

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.

Concern Worldwide works with disaster stricken communities and has been present in Rubkona County since January 2014, soon after the clashes that destabilized the country. In Unity State, Concern Worldwide operates a nutrition programme that covers the Bentiu Protection of Civilians (PoC) site and other areas beyond the PoC under UNICEF funding. The Programme Cooperation Agreement (PCA) with UNICEF also covers areas of Central Equatoria and Northern Bahr-al-Ghazal. This factsheet summarises the key findings of a monitoring and verification visit to Concern Worldwide's Nutrition Programme in the Bentiu PoC site in Bentiu, Rubkona County on 28 March 2017.

Map 1 - Site Visit Location - Concern Worldwide Nutrition Centres, Bentiu PoC, Rubkona County, Unity



Concern Worldwide Nutrition Centre

Project Summary

Contracting Partner: UNICEF

Implementing Partner: Concern Worldwide

Sector: Nutrition

Project Location: Bentiu PoC, Rubkona County, Unity State

Project Start Date: July 2016

Anticipated End Date: March 2017⁴

Monitoring Methodology⁵

IMPACT utilised the following methodologies to assess this project:

- Secondary data review of contracting partner's proposal (UNICEF) and implementing partner's most recent monthly report (Concern Worldwide)
- Verification of project activities, outputs and outcomes through three Key Informant Interviews (KIIs) with Concern Worldwide staff members, one Focus Group Discussion (FGD) with beneficiaries, GPS mapping and physical verification of nutrition centers in Sectors Three and Four of the PoC

KIIs provided insights into programme implementation including strengths, challenges and adherence to proposed indicators, and the FGD provided insights into beneficiary perceptions of Concern Worldwide nutrition programming.

Overview of Findings

Concern Worldwide is operating two temporary nutrition centres in Sectors 3 and 4 of Bentiu PoC. Concern Worldwide was initially planning to set up a third nutrition centre in the PoC but the plan was reportedly set aside due to a lack of space. Concern World is funded by HARISS through both UNICEF and the World Food Programme (WFP). Concern provides Outpatient Therapeutic Programme (OTP) services for children under five with Severe Acute Malnutrition (SAM) under a UNICEF PCA and Therapeutic Supplementary Feeding Programme (TSFP) services for children and Pregnant and Lactating Women (PLW) with Moderate Acute Malnutrition (MAM) under WFP. The success of the programme depends on dedicated staff and a vast network of Community Nutrition Volunteers (CNVs). The latter have voiced demands for an extension of their contract beyond what was originally envisioned by Concern Worldwide and have disrupted activities through strikes in order to try and obtain it. An agreement was reached between Concern Worldwide and the CNVs in November 2016 and activities subsequently resumed. Staff members note that a general decrease in camp population has decreased the overall caseload of patients and therefore has allowed Concern Worldwide to reach all intended beneficiaries.

Strengths

1. A key strength of Concern programming, as reported by the programme manager, was the reliable supply of Ready to use Therapeutic Food (RUTF) from UNICEF and efficient coordination at the site level allows for the timely treatment of children with SAM at the nutrition centres.
2. The programme manager indicated that there was a high level of coordination between health, Water, Sanitation and Hygiene (WASH) and nutrition actors on the sites as a result of UNICEF's integrated programming.
3. The Concern Worldwide nutrition team has measures in place to mitigate difficulties of access to the facilities experienced by disabled persons. During community screening for malnutrition, CNVs are tasked with identifying beneficiaries that cannot access the centre due to disability and to offer them transport.
4. Staff members reported regular collecting feedback from beneficiaries through FGDs and reportedly regularly report issues to the relevant contracting partner.
5. Beneficiaries report that they have heard about the services after being screened by outreach staff and successfully referred for services.

Challenges

External Challenges

1. Frontline staff indicated that many caretakers share their malnourished child's RUTF ration among their children and other household members or sell the products at the market, resulting in a suboptimal response to the treatment for the targeted patient.
2. A lack of space in the PoC has reportedly prevented the opening of a third nutrition centre, as indicated by the programme manager.
3. Obstructed road access between Juba and Bentiu has led to RUTF stockouts.

Internal Challenges

1. Perception among staff members that the team would benefit from more capacity building opportunities than what is currently offered by UNICEF.
2. Perception among staff members that support from the Juba office is often not as timely as it could be in a fast-evolving humanitarian crisis.
3. Volunteers of the programme conducted strikes and disrupted activities for four days in October 2016.

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 programme was originally supposed to last from July 2016 through February 2017 but benefitted from a no cost extension (NCE) until the end of March.

5. Due to reasons associated to security clearance, the monitoring team was not able to visit projet sites outside of the Bentiu Protection of civilians site.

UNICEF3 Project Factsheet: UNICEF - Concern Worldwide Nutrition Programme

Third Party Monitoring for DFID HARISS Programme

Proposed, Reported and Verified Project Activities. Outcomes and Outputs

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 ⁶	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	<input checked="" type="checkbox"/> Bentiu PoC, Unity State	<input checked="" type="checkbox"/> Bentiu PoC, Unity State	<input checked="" type="checkbox"/> Bentiu PoC, Unity State
Activities	<input checked="" type="checkbox"/> Establish OTP for children with SAM <input checked="" type="checkbox"/> Screen children under five for SAM at the community level and in health facilities <input checked="" type="checkbox"/> Recruit, train and monitor staff and CNVs for active case finding and Community-based Management of Acute Malnutrition (CMAM) <input checked="" type="checkbox"/> Dissemination of key messages on hygiene and nutrition through house visits by CNVs and Mother to Mother Support Groups (MTMSG)	<input checked="" type="checkbox"/> Establish OTP for children with SAM <ul style="list-style-type: none"> ▪ Five SAM management sites established as of December 2016 across Unity State <input checked="" type="checkbox"/> Screen children under five for SAM at the community level and in health facilities <ul style="list-style-type: none"> ▪ 1,479 children U5 admitted for OTP treatment as of December 2016 across Unity State <input checked="" type="checkbox"/> Recruit, train and monitor staff and CNVs for active case finding and CMAM <ul style="list-style-type: none"> ▪ 54 CNVs trained in CMAM in Unity State as of December 2016 	<input checked="" type="checkbox"/> Establish OTP for children with SAM <ul style="list-style-type: none"> ▪ Physical verification of the two nutrition centres of Bentiu PoC <input checked="" type="checkbox"/> Screen children under five for SAM at the community level and in health facilities <ul style="list-style-type: none"> ▪ KII confirmed door-to-door community screening by CNVs ▪ FGD participants mentioned that their child had been referred to the center after screenings by community outreach staff during house visits <input checked="" type="checkbox"/> Dissemination of key messages on hygiene and nutrition through house visits by CNVs and MTMSGs <ul style="list-style-type: none"> ▪ KII confirmed that MTMSGs were active and that the sustained participation of women to the groups is easily monitored when the women visit the centre each week to collect didactic material ▪ Physical observation of group counselling offered to mothers during morning sessions
Outputs	<input checked="" type="checkbox"/> Acutely malnourished children 6-59 months and PLW have access to quality treatment and prevention services <input checked="" type="checkbox"/> Caregivers of children under five and PLW are reached with effective behaviour change communication <input checked="" type="checkbox"/> Children under five and PLW receive micronutrient supplements and deworming medicine <input type="checkbox"/> Effective monitoring and evaluation of project outputs and activities	<input checked="" type="checkbox"/> Acutely malnourished children 6-59 months and PLW have access to quality treatment and prevention services <ul style="list-style-type: none"> ▪ 77% cure rate for children under five and 61% cure rate for PLWs (target of 75% for both) across Unity State <input checked="" type="checkbox"/> Children under five and PLW receive micronutrient supplements and deworming medicine <ul style="list-style-type: none"> ▪ 2,182 children dewormed as of December 2016 across Unity State 	<input checked="" type="checkbox"/> Acutely malnourished children 6-59 months and PLW have access to quality treatment and prevention services <ul style="list-style-type: none"> ▪ Positive feedback from FGD participants about the screening process and services received at the centre ▪ KIIs indicated that frontline staff have a protocol in place to ensure that people with disabilities who are screened at the community level have the means to physically visit the site <input checked="" type="checkbox"/> Caregivers of children under five and PLW are reached with effective behaviour change communication <ul style="list-style-type: none"> ▪ Review of the didactic material that is provided to members of the MTM SGs each month to support their lessons on nutrition behavior change to the community ▪ KIIs with a frontline staff indicated that the community outreach staff is mindful of ensuring that messages are well retained and that staff follow up with individual counselling when beneficiaries do not improve <input checked="" type="checkbox"/> Children under five and PLW receive micronutrient supplements and deworming medicine <ul style="list-style-type: none"> ▪ KII with programme staff indicated that Vitamin A supplements are not provided as per the proposal but that deworming tablets are provided
Outcomes	<input checked="" type="checkbox"/> Children under five years old and PLW with SAM have access to appropriate treatment	<input checked="" type="checkbox"/> Children under five years old and PLW with SAM have access to appropriate treatment <ul style="list-style-type: none"> ▪ 89% of children admitted for SAM are cured after receiving appropriate treatments 	<input checked="" type="checkbox"/> Children under five years old and PLW with SAM have access to appropriate treatment <ul style="list-style-type: none"> ▪ KIIs confirmed that Concern Worldwide nutrition services are improving awareness on malnutrition prevention in the community

6. Reports received from Concern Worldwide featured mostly data aggregated at the State level, therefore statistics included in this column also include services provided in Guit county and Rubkona county. Refer to the frontline verification column for PoC specific information.