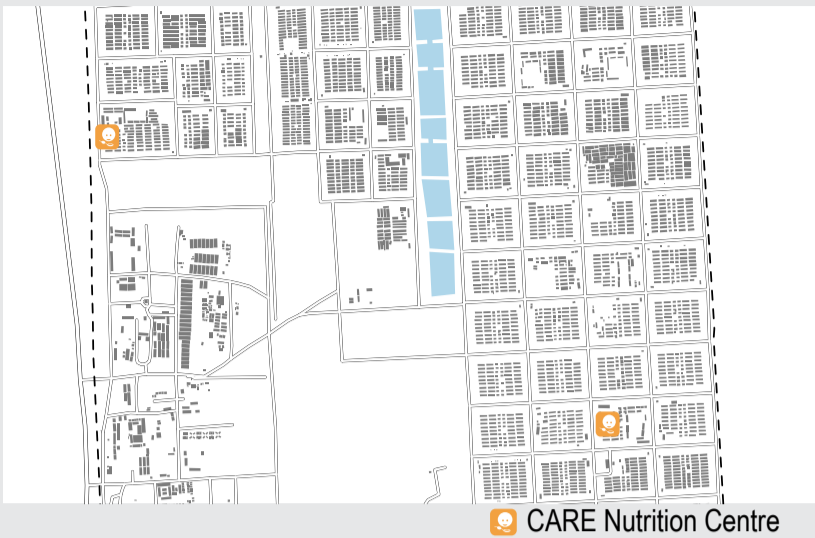


Introduction

The humanitarian situation in South Sudan has steadily 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 and Resilience 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 is providing 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 Therapeutic Supplementary Feeding Programme (TSFP) activities for World Food Programme (WFP). This factsheet summarises the key findings of a monitoring and verification visit to a WFP - CARE nutrition programme in Bentiu PoC, Rubkona County, Unity State on 29 March 2017.

Map 1 - Site Visit Location - CARE Nutrition Centres, Bentiu PoC, Rubkona County, Unity



Project Summary

Contracting Partner: WFP  
Implementing Partner: CARE  
Sector: Nutrition

Site Visit Location: Bentiu PoC, Rubkona County, Unity

Project Start Date: Not reported  
Anticipated End Date: Not reported

Monitoring Methodology

- IMPACT utilised the following methodologies to assess this project:
- Secondary data review of contracting partners’ proposal and implementing partner’s January 2017 report
  - Frontline 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 two project locations within Bentiu PoC

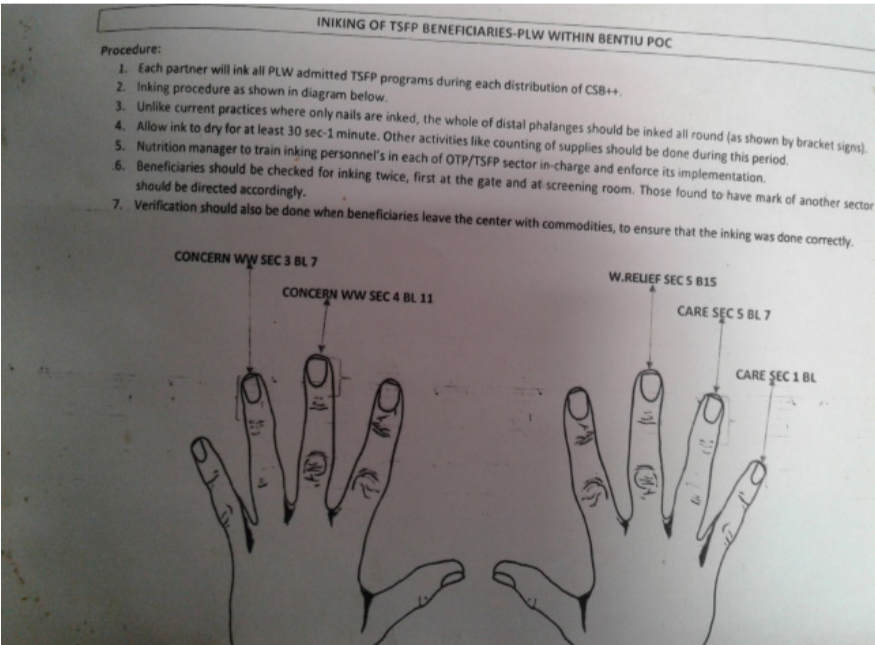
KIIs with CARE staff provided insights into programme implementation. The FGD with beneficiaries provided insights into beneficiary perceptions of CARE programming.

Overview of Findings

CARE is implementing nutrition programming under a Field Level Agreement with WFP covering two nutrition centres in Bentiu PoC. 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. A notable strength of nutrition programming in Bentiu PoC was coordination across nutrition partners to reduce double registration of beneficiaries. Partners mitigated this challenge by implementing a practice of inking different fingers (one finger per agency) so that all partners could identify beneficiaries who sought services from more than one partner. 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.

Strengths	Challenges
<div><div>1. Technical and coordination support from WFP was reportedly strong, particularly in terms of provision of support staff and timely supply requests and support for stockouts.</div><div>2. Partner coordination reportedly reduced double registration of beneficiaries through the 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>	<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 reported lack of coordination across donors for site visits as a challenge because site visits strained limited human resources, requiring staff to repeat exercises for different donors.</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 regime.</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 the sale of supplements had decreased since the introduction of finger inking across nutrition partners in the PoC.</div><div>3. Two KIIs reported that beneficiaries often become angry when children do not meet the criteria to enroll in Outpatient Therapeutic Programmes (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. A programme manager 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>

Figure 1: Diagram of nutrition partner inking patterns to decrease double registration



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.

# WFP3 Project Factsheet: WFP - 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>4</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>Frontline verified items refer to activities, outputs and outcomes that were verified through KIIs, FGDs or physical observation.</i>
Location	<input checked="" type="checkbox"/> Bentiu PoC, Rubkona County, Unity State	<input checked="" type="checkbox"/> Bentiu PoC, Rubkona County, Unity State	<input checked="" type="checkbox"/> Bentiu PoC, Rubkona County, Unity State
Activities	<div><input checked="" type="checkbox"/> TSFP for children under five and Pregnant and Lactating Women (PLW) identified with Moderate Acute Malnutrition (MAM)</div> <div><input checked="" type="checkbox"/> TSFP messaging i.e. how to deliver nutrition supplements, hygiene practices, disease control and prevention, importance of Insecticide Treated Nets (ITNs), IYCF practices and introduction of locally available and affordable energy-rich foods</div> <div><input type="checkbox"/> General Food Distributions (GFDs)</div> <div><input type="checkbox"/> Blanket Supplementary Feeding Programme (BSFP)</div> <div><input type="checkbox"/> Transition from GFDs to conditional assistance</div> <div><input type="checkbox"/> Cash-based transfer programmes in areas with markets</div> <div><input type="checkbox"/> Scale up SCOPE registration</div>	<div><input checked="" type="checkbox"/> TSFP for children under five and PLW identified with MAM<ul style="list-style-type: none"><li>1,601 children under five treated in TSFP</li><li>642 PLW treated in TSFP</li></ul></div> <div><input checked="" type="checkbox"/> TSFP messaging i.e. how to deliver nutrition supplements, hygiene practices, disease control and prevention, importance of ITNs, IYCF practices and introduction of locally available and affordable energy-rich foods<ul style="list-style-type: none"><li>5,137 PLW reached with IYCF messaging</li></ul></div>	<div><input checked="" type="checkbox"/> TSFP for children under five and PLW identified with MAM<ul style="list-style-type: none"><li>Physical observation of two CARE nutrition centres</li><li>KIIs and FGD confirmed screening, referral and treatment with PlumpiSupp and Corn-Soy Blend Plus Plus (CSB++) of MAM for children under five and PLW</li></ul></div> <div><input checked="" type="checkbox"/> TSFP messaging i.e. how to deliver nutrition supplements, hygiene practices, disease control and prevention, importance of ITNs, IYCF practices and introduction of locally available and affordable energy-rich foods<ul style="list-style-type: none"><li>KIIs reported that 14 Community Nutrition Volunteers (CNVs) were trained to provide IYCF messaging including: exclusive breastfeeding under six months, introduction of complementary food for children six months and up and hygiene messaging</li><li>Observation of Mother to Mother Support Groups (MTMSG) created under a Partnership Cooperation Agreement with UNICEF providing IYCF, hygiene and supplementary feeding messaging</li><li>KII confirmed 23 MTMSG groups of 15 mothers each who provide house-to-house community messaging on IYCF</li></ul></div>
Outputs	<div><input checked="" type="checkbox"/> Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality in timely manner to targeted beneficiaries</div> <div><input checked="" type="checkbox"/> IYCF messaging implemented effectively</div> <div><input type="checkbox"/> Development and implementation of consultative framework to adapt food assistance modalities</div>	<div><input checked="" type="checkbox"/> Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality in timely manner to targeted beneficiaries<ul style="list-style-type: none"><li>13,277 children under five screened for malnutrition</li><li>6,225 PLW screened for malnutrition</li><li>1,601 children under five treated in TSFP</li><li>642 PLW treated in TSFP</li></ul></div> <div><input checked="" type="checkbox"/> IYCF messaging implemented effectively<ul style="list-style-type: none"><li>5,137 PLW reached with IYCF messaging</li></ul></div>	<div><input checked="" type="checkbox"/> Food, nutritional products, non-food items, cash transfers and vouchers distributed in sufficient quantity and quality in timely manner to targeted beneficiaries<ul style="list-style-type: none"><li>Physical observation of two TSFP sites</li><li>KII and FGD confirmation of screening and treatment of MAM for children under five</li></ul></div> <div><input checked="" type="checkbox"/> IYCF messaging implemented effectively<ul style="list-style-type: none"><li>KIIs confirmed provision of IYCF messaging through CNVs and MTMSGs</li><li>Observation of MTMSG training session in IYCF</li></ul></div>
Outcomes	<div><input checked="" type="checkbox"/> Stabilized or reduced undernutrition among children under five and PLWs<ul style="list-style-type: none"><li>MAM treatment recovery rate (&gt;75%)</li><li>MAM treatment mortality rate (3%)</li><li>MAM treatment default rate (&lt;15%)</li><li>MAM treatment non-response rate (&lt;15%)</li></ul></div> <div><input type="checkbox"/> Stabilised or improved food consumption over assistance period for targeted individuals</div> <div><input type="checkbox"/> Increased programmatic adaptation to context appropriate assistance mechanisms</div> <div><input type="checkbox"/> Creation of community assets and improved food production</div>	<div><input checked="" type="checkbox"/> Stabilised or reduced undernutrition among children under five and PLWs<ul style="list-style-type: none"><li>339 children under five discharged-cured from MAM treatment</li><li>63 PLW discharged-cured from MAM treatment</li><li>Zero children under-five or PLW discharged-dead from MAM treatment</li><li>Seven children under five discharged-defaulted from MAM treatment</li><li>One PLW discharged-defaulted from MAM treatment</li><li>18 children under five discharged-non-recovered from MAM treatment</li><li>Four PLW discharged-non-recovered from MAM treatment</li></ul></div>	<i>Outcome indicators not measurable through verification methodology.</i>

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