

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 is a humanitarian organisation that has worked with crisis affected communities in South Sudan since 1998 and has been present in Rubkona County since the onset of conflict in December 2013. In Bentiu PoC, World Relief is implementing integrated health and nutrition programming for UNICEF with HARISS funding. In addition to Rubkona County, World Relief is providing similar services in Koch County (Unity State) and Fangak County (Jonglei State) under the same Programme Cooperation Agreement (PCA). This factsheet summarises the key findings of a monitoring and verification visit to a World Relief Health Programme in the Bentiu Protection of Civilians (PoC) site in Bentiu, Rubkona County, Unity State on 30 March 2017.

Map 1 - Site Visit Location - World Relief Primary Health Care Centre (PHCC), Bentiu PoC, Rubkona County, Unity



Project Summary

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

Project Location: Bentiu PoC, Rubkona County, Unity

Project Start Date: 1 July 2016
Anticipated End Date: 30 June 2018

Monitoring Methodology

IMPACT utilized the following methodologies to assess this project:

- Secondary data review of contracting partner's (UNICEF) and implementing partners' (World Relief) proposal and implementing partner's most recent monthly report
- Verification of project activities, outputs and outcomes through three Key Informant Interviews (KIIs) with World Relief staff, 1 Focus Group Discussion (FGD) with beneficiaries, GPS mapping and physical verification of project location

KIIs with World Relief staff provided insights into programme implementation including strengths, challenges and adherence to proposed indicators, and KIIs with beneficiaries provided insights into the effectiveness of aid and beneficiary perceptions of World Relief programming.

Overview of Findings

World Relief programming in Bentiu PoC began in April 2015 with nutrition programming and an Expanded Programme on Immunisation (EPI) in Sector Two. Maternal and child health services were initiated under the HARISS programme in June 2016 through a PCA with UNICEF. World Relief is the health sector partner responsible for Sector Two of the PoC, providing primary healthcare services for the general population and maternal health including deliveries. World Relief has a strong health and hygiene promotion programme with 11 Home Health Promoters (HHPs) who conduct identification, referrals and defaulter tracing for nutrition, immunisation, gender based violence and common diseases and health education in disease prevention, personal hygiene, pregnancy complications and reproductive health. World Relief conducts reproductive health education and outreach to youth in schools and youth centres which is notable given that one beneficiary identified adolescent reproductive health as a need in the PoC. World Relief reportedly collects beneficiary feedback through FGDs twice monthly to address immediate problems at the field level and systematic issues at the cluster and Juba level. Within the maternal health unit, programme staff conduct women's meetings in block sectors to collect additional feedback.

In terms of KII feedback, multiple respondents requested increased training opportunities in key health subjects (e.g. specific disease, reproductive health). One staff member specified a need for increased management training for national staff for more efficient programme management. This respondent also recommended that the country-level office increase trust in field-level staff, who better understand the context and make requests according to identified needs.

Strengths	Challenges
<ol style="list-style-type: none"> 1. UNICEF technical and coordination support was reportedly strong. UNICEF staff reported regularly conducting site visits and provide capacity building opportunities. 2. A KII with programme staff indicated that UNICEF maintains an efficient supply chain with few delays in medication supply and provides 80% of World Relief medications. 3. Stakeholder coordination for secondary care, vertical programming (HIV/TB) and gender based violence is well-organised, providing wrap-around services for beneficiaries. 4. The World Relief country level office was perceived as positively responding to emergency needs in the field by FGD respondents. 5. Timely programme implementation by programme managers was reported as a strength of programming. 6. The programme manager also reported that World Relief provides an effective monitoring and evaluation framework to identify and respond to programme successes and failures 7. FGD participants indicated that integrated health and nutrition programming was helpful for beneficiary service access. 	<p>External Challenges</p> <ol style="list-style-type: none"> 1. Programme manager reported delay in activities following the July 2016 crisis due to challenges in transporting medical supplies to the facility. This coincided with the start of the rainy season and a corresponding increased caseload due to seasonal disease outbreaks. 2. In January 2017, International Organisation on Migration (IOM) staff went on strike, which increased the case burden on the clinic. 3. A KII with programme staff revealed a community perception that there are better maternal health services in other facilities, which has decreased the number of cases seen by World Relief. 4. Field-level staff reported that health messaging in certain subjects can be a challenge due to cultural uptake. For example, there has been community reluctance to using birth facilities because historically women in South Sudan have birthed at home. This requires HHPs to adapt messaging. <p>Internal Challenges</p> <ol style="list-style-type: none"> 1. Field-level staff reportedly struggle to meet different standard reporting requirements for multiple donors, which is time intensive, while balancing direct service provision. 2. Field-level staff reported not being involved in proposal development and are therefore not informed of the "bigger picture" and strategy behind programming. Field-based contextual input into proposal design could better inform long-term effective programming.

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.

UNICEF2 Project Factsheet: UNICEF - World Relief Health 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 State	<input checked="" type="checkbox"/> Bentiu PoC, Rubkona County, Unity State	<input checked="" type="checkbox"/> Bentiu PoC, Rubkona County, Unity State
Activities	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Curative consultations using Integrated Community Case Management (ICCM) of childhood illnesses and Ministry of Health (MOH) guidelines for children and adults with lab diagnostic services and routine vaccinations <input checked="" type="checkbox"/> Support network of 10 Health and Hygiene Promoters (HHPs) providing door-to-door health education, recognition and referral of malnutrition, malaria, pneumonia and diarrhoea cases, Antenatal Care (ANC) tracing and Infant and Young Child Feeding (IYCF) counseling <input checked="" type="checkbox"/> Train frontline healthworkers at health facility level <input checked="" type="checkbox"/> Focused ANC and routine lab work, provision of incentives for the first three ANC visits, participation in FGD on first ANC visit and weekly Mother-to-Mother (MTM) sessions to promote safe motherhood <input checked="" type="checkbox"/> Routine skilled delivery and Basic Emergency Obstetric and Newborn Care (BEMONC) services <input checked="" type="checkbox"/> Vaccination coverage at PoC gates for seven-day vaccination schedule and mobile case finding for new arrivals to the PoC <input checked="" type="checkbox"/> Support temporary facility infrastructure and maintenance, operational costs and construction of semi-permanent PHCC facility and maternity ward <input checked="" type="checkbox"/> Pre-position cholera treatment kits and conduct refresher training on cholera for health care workers 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Curative consultations using ICCM of childhood illnesses and MOH guidelines for children and adults with lab diagnostic services and routine vaccinations <ul style="list-style-type: none"> ▪ 1,149 curative consultations for children under five⁴ ▪ 3,844 curative consultations for children and adults over five⁴ <input checked="" type="checkbox"/> Support network of 10 HHPs providing door-to-door health education, recognition and referral of malnutrition, malaria, pneumonia and diarrhoea cases, ANC tracing and IYCF counseling <ul style="list-style-type: none"> ▪ 11 Home Health Promoters⁵ <input checked="" type="checkbox"/> Focused ANC and routine lab work, incentives from ANC visits 1 through 3 to mitigate drop outs, participation in FGD on first ANC visit and weekly MTM sessions to promote safe motherhood <ul style="list-style-type: none"> ▪ 185 1st ANC visits⁴ ▪ 20 4th ANC visits⁴ <input checked="" type="checkbox"/> Routine skilled delivery and BEMONC services <ul style="list-style-type: none"> ▪ 45 deliveries in facility by skilled birth attendant⁴ 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Curative consultations using ICCM of childhood illnesses and MOH guidelines for children and adults with lab diagnostic services and routine vaccinations <ul style="list-style-type: none"> ▪ KII confirmed delivery of curative consultations, lab diagnostic services and routine vaccinations ▪ Physical observation of patients awaiting services <input checked="" type="checkbox"/> Support network of 10 HHPs providing door-to-door health education, recognition and referral of malnutrition, malaria, pneumonia and diarrhoea cases, ANC tracing and IYCF counseling <ul style="list-style-type: none"> ▪ KII confirmed that 10 total HHPs identify, refer, and defaulter trace ANC, Post Natal Care (PNC), EPI and malnutrition cases and provide health education on personal hygiene, disease prevention and pregnancy complications <input checked="" type="checkbox"/> Train frontline healthworkers at health facility level <ul style="list-style-type: none"> ▪ KII with staff member identified 53 total staff and confirmed trainings in Integrated Management of Childhood Illness in Dec 2016, Minimum Initial Service Package for reproductive health in Oct 2016, Prevention and Management of Primary Postpartum Haemorrhage in Nov 2016 and Drug and Pharmacy Management in Feb 2017 <input checked="" type="checkbox"/> Focused ANC and routine lab work, incentives from ANC visits 1 through 3 to mitigate drop outs, participation in FGD on first ANC visit and weekly MTM sessions to promote safe motherhood <ul style="list-style-type: none"> ▪ KII confirmed provision of ANC, PNC, delivery, Prevention of Mother to Child Transmission (PMTCT) of HIV, and health education <input checked="" type="checkbox"/> Routine skilled delivery and BEMONC services <ul style="list-style-type: none"> ▪ KII confirmed provision of 24 hour delivery services <input checked="" type="checkbox"/> Vaccination coverage at gates with seven-day coverage schedule and mobile case finding for new arrivals <ul style="list-style-type: none"> ▪ KII confirmed that 4 EPI staff rotate at each gate <input checked="" type="checkbox"/> Support temporary facility infrastructure and maintenance, operational costs and construction of semi-permanent PHCC facility and maternity ward <ul style="list-style-type: none"> ▪ Physical verification of facility <input checked="" type="checkbox"/> Pre-position cholera treatment kits and conduct refresher training on cholera for health care workers <ul style="list-style-type: none"> ▪ KII confirmed pre-positioned cholera kits and refresher training in Dec 2016
Outputs	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Children and women in the target communities have increased and sustained access to community and facility level preventive and curative health services <input checked="" type="checkbox"/> Vulnerable populations in conflict-affected and epidemic-prone communities in targeted counties have improved access to equitable and sustainable health, nutrition and WASH services 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Children and women in the target communities have increased and sustained access to community and facility level preventive and curative health services <ul style="list-style-type: none"> ▪ 45 deliveries by skilled birth attendants⁴ 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Children and women in the target communities have increased and sustained access to community and facility level preventive and curative health services <ul style="list-style-type: none"> ▪ KIIs and FGD confirmed provision of preventative and curative health services (including cholera preparedness) <input checked="" type="checkbox"/> Vulnerable populations in conflict-affected and epidemic-prone communities in targeted counties have improved access to equitable and sustainable health, nutrition and WASH services. <ul style="list-style-type: none"> ▪ Physical verification of Water, Sanitation and Hygiene facilities within PHCC
Outcomes	<input checked="" type="checkbox"/> Reduction in morbidity from common childhood diseases and conditions (acute water diarrhoea, malaria and severe acute malnutrition)	<input checked="" type="checkbox"/> Reduction in morbidity from common childhood diseases and conditions (acute water diarrhoea, malaria and severe acute malnutrition) <ul style="list-style-type: none"> ▪ 1,149 monthly under five curative consultations⁴ 	<i>Outcome indicators not measurable through verification methodology.</i>

4. Based on UNICEF Health Report for Feb 2017

5. Based on UNICEF 1st Quarter Report for Nov and Dec 2016.