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**HUMANITY FOR DEVELOPMENT & PROSPERITY ORG (HDPO)**

Implemented emergency protection project activities in Shagra camp of North Darfur

Following the incident of Umhashabah and villages surrounding by unknown armed groups on 25th Sept 2021, Humanity for Development and Prosperity Org (HDPO) performed rapid needs assessment mission in Shagra area (15 KMs West Elfasher town) on 7th.Oct 2021 where IDPs and residents were interviewed/assessed using Initial Support Tool(IST). The findings of the assessment highlighted a number of areas that require urgent follow-up actions by protection, ES NFIs, Food, WASH, Health/ nutrition, education and livelihoods sectors.

As of 1st.Jan 22 up to 30th.April 2022, HDPO implemented an emergency protection project funded by USAID/ IOM RRF Sudan to support the newly arrived IDPs in Shagra camp with full collaboration of Ministry of Welfare and social Development. The below activities were implemented in Shagra IDP camp:

1. HDPO performed 2 enlightenment workshops for local authorities in Elfasher and in Shagra camp for IDP and community leaders to discuss various protection issues and challenges facing different segments of society. The workshops were presented strongly by many actors and the government line ministries, namely (Girls education, High Council for Women & Children, Traffic Police, Reforms Police, Kindergartens, ministry of education, agriculture, reproductive health, child protection unit, Child Prosecution Unit, traders union, lawyers, NGOs, tea waiters, local radio & TV, medical staff, resistance committees, teachers, IDPs & community leaders). Several crucial issues were discussed prior the startup of the interventions including children suffer from environmental-related issues and arise of homosexuality at prisons, community-based protection-related issues resulting from the recent conflicts in the area and repeated attacks while collecting fire wood, animal’s robberies and peace building between the IDPs and villagers ( eventually both IDPs and villagers sat together and discussed their mutual needs and requested IDPs children to attend the school classes, exchanged visits to strengthen the social fabric and social coexistence after a very long period of conflict).
2. 4 social protection mechanisms have been established using UNFPA, UNICEF and MoWSD standard criteria of selection, trained and equipped with skills and knowledge to monitor and track risks and incidents for the IDPs and host communities. These committees have been expected to reach 400 individuals as indirect beneficiaries. Each committee consists of 20 persons (50% women) & (60% IDPs and 40% host communities) with a high structured committee (headed by IDP woman & co-chaired by a woman from the host community as well as other three women and one man) responsible for organizing bi-weekly meetings and events (women & child safe centers activities). The training workshop (5 days) mainly focused on how to process and refer the allegations and channels of reporting the incidents, CP, GBV, PSEAH, FGM, COVID19, PSS, harmful traditions, early marriage, domestic violence, child recruitment, birth certificates, child vaccination, out of school children etc.
3. HDPO with the support of Ministry of Welfare and Social Development (SMWSD) organized 4 open awareness sessions on COVID19 pandemic and Cholera reaching more than 3000 individuals in two schools targeting students( boys & girls , teachers and parents) and all people in the area including IDPs & host communities during which 75 persons received Jonson & Jonson vaccine by Ministry of Health team and to disseminate strong messages on: transmission, mutations, COVID-19 vaccines, with recommended preventive measures, social distancing, masking, improving ventilation , air filtration, and quarantining those who have been exposed or are symptomatic, treatments , antiviral drugs, and symptom control, misinformation through local mass media. Additionally, other protection issues were discussed; social norms, GBV, domestic violence, PSEAH with ZERO tolerance, rape, physical violence and how to report etc.
4. Through the social professional workers (MoWSD), 35 separate psychosocial support sessions (PSS) have been organized in Shagra IDP camp, including 10 cases representing host communities. HDPO targeted the most affected vulnerable persons by mental health challenges, mainly the elderly, people with special needs, disabilities, children, adolescents, and young adults. The PSS victims provided with recreational materials, food items, sugar, tea, drugs, plastic sheet, eyeglasses etc. as been requested during the interviews.
5. Prior the distribution of hygiene kits that funded by USAID /IOM, HDPO registration team conducted beneficiaries’ identification, verification and list preparation using UNFPA standard criteria of selection for targeted women. HDPO received, transported and distributed 200 female hygiene kits including 400 jerry cans to the vulnerable families in Shagra IDP camp. Each woman received 21 different types of women's kits and 2 Jerry cans (60% IDPs & 40% host communities).
6. HDPO identified with the support of local administrative unit, host community & IDPs leaders the locations of establishing two women's centers and two child-friendly spaces using local materials (bamboo mats, metal Skelton, metal doors and windows with plastic sheets, paintings and metal-wire). Each community center equipped with office table, chairs, plastic mats, stationeries and recreational materials/sports to reduce conflict trauma and conflict effects for kids and adolescents (volley ball’s/nets, food balls, whistles, playing materials, drawings and metal logo board). These community centers used as shelters in the camp for women to meet, discuss and resolve their own issues, sewing, hand-made manufactures, kindergartens, playground for children, drawings as well as a hall room for community leaders meetings and clinic during the weekly roving of health mobile team, and etc...
7. HDPO has conducted several meetings with the formed social committees to monitor & follow up their functionality as well as post distribution monitoring visits for the distributed hygiene kits to confirm the right and proper usage and family benefits. Furthermore, HDPO used to produce monthly progress reports and share the findings with the partners including protection sector leads (Child protection, GBV and general protection) and brief them during the coordination meetings to avoid the duplication.

**Lesson learnt and challenges:**

* The project has made good coordination on the ground as this is the only project implemented in the area, hence HDPO was able to link the partners and communicate what is happening in the area to the protection sectors.
* The community conflict is one of the key lesson learnt that HDPO experience, the access to land to construct the community centers where as the landowners from the host community refused to offer the lands however HDPO advocated the community and resolved the issues.
* The project also mobilized the government and brought them to the frontline of the response, police, universities and ministry of social affairs participated in more than event organized by HDPO under IOM- USAID funded project.
* The project implemented under different circumstances and challenges as the settlement of the affected people located in remote area and still the security concerns exists.
* Involvement of community in helping survivors and assisting with referrals.

Gaps:

* HDPO constructed 2 child centers where 240 children attending kindergarten classes with 4 volunteer teachers.
* Additional women hygiene kits are strongly recommended.
* Approximately 120 children in one classroom in primary schools (2 primary schools and 1 co-educated secondary school) with shortage of school materials, congested classrooms, fencing for girls’ schools, feeding projects, emergency washing facilities…etc.
* Sanitation & hygiene promotion sessions and cleaning campaigns.
* Agricultural tools, seeds / ploughs and income generation activities (IGAs)

Ultimately, the emergency protection activities have been completed successfully with 100% achievements as approximately 5,000 individuals who were at protection risks received protection services through general protection, GBV and child protection activities as well as both of IDPs and civilians are currently living in peace and created a model social fabric among all in Shagra area after several years of quarrel.