



**International Medical Corps is committed to preventing and treating malnutrition through the implementation of quality nutrition programming in food insecure countries and emergency contexts globally.**

We address the nutrition needs of refugees, internally displaced populations and host communities and respond to complex emergencies such as drought, chronic poverty, and conflict in countries including South Sudan.

# South Sudan is currently facing a period of severe food insecurity.

Approximately 2.4 million people are in a 'crisis' situation according to the Integrated Food Security Phase Classification (IPC) and around 1.1 million people are currently experiencing an emergency<sup>1</sup> which is roughly 30 percent of South Sudan's total population. Nearly half of the population in 'crisis' and 70 percent of those in 'emergency' are located in Jonglei, Unity, and Upper Nile states. The 5th Phase of

the IPC 'famine' has not yet been declared in South Sudan but the updated IPC bulletin is expected in September 2014 and the IPC classification of states in South Sudan might change.

The prevalence of global acute malnutrition (GAM) is rapidly increasing and reached 31.8% in Akobo East County in Jonglei State in June 2014. The highest WHO threshold for GAM, which indicates a 'critical' prevalence at population level, is only 15%, indicating that the situation in South Sudan is spiraling out of control.

The Nutrition Cluster is active in South Sudan and identified seven priority counties; Ayod, Duk, Pigi, Panyikang, Leer, Mayom and Rubkona. In these areas, populations are in acute or emergency phase, with little or no interventions due to insecurity and inaccessibility and there is a gap in crucial nutrition services.

International Medical Corps has been working in South Sudan since 1994. Since South Sudan gained its independence We have been providing nutrition services for the treatment and prevention of malnutrition, especially acute malnutrition. With 700 national staff and 60 international staff, International Medical Corps is working in Akobo (Jonglei state), Pochalla (Jonglei state/ now greater Pibor), Malakal and Maban (Upper Nile state), Wau and Raja (Western Bahr el Ghazal), Tambura and Nzara (Western Equatoria), Kajo Keji and Juba (Central Equatoria), and Aweril (Lakes State)



## TREATMENT OF MALNUTRITION

International Medical Corps addresses malnutrition through a variety of interventions. Through outpatient therapeutic feeding and supplementary feeding programs, International Medical Corps relies on community-based management of acute malnutrition (CMAM) to treat acute malnutrition, to reduce stress on health systems, to increase program coverage to reach a greater number of beneficiaries and to strengthen overall program impact. In South Sudan, International Medical Corps is providing treatment for

severely and moderately acutely malnourished children under 5 and pregnant and lactating women (PLW) in collaboration with the World Food Programme (WFP) and UNICEF. Since the start of the crisis and up to the end of July 2014, International Medical Corps has treated 7,830 children under 5 and 4,761 PLW of which more than 4,367 children and 3,213 PLWs fully recovered from acute malnutrition. In addition, we have provided blanket supplementary feeding for 6,000 children in our areas of intervention.

## PROMOTION OF INFANT AND YOUNG CHILD FEEDING

Promoting optimal infant and young child feeding (IYCF) practices is an integral part of International Medical Corps' emergency, transitional and development programming. IYCF is integrated into health and nutrition programming at health facilities as well as in community outreach. In camp settings, International Medical Corps often establishes baby friendly spaces or nutrition centers as a platform to promote optimal IYCF. The IYCF activities in South Sudan focus on the 7 essential nutrition actions with a special emphasis on the importance of exclusive breastfeeding for infants under 6 months. IYCF activities also emphasize optimal complementary feeding from 6 months to 2 years, especially given the limited resources that are available to the households at this critical time. Recently, International Medical Corps organized activities during World Breastfeeding Week to encourage more mothers to practice exclusive breastfeeding. In Wau-Shiruk Payam in Fashoda County, Upper Nile we scaled up IYCF interventions to reach 8,000 mothers with children under 2.

## PREVENTION OF MALNUTRITION

In line with global policy strategies, International Medical Corps is targeting the period from conception through the 23rd month of a child's life—or the so-called "1000-day window"—as a critical opportunity for preventing stunting, and physical and mental disabilities associated with malnutrition. We provide a combination of growth monitoring, nutrition counseling and micronutrient supplementation through health facilities and as part of our ante- and postnatal care, infant checkups and outpatient visits. Our nutrition education and counseling promotes healthy pregnancies and practices that include exclusive breastfeeding and appropriate introduction of complementary food to ensure healthy growth at the fetal stage, infancy and early childhood.

International Medical Corps is implementing a blanket supplementary feeding programme (BSFP) for children to prevent malnutrition and reduce the number requiring treatment in our CMAM program. All children 6-59 months receive nutritious food commodities irrespective of their nutrition status. Currently 7,850 children are included in our BSFP per month.



## SOCIAL AND BEHAVIOR CHANGE COMMUNICATIONS

Social and behavior change communications (SBCC) are fundamental to improving the nutrition status of women and children as well as the community at large. International Medical Corps uses SBCC extensively in nutrition programs both in emergency and development settings to measurably affect change in nutrition-related behaviors among beneficiary populations. In South Sudan, International Medical Corps is supporting 561 mother to mother (M2M) support groups. The M2M groups are modeled after the Care Group approach but modified for emergency situations. The group meets every two weeks to receive messages and share experience on various issues including IYCF and hygiene. Each mother in the group then shares what she learned with up to 10 mothers in her neighborhood. Each M2M group has 12-15 members, implying that 561 M2M groups have approximately 7,293 members. So far 54,684 mothers have been reached with IYCF messages. International Medical Corps sees a lot of potential in transforming the lives of women, their children, and communities through this M2M approach, linking them with other sectors such as WASH and Reproductive Health. We also connect vulnerable families with Food Security and Livelihoods programs so that they can receive seedlings and vegetable seeds to improve the family's diet diversity.

