



**QUARTERLY REPORT**

**Project Name:** South Darfur Emergency Assistance and Recovery Project (SDEARP)

**Country:** Sudan

**Agreement Number:** AID-OFDA-G-14-00157

**Reporting Period:** 01/30/2015- 03/31/2015

**Contact Person:**

**HQ:**

[Redacted]

**Field:**

[Redacted]

**OVERVIEW**

Operating Context

Generally, the security situation is much more complicated in comparison to the previous quarter. The Government of Sudan (GoS) began military operations in East Jabell Mara in late December 2014 which led to the displacement of more than 20,000 people. The area remains inaccessible due to government regulations. The rate of tribal conflict increased in the lead up to the election process. In Gereida a tribal conflict resulted in the burning of 500 houses in February. The rural areas remain less accessible in comparison to last quarter but CARE staff successfully managed the activities remotely through the local partners. Staff were able to visit the rural areas of Gereida starting from mid-March. The security situation is very complex in Nyala due to the presence of the RSF, higher incidence of crimes such as armed robbery and carjacking which is affecting both INGOs and local community. The security situation remains fragile and unpredictable. The election has had a very negative effect on the security due to the community resistance, the nature of competition which is more tribal than political. The situation was further exacerbated by some opposition members announcing that the election process will be impeded in all states of Darfur.

Project Progress Summary

CARE continued the provision of life-saving activities including the health, nutrition, WASH activities and made good progress since the first quarter. The implementation of EMRS and agriculture activities accelerated significantly. The nature of these activities required a longer period of preparation and community mobilization. Generally, progress was made as planned with an exception to the rural areas of Gereida which were less accessible for a period of one month. Another issue affecting timely implementation is related to the sub grant activities that should have been implemented by national partner. The sub-grant was not signed due to some administrative problems both with the national NGO and the Humanitarian Aid Commission (HAC), however the community activities continued in coordination with community health committee. Another challenge is a new regulation of Ministry of Public Health (MoPH) related to seconded staff. This new regulation affected the quality of services in Alsalam camp because of fewer staff provided by the MOPH. To address the service quality issues, CARE agreed with HAC and the MOPH to hire these staff on a short-term service contract to cover the gap until a final response is received from the MOPH regarding CARE's personnel request.

**SECTOR 1: AGRICULTURE & FOOD SECURITY (AFS)**

**Objective: To enhance the capacity of IDP, host and rural farmers among targeted vulnerable communities, to address acute food insecurity and promote sustainable livelihoods.**



### **Meetings and orientation events to the VDCs and sub-committees**

All planned activities were achieved in the previous quarter and no sub-committee activities were planned for this reporting period. During the next quarter an additional orientation session is planned for early April 2015 as well as 14 Village Development Committee (VDC) training sessions between April and June, 2015.

#### **Subsector: Livestock**

#### **Identify and train camp-based Community Animal Health Workers (CAHWs) and establish a drug revolving fund system**

A CAHW training was delayed this quarter due to some administrative delays with the State Ministry of Agriculture and Fisheries (SMoARF) but was rescheduled for early April. Through mid-March, with the technical support from the SMoARF, CARE trained 10 camp-based CAHWs, the training targeted 10 people, 4 of whom were women from Kass and Gereida camps. Based on the standards protocols of SMoARF, the trainees were trained on animal health, animal husbandry, meat infection, animal production and the most common diseases. At the end of the training the SMoARF provided the participants with graduation certificates as authorized Community Animal Health Workers. CARE will provide these trainees with two packages of revolving drugs (provided by the Food and Agricultural Organization (FAO) and CAHW tools kits. (NB: CARE will not be using OFDA funds to purchase the drugs.)

#### **Establish 3 CAHW networking groups, one each in Kass, Gereida and Alsalam localities**

In early January, 2015 CARE conducted a training for three network groups. CARE identified and selected representatives of two networking groups out of the three that were planned. The reason for only establishing two networks is that the Kass and Alsalam locality were merged into one because of the small number of CAHWs in Alsalam locality and the short distance to Kass. It was more efficient to establish a bigger networking group.

#### **Subsector: Improving Agricultural Production/Food Security**

#### **Establish 2 Community Agriculture Extension Centers (CAECs) in Kass and Gereida IDP camps**

Following the assessment of potential locations and finalizing the designing of the centers an RFQ was released in February and the construction of one extension center was completed in Gereida. This center was equipped with agriculture tools such as shovels, ploughs, welders, a drip irrigation unit and sprayer pumps. These will be used for farmer's practical learning sessions. The center consists of one room and a shelter. The center was also equipped with a metallic desk, shelves, and chairs and, as a result, the center has also become a meeting center for the local farmers. CARE trained the five existing Community Agriculture Extension Workers (CAEWs). This refresher training increased their capacity and focused on developing skills in water harvesting, land preparation and pest control.

#### **Subsector: Irrigation**

#### **Continue the provision of drip irrigation systems to 200 farmers in Kass and Gereida**

The procurement and delivery of 200 drip irrigation units was completed in early January. Some were distributed to the beneficiaries identified earlier with Village Development Committees. The CARE team also conducted a refresher training for 20 Community Agriculture Extension Workers (CAEW) on drip irrigation. The training focused on how to prepare the pipes and how to fix the drip irrigation unit. Finally, the CARE team and the CAEWs helped 79 famers to fix their drip irrigation kits. The remaining drip kits will be distributed and installed in the next quarter. The team will also conduct a monthly visit to ensure the provision of the required technical support for the beneficiaries.



**SECTOR 2: ECONOMIC RECOVERY AND MARKET SYSTEMS (ERMS)**

**Objective: To improve the livelihoods of IDPs and returnees through micro-credit (VSLAs), market rehabilitation and market facilitation, with a focus on women and girls.**

**Subsector: Microfinance**

**Support 100 existing VSL groups with business training for income diversification**

During February, CARE worked closely with Child Development Foundation, the national partner, to provide 50 Village Savings and Loan (VSL) groups with technical support on the saving and loans process. The support included the distribution of VSL materials and capacity building to the group members in areas such as business training and VSL methodology thereby helping to increase group savings. During next reporting period, CARE plans to meet the target of this activity through the provision of the technical support to the remaining 50 VSLs with the other national partner, Greater Family Organization (GFO), in Kass.

**Establish 50 new VSL groups**

CARE is ensuring active community participation in this activity. 25 new VSL groups were established in February. CDF procured the VSL materials such as the saving boxes, passing books, stamps and other items. In March, CARE trained 500 women VSL members on VSL methodology including saving skills; how to start income-generating activities; and business management. During the next reporting period, CARE will finalize the establishment of 25 new VSLs and continue the provision of technical support for the VSL members.

**Train partner staff in VS&L methodology**

In early February, 20 partners' staff and Community-Based Trainers (CBTs), 14 of whom were women, were selected in close coordination with three partner NGOs. The CARE team trained those selected staff on VSL methodology, IGA Selection Planning and Management (SPM). These staff are considered Trainer of Trainers (ToT) and will train another 1,000 VSL members during the remaining months of the project. CARE will monitor the training sessions to determine the final number of those trained.

**SECTOR 3: HEALTH**

**Objective: To contribute to the reduction of maternal and child morbidity and mortality among conflict-affected communities in South Darfur, including new IDPs, resident IDPs, and host and rural community members. through the provision of lifesaving primary and reproductive health services.**

**Subsector: Health Systems and Clinical Support**

**Routine/emergency repairs and maintenance of 8 PHC facilities in Kass and Alsalam IDP camp**

During the reporting period, CARE improved the Alsalam care center through the construction of a 5,000-liter water storage system.. Other minor rehabilitation of water network and painting were conducted too. In Kerwa clinic doors were repaired as well as windows, flooring, , and the handwashing facilities in the delivery room.

**Continue to provide technical and managerial support to 8 PHC facilities**

As a part of the technical support, a CARE medical advisor dedicated one day for each facility to provide medical consultation to complicated medical cases. Moreover, the team is providing the managerial support including facilitating the provision of fuel, management of consumption, and ambulance management, waste management process, and drug stock management. CARE team provided the support to 8 health facilities, including; 2 primary health care centers, reproductive health care center, and 5 rural health clinics.





More and above, regular daily visits have been conducted to all camp bases medical centers, and weekly to four rural areas clinics by the medical advisor and the area manager to all camp-based facilities; the medical store/warehouse; pharmacy; and various clinical service delivery points. Unfortunately all field visits to Abrom health facility were cancelled due to security concerns.

### **Continue to provide financial support to camp-based PHC facilities and EmOC facility**

CARE provided fuel for generators, soap, disinfectants, and stationary to eight health facilities. CARE paid the regular monthly incentives on top of the basic salary to seconded staff of SMoH including medical assistants, medical doctor, nurses, midwives and other seconded staff. During the reporting period, the number of health staff of Alsalam clinic dropped due to administrative regulation with the SMOH, which was trying to start up the implementation of a new producers force INGOs to employee staff. The supplementary allowances were given to compensate for additional working hours ensuring that staff remain motivated and committed thereby dedicating more time to executing their job in the primary health and reproductive health centers. The implementation of the community financing approach is working effectively and five rural committees managed to charge every patient 5 SDG per visit. The money collected helps to cover the cost of staff incentives and other running costs (water and cleaning, for example) for the rural based clinics. The reproductive health and EPI were provided free of charge to all clients. Furthermore, the referral services were available 24hrs/7 days per week for the camp-based clinics, especially for maternal emergencies. In rural areas, the referral system was managed by renting a commercial vehicle which provided transportation for any maternal emergencies.

### **Train of 45 new PHC & RH staff on PHC and RH issues**

Training on measles, sexually transmitted infections and malaria management will be conducted in April.

### **Continue to support the health surveillance and Management Information Systems (MIS)**

Working with seven health facilities and SMoH staff, CARE assisted in improving weekly surveillance and epidemiological reports through weekly morbidity data collection and analysis. The rates of malaria were much lower than last quarter: 223 cases reported compared to 2,111 last quarter. Cases of diarrhea this quarter are also slightly down to 1,136 from 1,146 cases last quarter. 588 cases of ARI were reported and shared within the MIS system in a timely manner and informed decisions were made based on findings.

#### **Subsector: Communicable Diseases**

#### **Continue to provide technical and material support to 7 targeted PHC facilities for the management of communicable diseases:**

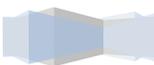
Activity on track.

#### **Continue to distribute essential materials for the prevention of malaria, skin infections, diarrhea and Acute Jaundice Syndrome:**

In order to help prevent the spread of malaria, skin infections, diarrhea and AJS, 12,960 pieces of soap were distributed to ante-natal care clients and children who completed full immunization. During the soap distribution, the patients received messages related to improved hand washing practices and soap use at critical times. The number of patients receiving consultation and curative services for malaria, ARI and diarrhea went down from last quarter to 15,825. The patients were treated in line with national protocols and procedures.

#### **Continue to provide training to CHVs on communicable disease prevention:**

There has been a further delay in implementing the CHV training due to some problems related to signing the sub-grant with partner. CARE is working closely with the partner to solve the problem and to get this activity back on track.



**Continue to provide essential materials to laboratories in 7 targeted facilities:**

All facilities were supported and enough stock remains from the previous quarter to ensure the laboratories continue to function properly.

**Continue to provide technical assistance and support to the SMOH on EPI and outbreak response:**

EPI services were provided on a daily bases at all CARE supported clinics. During the reporting period, the total number of children under 5 who received EPI services was 21,038 and the total number of people who received vaccinations was 22,959.

**Continue to conduct routine monitoring of communicable disease prevalence and incidence and Quality of Care (QoC) assessments:**

The regular monitoring of communicable diseases continued, the data collected in daily, weekly and monthly bases from each health facility. The data summarized and shared with SMOH, and health cluster.

**Subsector: Reproductive Health**

**Coordination and implementation of MISP**

5,516 total women received reproductive care; 4,684 women received ante-natal care; 490 women received pre-natal care and skilled assistance during delivery in 109 PHC clinics. 236 women received family planning assistance. Maternal health care and ambulance services are available 24 hours a day.

**Preventing excess maternal and new born morbidity and mortality:**

CARE-supported clinics offered basic emergency obstetric care (EmOC) and newborn care services at Hai-Elkefah EmOC center and basic reproductive health (RH) care in rural area clinics. These services were provided through midwives who have been trained on basic EmOC, newborn care and treatment of neonatal complications. The midwives were supported by a well- trained doctor, based at Hai Elkefah EmOC center, who has received a comprehensive training on EmOC and post-abortion care. Moreover, CARE strengthened the 24/7 communities referral system to Kass hospital. CARE covers the ambulance operation costs (fuel and maintenance).

**Reducing HIV transmission:**

With support from UNFPA, CARE supplied condoms at PHC clinics. However, cultural rigidities and government control of condom distribution still pose a threat to the use and acceptance of condoms; the former is being addressed through health promotion and sensitization.

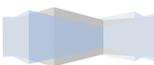
**Prevention and management of sexual violence:**

Rape kits were provided by UNFPA but no cases have been reported during this reporting period due to the requirement of having a police report before any treatment which discourages women who have been raped from seeking medical help.

**Planning for integration of RH into PHC services:**

A total of 4,684 women received ANC, 490 women received a PNC services, and 106 women delivered by a qualified midwives. Furthermore 236 clients received planning services, all contraceptives were provided by UNFPA.

**Subsector: Community Health Education/Behavior Change**



**Continue to provide technical and material support to 100 CHVs (25 In Alsalam camp and 75 in Kass) to carry out community-based health education:**

Despite the already-mentioned administrative issue with the national partners, CARE worked with the local health committees to oversee the work of community health volunteers (CHVs) in Kass. CHVs reported directly to CARE staff in Alsalam IDP camp and avoided any effect on the community health education. CARE continues to work with the health committee to ensure the delivery of health messages.

**Provide technical and material support to 8 health committees (1 per facility):**

The local communities were involved in all project management cycle phases. CARE engages them in the consultation and implementation process which had created a sense of partnership and developed a strong sense of ownership among them. The local community advocates call for meetings when they observe that activities are moving in the wrong direction. The CARE project team has regular interactions with the committees and facilitates frequent meetings between them and the medical providers. The committee plays a critical role in the stock management process.

**Conduct follow-up studies on behavior change in targeted communities**

The follow-up studies are planned for late June 2015.

**Subsector: Medical Commodities Including Pharmaceuticals**

**Rehabilitate and repair CARE's medical storage space in Nyala for storage of medical supplies and drugs procured for Alsalam IDP camp clinic**

The rehabilitation of the medical supplies storage unit in Nyala is complete. It was provided with new shelves, air conditioning to ensure proper storage temperatures, and improved flooring. Activities in Alsalam are suspended until CARE signs the new the technical agreement with SMoH.

**Provide medical supplies and equipment to 7 PHCs and 1 EmOC facility:**

CARE continued the provision of medical supplies to the health facilities. Regular quantities were shipped to each health facility based on the consumption reports. The medical supplies are supported by WHO, UNFPA, and UNICEF A regular check of medical balance and inventory was conducted by CARE team in monthly bases.

**Provide training for newly-appointed health service providers on rational drug use and infection prevention:**

No new health service providers have been hired yet. A refresher training for existing staff will take place next quarter.

**Continue to strengthen the drugs and medical supplies information management system:** To be conducted during the next quarter after signing the new technical agreement with the SMoH.

**SECTOR 4 : NUTRITION**

*Objective: To contribute to saving the lives of 28,540 children under 5 years of age and 37,775 women of reproductive age affected by conflict, through the comprehensive prevention and management of acute malnutrition.*

**Subsector: Infant and Young Child Feeding and Behavior Change**

**Implement outreach nutrition activities in Kass IDP camp and surrounding community, through 50 CHVs**



During the reporting period, a total of 6,388 beneficiaries were MUAC screened (4,057 under 5 years old children, and 2,331 pregnant and lactating women). Out of this total: 353 were admitted , 433 cured. There were 551 <5yr MAM cases, 179 admitted, 206 cured, and 25 defaulters. The under 5 years old SAM cases 23 admissions, 25 cured, 8 defaulters, 34 discharged PLW , and 43 SAM.

The confirmed malnourished cases were referred to different feeding center for the treatment of SAM and MAM. The screening was conducted by CARE community promoters and when abnormal levels were confirmed, they were referred by one of the qualified medical staff. Early breastfeeding learning was conducted for 106 mothers who delivered at the PHC unit/EMOC and their children were breastfed within the first hour after delivery. In addition, 65 home visits were conducted for early case detection and referral of suspected malnourishment cases. **Implement Behavior Change Communication (BCC) activities in Kass IDP camp and surrounding community, through 50 CHVs**

A total of 272 regular education sessions were conducted in eight nutrition/feeding centers and one PHC unit focusing on Infant Young Children Feeding practices. The targeted total of 3,546 caregivers participated.

**Conduct a follow-up nutrition KAP survey to monitor behavior change in the targeted communities:**  
To be conducted after this quarter.

**Subsector: Management of Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM)**  
**Routine/emergency repairs and spot maintenance of Outpatient Therapeutic Program/Therapeutic Supplementary Feeding Program facilities in Kass IDP camp**

The renovations were completed in December 2014.

**Provide technical, managerial and financial support to 1 SC and 3 OTP facilities in Kass IDP camp**

During the reporting period, the cure rate of children <5 yrs. of MAM cases, 83%. The defaulter rate was 16% <5, and was 28.5% in PLW which is not acceptable according to the SPHERE standard of <15%. The main reason for the high defaulter rate is that most of mothers prefer to collect general food distributions than to attend the SFP follow on session. This is also due to a General Food Distribution (GFD) registration which contributed to the high defaulter rate in both group (<5 yrs. and PLW). With SAM cases, the cure rate was 82% and the defaulter rate was 10% which is acceptable to the SPHERE standard (<15%). During the reporting period there was no OTP deaths reported,

**SECTOR 5 : WATER, SANITATION AND HYGIENE (WASH)**

***Objective: To contribute to the reduction of morbidity and mortality among conflict-affected communities in South Darfur, including new and resident IDPs, through the provision of safe water, adequate sanitation services and hygiene promotion interventions.***

**Subsector: Environmental Health**  
**Support local partners to conduct vector control and solid waste management activities in Kalma, Alsalam, Kass and Gereida IDP camps**

CARE worked closely with the local communities and the WASH committees to collect and deposit a total of 782 M3 of solid waste to the disposal points. The community participated strongly resulting in a lesser amount collected than last quarter because the community members took the initiative take their waste to the disposal centers outside



of the cleaning campaign. CARE regularly monitored the activities and provided the cleaning tools. During the reporting period a total of 20 water dish cleaning campaigns were conducted.

**Continue to support local partners to conduct 48 general cleaning campaigns in Kass, Kalma Alsalam and Gereida IDP camps**

During the reporting period, six planning meetings between CARE and the local partners were conducted. As a result of these meetings 12 general cleaning campaigns took place and CARE supported them with 28 cleaning tool kits.

**Subsector: Hygiene Promotion**

**Train religious leaders on hygiene promotion, and include them in advocacy / awareness raising events in Kass, Kalma, Gereida and Alsalam IDP camps**

CARE trained 25 religious and traditional leaders and school teachers this quarter. The training focused on how to raise the awareness of the local community of the importance of hygiene; the explanation of how diseases spread due to lack of proper hygiene, personal hygiene, the community's role in prevention and control. The trainees showed active participation. Following the training 12 awareness campaigns were conducted in schools and mosques.

**Conduct hygiene promotion in 18 schools in events in Kass, Kalma, Gereida and Alsalam IDP camps**

CARE trained 76 CHAST committee members in 7 schools (2 in Kalma, 1 in Gereida, 3 in Alsalam and 1 in Kass) on promoting awareness. 53 hygiene kits were distributed to 53 households with disabled children to encourage them to keep them in school. In addition, one latrines assessment was conducted targeting the new arrivals in Alsalam camp and identified 400 vulnerable households in need of new latrines.

**Subsector: Sanitation Infrastructure**

**Rehabilitate 600 household latrines and construct 500 new communal latrines & Rehabilitate latrines in 18 schools**

In total, CARE has completed 90% of the planned individual and communal latrines rehabilitation. CARE provided the technical support and along with the community health promoter, conducted monitoring visits.

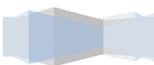
**Subsector: Water Supply Infrastructure**

**Maintain and operate 14 motorized schemes and 24 hand pumps and introduce solar systems to power 4 pumping stations:**

CARE supported the operation and maintenance of 14 water supply systems: four in Gereida, three in Kass and seven in Kalma camps through the provision of fuel and lubricant. The community provided 31% of the needed fuel and lubricant required for operation. During reporting period, a total of 88,222 cubic meter of water was pumped. 10 hand pumps were repaired and 3 were rehabilitated. CARE provided the technical support (spare parts, hand pump tool kits, and the community hand pump mechanic who was trained by CARE). Finally, three solar pumps out of four were installed during the reporting period. In Kalma, the solar panel system operated perfectly pumping at a rate of 9m<sup>3</sup>/hour.

**Construction of new 4 water points for new arrivals in Kalma:**

The construction is ongoing and will be finalized early next quarter.



### **Continue to monitor ground water levels at 25 water sources in Kass, Kalma and Gereida IDP camps:**

CARE continued ground water monitoring for all water wells. There has been no significant change to the water level. CARE has trained 12 Water User Committees on ground level management and the outcomes of the training will be shared in the next quarterly report.

### **Continue water quality surveillance of all water points**

CARE tested 437 samples from water points and at the household level. 392 (90%) were in the acceptable range (0.2-0.5 mg/l) in free residual chlorine. Samples were taken and checked by the pump operators and water supply technicians at water points on a daily basis. Hygiene promoters checked household samples on weekly basis.

## **CHALLENGES FACED**

- Government issues related to the delay of approval of permits, especially when it comes to data collection or conducting assessments. HAC has continued to postpone assessments to be conducted by the CARE team. The approval process takes longer than one week, especially if non-CARE staff are conducting the assessment.
- CARE, along with other INGOs, is facing some governmental pressure to provide assistance outside existing operational areas. HAC was trying to shift some CARE WASH activities into Tulus locality, which is not an area of CARE's operation. CARE provided temporary support for the IDPs in Tulus but refused to shift any of the OFDA funded activities.
- There are new small-scale and seasonal conflicts which are causing more pressure on operational ability. These conflicts are linked to the upcoming election process, for example a conflict in Gereida resulted in the burning of 500 houses, and displacement of some families into Tulus.
- INGO funding gaps are affecting the quality of services and put more pressure on CARE's areas of work. CARE is implementing a nutrition intervention in Kass, these activities are essential and lifesaving and the exit process must be gradual. These activities had been funded by OFDA and the Common Humanitarian Fund (CHF). However, in the most recent CHF process, Kass was not identified as a priority area which will add additional pressure on the quality of existing activities. Additionally the shortage of funds or total lack of availability of drugs in non-CARE-supported health clinics in Alsalam camp caused additional demand on CARE's clinics which were already suffering from fewer health staff provided by the SMoH.
- Different community contribution approaches between INGOs has caused community conflict between those communities who pay for services and those who are not committed to contributing.



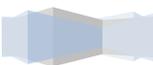
## PICTURES



Drip irrigation in Kass IDP camp Community Based Trainers receiving VSLA business training.



Completed Solar Panel to support water pumping.





Using drip irrigation techniques to grow vegetables in the Kass IDP camp.

