnutrition is agreed based on a variety of information sources where SMART survey results (providing county level data) are prioritised. Other assessment results (such as Food Security and Nutrition Monitoring System (FSNMS) surveys that are state-level and mass MUAC screening data) are used where SMART survey results are not available.

Integration of nutrition indicators and improved quality of the Food Security Monitoring System (FSMS)

The FSMS is a joint collaboration between WFP, FAO and UNICEF to conduct food security assessments (including MUAC assessment) at state level three times a year. The NIWG provides technical support on behalf of the NC in planning, implementation and analysis of nutrition data. The FSMS faced many challenges, including low capacity and high turnover of staff (with capacity), resulting in poor data quality. To address these challenges, in the first quarter of 2015 WFP, FAO and UNICEF carried out a training of trainers (TOT) targeting state-level focal points. The training covered a wide range of topics, including methodology and standardisation tests for SMART survey. After the TOT, the training was cascaded out to state-level teams with support from national-level UN and NGO trainers.



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³ As of October 2015.

As a result of advocacy by the NIWG, nutrition indicators have been added to the assessment (July 2014). The renamed Food Security and Nutrition Monitoring System (FSNMS) now reports detailed, state-level estimates of GAM which provide information in areas where SMART surveys have not been conducted. The combination of food security assessment with anthropometric indicators provides a comprehensive understanding of the overall situation at the state level. This information is available to partners, including the MoH, for planning and developing the SRP.

The quality of data from the first round of FSNMS was limited, which resulted in a lack of precision and confidence in the results. The NIWG reviewed and recommended ways to improve data quality, including increasing the sample size and advocating for partners to support the implementation of the assessments by supervising and monitoring fieldwork. Additionally, state-level trainings have been implemented and a learning exercise was led by UNICEF. While there are still challenges in FSNMS data quality, these initiatives have contributed to an overall improvement in quality of nutrition indicators compared to the first round, as evidenced by a decrease in the rejection of state survey results based on SMART plausibility assessments.



The assessment is now jointly funded by UNICEF, WFP and FAO with strong involvement from MoA, MoH, the Humanitarian Wing of GoSS, the Relief and Rehabilitation Commission (RRC) and the Bureau of Statistics (who conduct the sampling), to ensure GoSS ownership. The MoH focal points at national and state level are all involved in the training, data collection and other critical functions within the FSNMS and IPC data management and utilisation from start to finish.

Learning

Reflection on the process of improving the nutrition information capacity and systems in South Sudan from 2013 to 2015 highlights the following points of learning:

- Strong leadership of the NC and teamwork between NC and UNICEF's Nutrition Section supported increased collaboration and coordination to move forward initiatives to improve processes and systems. Furthermore, the separation of line management and physical offices within UNICEF of the NC and UNICEF Nutrition Section allowed the NC to retain an element of independence from UNICEF.
- The large team of technical support (UNICEF nutrition staff, UNICEF nutrition information staff

and partner technical staff) feeding into and supporting the NIS has allowed for NC staff to focus on core cluster functions.

- Honest, open collaboration with partners around issues and challenges resulted in innovative ways to move forward collectively. Harmonising programme data reporting is a good example of this. The consultative, collaborative process allowed for the development of a common understanding, resolution of misunderstandings and sharing of experience and expertise.
- Improved understanding of assessments, data analysis and survey validation against standard criteria has enhanced transparency and credibility of the NIWG and the NC at national

level. It is recognised that gaps still remain within the MoH at state level. Advocacy by NC partners is crucial to build MoH understanding of the importance of information systems in relation to preparedness and response planning and to assign more MoH staff to work on this technical area, both nationally and sub-nationally.

- Capacity building has been, and continues to be, a process of trainings, one-on-one support and supervision and feedback that needs to be tailored to the situation. Information system capacity development efforts have focused on building skills of the NC partners and, to some

degree, MoH staff. The capacity of the MoH to lead and implement the NIS and engage technically in the NIWG remains limited. In light of the continuing high turnover of NGO staff and the importance of embedding capacity within MoH to ensure sustainable management of the NIS system and effective future response to nutrition crises, capacity development efforts of the NC should focus on building capacity of MoH at national and sub-national level. It is recognised that this is a long-term process and may require a shift in strategy leveraging the collective technical capacity of the NC.

Conclusion

As a result of the combined efforts of NC staff, the NIWG and partners, the NC is in a much stronger position to report on and advocate around the nutrition situation across South Sudan. An improved NIS and capacity to manage and analyse data will greatly support future responses.

While challenges remain in terms of MoH capacity in information management, engagement with development actors in preparedness planning and sustainability of staff and funding, the NC is equipped with increased capacity and credibility to work through these issues.



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