UNICEF South Sudan

An integrated Response to the Nutrition Crisis in South Sudan

Final Report for the Government of Italy

June 2017 – December 2018

SM170308

AGENZIA ITALIANA PER LA COOPERAZIONE ALLO SVILUPPO

Ministero degli Affari Esteri e della Cooperazione Internazionale

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1. Programme Summary

Programme Name	An Integrated Response to the Nutrition Crisis in South Sudan
Country	South Sudan
Donor	Government of Italy, Ministry of Foreign Affairs and International Development (Reference: Permanent Mission of Italy to the United Nations Note N. 2455 of 9 June 2017)
Geographic focus area	Unity and Greater Equatoria States
Programme Objective	Respond to nutrition and health emergency through scale-up of nutrition and health interventions in the former Unity and Greater Equatoria states
Number of beneficiaries reached	**Nutrition**: During the reporting period, 26,190 children (12,327 boys, 13,863 girls) with severe acute malnutrition (SAM) were admitted across the 245 outpatient and stabilisation centre facilities in Unity and Greater Equatoria states. A total of 215,917 pregnant and lactating women (PLW) received individual counselling and messages on maternal, infant and young child feeding (MIYCF) practices, in addition to 834 health and nutrition workers who were trained on community management of acute malnutrition (CMAM) (473 people) and maternal, infant and young child nutrition (MIYCN) (361 people). **Health:** During the reporting period, 72,875 children aged six to 59 months were vaccinated against polio and 65,238 children were vaccinated against measles. In addition, 84,026 children under five years were tested and treated for malaria while 52,874 under five years were treated for pneumonia and 43,236 children treated for diarrhea, as per the national treatment guidelines. Finally, 26,369 pregnant women were provided with focused antenatal care including tetanus toxoid (TT) vaccination and 3,108 pregnant women had deliveries by skilled birth attendants.
UNICEF Grant Reference	SM170308
Total Contribution	EUR 1,000,000 (USD 1,180,637 USD)[1]
Programme Duration	18 Months
Report Type	Final report
Reporting Period	June 2017 to December 2018
Programme Partners	Save the Children International, Action Africa help-International, Universal Network for Knowledge and Empowerment Agency, Andre Foods South Sudan, Catholic Medical Missions Board, World Vision International, Health Link South Sudan and the Afro-Canadian Evangelical Mission.
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[1]The USD value was determined by applying the United Nations operational rate of exchange in effect on the date of receipt of the EUR Contribution.

2. Executive Summary

The purpose of this project was to respond to the 2017 emergency and famine Integrated Phase Classification (IPC) levels in South Sudan and prevent further deterioration of the situation through the scale-up of essential nutrition and health interventions in the former Unity state and Greater Equatoria states. These services include nutrition screening, treatment of children with SAM, counselling on MIYCN, immunization, treatment of childhood illnesses and basic maternal health services.

With the support of the Italian Government, during the reporting period (June 2017 to December 2018), 26,190 children (12,327 boys, 13,863 girls) were admitted across 245 outpatient and stabilisation centre facilities in Unity and Greater Equatoria states for the treatment of SAM. A total of 215,917 mothers and caregivers received counselling and messages on MIYCF practices. In addition, 834 health and nutrition workers in Western and Central Equatoria and Unity states were trained on CMAM (473 people) and MIYCN (361 people), for improved quality service delivery.

Concurrently, 72,875 children aged six to 59 months were vaccinated against polio and 65,238 children against measles. In addition, 84,026 children under five years were tested and treated for malaria while 52,874 under five years were treated for pneumonia and 43,236 children treated for diarrhea, as per the national treatment guidelines. Finally, 26,369 pregnant women were provided with focused antenatal care including TT vaccination and provision of malaria prophylaxis and clean delivery kits for safe delivery with 3,108 pregnant women delivering by skilled birth attendants. These results were achieved through an agile mix of static facility-based services, integrated outreach and integrated community case management (ICCM) in the targeted project locations.

The programme faced several challenges throughout the reporting period, including transportation difficulties due to poor road infrastructure, particularly during the rainy season, necessitating dry season supply prepositioning to UNICEF warehouses, which ensured that supplies were available to implementing partners in project sites. Additionally, insecurity restricted movement and access, impeded service delivery, caused displacement of populations and created challenges for supportive supervision and some planned community outreach activities which necessitated engagement of organized force-protection convoys to ensure the safe delivery of supplies to implementing partners in target areas. UNICEF further strengthened its direct implementation modality through integrated rapid response mechanism (IRRM) missions, to deliver services in hard to reach areas.

The low capacity of some partners to manage supplies required UNICEF staff to undertake additional field visits to ensure adherence to protocols (including management of SAM or ICCM) and to provide necessary technical support. Delivery of services was also undertaken either at health facilities or through community-based approaches, which ensured equitable service delivery among all communities in the project locations. Given the critical shortfall of qualified health workers in South Sudan, regular supportive supervision and mentorship was provided to health workers, especially community health workers providing services in remote/hard to reach areas to improve the quality of care.

To achieve the above results, UNICEF established partnerships with the following implementing partners: Save the Children International, Action Africa help-International (AAHI), Universal Network for Knowledge and Empowerment Agency (UNKEA), Andre Foods South Sudan (AFSS), Catholic Medical Missions Board, World Vision International, Health Link South Sudan and the Afro-Canadian Evangelical Mission. UNICEF also collaborated closely with the World Health Organization (WHO), World Food Program (WFP) and the Ministry of Health (MoH).

3. Purpose of the Project

South Sudan continues to face a critical food security and nutrition crisis. In February 2017, famine was declared and, to date, the situation remains critical in many parts of the country. In 2017, six million people (over 50 per cent of the population) were estimated to be severely food insecure and, as per the 2017 Humanitarian Needs Overview (HNO), over one million children under the age of five were estimated to be acutely malnourished and in need of life-saving services. Specific areas of concern were Greater Equatoria, Western Bahr el Ghazel, Northern Bahr el Ghazel, Unity and Warrap states, which showed 'serious', 'critical' and 'very critical' nutrition situations, respectively.

In response to the famine, and to prevent a further escalation of the nutrition crisis, UNICEF scaled up activities using an integrated approach to tackle key factors contributing to high malnutrition rates in South Sudan. In 2017, the Italian Government contributed EUR 1 million (equivalent to US$ 1,180,637.54) to UNICEF to support strengthening of nutrition and health interventions for women and children in South Sudan.

This project focused on providing an integrated nutrition and health response and prevention through the provision of essential nutrition and health services to vulnerable populations in the former Unity state and Greater Equatoria states. These services included nutrition screening, treatment of children with SAM, counselling on MIYCN, immunization, treatment of childhood illnesses (malaria, diarrhoea, acute respiratory diseases) and basic maternal health services, such as antenatal care, maternity, postnatal care, family planning and prevention of mother to child transmission of HIV.

4. Results

During the reporting period, considerable progress was made against the planned results.

Result 1: 3,000 children aged six to 59 months with SAM received timely and quality lifesaving therapeutic treatment and 215,917 pregnant women and care givers improved their knowledge and skills on good IYCF practice.

UNICEF, as the lead agency for nutrition, ensured effective coordination of nutrition activities in the project locations and partnered with national and international non-governmental organizations (NGOs) to provide emergency assistance, such as distribution of life-saving therapeutic supplies, to the most vulnerable populations. In remote and hard to reach areas, vulnerable communities were reached through IRRMs.

With the support of the Italian Government, UNICEF procured 3,000 ready-to-use therapeutic food (RUTF) cartons in one instalment, reaching 3,000 children with SAM with appropriate treatment. The funding also supported logistical and other operational costs including freight, clearing and forwarding, insurance and inspection as well as handling and storage of the supplies purchased. Overall, over 24,000 children with SAM were treated in Unity and Greater Equatoria with other funding. This achievement was due to relatively good access to areas previously considered insecure as well as intensified community mobilization and mass screening campaigns for active case finding and identification of children with SAM.

Funds from the Italian Government were also used to support the scale up of MIYCN and CMAM training. A total of 834 health and nutrition workers at outpatient therapeutic programme (OTP) and stabilization center (SC) facilities were trained, which enhanced the capacity of the participants to deliver quality treatment for children with SAM. Finally, a total of 215,917 mothers and caregivers received counselling and messages on IYCF practices, against a target of 64,800; the overachievement was due to co-funding from other sources which contributed to the wider coverage. The mothers and caregivers were reached through regular community social mobilization and sensitization activities delivered through UNICEF implementing partners operating in Unity and Central, Eastern and Western Equatoria states.

Result 2: 72,875 children were vaccinated against polio and 65,238 children aged six-to-59 months were vaccinated against measles and 84,026 children were treated for malaria, 52,874 children were treated for pneumonia and 43,236 children were treated for diarrhea. A total of 26,369 pregnant women were provided with focused antenatal care and 3,108 pregnant women were delivered with skilled birth attendants.

During the reporting period, UNICEF, in coordination with partners, provided integrated primary health care services through static health facilities, integrated outreach and ICCM in the project locations. A total of 72,875 children aged six-to-59 months (34,252 boys, 38,623 girls) were vaccinated against polio and 65,238 children aged six-to-59 months (30,662 boys, 34,576 girls) were vaccinated against measles. Additionally, of these children, 84,026 under five (39,493 boys, 44,533 girls) were tested and treated for malaria while 52,874 (24,851 boys, 28,023 girls) and 43,236 children (20,321 boys, 22,915 girls) were treated for pneumonia and diarrhea respectively, as per national treatment guidelines. A total of 26,369 pregnant women were reached with focused antenatal care including TT vaccination and provision of malaria prophylaxis and clean delivery kits for safe delivery. Finally, 3,108 pregnant women underwent delivery by skilled birth attendants.

As part of the nutrition response, UNICEF supported the MoH and health implementing partners to deliver integrated primary health care services, which included immunization services and curative consultations targeted at common disease conditions, such as malaria, for children and women. Funds from the Government of Italy were also used to provide support to health implementing partners (mostly local NGOs) to provide integrated primary health care services and used to procure polio and measles vaccines, which contributed to maintaining uninterrupted immunization services in the targeted locations.

5. Challenges and Corrective Actions

The programme faced several challenges over the reporting period, including transportation difficulties, due to poor road infrastructure, particularly during the rainy season. To mitigate this challenge, UNICEF ensured that supplies were prepositioned during the dry season to avoid stock outs. Low capacity of implementing partners to deliver essential nutrition services also hindered implementation of the project activities, especially in hard to reach areas and conflict affected states. UNICEF strengthened its direct implementation of services through 51 IRRMs to overcome some of these implementation barriers.

Additionally, insecurity led to the engagement of organized force-protection convoys to ensure the safe delivery of supplies to implementing partners in target areas. The low capacity of some partners to manage supplies required UNICEF staff to undertake additional field visits to ensure adherence to protocols for management of SAM and to provide additional support through on-the-job coaching in various technical areas; including management of SAM, supply management, MIYCF and nutrition information management for improved programme implementation.

6. Financial utilization

A total of EUR 1 million, equivalent to US$ 1,180,637.54, was received from the government of Italy. A total of US$ 1,180,627.48 has been spent, leaving a provisional unspent balance if US$ 10.06. Official amounts will be provided in the Final Certified Statement of Account issued within 18 months from expiry of the grant.

UNITED NATIONS CHILDREN'S FUND (UNICEF)

OTHER RESOURCES CONTRIBUTION RECEIVED FROM: ITALY
DONOR STATEMENT BY ACTIVITY (UNCERTIFIED) FROM 12 JUNE 2017 TO 11 FEBRUARY 2019 IN US DOLLARS

Status of Contribution

External Reference:	NOTE VERBALE 2455	
Description:	South Sudan:Response to the Nutrition Crisis in South Sudan	
Contribution Reference:	SM170308	
Effective Date:	12.06.2017	
Expiry Date:	11.12.2018	
Recipient Office(s):	South Sudan	
Agreement Currency:	EUR	
Agreement Amount:	EUR	1,000,000.00
Funds Received:	EUR	1,000,000.00
Refunds:	EUR	0.00
Funds Receivable:	EUR	0.00

Summary of Expenditures (USD)

Description	Cumulative Expenditure
Programmable Expenditure:	1,093,173.59
Indirect support cost 8%	87,453.89
Total:	**1,180,627.48**
Funds Received in USD:	1,180,637.54
Unspent Balance:	**10.06**

Summary of Expenditures by Recipient Office (USD)

Country/Regional Office	Incurred Expense 2017-2018	Incurred Expense 2019	Cash Advances and Prepayments	Cumulative Expenditure	Commitments*
South Sudan	1,059,260.75	29,640.59	91,726.14	1,180,627.48	0.00

* "Commitments" include undelivered purchase orders, payment commitments for implementing partners and travel advances approved but not yet paid. The amounts shown in this column represent the status and value of the commitment as at the date the report is produced. As goods are received and commitments in respect of implementing partners and travel advances are paid these amounts will be added to "incurred expense".

7. Future plans

Treating malnutrition is a critical part of the emergency response in South Sudan. With support from generous donors, such as the Government of Italy, in 2018 UNICEF has been able to treat over 200,000 children with SAM who would otherwise have died.

However, as per the 2019 HNO, over seven million people still need humanitarian assistance and over six million people (over 59 per cent of the population) are estimated to be severely food insecure. The number of people in need has increased by 9 per cent since 2018, which was the worst year in food security on record. While food security is predicted to be similar to 2018, it will be higher in magnitude as the numbers of people in need have increased, especially in the Crisis phase; children and women are particularly vulnerable to food and nutrition issues. Additionally, an estimated 4,472,000 women, men and children will not have access to sufficient healthcare services in 2019. Women of reproductive age continue to face serious health risks and only about one in five childbirths involves a skilled health care worker.

In response, UNICEF and implementing partners will continue to prioritize lifesaving humanitarian assistance to affected populations through services including nutrition screening, treatment of children with SAM, counselling on MIYCN, immunization, treatment of childhood illnesses and basic maternal health services. UNICEF's Sudan HAC requirements for 2019 total **US$ 179,230,500**, including WASH and Health, and are available here: https://www.unicef.org/appeals/files/2019-HAC-South-Sudan.pdf. The continued contribution of donors like the Government of Italy is critical to UNICEF’s response to support the well-being of the most vulnerable children and women of South Sudan.

8. Expression of Thanks

UNICEF would like to take this opportunity to express its sincere appreciation to the Government and people of Italy for their generous financial contribution in support of UNICEF’s response to the nutrition crisis in South Sudan. On behalf of the entire UNICEF South Sudan Country Office, we thank you for helping to advance our shared commitments to protecting the rights and improving the well-being of the most vulnerable children and women of South Sudan. The interventions highlighted above would not have been possible without the generous support from the Italian Government.

9. Annex: Donor recognition

UNICEF South Sudan

Published by Mercy Modong [?] · 31 May 2017 ·

Through UNICEF's support, over 101,000 individuals have been treated for malaria (49% are under five years) since the beginning of 2017.

@GovernmentofGermany Italy Government Japan European Commission - Civil Protection & Humanitarian Aid Operations - ECHO DFID - UK Department for International Development

Photos: UNICEF South Sudan/ Kate Holt

UNICEF South Sudan

Published by Mercy Modong [?] · 1 June 2017 ·

The rainy season is here, the roads will get worse than this but it will not stop us from reaching the most vulnerable in the hardest to reach areas #SouthSudan #teamUNICEF. European Commission - Civil Protection & Humanitarian Aid Operations - ECHO USAID South Sudan Office of U.S. Foreign Disaster Assistance DFID - UK Department for International Development Japan - The Government of Japan @Government of Norway @Government of Germany Italy/Government

UNICEF South Sudan

Published by Tim Irwin [?] · 30 June 2017 ·

As the rains intensify in South Sudan, the number of malaria cases is also on the rise. We work to treat malaria in children across the country, but we also work to prevent it through the use of bed nets. Thanks to the support of the Governments of Japan, Germany and Italy, we provided more than 12,000 mosquito nets in June alone.

2,376 people reached

Boost Post

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Donor Report Feedback Form

Country South Sudan
Project Title An Integrated Response to the Nutrition Crisis in South Sudan
Grant Number SM170308
Duration June 2017 – December 2018

UNICEF is working to improve the quality of our reports and would highly appreciate your feedback. Kindly answer the questions below for the above-mentioned report and return to UNICEF by email to:

Name and Title: Jennifer Banda, Donor Relations Manager
Email: jebanda@unicef.org

SCORING: 5 indicates "highest level of satisfaction" while 0 indicates "complete dissatisfaction"

1. To what extent did the narrative content of the report conform to your reporting expectations? (For example, the overall analysis and identification of challenges and solutions)

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_____
_____
_____

2. To what extent did the fund utilization part of the report meet your reporting expectations?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

_____
_____
_____

3. To what extent does the report meet your expectations in regard to the analysis provided, including identification of difficulties and shortcomings as well as remedies to these?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what could we do better next time?

4. To what extent does the report meet your expectations with regard to reporting on results?

5	4	3	2	1	0

If you have not been fully satisfied, could you please tell us what did we miss or what could we do better next time?

5. Please provide us with your suggestions on how this report could be improved to meet your expectations.

6. Are there any other comments that you would like to share with us?