

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.

World Relief has been working with crisis-affected communities in South Sudan since 1998 and has been present in Rubkona County since the onset of the present conflict in December 2013. In Bentiu, World Relief is implementing integrated health and nutrition programming under a UNICEF Programme Cooperation Agreement (PCA) through HARISS funding. This factsheet summarises the key findings of a monitoring and verification visit to World Relief’s Nutrition Programme in the Bentiu Protection of Civilians (PoC) site in Bentiu, Rubkona County on March 30, 2017.



Project Summary

Contracting Partner: UNICEF
Implementing Partner: World Relief
Sector: Nutrition

Project Location: Bentiu PoC, Rubkona County, Unity State

Project Start Date: July 2016
Anticipated End Date: July 2017

Monitoring Methodology

IMPACT utilised the following methodologies to assess this project:

- Secondary data review of contracting partner’s proposal (UNICEF)
- Verification of project activities, outputs and outcomes through 3 Key Informant Interviews (KIIs) with World Relief staff, GPS mapping, physical verification of project location and 1 Focus Group Discussion (FGD) with beneficiaries

KIIs provided insights into programme implementation including strengths, challenges and adherence to proposed indicators, and the FGD provided insights into beneficiary perceptions of World Relief nutrition programming.

Overview of Findings

Inside Bentiu PoC, World Relief is operating two nutrition centres offering Outpatient Therapeutic Services (OTP) for children under five with Severe Acute Malnutrition (SAM) as well as two nutrition screening stations at the PoC gates. In Sector 2 of the PoC, World Relief offers health and nutrition services in the same location providing an effective example of integration between nutrition and health programming. For example, World Relief has established a referral system for health programme patients to the nutrition centre and provides systematic immunisation of all nutrition centre patients for multiple common childhood diseases. World Relief staff members reported that one of the main difficulties experienced since project onset has been the absence of a Targeted Supplementary Feeding Programme (TSFP) for children under five and Pregnant and Lactating Women with Moderate Acute Malnutrition (MAM) at the site. Households reportedly often have child caretakers that need both SAM and MAM services. While the referral process to TSFP service providers in the PoC, such as CARE International and Concern Worldwide, has worked well, the need to travel from one site to another is reported as a barrier to accessing treatment for many patients. However, World Relief has recently reached an agreement with the World Food Programme (WFP) to start offering TSFP services along with OTP. In terms of feedback from beneficiaries, World Relief relies heavily on reporting from Community Nutrition Volunteers (CNVs), but there does not seem to be a clear procedure in place whereby the complaints or recommendations are systematically filtered, channelled and addressed.

Strengths	Challenges
<div><div>1. The integration of health and nutrition facilities within the same premises in Sector 2 of the PoC makes it easier for caretakers of children under five to seek services.</div><div>2. The programme manager reported that bilateral and cluster coordination with UNICEF ensures timely provision of Ready to use Therapeutic Food (RUTF) supplies and creates many capacity building opportunities for staff members and volunteers.</div><div>3. The programme manager also reported receiving appropriate support from the country office, which allowed for the timely resolution of major issues. For example, the country office provided logistical and resource support to strengthen the structure of the PoC Sector 2 nutrition centre and add a rooftop to the structure.</div><div>4. Programme staff reported that Mother-to-Mother Support Groups (MTMSGs) and energetic outreach work by CNVs has contributed to directing vulnerable community members toward the appropriate nutrition services. FGD participants indicated that the MTMSGs and CNV outreach has contributed to the spread of knowledge about Infant and Young Child Feeding (IYCF).</div></div>	<div><div>External Challenges</div><div><div>1. Staff indicated that overcrowding inside the PoC has increased the likelihood that RUTF products are shared among the many inhabitants of the patients’ housing unit, affecting effective treatment of malnutrition.</div><div>2. After completing rounds of treatment, some patients become malnourished again. Programme staff indicated that the scarcity of space in the PoC prevents beneficiaries from improving their level of access to food through sustainable Food Security and Livelihoods (FSL) initiatives such as community gardening.</div></div><div><div>Internal Challenges</div><div><div>1. The facility does not have a stabilisation center for children in more severe conditions requiring the transfer of these children to the Medicines Sans Frontieres (MSF) clinic. Staff members mentioned that the children’s health often deteriorates during the transfer (a 20 minutes car ride).</div><div>2. Staff members also reported that the absence of in-house TSFP services created a cumbersome referral system for children under five and PLW with MAM.</div><div>3. Programme management staff reported that CNVs have requested greater remuneration and have threatened to strike.</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.

UNICEF4 Project Factsheet: UNICEF - World Relief 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 ⁴	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	<input checked="" type="checkbox"/> Bentiu PoC, Rubkona County, Unity	<input checked="" type="checkbox"/> Bentiu PoC, Rubkona County, Unity	<input checked="" type="checkbox"/> Bentiu PoC, Rubkona County, Unity
Activities	<input checked="" type="checkbox"/> Establish OTP programmes for children between 6 and 59 months with SAM <input checked="" type="checkbox"/> Screen children under five for SAM at the community level and in health facilities <input checked="" type="checkbox"/> Recruit, train and monitor staff and CNVs for active case finding and Community-based Management of Acute Malnutrition (CMAM) <input checked="" type="checkbox"/> Dissemination of key messages on hygiene and nutrition through house visits by CNVs and MTMSGs <input checked="" type="checkbox"/> Immunisation of beneficiaries against common childhood diseases	<input checked="" type="checkbox"/> Establish OTP programmes for children between 6 and 59 months with SAM <ul style="list-style-type: none">679 boys and girls aged 6-59 months with SAM admitted for treatment <input checked="" type="checkbox"/> Screen children under five for SAM at the community level and in health facilities <ul style="list-style-type: none">5,642 children screened for SAM at the facility and at the community level <input checked="" type="checkbox"/> Recruit, train and monitor staff and CNVs for active case finding and CMAM <ul style="list-style-type: none">18 CNVs trained in the Bentiu PoC <input checked="" type="checkbox"/> Dissemination of key messages on hygiene and nutrition through house visits by CNVs and MTMSGs <ul style="list-style-type: none">2,129 PLW and caretakers of children 0-23 months reached with IYCF counseling	<input checked="" type="checkbox"/> Establish OTP programmes for children between 6 and 59 months with SAM <ul style="list-style-type: none">Physical verification of two nutrition centres reportedly providing OTP services <input checked="" type="checkbox"/> Screening of children under five for SAM at the community level and in health facilities <ul style="list-style-type: none">Facilities equipped with relevant screening material and physical observation of screenings during visitProgramme manager reported that 655 children were screened since December 2016 <input checked="" type="checkbox"/> Recruit, train and monitor staff and CNVs for active case finding and CMAM <ul style="list-style-type: none">KII with CNV confirmed regular trainings every three months in IYCF and CMAM <input checked="" type="checkbox"/> Dissemination of key messages on hygiene and nutrition through house visits by CNVs and MTM support groups <ul style="list-style-type: none">KII reported existence of six MTMSG of 10 mothers each <input checked="" type="checkbox"/> Immunisation of beneficiaries against common childhood diseases <ul style="list-style-type: none">KII reported standard immunisation of children enrolled in OTP
Outputs	<input checked="" type="checkbox"/> Health facilities and communities are able to provide quality Integrated Management of Severe Acute Malnutrition (IMSAM) as per national guidelines <input checked="" type="checkbox"/> Systems and capacity strengthened to effectively scale-up equitable, evidence-based nutrition interventions and provide robust data <input checked="" type="checkbox"/> Enhanced support for children, caregivers and communities for improved nutrition and provision of appropriate care and IYCF in emergencies in targeted locations <input checked="" type="checkbox"/> Effective and efficient programme management	<input checked="" type="checkbox"/> Health facilities and communities are able to provide quality IMSAM as per national guidelines. <ul style="list-style-type: none">95% recovery rate for children admitted for treatment in the Bentiu PoC <input checked="" type="checkbox"/> Systems and capacity strengthened to effectively scale-up equitable, evidence-based nutrition interventions and provide robust data <ul style="list-style-type: none">28 healthcare workers trained in CMAM in the Bentiu PoC <input checked="" type="checkbox"/> Enhanced support for children, caregivers and communities for improved nutrition and provision of appropriate care and IYCF in emergencies in targeted locations <ul style="list-style-type: none">2,129 PLW and caretakers of children 0-23 months reached with IYCF counseling <input checked="" type="checkbox"/> Effective and efficient programme management <ul style="list-style-type: none">23 nutrition staff hired to support programme implementation in the Bentiu PoC	<input checked="" type="checkbox"/> Health facilities and communities are able to provide quality IMSAM as per the national guidelines. <ul style="list-style-type: none">Visit of the Sector 2 nutrition center confirmed the presence of adequate nutrition facilities alongside general health servicesKII confirmed the implementation of a serious step-by-step protocol to ensure that children respond well to treatment (individual follow up, systematic house visits, etc.) <input checked="" type="checkbox"/> Systems and capacity strengthened to effectively scale-up equitable, evidence-based nutrition interventions and provide robust data. <ul style="list-style-type: none">KII confirm that 28 local healthcare workers had been trained in CMAM <input checked="" type="checkbox"/> Enhanced support for children, caregivers and communities for improved nutrition and provision of appropriate care and IYCF in emergencies in targeted locations <ul style="list-style-type: none">Observed individual nutrition counselling session provided by a nutritionist to a caregiverKIIs confirm regular IYCF clinic and community based counselling with mothers of children under five and individual follow-up with the caregivers of children who do not respond to treatment <input checked="" type="checkbox"/> Effective and efficient programme management <ul style="list-style-type: none">KIIs with programme coordinator confirms high capacity among staff
Outcomes	<input checked="" type="checkbox"/> Children 6-59 months with SAM have access to appropriate treatment and caretakers are better equipped to prevent malnutrition in the future	<input checked="" type="checkbox"/> Children 6-59 months with SAM have access to appropriate treatment and caretakers are better equipped to prevent malnutrition in the future <ul style="list-style-type: none">94.6% recovery rate for children admitted for treatment in the Bentiu PoC	<input checked="" type="checkbox"/> Children 6-59 months with SAM have access to appropriate treatment and caretakers are better equipped to prevent malnutrition in the future <ul style="list-style-type: none">KIIs with outreach and programme staff confirm improvement in knowledge about SAM prevention

4. At the time of the visit the latest quarterly report (January-March) was still being drafted - any statistics reported here are as of December 2016.