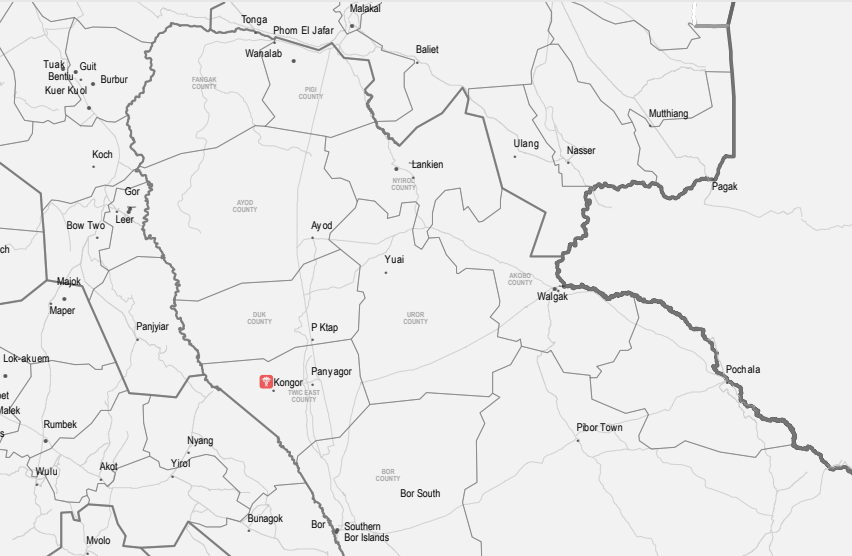


Introduction

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.

The John Dau Foundation (JDF) is a South Sudanese national NGO that has been working alongside disaster affected communities in Jonglei State since 2007, when the Duk Lost Boys Clinic was founded in Duk County. JDF is implementing a Child Health Survival project in two payams of Twic East County, Jonglei State through a UNICEF Programme Cooperation Agreement (PCA) under HARISS funding. This factsheet summarises the key findings of a monitoring and verification visit to the JDF Health Programme in Twic East County, Jonglei on 19 April 2017.

Map 1 - Site Visit Location - Kongor PHCU Health Programme in Twic East County, Jonglei State



JDF Health Centre

Project Summary

Contracting Partner: UNICEF
Implementing Partner: JDF
Sector: Health

Site Visit Location: Kongor Payam, Twic East County, Jonglei State

Project Start Date: February 2017
Anticipated End Date: February 2018

Monitoring Methodology

MPACT sub-contracted Charlie Goldsmith Associates (CGA) to conduct a number of field visits including JDF in Twic East County. IMPACT and CGA utilised the following methodologies to assess this project:

- Secondary data review of contracting (UNICEF) and implementing partners’ (JDF) proposal and implementing partner’s most recent monthly report
- Verification of project activities, outputs and outcomes through three Key Informant Interviews (KIIs) with JDF staff, one Focus Group Discussion (FGD) and physical verification of project location

KIIs with JDF staff provided insights into programme implementation including strengths, challenges and adherence to proposed indicators, and the FGD with beneficiaries provided insights into the effectiveness of aid and beneficiary perceptions of JDF programming.

Overview of Findings

The JDF programme seeks to create community health structures that can be incorporated into the formal health system. The programme primarily targets children under five and women of reproductive age through Integrated Community Case Management (ICCM) interventions. The aim of the programme is to educate communities to increase demand for and utilisation of health care services for the prevention and treatment of common childhood diseases (acute water diarrhoea, pneumonia and malaria) as well as obsetric services, and to build the capacity of health facilities to respond to this increase in demand. At the time of the site visit, JDF was still very much in the process of setting up the programme and had only recently begun to implement services. According to KIIs with programme staff, the programme is facing challenges in reaching full staffing due to political interference in the staffing process (reported pressure to hire specific people). This staffing delay has reportedly slowed down the recruitment process for Community Based Distributors (CBD), which affects activity implementation as the programme depends heavily on the establishment of community referral structures through the work of trained CBDs. Additionally, the programme is working to improve its relationship with local health authorities such as the County Health Department (CHD), as difficulties have already been encountered during negotiations over the Memorandum of Understanding (MOU) between JDF and the CHD. Frontline staff report that support is needed from the JDF country office in order to achieve full staffing as the programme is now well into its implementation phase.

Strengths	Challenges
<div><div>1. KIIs with programme staff indicated that CBD recruitment and training had been a success. One CBD reported receiving five trainings with pre-tests and post-tests since the beginning of the programme, including one on medication management.</div><div>2. Programme manager indicated that following delays, JDF has secured an agreement with the CHD to use existing health facilities to allow for the implementation of activities.</div><div>3. KIIs with outreach workers and FGD with beneficiaries indicate high community buy-in to JDF work in the area.</div><div>4. Programme management staff reported an effective working relationship with UNICEF.</div><div>5. KIIs with both programme management and outreach workers indicated that the programme has been successful in reaching people with disabilities who live in safe and accessible areas through mobile CBDs, enabling the delivery of basic services to their homes.</div></div>	<div><div>External Challenges</div><div><div>1. JDF has encountered problems in finalising the MOU with the CHD, which in turned delayed activity implementation.</div><div>2. Insecurity in the surrounding areas reportedly delayed or prevented service delivery in certain areas.</div><div>3. Flooding during the rainy season reportedly delayed service delivery to the most remote areas.</div><div>4. Means of communication are reportedly problematic at the field level due to vandalism of key telecommunication material.</div></div><div><div>Internal Challenges</div><div><div>1. Recruitment had not yet been completed at the time of the visit due to factors such as political interference in the recruitment process and a reported scarcity of qualified candidates, resulting in a slow start to activity implementation.</div><div>2. KIIs with programme staff indicated delays in receipt of funding from UNICEF and KIIs with outreach workers reported delays in salary payments.</div></div></div></div>

1. OCHA. South Sudan: People Internally Displaced by Violence. Nov. 2016.
2. UNHCR. South Sudan Situation Regional Overview. Dec. 2016.
3. FAO. South Sudan: Escalating Food Crisis in 2017. Nov. 2016.

UNICEF8 Project Factsheet: UNICEF - John Dau Foundation Health Programme

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 ⁴		Reported ⁵	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>Reported items refer to activities, outputs and outcomes that were reported in standard reporting to DFID or internal documents shared with IMPACT.</i>
Location	<input checked="" type="checkbox"/> Kongor Payam, Twic East County, Jonglei State	<input checked="" type="checkbox"/> Kongor Payam, Twic East County, Jonglei State	<input checked="" type="checkbox"/> Kongor Payam, Twic East County, Jonglei State
	<input checked="" type="checkbox"/> Provide Integrated Community Case Management (ICCM) for treatment of common diseases (diarrhoea, malaria, pneumonia), vitamin A supplementation, deworming, referral of malnourished children, Antenatal Care (ANC) and behaviour change communication	<input checked="" type="checkbox"/> Provide ICCM for treatment of common diseases (diarrhoea, malaria, pneumonia), vitamin A supplementation, deworming, referral of malnourished children, ANC and behaviour change communication <ul style="list-style-type: none">CBD training in providing treatment to children suffering from pneumonia is ongoing	<input checked="" type="checkbox"/> Provide ICCM for treatment of common diseases (diarrhoea, malaria, pneumonia), vitamin A supplementation, deworming, referral of malnourished children, ANC and behaviour change communication <ul style="list-style-type: none">KII reported that ICCM training of CBDs is ongoingPhysical verification of medication distribution
	<input checked="" type="checkbox"/> Train community health workers (258 CBDs) to recognise early symptoms of malaria, pneumonia, and diarrhoea; refer and treat cases; screen for malnutrition; provide Infant and Young Child Feeding (IYCF) counselling	<input checked="" type="checkbox"/> Train community health workers (258 CBDs) to recognise early symptoms of malaria, pneumonia, and diarrhoea; refer and treat cases; screen for malnutrition; provide Infant and Young Child Feeding (IYCF) counselling <ul style="list-style-type: none">Recruitment and training of CBDs is ongoing (number not specified in reporting)	<input checked="" type="checkbox"/> Train community health workers (258 CBDs) to recognise early symptoms of malaria, pneumonia, and diarrhoea; refer and treat cases; screen for malnutrition; provide Infant and Young Child Feeding (IYCF) counselling <ul style="list-style-type: none">KII reported that ICCM training of CBDs is ongoing
	<input checked="" type="checkbox"/> Strengthen referral system for children under five, Pregnant and Lactating Women (PLW) and women of reproductive age who live out of walking distance from Kongor PHCC	<input checked="" type="checkbox"/> Strengthen referral system for children under five, PLW and women of reproductive age who live out of walking distance from Kongor PHCC <ul style="list-style-type: none">Recruitment and training of CBDs is ongoing	<input checked="" type="checkbox"/> Strengthen referral system for children under five, PLW and women of reproductive age who live out of walking distance from Kongor PHCC <ul style="list-style-type: none">KII reported that ICCM training of CBDs is ongoing
Activities	<input checked="" type="checkbox"/> Provision of promotional, preventive and curative child, neonatal and maternal health and nutrition services	<input checked="" type="checkbox"/> Provision of promotional, preventive and curative child, neonatal and maternal health and nutrition services <ul style="list-style-type: none">644 children under one immunised with Penta 3	<input checked="" type="checkbox"/> Provision of promotional, preventive and curative child, neonatal and maternal health and nutrition services <ul style="list-style-type: none">KII confirmed that child immunisation is taking place at the facility level
	<input checked="" type="checkbox"/> Support ANC through the identification and referral of pregnant mothers by CBDs within five targeted facilities	<input checked="" type="checkbox"/> Support ANC through the identification and referral of pregnant mothers by CBDs within five targeted facilities <ul style="list-style-type: none">200 pregnant mothers received four ANC visits	<input checked="" type="checkbox"/> Support ANC through the identification and referral of pregnant mothers by CBDs within five targeted facilities <ul style="list-style-type: none">Physical verification of service provision to pregnant women
	<input checked="" type="checkbox"/> Train health workers at facility level	<input checked="" type="checkbox"/> Train midwives on BEMONC and traditional birth attendants in danger signs	<input checked="" type="checkbox"/> Train health workers at facility level (see below)
	<input checked="" type="checkbox"/> Train midwives on Basic Emergency obstetrics and newborn care (BEMONC) and traditional birth attendants in danger signs	<input checked="" type="checkbox"/> Ensure curative and preventative services for improved cholera response and waterborne illness <ul style="list-style-type: none">Two payams with health facilities ready to respond to a cholera outbreak	<input checked="" type="checkbox"/> Train midwives on BEMONC and traditional birth attendants in danger signs <ul style="list-style-type: none">KII with a trained midwife confirms that trainings are taking place and that BEMONC services are starting to be implemented
Outputs	<input checked="" type="checkbox"/> Ensure curative and preventative services for improved cholera response and waterborne illness	<input checked="" type="checkbox"/> Children and women in the target communities have increased and sustained access to community and facility level preventive and curative health services <ul style="list-style-type: none">1,086 children under five years old with fever have sought care from a skilled provider within 24 hours	<input checked="" type="checkbox"/> Children and women in the target communities have increased and sustained access to community and facility level preventive and curative health services <ul style="list-style-type: none">KII reported increased child referral for symptoms indicating successful community sensitisation
	<input type="checkbox"/> Improve the quality of services at the facility level	<input checked="" type="checkbox"/> Effective and efficient program management for the coordination, supervision and reporting of Child Health survival project activities in Twic East County <ul style="list-style-type: none">One baseline survey conducted in Twic East	<input checked="" type="checkbox"/> Vulnerable populations in conflict-affected, and epidemic-prone communities have improved access to equitable and sustainable health services <ul style="list-style-type: none">KII reported two payams with health facilities ready to respond to a cholera outbreak
			<input checked="" type="checkbox"/> Increased community demand for health services in targeted areas through preventive health care and awareness raising interventions conducted at household and community levels <ul style="list-style-type: none">KII interviews report increased demand for health care services following health messaging by CBDs
Outcomes	<input checked="" type="checkbox"/> Reduction in morbidity and mortality from common childhood diseases and conditions and improved safe motherhood by increased access and provision of quality care for children under five years and women during pregnancy and for postnatal care at community and health facility levels	<i>Morbidity reduction from common childhood illnesses not yet reported.</i>	<i>Morbidity reduction from common childhood illnesses not measurable through verification methodology.</i>

4. The team that conducted the site visit was not able to physically verify some proposed activities, outputs and outcomes because the programme was still into its first quarter and some processes were still not fully implemented.
5. Reported figures based on JDF first monthly report for March 2017 and aggregated across five targeted payams under this UNICEF PCA in Twic East County.