



ANNUAL REPORT (1 January, 2012 to 31 December, 2012)

Catholic Relief Services, United States Conference of Catholic Bishops

Headquarters Contact: Paul Rebman, Public Donor Liaison 228 W. Lexington St Baltimore, MD 21201-3413 Telephone: (410) 951-7388 E-mail: paul.rebman@crs.org Fax: (410) 234-3189	Field Contact: Carolyn Fanelli, County Representative CRS Sudan Khartoum, Sudan Email: Carolyn.Fanelli@crssudan.org Phone: + 249 183234702 Fax: + 249 183254570
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USAID/OFDA Agreement: No. AID-OFDA-A-11-00012
Program Title: Darfur Rapid Emergency Response Fund
Country/Region: Sudan—3 Darfur States
Program Period: 12 Months
Start period and end dates: May 1, 2011 – August 31, 2013
Reporting Period: January 1, 2012 – December 31, 2012

Objective:	Humanitarian agencies effectively and promptly respond to natural and man-made emergencies in Darfur.
Budget Annual Period (Jan – Dec 2012)	Amount Expended: \$712,556
Cumulative Expenditure to Date: \$1,409,669	Balance: \$2,090,331
Number of Beneficiaries Targeted:	270,200
Number of IDP Beneficiaries Targeted:*	202,600 (<i>included in the figure above</i>)
Number of Beneficiaries Reached:	122,827 (<i>10,200 returnees, 288 host community, 112,339 IDPs</i>)

Executive Summary

The Darfur Rapid Emergency Response Fund (DRERF), originally a one year project, was extended through a six month no cost extension and then an additional no cost modification to become a 2 year and 4 month project (May 1, 2011 – August 31, 2013), with the overall goal of assisting *humanitarian agencies to effectively and promptly respond to natural and man-made emergencies in the three Darfur States* through the provision of sub-grants to both national and international organizations. The small-grants will enable the implementing partners, both National and International NGOs, with strong relations and projects implementation capacities in different parts of Darfur to quickly gain access to an effective funding mechanism in order to respond promptly and effectively to emergencies affecting the local target population, particularly in the sectors of Health, Water, Sanitation and Hygiene, and Shelter and Settlements.

To date, the DRERF project has received a total of 30 project proposals and of those, 8 projects have been funded. Six of the funded projects successfully completed implementation of activities as of the 30th of June 2012 and two newly funded projects began implementation in November/December 2012 to address the yellow fever outbreak. The project proposals which were not approved for funding were either ineligible because they did not comply with the objectives of the DRERF project to address newly occurring emergencies and/or the organizations are current recipients of OFDA funding and were asked to modify their current awards to include the additional activities instead of seeking a separate DRERF funded award. A majority of the ineligible projects were requesting DRERF funds to assist with ongoing aid activities and not to address short-term new emergency needs. Additionally, in some cases, funding for the proposed activities was already available through other donor sources or there were other organizations already working in the affected location that were able to address the emergency needs without additional financial assistance.

A breakdown of the 8 projects which were funded and their targets is provided below:

<u>Organization Name</u>	<u>Type of organization</u>	<u>Project Title</u>	<u>Sector</u>	<u>Location</u>	<u>Time frame</u>	<u>Target Beneficiaries Reached</u>
Almassar Charity Organization for Nomads and Development and Environmental Conservation	NNGO	Providing latrine and hygiene promotion in Terbeiba Village	WASH	Terbeiba Returnee Village, West Darfur	6 months	Total: 9,271 Male: 3,090 Female: 6,181
Child Development Foundation (CDF)	NNGO	Emergency Shelter construction for returnee at Terbeiba	Shelter	Terbeiba Returnee Village, West Darfur	3 months	Total: 9,000 Male: 4,500 Female: 4,500
Sudan Peace and Humanitarian Organization (SPHO)	NNGO	Shelter Provision and construction for Floods affected 48 HHs in Habila Locality	Shelter	Hai Madaris, Habila Locality, West Darfur	1.5 months	Total: 288 Male: 174 Female: 96
Great Family Organization (GFO)	NNGO	Non-Food-Items and Emergency shelter Distribution to support newly displaced and long stranded IDPs	NFI	Rural Kass, North Eddel Fursan, and Shaeria Localities South Darfur	4 months	Total: 34,074 Male: 9,200 Female: 24,824

Plan Sudan	INGO	Emergency Sanitation and Hygiene Promotion in Tawila IDPs Camps – North Darfur	WASH	North Darfur	5 months	Total: 42,907 Male: 21,224 Female: 21,683
Plan Sudan	INGO	Emergency WASH for IDPs in Zamzam Camp B and C	WASH	North Darfur	5 months	Total: 57,420 Male: 27,746 Female: 29,674
Adventist Development and Relief Agency (ADRA)	INGO	Yellow Fever Intervention Project in El Geneina Town, West Darfur	Health	West Darfur	1 month	Total: 309,824 Men: 123,929 Women: 185,894
Almassar Charity Organization for Nomads and Development and Environmental Conservation	NNGO	Health Awareness on Yellow Fever Disease Among Nomadic Communities in West Darfur	Health	West Darfur	2 months	Total: 115,200 Men: 46,080 Women: 69,120

Although CRS is still seeking approval from the Government of Sudan to obtain travel permission to North and South Darfur, CRS has been able to fund 3 projects (2 in North Darfur with the INGO Plan Sudan and 1 in South Darfur with then national organization Great Family Organization). To ensure all three projects received ongoing monitoring, CRS signed an MOU with the UN Joint Logistics Unit (currently referred to as UNOPS) in Nyala, South Darfur, to monitor and support GFO throughout the project. In North Darfur, Plan Sudan has received monitoring visits from OFDA M&E representatives in the area.

Overall Project Objectives and Activities

The above mentioned goal of this program will be achieved through the following program strategy and three sector related activity objectives for WASH, Shelter/Settlements and Health. It should be noted that the sector activities, figures and targets are the best estimates at the time of project design and based on CRS previous experience in Darfur. However, this project responds to actual needs that are still to arise and be assessed as part of the sub-grants disbursement process. Therefore it is expected that actual activities implemented, targets and achievements may significantly vary during the project implementation.

I. Program Strategy

This project will make quick responses possible by providing needed resources to organizations that are already on the ground and have a history of working closely with the affected communities. To achieve this goal, CRS will implement three closely intertwined strategies of a) building up a database of potential implementing partners, through comprehensive financial and programmatic capacity assessments, that include both INGOs and NNGOs, before disaster strikes; and b) utilizing a streamlined grant application, funding and reporting system in order to facilitate quick response to emergencies yet maintain acceptable levels of accountability; and c) building capacity of implementing partners and ensure compliance with relevant USG grant management regulations through trainings and follow-up.

II. Sector Activity Objectives

e.1 Water, Sanitation and Hygiene (WASH): To provide clean water and establish basic sanitation and hygiene standards for populations affected by natural or man-made disasters.

Beneficiaries: The primary target is 109,800 disaster affected beneficiaries (out of them 83,800 are IDPs) with inadequate access to clean water, sanitation and hygiene facilities. This beneficiary figure is provisional given that WASH interventions will only be implemented in the event of an emergency and when/if an implementing partner is awarded a sub-grant for the provision of short-term emergency WASH activities. Additionally, the exact target population is also provisional since it will be determined based on the needs arising from the disaster. **Activities include:**

e.1.a Hygiene Promotion/Behaviors: The intervention will be implemented through a structured hygiene promotion program that addresses the primary hygiene issues in the communities and in integration with the other sanitation and/or water supply activities provided through this project's funding, unless hygiene activities are being covered by other agencies responding to the same disaster.

e.1.b Sanitation: Activities under Sanitation will prioritize the construction of household latrines together with hygiene promotion for IDPs and host communities. In addition to the latrines construction and hygiene promotion, sub-grantees will address the maintenance of these latrines following the end of the sub-grant. Household latrines will be constructed using available local materials. The project will also support building waste collection and disposal systems in collaboration with the target communities. Additionally, monthly cleaning campaigns will be organized and sites will be monitored with the CHPs support.

e.1.c. Water Supply: A target of approximately 29,000 beneficiaries will be supplied with safe water in this project based on emergency need. In locations where people affected by the crisis have settled, CRS and the implementing partners will ensure access to adequate water supplies for drinking, cooking and personal hygiene. To the extent possible, water supply interventions will be justified by water usage survey where a threshold of 15 liters per person per day for IDP camps and 8 liters per person per day for conflict affected host communities will be used as the minimum acceptable to justify water supply interventions. Where existing water supplies are insufficient for the consumption requirements of the population, sub-grantees will consider rehabilitating existing water sources. The choice of the intervention will depend on the various scenarios as described above, not only taking into consideration response time, but community ownership and sustainability as well. Water trucking of safe water will be undertaken as a last resort where the existing water supplies are inadequate to meet the initial demand for newly displaced IDPs only for a short time. Water quality tests will be carried out at each water source used, including sources of trucked water.

e.2 Shelter and Settlements: Conflict affected populations have improved access to shelters and basic household items **Activities include:**

e.2.a Emergency/Transitional Shelter: It is expected that through sub-grants the project will construct 2,600 shelters to benefit 15,600 conflict affected IDPs including vulnerable households who lost their shelters as a result of either natural or man-made emergencies. The type of shelter to be constructed will be based on the needs of the affected population; either traditional kornoks

(wood frame shelter) or metal frame shelters, to reduce the use of wood, will be constructed. At each shelter site, training will be conducted for the shelter committees which will include how to receive and distribute the materials to recipient households, as well as how to assemble the shelter materials. Each household that receives a shelter will also benefit from disaster risk reduction sensitization.

The project will also provide support to national and international NGOs to access UNICEF and UNJLC NFI pipelines in order to complement the shelter support to affected populations. The common pipeline NFI includes jerry cans, buckets, blankets, plastic sheets and sleeping mats.

e.3 Health: Improved health of disaster affected vulnerable populations in Darfur.

Beneficiaries: The primary target is 144,800 beneficiaries (118,800 of them are IDPs) and special attention will be given to vulnerable groups such as children under five. This beneficiary figure is provisional given that Health interventions will only be implemented in the event of an emergency and when/if an implementing partner is awarded a sub-grant for the provision of short-term emergency Health activities. Additionally, the exact target population is also provisional since it will be determined based on the needs arising from the disaster. **Activities include:**

e.3.a. Communicable Diseases: The project will promote emergency interventions to prevent and treat common communicable diseases such as the leading causes of childhood morbidity and mortality, namely: ARIs, malaria, diarrhea, pneumonia, measles and meningitis. The project Implementing Partners (IPs) will train Community Health Promoters (CHPs) in community integrated management of childhood illness (CIMCI), and involve decision makers, including husbands, friends and relatives, traditional healers, and other influential community members to improve health behaviors. The project will also promote distribution of ORS and LLINs to extremely vulnerable individuals, vaccination campaigns with an emphasis on measles immunization and the support of accelerated immunization campaigns with vaccines provided by UNICEF and WHO in affected areas in the event of the outbreak of a disease that can be prevented through immunization, and epidemic preparedness and response activities.

e.3.b. Health Education/Behavior Change: The project will concentrate on promoting behaviors that in emergencies would reduce the caseload of casualties, contain the disease, improve case finding and detection, and improve health seeking behavior in the affected communities. These activities include the following: Community mobilization and sensitization campaigns, Identification and referral of sick household members to Primary Healthcare Centers (PHCs), Development or reproduction of IEC materials, and provision of health education messages to families and communities. The Implementing Partners staff will coordinate all health education and awareness activities with health facilities operating in the same target areas

e.3.c. Health Systems and General Health: The project will support existing basic primary health care services, using national protocols that address the management of the major causes of morbidity and mortality in camps, host communities, and areas for return. An emphasis will be given to programs that strengthen community-based capacity in a coordinated effort with other partners and programs. It will also support improvement in; 1) quality of health services being provided, 2) management of Health Information Systems and 3) skills and capacity of health

personnel to apply standardized case management protocols. The Implementing Partners (IPs) will identify populations with poor access to health services in target project areas jointly with the Ministry of health, WHO and UNICEF. Additionally, the following activities are envisaged for funding: coordination with the Ministry of Health, WHO and UNICEF in addition to other stakeholders in the health sector, conducting health assessments and surveys, capacity building of health service providers, coordination with health units/centers to enhance the awareness of the targeted population, training of community health promoters, and improvement of referral systems.

E.3.d. Non-communicable Diseases: The project will support the provision of emergency medical services preparedness and response training for management of mass casualties from violent conflicts or natural disasters. CRS and the Implementing Partners will coordinate with WHO, UNICEF, and the Federal Ministry of Health on the provision and procurement of Emergency Health Kits such as surgical kits, intensive care supplies for second and third degree burns and post exposure prophylaxis for rape. In all cases, facilities will obtain medicines from the WHO and UNICEF pipelines. To address leading causes of chronic non-communicable disease causing morbidity and mortality, the project will use existing health information systems to identify the top two diseases and organize for capacity building of health personnel in the management of these conditions. The following activities could potentially be funded: training on emergency preparedness and response for management of mass casualties, pre-stocking of emergency surgical kits, provision of second and third degree burns management supplies, provision of Post Exposure Prophylaxis for rape, post trauma counseling, assessments of the leading causes of chronic non-communicable diseases, and training on management of leading causes of chronic non-communicable disease mortality and morbidity.

Activities and Achievements throughout the Reporting Period:

I. Program Strategy

At the very beginning of the project and throughout implementation, CRS has conducted capacity review meetings with potential national and international partners to measure the organization's ability to manage funds under USAID/OFDA stringent reporting requirements. A pre-requisite to receiving DRERF funding is participation in financial and programmatic capacity review meetings, thus all organizations that have received funds to date were vetted through this system. To date, 75 NGOs (18 INGOs and 57 NNGOs) have expressed an interest in being considered for inclusion in the DRERF Potential Partner List, 44 of them (29 national NGOs and 15 international NGOs) have participated in capacity review meetings and of these 29 organizations (15 INGOs and 14 NNGOs) have been approved as potential partners eligible to apply for DRERF funds when/if an emergency occurs. During the capacity assessment meetings, DRERF staff assist the national organizations in drafting capacity building action plans to address their areas of weakness and spend time re-reviewing the DRERF proposal process to ensure organization staff understand the objectives of the DRERF and proposal submission process.

Due to CRS's ongoing travel restrictions, capacity assessments of interested organizations based in North and South Darfur are conducted in the organization's Khartoum office. If the organization does not have an office in the capital, an INGO or UN Agencies working in the specified State is asked to conduct the assessment on CRS's behalf, results of which are discussed at length by the implementing agency and CRS's Compliance Manager. While the system is laborious, it has allowed CRS to fund some projects in these states despite the travel restraints.

The review process for submitted sub-partner proposals is three tiered with CRS responsible for initially reviewing, vetting and supporting revisions of proposals before they are submitted to the OFDA mission in Khartoum for technical review and approval and then to OFDA HQ for final approval. All proposals received by CRS are reviewed by the DRERF Technical Review Committee (TRC) consisting of the DRERF Program Manager, Compliance Manager, national Senior Project Officer, and 1 to 2 CRS Technical Staff members depending on the sector(s) addressed in the proposal. Additionally, proposed interventions are cross-checked with HAC, relevant local government ministries, relevant UN sector leads, and other I/NGOs working in the proposed target areas to ensure there will be no duplication of efforts if the proposal is approved. Also, all DRERF applicants are required to coordinate with the relevant government and non-government agencies during proposal development as well as throughout project implementation. Furthermore, for projects addressing new returnee populations, verification reports are requested from UNHCR to ensure the targeted returns are voluntary, genuine, and that the conditions for return were met in safety and dignity.

In line with the Government of Sudan’s key development strategies of decisively building the capacity of Sudanese NGOs, one of the main activities of the DRERF project is capacity building for national NGOs operating in the Darfur States. For many of the Darfur based NNGOs, this is the very first opportunity they have had to directly apply for U.S. Government funding for humanitarian activities. To assist these potential implementing agencies with little to no experience working with USG funding instruments and also working within CRS policies and procedures, the DRERF team is focusing a majority of its time and effort on mentoring NNGOs through one-on-one meetings and larger capacity building workshops. DRERF staff members have provided hours of mentoring to the national NGOs that have submitted proposals in line with the objectives of the DRERF funding mechanism. CRS’s most senior technical staff have also assisted participating NNGOs with program design, recommending the most effective and efficient implementation strategies, as well as with redefining proposal budgets, workplans and M&E plans, and with improving their financial management systems.

II. Progress on Performance Indicators

During 2012, six DRERF sub-grant projects were completed and successfully closed out (2 in North Darfur, 1 in South Darfur and 3 in West Darfur) and 2 additional proposals (both in West Darfur) were approved. Through these projects 122,827 individuals were provided WASH, Shelter and/or NFI assistance in West/Central, South and North Darfur in 2012. Through these projects the following targets were achieved:

Subsector	Indicator	Target	Achieved	% Achieved
		Overall Program	Overall Program	Overall Program
Hygiene Promotion	Percent of target population demonstrating good hand-washing practices	60%	68%	114%
	Percent of target population demonstrating correct water usage and storage	60%	78%	130%

	Number and percent of clean water points functioning three months after completion	100%	0%	0%
Sanitation	Number and percent of household latrines completed that are clean and in use in compliance with Sphere standards	3,600	1360	38%
	Number and percent of household hand-washing facilities completed and in use	75%	85%	114%
	Number and percent of households disposing of solid waste appropriately	75%	36%	48%
Water Supply	Number and percent of household water supplies with 0 coliform bacteria per 100ml	75%	0%	0%
	Average water usage of target population in liters per person per day prior to and after interventions	20 l/p/d	0	0%
	Number and percent of water points with measurable chlorine residual exceeding 0.2 mg/l	80%	100%	125%
Emergency Shelter	Number of households receiving Emergency/Transitional shelter, pursuant to Sphere standards and FOG guidelines	2,600	640	25%
	Percent of total affected population receiving Emergency/Transitional shelter assistance	10%	3840	3%
	Total USD amount and percent of approved project budget for Emergency/Transitional shelter spent in the affected local economy (based on an estimated affected population of 25,000 HHs)	\$456,000	\$249,163	55%

The 2 newly approved projects (for one INGO and one national NGO) started at the end of November/beginning of December 2012 and are addressing health needs surrounding the yellow fever outbreak in West Darfur. Through these projects the two partners will reach a total of 425,027 individuals, including IDPs, nomads, returnees, and host community members, primarily through vaccination campaigns, health awareness sessions, and/or vector control campaigns.

III. Constraints

Overall the project has been very successful but it has faced a few challenges during implementation as follows:

- The operating environment in Darfur is changing as the region is experiencing fewer emergencies due to conflict related displacement and more and more emergencies related to an

influx of new returnees to areas which have deficient basic services to sustain a community. Given this new reality, many of the proposals submitted to DRERF have been geared more towards early recovery type interventions as opposed to acute emergency relief activities, which fall within the objectives of the project. Thus, we have been unable to approve a number of submitted proposals as they are not addressing short-term emergencies. This has hindered CRS's ability to disburse the rapid response funds as quickly as originally anticipated during the project design.

- An ongoing constraint is CRS's lack of access to North and South Darfur as the government continues to block our travel requests to these areas. Due to this limitation, it has been difficult for CRS to conduct capacity assessments of potential national partners based in these areas who do not have offices in Khartoum. Also, sub-contracting with national NGOs, while not impossible, is cumbersome as MOUs must be signed with INGOs or UN Agencies operating in these areas to conduct regular monitoring of the projects and capacity building follow-up with the national partners.
- Increasing prices in the market has frustrated implementation of some partner's project activities as the amount of money allocated for projects is not always sufficient to purchase the number of project materials stipulated in the original project design.
- Ongoing land issues for newly arrived IDPs and returnees has negatively impacted some project activities as the allocation of land is directly related to the provision of shelters and latrine construction. Through this process CRS has learned the importance of requiring that I/NGOs provide written proof that an agreement has been reached between the community members and the government regarding land issues before proposals related to water, sanitation and shelter activities are approved for funding.
- Although potential sub-partners had been identified and vetted, due to the combination of time required to pass through some or all of the steps of the three tiered sub-partner approval process (CRS, OFDA/KHT, OFDA/DC) as well as the amount of time it took for review/approval of the Award Modification, from July – October 2012 sub-agreements were not able to be signed with the potential sub-partners to address the humanitarian needs of flood affected communities in West/Central Darfur due to either technical program issues, program duration issues (vis-à-vis the life of the existing Award Agreement), or a combination of the two.
- As has been discussed between CRS and OFDA, one program challenge has been attempting to systemize a more time efficient approach to sub-awardee review and approval, coordinating the three tiers. All sides agree that we wish to continue to work together to find a mutually agreeable solution to more effectively serve and meet the needs in the Darfur States.

IV. Cost Effectiveness

This project was allocated a total of \$2.7 million for sub-grants to respond to actual emergency needs on the ground as they arise in the Darfur States and applications to address these needs through DRERF funding are accepted on a rolling basis from national and international NGOs. Therefore, the actual activities implemented, targets, achievements and amount of time needed to disburse the entire allocated fund will significantly vary during the project implementation. To date, CRS has disbursed a total of \$800,000 for 6 different projects and committed a total of \$192,546 for the 2 newly approved projects. To allow additional time for disbursement of remaining funds, CRS recently received approval for a 10-month no cost modification with a new project end date of 31st August 2013. Since the project began in May 2011, no additional funding has been

requested to support CRS administration costs related to the management of this project and all sub-grant partners have expended their total committed funds in full compliance with CRS and OFDA's financial guidelines/requirements.

V. Success Story

Terbeiba is a return village located along the Chadian border in Beida Locality, 72km south of El Geneina, the capital of West Darfur State. In early 2004, the entire community in Terbeiba was forced to flee to refugee camps in Chad due to increased fighting which left their village in complete ruins. After almost a decade away, families began to return to Terbeiba in late April 2011, as a result of increased security in the area as well as decreased access to livelihood opportunities in Chad. In July 2011, a joint UNHCR-led mission registered a total of 1,550 return households in Terbeiba. Despite this registration, the returnee community was not provided with any humanitarian aid from existing UN Agencies or INGOs in the locality and the lack of basic services was severe enough to drive many families back to the refugee camps in Chad.

To assist the distressed returnees, two national NGOs, Child Development Foundation (CDF) and Almassar, applied for and received DRERF funding to provide the communities with its' first sanitation, hygiene and shelter assistance. The project activities resulted in sustainable activities such as regular household and community cleaning initiatives by individuals and/or through campaigns, consistent use of constructed hand washing facilities, improvement in the community's overall personal hygiene including a reduction in the number of lice cases, increased sense of community and volunteerism among community members and improved relations between the local nomads and returnee community as work together during hygiene promotion and cleaning campaign events. These projects also sparked interest from other humanitarian organizations and donors to support additional humanitarian projects in Terbeiba which improved living conditions and ultimately augmented return efforts for families coming from Chad.

Since the DRERF projects ended, additional funding has been received by local organizations to construct schools, provide literacy classes for women and elderly, construct tree nurseries through food for work initiatives, provide vocational training classes on handicrafts and food processing, and assist with community farming initiatives. Because of the DRERF funded efforts, community members such as 15-year old Fatima Mohamed Abakar, displaced from Terbeiba to a Chadian refugee camp in 2003/2004, are finally able to settle back into their place of origin, with a roof over their heads, sanitation/hygiene facilities at their disposal and the reinforced impetus to actively participate in the rebuilding of their community.