



Quarterly Program Performance Report Integrated Response to Life-Threatening Malnutrition

Organisation: Tearfund Headquarters Mailing Address: 100 Church Road Teddington Middlesex TW11 8QE United Kingdom	Date: January 30, 2016 HQ Contact: Carole Murphy Woolford Telephone: [REDACTED] Fax: [REDACTED] Email: cmw@tearfund.org Field Contact: Florence Mawanda Mobile: [REDACTED] Email: southsudan-cd@tearfund.org
Program Title:	Integrated response to life-threatening malnutrition
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Country/Region:	Uror County, Jonglei State, South Sudan
Time Period Covered by the Report:	September 1st – December 31st 2015

1. Executive Summary

The report provides an overview of implementation of an OFDA-funded project for the period September 2015 – December 2015 in 5 payams for both WASH and Nutrition. Notable achievements for the period include:

WASH:

- a) Assessment of Boreholes in 5 target locations of Modit, Yuai, Karam, Padiak and Wickol.
- b) Rehabilitation ((replacement of pump parts two boreholes in Karam
- c) Selection water management committees through facilitated meeting with whole community and its leaders

NUTRITION:

- a) Provision of Outpatient Therapeutic Program (OTP) services to severely malnourished children without medical complications and referral of children with severe malnutrition and medical complication to an inpatient facility.
- b) Provision of Targeted Supplementary Feeding Programed (TSFP) services to moderately malnourished children and malnourished pregnant and lactating mothers.
- c) Community engagement and involvement on Infant and Young Child Feeding (IYCF) practices.
- d) Capacity building sessions on key IYCF messages for behavioral change.
- d) Execution of Community outreach sessions by extension workers. This involves screening, vitamin A supplementation and deworming (UNICEF provides Vitamin A and De-worming tablets for all children under 5 years as a malnutrition preventive measure).

Award Level Beneficiaries for both WASH and Nutrition

	Total (WASH & Nutrition)	IDP	Total WASH	IDP WASH	Total Nutrition	IDP Nutrition
Cumulative Target	84,568	12,685	48000	7200	48491	7274
Reporting Period Targeted	32,441	4,866	7959	1194	22985	3447
Reporting Period Reached	32,441	4,866	7959	1194	29852	3447
Cumulative Reached (to date)	32,441	4,866	7959	1194	25152	3,773

Proposal figures – there were some errors in calculating the beneficiary numbers. We have corrected these the figures as such our targets are different from the proposal. The rational is based on the following:

WASH- Total beneficiaries is 500HH per borehole rehabilitated (targeted 20 boreholes) with average of 6 people per household.

Nutrition –beneficiary numbers were underestimated in the proposal and did not fully account for the PLW who would be screened. It only considered admission into MAM- PLW services. This is now adjusted.

29% of children and 29% of PLW would be benefiting from both WASH and Nutrition. This only occurs in the areas were boreholes have been repaired.

2. Sector 1: WASH

Objective 1: To increase access to safe water sources, knowledge on good hygiene practices and sanitary facilities among IDPs and host communities.

Activity	Progress/Achievement
Sub sector 1: Water Supply Infrastructure	
30 Boreholes rehabilitated	Borehole assessment conducted. Selection of the most vulnerable water points eligible for rehabilitation finalized. Two Boreholes rehabilitated in Karam, the rest is scheduled to kick off at the peak of the dry season (January – April 2016). Delivery to field sites is on-going
Water quality testing (20 boreholes in targeted areas)	This will be done when the borehole rehabilitation exercise is completed in the next quarter.
20 Water Management Committees supported	WASH staff have been oriented on recommended knowledge sharing guidelines. WASH team were trained on how to facilitate Water Management Committee selection. Communities around the 30 Water Points were mobilized and selection of 30 Water Management Committees, with 7 members in each, was completed. Training and Equipping of the Water Management Committees is planned to take place in the first month of the next quarter.
Water Safety Plans developed by each WMC Committee	Water Safety Plan development to take place once the Water Management Committees are trained. This trainings are planned to take place next quarter.
Review of Water User Fees	This to be carried out once the 30 Water Management Committee are trained. Participants are expected to know their different roles in their capacities.
9 hand pump mechanics trained and equipped	This is planned to take place mid next quarter, prior to the start of the rehabilitations. Procurement of major materials to facilitate this activity has begun.
Sub sector 2: Hygiene Promotion	
70 Counsellors and 20 extension workers will be trained in the targeted communities	This is scheduled to take place in the next quarter. The 70 IYCF counsellors and 20 Nutrition extension workers will be trained on Key hygiene messages for them to further conduct community sessions on good hygiene practices and improvements in sanitation.
Reinforcing messages through other groups	This will to be completed in the next two quarters. Tearfund will work with village, Boma and Payam leaders to reinforce messaging on hygiene promotion at community meetings and in personal visits to HH, as well as supporting local church leaders to incorporate messages on hygiene and sanitation in their teaching, as appropriate.
Appropriate Learning Methodologies	This activity will be fully reliant on Women’s groups to pass messages using drama, songs creativity and presentation. Question and answer sessions will be maximized at all phases right from the mobilization stage. Identification and selection of women's groups will be done in the next quarter.

Household Hygiene and Sanitation Visits	WASH teams will carry out household hygiene sensitization and sanitation visits in collaboration with IYCF counsellors after their respective trainings. This will begin in the next quarter.					
Support and Facilitation of School-based Hygiene Clubs at 2 schools	Identification of the 2 schools, formation of School Hygiene Clubs and support will take place in the next quarter. Tailored trainings will be delivered to the school hygiene club member's prior support provisions.					
Indicators	Baseline	Project Target	Reporting period target	Reporting Period Achieved	Achieved Cum.	Remarks/Comments
Sub-Sector 1 : Water Supply Infrastructure						
1 # of people directly benefiting from the water supply infrastructure program	0	48000	0	7959	7959	The population gets their water for Household use from 96 functional Boreholes, 35 of which produce water with odor while 32 of them produce discolored water
2 # of test results with zero fecal coliforms per 100ml sample	0	30	0	0	0	We are testing the 20 boreholes that need pump replacements only.
3 # Water points which are actively utilizing their Water Safety Plan	0	30	0	0	0	The Water safety plan is made by water user committees. We are targeting We are targeting 20 Water User committees
Sub-Sector 2 : Hygiene Promotion						
1 # of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	0	12600	0	0	0	To be completed in Q2 and Q3
2 # of village Water User Committees active at least 3 months after training	0	30	0	0	0	
3 # of water points that are clean and protected from contamination	0	30	0	0	0	
4 # of respondents by sex who know 3 of 5 critical times to wash hands	15,487	17,760	0	0	15487	
5 # of households who store their drinking water safely in clean containers	14650	17,760	0	0	14650	

3. Sector 2: Nutrition

Objective: To increase access to life-critical services for the treatment of severe and moderate acute malnutrition

Activity	Progress/Achievement
Sub sector 1: Management of MAM	
Screening and referral	Screening and referral: 17,189 children (8,874 male and 8,315 female) 6-59 months screened. 75.2% (n=12,927) were normal, 17.4% (n=2,988) were moderately malnourished while 7.4% (n=1,274) were severely malnourished.

Vitamin A supplementation	A total of 8,061 children (4,100 male: 3,961 female) received a dose of the supplements during the reporting period.
Deworming	2,379 children (1,168 male: 1211 female) received a dose of deworming tablets
Sub sector 2: Management of SAM	
MAM (Children) admissions and discharges	1,266 (694 male and 572 female) were admitted into the TSFP. While 1,260 children 6-59 months (614 male: 646 female) were discharged. 92.1% (n=1161) were cured, 0.1% (n=1) died, 3.5% (n=44) defaulted, 2.2% n=28 were transferred to OTP/SC while 2.1% (n=26) were non responders. All the above indicators met sphere standards for discharge.
PLW admissions and discharges	697 pregnant and lactating mothers were admitted into the OTP. While 807 were discharged from the program.
SAM admissions and discharge	569 children (266 male, 303 female) admitted into the OTP whilst 620 (283 male and 337 female) were discharged from the OTP program. Of this, 84.0% (n = 521 were cured) and (0.2% n =1) died. 6.3% n =39% defaulted. 6.8% n = 42 were non respondent while 2.7% n = 17 were referred to an inpatient facility. All the above indicators met the sphere standards.
Severe malnutrition with medical complication	17 children were referred from OFDA funded sites, but only 11 arrived at Lankien (nearby inpatient medical facility with support from Tearfund). Upon referral, some beneficiaries go straight to Lankien siting distance to be covered (by walking) whilst others go to Waat (in Nyiror County) where Medical services are also offered.
Sub sector 3: IYCF	
Identification of counsellors and set up of support groups	There are 57 trained counsellors (Dakriang 12, Karam 12, Modit 12, Padiak 9 and Yuai 12) in the 5 sites supported by OFDA. These have supported the set-up and running of 163 support groups (Dakriang 30, Karam 48, Modit 34, Padiak 5 and Yuai 46).
IYCF sessions and people attending meetings	1,141 sessions were conducted and 1,858 people attended the sessions.
Health and nutrition messages outside of the support groups	More health and nutrition messages were also disseminated through extension workers and IYCF counsellors at feeding centres. 2,059 people (438 Male: 1,621 female) over the age of 15 year of age received health and nutrition messages at the feeding centres and in the community outside the feeding support groups.

Indicators	Baseline	Project Target	Reporting period target	Reporting Period Achieved	Achieved Cum.	Explanation
Sub Sector 1: Management of Moderately Acute Malnutrition (MAM)						
1 # of sites managing MAM	0	5	5	5	5	
2 # of people admitted to MAM services, by sex and age (0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+years.)	0	5,721	1431	Total=1,954: Female 1,340 0-11M -142 1-4yrs -501 15-49yrs- 697 Male: 614 0-11M -153 1-4yrs -461	Total=1,954: Female 1,340 0-11M -142 1-4yrs -501 15-49yrs- 697 Male: 614 0-11M -153 1-4yrs -461	
3 # of health care providers and volunteers trained in the prevention and management of MAM, by sex.	0	90 (75F, 15M)	90 (77F, 13M)	23 (2F, 21M)	23 (2F, 21M)	
4 % of coverage in project area	50%	>50%	>50%	>50%	>50%	3 Payams of the 6 Payams in Urur are

							covered by the project.
5	% of target population are within less than a day's walk (incl treatment) of the program site	90%	>90%	100%	100%	100%	Beneficiaries now spend less than 4hrs one way to the nearest feeding centres for services which is less than a day's walk.
6	% of discharges from targeted supplementary feeding program who have recovered or defaulted	0	>75% Recovery	>75%	92.1%	92.1%	
		0	<15% Default	<15%	3.5%	5.5%	
Sub Sector 2: Management of Severe Acute Malnutrition (SAM)							
1	# of health care providers and volunteers trained in the prevention and management of SAM, by sex and age (0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+years.)	0	90 (15M, 75 F)	23 (21M, 2F)	23 (21M, 2F)	23 (21M, 2F)	All between 15-49year.
2	Number of sites established/rehabilitated for outpatient care	0	4	4	4	4	
3	Number of people treated for SAM, by sex and age* (0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+years.)	0	1126 574M 552F 0-11 172 M 1-4 y 402M 0-11 166F 1-4Y 386 F		Total=596: Female= 303 0-11M -67 1-4yrs -236 Male: 266 0-11M -64 1-4yrs -202	Total=596: Female= 303 0-11M -67 1-4yrs -236 Male: 266 0-11M -64 1-4yrs -202	
4	Rates of admission, default, death, cure, relapse, nonresponse-transfer, and length of stay	Admission Rate 0	>50%	>50%	50.5%	50.5%	
		Default 0	<15%	<15%	6.3%	6.3%	
		Death: 0	<10%	<10%	0%	0%	
		Cure: 0	>75%	>75%	84.0%	84.0%	
		Non Response 0	<10%	<10%	6.8%	6.8%	
	Length of Stay 0	Est.60 days	Est. 60 days	64 days	63.5 days		
5	% of patients identified for specialised care referred immediately to stabilization centre or inpatient care centre.	100%	100%	100%	100%	100%	
Sub Sector 3: IYCF							
1	# and % of infants 0-<6 months of age who are exclusively breastfed	40% (830 of 2,077)	970 children (50%)	0	0	830/ 40%	This indicator will be measured at project end

2	# and % of children 6-<24 months of age who received foods daily from 4 or more food groups	3% (102 of 3,413)	340 10 % 3413)	N.A	N.A	102 / 3%	This indicator will be measured at project end Target is same as baseline figure did not take into account hunger gap period (Jan to July) when less food is available
3	# 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+)	0	10504 1050 male and 9454 F) All aged between 15-49	3200 2762 F 438 M All 15 - 49 yrs	3200 2762 F 438 M All 15 - 49 yrs	3200 2762 F 438 M All 15 - 49 yrs	The indicator targets numbers of people in mother support groups.
4	Continued breastfeeding rate at 1 and 2 years	1 year: 75.2% 2 Years: 75.2%	1 Year: >90% 2 Year: >90%	1 Year: >90% 2 Year: >90%	1 year: 75.2% 2 Years: 75.2%	1 year: 75.2% 2 Years: 75.2%	To be measured at project end
5	% of mothers initiating breastfeeding within an hour after delivery.	76.7%	> 90%	N/A	N/A	76.7%	To be measured at project end
6	# and % of children introduced to semi solid or soft food at the appropriate time.	37/ 304 12.2%	76/304 25%	N/A	N/A	37/ 304 12.2%	To be measured at project end
7	% of children fed at least 3 times a day.	48.6%	65%	0	0	48.6%	

4. Challenges and Constraints

- **Inaccessibility to program sites** - The rainy season started and ended late in 2015 and so access to the project sites was restricted for a period of time, specifically affecting setup of the proposed site in Payay Payam which was expected to be operational during the quarter. It is hoped this can be caught up in the following quarter. Prolonged inaccessibility to many sites limited supervision and monitoring of program activities. This was mitigated by ensuring that supplies were prepositioned early enough and ensuring that the local nutrition supervisors had the knowledge to continue overseeing activities on their own.
- **Delivery of supplies:** There were delays delivery of essential materials for project implementation. Prequalification of suppliers may be considered to minimize delays.
- **Insecurity and or instability** – Insecurity issues continue in Padiak Payam in particular from the fighting between SPLA and IO in May 2015 which resulted in the displacement of people and looting of the feeding centre. The feeding centre has remained closed to date. An outreach was established in September in one of the Boma's where the population has returned. This outreach has continued uninterrupted since then. However lack of supplies from Mid-October to early December meant that there was no admissions. During this period, the displaced beneficiaries continued to be served from nearby Payams of Modit, Yuai and Pieri. Pathai. The Padiak outreach centre will continue in operation while we do an assessment of the security in the area. However without the storage facility, rainy season may bring disruption in services if transportation of supplies is limited.

- **Lack of stabilization centres** within reach which led to many referrals out of the county. This could be mitigated by advocating for other partners to operate in the area.
- **Absence of complementary intervention** for example FSL to address some of the underlying causes of malnutrition. This challenge can be minimized through advocacy, fundraising and or partnerships agreements.
- **Boundary for Payams are being changed** as part of Peace Process discussions. This has already resulted in one targeted area (Wekol) now being considered as part of a new Payam instead of part of Yui as part of the proposal. As populations figures for the new Payams are not available for reporting we are continuing to consider Wekol as part of Yui.

5. Lessons learnt:

- **Introduction of new IYCF approach** has already contributed to visible changes in practices and culture. These are positive changes, mothers in the support group now discuss problems and encourage one other to change practice. Members of the group are also passing information on to other women who are not part of the program. Giving skills to the counsellors has meant they motivated to encourage others.
- **Weekly data entry and processing** (as opposed to monthly) has improved data capture and accuracy as well obtaining quality of information that the team can discuss so to better understand barriers and opportunities that can then be shared more widely among stakeholders. Weekly Data analysis is done by the program manager and has helped in making critical decisions on the programming especially with stock management. The information on weekly analysis has helped the program to advocate for more resources to cater for the needs identified. (Through weekly information sharing, Unicef and WFP have planned for a RRM *Rapid Response Mission* to respond to the Nutrition needs identified in one of the feeding center catchment areas (Yuai)

6. Budget:

In 4 months, total spending was at 32%. There are no major variances. Spending on construction and casual labor is higher than projected for the reporting period due to having to speed up implementation to complete prepositioning of supplies and borehole mapping before access becomes difficult in the rainy season.

7. Other Pertinent Information

Coordination

At the national level, Tearfund attended all 4 cluster meetings in Juba this quarter. The WASH team has also coordinated meetings with the secretariat of infrastructure of the new Bieh State to account for WASH activities. At field level, coordination is ongoing with MSF Holland in Lankien, where severely malnourished children are referred and with ICRC and MSF at the two functional primary health care units.