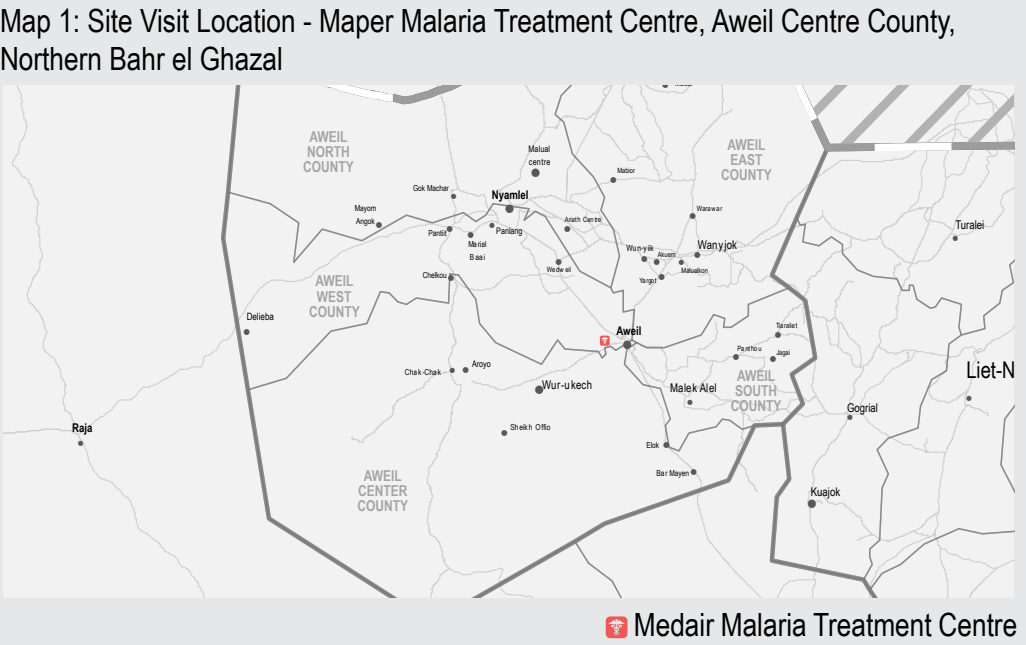


Introduction

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 disease outbreaks. This factsheet summarises the key findings of a monitoring and verification visit to Medair’s Malaria Centre in Aweil Centre County, Northern Bahr el Ghazal on 17 January 2017.



Project Summary

**Contracting Partner:** Medair  
**Implementing Partner:** Not Applicable  
**Handover Partner:** Malaria Consortium (MC)  
**Sector:** Health

**Site Visit Location:** Maper, Aweil Centre County, Northern Bahr al Ghazal

**Project Start Date:** 22 September 2016  
**Anticipated End Date:** Ongoing as of site visit date

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 five Key Informant Interviews (KIIs) with Medair staff, outreach workers and MC, 1 Focus Group Discussion (FGD) with beneficiaries, GPS mapping and physical verification of project location

KIIs provided insights into key indicators achieved and implementation challenges experienced by the Medair team. A KII with MC provided information on Medair’s entry and exit, and an FGD with beneficiaries shed light on beneficiary perceptions of the intervention.

Overview of Findings

In response to an upsurge of malaria cases in Northern Bahr el Ghazal in 2016, Medair ERT opened a malaria treatment centre in September in Aweil Centre County to treat uncomplicated malaria; provide resuscitation, treatment, and referral of complicated cases; provide nutrition screenings to identify children with Severe Acute Malnutrition (SAM) who attend the treatment centre; and to provide facility and community based malaria prevention and health messaging. FGDs with beneficiaries indicated strong community buy-in to the programme. A KII with the future handover partner (MC) indicated that Medair engagement before entry and prior to exit had permitted MC to prepare for the transition of care to their facilities. For future outbreak response programming, Medair could benefit from considering mobile clinics to access hard-to-reach areas as the treatment centre remains difficult to access for beneficiaries outside of Aweil Town.

| Strengths   | Challenges  |
|---|---|
| <div><div>1. KIIs with programme management indicated that Medair malaria response project in Aweil Centre complements their nutrition and community messaging programming, providing services that meet multisectoral population needs.</div><div>2. A KII with MC indicated that Medair’s involvement with MC before entry and exit permitted MC to handle the malaria caseload upon Medair exit. A KII with Medair programme management staff confirmed that Medair identifies handover partners to ensure that their emergency programming does not negatively impact health service provision in the area.</div></div> | <div><div>External Challenges</div><div><div>1. Following threats to Equatorial staff across South Sudan in October 2016, Equatorial staff of Medair and other INGOs chose to relocate to other regions, resulting in delayed service provision.</div><div>2. Medair’s Health Programme Manager reported challenges in the medication pipeline through the Ministry of Health (MOH). From May to December 2016, there was a stock out of many essential medicines for both the MOH and local partners.</div><div>3. Beneficiaries reported that some patients walk long distances to access malaria treatment services due to a lack of services across Aweil Centre County. Beneficiaries recommended that the centre provide non-malaria medications in addition to malaria treatment because they were unable to afford essential medicines at pharmacies<sup>4</sup>.</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.

# Medair1 Project Factsheet: Medair Malaria 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>5</sup>   | Verified   |
|------------|---|---|--|
|            | Proposed items refer to activities, outputs and outcomes that were submitted in the contracting partner’s 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.  |
| Activities | <div><input checked="" type="checkbox"/> Preventative and preparedness interventions</div> <div><input checked="" type="checkbox"/> Integration of health and nutrition services</div> <div><input checked="" type="checkbox"/> Capacity building of local partners</div> <div><input type="checkbox"/> Provide emergency primary healthcare</div>  | <div><input checked="" type="checkbox"/> Preventative and preparedness interventions<ul style="list-style-type: none"><li>Established malaria treatment facility</li><li>Provided malaria Test and Treat (T&amp;T) services (including essential drugs and medical supplies)</li></ul></div> <div><input checked="" type="checkbox"/> Integration of health and nutrition services<ul style="list-style-type: none"><li>Conducted malnutrition screening for all children under five seeking malaria treatment</li><li>Referred SAM cases to stabilisation centres or Outpatient Therapeutic Programme (OTP)</li></ul></div> <div><input checked="" type="checkbox"/> Capacity building of local partners<ul style="list-style-type: none"><li>Recruited and trained local health staff on malaria case management and facility based health messaging</li><li>Trained outreach workers in community based health messaging</li></ul></div> | <div><input checked="" type="checkbox"/> Preventative and preparedness interventions<ul style="list-style-type: none"><li>Verified malaria treatment centre</li><li>Observed malaria T&amp;T for uncomplicated malaria cases and referrals for complicated cases</li><li>KIIs with Medair staff confirmed treatment of diarrhoea and vomiting</li><li>KIIs with Medair staff confirmed provision of facility and community based health education</li></ul></div> <div><input checked="" type="checkbox"/> Integration of health and nutrition services<ul style="list-style-type: none"><li>KIIs with Medair staff confirmed provision of malnutrition screening to children under five</li><li>KIIs with Medair staff confirmed referral of SAM cases to stabilisation centres or OTP</li><li>KIIs with Medair staff confirmed referral of Moderate Acute Malnutrition (MAM) cases to Therapeutic Supplementary Feeding Programme (TSFP)</li></ul></div> <div><input checked="" type="checkbox"/> Capacity building of local partners<ul style="list-style-type: none"><li>KII with MC confirmed strengthened capacity of local health workers</li></ul></div> |
| Outputs    | <div><input checked="" type="checkbox"/> Respond to disease outbreaks</div> <div><input checked="" type="checkbox"/> Health messaging</div> <div><input checked="" type="checkbox"/> Capacity building</div> <div><input type="checkbox"/> Provide primary health care</div> <div><input type="checkbox"/> Conduct preventative interventions</div> | <div><input checked="" type="checkbox"/> Respond to disease outbreaks<ul style="list-style-type: none"><li>6,124 new consultations under five</li><li>18,954 new consultations over five</li><li>25,163 direct health beneficiaries</li><li>92% of children screened for malnutrition</li><li>333 (7%) children identified as SAM</li><li>519 (11%) children identified as MAM</li></ul></div> <div><input checked="" type="checkbox"/> Health messaging<ul style="list-style-type: none"><li>10,302 of people &gt;10 years received health and hygiene promotion messaging</li></ul></div>   | <div><input checked="" type="checkbox"/> Respond to disease outbreaks<ul style="list-style-type: none"><li>Observation of malaria treatment centre</li><li>KIIs with Medair staff indicated 360 reported daily consultations</li><li>Staff performance reportedly measured through on-the-job supervision</li><li>Service quality reportedly measured through exit interviews with five patients per day</li></ul></div> <div><input checked="" type="checkbox"/> Health messaging<ul style="list-style-type: none"><li>KIIs with outreach workers confirmed health and hygiene promotion</li></ul></div> <div><input checked="" type="checkbox"/> Capacity building<ul style="list-style-type: none"><li>KII with health PM indicated that 20 health care staff were trained as of site visit date (five clinicians, three nurses, three dispensers, four lab technicians, four registrars)</li></ul></div>   |
| Outcomes   | <div><input checked="" type="checkbox"/> Increased access to quality preventative and curative emergency health and nutrition services</div> <div><input checked="" type="checkbox"/> Reduction in excess morbidity and mortality in emergency-affected populations</div>   | <div><input checked="" type="checkbox"/> Increased access to quality preventative and curative emergency health and nutrition services<ul style="list-style-type: none"><li>6,124 new consultations under five</li><li>18,954 new consultations over five</li><li>25,163 direct health beneficiaries</li></ul></div>  | <div><input checked="" type="checkbox"/> Increased access to quality preventative and curative emergency health and nutrition services<ul style="list-style-type: none"><li>Observation of beneficiaries accessing curative emergency malaria services</li><li>FGD respondents indicated general satisfaction with Medair services</li></ul></div> <div><input checked="" type="checkbox"/> Reduction in excess morbidity and mortality in emergency-affected populations<ul style="list-style-type: none"><li>KII with Medair staff indicated malaria cases treated decreased from 2,000 per week at peak to 750 over the Christmas period</li><li>KII with Medair staff indicated malaria cases increased from 750 per week over Christmas period to 1,500 per week in January<sup>6</sup></li></ul></div>   |

5. Reported figures by email as of site visit date on 17 Jan 2017.  
6. January saw an increase to 1,500 consultations per week. The Health Programme Manager indicated that the current malaria outbreak falls outside usual disease patterns, making it difficult to measure success through a reduction in cases.