



SOUTHERN SUDAN NUTRITION UPDATE



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Collaborating Government of Southern Sudan Institutions

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Highlights:

- **Malnutrition rates remains at very critical level above the WHO emergency threshold in Southern Sudan since signing of CPA.**
- **The expected harvest forecasted to be better than the previous year which could positively contribute to improve the exiting malnutrition situation**

Introduction

Acute malnutrition in both its moderate and severe forms continues to be a problem of public health significance in Southern Sudan more so in view of its direct underlying relationship to increased risk of severe illness and death in young children and also its deleterious effects on overall child growth and development. The situation is compounded by underlying vitamin and mineral deficiencies in young children. The magnitude, extent and chronic nature of the nutrition problem, poses a big challenge towards efforts to improve overall health and development in Southern Sudan. Continued deterioration in the nutrition situation will further aggravate an already severe situation. Childhood mortality in all categories is already relatively high, thus nutritional situation in the region needs to be considered at all levels of the governments and donors community to be given funding priority. That is to allot resources in order to address the issues of malnutrition independently.

Child Nutrition Situation

Reports of nutrition surveys over the years before the signing of the CPA reveal an average trend of 22% Global Acute Malnutrition (GAM) rates with Severe Acute Malnutrition (SAM) rates above 4%. This trend was confirmed during the Sudan Household Health Survey (SHHS) 2006, the first national survey that included nutrition data from all the 10 states. The findings of the SHHS are displayed in the figure below.

The SHHS 2006 revealed a shocking picture. Malnutrition is not only high but also wide spread. The Global Acute Malnutrition (GAM) rate was 22%, underweight (small/thin for age) was 33% and stunting (short for age) 34% in children less than five years of age. The prevalence of Severe Acute Malnutrition (SAM) was also very high in all states except in central Equatoria. This survey served as a baseline for Southern Sudan because

A joint effort of the Government of Southern Sudan with United Nation Organizations and Non-Governmental Organizations



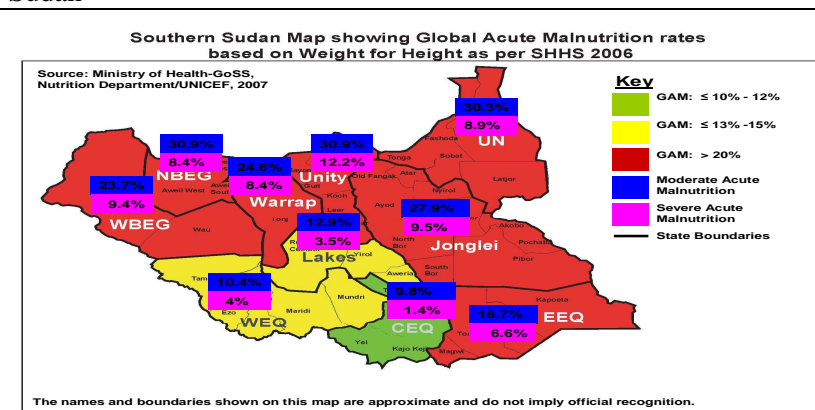
SIFSIA is a programme funded by the European Commission to build capacity in food security in Southern Sudan

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the data was collected in the first year of the implementation of the CPA and it was a nation wide study. Comparing the finding with the current situation, no tangible improvement has been achieved. Current existing reports show an average of 19% GAM of which 3% are severely malnourished (SAM). Although this indicates a decline the rates still remain unacceptably high above the standard WHO emergency threshold of 15% (as recommended for countries with critical public health conditions especially in the sub-Saharan region).

The chronic malnutrition in Southern Sudan is often tied with episodes of recurrent shocks both natural and man-made on the communities and their livelihoods, thus, contributing negatively to their nutritional status. The prevalence varies from one state to another as well as with the seasonal and situational changes for different population groups. Coping mechanisms are widely practiced by various communities but often not effective enough to prevent outbreaks of malnutrition. Aggravating factors are of a wide range and outstanding ones including poor hygiene and sanitation, poor access to quality health services and health/nutrition education in general, inappropriate child feeding and care practices. Poor knowledge amongst care givers coupled with the chronic food insecurity situation in most communities contributes greatly to general lack of dietary diversity, and hence, reduced intake of nutritious diet in Southern Sudan.

Figure 1: Global Acute Malnutrition (GAM) Rates in Southern Sudan



Source: Ministry of health/GoSS, UNICEF

Nutrition Surveys/Assessments Conducted

According to data available in the GoSS Ministry of Health Directorate of Nutrition, in June to July 2010 a number of nutrition surveys and assessments were conducted by different agencies in some parts of Southern Sudan. The results revealed that the malnutrition rates still remain very high above the 15% threshold. In Northern Bahr El Ghazal State surveys were conducted by ACF and Concern in the counties of Aweil East, Aweil West and Aweil North and the results showed that (GAM) and (SAM) rates were 23.1% and 3.2% for Aweil East, 25.7% and 5.6% for Aweil West and 23.6 and 6% for Aweil North respectively. While in Tonj north the GAM and SAM rates were 20. % and 3.7%. In Unity State, Panyijar county MSF-H conducted a rapid nutritional assessment and the GAM and SAM rates were found to be 20% and 0.7%. In Rubkona County the malnutrition rates were 17% GAM and 2% respectively.

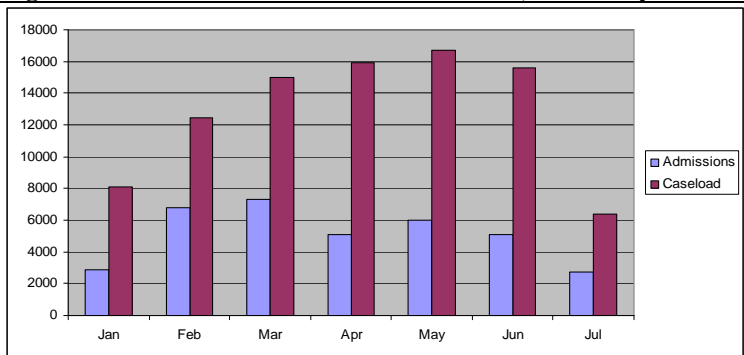
The state ministries of health in Western and Eastern Equatoria conducted assessments in July in the Nzara, Ezo and Magwi counties and it revealed that the GAM and SAM rates were 16% and 6.2%, 22% and 3.2% and Magwi 6.4% and 2.1% respectively (source DN/MOH). The assessments and surveys conducted revealed that the high malnutrition rates could be attributed to the high diseases burden, which is exacerbated by the limited access to health facilities, food shortage due to last two years crop failure and drought as well as high food prices , poor infant and young children feeding practices and insecurity

among others witnessed in most of the communities assessed in parts of the southern Sudan who were already chronically malnourished and food insecure.

Admission in Feeding Centers

Reports submitted to the GoSS MoH DN from nutrition implementing agencies are limited because some agencies have not been reporting. Nonetheless, available reports show that admission rates of malnourished children to feeding programs in the selected program areas or facilities have decreased by the months of July. This could be attributed to improvement in nutrition supplies provided during this reported period. However, it is important to note that the data is too limited to draw conclusions and the low figured could be due to non-reporting.

Figure 2: Admission trend in Southern Sudan, Jan – July 2010



Source: DN/MOH

for malnutrition cases (MSF news web), while in Eastern Equatoria state about 644 malnourished children were admitted and receiving nutritional treatment at the MSF centers in different parts of the state during the month of August. On the other hand nutrition intervention still face challenges in some location where there is flooding because accessibility to the feeding centers by the communities has been hindered (OCHA).

Current harvest prospect and the impact on Nutrition Security

The general food security situation during this reporting period is expected to improve as majority of the communities in most areas have started harvesting the short term maturing crops, which will provide them with the food needs for their nutritional well being. However some areas of Northern Bahr el Ghazal, Unity Jonglei and Eastern Equatoria which were affected by the floods could have low harvest than expected due to the impact of the floods which affected crops.

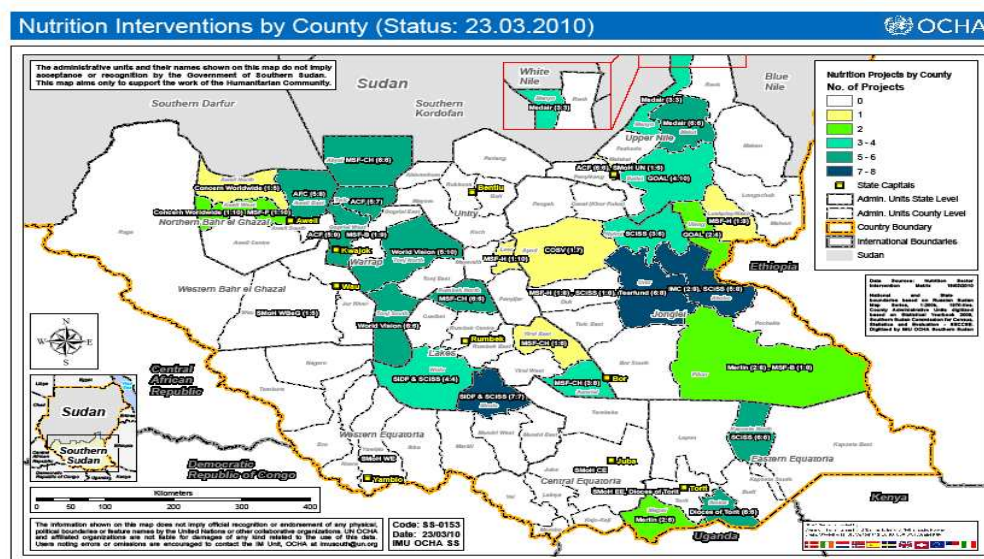
According to the recent Rapid Crop Assessment conducted jointly by GOSS/FAO/WFP, revealed that the agricultural production in 2010 is likely to be improved compared to the situation in 2009 last year season. The expected improvement in production is attributed mainly to increase of cultivated area and timely onset of rainfalls in most parts of the southern Sudan. The livestock condition was observed to be good due to better pasture performance and availability of adequate water for livestock. The prospect of better yield and good performance of livestock is expected to improve the food security and nutritional situation in the forthcoming months.

Current Health Related Issues

The kalazar outbreak since last year September to date in some parts of southern Sudan as Jonglei, Unity, and Upper Nile and Eastern Equatoria states continues to be a major public health hazard. A recent World Health Organization (WHO) situation report revealed a total record of 7011 diagnosed cases by 20th October 2010 with a case fatality rate of 4% and 90% of mortality occurring in the age between 2 months and 17 years. The report established that 80% of case mortality is associated with child malnutrition and late presentation. It is estimated that 70 – 75% of the diagnosed cases will be severely or moderately malnourished and in desperate need of nutritional supplements. The predicted number of new cases of Kala-azar between October 2010 and April 2011 is 6,000 to 7,000 people. In response to this calamity the MoH and implementing partners have recently developed a quick emergency guideline for treatment of malnutrition in Kalazar patients. All implementing partners are called to prevent excessive mortality amongst Kalazar patients by treating underlying or secondary malnutrition.

The Engagement of Nutrition Partners in South Sudan

There are few partners implementing Nutrition programs in Southern Sudan and mainly concentrating in traditionally known problematic pockets in few states. Most areas remain unattended to as displayed in the map provided below. These poses great set back to the fight against malnutrition in Southern Sudan.



Source: DN/MOH (OCHA)

The Government of Southern Sudan (GoSS) Commitment

While malnutrition is raging in Southern Sudan, government capacity to address the nutritional problems still remains very weak. However, currently the Ministry of Health has taken up a clear mandate to

improve the nutritional status of people in southern Sudan. This is stipulated in its interim health policy. In recognition of the critical nutrition situation and dire needs for an effective nutrition service, the Ministry established a complete stand alone Directorate of Nutrition with a separate budget line to formulate policies, develop guidelines and tools for integrating nutrition in various sectors. Other key roles the Directorate plays include resource mobilization, coordination and harmonization of nutrition actions. Currently a nutrition health policy has been drafted, and guidelines for integrated management of severe acute malnutrition have been finalized. The core priorities of the Directorate are to lead sector wide approaches to strengthen and increase capacity for detection, prevention and treatment of malnutrition in Southern Sudan (*source DN/MOH*).