**INSTRUCTIONS**

* Please fill in all sections of the template. If information is not available, note the reason.
* Kindly submit the **Financial report** and **Activity progress chart** as separate files attached to this template and send the report along with any photographs or communication products to [dcpsf.sd.team@undp.org](mailto:dcpsf.sd.team@undp.org).

## **Section 1 – Contact and Project Details**

|  |  |
| --- | --- |
| **Organization** | Welthungerhilfe (WHH) |
| **Name and job title** | Janine Rothmayer, Head of Programmes |
| **Email** | [Janine.rothmayer@welthungerhilfe.de](mailto:Janine.rothmayer@welthungerhilfe.de) |
| **Telephone** | +249 912 748525 |

|  |  |
| --- | --- |
| **Project Title** | Emergency response and preparedness to COVID-19in the Rural Community in El Fasher Rural, Kutum and Al Waha Locality |
| **Project Code** | DCPSF/INGO/2020/Covid19/4 |
| **State** | North Darfur |
| **Localities** | Kutum, El Fasher Rural and Al Waha |
| **Communities/villages** | Shaly, Kurgay, Lemena, Mario  Um Delaka, Neni, Kafoud, Abu Sakin, Fuda, Umayaya, Lumbati, Um Eshera, Um Sayala, Toma |
| **Project start and end date**  (as per the signed contract) | 01.07.2020 to 30.09.2020 |
| **No Cost Extension (NCE) dates,** if any | NONE |
| **Project Budget**  (as per signed contract) | USD 50,000 |
| **Total Expenditure** | USD 50,000 |
| **Reporting period** | 1st July to 30th September 2020 |

## **Section 2 – Situation update (1000 words max.)**

|  |
| --- |
| **Context change in Darfur.**   1. **Brief summary of your project;** what was your project about (project rationale); main goal, outputs and expected outcomes; project relevance in current Darfur context. 2. How your project’s COVID19 emergency response activities have created awareness in the community and promoted peacebuilding (including trends at the state level). |
| The project was developed against the background of the risk that Sudan faced with regard to the COVID-19 pandemic based on profiling by the World Health Organisation (WHO). The capacity of Sudan to respond to a COVID-19 outbreak was daunting especially because of the Sudan’s health system which has been marked by decades of limited to no investment, underfunding, and lack of resources. The surveillance system doesn’t cover the entire country and is structurally weak with long delays between alert and confirmation of an outbreak. Back in March 2020, Sudan declared a public health emergency. The State of North Darfur ranks #11 out of the total 18 states of Sudan in terms of Covid-19 infections with a total case of 146 confirmed cases and 47 deaths accounting for a case fatality rate (CFR) of 32,2 %, the second highest CFR after Central Darfur (50%). Up to September 30th, the total cumulative confirmed COVID-19 cases in Sudan reached 13,640 including 836 associated deaths with a CFR of 6.13%.  WHH identified the need to contribute to the Sudan COVID-19 Preparedness and Response Plan which outlined key pillars of (2) Risk Communication and Community engagement (RCCE) and (6) Infection Prevention and Control (IPC) activities. The targets and activities identified in line with the preparedness plan included:  **Output 1:** IPC guidance for home and community care providers and messages and materials in local languages are disseminated through relevant communication channels; **Activities; i)**Community mobilization in the 10 marketplaces communities, **ii)** Disseminate IPC guidance and messages for home and community care providers in local languages and adopt relevant communication channels, **iii)** Enhance risk communication and engagement among groups at risk target villages. **Output 2**: Access to Water, Sanitation And Hygiene (WASH) services in public places, health facilities most at risk is increased. **Activities**; **i)** Improved access to hand washing facilities and hygiene products, **ii)** Fumigation in the markets and gathering places, **iii)** Support the Ministry of Health (MoH) and government with equipping health facilities with WASH facilities, IPC guidance and IEC materials.  The project also created linkages with all WHH formed CBRMs in previous phases, along with North Darfur State Ministry of Health, and with all relevant government ministries, legal institutions, HAC, and security services to ensure that risk communication in place. The project also addressed the pandemic by targeting high risk areas in rural communities gathering places (Central Market places and Mosques) and demystifying the myths surrounding information on COVID-19.  Based on the proposed activities, WHH, AL Rayan for Social Development (RSD) and State Ministry of Health (SMOH) as well as local leaders and authorities were successful in mobilising communities in order to create awareness on COVID-19. As an outcome of these activities, WHH during the monitoring visits observed increased adherence to infection prevention and control measures applied by the communities. |

## **Section 3 – Progress review (1500 words max)**

|  |
| --- |
| **Brief narrative of your project key achievements**   1. Describe the key achievements of your COVID 19 interventions as per planned activities. 2. Highlight any achievements towards gender equality and inclusion. |
| **Output 1:** IPC guidance for home and community care providers and messages and materials in local languages are disseminated through relevant communication channels.  **1.1 Community mobilization in the 10 marketplaces communities.**  WHH in collaboration with the State Ministry of Health (MOH), Al Rayan for Social Development (RSD) and RSD organised for a one-day event in Abu Sakin village during the market day to launch the project. The event was attended by Ministry of Health North Darfur State, UNDP/DCPSF Monitoring and Evaluation Analyst based in EL Fasher office, Head of the local Partner (RSD), local Radio (EL Fasher Radio) and the all the CBRMs from all the target villages. WHH and local partner conducted mobilisation to inform target communities on actual day of project launch. WHH used hired vehicles mounted with speakers and voice systems to spread messages of schedules across the villages. During the launch, all project activities were introduced, awareness creation on COVID-19 was done including anticipated information that would be circulated to communities for infection, prevention and control. During the project launch, WHH complied with COVID-19 preventive measures by providing masks to the attendees, handwashing station at the project site and water. Social distance was also emphasised. In total, 16 community mobilization sessions/meetings were held in 10 marketplaces and 6 Health Clinic centres during the project period. As a result of the community mobilisation meetings, the target communities and native administration had the chance to understand the project activities and implementation approach. The sessions provided an opportunity for a feedback session between the project staff and target communities. Additionally, at this initial stage, the project team in collaboration with hygiene promoters from the State Ministry of Health created awareness on infection, prevention and control of COVID-19. Moreover, the communities were linked with the SMOH especially with Department of Health Promotion and Epidemiology Prevention. That link was missing before the project intervention. Right now, all the communities are aware about it and can reach out to the service providers in case of a an epidemic to foster a community rights-based approach.  **1.2 Disseminate IPC guidance and messages for home and community care providers in local languages and adopt relevant communication channels.**  WHH printed 20,120 Pcs of Posters and leaflets of different sizes and disseminated the materials to community members at marketplaces and mosques. For purposes of visibility, the approved material contained logos of the donor and WHH. Loudspeakers and megaphone announcements were made in central markets and water points with hygiene messages.  Additionally, in collaboration with SMOH, WHH supported with broadcasting daily 8 hakama broadcasts/spots for in Arabic language for 2 months (14 times per week) in the El Fasher radio stations. The messaging mainly focused on infection, prevention and control of COVID-19. The project also targeted the mosques where wise men were provided with IPC materials to make announcements during the prayer time. Examples of messages included symptoms of COVID-19, how to check temperature, social distancing, staying at home, importance of handwashing with soap and sanitizing surfaces. Behaviour change takes time, however, during the project period, the project team observed immediate uptake of communities washing hands with soap and water and the frequency of handwashing also increased. Also, community members were more conscious about covering their mouths while coughing and sneezing and a high level of vigilance being observed especially for communities that exhibited any of the symptoms.  WHH also distributed the “five (5) moments poster on handwashing” which described how to handle patients suspected to be infected with COVID-19. This material was mainly distributed to home and community care providers as well as to health workers in the health facilities. The “hand rub poster” mainly consisting of information on how to rub hands during handwashing was distributed to all target community members and staff working in the health facilities. Additionally, WHH also distributed the poster on “how to protect yourself and stay healthy” which displayed basic protective measures against COVID-19. All Messages focused on handwashing, social distancing, avoiding touching eyes, nose and mouth, practising respiratory hygiene, and when to seek medical care. The “how to wash hands poster” with messages outlined steps on handwashing including recommended timeframes. The communities were keen to learn more about the steps in handwashing especially after the project team conducted demonstrations. The team also made observations in the marketplaces where the handwashing facilities were placed that community members were gradually following the highlighted steps. The community took the posters of how to deal with people during the COVID-19 and starting change their behaviours especially the CBRMs members.  **1.3 Enhance risk communication and engagement among groups at risk target villages.**  WHH in collaboration with SMOH and relevant key stakeholders adopted the Risk Communication and Community Engagement (RCCE) strategy targeting groups at risk (older persons and community members with pre-existing conditions). WHH and partners endeavoured to provide relevant and respective information for example IPC guidance and information. This information was transmitted through various channels for example posters, leaflets, recorded messages on mega-phones and loudspeakers (public address systems mounted on vehicles).  During the sensitisation sessions, WHH, SMOH and partner staff, the received feedback from the communities on their perception of the COVID-19 response which was used to adjust messaging.  For example, WHH readjusted the 5 posters/messages (1. Information About Coronavirus, 2. Symptoms of Corona disease, 3. How to prevent corona disease, 4 How to wash hands with soap and water and 5. How to wear a mask) into one colorful vertical image leaflet. This adjustment was done to provide easier accessibility to the target group and was approved by the SMoH. The project ensured consistency in information to avoid misinformation by adhering to the messages centrally approved by respective agencies especially by the FMOH and the SMOH and circulated through the RCCE working group lead by UNICEF.  During monitoring, WHH confirmed that the project reached the intended audience and that the messages had been understood and intended behaviour change was taking place for example increased handwashing with soap and water and higher level of being conscious while coughing and sneezing. Using of the facemask properly and increased of using local mid facemasks in marketplaces**.**  **Output 2:** Access to water, sanitation and hygiene (WASH) services in public places, health facilities most at risk is increased.  **2.1 Improved access to Hand Washing Facilities (HWF) and hygiene products.**  WHH installed 16 handwashing stations in the 10 targets marketplaces in 14 villages. A total of 16 pcs (20) litre plastic barrels with taps and metal stands were installed at the 10 central marketplaces. The handwashing facility was designed in such a way that space to hold soap for handwashing was also in place. Additionally, handwashing stations with soap were placed at each mosque, 88 Cartons of disinfection and sanitization materials and 170 Cartons of hand washing soaps were distributed. The handwashing stations were made operational during the market hours, and an assigned CBRM member ensured that the soap has been kept safely for use during the next market day. WHH also worked hand in hand with the local partner to ensure regular soap replenishment, cleanliness of HWF and water drainage works properly to prevent water stagnation.  WHH procured 10 plastic 1,000 litre water storage tanks, one for each marketplace and constructed a concrete foundation to place the tank. WHH ensured in collaboration with respective CBRM members and RSD staff constant water availability  **2.2 Fumigation in the markets and gathering places.**  In collaboration with SMOH and locality MOH, WHH supported the fumigation of the 10 marketplaces and places of gatherings and 6 health clinics. 16 Pcs of Fumigation Sprayers were procured for this exercise. This activity entailed procurement of fumigation materials and working with MOH to provide experienced workers to carry out the fumigation. The fumigation ensured that the work environment within and outside of the health facilities was sanitized and safe from a health perspective. With this activity there was minimal chances of the health centres being COVID-19 transmission avenues. Similar effects were achieved by fumigation and cleaning of marketplaces as the area had also accumulated waste and rain fall water during the implementation of the project.  **2.3 Support the Ministry of Health (MoH) and government with equipping health facilities with WASH facilities, IPC guidance and IEC materials.**  WHH provided 10 plastic water storage tanks of 750 Litres, water and handwashing facilities and soap to six (6) existing health facilities across the 14 villages. This support ensured that community members accessing services at health facilities have access to water for handwashing, soap and information.  The project reached about 11,600 persons out of which 50% were women, 40% men and 10% youth and children. |

**Section 4 – Inclusion (500 words max. for each section)**

|  |
| --- |
| **Inclusion of women,**  Describe initiatives, achievements and challenges in empowering women and in promoting their active participation in your project activities.Please provide specific examples. |
| The project put in place deliberate efforts to guarantee the involvement of women in all the project activities. During the community mobilisation sessions, women were extended invitations to participate in the meetings and this ensured that their voices were heard. Information dissemination also ensured an inclusive approach and especially since women are considered primary caregivers, their inclusion also went a long way in getting information also to the children. One of the key challenges was that since the project was implemented during the rainy season, the women had to divide their time between attending awareness sessions and attending to their farms.  During project implementation, women played the role of mediation between the farmers and pastoralists as the contact persons between the organization and the community. The women took the lead in COVID-19 prevention awareness messages by distributing the recorded messages in megaphones, posters and leaflets to the women farmers and all the Hakama are women |

|  |
| --- |
| **Inclusion of youth,**  Describe initiatives, achievements and challenges of including the youth (young men and young women) and in promoting their active participation in your project activities.Please provide specific examples. |
| WHH ensured the inclusion of youth by extending invitations during the mobilisation meetings and awareness sessions. The youth were mainly involved in information dissemination and actual installation of WASH infrastructure for example the handwashing facilities and assisting the facilitation of distribution of soap, disinfectants and fumigation services.  The challenge while working with the youth was the behaviour change aspect for example challenges with compliance with COVID-19 preventive measures like social distancing. |

|  |
| --- |
| **Inclusion of sedentary pastoralists and farmers**  Describe initiatives, achievements and challenges in including pastoralists and farmers in project activities.Please provide specific examples. |
| WHH ensured an all-inclusive approach during project implementation by ensuring the targeting of the communities. WHH carefully selected the gathering places of these villages in coordination with the UNDP-DCPSF coordination office and with Ministry of Health in North Darfur State to avoid overlapping of services and targeting the same beneficiaries with similar activities.  The inhabitants of the 14 villages are from a mix of tribal groups: principally from the Tunjur, followed by the Riziegat in Um Sayala and the Bidieriya in Abu Sakin and other Arab tribes such as Sahaneen, Bakrien, Danagla, Berti and Zagawa. All the 14 selected villages have similar demographic compositions, with both pastoralists and farmers and all are located along migratory routes.  The all-inclusive targeting ensured that the do no harm principle is in place and this worked very well also for the peaceful co-existence of the different communities.  As a result of this, the project implementation went on smoothly with no challenges. |

**Section 5 – Partnerships (700 words max.)**

|  |
| --- |
| **Description of Partnerships**,  Describe any partnerships formed, including new ones built in the course of project implementation (MoH, donors, UN agencies, implementing agencies – CBOs, NGOs, etc.). Please specify:   * Involvement of local community structures in implementing projects (including women’s CSOs). * the impact that these partnerships had on achieving results, * any problems encountered with partners during the implementation. |
| During the project implementation, WHH collaborated with Al Rayan for Social Development (RSD), who were involved mainly in organising the communities in the target locations. An excellent collaboration with the State Ministry of Health through provision of hygiene promoters and being on the frontline with awareness and in fumigation of health facilities was realised. Collaborating with SMOH ensured that the correct messaging and information is provided and that professionals are at hand to provide feedback to communities. WHH also collaborated with the CBMRs especially in ensuring the WASH infrastructure was well taken care of, tanks and handwashing facilities always had water and soap during every market day. HAC also supported in guaranteeing access to the project locations. |

## **Section 6 – Challenges, lessons learned and innovative solutions (1000 words max.)**

|  |
| --- |
| 1. **Describe key challenges/gaps** (operational, administrative, programmatic and contextual, as well as challenges working towards gender equality, women empowerment, youth and pastoralists/farmers inclusion) to project implementation. 2. **Describe lessons learned** during your project and how solutions offered have turned challenges into opportunities or will minimize the damage. 3. Provide any **innovative solutions** to practical challenges in the field and **recommendations** for the attention of the DCPSF TS. |
| **Challenges/gaps**  As a result of the COVID-19 pandemic, the government of Sudan put in place severe domestic movement restrictions as well as suspension of all public gatherings in the project area which were in force largely up to the end of August 2020. However, through the support by Humanitarian Aid Commission (HAC) and considering that the project activities were categorised as lifesaving, HAC and SMOH granted WHH the permission to access the target locations to support with the messaging.  The project period was during the rainy season when farmers were preparing their land for planting. Bringing everyone on board and especially the women who mainly work on their presented a situation where the women had to divide their time between attending awareness sessions and going to their farms. The project mitigated this by proper planning to make sure that a balance was created.  COVID-19 being a new disease presented a challenge with sensitising the communities and ensuring that behaviour change was adopted. Usually, to promote sustainable behaviour change needs time which was limited during the three months implementation phase. Moreover, the pandemic and respective information evolved, and the communities also have been facing additional challenges like the dire economic and food insecurity, both aspects further complicate the sustainable adoption of behaviour change. However, given the scope of the project, it was overall successful in sensitizing the communities about this new disease and laid the foundation for a more sustainable behaviour change in the future.  The movement restrictions led to lack of supply of the much required COVID-19 materials like plastic tanks and material used to make handwashing facilities as the material had to be sourced from Khartoum. The project put in place measures that ensured that a procurement plan was developed on time and consistent follow up with the suppliers.  **Recommendations**  The project recommends a continuation of COVID-19 awareness measures in the regular DCPSF project. WHH has already taken up this observation by including ongoing sensitization in the proposal submitted recently to DCPSF. |

## **Section 7 – Success stories and communication products (max 700 words)**

|  |
| --- |
| From your achievements/results, **please highlight key success items that DCPSF can highlight in its public communication. These include;** success stories highlighting beneficiaries, photographs (in high resolution), videos, media/news story links related to your project. If available, women and youth success stories are encouraged in this section. (Items can be shared as attachments; your organisation will be credited for items shared). |
|  |