

Sudan - June 2023 / ADRA CANADA

EWASAP II Sudan (P010259) Final Report



8+3 Final Report Template

Section 1: Basic Information

Name of Partner:	ADRA Sudan
Project Name (or number, where applicable):	Emergency Water Sanitation and Protection II /EWASAP II CAP 2021/2022 #P010259-001
Project Country:	Sudan
Project Area (if applicable):	Blue Nile (Bau & Kurmuk localities)
Reporting Period:	From January 1 st ,2021 to March 31 st ,2023
Project Start Date:	April 1 st ,2021
Project Planned End Date:	March 31 st , 2023
Total Project Budget:	\$3,434,000 (\$3,400,000 IHA)

Section 2: The 8 Core Questions

2.1 Overall Performance

The EWASAP II project sought to address critical humanitarian needs in the WASH and protection sectors in Kurmuk and Bau localities of Blue Nile State brought about by years of conflict and isolation from external assistance. The project has successfully reduced suffering, increased and maintained human dignity and saved lives of more than 53,640 people by providing access to clean water and hygiene and sanitation information and facilities, increasing access to and strengthening protection networks and services that empower women and girls.

WASH Component

Pre-project assessments of WASH in the project areas indicated that 77% of potable water sources were destroyed/ non-functional, leading to poor health and poor hygiene of a vulnerable population composed of returnees, IDPs and host community members. 83% of the population was collecting unsafe water from unprotected sources (improved to 98% collecting safe water at the end of the project) that were often contaminated due to shared use with animals resulting in diseases and suffering. Poor hygiene practices (such as hand washing and open defecation) quickly spread waterborne disease across communities.

At the end of the project, 80% of the target communities collect water from a rehabilitated potable water source – some 53,640 people. The WASH component of the project rehabilitated and upgraded water sources with water availability increased from 7L at baseline to 13L per capita per day in the affected communities.

Increased access to water has benefited human health and livelihoods (such as livestock) of the targeted communities.

The distance between households and a potable water source has been significantly lowered to 30 minutes in average, reducing suffering of women and girls responsible for fetching water as duties assigned by the culture. The increased availability of water systems has reduced the long queue at the water points.

The sustainability of WASH outputs has been addressed by the establishment of nine spare parts centres, nine water user committees (comprised of a total of 180 members), and the training and equipping of 108 technicians.

The EWASAP II project distributed gender-sensitive and culturally appropriate WASH NFIs (soap and jerrican's) to IDP, returnee and host community households benefiting 18,570 individuals from 3,095 households.

Improvements in hygiene and sanitation practice were achieved through increased access to gender-sensitive, age and culturally-appropriate hygiene information and sanitation facilities (15 public facilities and 1,406 household latrines) in Bau and Kurmuk reducing open defecation and increasing safety of women and girls in particular.

Protection component

The initial assessments of protection issues in the project areas indicated that though community members experience SGBV incidences, 61% of survivors did not report due to social norms or culture. At baseline 89% of the general population did not know of any agency or body providing protection services to SGBV survivors. This was reduced to 13% at endline.

Women and girls faced protection risks while trying to meet their day-to-day needs including household water collection, and risks associated with practising open defecation. The EWASAP II project has successfully increased access to and knowledge of gender-sensitive, age and culturally-appropriate protection services and practices for survivors of sexual and gender-based violence (SGBV), gender inequality, Sexual Reproductive Health and Rights (SRHR) issues, human rights, and Sexual Exploitation and Abuse (SEA) in the participating villages. Now 81% of people in participating villages in Bau and 75% in Kurmuk knows how and where to access protection services. The rehabilitation of potable water sources and hygiene facilities has reduced incidences of SGBV in the targeted communities and increased the reported 'feeling of safety' of the targeted population from 45% to 80%.

The project established and supported nine community-based protection networks with 181 members that identify and refer protection cases to relevant service providers. They also conduct community awareness-raising activities, through 'tea-talks' sessions and house-to-house visits, on protection issues such as prevention, mitigation and response to protection issues in general and gender-based violence and child protection issues in particular. Religious leaders including Imams and Sheikhs were involved in the project's efforts to combat GBV at the local level. Being a part of the Community-based Protection Networks (CBPN) allowed religious leaders to play a significant role and demonstrate their commitment to eradicating early forced marriage and domestic violence against women and girls in the target areas.

Protection services were supported by the establishment of two mobile psychosocial clinics, with all 283 cases assessed and provided support ranging from mental health psychosocial support (MHPSS), case management and individual protection assistance (including cash assistance to enable persons at risk or extreme vulnerabilities to cover their costs of transportation and documentation for medical and legal services totalling CAD58,869).

The project celebrated International Women's Day (November 25) and 16 days of activism to raise community awareness on protection issues. In partnership with Blue Nile community radio, the project produced 32 radio messages (both interactive and recorded) on gender equality, sexual and reproductive health rights (SRHR), GBV, and WASH which has contributed to raising community awareness on protection issues and promoting help-seeking behaviour among survivors of violence.

The project successfully coordinated with relevant actors and forums, regularly conducting and updating service mapping and advocating on protection issues identified over the duration of the project. ADRA Sudan partnered with the CAFA development organisation, a national NGO with expertise in gender and with access to hard-to-reach areas due to strong relationships with key actors given their long-term presence in the operational areas. ADRA Canada's ongoing capacity sharing with the implementing team and partner on GBV, MHPSS, PSEA, and personal and virtual monitoring visits has helped to improve the quality of programming.

2.2 Changes and Amendments

The following changes were made to the project.

Change#1: Change of Some project targeted areas (30 May 2022).

Access to two of the originally planned villages in non-Government Controlled Areas (NGCA), Mofa and Yabos in Kurmuk was denied due to continued instability. While the project was guaranteed access to Ulu, another village in the NGCA and smoothly implemented all the planned activities, access to Mofa and Yabos was denied by the leaders controlling those areas. The Humanitarian Aid Commission (HAC) – Blue Nile Region (BNR)

advised ADRA to replace Mofa and Yabos with other villages in Kurmuk. HAC recommended three additional villages – Alshemy, Jorot and Doya in Kurmuk increasing the total project villages to nine instead of the eight villages originally planned. The increase in the total number of villages from eight to nine implied a necessary increase of some output targets including nine Water User Committees (WUC), nine Community-based Protection Networks (CBPN) with 181 Members, 180 Community Health Promoters (CHP), nine spare-parts centres and spare parts packages, and 108 hand pump technicians.

Change #2: Provision of remote protection response during rainy season (Dec 2022).

The second change was not an amendment to the project objectives or geographic locations, but a management adaptation to the challenges of operating during the rainy season. Rainy season access to project implementation areas was a serious challenge as the roads are totally impassable. Staff took annual leave during this window and focused mostly on completing necessary office-based work such as activity planning, participation in the various working group meetings and procurement processes. However, though the rainy season hampered access to the participating villages and reduced the ability to provide direct face-to-face support to people affected by protection risks and conduct community mobilization activities, this challenge was addressed in five of the nine project target villages – Bubuk, al selak, Doya, Jorot, and Abul nazir by developing the capacity to provide remote based (mobile phone) protection response. Remote-based service provision was not possible in all 9 villages due to phone coverage limitations.

2.3 Measuring Results

Immediate Outcome 1110 – Increased equal access to safe drinking water and gender-sensitive, age- and culturally appropriate WASH knowledge for women, men, girls, boys, elderly and PSNs, while conforming to COVID-19 safety regulations.

Output 1111 – Gender-sensitive and inclusive water systems rehabilitated in communities in line with Sphere and WASH sector standards.

- **# of water systems rehabilitated**

Twenty-one water systems were upgraded/rehabilitated in Bau and Kurmuk. Two water Hafirs (with the capacity of 40,000 cubic metres for Doya Hafir and 25,000 cubic metres for Alsilak Hafir), were rehabilitated at Alsilak village in Bau and at Doya village of Kurmuk. The rehabilitation and upgrading works comprised of the rehabilitation of the water reservoir/catchment area, feeding canal and stilling pool, fencing, a new water treatment (SSF), construction of a chlorine injection unit, pipeline, elevated tank and tap stand. Sixteen hand pumps and 16 boreholes were rehabilitated in different villages of Bau and Kurmuk. The rehabilitation involved replacing the old internal and external parts such as pipes, skewers, slender, hand, top head, water tank, sealing and rubbers, flanges and spacers. The hand pumps were rehabilitated in Ulu, Alselak, Bubuk, Doya, Alshemy, Jorot west, Khor Al body and Abual Nazir villages. One new mini water yard was constructed at Dainmansour village of Kurmuk. The construction works consisted of drilling and conducting pumping tests, installing of submersible pump, fabric system, operation room, chlorine injection unit, elevated tank, transmission pipeline and tap stand. The mini water yard is powered by a hybrid system of a generator and solar panel. One hand pump was upgraded to a water supply system/water yard in Jorot West village of Kurmuk. The pumping test to ensure the production capacity of the well was carried out in collaboration with Drinking Water Corporation (DWC) in Blue Nile Region (BNR) prior to the upgrading of the existing hand pump. One new hand pump and borehole was installed in Alshemy Village of Kurmuk.

- **% of water quality tests at chlorinated water locations testing between 0.2-2mg/L**

100% of the rehabilitated water sources had their water quality tested by Water and Environmental Sanitation (WES) – Chemical Engineering unit in DWC water laboratory for water testing. The samples collected from different water sources were tested to measure the chemical and bacterial properties and ensure that the water meet the requirements of safe drinking water.

Output 1112 – Gender-sensitive and culturally appropriate WASH NFIs, including integrated COVID-19 supplies, distributed to IDP, returnee and host community member HHs particularly women and girls, and other vulnerable groups (elderly, PSNs and PLWs)

- **# of targeted people who received WASH NFIs**

18,570 individuals received WASH NFIs. Community consultations on items, location, suitable timing for distribution, and process of distribution were conducted prior to the distribution. The WASH NFI supplies were distributed in a gender-sensitive manner ensuring safety and a do-no-harm to the affected persons.

- **# of WASH NFIs distributed**

Two jerricans of 20 Liters each and 6 laundry bar soap of 200 grams each were distributed to every selected household. A total number of 6,190 jerricans and 92,850 laundry bar soaps were distributed to 18,570 individuals from 3,095 households in Bau and Kurmuk.

Output 1113 – Spare parts centres established in target villages for community handpump repairs.

- **# of constructed spare parts centres established in target villages**

A total of nine spare parts centres were established in Kurmuk and Bau, one in each participating village. The sites selection was done in collaboration with Water and Environmental Sanitation (WES), and village leaders. The spare parts centres were established in locations where they could be easily monitored by residents to minimize risks of theft of the spare parts.

- **# of spare parts sets distributed**

Nine spare parts sets were distributed in nine villages and stored in the spare parts centres. The spare parts will be used to repairs the hand pump and other water system components needing repair and maintenance. The selection of spare parts to distribute was based on the following factors: the most broken down /damaged parts, providing all parts encourage community to have tariff to purchase their own after whenever the need arises, and the quality of the hand pump spare parts.

Output 1114 – Female and male WUCs and handpump technicians trained on maintenance and repairs.

- **# of WUC established**

Nine water use committees (WUCs) were established in nine villages and were assigned specific roles and responsibilities including but not limited to managing the operation and maintenance of water facilities, collecting a fees as contribution of the community members for the sustainability of the water system, organize and ensure the cleanliness in and around the hand pump, hold meetings for WUC members and/or the whole community members to discuss issues related to water, sanitation and hygiene. Each gender balanced committee is composed of 20 members (50 percent female and male) democratically selected by the community members based on a series of selection criteria prepared by EWASAP II project.

- **# of WUC members trained**

One hundred and eighty (180) water Use committee members from 9 committees including 90 male and 90 female members were trained on planning, monitoring and maintenance using appropriate method to participants on operation and management of the water facilities, chlorination process by poll test device.

- **# of HP technicians trained**

12 gender balanced teams of hand pump technicians was selected at every village making a total of 108 water Use committee members from 9 committees, including 54 male and 54 female members, who were trained on operation of hand pump, discovering the problems in hand pump, proper working with hand pump tools, setting and management of water tariff /contribution fees which will be used to purchase spare parts for the sustainability of the water system, and monitoring the water system functioning. The hand pump technicians will ensure the repair and maintenance of the hand pump and other water systems using the distributed spare parts.

Output 1115 – Quality, age, gender-sensitive and culturally acceptable WASH IEC materials with integrated information on COVID-19 and SGBV prevention distributed.

- **# of individuals who received WASH IEC materials**

EWASAP II project has produced and distributed gender-sensitive and culturally acceptable WASH IEC materials with integrated information on COVID-19 and SGBV prevention distributed to 19,900 individuals affected persons in Bau and Kurmuk. The IEC materials comprise of flyers, posters, and radio messages. Visual, pictorial WASH IEC materials were prepared, printed, distributed or posted on public information boards for the benefit of illiterate and or low-educated adults for effective communication.

Output 1116 – Gender-sensitive WASH KAP survey conducted in targeted communities.

- **# Of KAP Survey conducted**

EWASAP II project conducted one KAP Survey in October 2021.

Immediate Outcome 1120: Increased equal access to gender-sensitive, age- and culturally appropriate hygiene and sanitation facilities and supplies for women, men, girls, boys, elderly and PSNs, while conforming to COVID-19 safety regulations.

Output 1121 – Gender sensitive and inclusive latrines and handwashing facilities constructed in schools, health centers and public places including markets.

- **# of newly constructed household latrines**

The project staff in collaboration with community hygiene promoters carried out massive sensitization and awareness campaigns on hygiene and sanitation which boosted the willingness of the beneficiaries and led to the overachievement of the target. The project selected the households to receive latrine slabs and digging materials and consulted the community members on the types of latrines to construct. The project provided households with 1,000 latrine slabs, digging materials and financial support for the transport and purchase of local materials for latrine construction and as a result, 1,000 household latrines were constructed. An additional 406 households also dug latrine pits expecting a latrine slab. This pushed the 406 households to present their complaints for latrine slabs, as a solution the project provided cash assistance of SDG15,000 per household (restricted cash voucher approx. CAD35).

- **# of hand washing facilities constructed**

1,350 out 1,000 planned hand washing materials /tippy taps were distributed to households to promote community hygiene. As the project had savings due to the exchange rate fluctuations in some of the line items ADRA had conducted consultations with the communities on the needs for some of the households especially returnees in Bau, especially as many of the host community already had local washing taps (Ibrig) in their homes. The Tippy taps were distributed to all households that managed to construct pit latrines. The tippy taps were distributed and installed on the tippy tap stands in collaboration with the households/beneficiaries.

Output 1122 - CATS and CLTS initiated and latrine slabs provided to IDPs, returnees, and host community

- **# of newly constructed household latrines**

Villages	# slabs distributed	# targeted latrines	# of latrines constructed
Ulu	300	300	321
Dainmansour	100	100	115
Bubok	100	100	120
Doya	100	100	167
Jorot West	100	100	181
Khorelbody	100	100	170
Abuelnazeer	100	100	172
Alshimy	100	100	160
Alsilak	0	0 ¹	0
Total	1,000	1,000	1,406

- **# of Community Latrines constructed: ADRA Sudan contracted out suppliers to construct community latrines as per the table below:**

Villages	# School latrines constructed	# Health Facility latrines constructed	Total community latrines constructed
Ulu	1	1	2
Dainmansour	1	1	2
Bubok	1	1	2
Doya	1	1	2
Jorot West	1	1	2
Khorelbody	1	1	2
Abuelnazeer	1	1	2
Alshimy	1	0	1
Alsilak	0	0	0
Total	8	7	15

Output 1123 - Female and male adults and youth trained as CHPs using the CATS and CLTS approaches.

- **# of adults and youth trained as CHPs**

Female and male adults and Youth were trained as community Health Promoters using Community Approaches to Total Sanitation (CATS) to culminate open defecation in the communities and attain participatory Hygiene and sanitation approach commonly known as Community-Led Total Sanitation (CLTS). After consultation, sensitization and meeting, the community members selected members fulfilling the criteria to be trained and Community Hygiene Promoters. The selected community Health promoters were mainly composed of teachers, Health professionals, village leaders Midwife. ADRA in partnership with the Ministry of Health organized a five-day long training for 230 CHP members (109 female, 121 male) and assigned them to disseminate the message to the communities by awareness raising of good hygiene practices, positive attitude in their community and promotion of hygiene and sanitation. The training covered the following essential topics: Water resources and protection from contamination, Community Approach for Total Sanitation, personal hygiene, sewerage and wastage management, how to conduct household visit, water and sanitation-

¹ World Vision was providing latrines in Alsilak

related diseases, communication skills, health education, sanitation ladder, tips of latrines, CLTS and CATS approach.

Output 1124 - Women and adolescent girls provided with gender-sensitive and culturally appropriate menstrual hygiene management (MHM) supplies, including integrated COVID-19 supplies.

- **# of women and adolescent girls who received menstrual hygiene management (MHM) supplies**

ADRA identified, selected, and registered adolescent girls and women eligible for menstrual hygiene management supplies. Upon selection, ADRA consulted women and girls on the relevant supplies and location, timing, and process of distribution. ADRA distributed supplies including women’s underwear; bathing towel; toilet soaps suitable to all skin types; washing / Laundry bar soaps; reusable female sanitary pads and handbags in a gender-sensitive manner, culturally responsive and safe manner to 2,444 of 2,700 affected women and adolescent girls representing 90% of the targeted beneficiaries.

Underwear	Towel	Toilet Soap of 200g	Handbag	Laundry bar Soap	Sanitary reusable pads
3 pieces of underwear per person making a total of 5,982	1 piece of towel per person making a Total 2,444	5 pieces per person making a total of 5,982 soaps.	1 piece of Handbag per person making a total of 2,444	10 pieces per person making a total of 24,440 soaps.	6 pieces of sanitary pads per person making a total 7,917 pads

Output 1125 - Women, men, girls, boys and PSNs sensitized in proper hygiene practices with integrated information on WASH, COVID-19, SRHR, PSEA and SGBV prevention.

- **# of individuals sensitized**

22,300 Individuals from all the 9 Villages were sensitized using IEC materials, radio programs, Jabana sessions/community gatherings. The sensitization covered WASH, COSVID-19, SRHR, PSEA AND SGBV topics.

- **# of campaigns conducted with the Ministry of Social Development and Labor**

ADRA conducted 5 awareness campaigns in each of the targeted 9 villages in partnership with the Ministry of social development and labor in different villages of Bau and Kurmuk Localities. The campaign tackled key issues affecting the IDP, returnees and Host communities including GBV, COVID-19, SRHR, Gender equality, WASH. All five topics’ messages were shared with a large audience at the village level.

- **# of interactive radio programs conducted**

EWASAP II project conducted seven interactive radio programs (32 different radio programs developed) including two programs at Damazine radio station and five programs at the village level in the targeted villages. The interactive radio messages were conducted using Blue Nile Community Radio and covered different topics including proper hygiene practices with integrated information on WASH, COVID-19, SRHR, PSEA, and SGBV prevention.

Output 1126 - Inclusive consultations conducted with local authorities and community participants especially women and girls and other vulnerable groups on the siting, design, construction and maintenance of water systems, latrines and handwashing facilities.

- **# of local authorities consulted**

The project consulted local authorities prior to its implementation of need-based service and participatory planning. The local authorities were consulted on the water sources to rehabilitate or upgrade, type of the NFIs to distribute to the community members, and their preferred design of the school, health centre and household latrines for better service. Three authorities representing HAC, the Ministry of Infrastructure and the Ministry of Health were consulted, and their suggestions were implemented.

- **# of village elders consulted**

28 village leaders were consulted, and their suggestions and opinions were considered. The project consulted village leaders prior to any activity for need-based service and participatory planning and ensure that the deliverables will be useful to the communities. The community leaders were consulted on the water sources to rehabilitate or upgrade, types of NFIs to distribute to the community members, their preferred design of the school, health centre and household latrines for better service.

- **# of women and girls consulted**

192 women and girls were consulted, and their opinion was considered. To achieve inclusiveness in the EWASAP II project and not leave anyone out, the project consulted the women and girls on their preferred and culturally acceptable dignity kits, the distribution sites and distribution time, the women were also consulted on their opinion on the siting, convenient design, and construction of the school, health center and household latrines. Since collecting water is the duty of women and girls in the community. The project also consulted women and girls on water systems needing rehabilitation or construction as well as hand washing equipment/materials.

- **# of PWD consulted**

11 PWD were consulted, and their opinions were considered during the design and the construction of the Latrines. The project consulted people living with disabilities as people with special needs and requiring special attention. The project consulted them to meet sphere minimum standards in serving those affected persons as well as respecting their protection rights adequate to their health. The project consulted the PWD in different villages on siting, preferred design of the school, health centre and household latrines to ensure safe programming and implementation without causing any harm to them. The project also consulted PWD on water system needing rehabilitation or construction as well as hand washing equipment/materials. The consultation was carried out in a meeting with ADRA Sudan EWASAP II Project with the people living with Disabilities.

Immediate Outcome 1210: Increased equal access to gender-sensitive, age- and culturally appropriate protection services and practices for survivors of sexual and gender-based violence, gender inequality, SRHR issues, social exclusion of women's/human rights and SEA.

Output 1211 - Community-based Protection Networks with male and female representation, established.

- **# Community-based Protection Networks (CBPN) Established and Supported**

The project formed and trained CBPNs to allow communities to engage meaningfully and substantively in all aspects of protection programmes that affect them through consultation and participation and take the lead on change. The EWASAP II Project supported, in consultation with the community leaders and per the CBPN TOR, nine community-based protection networks (CBPN) were established, three in Bau and 6 in Kurmuk. The total CBPN membership is 181 (84 male, 97 female). CBPNs identified the community's most serious protection risks, explored their causes and effects, and jointly develop strategies on how to prevent and respond to the risks. Besides the capacity building supports provided, the CBPNs were supported with in-kind materials such as a loudspeaker, phones (1 per CBPN), SIM Card, flashlight, T-shirts, caps, masks, and scarves, refreshments for awareness sessions in all villages.

Output 1212 - Female and male CBPN members trained in management of CBPNs, case management, including survivor centered care, protection monitoring and awareness raising on protection and COVID-19 awareness.

- **# Female and male CBPN members trained**

During the project implementation, the CBPN were provided with a workshop entitled “The Formation and Training of Community base Protection Networks on Gender-Based Violence” immediately after the establishment of the CBPNs. Training topics included CBPN terms of reference; basic concepts of protection and roles and responsibilities of CBPN. These workshops were conducted in partnership with ADRA Sudan, CAFA Development Organization, and in cooperation with the Ministry of Welfare and Social Development. In total 181 CBPN members attended the workshops.

Village CBPN	Female	Male	Total
Bobuk	11	9	20
Alsilak	11	9	20
Ulu	11	9	20
Dainmansour	11	9	20
Khourelbody	12	9	21
Abouelnazeer	10	10	20
Jort West	10	10	20
Alshemi	10	10	20
Doya	11	9	20
Total	97	84	181

In the trainings, a pre and post-test was administered to measure participant’s change of knowledge and at the start of the training, CBPN members understanding of protection issues was found to be low. However as reflected during the training facilitation session, individual and group presentations and post-test results showed an 80% increase in associated knowledge. MHPSS counsellors conducted regular monthly meetings with CBPN members where they discussed emerging protection issues in each village and provided mentoring of CBPN members in their primary task of identification and referral of protection cases, community awareness raising and provision of psychological first aid.

Output 1213 - Female and male CBPN members equally facilitated to conduct protection services including protection monitoring, Individual Protection Assistance (IPA), Psychological first aid, Psychosocial counselling, distribution of protection related IEC materials and referral for healthcare.

- **# of cases identified and referred by CBPN**

The project established two mobile MHPSS clinics, one each for Bau and Kurmuk localities. These mobile teams worked out of the targeted village health centre. They provided referral and specialized protection services such as individual protection assistance, psychological first aid to people at risk of right violations and to survivors of violence or who were extremely vulnerable to protection risks.

Through these established mobile MHPSS clinics; community-based protection networks, referral and disclosure; during the project period a total of 283 (187 females, 96 males) individuals with different protection cases and vulnerabilities were identified, assessed, supported or referred to other service providers on a case-by-case basis.

Type of case	Female	Male	Total
sexual violence	42	3	45
Physical violence	6	4	10
Child early and forced marriage	35	0	35
Domestic violence	7	0	7

Separated, unaccompanied, orphan children and children with a disability	17	36	53
Extreme vulnerability due to chronic illness	66	29	95
Persons with disabilities	7	5	12
Extremely vulnerable children	7	19	26
Total	187	96	283

- 283 of cases were from Kurmuk and 40 cases from Bau.
 - 122 people (58 females, 64 males) were less than 18 years of age.
 - 123 people (103 females, 20 males) were 19-59 years.
 - 38 people (22 females, 16 males) were 60+ years.

Additionally:

Item	Female	Male	Total
# of referred cases to other services providers such as police, health/legal service providers	38	27	65
# of individuals supported with IPA Cash (Individual Cash Assistance)	87	24	101

Output 1214 - Female and male community members sensitized on protection issues including gender equality, women's/human rights, social exclusion, SRHR issues, and S/GBV prevention.

- **# of individuals who received protection information**

During the project period, the CBPN along with the MHPSS counsellors have conducted nine Jabanna² sessions where a total of 2,345 (1,342 females, 1,003 males) have discussed forms, causes and consequences of protection risks in general and sexual and gender-based violence in particular. Discussions included available protection services in the respective villages and the existing referral pathway and mechanism.

Moreover, the protection team and the MHPSS counsellors have used the NFI and menstrual hygiene kit distribution events of the WASH component as an entry point to disseminate the same protection information to 5,588 (3,381 females, 2207 males).

The project developed messages for radio broadcasts on sexual and reproductive health and right issues, gender equality, SGBV and child and forced marriages in partnership with Blue Nile community radio. These same messages were also shared using loudspeakers at project events. A total of 17,309 people (6,110 females, 11,199 males) heard these messages over the life of the project.

In November-December 2022, a 16 days activism was commemorated in Doya, Khour elbody, Aboelnzeer, Jorot west and Alshimia villages of Kurmuk where a total of 805 (498 females, 308 males) took part in the events.

4,975 (2,919 boys and 2,056 girls) children attended awareness raising conducted by CBPNs and project that focus on child protection issues such as exploitation, violence, abuse and neglect, and child and forced marriage. Out of the total boys and girls reached in the awareness sessions 38 (22 boys and 16 girls) were children with specific needs in general and with physical disability in particular. A total of 106 adults (72 males, 34 females) were persons with disability.

Output 1215 - Female and male project and local partner staff and community volunteers trained in gender equality, women's / human rights, social exclusion, SRHR issues, and S/GBV prevention and response and COVID-19 awareness.

² Jabana is common used term to indicate the community/social gathering discussing a topic while sharing tea or coffee

- **# Project staff trained; # of local partner staff trained**

Project and partner CAFA staff have been provided with a series of relevant trainings. The first training conducted on September 2021, focused on basic concepts of GBV; roles and responsibilities of community-based protection networks and referral mechanisms and was attended by a total of seven (2 female and 5 male) EWASAP II project and partner CAFA staff (5 staff).

The second training was conducted in January 2022 where a total of 8 ADRA/CAFA staff (4 male, 4 female) attended a two-day training on gender equality and gender analysis framework.

A third refresher training was conducted in August 2022 where a total of 6 staff (3 males, 3 females) attended a training on concepts of mobile protection response, GBV guiding principles and case management, community-based protection networks and psychosocial support skills.

Additionally, ADRA Canada provided gender mainstreaming, GBV, MHPSS, and PSEA training to the entire EWASAP project team at the start of the project.

Output 1216 - Female and male community leaders, health workers trained in gender equality and SRHR issues, including identification, reporting, referral, and consequences of S/GBV and COVID-19 awareness.

- **# of community leaders trained**

A training was conducted in February 2023 where a total of 18 (6 males, 12 females) ADRA Project staff, CAFA staff and community leaders from Abunazeer, Alshemi, Khor Al body, Jorot and Doya villages attended training on gender equality, women's / human rights, social exclusion, SRHR issues, and S/GBV prevention and response.

In April 2022, a training on gender equality and sexual and reproductive health rights issues was conducted with a total of 27 (12 males, 15 females) community leaders from Bau (9 males, 10 female) and Kurmuk (3 female, 3 males) and two female representatives from Humanitarian Aid Commission (HAC) attending.

A similar training on gender equality and sexual and reproductive health rights issues was conducted in January 2023 where a total of 62 (25 females, 37 males) community leaders from Doya (9 females, 11 males); Abunazeer and Jorot (7 females, 15 males) and Kour Al body and Alshimi (9 females, 11 males) in attendance.

- **# of health workers trained**

In November 2022, a health workers' training on basic concepts of GBV, Sexual and reproductive rights and GBV case management was conducted in Kurmuk town, Abunazeer, Jorot west, Khor Al body, Alshemi, Doya, Alselak, Bobk, Ulu, Dainmansur, where a total of 40 (25 males, 15 female) health workers selected from the nine villages attended. ADARA Canada provided training to regional health staff and partners after a monitoring visit in May 2022.

Output 1217 - Case referral and case management provided for GBV victims.

- **% of persons identified in need of response services for physical and emotional maltreatment who report receiving them.**

101 affected persons (87 female, 24 male) received individual protection cash-based assistance as response services/support to address the physical and emotional maltreatment they were navigating. The amount of money received differs from case to case based on the need-based approach. In total CAD58,869 was provided to the 101 individuals.

Output 1218 Mobile Psychosocial Counseling (PSSC) clinics established and deployed.

- **# of mobile clinics deployed**

Two mobile clinics of psychosocial counsellors were deployed to cover the whole project operational area. The mobile teams were mixed with female and male staff and worked together as a team on a regular basis. The mobile team provides psychosocial counselling to the affected people with psychosocial support.

- **# of survivors who receive mobile counselling GBV**

318 individuals have received mobile counselling GBV.

Output 1219 - Protection Working Group (PWG) activated and co-led.

- **# BNS PWG co-led with UNHCR**

1 Protection working group co-led with UNHCR

- **# of Protection SOPs developed**

1 SOP was developed.

- **# of advocacy materials produced**

One Advocacy material was developed.

2.4 Affected Persons

The table below indicates the number of affected persons reached by WASH component activities. Individuals in the WASH sector activities benefited from the potable water, latrine, and hygiene elements within the WASH component.

Affected Persons WASH component						
Age Group	Male		Female		Total	
	#	%	#	%	#	%
<5	1,368	3%	1,314	2%	2,682	5%
5 - 17	9,574	18%	9,199	17%	18,773	35%
18 - 49	15,046	28%	14,456	27%	29,502	55%
50+	1,368	3%	1,314	2%	2,682	5%
Total	27,357	51%	26,283	49%	53,640	100%
Planned	48,034		46,151		94,185	
Variance	-20,677	-55%	-19,868	-55%	-40,545	-55%

Note: The planned target population was far beyond the actual population size due to inaccurate BNR demographic data. The total population across the 9 participating villages is approximately 53,640.

Individuals in the protection sector activities may have benefited from one or more project activities including but not limited to individual protection assistance, psychosocial counselling, health services, legal services, training, and awareness raising.

Affected Persons Protection component						
Age Group	Male		Female		Total	
	#	%	#	%	#	%
<5	20	0.1%	7	0.0%	27	0.2%
5 - 17	2,860	17.2%	1,908	11.5%	4,768	28.7%
18 - 49	1,975	11.9%	9,755	58.8%	11,730	70.7%
50+	47	0.3%	29	0.2%	76	0.5%
Total	4,902	30%	11,699	70%	16,601	100%
Planned	n/a	-- %	n/a	-- %	28,255	
Variance					-11,654	-52%

Note: there was no disaggregated target for protection component recipients in the project proposal. Again, planned target population was inaccurate causing the variance of 11,654.

2.5 Participation of and Accountability to Affected Population

The project undertook various activities to ensure the participation of, and accountability to, the 9 villages of Bau and Kurmuk. This commenced at the design phase of the project and continued throughout implementation and project close-out.

A feedback and complaints mechanism, combined with regular meetings with project participants and stakeholders to assess their satisfaction or recommendations/comments on the services, was the projects main strategy. The complaints mechanism was refined over the course of the project to provide improved access and add additional methods for providing feedback.

Most of the complaints received concerned the individual cash assistance activity (Output 1217 - Case referral and case management provided for GBV victims) with many people also requested for cash assistance but not fully understanding the purpose of this project activity. This was addressed as carefully as possible given the sensitivities attached, through public meetings clearly explaining that EWASAP II was not a cash transfer project. The project team explained as sensitively as possible the eligibility criteria of the individual protection cash assistance.

Another type of the complaint concerned the household latrine slabs, as the number of household latrines requested far exceeded the latrines slabs available (budgeted). Whereas 1,000 latrine slabs were budgeted for and used for latrines, 1,406 households actually dug pit latrines and were requesting slabs. This pushed the 406 households to present their complaints for latrines slabs, and as a solution the project provided cash assistance (SDG15,000 approx. CAD35) to those households to procure local materials/ timber instead of concrete slabs. The fluctuation in the exchange rate, and the setting of a floating rate had led to savings in some of the line items, especially those procured locally. After consultations with some of the groups and the community members a price for the latrines was set and a follow-up implementation plan was developed. Community mobilizers distributed the cash-based vouchers to eligible households.

The CBPN members expressed the need for the communication tools (telephone handsets & accessories and airtime) to remain accessible during the rainy season when the roads are impassable, and a remote management approach was necessary to ensure ongoing case management. The project agreed to the necessity of the request and distributed nine phones, one to each CBPN. Additionally, female CBPN members requested future similar project designs to include a safe space for women and girls to meet and socialize as an entry point to services and information. The mobile phones helped the PSS councillors to follow-up and talk to the cases as well as assist the CBPN in supporting them in case identification.

The focus on COVID-19 was reduced over the course of the project based on feedback and recommendations from the community that COVID was no longer a big issue in the community.

Though the project document provided distribution of one Jerrican per family, consultation sessions with community members, local leaders, women and girls identified the need for two Jerricans per family as they practice/ carry two Jerricans, one on each side of a cane carried across the shoulders commonly known as Arboos.

2.6 Risk Management

The main project risks identified at the inception of the project include:

- Risks of heavy rains in the Bau and Kurmuk during the rainy season that will cause many roads to be impassable.
- Risk of inflation that could increase the cost of supplies, materials, and logistics beyond what is budgeted.
- Risk of increased political tension between the different political factions (GoS, SPLA) may affect the implementation, movement and safety of project staff and participants.
- Risk of fuel shortages in the BNR
- Risk that staff, trainees, children, youth, or partners are subject to sexual misconduct/harassment.
- Risk of a lack of participation by men due to resistance to the project, or participation of women due to domestic chores or requiring permission for men.

The following are the most significant actual risks faced by EWASAP II project and how they were managed:

- **Risks of heavy rains in the Bau and Kurmuk during the rainy season that will cause many roads to be impassable.**

The rainy season paired with poor roads compounded the accessibility challenges of some areas of Bau and Kurmuk from July to November each of the two years of the project. Anticipating these challenges, the project implementation plan minimized field visits during that period. Activities such as staff training, procurement, and staff leave, were given priority during this period. In the areas with network coverage, the project was able to link with the community-based structures already established mainly CBPN, WUC and CHP to remotely follow-up project implementation. Due to the mitigation measure, this didn't affect the schedule.

- **Operational risks resulting from the political situation and intertribal conflicts.**

The political situation negatively affected project implementation through decreed restricted movements – temporary curfews by BNR Officials following recurrent intertribal clashes and permanent denial of access to Mofa and Yabos villages. The project team respected the restrictions in place for the safety of project staff and participants and reduced field visits during these times coordinating with HAC and regional officials and communities to monitor the situation. This had affected some of the activities especially as the Project Manager was from African origin and with the Hausa tribal conflict, the project manager had to limit his field visits due to threats to his security. Another risk was related to the denial of access of the Protection Specialist (Ethiopian) from visiting the field due to conflict in Ethiopia and its spillover in the tribal context of Sudan (especially within the Ingassana tribes). This caused some delays in the protection component.

- **Operational risk resulting from lack of participation by men on ideological grounds or women due to domestic chores or requiring permission from men.**

As a consequence of the patriarchal system and social and institutional oppression, women and girls in the target area and girls have suffered from various injustices at the family, community, and public levels. Women in the area have little access to resources and limited decision-making power. Women are burdened with care work and men's participation at the household domain is very minimal. Women's participation at the community level also depends on men's willingness to allow it. These were all expected to have a negative impact on the participation of men and women in the project. In order to minimize this risk, the project hired a gender officer to ensure and facilitate gender mainstreaming across the project, educate the community and build the capacity of the project staff on gender equality. The project mobilized and sensitized male and female

community members including faith leaders through community meetings with support of community-based structures and village elders. ADRA established gender-balanced community structures and considered both male and female perspectives and needs across all the project activities to foster gender equality among the community. The WUC, CHP and CBPNs include both male and female support providers to ensure both women and men feel comfortable accessing support and ensured information reaches men and women in the household by sharing IEC materials, leaflets, or flyers to the home. Male champions were selected in all the villages. Gender equality awareness was conducted highlighting the importance of women's participation and role-sharing at the household level to free up some spare time for women to participate in project activities. Consultations with women and men on the timing and location of project activities were also carried out to ensure both could equally participate in the project activities.

- **Financial risks that affected non- activity related budget especially logistics**

The depreciation of the SDG currency over the life of the project (21% in the second year alone) impacted the budget in a number of ways. Most critically in project transport. Due to the remoteness and distance to and between the project operational areas, the project design relied heavily on project vehicle transportation. Additional funding was provided by ADRA Canada to cover the higher-than-budgeted project transportation costs (vehicle rent/lease, fuel, and maintenance). This risks was minimized with ensuring that all contracts with vendors were set in USD but paid in the equivalent SDG during the time disbursement.

2.7 Exit Strategy and Sustainability

The EWASAP II project has established community-based structures including Water User Committees (WUC), trained and equipped hand pump technicians, Community Health Promoters (CHP) and Community-based Protection Networks (CBPN). These community groups and individuals will continue to serve their communities in their respective roles. The project sought to develop ownership for project outputs from the outset, adopting joint project planning and implementation with all relevant partners including the affected population, government bodies (including but not limited to line ministries, Water and Environmental Sanitation, Drinking Water Cooperation, Rural Water Administration, Ministry of Health and Social Welfare, HAC). Spare parts centres were established and equipped with critical spare parts to support future maintenance and repair of the water sources, especially hand pumps.

In-kind material support and devices were provided to each of the nine CBPN's to enable members to carry out their role of identification and referral of protection cases, provision of psychological first aid and community awareness raising on protection issues. will contribute towards the safe exit and sustainability of the project. Additionally, the project strengthened the health office's capacity to handle disclosures of GBV and to provide survivor-centered health care to survivors. The project handed over the project assets especially water systems and sanitation infrastructure to affected populations, line ministries and relevant government bodies who have taken ownership for these assets, providing hope for their durability and continued service. The vehicle purchased by the project will be used to support future programming by ADRA Sudan. The established community-based structures such as WUCs, CHPs, CBPNs were also handed over to the relevant government bodies for their follow-up and support after the project close-out. The project close-out ceremony was conducted at all the project operational areas with the ultimate objective to very clearly recognise the project achievements and to again identify who (committees, government departments) has taken and will continue to take responsibility for key project activities and outputs.

2.8 Lessons Learned

The rehabilitation/construction outputs have been a challenge due to the failure of sub-contractors to comply with the contract period or even failure to deliver at all. These challenges resulted either in breach of the contracts by some of the contractors, which required ADRA to readvertise the tenders, or extension of the

contracts to some contractors – some of which ran into the rainy season further delaying the completion of project outputs. To minimize these challenges, the following will be considered in future BNR programming:

- Organize a construction site visit by the contractors prior to the submission of the tenders.
- Be sure rainy season access is factored into sub-contractor plans and contracts.
- For multi-year projects, all construction works should be planned to commence in year one.

One of the project implementation challenges was inaccessibility to some of the project operational areas due to the rainy season from June to mid-October. A lesson learned in this project is the possibility of engaging community-based protection networks (CBPN) to continue protection services during the rainy season with the help of technology. The following points will be considered for similar future programming.

Mobile technology options should be mapped at the beginning of a project design and monitored throughout the life of the project for their use and benefit in delivering project activities and outputs. Where there is network coverage, project partners such as CBPNs should be supported with mobile phones and airtime to facilitate services and remote case management during the rainy season and at times of geographical inaccessibility (due to travel restrictions).

With regard to protection services, to ensure a timely response, a lesson learned was that the protection team should be based in the villages of Bau and Kurmuk, instead of Damazine which is far from the project locations and increased project operational costs such as transport (vehicle rent/lease, fuel, etc), per diems and importantly staff fatigue as travel Damazine to Kurmuk was more than 8 hours. Gender-based violence (GBV) issues are deeply and culturally rooted and compounded by recurrent conflicts in Blue Nile Region (BNR) in particular, and Sudan in general. Women and girls face gender-based violence of different forms and refuse to report them as they regard it as culturally accepted. A lesson learned for future projects would be to enhance continuous and transformative education at the community level and involvement of male and religious leaders.

Section 3: Additional Questions

3.3 Coordination

The project's activities have been implemented in close coordination with Humanitarian Aid Commission, UNFPA, UNICEF and UNHCR. ADRA coordinated with government institutions with expertise in water and sanitation namely Drinking Water Corporation, Water and Environmental Sanitation and Rural Water Administration to monitor and follow up the rehabilitation and construction of the water sources (Water Hafirs, hand pumps, water yards, etc.). The Government institutions worked hand in hand with the project to facilitate technical trainings, supervise the rehabilitation/construction works to ensure that the contractors complied with the contracts and respected standards. ADRA coordinated with line Ministries in Blue Nile Region including the Ministry of Health and Social Welfare to mobilise community members, facilitate training, conduct campaigns and sensitization.

The EWASAP II project has been an active member of National and State-level coordination meetings and working groups including but not limited to WASH, NFI, and Protection clusters. With the limited access of the Protection Specialist to some field locations (due to the tribal issues noted previously in 2.6 Risks), ADRA did not have the needed capacity to lead at the field level. ADRA Sudan did co-chair the GBV sub-cluster at the field level, due to the national expertise in the sub-sector. The project reported on a regular basis to HAC, UNHCR and UNICEF according to their reporting templates and timelines. The project regularly engaged with state-level GBV and Child Protection Sub-Working Groups and provided monthly and quarterly updates to the UNHCR, UNFPA and UNICEF on GBV and child protection-related issues.

Participation at the state-level coordination meetings has been very helpful to streamline the implementation of the project and avoid duplication, resulting in the proper distribution of scarce resources. The coordination

meetings regularly updated the project of the new refugee arrivals in the targeted areas and brought together all the partners to discuss, prioritize and provide life-saving services.

As a matter of fact, towards December 2022, a new influx of returnees was in need of water in Bobuk village, the coordination meeting advocated for those new returnees and requested ADRA-EWASAP II to rehabilitate two additional hand pumps in Bobuk Village, which was achieved.

3.6 Environment

ADRA worked hand-in-hand with the Water and Environmental Sanitation Department (WES) on ensuring that geophysical surveys were conducted both before and after the rehabilitation of the water sources in order to mitigate any adverse impact on the aquifers and the surrounding villages' access to water including but not limited to water depletion which would result from hand pumps water yards construction or rehabilitation. geophysical report was developed and shared with stakeholders. The WES actively and continuously monitored the rehabilitation /upgrading of the water sources to ensure compliance with environmental policies. All the contracts with suppliers included environmental clauses, requiring the contracted parties to uphold the environmental standards and conditions while executing the rehabilitation of water sources and construction of household and community latrines.

ADRA Sudan hired a full-time WASH officer with engineering qualifications and extensive experience in WASH activities who ensured the environmental protocols were observed during the project implementation. To minimize air pollution as a result of fuel usage by the water source (water yards, Water Hafir, etc.) the project introduced solar panels as a source of power for electricity and sensitized the communities to promote the technology rather than generators requiring fuel.

Significant effort was put into community sensitization and awareness raising on the construction and use of the latrines both at the household and community level to curb open defecation which is responsible for polluting surface water and the primary cause of water borne disease in the project areas.

3.7 Gender Equality

Sudan ranks at 135 out of 155 in the UN Gender Inequality Index and the culture in BNS is more severely patriarchal than many other parts of the country. The protracted crisis has had an impact on every community in the targeted conflict-affected areas and has had a differential impact on women, men, girls and boys. According to data, 60% of the displaced population are women and children. ADRA Sudan recognises the vulnerabilities of women and girls in emergency situations, and EWASAP II project was designed recognizing this vulnerability and in a way to respond and empower women and girls so that they can be resilient at times of violence and champions of gender equality in their communities.

At the onset of the project implementation, ADRA carried out a gender analysis to understand differences between and among women and men in terms of their relative position in society and the distribution of resources, opportunities, constraints and power, their potential and coping mechanisms in Blue Nile Region, and address gender inequalities and meet the different needs of women and men.

Moreover, the project conducted a gender analysis workshop with different clusters where INGO, NGO, UN agencies, government bodies, community leaders and community members to share the gender analysis findings, and laid strategies to minimise the gender-related issues in BNR. To this end efforts and activities took gender mainstreaming into consideration and ensured that women and girls are represented and actively engaged across all the project cycle management. The project assigned a gender equality specialist to lead and oversee gender equality activities and monitor and report progresses.

In the gender analysis, one of the major findings was that women suffer from an unfair distribution of domestic roles and shoulder all most all unpaid care work within their households. The crisis adds to women's burdens and worsens their emotional circumstances. The traditional gender norms and stereotypes perpetuated restricted women's participation at the household and community levels. The gender analysis and various community

conversations made it clear that the wide incidence of GBV in the area is highly interlinked and caused by the gender inequality and norms that allow and tolerate violence directed to women and girls.

By making water available close to the community, women enjoyed reduced unpaid labor, girls are able to stay in school and avoid early forced marriages, which are common in the area. Bringing WASH services closer to where people live significantly reduced GBV cases caused by staying away from home for water collection and open defecation. Moreover, the project addressed the biological need of women and girls to maintain appropriate menstrual hygiene, which, if not met, results in discomfort, social isolation, and other reproductive health problems.

The project is gender transformative in that it doesn't only improve the condition of women but changes their position in the community by tackling gender norms and cultural barriers that are the root causes of inequality. The project trained staff, community leaders and volunteers including Water Use committee, hand pump technicians, community health promotors, community -based protection networks in gender equality. The project, in particular, defies traditional gender norms and gender roles by training women as water technicians to maintain and repair community water points. Instead of being passive recipients of the project, these women become role models for other women and girls in the neighborhood, demonstrating a sense of empowerment and being active agents of change. The project has also recognized the different needs and opportunities of men and boys and made sure that they are equally represented in the community-based structures that the project supports such as community-based protection networks and water user committees; provided with protection information and specialised services to help them in case of right violations. Women community leaders who are also CBPN members have played an important role in minimizing early forced marriages, as well as identifying the causes of intimate partner violence and mitigating it through discussions with women community members and reporting it to PSS workers for case management. Moreover, engagement of men and boys as allies of preventing and responding to any right violations was the hallmark of the project as reflected by their role in community awareness raising and identification and referral of protection cases to ADRA protection team and other service providers in their respective villages. Religious leaders and other men became gender champions in advocating of women's empowerment and becoming allies in tackling GBV in the community by encouraging positive masculine characters for other men in the community. In order to achieve the project's goal, different sensitization approaches and methods are used based on existing community structures. The project empowers women through different participatory sensitization programs, using an existing and successful strategy called the Coffee Ceremony/Jabana program. Women discuss their pressing needs such as the distribution of domestic roles/traditional gender roles, joint decision-making, and gender-based violence while having coffee. These approaches are tested and found to be effective in facilitating behavioural change initiatives. Gender-sensitive structures like school and health and household latrines were constructed, and genders sensitive supplies like menstrual NFIs were distributed during the project lifespan. Dates and places of project activities were conducted in away that is accessible to women. Grassroots advocacy was carried out at various times by creating sensitization and awareness-raising campaigns with the community and the local government by to advance gender equality through International Women's Day, 16 days of GBV activism, and other project-organized meetings.

Performance Measurement Framework Reporting Template

Project Title: Emergency Water Sanitation and Protection II /EWASAP II. 2021-23, Sudan, Protection and WASH sectors

Organization: ADRA Canada / ADRA Sudan

GAC Project Number: P010259-001

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS	ACTUAL DATA	ANALYSIS	RATING
ULTIMATE OUTCOME						
1000 - Reduced suffering, increased and maintained human dignity and lives saved for returnees, IDPs and Host communities for men, women and girls with children U5, boys and girls, elderly, PSNs (People with Special Needs) and other vulnerable groups in communities experiencing humanitarian crises in Kurmuk and Bau localities of Blue Nile State, Sudan	% of targeted people who report reduced suffering	0%	60%	89%	The percentage of the targeted people who report reduced suffering is estimated at 89%. (The average of the total sum of the two intermediate outcomes 1100 and 1200.)	EE
INTERMEDIATE OUTCOMES						
1100 - Increased utilization of safe drinking water and adoption of, and gender-sensitive, age and culturally	% of targeted people that collect water from rehabilitated sources	0%	60%	98%	The % of affected persons collecting water from rehabilitated sources increased from 0% at baseline to 98% at end-line.	EE

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS	ACTUAL DATA	ANALYSIS	RATING
appropriate sanitation and hygiene services and practices for returnees, IDPs and Host communities, especially women and girls, and other vulnerable groups (elderly, PSNs, PLW) in Bau and Kurmuk localities in Blue Nile State.	% of targeted people that use rehabilitated latrines	5%	75%	57%	<p>A number of endline respondents hadn't yet completed their latrines and therefore should not have been included in this data. Anecdotal evidence indicates 100% latrine use once operational which is in part achieved by the high level of personal investment (labour and construction costs) required by recipients.</p> <p>The knowledge gap reported in the end-line on the utilization and maintenance of latrines was disappointing. Knowledge change indicators have fallen short of targets most likely due to targets being too optimistic given the project duration.</p>	OP
	% of targeted people with knowledge on utilising and maintaining latrines	27%	75%	66 %		OP
1200 - Increased adoption of gender transformative protection services and practices that are age and culturally appropriate for vulnerable returnees, IDPs and Host Community members, especially women and girls and other vulnerable groups (elderly, PSNs, PLWs) in Bau and Kurmuk	% of targeted people reporting increased feeling of safety	45%	60%	80 %	<p>The % of affected persons reporting feeling safe has increased from 45% to 80%.</p> <p>The % of the people aware of protection services has increased from 6% to 90%.</p>	EE
	% of people using protection services	6%	60%	90%		EE

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS	ACTUAL DATA	ANALYSIS	RATING
localities in Blue Nile State						
IMMEDIATE OUTCOMES						
1110 - Increased equal access to safe drinking water and gender sensitive, age and culturally appropriate WASH knowledge for women, men, girls, boys, elderly and PSNs, while conforming to COVID-19 safety regulations.	Average water use for drinking, cooking and personal hygiene in any household	7L/person/day	15L/person/day	13 L/person/day	EWASAP II surveyed any household collecting from a rehabilitated water point. Sphere minimum standards is 15L/person/day, and statistically, on average this target has not been realized. However, in reality, affected persons are able to collect all the water they require.	AE
	Average distance from project participant household to the nearest water point	5,000 metres	500 metres	500 metres		AE
	% of targeted people who can recite proper handwashing practices	40%	80%	68%	Knowledge change indicators have fallen short of the targets. The most likely reason is simply that targets were too optimistic given the project duration.	OP
1120 - Increased equal access to gender-sensitive, age and culturally appropriate hygiene and sanitation facilities and supplies for women, men, girls, boys, elderly and PSNs, while conforming to	% of targeted people who report having access to proper sanitation facilities	5%	75%	78%	EWASAP II project surveyed patients, health workers, students, teachers, where latrines were constructed and family members who have received latrine slabs. Access and safety indicators exceeded targets and in each case are a	EE
	% of latrines reported as safe by women and girls	14%	75%	89%		EE

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS	ACTUAL DATA	ANALYSIS	RATING
COVID-19 safety regulations.	% of HHs reporting family members washing hands with water and soap	40%	75%	60%	tremendous leap forward from baseline. Disappointingly this behaviour change indicator fell below target. Changing mindsets and forming new habits can take time.	OP
1210 - Increased equal access to gender sensitive, age and culturally appropriate protection services and practices for survivors of sexual and gender-based violence, gender inequality, SRHR issues, social exclusion women's/human rights and SEA	# of female and male community leaders, who have addressed a negative practice that promotes SGBV	0	40	20	20 out 40 targeted community leaders have addressed negative practices that promote SGBV including but not limited to home-based violence. Some community leaders were not very active and don't regard SGBV as a protection issue (due to cultural perspective). It is a behaviour change that will require more time. The percentage of affected persons who agree that it is unacceptable for husbands to beat their wives in order discipline them has increased significantly. This indicates that the mindset towards GBV has changed for the positive.	OP
	% of target people who agree that it is unacceptable for husbands to beat their wives in order discipline them	11%	60%	88%		EE
OUTPUTS						
1111 - Gender sensitive and inclusive water systems rehabilitated in	# of water systems rehabilitated	0	20	21	The selection of water systems to rehabilitate was done through mapping with WES and	EE

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS	ACTUAL DATA	ANALYSIS	RATING
communities in line with Sphere and WASH sector standards	% of water quality tests at chlorinated water locations testing between 0.2-2mg/L	0%	80%	95%	coordination with community leaders (development committee, sheikh, local people, women etc.).	EE
1112 Gender-sensitive and culturally appropriate WASH NFIs, including integrated COVID-19 supplies, distributed to IDP, returnee and host community member HHs particularly women and girls, and other vulnerable groups (elderly, PSNs and PLWs)	# of targeted people who received WASH NFIs	0	19,200	18,570	The water testing was conducted by WES and all rehabilitated water points were approved as safe and within acceptable parameters.	EE
	# of NFIs distributed	0	3,020	3,095		
1113 Spare parts centres established in target villages for community handpump repairs	# of constructed spare parts centres established in target villages	0	8	9	9 out of 8 representing 112% of the targeted spare parts centres were established and equipped with spare parts sets.	EE
	# of spare parts sets distributed	0	8	9		
1114 Female and male WUCs and handpump technicians trained in maintenance and repairs	# of WUC established	0	8	9	9 out of 8 representing 112% of the targeted WUC composed of 180 members and 108 technicians were established.	EE
	# of WUC members trained	0	160	180		
	# HP technicians trained	0	96	108		
1115 Quality, age, gender-sensitive and culturally acceptable WASH IEC materials with integrated information on COVID-	# of individuals who received WASH IEC materials	0	15,000	19,900	19,900 WASH IEC Materials were distributed to project participants. WASH messages in the form of radio messaging, flyers, and brochures were disseminated.	EE

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS	ACTUAL DATA	ANALYSIS	RATING
19 and SGBV prevention distributed						
1116 Gender-sensitive WASH KAP survey conducted in targeted communities	# of KAP Survey conducted	0	2	1	One KAP survey was conducted	OP
1121 Gender-sensitive and inclusive latrines and handwashing facilities constructed in schools, health centres and public places including markets	# of latrines constructed	0	15	15	15 inclusive public pit latrines were constructed.	AE
	# of latrines constructed that are accessible to PWDs	0	15	15		AE
	# of handwashing facilities constructed	0	1,000	1,350	1,350 handwashing facilities/tippy-taps were constructed.	EE
1122 CATS and CLTS initiated, and latrine slabs provided to IDPs, returnees, and host community HHS	# of newly constructed HH latrines	0	1,000	1,406	1,406 new household latrines were constructed.	EE
1123 Female and male adults and youth trained as CHPs using the CATS and CLTS approaches	# of adults and youth trained as CHPs	0	160 (80f, 80m)	230 (109 Female and 121 Male)	230 Community Health Promotors were trained using CATS and CTLS approaches. Male CHPs represented 53% of the total, slightly higher than the 50% planned.	EE
1124 Women and adolescent girls provided with gender sensitive and culturally appropriate menstrual hygiene supplies, including integrated COVID-19 supplies	# of women and adolescent girls who received menstrual hygiene supplies	0	2,700	2,668	2,668 women of reproductive age and girls have received reusable menstrual hygiene kits /supplies. This is only slightly lower than planned due to inaccurate BNR demographic data referred to in project design.	EE
1125 Women, men, girls, boys and PSNs	# of individuals sensitized	0	32,000	22,300	22,300 affected persons were sensitized on proper hygiene	OP

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS	ACTUAL DATA	ANALYSIS	RATING
sensitized in proper hygiene practices with integrated information on WASH, COVID-19, SRHR, PSEA and SGBV prevention					practices with integrated information on WASH, COVID-19, SRHR, PSEA and SGBV prevention. The lower actual number from planned was due to inaccurate BNR demographic data.	
	# of campaigns conducted with the Ministry of Social Development and Labor	0	6	5	Five awareness campaigns in every village in all nine villages in partnership with the Ministry of Social Development and Labour. The following topics were covered via 32 different radio programs on GBV, COVID-19, SRHR, Gender equality, WASH.	EE
	# of interactive radio programs conducted	0	4	7	All the topics/messages were shared with a large audience at each of the nine villages.	EE
1126 Inclusive consultations conducted with local authorities and community participants especially women and girls and other vulnerable groups on the siting, design, construction and maintenance of water systems, latrines, and handwashing facilities	# of local authorities consulted	2	2	2	Project partners including Local authorities, women and girls, village elders and PWD were consulted on the siting, design, and construction of water systems, latrines, and handwashing facilities to suit their preferences.	AE
	# of women and girls consulted	10	50	50		AE
	# of village elders consulted	5	20	20		AE
	# of PWD consulted	0	10	11		AE
1211 Community-Based Protection Networks (CBPN), with male and	# Of community-based protection networks (CBPN) established	0	8	9	Nine community-based protection networks (CBPN) were established to support	AE

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS	ACTUAL DATA	ANALYSIS	RATING
female representation, established					vulnerable individuals within their communities. Critically these networks will continue beyond the project supported by relevant government departments.	
1212 Female and male CBPN members trained in management of CBPNs, case management, including survivor centered care, protection monitoring and awareness raising on protection and COVID-19 awareness	# of female and male CBPN members trained	0	160	181	181 female and male CBPN members were trained. While higher than the target, this was prior to a total of nice villages being included in the project, which increased the target to 180	AE
1213 Female and male CBPN members equally facilitated to conduct protection services including protection monitoring, Individual Protection Assistance (IPA), Psychological first aid, Psychosocial counselling, distribution of protection related IEC materials and referral for healthcare	# of cases identified and referred by CBPN through the established referral system	0	550	283	283 cases were identified and referred by CBPN through the established referral system. The target of 550 was a forecast based on experience at the time of project design and based on inaccurate BNR demographic data which suggested a significantly larger total population than actual.	OP
1214 Female and male community members sensitized on protection issues including gender equality, women's/human rights,	# of individuals who received information	1,500	15,000	17,309	17,309 individuals received information on gender equality, human rights, social exclusion, SRHR SGBV prevention issues through community sensitization. This was higher	EE

EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS	ACTUAL DATA	ANALYSIS	RATING
social exclusion, SRHR issues, and S/GBV prevention					than planned despite the demographic challenges noted for other targets.	
1215 Female and male project and local partner staff and community volunteers trained in gender equality, women's / human rights, social exclusion, SRHR issues, and S/GBV prevention and response and COVID-19 awareness	# of project staff trained	0	10	10	10 project staff got trained on gender equality, human rights, social exclusion, SRHR and SGBV prevention issues.	AE
	# of local partner staff trained	0	5	5	5 partner staff got trained on gender equality, human rights, social exclusion, SRHR and SGBV prevention issues.	AE
1216 Female and male community leaders, health workers trained in gender equality and SRHR issues, including identification, reporting, referral, and consequences of S/GBV and COVID-19 awareness	# of community leaders trained	0	24	24	24 community leaders were trained on gender equality, human rights, social exclusion, SRHR and SGBV prevention issues.	AE
	# of health workers trained	0	40	40	40 health workers were identified and trained in gender equality, SRHR issues including identification, reporting, referral, and consequences of SGBV and COVID-19 awareness.	EE
1217 Case referral and case management provided for GBV victims	% of persons identified in need of response services for physical and emotional maltreatment who report receiving them	0	95%	100%	283 (100%) affected persons in need of response services for physical and emotional maltreatment received support services	EE
1218 Mobile Psychosocial Counseling	# of mobile clinics deployed	0	2	2	Two mobile clinics were established, deployed and	AE

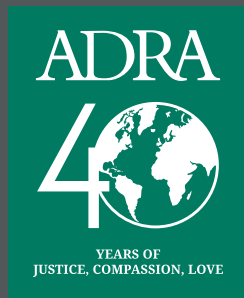
EXPECTED RESULTS	INDICATORS	BASELINE DATA	TARGETS	ACTUAL DATA	ANALYSIS	RATING
(PSSC) clinics established and deployed	# of survivors who receive mobile counselling GBV	0	2,500	283	reached out to 283 survivors providing counselling on GBV	
1219 Protection Working Group (PWG) activated and co-led	# BNS PWG co-led with UNHCR	0	1	1	ADRA Sudan remained actively involved in relevant protection forums in the BNR and at the national level – and will continue to do so after the EWASAP project.	AE
	# of protection SOPs developed	0	1	1		
	# of advocacy materials produced	0	4	4		

<i>Rating Scale</i>
EE: Exceeding/exceeded expected result UR: Unable to Rate
AE: Achieving/achieved expected result
MP: Experienced Manageable Problems
OP: Experienced Other Problems

Key Performance Indicators- SRHR Programming in EWASAP

INDICATORS	DISAGGREGATION	DEFINITIONS
Number of community health workers/volunteers trained in SRHR or SGBV services <i>Outcome 1210</i> <i>Outputs 1211, 1212, 1215, 1216</i>	Women: 15 Men: 25 Girls: 0 Boys: 0 Other: 0	To be counted as a training , a session must be a minimum of one day based on a recognized curriculum or training package focused partly or in full on SRHR or SGBV topics. If a training program takes place over a series of days, count the maximum number of health workers/providers trained. Training can refer to pre-service, in-service or distance learning. For distance learning or online learning programs, count the number of participants enrolled in the distance learning program, not the number of sessions they have taken using that modality. Community health workers/volunteers: HCWs may comprise formally trained doctors, nurses, pharmacists, dentists, allied health professionals etc. as well as community members who perform formal health worker related duties with little or no training.
Number of beneficiaries who have experienced, or are at risk of, any form of SGBV that	Women: 55 Men: 7 Girls: 35	SGBV services: Services include, but are not limited to safe space and shelter, crisis hotlines, case management services including counselling and psychosocial support, safety planning, legal aid, crisis intervention services, necessary health services and

<p>have received related SGBV services Outcome 1210 Outputs 1213, 1217, 1218</p>	<p>Boys: 0 Other: 0</p>	<p>treatment, and referrals to community-based resources such as legal aid, safe shelter and social services.</p>
<p>Number of people reached through community outreach activities/ awareness raising on SRHR services or SGBV prevention and response services. Outcome 1210 Outputs 1125, 1214, 1219</p>	<p>Women: 6,719 Men: 3,666 Girls: 4,480 Boys: 2,444 Other: 0</p>	<p><u>Awareness raising/community outreach sessions:</u> May include information or awareness sessions on, for example: family planning; informing citizens about their sexual and reproductive health and rights; engaging men and boys in SGBV prevention; discontinuation of harmful traditional practices such as FGM; and gender and cultural norms related to SGBV.</p>



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