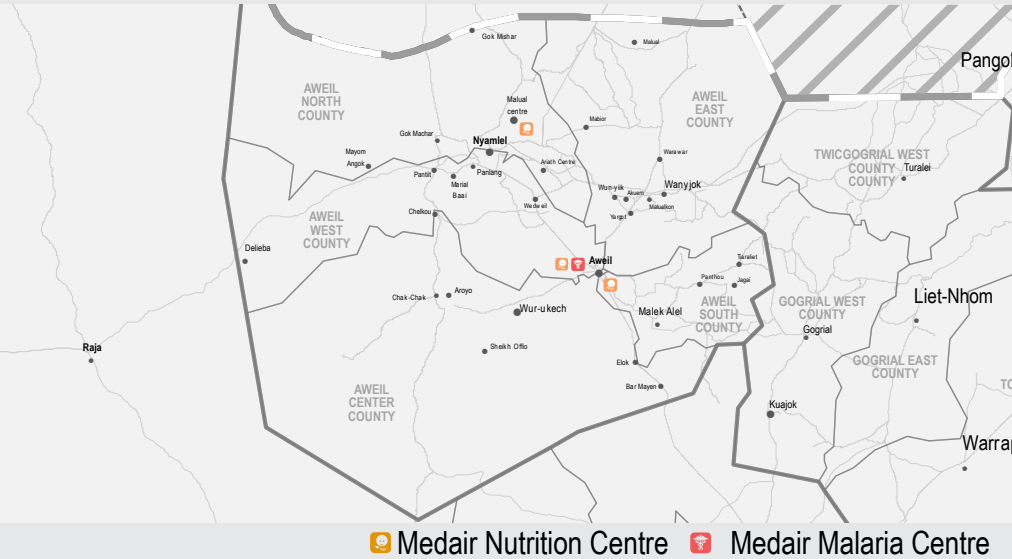


Introduction

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, disease outbreak or displacement. This factsheet summarises the key findings of a monitoring and verification visit to a Medair community messaging campaign in Northern Bahr el Ghazal from 17-20 January 2017.

Map 1: Site Visit Locations - Malaria Centre and Nutrition Centres in Aweil Centre County (Kuom and Maper) and Aweil North County (Lueth Ngor), Northern Bahr el Ghazal



Project Summary

**Contracting Partner:** Medair  
**Implementing Partner:** Not Applicable  
**Handover Partner:** Concern Worldwide, Malaria Consortium  
**Sector:** Multisectoral - Heath, Nutrition, Water, Sanitation and Hygiene (WASH)

**Site Visit Locations**<sup>4</sup>: Lueth Ngor (Aweil North County) and Kuom and Maper (Aweil Centre County), Northern Bahr el Ghazal

**Project Dates:**  
**Lueth Ngor:** 29 September 2016 - 21 October 2016<sup>5</sup>  
**Maper:** 6 December 2016 - 13 January 2017<sup>6</sup>  
**Kuom:** 23 November 2016 - 6 January 2017<sup>6</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 eight Key Informant Interviews (KIIs) with Medair staff, one Focus Group Discussion (FGD) with beneficiaries, GPS mapping and physical verification of project location

KIIs with Medair programme staff provided in-depth information on activities, outputs and challenges to project implementation. KIIs with community mobilisers and Health and Hygiene Promoters (HHPs), and FGDs with beneficiaries provided details on community perceptions of the intervention.

Overview of Findings

In response to emergency malnutrition levels and an outbreak of malaria in Northern Bahr el Ghazal, Medair ERT initiated a multisectoral health, nutrition, and WASH response across Aweil Centre, Aweil North, and Aweil West counties. To complement these services, Medair launched a multisectoral community based messaging campaign to promote positive nutrition, health, and WASH behaviours in the areas served by the seven service centres (six nutrition centres; one malaria treatment centre). Multisectoral messaging was provided by cohorts of HHP in each service centre. KIIs with HHPs indicated that community messaging improved community buy-in to Medair’s overall programming and strengthened the impact of their health and nutrition interventions by educating communities to ensure more sustainable impact. For future community messaging, Medair could benefit from a longer messaging campaign that reinforces messages, as one KII noted that the short duration of each message (one week) made it difficult for communities to absorb the lessons.

Strengths	Challenges
<div><div>1. KIIs with programme management revealed that Medair implemented multiple performance measures with HHPs to ensure compliance: tally sheets and weekly reporting, direct observation by rotation of team leaders, random selection of households (HH) to cross-reference tally sheets.</div><div>2. KIIs with HHPs indicated that HHPs received messaging in doses – one training per week corresponding to the community message and a retraining on the tally sheets to ensure accurate message dissemination.</div><div>3. HHP supervisor reported that Medair mitigated the challenge of estimating population size by conducting an independent observation of the number of homes to create their own population estimate that was compared to the reported community size (see “External Challenge” number two).</div></div>	<div><div><b>External Challenges</b><div><div>1. KII with programme management indicate that the emergency nature of the response made measurement of community messaging challenging because direct service provision was prioritised.</div><div>2. KII with HHP supervisor indicated that although community mapping provided a rough estimate of village sizes, some chiefs artificially inflated the population size of their village thinking that they would receive more aid.</div><div>3. HHP leader reported that community messaging was conditional on beneficiaries being in their homes, but temporal movements (e.g. farming, going to the market) limited the number of beneficiaries who received messaging.</div></div></div><div><div><b>Internal Challenges</b><div><div>1. HHP leaders reported that the outreach team was too small for the size of the geographic area. In some villages, homes were 20-30 minutes walking distance apart and there were insufficient cars to bring HHPs closer to HHs.</div><div>2. HHP respondents noted that their payment structures did not reflect inflation and indicated that they preferred to be paid in U.S. dollars than South Sudanese Pounds.</div></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. Four additional sites were associated with this emergency response but were not visited: Aulic, Nyalath and Panjab in Aweil Centre County and Achana in Aweil West County. Aulic was not in the original proposal but was opened to alleviate the caseloads of Kuom and Maper in Aweil Centre. Nyalath closed on 12 Jan 2017 once the caseload decreased. Panjab Nutrition Centre was proposed but never opened due to a low caseload in the surrounding areas. Achana was not visited due to time constraints.  
5. Due to the voluntary withdrawal of Equatorial staff following threats in October, the HHP programme in Lueth Ngor ended earlier than its intended January end-date. This project was handed over to Concern and was included in the visit.  
6. Medair ERT responds to short-term emergency projects that are passed to handover partners once the crisis has stabilised.

# Medair4 Project Factsheet: Medair Community Messaging

## Third Party Monitoring for DFID HARISS Programme

### Proposed, Reported and Verified Project Activities, Outputs and Outcome

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	<b>Aweil North County</b> <input checked="" type="checkbox"/> Lueth Ngor Nutrition Centre  <b>Aweil Centre County</b> <input checked="" type="checkbox"/> Maper Nutrition Centre <input checked="" type="checkbox"/> Maper Malaria Centre <input checked="" type="checkbox"/> Kuom Nutrition Centre	<b>Aweil North County</b> <input checked="" type="checkbox"/> Lueth Ngor Nutrition Centre  <b>Aweil Centre County</b> <input checked="" type="checkbox"/> Maper Nutrition Centre <input checked="" type="checkbox"/> Maper Malaria Centre <input checked="" type="checkbox"/> Kuom Nutrition Centre	<b>Aweil North County</b> <input checked="" type="checkbox"/> Lueth Ngor Nutrition Centre  <b>Aweil Centre County</b> <input checked="" type="checkbox"/> Maper Nutrition Centre <input checked="" type="checkbox"/> Maper Malaria Centre <input checked="" type="checkbox"/> Kuom Nutrition Centre
Activities	<input checked="" type="checkbox"/> Establish integrated health and nutrition services <input checked="" type="checkbox"/> Conduct community mapping to determine geographic scope of messaging <input checked="" type="checkbox"/> Conduct community messaging campaigns in Medair clinic sites <input checked="" type="checkbox"/> Provide sector-specific messaging in health, nutrition and WASH <ul style="list-style-type: none"><li>Importance of exclusive breastfeeding for the first 6 months</li><li>Need for complementary feeding after 6 months</li><li>Signs of malaria infection and when to bring child to a clinic</li><li>Importance of malaria prevention and treatment</li><li>Importance of hand washing</li><li>Importance of safe water sources and storage</li></ul> <input type="checkbox"/> Address imminent WASH needs and build resilience to future shocks <sup>7</sup>	<input checked="" type="checkbox"/> Establish integrated health and nutrition services <ul style="list-style-type: none"><li>Multisector community messaging reportedly conducted in three visited locations</li></ul> <input checked="" type="checkbox"/> Conduct community messaging campaigns in Medair clinic sites <ul style="list-style-type: none"><li>Multisector community messaging campaigns reportedly conducted in three visited locations</li></ul> <input checked="" type="checkbox"/> Provide sector-specific messaging in health, nutrition and WASH (please see Proposed Activities for list of sector-specific messages) <ul style="list-style-type: none"><li>Multisector community messaging campaigns reported in three visited locations</li></ul>	<input checked="" type="checkbox"/> Establish integrated health and nutrition services <ul style="list-style-type: none"><li>KIIs confirmed provision of health and nutrition messaging in Lueth Ngor, Maper and Kuom</li></ul> <input checked="" type="checkbox"/> Conduct community mapping to determine geographic scope of messaging <ul style="list-style-type: none"><li>KII confirmed community mapping of Lueth Ngor, Maper and Kuom</li></ul> <input checked="" type="checkbox"/> Conduct community messaging campaigns in Medair clinic sites <ul style="list-style-type: none"><li>KIIs confirmed selection, training, and supervision of HHPs to conduct community messaging in Medair sites (10 in Lueth Ngor, 15 in Maper<sup>8</sup> and 12 in Kuom<sup>8</sup>)</li></ul> <input checked="" type="checkbox"/> Provide sector-specific messaging in health, nutrition and WASH (please see Proposed Activities for list of sector-specific messages) <ul style="list-style-type: none"><li>KIIs confirmed provision of health, nutrition and WASH messaging in Lueth Ngor, Maper and Kuom</li></ul>
Outputs	<input checked="" type="checkbox"/> Reach caretakers and Pregnant and Lactating Women (PLW) with lifesaving health, Infant and Young Child Feeding (IYCF) and hygiene messages <input checked="" type="checkbox"/> Train beneficiaries on alternative methods of water treatment, sanitation management, and hygiene practices <input checked="" type="checkbox"/> Focus hygiene messaging on practices preventing disease transmission <input checked="" type="checkbox"/> Health messaging targeted at leading causes of morbidity and mortality	<input checked="" type="checkbox"/> Health messaging targeted at leading causes of morbidity and mortality <ul style="list-style-type: none"><li>1,729 HH received nutrition and WASH messaging in Lueth Ngor</li><li>11,649 HH received health, nutrition and WASH messaging in Maper</li><li>7,291 HH received health and nutrition messaging in Kuom</li></ul>	<input checked="" type="checkbox"/> Reach caretakers and PLW with lifesaving health, IYCF and hygiene messages <ul style="list-style-type: none"><li>KIIs confirmed provision of health, IYCF and hygiene messaging in Lueth Ngor, Maper and Kuom</li></ul> <input checked="" type="checkbox"/> Train beneficiaries on alternative methods of water treatment, sanitation management, and hygiene practices <ul style="list-style-type: none"><li>KIIs confirmed specific messaging for safe water sources and storage</li></ul> <input checked="" type="checkbox"/> Focus hygiene messaging on practices preventing disease transmission <ul style="list-style-type: none"><li>KIIs confirmed messaging related to malaria and waterborne illness prevention</li></ul> <input checked="" type="checkbox"/> Health messaging targeted at leading causes of morbidity and mortality <ul style="list-style-type: none"><li>KIIs confirmed messaging in Lueth Ngor, Maper, and Kuom</li><li>KIIs confirmed that HHPs maintained tally sheets to report number of HH visited and recipients of messaging</li></ul>
Outcomes	<input checked="" type="checkbox"/> Ensure affected populations have an increased understanding and practice of positive hygiene behaviours <input type="checkbox"/> Increased community knowledge and attitudes regarding IYCF practices <sup>9</sup>	<i>Reporting documents did not include data confirming outcome indicators.</i>	<input checked="" type="checkbox"/> Ensure affected populations have an increased understanding and practice of positive hygiene behaviours <ul style="list-style-type: none"><li>KIIs confirmed provision of community messaging</li><li>FGD respondents indicated satisfaction with Medair services</li></ul>

7. KII with WASH programme manager indicated that WASH response was not fully implemented in Northern Bahr el Ghazal because caseloads were under the Sphere latrine-to-user ratio.  
8. HHP mobilisation in Maper and Kuom occurred in two batches (1st group ended on 19 Jan; 2nd group yet to initiate as of site visit date).  
9. Due to emergency nature of messaging response, Medair did not conduct post-knowledge assessments with beneficiaries.