

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. This factsheet summarises the key findings of a monitoring and verification visit to two Medair nutrition centres in Aweil Centre County, Northern Bahr al Ghazal on 19 January 2017.

Project Summary

**Contracting Partner:** Medair  
**Implementing Partner:** Not Applicable  
**Handover Partner:** Malaria Consortium (MC)  
**Sector:** Nutrition

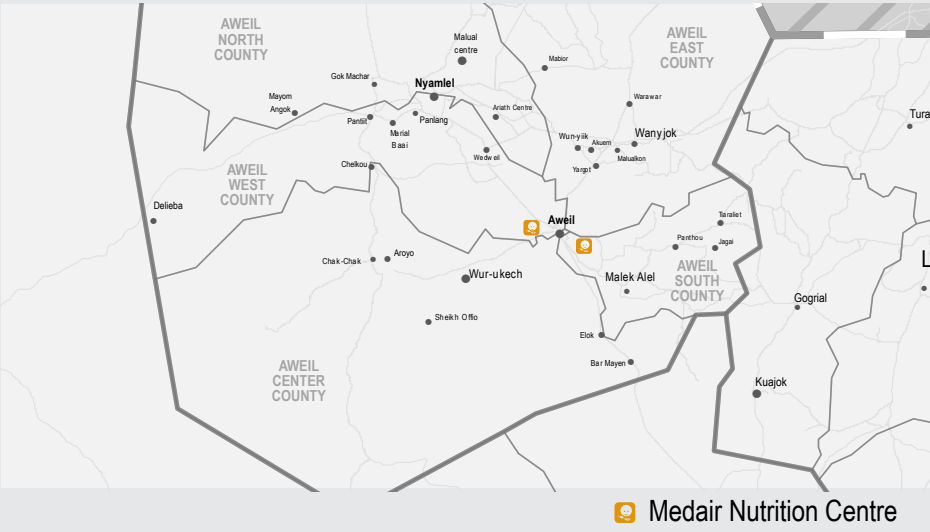
**Site Visit Locations:** Maper and Kuom<sup>4</sup>, Aweil Centre County, Northern Bahr el Ghazal

**Project Dates:**  
**Kuom:** 27 October 2016 - Ongoing  
**Maper:** 4 October 2016 - Ongoing

Overview of Findings

In response to alarming global acute malnutrition rates in Northern Bahr el Ghazal, Medair supported MC scale-up and integration of nutrition services across four locations in Aweil Centre County (Aulic, Kuom, Maper, and Nyalath). Medair was proactive in identifying and implementing solutions to both internal and external challenges. The ERT programme manager provided examples of the different checks and balances implemented to prevent fraud and double registration within the nutrition centres (e.g. randomly rotating staff, examining registration cards for inconsistencies, verifying distribution numbers with remaining supplies). Medair identified a need for greater partner coordination and information sharing to identify gaps in service provision and to share solutions to similar challenges. The challenge of caregivers sharing and selling nutritional supplements raises the concern about the effectiveness of emergency nutrition programming in the absence of supplemental food aid. It could be worthwhile to consider providing supplemental food staples to caregivers to improve adherence to treatment. Continued data collection and sharing about best practices to mitigate double registration would be helpful for future sites.

Map 1: Site Visit Locations - Medair Nutrition Centres in Kuom and Maper, Aweil Centre County, Northern Bahr el Ghazal



Monitoring Methodology

IMPACT utilised the following methodologies to assess this project:

- Secondary data review of contracting partner’s (Medair) proposal, terms of references and intervention summary report
- Verification of project activities, outputs and outcomes through 12 Key Informant Interviews (KIIs) with Medair staff, outreach workers and MC, two Focus Group Discussions (FGDs) with beneficiaries, GPS mapping and physical verification of two project sites

KIIs with Medair staff provided information about implementation successes and challenges. KIIs with Community Nutrition Workers (CNWs), Communtiy Nutrition Volunteers (CNVs), and FGDs provided details on community perceptions. A KII with MC provided insights into perceived strengths and challenges of working with Medair.

Strengths	Challenges
<div><div>1.</div><div>A KII with MC indicated that Medair’s involvement with MC before entry and exit permitted MC to handle the nutrition caseload upon Medair exit. A KII with Medair programme management staff confirmed that Medair identifies handover partners to ensure that their emergency programming does not negatively impact existing NGOs.</div></div> <div><div>2.</div><div>Nutrition programme manager reported that a centre with a light caseload (Nyalath) was handed over to MC rapidly and a third centre (Aulic) was opened to alleviate heavy caseloads and protection concerns related to beneficiaries walking long distances to access services in two existing centres (Kuom and Maper).</div></div> <div><div>3.</div><div>Programme managers reported quality assurance mechanisms to ensure fidelity to activities. Programme management had weekly meetings with CNWs, CNVs, and Health and Hygiene Promoters (HHPs) and reviewed beneficiary admission/follow up cards, distribution sheets and stock cards.</div></div> <div><div>4.</div><div>MC programme manager reported that Medair had been proactive, engaging and flexible in the handover process, ensuring that MC could handle the nutrition caseload. Medair was reportedly extending service provision for three months in all three sites to ensure that MC could handle the caseload upon exit.</div></div> <div><div>5.</div><div>Outreach worker (and community member) reported that Medair’s greatest strength was their provision of supplemental stock, staffing, and capacity building to reduce delays in service provision for beneficiaries.</div></div> <div><div>6.</div><div>Medair was transparent about both internal and external challenges, allowing for quicker identification and a thorough response. They rapidly identified a case of internal fraud through existing verification methods and responded by letting go of involved staff, and increasing the number of safeguards to prevent this from occurring again. One KI actively expressed a desire for greater information sharing across partners regarding such challenges to better identify and address these problems.</div></div>	<div><div>External Challenges</div><div><div>1.</div><div>Medair staff reported that logistical delays in the receipt of supplies resulted in occasions where Medair had insufficient nutritional supplies. Due to the critical state of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), gaps in service can result in recovery setbacks.</div></div><div><div>2.</div><div>Medair programme staff reported identifying double registration of beneficiaries as a challenge across nutrition sites. Double registrants strain limited resources and distort cure and defaulter rates. Medair addressed this challenge by coordinating service provision with partners.</div></div><div><div>3.</div><div>Medair programme staff reported that a lack of mapping data about who is doing what where made it difficult to identify gaps and coordinate service provision.</div></div><div><div>4.</div><div>IMPACT staff observed nutritional supplements sold in Aweil Centre market. KIIs with programme staff revealed that due to high food insecurity, caregivers often share nutritional supplements with other children in the household or sell nutritional supplements, using the income to purchase foodstuffs that can serve the entire family. This results in distorted cure rates because SAM and MAM children do not receive their treatment.</div></div><div><div>5.</div><div>MC programme manager reported that delays in MC’s contracting with UNICEF and WFP had prevented Medair from exiting at 12 weeks as stated in the terms of reference.</div></div><div><div>6.</div><div>MC revealed that Medair’s strength in providing human resources was a challenge for handover partners who struggle with the loss of staff when Medair exits.</div></div></div> <div><div>Internal Challenges</div><div><div>1.</div><div>Medair reported identifying a case of fraud among staff in their Kuom location through their multiple verification processes. They informed donors immediately and let go of involved staff. They also incorporated additional safeguards (for example, randomly rotating staff to different stations in the distribution chain to prevent staff from establishing patterns that would facilitate fraud) for prevention.</div></div><div><div>2.</div><div>Local staff noted that their payment structures did not reflect inflation and indicated that they preferred to be paid in U.S. dollars rather than South Sudanese Pounds (SSP) to reflect the nationwide devaluation of the SSP.</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. Three additional sites were associated with this emergency response but were not visited: Aulic, Nyalath and Panjab. Aulic as 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.

# Medair2 Project Factsheet: Medair Nutrition Centre

## 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>5</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>Verified items refer to activities, outputs and outcomes that were verified through KIIs, FGDs or physical observation.</i>
Location	All sites in Aweil Centre County, Northern Bahr el Ghazal <div><input checked="" type="checkbox"/> Kuom</div> <div><input checked="" type="checkbox"/> Maper</div>	All sites in Aweil Centre County, Northern Bahr el Ghazal <div><input checked="" type="checkbox"/> Kuom</div> <div><input checked="" type="checkbox"/> Maper</div>	All sites in Aweil Centre County, Northern Bahr el Ghazal <div><input checked="" type="checkbox"/> Kuom</div> <div><input checked="" type="checkbox"/> Maper</div>
Activities	<div><input checked="" type="checkbox"/> Establish Outpatient Therapy Programmes (OTP) for case management of children 6-59 months with SAM</div> <div><input checked="" type="checkbox"/> Establish Therapeutic Supplementary Feeding Programmes (TSFP) for children with MAM and Pregnant and Lactating Women (PLW)</div> <div><input checked="" type="checkbox"/> Train employees and CNVs to actively case find; carry out defaulter tracing; and promote improved health, Infant and Young Child Feeding (IYCF), and hygiene practices</div> <div><input type="checkbox"/> Establish Stabilisation Centres for children with SAM and medical complications</div>	<div><input checked="" type="checkbox"/> Establish OTP for case management of children 6-59 months with SAM<ul style="list-style-type: none"><li>Supported MC's existing OTP services in Kuom, Maper and Nyalath</li></ul></div> <div><input checked="" type="checkbox"/> Establish TSFP for children with MAM and PLW<ul style="list-style-type: none"><li>Established TSFP in Kuom, Maper and Nyalath</li></ul></div> <div><input checked="" type="checkbox"/> Train CNVs to actively case find; carry out defaulter tracing; and promote improved health, IYCF and hygiene practices<ul style="list-style-type: none"><li>Trained 16 CNWs (eight in Maper, eight in Kuom) in nutrition screening, registration, and distribution</li><li>Trained 47 CNVs (18 in Maper, 14 in Kuom, 15 in Aulic) in active case finding; defaulter tracing; nutrition screening; health, nutrition, and hygiene education</li></ul></div>	<div><input checked="" type="checkbox"/> Train CNVs to actively case find; carry out defaulter tracing; and promote improved health, IYCF and hygiene practices<ul style="list-style-type: none"><li>KIIs with Medair staff and CNVs confirmed recruitment and training of 18 CNVs in Maper (first training on 23 Nov 2016) and 14 CNVs in Kuom (first training on 6 Dec 2016) for active case finding, referrals, defaulter tracing, and IYCF messaging</li><li>KIIs with Medair staff and CNVs confirmed recruitment and training of 15 Health and Hygiene Promoters (HHPs) in Maper (first training on 23 Nov. 2016) and 12 HHPs in Kuom (first training on 6 Dec. 2016) for community based messaging</li><li>KIIs with Medair staff and CNWs confirmed recruitment and provision of on-the-job training for 16 CNWs on treatment and management of SAM and MAM and IYCF messaging</li></ul></div> <div><input checked="" type="checkbox"/> Establish TSFP for children with MAM and PLW<ul style="list-style-type: none"><li>Observation of TSFP for children with MAM at Kuom and Maper</li></ul></div>
Outputs	<div><input checked="" type="checkbox"/> Screen children under five (&lt;5) and PLW for acute malnutrition through Middle Upper Arm Circumference (MUAC) measurement</div> <div><input checked="" type="checkbox"/> Support and establish emergency Case Management of Acute Malnutrition (CMAM) programmes for SAM and MAM in children &lt;5 and PLW</div> <div><input checked="" type="checkbox"/> Reduce vulnerability to disease and death by treating malnutrition</div> <div><input checked="" type="checkbox"/> Reach caretakers and PLW with lifesaving health, IYCF and hygiene messages</div>	<div><input checked="" type="checkbox"/> Screen children &lt;5 and PLW for acute malnutrition through MUAC measurement<ul style="list-style-type: none"><li>9,471 of children 6-59 months screened for malnutrition</li><li>1,168 PLW screened for malnutrition</li></ul></div> <div><input checked="" type="checkbox"/> Support and establish emergency CMAM programmes for SAM and MAM in children &lt;5 and PLW<ul style="list-style-type: none"><li>1,128 new OTP &lt;5 admissions; 3,284 TSFP &lt;5 admissions; 149 TSFP PLW admissions</li></ul></div> <div><input checked="" type="checkbox"/> Reduce vulnerability to disease and death by treating malnutrition<ul style="list-style-type: none"><li>Children aged 6-59 months cured (77%), defaulted (19%), died (0%), and non-recovered (4%) from OTP</li><li>Chidren aged 6-59 months cured (79%), defaulted (20%), died (0%), and non-recovered (1%) from TSFP</li></ul></div> <div><input checked="" type="checkbox"/> Reach caretakers and PLW with lifesaving health, IYCF and hygiene messages<ul style="list-style-type: none"><li>17 nutrition staff received training</li><li>3,284 caregivers of children 0-23 months received IYCF messaging</li></ul></div>	<div><input checked="" type="checkbox"/> Support and establish emergency CMAM programmes for SAM and MAM in children &lt;5 and PLW<ul style="list-style-type: none"><li>KII with programme manager and CNW indicated provision of OTP services on Monday and Tuesday in both facilities</li><li>Observation of TSFP for &lt;5 and PLW on site visit date</li></ul></div> <div><input checked="" type="checkbox"/> Reach caretakers and PLW with lifesaving health, IYCF and hygiene messages<ul style="list-style-type: none"><li>KIIs with Medair staff confirmed recruitment and training of 16 CNWs on treatment and management of SAM and MAM and IYCF messaging</li><li>KIIs with Medair staff and CNVs confirmed recruitment and training of 47 CNVs for active case finding, referrals, defaulter tracing and IYCF messaging</li><li>KIIs with Medair staff and HHPs confirmed recruitment and training of 27 HHPs for community based messaging</li></ul></div> <div><input checked="" type="checkbox"/> Screen children &lt;5 and PLW for acute malnutrition through MUAC measurement<ul style="list-style-type: none"><li>Observation of MUAC screenings for children &lt;5 and PLWs at Kuom and Maper</li><li>Observation of provision of TSFP services for children &lt;5 on Wednesday and Thursday in both facilities</li></ul></div>
Outcomes	<div><input checked="" type="checkbox"/> Discharge performance outcomes in line with Sphere standards (i.e. &gt;75% of children with SAM or MAM are discharged cured)</div> <div><input type="checkbox"/> Increased community nutrition knowledge and attitudes regarding healthy IYCF practices<sup>6</sup></div>	<div><input checked="" type="checkbox"/> Discharge performance outcomes in line with Sphere standards (i.e. &gt;75% of children with SAM or MAM are discharged cured)<ul style="list-style-type: none"><li>Cured: OTP &gt;75%, TSFP &gt;75%</li><li>Died: OTP &lt;10%, TSFP &lt;3%</li><li>Defaulted<sup>7</sup>: OTP &lt;15%, TSFP &lt;15%</li></ul></div>	<i>Outcome indicators not measurable through verification methodology.</i>

5. Reported figures aggregated across all sites as of site visit date. Data shared via email.

6. Emergency nature of programming reportedly did not allow for rigorous measurement of knowledge uptake by community members, although KIIs and FGDs confirmed that nutrition messaging occurred.

7. High defaulter rates associated with double registration of beneficiaries (discussed in "External Challenges").