

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.

CARE International (CARE) is a humanitarian NGO focused on emergency, rehabilitation and long term development. In Bentiu Protection of Civilian (PoC) site, CARE is implementing nutrition programming through Outpatient Therapeutic Programme (OTP) activities for UNICEF. This factsheet summarises the key findings of a monitoring and verification visit to two UNICEF - CARE nutrition centres and one rubhall in Bentiu PoC, Rubkona County, Unity State on 29 March 2017.

Project Summary

Contracting Partner: UNICEF  
Implementing Partner: CARE  
Sector: Nutrition

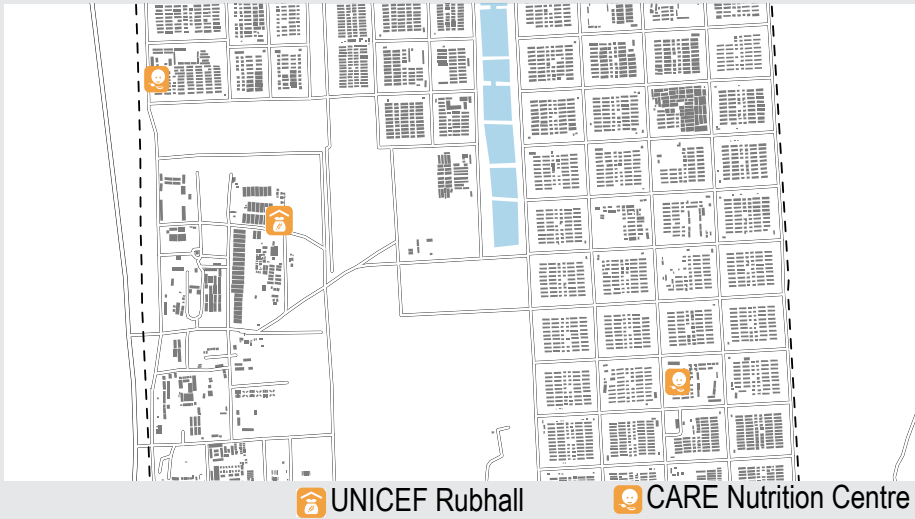
Site Visit Location: Two nutrition centres and one UNICEF Rubhall, Bentiu PoC, Rubkona County, Unity

Project Start Date: November 2016  
Anticipated End Date: October 2017

Overview of Findings

CARE is implementing nutrition programming under a Programme Cooperation Agreement with UNICEF that covers two static sites and a rubhall in Bentiu PoC in addition to sites in Rubkona, Abiemnon, Mayom and Pariang counties. CARE also implements a Therapeutic Supplementary Feeding Programme (TSFP) in Bentiu PoC under World Food Programme (WFP). The joint nutrition programming approach of UNICEF and WFP through HARISS provides a continuum of care for beneficiaries from Severe Acute Malnutrition (SAM) through full recovery. Nutrition programming is implemented by different partners across all five sectors of the PoC. CARE is implementing nutrition programming under both UNICEF and WFP in Sectors 1 and 5. IMPACT staff observed the sale of nutritional supplements in Bentiu PoC market, which was confirmed through both FGDs and KIIs. Outside the PoC, the local government reportedly implemented a law prohibiting the sale of supplements to reduce the sale of products, but in the PoC there was no such structure. One KII recommended adapting a similar modality in the PoC through engagement with community leaders to impose a governing law or penalty to reduce the sale of supplements. In terms of beneficiary accountability, beneficiaries reported not knowing where to report complaints or provide feedback.

Map 1 - Site Visit Location - Two CARE nutrition centres and one UNICEF Rubhall, Rubkona County, Unity



Monitoring Methodology

IMPACT utilized the following methodologies to assess this project:

- Secondary data review of contracting (UNICEF) and implementing partners’ proposal and implementing partner’s January 2017 report (CARE)
- Verification of project activities, outputs and outcomes through three Key Informant Interviews (KIIs) with CARE staff, one Focus Group Discussion (FGD) with beneficiaries, GPS mapping and physical verification of three project locations (two nutrition centres and one rubhall) within Bentiu PoC

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

Strengths	Challenges
<div><div>1. KIIs with staff reported that technical and coordination support from UNICEF was strong, with UNICEF staff periodically spot checking partner activities.</div><div>2. Staff also indicated that partner coordination reduced double registration of beneficiaries through creation of a system by which each nutrition partner inked a different beneficiary finger, allowing partners to identify if a beneficiary had received services from another partner.</div><div>3. Although not related to service provision within the PoC, one KII indicated that mobile operation sites outside of the PoC were successful in providing nutrition services to remote communities.</div></div>	<div><div><div>Internal Challenges</div><div><div>1. An outreach worker reported a need for increased wages and increased staff to meet the needs of growing community size.</div><div>2. A KII with programme management staff reported lack of coordination across donors for site visits as a challenge because site visits strain limited human resource, requiring staff to repeat exercises for different donors.</div></div></div><div><div><div>External Challenges</div><div><div>1. KIIs with programme staff revealed that due to high food insecurity, caregivers often share nutritional supplements with other children in the household, resulting in treated children not responding to the treatment regimen.</div><div>2. IMPACT staff observed nutritional supplements sold in Bentiu PoC market. FGD participants reported that they did not know the reason for this problem. KIIs revealed that this had decreased since the introduction of finger inking across nutrition partners in the PoC.</div><div>3. Two KIIs with programme staff indicated that beneficiaries often become angry when children do not meet the criteria to enroll in OTP or TSFP. Due to food insecurity in the PoC, caregivers struggle to feed their children with rations and seek OTP and TSFP enrollment to provide for their children.</div><div>4. One KII reported challenges in coordinating with block leaders. For example, CARE sought to provide Infant and Young Child Feeding (IYCF) programming in an external space but community leaders did not give approval for nutrition centre expansion.</div></div></div></div></div>

Figure 1: Mother to Mother Support Group (MTMSG) members receiving Infant and Young Child Feeding (IYCF) training in CARE nutrition centre<sup>4</sup>



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. Participants consented to having their photograph taken for this monitoring exercise.

# UNICEF6 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 <sup>5</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>
Location	<div><input checked="" type="checkbox"/> Bentiu PoC, Rubkona County, Unity State</div>	<div><input checked="" type="checkbox"/> Bentiu PoC, Rubkona County, Unity State</div>	<div><input checked="" type="checkbox"/> Bentiu PoC, Rubkona County, Unity State</div>
Activities	<div><div><input checked="" type="checkbox"/> Community management of acute malnutrition (CMAM)</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"><li>Improved early identification and referral of children under five with SAM, Pregnant and Lactating Women (PLW) and other vulnerable groups through active community case finding and facility screening</li><li>Treatment of complicated SAM in Stabilisation Centres</li><li>Treatment of uncomplicated SAM in OTP</li><li>Routine defaulter tracing, community mobilisation and sensitisation of service availability</li></ul></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"><li>Develop Mother to Mother Support Groups (MTMSG) to address underlying causes of malnutrition</li></ul></div><div><input checked="" type="checkbox"/> Vitamin A supplementation and deworming tablets at national level on National Immunization Days</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"><li>Capacity building and coordination with County Health Department</li></ul></div><div><input checked="" type="checkbox"/> SMART surveys and food security and nutrition monitoring surveys in Unity, Jonglei and Upper Nile</div><div><input checked="" type="checkbox"/> Rubhall management at Bentiu PoC</div></div>	<div><div><input checked="" type="checkbox"/> CMAM (see below)</div><div><input checked="" type="checkbox"/> Treatment and prevention of SAM through screening, referral and treatment with RUTF<ul style="list-style-type: none"><li>13,277 children screened for malnutrition</li><li>6,225 PLW screened for malnutrition</li><li>742 children received OTP treatment</li></ul></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"><li>23 MTMSG groups created</li><li>92 IYCF group sessions held</li></ul></div><div><input checked="" type="checkbox"/> Vitamin A supplementation and deworming tablets at national level on National Immunization Days<ul style="list-style-type: none"><li>252 children under five received Vitamin A</li><li>245 children under five dewormed</li></ul></div></div>	<div><div><input checked="" type="checkbox"/> CMAM (see below)</div><div><input checked="" type="checkbox"/> Treatment and prevention of SAM through screening, referral and treatment with RUTF<ul style="list-style-type: none"><li>Physical observation of two CARE nutrition centres</li><li>KIIs and FGD confirmed screening and referral of children under five with SAM and PLW, treatment of uncomplicated SAM with PlumpiNut in seven-day rations, routine defaulter tracing and community mobilisation and sensitisation</li></ul></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"><li>Observation of MTMSG training session on IYCF</li><li>KII confirmed 23 MSG groups of 15 mothers each who provide house-to-house community messaging</li></ul></div><div><input checked="" type="checkbox"/> Vitamin A supplementation and deworming tablets at national level on National Immunization Days<ul style="list-style-type: none"><li>KII indicated Vitamin A supplementation ended 29 Mar 2017 due to new CMAM guidelines; deworming occurs for new admissions</li></ul></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"><li>KII confirmed 14 Community Nutrition Volunteers (CNVs) trained in Nov and Dec 2016; community health workers received CMAM refresher training in Dec 2016</li></ul></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"><li>KIIs confirmed that two SMART surveys conducted in Bentiu PoC in May 2016 (pre-harvest) and Nov/Dec 2016 (post-harvest)</li></ul></div><div><input checked="" type="checkbox"/> Rubhall management at Bentiu PoC<ul style="list-style-type: none"><li>Physical verification of warehouse management of nutrition supplies for all UNICEF partners</li></ul></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 PLWS 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>	<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 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"><li>13,277 children screened for malnutrition</li><li>742 children under five received treatment in OTP for SAM</li><li>5,083 households reached with IYCF counseling</li></ul></div><div><input checked="" type="checkbox"/> Enhanced access to integrated nutrition prevention programs targeting malnourished children 6-59 months and PLWS through IYCF, vitamin A and micronutrient supplementation and deworming<ul style="list-style-type: none"><li>5,137 PLW reached with IYCF messaging</li><li>252 children under five received vitamin A</li><li>245 children under five dewormed</li></ul></div></div>	<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"><li>Physical observation of two OTP sites</li><li>KII and FGD confirmation of screening and treatment of SAM for children under five</li></ul></div><div><input checked="" type="checkbox"/> Enhanced access to integrated nutrition prevention programs targeting malnourished children 6-59 months and PLWS through IYCF, vitamin A and micronutrient supplementation and deworming<ul style="list-style-type: none"><li>KIIs confirmed 23 lead mothers trained in IYCF</li></ul></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"><li>KIIs confirmed completion of two SMART surveys in 2016</li></ul></div></div>
Outcomes	<div><input type="checkbox"/> Reduction in morbidity from common childhood diseases and conditions (acute water diarrhoea, malaria and severe acute malnutrition)</div>	<div><i>Morbidity reduction from common childhood illnesses not yet reported.</i></div>	<div><i>Outcome indicators not measurable through verification methodology.</i></div>

5. CARE Monthly Report for Bentiu PoC Sectors 1 nd 5 for Jan 2017.