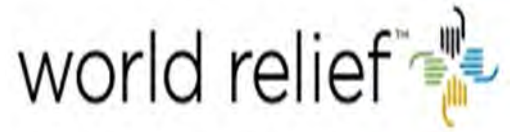




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QUARTERLY PROGRAM PERFORMANCE REPORT
**Emergency Response in the Greater Upper Nile Region in South Sudan: Health, Nutrition, and
Agriculture and Food Security Program Support**

Country/Region:	South Sudan, Koch County and Bentiu PoC, Unity State, Fangak, Jonglei State
Time Period Covered by the Report:	Biannual Report 1: June 1, 2017 – September 30, 2017

Start Date: June 1, 2017

Dollar Amount Requested from USAID/OFDA	\$2,499,312
Dollar Amount from Other Sources	\$ 45,395
Total Dollar Amount of Program	\$2,544,707

Program Goal:	TOTAL
Total Number of People Affected in the Target Area	143,000
Total Number of People Targeted (Individuals)	89,500
Total Number of internally-displaced persons (IDP) Targeted (Individuals) as subset of above	44,500

1. Sector 1: Nutrition

Overview of Activities:

Due to the food insecurity and the “famine-likely” declaration in Koch County in February, the reporting period mainly focused on sustained scale up of its programs: Nutrition, Health and FSL to reduce the impact of the severe food insecurity. All suspended centers in Koch were reopened and two TSFP sites were added in Fangak and one in Bentiu POC making a total of 17 nutrition sites and one stabilization center operational.

The sustained scale up of activities has reduced the impact of high rates of malnutrition recorded over the period in review. 21,526 community members received awareness on different topics found in Mother, Infant and Young Child Feeding (MIYCF) manual. Screening of new cases of malnutrition was intensified through community structure CNVs/ Mother support groups in the community resulting to admitting 4,156 children under five with MAM cases in TSFP and 3,938 with SAM cases in OTP, 219 health care workers and volunteers received training on management of SAM and MAM. Cure rates in nutrition sites achieve SPHERE standard of greater than 75% with no death reported in nutrition centre

Unexpected challenges:

During the quarter, the program experienced insecurity in Koch County in the month of September leading evacuation of staff from Koch for about three weeks. As Koch is divided into two new counties of Gany and Leich as well as Government and IO in those areas, provide a challenge in supervision and monitoring of activities as there is restriction of movement of staff due to some demands from the authorities, stopping of activities in one nutrition site for two months by the authority in that county. The challenges were overcome due to long term presence/relationship in Koch and constant dialogue with incoming administration.

While in Fangak monitoring of the program was hampered by acute shortage of fuel experienced in the areas following pipeline breaks of the commodity from Khartoum due to insecurity. Water transport has since become expensive reducing the number of monitoring trips along the riverine nutrition sites. Transportation of program supplies, support supervision, and referral of cases with medical complications and timely initiation of medical treatment proved a challenge due to limited program transport assets.

In Bentiu POC, the number of beneficiaries is fluctuating since people continue to arrive due to insecurity in Koch County and others go back to their original homes to cultivate as rain continues. The local community administration of the POC known as Community Home Committee (CHC) are frequently changed and each group comes with their demand making the implementation more complex. This challenge is overcome by involving OCHA and RRP whenever a partner is faced with a problem.

Links to other programs or partners:

WRSS, in partnership with the Ministry of Health and County Health Departments, World Food Program (WFP), and UNICEF, provided nutrition services to respond to emergency levels of malnutrition, health and food insecurity. This is through providing critically needed targeted supplementary feeding, outpatient therapeutic care and stabilization programming, food security and outreaches to implement IYCF. Education program integrates nutrition in the school program, Food security and livelihood program in Bentiu targeted nutrition beneficiaries in the distribution of seeds and tools and monitoring their garden. WRSS nutrition program works closely with other partners and programs like Concern and Care in Bentiu.

WRSS participates in various nutrition coordination meetings with SMOH, UNICEF, WFP including cluster meetings at national and state level and other nutrition partners on weekly and monthly basis. WRSS is working together with other partners to scale up interventions to avoid further deterioration of the nutrition status and increased excess mortality and morbidity due to famine and related food insecurity. WRSS collaborates with other partners (health and nutrition) during joint supportive supervision, training and NID campaign. WRSS shares various nutrition activity reports with SMOH, WFP and UNICEF. WRSS receives gifts in kind for the management

of SAM and MAM cases from WFP and UNICEF. Furthermore, WRSS participates in various technical working groups with the nutrition cluster.

Indicators Table

Indicator	Baseline	OFDA target	Report 1 Results (June-Sep 2017)	Cumulative progress to date
Sub-sector 1.1 Infant and Young Child Feeding and Behaviour Change				
1.1.1 # and % of infants 0< 6 mo. who are exclusively breastfed	33.8%	50%	This will be measured in and reported after the SMART survey.	This will be measured in and reported after the SMART survey.
1.1.2 # and % of children 6-<24 mo. receiving foods daily in 4 food groups	N/A	50%	This will be measured in and reported after the SMART survey.	This will be measured in and reported after the SMART survey.
1.1.3 # of people receiving behavior change interventions, by sex and age	40,786 M: 1,309, F: 39,477	7,200 M: 800 F: 6,400	Total: 21,526 M: 411, F: 21,413 Koch: 6,690 M: 132, F: 6,558 Bentiu: 13,334 M: 166, F: 13,168 Fangak: 1,502 M: 113, F: 1,389	Total: 21,526 M: 411, F: 21,413 Koch: 6,690 M: 132, F: 6,558 Bentiu: 13,334 M: 166, F: 13,168 Fangak: 1,502 M: 113, F: 1,389
Sub-sector 1.2 Management of Moderate Acute Malnutrition (MAM)				
1.2.1 # of sites managing MAM	10	15 Koch: 10 Bentiu: 1 Fangak: 4	17 Koch: 10 Bentiu: 1 Fangak: 6	17 Koch: 10 Bentiu: 1 Fangak: 6
1.2.2 # of people admitted to MAM services, by sex and age	Children <5: 3,453 M: 1,620, F: 1,833 PLW: 1,193	8,275 M: 2,851 F: 5,424	Total <5: 4,156 M: 1,920, F: 2,236 PLW: 2,542 Koch <5: 2,769 M: 1,209, F: 1,560 PLW: 1,560 Bentiu <5: 1,136 M: 588, F: 548 PLW: 873 Fangak <5: 251 M: 123, F: 128 PLW: 109	Total <5: 4,156 M: 1,920, F: 2,236 PLW: 2,542 Koch <5: 2,769 M: 1,209, F: 1,560 PLW: 1,560 Bentiu <5: 1,136 M: 588, F: 548 PLW: 873 Fangak <5: 251 M: 123, F: 128 PLW: 109
1.2.3 # of health care providers and volunteers trained in the prevention and management of MAM, by sex	207	275 M: 140 F: 135	Total: 219, M: 128, F: 91 Koch: 59, M: 38, F: 21 Bentiu: 74, M: 59, F: 15 Fangak: 86, M: 31, F: 55	Total: 219, M: 128, F: 91 Koch: 59, M: 38, F: 21 Bentiu: 74, M: 59, F: 15 Fangak: 86, M: 31, F: 55
Sub-sector 1.3 Management of Severe Acute Malnutrition (SAM)				
1.3.1 # of health care providers and volunteers trained in the prevention and management of SAM, by sex and age	207	275 M: 140 F: 135	Total: 219, M: 128, F: 91 Koch: 59, M: 38, F: 21 Bentiu: 74, M: 59, F: 15 Fangak: 86, M: 31, F: 55	Total: 219, M: 128, F: 91 Koch: 59, M: 38, F: 21 Bentiu: 74, M: 59, F: 15 Fangak: 86, M: 31, F: 55

1.3.2 # of sites established/rehabilitated for inpatient and outpatient care	10	OTP/TSFP: 10 SC: 2	Total:14 Koch: 6 SC: 1, OTP/TSFP: 5 Bentiu: 2 OTP Fangak OTP/TSFP: 6	Total:14 Koch: 6 SC: 1, OTP/TSFP: 5 Bentiu: 2 OTP Fangak OTP/TSFP: 6
1.3.3 # of people treated for SAM, by sex and age	Total: 4,842 M: 2,302 F: 2,540	2,627 M: 1,280 F: 1,347	Total: 3,938 M: 1,745, F: 2,193 Koch: 2,629 M: 1,183, F: 1,446 Bentiu: 1,045 M: 433, F: 612 Fangak: 264 M: 129, F: 135	Total: 3,938 M: 1,745, F: 2,193 Koch: 2,629 M: 1,183, F: 1,446 Bentiu: 1,045 M: 433, F: 612 Fangak: 264 M: 129, F: 135
1.3.4 Rates of admission, default, death, cure, relapse, nonresponse-transfer, and length of stay	Cure rate >75% Defaulter rate <15% Death rate <10% Non-response rate <15%	Cure rate >75% Defaulter rate <15% Death rate <10% Non-response rate <15%	Koch Cure rate: 95.5% (1,033/1,082) Default rate: 4.0% (43/1,082) Death rate: 0% (0/1,082) NR rate: 0% (0/1,082) Medical transfer: 0.6% (6/1,082) Ave. length of stay 3 wks Bentiu Cured rate: 81.8% (656/802) Default rate: 6.0% (48/802) Death rate: 0% (0/802) NR rate: 6.9% (55/802) Medical transfer: 5.4% (43/802) Ave. length of stay: 3 wks Fangak Cure Rate 91.1% (276/303) Death rate: 0% (0/303) Default rate: 7.6% (23/303) NR 0% (0/303) Medical transfer: 1.4% (4/303) Ave. length of stay: 3 weeks	Koch Cure rate: 95.5% (1,033/1,082) Default rate: 4.0% (43/1,082) Death rate: 0% (0/1,082) NR rate: 0% (0/1,082) Medical transfer: 0.6% (6/1,082) Ave. length of stay 3 wks Bentiu Cured rate: 81.8% (656/802) Default rate: 6.0% (48/802) Death rate: 0% (0/802) NR rate: 6.9% (55/802) Medical transfer: 5.4% (43/802) Ave. length of stay 3 wks Fangak Cure Rate 91.1% (276/303) Death rate: 0% (0/303) Default rate: 7.6% (23/303) NR 0% (0/303) Medical transfer: 1.4% (4/303) Ave. length of stay: 3 weeks

Notes on the indicators:

- 1.1.3: Due to the MoH tools used, WRSS does not track by age. The majority of the beneficiaries for this indicator are between 15-49, being of childbearing age or some grandparents.
- 1.2.2: WRSS is not tracking the ages exactly how they are broken out by OFDA. According to CMAM Guidelines, any child between 6-59 months screening positively for MAM is admitted as a U5. For children 0-6 months, the mother is admitted as a PLW due to the IYCF guidelines for exclusive breastfeeding.
- 1.2.3/1.3.1: WRSS does not record the age of each health worker or volunteer as this could be viewed to be discriminatory during the recruiting process. The majority fall into the 15-49 age group.
- 1.3.3: WRSS is not tracking the ages exactly how they are broken out by OFDA. According to CMAM Guidelines, any child between 6-59 months screening positively for MAM is admitted as a U5. For children 0-6 months, the mother is admitted as a PLW due to the IYCF guidelines for exclusive breastfeeding.

All indicators are on track.

2. Sector 2: Health

Overview of Activities:

During this reporting period, a total of 29 (19M and 11F) WR health staffs were trained on Emergency Medical Obstetric and Neonatal Care (EMONC), expanded program on Immunization (EPI), Prevention of Mother to Child Transmission (PMTCT), Safe and Secure Approaches to Field Environments (SSAFE), Mental Health Gap and HIV. This represents more than half of WR health regular staffs thus a huge achievement in terms of the capacity building. These trainings were conducted internally as well as externally with other partners.

Unexpected challenges:

During this quarter, WRSS experienced stock out of antimalarial as this quarter corresponded with a high peak malaria season that led to opening up of a malaria decentralized post within sector 2 as the procurement process of drugs for the current OFDA grant is still underway. WRSS averted this challenge by sourcing for some supplies from other partners.

Additionally, during this reporting period, the crime rate in the POC reached an alarming rate. The night robberies and attacks targeted non-re-locatable humanitarian staffs residing in the POC. Most of our non-re-locatable staffs residing in the POC were psychologically traumatized leading to reduced performance in their regular chores. Psychological support services were provided by MHPSS IOM group.

Links to other programs or partners:

WRSS works closely with other partners and programs. WRSS participates in various health coordination meetings with SMOH, UNICEF, WHO, OCHA and other health partners on weekly and monthly basis. WRSS also shares various health activity reports with SMOH, WHO, UNFPA and UNICEF. During this reporting period, WRSS received Medical kits and other GIKs from UNICEF, UNFPA and UNHCR which played a great role in increasing utilization of health services at the health facility. WRSS also participated in the recent OCV (Oral Cholera Vaccination) campaign in the POC in collaboration with SMOH, WHO, IOM and UNICEF. In an effort to integrate nutrition services into the existing health services, WRSS's Health Program sent 2 clinicians to attend a week's long training on the new CMAM guidelines.

Indicators

Indicator	Baseline	OFDA target	Report 1 Results (June-Sep 2017)	Cumulative progress to date
Sub-sector 2.1 Health Systems and Clinical Support				
2.1.1 # of health care facilities supported and/or rehabilitated by type	1 PHCC	1 PHCC	1 PHCC	1 PHCC
2.1.2 # of health care providers trained by type, by sex	Total: 18 M: 11; F: 7	Staff: 50 M: 25, F: 25 Vols: 225 M: 115, F: 110	Midwives: 8 (F) Clinical Officers: 8 (M: 6, F: 2) Nurses: 3 (M) HHPs: 3 (M) Clerk: 1 (M) Vaccinators: 6 (M: 5, F: 1) Health Officer: 1 (M) Total Staff: 30 Male: 19 Female: 11	Midwives: 8 (F) Clinical Officers: 8 (M: 6, F: 2) Nurses: 3 (M) HHPs: 3 (M) Clerk: 1 (M) Vaccinators: 6 (M: 5, F: 1) Health Officer: 1 (M) Total Staff: 30 Male: 19 Female: 11

2.1.3 # and % of health facilities submitting weekly surveillance reports	1, 100%	1, (100%)	1, (100%)	1, (100%)
2.1.4 # of consultations, by sex* and age, per quarter	<5: 4,907 5+: 11,445	<5: 5,600 5+: 12,500	<5: 4,484 5+: 18,913	<5: 4,484 5+: 18,913
Sub-sector 2.2 Communicable Diseases				
2.2.1 Incidence and prevalence of high morbidity rates by type (e.g., diarrhea, ARI, measles, and other), by sex* and age	N/A	N/A	This will be reported at the end of the project	This will be reported at the end of the project
2.2.2 # and % of cases diagnosed and treated per standardized case management protocols such as IMCI, disaggregated by sex* and age	<5: 4,907 5+: 11,445	<5: 22,400	<5: 4,484 33.5%	<5: 4,484 33.5%
2.2.3 Case fatality rates for diarrhea, ARI, measles, and other, by sex* and age	Total: 1 M: 0; F: 1	0	This will be reported at the end of the project	This will be reported at the end of the project
Sub-sector 2.3 Reproductive Health				
2.3.1 # and % of pregnant women who have attended at least two comprehensive antenatal clinics (ANC)	140.2% 2,523	600, 60%	958, 56.8% (1,688 pregnant women in reporting period)	958, 56.8%
2.3.2 # and % of women and newborns that received postnatal care within three days after delivery	29.8% 537	300, 30%	280, 100%	280, 100%
2.3.3 # and % of pregnant women who deliver assisted by a skilled (not traditional) birth attendant by type and location	27.1% 487	300, 30%	280, 100% (280 deliveries attended by skilled staff in health facility)	280, 100%
2.3.4 # of cases of sexual violence treated	3	10	4	4
Sub-sector 2.4 Medical Commodities including Pharmaceuticals				
2.4.1 Number of supplies distributed by type (e.g., medical kits, equipment, consumables)	1,564 total kits of different types	UNICEF Kit: 50; WHO/IEHK Kit: 4 UNFPA Kit: 400; UNHCR Kit: 811	IEH kit 2011, kit, basic unit, malaria PHCU kit PHCC kit Clean delivery kit	IEH kit 2011, kit, basic unit, malaria PHCU kit PHCC kit Clean delivery kit
2.4.2 Number of people trained, by sex, in the use and proper disposal of medical equipment and consumables	Total: 20 M: 13; F: 7	10	12 individuals 8 Males 4 Females	12 individuals 8 Males 4 Females
2.4.3 Number and percentage of health facilities, supported by USAID/ OFDA, out of stock of selected essential medicines and tracer products for more than one week	1 (periodic stock-outs due to delays in kit deliveries)	0	1 Stock out experienced for antimalarial	1 Stock out experienced for antimalarial

Notes on the indicators:

- 2.1.2: WRSS wishes to remove the target listed for health volunteers, because no health volunteers are used in the PoC site. This was mistakenly reported as a target, thinking of volunteers in the other health sites (not supported by this OFDA award) at the time of the proposal.
- 2.1.4: WRSS reports by age groups being under 5 years of age (<5) or above five years of age (>5) and does not report by sex according to the required tool. Reporting tools for Health programming in South Sudan are designed by WHO and approved by MOH for use by all Health partners. WHO/ MOH conducts regular supervision visits to health facilities to ensure this is strictly adhered to and thus WRSS is not able to report by sex or rather design separate tools to capture the sex indicator.
- 2.2.2: WRSS reports by age groups being under 5 years of age (<5) or above five years of age (>5) and does not report by sex according to the required tool. Reporting tools for Health programming in South Sudan are designed by WHO and approved by MOH for use by all Health partners. WHO/ MOH conducts regular supervision visits to health facilities to ensure this is strictly adhered to and thus WRSS is not able to report by sex or rather design separate tools to capture the sex indicator.
- 2.3.2/2.3.3: All deliveries reported in this period were reported through the health facility. All deliveries in the health facility were attended by skilled attendants.

During this reporting period, all the indicators are seen to be on track save for the stock out experienced especially for antimalarial drugs. UNHCR also changed their modalities in provision of their kits, during this reporting period they focused more on providing the kits to health partners operating outside the POC sites and thus we were not able to receive kits from them as was the case previously.

3. Sector 3: Agriculture and Food Security

Overview of Activities:

This project covers two counties, Koch County in Unity state and Fangak County in Jonglei State. The project has reached out to 13,525 (8,184 F and 5,341 M) heads of households with a combination of crop, vegetable and fishing kits. The project has also been able to train 633 (362 F and 271 M) beneficiaries in vegetable production for the rainy season. Dry season vegetable production and fisheries activities will be the main focus in the next part of the project. The number of beneficiaries reached with kits surpasses the targeted number because WRSS and partners stepped up efforts to reach out to more partners owing to the near famine situation that was declared in Koch.

Unexpected challenges:

Insecurity has continued to be the main challenge interrupting programming. Due to the fighting that erupted in some parts of Koch, program staffs had to be evacuated. In one of the payams, activities had to be completely disrupted and the community has had to relocate due to insecurity concerns.

There was also a delay in delivery of inputs to the field locations. This was further complicated by the poor road terrain that worsens during the rainy season. Planting was delayed in some parts of the project areas due to these delays. Parts of Fangak County experienced sub-normal rainfall during the growing season. This led to retarded growth for some time.

Links to other programs or partners:

The FSL project has coordinated well with other partners at different levels. Under partnership with FAO, the project was able to acquire the required inputs for distribution. In order to scale up operations especially in Koch County, the project partnered with the South Sudan Humanitarian Fund managed by the UNDP to reach out to another 1,800 beneficiaries with fisheries and vegetable kits. Similarly, the project also partnered with World Vision to reach out to another 1,800 beneficiaries with fisheries and vegetable kits.

This project also coordinated well with other partners to avoid duplication of interventions. Such organizations in the area of operation include Polish Humanitarian Aid, Danish Refugee Council, Care International who also have Agriculture and Food Security interventions in Koch.

Indicators

Indicator	Baseline	OFDA target	Report 1 Results (June-Sep 2017)	Cumulative progress to date
Sub-sector 3.1 Fisheries				
3.1.1 # of people trained in fisheries, by sex	2,773 HHs Male: 1,471 Female: 1,302	1,101 F: 446 M: 655	To be trained next quarter	To be trained next quarter
3.1.2 # of people benefiting from fisheries activities, by sex	7,951 HHs Male: 4,853 Female: 3,098	7,340 F: 3,009 M: 4,331	11,102 F: 6,568 M: 4,534	11,102 F: 6,568 M: 4,534
3.1.3 Average number of kilograms of fish harvested per fisher in six-month period, by sex	Average 1,156 kg in a 6 month period	F: 260Kg M: 1950 Kg	To be reported next quarter	To be reported next quarter
Sub-sector 3.2 Improving Agricultural Production/Food Security				
3.2.1 Projected increase in number of months of food self-sufficiency due to distributed seed systems/agricultural input for beneficiary households	>95% of HHs report <2 months of food availability	3 Months	Data collection ongoing. To be reported next quarter	Data collection ongoing. To be reported next quarter
3.2.2 # of people benefiting from seed systems/agricultural input activities, by sex	10,356 HHs Male: 3,672 Female: 6,684	8,580 F: 5,105 M: 3,475	13,525 HHs (81,150 ppl) F: 8,184 M: 5,341	13,525 F: 8,184 M: 5,341
Sub-sector 3.3 Pests and Pesticides				
3.3.1 Number and percentage of people trained in pest control practices, by sex	879 HH Male: 470 Female: 409	1,020 F: 607 M: 413	633 (4.7%) F: 362 (4.4%) M: 271 (5.1%)	633 (4.7%) F: 362 (4.4%) M: 271 (5.1%)
3.3.2 Number and percentage of people trained by USAID/ OFDA partners practicing appropriate crop protection procedures, by sex	99% (149/150 HHs surveyed)	816 F: 486 M: 330	To be trained next quarter	To be trained next quarter

4. Vehicle Information

Number of vehicles purchased or leased this reporting period	1
Number of non-U.S. vehicles purchased or leased this reporting period	0
Source of each purchased vehicle and nationality of supplier	Doshi motors, Japanese

5. Beneficiary Stories and Photos

Nutrition Sector:

A success story on IYCF/MIYCE training;

The lead mothers were happy after the training on IYCF/MIYCF activities. They indicated that this training has increased their knowledge, understanding and skills on how to feed themselves especially during pregnancies and also breastfeeding and feeding their young children, from birth to 2 years.



Lead mothers holding IYCF cancelling cards after their training

One Lead Mother gave her own scenario on how she used to breastfeed her child, that she would give cow's milk, water and soup at around two to three months, but due to this training she has learnt how to breastfeed her other children exclusively without giving any

thing like cow milk, soup and water and to start additional foods only at 6 months. She is going to give this awareness to her fellow women that will reduce cases of malnutrition in the community and give a child healthy growth.

She really gives much thanks to WR nutrition team for bringing this initiative of formation of mother support group and giving them this training of IYCF/MIYCF. One man was also trained among the women. He too said he is going to be example to other men to bring change in the community.

Health Sector:



Cognitive development is very profound during the early days of life especially within the 1st year. It was in this regard that WRSS improvised the under-five clinic at WR sector 2 PHCC in Bentiu POC to be child friendly. This was done by a locally available painter using locally available resources. Fig.1 above is just an example of the many drawings done in the EPI department and under 5 clinics.

Example of under five clinic child friendly environment

AFS Sector:

Mary Nyamai just completed harvesting her crop of maize. She's very grateful of the support she has continued to receive through World Relief. Although she acknowledges that she didn't harvest much, but at least she will provide a meal to her family of seven for the next one and a half months; according to her own estimation. Mary was very enthusiastic when WR team joined her on her farm and she couldn't conceal her joy as she showed the team her fresh harvest of maize.

'When I came back here from the PoC, I didn't have any seed to plant. I lost all my seeds and tools when we were moving from this area for fear of our security'. Mary benefited from a combination of crop and vegetable kits through WR. She cultivated around her homestead as it is still not safe to cultivate further away from home. She has saved some cobs of maize to be planted as seed in the next planting season and wishes to increase her acreage to produce even more food.



Mary Myamai when she was visited on her farm in Kochlual Payam, Koch County

