

CAADP Nutrition Capacity Development Workshop for East and Central Africa

Dar-es-Salaam, 25th February-1st March 2013

Country group work report– *South Sudan*

List of participants to the CAADP Nutrition Workshop – Dar-Es-Salaam, Tanzania, 25 fev – 1st March 2013.

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A. Key nutrition problems in Republic of South Sudan

Recent 2012 Food Security Cluster report on Food Security and Nutrition in Southern Sudan indicate little improvement in food security in the country since the CAP and during one year of independence. Food security situation remain precarious in states bordering Sudan and Jonglei. This is due to traditional taboos, large number on displaced population from Sudan and limited access to food (lack of income and poor road. The situation requires sustained attention to not only foster longer term improvements, but to mitigate the potential for wide spread critical levels of hunger. Repeated illness and inadequate infant and young childcare and feeding also have negative effects on childhood growth and nutrition status. Poor water quality, sanitation and hygiene practices are wide spread and major causes of morbidity. These result into under nutrition, stunting, wasting and underweight.

Stagnation in agricultural growth coupled with a significant increase in the population has led the 2012 cereal deficit to hit a record high of almost 475,000 tonnes. The above report indicates that 60% of the South Sudanese do not consume sufficient food that provides them a nutritious diet: they consume fewer than 2100 kcals per day and/or survive on food items from fewer than four different food groups. Warrap, Lakes and Northern Bahr al Ghazal have the highest incidence of severe food insecurity. The three Equatoria states generally fare better.

B. Trend

The 2012 report indicates that there has been progress in child global under nutrition (the percentage below 2 Standard Deviation (SD) and severe under nutrition (the percentage below 3 SD) by state in South Sudan since 2006. Although the percentage of stunted and underweighted children has fallen, acute malnutrition (wasting) has remained constant at an extremely high level that affects one in five children. The highest prevalence of wasting

recorded is in Unity State where percentage of severely wasted children has deteriorated from 12% in 2006 to 13.6% in 2010. Lakes saw the biggest increase in the proportion of wasted children with the percentage of severely wasted more than doubling to 8%. Western and Northern Bahr El Ghazal states made the biggest progress in reducing child under nutrition with significant improvements in all three indicators.

There is also a stark contrast in food consumption between rural and urban areas with 19% of rural households having a poor Food Consumption Score (FCS) compared with 4% percent of urban. This is similar for food diversity: 18% in urban areas compared with 58% in rural areas.

C. Geographical location and vulnerable populations

The total number of food insecure people in the Country is approximately 60% i.e., people who consume fewer than 2100 kcals per day³ and/or survive on food items from fewer than four different food groups. Warrap, Lakes and Northern Bahr al Ghazal have the highest incidence of severe food insecurity. Large number of population in Jonglei and part of Eastern Equatoria States is also food insecure. Population in Jonglei State is affected by displacement brought about by tribal fights and those in Eastern Equatoria are affected by drought resulting loss of harvest.

Poverty and food insecurity are so pervasive that most households are unable to attain their preferred food items and a sufficient level of calorie intake. It is only the wealthiest 20% of the population that consume sufficient energy in rural areas. The poorest states are in the north. In Northern Bahr El Ghazal more than three quarters live in poverty while in Unity and Warrap the proportion is 68% and 64% respectively. The people in these states spend on average less than SDG1 2 a day (about US\$0.70) on food compared with up to SDG 3 in the relatively less poor states of Western Bahr El Ghazal, Western Equatoria and Central Equatoria.

Children, women, elderly, returnees and IDPs are the most vulnerable in these States.

D. Objectives

In order to address the problems highlighted above and to meet the Country and CAADP goals, the following objectives are envisaged.

1. Ensure that agriculture, health and line sectors policies embrace nutrition.
2. Reduce stunting and wasting to half of the current levels in medium term (5 years) and to international accepted levels (stunting 10 % and wasting 5 %) in long term (5 years). In a short term provide free inputs.
3. Ensure that nutrition objective included in pillar 3 of CAADAP.
4. Develop acceptable country investment plan.
5. Reduce vulnerability of IDPs.

E. Interventions to achieve above objectives

1. Develop County agriculture and nutrition investment plan for advocacy and resource mobilization.
2. Undertake agriculture and nutrition program that are labor saving, increasing food production, enhance productivity and diversification of high value nutritive crops
3. Ensure that food and feeds produced are handled, stored, processed and distributed are safe and fit for consumption
4. Develop programs for fortification and processing of staple food with essential minerals and vitamins to be consumed by low income groups who cannot afford regular balance diet in collaboration with private sector
5. Contribute to development of school feeding, home gardening and Junior farmer field schools programmes
6. Build technical capacity of existing and new agriculture, education and health extension staff in community based approaches (mobilization, sensitization etc.) and bring about behavioral change among target group so that they adopt sound nutrition practices
7. Provide access to food for vulnerable population especially IDPs, returnees and vulnerable population within local communities in collaboration with WFP
8. Build and rehabilitate infrastructure such as roads, warehouses and markets with aim to enhance access to indigenous produced nutritious food.

F. Five top priority interventions out of above to undertake

1. Formulate County agriculture and nutrition investment plan for advocacy and resource mobilization.
2. Undertake nutrition sensitive programs that are labor saving, increasing food production, enhance access to credit and diversification of high value nutritive crops, livestock, fisheries and non timber products (Pillars 1 and 3 CAADP).
3. Strengthen capacity of existing and new agriculture, education and health extension staff in community based approaches (mobilization, sensitization etc.) and behavioral change in order to enhance adoption of sound nutrition practices by the target groups (Pillar 4 CAADP).
4. Improve the nutritional status of children under 5 among local resident communities and IDPs through health care and the promotion of key maternal, infant and young children feeding and nutrition interventions in collaboration with other programmes (Pillar 3 CAADP).

5. Contribute to development of school feeding, home gardening and junior farmer field schools programmes (Pillar 3 CAADP).
6. Build and rehabilitate infrastructure such as roads, warehouses and markets with aim to enhance access to indigenous produced nutritious food (Pillar 2 CAADP).

G. Indicators

Programme 1

- Agriculture production, including
 - productivity
 - quantities
 - Diversity
- Household Dietary Diversification (HDD) or Food Consumption Scores (whichever is available)

Programme 2

- Number of extension workers delivering nutrition messages
- No / % of people adopting improved nutrition or agriculture practice messages
- Performance of extension workers as assessed by communities
- nature and importance of nutrition activities undertaken by extension workers

Programme 3

- Stunting and wasting Rate of Under 5

Programme 4

- School attendance and retention rates (from Ministry of Education)
- Nutrition indicators of pupils
- Dietary diversification
- Increase and diversity of production
- Knowledge Attitude Practice

Programme 5

- Movement and value of food commodities
- Market volume and diversity; seasonality of availability in markets
- local commodity prices (from market surveys)

H. Coordination

- Food Security Council (FSC) – Presidency

High level, members drawn from line ministries and the Minister of Agriculture Secretary to the FSC and Secretary General is recently appointed through Presidential Decree. SG will have to put in place management system.

- CAADP Country Team-Members from Line Ministries, NGOS, Private Sector (Farmers Union etc.).
- Need to ensure that the members of the CAADP Country Team is represented by all line Ministries that are part of the FSC.
- The CAADP Team reports to FSC (and CAADP team in NEPAD).

I. Capacity

- The Country CAADP Team already exists but needs technical and financial support. Political and institutional support exist.
- Potential partners to support are the line ministries, FAO and CAADP team in NEPAD.
- Capacity development activity development should be included in the Country NAFIS.
- Detail activities will be developed at Country level after consultations with strategic partners.
- The Country Team will carry out quick capacity needs assessment to inform development of realistic capacity building activities.

J. Costing and funding

Costing will be done after looking into existing country programs and projects budgets to extract itemized unit costs per relevant activities planned. In order to achieve that, the CAADP Country Team will carry out of inventory of ongoing programs and project to:

- Identify activities already been done
- Evaluate the gaps
- Extract unit costs