



Standard Award Report Template

R Standard Award Report template.

Finial Report

Name of Grant	Primary health care for vulnerable populations affected by food insecurity and Central Darfur – Golo - CDF-INTPA-CD19364-2024-001		
Donor	INTPA		
Country Office	Sudan	Ref Number	CDF-INTPA-CD19364-2024-001
Grant Start Date	1 January 2025	Grant End Date	31 th December 2025
Grant Duration	12 Months	Grant Location	Golo Locality, CD.
Budget	Total Grant Amount in donor currency: € 58,084.88	Total Spent in Reporting Period in donor currency:	Burn rate: (Expenditure to date Total Budget) 210,910,111.75
Target Groups and Locations	IDPs, returnees and host communities in Golo – CD.		
Country Office Contact	• [redacted] - Director General - [redacted] - [redacted] - [redacted] • [redacted], Program Manager, [redacted] - [redacted] • [redacted] - [redacted] - [redacted] - [redacted]		
Summary of Award	This project aimed to provide integrated life-saving primary health care and nutrition services to vulnerable populations in the Golo Locality. By supporting existing health facilities and deploying mobile clinics, the intervention addressed acute malnutrition, maternal health, and childhood illnesses amidst high food insecurity in Golo Central Darfur.		
Reporting Period:	31 December 2025		

I. Key highlights from reporting period

1. Healthcare & Nutrition Staffing

- Activity 1.2.9: Provided monthly incentives for 8 SMOH Nutrition Staff across two health facilities in Golo from May to December 2025.
- Activity 1.3.4: Supported 20 Community Health Workers (10 M, 10 F) (CHWs/CHVs) with incentives to implement screening and referral services.

2. Community Engagement

- Activity 1.3.1: Established and trained 2 community health nutrition committees 20 members total (10 M, 10 F).
- Activity 1.3.7: Conducted Barrier Analysis (BA) informed health promotion and community sensitization sessions.

3. Nutrition Screening & MUAC Initiatives

Integrated the "Mother-MUAC" approach, (4 midwives) empowering caregivers to identify malnutrition early.

- Total Screened: 17,276 individuals total referred to nutrition program 1676 (740 m/936 f)
- Children (U5): 14,461 total (7809 Female / 6652 Male).
- PLW: 2,815 Pregnant and Lactating Women.

4. Mobile & Outreach Services (Activity 1.3.8)

Established 2 Mobile Clinics using specialized tents and medical equipment to reach underserved areas.

- Antenatal Care (ANC): 673 women reached.

Women reached by:

- total ANC 673
- ANC2, PNC 76
- Family Planning (FP): 61 individuals.

- Immunization: 1,233 children.

total reached 172, Penta3 total reached 152 (89 F, 53 M) Measles1 total reached 10 total Measles2 reached 4, TT1 total reached 119, TT2 total reached 83

- IMCI: 2,972 children treated for common illnesses. Malaria (M 421, F 468) Diarrhea (M 451, F 424) Pneumonia (m 572, 569 F) TOTAL 2905 (M 1444, F 1461)

II. Progress report based on results framework as described in project proposal

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- **Impact level: Overall Objective**

	<u>Indicators</u>	<u>Baseline (if applicable)</u>	<u>Target</u>	<u>Progress against target</u>
Overall Objective Name: Recovered from acute malnutrition.	Severe Acute Malnutrition recovery rate.	00		Completed and rates tracked through OTP/SFP registers the screening of 17,276 individuals.

- **Outcome level: Specific Objective**

	<u>Indicators</u>	<u>Baseline (if applicable)</u>	<u>Target</u>	<u>Progress against target</u>
Specific Objective Name: Coverage of the nutrition program-	Number of children under 5 admitted for treatment of Severe or Moderate Acute Malnutrition			Achieved: 4,837 children screened and integrated into the referral/treatment pathway.

- **Output and activity level: Outputs from main activities**

Output 1:

<u>Output</u>	<u>Indicators</u>	<u>Target</u>	<u>Progress against target</u>
Capacity building (Nutrition)	Number of	20	CDF team provided

	Nutrition Staff and community nutrition volunteers		establishment and conducted training for 20 members (15 F, 5 M) of community health and nutrition committees in Golo
Treatment of under nutrition for pregnant/lactating women (PLW).	Number of pregnant/lactating women (PLWs) admitted for treatment of Severe or Moderate Acute Malnutrition.		CDF provided monthly incentives for ICCM implementing Nutrition Screening, ICCM, FP by Choice and Referral from June 2025 to 31 December 2025, below details of activities implemented by ICCM. The ICCM implemented at the community level through Conduct MUAC screening survey for both children under 5 years of age and PLW to admission to treatment for severe or moderate acute malnutrition or referred based on measurement status to treatment place, while nutrition staff and Community Nutrition Volunteers (CNV). while utilizing Mother-MUAC”, teaching mothers and other caregivers to identify early signs of malnutrition in their children using a simple to use Mid-Upper Arm Circumference (MUAC) tape, to improving coverage of treatment services, detecting cases earlier and improving awareness on malnutrition. 2,815 PLW reached. (2,2747 regular + 68 living with disabilities through

			integration were supported by dignity kits). ICCM implemented screening and Mother-MUAC training. This is activity throughout project life cycle and people screened which include children/ PLW under malnutrition are: Children # of Female (under 18) are (7809 F children 2815 PLW) and total admitted are 936 total cured 742 # of male (under 18) are /6652 M and total admitted are =740 total cured are 704 Disable: # of Female (under 18), = 932 treated 742 # of male (under 18) = 740 treated 632 PLW: # of Female (18+) =98 treated 72 Disable female (18+) =68 supported by dignity kits through protection sector
Screening of under/malnutrition.	Number of people screened for under nutrition.		CDF provided and purchased medical supplies for running of two Mobile clinic in Golo. To ensure the continuous and effective operation of two mobile clinics in the

			Golo area, the Child Development Foundation (CDF) successfully completed the procurement of essential medical supplies and equipment. This intervention aims to bridge the gap in healthcare access for vulnerable populations in Central Darfur, particularly focusing on primary healthcare and emergency response. CDF team covers the implementation of integrated mobile and outreach health and nutrition sessions in Golo thought mobile clinic The primary goal to reach underserved populations with essential lifesaving services, including maternal care, childhood immunizations, and malnutrition screening. Service Delivery Breakdown • Antenatal Care (ANC) total reached are 673 • Family Planning (FP) the total reached are 61 • Immunization the total reached are 1,233 • IMCI total reached are 2,972 (F 1682 & 1290) • Nutrition Screening total reached are 17,276 • (OTP 7,256 admitted 536 • SFP 7,205 admitted 1140 • PLW 2,815
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Nutrition and health facilities support	Number of health facilities where nutrition programmes are implemented.	4	Provided support for two health facility in Golo, this provided monthly incentives for 8 staffs in two facilities
Conduct mobile and outreach health and nutrition service sessions including ANC, FP, Immunization, IMCI and nutrition screening and referral	Number of mobile health where support nutrition programmes are implemented.	2	CDF established and provided support for two Mobile clinic in Golo the support included purchasing four tents with basic furniture and equipment and medical supplies, running of two Mobile clinic in Golo to ensure the continuous and effective operation of two mobile clinics in the Golo area,
Provide incentives for SMoH nutrition staff at facilities (4/facility)	Number of nutrition staff at facilities provided incentives	8	CDF provided monthly incentive for 8 SMOH Nutrition Staff from May 2025 to 31 December 2025 who is working in two health facilities in Golo.
Provide incentives for CHWs/CHVs implementing Nutrition Screening	Number of CHWs/CHVs provided incentives	20	CDF provided monthly incentives for 20 members of ICCM implementing Nutrition Screening, iCCM, FP by Choice and Referral from June 2025 to 31 December 2025. Total referred were 64 (35 F/29 M). Adult are 0

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Add more outputs as necessary and in line with project proposal and Log-Frame

III. Beneficiaries

Planned direct beneficiaries	Beneficiaries reached in reporting period	Cumulative beneficiaries reached to date
Provide incentives for SMoH nutrition staff at facilities (4/facility)	8 staff	8 staff
Support establishment, training and running cost of community health and nutrition committees	20	20
Provide incentives for CHWs/CHVs implementing Nutrition Screening, iCCM, FP by Choice and Referral interventions at community level	20	20
implementing Nutrition Screening, iCCM, FP by Choice and Referral interventions at community level	64	64 (35 F and 29 m)
Children Screened (<5)	4,837	4,837
Treatment of Malnutrition (PLW)	2,578	2,578
Screening for Malnutrition	17,276	17,276
Facility Support	2	2

Cross cutting:

Coordination: cluster meetings were conducted bi weekly bases and monitoring meeting through report discussions with SCI were regularly conducted. Meeting with authority and UN OCHA was conducted to discuss gaps

Advocacy:

IV. Crosscutting issues

- Whole parties protect, maintain an environment through project implementation process while consider aspects that will affect the environment.
- Throughout the project implementation process segregate the figures by gender, age and diversity,

V. Challenges

- Economic Volatility: Severe cash shortages and a 25% "Bankak" exchange rate deduction significantly inflated procurement and incentive costs. To adopt this case will needed to engaged cash facilitator with pre- paid include discharge rate to provide small expenses for hole year
- Logistics: Heavy rains and flooding cut off supply routes from Geneina, delaying the delivery of essential drugs and medical supplies. Need annual plan for pre stock to have all needed items atleast for rainy season to be provided in the store
- Market Scarcity: Local unavailability of specific medicines forced procurement from distant regions at higher costs. To quarterly review the prices and discuss with SCI, or to have drugs needs for hall year under one purchase form the very beginning of the project.

- Widespread malnutrition among pregnant and lactating women (PLW) is due to the absence of specialized nutritional biscuits, which are vital for supplemental feeding. Need annual plan for pre stock to have all needed items atleast for rainy season to be provided in the store
- Lack of essential hygiene/dignity kits, especially in Tarnga. To plan for other related activities to nutrition and health program
- Delaying in submit timely report, CDF staff are need training on reporting templates related to SCI to have good quality and timely reports

VI. Lessons Learned

Community Ownership: Involving community committees early in the project improved the referral success rate for malnourished children.

Flexibility in Logistics: Developing alternative supply routes or pre-positioning supplies before the rainy season is critical for the Golo locality.

VII. Sustainability

CDF has worked closely with the State Ministry of Health (SMoH) to ensure that the trained staff and committees remain integrated into the local health system. By providing durable assets (tents, furniture, and medical equipment) to the mobile units, the infrastructure remains available for future SMoH-led interventions.

Exit strategy:

The project will conclude by handing over the management of community committees to SMoH focal points. CDF continues to advocate with other donors to bridge the funding gap for essential medical supplies to ensure the mobile clinics remain active beyond December 31, 2025.

VIII. Key Next steps in next reporting period

N/A

IX. Annexes

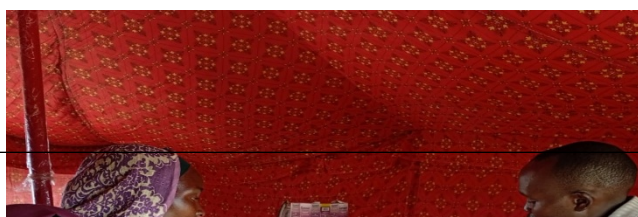




Training for community health and nutrition committees



Conduct health promotion and community sensitization sessions at HF and Community levels



mobile nutrition service including ANC, FP, Immunization, IMCI and nutrition screening and referral