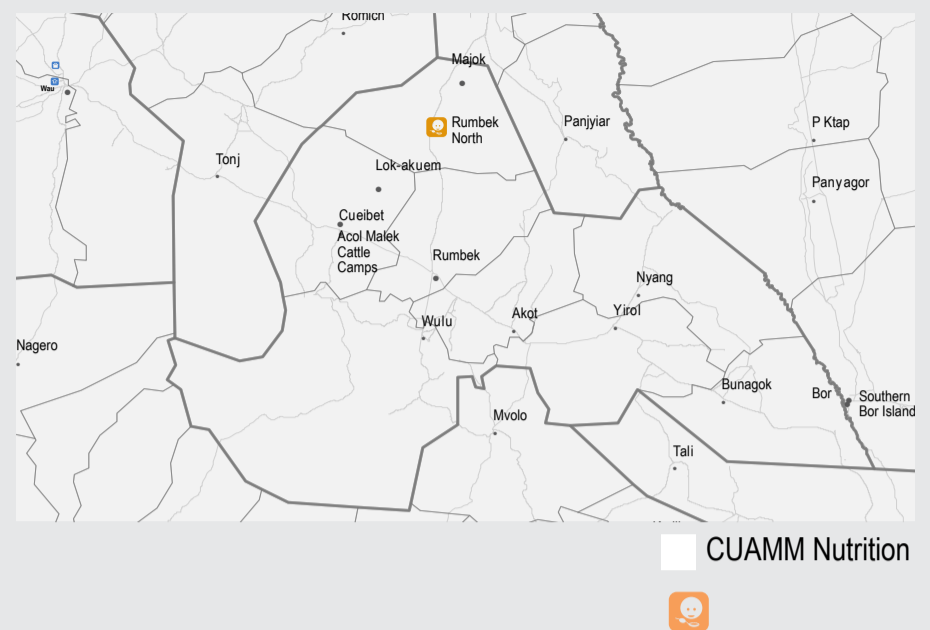


**Introduction**

The humanitarian situation in South Sudan has deteriorated since the onset of civil war in 2013, with an estimated 1,8 million internally displaced<sup>1</sup>, 1,18 million displaced in neighbouring countries<sup>2</sup>, and 3,7 million people food insecure<sup>3</sup>. 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.

Doctors with Africa (CUAMM) has been supporting health care systems in South Sudan since 2006. Following the clashes that destabilised the country in 2013, CUAMM has moved toward providing life-saving assistance to disaster and conflict affected populations while building capacity at the local level. Increased food insecurity and acute malnutrition rates in the region resulted in CUAMM starting nutrition programming through a Field Level Agreement (FLA) with World Food Programme (WFP) under the HARISS programme. This factsheet summarises the key findings of a monitoring and verification visit to CUAMM's Nutrition Programme in Rumbek North County, Lakes on 8 March 2017.

Map 1: Site Visit Location -CUAMM's Nutrition Programme in Rumbek North County



**Project Summary**

**Contracting Partner:** WFP  
**Implementing Partner:** CUAMM  
**Sector:** Nutrition

**Site Visit Location:** Maper Primary Health Care Centre (PHCC), Rumbek North County, Lakes

**Project Start Date:** October 2016  
**Project End Date:** Ongoing

**Monitoring Methodology**

IMPACT sub-contracted Charlie Goldsmith Associates (CGA) to conduct a number of field visits including WFP-CUAMM in Rumbek North County. IMPACT and CGA utilised the following methodologies to assess this project:

- Secondary data review of contracting partner's (WFP) proposal and implementing partner's (CUAMM) proposal and most recent narrative report
- Verification of project activities, outputs and outcomes through six Key Informant Interviews (KIIs) with CUAMM staff, one Focus Group Discussion (FGD) with beneficiaries, and physical verification of the PHCC in Maper from which CUAMM operates the nutrition centre

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

**Overview of findings**

In line with CUAMM's mission, the organisation had fully integrated the nutrition programming developed under HARISS into its existing strategy to help strengthen local health systems. Staff members cited insecurity as a major impediment to programme activities. Insecurity had resulted in challenges to accessing potential beneficiaries living in isolated or remote communities and, in turn, for these potential beneficiaries to access CUAMM programmes. FGD participants gave positive feedback of the services provided by the CUAMM nutrition programme at Maper PHCC, however expressed disappointment that nutritional supplements and soap were unavailable on the day of the site visit. KIIs with staff members indicated the need for capacity building of national staff. Beneficiaries expressed satisfaction with CUAMM's engagement with the community during the planning stage of the programme and felt comfortable expressing both positive and negative feedback about the programme.

Strengths	Challenges
<ol style="list-style-type: none"> <li>1. Programme manager reported a strong and adaptive logistical supply from WFP that allowed for the reliable provision of services to beneficiaries in spite of insecurity and poor infrastructure.</li> <li>2. The programme integrated nutrition as a core element of basic healthcare rather than offering standalone nutrition services.</li> <li>3. Beneficiaries reported awareness of complaint and recommendation mechanisms and appeared comfortable sharing both positive and negative feedback on service provision.</li> <li>4. Programme staff reported that technical support from the CUAMM country office ensured smooth implementation of activities.</li> </ol>	<p><b>External Challenges</b></p> <ol style="list-style-type: none"> <li>1. Programme manager reported that high insecurity in the area led to frequent suspension of activities, which had hindered access of beneficiaries to the facilities. Insecurity reportedly prevented outreach staff from reaching large sections of the targeted communities. The security situation generated a high amount of stress among programme staff, leading to regular absenteeism as many did not feel safe coming to work.</li> <li>2. KIIs reported that bad road conditions in the area regularly compromise timely supply, service delivery and community outreach during the rainy season. However, the organization was partly mitigating this challenge by pre-positioning supplies during the dry season.</li> </ol>

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.

# WFP4 Project Factsheet: WFP - CUAMM 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 <sup>1</sup>	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>
<b>Location</b>	<input checked="" type="checkbox"/> Rumbek North County, Lakes	<input checked="" type="checkbox"/> Rumbek North County, Lakes	<input checked="" type="checkbox"/> Rumbek North County, Lakes
<b>Activities</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Establish Therapeutic Supplementary Feeding Programmes (TSFP) for children with Moderate Acute Malnutrition (MAM) and Pregnant and Lactating Women (PLW)</li> <li><input checked="" type="checkbox"/> Screen children under five for Moderate Acute Malnutrition (MAM) at the community level and in health facilities</li> <li><input checked="" type="checkbox"/> Recruit, train and monitor staff and Community Nutrition Volunteers (CNV) for active case finding and Community-based Management of Acute Malnutrition (CMAM)</li> <li><input checked="" type="checkbox"/> Dissemination of key messages on hygiene and nutrition through house visits by CNVs</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Screen children under five for MAM at the community level and in health facilities                             <ul style="list-style-type: none"> <li>▪ 724 new admissions of children under five during the reporting period</li> <li>▪ 915 new admissions of PLW during the reporting period</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Establish TSFP for children with MAM and PLW                             <ul style="list-style-type: none"> <li>▪ Physical verification of TSFP site</li> </ul> </li> <li><input checked="" type="checkbox"/> Screen children under five for MAM at the community level and in health facilities                             <ul style="list-style-type: none"> <li>▪ Physical verification of MAM screening</li> <li>▪ Programme manager confirmed systematic screening using MUAC tape and weighting chart</li> </ul> </li> <li><input checked="" type="checkbox"/> Recruit, train and monitor staff and CNVs for CMAM                             <ul style="list-style-type: none"> <li>▪ Met with CNVs during the site visit</li> <li>▪ A KII with a CNV provided evidence of regular trainings every two to three months on topics such as 'How to provide food to malnourished children'</li> </ul> </li> <li><input checked="" type="checkbox"/> Dissemination of key messages on hygiene and nutrition through house visits by CNVs                             <ul style="list-style-type: none"> <li>▪ KII confirmed heavily constrained messaging due to insecurity</li> </ul> </li> </ul>
<b>Outputs</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Displaced and host community children under five children and PLW are provided with preventive/curative nutrition services through the integration of TSFP, Outpatient Therapeutic Programmes (OTP), and Stabilisation Centres (SC) into the package offered at all health system levels</li> <li><input checked="" type="checkbox"/> Government and community capacities to prevent, detect and respond to malnutrition are strengthened through enhanced analysis, planning, monitoring and coordinating capacities</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Displaced and host community children under five children and PLW are provided with preventive/curative nutrition services through the integration of TSFP, OTP, and SC into the package offered at all health system levels                             <ul style="list-style-type: none"> <li>▪ 709 children under five cured from MAM during the reporting period</li> <li>▪ 588 PLW cured from MAM during the reporting period</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Displaced and host community children under five children and PLW are provided with preventive/curative nutrition services through the integration of TSFP, OTP, and SC into the package offered at all health system levels                             <ul style="list-style-type: none"> <li>▪ FGD with beneficiaries confirmed provision of TSFP services</li> <li>▪ KII shared that TSFP services under WFP funding are provided for MAM cases alongside OTP services under UNICEF funding for Severe Acute Malnutrition (SAM) cases</li> <li>▪ KIIs with staff indicated that CUAMM integrated nutrition programming into the broader spectrum of health care services provided at the community level</li> </ul> </li> <li><input checked="" type="checkbox"/> Government and community capacities to prevent, detect and respond to malnutrition are strengthened through enhanced analysis, planning, monitoring and coordinating capacities                             <ul style="list-style-type: none"> <li>▪ KII with CNV indicated that CNVs are selected from the community and trained in prevention, detection and response to malnutrition</li> </ul> </li> </ul>
<b>Outcomes</b>	<input checked="" type="checkbox"/> Stabilised or reduced under nutrition among children aged 6-59 months and PLW	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Stabilised or reduced under nutrition among children aged 6-59 months and PLW                             <ul style="list-style-type: none"> <li>▪ 709 children under five cured from MAM during the reporting period</li> <li>▪ 588 PLW cured from MAM during the reporting period</li> </ul> </li> </ul>	<i>Outcome indicators not measurable through verification methodology.</i>

4. CUAMM, Quarterly Report to WFP, Nutrition Programme in Rumbek North, January-March 2017.