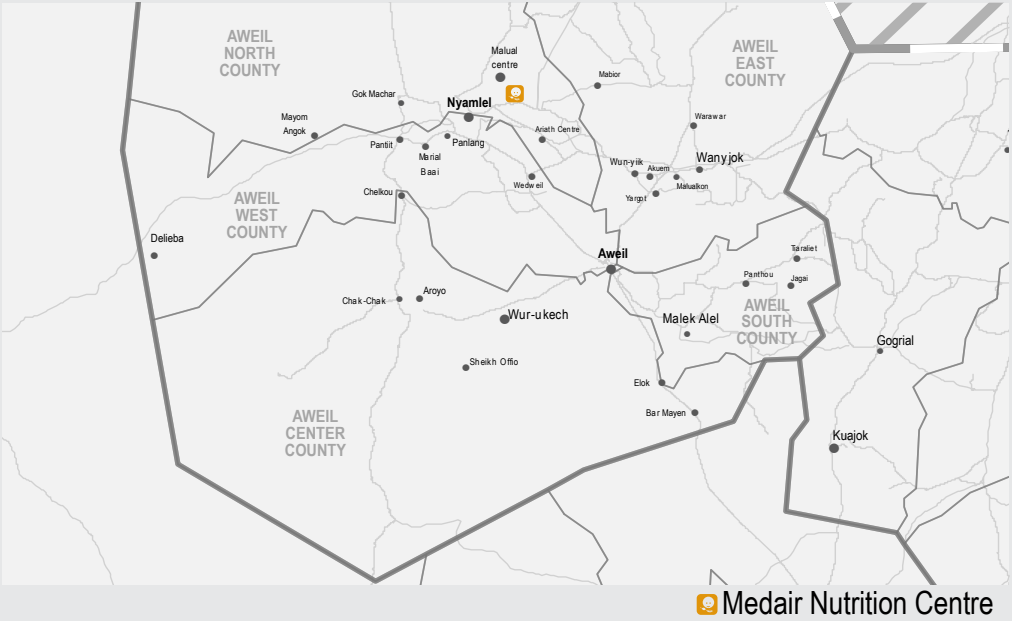


Introduction

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.

Medair has been operating in South Sudan since 1992 providing multi-sector interventions to respond to population needs in the context of a chronic complex emergency. Medair Emergency Response Team (ERT) implements short-term emergency response projects triggered by emergency levels of malnutrition. This factsheet summarises the key findings of a monitoring and verification visit to Medair’s Nutrition Centre in Aweil North County, Northern Bahr el Ghazal on 18 January 2017.

Map 1: Site Visit Location - Lueth Ngor, Aweil North County, Northern Bahr el Ghazal



Project Summary

**Contracting Partner:** Medair  
**Implementing Partner:** Not Applicable  
**Handover Partner:** Concern Worldwide (Concern)  
**Sector:** Nutrition

**Site Visit Location**<sup>4</sup>: Lueth Ngor, Aweil North County, Northern Bahr el Ghazal

**Project Start Date:** 24 August  
**Project End Date:** 26 October 2016<sup>5</sup>

Monitoring Methodology

- IMPACT utilised the following methodologies to assess this project:
- Secondary data review of contracting partner’s (Medair) proposal, terms of reference and intervention summary report
  - Verification of project activities, outputs and outcomes through 7 Key Informant Interviews (KIIs) with Medair staff, outreach workers and Concern Worldwide, one Focus Group Discussion with beneficiaries, GPS mapping and physical verification of one project location

KIIs with Medair staff provided information on activities, outputs and challenges to project implementation. KIIs with Community Nutrition Volunteers (CNVs) and the FGD provided details on community perceptions of the intervention. The KII with Concern provided insights into perceived strengths and challenges of working with Medair.

Overview of Findings

In response to an alarming global acute malnutrition rate in Northern Bahr el Ghazal, Medair supported Concern’s scale-up and integration of nutrition services in two locations (Lueth Ngor, Aweil North County and Achana, Aweil West County) until Concern could maintain the nutrition caseload. IMPACT visited the Lueth Ngor Primary Healthcare Unit (PHCU) site in Aweil North County. Due to time constraints, IMPACT was unable to visit the Achana PHCU site in Aweil West. The nutrition project in Aweil North was handed over with strong coordination across stakeholders, resulting in a reportedly smooth transition from Medair to Concern. The issue of double registration arose in all nutrition sites, revealing a multi-agency challenge that would benefit from information sharing regarding successful strategies for intervention. Existing interventions include: coordinating service provision such that the same services are provided on the same days and introducing identification bracelets and ink to dye beneficiaries’ fingers. The challenge of caregivers sharing and selling nutritional supplements raises the concern about the effectiveness of emergency nutrition programming in the absence of supplemental food aid. It could be worthwhile to consider providing supplemental food staples to caregivers to improve participants’ adherence to treatment. Continued data collection and sharing about best practices to mitigate double registration issues would be helpful for future sites.

Strengths	Challenges
<div><div>1. KIIs with Medair programme management and Concern revealed that Medair met with local authorities and with Concern to identify existing facilities in greatest need of support to manage acute malnutrition rates. Medair reportedly specified their exit criteria and maintained communication with the handover partner to ensure a smooth transition of services</div><div>2. Medair nutrition programme manager reported the use of quality assurance mechanisms to ensure fidelity to activities. Programme management reportedly held weekly meetings with Community Nutrition Workers (CNWs), CNVs, and Health and Hygiene Promoters (HHPs) and reviewed beneficiary admission/follow up cards, distribution sheets and stock cards.</div><div>3. KIIs with outreach staff indicated that Medair established strong community relationships through their HHP and CNV approach, which reportedly improved community buy-in.</div><div>4. KII with Medair programme manager and Concern staff member indicated that Medair provided capacity building for existing Concern staff while also employing new CNWs, CNVs, and HHPs. According to the Concern CNV Team Leader, Concern kept a portion of newly Medair-trained staff (four CNWs, six HHPs).</div><div>5. Concern CNWs reported that Medair improved physical resources through the provision of facility supplies that remain in use by Concern (e.g. water tanks, sleeping mats).</div><div>6. KIIs with CNVs revealed that Medair provided a stronger financial incentive for CNVs than the handover partner.</div><div>7. KIIs with CNVs and FGD with beneficiaries indicated that Medair was perceived by the community as providing life-saving services.</div></div>	<div><div>External Challenges</div><div><div>1. Medair identified double registration of beneficiaries seeking the same service from multiple sites and/or agencies as a challenge across nutrition sites. Beneficiaries who double register strain limited resources and distort cure and defaulter rates. Medair addressed this challenge by coordinating service provision days with local partners e.g. providing Outpatient Therapy Programmes (OTP) on Wednesdays only.</div><div>2. CNV respondents reported that the short-term nature of Medair ERT resulted in a decline in the quality of service provision when the project was handed over.</div><div>3. KIIs with programme staff revealed that due to high levels of food insecurity, caregivers often shared nutritional supplements with other children in the household or sold it, using the income to purchase foodstuffs that could serve the entire family. This resulted in distorted cure rates because Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) children did not receive their fully prescribed treatment regimen.</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. One additional sites (Achana, Aweil West County) was associated with this emergency response but was not visited due to time constraints.  
5. Medair responds to short-term emergencies that are passed to handover partners once the crisis is stabilised.

# Medair3 Project Factsheet: Medair Nutrition Centre

## 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>6</sup>	Verified
Location	<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>
	<input checked="" type="checkbox"/> Lueth Ngor, Aweil North County, Northern Bahr el Ghazal	<input checked="" type="checkbox"/> Lueth Ngor, Aweil North County, Northern Bahr el Ghazal	<input checked="" type="checkbox"/> Lueth Ngor, Aweil North County, Northern Bahr el Ghazal
Activities	<div><input checked="" type="checkbox"/> Establish OTP for case management of children 6-59 months with SAM</div> <div><input checked="" type="checkbox"/> Establish Therapeutic Supplementary Feeding Programmes (TSFP) for children and Pregnant and Lactating Women (PLW) with MAM</div> <div><input checked="" type="checkbox"/> Train CNVs to actively case find; carry out defaulter tracing; and promote health, Infant and Young Child Feeding (IYCF), and hygiene practices</div> <div><input type="checkbox"/> Establish Stabilisation Centres for children with SAM and medical complication</div>	<div><input checked="" type="checkbox"/> Establish OTP for case management of children 6-59 months with SAM<ul style="list-style-type: none"><li>Reported OTP cure, death, defaulter and non-recovered rate</li></ul></div> <div><input checked="" type="checkbox"/> Establish TSFP for children and PLW with MAM<ul style="list-style-type: none"><li>Reported TSFP cure, death, defaulter and non-recovered rate</li></ul></div> <div><input checked="" type="checkbox"/> Train CNVs to actively case find; carry out defaulter tracing; and promote health, IYCF, and hygiene practices<ul style="list-style-type: none"><li>Recruited and trained five CNVs on treatment and management of SAM and MAM and IYCF messaging</li><li>Recruited and trained 13 CNVs for active case finding, referrals, defaulter tracing, and facility-level IYCF messaging</li><li>Trained outreach workers in community based health messaging</li></ul></div>	<div><input checked="" type="checkbox"/> Establish OTP for case management of children 6-59 months with SAM<ul style="list-style-type: none"><li>KIIs with Medair programme staff confirmed provision of OTP</li></ul></div> <div><input checked="" type="checkbox"/> Establish TSFP for children and PLW with MAM<ul style="list-style-type: none"><li>Observation of TSFP and weekly facility-level nutrition screening at Lueth Ngor</li><li>Observation of two CNWs under handover partner providing treatment and management of SAM and MAM</li></ul></div> <div><input checked="" type="checkbox"/> Train CNVs to actively case find; carry out defaulter tracing and promote health, IYCF and hygiene practices<ul style="list-style-type: none"><li>KII with Medair staff confirmed nine CNWs (five in Lueth Ngor) received on-the-job training for management of SAM, MAM and IYCF messaging</li><li>KIIs with Medair staff and outreach workers confirmed 13 CNVs received training on 8 September 2016 for case finding, referrals, defaulter tracing, and IYCF messaging</li><li>KIIs with Medair staff, outreach workers and handover partner confirmed 13 HHPs received training in health and WASH messaging (four sessions in Lueth Ngor)</li></ul></div>
Outputs	<div><input checked="" type="checkbox"/> Reduce vulnerability to disease and death by treating malnutrition in children and PLW</div> <div><input checked="" type="checkbox"/> Screen children under five and PLW for acute malnutrition through Middle Upper Arm Circumference (MUAC) measurement</div> <div><input checked="" type="checkbox"/> Support and establish emergency Case Management of Acute Malnutrition (CMAM) programmes for the treatment of SAM and MAM in children under five and PLW</div> <div><input checked="" type="checkbox"/> Reach caretakers and PLW with lifesaving health, IYCF, and hygiene messages to address underlying causes of malnutrition</div>	<div><input checked="" type="checkbox"/> Reduce vulnerability to disease and death by treating malnutrition in children and PLW<ul style="list-style-type: none"><li>17% of total OTP cured<sup>7</sup>   84% total TSFP cured</li><li>0% total OTP died   1% total TSFP died</li><li>83% total OTP defaulted   14.9% total TSFP defaulted</li><li>0% total TSFP non-recovered</li></ul></div> <div><input checked="" type="checkbox"/> Screen children under five and PLW for acute malnutrition through MUAC measurement<ul style="list-style-type: none"><li>4,768 children 6-59 months screened for nutrition total</li></ul></div> <div><input checked="" type="checkbox"/> Support and establish emergency CMAM programmes for the treatment of SAM and MAM in children under five and PLW<ul style="list-style-type: none"><li>69 new admissions for OTP total</li><li>517 new admissions for TSFP total</li></ul></div>	<div><input checked="" type="checkbox"/> Reduce vulnerability to disease and death by treating malnutrition in children and PLW (see below)</div> <div><input checked="" type="checkbox"/> Screen children under five and PLW for acute malnutrition through MUAC measurement<ul style="list-style-type: none"><li>Observation of nutrition screenings by handover partner</li></ul></div> <div><input checked="" type="checkbox"/> Support and establish emergency CMAM programmes for the treatment of SAM and MAM in children under five and PLW<ul style="list-style-type: none"><li>Observation of distribution of OTP and TSFP treatment by handover partner</li></ul></div> <div><input checked="" type="checkbox"/> Reach caretakers and PLW with lifesaving health, IYCF, and hygiene messages to address underlying causes of malnutrition<ul style="list-style-type: none"><li>KIIs with four CNVs confirmed hygiene and nutrition messaging</li><li>31 total nutrition staff reportedly trained across two sites</li></ul></div>
Outcomes	<div><input checked="" type="checkbox"/> Discharge performance outcomes in line with Sphere standards (i.e. &gt;75% of children with SAM or MAM are discharged cured)</div> <div><input type="checkbox"/> Increased community nutrition knowledge and attitudes regarding healthy IYCF practices<sup>7</sup></div>	<div><input checked="" type="checkbox"/> Discharge performance outcomes in line with Sphere standards (i.e. &gt;75% of children with SAM or MAM are discharged cured)<ul style="list-style-type: none"><li>Cure rate for TSFP 84%</li><li>Cure rate for OTP 17%<sup>8</sup></li></ul></div>	<i>Outcome indicators not measurable through verification methodology.</i>

6. Reported figures aggregated across both project sites (Lueth Ngor in Aweil North County and Achana in Aweil West County) based on Medair Intervention Summary Report. 31 Oct 2016.

7. Emergency nature of programming did not allow for rigorous measurement of knowledge uptake by community members, although KIIs and FGDs confirmed that nutrition messaging occurred.

8. Low OTP cure rate explained by emergency nature of ERT programming. Medair handed over the programme to Concern after two months (less than the Sphere guideline of 12 weeks of treatment) upon Concern's confirmation of the receipt of funding to effectively run the programme.