

South Sudan

Nutrition

Sectoral and OR+ (*Thematic*) Report

January - December 2016



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Prepared by:
UNICEF South Sudan
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1. Abbreviations and Acronyms

CHD	Child Health Day
CMAM	Community Management of Acute Malnutrition
HFP	Health Pooled Fund
INGO	International Non-Government Organization
IYCF	Infant and Young Child Feeding
MIYCN	Maternal, Infant and Young Child Nutrition
MOH	Ministry of health
NGO	Non-Government Organization
NID	National Immunization Day
OTP	Outpatient Therapeutic Program
PLW	Pregnant and Lactating Women
PoC	Protection of Civilian
RRM	Rapid Response Mechanism
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnutrition
SC	Stabilisation Centre
SMOH	State Ministry of Health
ToT	Training of Trainers
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development
VAS	Vitamin A Supplementation
WBW	World Breastfeeding Week
WFP	World Food Programme
WHO	World Health Organization

2. Executive Summary

In 2016, UNICEF support continued at all levels for the wellbeing and survival of children under-five and improved nutrition caring practices for pregnant and lactating mothers, this include management of severe acute malnutrition integrated with IYCF component, micronutrient supplementation, provision of critical lifesaving nutrition supplies (RUTF, F75, F100, ReSoMal, amoxicillin, VAS and albendazole tablets), technical assistance and support for finalization of National CMAM and MIYCN guidelines and strategy, conducting SMART surveys, Food Security and Nutrition Monitoring Systems (FSNMS) and IPC analysis for acute malnutrition.

UNICEF took the lead and supported the development of the first ever National Maternal Infant and Young Child Nutrition (MICYN) Strategy, Guidelines and Training package for South Sudan, endorsed by MOH in December 2016. The national CMAM guideline was also finalized and endorsed by MOH at a high level meeting in December 2016. The comprehensive training package of CMAM was piloted in Eastern Equatoria and Northern Bahr el Ghazal states, followed by rollout of the updated CMAM OTP tools in Northern Bahr el Ghazal in partnership with the SMOH and NGOs

UNICEF partners capacitated on the programmes, maintained quality partnerships and conducted individual and group partnership review meetings in 2016. Nutrition partners received orientation and training on UNICEF's programme agreements and HACT procedures. Moreover, the nutrition department of the Ministry of Health became more proactive and functional on IYCF, CMAM and information management through capacity building efforts initiated from the central level. This resulted in the implementation of quality curative and preventive services for the young children through the CMAM and IYCF programmes and information management.

To ensure no stock-out of nutrition supplies in the country, UNICEF nutrition and supply section worked very closely with partners and monitored the critical nutrition supplies situation across the country. In 2016 there was stable nutrition programming specially related to treatment provided to children with severe acute malnutrition integrated with counselling of mothers and care providers. Significant efforts were also made for the regular availability of nutrition supplies that were prepositioned in the state warehouses. This was coupled with regular monitoring in conflict affected states including Unity, Jonglei and Upper Nile states. Overall, 5 out of 10 states with the warehousing facilities did not experience any stock-outs in 2016, therefore no interruption in the quality of services was observed. There was a significant improvement in overall supply management of critical nutrition supplies in 2016 compared to 2015. Another significant progress was on data management, previously, nutrition data for South Sudan remained inaccessible, now near real time data on CMAM programmes available. UNICEF's unique partnership with WFP continued to scaling up nutrition interventions and ensured continuum of care for children under-five. This partnership enabled equity by reaching communities in hard to reach locations with life-saving nutrition services.

3. Strategic Context of 2016

In South Sudan, 28% of children are underweight, 31% stunted and 23% wasted according to SSHS 2010. Based on recent SMART surveys, IPC analysis and programmatic data, there is significant increase in malnutrition of children under-fives in South Sudan above the emergency threshold in many counties. Over 214,000 children were treated for severe acute malnutrition across the country. The emergency levels of malnutrition in the country and coupled with the ongoing insecurity continues to worsen the emergency situation leading to famine declaration in some parts of the country.

UNICEF in collaboration with the Ministry of Health, WFP and Non-governmental Organizations implementing nutrition programming have finalized the Community based Management of Acute Malnutrition (CMAM) guidelines and Maternal Infant and Young Child Nutrition (MIYCN) guidelines and strategy. There are over 600 facilities in the country providing treatment for Severe Acute Malnutrition (SAM) for the huge number of cases. Over 45 NGOs partners are implementing nutrition programmes in South Sudan in partnership with UNICEF.

Apart from the treatment of malnutrition, there is great need to prevent of malnutrition. Mothers and caregivers continued with poor feeding practices for children less than 24 months which remained a key factor for malnutrition morbidity and mortality. Despite the progress made in building national and state level capacities on maternal, infant and young child nutrition, efficient and standardized rollout to the grassroots will contribute to reduction of malnutrition.

The alarming rate of stunting in the country require multi-sectoral response. As such the Scale Up Nutrition (SUN) Movement is an opportunity to realise such multi-sectoral approach to tackling malnutrition. South Sudan joined the SUN Initiative in 2013 and progress has been hindered by the ongoing war since December 2013.

As South Sudan requires huge investment in nutrition, UNICEF continued to support and maintain the nutrition supply pipeline in the country. These supplies are bulky and life-saving so pre-positioning of supplies happen in the dry season when the roads are passable to a number of warehouses and hubs supported by UNICEF and nutrition partners.

4. Results in the Outcome Area

The CMAM programme achieved 86.2% recovery rate for 214,000 children with severe acute malnutrition that were enrolled in the outpatient therapeutic programmes. The treatment programme achievement remained well above the 75% sphere standards. Also, children who suffered from severe acute malnutrition had more access to treatment in most states throughout the year except some challenges faced during the June 2016 conflict in Wau and in Juba during the July 2016 conflict. In total, 85% of the treatment target was achieved with over 600 OTPs functional across the country and 24 RRM missions contributed to reaching the children in need. The Ministry of Health also agreed on the policy to integrate nutrition services into the health facilities throughout the country and this became helpful going forward.

Apart from treatment, the prevention component significantly increased and contributed to the success of the nutrition programme compared to previous years. Despite limited funding for IYCF in 2016, the effective capacity building efforts on IYCF programme in 2015 formed the basis for increased knowledge and skills on infant and young child feeding among MOH and NGO personnel. These results were due to UNICEF's technical backstopping provided on IYCF programming and the

flexibility of thematic funding was very useful in contributing to an improved quality of nutrition services to children with severe acute malnutrition. For instance, the MOH now have the capacity to chair the IYCF Technical Working Group (TWG), which was chaired by UNICEF in previous years. Currently, the master trainers of MOH on Infant and Young Child Feeding are on top of IYCF capacity building efforts in the country. To date, more than 25 NGOs are equipped with the knowledge and skills on IYCF programming compared to 2015, which strengthened the prevention aspect of the programme. Even at community level, the community IYCF package promotion, helped the community group to improve skills relating to appropriate child caring practices with an average of 3,000 mother support groups engaged in nutrition prevention messaging and counselling in selected targeted communities.

In addition, 87 nutrition and health workers acquired IYCF knowledge as a result of the IYCF training package rolled out to seven states. Again, the celebration of the World Breastfeeding Week in August as well contributed to promoting malnutrition prevention knowledge across the country. On the job coaching and mentoring of field personnel of the MOH and NGOs staff by UNICEF technical assistance also contributed to improved IYCF knowledge.

Due to increased demand for nutrition services across the country, the number of nutrition partnership agreements increased from 35 to 47 NGOs. Besides the partnership agreements with NGOs, UNICEF maintained strong partnership with WFP that provided the opportunity to reach more remote communities with essential life-saving services. In addition to the regular nutrition programming, the partnership with WFP also include the Rapid Response Mechanism (RRM) through which children in remote communities benefited to receive critical lifesaving nutrition services (treatment of SAM, Vitamin A supplementation, administration of albandazole, immunization etc). Children who missed vitamin A supplementation and deworming tablets during the NIDs because of conflict were reached with the interventions during the RRM missions with treatment services.

The increased number of children with severe acute malnutrition put up more demand for life-saving RUTF supplies as well as the increased need for frontline funding to NGOs to implement services across the country. UNICEF continued to appeal for increased funding to procure adequate critical nutrition supplies and meet the programme implementation cost. The cost to treat a child increased from 150 USD in 2015 to 207 USD in 2016 due to the increased economic hardship in South Sudan.

Progress against result framework Outcome nutrition

Outcome statement	Key progress indicators, baselines and targets	2016 Achievements
Improved and equitable provision of evidence-based nutrition interventions for children, and for women of child-bearing age, including pregnant and lactating women by 2018.	<ul style="list-style-type: none"> • % of children 0-6 months in targeted areas exclusively breastfed. Baseline: 45% (SSHHS, 2010) Target: 50% • % of children 6-59 months receiving at least a dose of Vitamin A supplementation. Baseline: 90%; Target: 90 % • % of children 6-59 months with SAM cured. Baseline: 81%; Target: >=75% 	<ul style="list-style-type: none"> • This was planned with the assumption that MICS survey will be carried out in 2015/2016 , however MICS not conducted due to unavailability of the funds • 100% of children 6-59 months received one dose of Vitamin A supplementation (target reached as 2,370,989 children 6-59 months received vitamin A supplementation) • Cured rate for children 6-59 months treated for severe acute malnutrition was 86.2%

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Achievement on CMAM: Health facilities and communities are able to provide quality integrated Management of Severe Acute Malnutrition (IMSAM) as per the national guidelines: On track

In collaboration with the MOH and other nutrition stakeholders, National Nutrition Review Meetings held twice in 2016 and thematic funds contributed to a successful annual review of the nutrition program. National Nutrition End of Year Partnership Review Meeting was held in Juba with 81 participants from central and state level MOH, national and international NGOs. During the review, each of the former 10 states presented their achievements, challenges for 2016 and plans for the nutrition program of 2017, with a major focus on integrated management of severe acute malnutrition among children. In total more than 600 OTPs are functional in South Sudan run by different partners and contributed to reaching the children with acute malnutrition. The Ministry of Health also agreed on the policy to integrate nutrition services into the health facilities throughout the country and this became helpful going forward.

Achievements on the IYCF output: Enhanced support for children, caregivers and communities for improved nutrition and provision of appropriate care and infant and young child feeding in emergencies in targeted locations: On track

Thematic funds were utilized to conduct Training of Trainers (ToT) on Infant and Young Child Feeding in Unity state. A total of 25 participants from the state Ministry of Health personnel and NGOs including CARE, Concern and World Relief received the 5 day training.

A total of 62 health facility personnel were also trained on IYCF for 3 days in Yei (n=29) and Juba (n=33).

During the second round of National Immunization Days in November 2016, thematic funds contributed supporting the campaign by providing preventive nutrition services reaching to 530,870 children aged 6 to 59 months with Vitamin A supplementation and 424,147 children aged 12 to 59 months with deworming tablets in Upper Nile and Warrap states. To administer both vitamin A and deworming tablets, 2474 community volunteers were trained for a day in both states.

Since planned IYCF training in Magwi was cancelled due to insecurity, funds were utilized to support World Breastfeeding Week (WBW) celebrations in Eastern Equatoria reaching an estimated 12,000 pregnant and lactating mothers/caregivers with appropriate breastfeeding messages and jingles via Emmanuel Radio in Torit in August. Individual IYCF counselling was provided to 280 Pregnant and Lactating Women (PLW) and 4,558 children 6 to 59 months were screened for malnutrition as well with 52 children referred to OTPs for SAM treatment. WASH colleagues distributed soap to 1,960 PLWs during the WBW celebrations to ensure application of the knowledge gain.

Additionally, thematic funds were utilized to support the MOH Director of Nutrition to build her capacity on IYCF through participation in the 2nd World Breastfeeding International Conference in South Africa in December 2016.

Monitoring and evaluation

UNICEF performed regular nutrition programme monitoring activities across the country guided by a monitoring plan monthly and as well as facilitating the collection, analysis and monitoring of the malnutrition status data per county. This is done in collaboration with the state MOHs, WFP and NGOs, accompanied by on-the-job coaching and mentoring of front line nutrition staff. In addition,

mid-year and annual nutrition review meetings are held to check on progress and resolve issues pertaining to programme implementation per state.

The UNICEF-led nutrition information technical working group (NIWG) remained functional throughout 2016, except experiencing interruptions in July and August due to the Juba conflict. The technical team met regularly to coordinate, review and validate survey proposals and reports presented by implementing partners.

By December, 52 out of 60 planned SMART surveys were conducted and validated by NIWG. Seventy-one per cent showed global acute malnutrition (GAM) above the 15 per cent WHO emergency threshold. About 90 per cent of the high GAM rates counties were from the high burden states of NBeG and Warrap or the Greater Upper Nile region. Highest prevalence was reported in Renk County (34.8%) and lowest in Rumbek North (9.4%).

Two Food Security and Nutrition Monitoring System (FSNMS) rounds provided timely and critical state-level nutrition information for April and August IPC analyses. The IPC analysis also facilitated geographical targeting of priority food insecure and high malnutrition burden areas, advocacy, and resource mobilization. UNICEF provided technical leadership and actively participated in the newly-introduced “IPC for Acute Malnutrition” and the entire IPC analysis. IPC for Acute Malnutrition classifies areas using different methods and indicators of acute malnutrition, allows analysis and identification of key contributing factors to acute malnutrition, facilitates projections and communicates actionable information for decision making.

The NIWG-designed Nutrition Information System (NIS) for monitoring nutrition response statistics, which was fully adopted by all partners, enabling them to monitor and evaluate the nutrition programme data. In 2016, 130 staff from 46 NGO partners received NIS training by either UNICEF/Cluster or implementing partners across the country.

Challenges and lessons learned

The key challenges faced during programme implementation were the following:

Poor road network mainly in the rainy season makes transportation of RUTF supplies within the country very difficult hence very expensive and causes delays in delivery. Therefore, the dry season plan was useful whereby supplies are prepositioned in the dry season.

Recurring conflicts forcing displacement of the population and temporary interruption of services in conflict affected area. This affects continuation of treatment for children enrolled in the OTP. As a lesson learnt, the flexibility of the RRM missions allowed UNICEF to directly provide services to communities in hard to reach areas.

Limited and timely availability of resources to replenish RUTF commodities for the treatment of children with severe acute malnutrition. RUTF is a life-saving treatment for children with severe acute malnutrition and any shortage has negative effect on the treatment plan for enrolled children.

Intra-household sharing of the plumpy-nut due to economic hardship and food insecurity. Food is not available in the communities as families do not grow and produce food due to insecurity and that has effect on the household. Therefore any available source of food including RUTF are shared among siblings.

5. Financial Analysis

Table 1: Planned budget by Outcome Area

Outputs (Intermediate Results)	Planned Budget 2016 (USD)			
	Other Resource Emergency	Other Regular Resources	Regular Resources	Total
4040/A0/02/002/001 Provision of Quality IMSAM	17,030,500	1,036,842	-	18,067,342
4040/A0/02/002/002 Infant and Young Child Feeding	975,947	70,000	-	1,045,947
4040/A0/02/002/003 Evidence Based Intervention	1,200,000	25,000	100,000	1,225,000
4040/A0/02/002/004 Nutrition EPRP	445,277	-	-	445,277
4040/A0/02/002/005 Technical Support	1,673,263	348,277	350,000	2,021,540
Total Budget	21,324,987	1,480,119	450,000	22,805,105

Table 2: Country-level thematic contributions to outcome area received in 216

Donor	Grant	Contribution amount
Slovenska Fundacija za UNICEF	SC1499040046	37,173

Table 3: Expenditures in the Outcome Area

Outputs (Intermediate Results)	Expenditures 2016 (USD)			
	Other Resource Emergency	Other Regular Resources	Regular Resources	Total
4040/A0/02/002/001 Provision of Quality IMSAM	21,323,574	360,727	1,022,384	22,706,685
4040/A0/02/002/002 Infant and Young Child Feeding	77,816	263,242	-	341,058
4040/A0/02/002/003 Evidence Based Intervention	872,984	221,543	-	1,094,527
4040/A0/02/002/004 Nutrition EPRP	421,563	-	-	421,563
4040/A0/02/002/005 Technical Support	3,660,861	80,173	269,489	4,010,523
Total	26,356,798	925,685	1,291,872	28,574,356

Table 4: Thematic expenses by programme area

Programme Area	Other Resources - Emergency	Other Resources - Regular	Regular Resources	Total
04-01 Infant and Young child feeding	77,816	188,574	-	266,390
04-02 Micronutrients	-	73,221	-	73,221
04-04 Community-based management of acute malnutrition	17,269,919	283,243	846,651	18,399,812
04-05 Nutrition and emergencies	1,159,380	221,543	-	1,380,923
04-06 Nutrition # General	7,849,684	159,104	445,222	8,454,010
Total	26,356,798	925,685	1,291,872	28,574,356

Table 5: Expenses by Specific Intervention Codes

Specific Intervention Codes (SICs)	Expenditures
04-01-01 Infant and young child feeding implementation (including BFHI)	231,289
04-01-02 Breastfeeding	7,534
04-01-04 Growth monitoring and promotion	27,567
04-02-05 Micronutrient supplementation for children	73,221
04-04-01 Treatment of Severe Acute Malnutrition	18,354,321
04-04-02 Treatment of Moderate Acute Malnutrition	45,492
04-05-02 Nutrition # emergency preparedness and response	1,380,923
04-06-01 Nutrition # General	4,010,523
04-06-02 Maternal nutrition (excluding micronutrient supplementation)	1,447
04-06-04 Nutrition surveys, assessments and surveillance	4,442,040
Grand Total	28,574,356

6. Future Work Plans

In 2017, the nutrition programme plans to strengthen the quality in service delivery as a priority. Programme areas include curative (CMAM) and preventive (IYCF) services integrated into health facilities in addition to basic WASH services. UNICEF plans to continue to working with the MOH nutrition department, build capacity and support national and international nutrition programme implementing partners. UNICEF will continue to work closely with WFP to support the continuum of care for malnutrition prevention and treatment as well as provide direct implementation through the rapid response mechanism. The nutrition supply pipeline will be supported also. Given the emergency context in South Sudan, the workplan budget targets more ORE resources as well as other flexible resources. See estimated planned budget below:

7. Expression of Thanks

UNICEF South Sudan wishes to express sincere thanks to the donors for providing the nutrition thematic funds which was so flexible allowing nutrition programme to reach amazing results for children and women in 2016 despite the challenging environment.

8. Annexes: Human Interest Stories, Case study and Donor Feedback Form

Human Interest Story

Nyankena's story: Fighting malnutrition and hoping for a peaceful future in South Sudan



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17 February 2017, Nyanken Ruot holds her baby Both Tebg, a 2-month-old child with severe malnutrition, at the malnutrition ward of the clinic run by the International Medical Corps (IMC) in the UN Protection of Civilians (PoC) site in Juba, South Sudan. In 2016, UNICEF and partners admitted 208,502 children for treatment of severe acute malnutrition. That is 59 per cent higher than the number treated in 2015 and an increase of 124 per cent over 2014.

by Nicholas Ledner

In South Sudan, ongoing insecurity and an economic crisis have created widespread food insecurity, with malnutrition among children reaching emergency levels in most parts of the country. Hear one woman's story of finding treatment for her infant twins.

JUBA, South Sudan, 13 March 2017 – Inside a Protection of Civilians (POC) site in Juba, South Sudan, several mothers sit closely in a group with their children at their sides. The screams of a woman giving birth can be heard coming from the room next door.

The mothers have gathered in this UNICEF-supported Integrated Management of Childhood Illness (IMCI) clinic because their children all suffer from malnutrition. Each child seems to be at a different

stage of malnourishment: Some were just admitted while others are already recovering and hopeful to be discharged soon. Some of the families arrived in Juba only days before, while others have lived in this POC for over three years. What differentiates the mothers, however, are the stories they share about how they came here and the violence that each of them experienced.

Twenty-five-year-old Nyankena has twins who are two and a half months old. Their names are both (boy) and Nyadouth (girl). Her family is originally from a village near Bor, where just a few months ago, things were peaceful. She was recently married and leading a happy life, with expectations to raise a family that loved one another and lived contently. Her husband was gainfully employed and she was ready to give birth soon.

Then, the conflict broke out. It changed everything for Nyankena's new family. One night, around 2 a.m., she awoke to gunfire. When she got up and went outside, she noticed flames everywhere. Her village was burning. At the time she was pregnant with the twins. As the gunshots came closer and closer, she decided to run for her life, knowing all the while that she was running not just for her life, but for her unborn children's as well. She ran for two hours straight. This is also the time when Nyankena lost touch with her husband. His parents were killed that night. Enraged, he fled into the bush to try to avenge their fate. She hasn't seen him since, but knows he is still close to Bor, fighting.



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On 24 January 2017, a woman holds a child in a UNICEF supported hospital in Juba, South Sudan. Through partners, UNICEF is supporting nutrition programmes in Benti, Juba, Wau and Malakal Protection of Civilians sites.

Nyankena finally reached a POC camp in Bor where she gave birth to the twins. She did not know anyone there. It was also becoming too difficult to make a living and care for the newborns. She decided to fly to Juba to try to find her brother who was living there in a camp.

In the rush to leave, she left behind her food ration card, making it difficult to get the food she needed for both herself and the twins. She started noticing the infant twins becoming thinner and

thinner. She decided to take them to a clinic to seek medical attention. Thanks to the care from the malnutrition treatment centre, Nyankena is now optimistic that her children's condition will improve as they begin gaining weight, and life, hopefully, will get better.

Nyankena's goal for her twins is for them to become friends with children from all parts of the country, so they will never know hatred and will be able to love and respect their peers and elders. She wants everyone in South Sudan to put aside their differences and come together for the sake of all their futures, and most importantly, the children's. She is thankful and happy that UNICEF supports the malnutrition treatment centre. She wishes that other mothers from around the country could have the same opportunity to restore their children's lives. Unfortunately, not all mothers are so lucky.

There are some 200,000 internally displaced persons now living in the POCs across South Sudan. The influx of internally displaced persons is inevitable with the ongoing insecurity around the country and deteriorating food security situation. Through partners, UNICEF is supporting nutrition programmes in Bentiu, Juba, Wau and Malakal POCs. It is also supporting new stabilization centres, malnutrition treatment centres and providing nutrition treatment and prevention services across the country, especially in hard-to-reach locations.

According to the most recent Famine Early Warning System Network (FEWSNet) food security outlook, extreme levels of food insecurity persist across South Sudan: Nearly one third of the population is in need of emergency food assistance; 1.1 million children under 5 are estimated to be acutely malnourished in 2017; and in February 2017, UNICEF and partners admitted 12,558 children for severe acute malnutrition (SAM) treatment.

UNICEF's nutrition programme remains underfunded, with a total gap of over US\$26 million for 2017 activities. UNICEF is grateful to its donors such as the Canadian International Development Agency (CIDA), the United Kingdom Department for International Development (DFID), European Civil Protection and Humanitarian Aid Operations (ECHO), Food for Peace, the German Committee for UNICEF, the Government of Japan, the United States Office of Foreign Disaster Assistance (OFDA) and the Swiss Committee for UNICEF who enable us to continue to assist some of the most vulnerable women and children in South Sudan.

Case study

Top Level Results: This case study is relating to leadership and management of nutrition programming within the Ministry of Health.

Issue/Background: Prior to 2016, the nutrition department of the Ministry of Health had very limited technical capacity and resources to provide national oversight. There was limited leadership from the side of nutrition department so UNICEF and WFP were taking the lead in most nutrition related programming for South Sudan. In terms of coordination of the nutrition responses, the Nutrition Cluster played the leading role in ensuring efficient coordination of nutrition partners.

Rationale: Due to poor coordination and leadership from the Ministry of Health in terms of nutrition programming, UNICEF being the lead agency for nutrition undertook capacity building of the MOH as a key component in achieving success on nutrition programming in South Sudan. Within a year, UNICEF wanted the Nutrition Department of the MOH to take leadership as the government entity in order to promote ownership and maintain sustainability.

Strategy and Implementation: In 2016, UNICEF continued to collaborate closely with the MOH Nutrition Department in the overall nutrition programming across the country. Therefore, MOH colleagues were part of the regular coordination and the various technical working groups and SUN meetings. In addition, UNICEF invested in building capacity of the MOH Nutrition Officers by increasing their participation in national and international workshops and trainings related to nutrition programming. The MOH also attended in various consultative meetings and the MOH Officers chaired some of the meetings.

Resources Required/Allocated: Apart from financial and logistics support to the MOH to participate in monitoring, training and workshops, UNICEF contributed to supporting technical consultant to assist and strengthen the MOH management of the nutrition programme.

Progress and Results: In a period of one year and the half, the nutrition department of the MOH took the lead in directing the national nutrition programme. The department has continued to function with increased efficiency following up on issues without being prompted by UNICEF as it was the case in previous years. As a result of continuous efforts, the nutrition department of MOH are now national trainers for CMAM and IYCF programming and also took the lead in developing and finalizing the national CMAM guidelines and MIYCN strategy and guidelines which was endorsed by MOH senior management.

Lesson Learned: In such a complex emergencies context, there was a positive lesson learnt. Working closely with the nutrition counter-parts of the MOH, helped built the capacity of the government officers in relation to technical issues. As the nutrition department of the MOH was now able to engage within and outside the Ministry of Health, the nutrition programme has been prioritized by the MOH management. However, it is good to note that building capacity of the nutrition department sometimes delays progress compared to a well-structured and capable MOH Officers.

Moving Forward: Moving forward, UNICEF is planning to increase support by funding technical staff assigned to the MOH including international and national officers.

Photo below, shows Rebecca Alum William, MOH Nutrition Director, leading technical discussions on the revised CMAM tools with UNICEF, Nutrition Cluster, WFP, WHO and HPF



Report Feedback Form

Project title: Thematic report Outcome 4: Nutrition 2016

Grant number: SC149904

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. Thank you!

Please return the completed form back to UNICEF by email to:

Name: Nadia Ben Mohamed

Email: nbenmohamed@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 we missed or what we could 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 we missed or what we could 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 we could do better next time?

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

5

4

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2

1

0

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

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

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