



**Humanitarian Support for Conflict Affected Persons and Communities in South Darfur
Year-End Report: August 1, 2007 to September 30, 2008
U.S. Agency for International Development, Office of Foreign Disaster Assistance
DFD-G-00-07-000171-00**

Summary

ARC, operating in South Darfur since 2004, strives to improve the well-being of conflict-affected persons by addressing immediate humanitarian needs and contributing to long-term community stabilization. The Health Sector has supported and continues to support primary health care activities in conflict-affected communities targeting a population of 200,000 persons with a direct beneficiary population of 50,000 persons.

Objective 1: To improve access to basic health care services in South Darfur through capacity building, provision of material support and emergency preparedness and response.

ARC continued to support 10 existing SMOH primary health care facilities in the Nyala-Tulus Corridor (Abu Ajura, Al Safiya, Abu Salalah, Dimso, Al Tomat with reproductive health units in Tulus), Nyala-Gereida Corridor (Abu Jabra and Ditto) and the Bulbul Area (Bulbul Tembesco and Bulbul Abu Jazoo). ARC also supported a small service delivery point in Nyala Women's Prison, Towal, Tokomaya, Birkatuli and Gereiga through a mobile team that offers essential primary and reproductive health care services for women who reside in the prison.

ARC's health program provided integrated primary health care services in these facilities encompassing all health components including, but not limited to, consultations, curative care, reproductive health (including pre-and post-natal care and training on basic emergency obstetric care), nutrition screening and preventive services (including EPI and health education.)

Needs Assessments

In June 2007, ARC, in coordination and cooperation with UNICEF and the State Ministry of Health Nutrition Department, conducted a nutrition survey in selected communities along Nyala-Tulus Corridor. The result of the survey showed a global acute malnutrition rate (GAM) of 22.1% and a severe acute malnutrition (SAM) rate of 1.9% among the 1,709 children screened. In response to the high malnutrition rates, ARC opened two new supplementary feeding centers in Ditto and Tulus and established two nutrition surveillance sites in Ditto and Abu Jabra.

Due to the increasing insecurity in South Darfur, ARC staff has been the subject of a series of carjackings and robbery incidents. On July 6/7th, the nutrition team comprised of ARC staff and SMOH staff had to suspend survey activities due to a carjacking incident in Um Ghunya. On August 24th, the WASH team was attacked by bandits on its way back to Nyala after a WASH education session and on September 16th the nutrition team was the victim of another carjacking and robbery incident which resulted in a suspension of movement along the Nyala-Tulus and

Nyala-Gereida Corridors. It is worth noting that health, nutrition and WASH services did not suspend activities despite insecurity. Services continued to be delivered through locally employed staff supported by the Nyala office in the means of provision of drugs, supplies and equipment as well as consistent communication. The aforementioned incidents did, however, cause delay in accomplishing the tasks planned for the reporting period including the period of the No Cost Extension (NCE).

Reproductive Health

ARC's Reproductive Health team continued implementation of reproductive health activities with on-site supervision, when security allowed, and on-the-job trainings, in clinics or in Nyala. Topics included antenatal and postnatal care, safe motherhood, family planning, breast feeding, growth monitoring and nutrition, Oral Rehydration Therapy (ORT), Infection Prevention, and clinical consultations in RH Units at the PHCCs.

The main focus on reproductive health trainings was on management of Emergency Obstetric Care (EMOC) complications, Infection Prevention, Family Planning, some GBV issues primarily on clinical management of rape cases, and refresher topics on the basics of safe motherhood.

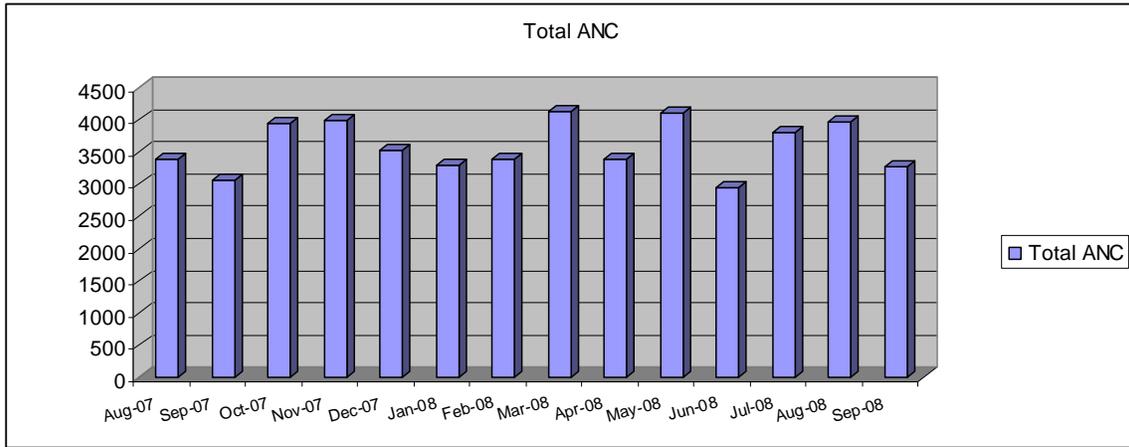


Chart 1.

During the reporting period following figures were achieved:

- Total ANC visits: 50,164 pregnant women were seen by skilled personnel (Chart 1)
- 18,629 received at least one dose of TT vaccine
- 8,538 deliveries were assisted by trained midwives (Chart 2)
- 2,718 EmOC cases were treated in Health facility (Chart 3)
- 6,131 women received Post natal visits by skilled midwives
- A total of 1, 214 pregnant women were referred to hospitals at the secondary health care facility.

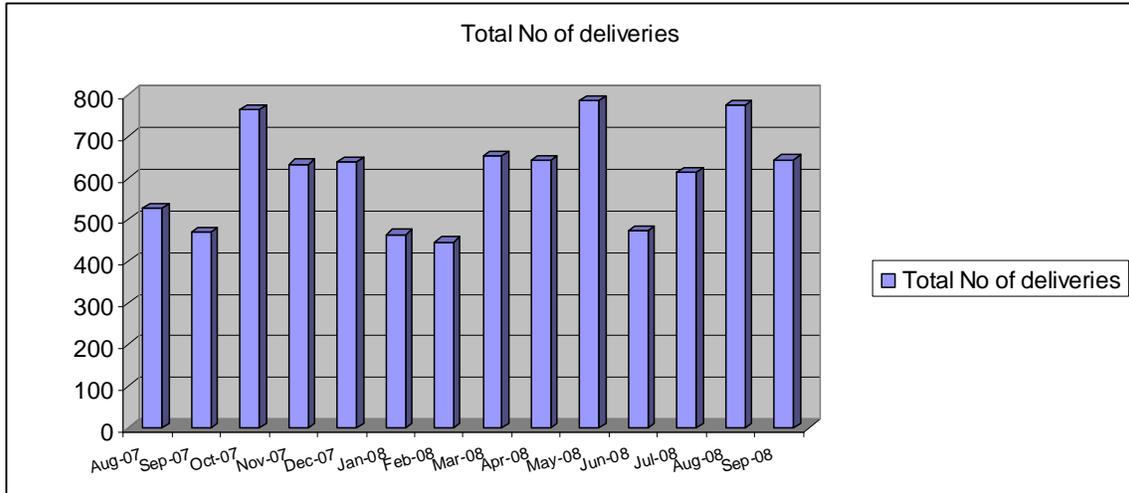


Chart 2

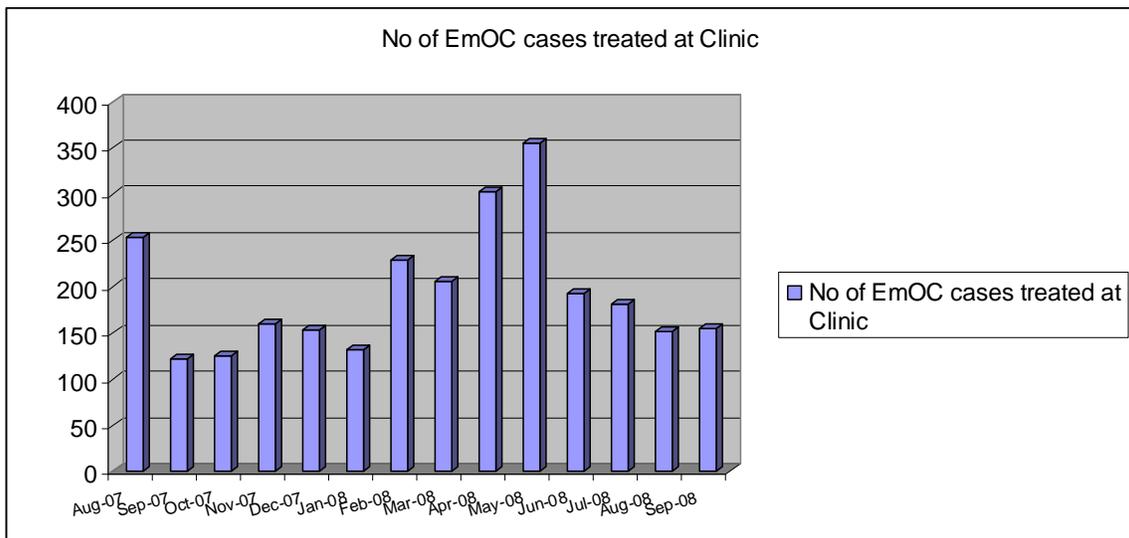


Chart 3

ARC sponsors students annually to the Nyala Midwifery School where after completion of studies, trained midwives return to their communities to provide services. Selection is done in collaboration with community leaders and village health committees and with the MoH for the training. During this reporting period, 16 students were enrolled and attending lectures in Nyala Midwifery School bringing the total of ARC sponsored students to 37. (Chart 4)

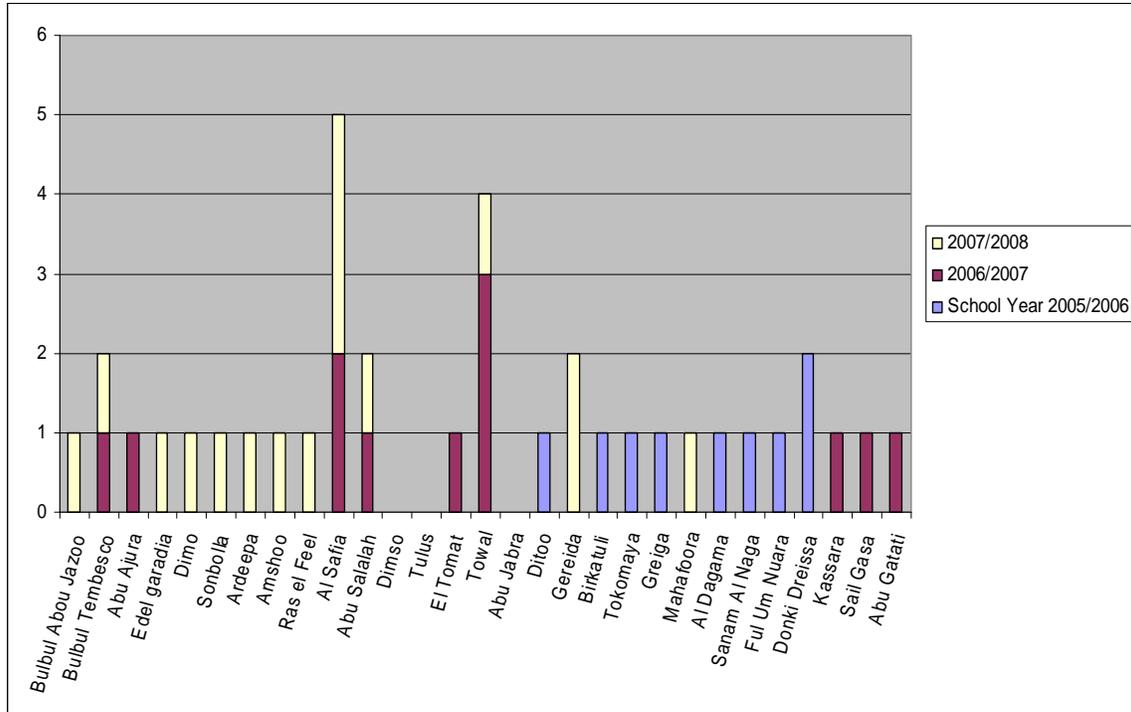


Chart 4

ARC is proud of the fact that during the 2007-2008 school year among the 200 graduated midwives the top 10 were selected and sponsored by ARC. The aim of activities is to increase the human resource capacity, particularly among village Midwives.

Reproductive health awareness sessions were also carried out within the communities focusing mainly on importance of antenatal and postnatal care, early referral and family planning. This has resulted in more health seeking behavior among women of reproductive age.

A total of 3,140 clean delivery kits were distributed to visibly pregnant women in the catchment population. These kits were produced by IDP women engaged by local NGO with materials procured and provided by ARC.

Referral mechanisms through pre-arranged transportation to referral points or services as needed have been priority aim for the RH program. Pre-arranged transportation in rural areas is a more difficult issue, due to lack of communication services and the long distances between outlying villages, clinics, and referral hospitals. Currently, an ambulance is on call 24 hours per day to transport referral cases from El Wehda Clinic to Nyala Teaching Hospital. An ARC vehicle is available at the Gereida Clinic to transport referral cases to the Gereida Hospital during working hours and have 24 hours provision of RH services at level of midwife service provision.

Owing to the deterioration of the existing structures in most of the health facilities, rehabilitation and improvement of the structures was undertaken. Among the health facilities that were rehabilitated were Al Safiya, Abu Ajura, Bulbul Abu Jazoo, Abu Salalah, Al Tomat, Dimso, Bulbul Tembesco, Gereida, Ditto and Abu Jabra.

Community involvement/participation

ARC has worked extensively with communities in its areas of operations through close collaboration and communication to strengthen relationships and provide more sustainable health services. Involvement from community leaders and village health committees has been vital in the mobilization of community members in the selection of and prioritization of their needs. Through trainings and workshops of selected community members using a “training of trainers” methodology, capacity within the community has been built resulting in maximum health awareness. Topics introduced to the communities included basic health education, nutrition education and surveillance, reproductive health issues, management issues, and a few elements of gender based violence focusing mainly on health seeking behavior following such incidents.

As a result, a community’s capacity on health related issues are strengthened by having key members with resources and information including community health volunteers, trained birth attendants (formerly known as traditional birth attendants), community nutrition workers and, most importantly, village health committees which have been key in leading this processes. To date, 12 community village health committees have been established and are involved in community health matters. In addition, a Hospital Management Committee in Gereida, comprised of representatives from HAC-SLA, Community Leaders, Hospital administration staff, ARC and women groups, was established in February 2008 and will be essential in giving support and assistance in the operation of the EmOC Center.

Capacity building of health staff

Considerable efforts towards capacity building of health staff through trainings, refresher workshops, on-the-job trainings and supervision visits resulted in significant achievement towards enhanced skills and performance on the job. These trainings captured all the key areas of primary health services that are provided touching on areas of preventive and curative services.

Health program staff was trained on all key and crucial areas pertaining to their work demands including integrated management of childhood illnesses (IMCI), Management of oral rehydration therapy (ORT), infection prevention (IP), HIV/AIDS awareness, Data collection and health information systems (HIS), refresher trainings for nurses, clinical consultations, and emergency preparedness and response. All MoH/WHO protocols were employed during the trainings and service provision process. Further monitoring was carried out as a follow-up to the trainings provided.

Health education

ARC provides Health Education programs in health facilities, communities and in selected schools in the ARC area of operation. Extensive health education activities were carried out by local staff with the aim to spread awareness messages to prevent and alleviate the impact of communicable disease. No incidents of outbreaks of communicable diseases were reported during the project period which resulted in communities seeking more information on preventive measures.

From August 2007 to September 2008, 1,844 health education sessions were conducted with participation of 105,789 individuals: 81,026 female and 24,768 male. In addition, 87 supervision visits were carried in different sites by ARC Community Health Volunteers. Furthermore, the Health Education team carried out activities in formal and religious schools including pupils and teachers. In total, 60 sessions in formal primary schools were conducted reaching 5,213 pupils

(2,990 girls and 2,223 boys) and 11 sessions were conducted reaching 585 pupils (468 boys and 117 girls) mainly from the nomadic and host population.

Community health volunteers and village health committees were recruited and trained in all areas of operation to support ARC activities including community education, referral system, early warning system, as GBV focal points, and in data collection. During the reporting period, 290 community health volunteers from all areas were trained to carry out health education in their communities in static and mobile clinic sites. KAP surveys will be administered to assess the impact of health education in these communities.

EPI

A significant gap exists in coverage of EPI services in South Darfur. Per the request of the MoH, ARC supports vaccination coverage in collaboration with UNICEF and WHO by providing logistical support during National Immunization Days. In addition, as three of the 10 PHCCs supported by ARC have fully functional EPI capability, services are ongoing in Gereida, Bulbul Tembesco and El Wehda.

Moreover, ARC along with other partner health agencies are working with the MoH to install cold chain facilities and provide training to staff on maintenance of such equipment as well as support for transportation, procurement of spare parts and coverage of labor costs. Currently, ARC has 3 cold chain facilities in Ditto, Al Safiya and Abu Ajura PHCCs and has requested 3 more solar panels and refrigeration systems from the MoH EPI Department along with training for health personnel regarding vaccination and increasing of the coverage with regular/routine vaccination in ARC's area of operation.

EWARN/Emergency Preparedness and Response

The Early Warning System is in place and functioning well. Reports from ARC areas of operation are collected and submitted to the WHO and MoH on a weekly basis. In collaboration with MoH, surveillance on morbidity and mortality continues in addition to monitoring of reports of outbreaks or of impending outbreaks.

Diseases with epidemic proportions are closely monitored and all occurrences are reported to the WHO and MoH, most notably, acute watery diarrhea, acute jaundice syndrome, meningitis, measles, and acute flaccid paralysis are among some of the morbidities that are monitored very closely. (Chart 5)

Relevant and consistent assessments are conducted to identify areas of need during outbreaks or potential outbreaks. One of the key approaches that ARC has been involved in relating to emergency preparedness and response has been to put in store all the necessary stock for emergency response as well as conducting activities aiming at diagnosing, monitoring and averting humanitarian concerns (i.e. nutrition surveys, exploration of new areas, lobbying for other actors and actively participating in MOH-led task forces during epidemics).

In addition, a mobile clinic team provides health services to host communities and IDPs in ARC areas of operations where a static clinic does not exist. During this reporting period, beneficiaries from Gereiga, Tokomaya, Birkatuli (Nyala-Gereida Corridor) and Towal (Nyala-Tulus Corridor) benefited from the mobile team. Unfortunately, due to insecurity, the mobile clinic team has had limited movement for the past 3 months preventing it from maintaining its regular schedule. As a result, ARC plans to establish a static clinic in Birkatuli to provide access and utilization of health

services 5 days a week, which will include the Tokomaya and Gereiga beneficiaries. To date, a team consisting of a medical assistant, midwife, health assistant, nurse and registrar have been identified, trained and are ready to be deployed to Birkatuli.

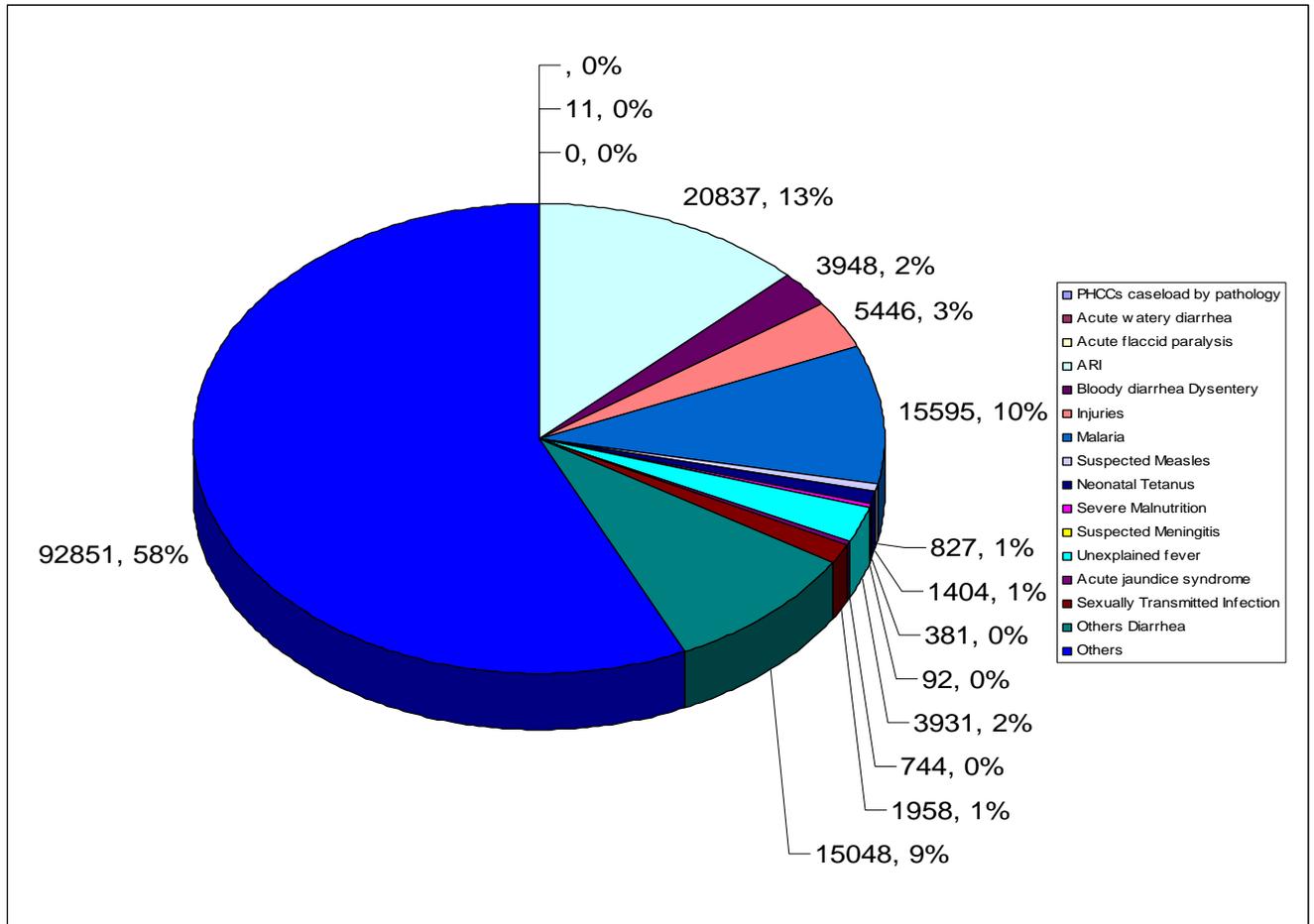


Chart 5

Nutrition

The main objective of the nutrition program has been to carry out nutritional monitoring and rehabilitation of children <5 years of age with global acute malnutrition and pregnant and lactating women (PLW) with MUAC < 22 cm among IDPs and host populations in ARC areas of operation. This is done through regular assessments for specific nutrition needs, nutrition monitoring and surveillance and starting nutrition interventions in sentinel areas of both corridors by implementation of supplementary feeding centers.

The Supplementary Feeding Program continued in Abu Ajura, Al Safiya, Abu Salalah, El Wehda West and Abu Jabra. Based on the rapid nutrition assessments conducted during the reporting period, the SFP program has expanded to include 2 more sites: Ditto in March 2008 and Tulus in May 2008. In addition, ARC is preparing to open an 8th site in Dimso having already identified and trained Community Nutrition Volunteers, dispatched food commodities and procured necessary equipment.

ARC implemented 7 Supplementary Feeding Programs in these selected health facilities to treat beneficiaries with moderate acute malnutrition without complications and those with special nutrient requirements. The SFP admission criteria is MUAC < 125 cm and or weight for height percentage from 70 to 79%. Pregnant and lactating are admitted based on MUAC < 21.0 cm. Also, recent discharges from TFC / OTP facilities are eligible to continue treatment till 85% weight for height percentage is reached. All cases of severe malnutrition were referred to Nyala. The PHCC in Gereida IDP Camp screens children and refers severe cases to the therapeutic feeding center operated by ICRC Clinic.

Since August 2007, a total of 2,874 beneficiaries have been admitted to the program while 2,450 were discharged.

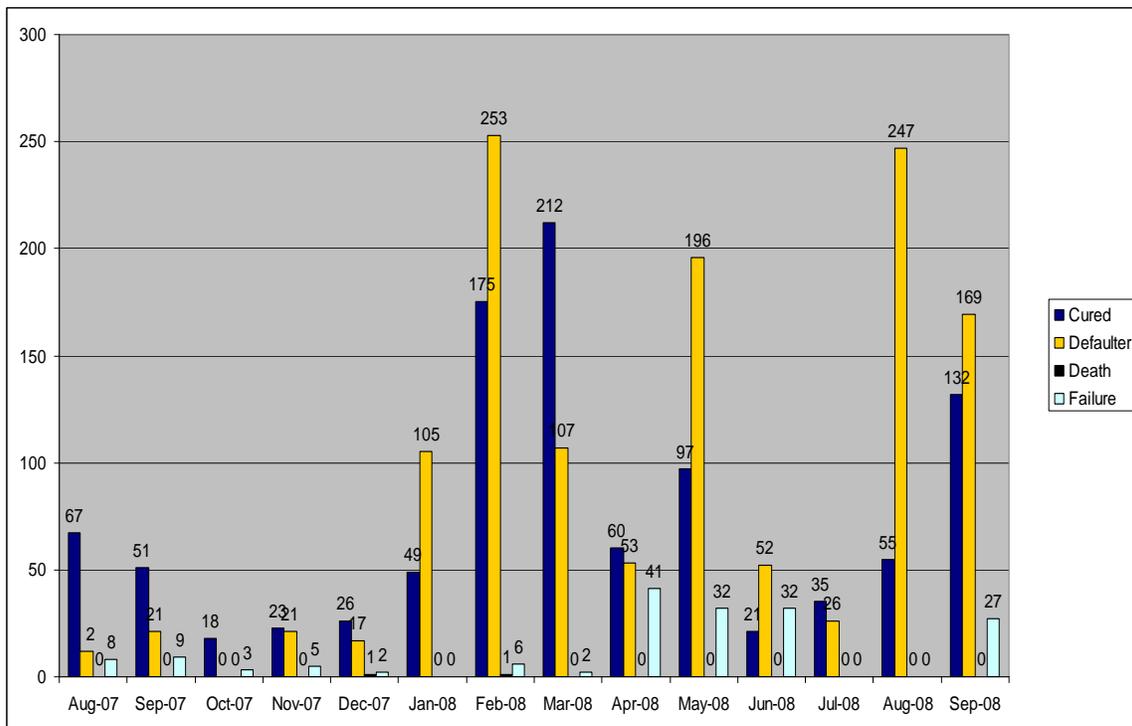


Chart 6

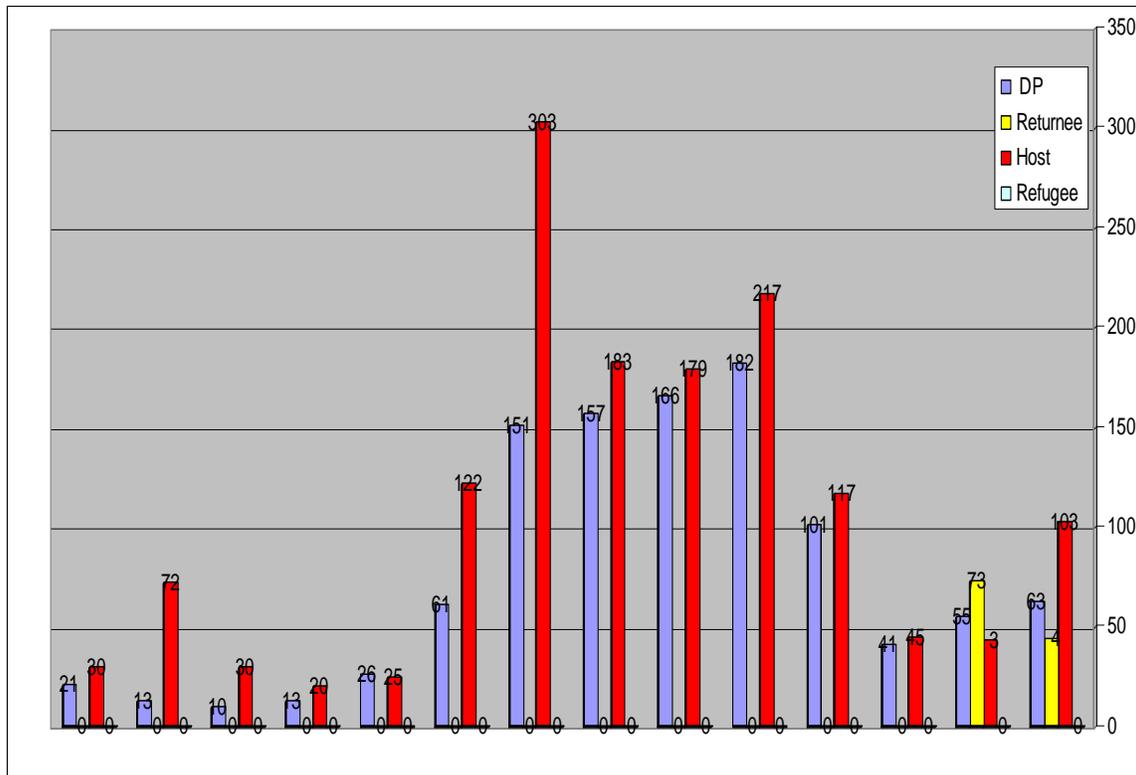


Chart 7

As represented in Chart 6, there was a tendency an increase in the number of defaulters mainly due to insecurity (intertribal clashes) as well as during activities in agriculture particularly during the planting and harvest seasons. Chart 7 represents the breakdown of beneficiaries served and it is worth noting that ARC saw returnees in its areas of operations which highlight the need to expand SFP activities

Activities in the nutrition program included nutrition education, micro nutrient supplementation, and capacity building through training of Community Health Volunteers, Community Nutrition workers and Nutrition staff as well as lobbying for other actors to become involved.

Nutrition education was organized and carried out in all seven sites with 123 sessions reaching 11,522 male and 2,191 female participants. Topics discussed included exclusive breast feeding, home management of diarrhea conditions, preventing and combating malaria, household consumption of iodized salt and food preparation and storage.

Postpartum Vitamin A supplementation was conducted in 10 PHCCs including the RH unit in Tulus (100% of the expected reporting units) targeting post natal mothers. Beneficiaries in the SFP received micronutrients (Vitamin A, Iron and folic acid).

Community nutrition volunteers also received training on surveillance, hygiene, SFP organization, defaulter tracing, childcare practice, and dissemination of simple and appropriate messages during household home visits to promote child health and to encourage mothers' return. In addition, 12 SFP staff had training on SFP data compilation and analysis.

ARC continued to lobby for other actors to become involved in the nutrition interventions. WFP provided food for the SFP while UNICEF supported some of the interventions including provision of essential drugs to the SFP, supporting staff trainings and supporting assessments/ and surveys in line with UNICEF nutrition priorities.

ARC remained active in the Nutrition coordination meetings. The Nyala-Tulus preliminary survey report results from the July 2008 survey was shared with other partners through UNICEF. A midterm activity review was done with UNICEF to identify gaps, challenges and remedies. South Darfur Nutrition activity mapping was done with UNICEF and other partners to avoid duplication.

HIV/AIDS/GBV issues

Knowledge around HIV/AIDS in South Darfur is very low. A team of facilitators on HIV/AIDS related topics was trained, which in turn trained various target groups within the communities on awareness. Religious and community leaders were the main target group in the inception of these workshops. Other target groups included teachers, youth, uniformed personnel/military and police, Hakhamats (women's community mobilizing group), TBAs, other national NGO staff and CHVs. The MoH and UNICEF were actively involved with supporting ARC on such workshops through facilitation and provision of IEC materials on HIV/AIDS. A total of 100 participants attended 5 planned workshops on HIV/AIDS. Moreover, HIV/AIDS topics have been included in RH, Nutrition and General Health education sessions, as well as in WASH and Agriculture and Livelihood activities.

In March 2008, closely coordinating with SNAP and UNICEF, El Wehda Clinic began providing PMTCT awareness activities including provision of VCT for pregnant women. Since its inception up until September 2008, a total of 444 pregnant women were tested for HIV/AIDS with the same number attended pretest counseling sessions. Posttest counseling sessions surpassed expectations by 3 times reaching 1,273 women being counseled.

GBV continues to be a difficult and controversial subject throughout Sudan particularly in the Darfur State. Nevertheless, ARC activities center mainly on community sensitization focusing on health seeking behavior following incidents of rape. GBV focal points in communities are trained on how to advice victims of rape to seek medical care at the health facilities.

Coordination with Other Partners

ARC continued to coordinate and liaise with other international organizations (WV, CARE, IRC, IMC, Mercy Corps, Concern World Wide, Samaritan's Purse, ICRC, OXFAM-GB, Merlin, GOAL, NCA etc.), UN agencies (UNICEF, WHO, FAO, UNFPA, UNHCR, WFP), local NGOs (including Alham and Al Massar), and local authorities (MoH, HAC and WES).

ARC has been active in attending strategic annual planning meetings on health and nutrition and the development of work plans in partnership and collaboration with key partners in health like MOH, UNICEF, WFP and WHO. Weekly or bimonthly meetings are held with all these actors to

discuss common issues that pertain to common areas of interest. An average of 7 meetings are held every month.

Project Achievement- Progress against Indicators

Objective 1: To improve access to basic health care services in South Darfur through capacity building, provision of material support and emergency preparedness and response.

Table of indicators and achievements

Section 1: Health		
Sub-sector: Child Health	Cumulative number	Cumulative Percentage
Number and percent of total population. Pregnant women and < 5 effectively treated for malaria with appropriate anti-malarial.	7,468	46.69%
Proportional morbidity from malaria (total <5 and pregnant women)		6.25%
Proportional mortality from malaria (total, <5 and pregnant women)		0%
Number and percent of population < 5 effectively treated for ARI with appropriate antibiotics		40.7%
Proportional morbidity of children < 5 years of age from ARI		16.4%
Proportional mortality of children < 5 years of age from ARI		0%
Number and percent of population < 5 effectively treated for diarrhea with ORT and zinc (antibiotic for dysentery) at the health facility and/or community level		43.1%
Incidence rate of diarrhea		0.33%
Proportional morbidity of children < 5 years of age from diarrhea		11.2%
Proportional mortality of children < 5 years of age from diarrhea		0%
Sub-sector: Maternal Health		
Number of providers trained in management of clean deliveries and detection of danger signs. (Target is 60 midwives and 200 trained TBAs)		133 midwives 171 TBAs
Percentage of pregnant women who have attended at least 2 antenatal clinic (ANC) visits		62.1%
Percentage of pregnant women receiving iron and folic acid at the ANC		91.67%
Percentage of pregnant women who received a clean delivery kit		27.14%
Percentage of women vaccinated with tetanus toxoid (TT2)		34.96%
Percentage of pregnant women in their 2nd and 3rd trimester attending an ANC who receive intermittent presumptive therapy for malaria		25.48%

Percentage of pregnant women who deliver assisted by trained personnel		24.1%
Referral system for obstetrical emergencies in place	2203 referrals	
Percentage of women who attend at least one postpartum visit with trained provider (including provision of Vitamin A where appropriate).		73.32%
Number of USAID/OFDA-supported health facilities providing services to manage the most common diseases causing morbidity and mortality in the target population, including maternal and neonatal health		11 static and 4 mobile
Number of health providers and/or community members trained in areas such as the prevention and management of the most common diseases causing morbidity and mortality, maternal and neonatal health, EPI, HIV/AIDS prevention, and health education.		1,094 trained health providers
Utilization rates of USAID/OFDA supported health facilities.	94,619	16% over baseline
Number of mobile sites being supported.		4
Number of KAP surveys in each corridor to assess the impact of health education in the communities		1 KAP survey conducted in each corridor
Section 2: Nutrition		
Sub-sector: Supplementary Feeding Program		
Coverage in rural areas > 70%. No Baseline		79.5%
Default rate < 15%		34.23%
Cure rate > 75%		62.54%
Death rate < 3%		0.12%
Number of beneficiaries disaggregated by age, under-five and adult (currently 72.7% <5 yr, 1.8% >5 yr, 9.2% pregnant/lactating, 16.2% adult).		< 5 years: 2,257 > 5 years: 44 Pregnant and lactating: 404
Sub-sector: Nutrition Education		
Number of beneficiaries receiving nutrition education		9,096 total 995 male (11%) 8,101 female (89%)
Number of health care providers trained in the treatment of moderate & severe malnutrition		30

Achievements

1. Provided support to 37 midwifery students
2. Trained midwives and TBAs in Gereida IDP Camp and other sites
3. Rehabilitation of 10 clinics
4. Increasing health education coverage by increasing the level of training to more CHVs
5. Supporting MoH thus enhancing EPI coverage

6. Increase in HIV/AIDS awareness through trainings and pilot project of PMTCT/VCT awareness site in El Wehda
7. Establishment of new 2 SFP sites in selected PHC facilities
8. 15 new Community Nutrition Volunteers trained on nutrition activities
9. Conducting Nutrition Survey in Nyala-Tulus Corridor
10. Identification, enrollment and support of 16 students in Midwifery school in Nyala
11. Funding received through CHF that enabled procurement of supplementary drugs, equipment, start up of construction of EmOC center in Gereida, support on new 15 students in midwifery school, procurement of equipment for establishment of Radio communication network between Nyala, Al Safia, Tulus and Gereida and planned to be dispatched ambulances in both corridors.
12. Transparency of programming and activities presented in State and Federal level
13. Presentation of Population Based Surveys in Gereida and Al Safia at RAISE Conference
14. Presentation at Global Health Conference in Kampala, Uganda 2008. Presentation entitled: Community Health Delivering, Serving Engaging. Leading

Challenges/Constraints

1. Insecurity
2. Reduction of financial support while there is an increased need
3. Staff retention and turnover with both key International and national staff members
4. Longstanding deployment process in terms of securing necessary visas and travel permits of key program staff caused by delays in Federal and state level bureaucracy procedures.
5. Low level of national staff capacity: Low literacy level for most of the RH service providers, thus they are not able to document their work (most midwives cannot read and write). This contributed in deficiencies in imparting of crucial skills that are need in enabling them perform better.
6. Shortage of qualified health staff in South Darfur
7. The basic PHC kit contents are not adequate to meet the needs of the health program beneficiaries requiring procurement of supplementary drugs to meet the basic needs of patients
8. Insecurity rendered most facilities in the both corridors inaccessible thus hindering supervision and regular supply of materials like equipment and regular drug supplies
9. Likewise insecurity resulted in cancellation of establishment of new clinic sites
10. Health Policy changes at state level and affiliation of activity information with ICC hindered activities particularly related to RH and GBV

Lessons learned

1. Community involvement is vital in the provision of basic health care services. When the community was involved, the acceptance of programs made implementation easier as was the case with the establishment and strengthening of village health committees. This statement is enforced by the fact that the activities in the field have not been stopped even when insecurity did not allowed visits of the sites.
2. Communities are presenting the valuable sources for recruitment of future health care providers or volunteers

3. Enhancing capacities of local NGOs in various income generating activities through collaboration creates local capacity empowerment. ARC gave a contract to a local NGO to produce clean delivery kits.
4. Collaboration and coordination with other partners is important. ARC, ICRC, Merlin and MOH were able to put up emergency preparedness system in place in Gereida.
5. Involvement of Communities, MOH and HAC, in both levels Federal and State, Partner organizations in all aspects of health programming implementation is crucial as they are key in the provision of qualified health staff and clarification of changing regulations.

2.2 WASH

OVERALL SECTOR OBJECTIVE

“To increase access to improved water and sanitation services and practices by providing sustainable facilities and community education”.

ACCOMPLISHMENTS

A. Summary

From the analyzed data of the quarterly reports of the year (2007 – 2008), the reports indicate that the overall WASH objective was largely accomplished. The average percentage of walking distance of the water sources within 300m was increased from 59.9 % to 79.9 %. Water consumption was increased from 15.9 l/p/d to 19l/p/d and the percentage of beneficiaries using latrines was increased from 25 to 56. Beneficiary community members attended several training sessions, thus, building their capacity to manage water and sanitation issues.

ARC was able to sink 4 hand dug wells, rehabilitate 5 water yards, rehabilitate 40 hand pumps, sink 4 hand dug wells, replace 2 generators and 3 submersible pumps in water yards, take and test 150 water samples from different water sources. Two thousand and eighty household and 114 institutional latrines were constructed. Three thousand five hundred and fifty-eight beneficiary community members participated in various hygiene promotion campaigns. In addition, 23 village health committees were formed, 90 hand pump operators trained and 2133 pupils were sensitized on hygiene and sanitation. These accomplishments contributed to increased access to water and sanitation facilities and improved hygiene practice among the target population.

B. Needs Assessment

Two WASH needs assessments were carried out during this reporting period – one in the Tulus corridor in November 2007 and another in the Gereida IDP camp in July 2008. The Tulus corridor assessment findings indicated the following:

- a. About 30% of population using water yards walked less than 300m to water yards
- b. About 65% of population (12,500) using boreholes with hand pumps walked less than 300m to the boreholes
- c. About 75% of population using hand dug wells walked less than 300m to hand dug well
- d. 75% of water points constructed were clean 3 months after completion
- e. 70% of people practiced correct hand washing.

The Gereida camp assessment findings indicated the following:

- a. Poor sanitation as latrines were inadequate. There weren't enough latrines in all sectors and an alarming percentage of constructed latrines had caved in due to rainy season. For instance, only 30% of 500 latrines in four sectors were in use and only 19% of those in use were in good condition.
- b. Only 32 (65%) out of 50 sectors in the camp had hygiene committees
- c. 85% of the 1,250 camp inhabitants interviewed indicated they had access to adequate water supply.
- d. There were no bathrooms in the camp
- e. There were no places for washing clothes

These findings influenced programming decision towards more emphasis on sanitation and hygiene promotion in the communities and the Gereida camp.

C. Water

In addition to the needs assessments carried out, extensive assessments were also conducted for all the new water projects that were implemented. These were aimed at finding out the feasibility and sustainability of the projects. In particular, studies were done to find out the soil formations in order to inform the design and the potential catchments population. For boreholes, data was collected on the type and thickness of geological materials, the occurrence of ground water, the flow in pores and /or fractures, direction of flow and the possible quality of ground water in each locality.

Five hand-dug wells were sunk in Abugrajil, Afona, Tiwal West, Tiwal East and Matrio. The target of 7 could not be met because the actual cost of sinking the wells was higher than budgeted. The increase in cost was due largely to high insecurity.

A total of 40 hand pumps were rehabilitated. This activity met its target because the program used trained repairmen in the villages to carry out the rehabilitation, especially in Greida corridor. 2 generators and 2 submersible pumps were installed in Nakhara and Donkey Dereisa in Tulus and Gereida corridor respectively. 5 water yards were rehabilitated in Rassalfeel Gewigein Almashru, Dargala and Aumkherein villages in Tulus corridor. The proposed target was successfully met.

40 water samples were tested from a combination of new and old water sources. All new water sources were tested.

D. Sanitation

450 slabs were cast for family latrines in Karam and Safiya Abujabara, Abusala and Gidad. This brings the cumulative total to 2,530 building on the previous constructed 2080 latrines of previous grant. The target of 750 platforms was not met, because of the insecurity in Tulus and Gereida corridors.

55 school latrines of 9 blocks of 6 latrines each were constructed in the following schools: Alfarug, Domaya, Gerba, Nakhara, Wadhajam, Gidad, Rajaj, A hud, Algazaly, Somaya, Muaro, Dargala, Abuajura secondary school, Abuajura school for boys, Alsafya school and Abusalala. The target was over surpassed, because the price of construction was lower than what was proposed in the grant due to low price of construction materials in the period of implementation.

A total of 875 sanitation and hygiene promotion training sessions were facilitated for community members, community volunteers, school children and community leaders. The number is much higher than planned because the communities showed a lot of enthusiasm in being trained and the costs for the training turned out to be lower than budgeted in the proposal.

A total of 8,000 sanitation and hygiene inspection visits were conducted by Community Hygiene Volunteers (CHV) to sensitize households on issues of sanitation and at the same time collect vital information on the sanitation and hygiene status of the households, including availability of drinking water storage facilities. The visits surpassed the planned number because of the high number of people that attended trainings.

40 pump operators and 60 hand pump technicians were trained. The target was surpassed as community members showed interest in attending trainings as well as the budget for an individual training was lower than what was proposed.

2.2.2 ACHIEVEMENT ON INDICATORS

Objective 2: “To increase access to improved water and sanitation services and practices by providing sustainable facilities and community education”.

Result 2.1: To increase access to improved water and sanitation services by providing sustainable facilities and community education		
Specific Objective 2.1: To improve hygiene, sanitation and water		
% of targeted population with water sources within 300m walking distance (Current situation is 59.9%: Target: 20%)	<ul style="list-style-type: none"> 4 hand dug wells were sunk serving 3,000 people with 2,500 of them walking less than 300m to the water point. This increase of 23.3% in addition to the baseline which was 59.9 % bringing the accumulative average increase of the year to 83.3%. The target was surpassed by 3.4% 40 hand pumps were rehabilitated serving 20,000 people with 17,000 of them walking less than 300m to water point. This increase of 25.1% in addition to the baseline which was 59.9 % bringing the accumulative average increase of the year to 85%. the target was surpassed by 5.1% 5 water yards were rehabilitated serving 37,500 people with 32,000 of them walking less than 300m to water yards. This increase of 26.1% in addition to the baseline which was 59.9% brings the total accumulative average increase of the year to 86.%. the target was surpassed by 6.5% 2 schools were connected to water pipelines from water yards. 	Target was successfully accomplished and surpassed.
100% increase in amount of water consumed per person per day.		
# liters per person per day among target population (Current	<ul style="list-style-type: none"> 4 hand dug wells were sunk and 	Slightly below target, but quite significant achievement.

<p>situation is 15 liters per person per day (from our OFDA (2006- to 2007 grant report) Target: minimum 20 liters per person per day)</p>	<p>are giving an additional supply of about 15m³/day. This translates that the additional 15m³/day added to the baseline 45m³/day brings the total accumulative water production to 60m³/day, which is 20l/p/d</p> <ul style="list-style-type: none"> • 40 hand pumps were rehabilitated and are giving an additional supply of about 300 m³/day. This translates that the additional increase of 75m³/day added to the baseline 300m³/day brings the total accumulative 375m³/day, which is 18.75l/p/d. • 5 water yards were rehabilitated and are giving an additional supply of about 250m³/day. This translates that the additional increase of 250m³/day added to the baseline 562.5m³/day brings the total accumulative 812.5m³/day, which is 21.9 l/p/d (812,500 L/37,000P). 	
<p>200% Time saving per HH per day in water collection particularly those of women and girls in targeted communities</p>	<p>From a rapid assessment carried out in November 2007 in the Tulus corridor, the average time taken to and from a water point was 60 minutes. This is an improvement on the original time of 200 minutes. This translates into a saving in time of 70 %.</p>	<p>This figure is far from the 200 % envisaged in the proposal. This is because although the program constructed many facilities, settlements in South Darfur are scattered and therefore long distances to water points. NB. A final survey was to have been done before this final report, but security dramatically deteriorated towards the end of this reporting period.</p>
<p>70% of women, men and children in project area adopt health & hygiene related behavior and continue practicing (Current situation is 40% Target: 60%)</p>	<p>A rapid assessment conducted in November 2007 showed the following results:</p> <ol style="list-style-type: none"> 1. % of water points constructed that are clean 3 months after completion 60% 2. % of people doing correct hand washing practices 70% 	<p>This achievement appears to fall short of the target, but an end of program assessment would probably have indicated a higher figure considering the additional sanitation and hygiene promotion trainings provided later.</p>

	<p>3. % of people doing correct water usage /handling practices 55% This gives an average of 55.5 % of people who have adopted good hygiene and sanitation behaviors</p>	
<p>Hygiene/sanitation promotion activities by volunteers effectively cover target population</p>		
<p>30% increase in population coverage by volunteers. (Current situation 500, Target 650)</p>	<p>875 were trained to bring the cumulative to 1375. This is an increase of 175% over the 500 baseline figure.</p>	<p>175 % The figure has been surpassed as a result of the great enthusiasm shown by communities in attending trainings.</p>
<p>Adequate sanitation units established in Arc's area of work in Greida camp</p>		
<p>Sanplats distributed to communities showing initiatives in hygiene sanitation improvement</p>		
<p>25 % increase in households using latrines</p>	<p>In total 450 household latrines were constructed bringing the cumulative figure to 1780 household latrines from 1330 household latrines previously.</p>	<p>25 % Figure met the target.</p>
<p>350% increase in households constructing their own latrines. (Presently 159, target: 700)</p>	<p>From reports given by CHVs, 600 people constructed own latrines during this period using their own resources. This translates to a percentage cumulative increase of 340</p>	<p>CHVs report on this indicator and there have been instances of wrong reporting. This will be one area of emphasis in subsequent CHV training.</p>
<p>100% increase in latrines showing improved cleanliness. (Current situation is 560, Target: 1400)</p>	<p>A cumulative of 1000 latrines showed improved cleanliness. This is an increase of 75% over the baseline figure of 560.</p>	<p>As indicated above, CHVs report on this indicator and there have been instances of wrong reporting. This will be one area of emphasis in subsequent CHV training.</p>
<p>Village water and sanitation committees formed</p>		
<p>27% increase in the number of village health committees. Present situation -67 committees, target 85</p>	<p>17 village health committees were formed bringing the cumulative to 111. This translates to an increase of 60 %.</p>	<p>40 %</p>
<p>30 % increase in people reporting health and sanitation issues to VHC</p>	<p>Many community people attended hygiene sanitation promotion sessions and there was a corresponding increase in awareness leading to more people reporting on water and sanitation issues either to the village sanitation volunteers or to ARC staff in the field. From VHC records, 100 such reports were received. There was no available baseline for this indicator. Therefore, percentage increase cannot be calculated.</p>	
<p>20 hygiene promotion trainings conducted for 800 participants by the end of the project</p>		

80% of participants are able to state at least 1- ways of keeping proper personal and environmental hygiene	Training evaluations indicated that all participants trained in hygiene promotion were able to state at least three ways of keeping proper personal and environmental hygiene	
Pupils have information on hygiene and sanitation issues		
80% of pupils are able to state at least 10 ways of keeping proper personal and environmental hygiene.	1500 pupils were sensitized on water, sanitation and hygiene and 1200 of them were able to state 10 ways of keeping proper personal and environmental hygiene (89%).	89%
Schools in target areas have adequate sanitation facilities		
60% increase in school population having access to latrines in target area. (Current situation is 45, Target: 67)	10 schools were provided with latrines increasing the number of schools with latrines to 79. This translates to a percentage increase of 59.	59% Within target
# of house hold visits done by volunteers-(Current situation is 15000, Target: 7,000)	8000 house hold visits were done bringing the cumulative total to 27975	27975
Water sources in our area of operation are considered safe		
No faecal coliforms per 100ml at the point of delivery for all water sources tested	In collaboration with the Water, Environment and Sanitation project, water samples were collected from 40 water points across the program area and tested for bacteriological and chemical elements. Samples from only 3 sources were found to be contaminated.	3 sources contaminated
100% of contaminated water sources chlorinated after testing.	Out of 40 samples taken only 3 samples showed contamination beyond the acceptable limit and were chlorinated.	100%
Specific Objective 2.2: To improve access to adequate potable water from water supply systems owned, operated, maintained and managed in a sustainable manner by either communities or government		
12 water yards repaired/constructed and fully functioning in the target area by the end of the project		
100 % increase in liters of water produced per person per day in target area (Current situation is 15, target:20)	<ul style="list-style-type: none"> • 4 hand dug wells were sunk and are giving an additional supply of about 15m³/day • 40 hand pumps were rehabilitated and are giving an additional supply of about 300 m³/day • 5 water yards were rehabilitated and are giving an additional supply of about 250 m³/day 	
Specific Objective 2.3: To improve the capacity of community, water operators and ARC' Water and Sanitation staff through training		
No. of ARC WASH staff attending at least 1 course and	2 attended	

scoring at least 50 % marks in training evaluation (Current situation is none target 3)		
---	--	--