

HUMANITARIAN INNOVATION FUND

Large Grant Final Report

Organisation Name	Liverpool School of Tropical Medicine (LSTM)
Project Title	Using LQAS Surveys to Monitor the Health Status of Refugee and Displaced Persons Populations in Refugee Camps in South Sudan.
Partner(s)	South Sudan Ministry of Health, Directorate of Policy, Planning, Budgeting & Research
Problem Addressed / Thematic Focus	Lot Quality Assurance Sampling (LQAS) survey techniques will be developed to monitor performance and impact of health services provision in Awerial IDP Settlement, South Sudan, in order to provide an evidence base for adapting services to needs and views of users.
Location	IDP settlement, Awerial County, Lakes State, South Sudan
Start Date	07/01/14
End Date	12 months (06/01/15)
Reporting Period	From 09/09/14 to 31/12/14
Total Funding	£88,628 (HIF)
Total Spent	£88,628 (HIF)
Innovation Stage	Completed
Type of Innovation	The use of LQAS methodology in IDP settlements
Project Impact Summary	LSTM and the Ministry of Health of South Sudan were able to investigate key essential steps in the use of the LQAS methodology for providing valuable data about the health status, knowledge, health seeking behaviour and coverage of health services in IDP settlements.

PROJECT ACTIVITIES AND OUTPUTS

Please go to **Appendix 1** and attach the final workplan, showing all work that was actually completed.

1. With reference to the final workplan, what have been the key achievements of the project?

INNOVATION OUTCOMES

Whether this innovative project was successful, not successful, or a mix of both, the HIF would like you to report as much detail as possible, so that success can be built on and failures can be learned from. By 'success' we mean that the innovation has achieved the planned positive impact/outcome, or that it has performed better than the current process, product or system.

2. Has the project demonstrated the success of the innovation? (Please choose only one answer.)

- Completely successful
- Significantly successful
- Partially successful
- Completely unsuccessful

2b. Please select the successes that your project have achieved:

(You may choose more than one)

- There is real evidence that the project achieved the planned outcome(s)
 - There were perceived contributions or improvements to the planned outcome(s)
 - Learning was achieved within the project cycle
 - 'Lessons learned' were gathered and circulated to humanitarian stakeholders and actors
 - The completion of this project has led to another innovation
 - Other (please comment) _____
-

2c. Please select the challenges your project has encountered:

(You may choose more than one)

- The project did not complete its planned activities
- There is no real evidence that the project achieved the planned outcome(s)
- There were few perceived contributions or improvements to the planned outcome(s)
- Learning was not achieved within the project cycle
- 'Lessons learned' were not circulated to humanitarian stakeholders and actors
- Other (please comment): The major problem was the shift in priorities resulting from the renewal of military conflict that forced us to work with IDP rather than refugee communities. However, the methodology was flexible and adaptation was feasible.

2d. If there is any evidence for the successful performance of the innovation, please describe it further:

The major output of the project was to conduct the LQAS survey, which required such preparations as selection of survey indicators, development of data collection tools, preparation of sampling frames, and selection and training of data collection teams. The innovation in itself did not change. Lessons have, however, been learnt

already and continue to be learnt about how the innovation can be applied in several other similar situations and even in refugee camps.

The LQAS survey report is the evidence for the performance of the innovation.

3. Please show the components of the project which contributed the most to any successes:

(where 1 = most influence, 3 = least influence)

Component	1	2	3	N/A
Design and placement of the innovation	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The methodology or approach to collecting evidence	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Context	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The availability of resources and capacities (financial, human, technical etc.)	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>
Success in identifying and responding to different project and innovation risks	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Strength of relationships and collaborations within the team and with other stakeholders	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The process was flexible and responsive to emerging results	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to draw on experience and expertise of existing practice, codes and standards	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

4. Please show the components of the project which contributed the most to any unsuccessful elements of the project

Component	Yes-contributed to failures
Weaknesses in the design and placement of the innovation	<input type="checkbox"/>
The methodology or approach to collecting evidence	<input type="checkbox"/>
Context	<input type="checkbox"/>
A lack of access to resources and capacities (financial, human, technical etc.)	<input type="checkbox"/>
Difficulty in identifying and responding to different risks	<input type="checkbox"/>
Lack of good relationships and collaboration within the team and with other stakeholders	<input type="checkbox"/>
Having a process that was not flexible or responsive to emerging results	<input type="checkbox"/>
No ability to draw on experience and expertise of existing practice, codes and standards	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Other: Most of the challenges we encountered were dealt with and	X

contributed to our learning rather than hindering it.

5. What are the top three, key lessons learnt relating to the innovation? *This should relate to the innovation or the sector in which it operates, rather than project implementation.*

1. The LQAS methodology itself did not require any change. However, on the ground, we made some decisions to adapt its implementation to the IDP settlement. LSTM adjusted the procedure to define Supervision Areas (SA) and identify interview locations. A team composed of two senior staff from MOH Headquarters and Lakes State MOH travelled to Awerial, met the county commissioner and community leaders and visited each particular settlement to identify the respective locations within each SA and estimate the population/approximate number of households, which is basic information to select the interview locations for an LQAS household survey.

2. The definition of a household was slightly modified for implementing this survey in IDP settlements. A household was defined as a group of persons, related or unrelated, who live together in the same dwelling unit under one household head, and eat from the same source of food. The definition was discussed with MOH authorities and standardized with participants during the LQAS training. However, those adjustments did not affect project objectives and deliverables.

3. The innovation in itself did not change. Lessons have, however, been learnt already and continue to be learnt about how the innovation can be applied in several other similar situations and even in refugee camps. The LQAS survey report is the evidence for the performance of the innovation.

6. Do the final outcomes support the initial rationale for the innovation?

- Yes, completely
 Yes, significantly
 Partially
 No, not at all

Please describe further: LSTM was able to investigate key essential steps in the use of the LQAS methodology for providing valuable data about the health status, knowledge, health seeking behaviour and coverage of health services in IDP settlements.

7. How has your understanding of the innovation changed through the project period?

Even though we expected that changing population sizes could prove to be a major challenge for data collection in IDP settlements, this proved not to be the case. The team was able to adapt the methodology to the changing situation. We also expected that the very wet marginal land on which the IDP hamlets were located would pose a problem logistically. However, this was not a problem. The results were readily consumed by the State MOH.

8. Did the innovation lead to any unexpected outcomes or results? How were these identified and managed?

The original aim of the study was to provide information on the state of health care services amongst refugees in a long established camp run by UNHCR at Yida, in Pariang County, Unity state. However, following the outbreak of fighting on December 15th 2013 that affected most of South Sudan, Unity state was deemed too dangerous to undertake a survey, so with assistance from the MOH, it was decided instead to move the study to Awerial county, Lakes state, where thousands of IDPs had taken refuge from across the Nile in Jonglei state, which like Unity, had suffered the most unrest since December 15th

The LQAS methodology itself did not require any change. However, on the ground, we made some decisions to adapt its implementation to the IDP settlement. LSTM adjusted the procedure to define Supervision Areas (SA) and identify interview locations. A team composed of two senior staff from MOH Headquarters and Lakes State MOH travelled to Awerial, met the county commissioner and community leaders and visited each particular settlement to identify the respective locations within each SA and estimate the population/approximate number of households, which is basic information to select the interview locations for an LQAS household survey.

METHODOLOGY

9. Was the methodology successful in producing credible evidence on the performance of the innovation?

- Yes, completely
- Yes, significantly
- Partially
- No, not at all

Please describe further:

The definition of a household was slightly modified for implementing this survey in IDP settlements. A household was defined as a group of persons, related or unrelated, who live together in the same dwelling unit under one household head, and eat from the same source of food. The definition was discussed with MOH authorities and standardized with participants during the LQAS training. However, those adjustments did not affect project objectives and deliverables.

PARTNERSHIPS AND COLLABORATION

10. How and why did the partnership change during the course of the project?

The survey was implemented in partnership with the MOH of South Sudan, Lakes State MOH and Awerial county authorities and staff. The arrangements were made during the planning stage and these did not change during the course of the project.

11. Are there plans to continue your partnership, either while scaling up this innovation or on other projects?

- Yes, with this innovation
- Yes, with another project
- Maybe
- No

Please describe further:

Yes we have established an excellent and long lasting relationship with both the National MOH and the State MOH. Currently there is more military conflict in South Sudan. Possibly additional IDP communities will establish themselves. We hope to support our colleagues or NGOs to use the new LQAS approach in support of the work.

DISSEMINATION

12. Please describe any steps taken to disseminate the outcomes of the project.

Please include all completed and forthcoming, as well as all planned and unplanned products (for example, research and policy reports, journal articles, video blogs, evaluations).

LSTM and MOH staff had formal and informal interactions with Lakes State MOH authorities, community leaders and NGO staff working in Awerial. [The LQAS survey report was submitted to the MOH](#). A manuscript for publication is in development, and is expected to be ready for submission this year.

13. Has the project received any third party coverage during the project (from news media, third party blogs, researchers or academics etc.)?

The project has not received any third party coverage during the project (from news media, third party blogs, researchers or academics etc.)

SCALE UP AND DIFFUSION – WHAT NEXT?

14. Is the project or innovation to be replicated or scaled up?

- Yes, we will scale up in the same or similar context
- Yes, we will scale up within our organisation (including running more pilots or trials)
- Yes, we will replicate the innovation/project in another context or country
- Yes, the innovation/project will be replicated or scaled up by another organisation or stakeholder
- Yes, other
- No

If you answered yes to question 14, please answer 14b:

14b. What model are you pursuing to scale up or sustain your innovation?

- Applying for more donor funding
- Selling the innovation or patent
- Cost recovery (for example, selling your service or being paid as a consultant to implement the innovation)
- Innovation to be taken up by organisation or government as standard and included in standard planning and core funding by them
- Other: Promotion amongst networks of NGOs

Please describe further:

It is hoped that the use of LQAS in IDP settlements and refugee camps will be replicated by other stakeholders supplying health care services as a way to quickly assess the state of services.

What steps have been taken to ensure the transfer of the innovation and the learning from the project?

The methodology of the survey and the LQAS survey report was submitted to the ministry of health of the Republic of South Sudan. It is hoped that the MOH will recommend the

use of LQAS to its partners implementing health care services to IDPs and refugees. LSTM will also disseminate results in conferences and with NGO networks.

15. If the project or innovation could be replicated or scaled up, please list the three most important issues or actions that will need to be considered:

(where 1 = most important and 3 = least important)

Suggestion/issue	1	2	3
1 Engagement of local health agencies and health workers. This is to ensure that IDP locations can be mapped and their populations estimated. It is also to ensure that indicators that are critical to these stakeholders are measured so the results will be used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Engagement of trainers and data collectors who have Humanitarian Assistance experience. This is so field workers will not balk at the very difficult living conditions and can navigate themselves well in the IDP communities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Close engagement with the national government. IDP are the responsibility of the MOH rather than UNHCR or INGOs. Although the latter may work in support of MOH it the former who is ultimately the key stakeholder. Recognition of this fact and engagement of MOH early in IDP work is essential to ensure careful and exact planning and implementation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix 1. Final Workplan

Below is a table that is the same as the workplan that you submitted with your original application. There are **three ways** to respond to this section.

1. If there have been no changes at all through the project you may cut and paste your original workplan here.
2. If there have been changes to the project but these changes **were previously reported to the HIF** in an *Agreement Amendment* form, please adjust your original workplan so that these changes are recorded in it here.
3. If there have been changes which were **not previously reported to the HIF**, please **also** fill in Table 2 (which is on the next page). In particular, please make sure to explain any budget various greater than 15% in Table 2.

Please paste your final workplan in here >

Expected Results	Main Planned activities	Implementation period												Responsible party / person	Amount						
		Months													2013		2014				
		1	2	3	4	5	6	7	8	9	10		HIF	Others	HIF	Others			
DIP completed	Review indicators																William Vargas Dr Richard Laku			£18,545	£2250
	Pre-test and adapt questionnaires // questionnaire into smart phones or paper q.																				
	Select data collectors																				
	Complete logistics and financial plans																				
Training and Data collection	Train data collectors																William Vargas Kola Oladele, and Dr Richard Laku			£41,715	£1300
	Conduct interviews																				
	Check questionnaires for completion																				
	Send questionnaires completed to designated reception / Google data																				
Hand tabulation and analysis	Prepare hand tabulation screens																Joe Valadez, Caroline Jeffery			£18,130	£1400
	Prepare venue																				

