



A community nutrition worker assesses a two year old for severe acute malnutrition using a specially designed tape

PROJECT BRIEF

Addressing emergency nutritional needs in young children

The aim of this project is to reduce under-five mortality and morbidity by providing malnourished children with treatment for severe acute malnutrition as well as underlying infectious diseases

Project Outline

Under-nutrition and poor health are inextricably linked. It is therefore imperative to address both childhood disease and malnutrition through assessing and treating malaria, pneumonia and diarrhoea and identifying and providing nutritional treatment to children up to five years old suffering from severe acute malnutrition (SAM).

In South Sudan, malnutrition rates are chronically at emergency levels. The country continues to have high rates of malnutrition attributed to poor health conditions, sub-optimal maternal and child feeding, care practices, and food insecurity. This has been compounded by high rates of poverty and illiteracy, recurrent environmental shocks (floods and droughts) and displaced populations adding an additional strain to already weak health systems and communities.

The recent pre-harvest SMART surveys (2012) showed global acute malnutrition and SAM rate for Northern Bar el Ghazal

at 24.1 percent, 5.8 percent respectively, Jonglei (23.3 percent, 4.5 percent), Unity (21.8 percent, 6.1 percent), Lakes (19.6 percent, 5.1 percent) and Warrap (17.3 percent and 3.1 percent) states. The under-five mortality ranged from 0.9 to 2.1 percent across these states.

Malaria Consortium is running an innovative programme where treatment for malnutrition is provided alongside integrated community case management (ICCM) for malaria, diarrhoea and pneumonia for children under five years. Our emergency nutrition programme in Northern Bahr el Ghazal State (NBeG) treats children for severe acute malnutrition at a community level. The state where the project is implemented has been identified by the UN Office for the Coordination of Humanitarian Affairs as a 'hot spot' adversely affected by multiple shocks, including border insecurity, excessive seasonal flooding, inflation austerity, and a high influx of

Country

South Sudan

Donors

United Nations Common Humanitarian Fund

United Nations Children's Fund

Department for International Development / UKaid

Length of project

January 2011 - May 2016

Partners

Republic of South Sudan Ministry of Health

returnees which contributed to poor humanitarian indicators. The nutrition project focuses on two counties (Aweil Centre and Aweil West) of NBeG.

The nutrition programme builds on an already established community structure for ICCM that refers children under five years with severe acute malnutrition for treatment to community-based outpatient therapeutic treatment (OTP) sites, run by volunteer community nutrition workers. The OTP sites are highly decentralised to increase access to prompt and effective treatment. All cases of malnutrition treated are those without complications, while severe cases are referred to stabilisation centres, run by other NGO partners.

Project Aims & Achievements

The objective of the programme is to increase access to community based treatment for severe acute malnutrition, improve the quality of service provision and create demand for services. It also supports the Ministry of Health and the Nutrition Cluster objectives to maintain and expand coverage of front line services in vulnerable areas.

Objectives

- » To provide treatment for severe acute malnutrition in children under five years through community based OTP sites
- » To provide preventative services for children under five years, through early detection and referral of cases, promotion and support of good infant and young child feeding practices
- » To strengthen nutrition emergency preparedness through routine surveillance, including rapid assessments and surveys
- » To build capacity of health facility staff, community volunteers, national NGOs for emergency preparedness in management of malnutrition.

Achievements

Treatments

- » Expanded OTP services from 33 to 45 sites for treatment of severe acute

- malnutrition in children under five years
- » Provided quality treatment of severe acute malnutrition within recommended SPHERE standards
- » Nutrition performance indicators have been maintained above the recommended SPHERE standards
- » Treated about 3,500 children with severe acute malnutrition over a 12 month period, seeing approximately 300 children per month
- » Conducted four rounds of nutrition surveys (two rounds pre-harvest and two rounds post-harvest surveys) in the host and returnees communities to improve nutrition surveillance for early detection of malnutrition in Aweil Centre County, NBeG, with results validated by the Ministry of Health's Nutrition Cluster.

Assessment

- » Conducted three nutrition surveys to improve nutrition surveillance for

early detection of malnutrition in Aweil Centre County, NBeG.

- » Conducted, rapid assessments, mass nutrition screening, de-worming and vitamin A supplementation campaign in Apada returnees' camp, Aweil Centre, NBeG. Screened 2,158 for malnutrition; 1,831 children given vitamin A supplements, and 1,965 children de-wormed.

Capacity building

- » Continuous capacity building for health and community health workers through training and refresher trainings, 45 community nutrition workers and 1,683 community volunteer health workers (community drug distributors) trained on nutrition.

Behaviour change communication

- » Promotion of improved infant and young child feeding practices through BCC at community mobilisation meetings.



A malnourished child receives Plumpy'Nut at a community outpatient therapeutic feeding centre in Aweil West County

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