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**FINAL PROGRAM RESULTS REPORT**

HUMANITARIAN RESPONSE FOR CONFLICT AFFECTED POPULATIONS IN EAST AND CENTRAL DARFUR  
GRANT: AID-OFDA-G-15-00200

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<b>Programme Title:</b>	Humanitarian Response for Conflict-Affected Populations in Central Darfur and East Darfur
<b>OFDA Grant Number:</b>	AID-OFDA-G-15-00200
<b>Country/Region:</b>	Sudan, East Darfur and Central Darfur
<b>Type of Disaster/Hazard:</b>	Civil Strife
<b>Time Period Covered by the Report:</b>	AUGUST 01, 2015 - MAY 09, 2016 (DUE TO EARLY TERMINATION OF AWARD)

**Executive Summary**

**Closure of Tearfund's work in Sudan**

As previously communicated to USAID/OFDA, Tearfund's operations in Sudan were suspended by the Sudanese government in December 2015 and formal notice of the revocation of Tearfund's registration to operate in Sudan was received from the Sudanese government on January 11, 2016. Tearfund, with the support of the international community - including USAID/OFDA - appealed the notice. However, despite diplomatic efforts, the appeal was unfortunately unsuccessful and so therefore, on May 09, 2016, Tearfund regrettfully submitted notification of its intent to terminate award OFDA-G-15-00200 on the grounds of force majeure.

This exceptional situation, which was unfortunately beyond our control, prevented us from fully implementing the award and achieving the program objectives.

As of May 30, 2016, Tearfund's office in Sudan closed. Throughout the suspension and termination process, Tearfund had no access at all to Nertiti and Um Dukhun offices in Central Darfur, and only partial access (under strict government supervision) to Ed Daein in East Darfur, which impeded our ability to fully gather the latest information required to effectively report. Due to the programme suspension, there has been no further progress against the programme indicators and objectives since our Oct-Dec 2015 quarterly report.

In this final results report, we report briefly on what has taken place since the last quarterly report (ie during the period April 01 - May 09, 2016) and give an overview of the whole project period.

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We would like to take this opportunity to thank OFDA for their continued support throughout.

## **UPDATE ON EVENTS SINCE APRIL 01,2015.**

### **Transfer of Programing**

All of Tearfund's nutrition programs were handed over to the Ministry of Health (MoH) with support from UNICEF for an interim period. Negotiations were still ongoing between UNICEF and the government as to who would take over WASH programs at the time of Tearfund leaving Sudan. In January 2016, UNICEF submitted a request to UN CHF for emergency funding to cover a three-month period as an 'Agency of Last Resort' for Nutrition activities. The outcome of this is as yet not known.

### **Goods and Equipment**

#### **Transfer of Equipment**

Tearfund wrote to OFDA Washington on February 24, 2016 requesting approval for the transfer of one generator purchased under this grant to UNICEF. A reply letter was received from the Agreement Officer on February 29, 2016 granting approval for said disposal. However the transfer was rejected by Humanitarian Aid Commission (HAC) on the grounds that UNICEF is not an implementing agency, and we were informed that Line Ministries would receive all remaining assets. Tearfund notified OFDA/W of this change and requested approval for the generated to be handed over to Water, Environment and Sustainability (WES) line department. This requested was approved on June 24, 2016.

Tearfund, until departure from Sudan, continued to work with the donor community and UN agencies to ensure that all items were used for humanitarian purposes.

#### **Goods/Supplies**

During the closedown process, Tearfund had no access to Nertiti and Um Dukhun offices in Central Darfur, and only partial access to Ed Daein in East Darfur, and therefore the Property Inventory Report submitted along with this Final Results report is based on data captured in November's stock movement report. These records were pending stock verification and reconciliation of any movements between the last stock count and the suspension. Despite all our best efforts, discrepancies in stock are therefore possible due to these circumstances outside of our control.

Due to lack of access to field sites and the speed of the forced close down, supplies purchased but not used can only be reported now after the supplies have already been handed over to the relevant line ministries. We trust that OFDA will understand the unusual nature of the circumstances and the lack of options available to Tearfund and be supportive of our retrospective request for unused supplies to be handed over WES.

We confirm that:

- All stock was managed by donor as per Tearfund's policy and best practice. All OFDA stocks were purchased in order to be used specifically for the OFDA action.
- All OFDA supplies referenced in the Property Disposition were purchased for project delivery prior to the suspension. No further procurement took place after the suspension of our activities.
- Quantities purchased under the grant were in line with procurement plans projected for the planned activities and did not exceed what would have been necessary for implementing the action.

## **PROJECT PERIOD AS A WHOLE**

### **Humanitarian Context**

**Central Darfur** - The humanitarian situation in Central Darfur during the project period remained relatively stable. Communities in the project areas were able to travel to harvest their crops and all the the project areas remained accessible. There was a deterioration of the nutrition status of a large number of moderate acute malnutrition (MAM) cases and some severe acute malnutrition (SAM) cases, as the result of caregivers being busy with the the harvest, particularly in October. There was also limited availability of both Super Cereal plus (SC+) Supplementary Feeding materials, from the World Food Programme (WFP), and ready- to -use therapeutic foods (RUTF), from UNICEF due to a break in the chain.

Since the closure of the Tearfund programme, need has increased in Central Darfur, Jebel Marra. In January 2016, GoS launched an offensive against the largely rebel held by Sudanese Liberation Movement Abdel-Wahid (SLM-AW) area of Jebel Marra. As a result, there has been an influx of IDPs fleeing from conflict to Nertiti, Guildo and North Darfur. UNOCHA calculates over 105,000 people have been displaced since January with an unconfirmed report of a further 80,000 in Central Darfur

**East Darfur** - The humanitarian situation in East Darfur during the project period also remained relatively stable. While there was reporting cattle rustling reported in Shaeria (September 2015), there was no significant impact on population movements. Measures had already been put in place by the state government to stem criminal activity and tribal conflict which seemed to be effective; peace initiatives by the state government eased tensions between the Rezigat and Maaliya, where efforts to foster peace and harmony remained on course. During the project period, approximately 13,700 returnees from the Labado Internally Displaced Persons (IDP) camp, which was 50m from the UNAMID compound were moved back to their old village 2.5 km away following instructions by the government. A mission visit carried out between November identified water, health, sanitation, and education services as the main urgent needs in the new location prompting response by agencies in East Darfur (OCHA, Sudan).

### **.Project Progress**

The goal of the project was to provide lifesaving nutrition and water and sanitation interventions in the conflict affected areas of East and Central Darfur. The project intended to provide these life-saving interventions to IDPs and vulnerable host communities affected by the huge influx of individuals through the rehabilitation and construction of water access points (hand pumps), the distribution of slabs for household latrines, and through extensive mobilization with the communities to help them effectively manage their water resources and create safe and hygienic water and sanitation practices.

The project also intended to establish and run a new Supplementary Feeding programme (SFP) and /Out-Patient Treatment (OTP) Centre in Golo, (Central Darfur) to treat children and pregnant and lactating women (PLW) with moderate and acute malnutrition (MAM) and conduct Community Management of Acute Malnutrition (CMAM) training and Infant and Young Child Feeding (IYCF) training to volunteers and nutrition staff.

The project planned to preposition Non-Food Items (NFIs) to newly displaced people should needs arise in Central and East Darfur and train community structures on their relief distributions. From the start of the project (August 01, 2015) to the suspension of the project (December 14, 2016). Tearfund achieved the following towards the overall goal of the project:

## **SECTOR 1: NUTRITION (Central Darfur only)**

### **Objective 1: Nutrition – Improved nutritional status of malnourished children and pregnant and lactating women in target areas**

**Table 1: Summary of project activities planned and executed during the project period:**

<b>Activity</b>	<b>Completion</b>
<b>Sub-sector 1: Management of moderate acute malnutrition (MAM)</b>	
Supporting of 4 SFP Centres	Tearfund established 2 nutrition centres in Golo and Killing in Upper Jebel Marra (JM), supporting the running of these and the 2 existing nutrition centres. Tearfund was the only INGO that had been able to provide nutrition services in Upper Jebel Marra.  Tearfund provided Supplementary Feeding Programme (SFP) in Nertiti. A total of 3,070 cases were admitted during the reporting period, of which 884 were pregnant and lactating women (PLW). 1,717 were children under five years of age (748 boys and 1438 girls). Performance indicators in SFP were within sphere recommended standards, >75% cure rate, & < 5% death rate.

	<p>The big difference between malnutrition rate among the children U5s of age and PLW, indicate the role of underlying causes of malnutrition in JM where there is:</p> <ul style="list-style-type: none"> <li>- Two meals per day are the norm</li> <li>- Poor nutritional diversity and variety of food types</li> <li>- Low HH income</li> <li>- Women working away from the HH during the day – and not feeding young children during this period.</li> </ul>
<p><b>Sub sector 2. Management of severe acute malnutrition (SAM)</b></p>	
<p>Supporting 4 OTP centres</p>	<p>Through 4 nutrition centres in North and South camps in Nertiti. Tearfund provided treatment to 1,070 cases of severe acute malnutrition (SAM) in children U5. (527 girls and 543 boys). However during the reporting period, the project witnessed shortage of ready-to-use therapeutic foods (RUTF) in upper Jebel Marra, which impacted respondent rates. Of these 1,070 cases, 604 were discharged. The cure rate was 86.8%, the defaulter rate was 9.4%, death rate was 2.4% and the non-respondent rate was 1.6%.</p> <p>There was high rates of Odema cases reported (174 cases) during the reporting period most of them were from upper Jebel Marra, from Golo and Kiling.</p> <p>General improving indicators reflect:</p> <ul style="list-style-type: none"> <li>• Active identification of cases through the referral system, which leads to earlier treatment of cases improving the likelihood of positive outcomes.</li> <li>• Community outreach activities and systematic home visits by the Community Based Volunteers in the camps.</li> <li>• Development of an effective follow-up system and nutrition messaging to avoid the deterioration of SAM cases.</li> <li>• Community engagement in the project activities.</li> </ul>
<p>Support of 1 SC centre (MoH facility)</p>	<p>In collaboration with the Sudan Ministry of Health (SMoH) Tearfund supported the stabilization centre (SC) in Nertiti hospital. Total admissions to SC during the reporting period was 68 children (32 boys and 36 girls).</p> <p>The death rate (13 deaths) during the reporting period was slightly higher compared to sphere recommended standards of performance indicators in SC (&gt;75% cure rate, &amp; &lt;15% defaulter rate, &amp; &lt;10% death rate), the main reason behind the high mortality is the fact that due to the inaccessibility of upper Jebel Marra and the absolute lack of basic health services the referrals were complicated and late.</p>
<p>Training of Health Care Workers on CMAM &amp; IYCF</p>	<p>Total of 104 health care providers and volunteers were trained on IYCF and CMAM (57 female and 47 male). Tearfund conducted 4 training workshops, 2 IYCF and 2 CMAM targeting SMoH, SRC and Tearfund nutrition staff and key figures in the community of Jebel Marra.</p>
<p><b>Sub sector 3. Infant and Young Child Feeding and Behaviour Change</b></p>	
<p>Number of people receiving behaviour change interventions by sex and age</p>	<p>Health and Nutrition Education sessions covered the following topics: Infant and Young Child Feeding Practice, Health and Hygiene Promotion; respiratory tract infections, Corn Soya Blend (CSB) preparation; How to use ready-to-use-therapeutic food (RUTF), prevention of diarrheal diseases, causes and treatment of malnutrition, complementary feeding for lactating mothers and food demonstrations.</p> <p>A total of 4,332 people received behaviour change interventions (771 male and 3561 female) through feeding centres, home visits and womens clubs.</p>

**Table 2: Sector 1 Impact indicator progress**

*NB: All cumulative indicator progress is based on performance until the suspension of the programme - December 14, 2015.*

	Baseline	OFDA target	Progress this quarter	Cumulative progress to date
<b>Sub-sector 1: Management of moderate acute malnutrition (MAM)</b>				
Number of sites managing moderate acute malnutrition	2	<b>Central Darfur:</b> 4	No progress for the quarter April -June 2016	<b>Central Darfur:</b> 4
Number of people admitted to Moderate Acute Malnutrition (MAM) services by beneficiary type (< 5s and adults)	N/A	Central Darfur Total:3,447 (1,655 male & 1,972 female) 180 PLW aged 15-49 years) 1052 Children under 12 months (505 boys and 547 girls) 1395 Children between 12 and 59 months (1150 boys and 1245 girls)	No progress for the quarter April -June 2016	<b>Central Darfur:</b> <b>3070 new cases admitted since the beginning of the project.</b>  (748 male and 1438 female). PLW:884 (aged 15 to 49 years). 376 under children 12 months (231 boys and 245 girls) and 1341 between 12 and 59 months (517 boys and 824 girls)
Number of health care providers and volunteers trained in the prevention and management of Moderate Acute Malnutrition (MAM)	N/A	Total: 120 community volunteers Women: 40 Men: 80	No progress for the quarter April -June 2016	<b>Central Darfur:</b> 104 providers and volunteers trained in the prevention and management of Severe Acute Malnutrition 47 Male and 57 female
<b>Sub-Sector 2: Management of severe acute malnutrition (SAM)</b>				
Number of beneficiaries treated (or admitted) for Severe Acute Malnutrition (SAM) by type (sex and age)	N/A	<b>Central Darfur:</b> Children Under 1,667: (817 boys & 850 girls) 508 under 12 months (249 boys and 259 girls) and 1159 children between 12 and 59 months (568 boys and 591 girls)	No progress for the quarter April -June 2016	<b>Central Darfur:</b> <b>1,070 cases</b> were admitted to OTP since the beginning of the project in both camps <b>(527 girls and 543 boys).</b>  280 children under 12 months (138 boys and 142 girls) and 790 children between 12 and 59 months ( 405 boys

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				and 385 girls)
Number of sites established / rehabilitated for inpatient and outpatient care	2 OTP	<b>Central Darfur:</b> 4 OTP	<b>Central Darfur:</b> No progress for the quarter April -June 2016	<b>Central Darfur:</b> 4 OTP centres are functional
	1 SC (Managed by MoH)	<b>Central Darfur:</b> 1 SC (Managed by MoH)	<b>Central Darfur:</b> 1 SC (Managed by MoH)	<b>Central Darfur:</b> 1 SC is functional (Managed by MoH)
Rates of admission, default, death, cure, relapse, non-response-transfer, and length of stay	MAM: Cured rate: 89.7% Death rate: 0% Defaulter rate:8.1% Non-respondent: 2% Relapse rate: 4.1%. Length of stay:82 days	MAM: Death: <3% Recovered: >75% Defaulted: <15% defaulted Average length of stay: 90 days Relapse rate: <3%	No progress for the quarter April -June 2016	<b>Central Darfur:</b> TFSP Performance Indicators Admission: 100% Death: 0% Cured: 87.2% Defaulter: 10.4% Non response: 2.3% Average length of stay: 88 days Relapse rate:6.1%  OTP Performance Indicators Admission: 100% Cured rate: <b>86.8 %</b> Defaulter rate: <b>9.4%</b> Death rate: <b>2.4%</b> Non respondent rate: <b>1.6%</b> Average length of stay: 42 days Relapse rate:5.1%
	SAM: Cured rate: 93% Death rate: 0% Defaulter rate:7.9% Non-respondent: 2.3% Relapse rate: 2.8%. Length of stay:49 days	SAM: Death: <10% Recovered: >75% Defaulter: <15% Relapse rate: <3%% Average length of stay: 56 days	No progress for the quarter April -June 2016	
Number of health care providers and volunteers trained in the prevention and management of Severe Acute Malnutrition (SAM)	N/A	Total: 120; Men 80, Women 40	No progress for the quarter April -June 2016	<b>Central Darfur:</b> 104 providers and volunteers trained in the prevention and management of Severe Acute Malnutrition 47 Male and 57female
<b>Sub sector 3. Infant and Young Child Feeding and Behaviour Change behavioural change</b>				
Number of people receiving behaviour change interventions by sex and age	N/A	Total: 2037 (1,059 Females aged 15 to 49 years & 978 Males aged 15 to 49 years)	No progress for the quarter April -June 2016	<b>Central Darfur:</b> 4332 received behaviour changed messages ( 771 men and 3561 women)

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Number and percentage of infants 0-<6 mo. who are exclusively breastfed	32% (Nertiti only)	2,500 or 50% of infants aged 0 to 6 months received practiced breastfeeding	No progress for the quarter April -June 2016	<b>Central Darfur:</b> No survey conducted.
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## SECTOR 2: Water, Sanitation and Hygiene (WASH)

**Objective 2: Water, Sanitation and Hygiene** – Improved sustainable access to safe drinkable water supply, safe sanitation facilities and improve hygiene awareness for target conflict-affected households

**Table 3: Summary of project activities planned and executed during the project period**

Activity	Progress
<b>Sub-sector 1: Water Supply Infrastructure</b>	
Rehabilitated water supply pipeline in Golo	Tearfund identified the items required to rehabilitate the pipeline in Golo and the procurement process was ongoing at the time of project suspension.
Emergency Water Supply System in Golo with new access point	The technical survey was completed and contract for the work to signed at time of suspension.
Construction of new hand-pumps (7 in Central Darfur) and repair of existing hand-pumps (20 in Central and 4 in East Darfur)	East Darfur - N/A Central Darfur - A contract with Water, Environment and Sustainability (WES) for the rehabilitation of 16 hand pumps. Of these 16 hand pumps 10 hand pumps were rehabilitated in Guildo and the work on the additional 6 in Golo was ongoing till the closure of the programme.
Rehabilitation of borehole in Central Darfur	No progress on project activity to report.
Rehabilitation of 2 Water Yards (Muhajeria and Yassin Town)	All required materials were procured and delivered to Edaine, like 33KV Perkins Generator , submersible pumps and pipes and fittings
Water quality monitoring and treatment training with WES	This activity was scheduled to be conducted after the repair work had been completed.
Monthly water quality testing	In Central Darfur 11 our of 20 HHs (55%) tested had 0 faecal coliforms per 100ml sample (WS3 Source Water Quality (Bacteriological). WASH facilitators followed up in those HHs with contaminated samples.
Training of 20 Hand Pump Mechanics	In Central Darfur (Guildo) 30 Hand pump mechanics were trained
Formation, mobilisation, and Training of 5 Water User Committees (JM and UMD)	In Central Darfur (Guildo) 3 water user committees (WUC) were trained and established after rehabilitation of the water hand pumps.
<b>Sub sector 2. Sanitation Infrastructure</b>	
Assembly and distribution of HH latrine slabs 400 in Muhajeria and 400 in Shaeria	A contract was awarded for a local supplier for the procurement of required local materials
<b>Sub sector 3. Hygiene Promotion</b>	
Formation and strengthening of school health clubs in 2 schools	No progress on project activitiy to report.
Training of Community Health promoters	In Central Darfur 30 community health mobilisers selected from the community were trained both in Um Dukun and Jebel Marra.
Hygiene promotion in communities and IDP camps (including on sanitation/Open Defecation)	In Central Darfur 30 community health mobilisers facilitated a total of 37 Focus Group discussion (FGD) about hygiene awareness education. 600 bars of soap (200g) were distributed to volunteers during the monthly hygiene promotion activities.

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	A total of 740 persons directly benefited from these educational sessions.
Household visits and FGDs	In Central Darfur (Um Dukhum and Jebel Marra) 1,402 HH visits and FGD (focused on hygiene promotion, education and messaging) was conducted
Celebration of Hygiene Promotion Campaigns & Mass events/Int'l days	No progress this quarter
Solid waste management (clean-up campaigns and construction disposal pits /garbage bins)	A total of 8 clean up campaigns were conducted in Nertiti, Guildo, Golo, North and South Camp in Central Darfur. All the required tools (shovels, wheel barrow, rakes, pickaxe) were distributed to the committees.
<b>3 KAP Survey's</b>	No KAP survey's were conducted.

**Table 4: Sector 2 Impact indicator progress:** All cumulative indicator progress is based on performance until the suspension of the programme - December 14, 2015.

Indicators	Baseline	OFDA target	Progress this quarter	Cumulative progress to date
<b>Sub Sector 1: Hygiene Promotion / Behaviours</b>				
Number of respondents who know 3 out of 5 critical times to wash hands (HP1 Hand Washing Knowledge)	<b>East Darfur:</b> The baseline was completed in October 2015 with analysis pending when activities were suspended.  <b>Central Darfur:</b> (Golo + Guildo = 8,765 out of total population of 54,779 (16.0% ) Umdukun: 890 out of 55,603 (1.6%) 9,655/110382 = 8.7%	<b>East Darfur:</b> 4,800  <b>Central Darfur:</b> 4,800 Total <b>9,600</b>	No survey conducted	Not Known
Number of households with soap and water at a hand washing location	<b>East Darfur:</b> The baseline was completed in October 2015 with analysis pending when activities were suspended.  <b>Central Darfur:</b> (Golo + Guildo = 6,683 out of 54,779 (12.2%) Umdukun = 1668 out of 55603 (0.3 %) 8351/110,382 = <b>7.5%</b>  Nertiti - 2,254 HH out of 3455 HHs (65%).	<b>East Darfur:</b> 700  <b>Central Darfur:</b> 900  Total: 1,600	No survey conducted	<b>East Darfur: 0</b>  <b>Central Darfur:</b> 169
Number of households who store their	<b>East Darfur:</b> The baseline was completed in October 2015 with analysis	<b>East Darfur:</b> 700	No survey conducted	<b>East Darfur: 0</b>

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drinking water safely in clean containers (HP3 Safe Water Handling)	pending when activities were suspended.  <b>Central Darfur: Total 27,047/110382 = 33.6%</b> (Golo + Guildo = 17,364 out of the total population 54779 Umdukun : 19683 out Total Population =>> 55603	<b>Central Darfur:</b> 900  Total: 1,600		<b>Central Darfur:</b> 287
Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)	<b>East Darfur:</b>  <b>Central Darfur: 0</b>	<b>East Darfur:</b> 3,750  <b>Central Darfur:</b> 5,250  <b>Total: 9,000</b>	No progress for the quarter April -June 2016	<b>East Darfur:</b> 1157  <b>Central Darfur: 740</b>
<b>Sub Sector 2: Sanitation</b>				
Number of people directly benefitting from the sanitation infrastructure program	<b>East Darfur:</b> The baseline was completed in October 2015 with analysis pending when activities were suspended.  <b>Central Darfur:</b> <b>1200</b>	<b>East Darfur:</b> 4,800  <b>Central Darfur:</b> 0	No progress for the quarter April -June 2016	<b>East Darfur: N/A</b>  <b>Central Darfur: N/A</b>
S1: Excreta Disposal (Open Defecation): # of households with no evidence of faeces in the living area.	<b>East Darfur:</b> The baseline was completed in October 2015 with analysis pending when activities were suspended.  <b>Central Darfur: 0</b>	<b>East Darfur:</b> 800  <b>Central Darfur:</b> 0	No surveys conducted.	<b>East Darfur: 270</b>  <b>Central Darfur:</b>
Number of household latrines completed and clean (S4 Excreta disposal (Household latrine infrastructure))	<b>East Darfur:</b> The baseline was completed in October 2015 with analysis pending when activities were suspended. .  <b>Central Darfur:</b> 0	<b>East Darfur:</b> 800  <b>Central Darfur:</b> 0	No surveys conducted.	<b>East Darfur: N/A</b>  <b>Central Darfur: N/A</b>
Number of households properly disposing of solid waste (S7 Solid Waste)	<b>East Darfur:</b> The baseline was completed in October 2015 with analysis pending when activities were suspended. <b>Central Darfur: Total:</b> 92264/110,382 = 35%	<b>East Darfur:</b> 413  <b>Central Darfur:</b> 1,362  Total: 1,775	No surveys conducted	<b>East Darfur: 0</b>  <b>Central Darfur: 208</b>

Management (Household)	(Golo + Guildo = 26,677 out of 54,779 Umdukun : 12,233 out of 55,603)			
<b>Sub Sector 3: Water Supply Infrastructure</b>				
Number of people directly benefitting from the water supply infrastructure program	<b>East Darfur: 0</b>  <b>Central Darfur: 0</b>	<b>East Darfur: 7,000</b>  <b>Central Darfur: 19,000</b>  <b>Total: 26,000</b>	No surveys conducted	<b>East Darfur: 0</b>  <b>Central Darfur: 5000</b>
Estimated water supplied per beneficiary in litres per person per day (WS2 Water Production)	<b>East Darfur:</b> The baseline was completed in October 2015 with analysis pending – due November 2015.  <b>Central Darfur:</b> TBC in November 2015.	<b>East Darfur:</b> 15 litres per person per day  <b>Central Darfur:</b> 15 litres per person per day	No surveys conducted	<b>East Darfur: N/A</b>  <b>Central Darfur: N/A</b>
Number of test results with 0 faecal coliforms per 100ml sample (WS3 Source Water Quality Bacteriological)	<b>East Darfur:</b> TBC  <b>Central Darfur:</b> No data.	<b>East Darfur:</b> TBC  <b>Central Darfur:</b> TBC	No surveys conducted	<b>East Darfur:</b>  <b>Central Darfur:</b> 11 test results with 0 faecal coliforms

## SECTOR 3: Logistics Support and Relief Commodities

**Objective 3: Logistics Support and Relief Commodities:** Effective and timely response to emergency needs as they arise in target areas

**Table 5: Summary of project activities planned and executed during the project period**

Activity	Completion
<b>Sub sector: Non-food items (NFIs)</b>	
Procurement and distribution of NFIs for newly displaced IDPs (eg. plastic sheeting, flash tarpaulin, blankets, hygiene kits, kitchen sets, water containers, others.	In Central and East Darfur there were no emergencies in the targeted locations that required distribution during the implementation period. However, Tearfund did procure NFI items for prepositioning; in the event of an emergency, Tearfund could respond in a timely manor. Please refer to the Property Disposition for the details of the items. Remaining NFI's were handed over to WES.

**Table 6a: Sector 3 Impact indicator progress Central Darfur**

Indicators	Baseline	OFDA target	Progress this quarter	Cumulative progress to date
<b>Sub Sector 1: Non-food items (NFIs)</b>				

Total number and per item USD cost of NFIs distributed, by type (e.g., plastic sheeting, flash tarpaulin, blankets, hygiene kits, kitchen sets, water containers, other)	0	Total: 380 HHs	No progress for the quarter April -June 2016	East Darfur: 0 Central Darfur: 0
Total number and per item USD value of cash/vouchers distributed for NFIs, by type (e.g., plastic sheeting, flash tarpaulin, blankets, hygiene kits, kitchen sets, water containers, other)	N/A	N/A	No progress for the quarter April -June 2016	N/A
Total number of people receiving NFIs, by sex and type (e.g., plastic sheeting, flash tarpaulin, blankets, hygiene kits, kitchen sets, water containers, other)	0	Total: 2,280	No progress for the quarter April -June 2016	East Darfur: 0 Central Darfur: 0

## 2. Budgetary progress\_– Please outline any budgetary issues

**Budget Progress:** Total grant expenditure was \$774,450 or 51% of the total award.

The total grant expenditure has decreased from the previously reported figure of USD 793,084. This is due to an oversight in which the transaction for 10% retention for borehole drilling (costing \$18,563) was charged to Tearfund's previous OFDA award AID-OFDA-G-14-00106 as an accrual and again as an expense to grant AID-OFDA-G-15-00200. This oversight was picked up by Tearfund's compliance team. Tearfund has since reversed the expense under the current grant, therefore reducing the total expenditure. We have also amended the indirect cost line to 14.18% from 13.82% in line with Tearfund's current NICRA, final for FY 04-01-2014- 03-31-2015 and provisional from 04-01-2015 until amended. Please see the final SF425 for further detail.

### Bank Accounts

During the closedown period, Tearfund was not able to access bank accounts to make payments from December 14, 2015 to March 23, 2016. During this time a very limited number of payments were made from cash reserves. From March 24, Tearfund was able to make a pre-approved set of payments to staff and suppliers, including the payments of HR termination costs. Field payments were made as the joint HAC-Tearfund close-down committee travelled to each state capital in late March and early April 2016.

### HR Termination Cost

During the closedown process, Tearfund were required to pay staff termination expenses. In a letter dated March 31, 2016 Tearfund outlined to OFDA the type of staff termination expenses that we were looking to proportionality charge to OFDA. This included December and January salaries, Notice Period cost and any unpaid leave, casual contract, in addition to Severance and Aggressive Termination payments. These payments were in line with the Sudan 1997 Labour Code, instructions from the joint HAC (Humanitarian Aid Commission) close down committee in Khartoum, and Tearfund's own employment contracts with staff.

### **3. Key successes and challenges -**

*Please outline constraints faced during this period and how these constraints were overcome. Please indicate if this required any changes to the planned activities and justify why if needed.*

#### **Nutrition**

Nutrition challenges included the delay and shortage of nutrition drugs and supplies. Since the start of the project in August, there had been a shortage of World Food Programme (WFP) food (including super cereal plus) for the Therapeutic Supplementary Feeding Programme (TSFP) which resulted in an increase of severe acute malnutrition (SAM) cases through the deterioration of moderate acute malnutrition) MAM beneficiaries. The Government of Sudan (GoS) prevented the importation of super cereal and stipulated this should be manufactured locally in the country. WFP established a contract with a local wheat milling company in Khartoum (Sega) to produce this. There was also a shortage of Premix due to WFP pipeline break; shortage of nutrition drugs and UNICEF supplied Tearfund with emergency supplies upon request. However, there was also a delay from UNICEF supplying ready-to-use therapeutic feeding (RUTF), which led to a shortage of supplies across Nertiti and Jebel Marra. The rainy season caused a reduction in community participation in the project as beneficiaries shifted focus to cultivation. However, community outreach staff and volunteers increased the volume of home visits in order to encourage mothers and caregivers to take the sick to the nutrition centers.

#### **WASH**

WASH challenges included project beneficiary preoccupied with cultivating during the heavy rainy season. There was also a delay in procurement of WASH materials. The selected supplier for the materials delayed signing the contract which delayed the purchase and delivery of materials. There was also significant delay in implementation due to the delayed signing of Technical Agreements (TA) at the Federal Level. While Humanitarian Aid Commission (HAC) at the state level granted an interim permit access to areas of on-going project, there were restrictions on the new sites in Muhajeria, Shaeria and Yasin. The WASH TA was only granted in September. A possible solution is to adjust future projects so their cycle begins with ample time to negotiate GoS technical agreements, initiate procurements and forward position materials prior to the onset of the rainy season.

#### **NFIs**

There were no reported issues in regards to the NFIs. Please refer to summary under sector 3 objective for details on unused stock.

#### **Other**

Prior to and ongoing at the start of the project, there was no UNHAS flights for Muhajeria due to lack focal person, this impacted sector activities. Tearfund identified a member of staff that could be trained in Nyala by UNHAS to take up the role of focal point. In September, the Nutrition Project Manager (PM) resigned and recruitment for a replacement was delayed due to finding a candidate with the qualifications and experience - in October the role was recruited with the candidate due to start in November.

### **5. Story of transformation**

During the project period. Tearfund operated nutrition centres in Central Darfur. Tearfund at the time, was the only INGO operating in the area treating children and pregnant and lactating women (PLW) who suffered from malnutrition. Below is a story of one beneficiary Tearfund helped in Golo, Central Darfur, through nutrition intervention.

Name: [REDACTED]

Age: 25 years old.

Address: Negal, Golo – Central Darfur.

TITLE: HUMANITARIAN RESPONSE FOR CONFLICT-AFFECTED POPULATIONS IN CENTRAL AND EAST DARFUR

DATE: AUGUST 01, 2015 - MAY 09, 2016

██████ lives in Negal village near Golo. "My village is known as the most beautiful area in Jebel Marra, there are many beautiful waterfalls." However, ██████ village and the surrounding area has suffered at the hand of conflict which has exacerbated food insecurity; making it far from beautiful.

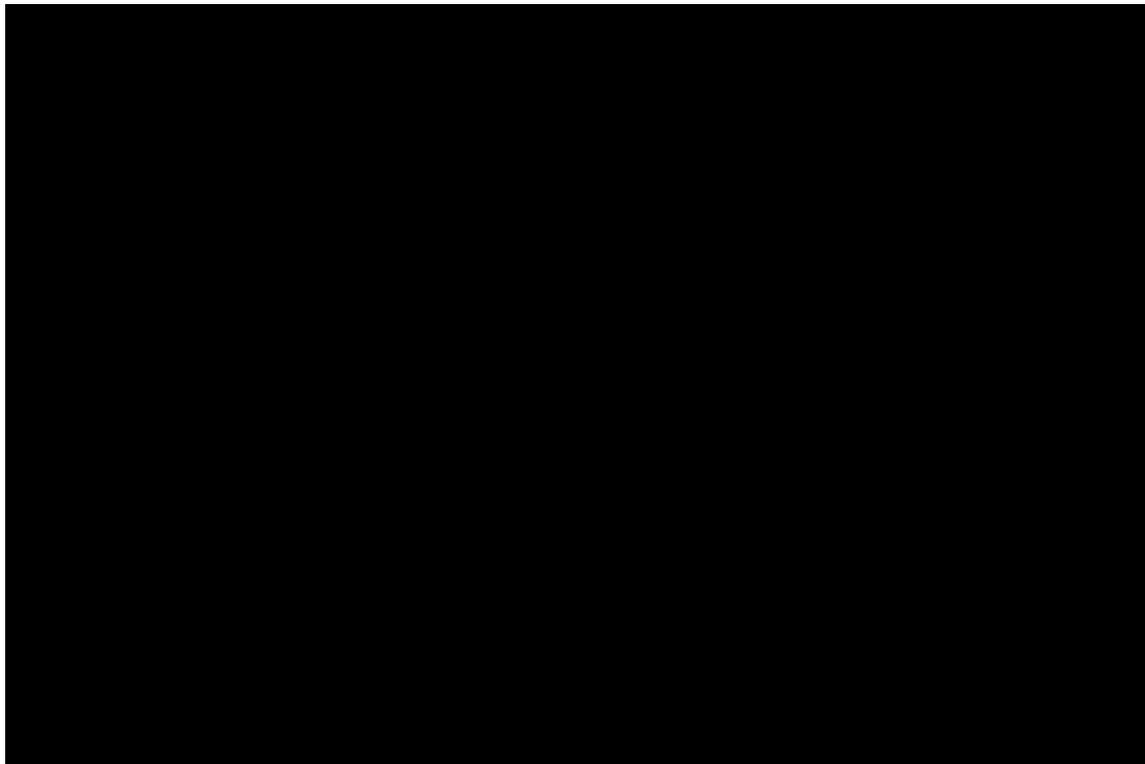
"I am a widow. My husband died in last June, 2014, When he died, I was left with 3 children - all sons. ██████ 2 years old, ██████ 5 years old and ██████ 7 years old.

██████ explained that her youngest son ██████ was getting sick and starting to suffer from diarrhea and vomiting, "I bought him to see traditional healers but his health did not improve. He was getting worse." ██████ usually goes to the local market on Thursdays and when there she met some mothers who said they had taken their children to Tearfund's nutrition centre. "I decided to take him to the nutrition centre...I walked for 1 hour to get there."

Tearfund Nutrition Centre staff admitted ██████ with moderate severe malnutrition. They referred him to the Nertiti Stabilization Centre in Nertiti hospital. ██████ health improved quickly, so much so that he only spent one week in the Stabilization Centre. He received ready-to-use therapeutic food (RUTF) and some other medicines. ██████ told staff that she learnt how to reserve milk for her child and received general nutrition advice and messaging. She no longer worries that her son will die.

She said "Without Tearfund's help, I would have spent all of the little money I had on seeking help for my child that probably would not have worked, rather than spending money them to feed my children and I. When ██████ was sick, I too was sick because I worried. Now I'm well and very glad - thanks to Tearfund for their help and support."

██████ expressed her hopes for the future, wishing that the conflict would stop and her children would be healthy and well and get a good education - becoming a doctor to help others or a teacher to educate others.



Picture removed for confidentiality reasons

TITLE: HUMANITARIAN RESPONSE FOR CONFLICT-AFFECTED POPULATIONS IN CENTRAL AND EAST DARFUR  
DATE: AUGUST 01, 2015 - MAY 09, 2016

Adam when he arrived at the nutrition centre before treatment (Source, Tearufnd)