



Annual Results Report

Community led multi-sectoral, relief and rehabilitation rural peace building programme, run by Tearfund and FAR for Geneina's Southwest Corridor

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Programme Title:	Community led multi-sectoral, relief and rehabilitation rural peace building programme, run by a coalition of agencies for Geneina's Southwest Corridor
OFDA Grant Number:	DFD-G-00-06-0048-00
Country/Region:	Northern Sudan / El Geneina and Beida localities, West Darfur
Type of Disaster/Hazard:	Civil Strife
Time Period Covered by the Report:	1 st January 2006 – 30 th September 2006

Executive Summary

In partnership with FAR and Medair, Tearfund is delivering a multi-sectoral relief and rehabilitation programme with a strong rural peace building component. The activities are focused primarily in Beida locality, south-west of El Geneina along the Chad/Sudan border, serving an IDP/host community of 55,000 and a nomadic community of approximately 10,000. The project period is from 1st January 2006 to 30th April 2007.

- Tearfund is working towards three objectives:
1. Water and sanitation provided to support IDP, host, nomadic and returnee communities
 2. Health and hygiene practices improved amongst IDP, host, nomadic and returnee communities
 3. To reduce malnutrition among the under 5s and pregnant and lactating mothers

FAR deliver a livelihoods and food security programme and Medair provides support to four Ministry of Health clinics.

With seven months remaining in the project period, Tearfund is progressing well against the three objectives listed above. The most significant constraints are insecurity and access to the field. Access was particularly restrictive during the first quarter. Between January and September Tearfund was affected by three security incidents in the project area.

In addition to planned activities outlined in the original proposal, Tearfund distributed NFIs to over 12,000 households. This distribution was much needed as most households did not have adequate shelter for the rainy season and many had almost no household items (jerry cans, mats etc). The last NFI distribution in the area was carried out in 2004 by Medair and was focused on vulnerable groups.

II Beneficiary Numbers

Objective	Objective 1 Watsan	Objective 2 Health	Objective 3 Nutrition
Number of beneficiaries <u>targeted</u> , by objective, during reporting period	115,735	38,500	876
Number of beneficiaries <u>reached</u> , by objective, during reporting period	63,695	39,363 (28,829 children, clubs & activity centres, 10,534 women)	915 (821 in SFP, 90 in OTP, 4 in SC)
Cumulative number of beneficiaries <u>targeted</u> , by objective, to date	115,735	38,500	1,916
Cumulative number of beneficiaries <u>reached</u> , by objective, to date	63,695	39,363 (28,829 children, clubs & activity centres, 10,534 women)	3,375 (2,848 in SFP, 459 in OTP, 28 in SC + 38 Adults)
Total numbers of beneficiaries <u>targeted</u> to date	115,735	38,500	1,916
Total numbers of beneficiaries <u>reached</u> to date	63,695	39,363	3,375
TOTAL	106,433		

IIIa Narrative

Objective 1: Watsan

Water and sanitation provided to support IDP, host, nomadic and returnee communities

Water

Result: Existing water systems and hand-pumps maintained for 115,735 people in a sustainable manner (includes maintenance of 30 wells currently being drilled) with communities taking increasing ownership by December 2006.

Indicator: 80% of water supply infrastructure functioning at end of each month with faecal coli form count of 0

85% of water supply infrastructures maintained in field at the end of September. Total 14 out of 15 new hand pumps tested for chemical water quality. All hand pumps were of an acceptable water quality (See Annex 3 for results). 33 water supplies have been tested for biological water quality, with results pending.

Indicator: Functioning and competent water committees supported by WES in every location by end of project period

Tearfund has undertaken a programme to revitalise the WES community water committees that existed before the conflict. As part of this process Tearfund has also established new committees in locations where new hand pumps have been installed by Tearfund. This was achieved through a three day training session in Ararah, Beida and Kongo Haraza in September (Masteri training to take place in October). This training included technical, managerial and hygiene promotion modules, with input from both the health promotion and watsan teams. Each committee is made up of men and women who regularly use the pump and has members trained as mechanics, managers and hygiene promoters. Hand pump spares centres have been established in each of the four villages and 107 hand pump mechanics have now been trained (majority of these were trained as part of the hand pump committee training).

Indicator: 80% of handpump repairs to be undertaken by the committee without external assistance by end of the project

Following training, one handpump each in Kongo Haraza, Beida and Ararah have been repaired by the new handpump committees with supervision from Tearfund.

Result: 15 water points rehabilitated / improved by end of April 2007

Indicator: 15 rehabilitated water points still functioning, managed, sustained by community by April 2007

The rehabilitation of hand dug wells is progressing with nine (out of the planned fifteen) improved with source protection works, including concrete apron, drainage and parapet walls to protect the wells from surface water contamination, and reconstruction of four handpump headworks.

Result: A further 11 water points drilled for nomadic settlements, spontaneous returnee villages or other 'high-need' areas such as Chadian refugee's

Indicator: 11 water points constructed and operational in locations of spontaneous return, reaching a minimum of 250 households, by April 2007

There have been no spontaneous returns to date.

Sanitation

Result: 1,150 household built latrines constructed, maintained and kept clean by April 2007 (more can be completed if community response is good.

Indicator: 1,150 households with new latrines by the April 2007

402 household latrines have been completed, which includes 168 in Beida, 64 in Kongo Haraza and 170 in Masteri. 149 household latrines have been almost completed in Ararah, however the plastic sheets were taken to waterproof shelters during the rainy season. Household latrines are considered complete when the slab has been installed and they have covers, ebricks (hand washing containers) and screens.

Indicator: 80% of all latrines maintained, cleaned and cover used by April 2007

Health promotion messages are given in regards to cleaning and maintaining latrines. Household visitors encourage householders to maintain their latrines and to keep them clean. Tearfund's annual KAP survey was undertaken in August. The write up is still in progress and results from this survey will indicate the level of cleanliness of the household latrines.

Result: 114 VIP latrines provided to community institutions, maintained and kept clean by the end of the project period.

Indicator: 114 latrines constructed in community institutions by the end of the project

The VIP latrine (10 cubicles) at the girls school in Beida is complete and in use. Work is underway at nine sites in Masteri, Kongo Haraza and Ararah. There are significant challenges slowing the progress of the latrine construction (shortage of skilled builders in the area, need to have an evacuation vehicle at all times, constant pressure for vehicles for other activities, restriction on the number of relocatable staff in the field at any one time because of helicopter evacuation capacity, nutrition and health promotion surveys being undertaken thus reducing the number of staff able to work on the building projects) and it is unlikely that Tearfund will meet the target for VIP latrine cubicles by the end of the project period.

Result: Spontaneous IDP return supported with rapid provision of sanitation facilities – 300 latrines constructed, maintained and kept clean by the end of the project period

Indicator: 300 latrines constructed in locations of spontaneous return

No spontaneous return as yet, however 150 emergency slabs have been procured and stored in Beida with the balance kept in WES store Geneina.

Environment

Result: Recommendations of study on interaction of environment conflict and relief intervention disseminated and promoted among key actors

Indicator: Environmental study report produced by November 2006

Tearfund delayed the main work on the study in order to collaborate with UNEP on the Darfur component of their Post Conflict Environmental Assessment for Sudan. Tearfund has made significant progress in raising the profile of the particular vulnerability of the environment in Darfur and how this needs to be addressed in the relief context. Scoping study and early recommendation reports due for completion in October. Main study delayed until spring due to recent security risks

Result: Recommendations adopted by international community, UNHCR, UNICEF on mainstreaming environment into project proposals, UN 2007 Workplan, DERP Recovery programme and UNEP

Indicator: Three other NGOs and 4 UN agencies adopt recommendations by end of December 2006

Oxfam, Care and Concern have all shown interest in the study. UNEP endorse Tearfund's environmental guidelines for inclusion in 2007 UN workplan as a cross cutting issue and UNMIS is planning to build a new West

Darfur compound using rammed earth technology to save deforestation caused by brick making. Discussions are currently underway with UNHCR on further collaboration and training on environmental impact mitigation as part of camp management.

Indicator: Water resource monitoring established under WES management

A recommendation for agencies to include monthly groundwater monitoring in at least 20% of their mechanical boreholes has been included in the 2007 UN workplan.

Objective 2: Health (health promotion)

Health and hygiene practices improved amongst IDP, host, nomadic and returnee communities

Result: Health and hygiene prevalence of 22,000 children and 6,500 women improved through their twice weekly attendance at clubs and by visits to 5,000 households each month

Indicator: Health clubs serving at least 22,000 children and 6,500 women on a weekly basis

Nine children's clubs are currently operating with an average monthly attendance of 20,679. Five women's clubs are operating with an average monthly attendance of 6867 and 6,390 households are visited twice monthly by 213 Household Visitors.

Result: Psychosocial health of the children beneficiaries improves through the twice weekly attendance at health clubs and 5 times per week at activity centres by 4,000 children

Indicator: Regular return of children and women to club as evidence of psychosocial supportive activities at children's health clubs

13 activity centres are operating in four locations, with an average monthly attendance of 3969. Registers are being taken at the activity centres, which include basic family details, and they show that the majority of children are returning regularly.

Result: Capacity and protection of women improved through improved access to ways to make income and by visits to 5,000 households each month.

Indicator: 100 women involved in program have access to resources / a skill which enables them to safely generate income by April 2006

Women are given monthly incentives to enable them to purchase materials for weaving which they can then sell for income generation. Is this as payment for being facilitators?

Result: Vulnerability of 1,000 youth to recruitment as child soldiers reduced by their involvement in evening activities

Indicator: 1,000 young people participating by April 2007.

Club encouragers are organizing sports games by the activity centres in the evenings for young people. Tearfund have provided sports equipment for these activities.

Result: Achieve at least three improved health / hygiene practices among 70% of the health education beneficiaries

Indicator: At least 70% of children and women in health clubs demonstrating improved hygiene and health behaviour

Tearfund's annual KAP survey to evaluate the effectiveness of the Health Promotion programs was completed in August. This survey is conducted using 30 randomly selected households in each of the four locations. The write-up is in progress but some initial results are:

97% of children & 100% of women know where to get safe water

95% of children & 93% of women are using soap to wash their hands

84% of children & 79% of women are using a latrine

94% of children & 93% of women are washing their hands after using the latrine

Result: An increase of 50% in the number of children and women with knowledge on the cause of malaria and 80% knowledge on how to prevent diarrhoea (see also impact output in Sanitation section)

Indicator: At least 80% of beneficiaries with knowledge on the cause of malaria

From the annual KAP survey it was revealed that 89% of children and 88% of women have knowledge on the causes of malaria, with 93% of children and women knowing how to prevent malaria.

Indicator: At least 50% of children and women know how to prevent diarrhoea

From the annual KAP survey it was revealed that 93% of children and 88% of women know the causes of diarrhoea. 88% of children and 82% of women know how to prevent diarrhoea, with 78% of children and 73% of women able to say at least two ways of prevention.

Result: Health clubs established in villages of spontaneous IDP return

Indicator: Number of villages with spontaneous returns and number of health clubs in these villages (at least 5)

There are currently no villages of spontaneous returns.

Result: Health clubs established in 100% of nomadic damras where water is provided by Tearfund

Indicator: 100% of damras with health clubs where water is provided

All damras where water is provided have clubs, with an additional six damras also running health clubs.

Result: HIV/AIDS awareness raised with staff and explored with community leaders as appropriate

Indicator: Records of HIV/AIDS learning of staff and community leaders if appropriate

Tearfund national staff have received HIV/AIDS training. A base-line and follow-up survey was conducted and results will be analysed. A committee workshop was held and a topic plan was developed on how to educate the community about HIV/AIDS. Training has been conducted with staff and they will start working with community leaders in October. As this topic is sensitive, once the response has been gauged on how this topic is received, further plans will be made on educating the wider community

Result: WES able to run health promotion clubs in four new camps by the end of the project period

Indicator: By April 2007 WES are able to run clubs with minimal support from Tearfund. 9,000 children attending clubs run by WES.

Tearfund continues to help WES run clubs in Krinding and Mornei. At the end of September approximately 2,790 children attended the clubs in Mornei and 2480 in Krinding. A WES staff member, who was trained to run the program in Zalingi, was killed in rioting at the camp in July resulting in WES stopping all visits to camps. The clubs in Krinding and Mornei continued without supervision in July, August and September. WES are working in Krinding and Mornei again and Tearfund are continuing to support WES so that they can conduct staff and facilitator training.

Objective 3: Nutrition

To reduce malnutrition among the under 5s and pregnant and lactating mothers

Result: Reduce malnutrition prevalence below 10% GAM and 1.4% SAM by April 2007

Indicator: GAM and SAM as revealed through GAM and SAM nutrition surveys

A nutrition survey was completed in May and June 2006 in Beida, Kongo Haraza, Ararah and Masteri showing a GAM of 17.2% (13.9 – 21%) and SAM of 3.4% (2.0 – 5.5%). Widespread screening for malnutrition is on-going at all project sites. After the general food distribution by WFP was reduced in June 2006, the admission criteria for SFP was relaxed to try to reduce admissions to OTP. The admission criteria for children is now MUAC <13cm and PLW <21.5cm. A follow-up nutrition survey will be completed in November 2006.

Result: 3,000 moderately malnourished children and pregnant and lactating mothers treated in a decentralised manner

Indicator: Moderate malnourished children admitted for supplementary feeding 3,000

A cumulative total of 2,848 have been admitted in SFP in the last nine months.

Result: Home treatment to 800 severely malnourished children with no medical complications

Indicator: Severely malnourished children with no medical complications admitted for outpatient therapeutic feeding 800

A cumulative total of 459 have been admitted in OTP in the last nine months.

Result: Inpatient therapeutic treatment to 110 severely malnourished children with medical complications

Indicator: Severely malnourished children with medical complications admitted for inpatient therapeutic feeding 110

A total of 28 have been treated in SC over the last nine months.

Result: 50 adult malnourished successfully treated using advised protocols

Indicator: Adult recovery, weight-gain, and exit stats in line with advised standards from Valid

38 malnourished adults have been successfully treated through SFP to date. There are currently 32 in the programme.

Indicator: SFP Recovery rate >75% and CTC recovery rate >70% over project timeframe

The SFP recovery rate to date is 58.1% and 61.6% for CTC.

Indicator: SFP defaulter rate <15%; CTC defaulter rate 15% over project timeframe

The SFP defaulter rate to date is 36.8% and 23.6% for CTC. The defaulter rates remain high due to issues of access (insecurity, the wadi being flooded) and because of the time of year (beneficiaries cultivating crops). Those who come are given rations for two weeks and encouraged to come not only on the feeding day. Caregivers have also been encouraged to assign someone in the family to always accompany the sick child to the centre

Indicator: Average weight gain for SFP >2g/kg/day; Average weight gain for CTC >4g/kg/day;

The average weight gain for SFP is 2.2g/kg/day and 3.6g/kg/day for CTC. Lower weight gain in CTC could be attributed to insufficient food for households and ration sharing. Outreach workers are giving health education to beneficiaries on the importance of feeding the malnourished child. Outreach workers visit all slow progress beneficiaries and non-responders and observe while the child is having a meal of plumpy nut to ensure they are receiving the rations.

Indicator: Average length of stay in SFP <90 days; CTC 45 Days

The average length of stay for SFP is 81.9 days and 84.6 days for CTC.

Indicator: Death rate for SFP <3%; CTC <10% over project timeframe

The death rate for SFP is 0% and 1.8% for CTC.

Result: MoH capacity in management of malnutrition built.

Indicator: Number of cases of malnutrition managed by the MoH increased by 20% by April 2007.

MoH Field Nutritionists are managing all the severe cases in all locations and admission is on daily basis.

Indicator: Evidence of training provided to MoH staff & nutrition project handover to MoH (assuming below critical malnutrition rates by the end of the project)

MoH staff are receiving training in the compilation of statistics and in following CTC protocols in the management of severe malnutrition. See Annex 2 for further information on training received.

IIIb. Assessment and Surveillance Data Used to Measure Results

This project is based on surveys and assessments undertaken by the coalition members and other agencies in addition to implementation data from projects carried out in 2005. Key assessments carried out by the coalition include Medair pre-conflict baseline survey (Dec 2002), FAR PRA (April 2005), Tearfund water assessment of May 2005, Valid International Livelihood Strategies Report May 2005, WHO Mortality Survey (July 2005), Medair's Nomad Damra Assessment (August 2005), Tearfund nutrition surveys, Tearfund's baseline and follow up KAP surveys and Medair health centre records.

Recent assessments of IDP camps have revealed a huge need for non-food items. The majority of the households in Beida for example were without adequate shelter to protect themselves from rain. On the 10th of June an assessment was conducted by Tearfund staff of damras (nomad villages) and one return village. Further work assessments and triangulation needs to be carried out to ensure these villagers have not settled on land previously occupied by sedentary farming communities. Impartially working with all sides of the conflict is essential to ensure our neutrality and to address underlying tensions between groups; it is also an essential element of Tearfund's acceptance strategy.

Rapid assessments have been carried out on newly displaced groups as required. Impact of the health promotion activities are monitored through weekly observations at the clubs as well as through household visits. Nutrition surveillance is ongoing on feeding days, through outreach worker visits and MoH staff at clinics.

IIIc Demographic Profile of Targeted and Reached Beneficiaries

Tearfund works primarily in the villages of Masteri, Kongo Haraza, Beida and Ararah in Beida locality. Tearfund also works in Ardamata and Dorti camps in Geneina (health promotion only). With Tearfund technical support WES have started clubs in Mornei, Krinding and Zalingi camps. Table 2 shows the break down of population numbers by location.

Locality	Location	Status	Size
Beida	Masteri	Host & IDP	12,258
	Kongo Haraza	Host & IDP	7,460
	Beida	Host & IDP	19,720
	Ararah	Host & IDP	10,257
	Anticipated returnees or refugees	IDP	4,000
	Nomadic villages	Host	10,000
	WES run camps supported by Tearfund	IDP	9,000
Geneina	Ardamata camp	IDP	35,040
	Dorti	IDP	8,000
Total			115,735

2005 population registration figures from WFP indicate that IDPs comprise approximately 50% of the population in Beida locality. In Ardamata and Dorti, IDPs make up 46% of the camp population. A more detailed break down is difficult as IDP and Host populations are highly integrated.

Beida locality is historically associated with the Masaalit tribe. Although recent displacements on both the Sudanese and Chadian sides of the border have changed the demography of the area, the Masaalit continue to be the predominant ethnic group. Other sedentary tribes include the Tama (originally from the Kulbus region), Fur, Dajo, Bargo, Mimi, Mobi, Hauza, Bilala, Bagirma, Zaghawa and the Muro.

Pastoralist groups have historically coexisted alongside the sedentary, agro-pastoralist communities, with inter-group interaction being maintained by trading and a symbiotic mercantile relationship. The main nomadic groups along the southwest corridor are the Beni Halba, Taisha, Rizeigat (Maharia) and Miseriya.

Although the majority of the beneficiaries reached are from IDP or host communities, Tearfund is actively engaged in trying to serve nomadic communities with legitimate humanitarian needs. It is hoped that this work with nomads, if done sensitively, will enable Tearfund to facilitate some returns and coexistence in the future.

III.d. Quantitative and Qualitative Data.

Water and Sanitation:

A total 14 out of 15 new hand pumps were tested for chemical water quality. All hand pumps were of an acceptable water quality (see Annex 3). 33 supplies were tested for biological water quality (results pending). The annual KAP survey also collects data relating to water and sanitation.

All emergency water systems are chlorinated each time the tanks are filled. Tearfund supervisors in each location test the water from the systems on a regular basis to measure residual chlorine levels and ensure the chlorination is being done correctly.

Due to the risk of a significant deterioration in security at the time of the scheduled AU withdrawal, the main environment study was delayed however a 2 week mission was made with the study team in September/October. The team visited Geneina, El Fasher and Zalengei. Progress was made on the main study analysis with this useful scoping exercise, planning for the main field assessments and data collection. The team wrote both an interim recommendation report, and a scoping study which are currently being finalised following the demobilisation of the team. The recommendation report makes the case for environment as a crucial component for support for Darfur and provides recommendations building on the UNEP work to which Tearfund contributed.

Health Promotion:

The annual health promotion KAP survey to evaluate the effectiveness of the Health Promotion program was completed in September. This survey is conducted using 30 randomly selected households in each of the four locations. The write-up is in progress but some initial results are:

- o 89% of children and 88% of women knew cause of malaria
- o 88% of children and 82% of women know how to prevent diarrhoea
- o 97% of children and 100% of children know where to get safe water
- o 95% of children & 93% of women are using soap to wash their hands
- o 84% of children & 79% of women are using a latrine
- o 94% of children & 93% of women are washing their hands after using the latrine.

See Annex 1 for a month by month break down of club attendance figures (children and mothers), activity centre attendance and a break down of the number of households visited.

Nutrition:

Tearfund (in conjunction with UNICEF and the Ministry of Health) conducted a 30 X 30 nutritional survey in Beida locality in May and June 2006. Kongo Haraza, Beida and Ararah were surveyed between 20th and 27th May 2006 and Masteri was surveyed on 3^d and 4th June. The results reveal concerning rates of malnutrition amongst the under 5 population with a GAM of 17.2% and SAM of 3.4%. The results for the 6-29 month age group were even more concerning with a GAM of 21.7% and a SAM of 5%. These rates are above emergency level and required an immediate nutritional response to prevent morbidity, mortality and disease outbreak among vulnerable groups. Tearfund and UNICEF are working with other agencies to implement a holistic nutritional response, co-ordinated with improved access to health services, an EPI campaign and health/nutrition education. Tearfund is continuing with its work to improve access to clean water and sanitation facilities in order to reduce the prevalence of diarrhoea. The prevalence of malnutrition is higher than the previous survey results (July 2004 Masteri: GAM = 12.7%, SAM = 2.4%; July 2004 Ararah: GAM = 10.2%, SAM = 1.6%; Feb 2005: GAM = 9.1%, SAM = 1.4%). While this may in part be due to the fact this latest survey was conducted nearer the hunger gap, Tearfund believes that it is an indicator of a deteriorating humanitarian situation caused by continuous insecurity, displacement and oppression of IDPs and the reduction of WFP rations in June (now reinstated to full ration). In response to the nutrition survey, UNICEF and MoH have advised Tearfund to relax the MUAC admissions criteria. The next survey will take place in November 2006, security permitting.

Morbidity and mortality data is collected by Medair through the clinics. All other nutrition data is collected by Tearfund nutrition staff and the MoH field nutritionists on a weekly basis and compiled monthly. See Annex 2 for detailed statistics by month for the nutrition programme.

IIIe Success Achieved

In response to Cholera outbreaks in several locations within Darfur, Tearfund has been cooperating with WES, MoH, UNICEF and Medair to take steps to prevent outbreaks occurring in the future in Beida locality. Tearfund has responded to the cholera concerns by carrying out water quality testing, reinforcing good chlorination practices, covering cholera as a topic in children's/mother's health clubs, educating mothers with children in the nutrition programme about cholera and raising awareness of the issue with community leaders.

Tearfund's programme to revitalise WES community water committees that existed before the conflict and establish new committees in locations where new hand pumps have been installed by Tearfund has so far been very successful. The training of men and women who regularly use the pumps as mechanics, managers and hygiene promoters has been particularly empowering for the communities and will add considerably to the sustainability of the watsan intervention.

Hand pump spares centres have been established in each of the four villages and 107 hand pump mechanics have now been trained (majority of these were trained as part of the hand pump committee training). Hand pumps in Ararah, Beida and Kongo Haraza (one per location) have been repaired by the revitalised committees with supervision from Tearfund.

During June and July Tearfund successfully distributed over 12,000 NFI household kits (Plastic sheets, sleeping mats, jerry cans/buckets) to the four villages/towns in Beida locality before the onset of the seasonal rains. This was the first NFI distribution since the original distribution by Medair in 2004. These items were supplied and transported to the various locations by UNJLC. The decision to do an NFI distribution was based on need and the absence of any other agency with the capacity to carry out the work. During assessments made earlier in the year it was identified that many households were without these basic items, in particular, IDP households. Provision of shelter reduces the need for women to collect grass for shelter, thus exposing them to SGBV and assault. It has also been identified that an improvement in general living conditions amongst IDPs will contribute to a reduction in common diseases. In September women's clothing was distributed to the same number of households.

Tearfund has been actively involved in successful advocacy at a local and state level. At a local level Tearfund has successfully advocated for SFP and OTP beneficiaries to be exempt from local border taxes in Beida. These border taxes were prohibitive and prevented many Chadian beneficiaries from accessing the nutrition services on the Sudan side of the border. At a state level Tearfund has successfully advocated (with UN and NGO partners) for a 2^d UNHAS helicopter and a 2nd VHF repeater channel for NGOs to improve access to the South West Corridor.

Tearfund continues to play a lead role in NGO coordination and representation in El Geneina. Tearfund chairs the weekly NGO co-ordination meeting and has acted as an NGO spokesperson for many high level UN delegations visiting El Geneina. Tearfund represents the NGOs on the UN Security Management Team and the newly established Inter-Agency Management Group (IAMG).

Tearfund's achievements against the project indicators are recorded in detail in section IIIa and only some of the notable successes are mentioned above.

III f Constraints

The most significant constraint to work in Beida locality is security. Tearfund and its partners had limited, inconsistent access to the field for the whole first quarter of the year. During the first quarter Beida locality was classified as Phase IV for UN operations and Tearfund only spent nine days in the field, primarily due to limited UN helicopter access. For the majority of the first quarter Tearfund operated with only six from a total of 16 relocatable staff in Geneina, this ceiling has increased to nine with the establishment of an NGO staff ceiling to comply with UN evacuation mechanisms.

In response to these access constraints Tearfund developed and implemented a remote working strategy that has and will enable programmes to function in a sustainable manner during periods of prolonged absence. Tearfund staff capacity has already developed to the point where the remote strategy can sustain most of the programmes, particularly those that are life saving.

One of the key attributes of the strategy is the use of commercial transportation to supply operations. During periods of intense banditry commercial transport was occasionally suspended for brief periods, but under moderately insecure conditions commercial trucks still access all four project locations. This enables the delivery of essential supplies such as plumpy-nut, fuel, pump spares for emergency water systems, supplies of soap for health clubs and drugs for OTP. Tearfund have also used the trucks to transport locally recruited staff to El Geneina for training.

Since May Tearfund has had good access to Beida, Ararah and Kongo Haraza whilst access to Masteri remains limited by periodic insecurity in and around the village. The follow security incidents have occurred in the project area:

- On the 24th April a Tearfund team in Masteri were held at gunpoint in the Tearfund compound and a Landcruiser Hardtop, Thuraya and Watsan tools were stolen. Nobody was injured.
- On the 3rd of July Chadian Opposition attacked the town of Ade which is in East Chad, 4km from Beida. The attack lasted several hours with heavy casualties. The Tearfund teams in Beida and Ararah evacuated for one week as a precaution.
- On the night of 15th August three armed men broke into the Tearfund/FAR compound in Ararah. The guard was held at gunpoint while the robbers stole NFIs.

Tearfund remains heavily dependant on helicopter access to the four field sites. Fuel shortages and storage problems have forced UNHAS to operate on a reduced schedule with only one flight per week to the SW Corridor (previously two flights per week).

Tearfund has four vehicles based in Beida for use on the Kongo Haraza-Beida-Ararah route. These vehicles are subjected to heavy use on bad 4X4 tracks (particularly in the rainy season). Despite servicing by the Tearfund mechanic, two of these Beida-based vehicles have recently had major mechanical failures, resulting in disruptions to movement and evacuation plans. This restriction of vehicle movement makes programme delivery more difficult.

Rumours about NGOs poisoning IDPs have lead to some tragic deaths of humanitarian workers in the last three months, including 1 Tearfund staff member in Deleige. Although these specific rumours did not impact Tearfund in Beida locality, there are constant attempts by certain agitators to spread misinformation about NGOs in the area. Some of these agitators are driven by their own agenda but it is suspected that some have been specifically tasked to spread misinformation. Tearfund is actively engaged in a positive information campaign centred on HAP-I (Humanitarian Accountability Partnership International) principles.

Tearfund has identified that many of the deaths in OTP or the stabilisation centres (SC) occur when children are brought to the nutrition programme (or the clinic) as a last resort. At this stage there is often very little that can be done to save the child. Prior to the child being brought to the clinic/SC the child is taken to a traditional healer (e.g. a "Spear Master"). At best these traditional healers delay the correct treatment but in the worse cases they subject the child to harmful treatment. For example, some "Spear Masters" believe that severe, prolonged diarrhoea can only be healed by inserting a red-hot wire into the anus of the child. One child subjected to this procedure was brought to Tearfund but soon died of shock. Tearfund is exploring ways to engage with traditional

healers in a positive way. Some progress has been made in Masteri. However the locally recruited staff are very hesitant to engage with or speak out against the traditional healers for fear of their safety. Tearfund is also working with Medair to investigate claims of corruption in the clinics which force mothers to visit traditional healers because they cannot afford to pay for medicine.

IIIg Overall Performance

Taking into consideration the significant challenges currently facing aid workers in Darfur and the constantly changing operational environment, Tearfund has achieved good results against all three objectives. The remote working strategy and the capacity building of locally recruited staff have been, and will continue to be, an essential means of sustaining the programme during periods of insecurity and poor access.

One area where Tearfund has encountered significant delays is in the school VIP latrine programme. It is unlikely that Tearfund will be able to complete 114 community latrines in the project period. These delays have been due to a shortage of skilled labour in the project area, restrictions on relocatable staff numbers in the field (determined by helicopter evacuation capacity) and limited vehicle resources which restrict the number of days the Watsan team has on site in any location (staff in a location must have an evacuation vehicle).

IIIh Summary of Cost Effectiveness

The grant modification approved in September 2006 has meant an increase in beneficiaries targeted, inputs required and time available to achieve project objectives but without related start up costs. The increase in time and scope of the project will mean it is more efficient over 16 months. Specific details at this stage will not give an accurate picture of cost effectiveness given the transition in the 3rd quarter to new post modification targets, additional capital investment and the non uniform scheduling of activities throughout the project cycle.

Annex 1 – Health Club & Activity Attendance Figures January - September 2006

Month	January			February			March		
Location	Child	Women	Activity centres	Child	Women	Activity centres	Child	Women	Activity centres
Ararah	6037	1591	540	5017	2900	711	4687	2375	379
Ararah – Nomadic	212 180	97	-	170 250	190	-	163 241	274	-
Beida	3512	321	284	4119	975	121	5487	924	97
Kongo Haraza	3190	1546	632	2303	1882	251	1217	1031	188
Masteri	3960	374	540	6078	1115	1275	4471	1885	1451
Ardamata	3071	-	-	1821	-	-	3510	-	-
Dorti	1192	-	-	1170	-	-	1327	-	-
Total	21354	3929	1996	20928	7062	2358	21103	6489	2115
Cumulative Total	21354	3929	1996	42282	10991	4354	63385	17480	6469

Month	April			May			June		
Location	Child	Women	Activity centres	Child	Women	Activity centres	Child	Women	Activity centres
Ararah	4037	2844	691	338	197	691	3893	1383	400
Ararah – Nomadic	527	158	-	544	164	-	544	183	-
Beida	4044	613	315	2037	1794	96	5585	2150	152
Beida – Nomadic	-	-	-	-	-	-	944	-	-
Kongo Haraza	2950	679	162	2785	1416	3000	3404	1205	3205
Masteri	5649	2176	1367	5960	2160	1189	5211	1090	928
Ardamata	2827	-	-	2127	-	-	1040	-	-
Dorti	1050	-	-	1751	-	-	1156	-	-
Total	21084	6470	2535	15542	5731	4976	21777	6011	4685
Cumulative Total	84469	23950	9004	100011	29681	13980	121788	35692	18665

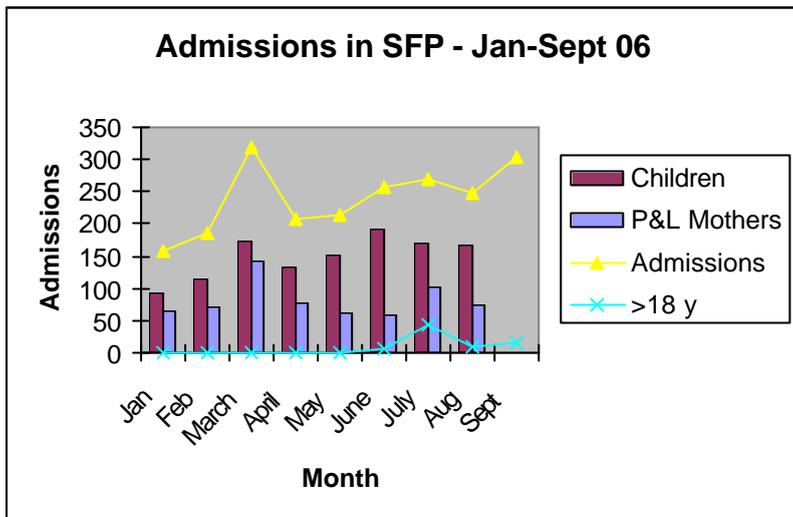
Month	July			August			September		
Location	Child	Women	Activity centres	Child	Women	Activity centres	Child	Women	Activity centres
Ararah	Holiday	Holiday	Holiday	4437	1043	924	4795	3178	1284
Ararah – Nomadic	398	Holiday	-	326	No figures recorded	-	400	No figures recorded	-
Beida	Holiday	Holiday	Holiday	3175	1528	63	3993	1012	65
Beida – Nomadic	493	-	-	346	-	-	491	-	-
Kongo Haraza	Holiday	Holiday	Holiday	5516	2901	3169	5346	3101	3176
Kongo Haraza Nomadic	67	-	-	328	-	-	404	-	-
Masteri	Holiday	Holiday	Holiday	4758	3235	2206	4667	3243	2200
Ardamata	Holiday	-	-	2286	-	-	1040	-	-
Dorti	Holiday	-	-	932	-	-	403	-	-
Total	958	0	0	22104	8707	6362	21539	10534	6725
Cumulative Total	122746	35692	18665	144850	44399	25027	166389	54933	31752

Number of Households visited		
Location	Households visited twice a month	Number of facilitators
Ararah	1800	60
Beida	1830	61
Kongo Haraza	720	24
Masteri	2040	68
Total	6390	213

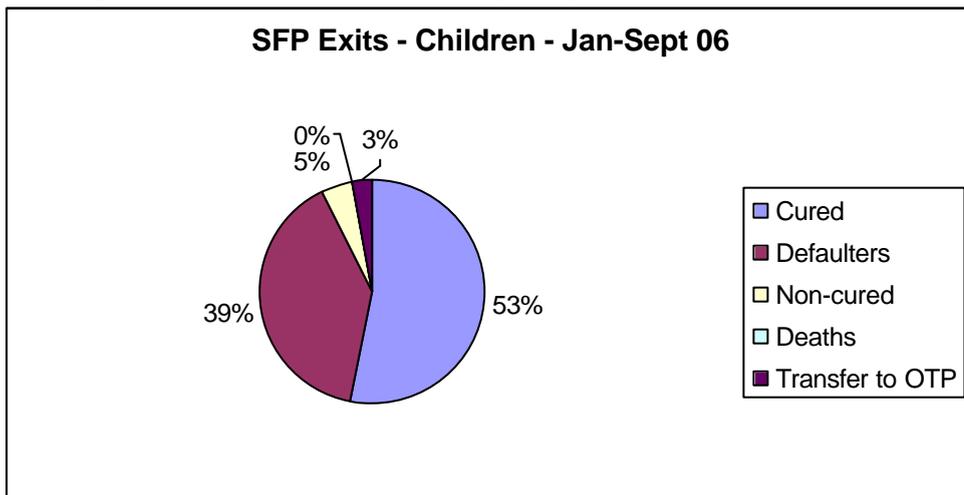
Annex 2 – Nutrition statistics and information

SFP Program Indicators

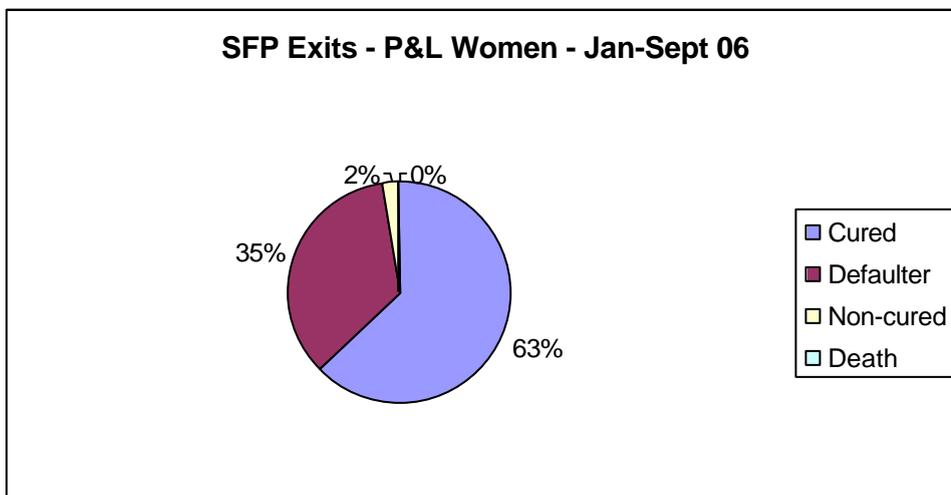
Admissions in SFP January – September



Discharges from SFP – Children January - September

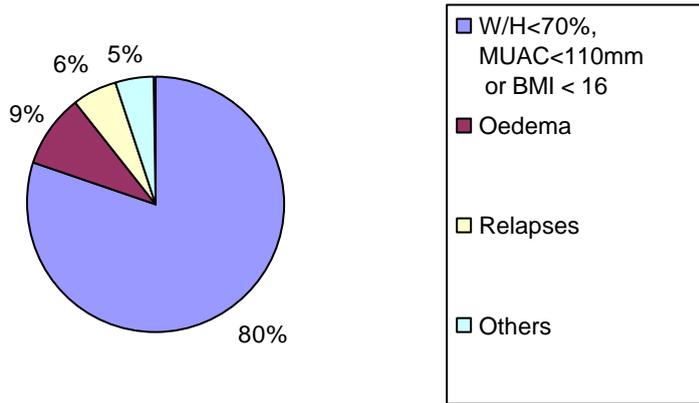


Discharges Pregnant and Lactating Mothers January - September



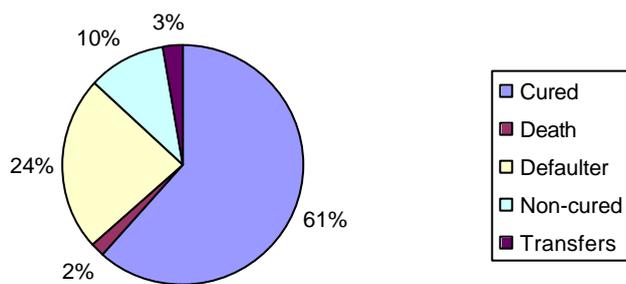
OTP Program Indicators January – September

OTP Admissions Jan-Sept 06



OTP Discharges January – June

OTP Exits Jan-Sept 06



SFP Trend 2006

	Jan	Feb	March	April	May	June	July	Aug	Sept
Number in programme at start	685	718	873	1006	868	950	994	1001	914
Admissions	157	186	319	209	215	256	271	247	303
Exits	124	31	186	347	133	212	264	334	442
Total in programme at month end	718	873	1006	868	950	994	1001	914	775
Cumulative Total	842	1028	1347	1556	1771	2027	2298	2545	2848

Children	Jan	Feb	March	April	May	June	July	Aug	Sept	Total
Admission	93	116	175	132	153	191	170	166	183	1379
Cured	38	14	42	49	45	42	91	95	177	593
Defaulters	34	1	43	60	16	34	46	56	151	441
Non-cured	5	0	4	0	0	11	13	6	14	53
Deaths	0	0	0	0	0	0	1	0	0	1
Transfer to OTP	2	0	3	10	11	0	1	0	3	30
Total Exit	79	15	92	119	72	87	152	157	345	1118

P&L Mothers	Jan	Feb	March	April	May	June	July	Aug	Sept	Total
Admission	64	70	144	77	62	60	101	73	106	757
Cured	17	8	57	145	47	50	79	124	64	591
Defaulter	26	5	32	81	12	69	32	43	33	333
Non-cured	2	3	5	2	1	6	1	2	0	22
Death	0	0	0	0	0	0	0	0	0	0
Transfer	0	0	0	0	1	0	0	0	0	1
Total Exit	45	16	94	228	60	125	112	169	97	849

>18 Y	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Total
Admission	0	0	0	0	0	5	43	8	14	70
Cured	0	0	0	0	0	0	23	8	7	38
Defaulter	0	0	0	0	0	0	0	0	0	0
Transfer	0	0	0	0	0	0	0	0	0	0
Death	0	0	0	0	0	0	0	0	0	0
Non-cured	0	0	0	0	0	0	0	0	0	0
Total Exit	0	0	0	0	0	0	23	8	7	38

OTP Trend in 2006

	Jan	Feb	March	April	May	June	July	Aug	Sept
Number in programme at start	82	103	92	92	101	114	129	85	72
Admissions	42	31	23	44	50	97	32	30	28
Exits	21	42	23	35	37	82	76	43	39
Total	103	92	92	101	114	129	85	72	61
Cumulative Total	124	155	178	222	272	369	401	431	459

	Jan	Feb	March	April	May	June	July	Aug	Sept	Total
Admissions	42	31	23	44	50	97	32	30	28	377
Cured	14	32	9	26	16	40	46	31	31	245
Death	0	1	0	0	0	4	2	0	0	7
Defaulter	7	6	8	5	12	23	19	8	6	94
Non-cured	0	3	6	4	4	11	9	4	0	41
Transfers	0	0	0	0	5	4	0	0	2	11
Total Exit	21	42	23	35	37	82	76	43	39	398

Training of MoH Staff

Objectives	Progress	Areas for follow up
<ul style="list-style-type: none"> To know about malnutrition, causes and classifications 	MoH are able to identify the causes and classifications of malnutrition	None needed
<ul style="list-style-type: none"> How to identify malnourished children 	MoH can conduct screening in the community and are managing distributions	More training required on the classification of malnutrition based on CTC protocols
<ul style="list-style-type: none"> CTC protocols and approach 	All OTP centres and children are managed by field nutritionists in the four sites	More training needed on CTC protocols
<ul style="list-style-type: none"> How to take medical history of a sick child, and assessment 	MoH are able to take medical history and conduct physical examinations	More training needed on the systematic administration of medication
<ul style="list-style-type: none"> Health education, meals and ratio preparation 	Health education given to beneficiaries (one to one approach)	More training is required for the Field Nutritionists in meal preparation in the stabilisation phase
<ul style="list-style-type: none"> Management of severe malnutrition 	MoH are able to manage severe cases in OTP	Need follow up and refresher trainings

Annex 3 – Water Analysis Results

Locality								
	Ararah - Hay Al Nayyim	Ararah - Hay Al Salaam	Ararah - Damra Birtuerra	Ararah - Hay Al Jebel	Ararah - Market	Beida - Gedara	Beida - Hay E Buhaira (A)	Beida - Hay E Faith (A)
Physical Properties								
Colour	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Odour	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Turbid	9.41	9.23	9.41	0.24	1.34	0.56	5.9	6.3
Taste	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Temp	-	-	-	-	-	-	-	-
E.C	790us/cm	300us/cm	240us/cm	330us/cm	360us/cm	420us/cm	460us/cm	350us/cm
Aesthetic Quality in (p.p.m)								
PH	7.2	7.2	7.8	7.0	7.5	7.1	7.1	7.0
T.D.S	553	210	168	231	252	294	322	245
T. alk (as Ca Co3)	580	177	100	240	240	260	373	320
T. hardness	155	90	75	90	85	225	200	100
SO4	90	34	36	3	25	16	9	7
Cl2	0.01	0.02	0.02	0.01	0.02	0.01	0.15	0.14
Fe	0.02	0.1	0.11	0.0	0.0	0.03	0.03	0.2
I	NA	NA	NA	NA	NA	NA	NA	NA
Ca	53.6	26.4	20.4	33.2	28.8	70	40.8	20.4
Mg	19.5	14.0	14.5	14.0	17.0	19.5	25.0	12.0
K	24.0	12.0	12.8	6.8	6.6	10.8	12.0	4.1
Na	NA	NA	NA	NA	NA	NA	NA	NA
Inorganic Constituents of Health Significance in (ppm)								
NO3	0.57	0.5	1.7	3.5	1.19	6.2	0.6	0.2
NO2	0.02	0.03	0.9	0.08	0.004	0.4	0.12	0.01
NH3	0.6	0.0	0.04	0.0	0.0	0.6	0.3	0.0
F	0.12	1.8	1.05	1.45	1.5	0.75	0.95	1.9
Cu	-	-	-	-	-	-	-	-
Mn	-	-	-	-	-	-	-	-
Cr	-	-	-	-	-	-	-	-
Cn	-	-	-	-	-	-	-	-
Remarks								
	Hard water; chemically fit for human consumption	Medium water; with high flouride content (we needed another sample after pumped. For (24) hours.	Medium water; chemically fit for human consumption	Medium water; chemically fit for human consumption	Medium water; chemically fit for human consumption	Very hard water; with high Ammonia, chemically fit for human consumption	Very hard water; chemically fit for human consumption	Medium water; with high flouride content (we needed another sample after pumped. For (24) hours.

Locality						
	Masteri - Kadormorli	Masteri - ID school (A)	Masteri - Eastern IDP	Masteri - Northern IDP	Masteri - Health Centre	Congo Haraza Souq
Physical Properties						
Colour	Nil	Nil	Nil	Nil	Nil	Nil
Odour	Nil	Nil	Nil	Nil	Nil	Nil
Turbid	0.37 NTU	0.719 NTU	0.40 NTU	0.62 NTU	0.9 NTU	1.17
Taste	Nil	Nil	Nil	Nil	Nil	Nil
Temp	-	-	-	-	-	-
E.C	450µs/cm	1050µs/cm	290µs/cm	180µs/cm	170µs/cm	500µs/cm
Aesthetic Quality in						
PH	6.8	7.1	7.1	6.7	6.6	6.3
T.D.S	315	735	203	126	119	350
T. alk (as Ca Co3)	340	395	210	125	143	373
T. hardness	137	280	95	60	56	95
SO4	3	124	5	5	3	3
Cl2	0.01	0.02	0.02	0.02	0.08	0.14
Fe	0.01	0.02	0.01	0.01	0.03	0
I	NA	NA	NA	NA	NA	NA
Ca	44	92.8	26.4	22.4	18.8	33.2
Mg	17.0	10.5	16.5	8.5	9.0	13.0
K	29.0	4.3	1.8	2.9	11.0	17.0
Na	NA	NA	NA	NA	NA	NA
Inorganic						
NO3	0.2	1.4	0.4	0.2	0.9	0.18
NO2	0.07	0.3	0.01	0.06	0.003	0.03
NH3	0.3	0.1	0.0	0.0	0.0	0.07
F	1.45	1.5	1.45	0.75	1.0	2.4
Cu	-	-	-	-	-	-
Mn	-	-	-	-	-	-
Cr	-	-	-	-	-	-
Cn	-	-	-	-	-	-
Remarks	Hard water; chemically fit for human consumption	Very hard water; chemically fit for human consumption	Medium water; chemically fit for human consumption	Soft water; chemically fit for human consumption	Soft water; chemically fit for human consumption	Medium water; flouride concentration exceed WHO standard, another sample is recommended to repeat analysis after pumping