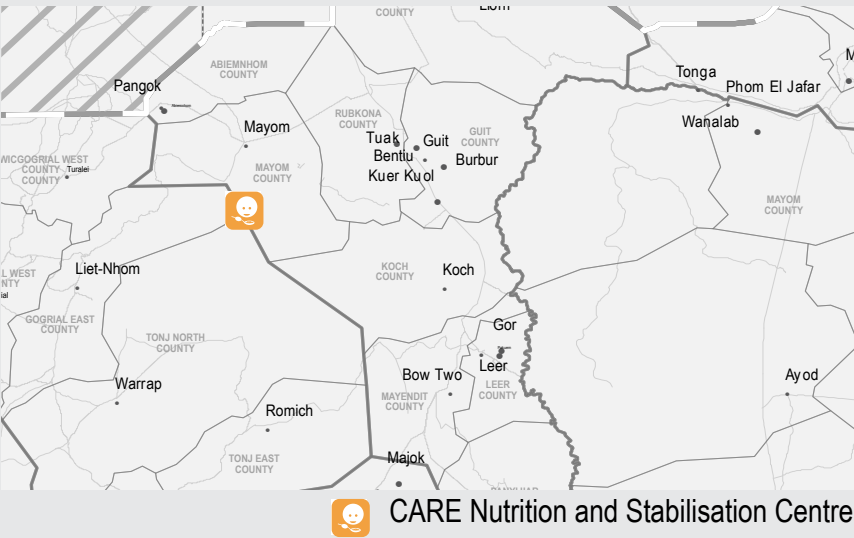


Introduction

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.

CARE International (CARE) is a humanitarian organisation focused on emergency, rehabilitation and long term development. This factsheet summarises the key findings of a monitoring and verification visit to Mankien Primary Health Care Centre (PHCC), a UNICEF - CARE nutrition site, in Mayom County, Unity State on 5 April 2017.

Map 1 - Site Visit Location - Mankien PHCC, Mayom County, Unity



Project Summary

Contracting Partner: UNICEF
Implementing Partner: CARE
Sector: Nutrition

Site Visit Location: Mankien PHCC, Mayom County, Unity

Project Start Date: January 2017⁴
Anticipated End Date: November 2017

Monitoring Methodology

- IMPACT utilised the following methodologies to assess this project:
- Secondary data review of contracting (UNICEF) and implementing partners’ (CARE) proposal
 - Verification of project activities, outputs and outcomes through four Key Informant Interviews (KIIs) with CARE staff, one Focus Group Discussion (FGD) with beneficiaries, GPS mapping and physical verification of CARE Stabilisation Centre (SC) and OTP site

KIIs with CARE staff provided insights into programme implementation. The FGD with beneficiaries provided insights into beneficiary perceptions of CARE programming.

Overview of Findings

CARE is implementing nutrition programming under a Programme Cooperation Agreement with UNICEF that covers 11 static and mobile sites in Mayom County in addition to sites in Abiemnon, Pariang and Rubkona counties. IMPACT visited a CARE OTP and SC based in Mankien PHCC. In Mayom County, CARE reported employing a total of 56 Community Nutrition Workers (CNWs) and 16 Community Nutrition Volunteers (CNVs). The joint nutrition programming approach of UNICEF and World Food Programme (WFP) through HARISS provides a continuum of care for beneficiaries from Severe Acute Malnutrition (SAM) through full recovery. However, as one KII indicated, there is a need for greater engagement with Food Security and Livelihood (FSL) actors and integrated nutrition and FSL programming. One CNW indicated a child that had cycled through OTP- Therapeutic Supplementary Feeding Programme (TSFP) three times but continued to lose weight because the family had no sustained source of food. While OTP and TSFP provide a life-saving emergency service for children and Pregnant and Lactating Women (PLW) with SAM and Moderate Acute Malnutrition (MAM), lack of partnership with FSL partners or integration of longer-term FSL programming such as income generating or agricultural activities results in discharged-cured beneficiaries losing the weight gained during treatment and returning to SAM and MAM levels. One KII recommended incorporating a technical extension to nutrition programming to provide ongoing agricultural support and an avenue for programme managers at the field level to provide programming recommendations at the donor level. Beneficiaries recommended creating a system to feed children over five with SAM or MAM because currently these children slipped through programming cracks.

Strengths	Challenges
<div><div>1. UNICEF was perceived as an organisation that provided helpful technical and coordination support. A KII with programme management noted that the most helpful aspects of UNICEF support were the provision of updated case management of acute malnutrition guidelines and interventions at the cluster level for technical issues.</div><div>2. Beneficiaries reported that prevention messaging was the most important aspect of CARE programming because messaging reached the entire community. One FGD participant noted that prior to community messaging, community members did not know that exclusive breastfeeding provided immunity to children for infections.</div><div>3. KII with outreach worker identified the mobile outreach component (i.e.delivery of nutrition supplements through a mobile unit) of the programme as a strength in reaching vulnerable populations in hard-to-reach areas. Beneficiaries confirmed the importance of mobile outreach, but recommended increased mobile outreach beyond those reached by CARE’s four existing mobile sites.</div><div>4. KII with Infant and Young Child Feeding (IYCF) assistant leading the Mother to Mother Support Groups (MTMSG) indicated that after providing lessons to the mothers, assistants asked participants what they understood to ensure that messaging was accurately received.</div><div>5. KII with CNV reported that CNVs conducted outreach with men to increase community buy-in to the MTMSGs.</div><div>6. KIIs with programme management and frontline staff indicated that CARE team was in the process of getting feedback from the MTMSG members to identify their interests and needs for income-generating activity component of programming. Beneficiaries reported an interest in small business or agricultural activities.</div></div>	<div><div>External Challenges</div><div><div>1. KII with programme managment indicated challenges in managing beneficiary expectations. For example, when health programming stopped after the 2016 PCA, community members did not understand why they could not receive health and nutrition services from the same organisation.</div><div>2. KII with programme management reported government interference in CARE operations by questioning the rationale for hiring one staff member over another.</div><div>3. Traditional population movements to farms in the rainy season and to the river during the dry season in Mayom County reportedly made it difficult to maintain continuity of child treatment. Despite CNV outreach, programme staff reported that, for families who moved with their cattle, the PHCC was too far to reach on foot.</div><div>4. KII with outreach worker indicated that due to cultural roles, women are sometimes unable to attend the MTMSG due to work in the home.</div></div></div> <div><div>Internal Challenges</div><div><div>1. KII with programme management reported delays in receipt of UNICEF nutrition supplies, leaving the programme without supplies from Dec 2016 to Feb 2017, despite CARE’s request for supplies in Oct 2016.</div><div>2. Staff also reported that UNICEF provided more support to state focal points in key programming areas (e.g. Bentiu Protection of Civilians site) rather than more remote locations like Mayom.</div><div>3. In the current PCA, CARE lost funding to provide integrated health and nutrition services, which both beneficiaries and programme staff reported negatively affected the impact of programming.</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.
4. The most recent PCA initiated in Jan 2017, however CARE benefitted from a prior PCA that began February 2016.

UNICEF7 Project Factsheet: UNICEF - CARE International Nutrition 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	Reported	Verified
	Proposed items refer to activities, outputs and outcomes that were submitted in the contracting partner’s proposal to DFID.	Reported items refer to activities, outputs and outcomes that were reported in standard reporting to DFID or internal documents shared with IMPACT.	Verified items refer to activities, outputs and outcomes that were verified through KIIs, FGDs or physical observation.
Location	<div><input checked="" type="checkbox"/> Mankien PHCC, Mayom County, Unity State</div>	<div><input checked="" type="checkbox"/> Mankien PHCC, Mayom County, Unity State</div>	<div><input checked="" type="checkbox"/> Mankien PHCC, Mayom County, Unity State</div>
Activities	<div><div><input checked="" type="checkbox"/> Treatment and prevention of SAM through screening, referral and treatment with Ready-to-Use Therapeutic Food (RUTF)<ul style="list-style-type: none">Improved early identification and referral of children under five with SAM, PLW and other vulnerable groups through active community case finding and facility screeningTreatment of complicated SAM in SCTreatment of uncomplicated SAM in OTPRoutine defaulter tracing, community mobilisation and sensitisation of service availability</div><div><input checked="" type="checkbox"/> IYCF counselling including water, sanitation and hygiene (WASH) messaging and hygiene promotion at health facility and community level<ul style="list-style-type: none">Develop MTMSG to address underlying causes of malnutrition</div><div><input checked="" type="checkbox"/> Vitamin A supplementation⁵ and deworming tablets at national level on National Immunization Days (NID)</div><div><input checked="" type="checkbox"/> Training to build capacity of NGO health providers and supportive supervision to reduce turnover<ul style="list-style-type: none">Capacity building and coordination with County Health Department</div><div><input checked="" type="checkbox"/> SMART surveys and food security and nutrition monitoring surveys in Unity, Jonglei and Upper Nile</div></div>	Reporting documents not shared with IMPACT in time for factsheet development.	<div><div><input checked="" type="checkbox"/> Treatment and prevention of SAM through screening, referral and treatment with RUTF<ul style="list-style-type: none">Physical observation of facility-based identification and referral of children under five and PLW with SAMPhysical observation of complicated SAM treatment in SCPhysical observation of uncomplicated SAM treatment through OTPKIIs confirmed that CNVs provide active case finding, routine defaulter tracing, community mobilisation and sensitisation of service availability</div><div><input checked="" type="checkbox"/> IYCF counselling including WASH messaging and hygiene promotion at health facility and community level<ul style="list-style-type: none">KII confirmed provision of IYCF, WASH and hygiene promotion through CNWs at facility level and CNVs at community levelFGD with beneficiaries confirmed IYCF messagingKIIs reported 9 MTMSGs in Mankien with 11 mothers per group. Activities included IYCF messaging through UNICEF book, discussion of personal experiences and composition of IYCF songs for beneficiaries who cannot readKIIs indicated that CARE team was in the process of getting feedback from MTMSG members about their income-generating activity interests to better tailor the programme</div><div><input checked="" type="checkbox"/> Vitamin A supplementation and deworming tablets at national level on NID<ul style="list-style-type: none">KII reported that deworming occurred on NID</div><div><input checked="" type="checkbox"/> Training to build capacity of NGO health providers and supportive supervision to reduce turnover<ul style="list-style-type: none">KII confirmed recruitment and training of CNVs in Jan 2017 with refresher training in Apr 2017CNW reported receiving three trainings since initiation of work with CARE</div><div><input checked="" type="checkbox"/> SMART surveys and food security and nutrition monitoring surveys in Unity, Jonglei and Upper Nile<ul style="list-style-type: none">KII reported SMART survey conducted during pre-harvest in Nov 2016 and another planned for post-harvest in May 2017</div></div>
Outputs	<div><div><input checked="" type="checkbox"/> Vulnerable populations in conflict-affected and epidemic-prone communities in targeted counties have improved access to equitable and sustainable health, nutrition and WASH services</div><div><input checked="" type="checkbox"/> Children and women in target communities have increased and sustained access to community and facility level preventative and curative health services</div><div><input checked="" type="checkbox"/> Children with SAM access appropriate management and awareness of caretakers on prevention of malnutrition for children is increased</div><div><input checked="" type="checkbox"/> Enhanced access to integrated nutrition prevention programs targeting malnourished children 6-59 months and PLW through IYCF, vitamin A and micronutrient supplementation and deworming</div><div><input checked="" type="checkbox"/> Access to timely nutrition information for needs analysis, monitoring and coordination of emergency responses</div></div>	Reporting documents not shared with IMPACT in time for factsheet development.	<div><div><input checked="" type="checkbox"/> Vulnerable populations in conflict-affected and epidemic-prone communities in targeted counties have improved access to equitable and sustainable health, nutrition and WASH services (see below)</div><div><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 (see below)</div><div><input checked="" type="checkbox"/> Children with SAM access appropriate management and awareness of caretakers on prevention of malnutrition for children is increased<ul style="list-style-type: none">Physical observation of OTP and SC sitesKII with stabilisation nurse confirmed that >20 children had received treatment at SC since Nov 2016KII and FGD confirmation of screening and treatment of SAM for children under five</div><div><input checked="" type="checkbox"/> Enhanced access to integrated nutrition prevention programs targeting malnourished children 6-59 months and PLW through IYCF, vitamin A and micronutrient supplementation and deworming<ul style="list-style-type: none">FGD confirmed provision of IYCF messaging</div><div><input checked="" type="checkbox"/> Access to timely nutrition information for needs analysis, monitoring and coordination of emergency responses.<ul style="list-style-type: none">KII reported SMART survey conducted during pre-harvest in Nov 2016 and another planned for post-harvest in May</div></div>
Outcomes	<div><input type="checkbox"/> Reduction in morbidity from common childhood diseases and conditions (acute water diarrhoea, malaria and SAM)</div>	Reporting documents not shared with IMPACT in time for factsheet development.	Morbidity reduction from common childhood illnesses not measurable through verification methodology.

5. Vitamin A provision was removed from the most recent PCA based on a global ammendment to CMAM guidelines