South Sudan Nutrition Cluster

Lessons learned in South Sudan Nutrition Cluster

Exercise conducted by the Global Nutrition Cluster

Synthesis report

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By GNC and South Sudan Nutrition Cluster

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1. Executive summary

This updates summarises how cluster approach is currently being implemented and key lessons learnt in South Sudan with particular focus on cluster management arrangement and core cluster functions (i.e. Supporting Service delivery, information sharing to HC/HCT for decision making, planning and development strategy, monitoring and evaluation, preparedness and contingency planning and Advocacy.) It briefly describes the humanitarian context in in South Sudan, which is characterised by conflict and food insecurity and breakdown in social service for decades.

Under the coordination arrangements, although the cluster already had dedicated Cluster Coordinator, Co-lead and an IMO, the L3 tested the capacity of the existing cluster coordination team, which resulted into heavy reliance on the GNC RRT, as it took so long for the CLA to recruit the longer term cluster coordination team members. The heavy workload of the cluster coordination severely affected their ability to conduct field visits outside of Juba, while a lack of clarity within the coordination team, including the roles of sub national level coordinators as well as reporting lines were highlighted. Weak CLA management of the Cluster Coordination team was also sighted as constrain and the need to strengthened engagement between UNICEF senior management and the cluster coordination teams was emphasized.

The cluster seems to have delivered very well in providing a platform for discussion around service delivery, and this report outlines clearly how this is done. The report however recommended more focuses on discussions around operation issues such as supply and logistical operational issues and solutions to address such problems, as this is what partners seems to value more.

The report also provides good analysis on how the cluster supported HCT/HT decisions by effectively contributing to strategic decision making processes, either by availing Nutrition information for such decision making processes or by participating in the relevant forums. However, a strong link between ICWG and HCT was recommended as well as the importance of ensuring better contributions into the HCT level discussion through the CLA representative was emphasized. Weakness in the integration of cross-cutting issues were highlighted and the need for support from a dedicated GenCap or Accountability to Affected population (APP) advisors who can advise and guide the cluster on the concrete steps needed to implement these components was identified in this report.

The report also highlighted the systematic ways in which the Nutrition cluster prioritized needs during response planning with clear logical steps. Given that prioritisation is often a contentious subject within a cluster context, transparency in decision-making on common cluster-agreed priorities and when partners are deciding priorities for their own sphere of programming was found to be key in ensuring a smooth process. The report also identified weakness in the link between inter-sectoral priorities and recommended the need for improving the cohesiveness of the response through inter-cluster work.

Reporting and monitoring was systematically done, however, reporting rates remained a challenge, while leadership around other programme areas such as IYCF were also cited as a problem, leading to IYCF-E programmes being poorly integrated into the Nutrition cluster response. Although the cluster collected a number of information and keeps an active database on CMAM, IYCF and Micronutrient programme data, surveys and assessment reports as well as screening and RRM data from partners, making sense of these information for the benefit of the collective still remains a challenge. There is also a heavy focus on response and very little on preparedness action and lack of collective advocacy work was also cited as a challenge.

2. Methodology

A number of sources of information were reviewed to complete this report. They include the updated South Sudan Nutrition Cluster Response Plan, South Sudan Nutrition Cluster Response Matrix, South Sudan Nutrition Cluster draft Bulletin, GCC Mission report and South Sudan CPM report, along with recent cluster meeting minutes.

3. Background

On 15 December 2013, violence broke out in South Sudan's capital Juba, quickly spreading to Jonglei, Unity and Upper Nile states. Fighting continued despite a 23 January agreement to cease hostilities. By September 2014, (the time this update was written) more than 1.3 million people have been forced from their homes and tens of thousands have been killed.

Clusters have been active in South Sudan since 2010, however, given the scale of this humanitarian crisis, following the conflict, a system wide L3 has been activated in response to the crisis in December 2013. There are currently 10 clusters activated in South Sudan (Food Security and Livelihoods, Protection, Health, Education, Shelter/NFIs, WASH, Nutrition, CCCM, Logistics and Emergency Telecoms, but the effectiveness of the state level coordination structures varies from one cluster to the other.

There are more than 30 partners actively participating in the Nutrition Cluster in South Sudan and more than 26 operational partners are currently supporting the nutrition response in the three conflict-affected states (Jonglei, Unity, Upper Nile) and high-burden states (NBeG and Warrap).

The South Sudan Updated Nutrition Cluster Response Plan was elaborated in July 2014. The document builds on the Nutrition Cluster strategy that was defined during the May 2014 revision of the South Sudan Humanitarian Crisis Response Plan[1]. This document is complimentary to the needs analysis, gap analysis, response tracking and operational scale-up plans per county, developed by the Nutrition Cluster in June 2014 and the strategy also incorporates the recent UNICEF-WFP scale-up strategy discussions that were conducted in July 2014[2]. In addition to this updated response plan, a set of agreed/approved indicators have been developed to monitor the nutrition response. By the time of writing this update, the South Sudan Nutrition cluster response plans for 2014, had 42% funded according to the latest FTS information ($ 54,790,687 of $ 131,000,000; leaving a funding gap of $ 76,209,313).

4. Cluster Management Arrangements

The Director of Nutrition of the Ministry of Health is the co-chair of the Nutrition Cluster in South Sudan. Consultation is sought from the Director of Nutrition on nutrition cluster agenda items and strategic decision-making. The Cluster Coordination team is formed of Cluster Coordinator, Co-lead Cluster coordinator seconded from ACF, and Information Management Officers. The Nutrition cluster meetings are officially chaired by the MoH, however the chair is formally handed over to the cluster coordination team in the majority of cases. Before the current crisis, focal points were nominated

[1] South Sudan CRP, prepared by UNOCHA on behalf of the Humanitarian Country Team, June 2014
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amongst cluster partners to support state level coordination in the 10 states. However, no clear TORs or reporting systems for those states were defined, this with the onset of the current crisis, the capacity of the cluster partners nominated to lead sub national level coordination was tested. Upon review of the needs to strengthen coordination, the CLA has recommended that the cluster coordination team will have a Cluster coordinator, roving cluster coordinator, and Information manager recruited directly by the CLA, while co-lead position is also being maintained and two additional cluster position (deputy cluster coordination seconded for WFP) and Monitoring Officer, UNV have also been added to the team. At subnational level, SC recruited a dedicated Nutrition Cluster coordinators for one state while in the other states, either UNICEF Nutrition staff are to double hat or other cluster partners staff are to double hut but the TORs and reporting lines were not streamlined, by the time this update is being written.

Best Practice and Lessons Learned:

- The heavy workload for the cluster coordination team means that it is rarely possible to conduct field visits outside of Juba. Understanding the ground realities is important for the cluster coordination team to support operational service delivery. Extra support is needed to take on additional workload, so that cluster team can undertake field visits.
- TORs for cluster coordinators and cluster co-coordinators need to be very clearly articulated in order to ensure that both roles are complementary and that both cluster lead agency and cluster co-lead agency feel comfortable with the level of engagement in the cluster.
- TOR and reporting lines for both UNICEF nutrition staff double-hatting as coordinators at sub-national level and NGO staff supporting coordination at sub-national level need to be very clearly articulated. Feedback and reporting mechanisms from national to sub-national levels and vice-versa also needs to be clearly articulated. It is important to ensure strong feedback mechanisms from the national to the sub-national cluster to increase operational support.
- Strengthened engagement between UNICEF senior management and the cluster coordination team is fundamental to ensuring that both senior management and cluster strategic priorities and key issues are adequately harmonised, advocated and addressed.

5. Core function: Supporting service delivery

The South Sudan Nutrition Cluster meets every two weeks to discuss strategic, technical and operational issues. Agendas and meeting minutes are circulated prior to the meetings and action points are followed up on. Support to service delivery is guided by the overarching Nutrition Cluster Strategic Response Plan and, on a more operational level, by the Nutrition Cluster Response Matrix which focuses on county level action points for scale-up and maps out current responses and gaps. It is hoped that site level reporting will also help to map out, to a payam-level of detail, partner geographic coverage to enhance gap analysis. Discussions around supplies, transportation and logistics also regularly take places in cluster meetings, however the focus needs to be enhanced even further to ensure bottlenecks are adequately tackled in a transparent manner.

Best Practice and Lessons Learned:

- In order to support service delivery effectively, there needs to be a greater focus in cluster agendas on supply and logistical operational issues. Partners value discussions which are operational, focussing on specific geographic locations. These discussions do not necessarily

need to take place in cluster meeting but can be organised on ad-hoc basis, focusing on e.g. states where the relevant partners could attend or through taskforces.

- To enhance better availability of supplies in the field, it is important to implement joint coordination mechanisms with the logistics clusters, with the two UN agencies who provides and manages most of the Nutrition supplies, to ensure pre-positioning of supplies is linked to logistics cluster assets.

6. Core function: Informing HC/HCT decision making

All nutrition surveys and assessments in South Sudan are coordinated through the NITWG. The NITWG meets twice a month to provide technical feedback on survey plans and provide technical validation of completed surveys. To increase the turnaround time for the validation of surveys conducted, a collaboration has been initiated between UNICEF, CDC and ACF-Canada. All data sets are shared with a CDC team in Atlanta who reviews the quality of the data and sends feedback within seven days. The NITWG also reviews the validity of the data and the preliminary comments are shared with the partner. Validation normally takes 2-3 weeks and the validated data sets are subsequently uploaded onto the nutrition cluster website.

In addition to cross-sectional survey data, needs are also determined based on IRNAs, Rapid Response Mechanisms (RRMs) and geographic coverage analysis from the Nutrition Cluster Response Matrix. Priorities are formulated through consultative discussion at the SAG, cluster and ICWG level. In South Sudan gap filling has involved, for the main part, mobile responses through different actors until longer-term solutions can be put in place. The integration of cross-cutting issues needs to be strengthened within the nutrition cluster response, particularly gender and accountability dimensions.

Best Practice and Lessons Learned:

- A strong link between ICWG and HCT is essential to a strong response. This requires a clear mechanism for transmission of information back and forth between the two coordination bodies. An inter-cluster coordinator role should be established with consistent attendance at the HCT to represent ICWG issues. Cluster presence at the HCT should be on a rotating schedule.
- Integration of cross-cutting issues needs particular focus and extra support in an L3. This is best achieved with the support of dedicated GenCap or APP advisors who can advise and guide the cluster on the concrete steps needed to implement these components.

7. Core function: Planning and development of the strategy

The South Sudan Updated Nutrition Cluster Response Plan was elaborated in July 2014. The document builds on the Nutrition Cluster strategy that was defined during the May 2014 revision of the South Sudan Humanitarian Crisis Response Plan[3]. This document is intended to compliment the needs analysis, gap analysis, response tracking and operational scale-up plans per county that were

[3] South Sudan CRP, prepared by UNOCHA on behalf of the Humanitarian Country Team, June 2014

developed by the Nutrition Cluster in June 2014 and also incorporates the recent UNICEF-WFP scale-up strategy discussions that were conducted in July 2014[4].

Broadly, the county-specific analysis conducted by the Nutrition Cluster indicates four different scenarios[5]:

- Partner presence – good geographic coverage, need to increase uptake (Akobo, Nyirol, Pochalla, Aweil East, Aweil North, Aweil South, Aweil West, Aweil Centre, Panyijar, Fashoda, Maban, Malakal, Melut, Twic)
- Partner presence – increase geographic coverage and uptake (Bor, Fangak, Pibor, Twic East, Uror, Mayendit, Koch, Leer, Pariang, Luakpiny/Nasir, Renk, Gorgrial East, Gorgrial West, Tonj East, Tonj North, Tonj South)
- No nutrition partner – access feasible (Longochuk, Maiwut, Manyo)
- Access constraints to scale-up of activities (Ayod, Duk, Canal/Pigi, Abeimhom, Guit, Mayom, Rubkona, Baliet, Panyikang, Ulang)

Donor support, both through Common Humanitarian Funds (CHF) and bilateral funding, has enabled nutrition partners to maintain existing nutrition activities. In addition, expansion of the geographic coverage of nutrition services, beyond what is already being provided, was planned and funded for Panyijiar, Leer, Mayendit, Koch, Rubkona (focusing on Bentiu POC and town), Tonj East, Tonj South, Fangak, Canal/Pigi, Duk, Bor South, Pibor, Luakpiny/Nasir, Longochuk and Fashoda.

All sectoral plans (CRP, recent Nutrition Cluster Response Plan) are formulated based on consultation with the SAG and wider cluster partners. Objectives, indicators and targeted caseload calculations were presented and discussed in cluster meetings and subsequent amendments were included in the plans. Consultation with SAG member and wider cluster members help set the increased budget requirements determined in May 2014, which resulted in 26 operational partners increasing their budget ceilings within OPS to an overall budget for the nutrition response of $131,000,000 for 2014. The nutrition cluster adheres to national guidelines and protocols with regards to management of acute malnutrition, however there is a consensus within the nutrition community that the guidelines needed to be updated. Cluster priorities are formulated through consultative discussions at the SAG, cluster and ICWG level on the basis of needs assessment data (IRNAs, RRMs, cross-sectional survey data) and routine data (screening and admissions data) in addition to gap analysis through the regular updating of the Nutrition Cluster Response Matrix. In addition, clusters were expected on a fortnightly basis to provide priority locations to the ICWG level. Decisions on these locations are taken jointly by the cluster partners and the SAG, in line with the categories above but mainly focussing on areas of intervention gap.

The need to strengthen the implementation of IYCF programming as a life-saving measure was particularly observed within the South Sudan context, especially so because of poor WASH and health situation, especially in certain POC sites (e.g. Bentiu), thus appropriate IYCF programming was thought to be crucial in preventing increased morbidity and mortality in infants and young children. In addition,

4 UNICEF-WFP Joint Nutrition Scale-Up Plan 2014

5 Reflects analysis as of mid-July 2014 but is subject to change given the fast-evolving situation

psychosocial trauma and gender-based violence, resulting from the conflict, was having a profound impact on women and caretakers, and was expected to have a resulting effect on care and feeding practices for infants and young children. Despites all these issues, IYCF programming by all partners was limited to sensitization and mother-to-mother support groups for certain counties, thus the need to scale-up IYCF-E activities significantly in POC areas and the provision of more re-lactation support training to health staff was emphasized in the cluster response strategy.

The gaps in integrated WASH in nutrition programming programme was also highlighted in South Sudan and the need for a stronger leadership from CLA and other partners to ensure systematic distribution of WASH kits to mother-SAM child couples entering OTP or discharging from SC, in a similar manner to what is being implemented in the Sahel was recommended and this could be accompanied by orientation for nutrition cluster partners on the distribution of these WASH kits. While strengthening of surveillance system was also emphasized, as there were observed gaps in the ability cluster to constructively contribute into the IPC analysis.

Accountability to affected populations has been identified as an area that needs to be strengthened within the nutrition cluster response in south Sudan, backed up with a clear guidance, and it was recommended that AAP be a standing agenda items where partners can share best practices and develop feedback mechanisms. The analysis of the integration of accountability to affected populations and its impact on programme decision-making, capacity development and preparedness was recommended.

Best Practice and Lessons Learned:

- Prioritisation is often a contentious subject within a cluster. Transparency in decision-making is the most fundamental aspect of the process, both for common cluster-agreed priorities and when partners are deciding priorities for their own sphere of programming (i.e. RRM)
- A strong link between inter-sectoral priorities and cluster priorities is important to improving the cohesiveness of the response. However it is important to note that sometimes sectoral priorities may differ significantly from cluster priorities and this will often need to be taken into account.

8. Core function 4: Monitoring and evaluation

The nutrition cluster monitors and reports activities through its information management system. The system was already in place prior to the crisis but underwent a number of revisions in 2014. This included revising the reporting formats, the frequency of reporting (weekly reporting was implemented to adhere to OCHA SitRep frequency) and cleaning the database (process still on-going). CRP targets are tracked at national level (macro level) and also, for management of acute malnutrition programme achievement towards the SRP targets can be tracked at a micro level (county-level targets). With this analysis, the cluster can provided information on which countries are on track to meet acute malnutrition treatment targets and which counties required an extra push to increase treatment uptake.

The by mid-2014, the cluster had barely reached 1/3 of its, as programme scale up was constrained by insecurity, logistical, lack of supplies, lack of funding and lack of qualified international personnel, a

problem faced by all cluster partners. Poor security hindered the scale-up of nutrition activities particularly in areas such as Nassir, Rubkona (beyond Bentiu POC), Duk, Baliet, Ulang and Panyikang and transport and logistic constraints (lack of vehicles, boats, fuel, flights and airstrips) was a big challenge, particularly during the rainy season, impacting the adequate provision of supplies and supervision activities and community outreach.

Best Practice and Lessons Learned:

- Precise calculation of reporting rates are important in order to gain a better picture of the evolution of the response and should be systematically communicated to external audiences with monitoring figures
- Extra support is required, under the leadership of specific cluster technical working groups, to improve reporting rates on IYCF and micronutrient supplementation activities in an L3 response
- Systematically tracking the evolution of admissions at county level with regards to targets can improve detection of increased needs ("hotspots" of increased admission) and help to better anticipate increased supply needs
- A large amount of information is collected and needs to be systematically fed back to cluster partners in the form of a monthly dashboard/bulletin/monthly report. Performance indicator monitoring should be systematic at each level (site, payam, county, state)
- Consideration needs to be given to qualitative elements of monitoring reports. These elements hold a lot of operational detail and convey bottlenecks and operational challenges. Discussion on these specific topics is best approached as a standing nutrition cluster agenda point.
- Corrective actions with regards to response monitoring need to be strengthened in L3 contexts. Discussion on issues should initially take place at the level of the nutrition information management working group and be fed back to the larger collective.

9. Core function 5: Preparedness and contingency planning

The nutrition cluster in South Sudan has had limited involvement in contingency planning, given that the focus of energy and effort of nutrition actors is on response and scale-up. Basic operational contingency planning took place amongst nutrition actors operating in Bentiu POC, in order to anticipate a rapid rise in the number of people arriving at the camp during July 2014. Areas of responsibility for the nutrition response for Bentiu POC were established and supply orders and pre-positioning were modified accordingly. The plan was prepared by the Bentiu nutrition cluster with the support of the Juba nutrition cluster.

Best Practice and Lessons Learned:

- Contingency planning is best achieved with strong involvement from the CLA, with appropriate mechanisms to quickly establish partnerships and supply mechanisms.
- Commitments from partners are hard to harness for preparedness work and contingency planning, especially at the peak of a L3 response, thus the concept of provider of last resort for the CLA becomes even more crucial when undertaking contingency planning and the CLA leadership on this needs to be strengthened.

10. Core function 6: Advocacy

Nutrition cluster advocacy in South Sudan has remained unstructured. There have been punctual advocacy initiatives undertaken at the HCT level, with the support of the CLA, however formal

communications pieces have not been developed. Given that food security indicators have improved slightly in the past months, it would be useful for the South Sudan cluster to develop an advocacy piece around the continuing nutrition vulnerabilities and the continued need for nutrition response scale-up.

Best Practice and Lessons Learned:

- Nutrition cluster advocacy may often focus on quantitative needs, in terms of caseloads and number of people affected. However it should also capture the on-going response and challenges related to operational issues such as logistics, human resources and supply.