Global Affairs Canada | Affaires mondiales Canada

Care International in Sudan

Final Evaluation Report

Project:

Gender- sensitive WASH, Nutrition and Health Support to vulnerable communities in South and East Darfur

By: Eng: Ahmed Satti Ahmed –consultant

March 2021

Contents:

Contents 2
1. Executive summary 5
Introduction to Care Sudan: 7
1. Evaluation objective and methodology: 9
Survey design 9
Desk reviews 10
Focus Group Discussions 10
Key informant interviews (KII) 10
Sampling techniques 11
Sample frame and sample size 11
Data Analysis and feeding: 12
Limitation 12
2. Findings: 13
Relevance of the project 13
Efficiency 13
Effectiveness: 14
Intermediate Outcome (WASH): 16
Water supply: 16
Access to sanitation: 16
Hygiene: 17
Intermediate Outcome (Health): 19
Maternity health: 19
Intermediate Outcome (Nutrition): 20
3. Conclusion and recommendations: 26

List of tables:

Table 1: project summary 7

Table 2: project results 8

Table 3: Using adequate hygiene practice ..... **Error! Bookmark not defined.**

Table 4; Log frame update with end line values; 20

List of figures:

Figure 1; sex of respondent 9

Figure 2: access to safe water 16

Figure 3; Availability of latrines ..... **Error! Bookmark not defined.**

Figure 4: Access to health services 19

Figure 5: assistance for delivery 19

Acronyms

ANC	Ante Natal Care
CHW	Community Health Workers
CMAM	Community Base of Anti Malnutrition
GAC	Global Affairs Canada
GBV	Gender-based Violence
HH	Household
HF	Health Facilities
HHS	Household Hunger Scale
IDP	Internally Displaced People
IYCF	Infant and young child feeding
MAM	Moderate Acute Malnutrition
MEAL	Monitoring, Evaluation, Accountability, and Learning
PLWs	Pregnant and Lactating Women
PMF	Performance Measurement Framework
PNC	Post Natal Care
SAM	Service Acute Malnutrition
SRHR	Sexual and Reproductive Health and Rights
SWC	Sate Water Corporation
TBA	Traditional Birth Attendant
VSLA	Village Savings and Loans Association
WASH	Water, Sanitation, and Hygiene
WES	Water and Environmental sanitation

1. *Executive summary*

CARE has been implementing the WASH ,Health and Nutrition project from which aims to provide lifesaving and integrated WASH, Health and Nutrition Services to 174,504 individuals (87,077 males and 87,427 females) in East Darfur and South Darfur through the GAC-funded 2019-2021 project ("the GAC project").The program aimed to benefit refugees in camp and out of camp settings, out of camp IDPs and host communities by increasing access to safe water supply, sanitation facilities and hygiene supplies, improving access to basic curative and preventive primary health care, and increased access to nutrition assistance for children under five and pregnant and lactating women (PLWs).

End line evaluation was conducted for the ended project. The evaluation used quantitative and qualitative data collection methods using the same tools that used for the base line survey which was developed with extensive desk review and consultations with define key indicators in PMF designing data collection tools. Household direct interviews were conducted using a designed questioner for collecting the quantitative data, total 18 for FGDs and KII were applied to collect the qualitative data. Desk review was done for project documents including project proposal, log frame and different reports.

In March 2021, CARE International hiresVibes Consultancy Services to conduct an end-line evaluation of the project implemented during the period 2020 to 2021 in two States (South and East Darfur) The evaluation is expected to contribute to strengthening accountability of CARE for its donors and key stakeholders (including beneficiaries), and to learn from this experience to inform future WASH, Health and Nutrition projects. Key evaluation questions have been special focused on in terms of project relevance, efficiency, effectiveness and impact of the project. This report therefore documents key findings of the evaluation as well as lessons learnt and recommendations useful in guiding the implementation of future projects

Based on the findings from direct consultation of the project beneficiaries and other stakeholders; the project was implemented in moderately successful in achieving outcomes of effectiveness; this include:

Water: from the survey result it shows that 85.8% responded that their primary source of water is safe throughout the year whereas 14.2 % responded that their primary water source is from unprotected water sources , compared to the baseline survey which shows that 66% of the respondents still use unsafe drinking water sources.

Sanitary practices: 73.9% of survey participants indicated that they use family toilets for defecation whereas the reaming 26.1% are sharing latrines with other or using public

latrine while few people are still practicing open deification , where in the base line survey show that ,34% of the respondents having access to adequate sanitation but still about 28% of respondents confirmed that at least one member of their HH practiced open defecation.

Practice Of Hand Washing: The survey incorporated questions related to knowledge of critical moments of hand washing by water and soap , which are resulted accordingly, 60.9 % of interviewees (Female: 61.0%, Male: 60.8%) know three critical moments, on the other hand 87% report that they aware of hygiene parctices. Where in base line survey show that ,hand washing practices were found to be a common practice with 65% of the respondents being able to mention at least 3 critical times to perform hand washing

Solid waste disposal: Most of the community members (88.9 %) have access to dignified and clean place for waste disposal, and the remaining are using different means such as buries in the ground or through outside the compound .

WASH satisfaction: The end line survey for HHs reported that with WASH regarding relevance, timely and accountability, (75.3%)- (70.6% f,77.9%m) reported that it was relevant while (24.7%) – (29.4f,22.1m) reported that it was irrelevant.

Heath care services: The majority of respondents (85.4%) stated that they visited health facility for health or ANC services while 10.3% -16.4 f,6.8m() of respondents stated that they go to hospital and 4.3%-(6.0%f,3.4m) use to use traditional /herbal rather to go to clinic, where 78.2 % -(68.5f,84.2m) have access to medicine. The baseline study found that 75% of people (52% women, 23% men) make own decision regarding healthcare services. Similarly, of the 71% of the women interviewed, the study found that 64% make own decision for use of contraception; while the 10% 'do not know', 25% said their partner decides and 1% said other family member takes the decision.

Nutrition: 72.9%% of respondents were satisfied with the nutrition assistance provided through the project interventions, 55.7% satisfactory in practicing and using means for children feeding , 56.8% of women respond they depend on natural lactation of children at age (0-5) month and 55.7% of women respond that they have knowledge and satisfactory in practicing and using means for children feeding, while the baseline showed that 53% of people (46%m, 56%f) have good knowledge on positive nutrition practices**,** indeed 79% of women report that they make the decision on when to first introduce soft or solid food to their child.

Finally COVID 19 has been integrated thought all WASH, Health and Nutrition software mobilization activities at all levels.

2. Introduction:

Introduction to Care Sudan:

Care International in Sudan (CIS) has been operational in Sudan since 2009, with humanitarian, early recovery and peace building interventions. Sectors involved include; Peace building, WASH, Health & Nutrition, livelihood diversification and Economic Empowerment. Through this project undertaken with the financial support of the Government of Canada provided through Global Affairs Canada (GAC), CARE has been providing lifesaving support and building the resilience of IDPs, refugees and vulnerable host communities in East and South Darfur. CARE has also been supporting the urgent needs of those displaced by increasing access to safe water and sanitation facilities, developing inclusive WASH management structures, and providing an emergency nutrition response through a CMAM intervention for malnourished children U5 and pregnant and lactating women. CARE strongly supports and works with national NGOs, Community Based Organizations and government line ministries to achieve its strategies and goals in Sudan.

Table 1: project summary

Name of Partner:	Alswaid Alkhadra Organization (AAO)
Project Name (or number, where applicable):	**Gender-sensitive WASH, Nutrition and Health support to vulnerable communities** SUD-18/WS/118735, SUD-18/H/116143/R and SUD-18/N/117119/R.
Project Country:	**Sudan**
Project Area (if applicable):	East Darfur (Assalaya, Abu Karinka, Bahr al Arab, Ed Daein and El Ferdous) and South Darfur(Kass and Shattaya)
Reporting Period:	March 2021
Project Start Date:	**April 1st 2019**
Project Planned End Date:	**March 31st 2021**
Total Project Budget:	$ 3,000,000

CARE aims to provide lifesaving and integrated WASH, Health and Nutrition Services to 174,504 individuals (87,077 males and 87,427 females) in East Darfur and South Darfur through the

GAC-funded 2019-2021 project ("the GAC project"). CARE will target refugees in camp and out of camp settings, out of camp IDPs and host communities by increasing access to safe water supply, sanitation facilities and hygiene supplies, improving access to basic curative and preventive primary health care, and increased access to nutrition assistance for children under five and pregnant and lactating women (PLWs). The two-year project period will contribute to saving lives by reducing wasting and stunting levels caused by Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM). It will ensure that WASH services, including safe drinking water, adequate sanitation, and hygiene necessities are accessible to pregnant and lactating women and children under five years of age, and that the community platforms created are supported to continue operations and maintenance of the infrastructure after the project ends. It will also improve access to quality healthcare through the rehabilitation and maintenance of static and mobile health clinics, immunization and health campaigns, referrals and comprehensive mother and child services (MISP). The response in both states has been coordinated with local government and humanitarian structures, and all activities will meet the needs of the most vulnerable populations, especially women and girls. The GAC project is designed to achieve the following outcomes:

Table 2: Expected project results

Ultimate Outcome	Lives saved, suffering alleviated and human dignity maintained through primary health, WASH and nutrition interventions for crisis-affected women, men, boys and girls in East and South Darfur states, Sudan
Intermediate Outcome (WASH)	Increased and equitable use of gender-responsive assistance by crisis-affected people to meet basic WASH needs in East and South Darfur states, Sudan
Intermediate Outcome (Health)	Increased use of gender-responsive assistance by crisis-affected people to meet basic primary health needs in East and South Darfur states, Sudan
Intermediate Outcome (Nutrition)	Increased and equitable use of gender-responsive assistance by crisis-affected people to meet basic nutrition needs in East and South Darfur states, Sudan
Immediate Outcome(1)	Increased and equitable access to safe water supply, sanitation facilities and hygiene supplies for women, men, girls and boys in vulnerable IDP, refugee and host communities.
Immediate Outcome (2)	Improved and equitable access to basic curative and preventive primary health care services including reproductive, maternal, newborn and child health services for women, men, girls and boys in vulnerable IDP, refugee and host communities
Immediate Outcome (3)	Increased and more equitable access to Community-based Management of Acute Malnutrition (CMAM) and infant and young

	child feeding (IYCF) nutrition services for vulnerable children under 5 and PLW

1. Evaluation objective and methodology:

Survey design

The data collection team composition includes both male and female to avoid cultural barriers. Moreover, local languages speakers have been included in the team. When selecting the respondents/interviewees, accuracy in representation has been ensured in terms of men, girls and boys in vulnerable IDP, refugee and host communities and all others community's sectors. All the collected data has been disaggregated by age, sex and location.

A qualitative research approach based on feedback from partners, beneficiaries and stakeholders collected through interviews data through focus group discussion, key informant interviews (KII). FGDs have been conducted with fewer participants in each group (8-10 people) taking into account **COVID-19** policy and regulations. The questionnaire has been directed to the stakeholders, in line with authorities and other committees both recently formed and existing ones for WASH, Nutrition and Health and other grass roots institutions for beneficiaries.

For quantitative data collection, a standard household survey has been used taking in consideration CARE recommendation for carrying out the household survey to collect quantitative data and no needed to set appropriate indicator targets which already set in the baseline (PMF). A representative sample of targeted areas/beneficiaries has been selected and defined and the design of the questionnaire has been guided by the objectives of this assignment as outlined in the TOR agreed with CARE. The main questionnaires have been designed for household beneficiaries for the males and females headed households who are benefitting from the project activities.

Total of 327 household head were consulted, 59.6 % are male (195 individuals) and 40.4% are females (132 individuals).

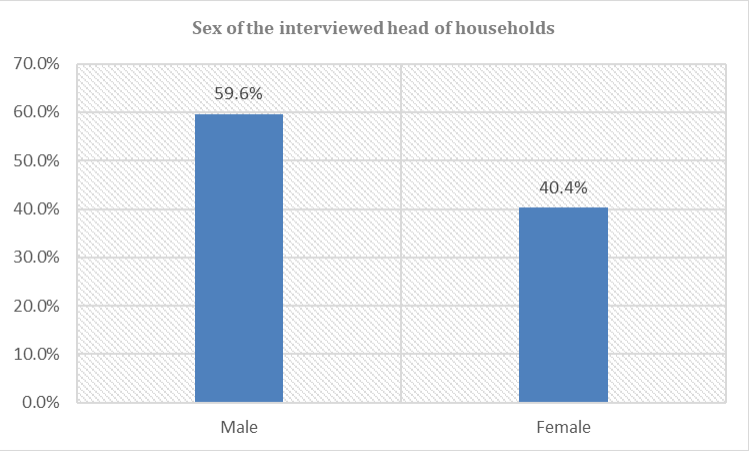


Figure 1; sex of respondent

Desk reviews

Comprehensive desk review has been conducted to inform the design of data collection tools and to enhance the understanding of the situation in the targeted localities, this includes review of project documents (Secondary Data), project proposal (narrative / financial) project reports, baseline report, monitoring reports and project database and review reports from different INGOs, NGOs and government relevant institutions.

Focus Group Discussions

The assessment included 18 focus group discussions (FGDs) with stakeholders and beneficiaries at local levels, with groups of maximum (8-10) participants (for both mixed of men and women). The various groups represented the different project stakeholders including representatives of the project beneficiaries, health, nutrition and WASH committees (WUCs ,Health Committee, Hygiene promoters) and VSLs groups and other formed or trained committee in this project and to evaluate CARE intervention and progress made in WASH, Health and Nutrition ,which addressed ,the formed committee's performance, gender issues, constraints, suitability , bridging gaps ,satisfactions and the committees project operations plans and other issues of issues of capacity buildings.

The targeted localities of both states namely East Darfur (Assalaya, Abu Karinka, Bahr al Arab and El Ferdous) and South Darfur (Kass and Shattaya).These meetings aimed at generating a substantial qualitative information pertaining villages basic services with emphasis and focusing on WASH ,Health and Nutrition project main activities progress made.

The average participants in FGD meetings includes both sexes (120 persons), among them women attendees who represented by 45% of all ages (45 women). The majority of the participants (60%) were at the ages (18-30) years and the remaining participants were either youths (30%) at the ages (30-50) years or elderly (10%) above 50 years.

Key informant interviews (KII)

Loosely structured interviews conducted with key informants (groups or individual) (project staff, government offices and others, which are a crucial way to access a population of influential people who would otherwise not be captured by a typical household survey. The targeted group include (State Ministry of Health ,Locality Health Department ,Water and Environmental Sanitation Programme (WES) ,State Water Corporation (SWC) ,Community based groups (organizations) of targeted areas ,Care team at all levels ,Other relevant actors recommended by CARE) as a key informant persons from the relevant INGOs, NGOs, and National partners, relevant institutions project beneficiaries, community leaders, and other key persons in the two-targeted states Capital and localities.

Sampling techniques

Random sampling units have been taken from five localities namely Asalaya, Abukarinka, Bahr Al Arab (East Darfur), Alsalam and Kass (South Darfur) which were selected in cooperation with CARE field team in which the beneficiary size, beneficiary type and category were among the factors considered for selecting the localities and villages for the end line survey. A total of 12 villages were purposely selected for the survey considering the above factors. The selected villages include: Nama, Amar Jaded, Shawaiya , Apron , Jad el seed, Al nimer, Al suntan, Al refdose (Refugee settlements) , Um sinina, Kario, Tayba, Al Niem (a) IDPs.

Sample frame and sample size

Depending on the secondary data and the load of the population in the targeted areas; the sample size has been calculated at 95% as a confidence level and a margin of error (5.5%). Sample size has been calculated scientifically using one of the methodologies available. This study used Glenn.I., 2002 method to determine the sample size. The sample size in each locality has been distributed among villages locations in the proportionally according to the population size (HHs). Sample size (n) = Total Population (N) /(1+N*r^2) r is a margin of error (degree of accuracy), the value of r lies between 1% up 10%. In which the actual targeted communities in this program provided by CARE in HQ and field zonal offices.

(327) sampling units (households) - (total targeted population of 174,504 equal to (29,084 HHs) were determined as being representative enough for the end line survey considering the catchment area. The sampling frame encompassed all the three localities and five villages in East and South Darfur States respectively which include all beneficiary type refugees in and out of the camp, IDPs out of the camp and vulnerable host communities.

Table 3:Sample size distribution East and South Darfur

State	Locality	Village	Activities			No. of beneficiaries	Sample size	Sex type (f,m)
			WASH	Health	Nutrition			
East Darfur	Abu karinka	Jadl - seed		X	√	11,550	27	10f,17m
	Asslaya	Al nimer	√			2,137	6	(3f,3m)
		Al sunta	√	√	√	25,000	59	20f,39m
	Al refdose	Refugee settlements	√	X	X	5,368	13	3f,10m
	Bahar Al arab	Um sinina		√	√	28,850	68	24f,44m
		Kario	√			29,904	71	20f,51m
		Tayba	√			11,550	27	7f,20m
	Al Diaen	Al Niem (a) IDPs	FGD			-	0	

South Darfur	**Kass**	Nama	√	X	X	5,460	14	4f,10m
	Kass	Amar Jedid	√	X	X	2,700	7	3f,4m
	Shataya	Shawaiya	√	X	X	7200	18	6f,12
	Shataya	Apron	√	X	X	6,500	17	5f,12
Total							**327**	**105f,222 m**

Data Analysis and feeding:

The statistical packages (SPSS) used in data feeding and analysis to draw data tables and charts and frequencies observations and results. In addition to the mentioned modes of the analysis, the researchers will generate useful statistical analysis of significant tests and cross tabulation to enrich the value of the study outputs. Well experienced and trained data feeders hired for data entry under supervision of a statistician who will be responsible for data analysis, minimizing error and for data processing.

Limitation

One major limitation in the end line evaluation was the difference in timing and approaches used to conduct the household surveys at baseline, midterm and in the end line evaluation. This constrained the possibility for precise comparisons across time in order to measure programme outcomes and impact; especially in view of community approached, participant collection and coordination due to COVID 19 pandemic outbreak which need of effective and appropriate interventions, policies and messages. The spread of COVID-19 can be slowed or minimized through the implementation of social distancing measures and this limits human contact which act as the biggest challenge for our end line survey at the moment is social distancing which should be respected at contacted levels.

Communication acts one of big constrain for coordination between CIS team and villages especially in East Darfur during the survey. Normally we requested either partners or one of CARE team to join the survey for better facilitation, communications and arrangement. Care staff or partners can assist for the administrative field level technical support which enabled successful completion of this study in time and can bring together participants who already deliver, or could deliver, key components of the program ,on the other hand they will trace, monitor and enjoys the tremendous effort that has been given to reach the objectives of the project and to trace the impact of the activities throughout the community and their befits at all levels.

Delayed of HAC approval of survey team movement and questionnaires documents due to long processing procedures, which affected negatively in program implementation plan schedule which committed by a certain limited time in the contract terms...

2. Findings:

Relevance of the project

The project assessed as very relevant and meeting the real needs of the targeted communities and supported the communities to access essential services, which includes access to WASH, Health and Nutrition Service. In the conducted FGDs; communities confirmed that the project was quite relevant to their circumstances. Before the project, incidence of water borne diseases and related deaths were quite high, but the communities were not aware of the causes.

The consultant examined several of the program's aspects and observed that WASH, Health and Nutrition program alignment with the inline authorities objectives and strategy which well-coordinated with other key actors and activities well implemented without overlap with other interventions/projects.

The program implemented with realistic coverage to achieve program objectives and satisfy targeted beneficiaries need in appropriate access to safe and equitable water is ensured for the target population in areas of capacity building ,sufficient quantities for drinking, cooking, personal and domestic hygiene together with Health and Nutrition services especially for mothers and children.

Efficiency

The evaluation assessed the efficiency of the project to determine the level of achieving of its designed activities. The achievements already reached 100% and in some areas 150% in all planned program in WASH, Health and Nutrition. The number of individuals reached is greater than the target because of increased refugee population figures during the implementation period in the targeted areas.

In WASH sector ,the project is meeting or exceeding the SPHERE minimum standards with regard to water supply in the targeted refugee camps ,the results shows water supply at between 40 -60 l/c/d in which the minimum SPHERE standard of 20 l/c/d.The evaluation assessed the efficiency of the project to determine the level of achieving of its designed activities, efficiency use of the money, including the efficiency of the functioning financial and procurement systems as indicated in achievement reportable in annexes 1,2 and 3 which showed that ,the project was implemented in a good level of efficiency; this is manifested by; Procurement procedure were, strictly, CIS procurement policies and guidelines, provision of services done through quotations that guaranteed fair prices and high quality as appropriate. Segregation of duties is properly maintained in financial procedures as per the CIS financial system. The designed project activities were implemented and supported achieving of the results.

During evaluation and in regarding intervention planning and implementation (Efficiency), the consultant observation that; all available resources allocated in the two states have been used economically in delivering the project outputs/results, in terms of quantity, quality and timeliness for both WASH, Health and Nutrition in the two States, South and East Darfur with wonderful team.

All monitoring data in the two states has been properly collected, monitoring data being collected as planned, stored and used to inform future plans, but need more effort with inline authorities and partners to contribute in rising their staff capacity building, strengthening their monitoring system and data base collection storage and usage to ensure proper service delivery for long and short terms.

An effective strategy of collaboration was evident across CARE and various partners including, WES, SWC, MoH, Nutrition center and village committees. During the assessment in east Darfur, it clearly shows that very good communication by CARE, which has created an effective and on-going relationship in terms of feedback on monitoring data. Regular meetings occurred where security assessments at the district level discussed and information shared.

MoH representative reported that the CMAM program regularly shares information on its activities and is effective in responding to need at the community level. Mobile Clinics stated as an example of good practice. On the other hand, WES program at South and east Darfur during KII interviews confirmed that good coordination mechanism, cooperation and information share between the two parties, conduct monthly meeting, assist in bridging, and facilitate for WASH program implementation

Effectiveness:

The evaluation assessed the project performance toward achieving its intended objective and designed results, the major achievements were assessed to date in relation to its stated objectives.

CARE programs already respond to how gender influences the character of social norms, processes of decision-making, division of labour and differences in access to resources among girls, women, boys and men. In these ways, gender determines exposure to risks, program responses and outcomes at household, community, service delivery system and policy levels.

AS the results of WASH intervention to show that, access to safe water was given 85.8% of the households in the targeted areas in the two states, reported that, they using safe drinking water sources on the other hand sanitation access was given to about 11,890
(7584 f, 5306 m)people and field data indicated that 73.9% % of the households have improved access to sanitation facilities; on the other hand CLTS pre-triggering meetings were conducted with hygienic practices within homes were improved as evidenced by 65% and 88.9 % having

refuse pits and pot racks respectively. To ensure sustainability WUCs has been training in O&M and management of water sources.
In areas of health and nutrition sector, the results showed that the effort done in rehabilitation for health service reflect that 85.4% of interviewed communities stated that they visited health facility where 78.2 % have access to medicine which reduce time and money used to go to town for curing where 72.9%% of respondents were satisfied with the nutrition assistance provided through the project interventions.

Capacity building is one of mile stone in integration of health and Nitration intervention in which project succeed to train health seconded team and support them with IEC materials, visual tools and stationary to ensure sustainable services provided together with Immunization (EPI) campaigns program intervention.

Generally, it looks clearly the project meet the intended objective and results and meet the targeted community needs especially women and girls , the increased nutritional needs and increased susceptibility to malaria of pregnant women on the or because social norms can create inequitable burdens on different groups, for instance when girls are taken out of school to help care for sick relatives or to queue for their families' water supply, CARE assist in WASH, Health and Nutrition to contributed in reduction of incidence of mortality and morbidity which positively in improving quality of interaction and responsiveness to the needs of the poor rural and IDP communities.

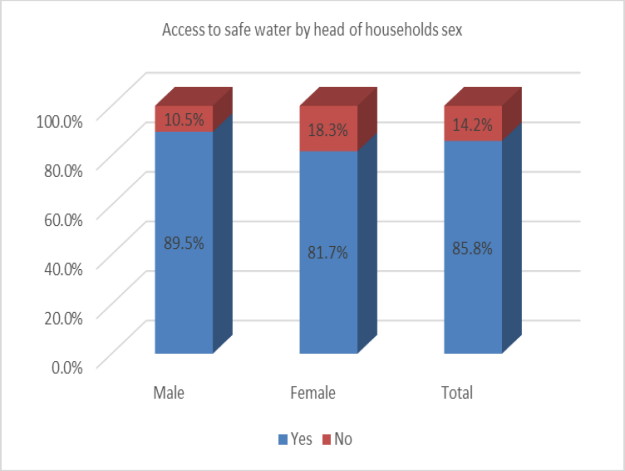
The issues reduced pressure on women and girls well addressed in the two states, whoever, some activities need more attention to improve performance and enhance sustainability in future projects mainly related to the quality of some used materials and improve the monitoring, follow up supervision and hand over.

Impact:

Impact The project brought significant positive changes to women and girls as well to the systems in the environments that support them. The changes are understood by comparing the status at the end of project with the baselines. These impacts relate to the access of safe water, sanitation and hygiene practices, Health and Nutrition.

The project has positively affected the lives of women and girls in targeted localities. As at end-line evaluation, a typical woman/ girl in the district has restored dignity, self-esteem and safety as a result of improved access to a quality latrines within the home environment, four communities is declared open-defecation free and with improved hand washing practices through the use of project introduced mobilization approached such CLTs, hand washing practices, cases of diarrhoea are now rare and improvement of hygiene practices.

The new boreholes drilled or rehabilitated are effectively managed by water point committees in which women occupy the key positions for decision making. This has resulted in improved access to safe water although distance travelled is still quite high. Through gender sensitization, other men in the household are sharing the responsibility of water collection thereby lessening the burden that was solely on women before the project.



Sustainability:

The project brought significant changes to the lives of women and girls in the targeted localities in areas of WASH, Health and Nutrition services. The project was implemented through the structures of government (inline authorities) from localities to the village level. As government structures will still be there after the end of the project, this will enhance continuation of project processes and benefits. The project's support of local leadership structures contributes to continuity of project strategies even after the end of the project. However, besides the presence of skilled key personnel and leadership support, the sustainability of these benefits also depends on sustaining of the systems that has remarkable impacts to the communities.

Intermediate Outcome (WASH):

"Lives saved, suffering alleviated and human dignity maintained through primary health, WASH and nutrition interventions for crisis-affected women, men, boys and girls in East and South Darfur states, Sudan".

Water supply:

From the consulted households, 85.8% revealed that they have access to safe water (89% are from the consulted male, 81% are from the consulted female), this show 51% increase in people have access to save drinking water comparing to 34% in the baseline of the project.

The targeted communities are using different types of water sources including water yards (8.8.2%), 31.5 % water point ,hand pumps (1.7%), mini water yards (7.6%), Hafirs (9.7%) and 7.1% are collecting water from khor/wadi.

Access to sanitation:

From the consulted household 73.9% (83.2%
male ,63.3% female) revealed that they have access to sanitation services and they have latrines in their houses, this including 83% from the consulted male households and 73% from

the consulted females' households. The baseline showed that 34% of the respondents have access to adequate sanitation while 9% reported that they do not have any sanitation facilities.

Access to dignified and clean place for waste management was found within 88.9 % comprising 87.25% from the consulted females and 90.4% from the consulted males. This reflecting very good performance when comparing to the baseline which showing that, no community members and using certain clean place for waste disposal ,where 31% report that they disposed their waste on open areas,29% in bush,26% on open pit or buried, 22% in the compound and 12% in open pits.

Hygiene promotion:

As shown in table (2) below, 87% are using adequate hygiene practice (88.3 % are from the consulted males while 84.7% are from the consulted females. This reflect high effectiveness of project in meeting the objective if we compare this the baseline which reflect that before project only 9% are using adequate hygiene practice.

Table 4:Using adequate hygiene practice

Using adequate hygiene practice	Head of HHs sex		Total
	Male	Female	
Yes	136	72	208
	88.3%	84.7%	87.0%
No	18	13	31
	11.7%	15.3%	13.0%

Hand washing

From the consulted house hold 60.9% (60.8 male ,61.9 females) are using water and soap for washing hands at least three times a day which is showing some progress comparing to 65% (**70% f, 52% m**) in the baseline before start of the project. It worth to mentioned that, in base line the assessment was for hand washing with no clear indication whether soap is used or not. From the consulted households, 88.5% are using clean covered containers to keep water in their houses, this include 84.4% from the consulted females and 92% from the consulted males.

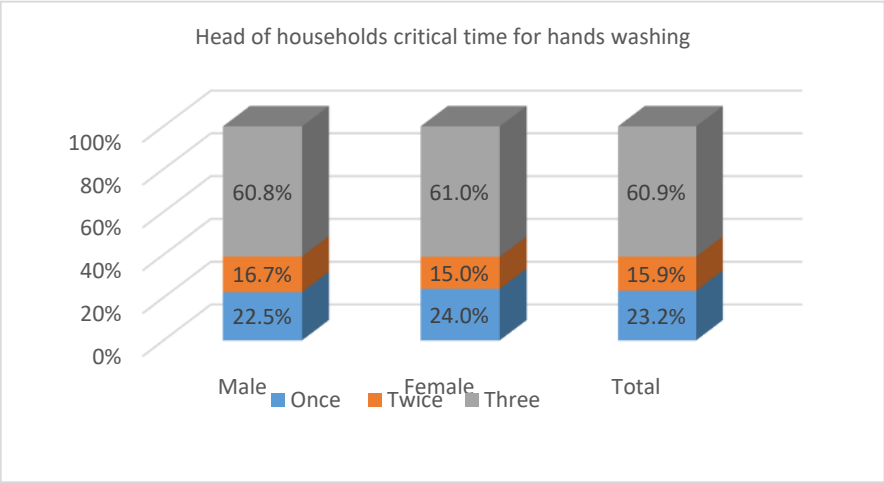


Figure 3; Head of HHs critical time for hands washing

Water borne diseases:

The end line assessment found that 24.72% of people (26.98%m, 19.23%f) affected by Diahrrea disease incidence (loose stool), Malaria incidence 56.18% (60.32% m, 46.15f) and difficulty breathing 19.10% (12.70m,34.62f) .The base line survey reported that the disease incidence averaged at 45% across the study area. Malaria 75% (55f,20m), difficulty breathing 41% (11m ,30f) and loose stool 35%(7m, 28f), accounted for the incidence in the study area which indicate good progress and proper wariness intervention process done by the field team.

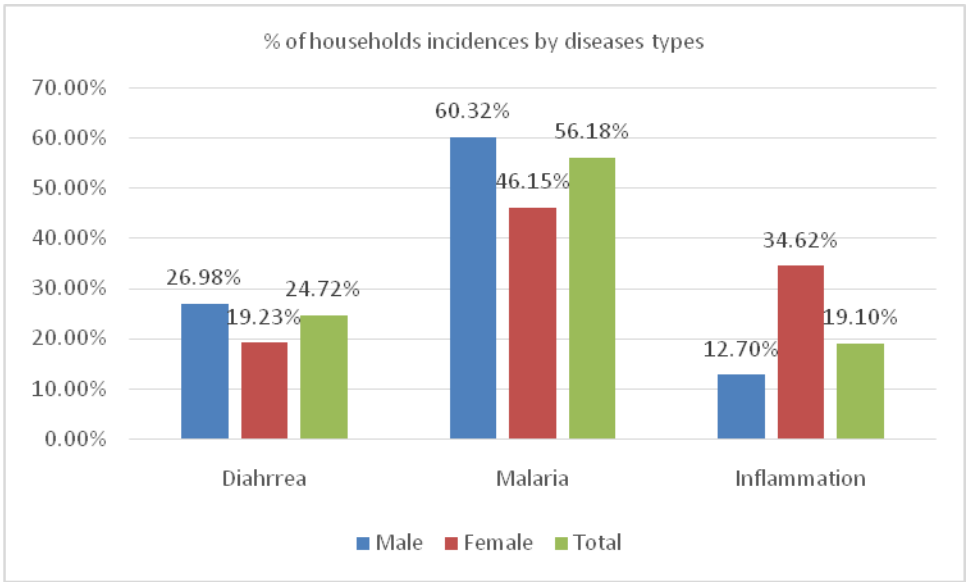


Figure 3: HHs incidence of diseases types

Intermediate Outcome (Health):

"Increased use of gender-responsive assistance by crisis-affected people to meet basic primary health needs in East and South Darfur states, Sudan"

Access to health services;

Figure 5: Access to health services

During the assessment, it clearly shows that ,all the targeted health facilities were supported through providing maximum basic package of primary health care services in line with maximum high quality standards as shown that ,71.5% of targeted people reflected that; they are satisfied with regards to relevance, timeliness and accountability of primary health assistance. And 78.2% have easy access to health services, 84.2% are from the consulted males while 68.5% of the consulted women revealed that they have easy access to health services. The accessible health facilities to the targeted communities including health centers (85.4%)-(77.6%f, 89.8%m), hospitals (10.3%)-(16.4%f,6.8% m) and traditional/herbal (4.3%), (6%f ,3.4%m)this reflect that most of the households have access to more than one types of facilities that provide health services.

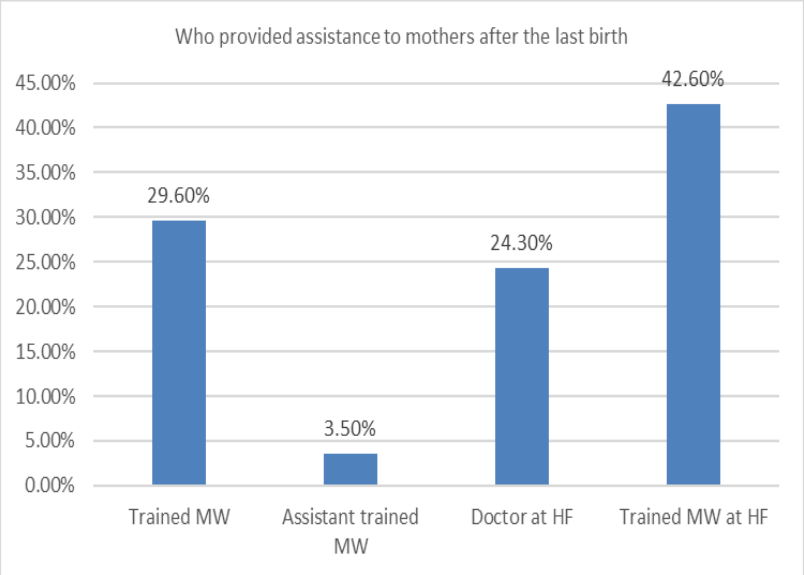


Figure 4: access to health services

Maternity health:

The evaluation witnessed that; there is a significant improvement in maternity health supported by the marked increase in knowledge and attitude to attend ANC during pregnancy. From the consulted households, 55% reflected that they have pregnant women in the house during the last 12 months. When asked about the frequency of attending ANC all of them

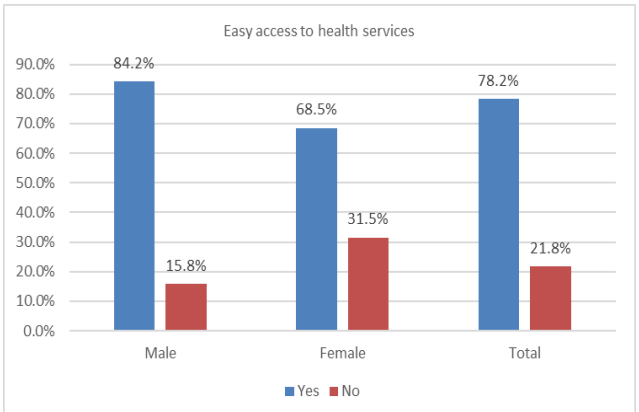


Figure 6: assistance for delivery

reflected that they at least attended ANC three times during pregnancy, this include 30.8% of pregnant women attended ANC three times, 23.1% attended seven times, 23.1% attended four times, 15.4% attended three times while 7.7% attended six times. The base line study found that 75% of people (52% women, 23% men) make own decision regarding healthcare services.

From the survey related to the delivered women, 54.5% were received health treatment after delivery,66.9% were delivered in the health facilities supported by doctors (24.3%) or trained midwives (42.6%), while 33.1% were delivered in the houses supported by trained midwives (29%) and only 3.5% were delivered in house supported by assistant trained midwives.

Intermediate Outcome (Nutrition):

"Increased and equitable use of gender-responsive assistance by crisis-affected people to meet basic nutrition needs in East and South Darfur states, Sudan":

From the consulted households, 56.8% reflected that they have children 0-5 months, and 54.8% have children 6-23 months, and 73.3% from them reflected that they adopted adequate nutritional practices. 55.7% have knowledge and satisfactory in practicing and using means for children feeding.

Nutrition practices

During the assessment, it clearly showed that 74.3% (74.3% m,74.3 f)adopted and nutrition practices where 25.7% did not practices this issues, but it compared by the baseline survey ,the base line assessment found that 53% of people (46%m, 56%f) have good knowledge on positive nutrition practices which indicate good progress in this regards.

Table 5; HHs have adopted adequate nutritional practice

Description		Head of HHs sex		Total
		Male	Female	
Responders	**Yes**	78	29	107
		74.3%	74.4%	74.3%
	No	27	10	37
		25.7%	25.6%	25.7%
Total		105	39	144
		100.0%	100.0%	100.0%

Table 6; PMF update with end line values;

Expected Results	Indicators	Baseline Data	Targets	End line	Analysis of Progress	Rating
Ultimate Outcome						
1000 Lives saved, suffering alleviated and human dignity maintained through primary health, WASH and nutrition interventions for crisis-affected women, men, boys and girls in East and South Darfur states, Sudan	Proportion of women aged 15-49 who make their own informed decisions regarding WASH, nutrition and health	71% WASH 44% Nutrition 37% Health	50%	**61%** WASH 84% Nutrition 55% Health 45%	Over target due to comprehensive mobilization integrated with COVID-19	
	Incidence of diseases that have an impact on nutrition (Malaria, diarrhoea, ARI, etc)	Malaria: 75% Diarrhea: 35%	20% decrease	Malaria: **56.18%** (46.2%f,60.3% m Diarrhea: **24.72%** (19.2%f,27%m)	Good progress and over target due to mobilization integrated with COVID-19	
Intermediate Outcomes						
1100 (WASH) Increased and equitable use of gender-responsive assistance by crisis-affected people to meet basic WASH needs in East and South Darfur states, Sudan	% of targeted people (m/f) using adequate hygiene practices	9% (9%f, 10%m)	60%	87% (84.7 %f,88.3% m)	This over target due to wide covering during COVI-19 and mange to implement activities in EJM	AE
	% of targeted people (m/f) who report satisfaction with regards to relevance, timeliness and accountability of WASH assistance	n/a	75% (m 75%, f 75%)	75.3 % (70.6% f, 77.9% m)		OP
	# of communities reporting ODF	0	5	5		AE
1200 (SRH/HEALTH) Increased use of gender-responsive assistance by crisis-affected people to meet basic primary health needs in East and South Darfur states, Sudan	% of supported health facilities providing minimum basic package of primary health care services in line with minimum quality standards	0	7	100%	Target achieved	
	% of targeted people (m/f) who report satisfaction with regards to relevance, timeliness and accountability of primary health assistance	n/a	60% (m 60%, f 60%)	71.5% (71.4% m, 71.8%f)	Exceed the target since they integrated COVID 19 within project approached	
1300 (NUTRITION) Increased and equitable use of gender-responsive assistance by crisis-	% of target population (m/f) who have adopted adequate nutritional practices	n/a	75% (75% m, f 75%)	74.3% (74.3%m ,74.4 %f)	Target achieved	

affected people to meet basic nutrition needs in East and South Darfur states, Sudan	% of targeted people (m/f) who report satisfaction with regards to relevance, timeliness and accountability of nutrition assistance	n/a	60% (m 60%, f 60%)	72.9% (72.4 %m,74.4 %f)	Exceed the target since they integrated COVID 19 within project approached	
Immediate Outcomes						
1110 (WASH) Increased and equitable access to safe water supply, sanitation facilities and hygiene supplies for women, men, girls and boys in vulnerable IDP, refugee and host communities	# of people (m/f) who accessed safe drinking water	0	89,108 (44,437 m, 44,671 f)	136,427 (66849 m, 69578 f)	Over target because of addition of one hand pump and displacement of people to Shatya locality due during the project implementation. in addition to implement activities in EJM areas due to conflict government and SLA groups that Lead to increased the vulnerability in the areas of EJM	AE
	% of the target population who know at least 3 out of 5 of the critical times to wash hands	65% (70%f, 52%m)	75% (m 75%, f 75%)	89.2% (91%f, 87%m)		AE
	# of people (m/f) who accessed adequate sanitation	0	2,250 (m 1,119, f 1,131)	11,890 (7584 f, 5306 m)	The number increase because of they include the areas of EJM areas as well	AE
1210 (SRH/HEALTH) Improved and equitable access to basic curative and preventive primary health care services for women, men, girls and boys in vulnerable IDP, refugee and host communities	# of women and girls provided with access to sexual and reproductive health services, including modern methods of contraception	0	2,182	**51422** (51366 F, 56 M)	During the project implementation, and after the training of health staff they were able to reach people at health facilities and in community and for more the mobile activities the mobile team are able to reach the community in their villages, also raising health awareness for covid-19	

	# people provided with access to primary healthcare	0	104,031 (52,015 m, 52,016 m)	156,709 (62,684m/94,025f)	During the project implementation, and after the training of health staff they were able to reach people at health facilities and in community and for more the mobile activities the mobile team are able to reach the community in their villages, also raising health awareness for covid-19	
1310 (NUTRITION) Increased and more equitable access to Community-based Management of Acute Malnutrition (CMAM) and infant and young child feeding (IYCF) nutrition services for vulnerable children under 5 and Pregnant and Lactating Women (PLW)	# of people (PLW, boys and girls) who accessed therapeutic feeding		0	20606 (8640 boys, 9655 girls, 2311 PLW)		
	% of people (m/f) with improved knowledge on positive nutrition practices	53% (56%m, 46%f)	60% (40% m, f 60%)	60% (63% m, f 58%)		
Outputs						
Output 1111 Water supply infrastructure constructed, maintained, or rehabilitated	# of water points constructed, rehabilitated or maintained	0	16	21	Over target in SD due to addition of one hand pump	AE
Output 1112 Water quality analysis conducted and treatment provided	Average number of free residual chlorine tests conducted in refugee settings on a weekly basis	0	30	36		AE
Output 1113 WASH facilities are managed and maintained by gender inclusive Water User committees and hand pump mechanics committees	# of committees established	0	12	13	Target over achieved due to establishment of one additional committee to manage the additional hand pump in SD	AE
	# of committees which have at least 40% women as members	0	11	13		AE
Output 1114	# of latrines	0	350	750	(due to budget	

Household latrines in refugee camps/settlements constructed or rehabilitated	constructed/rehabilitated				extra budget from changing of exchange rate)	
Output 1115 CLTS implemented and ODF status achieved	# communities implementing CLTS	0	5	5	Target achieved	AE
Output 1116 Hygiene promotion campaigns and cleaning campaigns conducted	# of people (m/f) receiving direct hygiene promotion messaging/ cleaning campaign	0	45,582 (22,661 m, 22,921 f)	76751 individuals (41653 females, 35098 male)		AE
Output 1117 COVID-19 outbreak prevention, suppression and response WASH services provided	# of vulnerable people supported through COVID-19 prevention and response activities	**0**	45,582 (m 22,661, f 22,921)	295069 individuals (157751 female, 137318 male)	Over target in SD due cover of Kass camps in addition to rural areas.	AE
Output 1211 PHC and mobile clinics rehabilitated, and/or established	# of PHC facilities rehabilitated	0	6	9	Over achievement is due to floatation of USD and use of money gained	
	# of mobile clinics established	0	3	3	Target achieved	
Output 1212 Health facilities supported to provide and strengthen comprehensive primary health care (PHC) services	# of health facilities including mobile clinics supported	0	9	11	Overachievement is due to floatation of USD and use of money gained.	
	Number of health care staff and community health workers (m/f) trained on primary health care service provisions	0	45 (20 m, 25 f)	464 (266 F, 198 M)		
Output 1213 EPI services provided	# of individuals (women, girls, boys) reached through EPI campaign	0	3,408 (1,136 f, 1,134 b, 1,138 g)	14877 (5278 boys, 5492 Girls, 4107 women)		
Output 1214 Community health education campaigns conducted	# of individuals (m/f) reached through health campaign	0	104,031 (52,015 m, 52,016 f)	313554 (women 155401, Men 79134, girls 41252, boys 37767)	313554 (women 155401, Men 79134, girls 41252, boys 37767) reach through health education at health facilities and community outreach activities, Mobile clinic also during	

					the activities of IYCF and community nutrition volunteers.	
Output 1215 Comprehensive mother and child health services provided based on the MISP	# of referrals conducted and recorded	0	288	1989 (929w, 541 g, 519 b)	The overachievement is due community mobilization through CNVs and MSGs considerably increase awareness of available services.	
	# of supported health facilities providing Safe Motherhood Program	0	6	7		
	# of health care service providers trained in SRHR services (infection control and EmONC)	0	30	31	31 Midwives have been Training on EMONC.	
Output 1216 Healthcare and stabilization centres prepared to prevent and respond to COVID-19 outbreak	# of health care centres supported to prevent or respond to the COVID-19 outbreak	0	8	14	7 integrated health services, 6 Nutrition center and one Stabilization	
Output 1311 Existing OTP, SFP, and SC sites rehabilitated, repaired or maintained	# of OTP/SFP sites rehabilitated	0	7	7	Target achieved	
	# of OTP/SFP sites and stabilization centres supported	0	9	14	Target achieved	
Output 1312 Discussions to engage men and boys on IYCF conducted	# of men and boys reached with IYCF messaging	0	5,309 (m 1,440, b 3,869)	1117 (230 men, 887 boys).	Under achievement is due to lock down resulted in closure of schools	
Output 1313 Community nutrition outreach activities conducted	# of people (men, women, girls, boys) reached through nutrition outreach activities	0	104,031 (52,015 m, 52,016 f)	107566(21246 bays, 28863 girls, 15780 men, 41766 women)	Achieved	
Output 1314 VSLAs supported or established in target communities.	# of VSLA groups established	0	200	203	Target achieved	AE
	# of women trained on business skills including food processing and value chain	0	50	50	Target achieved	AE

3. Conclusion and recommendations:

More focus in WASH approach needed to increase access to safe drinking water from protected water sources and to be in line with recommended levels of WHO and sphere standards is very essential for whole targeted areas, e.g. who many liters per persons per day needed on the other hand for water quality. If this parameter strictly flowed, this will increase and motivate communities' knowledge on water treatment and other key hygienic practices improvement which positively impacted in reduction of water-borne diseases.

There is an improvement in the sanitation practice of targeted households, which is manifested by a reduction in the incidence of open defecation (ODF) together with improved practices of appropriate solid waste disposal mechanism. It is highly recommended to continue in CLTs approach, this successful and acceptable community approach need to be further replicated to bridge sanitation gaps and standards.

Women's role and participation in water user committees WUCs is one of the big challenges, due to cultural and historic reasons since women are often the primary collectors, transporters and users of water but on the other hand women have big responsibility for health, child care, sanitation and hygiene promotion activities, management of domestic water, attending regular meetings, revenue collection from water tariff, which affected positively in improvement and d functionality of water systems. From the survey results ,the percentage of women involvement is very low since they playing an important role in these regards, there for the participation of women and girls in WASH, Health and Nutrition decision as well as promoters of home and community based sanitation activities a critical milestone towards their empowerment which need more need more mobilization and focus in this regards.

CARE needs to continue and encourage using solar pump in water yard systems and other health facilities as environment friendly instead of diesel ones, on the other hand assessment and investigation of water resources and sources (surface and ground water) in quality and quantity will improve community health risk and environment.

The approach for health facilities improvement by CARE ,impacted positively in improvement of community health ,in this regards , reproductive health facilities required more focused and improvement and support in the most targeted throughout , rehabilitation of existing buildings, supplying with medical equipment, water services, electric power and supplying with medical supplies is highly needed.

Training of Community Health Workers and Traditional Birth Attendants needs more effort and focus to enhance their capacity/knowledge, and thereby build communities'

trust on them.

The ideas of Village level finance schemes, such as VSLAs play a tremendous role in financial inclusion (access to finance) to local communities, mainly women and can contribute to other livelihoods and WASH activities. Thus, future programs in the targeted area need to ingrate and strengthen these approached within on-going efforts regarding the progressing in areas of VSLAs

CARE need to strengthen a reliable management and monitoring systems to both East and south Darfur staff and inline partners to monitor and follow up the progress, effectiveness, efficiency of activities in achieving changes and sustainability.

Annexes:

Annex (1) East Darfur WASH program achievements

Description	Target	Location	percentage of achievement %	Comments
Operationalize and maintain 3 motorized water supply infrastructures	3	Kario ,Elnimir Elferdouse	100%	
Convert one diesel-powered mot	1	Kario	100%	
Rehabilitate 4 existing water	4	Umgrinat,Elnimer ,elwasaseen	75%	the budget was not to cover the all 4 water yards
Conduct water quality analysis	3	Kario ,Elnimir Elferdouse	100%	
Establish 4 gender inclusive WASH committee	4	Umgrinat,Elnimer ,elwasaseen,Wakkilla	100%	
Construct improved household latrines		Kario ,Elnimir Elferdouse	100%	
Implement community led total CLTs	2 communities	Taiba,Elsunta	100%	on declare ODF and other one on verification stage
Conduct 192 cleaning campaign	192	Kario ,Elnimir Elferdouse	100%	

Conduct 192 hygiene promotion	192	Kario ,Elnimir Elferdouse	100%	
Support to Partner Organization	1	Kario ,Elnimir Elferdouse	100%	partnership singed with the partners for volunteer incentives
Support to Partner Organization	1	Kario ,Elnimir Elferdouse	100%	partnership singed with the partners for volunteer incentives

Reference: This report has been submitted by CIS East Darfur WASH and MEAL team

Annex (2) South Darfur program WASH program achievements

Locality	Name of village	# of Ben	Implemented activities	Comments	Percentage
Kass	Nama	5460	- CLTs activities and it reach ODF - Sanitation Group (SG) has been established and trained the members were 10 (5 male and 5 female) on how to mobilizing communities for implementing CLTs - CHPs have been established and trained the members 10 person (5 women and 5 men) on the hygiene promotion activities such as	All the activities have been completed as in plan	100%

			hygiene awareness, hand washing , water and foot safety. - 30 Hygiene awareness have been conducted - WUC training for 11 members (6 men and 5 women) on water resources management		
Kass	Amar Jedid	2700	- CLTs activities and it reach ODF - Sanitation Group (SG) has been established and trained the members were 10 (5 male and 5 female) on how to mobilizing communities for implementing CLTs - CHPs have been established and trained the members 10 person (5 women and 5 men) on the hygiene promotion activities such as hygiene awareness, hand washing, water and foot safety. - 30 Hygiene awareness have been conducted	The activities have been completed as in the plan	100%

			- WUC training for 11 members (6 men and 5 women) on water resources management		
Kass	Al khirwa	9000	- Construction of 1 new water system with 2 water points - WUC training for 11 members (6 men and 5 women) on water resources management	The activities have completed and there are additional activities due to exchange rate: - Additional water point. Covert from fuel power to solar power	150%
Kass	Dumbar	2100	- Drilling of 1 Hand pump - WUC training for 11 members (6 men and 5 women) on water resources management	The activity has been allocated for Nama but due to ground water problem we converted in this village and lastly to Alkhirwa.(Completed)	100%
Shattiyia	Shawiyia	7200	- Construction of 1 new water system with 2 water points - WUC training for 11 members (6 men and 5 women) on water resources management - CLTs activities and it reach OFD - Sanitation Group (SG) has been established and	The activities have completed and there are additional activities due to exchange rate: - Additional water point. - Covert from fuel power to solar power.	150%

			trained the members were 10 (5 male and 5 female) on how to mobilizing communities for implementing CLTs - 35 Hygiene awareness have been conducted		
Shattyia	Abrum	6500	- Rehabilitation of one water system and expansion 2 new water points - Training the existing WUC , 7 members (5 men and 2 women)	-	100%
Shatya	Kailec	6000	- Rehabilitation of one water system and expansion 2 new water points - Training the existing WUC , 7 members (5 men and 2 women)		100%

Reference: This report has been submitted by CIS South Darfur WASH and MEAL team

Annex (3) Health and Nutrition Activities in five localities, April – 2019 – March 2021.

a. <u>Type of service provided</u>

#	localities	location	approximately	services provided and types

			population	
1	El- deain Localities	Al-Neem A	4,6145	Nutrition
		Al-Neem B	34,685	Nutrition
		Galbi	12,084	Nutrition
		Stabilization center in El-deain Hospital		Malnutrition- with medical complication
2	Assalya	Al-sunta	37,077	Integrated services (curative, EPI, RH and Nutrition)
		Umdai	13,183	Nutrition
3	Abukarinka	Jadl-seed	28,837	Nutrition
		Bakhit	29,608	Integrated services (curative, EPI, RH and Nutrition
4	Bahar-Al-arab	Abu-Matarik	164,860	Integrated services (curative, EPI, RH and Nutrition
		Um-sinana	34,620	Integrated services (curative, EPI, RH and Nutrition
		Um-khirnban	9,067	Integrated services (curative, EPI, RH)
5	Yassin	Muhajeria	36,000	Integrated services (curative, EPI, RH and Nutrition
6	Sahria	Khazan-Jadeed	72,000	Integrated services (curative, EPI, RH and Nutrition

b. Capacity Building (Trainings)

#	target training	Target Staff	location	Achieved	%
1	SAM (Severely Acute malnutrition with medical complication	25 Nurses, Doctors and Nutrition Assistant	stabilization center	done	100%
2	CMAM training Nutrition Assistant at Nutrition Center	40 Nutrition Assistant	Nutrition centers	done	100%
3	Community engagement on CMAM (community management of Acute Malnutrition).	100 Community Nutrition Volunteers train on	Nutrition center and community	done	100%
4	Infant young Child feeding	100 Mother support groups training	Nutrition center and community	done	100%
5	Community health committee	70 community leaders	community /health facilities	done	100%
6	3 training on EMONC (emergency management of	30 midwife	health facilities	Achieve one	100%

	Obstetric Neonatal Care				
7	Drugs management	30 medical staff (medical Assistant, Nurses and drugs and pharmacy Assistant	health facilities	done	100%
8	2 training on GBV (gender base volante) including prevention, referrals and psychological	36 community leaders	community	Achieved one	100%
9	RCCE (Risk Communication and community Engagement)	200 out reach	community	done	100%
10	Early Warning and Reporting (EWAR)	100	community	done	100%
11	First Aid and Psychosocial support (PSS)	100	community	done	100%
12	all the seconded staffs working in HF supported by CIS listed below have gone through training and also gotten on Job training	442	7health facilities, 6 Nutrition center and stabilization center (El-deain teaching hospital		100%

c. <u>Rehabilitation and maintenance of health centers South Darfur</u>

#	localities	locations	Numbers of facilities	Achieved %
1	Assalya	Al-sunta	One maternity and health facilities / Nutrition shelter/latrine incinerator	100%
2	Bahar-Al-arab	Abumatarik	Incinerator, Latrine , Nutrition shelter – isolation unite	100%
		Um-khirnban	Incinerator washing rooms, Nutrition shelter/ water line/latrine- Isolation unite	100%
		Um-Sinana	washing rooms, Nutrition	100%

			shelter/latrine	
4	Yassin	Muhajeria	Operation room, consultation area, two room for Nutrition and short stay) Drugs dispensing store and Nutrition shelter -	100%
5	Sharia	Khazan-jadeed	Incinerator, latrine, COVI-19 isolation unite and incinerator	100%
	Abukarinka	Jadal –seed	Rehabilitation and mentanace of Nutrition center/ latrine	100%
		Bakhit	Rehabilitation and mentanace of health facilities/ latrine	100%
	Eldeain	Al-neem A	Rehabilitation and mentanace of Nutrition center and Store for Nutrition commodity/latrine	100%
		Al-neem B	Rehabilitation and mentanace of Nutrition center and Store for Nutrition commodity /latrine	100%
		Galabi	Rehabilitation and mentanace of Nutrition center/ latrine	100%

d. Medical Supplies

#	Medical supplies	Total	location	Achievement
1	Oximeter	5	isolation center and Stabilization center	100%
2	Oxygen concentrate	2	Stabilization center	100%

3	Microscope and Lab equipment	8	7 health facilities and Stabilization center	100%
4	Nebulizer	1	sterilization center	100%
5	Medication (8 kids)	184 box	disrupted to 7 health center	100%
6	Monitor		Stabilization center	100%
7	Child Blood pressure	2	stabilization center	100%
8	Baby weighing Scale	8	7 health facilities and one Stabilization center	100%
9	Autoclave	8	7 health facilities and one for stabilization center	100%
10	Glucometer	4	Stabilization center	100%
	Non-medical equipment			
#	local beds	100	Distributed to 7 health facilities and isolation center Unite in 3 facilities	100%
1	Medical beds	40	Distributed to stabilization center and 3 health facilities	100%
2	Bed sheets	300	Distributed to stabilization center and health Facilities/ isolation unite in 3 health facilities	100%
3	benches (new and repaired)	300	12 health facilities	100%
4	Mats	100	to 13 Nutrition center	100%
5	hand washing facilities	40	13 health Nutrition/isolation units and IDPs.	100%
6	Tables and Cupboard	30	Health and Nutrition, stabilization center and isolation unites	100%
7	Water Drum	40	For health and Nutrition facilities/isolation center and stabilization center	100%
8	Washbasins 20, Epriks 50, plastic Packets 24, clearing tools		For all health facilities, isolation centers and stabilization center.	100%

Reference: This report has been submitted by CIS East Darfur Health coordinator

Two water points ,one working , poor quality fencing material and totaly damged, door removed and bad environemnt,the other still not connected from the main source ,far about 1Km distance-Shawiya – South Darfur State

Two water points constructed ,but not functioning ,Abrom1&2 –South Darfur state

wonderful Nutrition Centre –Daien hotspital