

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.

International Medical Corps UK (IMC) provides lifesaving healthcare in emergencies to conflict and disaster affected populations. Within the context of a civil war characterised by sexual violence⁴, IMC is providing Gender Based Violence (GBV) programming in Greater Upper Nile through the HARISS programme. This factsheet summarises the key findings of a monitoring and verification visit to IMC’s GBV Programme in Akobo County, Jonglei on 12 January 2017.

Project Summary

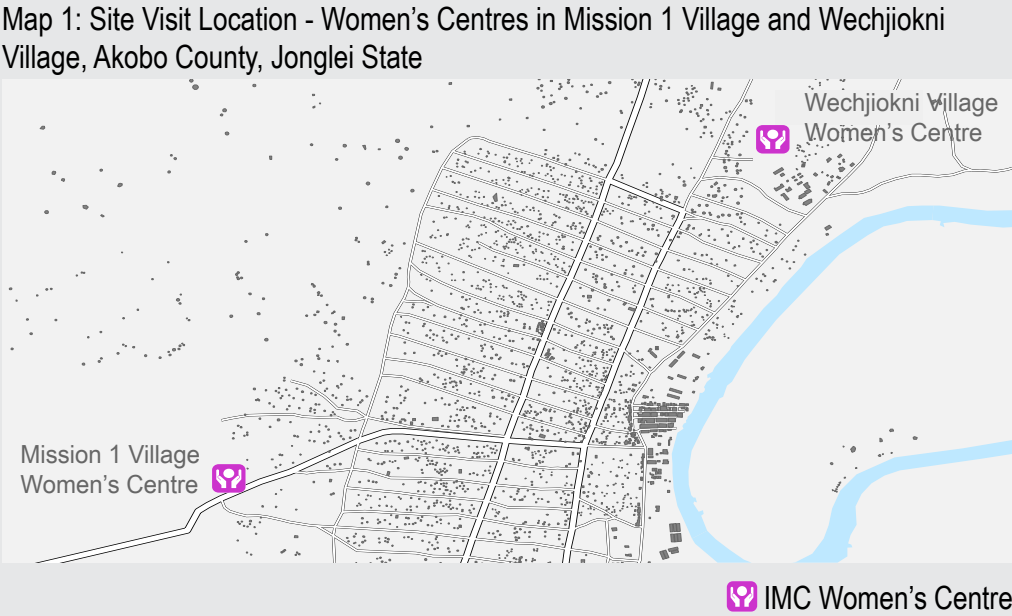
Contracting Partner: IMC
Implementing Partner: Not Applicable
Sector: Protection, GBV

Site Visit Location: Bilkey Payam (Mission 1 and Wechjikoni Village), Akobo County, Jonglei

Project Start Date: August 2016
Anticipated End Date: March 2020

Overview of findings

IMC provides an important and necessary service for women in Akobo. Their programme management staff were highly knowledgeable about both GBV prevention and response strategies, and their field staff were motivated to engage with communities. Beneficiaries appreciated the safe space provided by the women’s centres. An area of potential improvement could be greater male engagement for GBV prevention.



Monitoring Methodology

- IMPACT utilised the following methodologies to assess this project:
- Secondary data review of contracting partner’s (IMC) proposal
 - Verification of project activities, outputs and outcomes through five Key Informant Interviews (KIs) with IMC staff, one Focus Group Discussion (FGD) with beneficiaries and GPS mapping and physical verification of project location

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

Strengths	Challenges
<div><div>1. FGD with beneficiaries and KIs with outreach staff confirmed buy-in and commitment to participation from beneficiaries.</div><div>2. Community outreach staff demonstrated high motivation and reported successfully engaging with community members.</div><div>3. FGD participants confirmed that women’s centres provided a safe place for women to gather, share teachable skills and learn informal livelihood activities.</div></div>	<div><div>External Challenges</div><div><div>1. Access to outreach and women’s centre services fluctuate based on the security situation (i.e. insecurity restricts movement and forces displacement) and the cultivation season (i.e. during the harvesting season, women have less time to attend the women’s centre).</div><div>2. KIs with programme staff indicated that access for persons with disabilities was a challenge as they were unable to reach the centres due to limited mobility, distance and poor infrastructure.</div><div>3. KIs with programme staff indicated that access for women outside of Bilkey Payam where the women’s centres were located was difficult due to distance.</div></div><div><div>Internal Challenges</div><div><div>1. KIs with programme staff and physical observation indicated that there was insufficient material support for income generating activities in women’s centres.</div><div>2. Prevention programming focused more on ways that women can prevent sexual violence than on engaging men as perpetrators of sexual violence⁵.</div><div>3. Prevention and response outreach excludes male survivors of sexual violence⁶.</div></div></div></div>

Figure 1: Women crocheting in Women’s Centre, Mission Village 1, Bilkey Payam



Figure 2: Literacy class in Women’s Centre 2, Wechjikoni Village, Bilkey Payam



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. Protection trends paper No.6, Protection cluster, South Sudan, Nov. 2015.
5. This is a significant problem across GBV programming in complex emergencies due to resource constraints.
6. This is endemic in global GBV programming but is nonetheless problematic as it excludes male survivors from support.

IMC1 Project Factsheet: IMC GBV 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 (IMC) 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	<input checked="" type="checkbox"/> Akobo East County, Jonglei	<input checked="" type="checkbox"/> Akobo East County, Jonglei	<input checked="" type="checkbox"/> Akobo East County, Jonglei
	<input checked="" type="checkbox"/> Train and deploy staff and volunteers <input checked="" type="checkbox"/> Establish GBV working groups at County and Payam levels <input checked="" type="checkbox"/> Establish GBV task force at Boma level <input checked="" type="checkbox"/> Create access to case management of rape, psychosocial support and case management services for GBV survivors <input checked="" type="checkbox"/> Protection activities <input checked="" type="checkbox"/> Establish women friendly spaces <input type="checkbox"/> Conduct feasibility studies for livelihood and Income Generating Activities (IGA) <input type="checkbox"/> Conduct safety audits and distribute dignity kits <input type="checkbox"/> Recruit consultants to conduct assessments for community engagement strategies (SASA!, EMAP) and develop training manuals for community leaders <input type="checkbox"/> Procure and ship adequate communication equipment	Reporting documents not shared with IMPACT in time for factsheet development.	<input checked="" type="checkbox"/> Train and deploy staff and volunteers <ul style="list-style-type: none">KIIs confirmed that IMC staff received GBV trainings in April 2015 and August 2016KIIs confirmed two Women Support Officers (WSO) and two Case Workers (CW) trained in case management prior to HARISS; refresher training planned for March 2017 <input checked="" type="checkbox"/> Establish GBV working groups at County and Payam level <ul style="list-style-type: none">KIIs confirmed one GBV working group established <input checked="" type="checkbox"/> Establish GBV task force at Boma level <ul style="list-style-type: none">KIIs confirmed GBV task force established in six payams <input checked="" type="checkbox"/> Create access to case management of rape, psychosocial support and case management services for GBV survivors <ul style="list-style-type: none">KIIs confirmed active case management services began in both locations in August 2016 <input checked="" type="checkbox"/> Protection activities <ul style="list-style-type: none">KIIs confirmed community based protection, identification and support to vulnerable individuals, improved access to services, protection mainstreaming, protection monitoring, and advocacy <input checked="" type="checkbox"/> Establish women friendly spaces <ul style="list-style-type: none">Physical verification of two women's centres
Activities	<input checked="" type="checkbox"/> Case management services provided to GBV survivors <input checked="" type="checkbox"/> GBV risk mitigation mechanisms in place to keep women and girls safe <input checked="" type="checkbox"/> Capacity of community structures, IMC staff and implementing partners is enhanced to prevent GBV <input checked="" type="checkbox"/> Community awareness to prevent GBV is raised <input checked="" type="checkbox"/> Crisis-affected populations are aware of their rights and have access to information and complaint mechanisms <input checked="" type="checkbox"/> Women in Jonglei, Unity and Upper Nile states are engaged in feasible livelihood activities <input type="checkbox"/> Protection risks of community members are identified and addressed <input type="checkbox"/> Appropriate medical care is accessible to GBV survivors in Jonglei, Upper Nile and Unity states	Reporting documents not shared with IMPACT in time for factsheet development.	<input checked="" type="checkbox"/> Case management services provided to GBV survivors <ul style="list-style-type: none">KIIs confirmed provision of case management services <input checked="" type="checkbox"/> GBV risk mitigation mechanisms in place to keep women and girls safe <ul style="list-style-type: none">KIIs confirmed community outreach for GBV risk mitigation <input checked="" type="checkbox"/> Capacity of community structures, IMC staff, and implementing partners is enhanced to prevent GBV <ul style="list-style-type: none">KIIs confirmed capacity of community structures, IMC staff (two WSO, two CW, two Protection Officers, 54 Community Mobilisers), and implementing partners addressed through training in August 2016 <input checked="" type="checkbox"/> Community awareness to prevent GBV is raised <ul style="list-style-type: none">KIIs confirmed community outreach for GBV prevention <input checked="" type="checkbox"/> Crisis-affected populations are aware of their rights and have access to information and complaint mechanisms <ul style="list-style-type: none">KIIs reported 7,596 beneficiaries reached with information on rights and services, and 1,926 beneficiaries reached about post-rape care <input checked="" type="checkbox"/> Women in Jonglei, Unity and Upper Nile states are engaged in feasible livelihood activities <ul style="list-style-type: none">Observation of women participating in informal IGA activities (crocheting, knitting and literacy classes)
	<input checked="" type="checkbox"/> Women and girls in Jonglei, Unity and Upper Nile states have access to basic services and increased participation in economic opportunities and decision-making by 2020	Reporting documents not shared with IMPACT in time for factsheet development.	<input checked="" type="checkbox"/> Women and girls in Jonglei, Unity and Upper Nile state have access to basic services and increased participation in economic opportunities and decision-making by 2020 <ul style="list-style-type: none">Site visit verified increased access to basic services for women and girls in Akobo County, Jonglei
Outputs			
Outcomes			