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South Sudan
Joint UNICEF/WFP Nutrition Response Plan
Progress Report February/ March 2016
Introduction

Over the past two years, through the Joint Nutrition Response Plan WFP and UNICEF have worked with the government, partners, and donors to establish the systems and infrastructure needed to improve access to, and quality of, nutrition services across the country. Together, UNICEF and WFP have effectively responded to both acute emergency and chronic nutrition needs. In 2015, UNICEF and WFP reached over 400,000 more women and children with acute malnutrition prevention and treatment interventions than in 2014. The progress made is continuing into 2016. Already this year both agencies have reached more vulnerable people in January this year than in the previous three years.

It is expected that 2016 could be the most dangerous year on record for the children of South Sudan, with rates of malnutrition at catastrophic levels in areas worst affected by insecurity, while an intensifying economic crisis is putting basic commodities like food and clean water out of the reach of the urban poor, further exacerbating the already critical nutrition situation of women and children. Two years of conflict have disrupted rural livelihoods and left an estimated 2.8 million people, or a quarter of the population, facing acute food and nutrition insecurity in early 2016, at a time when the country should be the most food secure. Historic levels of food insecurity are expected by mid-year and populations cut off from humanitarian assistance are at serious risk of famine. An estimated 686,200 children under 5 are acutely malnourished, including 237,460 of whom are severely malnourished.

In 2016, UNICEF is committing to reaching 70 per cent (166,222 children) of the overall severe acute malnutrition (SAM) burden in South Sudan, while WFP plans to reach 75 per cent (357,608 children) of the moderate acute malnutrition (MAM) burden. For both organizations, this is an increase from 60 per cent in 2015, based on improved coverage of nutrition treatment built over the past two years. Targets for nutrition treatment of pregnant and lactating women, Vitamin A supplementation, deworming and blanket supplementary feeding remain unchanged. Particular focus will continue on improving the quality of services, while also putting in place a contingency plan to mitigate the worst effects of the economic collapse on the urban poor.

Joint Nutrition Response Objectives for 2016

01 Objective
Delivery quality lifesaving, management of acute malnutrition for 70% of SAM cases, 75% of MAM cases, and 60% of acutely malnourished pregnant and lactating women cases in South Sudan.

02 Objective
Provide access to programmes preventing malnutrition: BSFP for 30% of children between 6-59 months, 40% of PLW and 90% IYCF, vitamin A and deworming to children nationally.

03 Objective
Strengthen nutrition needs analysis, coordination and monitoring of the response.

04 Objective
Strengthen the alignment and coordination between UNICEF and WFP.
Results

Treatment of Acute Malnutrition

UNICEF and its 35 implementing partners treated 148,769 children with SAM in therapeutic feeding centres in 2015, reaching 100 per cent of the targeted caseload. The cure rate for children admitted to treatment was 88.4 per cent, above the 75 per cent Sphere standard and an improvement from 77.3 per cent in 2014, demonstrating improved quality of services. Similarly the mortality rate went down from 0.8 per cent to 0.35 per cent.

WFP and its partners treated 267,896 children with MAM in 2015, achieving 77.8 per cent of the target, over 100,000 more children than 2014. The quality of the programme met the Sphere standard with a cure rate of 89 per cent, death rate of 0.2 per cent and a default rate of 7.8 per cent. WFP and partners met their target for treatment services for pregnant and lactating women, treating over 137,000 women with acute malnutrition.

Key to these results has been the increased geographic coverage of nutrition services. UNICEF and partners now operate 594 outpatient and inpatient treatment sites for the treatment of SAM; a 45 per cent increase from the end of 2014. Almost a third of sites are now integrated into health facilities. WFP increased their sites by 30 per cent, supporting partners in over 400 sites throughout the country. Emphasis continued on integrating services within established health facilities and in the high burden and conflict states. Half of all nutrition service centres now provide treatment for both SAM and MAM, improving the continuum of care and ensuring children with acute malnutrition are identified and treated through recovery.

Prevention of Acute Malnutrition

The blanket supplementary feeding programme (BSFP) provides children an additional ration of daily calories and micro-nutrients, helping to prevent malnutrition for at-risk children. In 2015, WFP provided BSFP rations to over 500,000 children (89 per cent of the target) across the country. Compared to 2014, over 200,000 more children were reached. This increase can be attributed to improved targeting, logistics and direct interventions through the rapid response mobile teams.

Due to the prolonged conflict, massive displacements and severe food insecurity, only providing treatment for acute malnutrition to pregnant and lactating women is no longer sufficient to prevent further deterioration of malnutrition. As of October 2015, WFP began providing blanket supplementary feeding for pregnant and lactating women in Greater Upper Nile, and by March 2016 the programme will be rolled out to Northern Bahr el Ghazal and Warrap, preceding the lean season (June-September) when the risk for developing acute malnutrition is at its highest.

The implementation of Vitamin A supplementation and de-worming faced challenges in 2015 as it was not integrated in the spring rounds of polio national immunization days (NIDs). Discussions with health sector partners led to the integration of Vitamin A into the November round of NIDs in seven states. In total, 2,075,856 children received at least one dose of Vitamin A in 2015 and of these, 1,925,526 were supplemented during NIDs. Deworming reached 547,200 children.

Cultural norms and beliefs in South Sudan continue to affect optimum infant and young child feeding (IYCF) practices, including exclusive breastfeeding; only 45 per cent of children are exclusively breastfed. Inappropriate IYCF practices are among the most serious obstacles to preventing malnutrition: the majority of deaths during the first year of life are often associated with inappropriate feeding practices. Thirty-two NGOs are implementing IYCF programming throughout the country with UNICEF support, and IYCF has been mainstreamed into all UNICEF interventions. In 2015, 524,527 pregnant and lactating mothers received IYCF counselling, which includes key hygiene promotion messaging.
Rapid Response Mechanism (RRM)

Since March 2014, the joint WFP/UNICEF Rapid Response Mechanisms (RRM) has reached over a million people, becoming a vital modality for the two agencies to provide nutrition services directly to children in hard-to-reach areas in the conflict-affected states. The RRM was mainstreamed as a key strategy of the Joint Nutrition Scale Up (2014-15) and Nutrition Response Plan (2015-16) to increase outreach and establish, or re-establish static nutrition services. The RRM package saves lives in areas of urgent humanitarian need with reduced access and critical gaps in humanitarian services. It combines food assistance with preventive and curative nutrition and health interventions and access to safe drinking water and hygiene, targeting the underlying causes of malnutrition. In terms of nutrition, through the RRM, UNICEF and WFP directly provide the following services:

- Screening of pregnant and lactating women and children between 6-59 months;
- Nutrition prevention and treatment services;
- Deworming & vitamin A supplementation; and
- IYCF in emergencies messaging;
- Provision of preventative food rations.

In the past two years, UNICEF and WFP have screened almost 250,000 children and 50,000 pregnant and lactating women for acute malnutrition in over 80 of the most-affected communities in Greater Upper Nile and Western Equatoria. Over 28,000 children identified with SAM or MAM were either treated during the mission or, when possible, referred to a local treatment site.

RRMs have also provided an opportunity for children at risk of acute malnutrition to access preventative interventions. Almost one million children have been provided with fortified blended food (FBF) to prevent malnutrition. Vitamin A supplementation has been provided to over 120,000 children and over 100,000 children have been dewormed.

RRMs have been key in facilitating implementing partners access into previously inaccessible areas. Since March 2014, WFP and UNICEF assisted 60 per cent of nutrition partners in re-establishing services in the conflict-affected states. Since mid-2015, there has been a strong focus on helping partners return to southern Unity (see section 4). For partners with static presence, WFP/UNICEF uses the opportunity to conduct joint monitoring, training and capacity building.

Due to improved coordination, prioritization and access negotiation, the nutrition component was in 20 more RRM locations in 2015 than in 2014; 57 in total. Additionally, in mid-2015, WFP and UNICEF harmonized RRM nutrition interventions: each nutritionist, either from UNICEF or WFP, are now able to implement the full range of nutrition activities allowing all children to be treated even if one agency is not able to deploy on a particular mission. This harmonized package ensures each community, child, pregnant or lactating women receives a comprehensive nutrition package at every RRM mission.

Table 1: RRM nutrition interventions & achievements (2014-2015)

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Number of Beneficiaries Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
</tr>
<tr>
<td>Treatment Interventions</td>
<td></td>
</tr>
<tr>
<td>Screening Children</td>
<td>92,715</td>
</tr>
<tr>
<td>Screening PLWs</td>
<td>17,113</td>
</tr>
<tr>
<td>SAM children identified, referred and/or treated</td>
<td>4,189</td>
</tr>
<tr>
<td>MAM children identified, referred and/or treated</td>
<td>11,144</td>
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<tr>
<td>PLWs referred</td>
<td>2,484</td>
</tr>
<tr>
<td>Prevention Interventions</td>
<td></td>
</tr>
<tr>
<td>BSFP</td>
<td>92,715</td>
</tr>
<tr>
<td>IYCF</td>
<td>20,918</td>
</tr>
<tr>
<td>Vitamin A (6-59 months)</td>
<td>48,532</td>
</tr>
<tr>
<td>Deworming (12-59 months)</td>
<td>42,494</td>
</tr>
</tbody>
</table>
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Nutrition Information

Social Mobilization

Rapid Response Mechanism (RRM) missions with nutrition component as of 1 March 2016

Legend

State capital

Location reached by RRM mission

State boundary

County boundary

Map Extent

The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

* Final boundary between the Republic of South Sudan and the Republic of Sudan has not yet been determined. Final status of Abyei region is not yet determined.
Malnutrition rates are at critical levels across South Sudan, particularly in the conflict-affected states. This is due to poor feeding practices, lack of the right kinds of food and limited use and access to health facilities which have been compounded by the challenges resulting from more than two years of conflict in the country.

Pathai is in Jonglei State which is among the most affected by the fighting that disrupted the livelihoods of the people including Auol whose family lost most of its livestock—from 15 cows to just two at the moment. Most of the cows died from disease but many are forced to sell them in exchange for food and other goods, a disaster in a community where livestock is a critical source of milk for children.

"Before the crisis, I used to work bringing fire wood for sale in the market [but] I don’t collect firewood anymore," said Auol who is nursing her youngest child who is barely 5 months old. “Even if I did collect fire-wood there would be few people to buy the wood because people have very little money and there are few jobs in the area.”

With limited sources of income and the absence of health and other social services, access to good nutrition has been a challenge in many of the towns and villages in the states most affected by conflict. WFP and UNICEF have deployed rapid response missions to provide nutritional services to the hardest to reach areas. With the gradually improving security conditions many partners are now able to have a more permanent presence on the ground helping to increase the coverage of the nutrition interventions at community level.

Auol learned of the nutrition programme through the community extension workers from Tearfund, the WFP cooperating partner in Pathai, which runs nutrition programmes and manages the feeding centre in the area. WFP plans to continue to support outreach efforts including screening and referral of malnourished children as well as pregnant and breastfeeding women through more than 12,000 Community Nutrition Volunteers (CNVs) throughout South Sudan.

In the meantime, Auol hopes for peace which can allow her to stay without fear of seeing her children abducted during violence, ensure that there are health facilities nearby to prevent her children from dying from illness and a functioning school for their education.

“Life has been very difficult since the crisis began. I want my children to have an education so that they can do better for themselves. I hope that my children will see a better life than the life I have experienced so far,” said Auol.
The re-establishment of services in southern Unity

In May 2015, fighting erupted in central and southern Unity State, displacing more than 100,000 civilians deep into the bush and onto small islands for protection, and cut 750,000 people off from humanitarian assistance. Tens of thousands of cattle were stolen and crops destroyed by fighting. In September 2015, the IPC Technical Working Group estimated that 40,000 people in these areas could be at risk of famine. A reconnaissance mission conducted in November 2015 and RRMs deployed to the areas showed overwhelming evidence of a humanitarian emergency in Mayendit, Koch, Leer and Guit counties, where displaced communities have been surviving on whatever food they can forage.

From September 2015 when the security situation allowed RRM teams to return, through February 2016, fifteen missions have been conducted to Unity State. Over 32,300 children have been screened for malnutrition and provided preventative nutrition ration, while Vitamin A and deworming have been provided to 23,142 and 18,885 children respectively. Furthermore, 11,072 pregnant and lactating women received IYCF counselling.

The worst affected counties include Guit, Koch, Mayendit and Leer, where all outpatient therapeutic programme (OTP) and targeted supplementary feeding programme (TSFP) sites were suspended from July to September 2015. Nine OTPs and ten TSFP sites have now reopened in Mayendit, Leer and Koch. A total of 1,500 children have been treated for SAM and 9,500 for MAM from October 2015 to January 2016. Thirty OTPs and over twenty TSFPs need to be re-established, including all sites in Guit county where the population is only starting to return.

To support the planning of further interventions in Unity, the Unity IPC Classification will be reviewed in early March. A SMART survey was recently completed in Leer (GAM 12.0 per cent and SAM 1.5 per cent) and another is underway in Koch. Assessments were also conducted in Southern Mayendit (GAM 16.1 per cent and SAM 1.4 per cent) and Panyijar (GAM 21.5 per cent) since the IPC analysis in December. FAO and WFP have trained enumerators to undertake additional food security data collection in Leer and Mayendit. Further trainings are expected in Rubkona, Guit and Koch and data collection is expected between end February and early March. Based on this information, UNICEF, WFP and partners will continue to re-establish nutrition services as the security situation allows throughout the state.

<table>
<thead>
<tr>
<th>Location</th>
<th>County</th>
<th>Start Date</th>
<th>End Date</th>
<th>Children screened</th>
<th>Total oedema and/or MUAC &lt;11.5 cm</th>
<th>Total MUAC &gt;11.5-12.5 cm</th>
<th>Proxy SAM</th>
<th>Proxy GAM</th>
<th>Lactating women received IYCF key messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buaw</td>
<td>Koch</td>
<td>09/22/2015</td>
<td>09/28/2015</td>
<td>1,738</td>
<td>25</td>
<td>102</td>
<td>1.4</td>
<td>7.3</td>
<td>703</td>
</tr>
<tr>
<td>Koch</td>
<td>Koch</td>
<td>09/22/2015</td>
<td>09/28/2015</td>
<td>2,671</td>
<td>25</td>
<td>113</td>
<td>0.9</td>
<td>5.2</td>
<td>512</td>
</tr>
<tr>
<td>Mayendit</td>
<td>Mayendit</td>
<td>10/13/2015</td>
<td>10/19/2015</td>
<td>1,141</td>
<td>55</td>
<td>203</td>
<td>4.8</td>
<td>22.6</td>
<td>216</td>
</tr>
<tr>
<td>Buaw</td>
<td>Koch</td>
<td>11/10/2015</td>
<td>11/12/2015</td>
<td>1,469</td>
<td>43</td>
<td>248</td>
<td>2.9</td>
<td>19.8</td>
<td>0</td>
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<tr>
<td>Koch</td>
<td>Koch</td>
<td>11/09/2015</td>
<td>11/12/2015</td>
<td>424</td>
<td>30</td>
<td>107</td>
<td>7.1</td>
<td>32.3</td>
<td>113</td>
</tr>
<tr>
<td>Thonyor</td>
<td>Leer</td>
<td>12/01/2015</td>
<td>12/09/2015</td>
<td>1,618</td>
<td>113</td>
<td>412</td>
<td>7</td>
<td>32.4</td>
<td>605</td>
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<td>Buaw</td>
<td>Koch</td>
<td>01/07/2016</td>
<td>01/13/2016</td>
<td>2,205</td>
<td>22</td>
<td>114</td>
<td>1</td>
<td>6.2</td>
<td>856</td>
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<tr>
<td>Koch</td>
<td>Koch</td>
<td>01/07/2016</td>
<td>01/14/2016</td>
<td>1,391</td>
<td>6</td>
<td>46</td>
<td>0.4</td>
<td>3.7</td>
<td>700</td>
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<tr>
<td>Thaker</td>
<td>Mayendit</td>
<td>01/18/2016</td>
<td>01/27/2016</td>
<td>7,093</td>
<td>93</td>
<td>353</td>
<td>1.3</td>
<td>6.3</td>
<td>3343</td>
</tr>
</tbody>
</table>

19,864 426 1,719 2.1 10.8 9,048
Social Mobilization in Warrap

In the high burden state of Warrap, UNICEF in collaboration with WFP and the state Ministry of Health (sMoH) and partners, the innovative social mobilization campaign continues to ensure equitable access to lifesaving nutrition services to children in areas where GAM rates regularly reach over the 15 per cent emergency threshold. The campaign involves using social mobilizers normally used to increase coverage of polio vaccination going door to door to identify malnourished children and refer them to nutrition services. At the same time, the social mobilizers provide WASH and IYCF messages to caregivers.

Screening began in Warrap in November 2015, where 26,000 children are estimated to be suffering from acute malnutrition. So far, 87,535 of 250,000 children have been screened with proxy SAM and MAM rates at 6.1 per cent and 19.4 per cent respectively. Thirteen new OTPs and seventeen TSFPs have been established to support the additional caseload in the state. Lessons learned from Warrap and Northern Bahr el Ghazal, where the social mobilization campaign ran in 2015, will be used to re-initiate active case finding in Juba, and subsequently other urban areas, in response to the current economic crisis.

Nutrition Information

The Nutrition Information Working Group (NIWG), chaired by UNICEF and with participation from WFP, continues to contribute to the understanding of the nutrition situation in South Sudan by improving nutrition assessment data quantity and quality, and providing an evidence base to improve planning and programme performance. The Group has contributed significantly to the Integrated Phase Classification (IPC) analysis with more robust information, improved partner participation and the ongoing development of the nutrition situation update and map in parallel to the IPC report.

The rigorous validation process of the NIWG has increased the quality of data from SMART surveys. In 2014, 9 of 52 SMART surveys were invalidated as a result of the NIWG’s review due to questionable representation, poor measurements and small sample size. The NIWG also improves the capacity of partners and Government to conduct quality assessments. In 2015, only one survey was invalidated as partners begin to adhere to validation procedures, including the provision of technical guidance at the proposal and implementation phases. Sixty-seven SMART surveys were planned in 2015, with an additional four PoC surveys added due to critical information gaps. Sixty were conducted with 59 validated. Three rounds of FSNMS in 2015 provided critical information state-level nutrition information.

The NIWG plans to conduct 65 SMART surveys in 2016, along with a barrier analysis and knowledge attitudes and practice (KAP) and coverage surveys as a complementary efforts to the SMART surveys. This includes the Integrated Food and Nutrition Security Analysis study to understand the underlying causes of the historically high GAM rates and food insecurity in Warrap and Northern Bahr el Ghazal.

The nutrition information teams from both UNICEF and WFP also worked closely with the Food Security Cluster to provide technical support in the design, implementation and reporting of several food security and nutrition studies including: the nutrition and vulnerability study among PLHIV and the urban food security and nutrition study. Technical nutrition support is also provided throughout the year for the Food Security and Nutrition Monitoring System (FSNMS) and IPC exercises throughout the year.

WFP, in collaboration with UNICEF, FAO and WHO, is leading the Integrated Food and Nutrition Security Analysis study to understand the underlying causes of the historically high GAM rates and food in food insecurity in Warrap and Northern Bahr el Ghazal. The findings of the study will contribute to improving nutrition programming in South Sudan.
Human Interest stories

KUAJOK: A Million reasons to Smile

Akon Akol, a 24 month year old an orphan who lives with her step mother and five siblings in Kwajok can now smile - and even runs and play with other children. Two months ago, Akon was severely malnourished and weak, isolating herself from other children. The slightest joke would make her burst into tears.

The UNICEF-WFP Nutrition Mass Screening Campaign is using social mobilization strategy to reach over 250,000 under five children with acute malnutrition. The programme has so far screened over 80,000 children in Warrap state and over 50,000 households have been reached with IYCF counselling and other health related messages. The social mobilization strategy has been aims to reach every child in every household.

Akon lives a few meters away from the UNHCR compound in Kuajok where she was identified, screened and referred to Payen Gumel Primary Health Care Centre for treatment. Akon measured only 10.6cm on the mid-upper arm circumference measurement, which showed that her body was severely wasted. Akon's mother died just a week after she was born in 2014, leaving her with no option except to feed on solid food and cow's milk. The onset of her sickness started with constant diarrhea and her situation deteriorated over time. However, she improved greatly within two months, with gratitude and strength, she can now afford to smile and even run with other children.

However, due to inadequate food at home, Akon is likely to become malnourished again. Aluet Chan who is Akon’s step mother said that life is getting tougher everyday. “We don't have food in the house, we eat once a day and sometimes we go hungry. My husband does a manual labour to feed us but he sometimes comes home empty handed in the evening and such a situation makes our hearts shrink with frustration,” she added. In the makeshift hut, Akon and her five siblings have little hygiene and sanitation. There are six children in the house, one can see a sign of malnutrition registered in the faces; the mother looks weak meaning the whole family is at the point of starvation.

Warrap is one of the states with high malnutrition rate in the country with Global acute malnutrition (GAM) rate of 17.6 percent, according to the recent Food Security and Nutrition Monitoring System Survey, which is above the 15 per cent WHO emergency threshold. Although it has not been directly affected by the conflict, inadequate rainfalls in 2015 and the influx of IDPs from Unity state have worsened the food scarcity.

Akon Akol, 24 months was severely malnourished 10.6 cm (Red) before the treatment. PHOTO: UNICEF/Abraham Daljjang/09/12/2015.

Akon Akol, 24 months, can now smile while eating RUTF. PHOTO: UNICEF/Abraham Daljjang/16/02/2016
Challenges and Way Forward

Funding

Funding has now become the greatest constraint to the humanitarian operation in South Sudan. Funds to retain nutrition technical staff who have led the scale up will last until June while funds to maintain operational partnerships to keep nutrition centres open will start to run out in April 2016. Further funding is urgently required to ensure the continuation of nutrition services and scale up the urban response. WFP and UNICEF are on the ground, with the systems, expertise and infrastructure in place to help children survive the on-going crisis. UNICEF and WFP have extended their Level 3 Emergencies – which denotes the highest organizational prioritization - by a further six months even as the Global L3 is deactivated and the attention of donor capitals is shifting to other global crises. Without the necessary support, for the first time since the crisis began, the nutrition response will be constrained – not by security and access, but by a lack of funding.

Expanding Insecurity

Another threat to the programme is the spreading insecurity, continues to constrain the scale up – or continuation – in areas including Unity, Upper Nile and Western Equatoria, and is threatening to spill over into new areas including Eastern Equatoria Western Bahr el Ghazal and Pibor. Wherever required, WFP and UNICEF will use rapid response and direct implementation modalities to ensure the most vulnerable children are reached with lifesaving nutrition services. Both agencies will reach out to any area as of return, to ensure that essential services are available to allow communities to benefit from immediate peace dividends. Prepositioning of critical supplies, already constrained by a shortened dry season and insecurity along major transport routes, is being further slowed by a proliferation of roadblocks, on the main roads to Greater Upper Nile, including threats and extortion.

Economic Crisis and the Urban Poor

A rapid economic collapse has now put the quarter of South Sudanese children who live in urban areas at a higher risk of malnutrition and disease. Families in urban areas, reliant on wage labour and imported food, are suffering as a rapidly devaluing currency lowers their purchasing power while inflation and increased fuel and transport costs increase the prices of basic commodities including food and clean water.

In Juba, traders are going out of business as cereal prices hit record highs, increasing by tenfold in the past year. Already in August 2015, before the economic crisis began to accelerate, an urban assessment carried out in Juba showed a GAM of 12.2 per cent, compared to 3.7 per cent in rural areas of Central Equatoria State where families have access to subsistence agriculture.

A comprehensive approach is required to mitigate and address the impact of economic deterioration on the urban population in South Sudan. UNICEF, WFP and FAO have finalized a joint comprehensive Urban Re-sponse Plan. The Plan summarizes coordinated short and medium term responses by the three UN agencies and partners to mitigate the impact on the most vulnerable populations. Initially, the response plan focuses on Juba. Due to population size, Juba bears the highest estimated caseload of affected urban populations. The response plan focuses on a set of interventions in key sectors (food, livelihoods, health, nutrition, WASH and education) that are likely to provide the greatest impact for vulnerable populations in the face of a deteriorating economic situation. These activities will likely need to then be expanded to other urban areas such as Wau and Aweil. In terms of nutrition, key activities will include increasing the availability of nutrition treatment and restarting active case finding in urban areas.
Donor Thank You

No children would be reached without the generous support of WFP and UNICEF’s donors: CERF, CHF, Denmark, the European Union, Finland, France, Hungary, Italy Japan, Spain, the Swiss National Committee for UNICEF, the United Kingdom and the United States.