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## Final Results Report

**Community led multi-sector relief, rehabilitation and rural peace building programme in Geneina and Southwest Corridor, West Darfur, Sudan.**

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## I Executive Summary

The project goal was to improve health and well-being of the entire population, with a focus on the most vulnerable households in Beida Locality.

The project worked towards three objectives:

1. Health and hygiene practices improved amongst IDP, host, nomadic and returnee communities
2. To reduce malnutrition among the under 5s and pregnant and lactating mothers and affected adults
3. Water and sanitation provided to support IDP, host, nomadic and returnee communities

Activities served an IDP/host community of 68,747 and a nomadic community of over 55,603. The project reporting period runs from 1 May 2008 to 30 April 2009.

At the end of the project cycle Tearfund has completed all of its programme objectives as indicated in the Monitoring Plan on the next page. There are a few minor exceptions where insecurity or other factors have restricted progress and the reasons for these are explained, but with good access these activities were predominantly completed by the time of writing this report.

The nutrition surveys revealed a slight increase in GAM and SAM from 9% and 1.4% ( 6.6-12.1) (0.5-3.0) in Jan/March 2008 to 10.5% and 1.6% ( CI 10.8 – 13.8) (0.7-3.3) in Nov/Dec 2008. Despite SPHERE standards for default rates and cure rates not always being met as is the case for all agencies across Darfur, a total of 14,696 beneficiaries were served by the nutrition programme.

Water supply targets were exceeded for rehabilitation and slightly below target for new water sources. 9 protected water points and 4 hand dug wells were originally planned, however a total of 10 (3 hand pumps, 5 tap stands, 1 Rainwater Harvesting Scheme and 1 hand dug well) were installed and 18 repaired. Repair of hand pumps was faster than planned. Although substantial progress has been made with the committees, none of the communities are in the position to independently operate and maintain the hand pumps without some assistance from either Tearfund or WES. Tearfund continued to test water samples during monitoring day trips. Over half of all the 70+ water points were tested for TFCs in October, of which 43.6% had 0 TFCs/100ml (maximum 84TFCs/100ml), which is our worst results to date but may reflect the lack of care the community took over their water points during period of insecurity. Tearfund responded by chlorinating all contaminated hand pumps. There have been no reports of disease outbreaks associated with this contamination. Of the 13 samples tested in November, 84.6% had 0 TFCs. Cumulative results to date are 69% with 0TFCs/100ml.

### Number of beneficiaries

Objective	Objective 1 Health	Objective 2 Nutrition	Objective 3 Watsan
Total numbers of beneficiaries targeted to date	44,900 (25,000 children, 8,000 women, 1,500 youth, 1,300 facilitators, 100 community leaders, 9,000 through WES)	14,070 2700 in SFP, 750 in OTP, 70 in SC 500 P&L 50 Adults 10,000 BSFP	77,415
Total numbers of beneficiaries reached to date	42,002 (18,772 children, 10,904 women, 1,507 youth, 1,389 facilitators, 115 community leaders, 9,315 through WES)	15,028 (1,418 in SFP, 376 in OTP, 30 in SC, 85 PLW, 13,204 BSFP)	77,415 (population of Beida Locality host, IDP and rural communities)
<b>II Beneficiary Numbers</b>			
<b>TOTAL REACHED</b>	<b>86,730</b> (population of Beida Locality town and rural community (77,415), and 9,315 WES beneficiaries in Adormata and Dorti camps in Geneina Locality)		

III Objective 1 – Health and Hygiene Practices improved amongst IDP, host, nomadic and refugee communities		
Expected results	Indicators	Progress
Sector 1: Health		
Objective 1: Health and hygiene practices improved amongst IDP host, nomadic and refugee communities Serving 44,900 beneficiaries.		
1.1. Health Education		
<ul style="list-style-type: none"> <li>Community led health clubs for 25,000 children &amp; 8,000 women, including in nomadic dhamra, promoting good health practices and providing social support and running in a sustainable way</li> </ul>	<ul style="list-style-type: none"> <li>Number of population targeted with health education sessions (25,000 children and 8,000 women, including those from nomadic dhamra, attend weekly health clubs during the project period)</li> <li>Percentage of target population with knowledge of when to seek care for children with respiratory difficulty, fever, diarrhoea (dehydration) and complications of pregnancy (50% of women know to take their children directly to the clinic when they are ill in August 2008 survey)</li> <li>Percentage of children and women surveyed know at least two actions to prevent malaria in August 2007 survey (95%)</li> <li>Percentage of children and women can correctly make ORS in August 2008 survey (95%)</li> <li>Percentage of children report suffering from diarrhoea in the last 2 weeks in 2008 KAP survey (less than 30%)</li> </ul>	<ul style="list-style-type: none"> <li>18,572 children and 5,691 women attend twice-weekly health clubs during the project period. This is below anticipated figures due to attendance dropping during the period when Tearfund suspended operations, and subsequent insecurity affecting the level of training and monitoring of quality and therefore attendance at the clubs.</li> <li>74% of women know to take their children directly to the clinic when they are ill in December 2008 survey</li> <li>80% of children and 96% women surveyed knew at least two actions to prevent malaria in December 2008 survey</li> <li>61% of children and 77% of women can correctly make ORS in December 2008 survey section IIIa provides more analysis about these results and why this one lower than anticipated</li> <li>24% of the children report suffering from diarrhoea in the last 2 weeks in December 2008 survey.</li> </ul>
<ul style="list-style-type: none"> <li>Over 215 Household visitors actively involved in mobilising the community to reinforce good health practise and promote environmental cleanliness</li> </ul>	Number of households visited over the 4 main locations each month (12,000)	<ul style="list-style-type: none"> <li>An average of 10,905 households were visited over the 4 main locations each month, slightly lower than anticipated also due to insecurity limiting these activities.</li> </ul>
<ul style="list-style-type: none"> <li>1,500 youth &amp; 7,000 children regularly attending age appropriate, sustainable, activity centres and safe play areas, to promote psychosocial support</li> </ul>	Number of people attending weekly one of at least 21 activity centres by end of project (1,500 youth and 4,200 children) <ul style="list-style-type: none"> <li>80% of youth and children surveyed are able to explain at least two normal reactions to being involved in a traumatic situation</li> </ul>	<ul style="list-style-type: none"> <li>1,507 youth and 5,387 children attending weekly one of 21 activity centers.</li> <li>Survey found that 57% of youth and children were able to explain at least 2 effective strategies for coping with feelings of unhappiness section IIIa contains analysis of this result.</li> </ul>
<ul style="list-style-type: none"> <li>WES &amp; MoE capacity built to sustainably run their own children's health clubs (attended by at least 9,000 children) and activity centres respectively</li> </ul>	Number of clubs WES are able to run in West Darfur by April 2009 without direct support from Tearfund (5) <ul style="list-style-type: none"> <li>Number of children attending clubs run by WES (9000)</li> <li>Number of MoE teacher actively involved in activity centres, which are using the Tearfund/ MoE developed curriculum by end of project (4 - one in each location)</li> </ul>	<ul style="list-style-type: none"> <li>5 WES clubs are able to run without direct support from Tearfund Adarmata and Dorti clubs hand over completed in May 2008 and MoU established but occasional capacity building of WES still continues. Approximately 9,315 children attending WES run clubs</li> <li>7 MoE teachers are actively involved in the Activity Centres in Masteri., which are using the Tearfund/ MoE developed curriculum</li> </ul>
1.2. HIV/AIDS		

<ul style="list-style-type: none"> <li>HIV awareness raised with community</li> </ul>	<ul style="list-style-type: none"> <li>Number of population targeted with HIV health education sessions (<i>At least 1,500 youth (50% male), 8,000 women, 1,300 facilitators (40% male) and 100 male leaders receive HIV training and sensitisation by end of project</i>)</li> <li>Percentage of target population with the knowledge of 2 ways of preventing HIV (<i>Annual HE survey reveals that 80% of women surveyed know 2 ways of preventing HIV transmission</i>)</li> </ul>	<ul style="list-style-type: none"> <li>1,737 youth, 12,139 women, 1389 facilitators, and 115 male leaders received HIV training through mass awareness events and Focus Discussion Groups to discuss issues raised.</li> <li>Of the 1,737 youth who received HIV training, 40% (695) of the participants were male</li> <li>Annual HP survey revealed only 74% of women knew two ways of preventing HIV, however the reality is thought to be slightly higher due to the sensitive topic, as discussed below in section IIIa.</li> </ul>
<p><b>III Objective 2 – To reduce malnutrition among the under 5s and pregnant and lactating mothers and affected adults</b></p>		
<p>Sector 2 Nutrition</p>		
<p>Objective 2: To reduce malnutrition among the under 5s, adults, pregnant and lactating mothers and adults. Serving 9,500 beneficiaries,</p>		
<p>2.1. Community-based Therapeutic Care (CTC)</p>		
<ul style="list-style-type: none"> <li>Reduce malnutrition prevalence below 10% GAM and 1.4% SAM by April 2009</li> </ul>	<ul style="list-style-type: none"> <li>GAM and SAM rates reduced to pre-crisis level</li> </ul>	<ul style="list-style-type: none"> <li>The results of the nutrition surveys shows a slight shift from GAM 9% &amp; SAM 1.4% in Jan/March 08 to GAM 10.5% and 1.6% SAM in Nov/Dec 08.</li> </ul>
<ul style="list-style-type: none"> <li>Home treatment to 750 severely malnourished children with no medical complications</li> </ul>	<ul style="list-style-type: none"> <li>Coverage rates &gt;70% in rural and urban areas and &gt;90% in IDP camps</li> </ul>	<ul style="list-style-type: none"> <li>Coverage rate in rural and urban areas is 54.1%. As IDPs have settled in the urban areas in Beida Locality, this figure includes IDPs. There are no IDP camps in Beida Locality.</li> </ul>
<ul style="list-style-type: none"> <li>Inpatient therapeutic treatment to 70 severely malnourished children with medical complications</li> </ul>	<ul style="list-style-type: none"> <li>Number of severely malnourished children with medical complications admitted for inpatient therapeutic feeding (70)</li> <li>Number of severely malnourished children U5 with no medical complications admitted for outpatient therapeutic feeding (700)</li> <li>CTC defaulter rate &lt;15% over project timeframe</li> <li>Average weight gain for CTC &gt;4g/kg/day;</li> <li>Average length of stay in CTC &lt;60 days</li> <li>Death rate for CTC &lt;10%</li> <li>Referrals to hospital are &lt;10% of exits</li> </ul>	<ul style="list-style-type: none"> <li>30 severely malnourished children with medical complications admitted in Stabilization Centre</li> <li>Number of children U5 admitted into OTP: 291, number of adults admitted into OTP: 15</li> <li>CTC recovery rate 67% (OTP recovery rate was 67%, SC was also 67%)</li> <li>CTC defaulter rate was 16% (OTP defaulter rate was 17% SC was 0%)</li> <li>Average weight gain for CTC 5.4kg/day; (4.8kg/day OTP)</li> <li>Average length of stay in OTP was 57.3 days.</li> <li>Death rate for CTC was 4%, (3% in OTP and 7% in SC)</li> <li>Referrals to hospital were 10% for CTC, 27% of exits from the Stabilisation Centre</li> <li>*Both recovery and death rates further discussed in narrative below</li> </ul>
<ul style="list-style-type: none"> <li>50 adult malnourished successfully treated using advised protocols</li> </ul>	<ul style="list-style-type: none"> <li>Number of adults admitted</li> <li>Adult recovery, weight-gain, and exit stats in line with advised standards from Valid</li> </ul>	<ul style="list-style-type: none"> <li>99 adults admitted into programme, 15 into OTP and 84 into SFP.</li> <li>Length of stay in the program: 92 days in OTP and 155 days in SFP, using Valid approved exit criteria.</li> </ul>

<ul style="list-style-type: none"> <li>MoH capacity in management of malnutrition built.</li> </ul>	<ul style="list-style-type: none"> <li>Number of cases MoH treating per month (over 20 SFP and 10 OTP)</li> </ul>	<ul style="list-style-type: none"> <li>There were no cases that MoH treated per month for SFP as the team decided to focus on capacity building the MoH with severe cases, as this is a more sustainable long term approach</li> <li>376 OTP cases treated by MOH over 12 months</li> </ul>
<p><b>2.2. Nutrition Education</b></p>		
<ul style="list-style-type: none"> <li>10,500 women taught on breast-feeding and weaning practices</li> </ul>	<ul style="list-style-type: none"> <li>Number of beneficiaries receiving nutrition education (10,500 women)</li> <li>Percentage change in practice pertaining to nutrition education topics (survey reveals 70% women know to exclusively breast-feed for first 6 months)</li> <li>Number of healthcare providers trained in the treatment of moderate and severe acute malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>7,851 women were trained on nutrition education through the Health Promotion team</li> <li>Nov/Dec 2008 Health promotion survey that assessed breast feeding practices showed that only 28.4% knew they should exclusively breastfeed for the first 6 months. In Jan/March 2008 this figure was 55.5% the reasons for the decrease is thought to be associated with the fact that sampled clusters in Nov /Dec had more nomadic villages than previous survey. Nomadic villages have not been included in Tearfund programme for as long. This message needs to be reinforced.</li> <li>788 nutrition mothers and health centre staff have been trained.</li> </ul>
<p><b>2.3. Supplementary Feeding Programs</b></p>		
<ul style="list-style-type: none"> <li>3,200 moderately malnourished children and pregnant and lactating women treated in a decentralized manner</li> </ul>	<ul style="list-style-type: none"> <li>Number of moderate malnourished children U5 and PLW admitted for supplementary feeding (2,700 and 500 respectively).</li> <li>MAM rates decreased to pre-crisis level</li> <li>Coverage rate in rural and urban areas &gt;70% and in IDP camps &gt;90%</li> <li>SFP defaulter rate &lt;15% over project timeframe</li> <li>Cure rate &gt;75%</li> <li>Average length of stay in SFP &lt;90 days</li> <li>Average weight gain for SFP &gt;2g/kg/day;</li> <li>Death rate for SFP &lt;3% project timeframe</li> </ul>	<ul style="list-style-type: none"> <li>Total admissions into SFP over project cycle stood at 941 of these 85. were PLW. Cumulative total treated in SFP was 1,418.</li> <li>MAM rates in latest nutrition survey were: 9.2%</li> <li>Coverage rate in urban areas was 54.1%</li> <li>SFP defaulter rate: 30% over project timeframe</li> <li>SFP cure rate: 62% over project timeframe</li> <li>Average length of stay in SFP 73.9 days</li> <li>Average weight gain in SFP for the project was 2.4 /kg/day</li> <li>Death rate for SFP was 0%</li> </ul>

### III Objective 3 – Water and Sanitation provided to support IDP, host, nomadic and refugee communities

Sector 3: Watsan, Sanitation and Hygiene (WASH)

Objective 3: Water and sanitation provided to support IDP, host, nomadic and refugee communities. Serving 40,500 beneficiaries

3.1. Sanitation		
Health of 4 communities improved by the construction of latrines for 15,000 beneficiaries; and the health of school children improved by ensuring a maximum ratio of 30 girls per latrine and 60 boys per latrine (SPHERE indicator)	Number of household latrines constructed <i>3000 (household latrines constructed for host and IDP populations by April 2009.)</i>	2,396 (79.9%) household latrines have been completed out of 3,000 planned. Also 34 dome slabs have been cast ready for placing over dug pits. A total of 2,430 (81%) household latrines were completed by the end of May 09 due to lack of access and the remaining 19% during the next phase of the project. However, massive community mobilization by the WatSan and HP teams is currently ongoing to speed up this activity so that it can be completed successfully without affecting other project activities planned for that project cycle
	Number of communal / institutional latrines constructed <i>(105 VIP gender separated latrines constructed for 13 schools by April 2009. 6 VIP gender separated latrines constructed for clinics by April 2009.)</i>	A total of 90 (81.1%) Institutional latrines were completed by the end of May 09. The team is optimistic that the remaining 10% will be completed during the next phase of the project without interfering with other project activities as all construction materials has been procured and stored in field locations awaiting security improvements
	Number of municipal/shared latrines constructed <i>(At least 500 to serve up to 10,000 people for newly displaced or returning communities if required by end of project period)</i>	500 municipal latrines were planned for this project cycle with the possibility of returns due to the continuous insecurity along the boarder with Chad. Because of this reason all construction materials were procured and stored in field locations in the event that this happens. No returns were evident in any operational site during this project cycle. However, these items will remain in our stores whilst the team continues to monitor returns at various locations
3.2. Water		
- 58,050 IDPs, refugees, host and nomadic people provided with safe, clean water or a means to treat water to make it safe to drink by April 2009. WES, local communities/government structure and volunteer committees capacity built to take over operation and maintenance of water distribution systems	Number of protected water points established <i>(9)</i> .	9 (100%) protected water points constructed (3 in Masteri, 2 in Kongo Haraza and 4 in Beida) have been completed to serve a total population of 2,250 individuals according to SPHERE minimum standards.
	Percent of water points with 0 faecal coli forms per 100ml <i>(92%)</i>	12 (1 every month) water quality tests were conducted during the period under review. These tests were conducted using both the Delagua and H <sub>2</sub> S kits. The last was conducted in April 09. 56 (100%) hand pumps (Beida – 17, Masteri – 15, Kongo Haraza – 8 and Arara – 16), 13(100%) emergency water supply systems (Beida – 3, Masteri – 4, Kongo Haraza – 3 and Arara – 3) and 17 (100%) hand dug wells (Beida – 5, Master – 5, Kongo Haraza – 4 and Arara – 3) were tested each month. The results for the hand pumps and emergency water systems fall within WHO/SPHERE standards with 0 faecal coliform per 100ml whilst all 17 hand dug wells were contaminated due to extraction methods used (rope and bucket). Please see annex Annex 2 under biological water test results for detailed water quality results (summary).

	Number of bio-sand filters constructed for household use and used by beneficiaries by April 2009 (200)	1000 (100%) Siphon filters were procured and distributed to 1000 households in nomad communities around Beida activity took place instead of the 200 Bio-Sand filters planned for this project cycle. The target communities did not want biosand filters as they are immobile, and must be used consistently. Therefore, Tearfund agreed to provided ceramic siphon filters instead. The lower cost of siphon filters means that 5 times as many households can be served. Training on operation and maintenance took place prior to distribution.
	Number of rainwater harvesting schemes established (3) (and delivering 3 litres per pupil per day for a minimum of 4 months per year by the end of the project period)	1 (33.3%) rainwater harvesting scheme was completed at a Boys high school in Beida out of 3 planned for this project cycle. As a pilot project this objective was not met due to increased insecurity in project operational communities. Hopefully this activity will continue in the next phase. However, the remaining 2 schools for this schemes have been identified and selected, all construction materials have been procured and transported to project sites whilst we await security improvements
	Number of hand dug wells constructed (4 - Reduction in time taken to collect water for 800 people in east side of Kongo Haraza by construction of 2 hand dug wells sited sensitively to avoid increasing vulnerability and for 2,250 nomadic people and their animals by construction of 2 hand dug wells at locations determined with community leaders sensitive to areas of conflict by April 2009	1 (25%) hand dug well in Dhamra Assaina was completed by April 09. Also 3 sites (Kongo – 2 and Dhamra Umkhroba – 1) have been identified and selected for hand dug well construction. Site exploration tests have been done in all 3 locations and excavation work started. All construction materials have been procured and delivered to project sites in readiness just after the rains
	All water supply repairs complete within 2 weeks with 80% of minor hand pump repairs carried out by volunteer hand pump committees with no assistance from Tearfund by April 2009	All minor repairs were made within this 2-week timeframe. Average downtime since reporting began in May 2008 was 0.6 days per month.
	Number of schools (primary & secondary) upgraded with water access available within 250 metres of premises, by April 2009 (5)	5 (100%) primary schools (2 in Beida and 3 in Kongo Haraza) have been upgraded with water access available within 250 metres of premises.
	Hand pump spare parts centre successfully operated by WES by April 2009 with 90% of spare parts required for repairs available within 2 weeks	2 hand pump spare parts centres have been established in 2 strategic locations - Masteri and Beida. These are equipped with enough spare parts to cover the whole of Tearfund's operational areas (Beida, Masteri, Kongo Haraza and Arara). Currently they are operated by Tearfund due to insecurity but will be handed to WES and project committees (which include WES representatives) when security improves. However, the centre is currently being supported by WES through UNICEF in readiness for a smooth and easy handing over. Handover was delayed as a WES strategy meeting scheduled for July was cancelled, WES only re-confirmed their intention to run spare parts centres from 2009 during annual review meeting (Nov 08). However, additional demands on WES from March 2009 limit state-level institutional support for local committees.
	Number of emergency water systems installed for newly displaced or returning communities to serve a maximum of 500 per hand pump or 3,000 per 12-tap pumped system and sited sensitively to avoid increasing vulnerability (5)	This activity was not accomplished during this project cycle since no returns were evident. However, all materials were procured and stored whilst the team still monitors any possible returns that may occur at any time due to increased insecurity along the boarder with Chad
	14 emergency water systems maintained and run by WES by April 2009	13 (92.9%) emergency water systems are currently maintained by Tearfund and WatSan committees due to insecurity. Plans are underway to do a smooth handing over to WES as soon as security improves.
3.3 Hygiene Promotion		
Increased capacity of local population to maintain and operate water and sanitation facilities	Average cleanliness of water points three months after their completion (reported as percent of water points)	This indicator was not measured due to insecurity limiting access and project staff time on the ground then focussed on construction. This will be measured in the next project.

	Percentage of household latrines cleaned and maintained by April 2009 (80%)	83% of household latrines were observed to be clean and maintained
	Percentage of water points with 0 thermo tolerant faecal coli forms per 100 ml tested quarterly in all hand pumps and emergency water systems (92%)	Percentage of water points with 0 thermo tolerant faecal coliforms per 100ml tested quarterly in all handpumps and emergency water systems Over half of the 70+ water points were tested in October. 43.6% had 0 TFCs/100ml (maximum was 84 TFCs/100ml), which is our worst result to date but may reflect the lack of care the community took over water points during an extended period of insecurity. Tearfund responded by chlorinating all contaminated handpumps. There have been no reports of disease outbreaks associated with this contamination. Of the 13 samples tested in November, 84.6% had 0 TFCs. Cumulative results are 69% with 0 TFCs.
	Number of school water committees formed and trained to maintain the water infrastructure (5)	School water committees will be formed after construction of the hardware. This activity is being transferred to the next project cycle.
	Percentage of institutional latrines inspected to be clean and maintained 3 months after construction (90)	Not yet achieved as construction of institutional latrines only just completed.
<b>4. Environment Health</b>		
<ul style="list-style-type: none"> <li>Improve the environmental sustainability of community livelihood operations by raising awareness, and constructing 'environmentally friendly' infrastructure for livelihood security</li> </ul>	Number of community waste management facilities constructed (4)	Four waste pits created for each market area in the main towns. Collections take place on Tuesdays and Sundays.
	Number of community managed waste collection systems expanded (4)	These community waste collection systems were not expanded due to exchange rate loss from co-funders and to the local currency forcing some budget cuts to be made.
	Number of community teams using Stabilised Soil Block machines (4)	Four community teams are using stabilised block machines to make bricks for the schools. There has been a good take up of SSB by local artisans and in addition Tearfund trained CRS and Warchild in Geneina and 3 NGOs in Garsila in SSB technology. CRS are already using SSB technology in West Darfur.
	Number of health clinic incinerators constructed (4 clinical waste incinerators constructed and used for disposal of clinical waste and still clean 1 by end of project period)	Tearfund had planned to construct 4 incinerators, one in each of the 4 clinics in Beida Locality however, this has not been possible as construction materials to build incinerators that reach hot enough temperatures to properly dispose of medical waste without releasing harmful dioxins into the atmosphere cannot be found in Sudan. Alternative solutions to safe disposal of medical waste including sharps will be explored in the next project cycle.
	Pilot the use of quick-growing construction materials and share knowledge of best practice with at least 100 IDP households	This activity was delayed due to insecurity and then a management decision was taken not to complete this activity due to budget constraints (as outlined above)
	Number of trees distributed (In conjunction with FAR, 22,000 trees (planted in April 08) are distributed to and cared for by the community and a further 22,000 trees planted before the project end)	22,000 tree saplings were distributed in Beida Locality in July 2008.
	Number of CEMPs developed with community participation, to support at least 2 community-led environmental initiatives in each of the 4 towns (3)	A CEMP was developed with the community in Masteri but due to the reduction in value of the grant due to exchange loss this activity has been cut from plans to focus on more emergency related response.

**IIIa Narrative**

**Please refer to the monitoring plan above for detailed reporting against each objective indicator.**

**Objective 1: Health and hygiene practices improved amongst IDP host, nomadic and returnee communities**

Tearfund achieved very positive results from its child focussed health education methodology. An average of 18,572 children attended each club night.

92% of children surveyed in Beida Locality said they attended Tearfund health clubs. The 818 facilitators and 381 child encouragers who run the clubs, Activity Centres and youth groups were trained in key topics which included the prevention of: diarrhoea, meningitis, malaria, cholera, malnutrition, HIV, scabies and winter diseases, and the importance of clean water, hand washing, vaccination, safe sanitation and being a good friend. Clubs also aimed to support children affected by trauma by providing a safe & happy environment for children to spend time with each other and have a regular routine. This year again additional puppets have been welcomed at the clubs to reinforce messages to the children.

An average of 5,691 women attended women's clubs each club night. The women studied similar topics to the children but especially tailored towards them with the addition of extra topics on Breastfeeding, HIV and Vaccination. They were also provided with more detail on the effects of trauma and how to support each other in times of stress. Women's club facilitators received \$100 each month to help them start income generation projects. The money was used to buy the raw ingredients for pasta making and ground nut oil machines. They are also given the opportunity to learn to sew to make clothes for themselves and children. Insecurity has affected attendance figures – both the lower levels of support provided from the Tearfund staff due to fewer monitoring visits, and during periods of insecurity women and children were reluctant to leave the safety of their own homes to attend activities.

The number of children's clubs in dhamras is 22 with an average of 2,308 nomadic children attending clubs by the end of April 2009. Facilitators from each of the Nomadic communities are trained and encouraged to take the knowledge and teaching model with them when they move. This work also forms links between the nomadic and host/IDP communities which is an important step in conflict resolution.

In the survey 93% (compared to 96% in 2007) of women in Beida Locality reported to have been visited by one of the 215 household visitors. These visitors disseminated soap and health messages and also identified malnourished children, identified families classed as 'Extremely Vulnerable Individuals' and those most in need of household latrines and helped ensure these were well maintained by giving flags to households with clean latrines.

Tearfund expanded the number of activity centres in SWC from 19 to 22. These have provided normality and routine to the daily lives of children too young for, or without access to, school. The children have learned social skills and basic literacy through games, songs, drama, group activities, table top activities and outdoor play. Tearfund have built swings, slides, see-saws and climbing frames in 18 different sites to encourage children to play together outside activity centre times. Youth activities did not expand with an average attendance of 1,507 during the project. The youth were supported in activities such as crochet, making food covers, drawing, jewellery making, playing cards, dominoes, volley ball and football.

In addition to reaching children through Health clubs Tearfund have also started to work in close collaboration with schools in Beida locality to ensure they pass health messages on a weekly basis through school assemblies. School latrine committees were also established to keep shared toilets clean.

The Health promotion team supported WES to continue to run children's clubs in Krinding 1, and Krinding 2 camps (Geneina town) and in Mornei. WES are now operating children's clubs in Ardamta and Dorti. WES are now running these clubs with community support, independent of Tearfund.

Special events were organised to communicate about HIV awareness to large numbers of women. In addition focus discussion groups were organised to discuss specific issues related to HIV. HIV awareness was also raised with Tearfund staff and facilitators, community leaders, Imams, committee members, groups of men, and Youth. Household visitors discussed HIV as part of home visits particularly talking to household heads.

**Objective 2: To reduce malnutrition among the under 5s and pregnant and lactating mothers**

The nutrition survey conducted in Nov/Dec 2008 showed a slight increase in the malnutrition from GAM & SAM 9% and 1.4% (6.6-12.1) (0.5-3.0) in Jan/March 2009 to 10.4 % 1.2% (CI 6.9-13.9) (0.5-1.9) in Nov/Dec 2009. Further analysis for children less than 30 months shows an increase in malnutrition rates from GAM 11.5% in Jan/March 2008 to GAM & SAM 12% & 1.7% (CI 0.4-4.9).

Coverage rates were negatively affected by limited access to remote villages due to insecurity. There was improved cure rate as defaulters were traced back to the program (total number defaulted = total number traced back to the program). The cure rate was affected by high numbers defaulting especially during the rainy season, default rates exceeded SPHERE standards for agencies across Darfur (Darfur Humanitarian Profile No. 34 – 01 January 2009)

**SFP**

Despite active MUAC screening for children U5, admissions into SFP was lower than expected. This could be indicating improved nutritional status among this age group. Watsan and health promotion activities have played a key role in minimizing morbidity associated with poor hygiene and unsafe drinking that could compromise a child's health. Tearfund conducted blanket feeding program for three months targeting children U5 years in addition to WFP general food distribution. This however, improved access to food at the household level. Some of the beneficiaries from far villages refused referral by the outreach workers. Some beneficiaries said the rations they would receive are too small compared to the distance they have to cover to reach the centres. Some opted to carry out other activities to earn a living for the whole family rather than come to the centre to collect a ration for only one child. To improve on this, Tearfund plan, in the coming project cycle, to set up 2 more new centres to serve beneficiaries from these rural communities in villages.

Defaulting from the programme has remained a challenge, with 24% of children defaulting from the SFP and 16% from OTP. SFP cure rates (76%) were within SPHERE standards. This is in line with figures from all agencies across Darfur, the Darfur Humanitarian Profile No. 34, 'Situation as of 01 January 2009', found that on average performance indicators for Supplementary Feeding Centres across Darfur approach, but do not meet SPHERE standards in particular cure rates were lower between March and November 2008, default rates were also above SPHERE standards across Darfur.

**OTP**

A large number of children exited the OTP programme as cured with an average weight gain of 4.8g/kg/day and an average length of stay of 57.3 days. All children admitted to OTP underwent a medical check-up to investigate complications that might require in-patient care. The beneficiaries were given routine drugs and RUTF<sup>2</sup>, according to body weight, and a dry take home supplementary ration to mitigate sharing. On admission, mothers were taught how to use RUTF, how to administer the antibiotic at home and basic hygiene messages. The mothers were also given soap to reinforce health messages and encouraged to bring children to the centre if condition deteriorates. Children discharged from OTP were enrolled into SFP for monitoring to ensure that they did not relapse.

The cure rate was lower than expected due to defaulter rates, as described above and due to insecurity affecting the supervision and technical support to the programme, meaning that at times patients with medical complications were either referred to Geneina or Habilla Hospital. When the field locations were inaccessible Tearfund extension workers, field nutritionists, and CTC auxiliaries who were locally recruited kept the programme running. In every location one person was empowered to lead the team and monitor outreach work when the relocatable team could not access that location, except for August 2008 when the programme was completely suspended, and apart from treatment for the critically ill in the Stabilisation Centre.

In June 2008 a consultant from Medical Teams International visited Geneina to advise on improving the quality of care in OTP and the Stabilisation Centre. Recommendations were acted upon during the course of the project and are outlined in the lessons learnt section.

**Stabilisation Centres**

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<sup>2</sup> Ready-to-use-therapeutic food

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Tearfund continued to work closely with ministry of health field nutritionists, training them on the job, to be able to manage severe cases of malnutrition with medical complications.

Of the 30 children treated in the stabilization centres, 67% stabilized and were successfully discharged to OTP programme, 27% were transferred for hospital management, 0% absconded from stabilization centre and 7% died.

Caretakers were involved in the management of children admitted to the SCs to improve on their knowledge of good child care practices, and taught about causes and signs of malnutrition and the danger signs. This was aimed at empowering them with knowledge for early referral of the children to the centre before condition deteriorates.

### **Objective 3: Water and sanitation provided to support IDP, host, nomadic and returnee communities**

#### **Water**

A total of 3 hand pumps were installed serving 1,500 people with clean water. 13 hand pumps that had been out of use for 3 months were also restored to use. Tearfund operated 13 emergency water systems supplying treated water for the population. This provided essential support to the hand pump infrastructure while populations are artificially increased due to displacements. 18 additional tap-stand points were commissioned in an effort to reduce queuing times at some of the emergency water systems. One hand dug well was lowered in Dhamra Assania around Beida Township to increase yield and 3 other hand dug wells started.

1000 Siphon filters were procured and distributed to 1,000 households in nomad communities around Beida as a replacement for the 200 Bio-Sand filters planned for this project cycle. Siphon filters were selected instead of Bio-Sand filters due to series of issues raised by targeted nomadic communities. Issues included the technology, weight, and cost of biosand filters and since it had already been agreed that services would be provided to nomadic communities, and due to considerable issues this year with community acceptance, particularly after Tearfund suspended activities for a month, provision of siphon filters was felt to be an issue of acceptance and integrity to commitments made. Training on operation and maintenance was done prior to distribution.

One rainwater harvesting scheme was completed at Boys high school in Beida out of 3 planned for this project cycle. As a pilot project this objective was not met due to increased insecurity in project operational communities. Hopefully this activity will continue in the next phase. The remaining 2 schools for this schemes have been identified and selected, all construction materials have been procured and shipped to project sites whilst we awaits security improvements. 5 schools (2 in Beida and 3 in Kongo Haraza) have been upgraded with water access available within 250 metres of premises.

The capacity of the local population to operate effective infrastructure was increased by on-the-job training by skilled technicians from Tearfund. Village level operation and maintenance of hand pumps was supported by establishing hand pump committees for each of the new hand pumps and providing refresher training for those committees requesting and a full-time member of staff worked to solve all the problems the committees were facing. There is still a difficulty in encouraging members of committees to carry out maintenance tasks without incentives (payments in commodities) as there is an expectation that this will be done by INGOs. 2 hand spare parts centres in Masteri and Beida (supported by WES) continue to make access to spare parts committee driven and less focussed on Tearfund. Further work is required to make the committees more independent of Tearfund particularly when it comes to repairs and general maintenance. A written request has been submitted to UNICEF for additional spare parts for both centres before handing over. Further work needs to be done in other to continue a continuous flow of spare parts either through WES or state ministry.

Tearfund continued to test all water points in the four locations within which it operates. A yearly average of 81.5% have 0 thermotolerant faecal coliforms (TFC) per 100ml was achieved. This is worrying although significant but below log frame target as TFCs are indicators of bacteria that cause diarrhoea. Tearfund took the decision to test both protected and unprotected water points as people obtain water for drinking from open hand dug wells as well as the Tearfund and WES installed hand pumps or chlorinated water systems.

#### **Sanitation**

2,430 household latrine slabs were cast this year. The slabs were cast by technicians and the targeted household supplied the sand and gravel required ensuring the latrines were both desired and valued by the householders before construction began. 2,396 (80%) household latrines out of 3,000 planned have been fully completed by the households including digging the pit, forming the surround and collecting the latrine cover and *ebriick*. Additional 34 household latrines will be completed making a total of 2,430 before end of project cycle..

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A total of 90 Institutional latrines were completed by the end of the project cycle. The team is optimistic that the remaining latrines will be completed during the next phase of the project without interfering with other project activities as all construction materials has been procured and stored in field locations awaiting security improvement.

500 municipal latrines were planned for this project cycle with the pretext of possible returns due to the continuous insecurity along the boarder with Chad. Because of this reason all construction materials were procured and stored in field locations in the event that this happens. Hence no returns were evident in all operational sites during this project cycle. These items will remain in Tearfund stores as pre-positioned stock for future emergency response whilst Tearfund actively monitors returns at various locations.

Demand for the latrines remains high due to the success of delivering the message on faecal-oral communicated diseases through the health promotion work. All latrines are household owned resulting in the good results of cleanliness and maintenance in the 2008 KAP survey (89%).

### **Environmental health**

A week-long Stabilised Soil Block (SSB) technology course took place in Masteri during April 2008. It was attended by 15 participants. Straight blocks, interlocking blocks and curved blocks (ideal for construction of traditional Darfurian tukul housing) were cast and walls built to share with the community. Already people in Masteri are talking about the environmental and practical advantages of this new technology and Tearfund intends to build on this initial interest by mainstreaming SSB into its Watsan projects next year as well as exploring an SSB livelihoods programme. Tearfund's environmental advocacy resulted in Catholic Relief Services (CRS) also attending the training. CRS are in the processing of importing SSB machines to Sudan and intend to start construction of IDP housing in June 2008. The beginnings of a Community Environment Management Plan have been initiated in Masteri and a baseline survey undertaken to establish people's attitudes to their surrounding environment, including the impact of the recent conflict on the way peoples relationship with the environment has changed.

FAR delivered 22,000 tree saplings from their tree nursery in Beida to Tearfund in July 2008. Fruit, construction and shade trees are all growing well.

Community agreed waste disposal sites have been accepted in the Beida locality and a waste disposal system for the Masteri market is now operating well. Limited access to the other field sites in 2008 prevented this activity commencing during this project cycle but it will start when access improves. Community Environmental Management plans are also in the process of being drawn up that will pave the way for community ownership of local environmental concerns.

## **IIIb. Assessment and Surveillance Data Used to Measure Results**

Tearfund annual baseline and follow up KAP surveys and Medair Morbidity and Mortality records (2004 to present) were used to evaluate progress against baseline data. External Consultants evaluated the programme in February 2008 and a management action plan was developed and acted upon.

### **Objective 1: Health and hygiene practices improved amongst IDP host, nomadic and returnee communities**

In November/December 2008 Tearfund assessed hygiene practices in the six locations using questionnaires, and focus discussion groups and spot check observations to triangulate information obtained.

Facilitators record attendance at health clubs and activity centres and passed data on to local Tearfund staff. These were collated into weekly reports for collection by senior staff. The impact of the health promotion activities was monitored through weekly observations at the clubs as well as through household visits.

### **Objective 2: To reduce malnutrition among the under 5s and pregnant and lactating mothers**

Tearfund conducted 2 bi-annual surveys using 30 x 30 cluster survey approach to assess the nutrition status of an area. In addition, outreach workers collected household data to assess the underlying causes of malnutrition, and conducted stakeholders' interviews to monitor perceptions of the programme. Children's feeding habits was discussed with caretakers of the children registered in OTP and issues discovered addressed appropriately in the health clubs and during feeding days.

Quantitative data is collected in the SFP, OTP and SC and compiled into monthly nutrition reports. Quantitative indicators such as mortality, cured rates, defaulters and non-responders are complemented with the qualitative information collected from the community, and the beneficiaries/caretakers interviews. This two way process help to identify issues affecting the programme at a community level and also helps in strengthening the sense of ownership by the community.

Nutrition surveillance is ongoing on feeding days, through outreach worker visits and MoH staff at clinics.

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**Objective 3: Water and sanitation provided to support IDP, host, nomadic and returnee communities**

All water points were surveyed with a GPS system, and the relative level of each hand pump in Masteri and Kongo Haraza was surveyed using a site leveller to allow accurate assessment of changes in water levels. Water levels were tested for every working hand pump in Beida Locality.

A hydrogeological assessment was carried out in March 2008 to determine the resource-sustainability and govern the future direction of the Tearfund water programme. Initial results were encouraging suggesting that current abstraction rates were sustainable and the water of good quality.

### **IIIc. Demographic Profile of Targeted and Reached Beneficiaries**

Target beneficiaries comprise the entire population of Beida Locality except for the most dangerous rural area around Masteri and north and east of Arara. Tearfund also worked in partnership with WES to undertake Health Education in Ardamata and Dorti camps near Geneina.

Beida Locality contains an ethnic mix of Masaalite, Fur, Dajo, Bargo, Mimi, Mobi, Hauza, Bilala, Bagirma, Zaghawa and the Muro. There are also immigrant Arab households in Beida, Sudanese rebel strongholds between Masteri and Kongo Haraza, Arab and Arab allied nomadic groups in the countryside including the Tama who are closely linked to the Chadian Opposition. The main nomadic groups along the southwest corridor are the Beni Halba, Taisha, Rizeigat (Maharia) and Miseriya.

The target population continues to be refined as Tearfund gains a greater understanding of the population dynamics through its programmes. The figures ascertained as part of the Jerry Can distribution programme completed during August 2007 have been added in to produce the latest set of figures shown below.

Although the majority of the beneficiaries reached are from IDP or host communities, Tearfund is actively engaged in serving nomadic communities with legitimate humanitarian needs. It is hoped that this work with nomads, if done sensitively, will enable Tearfund to facilitate returns and coexistence in the future. This will be an area of further exploration during the next project cycle. The KAP survey found that knowledge and access to services continues to be low among the nomadic community and so there is a need to continue training on water treatment and safe disposal of stools and to assess the appropriateness of hardware provision for Nomads.

*Market Towns and Camps*

Location	Data	Class	Leader's Household Estimates: FAR (Aug 2006)	Tearfund Household NFI Distribution (Aug-Sep 2006)	WFP Food Distribution (Sep 2006)	Medair Population Estimate (June 2006)	Tearfund Household Soap Distribution	Tearfund Household Tobe Distribution (Aug 2006)	Tearfund / UNHCR Refugee Report (Dec 2006)	Tearfund Jerrycan Distribution (Aug 2007)	Harmonised Estimate (Sep 2007)
Arara	Households	IDP	2,162						250	3,282	1,837
		Host	1,700					1,445			
		All	3,862	3,053			3,394	3,282			3,282
	Population	IDP	14,918						2,000		7,390
	Host	11,730								5,810	
	All	26,648	12,823	10,257	16,000				13,200	13,200	
Beida	Households	IDP	1,038							3,615	797
		Host	3,670					2,818			
		All	4,708	3,551			4,657 4,327	3,615			3,615
	Population	IDP	7,162								3,276
	Host	25,323								11,582	
	All	32,485	14,914	19,694	19,720				14,858	14,858	
Congo Haraza	Households	IDP	1,600						70	2,790	970
		Host	3,000					1,820			
		All	4,600	1,794			2,270	2,790			2,790
	Population	IDP	11,040						420		3,882
	Host	20,700								7,278	
	All	31,740	7,535	7,620	7,460				11,160	11,160	
Masteri	Households	IDP	4,150							4,413	2,978
		Host	2,000					1,435			
		All	6,150	3,902			3,999 4,002	4,413			4,413
	Population	IDP	28,635								11,200
	Host	13,800								5,397	
	All	42,435	16,388	13,738	16,000				16,597	16,597	
Rural	Households	Nomad	1,800							1,613	1,800
	Population		10,800							6,535 <sup>3</sup>	10,800
<b>Total households</b>											<b>15,900</b>
<b>Total Population</b>											<b>66,615</b>
<b>Adamata and Dorti</b>											<b>43,000</b>
<b>Refugees (anticipated)</b>											<b>10,000</b>
<b>Other Wes</b>											<b>9,000</b>
<b>Final Total</b>											<b>128,615</b>

<sup>3</sup> The NFI distribution did not cover approximately 65% of all rural communities

*Rural Area*

Location	Sub-location	Class	Tearfund Visit (Oct 2006)			Tearfund / UNHCR Refugee Report (Dec 2006)	Harmonised Estimate Households	Harmonised Estimate Population
			Tearfund Household NFI Distribution (Aug-Sep 2006)	Emir's Household Estimate. (Aug 2006)				
Rural HH	Dhamra Condrong	Settled		167			167	1,000
	Dhamra Birtuerra	Settled		167			167	1,000
	Dhamra A'Sanya	Settled	10				10	60
	Dhamra A'Sheikh	Settled		10			10	60
	Dhamra Dayma	Settled		45			45	270
	Dhamra Gerdera	Settled		170			170	1,020
	Awin Raado	Returnee		154			154	924
	Awaita Abdul Karim	Nomadic		30			30	180
	Awaita Adan Jabar	Nomadic		100			100	600
	Awaita Ahma Salhe Hissen	Nomadic		100			100	600
	Awaita Ajali	Nomadic		100			100	600
	Awaita Andrin	Nomadic		113			113	678
	Awaita Arara	Nomadic					100	600
	Awaita Betabit	Nomadic		30			30	180
	Awaita Casayah	Nomadic		70			70	420
	Awaita Day-i-beli	Nomadic		20			20	120
	Awaita Gongi (a)	Nomadic		40			40	240
	Awaita Gongi (b)	Nomadic		186			186	1,116
	Awaita Gongi (c)	Nomadic		40			40	240
	Awaita Gubose	Nomadic		50			50	300
	Awaita Swar Bashar	Nomadic		10			10	60
	Gerdera East	Nomadic		100			100	600
	<b>Beida Rural Area</b>	All				2,576	1,613	<b>1,800</b>
<b>Rural Population</b>		All					<b>10,800</b>	

### III.d. Quantitative and Qualitative Data

#### Objective 1: Health Promotion - Health and hygiene practices improved amongst IDP host, nomadic and returnee communities

The November 2008 Tearfund Health Promotion survey results confirm that over the last five years there has been a significant increase in health promotion knowledge in the communities served by the Health Promotion and Children's Activities Program although in some areas this has dipped a little in 2008. However knowledge and practice on hand washing, safe disposal of faeces, safe use of water and how to prevent malaria and diarrhoea have remained at a good level in the community for both women and children.

There is excellent knowledge of the link between certain behaviours and reducing disease prevalence (for example 94% of women and 90% children in Beida Locality know that hand washing prevents diarrhoea and 96% were able to name 2 or more ways to prevent malaria). There is evidence that improved knowledge has been transferred into behaviour change and good practise. 89% of households had a covered water container and 73% of latrines were covered.

Special focus is required in the following areas: improving knowledge about breastfeeding and weaning practices and the

#### **Key Findings of December 2008 KAP survey**

##### *Handwashing*

- 94% of children and 100% of women reported they used soap to wash their hands (98% and 100% in 2007, 95% and 93% in 2006, 43% in 2004)
- 87% of children and 81% of women said they washed their hands after using the latrine (87% and 81% in 2007, 76% and 83% in 2006, 38% and 34% in 2004)
- 88% of homes were observed to have soap and filled ibriqs<sup>1</sup> in Beida Locality

##### *Causes and prevention of diarrhoea*

- 90% of children and 94% of women could name at least 2 ways to prevent diarrhoea (95% and 97% in 2007, 27% and 22% in 2005)
- 84% of children and 68% of women suggested ORS as a way of treating diarrhoea (77% and 68 in 2007, 53% & 41% in 2006, 10% & 15% in 2005).

##### *Malaria*

- 80% of children and 92% of women able to name 2 or more ways to prevent malaria (95% and 91% in 2007, 61% and 55% in 2006 and 24% and 15% in 2005)
- 298 patients with suspected malaria attending Medair clinic (468 in 2006)

importance of seeking help straight away from the Tearfund nutrition team and clinic staff when young children get sick. There was success in dissemination of HIV messages. The percentage of women who now know how HIV can be transmitted increased from 50% in 2007 to 92% in 2008. Full survey findings are available in Health Promotion Survey report.

#### Objective 2: To reduce malnutrition among the under 5s and pregnant and lactating mothers

Underlying causes of malnutrition were addressed by integrating other programmes with nutrition such as preventive health through health clubs and the provision of and safe access to drinking water. The survey conducted in May/June 2007, revealed that children between 6 to 29 months were at a higher risk of malnutrition than older children. This was analysed to be due to poor weaning practices and diseases related to child care practices. To address this mothers were encouraged to exclusively breastfeed for 6 months and to wean their children with nutritious locally available food in a hygienic way, to minimize the chances of cross infection from contaminated food. The mothers were also encouraged to join Tearfund clubs to learn more about hygiene and healthy child care practices. The survey that followed after launching a breast feeding campaign on breast feeding indicated that more mothers knew how to breast feed exclusively, messages will continue to be reinforced in the next project cycle to encourage mothers to continue these practices, even during crises. Nutrition statistics are included in Annex 3 below.

#### Objective 3: Water, sanitation and the environment

All new water points are tested for water quality against WHO Drinking Water Standards results are shown in Annex 2. Some hand pumps had slightly elevated levels of Fluoride but advice sought from a hydrogeologist indicated that the levels were not of concern. Despite this Medair who support the primary health care clinics in Beda Locality will be informed to train the medical staff on how to spot signs of fluorosis.

All water points were tested for thermotolerant faecal coliforms (TFC) on a quarterly basis. Hand pumps and open hand dug wells with elevated levels were chlorinated. An average of all protected and non-protected sources resulted in 85% of samples with 0 TFCs per 100ml. Many of the 'failures' were on hand dug wells where water is used for washing and agricultural purposes rather than for drinking. Health clubs continued to reinforce this use of these water sources.

Water and sanitation questions were included in the 2008 health promotion KAP survey and the key results are shown below.

**Safe water**

84% of the population collected water from a clean source, this is a dramatic improvement from 31% in 2004. Community satisfaction with their access to clean water was generally very high, but lower among the nomadic community. Women were observed to wash clothes at and 15% in 2005) hand-pumps which could lead to contamination. This was responded to with the laundry facilities provision.

- 73% of children and women feel that they have good access to water
- 89% of households had a covered water container (98% in 2007)

**Sanitation**

Access to sanitation hardware has improved such that 73% of the population can access latrines, which is accompanied by improved practise - 83% of latrines were observed to be clean, a slight drop from a dramatic improvement on 99% last year.

- 73% of homes surveyed had household latrines (72% in 007, 62% in 2006, 29% in 2004) with 5% of families sharing with a neighbour (17% in 2006)
- 83% of latrines were observed to be clean (96% in 2007, 59% in 2006)
- 73% of latrines were covered (87% in 2007, 44% in 2006)

**IIIe. Success Achieved**

Many recommendations from the March 2007 'SWC Evaluation Report' and February 2009 'Beida Evaluation Report' have been acted upon to continue to improve the quality of the relevance, appropriateness, cost-effectiveness and impact of the programme.

The February 2009 evaluation found that 'Sectoral activities were consistently shown to be appropriate and competently implemented. A continuation of the project's presence, in evolving forms at least until the security threat recedes, is strongly recommended.' It also noted that the objectives related to the construction of water points, buildings, cure rates, or trees distributed being on target was 'particularly noteworthy, as the project staff was able to access the location for approximately 30% of the time.' (at the time of the evaluation). The evaluators believed an unexpected, effect of the project was a 'positive contribution to a local de-escalation of tensions' and attributed this to attempts to impartially provide services / build communal assets to serve all communities involved in the conflict.

The evaluation's sectoral analysis consistently highlighted appropriate activities and methodologies as well as competent implementation. Activity constraints varied by sector.

- Water & Sanitation (Watsan) technologies were appropriate both in their design and by their ability to redress both chronic and acute needs.
- Health Promotion & Children's Activities (HPCA) also demonstrated very strong methodologies and cost-effective approaches.
- Environmental Health & Livelihoods (EH&L), supports valued and appropriate activities at the HH level. These activities are not critical for public health.
- Nutrition activities show very strong clinical, case and project management.

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**Capacity Building**

The evaluation concluded that 'the project is making a valued contribution in building household resilience and community coping capacity (public health -water, hygiene and nutrition). The increasing emphasis on local capacity to provide services and manage resources is also an investment in local emergency response.'

**Health and hygiene**

The technical quality of the WASH activities was improved as a result of input from WASH technical advisors in the programme, sharing best practice across the North Sudan project sites. The Health Promotion Advisor conducted training with all staff involved in Health Education and hygiene promotion during this project cycle, and also held a workshop bringing together staff from all programme sites to share best practice.

**Nutrition**

A paediatric consultant who produced a report to advise on the nutrition programme commented positively on the remote working strategy on the nutrition programme: 'With thirteen relocations / evacuations from the field sites to Geneina over the last three and a half years, the Baeda Locality program has proven its sustainability, with local staff continuing the work, managed and supervised remotely. The key has been the ability of the local staff to carry on, do the work, and solve the day-to-day problem with satellite phone and e-mail support.'

At the recommendation of this consultant, the nutrition programme conducted training of local staff in IMCI standards to diagnose and treat in OTP and SC improving the capacity of local staff to implement high quality care during periods of limited security and limited support from the more senior nutrition staff.

**WATER**

All new hand pumps installed this year have excellent yield, water quality falls within minimum standards, and are well used by the community. There was also a significant improvement in the work of the committees this year and although they are not yet independent of Tearfund there is now a solid base upon which to improve in the next project cycle.

**Lessons Learnt**

Tearfund asked the external evaluators to assess the appropriateness of Tearfund continuing to operate in Beida Locality in light of the current security situation and need. The evaluators concluded that Tearfund is responding appropriately to the current context 'The mix of project activities was seen to be responding to this fluid situation', and should continue to operate in Beida 'the project should continue to provide services, create emergency response capacity, and make investments that de-escalate local tensions'. They recommended that going forward 'rather than more capital investment in these sectors, activities to support local capacity to sustain activities, increase their impact and respond to emergencies should be emphasised.'

A summary of a few of the more specific recommendations and Tearfund's response are outlined below:

1) Consider the added value of activities under the Environment sector and balance that contribution against their cost – financially, and in terms of project resources.

Tearfund response: Have discontinued this sector though some activities continue, managed by other sector staff, which has enabled budget savings to be made.

2) Continue to promote trees planting (expand if possible?) as a support to HH, rebuilding communities and peace. Distribute across as many different communities as possible.

Tree planting continues in 09/10 as planned. Will ensure that distribution is done across all communities if access allows

3) Define nutrition food messages – ones which promote – local resources to manage moderate malnutrition in homes (i.e. Mula, mula, mula – okra, tomato, groundnut, green leaves – seasonal wild fruits, and foods, child snacks – dry kisera, peanut paste, dry asida?)

The nutrition team are exploring ways of doing this locally; using time out of field to adapt messages. These will be disseminated through training provided at feeding centres and through household visits. Nutrition team to explore

This project Tearfund built on the environmental research conducted in preceding years and was involved in both advocacy at many levels, and adjusting internal implementation in response. After the stabilised soil block technology was found to be popular with communities and appropriate for the context, this year both communities and other NGOs have accepted the technology keenly and another NGOs have already begun using the technology. Ways to ensure effective community ownership and management will be explored in the next project. The evaluation report noted that the stabilised soil block technology SSB was a very successful project component: 'The SSB project is a very positive and encouraging initiative which should be extended to facilitate further services provision. This is a demand responsive activity and is received very positively by community leaders'

Recommendations made by Hafren Water who conducted a ground water availability assessment In March 2008 were used to guide the Watsan programme about safe levels of water extraction, and water level monitoring.

To enhance holistic conflict sensitive a Tearfund Conflict Advisor travelled to West Darfur to conduct a conflict sensitivity workshop with Tearfund staff working in Beida Locality. After training in approaches and sharing lessons learnt by Tearfund and partners internationally, staff were facilitated to analyse the local context and develop of conflict sensitive mainstreaming plans. Key learning points from the workshop was the very different contexts between the different sites Tearfund works in in Beida Locality, and the need to analyse and approach each situation differently. Different frameworks were produced for each of the four locations in which Tearfund works.

### **Dissemination of lessons learnt from this project**

Tearfund continue to partner with WES locally, and Tearfund's child focused health promotion manual was referenced in the Hygiene Promotion material produced by the global WASH cluster this year.

Watsan and Health Promotion staff attended the Tearfund organised WASH forum in Nairobi to share learning with other programmes in the areas of Water, Sanitation, Health Promotion and Advocacy.

A new Khartoum based role was established, with one component entirely dedicated to facilitating cross-programme learning. Another example of sharing between project sites was that staff from Beida travelled to other Tearfund programme site in Darfur to train them in Stabilised Soil Block production.

### **III.f. Constraints**

The following constraints affected all 3 programme objectives

#### **Security**

Insecurity resulting from the ongoing conflict and cross border tensions remain the most difficult programming constraint to Tearfund and other NGOs operating in the South West Corridor. Tearfund evacuated staff from deep field offices following kidnap threats and the murder of an employee from FAR. To address this Tearfund continued with the remote working strategy and adopted an approach of treating each of the 4 locations independently, meaning evacuation to Geneina is not always necessary if it is a localised security issue, other sites can still be accessed.

#### **Field Access:**

An overview of Tearfund's access to the Beida Locality during 2008 is shown below:

<b>Operational Capacity</b>	<b>Weeks of year (Jan 08 – Dec 08)</b>	<b>% of year</b>
Weeks operating at almost full capacity with the exception of Arara	18	35%
Weeks of Monday and Thursday 4hour day visits	15	29%
Weeks local staff alone	10	19%
Programme suspended	9	17%

Only having full access to the field for one third of 2008 inevitably had an impact on project activities, however because of the remote working strategy, it is anticipated that most of the project targets can still be met should security allow reasonable access in the coming year.

#### **Defaulter rates:**

The rainy season and the harvest/cultivation seasons annually lead to high numbers of defaulters as inaccessible roads and demands of work prevent mothers and children from attending the nutrition clinics. Mothers are known to be preoccupied with farm preparations, weeding and harvesting. In addition insecurity along the border and within the communities has lead to erratic programme attendance leading to high defaulting rates.

### **III.g. Overall Performance**

Tearfund has achieved good results against all three objectives within a very challenging environment. Despite some access constraints due to insecurity, heavy reliance on locally recruited staff has enabled an effective remote working strategy in many locations.

#### **Project Output Summary**

In summary, between 1 May 2008 - 30 April 2009, the following outputs have been achieved:

- 2,430 household latrines completed and 34 latrine slabs cast awaiting final completion

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- 1,000 Siphon filters procured and distributed to 1,000 households (nomads) serving approximately 6,000 individuals.
  - 68 Institutional Latrines completed and 22 awaiting final completion.
  - New water points for 2,500 people achieved through the installation and commissioning of 3 hand pumps (1 in Masteri and 2 in Kongo Haraza, 5 tap stands in Beida, 1 rainwater harvesting scheme in Beida and 1 hand dug well in Dhamra Assaina. 18 additional hand pumps were repaired also serving a population of 4,200 individuals.
  - Average of 17,287 children and 5,229 women attended twice-weekly health clubs. With an additional 9,315 children attending WES run clubs
  - Average of 1,507 youth and 5,387 children attended activity centres weekly.
  - 12,139 women trained in HIV/AIDS messages
  - Average of 10,905 households have been visited each month
  - 1,389 facilitators and encouragers received training on health topics each month
  - Health messages communicated through school assemblies
  - 1,854 malnourished patients treated, including 1,418 in SFP and 406 in OTP and 30 patients were treated through the Stabilisation Centre. In addition 8,015 caretakers received nutrition education.
  - 2 new Stabilisation Centres were built.

In addition Tearfund continues to play a lead role in NGO coordination and representation in El Geneina. Whenever possible, Tearfund participates in the relevant sector working groups in El Geneina (including Health, Watsan, Nutrition and Protection). Tearfund continues to work closely with Medair, FAR and IAS to provide a co-ordinated response to beneficiaries in Beida Locality. Tearfund and FAR share compounds and vehicles in the four project locations. Tearfund continues to play a representational part in the committee formed to implement the Joint Communiqué in West Darfur with the UN agencies and three other NGOs. The INGO community in West Darfur enjoys very good inter-agency relations with relatively good communication and relations with the UN community. In general there are good lines of communication with Government of Sudan (GoS) actors and GoS officials in Geneina. In Khartoum, Tearfund is an active member of the steering committee and attend all relevant coordination meetings. Tearfund submit all projects to the UN workplan process.

### **IIIh. Summary of Cost Effectiveness**

The beneficiaries have received clear and comprehensive assistance from USAID at a cost ratio of \$21 dollars per beneficiary. OFDA has delivered comprehensive health education and access to clean water, along with nutrition support for nearly two thousand children that were suffering from malnutrition and through blanket feeding for 13,000 during the hunger gap prevented other children from becoming malnourished. Tearfund has continued to service all water points for the entire population of Beida Locality - nearly three quarters of a million people, through support to maintain and repair all existing water points, in addition to construction of new points.

Working in a complex political emergency such as Darfur does carry a cost. Tearfund work have had to work remotely from field sites and move staff in and out by helicopter due to poor security in the area. Each trip has to be carefully planned and managed to reduce risk to staff and this occupies a proportion of budgets, staff and management time that would otherwise be devoted to the projects. The May 2007 evaluation report highlighted that when considering cost effectiveness, the added value of having an operational presence in insecure locations should be considered, and the protection that is provided to communities.

Overall charges to OFDA are as budgeted. Full implementation was possible despite security constraints due to our maintaining programming through the remote working strategy during periods of limited access.

**Personnel costs** overall were under budget and charges to OFDA were under spent by 5% as follows:

**Expat Personnel costs** were lower than budgeted for with 16% of the OFDA budget remaining. The Watsan Advisor position was vacant for much of the project period due to delays in recruitment of suitable staff who could add value to activities. Other support staff salaries (Programme Director, Deputy Programme Director, Human Resources Manager, Logistics Manager, Finance Manager) were lower than budgeted, despite positions being filled for the entire duration of the project due to proportionate charging across all Tearfund's Darfur locations and support to Geneina being less than to other sites.

**National Personnel costs** charged to OFDA were on budget.

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**Staff Related Costs** overall charges to OFDA were slightly lower than targeted by 7%. Costs for visas was higher than anticipated due to increased bureaucracy and staff visa requirements being introduced over the course of the project. As a result accommodation in Khartoum was not charged to this budget.

**Supplies** as charged to OFDA were slightly overspent by 6%, made up of the following sub sectors:

**Water and Sanitation sub-sector** charges were slightly lower than expected with 9% of the total budget remaining due to savings made in terms of environmental health charges as a part of this sector being below target. Decisions were made to remove the incinerators from this sector as research into the incinerator design did not result in incinerators that could be easily fabricated locally without environment harm being done. Community Environment Action Plans were only carried out in one of the 4 communities as a pilot and following the pilot the activity was discontinued until further planning is done later in 2009.

**Health Education sub-sector** charges were slightly over budget by 4% due to a slight overspend in purchase of incentives for HP facilitators.

**Nutrition and feeding inputs sub-sector** was slightly under budget by 9% due to lower costs in health centre rehabilitation and warehouse rental.

**Travel sub-sector** charges were slightly over budget by 16%. This was due to hugely inflated WFP flight costs which soared from a budgeted \$40 per flight to \$200 per flight and had more influence on this part of the budget than the savings made on vehicle insurance, maintenance and repair due to low vehicle usage due to the insecurity. Savings were also made on international flights as R&R flight costs were charged to staff related costs and there was a low level of staff movement in the programme resulting in low international flights.

**Others** charged to OFDA was overspent by 16% made up of the following sub sectors:

**Equipment sub-sector** charges were marginally lower than budget by 2%. Expenditure on security increased after a security incident in Beida and subsequent UNDSS assessment of our compounds resulting in improvements made to reach MOSS standards. Expenditure on branding was lower than planned as only one batch of t-shirts was charged to this project.

**Office and Living costs sub-sector** charges were higher than budgeted by 29% due to higher spend on security communications, property rental and maintenance, bank fees and external evaluation.

## Annex 1: Health Promotion programme statistics

## Number of children attending clubs

Location	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	Average
Ararah	3684	3897	Holiday	Suspension	4991	4993	4567	5628	4438	5171	3342		4,523
Ararah -Nomads	348	295			0	497	427	513	379	369	406		359
Beida	3761	3678			6232	4555	5068	5194	5410	5426	4372		4,855
Beida - Nomads	419	1112			0	1545	1495	1519	1246	701	1120		1,017
Kongo Haraza	3122	3112			2046	2012	1978	2616	1893	2804	1971		2,395
Kongo Haraza - Nomads	295	309			0	103	312	251	280	211	115		208
Masteri	4152	4523			6116	4209	5334	5536	6411	5746	4908		5215
<b>Total</b>	<b>15781</b>	<b>16926</b>	<b>-</b>	<b>-</b>	<b>19385</b>	<b>17914</b>	<b>19181</b>	<b>21257</b>	<b>20057</b>	<b>20428</b>	<b>16234</b>		<b>18,572</b>

## Number of women attending Health Clubs

Location	May 08	Jun 08	Jul 08	Aug 08	Sep 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	Average
Ararah	924	1,003			1,818	1,183	1,294	1,894	1,224	1,639	1,856		1426
Ararah – Nomads	314	365			0	407	225	236	635	673	502		373
Beida	699	523			1,395	784	1,228	1,144	993	1,129	1351		1027
Beida - Nomads	430	373			0	471	552	545	480	577	1,059		499
Kongo Haraza	1003	1,108			503	420	345	1,370	639	1,254	1,200		871
Kongo Haraza – Nomads	221	0			0	29	86	89	106	77	95		78
Masteri	1119	875			2,918	1,014	1,259	1,398	842	2,585	743		1417
<b>Total</b>	<b>4710</b>	<b>4,247</b>			<b>6,634</b>	<b>4,308</b>	<b>4,989</b>	<b>6,676</b>	<b>4,919</b>	<b>7,934</b>	<b>6,806</b>		<b>5691</b>

## Number of children attending Activity Centres

Location	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Average
Ararah	839	1535			1068	1101	2027	2521	3545	3688	2824	2490	2,164
Beida	1071	1035			784	701	1061	782	784	693	879	780	857
Kongo Haraza	480	2056			781	601	1432	1210	988	1478	1334	1168	1,153
Masteri	1275	1101			811	618	1151	1440	1486	1723	1683	2752	1,404
<b>Total</b>	<b>3665</b>	<b>5727</b>			<b>3444</b>	<b>3021</b>	<b>5671</b>	<b>5953</b>	<b>6803</b>	<b>7582</b>	<b>6720</b>	<b>7190</b>	<b>5,577</b>

## Number of youth attending clubs

Month	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Average
<b>Total</b>	959	1,738			902	1,738	1,492	1,906	1,548	1,808	1,737	1,242	1,507

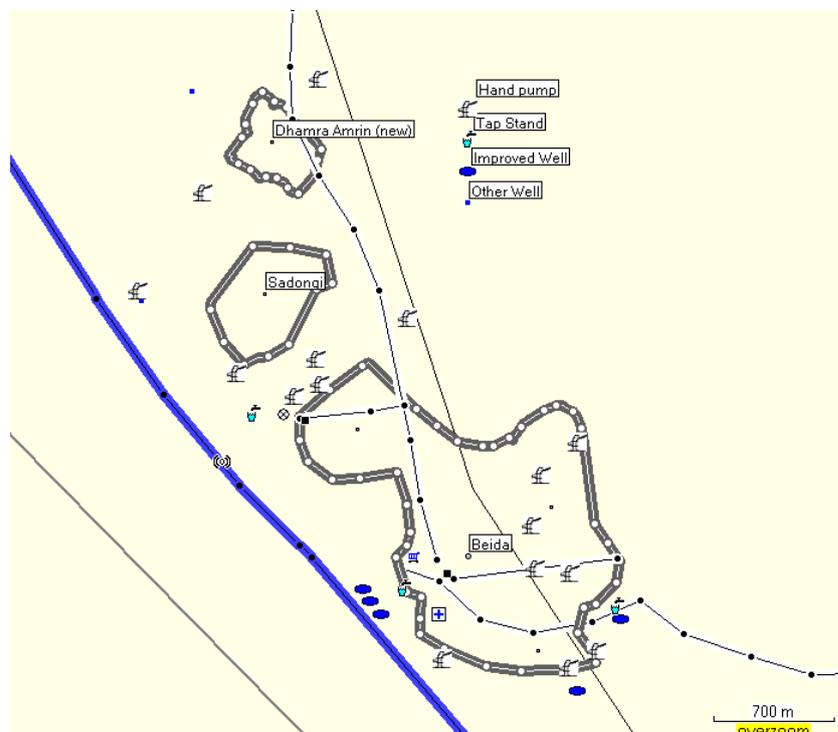
## Number of Household visitors

Month	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Average
<b>Total</b>	11031	8753			9017	13926	11862	9953	10,290	11177	12134		10,904

## Annex 2: Watsan Programme Statistics

Example of GPS Location of Water Supply Assets

Beida Town Water Supply Layer.



## Hand pumps installed and rehabilitated during project period

S/No.	Name	Water point	Work carried out	Easting	Northing
1	Police, Beida	India Mark II Hand Pump	Rehabilitation	12.72583	21.88678
2	El Salaam, Beida	India Mark II Hand Pump	Rehabilitation	12.71917	21.89581
3	Dhamra Assaina, Beida	India Mark II Hand Pump	Rehabilitation	12.7587	21.04725
4	Hay Elumda, Arara	India Mark II Hand Pump	Rehabilitation	12.73206	22.16414
5	El Jebel A, Arara	India Mark II Hand Pump	Rehabilitation	12.73071	22.16293
6	Bohira A, Beida	India Mark II Hand Pump	Rehabilitation	12.71483	21.89367
7	Bohira B, Beida	India Mark II Hand Pump	Rehabilitation	12.71743	21.89387
8	El Amrin, Beida	India Mark II Hand Pump	Rehabilitation	12.73821	21.88197
9	Dhamra El Sheikh, Beida	India Mark II Hand Pump	Rehabilitation	12.71893	21.94462
10	North IDP, Masteri	India Mark II Hand Pump	Rehabilitation	13.1343	22.19479
11	IDP School B, Masteri	India Mark II Hand Pump	Rehabilitation	13.11498	22.185
12	Kadolmoli, Masteri	India Mark II Hand Pump	Rehabilitation	13.11391	22.17431
13	Korsha I, Masteri	India Mark II Hand Pump	Rehabilitation	13.10592	22.17956
14	IDP, Beida	India Mark II Hand Pump	Rehabilitation	12.7122	21.89557
15	Sadongi, Beida	India Mark II Hand Pump	Rehabilitation	12.72624	21.88186
16	Kolodio, Arara	India Mark II Hand Pump	Rehabilitation	12.72243	22.17588
17	Abukie A, Kongo Haraza	India Mark II Hand Pump	Rehabilitation	12.92746	21.91189
18	Abukie B, Kongo Haraza	India Mark II Hand Pump	Rehabilitation	12.92497	21.90642
19	Korsha II, Masteri	India Mark II Hand Pump	New Construction	13.11604	22.18012
20	West Konga, Kongo Haraza	India Mark II Hand Pump	New Construction	12.93824	21.89981
21	South Haraza, Kongo Haraza	India Mark II Hand Pump	New Construction	12.93481	21.91724

22	Soak, Kongo Haraza	Tap Stand	New Construction	12.9265	21.9001
23	South Haraza, Kongo Haraza	Tap Stand	New Construction	12.9239	21.9058
24	Arara Road, Beida	Tap Stand	New Construction	12.7105	21.8979
25	Ibrahim, Beida	Tap Stand	New Construction	12.7114	21.8865
26	Hay El Majles Jetting, Beida	Tap Stand	New Construction	12.7207	21.8785
27	Beida High School, Beida	Rainwater Harvesting	New Construction	12.7098	21.8982

## Example of Biological Water Test Results

S/no	Source Name	Source type HP, HDW or tap stand	Time	Colour	Odour	Taste	Turbidity NTU	Residual Chlorine	pH	Thermotolerant faecal coliforms (TFC)		
										Volume filtered (ml)	No. of colonies	TFC per 100ml
<b>Beida</b>												
1	Wadi HDW Ibrahim	Tap stand	11:50	Clear	No	Good	<5	1.2	6.8	100	0	0
2	Hay El Majles Jetting	Tap stand		Clear	No	Good	<5	1.2	6.8	100	0	0
3	Hay El Majles	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
4	Sadongi Amrin	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
5	Police	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
6	El Bohira	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
7	El Bohira A	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
8	El Bohira B	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
9	El Bohira/Arbain	India Mark II		Clear	No	Good	<5	1.5	6.8	100	1	2
10	Arara Road HDW	Tap stand		Clear	No	Good	<5	1.3	6.8	100	0	0
11	El Bohira IDP	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
12	Hay El Fatih (B)	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
13	Hay El Fatih (A)	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
14	Dhamra Gederra	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
15	Sadongi West	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
16	Sadongi School	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
17	Amrin	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
18	Dhamra d'Sheikh	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
19	Dhamra a'Sanya	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
20	Army	India Mark II		Clear	No	Good	<5	1.5	6.8	100	0	0
21	Hey El Majles	HDW		Not Clear	Yes	Bad	<20	2.0	7.2	100	10	20
22	Sadongi	HDW		Not Clear	Yes	Bad	<10	0.3	7.1	100	14	28

23	Mango	HDW		Not Clear	Yes	Bad	<10	0.3	7	100	10	20
24	Sara	HDW		Not Clear	Yes	Bad	<10	0.3	7.2	100	12	24
25	Hay Al Faith	HDW		Not Clear	Yes	Bad	<10	0.3	7.1	100	10	20
<b>Masteri</b>												
1	Army	India Mark II	10:10	Clear	None	Good	<5	1.5	6.8	100	0	0
2	Health Care Wadi	Tap stand		Clear	None	Good	<5	1.5	7.2	100	0	0
3	Health Care Centre	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0
4	Imtedad	India Mark II		Clear	None	Good	<5	1.5	7.4	100	0	0
5	West Wadi	Tap stand		Clear	None	Good	<5	1.5	7.2	100	0	0
6	North IDP	India Mark II		Clear	None	Good	<5	1.5	7	100	0	0
7	North East	Tap stand		Clear	None	Good	<5	1.5	6.8	100	0	0
8	Eastern IDP#2	Tap stand		Clear	None	Good	<5	1.5	6.8	100	0	0
9	Eastern IDP#3	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0
10	Kadalmoli	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0
11	Boys School	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0
12	Hay Al Umda	India Mark II		Clear	None	Good	<5	1.5	7	100	0	0
13	Geneina Road	India Mark II		Clear	None	Good	<5	1.5	7.1	100	0	0
14	Korsha	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0
15	Tadurona	India Mark II	04:47	Clear	None	Good	<5	1.5	6.8	100	0	0
16	School (C)	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0
17	School (B)	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0
18	Souq	India Mark II		Clear	None	Good	<5	1.5	7	100	0	0
19	IDP School A	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0
20	Kadalmoli	HDW		Not Clear	Yes	Bad	<30	2.0	7.2	100	12	24
21	East IDP 2	HDW		Not Clear	Yes	Bad	<30	2.0	7	100	10	20
22	East IDP 1	HDW		Not Clear	Yes	Bad	<30	2.0	6.9	100	10	20
23	West Wadi	HDW		Not Clear	Yes	Bad	<30	2.0	6.8	100	14	28

		HDW											
24	North East			Not Clear	Yes	Bad	<30	2.0	6.9	100	20	40	
<b>Arara</b>													
1	Beit Tilata HP	India Mark II	05:15	Clear	None	Good	<5	1.5	6.8	100	0	0	
2	Boys School	India Mark II		Clear	None	Good	<10	1.5	6.8	100	0	0	
3	Dhamra Birtuerra	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
4	Dombarita 1	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
5	Dombarita 2	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
6	Hay El Jebel A	India Mark II		Clear	None	Good	<20	1.5	6.8	100	0	0	
7	Hay Al Nayyim	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
8	Hay Al Salaam	Tap stand		Clear	None	Good	<5	1.5	6.8	100	0	0	
9	Hay El Salaam	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
10	Hay El Madaris 1	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
11	Hay El Madaris 2	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
12	Kolodio	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
13	IDPs	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
14	Hay El Jebel B	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
15	Hay El Salaam B	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
16	Hay El Salaam A	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
17	Hay El Umda	India Mark II		Clear	None	Good	<5	1.5	6.8	100	0	0	
18	Hay NayimJetting	Tap stand		Clear	None	Good	<5	1.5	6.8	100	0	0	
19	Kolodio	Tap stand		Clear	None	Good	<5	1.2	7	100	0	0	
		HDW											
20	Baharidin			Not Clear	Yes	Bad	<20	0.1	6.9	100	10	20	
		HDW											
21	Souq			Not Clear	Yes	Bad	<20	0.12	7.2	100	10	20	
		HDW											
22	Hai El Jebel			Not Clear	Yes	Bad	<20	0.3	6.8	100	10	20	
<b>Kongo</b>													
	Soaq Jetting	Tap stand											
1				Clear	None	Good	<5		6.8	100	4	8	
2	Souq/Umshture	India Mark II		Clear	None	Good	<5		6.8	100	0	0	
3	Haraza West	India Mark II		Clear	None	Good	<5		6.8	100	0	0	
4	West Kongo	Tap stand		Clear	None	Good	<5		6.8	100	0	0	
5	Kongo West	India Mark II		Clear	None	Good	<5		6.9	100	0	0	
6	Kongo North	India Mark II		Clear	None	Good	<5		6.9	100	0	0	
7	South Haraza	Tap stand		Clear	None	Good	<5		6.8	100	0	0	

8	New Aubakie I	India Mark II		Clear	None	Good	<5		7	100	0	0	
9	New Aubakie II	India Mark II		Clear	None	Good	<5		7.1	100	0	0	
10	New Aubakie III	India Mark II		Clear	None	Good	<5		6.8	100	0	0	
11	Nasim	India Mark II		Clear	None	Good	<5		6.8	100	0	0	
12	Souq	HDW		Not Clear	Yes	Bad	<20		6.8	100	10	20	
13	West Konga	HDW		Not Clear	Yes	Bad	<20		6.9	100	10	20	
14	Fezani's Well	HDW		Not Clear	Yes	Bad	<20		7.1	100	11	22	
15	Traditional Wadi Well	HDW		Not Clear	Yes	Bad	<20		7.1	100	10	20	

## Annex 3: Nutrition statistics

## SFP

	May 08	Jun 08	July 08	Aug 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	Sum
Total at start of the month	477	511	514	539	539	557	563	473	480	266	276	307	
New Admissions	90	68	115	0	118	77	44	19	21	53	47	64	
Children 6-59 months	78	62	36	0	90	48	90	20	40	67	52	68	
>18 y	3	6	74	0	1	0	4	0	2	11	0	5	
Children 70- 79 %	0	0	31	0	89	42	29	11	14	38	43	53	
Others	0	0	0	0	0	0	0	1	0	2	0	3	
PLW	9	0	5	0	27	11	13	7	4	6	2	1	
TFC/OTP follow up	19	4	7	0	10	3	47	2	3	8	2	0	
Re-admission after default	13	2	13	0	4	1	16	6	22	23	5	0	
<b>Total admissions</b>	<b>122</b>	<b>74</b>	<b>135</b>	<b>0</b>	<b>132</b>	<b>86</b>	<b>107</b>	<b>27</b>	<b>46</b>	<b>84</b>	<b>54</b>	<b>74</b>	<b>941</b>
<b>Cumulative Total</b>	<b>599</b>	<b>673</b>	<b>808</b>	<b>808</b>	<b>940</b>	<b>1026</b>	<b>1133</b>	<b>1160</b>	<b>1206</b>	<b>1290</b>	<b>1344</b>	<b>1418</b>	<b>1418</b>
<b>Total end</b>	<b>511</b>	<b>514</b>	<b>539</b>	<b>539</b>	<b>557</b>	<b>563</b>	<b>473</b>	<b>485</b>	<b>266</b>	<b>276</b>	<b>307</b>	<b>359</b>	
<b>Discharges</b>													
Cured	59	47	40	0	91	50	104	19	172	44	15	12	653
Died	1	1	1	0	0	0	0	0	0	0	0	0	3
Default	25	17	63	0	9	17	75	0	81	19	2	6	314
Non-responder	3	1	5	0	1	1	11	1	7	6	3	0	39
Transferred	0	5	1	0	13	7	7	0	0	5	3	4	45
<b>Total discharges</b>	<b>88</b>	<b>71</b>	<b>110</b>	<b>0</b>	<b>114</b>	<b>75</b>	<b>197</b>	<b>20</b>	<b>260</b>	<b>74</b>	<b>23</b>	<b>22</b>	<b>1054</b>
Cure rate	67%	66%	36%	n/a	80%	67%	53%	95%	66%	59%	65%	55%	62%
Death rate	1%	1%	1%	n/a	0%	0%	0%	0%	0%	0%	0%	0%	0%
Default rate	28%	24%	57%	n/a	8%	23%	38%	0%	31%	26%	9%	27%	30%
Non-responder rate	3%	1%	5%	n/a	1%	1%	6%	5%	3%	8%	13%	0%	4%
Transfer rate	0%	7%	1%	n/a	11%	9%	4%	0%	0%	7%	13%	18%	4%

## OTP

	May 08	Jun 08	July 08	Aug 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	March 09	April 09	Sum
Total at start of the month	70	65	84	106	106	126	123	62	63	30	40	41	
New Admissions	29	40	53	0	34	31	17	4	12	17	15	26	
Children 6-59 months	29	40	45	0	34	37	18	2	13	18	21	26	
>18 y	0	0	8	0	0		2	2	0	2	0	1	
Children < 70%	n/a	n/a	33	0	25	21	11	2	7	9	12	0	
Oedema	n/a	n/a	6	0	5	7	4	0	2	3	3	2	
PLW	0	0	0	0	0	0	0	0	0	0	0	0	
Transfer readmission	0	2	0	0	0	5	3	0	0	2	3	1	
Re-admission default	1	3	0	0	2	1	0	0	1	1	3	0	
<b>Total admissions*</b>	<b>30</b>	<b>45</b>	<b>53</b>	<b>0</b>	<b>36</b>	<b>37</b>	<b>20</b>	<b>4</b>	<b>13</b>	<b>20</b>	<b>21</b>	<b>27</b>	<b>306</b>
<b>Cumulative Total</b>	<b>100</b>	<b>145</b>	<b>198</b>	<b>198</b>	<b>234</b>	<b>271</b>	<b>291</b>	<b>295</b>	<b>308</b>	<b>328</b>	<b>349</b>	<b>376</b>	<b>376</b>
<b>Total in program</b>	<b>65</b>	<b>84</b>	<b>106</b>	<b>106</b>	<b>126</b>	<b>123</b>	<b>62</b>	<b>63</b>	<b>30</b>	<b>40</b>	<b>41</b>	<b>46</b>	
Cured	22	5	16	0	14	30	63	2	27	8	17	18	222
Died	1	3	4	0	0	2	1	0	0	0	0	0	11
Default	9	5	1	0	1	7	12	1	14	0	3	3	56

Non-responder	1	0	2	0	0	1	2	0	5	2	0	0	13
Transferred	2	13	8	0	1	0	3	0	0	0	0	1	28
<b>Total discharges</b>	<b>35</b>	<b>26</b>	<b>31</b>	<b>0</b>	<b>16</b>	<b>40</b>	<b>81</b>	<b>3</b>	<b>46</b>	<b>10</b>	<b>20</b>	<b>22</b>	<b>330</b>
<i>Cure rate</i>	63%	19%	52%	n/a	88%	75%	78%	67%	59%	80%	85%	82%	67%
<i>Death rate</i>	3%	12%	13%	n/a	0%	5%	1%	0%	0%	0%	0%	0%	3%
<i>Default rate</i>	26%	19%	3%	n/a	6%	18%	15%	33%	30%	0%	15%	14%	17%
<i>Non-responder rate</i>	3%	0%	6%	n/a	0%	3%	2%	0%	11%	20%	0%	0%	4%
<i>Transfer rate</i>	6%	50%	26%	n/a	6%	0%	4%	0%	0%	0%	0%	5%	8%

**Stabilisation Centre**

	May 08	Jun 08	July 08	Aug 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09	Apr 09	Sum
Total at start of the month	0	0	1			0	0	0	0	0	0	0	
New Admissions	4	7	4	2	0	1	2	0	2	4	3	0	
Children 6-59 months	4	7	1	2	0	1	2	0	0	0	0	0	
>18 y	0	0	0	0	0	0	0	0	0	0	0	0	
<i>Children &lt; 70%</i>	4	6	0	0	0	0	0	0	2	4	3	0	
<i>Oedema</i>	0	1	0	0	0	0	0	0	0	0	0	0	
PLW	0	0	0	0	0	0	0	0	0	0	0	0	
Transfer re-admissions	0	0	0	0	0	0	0	0	0	0	0	0	
TFC/OTP follow up	n/a	n/a	0	0	0	0	0	0	0	0	0	0	
Re-admission default	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Total admissions*</b>	<b>4</b>	<b>7</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>30</b>
<b>Cumulative Total</b>	<b>4</b>	<b>11</b>	<b>16</b>	<b>18</b>	<b>18</b>	<b>19</b>	<b>21</b>	<b>0</b>	<b>23</b>	<b>27</b>	<b>30</b>	<b>30</b>	<b>30</b>
<b>Discharges</b>													
Stabilized	2	3	6	0	0	0	2	0	1	3	3	0	20
Died	1	1	0	0	0	0	0	0	0	0	0	0	2
Default	0	0	0	0	0	0	0	0	0	0	0	0	0
Non-responder	0	0	0	0	0	0	0	0	0	0	0	0	0
Transferred	1	2	0	2	0	1	0	0	1	1	0	0	8
<b>Total discharges</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>30</b>
<b>No of days</b>	<b>6</b>	<b>6</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>4.3</b>	<b>0</b>	
<i>Cure rate</i>	50%	50%	100%	0%	0%	0%	100%	0%	50%	75%	100%	0	67%
<i>Death rate</i>	25%	17%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	7%
<i>Default rate</i>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0%
<i>Non-responder rate</i>	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0	0%
<i>Transfer rate</i>	25%	33%	0%	100%	0%	100%	0%	0%	50%	25%	0%	0	27%