

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.

Section 1 – Contact and Project Details

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Project Title	Enhancing East Darfur state capacity to prevent detect, and respond to the COVID-19 pandemic in three localities
Project Code	DCPSF/ING0/2020/COVID-19/01
State	East Darfur
Localities	Abu Karinka, Assalya, Eldeain
Communities/villages	Jadl-seed, Alsunta, Eldeain
Project start and end date (as per the signed contract)	[01-July-2020] to [30-September-2020]
No Cost Extension (NCE) dates, if any	2 months (October - November 2020)
Project Budget (as per signed contract)	50000 USD
Total Expenditure	50000 USD
Reporting period	-5 months (July to November)

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).

Built on CARE's previous discussions with MOH, WHO, UNICEF, and other partners, the aim of this project is the provision of timely and accurate information to communities about the pandemic using existing community structures and all other available means. This included training of 60 women and 40 men from Community-Based conflict Resolution Mechanisms (CBRMs), as well as women and youth association group leaders on COVID19, surveillance, isolating and reporting suspected cases, and outbreak management. House-to-house COVID19 awareness messaging was conducted, taking into

consideration the unique vulnerabilities and needs of pregnant lactating women, children under five, and people with a chronic illnesses. Three Early Warning and Reporting (EWAR) mechanisms, one in each targeted locality, were established to conduct active case surveillance. All activities incorporated the use of IEC materials and community radios were involved in awareness raising as well. CARE installed 10 handwashing stations at health facilities and other public gathering areas and provided soap for three months. CARE also supported the provision of assorted PPE for health care service providers in the targeted three localities and community outreach workers.

CARE has also supported several communities in these localities through funding from the DCPSF, where vital structures such CBRMs, women associations, youth associations, natural resource management committees, and demarcation routes have been implemented. Through this project, previously established community structures in Jaddi-seed, Alsunta, Eldeain were provided appropriate COVID-19 awareness and preventive skills for 100 women, men and youth leaders of these structures and the general community to respond to COVID19 threats. Health facilities were also supported in these 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.

CARE's key achievements in the DCPSF related COVID-19 project include; 1. Training 60 women and 40 men community leaders, nomads, youth and women in COVID19, surveillance, isolating and reporting suspected cases, and outbreak management. 2. Establishing 10 hand washing stations at health facilities, communal areas, such as schools and markets, as well as the El Daein Stabilization centre, to benefit the communities and those who visit the health facilities access hand washing amenities and soap. The water stations were distributed as follows: one in stabilization centre in Ed Daein, four in health facilities in two Ed Daein IDP camps, and two in Jaddi-seed mosque and nutrition centre, three in Alsunta market, school and nutrition facility. 3. Creating an enabling environment where women were openly able to discuss COVID-19 and other health related issues, and mothers admitted into the stabilization centre were able to benefit from the health education and learning about modes of prevention from communicable diseases including COVID-19.

Achievements towards gender equality: -

Traditionally women in East Darfur do all the work at home and a significant amount of farming. This includes care functions, such as looking after the elderly and children, as well as taking them to health facilities when needed. While performing house-to-house visits for COVID-19 awareness, CARE promoted the sharing of household chores among family members and caring for one another. CARE has noted an increase of men assisting women in caring for children in health/ nutrition facilities and hospitals and even being admitted in the centres with their children; a care function usually performed by women.



Man admitted with his child in stabilization centre.

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.

To ensure inclusion of women under this project, 60% of the trained community leaders, members of CBRMs, youth and women's associations were women and female youth. CARE's house-to-house COVID19 awareness messaging was conducted taking into consideration the unique vulnerabilities and needs of pregnant and lactating women, children under five, and people with chronic illnesses. The IEC materials and community radios involved in awareness raising considered the differing needs of women, girls, boys, and men in pastoralist, farmers and refugees when delivering COVID-19 messaging. 30,000 different IEC materials in Arabic, including pamphlets, based on FMOH/WHO guidelines were distributed at health facilities, public areas, such as schools and health facilities, as well as during house-to-house visits. 60 radio broadcasts were completed in order to improve the understanding of COVID-19 transmission and prevention. This project helped create an enabling environment where women were openly able to discuss COVID-19 and other health related issues, and mothers admitted into the stabilization centre were able to benefit from the health education and learning about modes of prevention from communicable diseases including COVID-19. It improved the mothers' knowledge on modes of transmission and prevention of COVID-19.

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.

Out of the 100 trained community leaders, members of CBRMs, youth and women's associations, 30% of them were youth, including 20 female and 10 male youth. The IEC materials and community radios involved in awareness raising considered the differing needs of women, youth and men in pastoralist, farmers and refugees when delivering COVID-19 messaging.

Inclusion of sedentary pastoralists and farmers

Describe initiatives, achievements and challenges in including pastoralists and farmers in project activities. Please provide specific examples.

Pastoralists were included in the training of community leaders, members of CBRMs, youth and women's associations. The IEC materials and community radios involved in awareness raising also considered the differing needs of pastoralists, farmers and refugee communities when delivering COVID-19 messaging. However, there were challenges in service delivery as the project started in the middle of the rainy season when pastoralists move to other areas in search for better grazing and water for their cattle.

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,
- and problems encountered with partners during the implementation.

The project launch included the Ministry of Health (MoH), UNFPA and the national Humanitarian Aid Commission (HAC), as well as members of Community Based Resolution Mechanisms (CBRMs), youth and women's associations in Jadh-seed, Alsunta, Eldeain.

The coordination with these various partners ensured that there was overall agreement on gender related issues, such as: considering the timing when going to the communities to deliver the services, as well as discussing the activities with the communities beforehand to know when they are available. These discussions established that CARE was targeting women and enhanced their participation as they were included in the initial discussions.

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 & Solutions:

- The currency inflation in the black market has affected the implementation of the activities. The targeted number of water stations was 40, but due to inflation only 10 were built.
- Service delivery to nomadic pastoralists could be improved, as reaching them was difficult during the project period.

Variance from the plan:

The project was extended for 2 months due to delays in fund transfer from UNDP.

Lessons learned:

1. Stakeholder orientation on the various roles of women throughout the project, as it is difficult for women to join without community/ family approval.
2. To deliver the services to pastoralists, timing is important, as well as knowing when they are arriving in different locations, to plan and budget the activities accordingly.

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).



CARE staff assist women on how to use hand washing facilities supported by DCPSF.



Training of the community leader supported by DCPSF