



December 2021

Baseline Inception Report

South Sudan

Consolidated report of the country baseline study, Theory of Change validation and results framework by Right2Grow partners.

Contents

Preface & About Right2Grow

1. Baseline study report
2. Capacity & learning assessment report
3. Theory of Change validation document
4. Results framework

Preface

We proudly present this baseline inception report for South Sudan which we conducted for the Power of Voices Strategic Partnership Right2Grow. The five-year Right2Grow programme strengthens Civil Society Organisations (CSOs) to amplify the voices of communities to improve access to WASH and nutrition services in Bangladesh, Burkina Faso, Ethiopia, Mali, South Sudan and Uganda, so that every child can reach its full potential.

“By strengthening civil society, we believe that local communities can get to zero under- nutrition and zero people without access to basic WASH.”

We would like to thank all international and national partners for their contributions to this report. It has been a challenging process in times of the global COVID-19 pandemic to coordinate the research and to collect, organise and analyse the data and jointly reflect on the results. This process was largely driven and owned by the country consortium, with support from a team of experts from our global partners. Importantly, the selection, hiring and general coordination of the external consultant was done nationally to ensure local ownership.

Reading guide

The baseline inception report of Right2Grow South Sudan consists of the following sections:

1. Baseline study report

This is the baseline study conducted by an external national consultant who also is the author of this report. It analyses the data collected in South Sudan on a selection of the basket indicators as provided by the Ministry of Foreign Affairs (SCS-indicators), complemented with several other indicators formulated by the Right2Grow consortium. It also includes the country specific political and economic context information. Although the external consultant is the author of the report, the data collection for the baseline also involved Right2Grow partners, in some cases supported by local enumerators.

2. Capacity & learning assessment report

This assessment at country level was conducted by the Right2Grow global mutual capacity development & linking and learning teams. The report is the foundation for validation and prioritization dialogues with partners about their agendas for capacity strengthening, including technical skills and organizational development, and linking and learning in 2022 and beyond. These dialogues provide the capacity milestones for monitoring and evaluation at midterm and the end of the programme (SCS-indicator 5).

3. Theory of Change validation document

This is an assessment of the original country level Theory of Change in which the country consortium validated the different outcomes and pathways that are presented to lead to the envisioned impact of Right2Grow.

4. Results framework

This is the overview of the indicators of Right2Grow with the baseline values, and preliminary targets for the SCS-indicators. The establishment of baseline values and targets in this framework is based on the baseline study report combined with the results of validation and planning activities jointly conducted by all consortium partners. Please note that this framework only includes the basket indicators and global Right2Grow indicators, while a more elaborated country level framework with intermediate results and outputs has been developed for internal monitoring & evaluation purposes.

Validation of targets

It is important to note that the targets set in the results framework are preliminary. Although these targets are much clearer and more concrete than those of the first proposal, there is still need for further validation. First, there may be changes proposed by other stakeholders like CBOs and local government actors. Although the process of baseline reflection and target setting has been very inclusive – with all the international and national consortium partners – we could not engage all the external stakeholders yet. Second, in the first months of 2022 Right2Grow will consult the Dutch Embassy in country about the baseline results and targets. Although the overall TOC is in line with their – last – multi-annual strategic plan, realignment may be needed, and the embassy's input to the targets will be valuable.

Overall buy-in of all stakeholders will be essential because future decisions on certain aspects of activity planning and consequently budget allocations will be based on these targets among other things. Changes in targets, if any, shall be shared with the Ministry for approval, with the submissions of the 2021 annual report by May 1st 2022.

About Right2Grow

In South Sudan the Right2Grow consortium consists of the following partners:

- Save the Children (lead partner)
- CEGAA
- CIDO
- CRC
- SPEDP
- UNIDOR
- Action Against Hunger
- World Vision
- The Hunger Project

More information:

- About Right2Grow in South Sudan: www.right2grow.org/en/where-we-work/south-sudan/
- Country contact: Joyce Akandu – South Sudan consortium coordinator (joyce.akandu@savethechildren.org)
- Our global website: www.right2grow.org
- Global contact: Jouwert van Geene – global partnership facilitator (jouwert@right2grow.org)

Strengthening local voices

Right2Grow believes that sustainable progress can only be achieved by working with local communities, especially women and other marginalised groups. Therefore, we invest in communities, community-based organisations, and civil society organisations to collect their own data and stories on nutrition and WASH. We help them hold their nearest relevant government officials to account for what is needed, planned, and (often not) delivered. We help build those stories into strong evidence to convince national and international leaders and officials to make better choices.

Visit www.right2grow.org for partner stories

Strengthening partnerships

Right2Grow strengthens partnerships between local communities and their governments to make a joint analysis of what is needed. They can then support local solutions for better nutrition and WASH. Additionally, Right2Grow links civil society organisations, the private sector, and all levels of government to bridge the gaps between them. Building on meaningful community involvement and ownership, we can scale up these solutions with an integrated and multisectoral approach.

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SEPTEMBER 2021 | SERIAL I



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Location, Country: Jonglei, Unity and Upper Nile states of South Sudan

Prepared for Right to grow consortium by

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PROJECT SUMMARY

Title	Baseline survey Right to Grow
Date of report	September 2021
Type of report	Draft zero baseline report
Author	Dr Dricile Ratib, Wana Consult Ltd.
Email	wanaconsultltd@gmail.com
Name of the project	Right to Grow
Project Start and End dates	19 th July – 30 th September 2021
Project duration	46 days
Project locations:	Jonglie, Unity and Upper Nile States
Thematic areas	Nutrition, WASH and Gender
Sub themes	
Total budget	
Donor	Ministry of Foreign Affairs – The Netherlands
Estimated beneficiaries	847,345
Overall objective	To benchmark indicators defined in the Country results framework in the targeted Counties.

Table of Contents	
Acknowledgements	4
Project Summary.....	5
Acronyms.....	7
Executive summary.....	8
Introduction and aims	11
Project background.....	11
Aims and purpose.....	12
Study methods	14
Research design.....	14
Sampling.....	14
Data sources.....	15
Desk review.....	16
Primary data	16
Child participation	16
Ethical considerations.....	17
Limitations of the study.....	17
Results from the baseline data analysis	18
Secondary data	18
Barrier analysis	18
Source: Food Security Cluster, (2019). Food Security and Nutrition Monitoring Report - round 24.....	20
POLICY ANALYSIS.....	25
PRIMARY DATA-RESULTS	27
Challenges:.....	46
Gender	46
WASH	46
Nutrition.....	47
Recommendations:.....	47
REFERENCES:.....	49
ANNEXES	51
Annex 1-Table of Key project indicators and results	51
Annex 2: Work Plan	54
Annex 3: Data Collection Tools.....	54

ACRONYMS

ACF	Action Against Hunger
BMTT	Baseline Management and Technical Team
BST	Baseline Supporting Team
CBO	Community-Based Organization
CD	Capacity Development
CEGAA	Center for Economic Governance and Accountability in Africa
CIDO	Community Initiative for development organization
CU5	Children Under-five
CSI	Save the Children International
CSO	Civil Society Organization
EKN	Embassy of The Netherlands
FGD	Focus Group Discussion
KII	Key Informant Interview
L&A	Lobby and Advocacy
L&L	Linking and Learning
M&E	Monitoring and Evaluation
MoFA	(Dutch) Ministry of Foreign Affairs
NGO	Non-Governmental Organization
R2G	Right to Grow
SPEDP	Sudan Peace and Education Development Program
THP	The Hunger Project
ToC	Theory of Change
UNIDOR	Universal Intervention and Development Organization
WASH	Water, Sanitation and Hygiene
WVI	World Vision International

EXECUTIVE SUMMARY

Introduction

Globally, almost 200 million children under five still suffer from stunting (low height/age), wasting (low weight/height), or both, and over 340 million from vitamin and mineral deficiencies. COVID-19 and climate change further aggravate this situation. The situation of malnutrition is even worse in countries with years of conflict like South Sudan. Malnutrition is among the key problems of under-five children in South Sudan characterized by high stunting rate of 31.1% with 16.2% Global Acute Malnutrition (GAM) primarily due to the protracted conflict that continues to subject children to risks such as hunger, malnutrition, disease and child abuses.

Access to safe drinking-water is essential to health, a basic human right and a component of effective policy for health protection. In Sub-Saharan African Countries like South Sudan, more than 5.3 million people needed water, sanitation and hygiene (WASH) support in 2018. Some 90 per cent of the population did not have access to improved sanitation; 50% of the population did not have access to improved water sources, with 35 per cent of the existing boreholes estimated to be non-functional. Open defecation was persistent in 61 per cent of settlements the country especially in the Greater Upper Nile state. Only 28% of the population could have access to a borehole in less than 30 minutes, hence women and girls spend a lot of time carrying water for domestic uses.

Right2Grow is a Strategic Partnership between Action against Hunger, the Centre for Economic Governance and Accountability Africa (CEGAA), Max Foundation, Save the Children, The Hunger Project and World Vision at Global level. In South Sudan, R2G has the following consortium members: Action against Hunger (ACF), Community Initiative for development organization, Save the Children, Sudan Peace and Education Development Program, and Universal Intervention and Development Organization. Right2Grow has analysed the root causes of world's inability to get the high numbers of malnutrition to zero. With funding from the Dutch Government (Civil Society Strengthening - Power of Voices), Right2Grow will collaborate with communities, community-based organisations and civil society organisations in South Sudan from 2021 to 2025 to implement a nutrition and WASH project.

Methodology

The Baseline study adopted qualitative approach focusing on both primary and secondary data collection techniques. The secondary data was captured through systematic desk review of key documents including reports, publications, and budgets while primary data was collected from various stakeholders, including Government officials, ministries, local partners and community members. The selection of the states and Counties was purposive as these are the project sites. Similarly, the selection of the key informants for interviews and FGDs was also purposive based on their role in relation to the project.

The main objective of the baseline was to conduct a landscape analysis to provide a reference for all qualitative and quantitative indicators to allow the program country to align the programmatic choice (interventions) with the Embassy of the Netherlands (EKN) country's multi-annual strategy.

Ethical clearance was sought from the Ministry of Health, Directorate of Policy Planning and Budgeting. Informed consent was sought from the respondents either verbal or written where photos were taken.

Data was checked and cleaned for errors before data entry was made and analysis done using standard Save the Children excel sheet template.

Conclusion

Landscape analysis on the barriers to nutrition and WASH indicated that insecurity, flooding led to inaccessibility to food markets and other social services like health and nutrition. Lack of enough food for the malnourished children, pregnant and lactating mothers especially during the flooding period. Some water sources like shallow wells, streams, rivers and boreholes in Unity state were reported to have high salinity which is a threat to health, especially gall, bladder and renal stones.

Stakeholders mapping involved key stakeholders which included government ministries especially Ministry of Water Resources and Irrigation at Juba level which has a steward role and policy development in WASH, Ministry of Health under which nutrition lies and Ministry of Gender and

Social Development which advocates for gender mainstreaming in all sectors, South Sudan relief and rehabilitation commission that coordinated the NGO work with the government, UN agencies, especially UNICEF which supports WASH, nutrition for women and children among others, Nutrition and WASH clusters at National and state levels that coordinate the nutrition and WASH activities among the partners, R2G consortium members that implement the integrated WASH and Nutrition project in specific counties, especially World Vision in Melut, CIDO in Akobo and Pibor, ACF in Fangak- Panjair, UNIDOR in Mayendit and Pariang, SCI in Bor and SPEDP in Leer, Koch, and Fashioda Counties. All stakeholders were selected based on their roles in WASH, nutrition and gender and their presence in the Counties where they have been allocated.

Formative assessment and a problem analysis (including people affected by undernutrition, stakeholders and influencers within the affected communities) showed that the main problems to integrated WASH and nutrition were inaccessibility to social services, cattle rustling, child abduction, hunger, high prices of goods (including food?), lack of economic empowerment, very limited income generating activities within the communities, lack of capacity at all levels to address the challenges of water resources and nutrition, low allocation of government funding in the Ministry of Water Resources and Irrigation and lack of involvement of Counties in the national budget planning exercise, as the planning and resource allocation is at State level.

Recommendations

The following are recommended for the success implementation of the Right 2 Grow (R2G) project to make a lasting impact:

1. National and State governments need to adopt and mainstream an integrated, multispectral approach to undernutrition in policies, action plans and budget allocations through participatory processes of CSOs as current health, and WASH policies are not clear on integration with Nutrition.
2. Strengthen networks with like-minded organizations and line ministries for joint funding opportunities that build on different organizations' strengths for integrated nutrition, WASH and SGBV in South Sudan.
3. Build the capacity of civil society organizations (CSOs) to empower them to effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition and improve WASH conditions.
4. Use evidence-based advocacy to influence national, state and international stakeholders and decision-makers
5. Establish relationships between women parliamentarians and women's organizations in South Sudan to advocate for more funding for nutrition and WASH.
6. Communities should demand and ensure investment by local authorities in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners. For example, in Unity state portable desalination filters that use **reverse osmosis system** can be introduced at various sizes to encourage sustainable community acquisition at affordable cost.
7. Donors and international development actors need to coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition and poor WASH services.
8. The government and partners need to explore investing in the use of surface water sources, rivers, lakes; water treatment and distribution systems.



INTRODUCTION AND AIMS

Project background

The nutrition status and wellbeing of citizens to a great degree depend on policies, programmes and budget allocations, that allow provision of quality services for communities (for example nutrition and WASH facilities) and instruments and regulations for communities and the private sector that enable it to make sound choices and produce and consume adequate foods and goods.

Linking national and local level: CSOs on the local level, rooted in local communities, can play an important role in ensuring the quality of government policies and actions, through demanding transparency and (social and budget) accountability. They can do so inter alia by monitoring the way the South Sudan Government spends funds on nutrition and WASH, as well as monitoring the quality of programmes on the County/local level that aim to reduce undernutrition, and lobby and advocate for changes in policies and budget allocations.

In doing so, CSOs are also instrumental in addressing the existing lack of reliable data on nutrition and WASH issues, i.e. by obtaining detailed information on costing, allocations, expenditure, availability, accessibility, and quality of government services - particularly so in remote areas.

Budgets: The Right2Grow Partners in South Sudan will identify and analyse gaps in nutrition and WASH policies and budgets and conduct L&A and campaigns to have key issues discussed in the public domain, and alternative approaches put on the political agenda of decision makers within government, the legislature, international community (donors and INGOs) and, where opportune, the agendas of private sector actors.

The programme intends to contribute to the four Right2Grow Theory of Change Outcomes by bringing a range of complementary skills of the Right2Grow programme organisations, that uses the capacity of INGOs and NNGOs to engage locally rooted CSOs (incl. CBOs), and uses the capacity of local CSO to engage locally with constituents. To do so, Right2Grow programme members have jointly developed an adaptive Theory of Change (ToC).

1. Communities demand and invest in basic social services that will allow them to adopt good nutrition and WASH practices. An example of community investment is the water user committees managing the water points and helping pay for their upkeep either through money or materials and labour.
2. Community representatives and empowered civil society organisations (CSOs) effectively navigate civic space to advocate for leadership and good governance to prevent undernutrition.
3. National Government and decentralized entities adopt and mainstream an integrated, multi-sector approach to undernutrition in policies, action plans and budget allocations. Currently South Sudan is working on a decentralized system of governing devolving many responsibilities to state and country Governments.
4. Donors and international development actors coordinate and collaborate along the humanitarian development nexus to address the underlying determinants of undernutrition.

Right2Grow will contribute to the defined four outcomes, by strengthening four civil society advocacy roles through eight specific outputs:

Educational role:

- Capacitate change agents in underserved communities to advocate for effective behaviour change amongst their neighbours, and discuss what is needed to support such behaviour (in terms of public services and regulations and support to the private sector e.g. using positive role models in campaigns or support groups (**output 1**)).
- Capacitate and support communities and CBOs to collect and analyse data on budget allocations, actual expenditure, and quality of WASH and nutrition service delivery e.g. through budget analysis techniques or community score cards (**outputs 3 and 5**)

Representational role:

- Capacitate community interest groups, women-led organisations, CBOs and CSOs to include the interests of the most vulnerable, such as rural pregnant and lactating women, adolescent girls, and people living with disabilities. **(output 4)**
- Lobby both Government and donors for improved funding and programming **(output 8)**

Communicative role:

- Foster private sector links to improve availability of relevant products and services, e.g. by promoting local production and social marketing techniques **(output 2)**
- Foster links with knowledge institutes to generate innovative ways to prevent undernutrition, e.g. through symposia and knowledge fairs **(output 6)**

Collaborative role:

- Strengthen or create national, sub-national platforms and programmes **(output 7)**
- Support the establishment of national nutrition task force for multi-sectoral approach including relevant
- Government ministries, donors, CSOs, women led orgs and academia **(output 6)**

Aims and purpose

The main objective of the baseline was to conduct a landscape analysis to provide a reference for all qualitative and quantitative indicators to allow the program country to align the programmatic choice (interventions) with the ToC and the Embassy of the Netherlands (EKN) country's multi-annual strategy.

This was achieved through the following:

1. Conducted a landscape analysis on the barriers for nutrition and WASH (gender and inclusion perspective) including relevant policy review and community-based analysis and perceptions of undernutrition and WASH issues.
2. Conducted a stakeholders mapping. Wana Consultants team identified key stakeholders who are involved in the project like CBOs, Communities members, donors, women groups, government officials and other partners by highlighting their different levels of engagement in the project through interests and influence in Nutrition, WASH and communication channels reaching the communities.
3. Conducted a formative assessment and a problem analysis (including people affected by undernutrition, stakeholders and influencers within the affected communities).
4. Conducted a validation workshop with key stakeholders.

STUDY METHODS

Research design

The Baseline study adopted qualitative approach focusing on both primary and secondary data collection techniques. The secondary data was captured through systematic desk review of key documents including reports, publications, and budgets while primary data was collected from various stakeholders, including Government officials, ministries, local partners and community members. The selection of the states and Counties was purposive as these are the project sites. Similarly, the selection of the key informants for interviews and FGDs was also purposive based on their role in relation to the project.

The study was conducted in sex-segregated FGDs with facilitators of the same sex as the participants in each County and Payam selected by consortium partners based on their prior knowledge and experience in research, WASH, nutrition and gender. One facilitator was accompanied by a note taker so that every response was recorded immediately. The baseline team was comprised of WANA and consortium member staff both male and female in order to ensure quality control, and build and retain capacity within their organizations. For each of the 12 Counties, different data collectors were selected and trained for their County due to limitations of movement as result of widespread flooding in all the three states of Unity, Jonglie and Upper Nile. The data collectors were selected through the consortium members present on ground in each County. For example, World vision did selection of data collectors for Melut, UNIDOR for Mayendit and Pariang, CIDO for Akobo and Pibor, Save the children for Bor, ACF for Fangak and SPEDP for Kochi, Leer, Fashioda, Panajuir.

The staff had two-day training on advocacy for nutrition, WASH and gender and their tools for data collection. The first day focused on project overview, general organization policies for save the children including child policy, advocacy, monitoring evaluation and learning, pre-test, understanding of qualitative questionnaires for focus group discussions and key informant interviews, probing skills, practical sections using role play where Mayendit County was used as an example, Sample questions were asked for participants to respond per their County during practice interview. For example, Akobo indicated that the river was being contaminated with residents from the urban area throwing plastic and other wastes in the river during the feedback. A post-test was then conducted at the end of the training to assess the knowledge gain.

Women, men, girls and boys were interviewed in groups of 6 to 10 across 12 different counties covering 19 Payams. 35 KII and 230 FGDs participants were reached in total (33 girls, 73 women, 40 boys and 119 men). The groups purposely selected included caretakers of malnourished children under five years of age, water management committees and pump mechanics, staff of civil society organizations and community-based organizations,

Key informant's interviews (KIIs) were conducted with a wide array of participants in the thirty-two Payams from 12 Counties in the three states of Jonglie, Unity and Upper Nile. The KIIs were selected based on their knowledge, position, and/or experience in a particular theme of the baseline study which were health, nutrition, WASH and gender. These included staff from Ministry of Water resources and Irrigation at national level, Ministry of Gender and Human Rights, Deputy Director of relief and rehabilitation commission at state level, County health department, community leaders, Health and Nutrition Officers at nutrition centres.

The exercise included analysis of existing secondary data gathering and reviewing complementary qualitative data from previous nutrition, WASH and gender analysis by Save the Children and other agencies working on nutrition, WASH and gender programs. While quantitative data was used to understand scale and scope of the burden of the problems, a focus on qualitative data was considered necessary in highlighting perspectives of women, men, girls and boys of different ages and abilities.

The secondary data was captured through systematic desk review of key documents including reports, publications, and budgets while primary data was collected from various stakeholders, including Government officials, ministries, local partners and community members.

Data collection took place from 1st to 17th of September 2021, during which 32 FGDs and 35 Key informant interviews were conducted with partner staff, civil society organizations, line ministries in WASH, and nutrition, relief and rehabilitation commission director, water management committees, pump mechanics, care takers of malnourished children, and health facility staff.

Sampling

Three states of the greater Upper Nile (Unity, Jonglie and Upper Nile) were purposively selected based on the fact that these are the states where project is to be implemented. The number of Payams selected depended on the

population in that County. For each Payam there were four planned Focus group discussions; one with Water management committees, civil society organization or community-based organization, water management and pump mechanics and one with women who had under five year children with malnutrition.

A total of 32 out of 38 FGDS planned were conducted involving 265 participants instead of 380 planned because of challenges of accessibility due to flooding in some Payams, and Counties like Fashoda, Panyikang and Pariang where it was not possible for partner staff to participate in the baseline there. 35 of the 265 participants were from the KIIs. The selection of the 6-10 participants for FGDS was randomly done from the partner registers for caretakers of malnourished children and water management committees and pump mechanics (Table I).

For the 35 Key informant interviews, respondent selection was purposive. It included all the partners in the right to grow consortium. These included: the project manager, project officers for WASH and Nutrition, the M and E officer, the side of the government, the KII planned included the Directors in Ministry of water resources and irrigation in the three states, the relief and rehabilitation commission. At the County level the KII interviews planned for included the County health department staff, the M and E or surveillance officers in addition to the County health officers. At the Payam level, the Key Informants were Payam administrator and the paramount chief. Nutrition, WASH, M and E staff of NGOs at county level, especially the R2G consortium members like World vision, CIDO, UNIDOR, SPEDP, ACF and Save the children were also interviewed. CSOs staff were interviewed for example Peace corps, SALT- Serving and learning Together, AYA- Akobo, Youth Association, Nile Hope, Venansio women league group and Kadok CSO among others.

At Juba level, the partners were involved during KII, especially the ministry of water resources, ministry of health, nutrition and WASH clusters and also R2G consortium members during validation workshop so that they gave their inputs.

Table I: Sample size in the project areas per state and County, January to June 2021

State	SN	County	No of FGDS	No. of FGD Community members	No. of KIIs	Total Participants
Jonglie	1	Bor	3	27	6	33
	2	Pibor	3	24	4	28
	3	Akobo	3	31	5	36
Upper Nile	4	Melut	2	15	4	19
	5	Fashoda	2	18	4	22
Unity	6	Koch	3	30	2	32
	7	Mayendit	2	15	4	19
	8	Leer	2	19	2	21
	9	Fangak-Panjuir	2	51	2	53
	10	Juba			2	2
Total/Average			22	230	35	265

Data sources

Barrier analysis

After training of data collectors from the 3 states, a session was dedicated for barrier analysis. Questions were raised by consultant to the participants about the challenges/barriers of nutrition, WASH and gender in their Counties. What has been done to try to address them and recommendations for the R2G project to address.

Desk review.

Consultant reviewed existing documents especially FY 2019-2020 South Sudan approved budget book, Southern Sudan population and housing 2008, CMAM guidelines for South Sudan-2017, Maternal, Infant and Young Child nutrition (MIYC) guidelines for South Sudan 2018, Water, Sanitation & Hygiene (WASH) Sector Strategic Framework 2011 (policies, laws and budget) that promote good WASH and Nutrition practices. Review of gender reports on different gender roles and responsibilities of boys, girls, men and women in the communities.

Primary data

The baseline study considered indicator values from January to June 2021. The activities for the right to grow project have not yet started during this period, hence many of the achievements reported during the Focus group discussions and key informant interviews were result of programs before the right to grow project.

- *Key informant interviews.*

These were purposively selected based on their expertise in the context and subject matter like nutrition, water sanitation and hygiene. Prior arrangement was made with the Key informants either by telephone or e-mail. Once the time and venue were agreed, usually either in the workplace, home or community centre, where there is some degree of privacy. The KII included face to face interviews with, Community Leaders, officials from national/state ministries to gather information on barriers to nutrition and WASH. The data collector introduced the purpose of the meeting and assured the respondents of confidentiality of data before requesting for consent to proceed with interview.

- *Focus Group discussion.*

The selection of the participants for the FGDs was also purposive based on their perceived role and knowledge in the subject matter. For example, Caregivers of malnourished children under 5 years both SAM and MAM, CSO/CBO staff, pregnant and lactating mothers, vulnerable groups (9 youths and 1 person with disability), and children of marginalized groups were selected to discuss perception of malnutrition and the barriers to good nutrition and WASH services. Like for KIIs, the interviewers introduced the subject matter giving reasons for the baseline survey which was to make informed decisions on project implementation in the communities for which the respondent would be a part. Assurance that data collected would be kept confidential before consent was sought from the group. The venue selected was big enough to ensure social distancing to minimize risks of COVID 19 during the FGDs. Each member of the group was given a chance to talk in turn so that no one dominated the talks.

- *Stakeholder mapping.*

The key stakeholders who are involved in the project like CBOs, Communities members, donors, government officials, private sector and other partners were identified by highlighting their different levels of engagement in the project through interests and influence in Nutrition and WASH. This was done through the right to grow consortium member on ground based on their current and previous experience with the stakeholders in that particular County.

Child participation

Orientation was conducted for partner staff on child safeguarding by the save the children's child safe guarding coordinator. The key areas discussed included: save the children values and principles, child abuse (sexual abuse, physical, emotional, neglect, exploitation, child labour), culture of zero tolerance abuse and mistreatment, approach to prevention of abuse and exploitation of children and the expected commitment from the save the children staff and partners.¹

Children below 5 years were indirectly involved through their parents or care takers, especially those who were enrolled in nutrition programmes. For those older children (11 to below 18 years) who were involved in the baseline survey, consent was first sought from the parent or caretaker.

Data analysis

Data analysis was done using the standard Save the Children analysis excel template. For the qualitative analysis, first a data base was created in the excel sheet per state and per county and also per the thematic areas of nutrition, WASH and Gender. Sources, segment, and categories were created for analysis of relations between categories for example, relation between the advocacy actions taken and the number of barriers successfully addressed by the CSOs. Also

¹ SCI External facing child safeguarding policy August 2019

relation between the geographical coverage by pump mechanics and the number of water pumps repaired. The various categories were then described for the report.

Ethical considerations

Ethical principles critical for safeguarding the study participants were given due consideration. SCl communicated with the relevant authorities and facilitated ethical clearance (support letter) to conduct the study. Study participants were informed about the purpose of study and how the results would be used. Participants were clearly informed about their right to refuse to take part, terminate the interview or discussion at any point or not answering any question. Verbal consent was received from each study participant before interviews or discussions. Interviews and discussions were conducted in settings that ensure privacy. All information gathered was kept strictly confidential. Generally, the study was conducted by keeping in mind the basic ethical principles of respect for humans, beneficence, and justice. The following ethical principles were maintained during the study.

- **Right to KNOW what the study was about:** Data collectors explained what topics would be covered, what benefits to expect, what risks were involved and what would be done with the information to each participant. Verbal consent was received from each participant before interviews/discussions.
- **Right to freely CHOOSE whether to participate or not:** Participation in the study was only on voluntary basis and participants had the right to stop interviews/discussions at any time or to say they do not want to answer any question.
- **Right to PRIVACY:** No names or other personal identifying information would be recorded in the questionnaires and data collectors would not discuss respondents' answers with others.
- **Right to have NO HARM done to them:** The study would not cause any emotional, physical, or economic harm to those who chose to participate.

Limitations of the study

The study was conducted in September 2021 which was one of the months where rains and flooding was nearing peak, hence challenges of accessibility in many study locations such as Pibor, Melut, and Mayendit among others.

Poor communication between the field team and the Juba team as a result of the poor internet and mobile phone connectivity. One had to call several times to be able to connect with the field team to get field updates and reports.

Budget limitations: Some respondents demanded to be paid which was not budgeted for. This delayed some of the KIIs and FGDs, hence delaying the data collection as a lot of time was used to try to convince those who demanded for some money or refreshments.

The study was qualitative, hence some indicators that required percentages from household level could not be obtained from primary data, but referenced from secondary data.

Not all the partners invited turned for the training the first time. A second training had to be organised which delayed the data collection in those counties by at least 1 week.

Delays in submitting raw data from the field to Juba. During the training of the data collectors, it was agreed that the raw data of previous day be submitted the following day for cleaning, checking and where need be support the data collectors. However, due to poor internet connectivity associated with heavy rains, this could not take place, hence delaying data entry till the last day and in some cases a week after data collection.

Nutrition cluster coordinator and co-coordinators were conducted to schedule for KII, but all the three did not honour their promises. Several telephones and emails were made to them, but they indicated that they were busy at the times which were suggest by them, hence no contribution from the nutrition cluster at Juba level.

In-depth interviews are dependent on the accuracy of participant's self-reporting of their behaviours and perceptions, and furthermore may lead to selection bias or information bias.

RESULTS FROM THE BASELINE DATA ANALYSIS

SECONDARY DATA

Objective 1.: *Conduct a landscape analysis on the barriers for nutrition and WASH (gender and inclusion perspective) including relevant policy review and community-based analysis and perceptions of undernutrition and WASH issues.*

Barrier analysis

A desk study of important policy papers and other relevant published documents was conducted, before interviews with experts, and key stakeholders. A number of barriers were raised for Mayendit, Melut, Bor, Akobo, Pibor, Fashioda, among others. The cross-cutting barriers included flooding, insecurity, hunger, high prices of goods, lack of accessibility to social services, and high salinity especially in some water points in Unity state. Most of the trainees revealed that they had not been involved in advocacy for budget allocation for nutrition, or WASH. More attention was directed on diet and eating practices, access and participation and physical and social barriers to WASH and Nutrition services in relation to the number of women in decision making that affect nutrition status of under five-year children. Also factors like access to credit, access and ownership of land, productive assets and livestock among others.

To improve sector performance monitoring, the proposed strategic approaches for South Sudan Ministry of Water Resources and Irrigation include setting of agreed targets and indicators, preparation of performance reports based on progress monitoring of these indicators, and various ways of improving accountability among different levels of Government, development partners and private sector.

Current funding in the era of COVID 19 pandemic is unpredictable and insufficient to realise the SDGs for water and sanitation. Four strategic components to guide the sector in mobilizing adequate resources include: revenue generation; increased and timely Government funding; development partner financing support; and targeted private sector investments triggered by sound Government policy, strategy and investment plans.

Challenges exist in terms of sector capacity development. The country is short of qualified people in the areas of water resources, and irrigation among others. Creative solutions are required to address the needs identified at national, State and County Government level. Recruiting the right kind of staff in combination with appropriate training, equipment provision and human resources management are key elements in the capacity development strategic approach as highlighted in the WASH strategic framework of 2011.

A list of potential barriers to WASH, Nutrition and Gender were identified which included the following:

- 1- High cost of goods and services in the three states which most people in these locations cannot afford, for example cost of construction materials
- 2- Lack of appropriate technology, for example lack of technology to solve problem of salinity in Unity state
- 3- Lack of approved integrated water, sanitation, nutrition. and agriculture policies
- 4- Poor inter-departmental interaction and coordination. WASH, Nutrition and Gender activities run parallel at the moment in different ministries. Partners occasionally organise joint meetings for specific activities.
- 5- Lack of incentives for community ownership and participation
- 6- Uncertain frequency of rain and irregular water flows that affected crops negatively either through prolonged draught or flooding
- 7- Frequent siltation of water storage structures and sanitation pipes
- 8- Low preference to research and training- there is low research capacity in the states to carry out high level research
- 9- Lack of awareness among general masses especially on desalination of water through portable filtering uses reverse osmosis technology
- 10- Limited institutional capacity and management skills of government departments – there are only 4 staff in the directorate of water resources and irrigation at national level
- 11- Health issues arising from water-borne diseases cholera and other diarrhoeal diseases and now also COVID 19 which can be spread through poor hygiene

- 12- The government investment in WASH is very limited to administrative and supervision of WASH partners. An effort should be made by the government to invest in budgets that support WASH related infrastructure. The WASH actors should therefore complement the government's efforts
- 13- The existing policies are not realized practically; they are left in offices. Efforts should be made for adapting the developed policies in project implementation.

The humanitarian and political crises have negatively affected the communities' access to basic water, sanitation, and hygiene services. According to Humanitarian Needs Overview 2020, the protracted humanitarian and political crisis has negatively affected the already poor access to basic water, sanitation and hygiene services.

Existing infrastructure in these states is unable to provide adequate WASH services (water, safe disposal of faeces and hygiene promotion), risking increased outbreaks of waterborne diseases including acute watery diarrhoea, cholera, and recent COVID-19. Inadequate WASH is a major cause of disease in these states and improving sanitation through hygiene promotion is known to have a significant beneficial impact on health both in households and overall community. There is need for maintenance of hygienic conditions and hygiene promotion, through improved availability of latrines, water facilities, waste disposal, bathing shelters, to raise awareness on water and sanitation related health/hygiene issues, and to reduce the risk of cholera outbreak, COVID-19 and other sanitation related diseases.

Per the 2020 WASH Cluster Severity Mapping, 7 of the 10 counties with the most severe Overall WASH conditions and 8 of the counties with the worst access to safe water are in three states that the programme partners are aiming to target for interventions. Also, less than 20% of people in these states have access to latrines and less than 13% use latrines regularly.

The Right2Grow implementing partners have good and long-term relationships with the relevant parties in the civil society, and traditional leadership and governments of Jonglei, Unity and Upper Nile states. In addition, the Right2Grow implementing partners are in consortiums for other projects with many of the other humanitarian and development partners in these locations.

To ensure that policies are formulated and disseminated, the local governance structures are identified, and the targets of this initiative are shared with them. A possible starting point would be a stakeholder meeting in which the local leadership including traditional leaders and the implementing agency introduce the programme and its mandate. In the present post conflict situation, it may not be easy to ask the local governance structures about sensitive issues like budget outlay and such like to roll-out a budget advocacy. However, what would be practical and possible would be to have the CBOs and CSOs to be a liaison between communities and the governance structures to ensure essential services under the consortium mandate- nutrition and WASH- are delivered. This is where the Right2Grow implementing partners and their long experience in the location can be fruitful.

The consortium jointly decided to target 3 states in South Sudan that draws on the combined experiences of all partners and addresses the largest areas of malnutrition around the country. The intervention areas include Juba, Jonglei, Unity, and Upper Nile states. Jonglei, Unity and Upper Nile have the highest SAM, MAM and GAM rates in South Sudan and are 3 of the 4 states hosting the highest number of food insecure communities.

Table 2: Summary of SAM, MAM, and GAM caseloads in January 2020

Caseload January 2020	# Under 56children	SAM Burden	MAM Burden	GAM Burden	SAM Burden	MAM Burden	GAM Burden
National	2,223,591	292,373	1,008,696	1,301,069	13%	45%	59%
Jonglei	366,900	70,225	234,082	304,307	19%	64%	83%
Unity	201,340	31,530	112,690	144,220	16%	56%	72%
Upper Nile	261,644	53,114	141,131	194,245	20%	54%	74%

Source: Food Security Cluster, (2019). Food Security and Nutrition Monitoring Report - round 24

Table 3: IPC Acute Food Insecurity Situation Map for January 2020

State 2019 - 2020	Population on (NBS) # of People	Phase 1 Minimal # People	Phase 2 Stressed # People	Phase 3 Crisis # People	Phase 4 Emergency # People	Phase 5 Catastrophic # People	% of Crisis, Emergency & Humanitarian Catastrophe
Jonglei	1,931,052	235,000	435,000	865,000	355,000	40,000	65.30%
Unity	1,059,682	175,000	395,000	430,000	60,000	0	46.20%
Upper Nile	1,377,076	240,000	405,000	560,000	175,000	0	53.30%
South Sudan	11,703,111	2,545,000	3,875,000	4,140,000	1,110,000	40,000	45.20%

Source: Food Security Cluster, (2019). Food Security and Nutrition Monitoring Report - round 24

Conflict: The protracted conflict in South Sudan has had a profound impact on the lives of children and their communities. Children continue to face risks such as hunger and malnutrition, disease, forced displacement and loss of educational opportunities.

Bentiu, Unity State's capital, hosts the largest place for civilian protection (PoC) site since 2013, with a current population of 99,052 residents. Most residents fled to the PoC following attacks in southern Unity State, in which the Sudan People's Liberation Army troops and its allied militias destroyed and confiscated crops and property while engaging in widespread violence against civilians. While Malakal, the capital of Upper Nile state has 33,137 IDPs in PoC situated near Malakal town, which was largely destroyed during civil war. Continuing tensions between the Shilluk and Padang Dinka communities in Upper Nile State are related to disputes over access to, and the control of, lands on the east bank of the Nile, from which many Shilluk have been displaced, and have been exacerbated by the recent killings of prominent figures from the Shilluk community in Malakal PoC and town between July and November 2020.²

On the same vein, dozens of homes in Jonglei state were destroyed, warehouses belonging to aid groups were raided, and women and cattle were abducted in January 2020. Three aid workers were among those killed. A treaty aimed at ending the country's six-year civil war was signed in February, but intercommunal violence has erupted a number of times since. Some 800 people are believed to have died in such clashes since February 2020. Prior to this violence did kill over two thousand people between 2012 and late 2013; and it worsened during the 2013 conflict, with major attacks in Murle, Dinka and Nuer territories resulting in hundreds, if not thousands, of deaths and tens of thousands of heads of cattle being stolen in 2013 alone, even before the violence of December 2013 (Rachel Gordon2014).

Nutrition and health

Malnutrition is among the key problems of under-five children in South Sudan characterized by high stunting rate of 31.1% with 16.2% Global Acute Malnutrition (GAM), crossing the emergency threshold of 15% (IPC2020). Food insecurity, sub-optimal Infant and Young Child Feeding (IYCF) practices, morbidity, lack of safe water and sanitation, internal displacement, and conflict are reported among the key factors behind the high level of acute malnutrition. Malnutrition in 2020-2021 is projected to be particularly challenged not only by the COVID-19 pandemic, but also by the 2019-2020 locust infestation. The second wave infestation is reported to be twenty times more and expected to affect the agriculture-based livelihoods and food security of the rural community. With increased food insecurity, malnutrition for children under-five and pregnant and lactating women is expected to increase exponentially, impacting the overall caseload, and risking the lives of vulnerable children and mothers³.

Food insecurity status: The Food Security and Nutrition Monitoring System (FNSMS) round 24 report has shown instances of an increased GAM rate from 13.3% to 16.2 % with 9 out of the 10 former states (80%) in South Sudan recording a GAM of 15% or more. The proportion of children (6 to 23 months) who meet their Minimum Acceptable

² CSRF-Conflict-Sensitivity-Analysis-Protection-of-Civilians-Site-Transition-Bentiu-and-Malakal-Final-26-March-2021-I.pdf

³ Global report on food crisis 2021

Diet (MAD) remains extremely low at an average of 5% due to suboptimal feeding and child care practices and persistent food insecurity driven by localized fights, climate shocks, pest and diseases, and slow recovery from asset depletion, poor micro-economic, and sub-optimal market functionality. Traditional taboos relating to not taking dairy products or protein rich foods at critical stages of child development are also one of the cultural barriers attributed for poor child growth and development, especially for girls who already receive less access to food than their male counterparts. Desert locusts are a species of grasshopper capable of changing behaviour depending on their concentration. While few in number, they move little but as their numbers multiply, they transform into large mobile swarms that consume nearly all the vegetation they can find on their way. Their numbers grow exponentially when good rains bring green vegetation and moist soil for breeding. Good rains combined with an absence of natural predators can see desert locusts multiply by a factor of more than 20 in one generation. As insect density increases, swarms start to migrate to find new places to feed (United Nations 2020).

The multiple disasters of flooding, locusts, draught conflict among others leads to persistent malnutrition in Upper Nile, Unity and Jonglei states. This is because food production is low and consumption requirements exceed the local production. This has repeated itself for decades. The deficit is so huge that it cannot be easily met by buying food from markets within South Sudan by affected communities as they are resource constrained. For example, in Unity state, of the 57,541 tons of cereals required annually, only 18,034 tons are produced locally leaving a deficit of 39,507 tons. In Upper Nile and Jonglei States, annual consumption requirements are estimated at 93,860 and 138,541 tons and annual production of 35,421 and 37,447 leaving a deficit of 58,439 and 101,094 tons respectively. While production every year is deficient, the communities are left at the mercy of humanitarian workers to survive, yet they may not fill the gap completely unless funding is availed to them from donors (Table 6).

Table 4: Estimated Cereal Area, Yield, Production, Consumption and Balance: Unity, Jonglei and Upper Nile states by County.

Estimated Cereal Area, Yield, Production, Consumption and Balance: Unity, Jonglei and Upper Nile states by County.							
State/County	Area harvested (ha)	Yield (t/ha)	2009 gross cereal production (tonnes) ¹	2009 net cereal production (tonnes) ²	Population mid-2010 ²	Consumption (t/year)	Surplus/deficit (tonnes)
Unity	37084	0.61	22543	18034	645465	57541	-39507
Pariang	5249	0.69	3615	2892	86149	6892	-4000
Koch	5132	0.67	3436	2749	78228	6258	-3509
Leer	4039	0.67	2704	2164	55405	4432	-2269
Mayendit	4263	0.67	2854	2283	56201	4496	-2213
Paynjar	5597	0.48	2677	2141	53003	4240	-2099
Upper Nile	77460	0.57	44276	35421	1013629	93860	-58439
Fashoda	4565	0.48	2183	1747	38160	3816	-2069
Melut	5531	0.48	2667	2133	51455	5146	-3012
Panykang	1563	0.46	727	581	47469	5696	-5115
Jonglei	103558	0.45	46809	37447	1443500	138541	-101094
Akobo	9141	0.69	6295	5036	142333	17080	-12044
Pibor	7335	0.46	3368	2694	155149	13963	-11269
Bor South	16181	0.46	7429	5943	231045	20794	-14851

¹ Assuming a 20 percent post-harvest loss.

² Assuming a population growth rate of 2.052 percent per annum.

Source: Ministry of Agriculture and Forestry

Source: Southern Sudan Centre for Census, Statistics and Evaluation. Statistical Yearbook for Southern Sudan 2010

In all the three states, health and nutrition integrate well at the health facility levels. The nutrition centres especially where the stabilization centres (SC), Outpatient Therapeutic (OTP) and targeted supplementary feeding (TSFP) sites are mostly found with the health facilities. The hospitals provide space for the SCs which are mainly in-patient treatment for severe malnutrition with complications, while Primary Health Care Centres (PHCCs) and Primary Health Care Units (PHCUs) provide space for the OTPs and TSFPs. Below is a sketch map to show the distribution of the various health facilities in the Greater Upper Nile state (figure

Health Facilities Greater Upper Nile

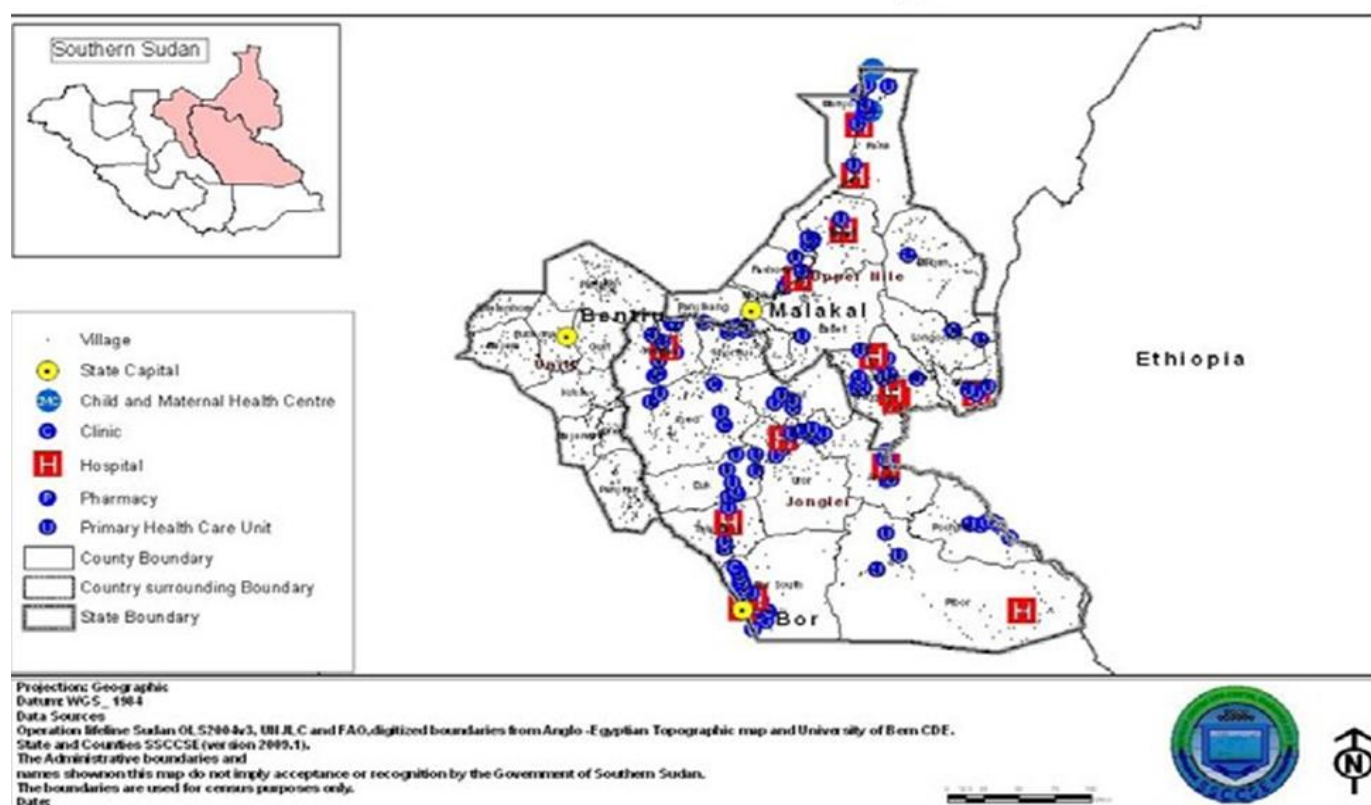


Figure 1: Health facilities in Greater upper Nile state where nutrition sites are located June 2021

Source: Statistical handbook for Southern Sudan 2010

Floods: extensive floods during 2019-2020 further exacerbated the situation by increased prevalence of water borne diseases and decreased food security due to destruction of crops and livelihood has negatively impacted the nutritional status of children.

In the second projection period of April to July 2021, an estimated 7.24 million people (60% of the population) are likely to face Crisis (IPC Phase 3) or worse acute food insecurity, with 31,000 people likely to be in Catastrophe (IPC Phase 5) acute food insecurity in several Counties, including Akobo County (11,000) in Jonglei State where R2G Project is being implemented⁴. The lack of safe drinking water, inadequate excretal disposal, and poor hygiene practices leave a large proportion of South Sudan's population at risk of preventable waterborne and WASH related diseases. South Sudan is a patriarchal society where women have limited access to education and decision-making power, and experience extremely high rates of Gender-Based Violence (GBV).

Women are the primary fetchers of water with girls are close second, men and boys almost never fetch water. Also, women are responsible for hygiene in the household. The majority of those surveyed demonstrated very basic understanding of hygienic behaviour but highlighted the need for education and outreach. Most critically, in light of the

⁴ IPC South Sudan (October 2020 - July 2021), Issued December 2020 | Food Security Cluster (fsccluster.org)

COVID-19 pandemic, the low level of the community to implement proper handwashing practices, whether due to lack of knowledge, water or soap, is a serious hindrance to preventing transmission of the virus, as well as other communicable diseases. The results reported in the 2019 SCI KAP survey is indicative of the findings of all the WASH related KAP surveys in South Sudan.

Conclusion: There is limited or no sanitation, water and hygiene infrastructure, leading to a need for construction and rehabilitation of latrines, water points and hygiene infrastructure as well as place an increasing demand on the frequency of faecal waste management of existing sanitation structures. Without adequate WASH infrastructure, the potential presence of water or vector-borne diseases as well as the ability to contain them may impact the well-being of the local populations at risk of disease outbreaks in the increasingly congested urban setting. Poor access to WASH services combined with high levels of food insecurity has a detrimental impact on the health of boys and girls under 5 years, as seen through the high prevalence of malnutrition.

Gender equality, dynamics, power relation income inequalities and inclusion in nutrition

Gender shapes food security and nutrition in South Sudan, as gender norms and power dynamics within a household may influence food access. Multiple cultural practices affect the nutrition status of women and girls, especially women's nutritional needs during pregnancy and lactation may be neglected due to norms about food taboos and access. For example, in some counties pregnant women do not eat chicken or eggs so that they do not struggle with delivery (not having a big baby). The root cause of undernutrition in young girls also comes from a traditional practice whereby boys receive more food than girls. The overall decision on household income lies with the father, although women are responsible for cooking. Traditionally, male members of the family are served first. It is common for boys to eat with their father, hence eating more food, and girls who eat with their mother receive much less food. This results in higher levels of undernutrition in girls. In the survey (SCI, 2018), 46.4% of women and 45.6% men agreed that boys are given more food than girls. It clearly indicates that if there is not enough food, women and girls are given the smallest amount in the family. However, food insecurity also has interpersonal and conflict-related consequences in the household level, divorce, wives returning to their families because they do not have enough to eat that result in high levels of vulnerability to female family members.

South Sudan is a rigidly patriarchal society where women have limited access to education, productive assets and are most often denied decision-making power. They also experience extremely high rates of Gender-Based Violence (GBV) in all its forms. Although other types of conflict abated at the signing of the 2018 revitalized peace agreement, violence against women and girls has persisted and even escalated as a tool for power-grabbing and humiliation (Refugees International, 2019).

Action against Hunger 2018 Gender Analysis in Aweil East and Gorgias West indicates that most prevalent forms of GBV include forced early marriage (25.2%), domestic violence (21%), and rape/attempted rape (13.7%). Most affected age groups of women were those who were middle aged (28%), followed by young adults (27%). This is similar to the findings of Ellsberg & Contreras (2017) in a study conducted in Juba where they found that violence against women and girls (VAWG) is endemic - with 65% of women and girls reporting having experienced physical and sexual abuse.

Another study conducted in the states of Greater Upper Nile (Jonglei, Unity and Upper Nile states) found that 27% of respondents had experienced physical abuse with 7% having suffered forced sex (CARE International, 2014). Also notable was the fact that women cited all these forms of GBV, while most of the male respondents did not seem to identify these activities as GBV-related. Through subsequent Focus Group Discussions, it emerged that in the South Sudanese context, Intimate Partner Violence (IPV) involving male partners as perpetrators is widely accepted. Respondents reported fears faced by the receiver of retaliation and stigma attached to having experienced GBV, which explain why many cases go unreported and unaddressed.

The absence of support systems for survivors of GBV has been clearly documented in other studies. In one of the studies (CARE International, 2014), 47% of GBV survivors indicated they did not report due to fear whereas 53% felt there was no point in reporting; of those who reported (27%) only 37% received any form of psychosocial support.

In November 2018, Save the Children conducted a gender assessment to explore gender dynamics in relation to social stigma, power, economic and imbalances. These social phenomena implicate women's role in governance and contribute to surge in sexual violence including child marriage which is reportedly at 54% according to UNICEF's report 2020. This practice is exacerbated, in part, by inequalities in economic incomes. It is thus not uncommon for parents in extreme poverty to seek child marriage arrangements in the pretence of securing their daughter's future or to obtain help in caring for and raising their daughters. Poverty and food security are rising at an unprecedented level, disproportionately affecting women and girls. The economy is experiencing a sustained period of three-digit inflation

estimated at 670% in Mid-2017⁵ compared to the Government estimate of 380%. The situation has contributed to the untold suffering of South Sudanese, of which the vast majority are women and girls leading to girls being married off for cows as source of wealth to cushion the family from poverty and hunger.

Poverty levels in South Sudan are higher among female headed households. 57% of the population living in female headed households are poor compared to 48% in male headed households (NBS 2012)⁶. Lack of a sustainable livelihood for majority of the families lead to marrying off young girls as a source of wealth or cows in which in turn can be sold to buy food, pay medical bills for sick family members and making of family shelter. Drought that leads to their economic disruption-causing death of cattle, girls are married off to replenish the family herds of cattle. Families in parts of South Sudan affected by poverty and other disasters often resort to marrying off their daughters early so as to benefit from bride price or acquire additional help in the family.

South Sudan is a party to several international human rights treaties. It became a party to the UN Convention on the Rights of the Child in January 2015. In April 2015, South Sudan completed accession to the UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol and to the Convention on the Elimination of All Forms of Discrimination against Women and its Optional Protocol. South Sudan also ratified the four Geneva Conventions of 12 August 1949 and the three Additional Protocols in 2013, and in 2017, the African Charter on Human and Peoples' Rights. In regard to the gender and women protocols, South Sudan in 2015 ratified the Convention of Eliminating all Forms of Violence Against Women (CEDAW).

Traditional beliefs: The concept of "Gender" is not commonly understood in South Sudan, which poses challenges to addressing root causes of malnutrition at the national policy level. At the law-making level in South Sudan, there are no obstacles to gender equality, but traditionally, superstition-based laws oftentimes supersede the official judicial system, which is essentially the national written law and the overall policy framework that should be followed by the citizens. Right2Grow will identify the traditional beliefs that have a negative impact as well as those that have positive impact (i.e. respect women and support children). Right2Grow will work to change those with negative impact and promote those with positive impact the dissemination of this information could be a key role of the Right2Grow programme.

The baseline results indicated that roles and workload vary among different gender groups with both male and female FGD participants agreeing that women and girls having more workload. For example, women and girls carry the bulk of household duties spending more time than boys and men on unpaid work. Women are responsible for cooking food for the family, washing clothes for most of the members of family, caring for young children, cultivating, weeding, and harvesting food. While girls are responsible for fetching water, sweeping the compound, looking after smaller siblings, and cleaning utensils, men take care of the cattle, cut timber for sale, construct houses and sanitary facilities and make decisions on behalf of the family. Boys also look after cattle, do sports like wrestle, play football or fiber ball, and go for hunting.

Both boys and men noted that since there have been some organizations working on gender and GBV, they are seeing norms shift and both men and women doing the same work however they reiterated that culturally care roles are borne by women and girls and it is not 'acceptable' for boys and men to take them on. Girls assist their mother with fetching water, firewood and cooking including making local alcohol and boys are involved in digging and animals keeping and assist their fathers with different assignments.

Gender roles, family structures and family relationships have an important influence on nutrition outcomes for pregnant and lactating women, children under 5 and adolescent girls. Men retain most of the control over household finances and assets. From the FGD consultations, alcohol abuse among both men and women and lack of proper communication came out as practices contributing to intimate partner violence and as it relates to insufficient allocation of household resources to meet the nutritional needs of the most nutritionally vulnerable household members (pregnant and lactating women, adolescent girls, infants and young children).

The burden of work on women and girls has an impact on pregnant women and pregnant girl's ability to exclusively breastfeed their children as is recommended by health practitioners. The men stated that they would not be able to ease this burden as they fear being mocked by peers if they are seen taking on roles meant for women like cooking and cleaning.

⁵ World Bank Report, 2017 and KII Interview

⁶ South Sudan National Bureau of Statistics (NBS) South Sudan MDG Status Report 2012 and United Nations Framework Convention on Climate Change (UNFCCC), 17 January 2014

Conflict Sensitivity and Safety

Traditionally women and girls, and some lesser extent boys, are more vulnerable to undernutrition as they given a lower priority when food is being distributed. Girls often receive very little protein or nutritious food needed to build strong bodies. The pastoralist way of living, which describes the majority of the communities in South Sudan, may have specific implications on the nutrition status of certain groups – but unfortunately, there is no evidence, and no research, supporting this assumption. In WASH, it is regularly observed that some tribes/sub-tribes block the access of certain groups (most likely neighbouring tribes and sub-tribes) to the water source. Conflict sensitive analysis of the situation will be done as part of the formative research done for this project.

According to the REACH assessments in South Sudan, over the years due the sporadic community conflicts witnessed cited that the major and most protection concern for girls and women is abduction and rape and for boys is force recruitment and for men killing and injury from inter-communal conflicts. This means that each group is susceptible to different risks, and each is victimized in different ways. The Right2Grow programme has given priority to the safety and dignity of beneficiaries and considered the principles of Do No Harm. This programme is geared towards addressing malnutrition to an entire community (which will include, women, children, elderly and People with Disabilities)

Men, women, boys and girls will also be actively involved in programme design, implementation, monitoring and evaluation to promote ownership. To reduce Gender and Protection concerns, the programme will conduct safety audits for risk mitigation, ensure that women and vulnerable groups have a voice at each stage of the project, train staff on basic support to GBV survivors and referral pathways for survivor-centred services. During community participation sessions seeking feedback and suggestions on programme implementation, men and women, as well as people from different tribal groups, will be interviewed separately to obtain their independent opinions: to mitigate social pressure from men. All recruitment and trainings for staff, volunteer's staff will deliberately ensure equal access to both men and women, with emphasis on ensuring a balanced representation of both men and women. Based on the findings of the formative research, gender-sensitive WASH and nutrition key messages will be adapted and tailored for gender, age and culture/languages, and imparted to the community, based on findings from formative research.

Gender will be mainstreamed in this programme in a way that the different needs, opportunities and limitations of the different groups of the community to be served are identified and addressed throughout the programme cycle, all programme data will be collected, presented and analysed with sex and age disaggregation will be adhered to make the assistance provided gender sensitive

The Right2Grow consortium includes a women-led organisation who represents the wider South Sudan women led-organisations network and will be instrumental in providing advocacy linkages to other women led organisations focusing on nutrition and WASH interventions. This will ensure that women are part of the decision making as far as policy issues is concerned.

POLICY ANALYSIS

Policy documents are made at national level. The following policy documents were reviewed during this baseline study:

SN	Policy	Analysis	Policy Gap
I	South Sudan Health policy 2016-2025	<p>1.2 Health Needs and Priorities 2016-2026</p> <p>The population of South Sudan has poor health status as evidenced by the following indicators: Maternal Mortality Rate value of 2054 (SSHHS 2006), Neonatal Mortality Rate value of 43, Infant Mortality Rate value of 83, U5Mortality Rate value of 106, Stunting Rate value of 25%, fertility rate value of 6.7 (SSHHS 2010). This coupled with the heavy burden of maternal and child health conditions, communicable and non-communicable diseases, including malnutrition, emergencies and disasters necessitate deliberate efforts to improve health service delivery, additional and improved management of health system resources, and strengthened health partnerships.</p> <p>Chapter 3: Policy and Specific Objectives 3.1 Policy Objective I: Service Delivery To strengthen health service organisation</p>	No specific policy objectives for Nutrition or Management of Malnutrition though BPHNS is mentioned and nutrition is mentioned under the health needs and priorities.

		and infrastructure development for effective delivery of the BPHNS and Universal Health Coverage	
2	Policy Brief May 2020. The COVID-19 Pandemic Vulnerability Factors in South Sudan	Natural disasters such as floods and droughts not only overstretch state capacity, they also make the population more susceptible and vulnerable as a result of displacement and loss of livelihoods, exacerbating their vulnerability to COVID-19.	There is no linkage with other sectors like WASH, food security and nutrition
3	South Sudan Finance policy. The Public Financial Management and Accountability Act, 2011	The Public Financial Management and Accountability Act, 2011 is the institutional legal framework put in place and permits the Ministry of Finance, Planning and Economic Development to exercise powers in ensuring effective and efficient public financial management and accountability including budget preparation, execution, management and reporting; internal audit; and public procurement among others. Planning is at the state level	The Finance policy has no clear policy statement on involvement of the Civil society organizations and County authorities in budget reviews.
4	South Sudan Food Security Policy, 2012 ⁷	<p>South Sudan's Food Security Policy recognizes natural disasters as threats to food security, including droughts, floods, pests and diseases, attributing the cause of these disasters to climate change. It also points out that poor land management and insufficient application of fertilizers exacerbate these disasters. The policy counts the lack of technologies for food preparation, preservation and storage as one of the main problems.</p> <p>To address these climate change-related challenges, the policy statement on climate change is aimed at enhancing policy measures that are meant to mitigate the adverse effects of climate change in the medium and long-term. Some of the main objectives to overcome climate change adverse impacts include:</p> <ul style="list-style-type: none"> • understanding the likely impacts of climate change on the resilience of key crops, agroforestry tree species and livestock in the different agro ecological zones • enhancing the adaptive capacity of communities in drought and flood-prone areas • supporting measures aimed at protecting vulnerable communities against climate change-related diseases and pest outbreaks. 	The policy gap here is that it does not explain how the food security will be integrated with nutrition which is under the ministry of health, especially community based nutrition and food security program .
5	Government of southern Sudan Water policy November 2007 Juba, southern Sudan	<p><i>1.3.1 Water for Life</i></p> <p>Access to basic water, sanitation and hygiene facilities is vital for the health, welfare and productivity of the population. The incidence of diarrhoeal diseases associated with lack of access to safe water and adequate sanitation is a major factor underlying high infant mortality rates⁸, and improved access to water and sanitation facilities is particularly important for people living with HIV/AIDS. The provision of safe drinking water, basic sanitation and clean environment at household level can have a major impact on health. There are also</p>	The Policy document for water does not include Nutrition and COVID-19. Hence integration of the Nutrition into WASH policy will

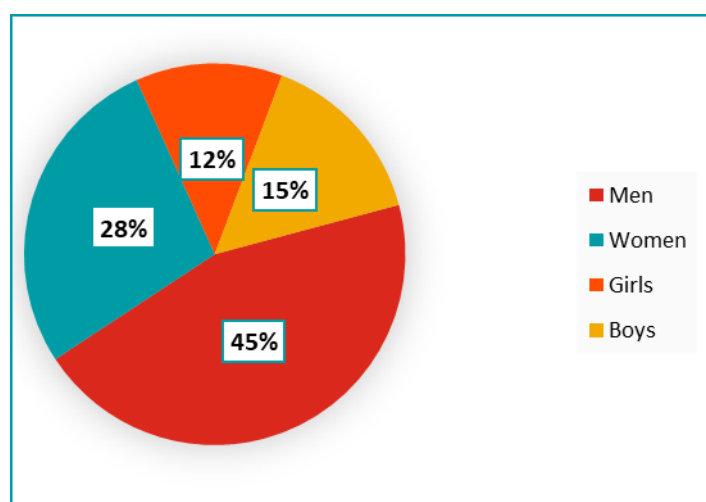
⁷ South Sudan-NCI-I-South Sudan INC.pdf

⁸ 2005 figures show 250 out of every 1,000 live births die before reaching the age of five years. This is compounded by the chronic under-five malnutrition and high maternal mortality rate of 1,700 in every 100,000 live births.

		significant additional livelihood benefits associated with time and energy savings (especially for women) and small-scale productive water uses which can lead to increased income and food security, improved school enrolment (especially girls), and wider social and economic benefits at household and community level. Improved access to water and sanitation can therefore make a significant contribution towards GOSS's wider objectives of reducing poverty and vulnerability and promoting livelihoods and economic growth.	need the Water policy to be updated. The most vulnerable are children under 5years, Pregnant and lactating mothers, elderly and people living with disability.
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PRIMARY DATA-RESULTS

Objective 2: Conduct a stakeholders mapping. Identify key stakeholders who are involved in the project like CBOs, Communities members, donors, women groups, government officials and other partners by highlighting their different levels of engagement in the project through interests and influence in Nutrition, WASH and communication channels reaching the communities.



A total of 265 respondents participated in the baseline survey in the three states, 35 in KIIs and 230 in FGDs. Of these 103(40%) were females 73(28%) women and 33(12%) girls; while 162(60%) were males, 119(45%) men and 40(15%) boys. Two of the respondents (1 man and 1 woman) were with disability. The levels of respondents ranged from National Directors State County to community leaders at Payam level including Ministry, NGO, CSO and Community members (see fig.1 & tableF3).

Figure 2: Pie chart showing total percentage of responds by gender and age category

Table 5: Population sample estimates in the project areas per state and County and stakeholder mapping January to June 2021

State	SN	County	No of FGDs	List of CSOs /NGOS/Gov't	No. of FGD Community members	No. of KIIs	Positions of some Key Respondents	Total Participants
Jonglie	1	Bor	3	SCI, Water management committees, State ministry of health, Ministry of water resources, UNICEF, WFP	27	6	Deputy-Chairperson RRC, CHD-nutrition officer	33
	2	Pibor	3	Peace corps, SALT- Serving and learning	24	4	Hygiene promoter	28

				Together, CIDO				
	3	Akobo	3	CIDOAYA-Akobo Youth Association and Nile Hope.	31	5	M and E coordinator	36
	4	Fangak-Panjur	2	ACF, Women group, Water Mg't Committee	51	2	Project Manager	53
Upper Nile	4	Melut	2	WVI, Kadok CSO	15	4	WASH Manager	19
	5	Fashoda	2	SPEDP, Venansio, Women league group	18	4	Gender officer	22
Unity	6	Koch	3	SPEDP, Humanitarian Development consortium	30	2	M&E officer	32
	7	Mayendit	2	UNIDOR, Water management committee members	15	4	Field Supervisor	19
	8	Leer	2	SPEDP	19	2	WASH officer	21
	10	Juba		SCI, UNICEF, WFP, UNHCR		2	Director Ministry water resources,	2
Total/ Average			22		230	35		265

R2G-Stakeholder analysis January to June 2021

Stakeholder	Interests	Effect on project	Importance of stakeholder	Degree of involvement in the project
Government				
Ministry of Water Resources and Irrigation	High- Leadership in providing guidance, policy and governance in WASH and Monitoring of Implementation of WASH activities at national and state level	Positive, as it advocates for more funding for WASH	High	Regular update /review meetings on the R2G implementation at national and State level.
Ministry of Gender and Social Development	High- Leadership in providing guidance, policy and governance	Positive, as it advocates for more funding for SGBV	High	Regular update /review meetings on the R2G implementation at national and State level.
Ministry of Health	High- Ministry of Health has the leadership in providing guidance, policy and governance for the provision of health services in South Sudan.		High	Regular update /review meetings on the R2G implementation at national and State level.

	MoH would want to see services reach the population as government has limited resources to do so.			
Government healthcare facilities	High- Providing health and nutrition services	Positive as it improves lives of vulnerable people	High	Treatment of malnutrition, review meetings
Relief and Rehabilitation Commission	High- Coordination of efforts of R2G consortium members and other NGOs	Positive as it supplements R2G efforts	High	Government Arm of coordinating Development partners. Strengthened coordination can improve service delivery.
UN Agencies				
UNICEF	High- Partner-provides nutrition supplies to R2G partners		High	UNICEF is critical in Health, Nutrition, and WASH.
WHO	Medium- Partner – Policy development		Medium	Providing emergency healthcare services and training around South Sudan, including water quality and malnutrition surveillance in target areas
WFP	High- Partner provides food supplies.	Positive as it supplements R2G efforts	High	Provision of food to R2G partners for TSFP, BF, Logistics
NGOs				
Save the Children	High- Lead and Coordinates R2G consortium members and implements in Bor	Positive as it It's the leader consortium member	High	Advocacy for Nutrition to children and mothers, WASH, in Bor and coordinates in Juba
World Vision	High- R2G consortium member in Melut	Positive as it Is a member of consortium	High	Planning and implementation of R2G in Melut
CIDO	High- R2G consortium member in Akobo and Pibor	Positive as is a member of the consortium	High	R2G services in Akobo and Pibor
SPEDP	High- R2G consortium member in Koch, Leer, Panyijar, Panyikang and Fashoda	Positive as is a member of the consortium	High	Advocacy on nutrition, WASH and gender and R2G implementation 5 Counties
ACF	High-R2G consortium member in Fangak	Positive as is a member of the consortium	High	R2G services in Fangak
UNIDOR	High- R2G consortium member in Pariang and Mayendit,	Positive as is a member of the consortium	High	R2G services in Mayendit and Pariang

Lutheran World Federation	Low	Positive as it supplements its efforts.	Medium	Has IPs and experience in Jonglei state. It has church roots and also engages in agricultural production as it has a big membership
Oxfam	Medium	Positive as it supplements its efforts.	Medium	Global and South Sudan experience in WASH
ACTED	Low		Low	Small-scale health projects with refugees in Upper Nile
MSF	Low		Low	Providing decentralized medical and nutrition outreach services to some of the most isolated places in the region from its main hospitals in the Jonglei state
Interchurch Medical Assistance (IMA)	Medium	Positive as it improves people's livelihoods	Medium	Subcontracts NGO partners as lead agencies in 5 counties, which support County Health Departments and all PHCCs and PHCUs in that county.
IMC	Medium	Positive as it improves people's livelihoods	Low	Provision of health services, like routine consultations, treatment of general cases, maternity services, vaccinations to IDPs in Upper Nile Camp
Health Link South Sudan	Partner	Positive as it improves people's health	Medium	Provision of health services, like routine consultations, treatment of general cases, maternity services, vaccinations to IDPs in Bor Camp and other areas.
Civil Society Organizations (CSOs)/CBOs				
Akobo Youth Association	High- Potential IP	Positive as it advocates for rights of people	High	Advocacy and community mobilization and sensitization in Akobo
Nile Hope	High- Potential IP	Positive as it advocates for rights of people	High	Advocacy and community mobilization and sensitization in Akobo

Peace corps,	High- Potential IP	Positive as it advocates for rights of people	High	Voluntary Community support and involvement, creates awareness.
SALT- Serving and learning Together	High- Potential IP	Positive as it advocates for rights of people	High	Voluntary Community support and involvement, creates awareness.
WANA- Women Action for Nations Aid	High- Potential IP	Positive as it advocates for rights of people	High	Nutrition, WASH, and Health-COVID 19 prevention in Pibor.
Community level actors				
Women and Youth groups.	High- Involved in selection criteria, mobilization of communities, carrying out reaches and sensitization of mothers on sanitation	Positive as such groups make the project more known and appreciated by communities	High	Community support to the project, positive impact to the vulnerable group, which eliminates elite capture.
Community Nutrition Volunteers	High- Under UNICEF	Awareness and sensitization on nutrition mostly to mothers about children	High	Community support and involvement to the project, creates awareness.
Community drug distributors (CBDs)	High- Community health through drug distribution.	Bring medicine close to people help the most vulnerable members of the community	High	Community support and involvement to the project, creates awareness. Trained on Malnutrition detection and referral
Internally displaced persons outside POCs	High- Beneficiaries	Crucial for meeting needs –of community	High	Stakeholders
Internally displaced persons inside POCs	High- Beneficiaries	Beneficial as strengthening general, WASH, healthcare in R2G areas	High	Partial beneficiary
Persons with disabilities and elderly persons	High- Beneficiaries, generally requiring additional levels of healthcare, WASH and Nutrition support	Crucial for meeting needs (as long as they can access primary healthcare services)	High	Beneficiary

Table 6: Availability of private space for women in Health facility and mechanism to raise concerns on WASH to management January to June 2021

Is there adequate space for women to be able to clean, dry and dispose of sanitary materials with privacy and dignity in this facility?+B21:J22	No there is no space for women	Yes, clean space, No sanitary materials, good toilets	No	Yes	Yes	No	Yes
Is there a mechanism for women to raise concerns about the water and sanitation facilities like suggestion box of complaint desk? -Yes or -No	Yes	No. No suggestion box	No	No	No	No	No

Women are the majority when it comes to taking care of their malnourished children in the nutrition centres. However, when asked about adequacy of space for them to be able to clean, dry and dispose of sanitary materials like pads, with privacy and dignity in the facility, only 5 out of 9 groups (55.5%) of the facilities reported to be having enough space for women and 44.5% did not. Those that did not included facilities in Akobo, Pibor, Fashioda, and Leer (table4).

When asked if they reported the issues of space and others on nutrition and WASH to the facility management, only 2 out of 9 (22.2%), i.e. Fangak and Akobo women reported to be having mechanism for women to raise concerns about water, sanitation, and hygiene in the facility and that there was a suggestion box for feedback.

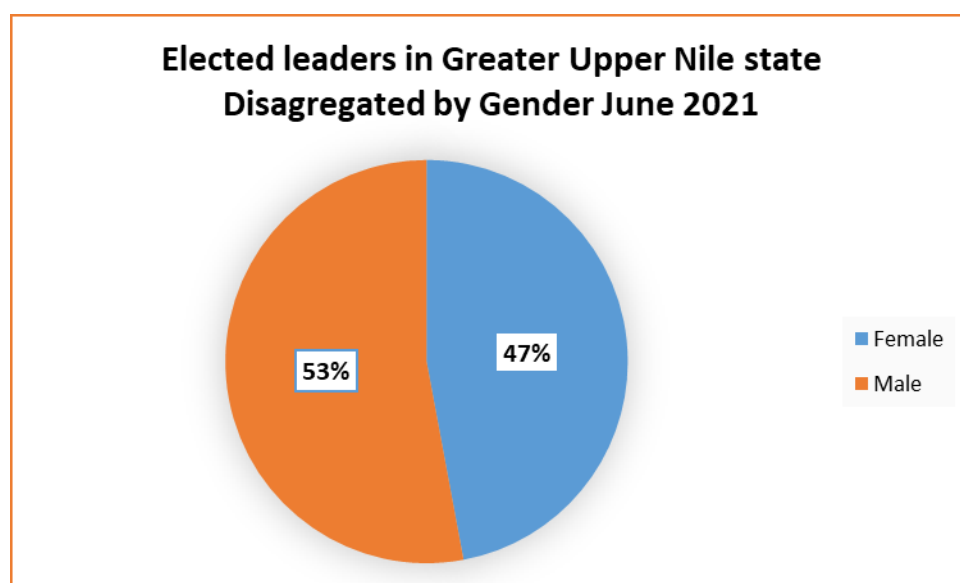


Figure 3: Average number of women elected in leadership positions

Ten Counties from three states of Unity, Jonglei and Upper Nile reported to have elected 38 community leaders. Out of these 18 (47%) were women and 20 (53%) were men. Although nearly 50% of the women are elected in the various committees (fig2), only one Civil society organisations reported that women youth had leadership roles in Pibor, women youths made decisions in Bor, and women youths were consulted in Akobo. In other Counties the elected women were basically ceremonial as communication was a challenge due to lack of training. Most of the women were reported to take the household roles of fetching water for the family, cooking, taking care of the sick in the hospital especially the malnourished children under five years of age among others.

The level of women involvement in leadership positions varied from County to County. For example, in Mayendit, out of 9 leaders elected, 7 were women. In Leer, 4 were elected 2 were women, while in Akobo 7 leaders elected only 2 were women. In Bor, 2 leaders were elected, and all were women while in Melut 2 were elected and none was a woman (fig3).

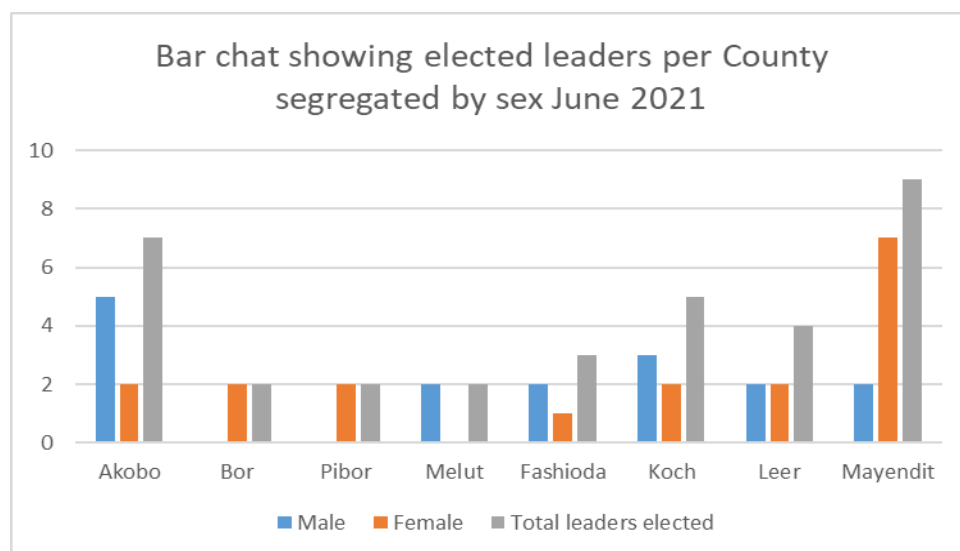


Figure 4: Number of elected Leader per County segregated by Sex

The baseline also sought to understand the role of women, men, boys and girls in decision making in regards to access to food. Majority from the consultations mentioned that men are responsible for making key decision for the family. Women are not allowed to make any decision in the family except in female-headed household where women are primarily responsible for providing food to feed the family". Men can decide to sell livestock, land, what to buy for their families in most cases with no consultations. On the hand both boy and girls are not allowed to make any decisions especially when it comes to food. The household spending depending on women's consultation with their husbands if they are both providing income to the household. There are women who keep and own chicken as an income generating activity but rarely eat their meat due to some cultural reason that forbids women and girls from eating chicken.

Whereas all household members have access to productive assets such as land and livestock, critical decisions such as sale are made by the adult male in the household. Household income is controlled by men apart from situations where (a) there is a female-headed household and (b) the man has been absent for a long period for instance due to the war. In the latter cases the income is controlled by the woman. In certain reported situations income generated by the woman for instance through sale of surplus food or from paid work outside the home is surrendered to the man for allocation to different uses.

Objective 3: Conduct a formative assessment and a problem analysis (including people affected by undernutrition, stakeholders and influencers within the affected communities).

1.1.No. of actions in which communities formulate demands for improved (WASH and Nutrition) services

Focus group discussion with civil society organizations (CSO), especially Peace corps, SALT- Serving and learning Together in Pibor, AYA- Akobo Youth Association and Nile Hope in Akobo, Kadok CSO in Melut, Venansio, Women league group, Humanitarian Development consortium, Water management committee members showed that some of them conducted community meetings. Radio talk shows to report any children who are suspected to have died of malnutrition. For example, Women association organization of Bor did radio talk show on WASH and Nutrition. Non-violence youth initiative dug two public toilets in support of sanitation in their community. There was advocacy to support the affected families, but there has been no response from the local authorities Koch (table 6).

"In collaboration with health sector, especially Guinea worm eradication program, boreholes and WASH facilities were installed in some schools. There was hygiene promotion especially handwashing during COVID 19 pandemic": said the director of water resources in Juba. Unity, "Upper Nile and Jonglie states are disaster areas with flooding every year", he added.

When asked about joint sector meetings, the director said "Yes there have been annual joint WASH sector meetings. It was held in Yambio, and Rumbek. The next one was supposed to have been in Bor, but due to the COVID-19 pandemic it had not taken place for more than two years. It was an opportunity for national level staff to go to the field and also other states to learn from one another; and gives transparency to partners who attend the meetings".

"There is collaboration between ministry of water resources and ministry of health directorate of neglected tropical diseases. A 5-year strategy document 2022-2025 has been developed. Between WASH and education, they once a year collaborate during

world hand washing and world sanitation days. But there is a gap in collaboration with Nutrition. ACF attempted the integration by analysing the situation under the theme “WASH in Nutrition”, but this has stagnated,” said Mr Albert the water resources director in the ministry of water resources and Irrigation.

There are four departments in the ministry of water resources:

1. Water supply
2. Environment
3. Rural water and
4. WASH facility maintenance

Rural Water department has only 4 staff in water resources, irrigation, water supply and water quality units who are poorly remunerated. They depend on partners for allowances during activities. This has led to high staff attrition rate. The rural water department had a software installed for monitoring of the WASH services at the state level, but this has been disconnected by the service provider due to lack of funds for the annual subscription for the M and E app services.

There are some partners supporting the ministry of water resources and irrigation, but solid waste management is under the Ministry of Urban Development. The partners include: African development bank which was rehabilitating old water pipes in Juba and Malakal; JICA which is funding new water treatment plant in Juba; CDO was doing water purification.

Water bottling is being done by the private sector with imported bottles from neighbouring countries. Water guard supply had been there under the multi-donor trust fund (MDTF), but currently supply chain is broken following the closure of the project.

During the MDTF, a number of hand pumps were drilled and spares were supplied at County level, but following the closure of the MDTF, more than 50% of the boreholes are broken down with no spare parts.

Ablution blocks were constructed under MDTF IN Nimule, Aweil and upper Nile which made these places with good sanitation. Where there are no ablution blocks the cities are filthy with poor urban sanitation.

The Ministry of Urban Planning has a dry burn in Orton after the airport before Biform, but the sewage is poorly managed. The waste generated from the city overweighs the capacity of the plant and waste was being discharged into the neighbouring water bodies.

Director of Water Resources “I welcome save the children to support the Ministry of Water Resources to develop guidelines for integrated WASH and Nutrition, then this will be followed by a strategic plan for an integrated WASH and Nutrition.”

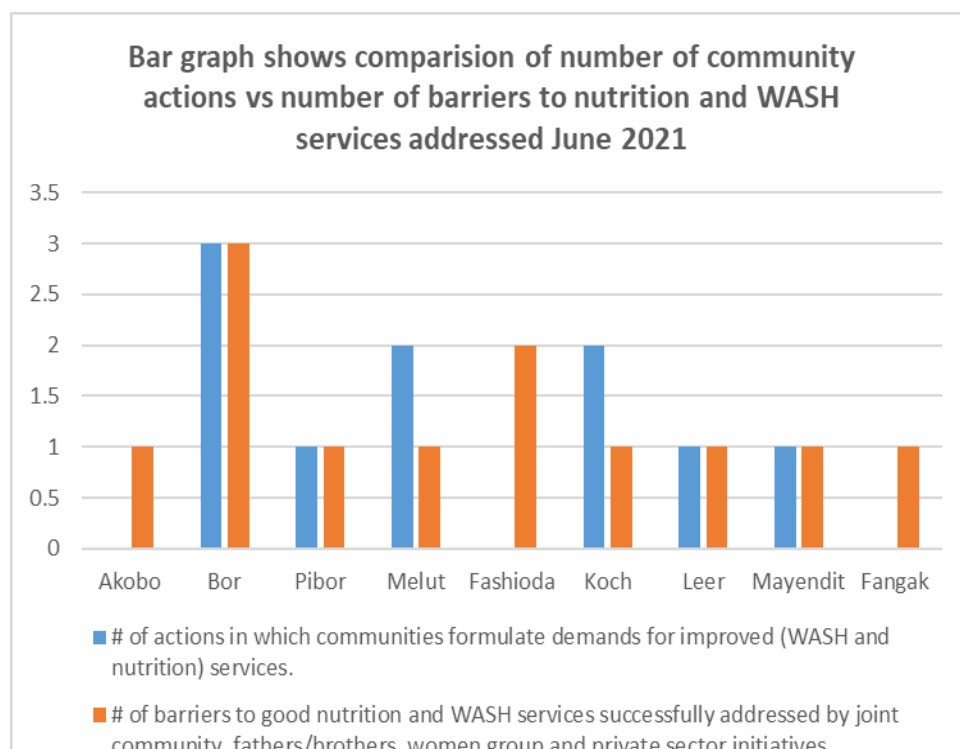


Figure 5: Comparison of the number of community actions against number of barriers to nutrition and WASH services addressed in three states of Unity, Jonglei and Upper Nile June 2021

Generally, the number of community actions in which they formulate demands for improved WASH and nutrition services was directly related to number of barriers to good nutrition and WASH services successfully addressed by joint community and private sector initiatives over the period of 6 months (January-June 2021). This has been reported by respondents in Bor, Pibor Leer and Mayendit. However, there have been a lot of community actions in Koch, and Melut with little success. This could partly be due to lack of financial resources to address the issues raised. On the other hand, in the Counties of Akobo, Fashoda and Fangak there has been a number of barriers to good nutrition and WASH services successfully addressed without community actions. This could be partly due to actions by partners in WASH, Nutrition and Gender and also responses from the government agencies (fig.4). R2G has not yet started implementing activities in the project areas yet, the actions shown are by other actors. The advocacy actions were for children under the age of five and for pregnant and lactating women (PLW). When asked during FGDs which advocacy actions were being carried out, the CSOs mentioned with examples, radio talk shows done by “Women association organization did radio talk show on WASH and Nutrition. They advocated for WASH and Nutrition through radio talk shows including government authorities in Jonglei state to support the affected families of flood, but there was no response from the local authorities.”

1.2 No. of household/respondents with improved knowledge on personal household hygiene.

Focus group discussion with caretakers of malnourished children under five years of age was held in each of the 9 Counties of upper Nile, Unity and Jonglei state (Fig 6). The mothers interviewed had some knowledge about the nutrition programme (50-70%) with an average of 60%(table 7). They were informed about the nutrition center, promote good hygiene among themselves and some facilities distribute NFIs like bedsheets in the stabilization centers which the mothers appreciated.

Though the mothers had some knowledge on nutrition, water and sanitation because they were sensitized at the stabilization centers, they reported significant lack of HH access to safely managed sanitation, including and safely managed drinking water services at (4.76-9.49%) and (37.8-38.9%) with an average of 7.1% and 38.3% respectively (table 7).

Challenges in the stabilization centers included Lack of space for children to play, lack of balls for children to play. Shortage of drugs, no money to buy other food items which are not being provided at the nutrition center and difficulty in accessing the PHCC during flooding.

Table 7: Percentage of HHs with improved knowledge on personal and HH hygiene and % of HHS with Accessibility to WASH services

South Sudan Indicator	Akobo	Bor	Pibor	Melut	Fashi oda	Koch	Leer	Maye ndit	Fanga k
% of respondents with improved knowledge on personal and household hygiene.	60	70	50	50	50	60	55	65	65
% of HHs with access to safely managed sanitation, including hand washing facilities, and soap.	4.76	4.76	4.76	6.17	6.17	9.49	9.49	9.49	9.49
% of households with safely managed drinking water services.	37.83	37.8	37.8	31.5	31.5	38.9	38.9	38.9	38.9

Source: SSNBS-South Sudan National bureau of statistics 2010.

Nutrition



Figure 6: Focus group discussion with caretakers of malnourished children under five years of age in Bor Civil Hospital nutrition centre, June 2021

According to the Ministry of Health, not until recently, the services for identification, referral and treatment of acute malnutrition were available mainly as part of emergency programming.

These services are now integrated with the preventive and curative services delivered through the Ministry of Health three-tier system composed of County Hospitals (CH), Primary Health Care Centres (PHCCs) and Primary Health Care Units (PHCUs), in close collaboration with Boma Health Teams (BHT), Home Health Promoters (HHPs)/Volunteers and other community-based networks like community based distributors (CBDs). The BHT consists of 3 community health workers, who provide the link between the nutrition services in the community and the primary health care services.

The nutrition services are offered as follows: Community level. At the community level (Village and Boma), nutrition services provided by HHPs/volunteers under supervision of community health workers (CHW). The activities include:

- ✓ Identification and referral of cases with acute malnutrition for treatment;
- ✓ Follow up of problem cases in the community (absentee and defaulter tracing,
- ✓ Follow up of non-respondents);
- ✓ Education and sensitization on causes, signs, treatment services for acute malnutrition,
- ✓ And prevention of malnutrition with emphasis on optimal MIYCN and WASH practices, among others.

- ✓ Monitoring and reporting on nutrition activities undertaken in the community Primary Health Care Units (PHCUs)
- ✓ The main focus of CHWs at the PHCU is disease prevention and promotion of health and nutrition through implementation of growth monitoring and promotion (GMP),
- ✓ Education and sensitization on MIYCN, health seeking behaviours, vaccination, and use of mosquito nets, clean water and sanitary facilities.⁹

To ensure cost of service provision is minimised, the health, nutrition, WASH and education services need to be linked. These linkages will include:

- a. Integrating with MOH Monitoring & Evaluation (M & E) department and the Interior Sector to ensure proper age identification for children under five years for accurate targeting;
- b. Integrating with Food Security and Livelihood (FSL) to ensure families with malnourished children under 5 years and PLW are targeted and supported with agricultural inputs e.g. seed distribution or re-stocking and other livelihood projects (second level targeting);
- c. Integrating with the Agriculture Sector to empower the public with knowledge, skills and capacity for adequate food production;
- d. Integrating with the Education Sector to ensure: School curricula development includes adequate nutritional training; School health programmes integrate nutrition services such as screening and referral for treatment of cases identified with acute malnutrition; Pre-service training through which health personnel are equipped with knowledge and skills to prevent, identify, and manage acute malnutrition;
- e. Integrating with WASH sector to ensure that: Provision of water and sanitation services in nutrition centers is prioritized wherever WASH projects are implemented;
- f. The community (beneficiaries) is equipped with adequate knowledge, skills, and capacity for optimal hygiene and sanitation practice.¹⁰

1.3 No. of barriers to good nutrition and WASH services successfully addressed by joint community, father/brothers women group and private sector initiatives.

CSOs and the community in general face a number of challenges, for example, some water pipes were reported to be blocked by flood, no movement for water tank due to flooding, Pit latrine construction materials scarcity in the community like Bamboo, timber, plastic sheet. Clean drinking water in IDP camp was also a challenge which has to be moved by motorbikes from the neighbouring block 7.

Inaccessibility of roads to Primary health care centres (PHCCs) and primary health care units (PHCUs), Lack of hand washing facilities in the community. Some latrines and bore holes are damaged due to flooding and need repair.

Stagnant water impacts negatively on the health of the residents. There is need for drainage to minimise health risks, mosquito nets lack for malaria prevention. Provide Pit latrine construction material like slabs, drill some boreholes in the IDP camps, Provide water treatment tablets of chlorine.

Children have no access to schools and the few that are open need school feeding program at least rice and beans for the IDP children who lack food at home.

⁹ Guidelines for Community Management of Acute Malnutrition 19

¹⁰ MIYCN_guidelines_South_Sudan_2018.pdf



Figure 7: Focus group discussion with civil society organizations (CSO) in Bor Jonglei State June 2021

1.4 Target communities with change in positive attitudes and behaviours that adopt improved nutrition and WASH practices.

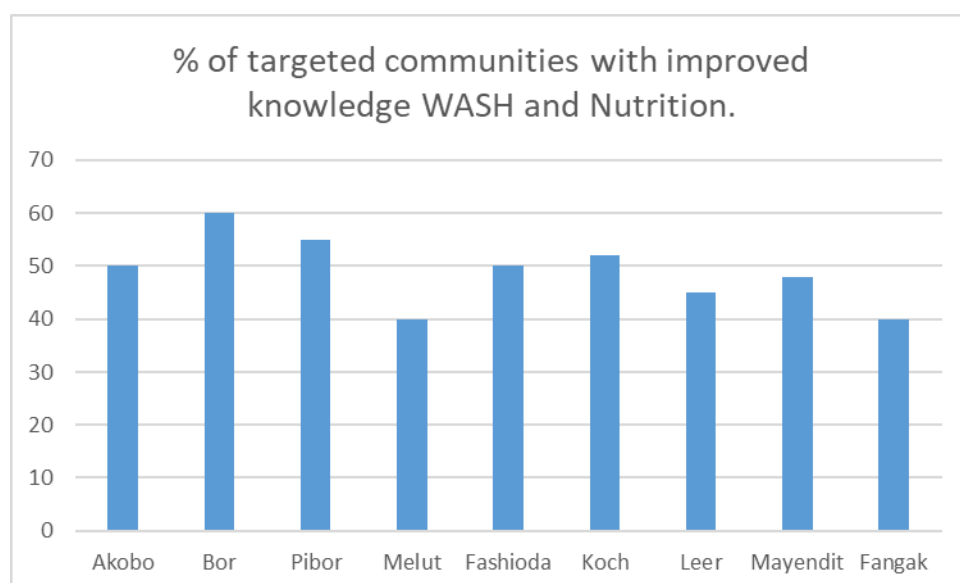


Figure 8: Percentage communities with improved knowledge of WASH and nutrition in Upper Nile states June 2021

Focus group discussion with water management committees and pump mechanics (fig 8); The WMCs listed their roles as “We are taking care of water resources, passing messages about sanitation to people, Collaboration with pump mechanics, community and the local authorities.” “We are pumping water from the river to the water point, putting chlorine in water”. “We also advice each and every one to wash her Jeri can before be fetching or collecting water. The Pump mechanics repair generator and fueling generator” “Before collecting water, everyone is supposed to wash his/her hands but due to lack of soap many don’t. They used to have latrines near water point but got spoiled, and they have not been fixed yet. “Dirty hands cause diarrhoea. Other causes of diarrhoea are dirty water, Lack of latrine, Lack of soap to wash hands after defecation. By fencing the borehole, and appointing care taker, we ensure the water is safe”.

Different water pump mechanics had varying geographical coverage ranging from one Boma in Melut to 15 Bomas in Akobo. This is an indication that there is no clear geographical scope for the water pump mechanics which needs to be harmonized across all the counties. The number of boreholes repaired in 2020 also varied greatly with Leer, Melut, Koch and Mayendit repairing 12, 8, 3 and 3 boreholes in water points in 6, 1, 5 and 3 Bomas respectively. This is partly because due to the flooding many people from the villages took refuge in the towns where many water points were over used and they broke down easily. These had to be repaired frequently hence the high number of repairs in Melut, Mayendit and Leer among others. Similarly, due to the flooding, the geographical coverage of the pump mechanics was limited within the Bomas they could access in the towns.

On the other hand, Akobo, Pibor, Fashioda and Bor pump mechanics with geographical coverage of 15, 10, 6, and 5 Bomas had repaired only 3, 2, 3, and 1 borehole respectively (fig8). This means factors like availability of spare parts for water pumps and the commitment of the pump mechanics, water management committees and water consumers influence the repair of the boreholes among others. Furthermore, these locations have at least two additional water sources. For example, in Akobo, International committee of the red Cross and Red crescent (ICRCRC) has constructed a water point in Akobo. This means the hand pumps are not frequently used, hence they do not easily break down for pump mechanics to come in to repair.

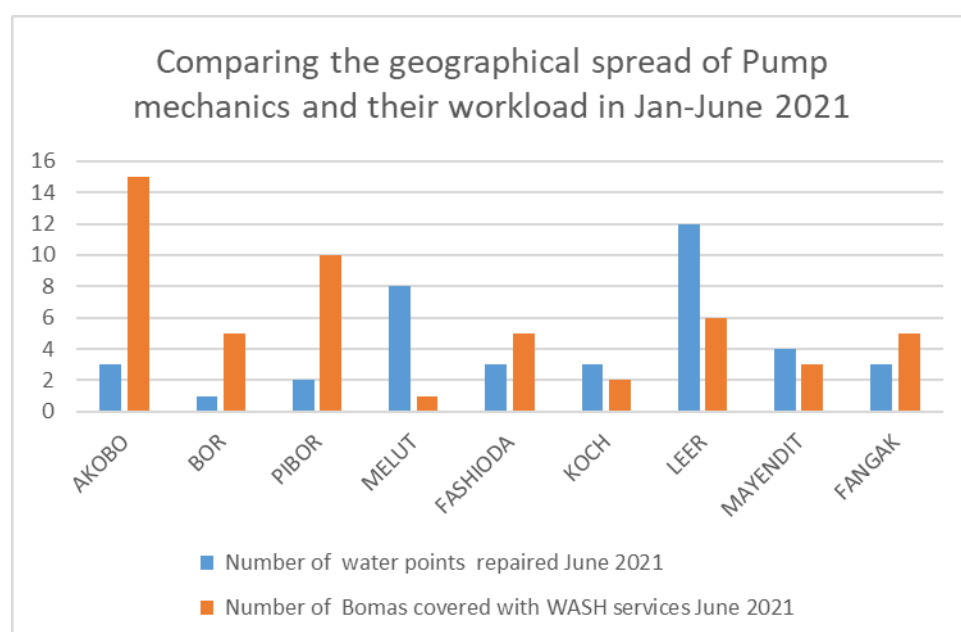


Figure 9: Comparing the geographic spread of pump mechanics and their workload in greater Upper Nile June 2021

1.5 Percentage of HHs with access to safely managed sanitation, including hand washing facilities, and soap.

There is generally very low access to improved quality water, sanitation and hygiene services in Jonglie, Unity and Upper Nile states. The greatest access to improved sanitation services was in the Counties was less than 10% in the counties of Fangak, Koch, Leer and Mayendit of 9.49%, while the lowest access to improved sanitation services were in Akobo, Pibor and Bor of 4.76%. Melut and Fashioda had only 6.17% accessibility to improved sanitation services (fig.9). This was majorly due to the flooding that made the available sanitary facilities to collapse and also lack of construction materials to make resilient sanitary facilities that can withstand the harsh environmental conditions of sandy soils and flooding until the floods reseed.

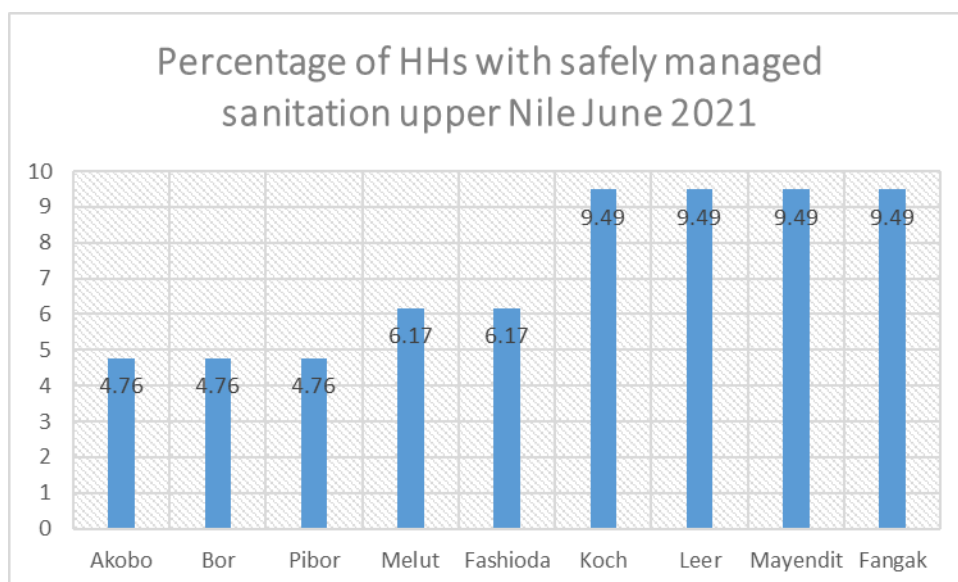


Figure 10: Percentage HHs with safely managed sanitation services in Greater upper Nile, June 2021

Source: SSNBS-South Sudan National bureau of statistics 2010

The situation of very poor sanitation in Unity, Jonglei, and Upper Nile state is similar to that of access to safe well managed drinking water in the same areas. The highest state with best access to drinking water was Unity with 38.98% due to partly the fact that during the Multi Donor Trust fund (MDTF) in 2009-2013, some deep water yards were constructed to provide safe drinking water. The least was Upper Nile with only 31.53% accessibility to safe drinking water. Followed by Jonglei state with 37.83% (fig 10). There are water sources in Jonglei state, but the wide spread flooding not only limits access to safe drinking water, but also contaminates the water sources leading emergency of diarrhoeal and other water borne diseases.

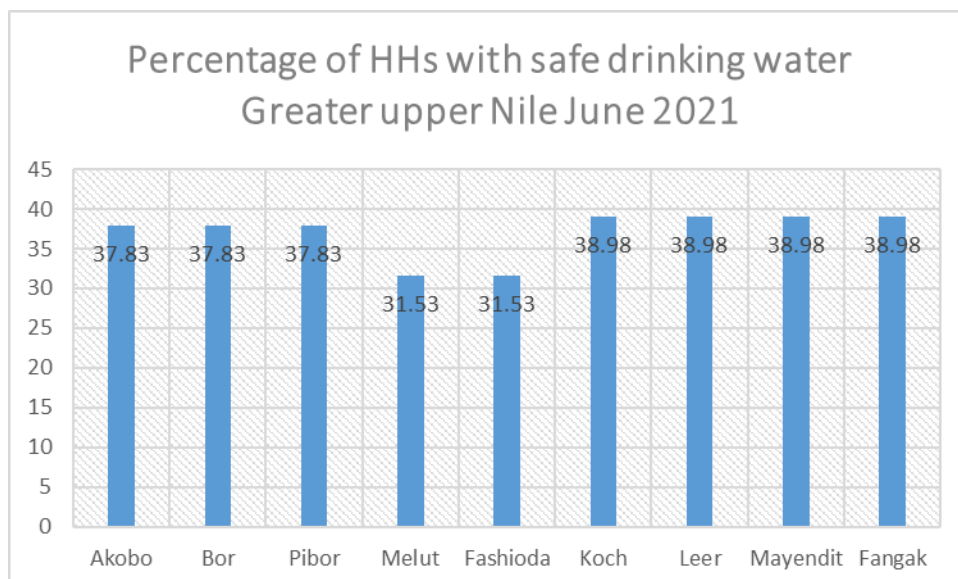


Figure 11: Percentage of HHs with safe drinking water in Greater Upper Nile June 2021

Source: SSNBS-South Sudan National bureau of statistics 2010

2.1 No. of advocacy initiatives carried out by CSOs for, by, or with their membership/constituency.

CSOs conducted WASH and Nutrition community awareness in Patiak area and Bor town IDPs. “Advocate for WASH and Nutrition was done through radio talk shows and including government authorities in Jonglie state”, said one of the members of the civil society organization in block 7.

Table 8: Table showing meetings and awareness sessions with CSOs on local productions with the private sector from July 2020 to June 2021 (1 financial Year)

South Sudan Indicator	A ko bo	B o r	Pi b o r	M e l u t	Fas hio da	K o c h	L e e r	Ma yen dit	Fa ng ak
No. of meetings organized by CSOs and private sectors to promote appropriate technologies on food processing and preservations.	0	0	0	0	0	0	0	0	0
No. of awareness sessions conducted on local production of nutritious foods affordable to the local community.	1	2	0	1	2	2	1	1	1
No. of CSOs who conducted Nutrition Casual Analysis (NCA) to identify the potential causes of malnutrition and share the findings with respective line, ministries and NGOs.	1	1	0	0	1	0	0	0	0

There have been no meetings organised by civil society organisations with the private sector in relation to appropriate technologies on food processing and preservations in all the three states of Jonglei, Unity and upper Nile (table7). There is effort in almost each County to ensure that awareness sessions were conducted on local production of nutritious foods affordable to the local community by the partners on ground. For example, two had been carried out in Bor, Koch and Fashioda; meanwhile (one) 1 had been carried out in each of the Counties of Akobo, Melut Leer Mayendit and Fangank. However, no activity has been reported in Pibor to show awareness for local nutritious food production. Three CSOs one each in Akobo, Bor and Fashioda were reported to have carried out nutrition causal analysis to identify the potential causes of malnutrition and shared the findings with their respective line ministries.

2.2 Percentage of public budgets allocated for nutrition and WASH services

Table9: Republic of South Sudan (RSS) Ministry of water and irrigation budget allocation for 2018 /2019 and 2019/2020 as percentage

Details/Year	Budget allocation
2018/2019	
Total RSS budget	80,451,118,389
Ministry of Water Resources budget allocation	118,255,246
% of public budgets allocated for WASH services	0.15%
2019/2020	
Total RSS budget	208,155,265,545
Ministry of water Resources	119,969,142
% of public budgets allocated WASH services	0.06%

Source: FY 2019-2020 South Sudan approved budget book

During the 2018/2019 and 2019/2020 financial year, the funds allocated to the ministry of water and irrigation resources increased from 118,255,246 to 119,969,142 south Sudanese pounds. However, despite the increase of the national budget, WASH remained a low priority reflected by the low budget allocation from 80,451,118,389 SSP to 208,155,265,545 SSP, the percentage allocation of funds was negative. It dropped from 0.15% in 2018/2019 to 0.06% in 2019/2020. See fig 12 below.

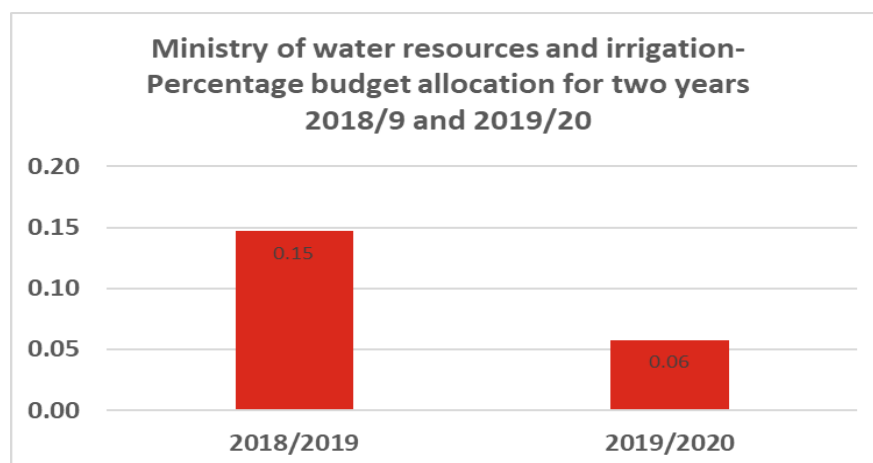


Figure 12: Ministry of water resources and irrigation-Percentage budget allocation for two years - 2018/2019-2019/2020

Source: FY 2019-2020 South Sudan approved budget book

Since the signing of the comprehensive agreement, there was formation of finance policy just like for any other ministries and were then approved in 2011 when the County became independent from Sudan. The challenge is the implementation and low allocation of finances to the ministry of water resources and irrigation at 0.15%(table9). The Public Financial Management and Accountability Act, 2011 is the institutional legal framework put in place and permits the Ministry of Finance, Planning and Economic Development to exercise powers in ensuring effective and efficient public financial management and accountability including budget preparation, execution, management and reporting; internal audit; and public procurement among others.

The Budget Directorate in the Ministry of Finance and planning in the republic of South Sudan coordinates and guides the budgeting process of the government and all spending agencies. It aims to ensure fiscal sustainability and compliance with the budget calendar to create a reliable and transparent fiscal framework. The budget in the Republic of South Sudan covers one fiscal year from July through June the following year. Besides managing the budgeting process, the Budget Directorate also cooperates with the Treasury to ensure orderly budget execution and transparent use of public funds. Budget execution reports are submitted to the National Assembly each quarter and scrutinized by the Audit Chamber.

Key activities in the budgeting process are:

- At the start of each budget cycle the Budget directorate in the Ministry of Finance works in close cooperation with the Macroeconomic Planning Department to produce first estimates of the resource envelope for the following fiscal year for all ministries including Ministry of Water Resources and Irrigation.
- Within the second quarter of the fiscal year, the directorate proposes draft spending ceilings for all spending agencies to the Council of Ministers. These are designed according to the president's spending priorities and resources available, using previous ceilings as a baseline. As laid out in the Public Financial Management Act, fiscal sustainability in the medium term is crucial to the formulation of the national budget, and spending ceilings reflect this.
- Within the second and third quarter spending agencies formulate their budgets using spending ceilings and budgeting guidelines prepared by the Budget Directorate and submit them to the Directorate for review.
- In the third quarter of the fiscal year, the Budget Directorate appraises budget submissions and negotiates with spending agencies. In response, spending agencies submit final budgets during the fourth quarter of the fiscal year. These are then compiled in a budget book and submitted to the National Legislature for approval.¹¹

The state government is the planning unit for the various ministries. Specific planning at County level with involvement of CSOs or at the Payam level is not clearly indicated in the Financial Management and Accountability Act, 2011.

¹¹ <http://www.mofep-grss.org/ministry/units/budget/>

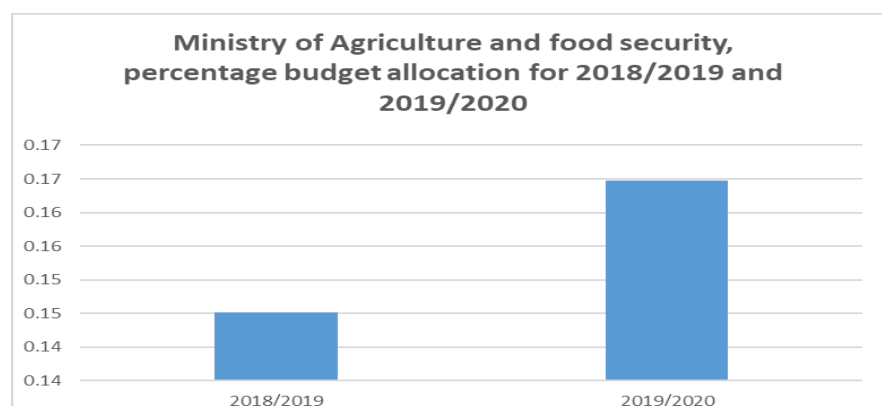
Table 10: Comparison of budget allocations for ministry of agriculture food security 2018/2019 and 2019/2020

Agriculture and Food security		
Variable	2018/2019	2019/2020
Budget allocation to ministry of Agriculture and food security	116800770	342998057
Total Budget	80,451,118,389	208,155,265,545
Percentage allocation to ministry of agriculture and food security	0.14%	0.16%

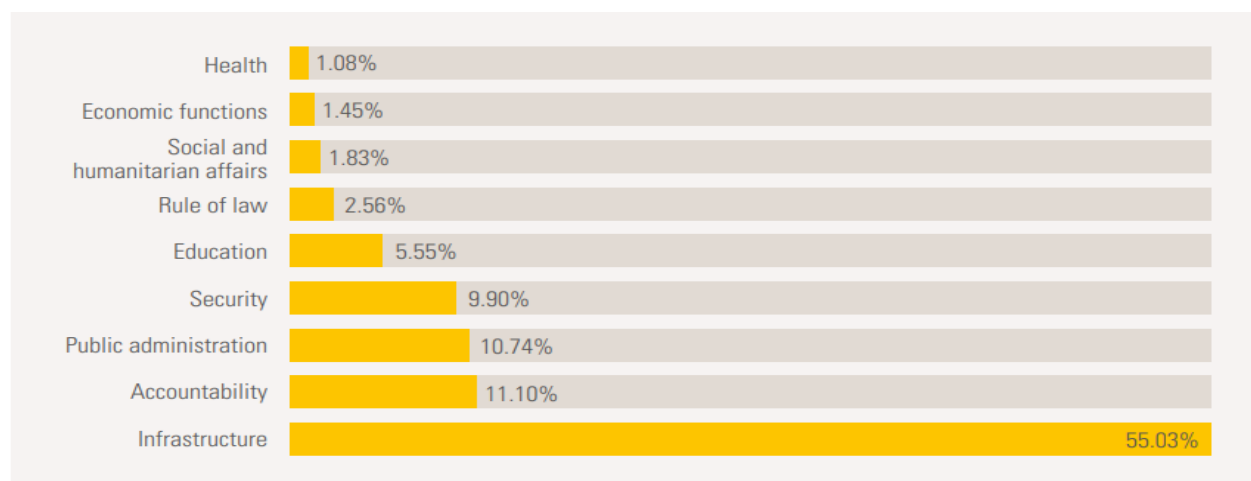
Source: FY 2019-2020 South Sudan approved budget book

There was budget allocation for food security and Agriculture of 116800770 SSP in 2018/2019 financial year which was increased by 194% to 342998057 SSP in 2019/2020 as shown above in table 11.

Overall, there was generally low allocation of budget for both Ministries of Water Resources and irrigation and the Ministry of Agriculture of less than 1%(i.e. $0.06 + 0.16 = 0.22\%$) compared to the budget allocation to other ministries and sectors, though there was significant increase in percentage budget allocation for Ministry of Agriculture and food security from 0.145% to 0.165% (tables 10 and 11 and figures 13 and 14 below).

**Figure 13: Two years % budget allocation for ministry of Agriculture and food security 2018/2019 and 2019/2020**

Source: FY 2019-2020 South Sudan approved budget book



Source: MoFP, Budget Book FY2019/20.

Figure 14: South Sudan % budget allocations per sector FY2019/2020

The creation of the office controller could help in the implementation and monitoring of a mid-term budget framework that will ensure budget reallocations according to state priorities. This was also echoed by the ministry of water resources and irrigation, that the budget allocation is very meagre for their ministry, but even the little allocated is not received most of the time. Only miserable staff salaries are received which has led to high attrition rate.¹² The activities in the ministry are being funded mostly by the WASH partners, though attempts to access the budget expenditure were futile.

During the Comprehensive peace agreement (CPA) 2005-2010, budgeting in South Sudan seemed to have been better organised and more comprehensive than its reported now during this baseline study in FGDs and the KIs. Budget Sector Working Groups were formed and donors and partners joined in the planning process. All ten RSS Budget Sector Working Groups (BSWG) were established at the same time, irrespective of the varied capacity between sectors: Accountability, Economic Functions, Education, Health, Infrastructure, Natural Resources, Public Administration, Rule of Law, Security and Social and Humanitarian Affairs. Through a plenary meeting of all senior technical staff in Government, every RSS institution was allocated to a Sector, based on its function. Donor partners with activities in a sector were asked to participate in the relevant BSWG. Each Group has a RSS Chair and Donor Co-Chair. The Secretariat Function is assured by RSS institutions within the sector, with technical support from the Ministry of Finance.

The Ministry of Finance and Economic Planning issues planning guidelines to the BSWGs on an annual basis, together with indicative planning ceilings. It then holds a training week for all Sectors, after which BSWGs meet every week for six weeks to draft their Budget Sector Plans for the following financial year – the basis for their budget allocations. The Plans are reviewed at the end of the planning process during a Review Week, before being finalised.

Early establishment of a comprehensive, participatory planning process prevented the emergence of fragmented or parallel systems. This principle helped ensure that planning was RSS-led from outset, ensuring coordination across

¹² south_sudan-policy_advisory_note.pdf

Government and encouraging donors to align themselves to the Government system rather than operating in tandem to it.¹³

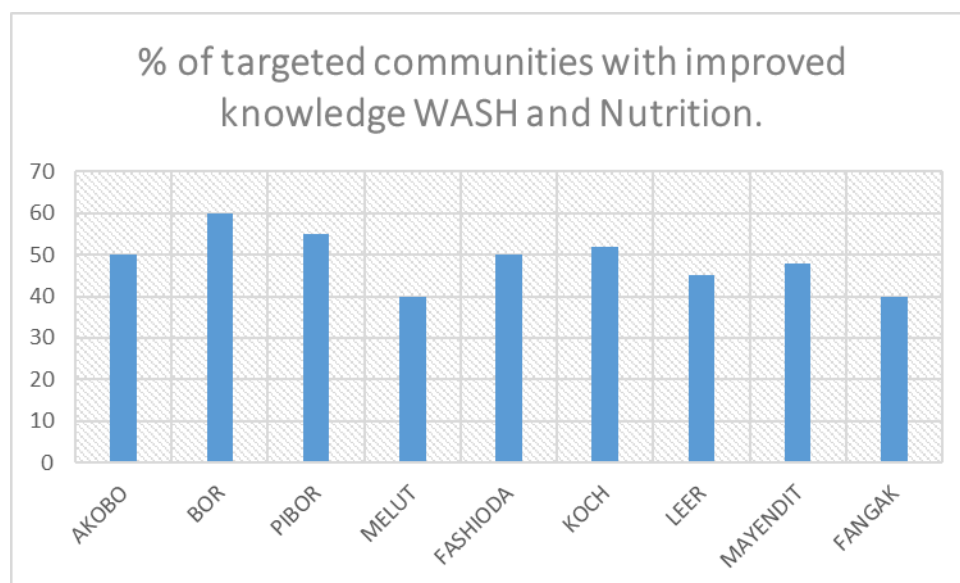


Figure 15: Percentage of targeted communities with improved knowledge on WASH and Nutrition

Source: Statistical Year Book for Southern Sudan 2010 Final

FGDs in the 9 counties about with the parents and caretakers of malnourished children under five at nutrition centres showed that 50% of them in Akobo had knowledge about WASH and nutrition, 60% in Bor, 55% in Pibor, 50% in Fashoda, 51% in Koch, 45% in Leer, 48% in Mayendit and 40% in Melut and Fangak. This is likely to be an over estimate compared to the general population because the respondents have had health education at the nutrition centres for weeks where their children had been admitted for malnutrition.

Table 9: Lobby and Advocacy meetings in greeter upper Nile state for WASH and Nutrition

Key project Indicators	Baseline -Jonglei	Upper Nile				Unity Sate			
	Akobo	Bo r	Pibo r	Melu t	Fashiod a	Koc h	Leer	Mayendi t	Fanga k
# of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage.	0	0	0	0	0	0	0	0	0
Level of success of lobby and advocacy roles by R2G and its partner towards donors and international actors.	0	0	0	0	0	0	0	0	0
# Of consultative meetings with stakeholders (Parliamentarians) to advocate for budget allocation for WASH and Nutrition.	0	0	0	0	0	0	0	0	0

¹³ 6093.pdf

Table II shows the lobby and advocacy efforts and towards the integration of WASH and nutrition services in the three states of Unity, Jonglei and Upper Nile by the Civil society organizations. It's clear that there has been minimal or no significant effort or achievement in this area by either the state, County or civil society organizations probably due to the impact of COVID 19. The right to grow project will have to start from scratch to advocate for the involvement of the civil society organizations to lobby and advocate for inclusion in the budgeting process leave alone increment in the budget allocation for WASH and Nutrition which has not been happening for years probably due to lack of awareness of the community to demand for their rights.

CHALLENGES:

Gender

- Insecurity which affects more women and children and get displaced
- Child abduction
- Poor leadership due to low level of education
- Lack of adequate private space in health facilities for cleaning, drying and changing of sanitary pads.
- Inadequate representation in leadership positions in some Counties like Melut, Akobo and Bor
- Lack of leadership trainings to empower those women already elected into position

WASH



Figure 16: IDPs walking in flood with support of sticks in Upper Nile September 2021

- Frequent floods due to climate change that have devastating impact on the community transport and food security
- Limited human resources and weak organisational capacity: Protracted conflict has resulted in the breakdown of organisational structures and a shortage of core technical and administrative. For example, Directorate on water resources has only four (4) staff.
- Some health facilities lacking latrines. Sandy soils that easily collapse pit latrines
- Lack of a clear financing strategy: It's important to attract investment required for effective management of water resources and delivery of sustainable water supply and sanitation services
- Water Pipes are being blocked by flood,
- Limited participation by water users in sectoral development processes: Lack of user participation in planning, management and financing of water resources management and development undermines sustainability.
- No movement for water tank due to flooding and Inaccessibility of roads to PHCC,
- Block 4 in Bor has only one borehole for the communities.
- Pit latrine construction materials scarcity in the community like Bamboo, timber, plastic sheet, leading to lack of clean drinking water in IDP camp.
- Lack of supplementary feeding program in the schools.

- Displacement of people from their traditional place due to flooding or insecurity.
- Flooding emergencies affect service delivery at ministry of water resources as money is diverted for relief and only salaries are paid.
- High staff attrition rate at ministry of water resources due to very low government salaries. Staff rely on allowances from partners during some activities to survive.
- Underdevelopment of available water resources compared with neighbouring countries: Sustainable development and use of water resources is essential as a basis for future economic growth. Providing services to remote and dispersed rural populations is especially difficult.
- Water use conflicts: There is a need to strengthen mechanisms for solving disputes over access to water which is often a source of conflict, especially at local level.
- Dilapidated water infrastructure at national, state and County levels.
- Juba city Council initiated idea of segregation of waste, but has not worked, posing risk to the city dwellers and cleaners.
- Unity state where petrol is mined has problem of salinity. All shallow waters including boreholes are saline.

Nutrition

- Parallel structures for water, nutrition, education and health.
- In 2019, Ministry of Water resources planned with UNICEF to carry out training of staff on the integration of WASH and Nutrition services, but this has not taken place due to COVID.
- Inaccessibility to food markets and other social services due to bad road conditions.
- Lack of enough food for the malnourished children, pregnant and lactating mothers especially during the flooding period.

RECOMMENDATIONS:

SN	Key findings	Recommendations
I	<ul style="list-style-type: none"> • The population of South Sudan has poor health status as evidenced by the following indicators; Maternal Mortality Rate of 2054, Neonatal Mortality Rate of 43, Infant Mortality Rate of 83, U5Mortality Rate of 106, Stunting Rate of 25%, fertility rate of 6.7 (SSHHS 2010). • No specific policy objectives for Nutrition or Management of Malnutrition in the health policy though BPHNS is mentioned and nutrition is only mentioned under the health needs and priorities. • There is no linkage with other sectors like WASH, food security and nutrition in the COVID 19 Police brief. • The Finance policy has no clear policy statement on involvement of the Civil society organizations and County authorities in budget developments and budget reviews. • <i>The Food security and livelihood policy gap is that it does not explain how the food security is integrated with nutrition which is under the Ministry of Health, especially community-based nutrition and food security program.</i> • The Policy document for water does not include Nutrition and COVID-19. Hence integration of the Nutrition into WASH policy will need the Water policy to be updated 	National and state governments need to adopt and mainstream an integrated, multi-spectral approach to undernutrition in policies, action plans and budget allocations through participatory processes of CSOs as current health, food security and WASH policies are silent on Nutrition.

2	There is collaboration between ministry of water resources and ministry of health directorate of neglected tropical diseases. A 5-year strategy document 2022-2025 has been developed. Between WASH and education, they once a year collaborate during world hand washing and world sanitation days. But there is a gap in collaboration with Nutrition. ACF attempted the integration by analysing the situation under the theme “WASH in Nutrition”, but this has stagnated.	Strengthen networks with like-minded organizations and line ministries for joint funding opportunities that build on different organizations’ strengths for integrated nutrition, WASH and SGBV in South Sudan
3	Very low budget allocation for ministry of water resources and irrigation and no specific budget allocation for nutrition, though there is also minimum budget allocation to ministry of Agriculture and food security	Use evidence-based advocacy to influence national, state and international stake holders and decision-makers
4	The cross cutting barriers included flooding, insecurity, hunger, high prices of goods, lack of accessibility to social services, and high salinity especially in some water points in Unity state. Other barriers included: Lack of awareness among general masses especially on desalination of water through portable filtering uses reverse osmosis technology.	Communities should demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners. For example, in Unity state portable desalination filters that use reverse osmosis system can be introduced at various sizes to encourage sustainable community acquisition at affordable cost.
5	Poor leadership due to low level of education Inadequate representation in leadership positions in some Counties like Melut, Akobo and Bor Lack of leadership trainings to empower those women already elected into position	Build the capacity of civil society organizations (CSOs) to empower them to effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition. Establish relationships between women parliamentarians and women’s organizations in South Sudan to advocate recognition of women leadership.
6	-Limited institutional capacity and management skills of government departments – there are only 4 staff in the national directorate of water resources and irrigation at national staff in September 2021 -Health issues arising from water-borne diseases cholera and other diarrhoeal diseases and now also COVID 19 pandemic which can be spread through poor hygiene	Donors and international development actors need to coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition and poor WASH services.
7	Underdevelopment of available water resources compared with neighbouring countries: Sustainable development and use of water resources is essential as a basis for future economic growth. Providing services to remote and dispersed rural populations is especially difficult.	The government and partners to explore investing in the use of surface water sources, rivers, lakes; water treatment and distribution systems.
8	The Ministry of Water Resources and Irrigation has M and E app that is used to monitor WASH activities. However, the app has been deactivated due to lack of funds to make	Restore M and E app that is currently down due to lack of payment which was previously used for monitoring the WASH activities in

	annual subscription. This has made it difficult to compile national reports in time.	the 3states of Greater upper Nile and Assess WASH equipment
9	Whereas all household members have access to productive assets such as land and livestock, critical decisions such as sale are made by the adult male in the household. Household income is controlled by men apart from situations where (a) there is a female-headed household and (b) the man has been absent for a long period for instance due to the war. In the latter cases the income is controlled by the woman.	Ensure that interventions assist women in generating agricultural income, gaining access to credit and loans, or saving money are accompanied by complementary interventions designed to improve the enabling environment at home and to reduce the potential for conflict, arguments or intimate partner violence as unintended outcomes of activities and that they increase women's access to and control of money.

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ANNEXES

Annex I-Table of Key project indicators and results

The table below only provides indicators for the R2G partnership and methods and targeted groups.

Table 10: Indicators

Ind no	Key project Indicators	Baseline -Jonglei			Upper Nile		Unity Sate				Method/Source
		Akobo	Bor	Pibor	Melut	Fashioda	Koch	Leer	Mayendit	Fangak	
1.1	# of actions in which communities formulate demands for improved (WASH and nutrition) services.	0	3	1	2	0	2	1	1	0	FGD/KII
1.2	% of respondents with improved knowledge on personal and household hygiene.	60	70	50	50	50	60	55	65	65	FGD/KII
1.3	# of barriers to good nutrition and WASH services successfully addressed by joint community, fathers/brothers, women group and private sector initiatives.	1	3	1	1	2	1	1	1	1	FGD/KII
1.4	% target communities with change in positive attitudes and behaviors that adopt improved nutrition and WASH practices.	3.51	3.51	3.51	1.18	1.18	0.65	0.65	0.65	0.65	FGD/KII
1.5	% of HHs with access to safely managed sanitation, including hand washing facilities, and soap.	4.76	4.76	4.76	6.17	6.17	9.49	9.49	9.49	9.49	Secondary data-SSNBS- National bureau of statistics
1.6	% of households with safely managed drinking water services.	37.83	37.83	37.83	31.53	31.53	38.98	38.98	38.98	38.98	Secondary data-SSNBS
2.1	# of advocacy initiatives carried out by CSOs, for, by or with their membership/ constituency	1	3	1	3	2	1	3	1	1	FGD/KII
2.2	# of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage.	0	0	0	0	0	0	0	0	0	FGD/KII
3.1	# of laws, policies blocked, adopted, improved for sustainable and inclusive development	0									Secondary data-Finance framework 2011
3.2	% of public budgets allocated and implemented for nutrition and WASH services (increased funding)	0.06									Secondary data-Finance Policy-South Sudan
4.1	Level of success of lobby and advocacy roles by R2G and its partner towards donors and international actors.	0	0	0	0	0	0	0	0	0	FGD/KII

4.2	Degree of integration of the WASH-Nutrition nexus by donors along the humanitarian-development nexus to address the underlying determinants of undernutrition.	0									
4.3	% of targeted communities with improved knowledge WASH and Nutrition.	50	60	55	40	50	52	45	48	40	FGD/KII
4.4	# of WASH and nutrition products identified for production by local private sectors.	1	1	1	1	1	1	1	1	1	FGD/KII
4.5	# Of consultative meetings with stakeholders (Parliamentarians) to advocate for budget allocation for WASH and Nutrition.	0	0	0	0	0	0	0	0	0	FGD/KII
4.6	# of CSOs with increased L&A capacities. # Of platforms used by CSOs and CBOs to advocate for the rights of marginalized and women groups.	0 1	0 2	0 2	0 3	0 2	0 2	0 1	0 1	0 2	FGD/KII
4.7	# of events held to disseminate new findings on WASH and nutrition gaps.	1	2	1	1	1	1	1	1	0	FGD/KII
4.8	# And % of targeted nutrition-sensitive policies (agriculture, livelihoods, wash, education) with nutrition targets.	0	0	0	0	0	0	0	0	0	Secondary data
4.9	# of meetings attended to discuss lessons learned and best practices.	0	0	0	0	0	0	0	0	0	FGD/KII
5.1	# of CBOs trained on advocacy for better nutrition and WASH.	0	0	0	0	0	0	0	0	0	FGD/KII
5.2	# of water user committees trained on maintenance of water sources and sanitation within the communities.	5	10	3	4	5	7	6	8	0	FGD/KII
5.3	# of MTMSG and Men groups trained.	0	0	0	0	0	0	0	0	0	FGD/KII
6.1	# of meetings organized by CSOs and private sectors to promote appropriate technologies on food processing and preservations.	0	0	0	0	0	0	0	0	0	FGD/KII
6.2	# of awareness sessions conducted on local production of nutritious	1	2	0	1	2	2	1	1	1	FGD/KII

	foods affordable to the local community.										
7.1	# of CBOs and CSOs who received training on technical skills for advocacy on budget analysis.	0	0	0	0	0	0	0	0	0	FGD/KII
7.2	# of stakeholders' meetings organized with community members, national partners and government officials.	0	0	0	0	0	0	0	0	0	FGD/KII
8.1	# of CSOs and CBOs trained on policy advocacy.	0	0	0	0	0	0	0	0	0	FGD/KII
8.2	# of CSOs, children led groups and women who attended workshop in budget sector working groups.	0	0	0	0	0	0	0	0	0	FGD/KII
8.3	# of trainings conducted to right holders and duty bearers on inclusive budget processes.	0	0	0	0	0	0	0	0	0	FGD/KII
9.	# of CSOs who conducted Nutrition Casual Analysis (NCA) to identify the potential causes of malnutrition and share the findings with respective line, ministries and NGOs.	1	1	0	0	1	0	0	0	0	FGD/KII
10.1	# of consultative meetings organized for the development of national policy and long term nutrition program framework	0	0	0	0	0	0	0	0	0	FGD/KII
10.2	# of advocacy workshops for members of parliament leading health, nutrition, food security and social development committees conducted.	1	1	1	1	1	1	1	1	1	FGD/KII
11.1	# of members trained on sub-national nutrition and WASH platforms created.	0	0	0	0	0	0	0	0	0	FGD/KII
11.2	# of inter-sectoral coordination meetings with stake holders conducted.	2	2	2	2	2	2	2	2	2	FGD/KII
12.1	# of meetings held with donors to advocate for multi-sectoral funding in nutrition.	0	0	0	0	0	0	0	0	0	FGD/KII

Annex 2: Work Plan

The whole survey exercise took 46 days from the time of signing the agreement by both parties.

No.	Deliverable	Who	Duration
1	Finalise TOR and team composition	Consultants	23 rd July 2021
2	Desk review of the project documents, policy, laws and budget review	Consultants	30 th July 2021
3	Prepare draft inception report and questionnaires for feedback	Consultants	1 st August 2021
4	Meeting with staff of Save the Children in Juba to finalize questionnaire and conduct micro plan	Consultants	15 th Aug 2021
5	Finalize inception report and baseline plan	Consultants	20 th Aug 2021
6	Travel to the field	Consultants/ SCI	22 nd Aug 2021
7	Recruitment of 24 research assistants	Consortium Members	23 rd Aug 2021
8	Procurement of PPE for staff and respondents	Consortium Members	24 th Aug 2021
9	Train data collectors on data collection tools and test the tools	Consultants/SCI	28-30 August 2021
10	Data collection from Jonglie state	Consultants/SCI	1-15 th September 2021
11	Data collection from Unity State	Consultants/SCI	1-15 th September 2021
12	Data collection from Upper Nile State	Consultants/SCI	1-15 th September 2021
13	Return from field work to Juba	Consultants	16 th September 2021
14	Data transcription,	Consultants	18 th September 2021
15	Data entry	Consultants	20 th September 2021
16	Data cleaning,	Consultants	25 th September 2021
17	Data analysis	Consultants	1 st October 2021
18	Prepare draft report	Consultants	7 th -15 th October 2021
19	Incorporate comments into draft report	Consultants	14 th -16 th November 2021
20	Facilitate stakeholder's validation workshop	Consultants/SCI	19 th November 2021
21	Finalize baseline report	Consultants	22 nd November 2021

Annex 3: Data Collection Tools



KII State and County Nutrition and



FGDs GUIDE FOR TEENAGERS.docx



FGD question-WMC and



FGD-Care takers of malnourished child



FGD-Community Leaders.docx



Capacity & learning assessments Report

South Sudan
September, 2021.

Acknowledgements

Global Mutual Capacity Development and Linking & Learning team would like to express their gratitude and thank all of you who supported and participated in capacity & learning data collection process in your country and globally. Your time and efforts in disseminating the questionnaires, following up with your country partners and colleagues, and providing your input are very much appreciated.

Thanks to all of you, we successfully completed capacity & learning assessments and collected:

- 180 responses on technical knowledge and learning questionnaire
- 82 responses on organizational development questionnaire

All this data will help us better understand the capacity & learning gaps and needs in the program countries as well as what are the expertise that we, as Right2Grow Consortium, can provide. Based on this data, we will jointly develop country-specific mutual capacity development and learning strategies so we can achieve Right2Grow program objectives.

Special thanks go to Remco Geervliet from Max Foundation for his support in setting up a dashboard for data analysis. We wouldn't make it without you!

Thank you all!

Jovana, Jan, Anat & Stephanie

How to read the results?

In this report we present the results of the analysis we conducted. The objectives of data analysis were the following:

- To understand what capacity & learning gaps and needs are at a) county level b) Global Consortium level
- To identify potential expertise providers who can address capacity needs within the Right2Grow Consortium
- To inform country prioritization workshops and support development of country specific Mutual Capacity Development & Learning strategies
- To provide a point of reference (baseline) for tracking progress in capacity strengthening and learning over time.

The report is based on the four key areas we collected data on, namely:

- A. Technical knowledge and skills in relation to four Right2Grow program outcomes
- B. Monitoring and Evaluation (M&E) knowledge and skills
- C. Linking & Learning
- D. Organizational development

For each of these areas, we present the overview of the responses received at the country level, including all country Consortium partners who participated. To help you make sense of the results, the report provides highlights of what has been identified as:

- Low and high training/ capacity development needs in your country
- Expertize that the country Consortium partners can provide
- Most emerging capacity strengths and training needs related to M&E
- Overview with five most emerging agreements and disagreements of the learning survey
- Common needs in organizational development that could be address by Right2Grow program

Data analysis

All the collected data was cleaned to ensure coherence of organisation names (e.g. World Vision, WV, World Vision- Ethiopia, W. Vision = World Vision). After that an analysis dashboard was designed to filter and review the results. The global MCD team used this dashboard and the qualitative answers provided to present to analyze the results and present them in this report. For the first part of the assessment, questionnaire on technical knowledge and skills, the team made the following additional calculations to present highlights of the results:

1. **Lowest capacity strengthening need:** This includes the sum of the survey responses, marked green in the graphs presented. These indicate low need for training/ capacity strengthening or the fact that the partners have rich expertise on a given topic.
2. **Highest capacity strengthening need:** This includes the sum of all survey responses, marked red in the graphs presented. These indicate moderate and high training/ capacity strengthening needs on a given topic.

3. **Average capacity strengthening need per knowledge area:** This is calculated as the sum of all moderate and high training need answers marked red in a graph for a given knowledge area (e.g. The basics of WASH and Nutrition), and then divided by the total number of answer options per knowledge area.
4. **Average capacity strengthening need per TOC Outcome:** This is calculated as the sum of all averages by knowledge areas under an Outcome, and then divided by the total number of knowledge areas for that Outcome.

Using these results

These results should be looked at as a starting point in development of country-specific capacity development and learning strategies. They should further guide discussions during the prioritization workshops (part of the 2022 detailed planning process) on identifying key priorities for capacity development and learning that need to be addressed in order to achieve Right2Grow program objectives and ensure sustainability beyond Right2Grow

Executive summary

This report highlights the key results of the Right2Grow Capacity & Learning assessment in South Sudan. Below a summary of the results of each assessment tool used:

Technical knowledge and skills in relation to four Right2Grow program outcomes

The table below provides an overview of highest and lowest training needs that emerged from each outcome area.

Outcomes	Knowledge area of highest training need	Knowledge area of lowest training need
Outcome 1 Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners	Community-led development, that is inclusive and gender-sensitive (46%)	Community mobilization and engagement, while ensuring meaningful participation of women and youth (28%)
Outcome 2: Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition	Communication, campaigning and working with media (41%)	Government engagement and lobbying (28%)
Outcome 3: National government and decentralized entities adopt and mainstream an integrated, multi-sectoral approach to undernutrition in policies, action plans and budget allocations	Review of existing legislation (70%)	KA1: Government engagement and lobbying (28%)
Outcome 4: Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition	Lobbying donors for better funding of nutrition and WASH, and for multi-sectoral programming (45%)	Bringing local knowledge and experiences to the international arena (26,5%)

Looking on averages across the four key outcomes highest training needs are expressed regarding outcome 3 (51%). The average training need for other outcome areas are lower and close to each other with training need for outcome 1 at 38%, outcome 2 at 34% and outcome 4 at 33%. Beyond training needs the survey also identified potential expertise providers for each knowledge area. Organizations in South Sudan which at least two respondents Indicated that they or their organization can be expertise providers have been listed.

Monitoring and Evaluation (M&E) knowledge and skills

Highest MEAL capacity assessment needs that emerge from the assessment Include tools for monitoring thematic areas (70%) use of qualitative tools (65%) and cross cutting themes (65%). Bases on the

assessment results at global and country level the following capacity development priorities were set for 2022 and 2023 onwards by the team in South Sudan:

Capacity building priorities for 2022:

1. Embed child protection measures in M&E training materials protocols and instruments to ensure adherence to child protection guideline
2. Track the CSO Lobby and Advocacy capacity.
3. Data cleaning and data analysis for qualitative data.

Capacity building priorities for 2023:

1. Understanding Participatory monitoring and Evaluation.
2. M&E Tools to measure level of involvement of women and youth.
3. Stories of Change

Linking & Learning

The Linking & Learning section of the questionnaire identified attitudes towards Linking & Learning at the individual level among Right2Grow staff, existing Linking & Learning spaces/platforms/practices across the partners of the Consortium and expectations of Linking & Learning in Right2Grow. The following overview summarizes assessment results from South Sudan:

- Share resources around individual learning tools and resources within the South Sudan Right2Grow team (this can be done with support from the global L&L team, and with dissemination by the focal point).
- Use the open responses to individual learning activities both to inspire the South Sudan learning agenda (suggestions of types of activities) and the brainstorming with all focal points around the global linking strategy at a later point.
- Inquiry further details on these processes of capturing knowledge and sharing of good practice among individual to partners to inspire and align Right2Grow learning processes
- Ensure that learning spaces within Right2Grow build upon existing practices among partners.
- Country exchange visits to see how other countries are implementing the R2G project to learn from them and share contextual experiences. (Formal Training, seminars, workshops, learning from other R2G members on how they are tackling implementation challenges.)
- Depending on the learning and linking priorities expressed by the South Sudan team, it could be relevant to engage with those platforms to ensure the sustainability of linking and learning captured from Right2Grow beyond the duration of the project.
- Provide input and suggestions as the global L&L team works towards creating support to implement an adaptive management approach (ex: feedback on TORs for a workshop consultant etc.)

Organizational development

Responses show that organizations are confident about their organization's capabilities, particularly their organizations capability to relate to external stakeholders (97%) to act and achieve coherence (both 94%). Organizations give the lowest score to their capability to deliver outcomes (63%). Improvement needs include the need for strengthening the organizations communication and advocacy strategies including relations with media. Interestingly responses show that organizations both value their networks, while at the same time feel the need to become stronger in advocacy. A last area for improvement relates to staff

development, structural challenges such as staff turn-over and short project funding are mentioned as external challenges to overcome these.

A. Results of technical knowledge and skills assessment

In this questionnaire, we collected information about technical knowledge and skills needed to achieve four Right2Grow program outcomes. Here are the results.

1. Overview of the responses and positions per country Consortium partner:

Organization	count	R2G (estimated) staff
ACF / AAH	3	14
CIDO	2	12
CRCSS	3	6
Save the Children	1	26
SPEDP	3	7
UNIDOR	3	25
World Vision	1	4
TOTAL	16	84

2. Overview of the type of positions answering this questionnaire:

position	Count
Activity facilitation / Community mobilization and coordination	1
Communication and/or Advocacy	2
Finance & administration	3
Program management	7
Project management with knowledge in health and nutrition	1
Technical expert in nutrition/ health/ water, sanitation and hygiene (WASH)/ food security or similar	2

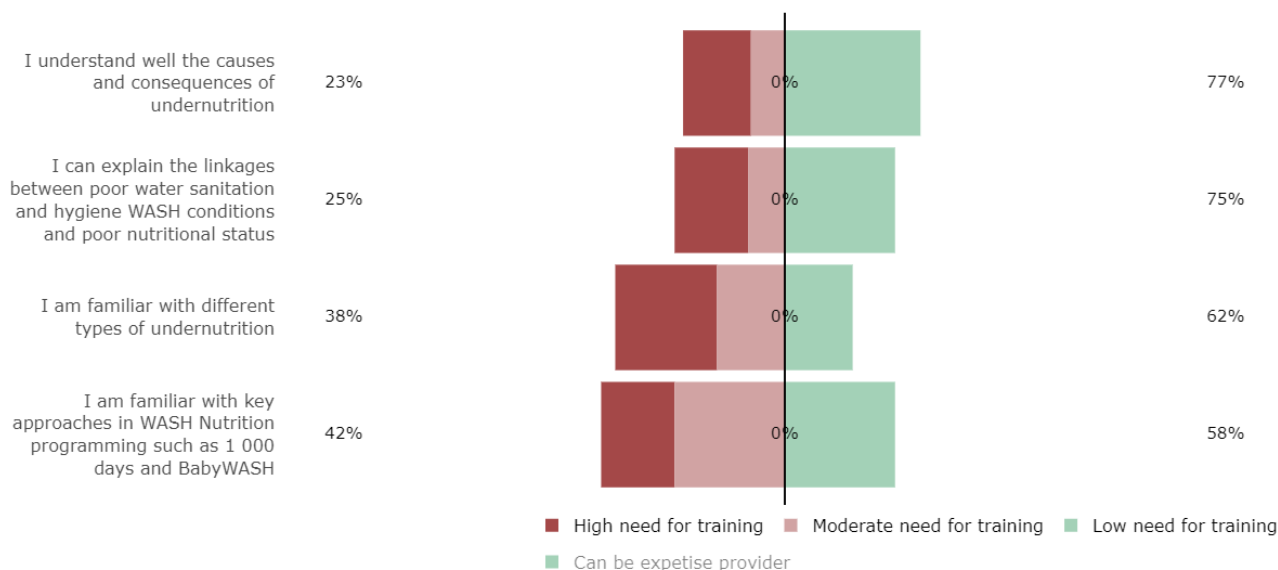
Response rate reflections for the Capacity-strengthening prioritization

The tables above indicate the response rate from Right2Grow partners in South Sudan and their positions. From the envisioned staff working on the project 16 out of 84 (envisioned) staff members were received. It should be noted that the staff estimates were calculated in March 2021 and may not be accurate. All partners based in South Sudan participated in the survey, with comparably low response rate from Save the Children. In terms of positions the majority of the respondents are program Managers. During the prioritization workshops particular attention should be given to partners who provided limited responses to validate the results. Furthermore, specific attention might be needed to the capacity strengthening needs of activity and L&A and communication staff from which responses were low.

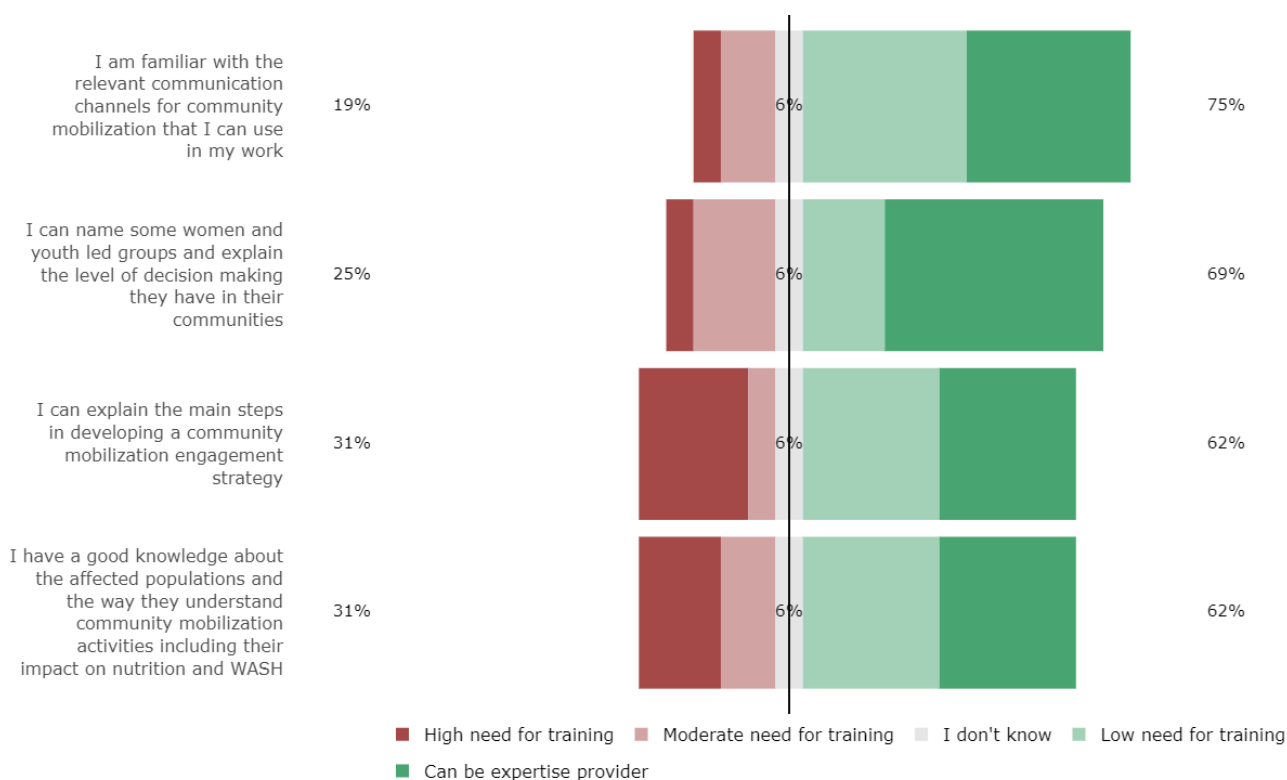
Results outcome 1: "Communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners".

The following section provides an overview of the country responses of the six knowledge areas related to outcome 1 followed by a summary with highlights of capacity strengths and needs.

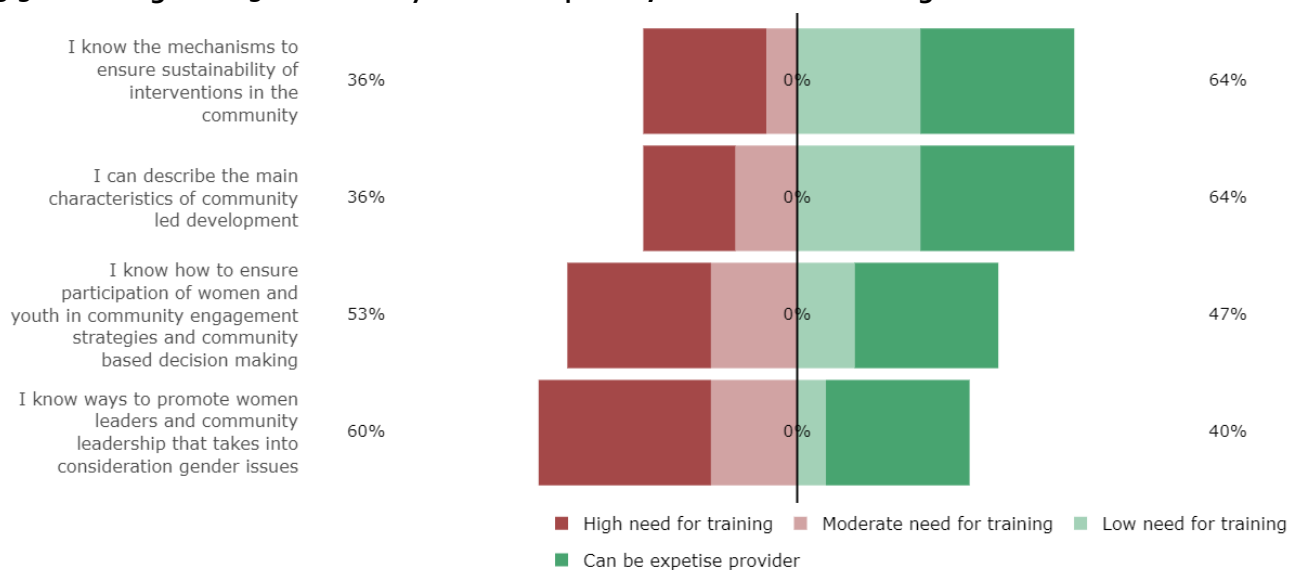
3.1 Knowledge area 1: The basics of WASH and Nutrition



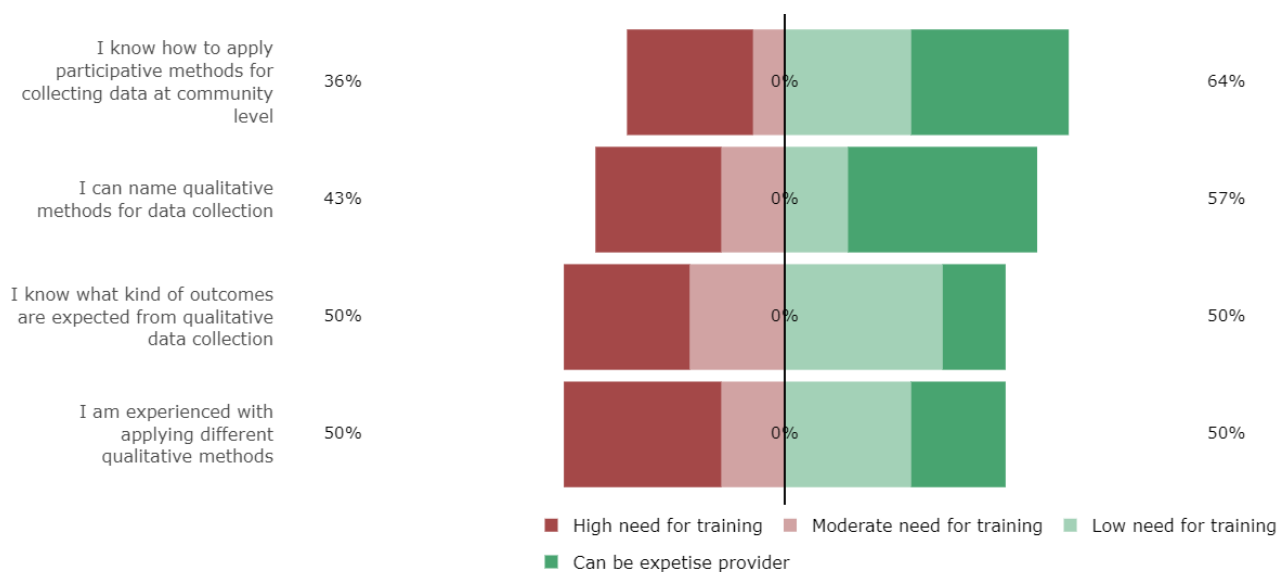
3.2 Knowledge area 2: Community mobilization and engagement, while ensuring meaningful participation of women and youth



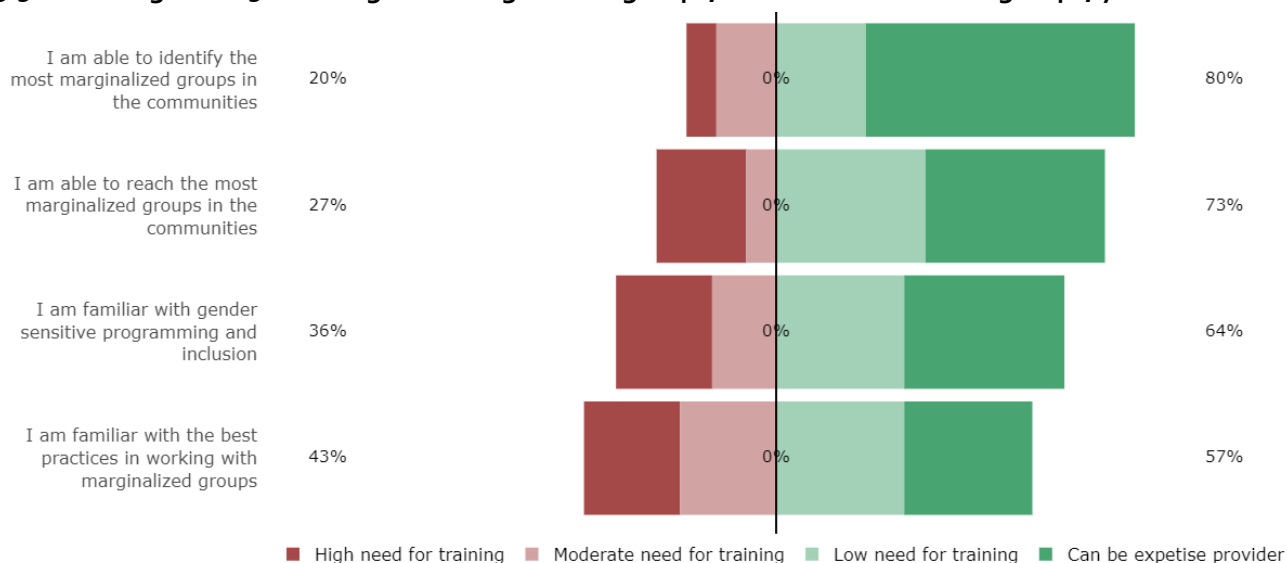
3.3 Knowledge area 3: Community-led development, that is inclusive and gender-sensitive



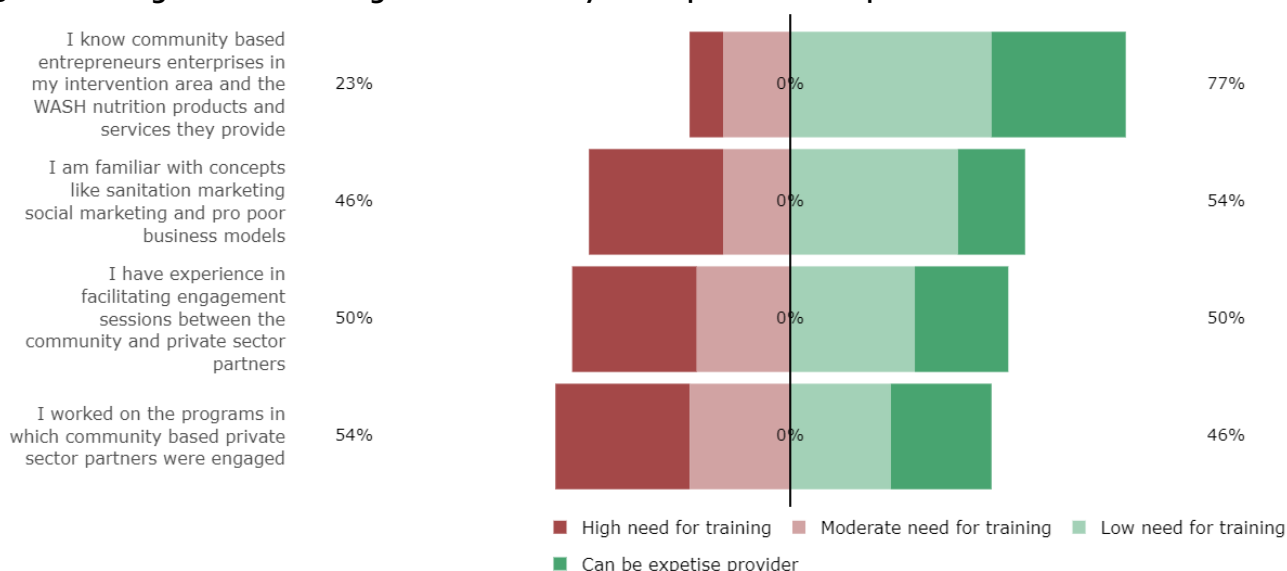
3.4 Knowledge area 4: Qualitative and participatory data collection



3.5 Knowledge area 5: Working with marginalized groups, women and women's groups, youth



3.6 Knowledge area 6: Working with community based private sector partners



3.7 highlights of technical knowledge and skills assessment related to Outcome 1:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers in country (More than one respondent indicated expertise)
1. KA3: Community-led development, that is inclusive and gender-sensitive (46%)	Mechanisms to ensure community sustainability (36%)	Promoting taking up gender issues by community leaders (60%)	ACF SPEDS UNIDOR
2. KA4: Qualitative and participatory data collection (45%)	know how to apply participative methods for collecting data (36%)	Experience with qualitative methods (50%)	ACF
3. KA6: Working with community based private sector partners (43%)	Know community-based entrepreneurs (23%)	work experience with private sector partners. (54%)	UNIDOR
4. KA1: The basics of WASH and Nutrition (32%)	Causes and consequences of malnutrition (23%)	Key approaches such as 1000 days (42%)	ACF UNIDOR
5. KA5: Working with marginalized groups, women and women's groups, youth (31,5%)	Able to identify the most marginalized groups (20%)	Familiar with best practices to work with marginalized groups (43%)	SPEDS UNIDOR
6. KA2: Community mobilization and engagement, while ensuring meaningful participation of women and youth (28%)	Relevant communication channels for community mobilization (20%)	way communities understand community mobilization activities (33%)	ACF UNIDOR

On average respondents indicate the highest training need for gender sensitive community led development (46%) with promoting the take-up of gender issues by community leaders (60%) as the highest training priority for outcome 1. Lowest training needs include community mobilization and meaningful participation (28%), working with marginalized groups (31,5%) and the basics from WASH and nutrition (32%). Qualitative responses confirm the technical expertise regarding WASH and Nutrition and community mobilization which

the partnership can build on including previous experience with gender sensitive approaches. Regarding the highest expressed training need 'gender sensitive community development' one participant specifies the need for sharing best practices. Working with private sector partners is also confirmed as an area for training need in the qualitative responses which was the second highest priority from the survey (54%).

Examples of expertise expressed

"Communities are empowered to be advocates of their needs[...]For instance, women groups in Paguir are able to approach the county office and demand for clean water and farming tools. Collectively, they can bring their requests to agencies that work there"

"Work on WASH in schools that required gender sensitive programming"

"I have experience where mother-to-mother support groups were taught on doable WASH and nutrition activities but not working in partnership with private sectors"

"The private sector can provide in the communities available market commodities that promote sanitation and hygiene. E.g., Containers for fetching and storage of water for domestic use, provide latrine construction tools, avail affordable soap in the market for hand washing and bathing, just but to mention a few."

Examples of training needs expressed

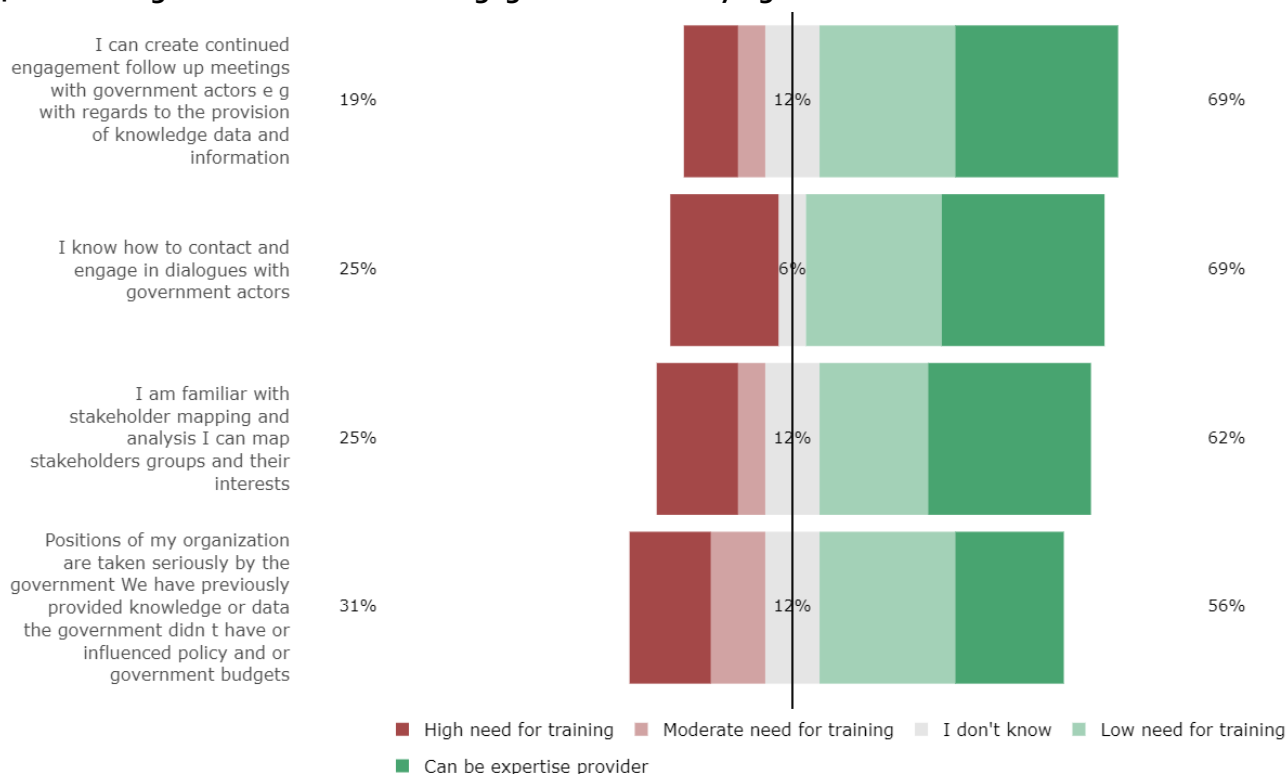
Linkages with the private sectors to ensure communities adopt good nutrition and WASH practices

Some training in data collection, training in engaging different types of community groups. Best practices in engaging marginalized groups in the community.

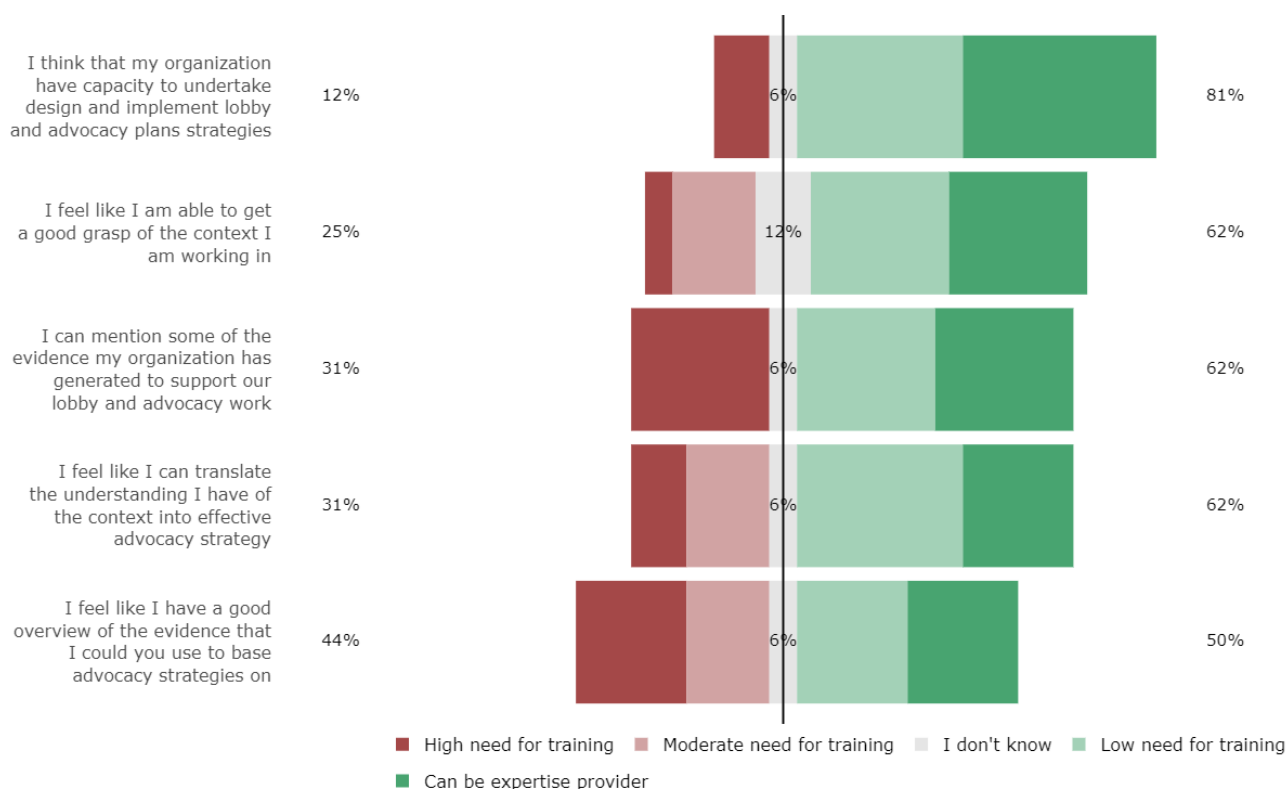
Results outcome 2: "Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition

The following section provides an overview of the country responses of the five knowledge areas related to outcome 2 followed by a summary with highlights of capacity strengths and training needs.

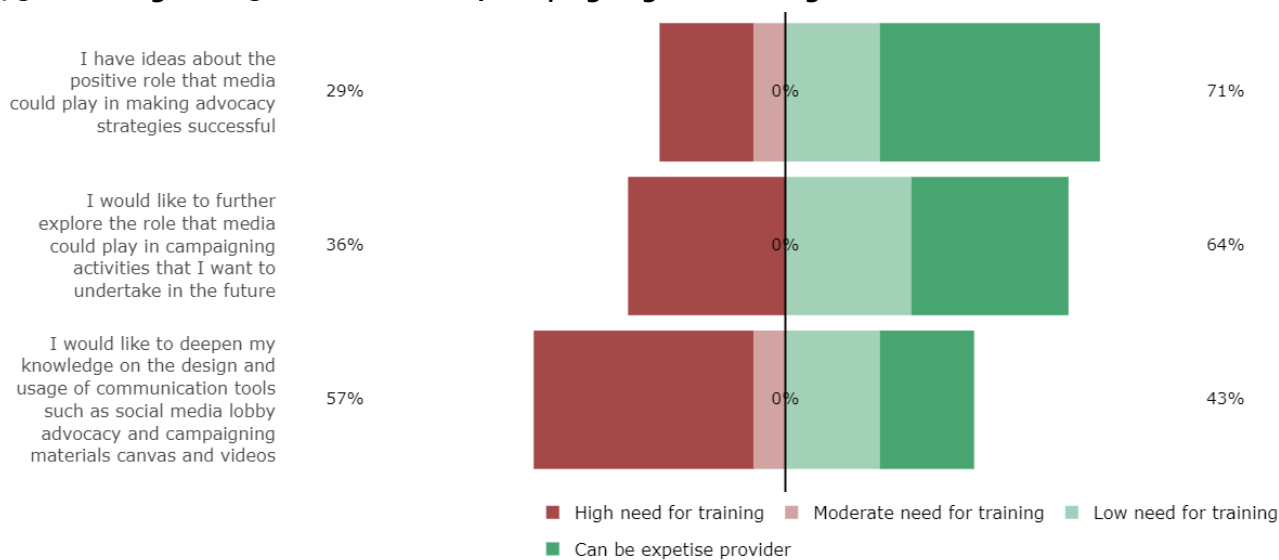
4.1 Knowledge area 1: Government engagement and lobbying



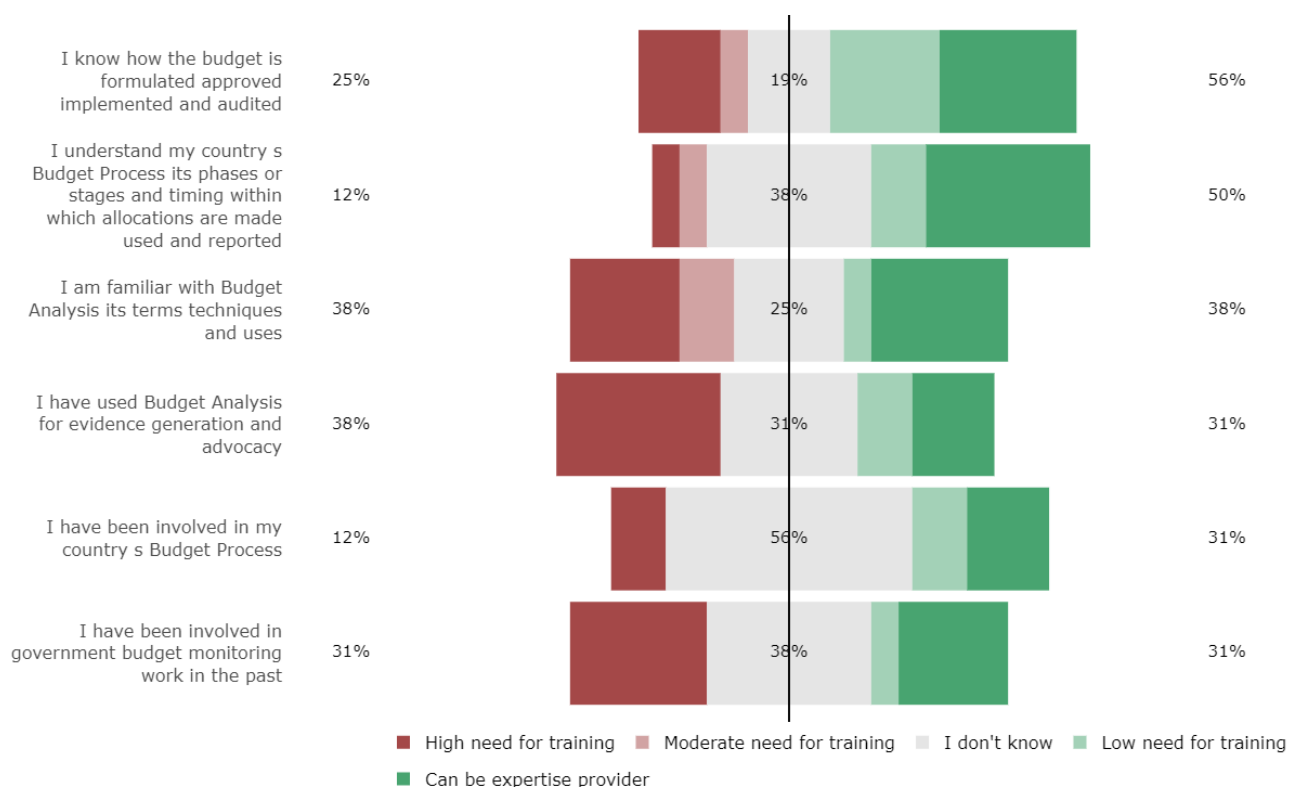
4.2 Knowledge area 2: Designing context-specific and evidence-based advocacy strategies



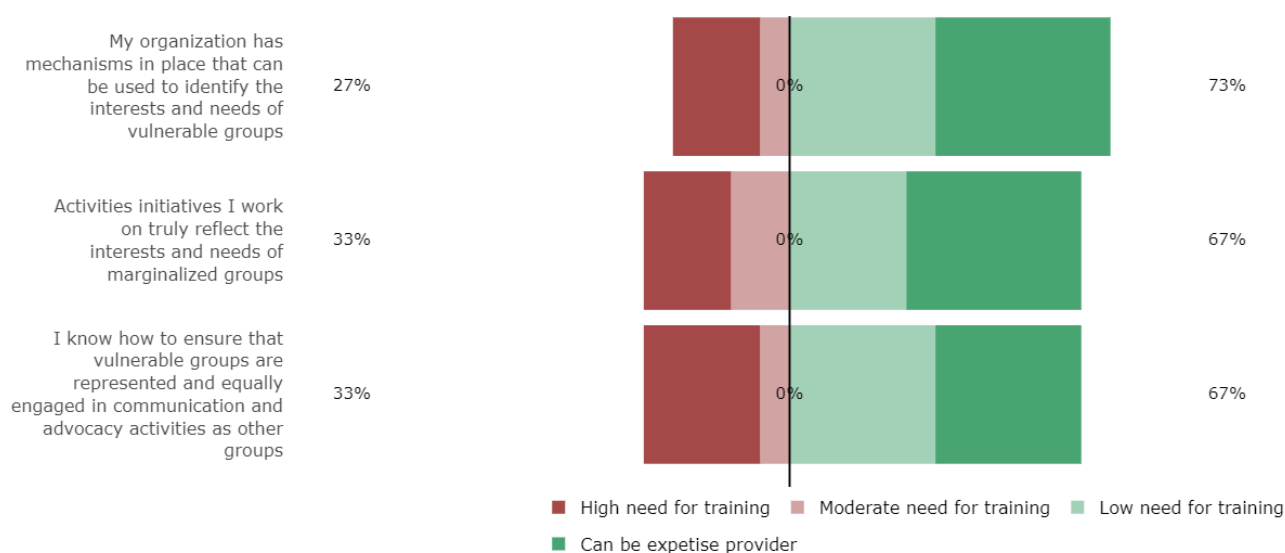
4.3 Knowledge area 3: Communication, campaigning and working with media



4.4 Knowledge area 4: Budget monitoring and expenditure tracking



4.5 Knowledge area 5: Identifying and including the interests of the most vulnerable (women and marginalized groups) in communication and advocacy



4.6 highlights of technical knowledge and skills assessment related to Outcome 2:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease

understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers in country (More than one respondent indicated expertise)
7. KA3: Communication, campaigning and working with media (41%)	Ideas about role of media (29%)	Deepen knowledge on use of communication tools (57%)	ACF
8. KA4: Budget monitoring and expenditure tracking (39%)	Understanding of country budget process (20%)	Use of budget analysis (55%)	ACF
9. KA2: Designing context-specific and evidence-based advocacy strategies (32%)	Capacity to design and implement L&A strategies (13%)	Overview of research to use for advocacy (47%)	ACF UNIDOR
10. KA5: Identifying and including the interests of the most vulnerable (women and marginalized groups) in communication and advocacy (31%)	Mechanisms to identify needs of vulnerable groups (27%)	Representation of vulnerable groups (33%)	ACF
11. KA1: Government engagement and lobbying (28%)	Continued engagement with government (21%)	Influence of our data on government policy (36%)	ACF

On average the highest training need expressed related to outcome 2 is communication, campaigning and working with Media (73,5%), with deepening the use of communication tools (57%) as highest training need. The second priority that emerges from the assesment is budget monitoring (39%) with explicit needs expressed about the need for using budget analysis tools. Lowest training needs are expressed regarding government engagement (28%). In the qualitative answers several respondents indicate their experience with lobby and advocacy work related to WASH and nutrition and experiences with different CSO and community empowerment tools. Qualitative answers confirm the need for training regarding communication and budget tracking. There are however, also country alliance members with experience in

these field which could be an opportunity for learning and mutual capacity strengthening. One respondent mentions the need the need to map civil society groups further to Identify training needs

Examples of expertise expressed

“I have over the years familiarized with the tools and methods that empowers CSOs in South Sudan. I have huge experience working with media and media houses to achieve this.”

“engaging the stakeholders like budget committee on needs for considering the allocation for nutrition”

Examples of training needs expressed

“More Support is needed in enhancing and customizing online presence and world wide reach. taking part in the budget process of the government”

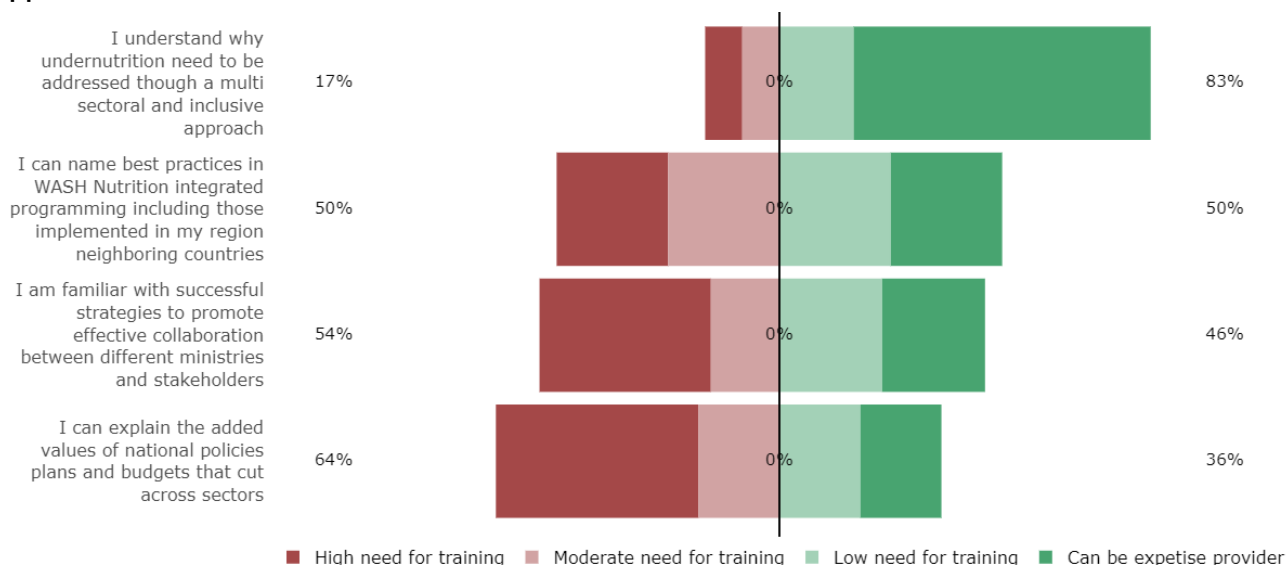
“First is to identify what groups to call civil society and map how many are relevant for such engagements.”

“Learning on the basic components of the nutrition and WASH and how budget monitoring and expenditure tracking is approached are paramount in our work to ensure that Civil society capacity is built to advocate for increased budget spending on nutrition and WASH for children. Learning on how budget monitoring and expenditure tracking is done can help us become trainers of CSOs and CBOs.”

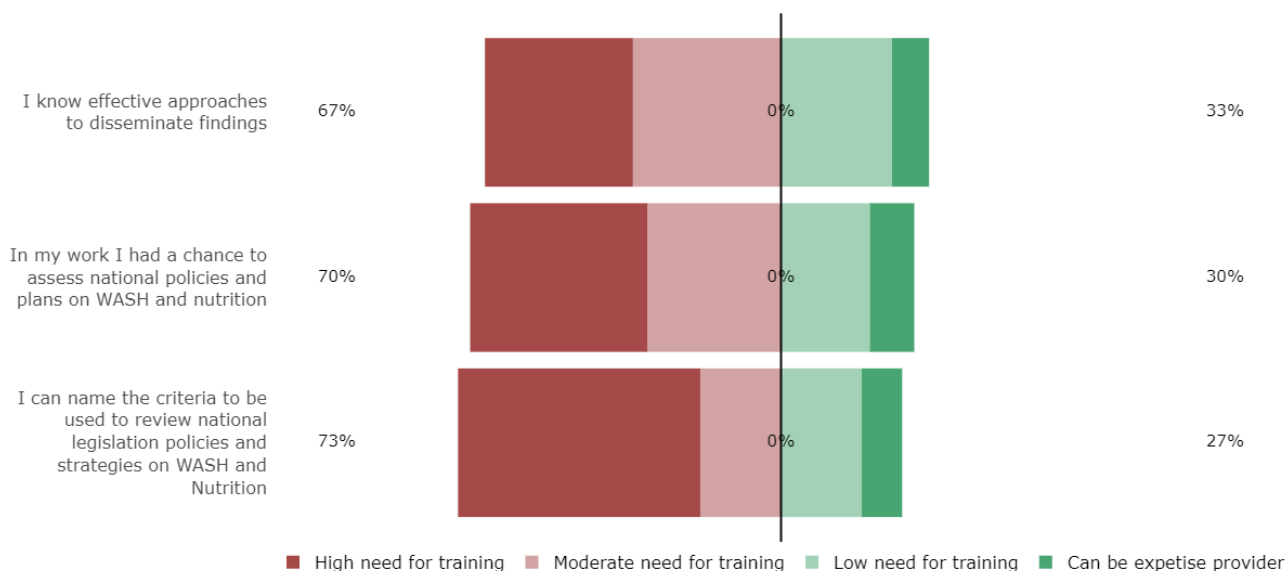
Results outcome 3: "National government and decentralized entities adopt and mainstream an integrated, multi-sectoral approach to undernutrition in policies, action plans and budget allocations".

The following section provides an overview of the country responses of the four knowledge areas related to outcome 3 followed by a summary with highlights of capacity strengths and training needs.

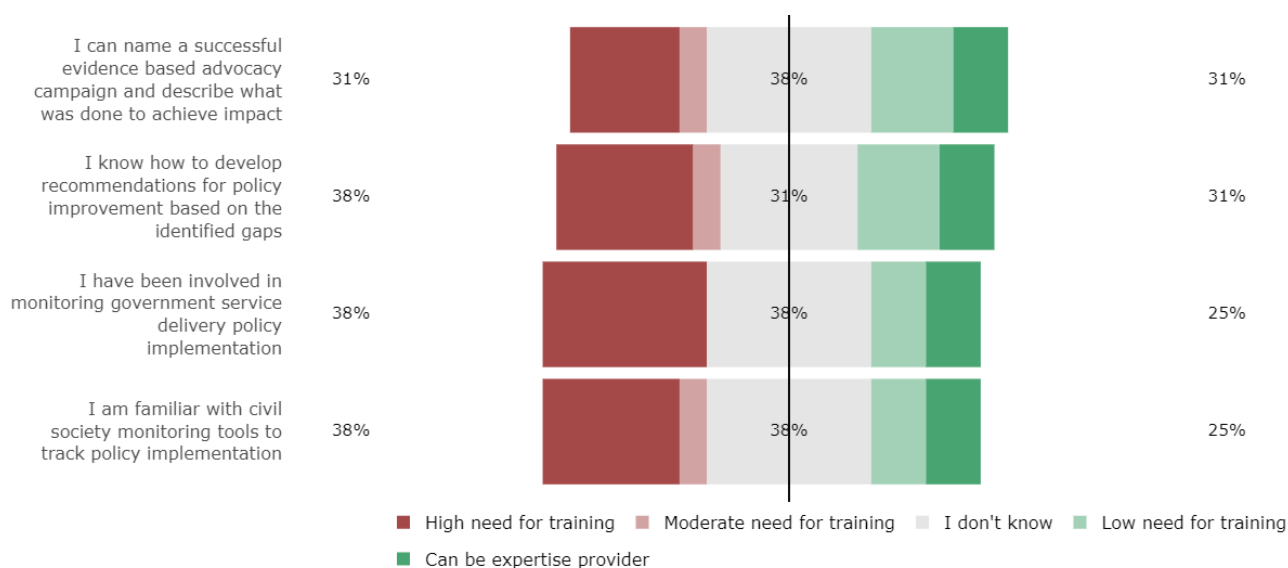
5.1 Knowledge area 1: Understanding core principles of WASH-Nutrition nexus and multi-sectoral approach to nutrition



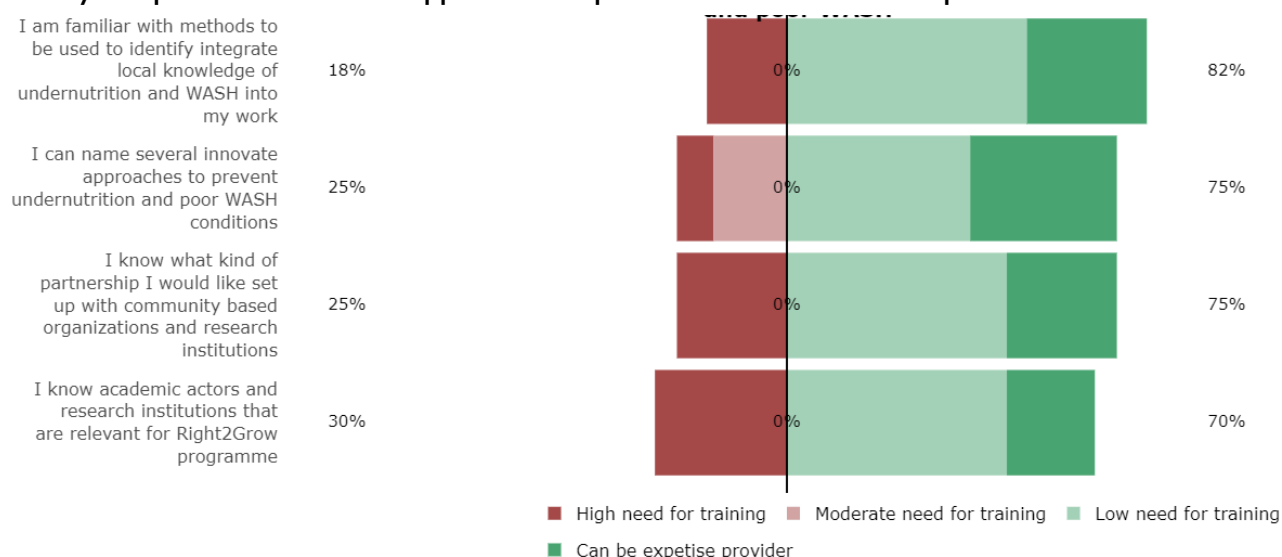
5.2 Knowledge area 2: Review of existing legislation



5.3 Knowledge area 3: Identifying policy implementation gaps and providing evidence-based recommendations



5.4 Knowledge area 4: Working with community-based organizations and research institutions to identify and promote innovative approaches to prevent undernutrition and poor WASH



5.5 highlights of technical knowledge and skills assessment related to Outcome 3:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers (More than one respondent indicated expertise)
1. KA2: Review of existing legislation (70%)	Effective approaches to disseminate findings (67%)	Criteria for national policy review (73%)	None
2. KA3: Identifying policy implementation gaps and providing evidence-based recommendations (36 %)	Naming successful advocacy campaigns (31%)	I have been involved In monitoring government services (38%)	None
3. KA1: Understanding core principles of WASH-Nutrition nexus and multi-sectoral approach to nutrition (46%)	Understanding of need for multisectoral approach (17%)	Explain the added value of national policies and plans (64%)	ACF SPEDS UNIDOR
4. KA4: Working with community-based organizations and research institutions to identify and promote innovative approaches to prevent undernutrition and poor WASH (24,5 %)	Methods to identify local knowledge (18%)	Network of academic actors (30%)	SPEDS

Highest training need expressed for outcome 3 is policy review (70%, with policy review as highest expressed need for training (73%) . The area with the average lowest training need is working with community based organizations to identify Innovative approaches (24,5%). Qualitative approaches confirm expertise with several innovative approaches and in WASH and nutrition policy and strategy development. Capacity training is expressed related to advocacy for the implementation of policies by different stakeholders, including budget advocacy. One respondent also remarks that government officials should be included in these capacity strengthening efforts to enhance policy implementation.

Expertise

“With the Nutrition Impacts and Positive Practices (NIPPs) we used to train mothers of undernourished the small doable WASH, nutrition and FSL activities. The mothers were involved in micro-gardening where they grew majorly green vegetable and later cooking demonstrations were conducted for them. They were taught how to construct tippy-tap for handwashing and were taught the key critical moments for handwashing. We also enrolled them for adult literacy and numeracy classes”

“South Sudan government in Collaboration with partners had develop South Sudan National Nutrition Guidelines and Policies that govern the operation and implementation of Nutrition and WASH activities ,This document are adopted and is put into use by all actors working in the country in the areas of health”

Needs:

“I need to acquire knowledge and skills in existing WASH and nutrition policy implementation gaps and providing evidence based recommendations and working with CBOs and research institutions to identify and promote innovative approaches to prevent undernutrition and poor WASH.”

Advocacy to the government especially the health sector to develop nutrition policy.

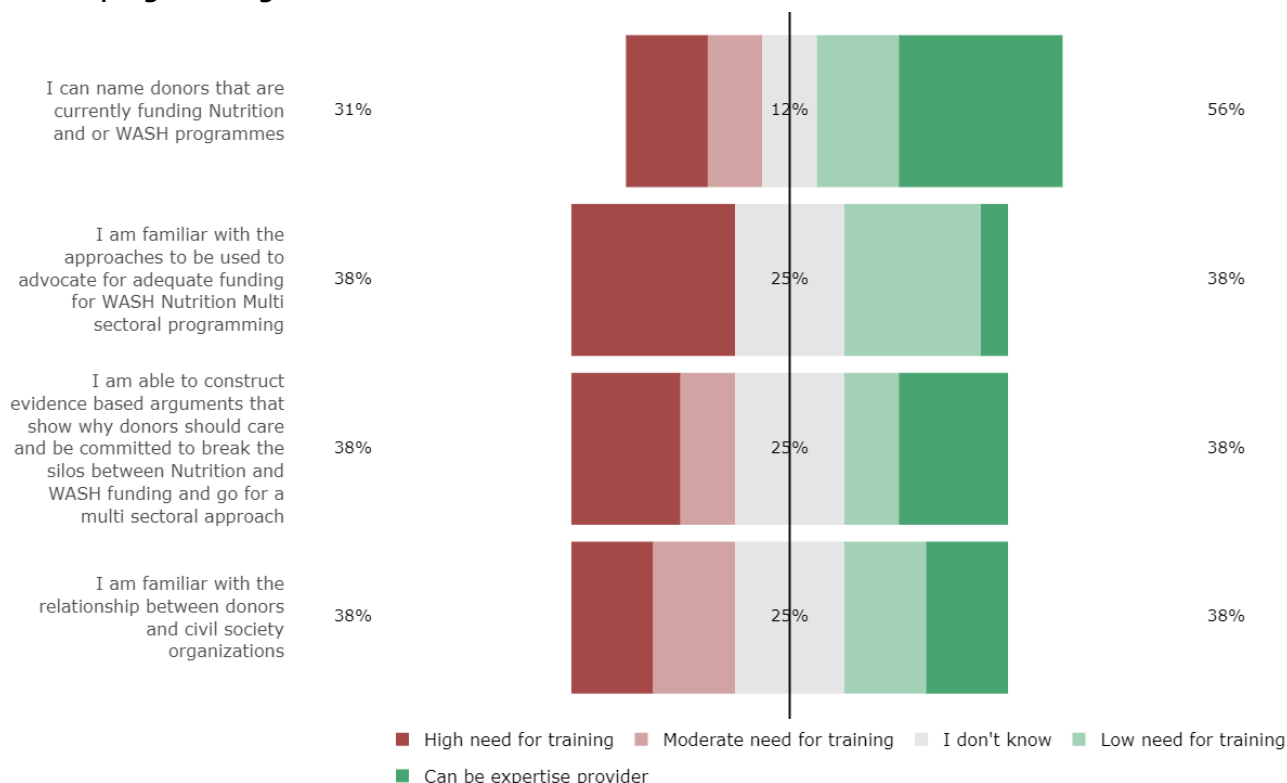
“More training on the management and partnering with different stakeholders and to ensure the government budgets for all the sectors and formulates policies that promotes good nutrition to reduce malnutrition and WASH integrated into all sectors like in education, protection and nutrition.”

“Better to give updated capacity building Training on National government and decentralized entities adopt and mainstream an integrated, multi-sectoral approach to under nutrition in policies, action plans and budget allocations.”

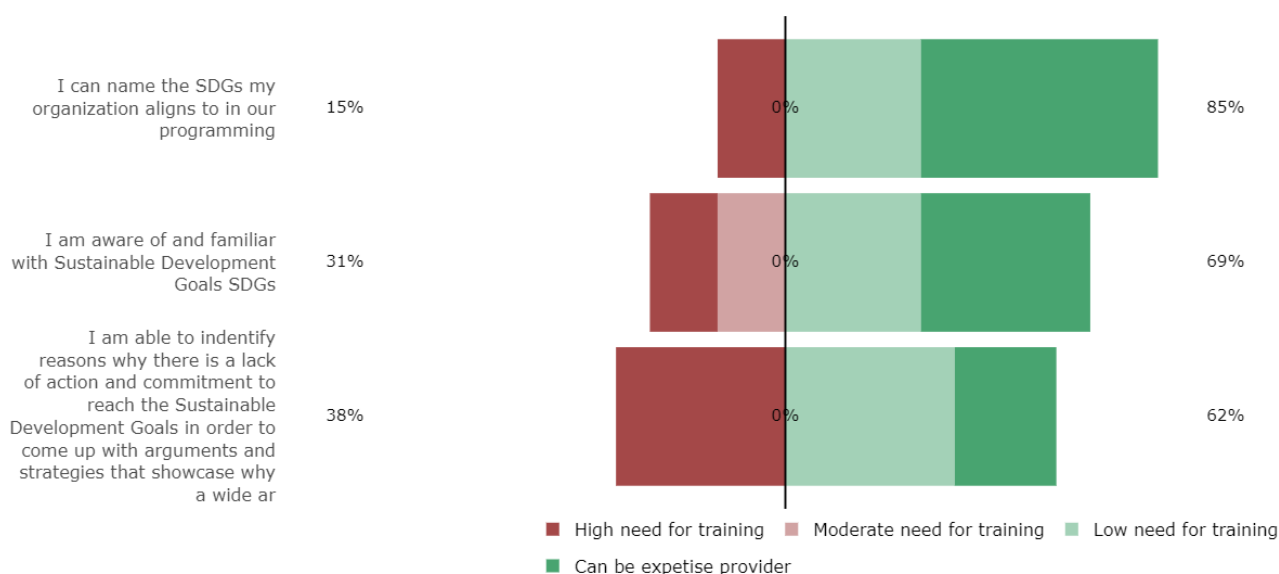
Results outcome 4: "Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition".

The following section provides an overview of the country responses of the three knowledge areas related to outcome 4 followed by a summary with highlights of capacity strengths and training needs.

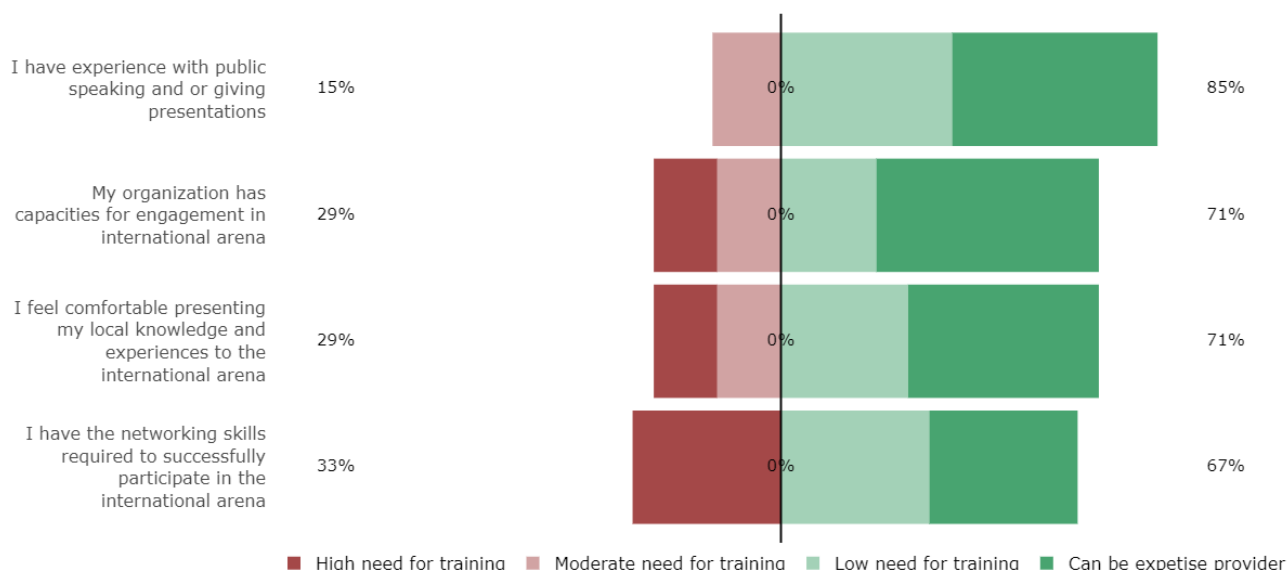
6.1 Knowledge area 1: Lobbying donors for better funding of nutrition and WASH, and for multi-sectoral programming



6.2 Knowledge area 2: Advocating for more action on the Sustainable Development Goals



6.3 Knowledge area 3: Bringing local knowledge and experiences to the international arena



6.4 highlights of technical knowledge and skills assessment related to Outcome 4:

In Table here below, you can see the lowest (Column 2) and highest (Column 3) training/ capacity developments needs per knowledge area, together with potential expertise providers from your country and within the Consortium (Column 4). Column 1 shows the average needs per knowledge area. To ease understanding of the results and comparison, the average needs per knowledge area are ranked from high to low and may not follow the order of knowledge areas as presented in graphs shown above.

Average needs per knowledge area	Lowest training need (% of responses)	Highest training need (% of responses)	Expertise providers (More than one respondent indicated expertise)
1. KA1: Lobbying donors for better funding of nutrition and WASH, and for multi-sectoral programming (45%)	Knowing WASH and nutrition donors (36%)	Approach to advocate for adequate funding (50%)	None
2. KA2: Advocating for more action on the Sustainable Development Goals (27%)	Familiar with SDG's (15%)	Identifying reasons for lack of action on SDG (38%)	SPEDS
3. KA3: Bringing local knowledge and experiences to the	Experience in public speaking (15%)	Networking skills for successful international participation (33%)	SPEDS

international arena (26,5%)			
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Highest training need regarding to outcome 4 is lobbying donors for better funding (45%) with particular need for training to advocate towards donors for adequate funding (50%). The expressed training needs for the other two knowledge areas are below 30%. qualitative answers confirm the above, while several respondent mention that they have knowledge and network of international donors this knowledge and expertise could be broadened within the alliance.

Key training needs expressed regarding outcome 4:

We have continued to engage donors to fund a multi-sectoral approach to malnutrition and for that reason we still have funding to some locations.

I need to be trained on the technical knowledge and skills needed to lobby donors for better funding of nutrition and WASH and for multisectoral programming, advocating for more actions on sustainable development GOAL, and bringing local knowledge and experiences to international arena.

A little more knowledge is required for further sharing with local staff who are not even part of the R2G.

B. Results of Monitoring & Evaluation (M&E)

knowledge and skills assessment

This part of the questionnaire aimed to identify expertise and needs looking into the following areas relevant for MEAL work: Selection of the program target groups and stakeholders; Monitoring and Evaluation System and tools; Knowledge on qualitative methods for monitoring and evaluation; Data usage and management and Cross-Cutting Themes relevant to Monitoring and Evaluation (M&E).

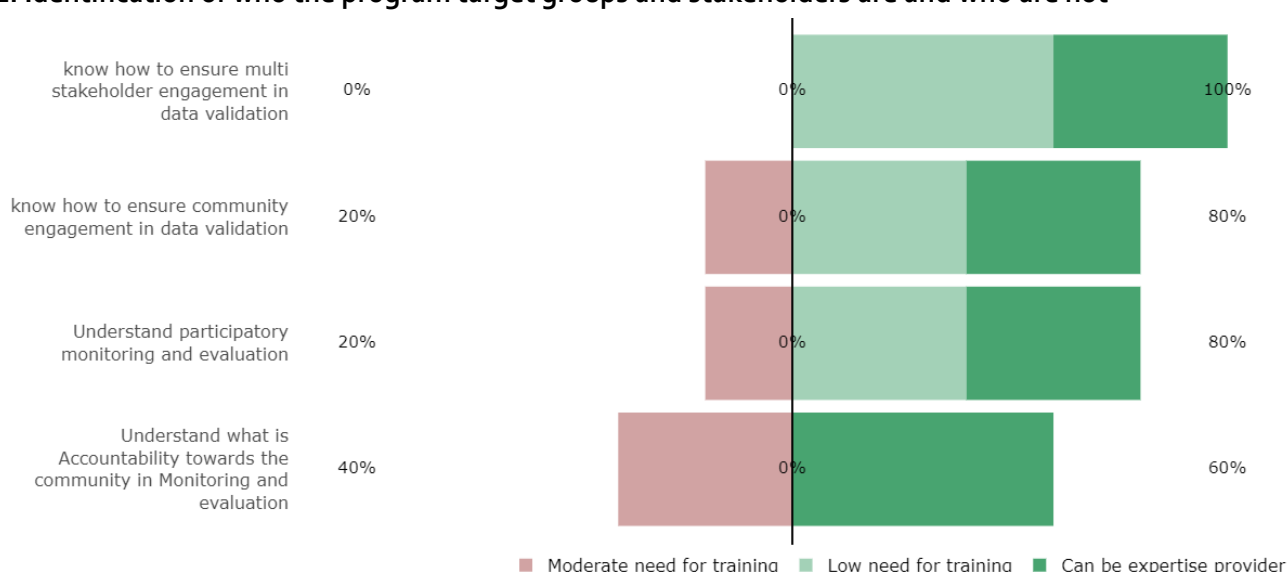
It also presents the preliminary results of the prioritization exercise conducted during the Global M&E capacity prioritization workshop in October 2021. All results, together with priorities identified, should be discussed and validated during 2022 strategic reflect and detailed planning process to take place by the end of the year.

1. Overview of the responses received per country Consortium partner:

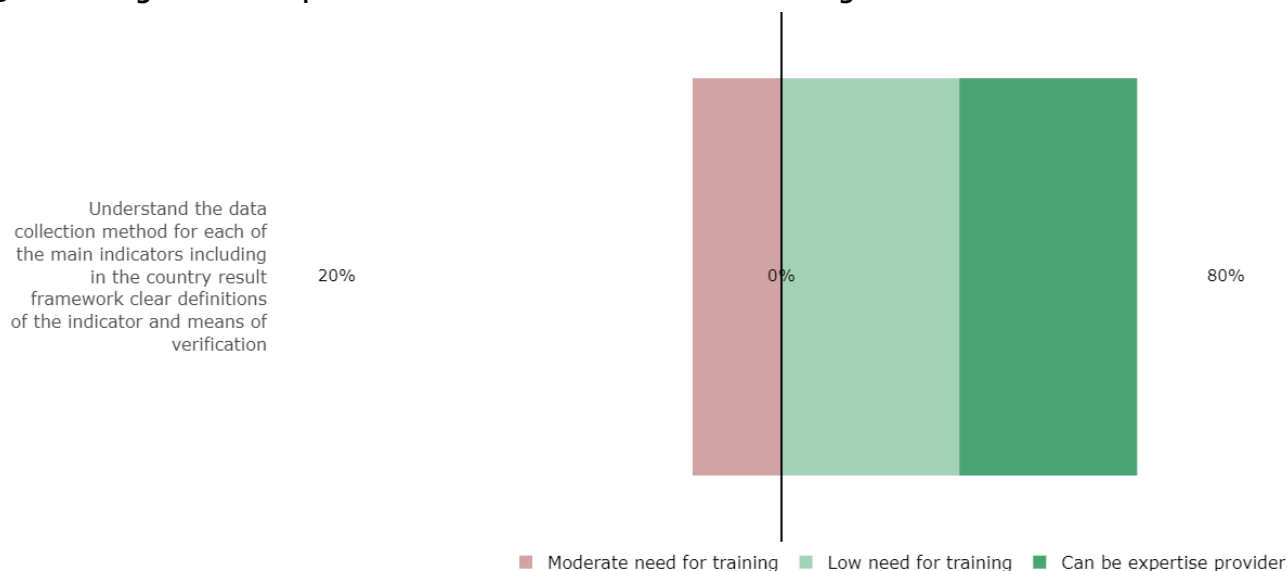
Organization	Count
Save the Children	2
UNIDOR	3

The survey was filled by representatives from Save the Children and UNIDOR, this means that perspectives of other Right2Grow partners in South Sudan have not in been incorporated and will need follow-up during prioritization setting.

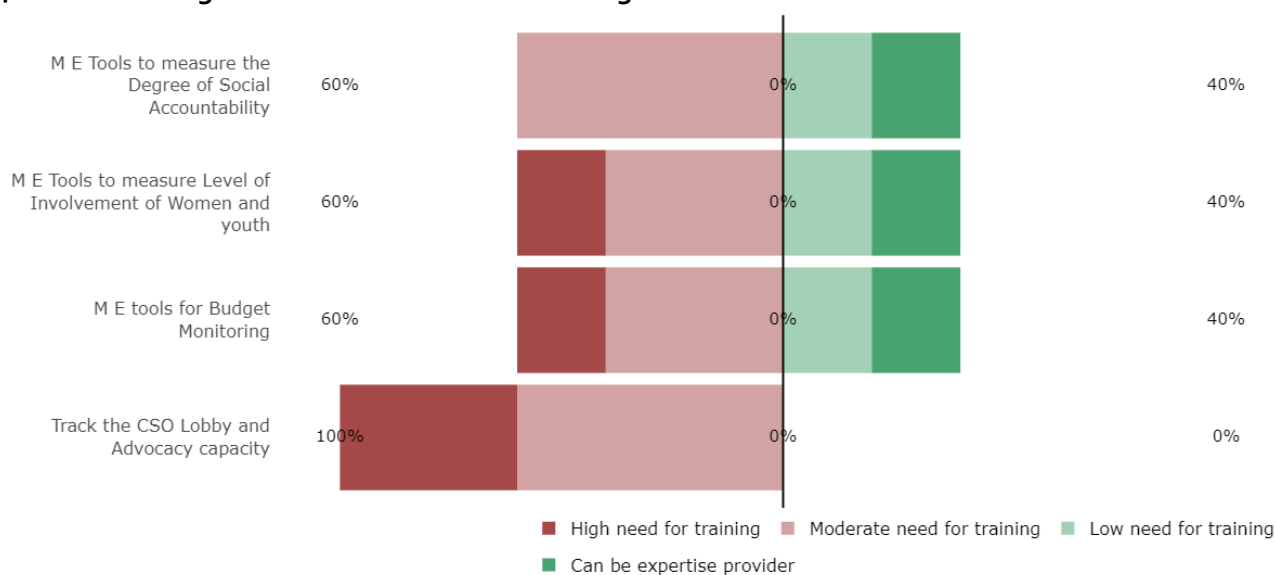
2. Identification of who the program target groups and stakeholders are and who are not



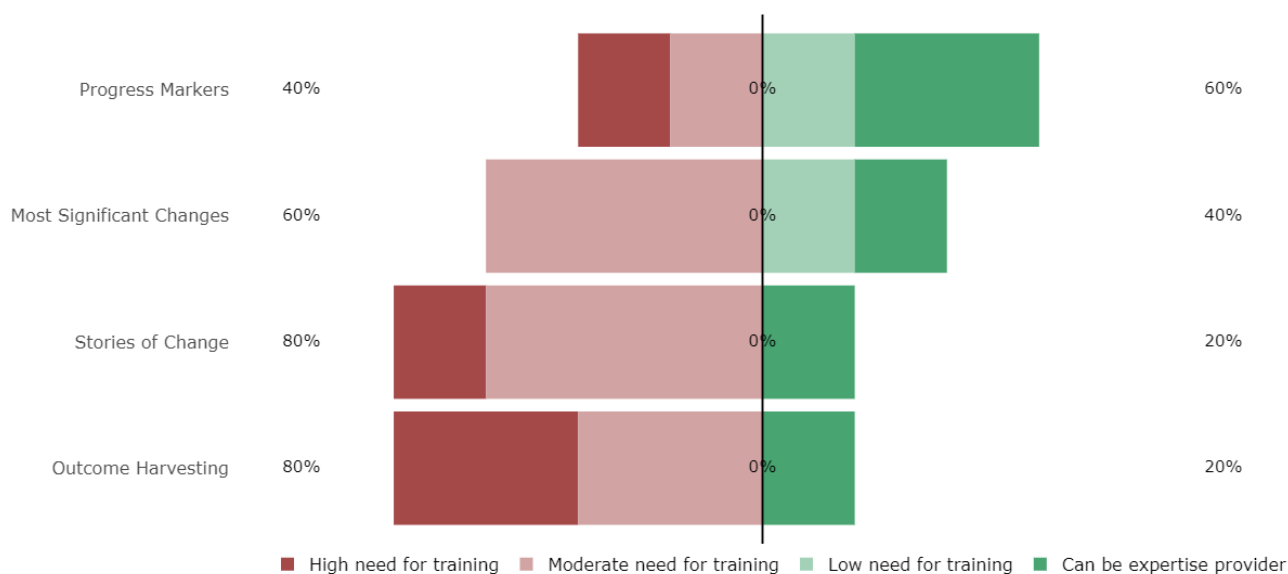
3. Knowledge about the procedures and tools for routine monitoring



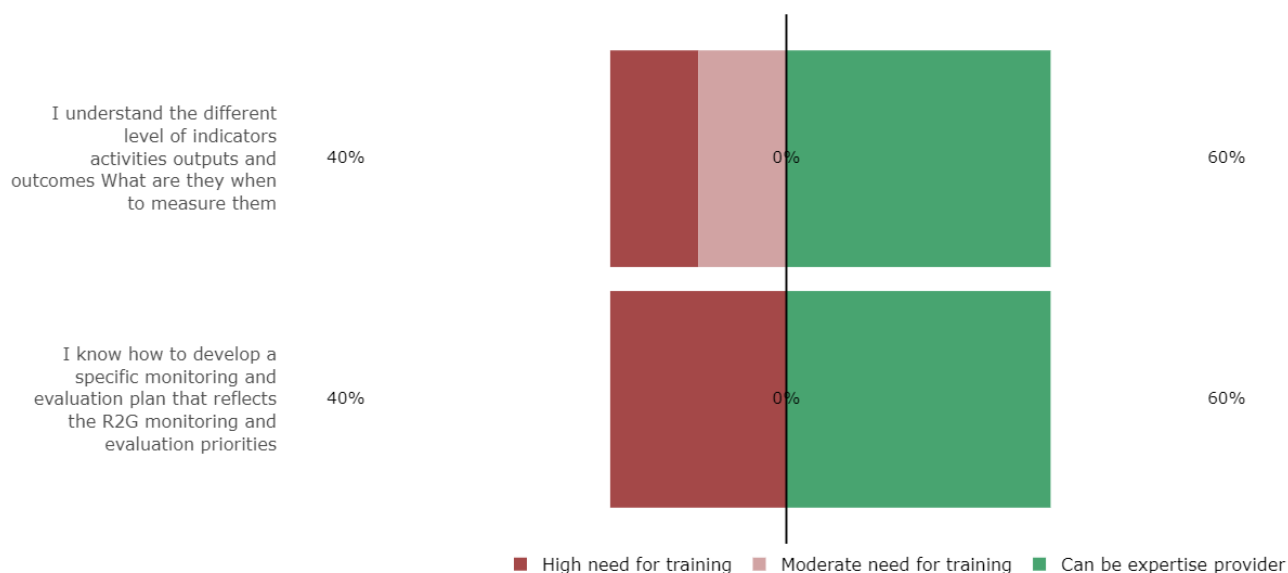
4. Understanding the relevant tools for monitoring and evaluation in different thematic areas



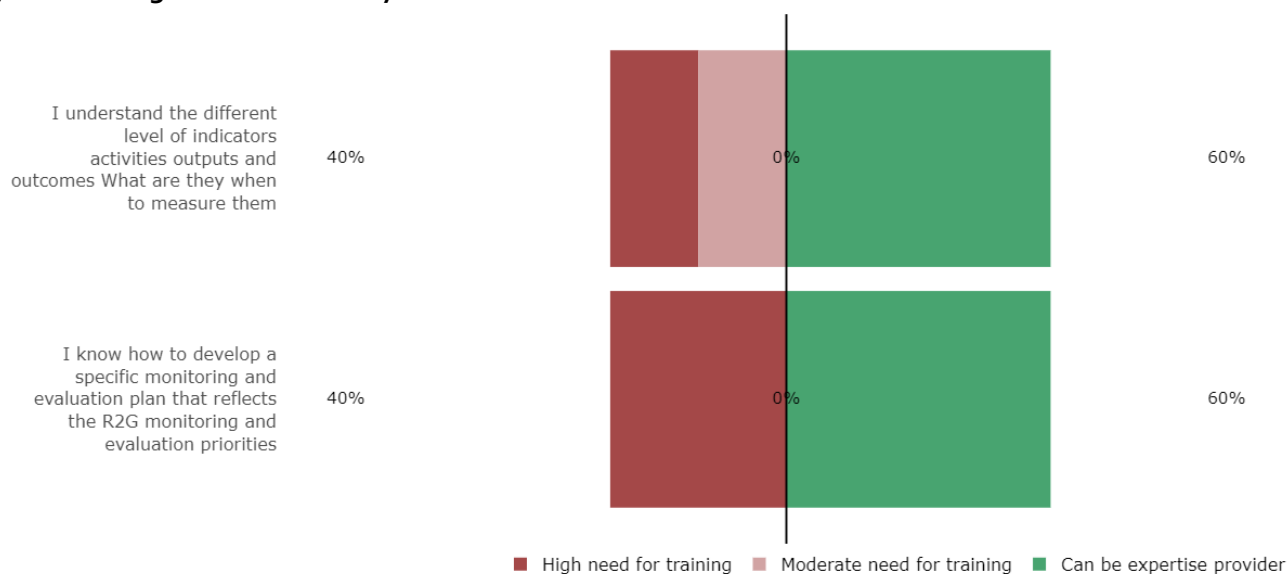
5. Knowledge on how to use qualitative methods for monitoring and evaluation



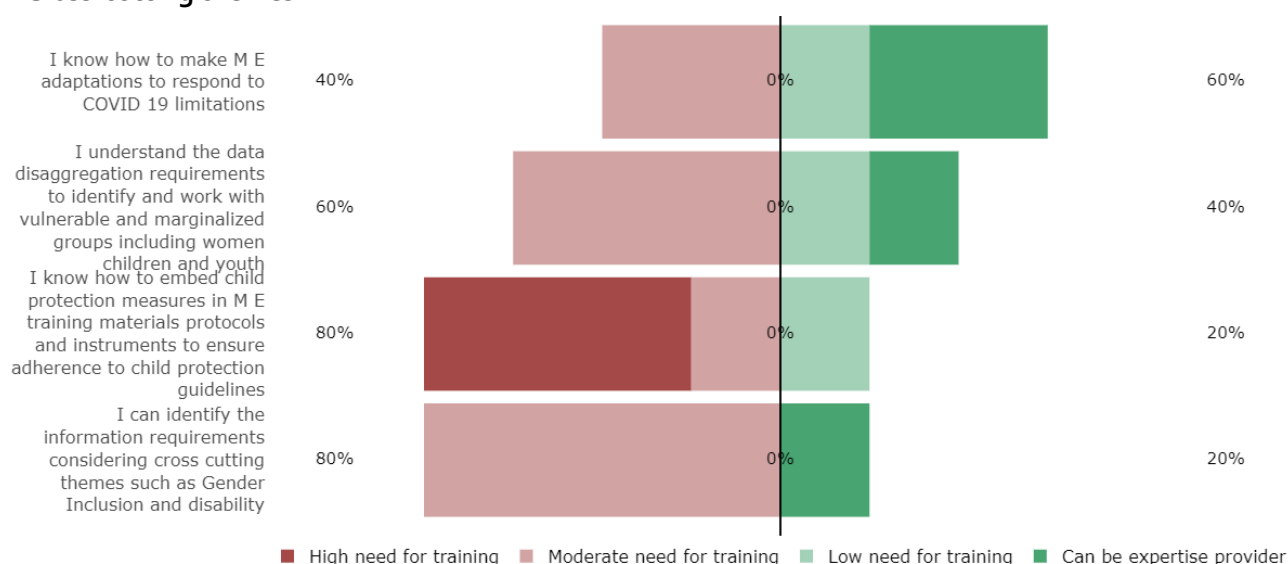
6. Data usage and management



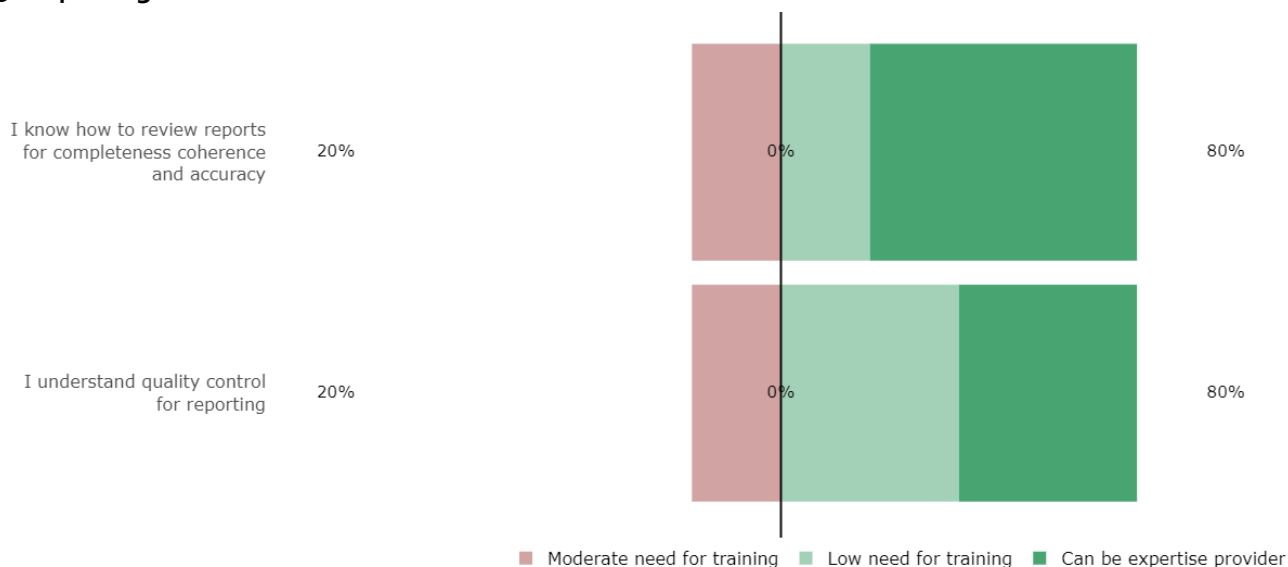
7. Monitoring and evaluation System and tools



8. Cross-cutting themes



9. Reporting



10. Here are what the South Sudan Country team considers the most relevant/ important for MEAL capacity development in Right2Grow:

The survey indicates that the following topics are the highest MEAL capacity strengthening priorities in South Sudan:

1. 70 % tools for monitoring thematic areas
2. 65% use of qualitative tools
3. 65% cross cutting themes

Topics with lowest training needs include routine monitoring and reporting (both 20%).

In reflection of the MEAL capacity assessment results a Global M&E Capacity building prioritization workshop was held in September 2021. The following has been put forward by the M&E technical experts from South Sudan participating in the workshop:

Capacity building priorities for 2022:

4. Embed child protection measures in M&E training materials protocols and instruments to ensure adherence to child protection guideline
5. Track the CSO Lobby and Advocacy capacity.
6. Data cleaning and data analysis for qualitative data.

Capacity building priorities for 2023:

4. Understanding Participatory monitoring and Evaluation.
5. M&E Tools to measure level of involvement of women and youth.
6. Stories of Change

C. Results of Linking & Learning assessment

The Linking & Learning section of the questionnaire identifies **attitudes towards Linking & Learning at the individual level** among Right2Grow staff, **existing Linking & Learning spaces/platforms/practices** across the Consortium and **expectations of Linking & Learning in Right2Grow**. The rich results from these questions will nourish and complement the country learning agendas and the global Linking & Learning strategy to ensure they are anchored in existing practices and interests and to foster a fruitful **Linking & Learning culture** amongst all Right2Grow partners.

1. Who are the respondents?

Organisation	Number of respondents
ACF/AAH	3
CIDO	2
CRCSS	3
Save the Children	3
SPEDP	3
UNIDOR	6
World Vision	1
TOTAL	21

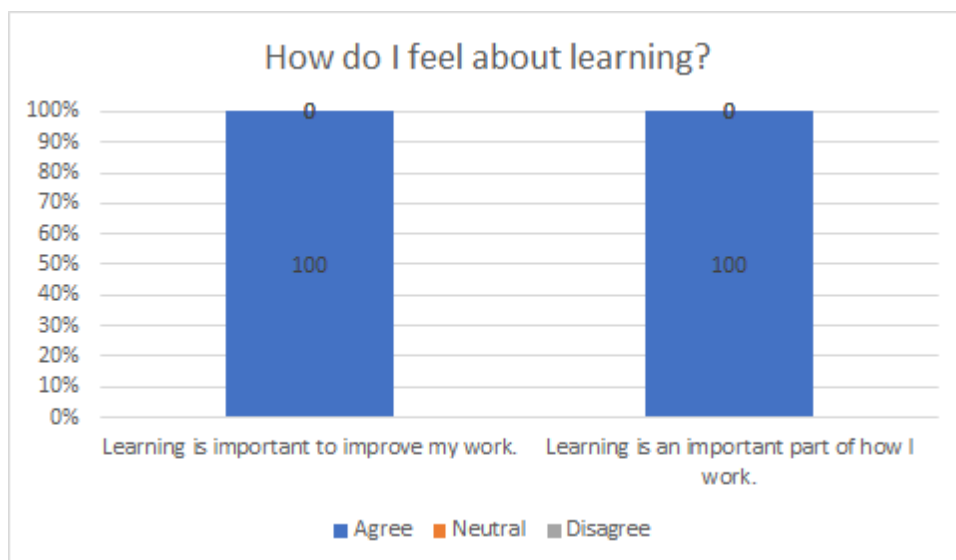
The response rate for the Linking & Learning (L&L) questionnaire was adequate: 21 Right2Grow South Sudan staff responded. Local NGO partners were very well represented: 67% of the respondents work for local NGOs. At least one person from every partner responded. It is important to keep in mind that the number of respondents for each partner organization may not represent the size of that organization. Nevertheless, this sample serves as a useful basis to assess the attitudes, practices and interests around Linking & Learning in Right2Grow South Sudan. It's important to remember that each respondent answered the questionnaire on three levels, representing different interests and practices:

- The respondent's personal professional practices regarding learning: individual level
- The respondent's home organization's practices towards L&L: organizational level
- The respondent's personal expectations for L&L in Right2Grow: Right2Grow level

As a way of working, Linking & Learning encompasses all three levels: it seeks to create a learning culture across the Right2Grow consortium that engages not only partners but also every individual within each organization.

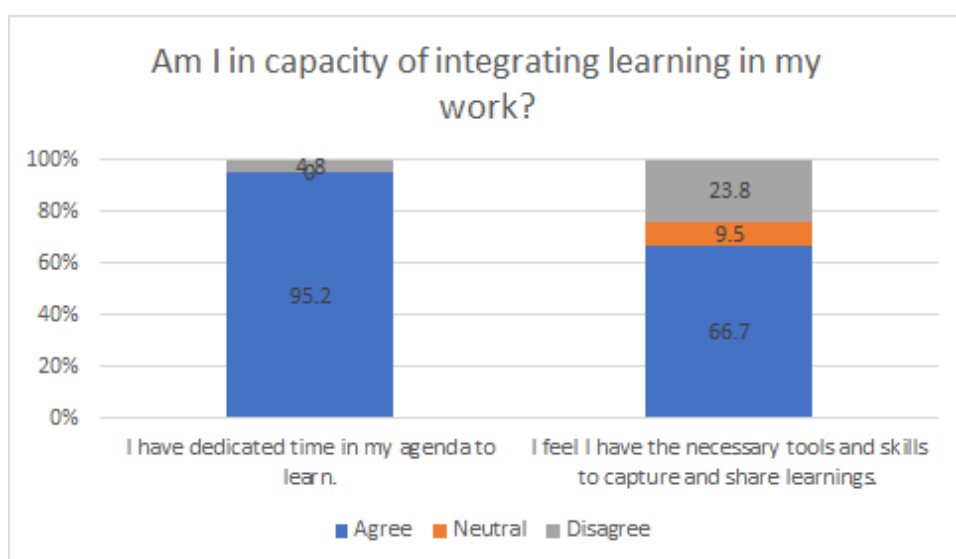
2. For me: What are the individuals' perceptions and practices towards learning?

- How do I feel about learning?



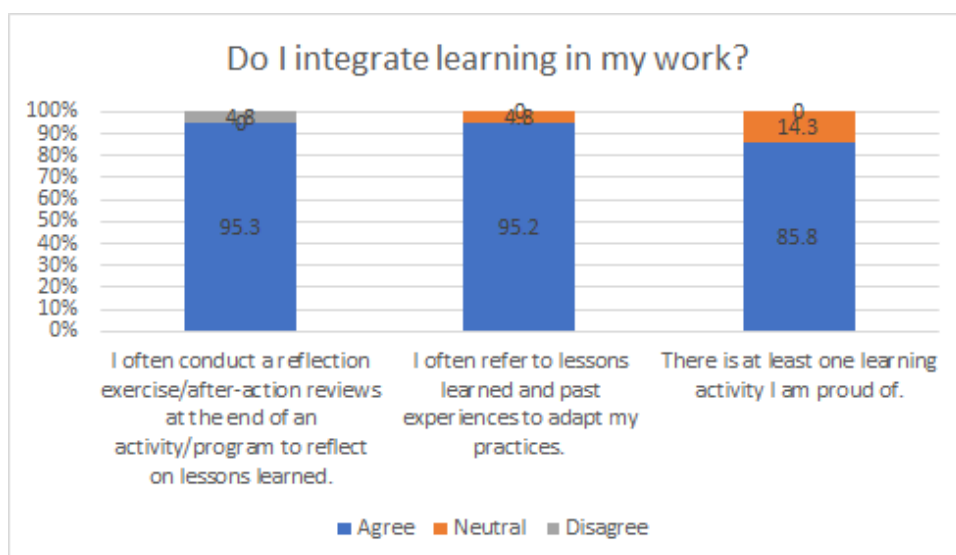
Respondents all answered that learning is important to them as professional individuals and that it is already part of how they work. These individual attitudes towards learning form a very positive foundation for deepening a learning and sharing culture. It is important to highlight and reference this shared vision.

- **Am I in capacity of integrating learning in my work?**



Beyond a positive attitude towards learning, individual professionals also require the ability (time resources, tools and skills) to integrate learning in their day-to-day work. The majority of respondents have answered that they have dedicated time in their agenda to learn. While this is a positive result, it is also important to consider the variety of time that respondents might have. It could be interesting to share examples of individual organisational scheduling of how people make time for learning and for which kind of learning. Regarding tools and skills to capture and share learnings, there is a significant need for improving individuals' capacities. There is potential to share tools and practices around learning activities across different roles within the South Sudan Right2Grow team.

- **Do I integrate learning in my work?**



Results on the practical integration of learning at individual professional's work is very positive. The majority of respondents have answered that reflection has a role and is integrated in their individual ways of working. This is a very good foundation to initiate joint reflection moments for adapting practices within Right2Grow South Sudan. It will be important to take into consideration each partner's standard approach to reflection to ensure the methodology decided builds upon existing practices.

- Let's hear from everyone!

Below are every respondent's answers to the question: "What learning activity are you most proud of?". Have a look at the variety and common trends of individuals' approaches to integrate learning in their work! These answers will serve as a central basis to nourish the brainstorming process to develop the global linking strategy.

Online learning activity and searching knowledge on the internet.
online learning were you an access it from any location
Significant of involving stake holder in monitoring and evaluation (participatory Monitoring and evaluation)
Training
Team reflection and evaluation.
Financial reporting
conducting Safety audit to identify gaps for improvement and adjustment of my project.
Involvement of beneficiaries in project design
Linking mothers of undernourished to the FSL where they gained knowledge on making micro gardens and producing vegetable where they sold the excess for income generation and rest used to meet the nutritional requirement at home level
I have learnt that when you want the community to get involve in an activity to fully participant, let them identify their problems by themselves and solutions and this will promote ownership and sustainability of the project.
Advocacy and influencing conducted under the SUN Movement.
Kitchen gardening at the nutrition sites

Documented findings and recommendations from quality benchmark monitoring of 2020 and shared with the programme and SMT members.

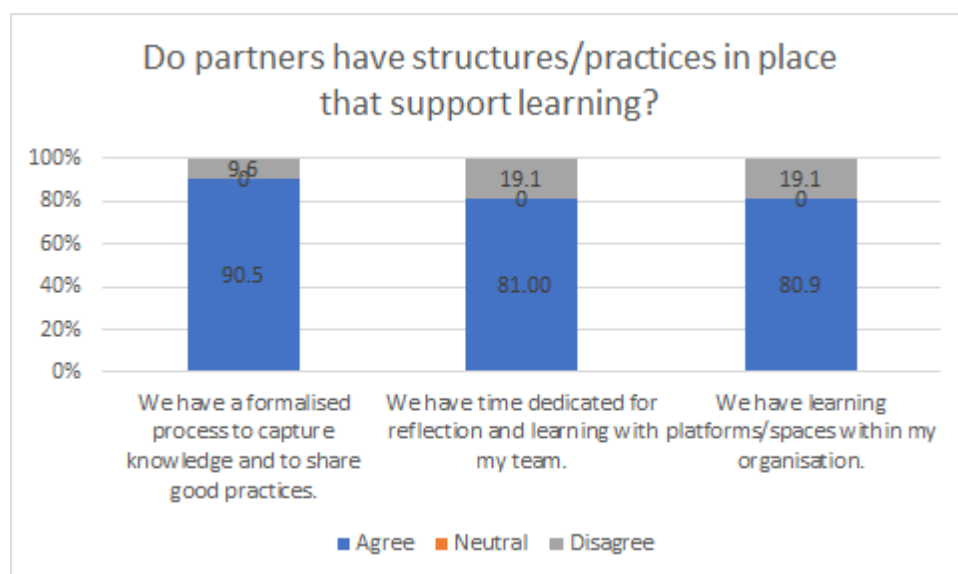
Mother to mother support groups in Pariang County

What do we do with all this? - Suggestions for action:

- Highlight and reference the positive results that illustrate a shared vision of a learning and sharing culture (perhaps during internal meetings/presentations for example, or via email to relevant staff).
- Share resources around individual learning tools and resources within the South Sudan Right2Grow team (this can be done with support from the global L&L team, and with dissemination by the focal point).
- Use the open responses to individual learning activities both to inspire the South Sudan learning agenda (suggestions of types of activities) and the brainstorming with all focal points around the global linking strategy at a later point.

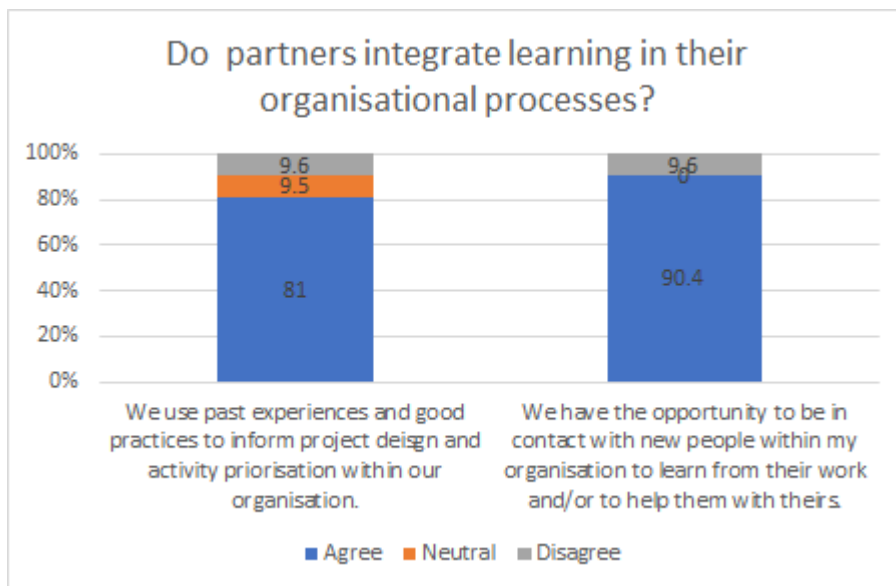
3. For my organisation: What are our partners' practices and integration of learning?

- Do partners have structures/practices in place that support learning?



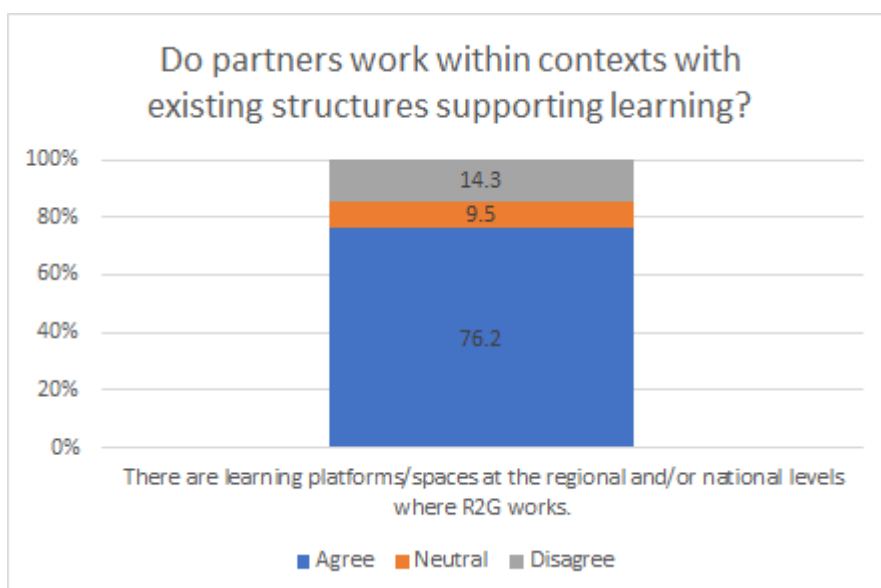
The majority of respondents answered that their organization had a formalized process to capture knowledge and share good practices. It would be interesting to ask for further details on these processes to inspire and align Right2Grow learning processes. Similarly, there is a need to inquire on the way partners ensure teams have dedicated time for reflection and learning (how is it organized – length, frequency...). It is also important to make sure that learning spaces within Right2Grow build upon existing practices among partners.

- Do partners integrate learning in their organizational processes?



There is a very high percentage of respondents reporting that a learning and linking mindset shapes their organizations' work. This can serve as a good foundation to use existing practices within organizations when brainstorming the global linking strategy: what can we learn from existing practices to shape Right2Grow's ways of working?

- **Do partners work within contexts with existing structures supporting learning?**



A large proportion of respondents indicated that their organizations already engaged with external learning platforms. Depending on the learning and linking priorities expressed by the South Sudan team, it could be relevant to engage with those platforms to ensure the sustainability of linking and learning captured from Right2Grow beyond the duration of the project.

- **Let's get mapping!**

Below are the open responses asking for the names and themes of the learning spaces/platforms that partners use both internally and externally. The responses have been broadly classified into internal partner

platforms/practices and external ones. The left column can be used to inform learning and sharing practices both in South Sudan and at the global level. The right column can be used as a record for the L&L South Sudan team to use as a reference when linking opportunities arise to engage with stakeholders beyond Right2Grow.

Learning spaces/platforms internal to partner organizations	Learning spaces/platforms external to partner organizations
We have cross-sectoral meetings and also informal chats to discuss about how to improve some WASH, health and nutrition interventions and people contribute their various experience which help in designing and implementing some projects within the organization	WASH, nutrition and health cluster/working groups
Learning platform we are using it is online courses, discussed introduction to CHS	Online learning platform such as webinar. Nutrition, WASH, Child Protection, Education, Child poverty and Health.
R2G National partners consortium meeting were progress and challenges are discussed on the project	
R2G National partners consortium meeting	
weekly meetings, general monthly meetings with all the field staff, quarterly program review meetings and also team building exercises.	
ACF Learning Lab	
Archives from the past and contacting former board and current board members of the coalition.	
Microsoft 360	
open and free learning space	
face to face learning	
online workshop like the one gender and inclusion workshop conducted online by the global team	
training of next generation learning platform	

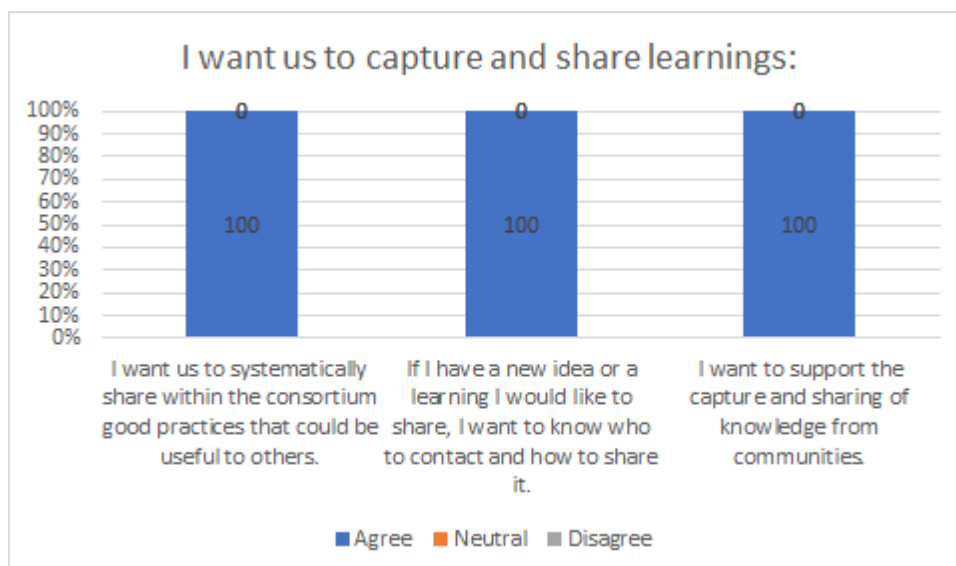
We have Learning Management System (LMS), DisasterReady.org, KAYA, HFP and Coursera	
We have a LearnLab at the region and online.	
Joint Training; Meeting; Discussion; using social media; creating telegram/skype group etc	
Though not specifically for the R2G, we have Learning Management System with the organisation I work for	
Learning Management System (LMS), MEAL working group, meetings, Save the children Facebook/workplace.	
WhatsApp application, Skype. we share successful activities implemented and pictures	

What do we do with all this? - Suggestions for action:

- Inquire further with partners on their formalized process to capturing and sharing knowledge, on their dedicated time for teams to reflect and learn, and the type of learning spaces of platforms that they have within their organizations to inform the design of the global approach. The South Sudan L&L focal point can use these results to inform their input on this topic.
- Use existing organizational learning practices both to inform the South Sudan learning agenda (types of learning activities for example) and the brainstorming of the global linking strategy.
- Keep a record of external learning platforms that partners know and work with for future years, so that L&L in South Sudan can use it for linking opportunities that will arise.

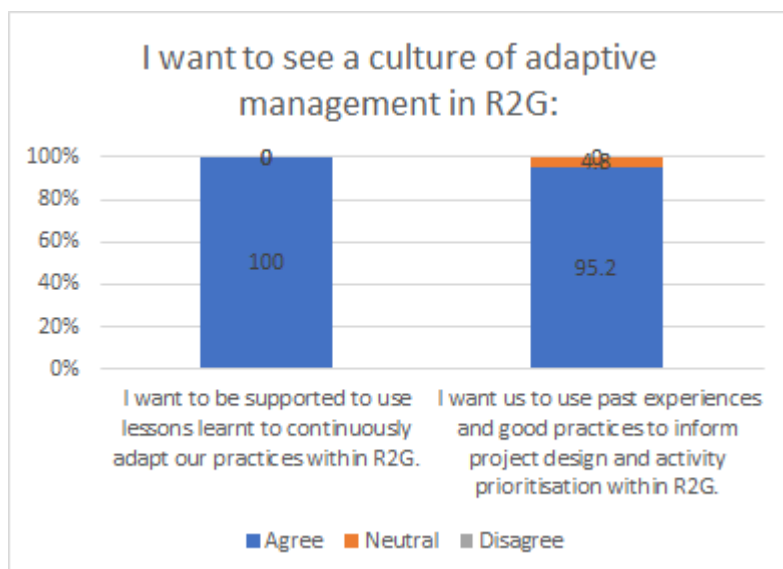
4. For Right2Grow: Where do we want to go, together, with L&L?

- I want us to capture and share learnings.



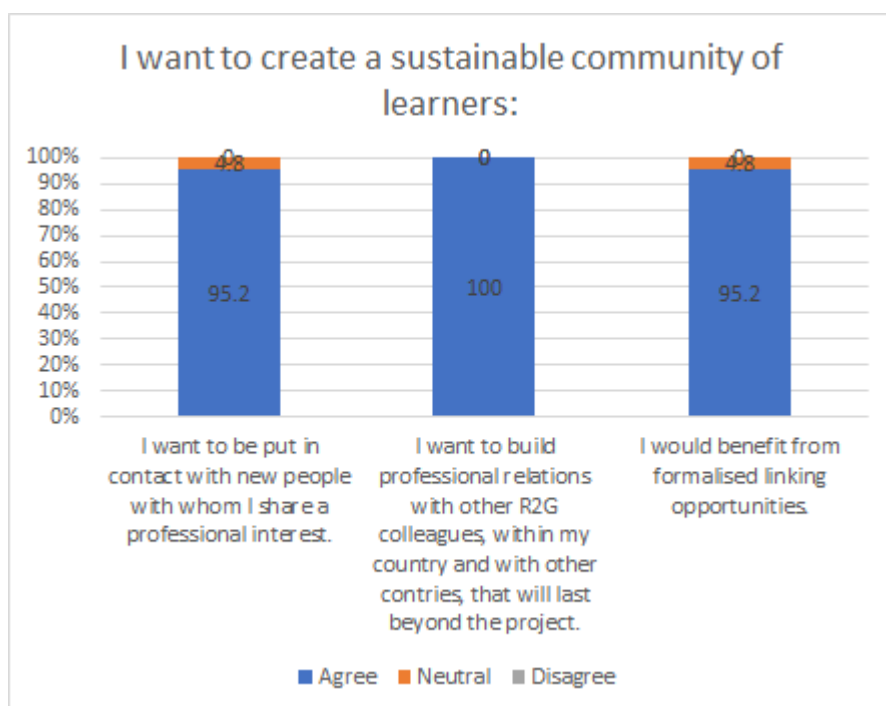
These are very positive results: all respondents indicated being in favor of an approach which systemizes the documenting, sharing and use of lessons learned in project implementation. All responded that they would like to be engaged in a dynamic process to share their own learning within the consortium. It is important to have linking and learning processes in South Sudan and at the global level that encourages anyone from engaging with L&L, that the process to engage is clear to all, and that different teams and roles are represented in L&L decision-making at all levels. Finally, there is a clear commitment from partners to engage with and raise the visibility of knowledge from communities.

- **I want to see a culture of adaptive management within Right2Grow.**



There is an overwhelming desire to see a culture of adaptive management in Right2Grow. It will be important to base this approach on existing practices in partner organization, and to adapt it to the partnership context of South Sudan. There is also a potential for cross-country learning from experiences on adaptive management. The global L&L team is also planning on supporting countries from a technical side on implementing adaptive management approaches.

- **I want us to create a sustainable community of learners.**



There is also a clear shared vision by Right2Grow South Sudan’s partners to create a culture of sharing within the consortium. This information will be useful when L&L focal points brainstorm a global linking strategy. A key aspect to consider will be how to identify topic areas in which staff members are interested in sharing and linking.

- **Let’s envision our future together!**

Below are the responses to the open question: Which kind of linking opportunities would you like to see formalized in Right2Grow? These responses should form the foundation of to the brainstorming of the global linking strategy, which will involve all L&L focal points.

Monthly reflection on the project
Advocacy and lobby
country exchange visits to see how other countries are implementing the R2G project to learn from them and share contextual experiences.
Financial tools for project reporting
Opportunities that can expose me to advocate for children at national and international levels.
Online
virtual coffee break
Monthly reflection on thematic area

Trainings, seminars and workshops
Linking WASH into nutrition, education, protection and all other government institutions
Learning from other R2G members on how they are tackling implementation challenges.
build professional relations with other Right2Grow colleagues and systematically share within the consortium good practices
Data management
Between government and civil societies, between donors and my organization, the private sector and beneficiaries communities
Linking opportunities like CSO advocacy and Lobby linking

What do we do with all this? - Suggestions for action:

- Use the results from the first graph to 1) brainstorm how to engage and encourage Right2Grow staff outside of L&L to participate in linking & learning, and 2) reflect how to incorporate community knowledge in the South Sudan learning agenda.
- Provide input and suggestions as the global L&L team works towards creating support to implement an adaptive management approach (ex: feedback on TORs for a workshop consultant etc.).
- Use results from the third graph to reflect on how to best identify topics/areas that Right2Grow staff would be interested in linking on in South Sudan and at the global level.
- Use the open responses on desired linking spaces within Right2Grow to inform the brainstorming on the development of the global linking strategy.

D. Results of organizational development assessment

The objective of this questionnaire was to gain a better understanding of the institutional strengths and development needs of the country Consortium partners so that we can jointly build an organizational development strategy. Ultimately, we want Right2Grow civil society partners to be strong enough financially, technically, and internally to exist long after our partnership concludes. Here are the results.

1. Overview of the responses received per country Consortium partner:

organization	count
ACF / AAH	1
CIDO	1
CRCSS	1
Save the Children	1
SPEDP	2
UNIDOR	2
World vision	0
Total	8

2. Overview of the type of positions answering this questionnaire:

position	count
I'm not working at senior or medior management level	2
Mid- manager e.g. Advocacy/ Nutrition/ WASH/ Community mobilization/ Communication program manager, adviser or similar	4
Senior manager e.g. Director, Deputy director, Head of department or similar	2

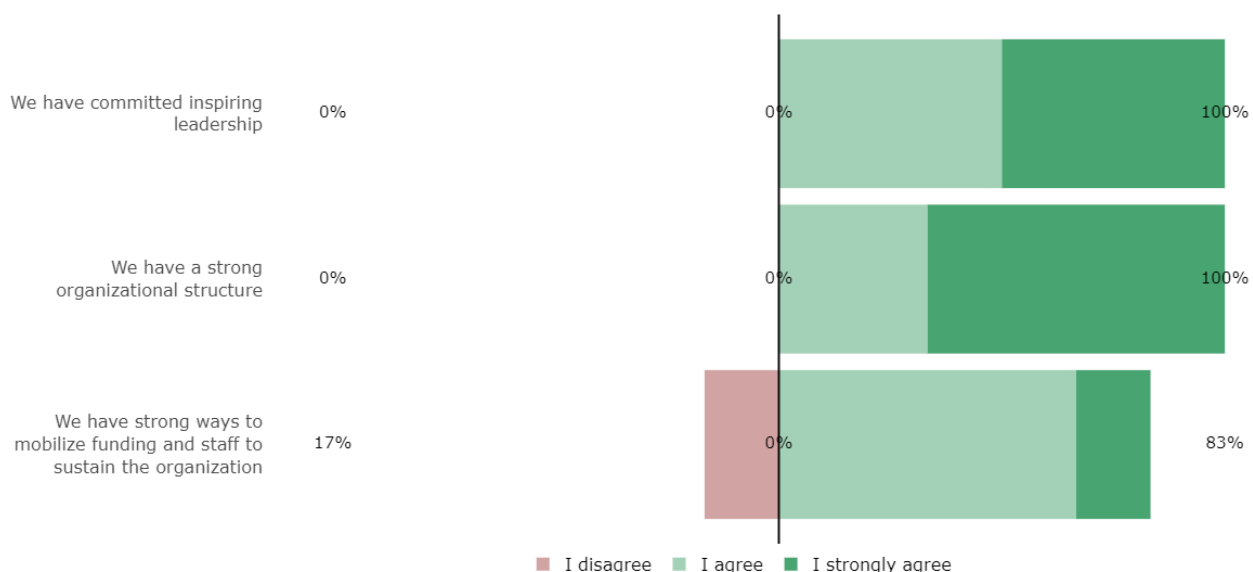
Country partners were asked to provide one or two responses per partner organization from mid- and senior managers. In total 6 valid answers from mid- and senior managers were received as those who indicated that they were not a senior manager were sent to the end of the survey. Five out of the seven partner organizations provided at least one valid response. Organizations that are missed from the assessment are World vision and Save the Children.

3. Overview of the governance structure of the organizations:

organization	>50% men	>50% women	>50% youth
ACF / AAH	1	0	0
CIDO	0	0	1
CRCSS	0	0	1
Save the Children	0	0	0
SPEDP	1	0	0
UNIDOR	2	0	0

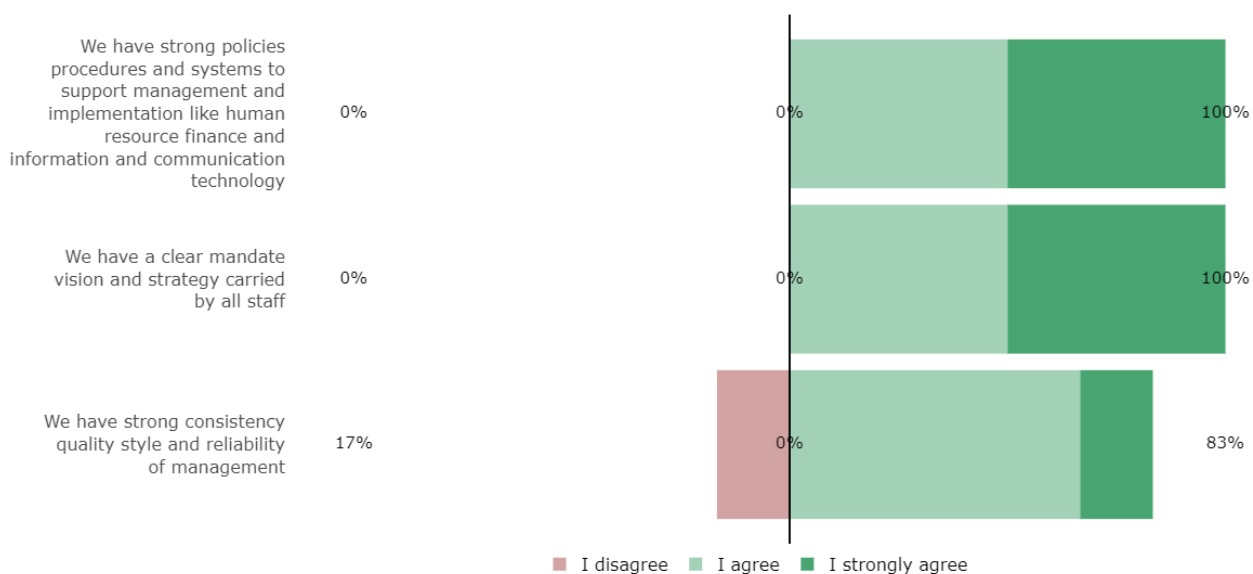
According to the responses provide the R2G consortium consists of two organisations, CIDO and CRCSS that have more than 50% youth in their management and board.

4. Capability to act



94% of the responses confirm the partners capability to act, with just one respondents who disagrees with the capabilities to mobilize funding and staff to sustain the organization. Qualitative answers confirm that partners feel they have strong strategic planning and governance structures and that dependency on foreign funding remains a weakness. several organisations mention that dependence of foreign funding in an aid system that often favors INGO's linked to the donor country may be challenge their capability to act. Other threats include donor fatigue due to the ongoing conflict in the country. To tackle the dependency on foreign funding CRC particularly mentions that their membership fee helps them to operate appart from donor funding.

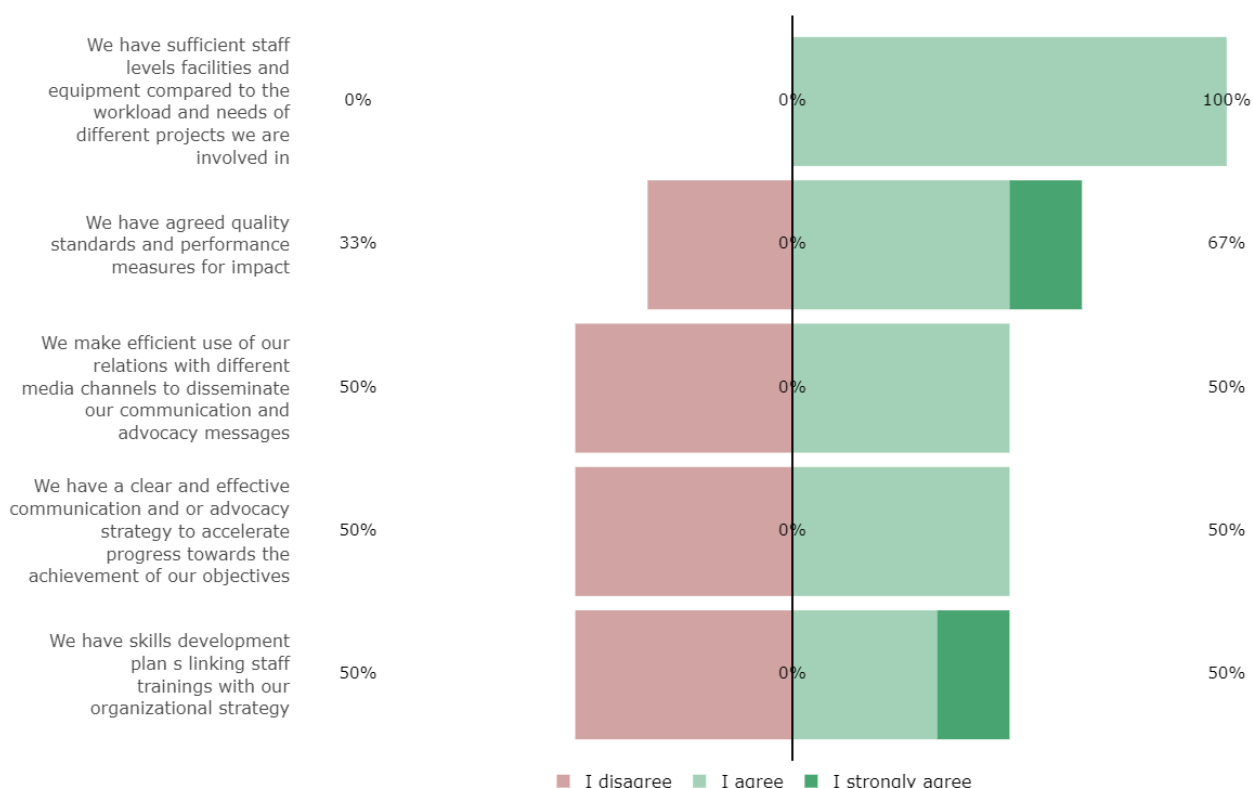
5. Capability to achieve coherence



94% of the responses confirm the partners capability to achieve coherence with just one respondent who disagrees about the quality and reliability of management. In qualitative responses respondents share that their organization has past audits, has strong policies, governance structures and strategic plans to help

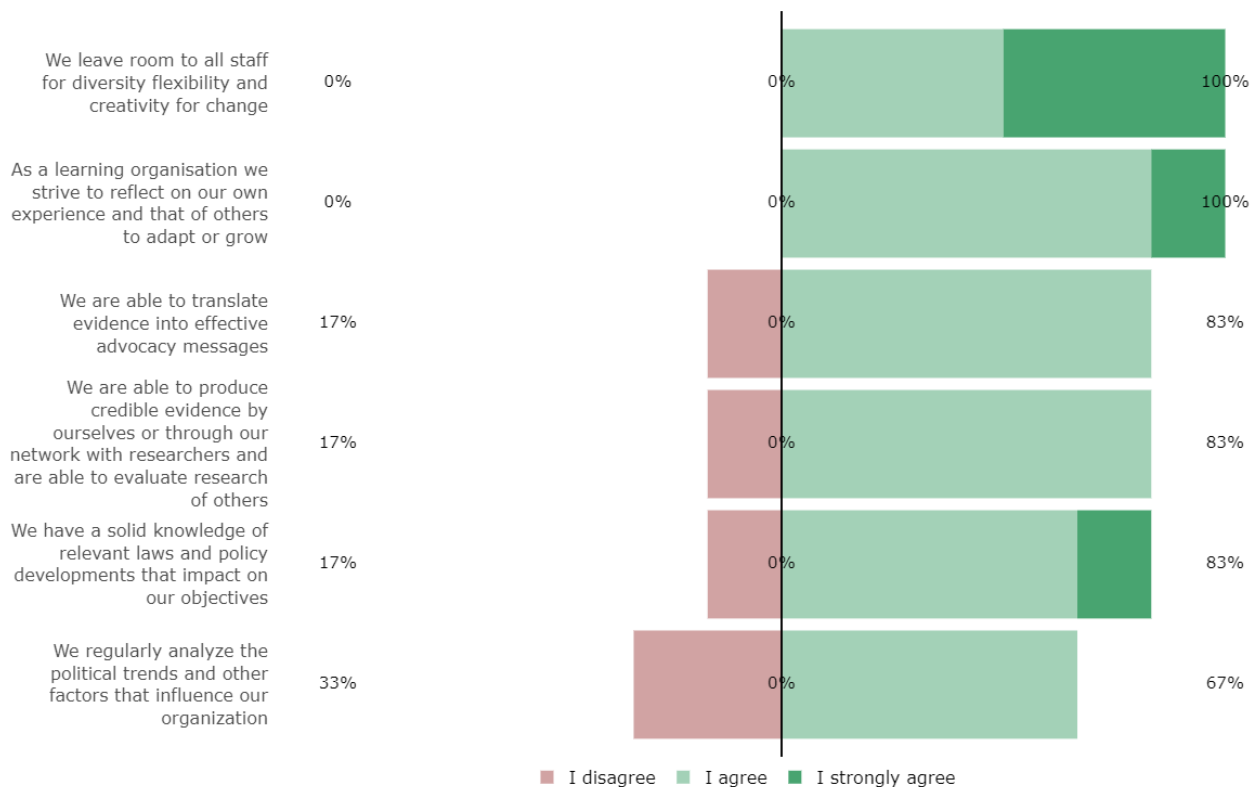
them achieve coherence. The lack of consistency with the style of management is associated with the lack of guidance on sustainability of the organization regarding capital and human resources.

6. Capability to deliver development outcomes



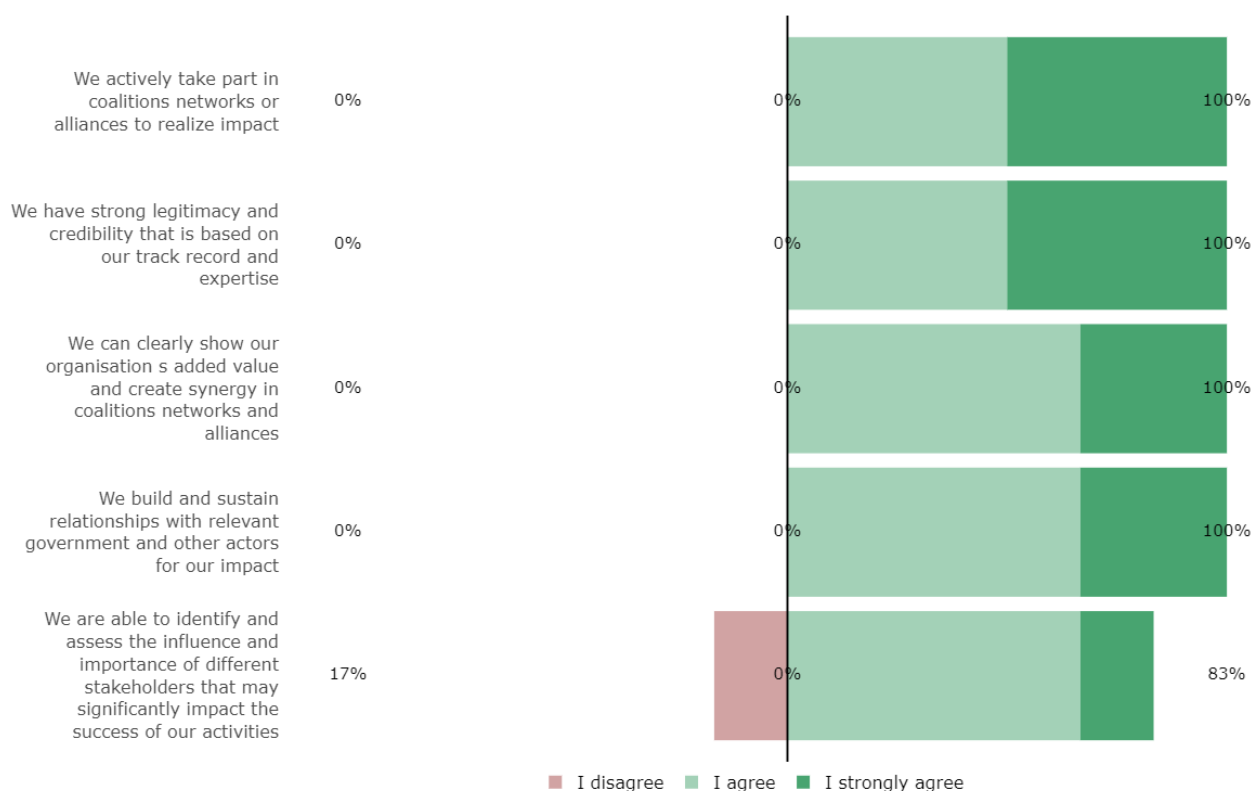
On average 63% of the respondents agrees that their organization has the capacity to deliver outcomes, while all respondents feel that their organization has sufficient staff levels and equipment, half of the respondents disagree that their organization makes efficient use of their relations with media and have a clear advocacy strategy. Another area for possible improvement are skills development for staff and impact measurement. Qualitative answers confirm the above with three staff members mention the need to invest In staff skills development (noting that staff turn-over due to short emergency project is a challenge). The other three respondents mention that the there is need for capacity strengthening related to the advocacy and communication strategy of the organization which is a new area of operations for some organizations.

7. Capability to learn and self-renew



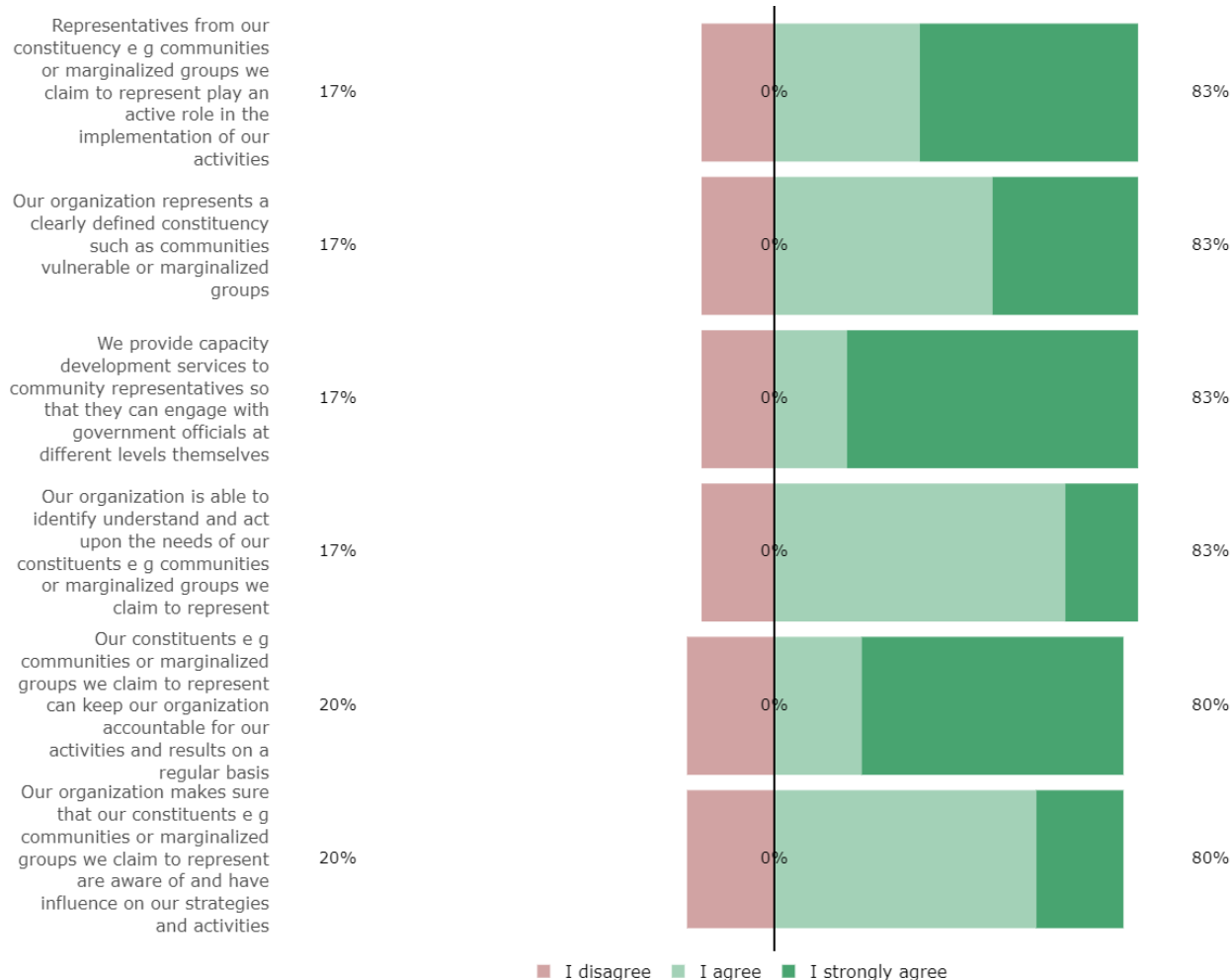
On average 86% of the responses confirm that the organization has the capability to learn and self-renew. All respondents confirm the room for diversity and creativity and see themselves as a learning organization. 2 respondents disagree that the organization regularly analyzes political trends. Qualitative answers confirm that partners see diversity of their workforce as a strength combined with opportunities for personal and organizational development. Areas for improvement mentioned include qualitative and quantitative research (though one respondent also mentions specific expertise in this area) and reporting/documenting skills and translating this evidence in effective advocacy messages. R2G is mentioned as an opportunity to improve organizational capacities related to this.

8. Capability to relate to external stakeholders



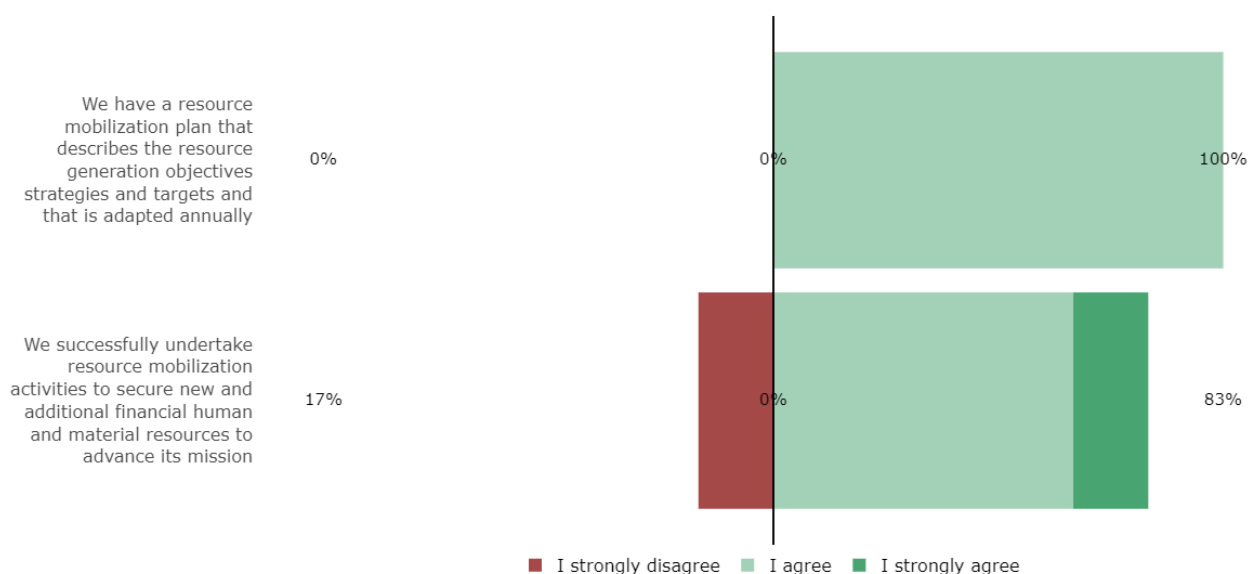
On average 97% of the responses agree with their organizations capability to relate to external stakeholders. Only one respondent disagrees that their organization can influence stakeholders to enhance the impact of activities. Qualitative answers confirm that they feel they have good relations and networks. This includes national networks such as working groups with government and regional east-African networks including the Eastern Africa Child Rights Network (EACRN) and Africa Capacity Alliance and global networks such as the SUN-network.

9. Grassroots embeddedness and legitimacy



5 out of the 6 respondents (83%) agrees that their organization is embedded in grassroots. Qualitative answers confirm that organizations directly work in and with communities in often hard to reach areas and that communities can keep organizations accountable for their work, for example by being part of the monitoring. No areas for improvement are mentioned in the qualitative answers.

10. Resource mobilization and sustainability



91,5 % of the responses agree with this statement, though one respondent strongly disagrees with the organizations ability to mobilize resources. A resource mobilization plan, which includes raising other sources of income such as membership fees are mentioned as successful examples. Dependence on short-term emergency donor funding is mentioned as a threat to sustainability.

Conclusion

Responses show that organizations are confident about their organization's capabilities, particularly their organizations capability to relate to external stakeholders (97%) to act and achieve coherence (both 94%). Organizations give the lowest score to their capability to deliver outcomes (63%). Improvement needs include the need for strengthening the organizations communication and advocacy strategies including relations with media. Interestingly responses show that organizations both value their networks, while at the same time feel the need to become stronger in advocacy. A last area for improvement relates to staff development, structural challenges such as staff turn-over and short project funding are mentioned as external challenges to overcome these.



Right2Grow Baseline Inception Report

South Sudan Theory of Change validation

This validation is the outcome of a reflection on the Baseline Study Results and joint analysis by all country partners on the original Theory of Change.

1. Overall validity

Validity

The findings from the baseline confirm that, overall, the TOC is relevant and that its pathways will remain the same, with a few adaptations and specifications made.

The humanitarian and political crises situation in South Sudan continue to negatively affect the communities' access to basic water, sanitation, and hygiene services that are already poor. In Upper Nile, Unity and Jonglei states, where Right2Grow is active, the combination of poor access to WASH services with high levels of food insecurity, combined with traditional gender norms, has had a negative impact on the hygienic, health and nutritional standards of the population with the most vulnerable household members such as pregnant and lactating women, adolescent girls, infants, and young children the most threatened. These communities are the most affected by the effects of poor nutrition and WASH services. At the same time, they have a significant role to play in bringing sustainable solutions when provided with the right knowledge, skills, and resources. Civil Society Organizations need to be empowered to engage and collaborate with the government and others who are responsible for providing directions, security, and services to these communities. Donors contribute with strategies, resources, and funds to ensure effective implementation to improve the quality of the service delivery. The chosen pathways as stated in the TOC, are seen to form the right strategy to both strengthen the capacity of these actors as well as enhance their cooperation, to address the WASH and Nutritional needs of the population in South Sudan.

Ultimate goal and impact

The ultimate goal of Right2Grow is that **every child is able to reach its full potential**. The long term impact (not measured by Right2Grow evaluation) is that **all children under five are well nourished**. The medium term impact is that **decision makers jointly and effectively address undernutrition in a multi-sectoral, gender-sensitive and inclusive way**.

The **key decision makers** identified for this impact are:

- At International level: Donors, UN agencies such UNICEF, WHO, WFP, ING and entities like the SUN movement.
- At National level: the National Ministry of Water Resources and Irrigation (MWRI), Ministry of Gender and Social Development (MGSD), Ministry of Health (MoH) and Ministry of Agriculture (MoA) in cooperation with international and national donor agencies.
- At regional and local level: local government entities, CSOs and CBOs are other key decision makers as mentioned in the baseline. Community leaders and informal groups like mother and youth groups also have a key role to play.
- The role that the private sector can play in providing services and business opportunities to the communities needs to be further explored.

2. Pathway 1 – Community mobilisation

Validity

Outcome 1 is: **communities demand and invest in basic social services and adopt good nutrition and WASH practices, jointly addressing barriers with private sector partners.**

The approach taken in this pathway is confirmed by the baseline findings. Having an advocacy role is new to many community members and organizations, who have mainly operated in a context determined by humanitarian relief. There are some efforts made by CSOs such as Women's organizations trying to improve WASH and Nutrition conditions through radio talk shows, but which has had little effect. There is a need to build on existing capacities these community actors have in terms of knowledge of WASH and Nutrition and strategies relating to Lobby and Advocacy. Involving them is key; they are the primary recipients of the services and need to be able to make key decisions about matters affecting them. WASH services such as building hand pumps and delivering water guard supplies fell under the multi-donor trust fund (MDTF). However, poor maintenance and lack of spare parts has made many ineffective. Maintenance of these pumps could bring business opportunities for private sector stakeholders if linked to entrepreneurial community members, particularly youth and other community groups. At the national level drinking water bottling is being performed by the private sector, which could therefore have a role to play in the project.

Adaptation and specification

There is no significant adaptation required at the outcome level, though there is need for specification at lower levels, such as inclusion of the informal community groups such as youth and parents' groups to improve quality of Nutrition and WASH services. Efforts will be made to establish synergies between these groups and relevant private sector actors; the baseline did capture general information on the root causes of malnutrition, hence there were recommendations to undertake project area specific mapping of the root causes of malnutrition which is a persisting gap to enhance an effective advocacy agenda.

3. Pathway 2 – Strengthening civil society organisations

Validity

Outcome 2: **Representative and empowered civil society organizations (CSOs) effectively navigate the civic space to advocate for leadership and good governance to prevent undernutrition.**

The baseline study showed that there are some platforms for civil society such as the SUN movement and Ministry of Water Resources and Irrigation (MWRI). However, meetings have not been structural and have mainly had a humanitarian focus. In the previous years the MWRI has been holding annual joint WASH sector meetings which was interrupted for more than two years due to the COVID-19 pandemic. Further, the MWRI welcomed Save the Children and its partners in supporting it to develop integrated guidelines and strategic plan for WASH and Nutrition. This shows that some mechanisms exist for WASH sector (government and humanitarian actors) to exchange knowledge on WASH and service delivery.

Currently meetings are often about sharing and coordination of service delivery, little is being done however, by CBOs and CSOs to lobby and advocate for quality WASH and nutrition services and stimulate multisectoral collaboration.

Even within the government budget planning document, the local government authorities and CSOs were exempted from the process, leaving them with limited room for negotiation to participate in the budget planning process.

Considering all these, CSOs and CBOs need to be empowered to be able to voice the needs and concerns of the communities, negotiate their inclusion into the government planning documents and hold authorities accountable in their programming and financial planning. This confirms the relevance of the strategy and pathway as stipulated under outcome 2.

Adaptation and specification

No major adaptation is needed for this pathway. The only specifications are that extra attention is given to include training for CSOs and CBOs in engaging with the local governments, in program design, financial planning and demand for accountability of services. Government service providers may not be used to be held accountable; therefore training for both CSO's and government is needed about accountability to open-up this space.

4. Pathway 3 – Engaging public authorities

Validity

Outcome 3: National government and decentralised entities adopt and mainstream an integrated, multisectoral approach to undernutrition in policies, action plans and budget allocations.

Pathway 3 and outcome 3 as stated in the TOC are valid. Malnutrition and poor WASH services have complex reasons. Effective multisectoral approaches can address most of the root causes of poor WASH services and undernutrition. Those approaches need to be evidence-based and backed up by research.

The Ministries of Health (MoH), Agriculture (MoA) and MWRI in South Sudan are very much underfunded in the overall government budget, with most of their budgets not going to service delivery. Efforts should be made to enhance the budget to allow for implementation and improve capacity of staff and reparation and improvement of WASH and Nutrition services. The policies and plans of these ministries are made up in silo's and are not informed by each other nor by other actors in society. This strategy of pathway 3 will contribute to the adaptation of a multisectoral approach by these line ministries. However, given limited resources this needs to be combined with lobby efforts to enhance donor engagement (pathway 4).

Adaptation and specification

There are no signification changes foreseen in this pathway. However, the line ministries (MoH), (MoA) and MWRI are now more specified in the TOC. The Maternal Infant and Young Child Nutrition 2022 costed budget will be referred to while strategizing the 2022 budget advocacy. There will be further assessment of the State and County's budget allocation, as well as humanitarian donor budgets, to enable Right2Grow in positioning better advocacy strategies. At local level, there is a need to investigate the root causes of

mal/under nutrition in the planned field research, to generate evidence and innovative practices to prevent malnutrition this will also enhance legitimacy and capacity of CSO's to voice concerns of populations.

5. Pathway 4 – Mobilising international development actors

Validity

Outcome 4: **Donors and international development actors coordinate and collaborate along the humanitarian-development nexus to address the underlying determinants of undernutrition.**

Outcome 4 and pathways 4 are relevant and valid as stated in the TOC:

The baseline has underlined that, although there are platforms like the SUN movement, there are no significant lobby and advocacy efforts made towards the integration of WASH and nutrition services by either the State, County or civil society organizations in SSD. The sectors which have a key role to play in addressing WASH, food security and Nutrition are neglected in the South Sudan government budget allocation, but there is also general budget scarcity. The international community has a key role to play in informing, negotiating with and investing in the South Sudan Government to allocate more resources towards these sectors. International actors also have a role to play in securing additional funding to fill the gaps. Right2Grow will link project stakeholders in South Sudan to the international debate on WASH and Nutrition.

Adaptation and specification

The baseline findings help to identify some existing platforms for engagement and key donors. The alliance will build on existing structures/fora like the SUN SCO movement and inform and engage donors like the NL embassies and EU.

6. Reflection

Priorities

All the pathways are equally important and are strongly interlinked: community mobilization plays a vital role in transferring knowledge and skills to the community who are the primary recipients of the services. Women and youth are most at risk to malnutrition, they and CSO's which may represent them are not used to playing an advocacy role. The knowledge and the skills they acquire enables them to have a better understanding of the quality of services to be delivered and their right to demand for improvement. CSOs are part and parcel of the community and play a strategic role in representing the community concerns to the service providers and decision makers such as local authorities. Priority is therefore, to strengthen communities and CSO's in their advocacy role. Given limited availability of resources initial local advocacy efforts can focus on low resource solutions that address inequalities. To enhance service delivery in the different target communities a priority is to map context specific root causes of malnutrition and lack of WASH services in the different target areas. This can inform state level and national advocacy. Government structurally lacks funding to implement policies, so priority is budget mapping to stimulate increased and better allocation to WASH and nutrition. This can be done both at local and national government level as by stimulating the engagement with donors for more and better resource allocation. All 4 pathways are interlinked and contribute to achieving the desired outcomes and impacts.

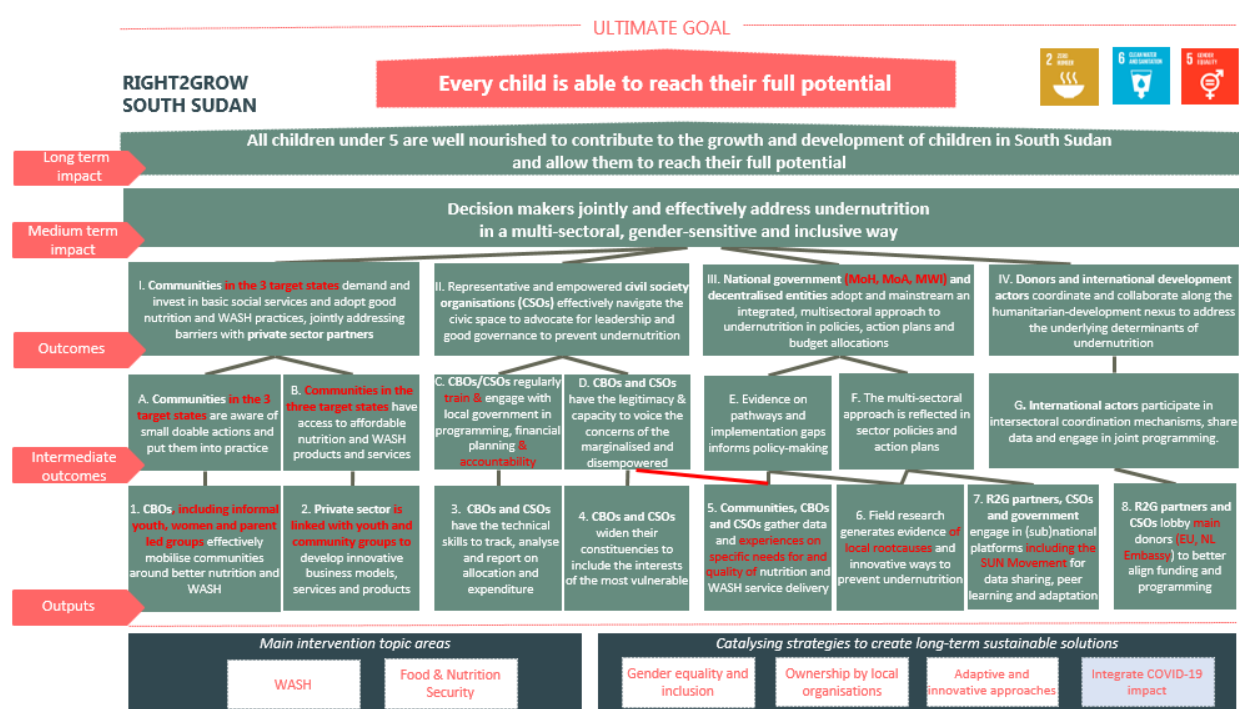
Stakeholder engagement

In addition to the exhaustive list of the relevant stakeholders there is need to consider the non-registered CSOs such as the youth, women/mothers and father groups. Similarly, engagement with Ministry of Agriculture is necessary, since food insecurity has been identified as one of the leading contributing factor to malnutrition. Role of private sector and potential opportunity for business linkage needs further research.

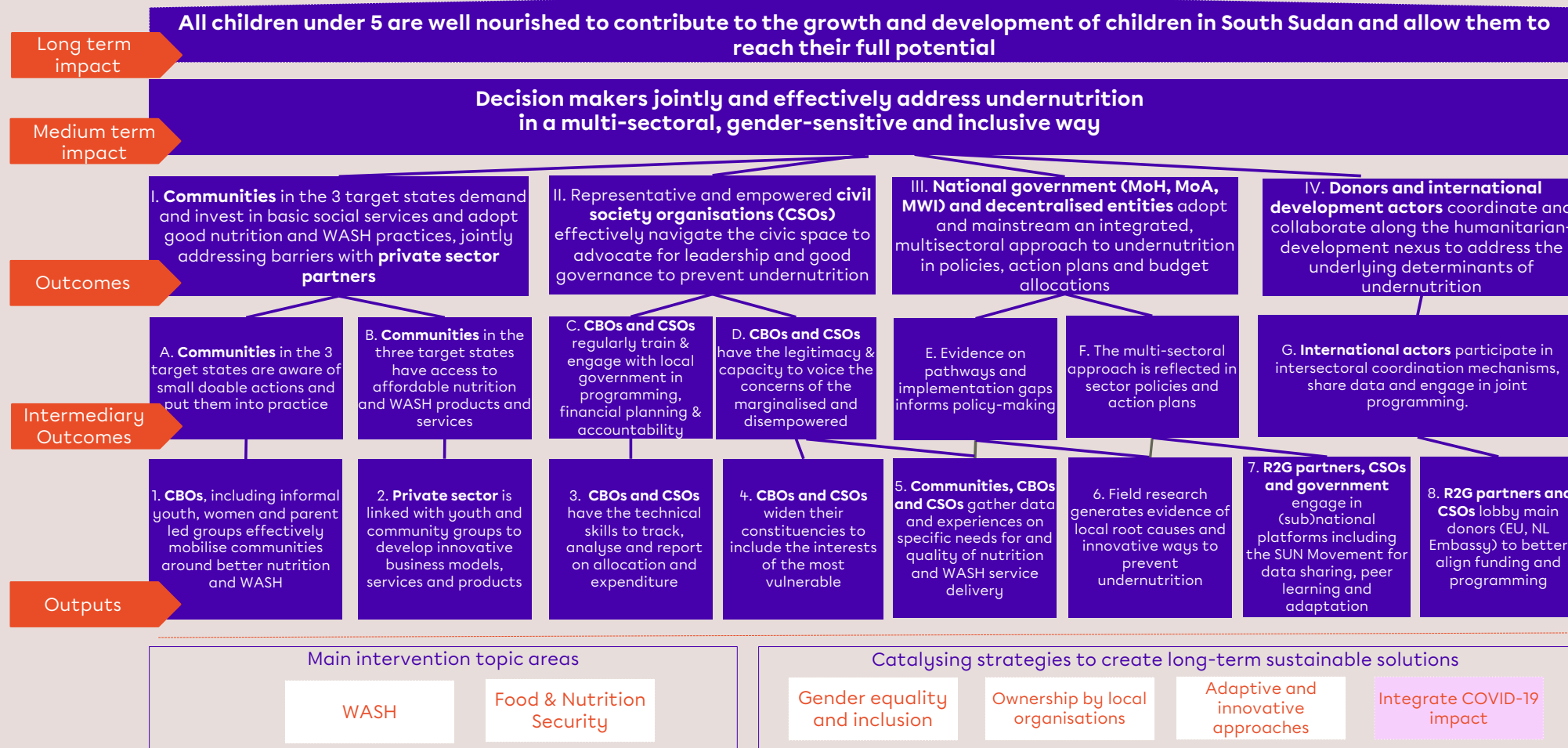
Future adaptation

There are few further adaptations envisioned; In the future, there might be a need for community representation in the steering committee. Most adaptation will take place at activity level.

Annex 1: Revised TOC with changes marked red.



The revised TOC can also be found on the next page.



Results Framework: South Sudan

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
# of policies implemented related to nutrition and WASH for sustainable and inclusive development. (SCS 1)	0	<p>The Ministries of Health (MoH), Agriculture (MoA) and MWRI in South Sudan are very much underfunded in the overall government budget, which most of their budget not going to service delivery. Efforts should be made to enhance the budget to allow for implementation and improve capacity of staff and reparation and improvement of WASH and Nutrition services. The policies and plans of these ministries are made up in silo's and are not informed by each other nor by other actors in society. The baseline identified 5 national policies related to WASH, nutrition/food security, health and budget. These are not linking to each other. A National Nutrition policy and National Nutrition Strategy don't exist yet.</p> <p>R2G did not contribute to policy implementation during the baseline period.</p>	0	2	<p>The R2G Partners in South Sudan are targeting to work with the Ministry of Health to develop the National Nutrition policy. This policy will be further operationalized by developing the National Nutrition Strategy.</p> <p>For now, the Partners will focus on working with the National Gov't to develop the policy, and operationalize it through developing of a National Nutrition Strategy. This will be monitored and reviewed at Midterm.</p>

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
# of policies blocked, adopted, improved for sustainable and inclusive development (SCS 2)	0	<p>The Ministries of Health (MoH), Agriculture (MoA) and MWRI in South Sudan are very much underfunded in the overall government budget, which most of their budget not going to service delivery. Efforts should be made to enhance the budget to allow for implementation and improve capacity of staff and reparation and improvement of WASH and Nutrition services. The policies and plans of these ministries are made up in silo's and are not informed by each other nor by other actors in society. The baseline identified 5 national policies related to WASH, nutrition/food security, health and budget. These are not linking to each other. A National Nutrition policy and National Nutrition Strategy don't exist yet.</p> <p>Natural disasters such as floods and droughts not only overstretch state capacity, they also make the population more susceptible and vulnerable as a result of displacement and loss of livelihoods, exacerbating their vulnerability to COVID-19.</p> <p>The Public Financial Management and Accountability Act, 2011 is the institutional legal framework put in place and permits the Ministry of Finance, Planning and Economic Development to exercise powers in ensuring effective and efficient public financial management and accountability including budget preparation, execution, management and reporting; internal audit; and public procurement among others. Planning is at the state level.</p> <p>South Sudan's Food Security Policy recognizes natural disasters as threats to food security, including droughts, floods, pests and diseases, attributing the cause of these disasters to climate change. It also points out that poor land management and insufficient application of fertilizers exacerbate these disasters. The policy counts the lack of technologies for food preparation, preservation and storage as one of the main problems. The policy gap here is that it does not explain how the food security will integrated with nutrition which is under the ministry of health, especially community-based nutrition and the food security program.</p> <p>Access to basic water, sanitation and hygiene facilities is vital for the health, welfare and productivity of the population. The incidence of diarrhoeal diseases associated with lack of access to safe water and adequate sanitation is a major factor underlying high infant mortality rates¹, and improved access to water and sanitation facilities is particularly important for people living with HIV/AIDS. The provision of safe drinking water, basic sanitation and clean environment at household level can have a major impact on health. The Policy document for water does not include Nutrition and COVID-19. Hence integration of the Nutrition into WASH policy will need the Water policy to be updated</p> <p>R2G did not contribute to policy development during the baseline period.</p>	TBD	2	<p>The R2G Partners in South Sudan are targeting to work with the Ministry of Health to develop the National Nutrition policy. This policy will be further operationalized by developing the National Nutrition Strategy.</p> <p>Once the Nutrition Policy is successfully developed R2G Partners will focus on ensuring that the line ministry and partners have an integrated WASH + Nutrition policy. There are preliminary discussions with the gov't stakeholders to ensure Integration of WASH once the nutrition policy is in place.</p>

¹ 2005 figures show 250 out of every 1,000 live births die before reaching the age of five years. This is compounded by the chronic under-five malnutrition and high maternal mortality rate of 1,700 in every 100,000 live births.

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
# of times that CSOs succeed in creating space for CSO demands and positions through agenda setting, influencing the debate and/or creating space to engage. (SCS 3)	0	<p>The baseline study showed that there are some relevant platforms for civil society such as the SUN movement and Ministry of Water Resources and Irrigation (MWRI). However, meetings have not been structural and have mainly had a humanitarian focus. In the previous years the MWRI has been holding annual joint WASH sector meetings which was interrupted for more than two years due to the COVID-19 pandemic. Further, the MWRI welcomed Save the Children and its partners in supporting it to develop integrated guidelines and strategic plan for WASH and Nutrition. This shows that some mechanisms exist for WASH sector (government and humanitarian actors) exchange of knowledge on WASH service delivery. Current meetings are often about sharing and coordination of service delivery, little is being done however, by CBOs and CSOs to lobby and advocate for quality WASH and nutrition services and stimulate multi sectoral collaboration.</p> <p>Even within the government budget planning document, the local government authorities and CSOs were excluded from the process, leaving them with limited room for negotiation to participate in the budget planning process.</p> <p>R2G did not yet create space for CSO demands during the baseline period.</p>	TBD	TBD	Considering the findings of the baseline study, CSOs and CBOs need to be empowered to be able to voice the needs and concerns of the communities, negotiate their inclusion into the government planning documents and hold authorities accountable in their programming and financial planning.
# of advocacy initiatives carried out by CSOs, for, by or with their membership/constituency (SCS 4)	0	<p>CSOs conducted WASH and Nutrition community awareness in Patiak area and Bor town IDPs. "Advocate for WASH and Nutrition was done through radio talk shows and including government authorities in Jonglei state", said one of the members of the civil society organization in block 7.</p> <p>There have been no meetings organized by civil society organizations with the private sector in relation to appropriate technologies on food processing and preservations in all the three states of Jonglei, Unity and upper Nile (see table 7 in baseline report). There is effort in almost each County to ensure that awareness sessions were conducted on local production of nutritious foods affordable to the local community by the partners on ground. For example, two had been carried out in Bor, Koch and Fashioda; meanwhile 1 had been carried out in each of the Counties of Akobo, Melut Leer Mayendit and Fangank. However, no activity has been reported in Pibor to show awareness for local nutritious food production. Three CSOs, one each in Akobo, Bor and Fashioda were reported to have carried out nutrition causal analysis to identify the potential causes of malnutrition and shared the findings with their respective line ministries.</p> <p>All the 16 advocacy initiatives identified by the baseline scoping exercise were not supported by R2G project.</p>	20 Actions (integrated WASH & Nutrition)	100-200	<p>The Partners are targeting to conduct bi-annual WASH & Nutrition integrated community awareness initiatives in each of the 10 counties where R2G partners (SCI, CIDO, UNIDO, ACF and SPEDP) have presence.</p> <p>Note: Depending on the 2022 achievements of the initiatives implemented, actions will be reviewed during midterm and actions for the subsequent years will be determined.</p>
Number of CSOs with increased Lobby and Advocacy (L&A) capacities (SCS 5)	0	See capacity assessment report	4		R2G works with 4 subcontracted partner CSOs and we aim to enhance their capacities continuously, although we will only count this once to avoid double counting.

Donor indicator	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
Nr of CSOs involved in R2G (SCS 6)	8	Right2Grow South Sudan is a Strategic Partnership between Action against Hunger, the Centre for Economic Governance and Accountability Africa (CEGAA), Save the Children, and World Vision as well as 4 national partners, Community Initiative for Development Organization (CIDO), Child Rights Coalition (CRC), Support for peace, Education, Development Programmes (SPEDP) and Universal Intervention and Development Organization (UNIDOR).	8		No change is foreseen in the number of partners.

Global indicators					
Global Indicator (Right2Grow)	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
1.1 Number of actions in which communities formulate demands for improved (WASH and nutrition) services.	0	Ten (10) actions were identified at baseline, but these actions were not funded by R2G. (additional baseline information below)	20 Actions (10 actions targeting WASH and 10 actions targeting Nutrition)	Not Applicable	The Partners are targeting to implement bi annual actions at community levels to formulate demands for WASH and Nutrition services. This is targeted to happen in 10 counties where R2G partners (SCI, CIDO, UNIDO, ACF and SPEDP) have active presence.
<p>Focus group discussion with civil society organizations (CSO), especially Peace corps, SALT- Serving and learning Together in Pibor, AYA- Akobo Youth Association and Nile Hope in Akobo, Kadok CSO in Melut, Venansio, Women league group, Humanitarian Development consortium, Water management committee members showed that some of them conducted community meetings. Radio talk shows to report any children who are suspected to have died of malnutrition. For example, Women association organization of Bor did radio talk show on WASH and Nutrition. Non-violence youth initiative dug two public toilets in support of sanitation in their community. There was advocacy to support the affected families, but there has been no response from the local authorities Koch.</p> <p><i>“In collaboration with health sector, especially Guinea worm eradication program, boreholes and WASH facilities were installed in some schools. There was hygiene promotion especially handwashing during COVID 19 pandemic”</i>.: said the director of water resources in Juba. <i>Unity, “Upper Nile and Jonglie states are disaster areas with flooding every year”, he added.</i></p> <p>When asked about joint sector meetings, the director said <i>“Yes there have been annual joint WASH sector meetings. It was held in Yambio, and Rumbek. The next one was supposed to have been in Bor, but due to the COVID-19 pandemic it had not taken place for more than two years. It was an opportunity for national level staff to go to the field and also other states to learn from one another; and gives transparency to partners who attend the meetings”</i>.</p> <p><i>“There is collaboration between ministry of water resources and ministry of health directorate of neglected tropical diseases. A 5-year strategy document 2022-2025 has been developed. Between WASH and education, they once a year collaborate during world hand washing and world sanitation days. But there is a gap in collaboration with Nutrition.</i></p> <p><i>ACF attempted the integration by analyzing the situation under the theme “WASH in Nutrition”, but this has stagnated,”</i> said Mr Albert the water resources director in the ministry of water resources and Irrigation. There are four departments in the ministry of water resources: 1) <i>Water supply</i>, 2) <i>Environment</i>; 3) <i>Rural water</i> and 4) <i>WASH facility maintenance</i></p> <p>Rural Water department has only 4 staff in water resources, irrigation, water supply and water quality units who are poorly remunerated. They depend on partners for allowances during activities. This has led to high staff attrition rate. The rural water department had a software installed for monitoring of the WASH services at the state level, but this has been disconnected by the service provider due to lack of funds for the annual subscription for the M and E app services.</p> <p>There are some partners supporting the ministry of water resources and irrigation, but solid waste management is under the ministry of urban development. The partners include: African development bank which was rehabilitating old water pipes in Juba and Malakal. JICA which is funding new water treatment plant in Juba. CDO was doing water purification.</p> <p>Water bottling is being done by the private sector with imported bottles from neighbouring countries. Water guard supply had been there under the multi-donor trust fund (MDTF), but currently supply chain is broken following the closure of the project.</p> <p>During the MDTF, a number of hand pumps were drilled and spares were supplied at County level, but following the closure of the MDTF, more than 50% of the boreholes are broken down with no spare parts. Ablution blocks were constructed under MDTF IN Nimule, Aweil and upper Nile which made these places with good sanitation. Where there are no ablution blocks the cities are filthy with poor urban sanitation. The Ministry of Urban Planning has a dry burn in Orton after the airport before Biform, but the sewage is poorly managed. The waste generated from the city overweighs the capacity of the plant and waste was being discharged into the neighbouring water bodies.</p> <p>Director of water resources “I welcome save the children to support the ministry of water resources to develop guidelines for integrated WASH and Nutrition, then this will be followed by a strategic plan for an integrated WASH and Nutrition</p>					

Global Indicator (Right2Grow)	Baseline value quant.	Baseline value - qualitative	Target year 2 - quant.	Target year 5 - quant.	Target - qualitative
3.2 % of public budgets allocated and implemented for nutrition and WASH services (increased funding)	0.06%	During the 2018/2019 and 2019/2020 financial year, the funds allocated to the ministry of water and irrigation resources increased from 118,255,246 to 119,969,142 South Sudanese pounds. However, despite the increase of the national budget, WASH remained a low priority reflected by the low budget allocation from 80,451,118,389 SSP to 208,155,265,545 SSP, the percentage allocation of funds was negative. It dropped from 0.15% in 2018/2019 to 0.06% in 2019/2020.	0.06%	0.1%	The R2G partners in South Sudan are targeting to advocate to ensure in the near term, e.g. 2022, no further drop in the budget allocation for the Ministry of Water Resources and Irrigation, and Ministry of Agriculture as seen in the trend of the past few years. Further by 2025, the Partners are targeting to see at least 0.1% of the public budgets going to Ministry of Water Resources and Irrigation, and Ministry of Agriculture.
4.2 Degree of integration of the WASH-Nutrition nexus by donors along the humanitarian-development nexus to address the underlying determinants of undernutrition.	0		0	1	R2G Partners are targeting to attain an integrated WASH + Nutrition policy, as there are preliminary discussions with the gov't stakeholders, and operationalize the policy to influence