

SUDAN: South Sudanese Refugee Response

September 2018

WHITE NILE STATE

Background

Preliminary results for the Standardized Expanded Nutrition Survey (SENS) for refugee camps in White Nile State were released at the end of June, indicating critical (>15%) global acute malnutrition (GAM), with severe acute malnutrition (SAM) above emergency levels (>2%). Key drivers include ongoing food insecurity, and nutrition programme gaps related to low enrolment and treatment adherence.

The findings also point to the wider effects of chronic underfunding for the response, especially for WASH, health and livelihoods assistance. The SENS was conducted jointly by UNHCR, UNICEF, WFP, WHO, State Ministry of Health (MoH), the Commission for Refugees (COR), the Humanitarian Aid Commission (HAC), the Sudanese Red Crescent Society (SRCS) and Global Health Foundation.

Inter-agency partners are working closely together through the Refugee Working Group (RWG) in White Nile State on the planning and implementation of a comprehensive multi-sectoral response to improve and scale-up nutrition programming, and address gaps in health, WASH and food assistance. An inter-agency action plan has been developed. An overview of actions implemented to 31 August is described below.

Action Plan Progress

Scale-up of nutrition programming

UNICEF is leading a *Find-and-Treat Campaign* as an accelerated strategy to quickly identify refugee children under 5 years in need of treatment for SAM and MAM. Nutrition outreach is integrated with primary health service provision, including treatment for diarrheal diseases and other childhood illness, measles immunization, Vitamin A supplementation, and identification and referral of pregnant women for antenatal care (ANC). The campaign is planned for two

Summary of SENS acute malnutrition data for White Nile camps

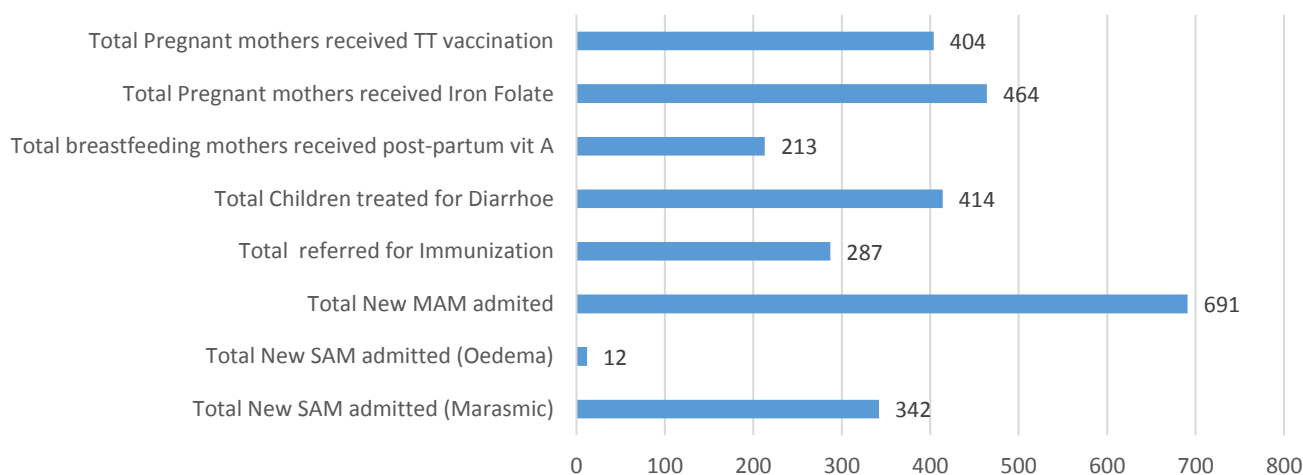
Camp	Total children screened	95% C.I.			WHO 2006 Classification
		GAM	MAM	SAM	
KHOR ALWAREL	n = 346	19.4 % (15.5 - 23.9)	13.3% (10.1- 17.3)	6.1% (4.0- 9.1)	Critical: GAM + SAM
UM SANGOUR	n = 323	16.1% (12.5- 20.5)	14.2% (10.8- 18.5)	1.9% (0.9- 4.0)	Critical: GAM
ALREDIS I and II	n=325	18.5% (14.6- 23.0)	16.6% (13.1- 21.0)	1.8% (0.8- 4.0)	Critical: GAM
ALKASHAFA	n=336	13.1% (9.9-17.1)	11.9% (8.9- 15.8)	1.2% (0.5- 3.0)	Serious: GAM
JOURIE	n=349	14.3% (11.0- 18.4)	10.6% (7.8- 14.3)	3.7% (2.2- 6.3)	Serious: GAM Critical: SAM
ALAGAYA & DABAT BOISIN	n=396	13.6% (10.6- 17.4)	12.4% (9.5- 16.0)	1.3% (0.5- 2.9)	Serious: GAM

rounds to stabilize the nutrition situation in the camps, with a return to routine nutrition service provision thereafter.

Nutrition partners have adopted the SENS recommendation to use a combined MUAC, oedema and Weight-for-Height (WFH-z) screening protocol to address nutrition programme enrollment gaps, which will be regularized across all camps by the end of 2018.

The first round of the campaign was completed in July by UNICEF, supported by the SMOH, UNHCR, WFP, HAC, SRCS, MSF-Spain and RAFA. Nearly 16,700 refugee children were screened across all camps, with South Sudanese refugee community volunteers carrying out door-to-door case finding across all camps. Nearly 1,100 children were admitted for SAM and MAM treatment. Additional details on nutrition service provision as of 31 August is outlined below. UNICEF is preparing a progress report on coverage, disaggregated screening data, challenges and lessons learned from the first round to inform an updated plan and timeline for the second round of the campaign.

Nutrition services delivered in July and August



The *Find-and-Treat* campaign adopts a community management of acute malnutrition (CMAM) approach. CMAM aims to reduce malnutrition incidence and improve public health outcomes by providing essential prevention support and enabling community volunteers to identify and initiate treatment for children with acute malnutrition before they become seriously ill. Nutrition partners plan to integrate the CMAM approach across all nutrition programming moving forward, and a strategy for regularized screenings in all camp locations is in development. WFP and UNICEF are also working together to review their separate supplementary feeding programmes (SFPs) in order to mitigate duplication, improve nutrition programme coordination and ensure programme quality.

Improved food security

Despite ongoing fuel and transportation challenges, WFP worked to complete prepositioning of food supplies for refugee camps in White Nile from June in order to mitigate risk of food assistance gaps. Full rations in June and July were provided in all White Nile State camps, except for salt. WFP's blanket supplementary feeding programme (BSFP) is an integral part of general food distribution (GFD), and reached 24,563 children under 5 years and pregnant and

lactating women in August. Pipeline breaks for iodized salt and ready-to-use supplementary food (RUSF) persist across the response and are expected to continue until the end of 2018; however, WFP has prioritized available RUSF supplies for White Nile and South Kordofan nutrition response.

GFD Summary for refugee camps in White Nile State, January – August 2018

	Standard ration (per person per month)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Cereals	14.25 kg	14.25	14.25	14.25	14.25	14.25	14.25	14.25	14.25
Pulses	1.8 kg	0	0	0	1.8	1.8	1.8	1.8	1.8
Oil	0.9 kg	0	0	0	0.9	0.9	0.9	0.9	0.9
Salt	0.3 kg	0.3	0.3	0.3	0.3	0.3	0.3	0	0
Total kCal (per person per day)	2,081 kCal	1,610	1,610	1,610	2,081	2,081	2,081	2,081	2,081

Inter-agency partners recognize that GFD and BSFP alone cannot ensure household food security unless it is integrated with livelihoods programming and other income-generating interventions. Partners are engaged in discussions through the RWG to develop strategies to link livelihoods initiatives with GFD and other food assistance.

Addressing health service gaps

UNICEF, WHO and SMOH will lead on the development of a vaccination and micronutrient (Vitamin A and folate/Fe) supplementation strategy to improve coverage among children under 5 to UNHCR emergency standard of $\geq 95\%$ for measles vaccine coverage and $\geq 90\%$ for Vitamin A coverage and maximize antenatal and postnatal coverages and provide Iron/Folate for pregnant women. This will address anaemia and disease risk among refugee children and reproductive age women in the camps.

WHO and SMOH have distributed drugs from their emergency stocks to cover drugs shortages at refugees camps in July and August. UNHCR has secured funding from the Central Emergency Response Fund (CERF) for a multi-sectoral health and sanitation project to support continuity of health services across all camps, including the procurement of drugs and essential medical supplies to cover gaps until the end of 2018. The project will also facilitate the rehabilitation of four health centres at Alagaya, Jouri, Al Redis II and Um Sangour to improve service capacity and access to essential health services for refugee communities.

UNHCR is also providing basic support to public referral hospitals to contribute to broader health system improvements for host communities in the State. However, host community demand for free primary health services at refugee clinics remains high, accounting for approximately 40 to 45 per cent of clinic consultations, and indicating health service gaps for the State's resident populations that likely require support from the broader Health Sector.

Addressing WASH gaps

Widespread open defecation across all camps remains a key challenge. UNHCR has initiated planning for a Knowledge, Attitudes and Practices (KAP) Survey to facilitate a more in-depth assessment of water supply, sanitation and hygiene issues across all camps. Inter-agency training for the KAP Survey is planned for 23-27 September. In addition to UNHCR, fifteen

participants have been identified including: UNICEF, the Catholic Agency For Overseas Development (CAFOD), Sub-saharan International Development Organization (SIDO), Plan International Sudan, Eithar Organization, the Sudanese Red Crescent Society (SRCS), Friends of Peace and Development Organization (FPDO) and MSF-Spain. Roll-out of the survey is planned for December 2018.

UNHCR completed a latrine functionality survey in August to assess the state of latrines in each camp. Despite progress on latrine construction by the Adventist Development & Relief Agency (ADRA), Plan International and CAFOD, average latrine coverage is still approximately 91 persons per latrine across all camps. Al Redis I is the worst affected with just 18 functioning latrines resulting in 633 persons per latrine. This is followed by Al Kashafa, Jouri and Al Redis II with over 100 persons per latrine. Latrine gaps are largely driven by a lack of functioning latrines, aggravated by the halting of desludging/pit emptying activities following a SMOH directive to partners to stop using the latrine pit emptying site due to a lack of fencing. ADRA is installing the required fencing. Meanwhile, UNHCR and WASH partners are exploring potential for onsite pit emptying.

WASH partners are also working to replace current communal latrines with lower-cost household latrines to improve latrine coverage, reduce open defecation, promote good hygiene and prevent infectious disease, and ensure the safety, dignity and privacy of refugees living in the camps.

A new camp, Al Jameya, has been established to support the decongestion of Al Waral, and site extensions to support decongestion of Al Kashafa, Jouri and Um Sangour. So far, 1,554 household latrines are being constructed, with CERF funding secured by UNHCR to construct an additional 2,230 household latrines. The remaining household latrine gap for Al Jameya and the other site extensions is 5,900 units.

**Latrine coverage in White Nile camps
(as of 31 August 2018)**

Camp	Persons per latrine
Al Redis I	633
Kashafa	181
Jouri	125
Al Redis II	118
Khor Al Waral	91
Um Sangour	65
Alagaya	50
Dabat Bosin	42
Average	90.6

SOUTH AND WEST KORDOFAN STATES

Background

In August, preliminary findings from a SENS conducted for refugee settlements in El Leri, South Kordofan (in May) indicated a worrying nutrition situation, with critical GAM of 17.6 per cent and SAM of 4.2 per cent, with low nutrition programme enrollment and coverage. The situation was made even more urgent by ongoing food distribution gaps, food and nutrition supply pipeline breaks, and extremely limited access to livelihoods. West Kordofan faces a similar situation, with SENS data in November 2017 indicating 'critical' levels of GAM at 19.6 per cent and SAM of 4 per cent.

Plan of action

UNICEF and nutrition partners have developed an accelerated action plan for both South and West Kordofan States. The Plan includes a *Find-and-Treat* campaign and integrates primary health services, including infant and young child feeding (IYCF) counseling, Vitamin A supplementation, immunization, Integrated Management of Childhood Illnesses (IMCI) and ANC. The Plan will be supported by the SMoH, UNHCR, WHO, UNICEF, Save the Children, Care International Switzerland (CIS) and Concern Worldwide. It includes the adoption of the CMAM approach and joint-coordination by UNICEF and WFP of nutrition programming to mitigate duplication, ensure complementarity and programme continuity.

The first round of the *Find-and-Treat* campaign will begin in October, followed by a second round in November. According to UNICEF, routine MUAC screenings are sufficient for case identification in South and West Kordofan, and the Plan will not adopt WFH-Z screening protocol due to higher cost and logistical challenges. Joint supervision by UNICEF, UNHCR, WHO, WFP and SMoH will provide support to campaign teams and review daily progress of implementation to inform lessons learned and plan adaptation.

Addressing food assistance gaps

WFP has completed food prepositioning for key refugee locations in both South and West Kordofan ahead of the rainy season. Rations have included salt in some locations in both states, and WFP has allocated available RUSF supplied to refugee locations in South Kordofan. The BSFP reached 1,718 children under 5 years and pregnant and lactating women in August.

Improved WASH service provision in South Kordofan

Water supply gaps persist in South Kordofan. Recent estimates indicate water supply access in El Leri ranges from 6.5L to 8L per person per day due to frequent breakdowns of boreholes. UNICEF is leading borehole repair work. UNHCR is working closely with CIS on the construction of a new haffir that will improve water supply to at least 15L per person per day.

CIS is also addressing WASH service gaps in El Leri through household latrine construction and hygiene promotion activities. Latrine coverage is currently approximately 17 persons per latrine in El Leri, which aligns with UNHCR emergency standards (<20 persons per latrine).

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LINKS

UNHCR Data Portal for the South Sudan Situation:

<http://data2.unhcr.org/en/situations/southsudan/location/1904>

Revised 2018 South Sudan Regional Refugee Response Plan:

<https://data2.unhcr.org/en/documents/download/65387>