Bearing the Cost of Crisis: Nutrition in South Sudan

May 2015

Executive Summary

Rates of acute malnutrition for children and vulnerable mothers in South Sudan have always been deplorable. The recent conflict, which began in December 2013, has only served to exacerbate a bad situation, making it harder to reach the acutely malnourished with critical treatment, as well as to address the factors underlying chronically high levels of acute malnutrition across the country.

Recent assessments forecast that food insecurity will worsen in South Sudan in the coming months with nearly 40 percent of the national population in need of emergency food assistance. Rates of acute malnutrition will also rise with children at greatest risk. After children, pregnant and lactating women are most vulnerable.

Meeting the needs of these children and women will take concerted effort by humanitarian and development actors. However, the ultimate responsibility for safety and survival of South Sudan’s citizens rests with the nation’s warring factions, which must choose peace and resolve to build a more equitable society.

Over the last 18 months, nearly 2.1 million South Sudanese have been displaced—over 1.5 million inside South Sudan, many in remote areas. While the conflict is widely seen as limited to three states—Unity, Upper Nile and Jonglei—the entire country is bearing the brunt of the crisis.
Recommendations

▪ Redouble peace efforts:
  - Parties to the conflict must find a political solution to end violence and put the needs of the civilian population, especially children and vulnerable mothers, above their own agendas.

▪ Strengthen humanitarian assistance:
  - Donors should increase support for the logistics necessary to deliver assistance essential to treating acute malnutrition; such operations are expensive but lifesaving.
  - Parties to the conflict should allow aid to be delivered, particularly across frontlines, and avoid ad hoc taxation and bureaucratic delays.
  - Rapid response teams should actively coordinate their efforts and operate under a clear mandate; as much as possible, they should anchor their work to that of humanitarian actors with a permanent presence on the ground. The United Nation’s Office for the Coordination of Humanitarian Affairs (OCHA) is best placed to provide leadership to maximize their effectiveness.
  - The humanitarian aid community should explore new ways of treating malnutrition in South Sudan. Donors should support innovation with resources for research and funding for programs that test creative approaches to delivering treatment.
  - Donors and humanitarian actors should continue to give malnourished children under the age of five, along with undernourished pregnant and breastfeeding women, priority for treatment and protection.

▪ Focus on long-term solutions, particularly in areas largely unaffected by conflict:
  - Malnutrition in South Sudan is a chronic issue that is exacerbated by conflict. Sustained, longer-term approaches are possible in many areas and should be seen as central components to alleviating acute malnutrition in South Sudan.

Why nutrition matters

Acute malnutrition is responsible for nearly half of all deaths of children under the age of five across the globe. It often occurs during humanitarian crises (although not exclusively).

A child becomes acutely malnourished when he or she rapidly loses weight or fails to gain weight as a result of illness and/or a sudden lack of food1; without immediate treatment, acutely malnourished children are at high risk of dying. Because of the unequal standing of women, they also are more vulnerable to malnutrition—and more likely to pass this condition on to their children.

Acute malnutrition undermines children’s cognitive ability, school performance and earnings capability, not to mention the “the development potential of nations.”2 In the case of South Sudan, a nation that has suffered decades of war and deprivation, malnutrition serves as yet another hurdle to development. It is sapping the country of future generations of parents, doctors, nurses, lawyers, civil servants, and community and political leaders.

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1 https://www.wfp.org/hunger/glossary
Conflict eliminated foothold on progress

South Sudan did not have to end up in its current precarious position.

In November 2013, one month before armed conflict erupted, the U.N.'s Food and Agriculture Organization (FAO) estimated that the food security outlook for 2014 was the best that South Sudan had seen in five years—a glimmer of progress after years of war with the north. There were, of course, important nuances to these projections, particularly regarding malnutrition. Food security is just one element among many that impact acute malnutrition. Despite relative progress, many parts of the country, including those directly impacted by the conflict, have a history of acute malnutrition.

Unfortunately, conflict has dealt a significant blow to hope of progress. The current crisis has exacerbated these persistently high levels of acute malnutrition and child mortality. No country can afford conflict—and one that faces cyclical bouts of acute malnutrition like South Sudan least of all.

Challenges to the 2014 humanitarian response

Fighting began in December 2013 just as humanitarian organizations were ramping up their annual efforts to preposition crucial supplies—including therapeutic foods to treat acute malnutrition—ahead of the rainy season.

In many places, the conflict brought prepositioning to a halt. This disruption was compounded by widespread looting of preexisting food stocks and essential supplies. When the rains came, people were scattered across the country, many in remote areas with little to no access to lifesaving assistance.

Nonetheless, donors and humanitarian agencies mounted an impressive response to ensure critical food, medicine, nonfood items (NFIs), and other essential goods reached those in need. Much of this work was accomplished with rapid response mobile teams deployed on short stints to assist the most vulnerable in hard-to-reach locations. The work of these teams, and of NGOs like the IRC which maintain a permanent presence in remote areas, proved immensely helpful in moving relief supplies and averting famine. By December 2014, assessments showed an overall improvement in the nutrition situation in South Sudan (although acute malnutrition rates remained above the emergency threshold in Northern Bahr El Ghazal and Warrup states, places with historically high prevalence of acute malnutrition).³

³ South Sudan Food Security and Nutrition Monitoring, Round 14, Nov/Dec 2014

Left: A displaced girl holds her brother outside their makeshift home in Juba. Photo: Peter Biro/IRC.
Strengthening humanitarian assistance to save lives

The 2014 humanitarian effort overcame significant challenges to achieve results. In 2015, the humanitarian community should address four persistent challenges if we are to improve the lives of acutely malnourished children: logistics, access, rapid response and treatment.

Improved, well-funded logistics

There are few paved roads in South Sudan, and during the rainy season many become impassable. In the past, the humanitarian community has dealt with this reality by prepositioning humanitarian materials during the dry season and airlifting emergency supplies during the rainy season. In 2014, the humanitarian effort relied heavily on the use of air assets to move essential supplies and personnel. But difficulties of moving lifesaving materials by air far outstripped the capacities of the U.N. Logistics Cluster, which coordinates the common system for moving relief supplies. Organizations like the IRC were forced to charter planes at great expense.

Such challenges remain in 2015. Aid convoys have had to adopt circuitous delivery routes to avoid areas of active conflict. Given continued infrastructural barriers and ongoing violence, and the insufficient capacity of the Logistics Cluster to operate under such constrained circumstances, the humanitarian community should continue to put substantial resources into logistics in order to ensure the delivery of lifesaving nutrition supplies. In addition to continuing to fund the Logistic Cluster, donors must also provide support directly to humanitarian organizations to meet logistics requirements.

Unhindered access

On balance, the 2015 prepositioning effort has been successful: the humanitarian system has stocked supplies for the treatment of acute malnutrition in key hubs across the country. However, the ease and speed with which these supplies can be delivered onward to critical locations still depends on the willingness of the parties to the conflict to not interfere with the humanitarian effort. The rapid decline in the economic situation in South Sudan has corresponded with increasing ad hoc changes in taxation, immigration and customs policies by the government and opposition groups—all of which have slowed the delivery of humanitarian assistance. While parties to the conflict have publically committed to permitting full humanitarian access, high-level commitments are not always adhered to by lower-level officials in the field.

Furthermore, local traders play a significant role in getting food and goods to communities during the rainy season. Traders’ efforts are always challenged by South Sudan’s poor road infrastructure. Now, with ongoing fighting, some key water routes are blocked. Parties to the conflict must allow traders the access they need to supply markets; communities urgently depend on it.

Efficient rapid response (in sync with sustained efforts)

The humanitarian community should improve coordination between the multiple rapid response teams and ensure that their work is complemented by actors with a longer-term presence in South Sudan. A Operational Working Group, established to provide more coherence to rapid response, needs to move beyond sharing information to serve as a much-needed decision-making and priority-setting platform. Furthermore, the humanitarian community should ensure rapid response teams operate under a clear mandate, with common assessment and response tools, and with an early-warning capacity linked with emergency preparedness planning and the overall humanitarian coordination system.
The IRC is working with humanitarian donors and actors to help facilitate these changes. One key step is to link, as much as possible, rapid response efforts to a permanent humanitarian presence in order to establish sustained delivery of assistance to communities in need. This is particularly true of efforts to treat acute malnutrition, which can last from six weeks to three months. Rapid response teams can identify acute malnutrition and set-up other lifesaving services, but a longer-term humanitarian presence is needed to deliver treatment for acute malnutrition.

Ultimately the range of factors underpinning nutrition is best addressed by sustained efforts to meet the basic needs of children: access to health care, support for breastfeeding, dietary diversity, even education and for mothers’ information on family planning. A more permanent humanitarian presence helps identify solutions that promote resilience and support local efforts to curb food insecurity and malnutrition. Long-term efforts can help newly emerging supply markets function more effectively and, in so doing, supply sufficient quantities of food. Such activities should become priorities for the humanitarian community regardless of local situations.

**Innovative approaches to treatment**

Even with fixes to the humanitarian supply pipeline and more efficient and grounded rapid response work, many acutely malnourished children will go without life-saving assistance. The current standard of care in South Sudan is to provide treatment for acute malnutrition without other health issues at local health facilities. This method is obviously challenged by the patterns of displacement in conflict-affected states, where many people cannot reach health facilities at all due to fighting or lack of resources.

Even in states without active fighting this standard of care does not adequately account for the realities many families face. Significant numbers of acutely malnourished children and women do not have access to health facilities. Many others with access to facilities can’t remain long enough to receive a full course of treatment which can last 12 weeks. People live far from health posts and lack transport, and travel is impeded by poor roads and geographic barriers such as swamps. In Panyijiar County in Unity State, for example, IRC surveys found that only 64 percent of children with severe malnutrition had access to health services; in Aweil South County in Northern Bahr el Ghazal State, the proportion dropped to 41 percent.4

Other surveys in South Sudan show equally low coverage, which must be presumed worse in emergency-affected areas where service coverage can’t be measured.5

Organizations like the IRC are exploring innovative ways to bring treatment closer to those suffering acute malnutrition. Such innovation is critical, not only to improve the humanitarian outreach to malnourished children and women in conflict-affected states, but also to improve efforts to treat acute malnutrition in states without active fighting. In order to safely and effectively address the shortcomings of the traditional treatment model, donors should provide funding for research to test, scale and measure new service delivery approaches.

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Long-term solutions impeded by conflict

Conflict in South Sudan undoubtedly has impeded the delivery of essential humanitarian supplies, but conflict is not the root cause of acute malnutrition in this nation.

The systemic drivers of malnutrition—inadequate food, unclean water, deficient or absent health care, insecurity, and discrimination against women, among other factors—need to be addressed and mitigated. Unfortunately, conflict has stalled the donor-aided progress toward recovery and self-sufficiency and has contributed to a degradation in access to and availability of essential services.

- **The poor performance of South Sudan’s small-scale agriculture, in part rooted in a culture that relegates farming to a minor activity meant for family sustenance and not for market surplus, and the dearth of available livelihoods combine to restrict dietary diversity.** In places like Aweil South County in Northern Bahr El Ghazal, families grow enough food for a few months, but then must resort to buying food on the market—a dubious proposition given most families’ unreliable sources of income and limited purchasing power. In Leer County, Unity State, active fighting has destroyed markets and communities now depend on the international aid community for food (or on interventions like the distribution of fishing gear). In areas near to active fighting, communities don’t plant out of fear and uncertainty.

- **The availability of safe, clean water sources has been and continues to be extremely limited.** Communities in places like Leer and Ganyiel counties in Unity State are hosting large numbers of displaced persons. There are boreholes, but given the extra demand many families must collect water from swamps and other stagnant sources.

- **Access to health facilities, training of health care workers and availability of drugs have been persistent problems in South Sudan.** Before the conflict began, donors were working with the government to make health care more sustainable. While donors are continuing to support the provision of basic health care at existing local clinics, conflict has brought efforts to expand the quality and availability of services to a halt. In some places health care workers have fled and clinics have closed.

- **Even in areas unaffected by active fighting, security has diminished as a result of the conflict.** The proliferation of weapons and lack of law and order have had significant impact on families’ ability to pursue agro-pastoral and other income-generating activities. In Lakes State—a state not considered “conflict-affected” but nevertheless riven by long-standing internal strife—conditions in at least five counties (Yirol East, Rumbek Center, Rumbek North, Rumbek East, and Cueibet) fell from moderate food insecurity in September 2014 to needing urgent humanitarian assistance in December 2014.

- **Gender inequality is a persistent driver of acute malnutrition in South Sudan—chronic discrimination and violence against women and girls exacerbated by conflict.** The humanitarian community should prioritize the concerted effort against gender discrimination in access to food. Investing and empowering women enlarges their freedoms and reduces their exposure to violence and food deprivation, thus ensuring better nutrition for their children.

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6 While a firm historical picture of the rates of acute malnutrition in South Sudan is difficult to obtain given ranges of data collection and quality of surveys conducted over the last two decades, global acute malnutrition (GAM) rates in Aweil South County in Northern Bahr El Ghazal State, for example, have hovered at or above the critical threshold of 15 percent since 2002. Measurements of children’s mid-upper-arm circumference (MUAC), another, potentially more reliable indicator of the prevalence of malnutrition in South Sudan, have also historically been above emergency thresholds.
Without addressing these systemic drivers of malnutrition in South Sudan, acutely malnourished children and pregnant and breastfeeding women will remain in the same precarious situation. Without a dedicated, long-term, multifaceted effort to address the root causes of hunger, the humanitarian community is faced with treating acute malnutrition year-in and year-out. Donors should continue to address immediate and urgent needs of conflict-affected people, but given the likelihood of a protracted crisis, a focus on longer-term support should include non-conflict areas as well as those directly affected by fighting.

Ultimately, only peace will provide the stability to make investments in South Sudan sustainable and enable communities to get back on the path toward development and tackle long-standing challenges. For this to occur, parties to the conflict should find a political solution that puts the needs of the civilian population—especially children and vulnerable mothers—above their own agendas.

Where the IRC works in South Sudan
The International Rescue Committee (IRC) responds to the world’s worst crises, helping to restore health, safety, education, economic wellbeing, and power to people devastated by conflict and disaster. Founded in 1933 at the call of Albert Einstein, and at work today in over 35 countries and 25 US cities, the IRC helps people to survive, reclaim control of their futures, and strengthen their communities.

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