Medair5 Project Factsheet: Medair Cholera Preparedness **Third Party Monitoring for DFID HARISS Programme**

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.

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, disease outbreak or displacement. This factsheet summarises the key findings of a monitoring and verification visit to Medair's cholera preparedness campaign in Juba on 19 January 2017.

Project Summary

Contracting Partner: Medair **Implementing Partner:** Not applicable Handover Partner: Mentor Initiative Sector: WASH

Site Visit Location: Rejaf 1 Payam (Gumbo) and Kator Payam (Lologo and Khor William), Juba Couny, Central Equatoria

Project Start Date: 7 April 2016 Project End Date: 8 July 2016⁴

Map 1: Site Visit Location - Gumbo (Rejaf 1 Payam), Lologo and Khor William (Kator Payam), Juba County, Central Equatoria



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 six Key Informant Interviews (KIIs) with Medair staff, outreach workers, and Mentor Initiative, one Focus Group Discussion (FGD) with beneficiaries, GPS mapping and physical verification of project locations

KIIs with Medair programme management staff provided insights into programme indicators and implementation challenges. The KII with Mentor Initiative provided a better understanding of Medair's stakeholder engagement and entry and exit planning. KIIs with Health and Hygiene Promoters (HHPs) offered information on community perceptions of Medair's intervention.

Overview of findings

In 2014 and 2015, Juba experienced outbreaks of cholera coinciding with the onset of the wet season. Although intensive efforts were made in hygiene education and cholera awareness in Juba, it was anticipated that cholera would occur in Juba in 2016. In preparation for this, Medair ERT conducted surveys to identify community vulnerability and ability to respond to a cholera outbreak, resulting in the identification of Kator and Rejaf 1 payams as areas with high vulnerability to cholera. The survey informed the initiation of a Health and Hygiene Promotion campaign for cholera preparedness and in sanitary surveys of key water points and corresponding repairs and chlorination of hand pumps. The identification of potential outbreak locations based on historical outbreaks allowed Medair to prepare the area in advance and likely contributed to reduced incidents of cholera in the area. Medair's integrated cholera preparedness (i.e. hand pump repair and health and hygiene messaging) and response programming (i.e. hand pump, latrine, hand washing, shower constrution and hygiene messaging) provided a smooth transition from prevention to response upon the first identified case of cholera in Juba. The HHP messaging complemented the physical infrastructure installed to prevent disease transmission and improved beneficiaries' ability to prevent cholera through behavioural changes.

Strengths

Challenges

- 1. Secondary data indicated that the cholera preparedness programme aimed to reduce the scale of a potential cholera outbreak in Juba. Preparedness programming subsequently transitioned to response programming and likely decreased the size of the subsequent cholera outbreak in these neighborhoods.
- 2. A majority (73%) of assessed boreholes (25) were still functional on the site visit date.
- KIIs with Medair programme management and HHPs (who were also community 3. members) indicated that health and hygiene messaging was the strongest part of the intervention because messaging reached more community members than hand pump repair, which primarily benefited households located close to the pump. One HHP reported that messaging led community members to feel better able to protect Internal Challenges their families from disease.
- **External Challenges**
- 1. Outbreak prevention programming often turns into a disease response, as in this case, making it difficult to disaggregate the results of each intervention.
- 2. WASH Technical Specialist reported that the crisis in July created a challenge to measuring the success of programming because the measurement of changes in community behaviours based on HHP messaging did not occur.
 - 3. A KII with management staff indicated that one of the largest challenges to the handover of rehabilitated hand pumps to local authorities was an inability to access the parts needed to maintain the pump in Medair's absence.

- Community mapping prior to the messaging campaign increased the likelihood that 4. every household received messaging
- HHPs reported that Medair was one of the first INGOs to work in Lologo. 5.
- KII with programme staff indicated that HHPs were closely supervised across 6. all project sites through direct observation and revision of tally sheets to ensure consistent messaging.
- 1. While Medair's community based approach to HHP selection was well-intentioned, KIIs with HHPs revealed that their selection was often based on personal relationships with chiefs rather than on qualification alone, leading to the exclusion of certain community members.

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. Medair ERt responds to short-term emergency projects that are passed to handover partners once the crisis is stabilised

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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	Reported⁵	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.
Primary focus on Greater Upper Nile with capacity to respond to emergency needs across South Sudan	 Primary focus on Greater Upper Nile with capacity to respond to emergency needs across South Sudan (the following services are based in Juba) Gumbo (Rejaf 1 Payam) Lologo (Kator Payam) Khor William (Kator Payam) 	 Primary focus on Greater Upper Nile with capacity to respond to emergency needs across South Sudan (the following services are based in Juba) Gumbo (Rejaf 1 Payam) Lologo (Kator Payam) Khor William (Kator Payam)
 Preventative interventions Provision of infrastructure to establish adequate and equitable access to WASH services Build resilience to future shocks by assessing vulnerabilities before emergencies occur Community health promotion Outbreak response Train local staff to improve sustainability of health interventions Respond to needs while considering long-term programmes Install infrastructure in excess of current needs in strategic areas 	 Preventative interventions (see below) Provision of infrastructure to establish adequate and equitable access to WASH services Repaired, modified, disinfected and tested water points Build resilience to future shocks by assessing vulnerabilities before emergencies occur Completed >19 survey questionnaires per neighbourhood to determine cholera vulnerability Identified protected water points in target payams and conducted sanitary surveys, functionality assessments and qualitative water quality testing Identified environmental sanitation hazards Community health promotion Provided targeted hygiene promotion in vulnerable areas 	 ✓ Preventative interventions (see below) ✓ Provision of infrastructure to establish adequate and equitable access to WASH services Verified 25 rehabilitated hand pumps ✓ Build resilience to future shocks by assessing vulnerabilities before emergencies occur KII with Medair WASH technical specialist confirmed completion of sanitary surveys, functionality assessments, and qualitative water testing ✓ Community health promotion KIIs with HHPs confirmed targeted hygiene promotion
 ☑ Timely access to safe water, sanitation facilities and hygiene knowledge ☑ Conduct preventative interventions ☑ Installation of infrastructure to ensure long-term benefit and community resilience ☑ Train health care staff to reduce vulnerability to disease/ build capacity of partners unable to meet local needs ☑ Hygiene messaging to prevent disease transmission/ health messaging targeting leading causes of morbidity 	 Timely access to safe water, sanitation facilities and hygiene knowledge Repaired 25 water pumps and trained 90 HHPs Conduct preventative interventions Conducted and analysed 285 Lot Quality Assurance Surveys (LQAS) Conducted sanitary surveys for 42 water points Installation of infrastructure to ensure long-term benefit and community resilience Repaired 25 water pumps, of which four repeatedly failed water quality testing Train health care staff to reduce vulnerability to disease/build capacity of partners unable to meet local needs Recruited and trained 90 HHPs who reached 25,156 unique beneficiaries 	 ☑ Timely access to safe water, sanitation facilities and hygiene knowledge (see below) ☑ Conduct preventative interventions KII with WASH technical specialist confirmed that 285 LQAS surveys were conducted and analysed KII with WASH technical specialist confirmed that sanitary surveys for 42 water points were conducted ☑ Installation of infrastructure to ensure long-term benefit and community resilience Nine hand pumps GPS verified in Gumbo (78% functioning) Six hand pumps GPS verified in Lologo (67% functioning) I0 hand pumps GPS verified in Khor William (80% functioning) ITrain health care staff to reduce vulnerability to disease/ build capacity of partners unable to meet local needs KIIs with HHPs and Mentor Initiative confirmed training/capacity building of 90 HHPs ☑ Hygiene messaging to prevent disease transmission/ health messaging targeting leading causes of morbidity KIIs with three HHPs and one Mentor Initiative staff in Lologo confirmed that WASH messaging occurred from May through December 2016
 Adequate access to WASH services for affected populations Improved water quality and sanitation management to 	 Adequate access to WASH services for affected populations 10,500 beneficiaries had improved access to 	 Adequate access to WASH services for affected populations (see below) Improved water quality and sanitation management to

- withstand future shocks
- \blacksquare $\$ Increased understanding and practice of positive hygiene

behaviours

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no

□ >85% correct treatment for outbreak responses

clean water (representing 21 repaired hand pumps serving 500 beneficiaries each)

- ☑ Improved water quality and sanitation management to withstand future shocks
 - 25 hand pumps repaired (four repeatedly failed water quality testing resulting in 21 functioning)
- ☑ Increased understanding and practice of positive hygiene behaviours
 - 21,156 beneficiaries received cholera preparedness hygiene messaging
- withstand future shocks
 - Verification of 25 hand pumps
- ☑ Increased understanding and practice of positive hygiene behaviours
 - KIIs with HHPs and Medair staff confirmed community messaging

5. Reported data from Medair Intervention Summary Report: Emergency Response Team (WASH & Health), Rejaf 1 and Kator Payams, Juba County, 8 July 2016.



