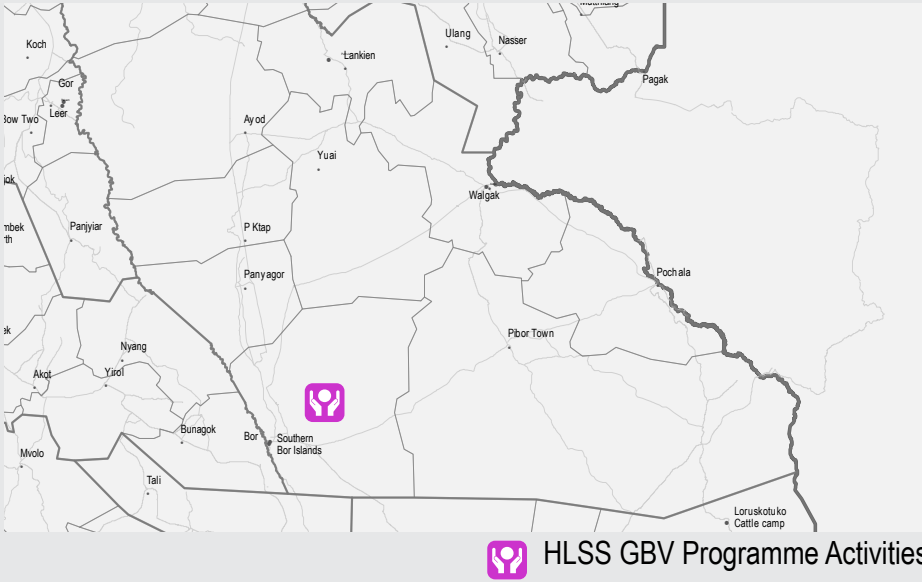


Introduction

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. IMC subcontracted a South Sudanese NGO, Health Link South Sudan (HLSS), to implement programme activities in various programme locations across Greater Upper Nile, including Bor South County. This factsheet summarises the key findings of a monitoring and verification visit to HLSS GBV Programme in Bor South County, Jonglei State on 15 February 2017.

Map 1: Site Visit Location - HLSS GBV Programe, Bor South County, Jonglei State



Project Summary

Contracting Partner: IMC
Implementing Partner: HLSS
Sector: Protection - GBV

Site Visit Location: Bor South County, Jonglei

Project Start Date: September 2016
Anticipated End Date: Ongoing

Monitoring Methodology

IMPACT sub-contracted Charlie Goldsmith Associates (CGA) to conduct a number of field visits including IMC-HLSS in Bor South County. IMPACT and CGA 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 seven Key Informant Interviews (KIIs) with IMC staff and one Focus Group Discussion (FGD) with beneficiaries

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

Overview of findings

IMC sub-contracted HLSS to implement GBV programming under HARISS funding in four sites in Greater Upper Nile including Bor South. Although both IMC and HLSS are reportedly conducting GBV activities under HARISS in Bor South County, the site visit only involved HLSS programming due to a miscommunication with IMC and HLSS staff (namely, that neither party indicated collaborative programming in Bor South). At the time of the site visit, the multi-year contract between IMC and HLSS for programme implementation had reportedly not been signed due to a bidding disagreement. HLSS was conducting GBV activities from their existing office and health facility, but had not initiated construction on the proposed women’s centre. HLSS had reportedly pre-financed programming falling under HARISS beginning in September 2016 but was struggling to expand service provision without the proposed funding.

Year one of the multi-year grant was mostly dedicated to programme kick-off and capacity building among newly recruited staff members. HLSS had been able to reach a modest but growing amount of beneficiaries with case management activities. HLSS was also providing GBV messaging through radio shows to introduce the programme and discuss the concept of GBV and through door-to-door visits and women’s groups. FGD participants provided positive feedback about their experience with HLSS. KIIs with staff members indicated confidence that the activities were filling a gap in GBV programming in Bor South. However, frontline staff members reported that a lack of key tools (computers, office stationery, fuel and transportation) had hindered activity implementation. Additionally, HLSS staff reported delays in salary payment, which was particularly troublesome in the context of hyper-inflation. KIIs also reported that the programme was unable to access two of five proposed payams due to insecurity and poor road conditions.

Strengths	Challenges
<div><div>1. KIIs with HLSS staff indicated that staff were highly motivated and committed to the success of the project.</div><div>2. KIIs with outreach staff indicated good community buy-in and response to the project. Community members were reportedly showing a willingness to liaise with HLSS in order to support programme implementation.</div><div>3. HLSS was conducting FGDs with beneficiaries as well as weekly client satisfaction surveys in order to collect feedback on the project.</div><div>4. KIIs with programme and outreach staff indicated that HLSS was reportedly filling a GBV gap in the area as very few actors were working in GBV.</div></div>	<div><div>External Challenges</div><div><div>1. As of the site visit date, IMC and HLSS had not finalised the contract. HLSS had been pre-financing GBV programme activities since project onset in September 2016, but was reportedly struggling to expand services or initiate construction of the proposed women’s centre without additional funds.</div><div>2. HLSS Project Officer reported that accessibility to certain areas during the rainy season was uncertain due to bad road conditions.</div><div>3. HLSS Project Officer reported that insecurity had prevented HLSS from accessing two payams where it was supposed to implement activities, including consultations with local leaders on programmatic orientations.</div></div><div><div>Internal Challenges</div><div><div>1. Staff members reported a lack of computers, adequate stationery, fuel and transport to support activity implementation.</div><div>2. Multiple staff members reported delays in the payment of salaries.</div></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. Protection trends paper No.6, Protection cluster, South Sudan, Nov. 2015.

IMC2 Project Factsheet: IMC - HLSS 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
	<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"/> Bor County, Jonglei State	<i>Reporting documents not shared with IMPACT in time for factsheet development</i>	<input checked="" type="checkbox"/> Bor County, Jonglei State
Activities	<input checked="" type="checkbox"/> Train and deploy staff and volunteers; establish GBV working groups at County and Payam levels; establish GBV task force at Boma level <input checked="" type="checkbox"/> Create access to Case Management of Rape (CMR), Psychosocial Support (PSS) and case management services for GBV survivors <input checked="" type="checkbox"/> Train HLSS staff on GBV prevention and responses <input type="checkbox"/> Protection activities to reach out to persons with special needs and support them with materials, PSS and advanced counseling services as needed <input type="checkbox"/> Establish women friendly space <input type="checkbox"/> Conduct feasibility study for livelihood and Income Generating Activities (IGA) <input type="checkbox"/> Conduct safety audits and distribute dignity kits	<i>Reporting documents not shared with IMPACT in time for factsheet development.</i>	<input checked="" type="checkbox"/> Train and deploy staff and volunteers; establish GBV working groups at County and Payam levels; establish GBV task force at Boma level <ul style="list-style-type: none">KIIs confirmed that five staff and 100 volunteers had been trained as Community Mobilisers in December 2016 <input checked="" type="checkbox"/> Create access to CMR, PSS, and case management services for GBV survivors <ul style="list-style-type: none">KIIs with case mangaeement staff confirmed provision of case management services for GBV survivors <input checked="" type="checkbox"/> Train HLSS staff on GBV prevention and responses <ul style="list-style-type: none">KIIs confirmed CMR training provided to HLSS staff
Outputs	<input checked="" type="checkbox"/> Sex and age appropriate case management services provided to survivors of GBV <input checked="" type="checkbox"/> Safety of women and girls in the community enhanced through GBV risks mitigation mechanisms <input checked="" type="checkbox"/> Capacity of community structures, HLSS staff and implementing partners enhanced to prevent GBV <input checked="" type="checkbox"/> Community awareness to prevent GBV raised <input checked="" type="checkbox"/> Appropriate medical care is accessible for survivors of GBV	<i>Reporting documents not shared with IMPACT in time for factsheet development.</i>	<input checked="" type="checkbox"/> Sex and age appropriate case management services provided to survivors of GBV <ul style="list-style-type: none">According to one KII, 30 GBV survivors had been reached by HLSS programming since the onset of programmingKIIs confirmed that three staff had been trained in case management and PSS to date <input checked="" type="checkbox"/> Safety of women and girls in the community enhanced through GBV risks mitigation mechanisms <ul style="list-style-type: none">Over 3,000 people reportedly reached regarding the importance of post-rape care <input checked="" type="checkbox"/> Capacity of community structures, HLSS staff and implementing partners enhanced to prevent GBV <ul style="list-style-type: none">KIIs confirmed CMR training provided to staff <input checked="" type="checkbox"/> Community awareness to prevent GBV raised <ul style="list-style-type: none">FGD participants indicated high awareness of GBV messaging among community membersKIIs confirmed that outreach workers provided an introduction to the concept of GBV and shared GBV messages through house-to-house visits <input checked="" type="checkbox"/> Appropriate medical care is accessible for survivors of GBV <ul style="list-style-type: none">Site visit showed that the GBV program and the health programming facilities provide integrated services, thus ensuring more GBV-sensitive medical care
Outcomes	<input checked="" type="checkbox"/> Women and girls in Jonglei have access to basic services and increased participation in economic opportunities and decision-making by 2020	<i>Reporting documents not shared with IMPACT in time for factsheet development.</i>	<input checked="" type="checkbox"/> Women and girls in Jonglei have access to basic services and increased participation in economic opportunities and decision-making by 2020 <ul style="list-style-type: none">FGD with beneficiaries indicated satisfaction with GBV service provisionKIIs confirmed that five staff and 100 volunteers had been trained as Community Mobilisers in December 2016KIIs confirmed case management activities