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Emergency Water, Sanitation,
Hygiene and Nutrition for Crisis



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East and South Darfur Project End-line Report

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Acronyms

CHPs	Community Hygiene Promotors
CLTS	Community-Led Total Sanitation
CNV	Community National Volunteer
ED	East Darfur
HP	Hygiene Promotor
IDP	Internal Displaced Person
IYCF	Infant and Young Child Feeding
OTP	Outpatient Therapeutic Program
PLW	Pregnant and Lactating Women
SAM	Severe Acute Malnutrition
SC	Stabilization Center
SFP	Supplementary Feeding Program
SD	South Darfur
VSLA	Village Saving and Loan Association
WASH	Water, Sanitation and Hygiene
WC	Water Corporation
WUC	Water Users Committee

EXECUTIVE SUMMARY

During the past recent years, the project areas have witnessed the influx of South Sudanese refugees, who are fleeing the violence and food insecurity. As well as the conflict that erupted in Jabal Marra and lead to displacement of large population segments, thus adding a new element to the current prolonged and chronic IDPs vulnerability situation on the state.

The impacts have been severe on men, who subject themselves to high live risks by the armed groups as they search work opportunities as casual labourers in the nearby, while women and children continue to encounter violence during their long distance walk in search of water or as they work inside camps or neighborhood to support their families. Such livelihood hardship has manifested in the food security and nutrition the area is witnessing. .

The project under evaluation was a two-year project implemented in one locality in South Darfur and three localities in East Darfur during the years 2017 and 2019. The Project was implemented by CIS in partnership with two local organizations and in cooperation with the State institutions.

The intervention activities are tailored to address urgent lifesaving needs of the vulnerable communities through improving communities' access to WASH facilities and nutrition services. Where, the two components are expected to complement each other and the resultant outcomes are expected to reflect on the improvement of maternal and child health in particular.

The project expected ultimate, intermediate and immediate outcomes, together with the project log frame set the reference upon which this end line evaluation is carried, for data collection, which is obtained through HHs survey, community FGDs and stakeholders and partners interviews.

The planned activities in the WASH sector implemented in SD included maintenance and rehabilitation of hand pumps, and upgrading of open dug wells and water yards. The examination of the water sources revealed that the targets are well met and in some cases exceeded. Water quality is monitored according to the pre-set plan and water chlorination is applied according to plan.

VIP and HHs latrines are established and well-functioning. WUCs and CLTS are formed and received relevant hygiene training and tools including training on HPs, maintenance and distribution of IEC materials.

The nutrition treatment centers, the OTP and SFP sites and SC center have been provided with necessary support and training of staff that kept the centers delivering the service regularly to children and PLW at a rate of 10 to 15 patient per day.

To assist with livelihoods and increase women work and income opportunities, VSLA groups are formed and trained on savings and income generation activities management.

The ccomparison of the actual implementation with the planned showed that the types of the activities implemented conform to the planned and that planned outputs are almost completed in accordance with the plan in quantitative and qualitative terms. while the number of beneficiaries reached exceeded the target by about 30%.

As immediate outcomes, IDPs and refugees' camps expressed improvement in their access to safe drinking water, where 98.6% indicated obtaining water from protected sources. They also revealed satisfaction with availability of water by 65% of the HHs and the water distance has been cut to about 320 m in SD and to 106 m in ED, with an average water distance of 213 meter.

Evident progress has been made along communities' access to and use of latrines, including women, where, 89.3% and 86.1% of target community members indicated their access to and regular use of latrines. The created hygiene awareness has induced the required positive changes in hygiene and sanitation attitude and practices among communities.

In overall, the treatment of malnutrition reached 80% of the cases and for both girls and boys the cure rate is 75% also for both sexes and the Number of MAM cases treated ranges between 10 to 15 daily, while number of PLW treated ranged between 4 to 7 women daily.

At intermediate outcomes achievements, the communities indicated well organization into task groups, which are equipped with the essential skills in water resources management, organization of hygiene campaigns and nutrition, which is anticipated to reduce communities' vulnerability and increase their contribution to the lifesaving interventions in the future.

The project has succeeded in encouraging communities to take initiatives in WASH and nutrition to contribute, respond and participate in the community lifesaving activities, by making effective use of the training skills they acquired through training and the involvement of the different women and youth groups formed. The participation of communities has significantly reduced level of vulnerability among communities and is expressed in increased access to and improved quality of water, health and income services. In general, target communities are living in much safer environment settings because of increased awareness created and community driven initiatives.

Ultimately, The WASH and nutrition interventions the project delivered so far have addressed emergency humanitarian needs of the IDPs and host communities, without which their lives would have been at great risk. The inadequate unsafe water sources are now more accessible, clean and healthy. The personal hygiene and environment has much improved due to increased awareness and positive change in attitude and practices. VSLAs have added a new livelihood means for women and their families by starting to save and becoming economically active and contributing to households' budget.

RECOMMENDATIONS

- Concentration of the activities in adjacent villages would increase efficiency and widen project outcomes because of interaction between community members.
- Local partner NGOs are important for increasing the presence of the project at community level and facilitation of follow up, hence it will be important to award attention to build the capacity of the local partners including the government institution and equip them with the relevant technical and management skills.
- The lack of full health package services in some health facilities may not enable full use of the available health service, such as Jemaiza and Jadalssed villages, hence, it is recommended that the all health facilities have the capacity to provide full health package.
- Water remain a great concern that need to be supported to increase the number and types of water resources and at the same time ensure proper management and follow up to reduce water losses due to lines breakage or misuse.
- The fact that host communities share water with IDPs place further burden on the water resource, this is evident in Dean, where, water shortage is chronic and necessitates the need to increase the number of water facilities.
- In addition, it may be necessary to review the agreements with the government institutions, particularly water department to ensure that these institutions have the capacity to meet their obligation.

1. BACKGROUND

1.1 THE PROJECT CONTEXT

Darfur has been unique in the diversity and frequency of crisis the state has been subject to for many years. The presence of armed forces, tribal conflicts and the peripheral location of the state have adversely impacted the livelihood of the population and resulting in loss of lives and livelihood assets, and as a consequence continuous population movement leading to displacement of massive number of population who deserted their homes and forced to live in IDPs camps. The government political will, as well as economic capacity has crippled the government to intervene to respond to emergency need of the population.

The situation of IDPs is further worsened by the influx of South Sudan refugees who need urgent humanitarian needs. The host population, who live in poor rural communities are not exempted, and are forced to share the meager resources they have with IDPs and refugees, which reduced more host access to basic services as well as deterioration of these services facilities. The scarcity of resources continued act as a source of conflict that threaten the social stability due to the high competition over access to basic lifesaving services. Thus, the population is left with only the opportunity of complete reliance on humanitarian assistance. This has placed further pressure on humanitarian actors to increase their funding to levels that are necessary to save the lives of the affected communities and assist them to meet their most urgent emergency needs.

During the past recent years, the state witnessed the influx of South Sudanese refugees, who are fleeing the violence and food insecurity. As well as the conflict that erupted in Jabal Marra and led to displacement of large population segments, thus adding a new element to the current prolonged and chronic vulnerability situation on the state.

The impacts have been severe on men, who subject themselves to high life risks by the armed groups as they search work opportunities as casual labourers in the nearby, while women and children continue to encounter violence during their long distance walk in search of water or as they work inside camps or neighborhood to support their families. Such livelihood hardship has manifested in the food security and nutrition. .

The two States, particularly SD, have been witnessing progressive security during the project years, which is reflected on the smooth implementation of the project activities, secure of required permissions and facilitated movement between the different locations in the project operation area.

1.2 THE INTERVENTION

The project under evaluation was a two-year project implemented in one locality in South and three localities in East Darfur during the years 2017 and 2019. The Project was implemented by CIS in partnership with two local organizations; *Alshorog* and *Alsawaad Alkhadea* and in cooperation with the State MOHs and WC. The activities took place in ED in the three localities of Bahar Arab in Kario refugees' camp and host community, in Assalaya locality in Alnimir refugee camp and Abukarinka locality in Jadalseed and Alfowalih villages. In SD, the project activities were taken place in Kass locality in Kherwa, Jemaiza, Lagaeo and Singita villages, targeting IDPs, refugees and host communities setting in these locations.

The intervention activities are tailored to address urgent lifesaving needs of the vulnerable communities through provision of support in the fields of WASH and nutrition. Where, the two components are expected to complement each other and the resultant outcomes are expected to reflect on the improvement of maternal and child health in particular.

Where, along the water component, the activities designed for the project-included rehabilitation and upgrading of water sources and latrines, organization of hygiene promotion campaigns and distribution of hygiene kits and formation of committees to participate and shoulder responsibility of the activity sites established. While, in the field

of nutrition the project was intended to establish and support the operation of OPT, SFP and SC centers, in addition to engaging men and women in IYCF and VSAL groups.

The project model approved upon grant signature clearly depicts the expected project ultimate, intermediate and immediate outcomes, which, together with the project log frame set the reference upon which this end line evaluation is carried. Where the project immediate outcomes are expected to increase target communities access to WASH and nutrition services, this is expected to reflect at the intermediate level in reduced communities' vulnerability and ultimately saving life of target communities. For details of the planned project activities and expected results refer to annex-1, the project purpose and expected results.

1.3 THE END LINE EVALUATION OBJECTIVE AND METHODOLOGY

The end line evaluation was carried with the objective of generating reliable information to inform the stakeholders about the results the project has achieved as compared to that expected, inform CIS future planning, document Lessons learned and derive feasible recommendations.

The mission started with an inception phase, during which the secondary information available including the project documents were reviewed, upon which, the end line tools necessary for collection of the required information are designed. The tools used included; partner's checklist, FGD template and HH questionnaire. For details of the tools refer to annex 2, end line evaluation tools.

The fieldwork to collect information from primary sources was carried during the period 15/05-23/05/2019 in the two states, survey supervisor assisted by data collector and 4 enumerators led the field survey and 4 trained enumerators. The field work involved introductory and debriefing meetings with the project staff before and at end of the field work, meeting with local partner organizations and government ministries and facilitation of FG sessions with the target community representatives in each of the activities implementation sites. The statistical survey covered 6 villages and 150 HHs randomly selected for interview of HHs and observation of the activities sites. The sites visited and the allocation of households sample are shown in the below table.

Sites visited and allocation of HHs sample

State	Names of villages/camps	Sample size	Percent
SD	jameeza karma	26	17.3
	Alkhrooa	25	16.7
	Total state	51	34
ED	Alfwalih	16	10.7
	Jadalseed	39	26.0
	alnimir camp	21	14.0
	Kirao	22	14.7
	Total state	98	66
	Total sample	149	99.3
	System	1	0.7

2. THE PHYSICAL PROGRESS OF IMPLEMENTATION

The project physical progress is measured by comparing the activities the project has planned to implement, as stated in the project proposal, to the activities that are actually implemented so far, as obtained from the project documents and staff interview and cross-checked during stakeholders and beneficiaries interviews and direct sites observations and expressed as outputs.

The planned activities in the water sector included; maintenance and rehabilitation of 10 hand pumps, and upgrade of four open dug wells to hand pumps in SD and rehabilitation of 2 water in ED. The examination of the water sources revealed that the targets are well met and always exceeded the stated number of the number of water sources planned for rehabilitation and maintenance, where, the number of upgraded hand wells has increased from 10 to 22 and the number of hand pumps rehabilitated and maintained is almost doubled. Water quality is monitored according to the pre-set plan and water chlorination is applied on weekly or monthly basis in accordance with the type of the water source. The responses of the HHs regarding the quality of water according to its physical characteristics such as turbidity, color or smell- as indicated in the table below- shows that 86% HHs in SD compared to 79.3% HHs in ED consider water is clean, while about 12% and 18.5% consider water to be turbid respectively and about 2% in both states consider water is salty.



Protected water source, Kario



Rehabilitated health facility. Jadalseed

		water quality				
State		Frequency	Percent	Valid Percent	Cumulative Percent	
SD	Missing	System	1	100.0		
		Total	1	2.0		
	Valid	Clean	43	84.3	86.0	86.0
		Turbid	6	11.8	12.0	98.0
		Salty	1	2.0	2.0	100.0
	Total	50	98.0	100.0		
Total	51	100.0				
ED	Missing	System	1	2.0		
		Total	1	6.1		
	Valid	Clean	73	74.5	79.3	79.3
		Turbid	17	17.3	18.5	97.8
		Salty	2	2.0	2.2	100.0
	Total	92	93.9	100.0		
Total	98	100.0				



Rehabilitated latrine, Jemaiza

In the WASH sector, the process of construction of VIP latrines went according to plan and 2 and 6 VIP latrines are established and well-functioning, beside construction of 1,780 HHs latrines in participation with the communities. WUCs and CLTS are formed with gender consideration and received relevant hygiene training. In addition, in all

locations HPs are trained and provided with IEC materials to facilitate training of community members on dissemination of hygiene messages. Hygiene kits are distributed in adequate numbers at schools for girls and women.

In nutrition, the nutrition treatment centers have been supplied with necessary support that kept the center delivering the service regularly to children and PLWs. This included support operation of the OTP and SFP sites. The DC center has been rehabilitated and the necessary SAM training was delivered to the health workers. Men and mother-to-mother groups are formed and received appropriate training for management of mal-nutrition.

To assist with livelihoods and increase women work and income opportunities, VSLA groups are formed and trained on savings and income generation activities management.

Comparison of the actual implementation with the planned showed that the types of the activities implemented conform to the planned and that planned outputs are almost completed in accordance with the plan in quantitative and qualitative terms. Moreover, some of the activities such as water sources and formation and training of community groups has much exceeded its target

Hence, and based on the current rate of implementation, it becomes obvious that the intervention has met the stated physical targets. The number of beneficiaries has also recorded excess over expected number of beneficiaries in both states as table below shows.

From inception to date this project has reached the following number of beneficiaries:

Number of Beneficiaries Reached*					
	Total	Women	Men	Girls	Boys
Target	113,000	39,000	27,000	47,000	
Actual SD	87866	30823	16917	24908	15218
Actual ED	58920	42270	4100	6350	6200
Actual total	146786	73093	21017	31258	21418

3. THE PROJECT ACHIEVEMENTS

Ultimate Outcome 1000: Lives saved, suffering alleviated and human dignity maintained in countries experiencing humanitarian crisis or that are food insecure		
Intermediate Outcome 1100: Reduced vulnerability of crisis-affected people, especially women and children in East Darfur and South Darfur, Sudan		
Immediate Outcome 100 (WASH): Increased access to a safe water supply, sanitation and hygiene facilities for women, men, boys and girls in IDP and refugee camps, and affected host communities.		
Indicators	Expected Results	Actual Results FROM ANNEX A
# of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who had access to safe drinking water.	113,000 of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who had access to safe drinking water.	44766 people (15257 women & 10115 men & 12142 Girl & 7252 boy) in SD and about 70,000 in ED have access to safe drinking water.
# of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who had access to adequate sanitation facilities	3,500 of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who had access to adequate sanitation facilities	15976 person (9420 women & 1912 men & 2786 Girl & 1858 boy) have access to adequate sanitation facilities
# of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who use adequate hygiene practices	113,000 of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who use adequate hygiene practices	19523 person (3887 women & 4125 men & 7398 Girl & 4113 boy) participated in hygiene campaigns, while the total benefited reached 85366 (29573 women, 16417 man, 14918 Girl & 24458 boys)
% women and girls express increased satisfaction with their access to water supply and sanitation facilities.	80% women and girls express increased satisfaction with their access to water supply and sanitation facilities	In SD 65%
Immediate Outcome 200 (Nutrition): Increased access to high-quality interventions aimed at preventing, identifying and treating severe and moderate acute malnutrition among children, pregnant/ lactating women and other vulnerable groups		
Indicators	Expected Results	Actual Results
# of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), in CARE-supported areas receiving curative and preventative health interventions in accordance with protocols	8,000 of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), in CARE-supported areas receiving curative and preventative health interventions in accordance with protocols	Slightly more than 10% of the beneficiaries 15,000, indicated having received health services.
CARE-supported MAM treatment programmes meeting Sphere minimum standards of 75% cure rate and a defaulter rate under 15%.	Cure more than 75%, defaulter rate under 15%	Cure 80% Defaulter 13%

4. Assessment of Project impacts

Ultimate Outcome 1000: Lives saved, suffering alleviated and human dignity maintained in countries experiencing humanitarian crisis or that are food insecure

Description of Progress on or towards the Ultimate Outcome

The WASH and nutrition interventions the project delivered so far have addressed emergency humanitarian needs of the IDPs and host communities, without which their lives would have been at great risk. The inadequate and unsafe drinking water sources before the project become now more accessible, clean and healthy sources. The poor access to hygiene facilities and practices and poor general health due to spread of malnutrition among children and PLW that used to prevail in the target locations. Such adverse signs were illuminated and the communities are witnessing improved environment hygiene., protected dignity and in particular privacy for women and girls. VSLA added a new livelihood means for women and their families by starting to invest and produce and becoming economically active and saving enabled women to meet households' urgent needs and promoted culture among women. The women indicated the importance of their groups meeting in disseminating nutrition messages and exchange of learning and discussion of issues of concern to women.

Intermediate Outcome 1100: Reduced vulnerability of crisis-affected people, especially women and children in East Darfur and South Darfur, Sudan

Description of Progress on or towards the Intermediate Outcome

The project has succeeded to persuade communities to take initiatives to improve their living as a result of training, and exposure and participation the project availed to them, look after their community hygiene water resources and investments changed them from passive receiver to active contributors which is an essential element of change in reducing vulnerability. Vulnerability factors reduced are expressed in increased access and improve quality of services of water, education, health and income. In general, target communities are living in much safe environment settings as a result of increased awareness and adoption of safe hygiene practices.

Description of Progress on or towards the Immediate Outcomes

Immediate Outcome 100 (WASH): Increased access to a safe water supply, sanitation and hygiene facilities for women, men, boys and girls in IDP and refugee camps, and affected host communities.

The people in IDPs and refugees camps are witnessing remarkable improvement in their access to safe drinking water, where the responses of the households interviewed showed that 98.6% obtain their water from protected water sources such as water stations, water collection points and wells fitted with hand pumps.

The availability of water at these sources is ranked by 72.2% of the community as always and most of the time available. The distance to water has also been cut down to an average of 180 meters.

The communities in the two states experience apparent difference in the water distance that ranges between about 320 m in SD to 106 in ED, with an average water distance of 213 meter.

Mean water distance

State	N	Minimum	Maximum	Mean	Std. Deviation	
SD	Water distance	51	15.00	800.00	320.1569	237.08069
ED	Water distance	97	2.00	1000.00	106.3196	165.57599
Mean average water distance		213.2 meter				

Households water consumption

State		N	Minimum	Maximum	Mean	Std. Deviation
Sd	Water quantity	51	1.00	24.00	8.5098	4.34683
Ed	Water quantity	98	1.00	36.00	9.0102	6.14011
Mean average daily water consumption				8.7 Jerricans		

The two states recorded high similarity in the quantity of water consumption with an average daily mean of about 8.7 Jerricans/tins

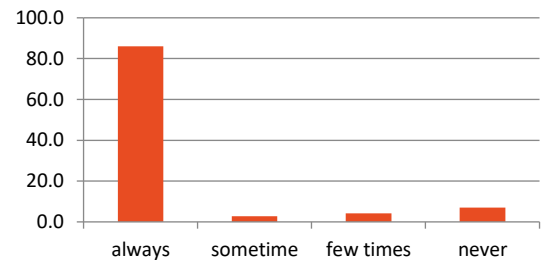
Evident progress has been made along communities' access to and use of latrines, where, 89.3% and 86.1% of target community members indicated their access to and regular use of latrines, either public or private, with private constituting 65.7% of latrines communities have access to.

Women in general, indicated high satisfaction with access to latrine irrespective of the low percentage that has access to private latrines, represented by 13.1% of women and girls.

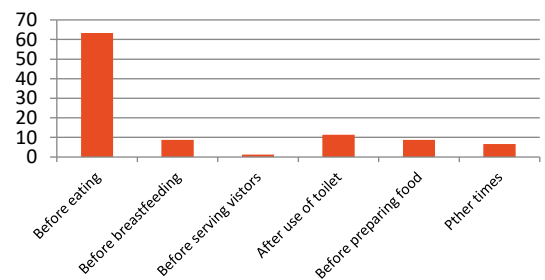
The improved access to water and latrines, which is accompanied by hygiene awareness, distribution of hygiene tools, materials, and periodic home visits by CHPs and establishment and training of CLTS committees, have induced the required positive changes in hygiene and sanitation attitude and practices among communities. All interviewed are able to mention three critical times for hand washing and use of soap in cleaning. However, as figure to the right indicates, different level of focus is awarded to critical handwashing times, where hand wash before eating receive most attention compared to other hand wash critical times. Community members' responses also indicated that about 90% of them are able to mention at least one critical time for hand wash. This percentage drops to about 59% for those who are able to mention two critical times for hand wash to 20% for those who are able to mention three critical times for hand wash.

The water training and distribution of kits delivered to communities has been confirmed by one third of the schools girls

Women use of latines

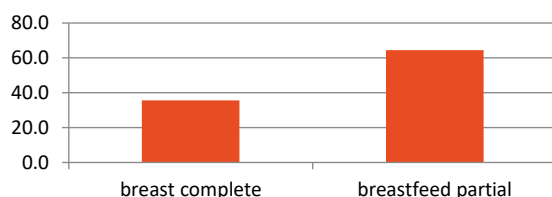


HHs distribution by hand wash times



Immediate Outcome 200 (Nutrition): Increased access to high-quality interventions aimed at preventing, identifying and treating severe and moderate acute malnutrition among children, pregnant/ lactating women and other vulnerable groups

Chidren more than 5 months



Analysis of HHs responses shows that 50% of the children <6 months depends entirely on breastfeeding and about one third of the women attribute this to lack of enough mother milk. For children >6 months, two thirds of them are partially breastfed.

Treatment of malnutrition reached 80% of the cases for both girls and boys and defaulter rate is 75% also for both sexes.

Number of MAM cases treated ranges between 10 to 15

daily, while number of PLW treated ranged between 4 to 7 women daily.

5. PERFORMANCE FACTORS

- **Relevance**

The project was an outcome of many years of experience in the area and the rapid assessments carried by CARE to identify IDPs and host communities live saving emergency needs. CARE has also been cooperating with UN agencies and local authorities, which informed the project design and aligned it with all stakeholders programs and government development plan.

Poor hygiene and malnutrition emerged as most live threatening factors in vulnerable communities' settings, Which CARE through the project has addressed by supporting communities' access to clean drinking water and feeding program of children and PLW and the high demand on the services validated high relevance of the interventions.

The project has also addressed project interventions supportive activities that addressed knowledges and skills communities were missing to operate and manage water resources and promote acquisition of hygiene promotion skills and establishment of community based structures to sustain benefits gained by the communities, including VSLA,

-**Appropriateness**

The project used continuously to update its work plans and keeps it flexible as possible to conform implementation schedules with the situation on the ground, prices fluctuations and preparedness of the communities. This enabled implementation of the activities at most appropriate times that are convenient particularly to the community, which encouraged their participation and allocation of ample to the activities.

The project resources suffice to meet project results, but remain far below addressing the prevailing humanitarian emergency need in the area. The project staff capabilities need to be improved by training, exchange of experience visits and close supervision and on job training.

- **efficiency**

The project resources are spent wisely on designed activities and in conformity with the approved budget lines. The efficiency with which activities are implemented is attributed to the community driven approach the project has adopted, by transfer of knowledge and skills that assured maximum participation of community members or to carryout activities themselves. This is evident in the large number of latrines constructed by the communities and the opportunity availed to CARE extend hygiene survives to some not targeted villages through community-to-community knowledge and skills transfer.

or was pass successfully by more efficiencies achieved. The raising of hygiene awareness among population were contributed in changing the 75% of the target people and at same time the awareness was extending for more than five non target village(like Hashab and some other village) this has been attributed to interaction of villagers at the market and when they met for some socials purpose. The idea of CLTS sanitation approaches were also transacting for some non-target communities as the result of ODF celebration for the target village.

- **Gender Equality**

To reduce gender gap, project paid attention to increase women participation in the different activities. Thus women were consulted regarding the location of latrines, places are kept for them in the village structures formed including CHPs, WUCs, CLTs and VSLA. Girls and boys' needs are addressed though the nutrition centers rehabilitated and equipped at nearby centers and men concerns are also responded to by their

involvement in the operation and management of water resources as well as participation in environment hygiene campaigns.

- **Environment**

The project has resulted in remarkable positive environment outcomes. This commenced at personal hygiene level through awareness and use of proper hygiene practices and extended at community level through environment cleaning campaigns that are organized regularly by the communities and accompanied by distribution of seedlings and plantation of trees.

The attempts to introduce green charcoal technology by converting waste to charcoal will assist in safe garbage disposal and at the same time tree cutting for fuel use and hence protection of the green cover.

The major shift in the attitude towards use of latrine and increased access to latrine has evident impact on villages environment hygiene and disappearance of human remains in the open.

- **Participation**

The sensitization, the mobilization campaigns organized with communities prior launching of the project activities has initiated early-informed participation of the communities in the different stages of the project life span. The involvement of local organizations in the implementation enhanced coordination with local authorities and alignment of project with the localities plans, which motivated government institutions and enhanced their participation. Participation is maintained through the regular meetings with the partner organizations and concerned institutions. At community, members, both men and women are involved in training sessions, operation of water sources and monitoring of construction of latrines, through organized participation of the established community based structures.

- **Coordination**

Due to the special situation of Darfur, coordination is a crucial element for safe and effective implementation of the project activities, particularly the local authorities, where link is maintained with local authority by the project staff and the partner organizations to keep them informed about project work plan and hence facilitated CARE staff mobility in the area. Sharing of information with UN agencies and other INGOs has also increased coordination. Coordination is further realized through regular and ad hoc meetings with the concerned INGOs and government institutions, in addition to the frequent meetings held with communities throughout project implementation period.

- **Safety and security**

The general security situation in Darfur during the past two year of the project can be described as stable and maintained prevalence of supportive atmosphere for the project implementation, except for an erupted tribal conflict in July 2017 that lead to displacement of many families affected by the conflict, in addition to minor disputes over stolen or lost animals.

- **Sustainability**

Sustainability elements are imbedded in the project design and are represented mainly in the transfer of required knowledge and skills and establishment of functional committees at village levels. These communities' structures are expected to sustain the benefits the communities realized in the field of WASH in particular by WUCS, and nutrition by CHPs, depending of their own skills and resources. CARE will also have the opportunity to maintain links with these structures because of its presence in the area and hence provide them with necessary technical support. The project assets will be handed over according to the project agreement with HAC, where assets will be handed to SMOH and Water Corporation and the villages committees.

6. LESSONS LEARNED AND RECOMMENDATIONS

- Assessment of community needs should go further by setting the priorities for the identified needs. This is made necessary by the great and different basic needs communities are in need for, hence, prioritizing needs in detail will ensure addressing of the most urgent community needs and will reflect on their interest and participation.
- Concentration of the activities in adjacent villages would increase efficiency and widen project outcomes because of interaction between community members.
- Volunteers are key agents in strengthening and sustaining outcomes and the link and interaction they maintain with the community committees will reflect on the performance of the committees.
- Local partner NGOs are important for increasing the presence of the project at community level and facilitation of follow up, hence it will be important to award attention to build the capacity of the local partners including the government institution and equip them with the relevant technical and management skills.
- The lack of a certain health service which the community needs in the health facility such as laboratories, diagnosis tools or even electricity may not enable full use of the available health service, as it is noticed that in some of the locations visited and have nutrition centers, such as Jemaiza and Jadalseed villages, lack primary health care services. Hence, it is recommended that the health facilities as well as the nutrition centers to have the capacity to provide full health package.
- Water remain a great concern that need to be supported to increase the number and types of water resources and at the same time ensure proper management and follow up to reduce water losses due to lines breakage or misuse.
- The fact that host communities share water with IDPs place further burden on the water resource, this is evident in Dean, where, water shortage is chronic and necessitates the need to increase the number of water facilities.
- In addition, it may be necessary to review the agreements with the government institutions, particularly water department to ensure that these institutions have the capacity to meet their obligations.

Annexes

Annex-1, Purpose and Expected Results

Ultimate Outcome	Lives saved, suffering alleviated and human dignity maintained in countries experiencing humanitarian crisis or that are food insecure	
Intermediate Outcome	Reduced vulnerability of crisis-affected people, especially women and children in East Darfur and South Darfur, Sudan	
Immediate Outcomes	100 WASH Increased access to a safe water supply, sanitation and hygiene facilities for women, men, boys and girls in IDP and refugee camps, and affected host communities.	200 Nutrition Increased access to high-quality interventions aimed at preventing, identifying and treating severe and moderate acute malnutrition among children, pregnant/ lactating women and other vulnerable groups
Outputs	110 Existing water sources in targeted communities are adapted or rehabilitated to serve the needs of the most vulnerable users, including women and girls.	210 Outpatient Therapeutic Program (OTP) and Supplementary Feeding Program (SFP) sites established.
	120 Latrines and sanitation infrastructure in households, schools and camps are constructed or rehabilitated to be safe for the most vulnerable users and meet the differing needs of women and girls.	220 Operation and maintenance of Outpatient Therapeutic Program (OTP) and Supplementary Feeding Program (SFP) sites are supported.
	130 Gender inclusive WASH management committees and hand pump mechanics committees to manage and maintain the WASH facilities established.	230 Stabilization Center (SC) operations and maintenance are supported.
	140 Hygiene promotion campaigns and cleaning campaigns conducted.	240 Discussions to engage men and boys in Infant and Young Child Feeding (IYCF) are conducted.
	150 Gender sensitive hygiene kits distributed.	250 Mother-to-mother groups receive IYCF support.
	160 Water quality analysis and treatment conducted.	260 Village, Savings and Loan Associations established and supported.
Activities	1110 – Rehabilitate and adapt existing water sources in targeted communities to serve the needs of the most vulnerable users, including women and girls.	2210 – Establish OTP and SFP sites
	1120 – Construct or rehabilitate latrines in households, schools and camps to be safe for the most vulnerable users and meet the differing needs of women and girls.	2220 – Support the operation and maintenance of OTP and SFP sites
	1130 - Establish gender inclusive WASH management committees and hand pump	2230 – Provide support to the SC operations and maintenance

	mechanics committees to manage and maintain the WASH facilities	
	1140 - Conduct hygiene promotion campaigns and cleaning campaigns	2240 - Conduct discussions to engage men and boys in IYCF
	1150 - Distribute gender-sensitive hygiene kits	2250 – Provide IYCF support to mother to mother support groups
	1160 - Conduct water quality analysis and treatment	2260 - Establish and Support Village, Saving and Loan Associations (VSLAs)

Annex 2 - Performance Measurement Framework Reporting Template

EE: Exceeding/exceeded expected result, **AE:** Achieving/achieved expected result, **MP:** Experienced Manageable Problems, **OP:** Experienced Other Problems, **UR:** Unable to Rate

Expected Results	Indicators	Baseline Data	Targets	Actual Data (cumulative)	Analysis of Progress	Rating
Ultimate Outcome 1000: Lives saved, suffering alleviated and human dignity maintained in countries experiencing humanitarian crisis or that are food insecure						
Intermediate Outcome 1100: Reduced vulnerability of crisis-affected people, especially women and children in East Darfur and South Darfur, Sudan						
Immediate Outcome						
100 (WASH): Increased access to a safe water supply, sanitation and hygiene facilities for women, men, boys and girls in IDP and refugee camps, and affected host communities.	# of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who had access to safe drinking water.	35,000	113,000 of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who had access to safe drinking water.	In SD 44766 people (15257 women & 12142 men & 7252 Boys), and about 70,000 in ED are benefiting from rehabilitated and constructed water sources.	Immediate outcome is well met with number of beneficiaries exceeding target due to the more easy access to water realized	EE
	# of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who had access to adequate sanitation facilities	21,000	3,500 of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who had access to adequate sanitation facilities	In SD 21077 people (10429 women & 2177 men & 4918 Girl & 3553 Boys).	IO almost exactly met	AE
	# of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who use adequate hygiene practices	26250	113,000 of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), supported through/by CARE who use adequate hygiene practices	In SD 19523 people (3887 women & 4125 men & 7398 Girl & 4113 Boys). were participated while the total benefited were reached 85366 (29573 women, 16417 man, 14918 Girl & 24458 boys)	The project met the expected result	AE

	% women and girls express increased satisfaction with their access to water supply and sanitation facilities.	60%	80% women and girls express increased satisfaction with their access to water supply and sanitation facilities	In SD 65%	The project met the expected result	MP
Immediate Outcome 200 (Nutrition): Increased access to high-quality interventions aimed at preventing, identifying and treating severe and moderate acute malnutrition among children, pregnant/ lactating women and other vulnerable groups	# of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), in CARE-supported areas receiving curative and preventative health interventions in accordance with protocols	Zero	8,000 of disaster/crisis-affected people (<i>disaggregated by sex and age</i>), in CARE-supported areas receiving curative and preventative health interventions in accordance with protocols			
	CARE-supported MAM treatment programmes meeting Sphere minimum standards of 75% cure rate and a defaulter rate under 15%.	NA	Cure more than 75%, defaulter rate under 15%	More than 80%	Target well met	EE
Outputs						
110 (WASH) Existing water sources in targeted communities are adapted or rehabilitated to serve the needs of the most vulnerable users, including women and girls.	# of basic water sources rehabilitated.	Zero	16 water sources rehabilitated (10 hand pumps, 2 water yards, and upgrading 4 open wells to hand pumps).	In SD 44, water sources rehabilitated (36 hand pumps, 2 water yards, and upgrading 8 open wells to hand pumps).	The project exceeded the expected results for this output.	EE
	# of targeted beneficiaries (<i>disaggregated by sex and age</i>), receiving between 7.5-15 litres of water per person per day.	40% between 7.5 to 15 liters	113,000 of targeted beneficiaries receiving between 7.5-15 litres of water per person per day.	The responses of the beneficiaries indicated that HHs consume about 40 litres per day, or 8 litres per person for the average family size of 5 persons.	The project exceeded the expected results for this output	EE
	% of clean water points functioning 6 months after completion (and monitored every 6 months afterwards)	Zero	95%	89%	The project exceeded the expected results for this output	EE

					because there is addition of rehabilitate water sources.	
120 (WASH) Latrines and sanitation infrastructure in households, schools and camps are constructed or rehabilitated to be safe for the most vulnerable users and meet the differing needs of women and girls.	# of gender sensitive latrines constructed or rehabilitated.	1050	304 constructed (300 household and 4 VIP school latrines)	In SD constructed (0 household and 6 VIP school latrines)	The project exceeded the expected results for this output because there is addition of VIP school latrines	EE
	# of women and girls consulted during latrine site selection	Zero	1,300 women and girls consulted during latrine site selection	In SD 1400 women and Girl were consulted	The project exceeded the expected results for this output because there is addition of rehabilitate water sources.	EE
130 (WASH) Gender inclusive WASH management committees and hand pump mechanics committees to manage and maintain the WASH facilities established.	# of WASH management committees established/strengthened and trained.	Zero	8 water user committees and 6 community hygiene promoter committees established/strengthened and trained.	In SD 6, water user committees and 4-community hygiene promoter committees established/strengthened and trained.	The project exceeded the expected results for this output because there is addition of rehabilitate water sources. Met with addition of Committee members	EE

	% of committee members who are women who regularly participate in meetings and trainings.	Zero	At least 50% of committee members are women who regularly participate in meetings and training.	In SD 50% of committee, members were women who regularly how calculated participate in meetings and training.	Met the target	AE
140 (WASH) Hygiene promotion campaigns and cleaning campaigns conducted.	# of hygiene promotion campaigns conducted.	Zero	144 of hygiene promotion campaigns conducted.	In SD 147 of hygiene promotion campaigns conducted.	The project exceeded the expected results	EE
	% of targeted beneficiaries who know 3 of the 5 critical times for hand washing	61%	75% targeted beneficiaries who know 3 of the 5 critical times for hand washing	In SD 85% targeted beneficiaries, knew 3 of the 5 critical times for hand washing	The project exceeded the expected results	EE
150 (WASH) Gender sensitive hygiene kits distributed.	# of women and girls who received the hygiene kits on monthly basis	39	300 women and girls received hygiene kits on monthly basis	Kits are distributed in the schools for girls	Target well met	AE
160 (WASH) Water quality analysis and treatment conducted.	% of target households drinking water supplies with 0 fecal coliforms per 100 mL sample	30	80%	In SD 55%	Less than expected	MP
210 (Nutrition) Outpatient Therapeutic Program (OTP) and Supplementary Feeding Program (SFP) sites established.	# of MAM cases treated (PLW and under 5)	Zero	4000 (3200 under five and 800 PLWs) MAM cases treated	On average about 10 children <5 receive MAM treatment daily, making a total 6,000 and most of them are treated. On average, 5 PLW are treated daily making 3,000 treatments for PLW.	Well exceeded target	EE
220 (Nutrition) Operation and maintenance of Outpatient Therapeutic Program (OTP) and	# of sites managing SFP and OTP	Zero	6 sites managing SFP and OTP	The 7 sites are operating and providing treatment of SAM cases.	Target well met	EE

Supplementary Feeding Program (SFP) sites are supported.	# of children treated (disaggregated by sex)	Zero	3,840 children (1,840 boys and 2,000 girls) treated.	In total about 5,000 children have received malnutrition treatment	Target well met	AE
230 (Nutrition) Stabilization Center (SC) operations and maintenance are supported.	# of severely malnourished children treated at the Stabilization Center (disaggregated by sex)	Zero	3,000 (60% female and 40% male) severely malnourished children treated at the Stabilization Center (disaggregated by sex)	On average 7 to 10 children are treated/day, making a total of about 4,800 children at least	Exceeded target	EE
240 (Nutrition) Discussions to engage men and boys in Infant and Young Child Feeding (IYCF) are conducted.	# of men and boys engaged in IYCF discussion sessions	Zero	1,000 men and boys engaged in IYCF discussion sessions	On average 5 groups of 20 persons are established in each location, making a total of 800 who are engaged in discussion.	Target almost met	AE
250 (Nutrition) Mother-to-mother groups receive IYCF support.	# of mothers reached	Zero	1,000 mothers reached	About 800 mothers are engaged in mother to mother groups	Number of women may be greater than target	AE
260 (Nutrition/WASH/VSLA) Village, Savings and Loan Associations established and supported.	# of VSLA groups established	Zero	200 VSLAs established	180 women groups are established	Target almost met	AE

Annexes

COMMUNITIES FG DISCUSSION

Locality	Assalaya	Kass	Bahar Alarab	Abu Karinka	Abu Karinka	Kass
Location	Alnimir IDPs camp	Jeimeiza Comor	Kario refugees camp	Al Fowalih	Jadelseed	Kherwa
State	E D	SD	ED	ED	ED	SD
Camp date	April 2017		12/08/2016			
No of HHs		708		283	1,200	1,100
Population	10,238	3540	25,000	6,000	11,500	7,750
Number of men	2,806	30%				28%
Number of women	5,520	30%				32%
Number of children	1,012	40%				40%
No of WHHs						250
No and type of water sources						
2 wells operated with gasoline pumps, connected with 8 water distribution points and each has 10 tabs. Water is clean and quantity is adequate, but in short in summer due to the increase in demand by host community HHs coming from	4 pumps, 2 of them are working and maintained last month, the not working pumps are not maintained, and there is no water in	Started with 5 skin water containers adequate for 5,000 persons. 2 wells are dug with one water station and 11 collection points, each	2 water stations and 20 traditional wells, water is clean but quantity is not enough, cost SDG 10/ Jerrican. There is water committee of 7	3 water stations, only one working and the water is not clean. Committees are inactive and community awareness training is	2 water stations and 20 wells, all are maintained and operating and water is clean. The water committee is formed of 5 men and 4	

<p>outside camp to search water. There are certain operation hours for each distribution point and water is free. Water is inspected and chlorinated regularly. Care provide HHs with Jerricans, but quantity is not enough and some HHs use sugar bags and barrels for keeping water. A water committee is established from 10 men and 6 women and is functioning. CHV conduct awareness visits regularly to HHs and inspect water-keeping utensils.</p>	<p>one of them. Water is clean. The water committee is composed of 7 men and 5 women, all members are trained in pump maintenance and active.</p>	<p>has 10 tabs. A new elevated tank was constructed in August 2018; water connections are weak and shortages of fuel results in water shortages. Water stations operate for certain hours and water is free. CARE provided water container for each HH. There are 26 water volunteers but they lack the necessary skills.</p>	<p>men and 4 women, all members are trained and committee is operating. Women participate in meetings, but decisions are dominated by men, pumps are maintained by Care in 2018m last was in May 2019,</p>	<p>delivered for 8 men and 20 women, also 7 men and 11 women are trained on environmental hygiene. Cleaning campaigns are carried according to need.</p>	<p>women, all trained and is functioning.</p>
<p>Latrines</p>	<p>Almost every HHs has a latrine, some of the deteriorated latrine are rehabilitated</p>	<p>708 latrine all constructed and cover all HHs</p>	<p>Latrines are constructed for all households</p>	<p>Latrines are constructed in the HC and the school,</p>	
<p>Hygiene</p>	<p>Community members actively participate in cleaning campaigns. Lead by trained and</p>	<p>Hygiene committee members, 6 men and 4 women, trained in general hygiene and</p>	<p>Camp hygiene is poor due to poor participation irrespective of the</p>	<p>Weekly cleaning campaigns with participation of all community</p>	<p>Cleaning campaigns are organized on weekly basis,</p>

	motivated 25 CHP, A 20x20 m Garbage burning facility is used to burn garbage	awareness campaigns and active organizing monthly hygiene campaigns, women are more active and regular than men. Infections and diarrhea are reduced and positive attitude towards hygiene,	cleaning campaigns organized.	particularly the youth, construction of 2x5x15 garbage burning facility, provision of health education training,		
Hygiene kits	Hygiene kits are distributed to women and 250 g of soap/person is distributed to every HH.		Hygiene kits are distributed to women and 250 g of soap are distributed per person. 25 CHPs are trained and receive incentives. Garbage is collected by truck that belong to the locality			
Health	Health center operated by AC	Health education committees, is formed of 6 men and 4 women all trained on awareness		Construction of waiting delivery and nutrition rooms, PHC provide treatments, pregnant women	A building is maintained and used as a nutrition center, a shed is also established and used	Construction of 3 rooms for delivery, nutrition and waiting in the HC. Construction of

		<p>campaigns and are active. There is a nurse, CHP and 4 midwives. 10 to 15 children are vaccinated each time (twice a week). 3 to 5 prenatal check up for renant women.</p> <p>Constructed 1,5x10 m garbage burning facility.</p>		<p>follow up and nutrition, 4 midwives are trained, maintenance of HC and supply of solar unit and drugs, construction of 800 litre water stoage</p>	<p>as waiting place, women cultivate vegetables,</p>	<p>2x5x15 garbage burning facility, construction of 800 lire water storage and supply of solar unit and drugs, training if 4 midwives, and training of community on water. Health committee comprises 8 men and a woman and members received training.</p>
VSL		<p>25 women groups are formed with membership of 250 women</p>	<p>10 women groups, each of 5 members are formed and work in the fird of mills.</p>	<p>31 woman committees are active in saving with 100% repayment rate, and SDG 40,000 capital, women work in trade, house building and farming that improved living standard of women families.</p>	<p>32 VSL women groups are formed and active. 9 midwives are trained and PLW support group is formed and operating.</p>	<p>31 active VSL groups, repayment rate ie 100%,</p>
Recommendations						
Rehabilitate host community water			Increase no of water	Provision of	Maintenance of the	Construction of

<p>sources to reduce pressure during summer</p> <p>Increase the number of cleaning tools and provide shoes for the volunteers. Mosquitoes sprayers and nets</p>		<p>collection points and maintains the one that is not working.</p> <p>Maintenance of the water pump and the connection pipes.</p> <p>Increase no of cleaning campaigns to 4/month</p> <p>Provide for more of women hygiene materials</p> <p>Provide for hand driven garbage collection carts</p>	<p>submersible pump.</p> <p>provision of ambulance</p> <p>Construction of water reservoirs and fence</p> <p>water sources, separate animals, training of midwives and youth n PHC,</p>	<p>water station and treatment of water.</p> <p>Ambulance, drugs and refrigerator for keeping vaccines, laboratory, delivery room. Energy source, connect water to the HC.</p>	<p>pumps in the HC and the school, increase the quantity of drugs supply. Training of youth on treatment of disability, farming and veterinary.</p>
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ANNX 3 COMPLETED OUTPUTS

Immediate Outcome 100 (WASH): Increased access to a safe water supply, sanitation and hygiene facilities for women, men, boys and girls in IDP and refugee camps, and affected host communities.		
Output	Status Proposal	Description of Progress Report
<p>110 Existing water sources in targeted communities are adapted or rehabilitated to serve the needs of the most vulnerable users, including women and girls.</p>	<p>Planned SD; to maintain and rehabilitate 10 hand pumps, and upgrade four open dug wells to hand pumps).</p> <p>ED to rehabilitate two water yards: one in Al Nimir refugee camp and one in Jadalseed</p>	<p>Progress 4 pumps, 2 of them are working and maintained last month, in Jemeiza village. Water is clean. The water committee is composed of 7 men and 5 women, all members are trained in pump maintenance and they are active. In Kherwa village 2 water stations and 20 wells, all are maintained and operating and water is clean. The water committee is formed of 5 men and 4 women, all trained and is functioning.</p> <p>In Kario refugees camp, 2 wells are dug with one water station and 11 collection points, each has 10 tabs. A new elevated tank was constructed in August 2018; water connections are weak and shortages of fuel results in some water shortages. and water is free. CARE provided water container for each HH. There are 26 water volunteers but they lack the necessary skills. In Alfowailih2 water stations and 20 traditional wells are rehabilitated, water is clean but quantity is not enough, cost SDG 10/ Jerrican. There is water committee of 7 men and 4 women, all members are trained and committee is operating. Women participate in meetings, but decisions are dominated by men, pumps are maintained by Care in 2018, last was in May 2019.</p> <p>2 wells operated with gasoline pumps, connected with 8 water distribution points and each has 10 tabs are constructed in Alnimir refugee camp. Water is clean, free and quantity is adequate, but in short in summer due to the increase in demand by host community HHs coming from outside camp to search water. Water is inspected and chlorinated regularly. Care provided HHs with Jerricans, but quantity is not enough and some HHs use sugar bags and barrels for keeping water. A water committee is established from 10 men and 6 women and is functioning. CHV conduct awareness visits regularly to HHs and inspect water keeping utensils. In Jadalseed village, 2 water stations and 20 wells, all are maintained and operating and water is clean. The water committee is formed of 5 men and 4 women, all</p>

		<p>trained and is functioning.</p> <p>2 wells operated with gasoline pumps, connected with 8 water distribution points and each has 10 taps are constructed in Assalya. Water is clean, fere and quantity is adequate, but in short in summer due to the increase in demand by host community HHs coming from outside camp to search water. Water is inspected and chlorinated regularly. Care provide HHs with Jerricans, but quantity is not enough and some HHs use sugar bags and barrels for keeping water. A water committee is established from 10 men and 6 women and is functioning. CHV conduct awareness visits regularly to HHs and inspect water keeping utensils. In Kherwa, 2 water stations and 20 wells, all are maintained and operating and water is clean. The water committee is formed of 5 men and 4 women, all trained and is functioning.</p>
<p>120 Latrines and sanitation infrastructure in households, schools and camps are constructed or rehabilitated to be safe for the most vulnerable users and meet the differing needs of women and girls.</p>	<p>Planned SD to construct two VIP gender segregated VIP latrine blocks, establish (CLTS) committees and conduct four trainings on personal and environmental hygiene promotion</p> <p>Planned ED to construct 300 gender sensitive household latrines and four gender segregated VIP latrine blocks</p>	<p>Progress SD 6 block VIP school latrine are constructed in Alkhirwa, Sengita, Gimiza Logara and limo (Kolding) villages. One CLTS mobilization is conducted in each of Limo, Sengita, Gimiza Comera and Alkhirwa villages and 40 community leaders received CLTS training in Limo, Al Khirwa, Gimiza and Sengita villages, 1780 HHs latrines are constructed by CLTS committee in the four villages.</p> <p>ED The planned 300 gender sensitive households latrines are established in Nimir refugee camp and in 3 schools</p>
<p>130 Gender inclusive WASH management committees and hand pump mechanics committees to manage and maintain the WASH facilities established.</p>	<p>Planned SD to establish and train 4 Water User Committees</p> <p>ED to establish and train 4 Water User Committees</p>	<p>Progress SD 6 instead of 4 planned WUCs are trained in Kass rural area in Alkerwa, Gimiza Comrea and logara and limo villages and 6-hand pump mechanical committee are trained.</p> <p>ED 4 WUCs are formed and trained on water pumps operation and maintenance</p>

140 Hygiene promotion campaigns and cleaning campaigns conducted.	Planned developing and disseminating 2,000 IEC materials	Progress CHPs committees are established and conducted HP campaigns as planned in the districts SD; 147 hygiene campaign are conducted, 80 cleaning campaign were conducted at four target village of Sinegta, limo, Alkerwa and Gemiza (Comra and loggira), 3946 Jerrycans were cleaned during cleaning campaigns that are accompanied by hygiene sessions. 2000 IEC materials are distributed in Sinegta, limo, Alkirwa and Gemiza (Comra and loggira) and some of satellite villages. CHPs are provided with hygiene posters to facilitate group discussion sessions and dissemination of hygiene messages at community level as well as during home visits, which are regularly conducted by CHP.
150 Gender sensitive hygiene kits distributed.	Planned distribute 300 gender-sensitive hygiene kits every month	Progress Hygiene kits of adequate cleaning tools and materials are distributed monthly in seven schools for South Sudan IDPs women and girls in Gemiza Camera school, Al Khirwa, Gimiza logara, Kolding, Sengita Alshorog school and Limo school.
160 Water quality analysis and treatment conducted.	Planned Chlorinate and disinfect water yards in the refugee camps on regular basis.	Progress Water quality analysis is carried on monthly basis and about 40 teats are carried for each of the target locations. Chlorination is carried according to the plan on daily, weekly and monthly frequency according to the type of water sources in Al Gimiza, khirwa, Limo and Sengita villages. WUCs are established in all locations and members trained to operate and maintain the water sources.
Immediate Outcome 200 (Nutrition): Increased access to high-quality interventions aimed at preventing, identifying and treating severe and moderate acute malnutrition among children, pregnant/ lactating women and other vulnerable groups		
Output	Status	Summary
210 Outpatient Therapeutic Program (OTP) and Supplementary Feeding Program (SFP) sites established.	Planned Rehabilitation of treatment centers, construction of a store and support operation of the centers	Progress Treatment sites are rehabilitated and resumed functioning in the operational areas and children and PLW continued to benefit from the nearby delivered services.
220 Operation and maintenance of Outpatient Therapeutic Program (OTP) and Supplementary Feeding Program (SFP) sites are supported.	Planned Support operation of 6 OTP and one SFP sites,	Progress Breastfeeding and IYCF packages are distributed to PLW; SF rations are distributed to children with MAM. Nutrition education sessions are organized for women and CNWs conducted regular follow up

		home visits to children.
230 Stabilization Center (SC) operations and maintenance are supported.	Planned Rehabilitate DC center and provision of SAM training	Progress The SC rooms and generator are maintained and nutrition staff and CNVs are equipped with basic skills and are able to treat SAM cases,
240 Discussions to engage men and boys in Infant and Young Child Feeding (IYCF) are conducted.	Planned Engage men and boys in mal nutrition management,	Progress Staff and CNVs received appropriate training, frequent discussion are organized at communities and schools.
250 Mother-to-mother groups receive IYCF support.	Planned Deliver IYCF to established mother to mother groups	Progress CNVs are trained on sensitive gender nutrition programs, one mother to mother groups is formed in each site and breast feeding message and food varieties messages are disseminated through mothers groups at wider community level.
260 Village, Savings and Loan Associations established and supported.	Planned Establish and train VSLAs	Progress Community based volunteers are equipped with TOT skills, VSLA women groups are formed in each site and are active in saving activities.

ANNEX 4, HHS DATABASE -ATTACHED

ANNEX 5, LIST OF PERSONS MET

[REDACTED]