



**Quarterly Program Performance Report**  
Emergency Response to Life Threatening Malnutrition in Jonglei, South Sudan

AID-OFDA-G-14-00186

Project Dates: September 1<sup>st</sup> 2014 to August 31<sup>st</sup> 2015

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<b>Programme Title:</b>	Emergency response to life-threatening malnutrition in Jonglei, South Sudan
<b>OFDA Grant Number:</b>	<b>AID-OFDA-G-14-00186</b>
<b>Country/Region:</b>	Uror County, Jonglei State, South Sudan
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### Executive Summary

During the reporting period, a third outreach center was opened in Dakriang, north of Motot, in order to complement ongoing treatment in 2 outreach centers established in the first quarter in Modit and Karam. All these OFDA supported sites are operational and are implementing: Targeted Supplementary Feeding Programme (TSFP) for children 6-59 months and pregnant and lactating women (PLW), Outpatient Therapeutic Programme (OTP) and IYCF and community outreach activities. For the reporting period a total of 436 moderately malnourished children (MAM) and 208 severely malnourished children (SAM) without complications were admitted into the programme. Five severely malnourished children with medical complications were supported and referred to the MSF stabilization center (SC) in Lankien. A total of 105 pregnant and lactating women were admitted for treatment. 18 Community Nutrition Volunteers CNV (6 per site), working in the 3 OFDA FCs (6 per facility) were trained in CMAM and are now supporting the extension workers in carrying out mass screening. Tearfund led a training of trainers in IYCF for 11 Tearfund staff (2 office and 8 field based) and 1 County Health Department (CHD) staff, and trainings to IYCF counselors and mother support groups are ongoing.

Security remains fragile. There has been sporadic fighting in the neighbouring counties of Duk, Ayod, and Nyirol as well as the greater Akobo. For the past three months, there have been rumours of a government led attack on Uror, there have been some attacks, mainly by the opposition but they remained insignificant. Despite this security challenge, the field team has been able to move freely to all the Nutrition sites for both implementation and monitoring of Nutrition activities.

## **1. Security Concerns**

The security situation remained highly fragile and unpredictable throughout the reporting period. With the collapse of the AU led peace process in March, there was great uncertainty and fear in the area. There were continued threats of military confrontation by SPLA in Urur, but this did not happen on large scale. There were a number of sporadic attacks in Ayod but were allegedly started by IO forces and were quickly repulsed, with the last one reported to have had a large number of casualties. In recent weeks, IO has led an administrative realignment of counties by dividing Urur, Nyirol and Akobo into 6 counties with commissioners recently installed. However, these changes have created tensions over appointments that could contribute to tribal conflict in the area. Otherwise, small-scale cattle raids between Merle and Dinka communities were reported, but were contained and did not affect operations.

SPLA forces are still stationed in Ayod, Duk and Gadiang, to the south of Motot: all of which are within one day's walk from the fringes of the project area. And the population in the project area remains heavily armed. Opposition troops and armed youth are often seen roaming around and sometimes mobilizing for possible government attacks. Apart from the general conflict between the government and the opposition, the area also suffers from inter-clan conflicts and revenge attacks between Nuer tribes. Local authorities are struggling to make sure these conflicts do not escalate. Tearfund continues to monitor its security indicators very closely and the security plan is updated every quarter to ensure we minimize risk in case of active fighting.

## **2. Progress**

### **2.1 Infant and Young Child Feeding and Behaviour Change (IYCFBC)**

As planned, Tearfund began moving its IYCF programming into the communities while continuing messaging in the feeding centers. Tearfund recruited a consultant to lead a training of trainers (ToT) for 12 participants, including extension workers, Tearfund Nutritionists, Nutrition Nurse and one CHD staff. The Nutrition Nurse is also the Community Nutrition Officer who supports the ToTs who are now training 18 IYCF counselors (6 per site). The counsellors are responsible for training support group leaders on IYCF, forming support groups and facilitating support group meetings and community outreach activities. Tearfund initially proposed to form 2 support groups. However, as a result of the IYCF review, Tearfund will form more than 2 support groups in Q3 and Q4 that are smaller in size. IYCF messaging at the feeding centers and in the community was ongoing. Based in UNICEF counselling cards, Tearfund staff disseminated messages to 2,058 individuals (199 male and 1,859 female), including messages on exclusive breastfeeding for the first 6 months, initiation of breast milk within the first hour of birth including colostrum, complementary feeding for 6 months and above, nutrition for pregnant mothers, hygiene and sanitation practices among others. In the next quarter, Tearfund plans to continue awareness creation and sensitization of the community on nutrition and hygiene issues, mapping of IYCF coverage, refresher training on IYCF through mentoring, and coaching for counselors and mother to mother support groups.

### **2.2 Management of Moderate Acute Malnutrition (MAM)**

During the first quarter, a breakage in the WFP pipeline for supplies to treat PLWs with MAM caused the program to focus on children only. However, in the second quarter, all supplies were available. A third outreach site (Dakriang) was established during the reporting period, reaching the project target of the number of sites established. A total of 436 children 6-59 months (202 boys and 234 girls) were admitted for TSFP treatment. Cumulatively, 661 children in this category benefited from the program and 216 children having been discharged from the program. Among the discharged children, 91.7% (n=198) were cured, 0% (n=0) died, 6.5% (n=14) defaulted, 0.5% (n=1) non responders and 1.4% (n=3) were transferred to Outpatient Therapeutic Care (OTP).

105 malnourished PLWs (61 Pregnant and 44 lactating) were admitted for TSFP treatment. The beneficiaries reached are smaller in number owing initial lack of supplies. Supplies for PLWs were not available from WFP until 9 March 2015. Consequently, supplies have been interrupted and 20 of the beneficiaries have defaulted,

in part because when they came to the center to pick up supplies they could not. Tearfund staff are still following up with these mothers.

### 2.3: Management of Severe Acute Malnutrition (SAM)

As mentioned above, a third site was established in Dakriang, which provides outpatient therapeutic programme (OTP). 208 children (99 boys and 109 girls) aged 6-59 months were admitted into the programme. Cumulatively, 339 children have been reached so far in the programme and 125 beneficiaries were discharged from the program. Among the discharged children, 75.2% (n=94) were cured, no child died, 12% (n=15) defaulted, 10% (n=8) were non-responders, and 4% (n=5) were transferred to the SC in Lankien, all of which meets the SPHERE standards. None responders and defaulter rates are due to the fact that there have been population movements in this dry season. All cattle in the area have moved to cattle camps in and outside of the county and the children have had to move with the parents to those camps. Community Nutrition Volunteers have been trained and are being mentored in Nutrition, health, hygiene and IYCF issues for better performance at the outreach centres and this will contribute to community participation and project ownership

Between January and February 2015, Tearfund met on three occasions with CARE International to discuss a more efficient alternative to referring children with SAM with complications to Lankien. The initial meeting in January aimed to discuss the activities of each agency and how could together support a stabilization centre in Motot, Uror county. However, CARE highlighted at this point that due to fewer resources than in previous years and increasingly restricted access to the health clinics necessary for the required supplies, they were not able to support this activity, unless Tearfund took the lead. As Tearfund is not in a position to lead in Health, the two groups agreed to go back and discuss the stabilization center with their teams. During the second meeting in February, CARE proposed that Tearfund use space that CARE had available in Yuai. However, as Tearfund is not in a position to lead in Health, this was not an option. After a third meeting in February in Juba, Tearfund and CARE concluded that a stabilization center would not be possible during the lifetime of this project due to the access and resource constraints. Tearfund plans to use resources budgeted for staff and supplies at a stabilization center to cover increase the number of extension workers to 7 from 4 at the 3 outreach centres to meet the caseload; contribute to the costs of the Nutrition Officer to monitor these sites exclusively; and finally, to support the costs guards of the base compound and stores. This plan has been discussed in-country with OFDA, who are supportive. A separate communication about this has also been sent to the AOR in OFDA/Washington.

Five children with (SAM) with medical complications were identified and referred to the MSF SC in Lankien, where all the TF Uror program referrals for inpatient care are sent. We still refer the cases to Lankien because the health provider agency, CARE International was not able support Tearfund in setting up the SC in Uror. They cited lack of capacity in terms of staffing, funding and medical supplies challenges, Tearfund has since strengthened the linkages with the MSF Hospital in Lankien after the Tearfund Uror team met with the MSF Health Program Manager in Lankien to discuss how to improve the referral system and have a tracking system in place. Patients referred to MSF would from then on be sent to the section of the hospital where treatment would promptly be provided. Both Tearfund and MSF learnt that sometimes referrals cases did not know this and mothers would therefore queue for general treatment and this was tiresome and sometimes frustrating to the mothers. Tearfund and MSF agreed through this meetings to contact each other when a referral was made and when that patient were discharged from the hospital. Since then, Tearfund has been able to more accurately update its referral database with details on each patient sent to MSF.

#### Summary of Admissions (January-March 2014)

Center	Number of U5s screened		Number of SAM admissions		Number of SAM Discharges		Number of MAM U5 admissions		No of MAM U5 Discharges	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Karam	301	291	40	28	36	38	59	52	39	28
Modit	511	492	55	57	27	24	150	145	84	65
Dakriang	150	145	14	14	0	0	25	5	0	0

<b>Total</b>	962	928	109	99	63	62	234	202	123	93
<b>Grand Total</b>	1,890		208		125		436		216	

## 2.4 Community outreach activities and prevention

**Community outreach and Screening for Malnutrition:** Community outreach activities, including screening was carried out by both the project staff, assisted by the Community Nutrition Volunteers (CNVs). 18 CNVs were trained in MUAC screening, referrals, defaulter tracing and community mobilisation. For this reporting period, 1,890 children 6-59 months were screened. Of these, 1,237 (701 boys and 536 girls) were normal (green), 418 (205 boys and 536 girls) were moderately malnourished (yellow) and 235 (103 boys and 132 girls) were severely malnourished (red). Furthermore, 1,286 PLWs were screened for malnutrition. 121 (9.4%) were severely malnourished, 213 (16.6%) moderately malnourished and 952 (74.0%) were normal.

**Vitamin A Supplementation:** Vitamin A is an essential nutrient that allows the body to maintain healthy eye sight and fights off infections. In the program, the supplementation is provided at the feeding centres and in the communities during home visits and outreach activities. This is conducted by the extension workers (instead of the CNVs) to ensure that it is appropriately administered. During the reporting period, 141 children of 6-59 months received the supplementation.

**Deworming:** Deworming is essential and it plays the role of halting infections caused by round worms, hookworms and whipworms<sup>1</sup>. These worms feed by inducing intestinal haemorrhage and consuming their host's blood and in the process cause anaemia and under malnourishment. Deworming is carried out at the feeding centres and during community outreach by extension workers. For this quarter, 499 children 6-59 months were dewormed.

### 2.4. Trainings and community meetings

Four trainings were conducted during the second quarter. One was on IYCF ToT, as mentioned, and three were on MUAC screening, referral and community outreach. The IYCF ToT training was an 8 day training for 12 participants on how to train trainers on ICYF. The three other trainings were for 18 CNVs in the three locations of Karam, Modit and Dakriang across 2 days at each site. These trainings on sites were led by the Nutrition nurse, who has been trained as lead ToT and will be lead facilitator and point of reference for community outreach activities.

## 3. Coordination

Coordination with the Nutrition cluster both at the National and County levels is on-going through participation in monthly meetings and fulfilment of the cluster's requirements. Tearfund has been able to submit weekly and monthly cluster reports and had the post-Harvest SMART Survey validated during the quarter.

Inadequacy of health services in Uror County has restricted coordination with health services providers. As mentioned, after discussions with Tearfund, CARE International could not commit to providing treatment to cases of SAM with complications in Uror, as originally planned. CARE cited challenges with funding, staffing, and the medical supply chain as reasons for downsizing its presence in the health sector in Uror. Since then, Tearfund has focused on strengthening coordination with MSF, as mentioned. Meetings during the second quarter have yielded a communication system for the patients referred and discharged from Tearfund and MSF, respectively. As CARE and other agencies, like MSF and ICRC, discuss the health situation, Tearfund will remain engaged to ensure that Nutrition and Health activities are coordinated

## 4. Final Remarks

<sup>1</sup> Disease control priorities project, 2008

Nutrition services for children and PLWs is provided at all the three facilities (Modit, Karam and Dakriang). The next quarter will focus on completing improved facilities, as originally planned (including the installation of a latrine at the feeding center and adequate storage for the Nutrition supplies). Otherwise, nutrition services will continue and the lessons learned through the ToT training will be applied to the support groups in the targeted area.

## Indicator table

	Indicators	Base line	Project Target	Achieved in Reporting Period	Achieved Cumulative	Remarks
<b>Management of Moderately Acute Malnutrition(MAM)</b>						
Indicator 1:	Number of sites managing MAM	0	3	1 Outreach site set in Dakriang	3 Nutrition sites established	All the three outreach sites established.
Indicator 2:	Number of people admitted to MAM services, by sex and age*	0	TOTAL: 3606 2,707 children < 5 (female: 1,299; male: 1,408), 901 PLWs	TOTAL: 541 436 children < 5 (female: 234; male: 202), 105 PLWs	TOTAL: 766 661 children < 5 (female: 362; male: 299), 105 PLWs	TSFP for PLWs started late due to lack of supplies.
Indicator 3:	Number of health care providers and volunteers trained in the prevention and management of MAM, by sex.	0	204 (6 Tearfund staff, 18 Community Nutrition Volunteers, 180 IYCF women (60 per each Feeding Center/location))	TOTAL: 30 18 CNVs ( 6 female; 12 male) 12 IYCF ToTs ( 2 female; 10 male)	TOTAL: 34 18 CNVs (6 female; 12 male), 12 IYCF ToTs ( 2 female; 10 male), 4 Extension workers (1 Female 3 Male)	Training of IYCF Counsellors and support group leaders and members set to follow in Q3 and Q4
Additional Indicators	% of coverage in project area	0	>50%	6.2%	21.2%	The coverage rate will continue to increase during the pre-harvest period (Q3 and Q4).
Additional Indicators	% of target population are within less than a day's walk (incl treatment) of the programme site	0	>90%			To be measured by a survey planned at the end of the project
Additional Indicators	% of discharges from targeted supplementary feeding programme who have recovered or defaulted	0	>75% recovery rate	91.7%	91.7%	Above sphere standards
			<15% Defaulter rate	6.5%	6.5%	Within sphere standards
<b>Management of Severe Acute Malnutrition (SAM)</b>						
Indicator 1:	Number of health care providers and volunteers trained in the prevention and management of SAM, by sex and age*	0	204 (6 Tearfund staff, 18 Community Nutrition Volunteers, 180 IYCF women (60	TOTAL: 30 18 CNVs ( 6 female; 12 male)	TOTAL: 34 18 CNVs (6 female; 12 male), 12 IYCF ToTs ( 2 female; 10 male),	IYCF support groups will be trained in Q3 and Q4

			per each Feeding Center location)	12 IYCF ToTs ( 2 female; 10 male)	4 Extension workers (1 Female, 3 Male)	
Indicator 2:	Number of sites established/rehabilitated for inpatient and outpatient care	0	3 for outpatient care and 1 stabilisation centre	1 Outreach site set in Dakriang	3 Nutrition sites established	All the three outreach sites established.
Indicator 3:	Number of people treated for SAM, by sex and age*	0	486 children under 5 (female: 233; male: 253)	TOTAL: 208 (female: 109; male: 99)	TOTAL: 339 (female 180; male 159)	
Indicator 4:	Rates of admission, default, death, cure, relapse, nonresponse-transfer, and length of stay	Defaulter Rate 0%	Defaulter Rate <15%	12%	12%	
		Recovery Rate 0%	Recovery Rate >75%	75.2%	75.2%	
		Admission Rate 0%	Admission Rate: 100%	69.8%	69.8%	
		Non Responder Rate 0%	Non Responder Rate	8%	8%	
		Length of Stay 0	Length of stay (estimated 60 days)	60	Est 60 days	
Additional Indicators	% of patients identified for specialised care referred immediately to stabilization center or inpatient care centre.	0%	18 children (100%)	5 (3 Male and 2 Female)	7 (4 Male and 3 Female)	

IYCF

Indicator 1	Number and percentage of infants 0-<6 months of age who are exclusively breastfed	27%	50%			To be measured by a survey planned at the end of the project once the IYCF training has been completed. In Q3 and Q4, the support groups will be formed and counsellors will begin training.
Indicator 2	Number and percentage of children 6-<24 months of age who received foods daily from 4 or more food groups	3%	10%			To be measured by a survey planned at the end of the project once the IYCF training has been completed. In Q3 and Q4, the support groups will be formed and counsellors will begin training.
Indicator 3	Number of people receiving behavior change education, by sex and age (0-11 months, 1-4 years, 5-14, 25-49 years, 50-60 years, and 60+)	29%	45%	Total: 2058 1955 Female, 103 Male all 15-49 years of age	Total: 2629 2526 Female, 103 Male all 15-49 years of age	Ongoing activity
Additional Indicator	Continued breastfeeding rate at 1 and 2 years (WHO indicators to complement OFDA indicator 1)	35%	90%			To be measured by a survey planned at the end of the project
Additional Indicator	Percentage of mothers initiating breastfeeding within an hour after delivery.	85.4 %	>90%			To be measured by a survey planned at the end of the project
Additional Indicators	Number and Percentage of children introduced to semi solid or soft food at the appropriate time.	4%	25%			To be measured by a survey planned at the end of the project
Additional Indicators	Percentage of children fed at least 3 times a day.	24%	65%			To be measured by a survey planned at the end of the project

