

REGIONAL FRAMEWORK FOR ENSURING FOOD SECURITY AND NUTRITIONAL WELL-BEING FOR SOUTH SUDANESE REFUGEES

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Food Security: KEY ISSUES

Food pipeline

WFP requires 450 million USD to meet food needs for both the IDPs in South Sudan and the refugees in Ethiopia, Kenya, Uganda and Sudan. This includes the increased costs for air surge capacity as roads are impassable due to the rainy season and/or insecurity. Shortfalls may lead to reduced rations for refugees, who often rely entirely on food assistance to meet their needs. Reduced food rations may lead to food insecure households practicing negative coping strategies, e.g. mothers reducing their food intake and that of their daughters.

Rainy season

As the rainy season is ongoing in South Sudan, household grain food stocks are at their low point, and waterlogged roads hamper both market activity and transport of food assistance.

Ongoing violence

In the Greater Upper Nile region, armed conflict causes serious limitations to the humanitarian assistance outreach, and continues to amplify the seasonal food insecurity. The harvest will last for a few months only as the planting season has been severely disrupted.

Food security interventions

Because of limited resources, some food security interventions in the refugee camps are being interrupted, such as the back gardening in the Unity camps in South Sudan.



OCAL MEN CARRY AWAY BAGS OF LENTILS AND SORGHUM

Nutrition: KEY ISSUES

Malnutrition

The results of recent assessments by the nutrition cluster in South Sudan has shown critical levels of malnutrition in several counties. Likewise, malnutrition rates among the South Sudanese new arrivals in the neighboring countries are unacceptably high. The results of the regular screening of South Sudanese new arrivals in Kakuma (Kenya) show a Global Acute Malnutrition (GAM) rate of 23.5%. Nutrition survey results from Gambella refugee camps (Ethiopia) show 28% GAM and 46.9% anaemia among children under five. A Food Security and Nutrition Assessment among South Sudanese refugees (new caseload) in Adjumani, Arua and Kiryandongo districts conducted in February 2014 also showed a critical GAM rate of 19.6% and 63.8% of anaemia among children under five.

Preventative programs

Because of funding constraints, challenges are being met to maintain full implementation of the Blanket Supplementary Feeding Programs (BSFP) and the Infant and Young Child Feeding (IYCF) programs in the refugee camps, as sometimes nutrition products are running out and capacity of staff is low. This might lead to a worsening of the malnutrition situation in the refugee camps.

Outbreaks

Particularly in Kenya and Ethiopia, refugee camps are getting congested and in combination with poor WASH (Water, Sanitation and Hygiene) conditions, it creates the perfect conditions for disease outbreaks such as hepatitis E and cholera. In addition, during the rainy season the prevalence of malaria is high. These diseases increase the nutritional needs, and ask for an integrated approach for WASH, shelter and nutrition.

Human resources

Staffing levels are not adequate to handle the increasing number of children in the inpatient and outpatient feeding programs in the refugee camps. There is also a need for more nutritionists who are responsible for the coordination of the emergency response.



Objectives

The specific objectives for the Food Security and Nutrition response to the refugees are as follows:

- 1. Ensure access to food for all refugees (and especially for the new arrivals)
- 2. Support livelihood activities to improve food security
- 3. Deliver quality, life-saving management of acute malnutrition
- 4. Ensure access to programs preventing malnutrition
- 5. Ensure enhanced needs analysis of the Food Security and Nutrition situation, and enhanced coordination and monitoring of the response

STRATEGY: KEY APPROACHES

Access to food assistance

In coordination with WFP, pipeline breaks will be anticipated for timely mobilization of resources. UNHCR will ensure timely and accurate registration allowing refugees to receive the right food entitlement. In collaboration with partners, UNHCR will ensure safe and fair food distribution by providing timely and clear information to the refugees, by establishing an efficient complaints mechanism, by providing weigh stations for refugees, and by doing Food Basket Monitoring (FBM) as well as Post Distribution Monitoring (PDM). For more efficient registration, WFP and UNHCR will look into the possibilities of using biometrics (as being applied in Kenya). The feasibility and appropriateness of using Cash Based Interventions (CBI) for either part or all of the food ration will be explored.

Promotion of livelihoods

Together with partners, UNHCR will support context-specific livelihood activities such as agriculture in Uganda



Along with UNHCR basic relief items and food provided by WFP, newly arrived South Sudanese refugees are provided by the Government with plots of land. Here, refugees are shown to their plots by a Government official.

✓ Infant and Young Child Feeding (IYCF)

In collaboration with partners, UNHCR will scale up IYCF activities and address issues such as capacity, linkage to Antenatal Care (ANC) services and Breast Milk Substitutes (BMS).

Management and prevention of malnutrition

Together with partners, UNHCR will ensure regular screening for malnutrition among new arrivals and referral to the appropriate feeding programs. There should be uninterrupted nutrition supplies through anticipation of stock-outs and timely mobilization of resources. There will be close collaboration between health and nutrition partners to ensure referral of vulnerable groups to preventative nutrition programs.

Monitoring of the Food Security and Nutrition situation and response

This goes along with effective partnership and coordination. The Global Memorandum of Understanding between WFP and UNHCR describes the roles and responsibilities of both agencies in food assistance and nutrition programming, including monitoring. It states that FBM and PDM will be done jointly by WFP, UNHCR and partners, while UNHCR and its nutrition partners will monitor the nutrition programs and conduct nutrition surveys. The results from monitoring and assessment activities should feed into better programming.

✓ Human resources capacity

Both by strengthening existing capacity and by mobilizing resources for recruitment of nutritionists, human resources capacity will be increased for an effective Food Security and Nutrition response.

Prevention of Sexual and Gender-Based Violence (SGBV)

Together with partners, UNHCR will advocate to prevent SGBV and/or gender related discrimination linked to food security and livelihoods assistance.

✓ Refugee participation

The response will only be efficient if the refugees themselves are actively involved in all stages of the program cycle. Their participation should be meaningful, safe and should include both genders and all ages, as well as those refugees with specific needs.

✓ Multi-sectorial programming

Integration between health and nutrition activities is essential for referral and coverage of management and prevention of malnutrition. Malnutrition is often exacerbated by poor WASH conditions, and disease outbreaks increase the nutritional needs. UNHCR and its WASH partners will provide hygiene promotion campaigns, distribute soap and aim at establishing clean and sufficient latrine structures. Inadequate shelter may result in increased exposure to diseases. UNHCR is responsible for the provision of sufficient non food items, including cooking fuel, pots and stoves, which are directly related to food security.



Magboola travelled with her 3 children for 12 days. The most important thing she was able to bring with her is the cooking pot she holds in this photograph. It was small enough she could travel with it, yet big enough to cook sorghum for herself and her 3 daughters during the journey