

Introduction

The humanitarian situation in South Sudan has deteriorated since the onset of civil war in 2013, with an estimated 1,8 million internally displaced¹, 1,18 million displaced in neighbouring countries², and 3,7 million people food insecure³. DFID Humanitarian Assistance and Resilience Building in South Sudan (HARISS) programme is a five-year program seeking to save lives, alleviate suffering and support vulnerable communities' ability to cope with and recover from challenges. Upon request from DFID, IMPACT Initiatives provided short-term monitoring and verification of HARISS contracting partner activities from December 2016 through May 2017.

International Medical Corps (IMC) has been operating in South Sudan for over 20 years and currently operates in five of the country's [former] 10 states, providing healthcare, psychological support, nutrition services and gender-based violence prevention and support to people in South Sudan. IMC entered a Field Level Agreement (FLA) with World Food Programme (WFP) to provide nutrition services in Malakal County. This factsheet summarises the key findings of a monitoring and verification visit to IMC's Nutrition Centres in Malakal Protection of Civilians Site (PoC) and Malakal Town, Malakal County, Upper Nile from 20-21 March 2017.

Project Summary

Contracting Partner: WFP
Implementing Partner: IMC
Sector: Nutrition

Project Locations: Malakal PoC and Malakal Town, Malakal County, Upper Nile

Project Dates:
Malakal Poc: October 2016 - September 2017
Malakal Town: October 2016 - September 2017

Overview of Findings

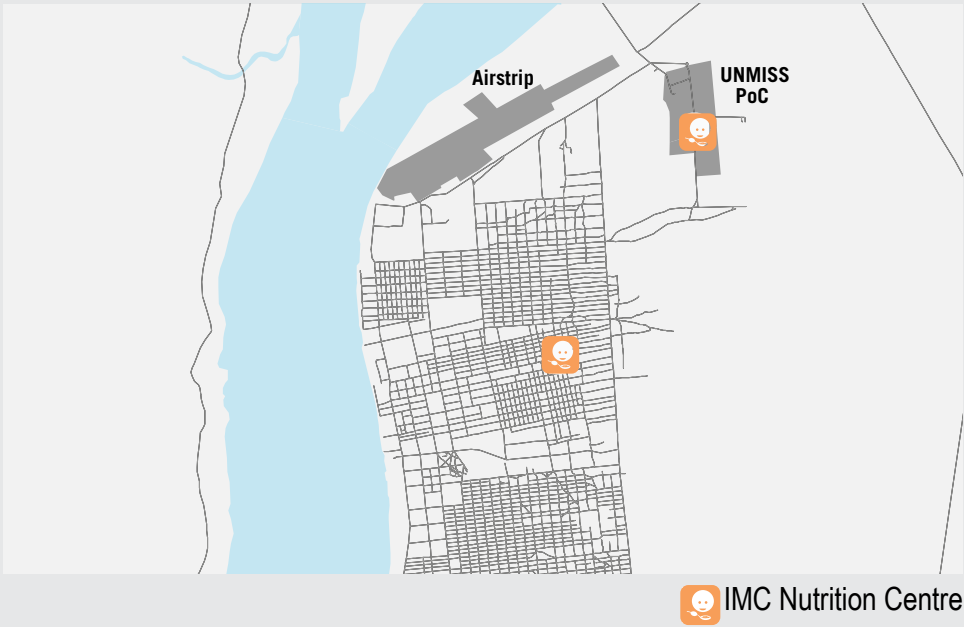
IMC is responding to the immediate nutrition needs of conflict-affected populations in Malakal PoC site and Malakal Town. Until recently IMC was also providing services in Wau Shilluk, however, following fighting in January 2017, the programme relocated to Kodok, Fashoda County, where much of the population of Wau Shilluk has fled. In addition to reaching the targeted beneficiaries identified in the original project proposal with nutrition support, IMC is engaged in outreach with the communities to promote hygienic and nutrition standards, and, as part of this, has established several Women's Support Groups (WSG) which have had a noticeably positive impact on maternal healthcare, as reported by both IMC staff and FGD participants. IMC was also proactive in discouraging beneficiaries from selling nutritional supplements by introducing a system by which mothers must return the empty supplement packets in order to continue receiving treatment. IMC nutrition supervisors revealed that this had reduced the amount of supplements being sold in the PoC market to almost zero.

Strengths	Challenges
1. IMC established two functional nutrition centres, one in Malakal Town and one in Malakal PoC, which offer Outpatient Treatment Programme (OTP) and Therapeutic Supplementary Feeding Programme (TSFP) services, as well as onward referral of special needs cases. 2. IMC was creative in responding to programme challenges. For example, to mitigate against the re-sale of nutrition products, IMC introduced a policy requiring mothers to return empty supplement packets to receive the next dose of treatment. 3. Staff indicated that they had observed a notable change in maternal healthcare practices, including hygiene, of women who regularly participated in the WSG. Further, close coordination with other clusters, particularly Water, Sanitation and Hygiene (WASH) and health clusters, had reportedly improved overall hygiene conditions in the PoC, which in turn had a positive effect on nutrition rates. 4. Narrative report indicated that programme had reached targets identified in original proposal. 5. KIIs did not report any delays in supply of nutritional supplements reported. Further, according to their most recent report, IMC distributed over the expected tonnage per month between October and December 2016, distributing 8.676 Metric Tons (MT) rather than the proposed 6.060MT. This indicates that IMC is responsive to fluctuating nutritional needs of the beneficiary population.	External Challenges 1. Fighting in Wau Shilluk in January 2017 resulted in nutrition programming on the western bank of the Nile being shut down. 2. KIIs with programme staff revealed that due to high food insecurity, caregivers often share nutritional supplements with other children in the household or sell nutritional supplements, using the income to purchase foodstuffs that can serve the entire family. This results in distorted cure rates because children with Severe Acute Malnutrition (SAM) and Moderate Accute Malnutrition (MAM) do not receive their treatment regimen. In order to mitigate against this, IMC introduced a policy in which mothers had to return the empty packets of nutritional supplements in order to receive the next treatment. 3. Late General Food Distributions (GFDs) in the PoC and Malakal Town had put additional strain on nutrition programming. 4. The programme manager expressed frustration that some beneficiaries enrolled in the programme were leaving the PoC. Although IMC is offering a transfer note, which allows beneficiaries to continue to receive nutritional support in Internal Displacement Person (IDP) settlements in Renk or refugee camps in Khartoum, no beneficiaries had come forward to collect the note at the time of the site visit. Internal Challenges 1. KIIs with nutrition supervisors in one centre indicated that lack of additional staff had put pressure on operations since the recent influx of new arrivals into Malakal Town. CNWs shared that they were only able to commit two days per week to nutrition messaging, and were committed to other IMC projects the remainder of the time. 2. Frontline staff reported that their payment structures did not reflect inflation.

Figure 1: Nutrition and Health Promoter promoting hygeine and maternal health messaging in Malakal PoC



Map 1: Site Visit Location - Malakal Town and PoC, Malakal County, Upper Nile



Monitoring Methodology

IMPACT utilised the following methodologies to assess this project:

- Secondary data review of contracting (WFP) and implementing partner's (IMC) proposal, 1st quarter narrative report and logframe
- Verification of project activities, outputs and outcomes through four Key Informant Interviews (KIIs) with IMC staff (one programme manager, two nutrition supervisors, and one nutrition and health promoter), one Focus Group Discussion (FGD) with beneficiaries, GPS mapping and physical verification of two project sites

KII with IMC programme manager provided in-depth information on key indicators and implementation challenges experienced in project locations. KIIs with frontline staff and FGDs with beneficiaries provided details on community perceptions of the intervention.

WFP5 Project Factsheet: WFP - IMC Nutrition Centres

Third Party Monitoring for DFID HARISS Programme

Proposed, Reported, and Verified Project Activities, Outputs and Outcomes

IMPACT collected data from both primary and secondary sources to compare proposed, reported, and verified project activities, outputs, and outcomes. Non-verified items do not indicate that these activities, outputs, or outcomes are not occurring, but rather that the methodology did not capture this information.

- ☒ Reported or verified items
- ☐ Non-verified items

	Proposed	Reported ⁴	Verified
	<i>Proposed items refer to activities, outputs, and outcomes that were submitted in the contracting partner's proposal to DFID.</i>	<i>Reported items refer to activities, outputs and outcomes that were reported in standard reporting to DFID or internal documents shared with IMPACT.</i>	<i>Verified items refer to activities, outputs and outcomes that were verified through KIIs, FGDs or physical observation.</i>
Location	All sites in Malakal County ☒ Malakal PoC ☒ Malakal Town	All sites in Malakal County ☒ Malakal PoC ☒ Malakal Town	All sites in Malakal County ☒ Malakal PoC ☒ Malakal Town
Activities	☒ TSFP for children under five and PLW with MAM ☒ TSFP messaging i.e. how to deliver nutrition supplements, hygiene practices, disease control and prevention, importance of Insecticide Treated Nets (ITNs), IYCF practices and introduction of locally available and affordable energy-rich foods ☐ GFDs ☐ BSFP ☐ Transition from GFDs to conditional assistance ☐ Cash-based transfer programmes in areas with markets ☐ Scale up SCOPE registration	☒ TSFP for children under five and PLW with MAM - Established TSFP in Malakal Town and Malakal PoC 885 children under five enrolled in TSFP in Malakal Town and Malakal PoC 159 PLW enrolled in TSFP in Malakal Town and Malakal PoC ☒ TSFP messaging i.e. how to deliver nutrition supplements, hygiene practices, disease control and prevention, importance of ITNs, IYCF practices and introduction of locally available and affordable energy-rich foods - Trained 35 community outreach officers (23 male, 12 female) in nutrition screening and management of MAM	☒ TSFP for children under five and PLW with MAM - Observation of TSFP for children with MAM at Malakal Town and Malakal PoC ☒ TSFP messaging i.e. how to deliver nutrition supplements, hygiene practices, disease control and prevention, importance of ITNs, IYCF practices and introduction of locally available and affordable energy-rich foods - KIIs with IMC staff confirmed training of 35 community outreach officers in nutrition screening and management of MAM - KIIs confirmed provision of key hygiene and nutrition messaging by community outreach officers
Outputs	☒ Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality in timely manner to targeted beneficiaries ☒ IYCF messaging implemented effectively ☐ Development and implementation of consultative framework to adapt food assistance modalities	☒ Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality in timely manner to targeted beneficiaries - Exceeded proposed MT of food distribution (6.060MT), delivering 8.676 MT of food supplements ☒ IYCF messaging implemented effectively 35 community outreach officers received training 1,247 households reached by house-to-house IYCF messaging	☒ Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality in timely manner to targeted beneficiaries - Observation of provision of TSFP services for children under five on Wednesday and Thursday in both facilities ☒ IYCF messaging implemented effectively - KIIs with IMC staff confirmed recruitment and training of 35 community outreach officers on treatment and management of SAM and MAM and IYCF messaging - Observation of awareness session of PLW and caregivers on hygiene and maternal health prior to TSFP distribution in Malakal PoC
Outcomes	☒ Stabilised or reduced undernutrition among children under five and PLWs - MAM treatment recovery rate (>75%) - MAM treatment mortality rate (3%) - MAM treatment default rate (<15%) - MAM treatment non-response rate (<15%) ☐ Stabilised or improved food consumption over assistance period for targeted individuals ☐ Increased programmatic adaptation to context appropriate assistance mechanisms ☐ Creation of community assets and improved food production	☒ Stabilised or reduced undernutrition among children under five and PLWs - PLW TSFP cure rate (79%) - PLW TSFP mortality rate (0%) - PLW TSFP default rate (14%) - PLW TSFP non-recovered rate (6%)	<i>Outcome indicators not measurable through verification methodology.</i>

4. WFP Quarterly Progress Report for IMC for reporting period from 1 Oct to 31 Dec 2016.