

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
REPUBLIC OF THE SUDAN  
RAPID RESPONSE  
CONFLICT-RELATED – DISPLACEMENT 2015**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Marta Ruedas**

## REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

*The After Action Review was held in UNHCR Representation Office in Khartoum on Thursday 21 April 2016. UNICEF attended the meeting. Bilateral discussions took place with other agencies unable to attend and the information gained was fed into the AAR.*

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES  NO

*The Report was circulated to the HCT prior to submission to the CERF Secretariat*

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES  NO

*The report was shared with the Refugee Multi Sector (RMS) sector and circulated to the members of HCT.*

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 152,119,709		
Breakdown of total response funding received by source	Source	Amount
	CERF	7,087,382
	COUNTRY-BASED POOL FUND (if applicable)	299,058 <sup>1</sup>
	OTHER (bilateral/multilateral)	7,293,926 <sup>2</sup>
	<b>TOTAL</b>	<b>14,223,223</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 15 July 2015			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-071	Nutrition	100,638
UNICEF	15-RR-CEF-072	Health	520,014
UNICEF	15-RR-CEF-073	Protection	458,656
UNICEF	15-RR-CEF-074	Water, Sanitation and Hygiene	785,725
UNFPA	15-RR-FPA-022	Health	168,367
UNFPA	15-RR-FPA-023	Protection	274,990
UNHCR	15-RR-HCR-029	Protection	456,246
UNHCR	15-RR-HCR-030	Water, Sanitation and Hygiene	748,416
UNHCR	15-RR-HCR-031	Non-Food Items	832,844
WFP	15-RR-WFP-043	Food Aid	1,548,984
WFP	15-RR-WFP-044	Nutrition	372,873
WHO	15-RR-WHO-025	Health	641,806
WHO	15-RR-WHO-026	Water, Sanitation and Hygiene	177,823
<b>TOTAL</b>			<b>7,087,382</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	5,046,262
Funds forwarded to NGOs for implementation	1,466,196
Funds forwarded to government partners	574,924
<b>TOTAL</b>	<b>7,087,382</b>

<sup>1</sup> US\$ 120,171 – Protection (UNHCR) + US\$ 178,887 – ES/NFIs (UNCHR)

<sup>2</sup> UNHCR (US\$ 1,643,926) + UNICEF (US\$ 5,650,000)

## **HUMANITARIAN NEEDS**

The political conflict that broke out in South Sudan on 15 December 2013 displaced thousands of civilians in South Sudan and caused mass outflow of refugees into neighbouring countries, including Sudan. At the time of designing the CERF Rapid Response in July 2015, an estimated 607,606 individuals had fled South Sudan into Ethiopia, Kenya, Uganda and Sudan, while inside South Sudan nearly one third of the population faced an extreme risk of food insecurity. As of May 2015, at least 650,000 people remained without humanitarian assistance in the Greater Upper Nile area (Unity, Upper Nile and Jonglei states), while escalation of conflict caused the security and humanitarian situation to further deteriorate in both Upper Nile and Unity. This prompted an increase in IDPs in South Sudan along with large influxes of refugees into Sudan, for example in March and April 2015, when over 15,000 people fled across the border to White Nile State, Sudan. Intense conflict continued into June in both states bordering Sudan. By the end of 2015, Sudan had received the highest number of South Sudanese new arrivals, with a recorded figure of 194,404.

In November 2014, White Nile State hosted four camps for South Sudanese: original camp Al Alagaya, and three additional camps which became operational in mid-2014 after relocation from Kilo 10 site: Jouri, Al Kashafa and Al Redis. These four camps hosted a total of 46,341 refugees. Due to the 2015 influx and overcrowding in the camps, the Government of Sudan (GoS) allocated three additional sites for new camps: Dabat Bosin (close to Al Alagaya in El Jabalain locality) and Al Redis II (close to Al Redis in El Salam locality), and later on Um Sangor in early March 2015 as an emergency measure in response to the influx of over 4,000 refugees in one week. In 2015, Al Kashafa, Al Redis, Al Redis II, Um Sangor and Alagaya camps were extended.

Prior to the 2015 influx, White Nile State had received 78,356 individuals, or 58 per cent of all South Sudanese refugees arriving in Sudan. Following the influx and at the time of designing the CERF Rapid Response, the population had reached 103,703 refugees, with an arrival rate of between 150 and 200 individuals per day. New arrivals were reaching border areas exhausted, nutritionally weak and in poor health, with many traumatized after having travelled in difficult conditions to escape on-going violence and conflict. The situation in the existing camps was described as dire by field colleagues working there, with many services struggling to meet Sphere standards already before the influx. The existing services were no longer able to cope with the increasing caseload and the lives of refugees, particularly children, were at risk. Emergency shelter remained one of the highest priorities for the new arrivals who were exposed to health and environmental hazards as well as protection risks. The camps were overcrowded and Water, Sanitation and Hygiene (WASH) services were not adequate. In Al Redis II, for example, the water supply coverage was significantly below the recommended Sphere Standard at 5.1 l/p/d, and overall only one of seven camps reaching minimum standards for water coverage. In Um Sangor only one latrine was available per 318 persons. There were no available funds to meet new nutrition needs, and General Food Distribution (GFD) alone was not preventing malnutrition in children. These challenges affected an already extremely vulnerable population; with a high number of children in the camps (69 per cent), and with 87 per cent female-headed households. Further, newly arrived refugees lacked livelihoods, had few belongings and thus little option but to rely on humanitarian assistance for their survival.

## **II. FOCUS AREAS AND PRIORITIZATION**

A variety of assessments and field-based analysis informed the prioritization of CERF funds, including a number of sector specific and multi-sector needs assessments that took place in White Nile State, where 54 per cent of new South Sudanese arrivals were situated. Overall, the assessments showed that as a consequence of the influx, needs were acute in the newly established camps, while the dilution of the existing resources in the older camps negatively impacted the operation as a whole. Notably, significant gaps in food security were coupled with a general lack of complementary services in the camps including shelter, WASH promotion, health and nutrition activities.

A significant deterioration in the food security situation since February 2015 was noted through WFP's monthly post distribution monitoring across all White Nile camps, attributed to the increase of new arrivals and over-crowding of camps. A food security assessment in the White Nile camps additionally highlighted that between 49 – 62 per cent of households in Jouri, Al Kashafa, Al Redis I and Al Redis II camps sites had poor purchasing power, with that figure increasing to over 90 per cent of households in Alagaya and Um Sangoor. The constant influx of refugees into the various camps meant that WASH coverage was below humanitarian standards.

An assessment led by UNICEF and involving other WASH sector partners, identified gaps in provision of safe drinking water, latrine coverage, solid waste management and hygiene awareness, which in the relocation sites were all below acceptable emergency standards. In addition, the emergency water supply systems were not able to consistently produce quality water. Linking these WASH gaps to health, analysis of the epidemiological situation showed the main morbidities in the camps were ARI, diarrheal diseases, and malaria. With the start of the rainy season came a steady increase in the incidence of malaria that became the second cause of reported cases amongst the refugees, indicating an urgent need for intensive intervention in terms of the capacity of health facilities to treat increased number of patients, and to ensure access to sufficient safe water (including water surveillance and quality control) as well as vector control interventions. With regards to nutrition, the comprehensive package of essential nutrition services established in March 2014 when South Sudanese started entering Sudan, which had reduced the Global Acute Malnutrition (GAM) prevalence amongst refugees from more than 20 per cent (Sudan Ministry Of Health / UNICEF) to below 10 per cent, faced an absence of funding and the program struggled to continue under increased caseloads and lack of resources. Finally, as of 30 June 2015, some 6,404 families were waiting for a family shelter, and negotiations with the authorities resulted in the allocation of additional land (extension of El Kashafa, El Ridais 2, El Ridais 1, Um Sangor and Al Alagaya camps) for new arrivals and to relieve the congestion in the existing camps. The response strategy also took into account findings of the UNHCR report on the impact on livelihood initiatives in White Nile State (June 2015).

Within this operational context, protection assessment and analysis included regular monitoring in the camps, monthly focus group discussions facilitated by the Ministry of Social Welfare (MoSW), weekly reports of agencies as well as mission feedback from agency experts. Notably, women and children appeared highly traumatized by violence experienced and witnessed in South Sudan and needing psychosocial support. This finding was reiterated by the mission of the Regional Child Protection and Sexual and Gender Based Violence Officer who and the Ahfad University for Women Study on the prevalence of mental health issues and SGBV in White Nile State (November - December 2014). A UNMISS report also noted high levels of human rights abuses in South Sudan, including targeted persecution of women and girls, highlighting the fact that the protection environment in South Sudan was significantly eroded and indicating that further protection response was needed in Sudan to respond to the needs of women and children who bore the brunt of the conflict.

These assessments and analysis showed that overall, facilities in the camp were not sufficiently resourced to provide basic life-saving assistance to the new arrivals, including feedback received from refugees, community leaders and camp management indicating a need for basic resources and shelter immediately upon arrival. Reception facilities in the border areas (especially Joda and El Kuek) had been enhanced under previous funding, however, similar initiatives were not undertaken in the camps where most families arrived having entered Sudan through non-traditional border points. The influx occurred when congestion in the camps had reached critical level due to limited land availability. The CERF response strategy therefore aimed to focus on meeting the critical and new needs of the 30,000 new/arriving refugees, with a concentrated effort to upscale and improve conditions in the two border areas (Joda and Kuek), and five camps with extensions (Alagaya, AL Redis, Al Redis II, Al Kashafa, Um Sangor) that received a high number of new arrivals.

### **III. CERF PROCESS**

This prioritization process for this CERF allocation employed a bottom-up approach after consultation with the field, sectors and partners. Refugee Multi Sector (RMS) partners were asked to perform a prioritization exercise focusing on the most pressing gaps and issues in their respective area, and to provide a realistic and well calculated budget, taking into account other funding available. These prioritizations were sent to the RMS and the field for their inputs. The first iteration of these totalled approximately \$12,600,000 dollars. This was then reviewed by UNHCR taking into account the emergency priorities detailed above and the specific CERF criteria. Given that not all of the most pressing needs could be covered, the prioritization was further narrowed by focusing on new needs, critical and lifesaving activities. Capacity building activities were limited as well as awareness raising activities. Funds requested because programmes were underfunded were not prioritized. The immediate lifesaving needs of new arrivals (shelter, food, WASH, increased health capacity) were prioritized.

The overall process was transparent and consultative, and resulted in an agreed allocation which highlighted not only the most dire needs of the refugee population, but also ensured advocacy for other complementary funding streams highlighting urgent areas of intervention which could not be covered in this allocation. Of particular note, these areas included education and livelihoods. The overall strategy was then discussed and endorsed by the Humanitarian Country Team in a meeting in June 2015 and an ad-hoc meeting in July 2015 after comments were received by the CERF on the concept note.

This strategy took into account regional planning scenarios, in particular how conditions in South Sudan affected arrivals to Sudan, the rate of new arrivals, the number of new arrivals in each camp, the camps with additional absorption capacity and the linkages between activities, while being realistic about what could be achieved within the timeframe, and what would achieve the highest impact.

This CERF strategy was designed within the parameters of the Refugee Coordination Model, and thus prioritization took place at two levels: 1) through consultation and information-sharing with partners in the IASC sector structure, and 2) within the RMS itself, with UNHCR providing the overall guidance of prioritization, activities and strategy. In 2015, UNHCR led the refugee response in all areas across Sudan, with the South Sudanese response headed by a Senior Field Co-ordinator and supported by offices and staff in Kosti, White Nile, Khartoum and Kadugli, South Kordofan, which facilitated field-based consultations during the prioritization process. Further to the prioritization process, the CERF proposal was informed by the Regional Refugee Response Plan for 2014 and 2015, as well as contingency plans and overarching strategies for the response. Weekly reporting occurred for all RMS sectors at both national and region level with regards to the South Sudan emergency, including monthly indicator reporting, so at the time of developing the CERF proposal UNHCR was in a strong position to ensure the right activities have been prioritized, and were the most life-saving of the overall response, focusing on the needs of new arrivals, as well as exacerbated needs caused by the continued flow of refugees into the country.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR <sup>1</sup>									
Total number of individuals affected by the crisis: 103,703 South Sudanese refugees, plus 30,000 new arrivals									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	8,100	7,800	15,900	7,500	14,400	14,100	15,600	14,400	30,000
Health	9,771	8,324	18,095	9,388	5,550	14,938	19,159	13,874	33,033
Protection	11,260	5,209	16,469	9,815	2,573	12,388	21,075	7,782	28,857
Non-Food Items	3,032	3,031	6,063	3,031	3,031	6,062	6,063	6,062	12,125
Nutrition	5,049	3,485	8,534	4,997		4,997	10,046	3,485	13,531
WASH	36,031	20,022	56,053	32,457	11,749	44,206	68,488	31,771	100,259

<sup>1</sup> Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

#### BENEFICIARY ESTIMATION

**Emergency Shelter / Non-food Items (ES/NFIs):** UNHCR uses a standard of 5 people per household.

**Food Security and Livelihood Sector:** The number of direct beneficiaries reached reflects the total number of South Sudanese refugees who received a monthly food ration during the project period. The number was estimated based on refugee arrivals registered and arrival rates (over the course of the project period) received from UNHCR. Distribution monitoring supported the counting and lists

were elaborated, containing names of each and every household, compiled and cross-checked to ensure that refugees already reflected in the lists were not erroneously included.

**Health:** The calculation of the direct beneficiaries for health has been done using the data recorded and reported by the health facilities and IPs providing services for the South Sudanese Refugees. This includes information on the number of beneficiaries of curative care services, maternal and reproductive health, expanded programme of immunization and other outreach services, such as health promotion and mass campaigns. To avoid double counting, the number of curative consultations per age group, first antenatal visits and deliveries, number of children vaccinated, number of health staff trained and the number of people that directly benefited from health campaigns were used.

**Nutrition:** Beneficiary data for the WFP-supported Targeted Supplementary Feeding Programme (TSFP) and the Emergency Blanket Supplementary Feeding Programme (e-BSFP) was compiled from registration data at camp level, monthly nutrition distribution reports (in line with national Community Management of Acute Malnutrition guidelines) by WFP's Cooperating Partners and post distribution monitoring reports compiled by WFP field monitors as part of regular on-site visits. Standardized admissions and discharge tools, and harmonized reporting templates were utilised during programme implementation to ensure that beneficiaries were not double counted.

**Protection:** The overall figure of new arrivals from August 2015 to January 2016 (28,857 individuals) was used as a good indicator for the number of individuals who received emergency protection assistance upon arrival in the border receptions or at the camps in White Nile State. The total number of individuals registered in the camps, calculated and provided by SRCS supported provision of emergency protection assistance and life-saving services.

**WASH:** The number of direct beneficiaries reached throughout the CERF funding was estimated through the compilation and verification of information contained in the regular monitoring reports received from Implementing Partners (IPs). The reports gave detailed information about the number of people, disaggregated by gender and age. The beneficiary figures provided were calculated on the basis of the highest catchment component (the water supply); all the other activities, including sanitation and hygiene promotion/awareness implemented by both WHO and UNHCR targeted the same beneficiaries, and therefore, should not be added to avoid double counting.

**Total:** The total beneficiary figures were calculated based on WASH direct beneficiaries that incorporated both the total new arrivals as well as host community members supported. This figure was used to avoid double counting with the other sectors.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children ( &lt; 18 )</b>	<b>Adults ( ≥ 18 )</b>	<b>Total</b>
<b>Female</b>	36,031	20,022	56,053
<b>Male</b>	32,457	11,749	44,206
<b>Total individuals (Female and male)</b>	<b>68,488</b>	<b>31,771</b>	<b>100,259</b>

## **CERF RESULTS**

Despite the complex working environment in Sudan, the 2015 CERF Rapid Response (RR) allocation to address the needs of 30,000 newly arrived South Sudanese refugees in White Nile State allowed a timely provision of protection, nutrition, health, water, sanitation and hygiene, as well as emergency shelter and non-food item support, particularly for the most vulnerable. The timely implementation of CERF funded activities encountered a few challenges, including delays in starting the nutrition activities due to a break in the Super Cereal Plus pipeline between July and November 2015. However alternatives were found to mitigate the challenges and ensure timely implementation of services, such as using a substitute ration composed of Super Cereal and oil as an alternative to Super Cereal Plus.

Major improvements in regards to minimum living standards included the construction of 600 latrines, as well as distribution of WASH items to 9,000 refugees. More beneficiaries than initially planned were reached, due to the replacement of the initially planned installation of 25 water bladders with associated platforms and 120 water taps by the construction of 45 taps stands (each with six tap) and two elevated tank of 45m<sup>3</sup>. That led to an increase of the number of litres of improved water per capita per day, reduction of the distance from the water source and shortening of the queuing time. Therefore, water supply coverage greatly improved in all sites with water provision capacity doubling in Al Alagaya, Jouri, Um Sangor, El Kashafa, Al Redis 1, with only the exception of El Redis 2 which remains below Sphere Standards. Children, who made up 69 per cent of the population, particularly benefited from these funds with 537 severely malnourished children provided with Ready-to-Use Therapeutic Food and over 3,700 children benefitting from psychosocial support. The CERF funding enabled the health services to deliver affordable and accessible life-saving primary health care to the newly arrived South Sudanese refugees. Despite overcrowding in the camps, no major outbreak was noted during the implementing period. CERF also contributed towards the building of reception facilities and delivery of shelter and non-food items to almost 30,000 South Sudanese refugees. A CERF midterm monitoring mission with the involvement of all relevant agencies was conducted in January 2016. The feedback from the mission was used to identify challenges to implementation and to find solutions to ensure timely and effectively delivery of the services. It also provided beneficiaries with the chance to evaluate the projects and provide feedback on how they could be adapted to better meet their needs.

The main achievements by area of intervention are as follows:

**ES/NFI:** UNHCR distributed both lifesaving NFI kits and Emergency Shelter materials to 7,125 individuals (1,425 families) newly arrived refugees from South Sudan to WNS (more specifically Al Kashafa, Redeis 2 and Al Alagaya). Shelter from the elements was also provided under communal shelters to 5,000 expected new arrivals. Beneficiaries raised concerns about the number of sleeping mats and blankets allocated to each household. However, the provision of ES / NFI kits significantly enhanced the living conditions of the newly arrived South Sudanese refugees, providing them with life-saving shelters that contributed in restoring minimal human dignity, safety and privacy, especially for women.

**WASH:** UNHCR successfully completed 600 latrines with the funds from CERF through its partner CAFOD in Um Sangour, El Redis 1, Jouri and Al Alagaya. The latrines were constructed in block of 3 latrines and were separated according gender and are serving 38,813 South Sudanese. In addition, UNICEF activities contributed to significantly improve the hygiene situation through the implementation of hygiene promotion activities (reaching a total of 54,220 individuals), distribution of soap to 9,000 household, and Hygiene and Dignity kits targeting 4,178 women and girls of reproductive age. In terms of water supply, 45 tap stands (each with six tap) and two elevated tanks were constructed, serving about 250 new arrivals per tap stand. In order to increase water quality control, WHO established 6 new water monitoring systems serving the new case load of the refugees have been established to be used as an extension to the already existing 7 systems. The intervention under the CERF fund allowed significant improvement of the hygiene situation in the camps, especially by reducing the open defecation through the construction of the additional latrines, and increasing the volume of water supply coverage in all the seven camps.

**NUTRITION:** WFP supported the screening of a total of 6420 children under 5. Of these, 537 children identified with SAM were treated through UNICEF support.. Assistance was provided to all newly arriving children under 5 (9,611) and Pregnant and Lactating Women (PLW) (3,364) were enrolled in emergency Blanket Supplementary Feeding Programme (e-BSFP) for the prevention of acute malnutrition in the camps. As such the CERF funds were only sufficient to cover a period of 5 months (October 2015 – February 2016). All eligible beneficiaries were provided with a monthly ration of 6 kg of SuperCereal and 0.6kg of oil during this period. The implementation of the Targeted Supplementary Feeding Programme (TSFP) started in October, and included training of nutrition assistants and community mobilizers in all 7 camps in collaboration with SMOH and GHF. The food distributions followed the training, commencing in January 2016. The numbers of targeted beneficiaries reached (436 CU5 and 94 PLW) were lower than the planned figures as they covered the months of January and February. This was due to a delayed start due to a pipeline break on SuperCereal as a result of delayed clearance of the nutrition commodity due to government testing. The nutrition performance indicators for Moderate Acute Malnutrition (MAM) were in line with the SPHERE standards. In addition, 28 mother support groups were established to provide Infant and Young Child Feeding (IYCF) counselling services in target localities. At the end of the implementation period, major improvement were noted in terms of assistance to identified SAM cases, while levels of acute malnutrition for girls, boys and PLW have been stabilized below the emergency level.



**PROTECTION:** UNHCR established 6 reception centres and facilitated registration, provision of material, psychological and legal assistance to 28,857 newly arrived South Sudanese refugees in Al Redis, Al Redis 2, Al Kashafa, Alagaya and Jouri camps. 811 Extremely Vulnerable Individuals (EVIs) / persons with specific needs were identified through assessments led by community outreach workers, out of which 711 persons receiving cash grants and 28 persons with disabilities receiving specific support. In Al Alagaya, Al Redis 2, El Kashafa and Um Sangor. UNICEF supported the establishment of community-based child protection mechanisms in refugee camps to prevent children from being exposed to protection risks; referrals services for children were established to support existing government and civil society child protection structures and mechanisms within and outside the camps. As a result of this intervention, some 3,769 children (1,996 females and 1,773 males) fleeing the war in South Sudan have received timely, gender sensitive and age appropriate psychosocial services through the establishment of Child Friendly Spaces (CFSs) and training of service providers. In addition, UNICEF and its partners identified 211 separated and unaccompanied children who were referred to UNHCR for placement in alternative care arrangement; out of these, 143 children were placed into appropriate alternative family care, while 5 children were reunified with their families. Access for vulnerable women to comprehensive GBV prevention and response services was also strengthened in Al Redis, Al Redis 2, Alagaya, and El Kashafa refugee camps through UNFPA led activities. This included provision of individual psychological support to 57 persons, whilst 4 women protection networks and referral mechanisms were established and supported. In addition, 120 medical staff were trained on clinical management of rape (CMR). UNFPA also secured the establishment of 2 new women friendly spaces as entry point for the survivors and vulnerable women to receive assistance including psychosocial support and timely referral to services through conducting awareness raising session on GBV and women concerns, and vocational training (at 2 the two new extension sites Alkshafa & El Redis 2. Recreational activities and social events consisting of handi-craft preparation sessions focusing on community interaction to improve knowledge about GBV; other events included drama theatre, traditional song and dance and sessions on the importance of girls' education; these events were described as impacting positively on the community members; 100 GBV survivors were identified by UNHCR and received mental health support, and financial assistance through the provision of sectorial cash grants/vouchers. Nevertheless, refugees indicated that they could have been more involved in the planning of the child friendly spaces (CFS) and that more effort was needed to raise awareness within the community about the purpose of the CFS. These activities implemented in the frame of the CERF Rapid Response considerably enhanced the protection environment of the 30,000 newly arrived South Sudanese Refugees, which are 69 per cent children and 87 per cent female headed households.

**HEALTH:** During the implementation period, 3 health facilities were supported (staffed, equipped and supplied) to deliver health services to the targeted population, in Jouri, Al Redis 2, and Alagaya camps. In addition, 70 new health staff, medical staff and health workers were trained on universal infection prevention control and alert investigation, and initial outbreak response. The project results also include coverage of mass measles vaccination among refugee children (between 6 months to 15 years) in Al Redis 2, Jouri and Alagaya camps, reaching 1,000 children. Vaccination taking place in the three clinics benefitted to 12,000 children. In addition, 1026 refugee pregnant women were vaccinated against tetanus in White Nile camps (Al Redis 2, Jouri and Alagaya). 4,500 children under five years in White Nile camps (Al Redis 2, Jouri and Alagaya) receive appropriate treatment for diarrhoea. 4,500 mothers and caregivers in White Nile camps (Al Redis 2, Jouri and Alagaya) also received training on at least 5 essential family practices. UNFPA supported the establishment of a 24/7 referral system to respond to emergency obstetric cases among all SS sites using the already rehabilitated/equipped ambulance vehicles and supporting the running costs (fuel, incentives for nurse/midwives and driver). A total of 70 emergency obstetric cases were referred and transported to Kosti and Aljabalain secondary care hospitals exceeding the target of 45 cases; The secondary care hospitals in Kosti and Aljabalain received equipment and surgical supplies to respond to emergency obstetric care services (operation tables, anaesthesia machine, surgical supplies, and operation assisting tools for ultrasound foetal examination, monitoring patient's vital signs, oxygen supply, emergency resuscitation). 7 health facilities received furniture and essential equipment for reproductive health (RH) consultations and ante-natal care (ANC) services along with delivery room equipment and sterilization instruments to support clean delivery. 1,100 individual clean delivery kits were distributed to visibly pregnant women to ensure basic clean delivery while 8 midwives received a clean delivery kit to be used by birth attendants and were able to assist around 200 deliveries in the sites. These midwives were also deployed at rural hospitals to facilitate mobilization and overcome rainy season constraints. The hospitals in Kosti and Aljabalain, in addition to receiving EmOC equipment also received supplies to support assisted clinical deliveries and complications such as suture of vaginal tears, management of miscarriages, caesarean sections and other emergency RH clinical response including safe blood transfusion. Despite overcrowding in the camps in addition with the large influx, the CERF funding enabled the health services to deliver affordable and accessible life-saving primary health care to the newly arrived South Sudanese refugees. As a result, no major outbreak was noted during the implementing period.

**FOOD SECURITY:** A total of 30,000 refugees were reached with emergency food assistance through General Food Distribution (GFD) between September and October 2015, totalling 1,552 metric tonnes (MT) of food in White Nile State and comprising 2,100 kilo calories per person per day. In total WFP reached 100 per cent of its target for food distribution. Refugees appreciated the food distribution but requested inclusion of more diversified items (such as sugar and fish for instance) rather only 4 items. Nevertheless, the General Food Distribution significantly addressed the urgent food needs of the newly arrived South Sudanese refugees, arriving in White Nile State in very poor conditions.

## **CERF's ADDED VALUE**

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES  PARTIALLY  NO

CERF funding supported all sectors to ensure timely procurement of assistance to help reach the most vulnerable, newly arrived South Sudanese Refugee (SSR) in White Nile State. CERF funding helped to prevent gaps in the response and allowed for an immediate response to a new emergency. It enabled the enhancement of services in six existing sites) and 2 border areas, with a concentration on those sites with the highest number of new arrivals.

**b) Did CERF funds help respond to time critical needs<sup>3</sup>?**

YES  PARTIALLY  NO

CERF funding allowed sectors to continue to provide life-saving interventions and scale up existing services to meet the need of the new arrivals in the areas of Non Food Item's/Emergency Shelter, Food Security and Livelihood health, Health, Nutrition, Protection, and Water, Sanitation and Hygiene due to the large influx of new arrivals in a short period of time. In this regard, the CERF funding has been critical in terms of providing adequate life-saving support, especially in regards to provide clean water, treatment against malnutrition, health services and to significantly enhance the protection environment for South Sudanese refugees.

**c) Did CERF funds help improve resource mobilization from other sources?**

YES  PARTIALLY  NO

The CERF response was helpful in highlighting the needs of the South Sudanese new arrivals in Sudan and supported the resource mobilization efforts towards other donors (bilateral / multilateral) in order to further reduce the funding gap and meet the new arrivals needs in White Nile State. For instance, resource mobilisation efforts led to additional funds being received from ECHO and PRM which ensured continuity of nutrition services. CERF funds also supported UNICEF advocacy initiatives seeking funds to bridge the gap in the health sector for both South Sudanese Refugees and the host communities. Other donors, such as PRM, also came in to complement the CERF support and support the continuity of services beyond immediate emergency phase.

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<sup>3</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

The CERF assisted to ensure that partners discussed priorities, planned and complemented each other, and reported on activities under the overall umbrella of the RMS. UNHCR, UNICEF, UNFPA, WFP and WHO, together with governmental and non-governmental entities implemented the response with an integrated approach and in a coordinated manner, which capitalised on agency comparative advantages which resulted in reduced duplication of efforts.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

The CERF played a significant role in building partners' technical capacities (both governmental and non-governmental bodies) in White Nile State, to better response this scale of crisis. It also enabled a closer monitoring in regards to the delivery of planned activities, which contributed in providing better quality interventions.

**V. LESSONS LEARNED**

<b>TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
There is a need to consider sustainability and more long terms solutions from the onset of the emergency	Allow for the establishment of permanent structures that can be used in the short term and handed over to the community in the long term. This would ensure better value for money from the initial stages of the emergency as semi-permanent structures would not have to be rebuilt. Provide support to capacity building of line ministries to ensure they are fully involved from the beginning and able to take on the responsibility for service provision in the long term	CERF Secretariat

<b>TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Increase participation of key actors (UN agencies, implementing partners) in the After Action Review	The After Action Review (AAR) being a critical step in the reporting process, more participation from other UN agencies and other implementing partners is needed (especially feedbacks from technical officers, M&E officers and reporting officers). Only 1 agency (in addition with UNHCR) attended the AAR meeting which didn't allow the expected consultation over the challenges and lessons learnt during the implementation of the CERF funded activities.	UN Agencies
Decentralisation of Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) sites according to tribal zones within the camp	The Shilluk and the Nuer tribes required separate CMAM sites to improve uptake of nutrition services and reduce defaulting rates	The State Ministry of Health in tandem with the Nutrition Sector have done this in coordination with camp authorities and partners.
The lead time to get supplies (especially Procurement of nutrition specialized foods) in	Supplies available in stock can be utilized to respond to the emergency while a new order is being placed to replenish the depleted supplies.	HCT

country is usually longer than the time frame within the CERF RR funds.	Strengthening local production capacity as a more sustainable way to have the supplies locally	
Regular communication, information sharing and joint monitoring is essential to all sector activities is required	Ensuring minutes of field level coordination meetings are shared in a timely fashion. Enhance regular communication between agencies, particularly if there are delays in implementation. UNHCR to work with all RMS partners to ensure collaboration, adequate division of labor and plan for joint monitoring. Indeed, assessment and monitoring in certain sectors should happen at least every three months in order to enable gap identification early enough and allow adjustments in a timely manner. Cross-sectorial joint assessments and monitoring should also be encouraged	UN Agencies
Government and local security approval for some activities sometimes delays implementation of certain activities	Involve the government and explain processes/concepts to avoid delays in implementation	HCT / GoS counterparts
Poor coordination and communication between the federal and state level authorities delays implementation of live saving humanitarian activities	Strengthening capacity of federal and state level to regularly conduct nutrition sector meetings especially at state level in order to timely address urgent needs in conjunction with active partners and FMOH.	Nutrition / Health Sectors and Refugee Multi-Sector in collaboration with F/SMOH
Community participation is a key for project success and sustainability	Community participation in the construction of shelter and support provided to externally vulnerable individuals (EVI's) can be considered as added value to the success of the project given that it led to a strong feeling of ownership that allowed better involvement from the community members in regards to long-term maintenance of the structures.	All Sectors
Innovations shall be considered in order to optimize fast and more sustainable results, at optimized cost	The new design of reception shelter based on UNHCR standards provided more space to the new arrivals families when waiting for more permanent shelter.	All Sectors
Livelihood activities important to enhance protection for refugees, including women and girls in Sudan	Introduce livelihood strategy, including support for foundational activities (literacy), quick impact projects, vocational training (including providing tools) as well as microfinance projects (with appropriate training in financial management, etc), especially to mitigate risk of GBV	RMS/Sector Lead

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
<b>1. Agency:</b>	UNICEF WFP		<b>5. CERF grant period:</b>	21/08/2015 – 20/02/2016		
<b>2. CERF project code:</b>	15-RR-CEF-071 15-RR-WFP-044		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency nutrition response to new influx of South Sudanese refugees in White Nile State					
<b>7. Funding</b>	a. Total funding requirements <sup>4</sup> :	US\$ 25,590,018	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>5</sup> :	US\$ 473,511	▪ NGO partners and Red Cross/Crescent:		US\$ 23,303	
	c. Amount received from CERF:	US\$ 473,511	▪ Government Partners:		US\$ 48,071	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	3,210	3,210	6,420	5,049	4,997	10,046
Adults (≥ 18)	2,493		2,493	3,485		3,485
<b>Total</b>	<b>5,703</b>	<b>3,210</b>	<b>8,913</b>	<b>8,534</b>	<b>4,997</b>	<b>13,531</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	8,913			13,531		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>8,913</b>			<b>13,531</b>		

<sup>4</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>5</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The higher figure of beneficiaries reached is due to the higher number of mothers who received IYCF counselling than originally planned.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To prevent mortality and morbidity associated with acute malnutrition in children under 5 years and pregnant or lactating women		
<b>10. Outcome statement</b>	Levels of acute malnutrition in girls, boys and PLW in targeted refugee communities is kept below emergency level (15 per cent)		
<b>11. Outputs</b>			
<b>Output 1</b>	Children aged 6-59 months access and utilize quality services for the treatment of SAM		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of newly arriving south Sudanese children with severe acute malnutrition treated.	488	537 (F: 302 M: 235)
Indicator 1.2	Proportion of children discharged cured, defaulted, and died from CMAM programs.	Cured; >75% Defaulted <15% Died<3%	Cured 80.8% defaulted 14.7% died 2.4%
Indicator 1.3	Number of children under 5 years screened	6,420	6,420
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure and distribute RUTF, F75, F100 and routine drugs supplies.	UNICEF	UNICEF
Activity 1.2	488 boys and girls (South Sudan refugees) are treated for severe acute malnutrition.	UNICEF / SMOH / MSF	UNICEF / SMOH / MSF
Activity 1.3	Active case-finding carried out for acute malnutrition among new arrivals.	UNICEF / WFP / SMOH / MSF	UNICEF / WFP / SMOH / MSF
<b>Output 2</b>	Children aged 6-59 months and Pregnant or Lactating Women (PLW) access and utilize services for the treatment of Management of Acute Malnutrition (MAM)		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number children and PLW treated for MAM	1,228 U5 and 187 PLW	436 CU5 and 94 PLW
Indicator 2.2	Proportion of children discharged cured, defaulted, and died from CMAM programs.	Cured; >75% Defaulted <15% Died<3%	Cured >75% Defaulted <15% Death <3%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

Activity 2.1	Procure and transport Supercereal and oil for MAM treatment	WFP	WFP
Activity 2.2	Distribute Supercereal and oil for MAM treatment	WFP/ SMOH / GHF	WFP / SMOH and GHF
Activity 2.3	Active case-finding carried out for acute malnutrition among new arrivals.	All partners in the sector	SMOH/ GHF & SRC
<b>Output 3</b>	All newly arrived children aged 6-59 months and PLW are enrolled in eBSFP for the prevention of acute malnutrition		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Children and PLW are enrolled in eBSFP and receive a monthly supply of Supercereal and vegetable oil.	4,704 children and 2,306 PLW	9,611 children 3,364 PLW
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Identify and enrol eligible children and women	WFP / SRC	WFP / SRCS
Activity 3.2	Procure and transport Supercereal and vegetable oil for eBSFP	WFP	WFP
Activity 3.3	Distribute a monthly ration of Supercereal and vegetable oil to all U5 and PLW	WFP / SRC	WFP / SRCS
<b>Output 4</b>	Newly arrived mothers of children 0-23 months receives infant and young child feeding counselling		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Number of mothers support groups providing Infant and Young Child Feeding (IYCF) counselling services in target localities	103,703	103,703
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Establish 28 mothers support group targeting 280 mothers	UNICEF/SMOH	UNICEF/SMOH
Activity 4.2	Maintain and supervise the mothers support groups	UNICEF/SMOH	UNICEF/SMOH
Activity 4.3	Provide counselling cards and BCC materials	UNICEF/SMOH	UNICEF/SMOH

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

***Output 2 - Children aged 6-59 months and PLW access and utilize services for the treatment of MAM***

The implementation of the Targeted Supplementary Feeding Program (TSFP) started in October, and included training of nutrition assistants and community mobilizers in all 7 camps in collaboration with Sudan Ministry Of Health (SMOH) and Global Health Foundation (GHF).

The food distributions followed the training, commencing in January 2016. The numbers of targeted beneficiaries reached (436 CU5 and 94 PLW) are lower than the planned figures as they cover the months of January and February only due to this delayed start.

The delay was due to the Sudanese Standards and Metrology (SSMO) testing given the Government's Zero tolerance policy on Genetically Modified Organisms (GMO) and a further issue related to the level of vitamin D in the oil which was higher than the Government's standards. Consequently, the supplier had to replace the products and this delayed the arrival. To mitigate delays in distribution and to ensure timely implementation, WFP distributed from its available stock. The nutrition performance indicators for Management of Acute Malnutrition (MAM) were in line with the SPHERE standards.

***Output 3 - All newly arrived children aged 6-59 months and PLW are enrolled in eBSFP for the prevention of acute malnutrition***

The Emergency Blanket Supplementary Feeding Program (eBSFP) was implemented throughout the duration of the grant period. The number of beneficiaries reached (9,611 children under 5 and 3,364 PLW) is significantly higher than expected due to the increased influx of South Sudanese into the camps. Assistance was provided to all newly arriving children under 5 and PLW in the camps and as such the CERF funds were only sufficient to cover a period of 5 months (October 2015 – February 2016). All eligible beneficiaries were provided with a monthly ration of 6 kg of Supercereal and 0.6kg of oil during this period.

All 537 cartons of Ready to Use Therapeutic Food (RUTF) budgeted were procured and therefore slightly more children with SAM were treated than were originally targeted (achieving treatment of one child per carton of RUTF). This number also includes the 71 children treated for severe acute malnutrition with complications, who received both RUTF and therapeutic milks. Through the 28 mothers support groups that were set up in the camps, 6,525 mothers received one-to-one counselling for improved infant and young child feeding practices, more than initially planned.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

WFP focused on the following three core AAP areas: Participation, Information provision and Complaint and Feedback Mechanisms (CFM) during this project.

*1) Participation of beneficiaries*

WFP used a community-based participatory approach to involve the target population in the design, implementation, and monitoring and evaluation of the project. Community outreach workers ensured adequate participation and involvement of beneficiaries through focus-group discussions which helped to determine things like safe and accessible distribution points for food distributions.

*2) Information provision*

WFP ensured that beneficiaries were adequately informed of their entitlements, duration, the targeting criteria, when and where distributions will take place and how to raise concerns, if any. Information was disseminated through various means including at nutrition centres, via community volunteers, who are part of the target community and accessible to our beneficiaries at all times. Additionally, our cooperating partners and field monitors, who are regularly present in target communities, played a key role in disseminating key information such as any delays in food deliveries, changes in ration sizes or targeting criteria before, during and after distributions. Complementing these channels were community meetings, sign-boards, banners, and information from community leaders.

*3) Complaint and Feedback Mechanisms (CFM)*

Distribution monitoring by cooperating partners and post distribution monitoring by WFP field monitors were some of the regular channels the beneficiaries could utilise to provide feedback or make a complaint.



<p>UNICEF has ensured continuous technical presence at field level through a nutrition officer based in Kosti. This has ensured that project design and results have been closely followed, including the establishment of a new SAM treatment services when needed (e.g. establishing an OTP in El Redais-2 when the camp was opened and high caseload was observed) and has ensured regular monitoring of Ministry of Health and partner in the refugee camps.</p>	
<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>WFP carried out a follow-up Food Security Assessment in all camps in White Nile State in April 2016 (the initial one was done in April 2015).  The <b>preliminary findings</b> from the follow-up assessment show an increase in the proportion of food insecure households. This can be attributed to the continuous new arrivals in the camps.  Limited labour opportunities, limited physical access to markets/jobs, and no access to land for farming severely impacted purchasing power.</p> <ul style="list-style-type: none"> <li>• More than 80 percent of households in Alagaya and Um Sangoor could not afford the local food basket.</li> <li>• Alagaya heavily relied on sale of food assistance.</li> <li>• Relatively high proportion of refugees in Jory, Kashafa, Alredais, and Um Sangoor relied on transfers.</li> <li>• Returnees and residents tend to rely on either agricultural or non-agricultural labour.</li> </ul>	<p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>		UNICEF UNFPA WHO		<b>5. CERF grant period:</b>		17/08/2015 – 17/02/2016
<b>2. CERF project code:</b>		15-RR-CEF-072 15-RR-FPA-022 15-RR-WHO-025		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
<b>3. Cluster/Sector:</b>		Health				
<b>4. Project title:</b>		Life-saving primary health care services and vital public health interventions for 30,000 newly arrived South Sudanese refugees in Sudan				
<b>7. Funding</b>	a. Total funding requirements <sup>6</sup> :		US\$ 13,887,805	d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>7</sup> :		US\$ 1,330,187	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 95,000
	c. Amount received from CERF:		US\$ 1,330,187	▪ <i>Government Partners:</i>		US\$ 104,442
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	13,500	9,000	22,500	9,771	9,388	19,159
Adults (≥ 18)	4,500	3,000	7,500	8,324	5,550	13,874
<b>Total</b>	<b>18,000</b>	<b>12,000</b>	<b>30,000</b>	<b>18,095</b>	<b>14,938</b>	<b>33,033</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	30,000			33,033		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>30,000</b>			<b>33,033</b>		

<sup>6</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>7</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Slight increase of refugees in the targeted camps
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To ensure the access to life-saving Primary Health Care (PHC) and referral services with a focus on reproductive basic and emergency reproductive and obstetrical care for 30,000 new refugees in six camps in White Nile State		
<b>10. Outcome statement</b>	Health services in the refugee camps in White Nile camps are expanded to cover the newly arrived refugees' caseload according with health cluster standards. An integrated package of emergency health services including treatment of common illnesses, provision of medicines free of charge, emergency maternal, reproductive and child health care is available for the new refugees in White Nile. Alerts and outbreaks of communicable diseases that represent a public health threats are monitored, and timely investigated and controlled.		
<b>11. Outputs</b>			
<b>Output 1</b>	Timely access for 30,000 South Sudanese refugees to affordable life- saving primary and referral health care services is ensured		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Percentage of targeted population (South Sudanese refugees) who have access to an integrated primary health care and referral services.	95%	100%
Indicator 1.2	Number of health facilities in White Nile camps supported to deliver services for 30,000 new refugees that are fully staffed, equipped and supplied	3	3
Indicator 1.3	Number of new health staff and medical staff and health workers trained on universal infection prevention and control and alert investigation and initial outbreak response ( these are two different trainings) 8	60	70
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement and distribution to the supported clinics (Alagaya, Jouri , and Al Redis 2) of emergency medicines, medical supplies, in form of Rapid Response kits, basic health kits and laboratory reagents (PHC level) enough to cover essential needs of 30,000 people in White Nile camps ( Al Redis 2, Jouri and Alagaya).	WHO	WHO
Activity 1.2	Extension of the supported 3 clinics to add 1 additional consultation room, , 2 latrines and 1 incinerator (each) in White Nile camps (Al Redis 2, Jouri and Alagaya)	WHO	WHO
Activity 1.3	Operational support for the functioning of the additional services in the 3 supported clinics ; provision of medicines,	WHO, MOH, SRCS,	WHO, MOH, SRCS

<sup>8</sup> 63 new staff have been trained as follows ; 31 medical professionals trained on Case Definition, surveillance and early warning, and 63 (28 health staff and 35 CHWs) on Infection Prevention.

	operational costs , staffing (3 additional medical teams), and proper sanitation and waste management		
Activity 1.4	Referral mechanism in White Nile to cover additional 30,000 caseload through: a) functioning referral system with full capacity 24/7 with round the clock staff, rented vehicle/ for Al Alagaya, El Redis and Jouri camps in White Nile included into the contracts with implementing partners; b) Surgical (trauma kits) and blood transfusion supplies for the referral hospitals in Al Salam and Jabaleen rural hospital in White Nile to manage the referral of emergencies (including obstetrical) from camps to these hospitals. Around 440 medical referral for severely ill patients are expected (including 60 obstetrical emergencies)	WHO, MOH, SRCS,	WHO, MOH, SRCS
Activity 1.5	Training of 27 newly recruited medical staff and 33 health workers needed to ensure quality of care and response to alert of outbreaks	WHO, MOH	WHO, MOH
Activity 1.6	Monitoring and Reporting	WHO, UNICEF, UNFPA, MOH and SRCS	WHO, UNICEF, UNFPA, MOH and SRCS
<b>Output 2</b>	The collection and dissemination of critical health information to monitor health situation and disease trends is effective and used for tailoring of adequate and timely prevention, identification, and control of outbreaks		
<b>Output 2 Indicators</b>	Description	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Percentage of alerts of outbreaks investigated and response initiated within 72 hours from notification	100 %	100%
<b>Output 2 Activities</b>	Description	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Investigation and confirmation of outbreaks will be supported with lab reagents and kits (such as meningitis kit, reagents for the diagnostic of cholera, malaria, viral haemorrhagic fevers etc.). WHO will put additional support to strengthen the state capacity to handle outbreaks identification, and confirmation. The ongoing measles outbreak and the alert of cholera threat has exhausted the WHO and MOH reserves of laboratory reagents – the needs for new caseload can't be covered from existing resources for the new refugees	WHO	WHO, MOH
Activity 2.2	Joint missions (WHO and SMOH) for the investigation and immediate initial response of alerts of outbreaks. The planned investigation missions are to cover the additional caseload and will be conducted by the WHO and the newly established teams	WHO, MOH	WHO, MOH
Activity 2.3	Support identification and timely referral for life saving management of alerts of outbreaks through training of 27 relevant health staff on outbreak investigation and immediate response, The training of the new staff and additional 33 health workers for the new arrivals is essential to initiate the early warning (an emergency immediate measure) needed to monitor health threats amongst new refugees	WHO, MOH	WHO, MOH, SRCS
<b>Output 3</b>	Vulnerable children have access to all EPI vaccines and pregnant women have access to TT vaccines.		
<b>Output 3 Indicators</b>	Description	<b>Target</b>	<b>Reached</b>

Indicator 3.1	Coverage of mass measles vaccination among refugee children age 6 months to 15 years in White Nile camps (Al Redis 2, Jouri and Alagaya). Vaccination taking place in the three clinics in Jouri, Al Redis 2, and Alagaya benefitting 12,000 children	12,000 children	11,781 children reached
Indicator 3.2	Coverage of Penta 3 vaccination among refugee children under one year in White Nile camps (Al Redis 2, Jouri and Alagaya). Vaccination taking place in three clinics in Jouri, Al Redis 2, and Alagaya reaching 1000 children	1,000 children	1,097
Indicator 3.3	Coverage of tetanus vaccination among refugee's pregnant women in White Nile camps (Al Redis 2, Jouri and Alagaya). Vaccination taking place in 3 clinics in Jouri, Redis 2, and Alagaya benefitting 1000 pregnant women	1,000 pregnant women	1,026
<b>Output 3 Activities</b>	Description	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Provision of required 1,200 Oral Polio Vaccine (OPV), 2,262 measles and 300 Tetanus Toxoid (TT) vaccines vials distributed to the three clinics in Jouri, Redies2, and Alagaya	UNICEF- MoH- NGO	UNICEF- MoH
Activity 3.2	Support provision of life-saving vaccines, 8,000 doses of Polio vaccines and 2,000 doses Measles vaccines for continuous follow up vaccination	SMoH- NGO	SMoH- MSF Spain
Activity 3.3	Implement two vaccination campaigns in White Nile camps (Redies 2, Jouri and Alagaya) in cooperation with SMoH and local NGOs in targeted locations.	SMoH- NGO	SMoH, NGOs
<b>Output 4</b>	Refugees mothers and children under 5 years have access to equitable life saving preventive and curative health interventions		
<b>Output 4 Indicators</b>	Description	<b>Target</b>	<b>Reached</b>
Indicator 4.1	4,500 refugees under five children in White Nile camps ( Al Redis 2, Jouri and Alagaya) provided with access to ICCM services	4,500 of targeted children	5,625
Indicator 4.2	4,500 children under five years in White Nile camps ( Al Redis 2, Jouri and Alagaya) receive appropriate treatment for diarrhoea	4,500 of targeted children	3,821
Indicator 4.3	4,500 mothers and caregivers in White Nile camps (Al Redis 2, Jouri and Alagaya) with knowledge of at least 5 essential family practices. The mothers of the children accessing will be targeted on family practices sessions	4,500 of targeted mothers and care giver populations	4,195
<b>Output 4 Activities</b>	Description	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Train 60 CHWs on ICCM to provide case management for malaria, pneumonia and diarrhoea to under five sick children within their communities	UNICEF	UNICEF
Activity 4.2	Procure 20 PHC, 50 IMCI kits , required supplies , 30,000 LLINs and 10,000 strips of ACT anti-Malaria	UNICEF, MoH	UNICEF
Activity 4.3	Conduct 4 sessions per month on community engagement programs with caregivers of children under 5 years and households members in White Nile camps (Redies 2, Jouri	UNICEF and SMoH	UNICEF

	and Alagaya)		
Activity 4.4	Train 60 Community Health Workers on ICCM to provide case management for malaria, pneumonia and diarrhea to under five sick children within their communities	NGO- SMOH	NGO-SMOH
<b>Output 5</b>	Timely access for 30,000 South Sudanese refugees to life- saving reproductive health care services is ensured		
<b>Output 5 Indicators</b>	Description	<b>Target</b>	<b>Reached</b>
Indicator 5.1	Number of Emergency Obstetric and Neonatal Care cases supported through referral and management	45	70
Indicator 5.2	Number of health facilities in all camps supported with reproductive health kits , equipment and supplies	7	7
<b>Output 5 Activities</b>	Description	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 5.1	Support referral mechanism in White Nile with a focus on obstetrical cases through: a) implementation of referral system with full capacity 24/7 with round the clock staff, rented vehicle/ambulance for AI (AI Redis, AI Redis II, El Kashafa and, Alagaya in addition to referral hospital , Kosti , Jabaleen , Zilat in White Nile included into the contracts with implementing partners; b) Surgical supplies for the referral health facility Al Salam and Jabaleen rural hospital in White Nile to facilitate the referral of patients from camps by helping the hospitals to deal with increased caseload.	UNFPA	SMOH
Activity 5.2	Procurement and distribution of emergency reproductive health kits and provision of essential EMOC equipment and supplies (El Redis I, El Redis II, El Kashafa and, Al Alagaya in addition to referral hospital , Kosti , Jabaleen , Zilat	UNFPA	UNFPA
Activity 5.3	Monitoring and supervision	UNFPA	UNFPA

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The utilization rate (number of consultations) treated in supported clinics almost doubled 53,470 due to improved access to affordable (free of charge) health care. The closest host communities attended and have been treated in the camps clinics; this has been an important measure to build up the host communities acceptance and peaceful coexistence between the refugees and host communities.

Less under five refugees' children than planned received treatment for diarrhoea; the original target was based on the annual expected incidence of diarrhoea among children in the refugee camp. Fewer children were treated as fewer children presented with diarrhoea which is a good indicator of the improved hygiene and sanitation situation in the camp as well as improved access to clean water.

The number of mothers reached was slightly below the target as not all targeted mothers attended the community meetings where key essential messages are passed. The high turnover of the community based hygiene promoters may have played a key role as well. A total of 70 emergency obstetric cases were referred and transported to Kosti and Aljabalain secondary care hospitals exceeding the original target of 45 cases by 55 per cent.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

WHO public health officer in White Nile conducted 7 monitoring and supervision visits to the camps, and day by day follow up with SMOH and the health partners. During the camp visits, the communities (through camp committees) are encouraged to participate in the evaluation of the effectiveness of the intervention, quality and responsiveness of the services.

The concerns raised by the committee members have been considered, especially in regards to availability of free of charge medicines. The consumption of medicines and utilization of services increased significantly as the closest host communities attended the camp clinics that provided free of charge medication along with consultation. Along with the norms and traditions of refugees and their demand, the clinics' staff composition included at least one female staff and separate consultation space. The Community Health Workers (CHWs) have been recruited and trained from the refugee communities to avoid language barriers as proposed by the camps committees so as to facilitate the utilization of services.

The access for life-saving and basic health services has reached out to all targeted population, through fixed and outreach health services, other people were reached through active home visits conducted by community health promoters and community health workers and may receive home treatment if needed. Families of affected population were received health messages to increase their health seeking behaviours to demand for health services which they have been informed that its free-of charge.

South Sudanese refugee women in the sites were sensitized on the importance of ante-natal care and clean delivery as well as the existence of referral mechanisms in case of emergency obstetric complications.

So as to address language issues as well as cultural preference, the project also ensured to work with midwives recruited among South Sudanese refugees.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
The CERF monitoring mission held from 17 to 24 January 2016 to assess the activities and identify potential gaps concluded that the project implementation was satisfactory. MSF managed to cover the gap in El Salam locality camps in terms of health services provision and covered the cost of food, accommodation and provision of ambulance support. Health sector had weekly to bi-weekly meetings to enhance information sharing with partners.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF UNFPA UNHCR		<b>5. CERF grant period:</b>	01/08/2015 – 31/01/2016		
<b>2. CERF project code:</b>	15-RR-CEF-073 15-RR-FPA-023 15-RR-HCR-029		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Protection			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Protection and Assistance for South Sudanese Refugees in White Nile State					
<b>7. Funding</b>	a. Total funding requirements <sup>9</sup> :	US\$ 18,800,642	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>10</sup> :	US\$ 1,823,651	▪ NGO partners and Red Cross/Crescent:		US\$ 552,850	
	c. Amount received from CERF:	US\$ 1,189,892	▪ Government Partners:		US\$ 215,814	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	10,945	9,916	20,861	11,260	9,815	21,075
Adults (≥ 18)	5,566	3,573	9,139	5,209	2,573	7,782
<b>Total</b>	<b>16,511</b>	<b>13,489</b>	<b>30,000</b>	<b>16,469</b>	<b>12,388</b>	<b>28,857</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	30,000			28,857		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>30,000</b>			<b>28,857</b>		

<sup>9</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>10</sup> This should include both funding received from CERF and from other donors.



<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Less separated and unaccompanied children than initially planned were identified for reunification with their families.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Enhanced protection and assistance for South Sudanese refugees in White Nile State		
<b>10. Outcome statement</b>	30,000 South Sudanese Refugees in White Nile State protected through urgent life-saving measures		
<b>11. Outputs</b>			
<b>Output 1</b>	Provision of assistance to 679 Extremely Vulnerable Individuals (EVIs)/ persons with specific needs through the provision of material support and cash assistance		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of persons with specific needs identified	700	811
Indicator 1.2	# of PoC with disabilities receiving specific support	28	28
Indicator 1.3	# of persons receiving cash grants	651	711
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Identification of EVIs: conducting assessments through community outreach workers	UNHCR, ASSIST	UNHCR, ASSIST
Activity 1.2	Provision of vouchers for EVIs to cover immediate needs	UNHCR, ASSIST	UNHCR, ASSIST
Activity 1.3	Procurement of walking aid and wheel chairs	UNHCR, ASSIST	UNHCR, MoSW
<b>Output 2</b>	Provision of material support to for the prevention and response services for children at risk in Al Alagaya, Al Redis 2 ,El Kashafa and Um Sangor		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of registered unaccompanied children in alternative care who are receiving regular monitoring visits and assisted	100 UASC	211
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of stationary material for and basic furniture for identification and documentation of UASC	UNHCR, MoSW	UNHCR, MoSW
Activity 2.2	Material support to the foster care families (clothes and shoes for the UASC)	UNHCR, MoSW	UNHCR, MoSW
<b>Output 3</b>	Support mental health and recovery of GBV survivors through the provision of sectorial cash grants/vouchers		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>

Indicator 3.1	# of POC with specific needs provided with cash/vouchers for livelihood purposes	100	100
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Identification of GBV survivors who will be prioritized for the Provision of cash/vouchers for livelihood purposes	UNHCR, ASSIST	UNHCR, ASSIST
<b>Output 4</b>	Reception infrastructure established and maintained for the 30,000 new arrivals		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# of reception centre building/structure established	5	6
Indicator 4.2	# of persons assisted at the reception centre	30,000	28,857
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Construction of 15 community shelters, 7 administrative blocks and waiting areas and kitchen structures.	UNHCR, SRCS	UNHCR, SRCS
Activity 4.2	Recruiting or re-assigning and training the required staff, at least 3 per camps.	UNHCR, SRCS	UNHCR, SRCS
Activity 4.3	Completing the process of all agencies involved agreeing on long term procedures and standards for reception in WNS	UNHCR	UNHCR
<b>Output 5</b>	Provision of material, psychological and legal assistance to persons of concern (Al Redis, Al Redis 2, Al Kashafa, Alagaya and Jouri)		
<b>Output 5 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 5.1	Number of persons of concern assisted	30,000 individuals	28,857
<b>Output 5 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 5.1	Systematic reception of all new arrivals across all camps providing food, accommodation, NFIs and profiling (medical and protection screening and household screening).	UNHCR, SRCS	UNHCR, SRCS
<b>Output 6</b>	Improved availability and access of vulnerable women to comprehensive GBV prevention and response services targeted estimated number of 8,000 beneficiaries from 4 targeted SSR sites in White Nile state ( Al Redis, Al Redis 2, Alagaya, and El Kashafa).		
<b>Output 6 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 6.1	# individual receive psychosocial support	50	57
Indicator 6.2	# of women protection networks established and supported	4	4
Indicator 6.3	# of GBV referral mechanisms established and supported	4	4
Indicator 6.4	# of personal hygiene kits procured and distributed	7500	7500

Indicator 6.5	# of medical staff trained on Clinical Management of Rape (CMR) and GBV medical treatment. Number individuals trained in GBV issues, psychosocial support and CMR	120	120
<b>Output 6 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 6.1	Enhanced referral pathway, including training on clinical management of rape and support to 4 women protection networks at White Nile , through refresher trainings for network members , regular meetings and focus group discussion, in addition to CMR training and psychosocial support for the medical personnel and social worker who have direct interaction with the GBV survival ensure adequate stock of reproductive health Kits for the mentioned facilities and referral hospitals	UNFPA	Jasmar, MOH, MOSW
Activity 6.2	Establishment of new 2 women friendly spaces as entry point for the survival to receive assistant including psychosocial support and timely refer to services , through conducting awareness raising session on GBV and women concern, support women committees , provision of psychosocial support , vocational training and (at 2 the two new extension sites Alkshafa & El Redis 2) in WNS	UNFPA	MOSW, Jasmar
Activity 6.3	Procurement of dignity hygiene kits targeting 7500 women at reproductive age.	UNFPA	UNFPA
<b>Output 7</b>	400 separated and unaccompanied benefited from timely family tracing and reunification and referral to UNHCR for appropriate alternative care arrangements in Alagaya 2, Al Kasafa, Alredis 2 and Umsangor		
<b>Output 7 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 7.1	Number of unaccompanied and separated children identified	400	1,397
Indicator 7.2	Number of identified unaccompanied and separated children referred to UNHCR for placement on alternative care arrangement	200	211
Indicator 7.3	Number of identified unaccompanied and separated children reunified	75	5
<b>Output 7 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 7.1	Technical and operational support to the state network supporting family tracing and reunification at the national level. This will enable for the identification, document, trace and reunify of separated and unaccompanied boys and girls in White Nile who may have family in other parts of Sudan.	UNICEF NCCW, SCCW, MOSW	UNICEF NCCW, SCCW, MOSW

Activity 7.2	Training of social workers, NGOs members, members of Sudanese Red Crescent and other active partners in the camps on identification of UASC (60 community members and 30 social workers)	UNICEF, NCCW, SCCW, MOSW, Plan International	UNICEF, NCCW, SCCW, MOSW, Plan International
Activity 7.3	Awareness raising on the danger of family separation during population movement and prevention through community dialogues, focus groups discussions with children and dissemination of prevention messages in churches and/or schools through Community-Based Child Protection Network (CBCPN)	UNICEF, NCCW, SCCW, MOSW	UNICEF, NCCW, SCCW, MOSW
<b>Output 8</b>	10,350 boys and girls benefited from psychosocial and group counseling (Alagaya, El Redis 2, Um Sangor, El Kasahafa)		
<b>Output 8 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 8.1	# of children with access to child friendly spaces activities per month	5350	3,769
Indicator 8.2	# of children provided with psychosocial support for six months	10,350	3,000
<b>Output 8 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 8.1	Support establishment and running of 4 new Child Friendly Spaces (CFS)	Plan Sudan, SCCW, MOSW	Plan Sudan, SCCW, MOSW
Activity 8.2	Training of volunteers and social workers (60 community volunteers and 30 social workers)	Plan Sudan, SCCW, MOSW	Plan Sudan, SCCW, MOSW
Activity 8.3	Procurement of supplies including recreational kits	UNICEF	UNICEF
Activity 8.4	Support day to day provision of psychosocial services, recreational, sport and cultural activities through established child friendly spaces	Plan Sudan, SCCW, MOSW	Plan Sudan, SCCW, MOSW
<b>Output 9</b>	4 CBCPN members are able to effectively contribute to prevention of child protection violations, strengthened referral and response mechanisms violence, exploitation and separation. Provide awareness sessions on child protection and the grave violations against children, referral mechanisms and prevention of family separation to around 1000 community members mainly parents in Alagaya, El Redis 2, Um Sangor, ElKasahafa.		
<b>Output 9 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 9.1	# of community-based protection networks established	15	15
Indicator 9.2	# of child protection issues identified and referred to services providers and received coordinated response	49	500

Indicator 9.3	# of people reached through awareness-raising sessions on child protection issues such as child recruitment, SGBV and other emerging child protection issues	672	5000
<b>Output 9 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 9.1	Support establishment community based child protection networks with particular focus on the new developed Psycho Social Support (PSS) curriculum, referral of Child Protection issues and case management	Plan Sudan, SCCW, MOSW	Plan Sudan, SCCW, MOSW
Activity 9.2	Conduct mapping of service providers to ensure coordinated and efficient referral mechanisms of identified child protection issues as well as vulnerable children.	Plan Sudan, SCCW, MOSW	Plan Sudan, SCCW, MOSW
Activity 9.3	Conduct awareness raising sessions through community based child protection networks members with focus on child protection issues such as child recruitment, SGBV and other emerging child protection issues.	Plan Sudan, SCCW, MOSW	Plan Sudan, SCCW, MOSW

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

The actual number of children with access to CFSs activities per month and for six months is less than planned. This is mainly due to the fact that during the beginning of the activities in September up to December 2015, the CFSs were not that attractive to children, as limited furniture and equipment was available and that many children were with their families who were working as casual labours in agriculture activities. That is why the number of children in the CFSs up to January 2016 was only around 740. However, by March 2016 after improvements in the CFSs through the provision of additional furniture and equipment, as well as due to the end of the crop season, the number increased to more than 3,700. Also, adolescents and youth who attend CFSs in the evenings were not included in these estimations since the animators and supervisors of the CFSs did not keep track of those attending.

Regular information sharing between the White Nile state Council for Child Welfare (government partners responsible for the Family Tracing and Reunification -FTR –database) and the National Council for Child Welfare (government partners responsible for national FTR database) took place, under UNICEF supervision, to ensure that families of separated and unaccompanied children are being traced and that children are reunified with their families. However, family reunification remained a big challenge because the majority of the families are in South Sudan which makes reunification risky and not always in the best interest of the child because of the on-going fighting. Information sharing among CBCPNs and social workers within all the camps is also on going and has supported the reunification of some children whose families are found within the camps.

UNHCR provided assistance to EVIs/persons with specific needs through the provision of material support and cash assistance. UNHCR and its partner conducted assessments and identified extremely vulnerable individuals within the 30,000 newly arrived refugee population in the White Nile State sites for South Sudanese refugees. ASSIST identified 811 persons with specific needs (Persons with Specific Needs) and provided voucher assistance to meet their urgent needs in existing sites. Some 12 per cent of 811 were GBV survivors from South Sudan, 48 per cent were women at risk (single women, female-headed households), 30 per cent of 811 were elderly men and women, 10 per cent of 811 were children under the care of either women at risk, female-headed households or elderly persons. Cash provision to persons with specific (PSNs) was considered harmful as it would have potentially exposed PSNs to risk of harassment, confiscation of cash or theft. Therefore, voucher provision was preferred as the safer approach to assist persons with specific needs. Additionally, the project provided 28 wheelchairs and walking aids to persons with disabilities.

These activities were implemented through UNHCR's implementing partner ASSIST. Home visits were made twice a month for 211 unaccompanied children in foster care families. UNHCR worked with the Ministry of Social Welfare and 35 community volunteers. The activities were undertaken in all 7 sites. The volunteers assisted in monitoring and follow-up of children under alternative care arrangements. Assistance was provided to 465 unaccompanied and separated children (UASC) in foster/kinship care in the form of clothes, shoes and soap.

As part of its support to mental health and recovery of GBV survivors, cash grants/vouchers were provided to support 100 GBV survivors with livelihood voucher support.

Through SRCS, UNHCR constructed and rehabilitated 6 administrative blocks in Al Alagaya, Jouri, El Kashafa, El Redis and reception areas in Judeh, El Jabelain, An Naem, ensured space for profiling, referrals and administration. In addition, 17 reception staff were recruited and trained for household registration, health and nutrition screening and identification of specific protection needs for activities across 6 sites. UNHCR ensure that all new arrivals across all camps were provided with food, accommodation, NFIs and profiling (medical and protection screening and household screening). In particular, feeding through SRCS was provided to 150 individuals per day

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Four Community consultation sessions were organized during the project activities' implementation. These consultation sessions provided the opportunity for all community members to voice their concerns on all issues related to the project. In addition to that, communities are freely selecting the members of the CBCPNs to represent them on all issues related to child protection. Moreover, the animators who are running the activities in the CFSs are also selected by the communities themselves and they are also from the community. Children consultation were also carried out to ensure that activities in the CFSs are identified by the children and that are consulted on different issues related to the design, locations etc of the CFSs. Coordination for child protection interventions was performed through the child protection working groups at state level facilitated and led by the SCCW and most of the child protection actors are member of the group. Biweekly coordination meetings were in place and also attended by the three UN agencies.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

The CERF monitoring mission was conducted between 17 and 24 January in order to monitor the implementation of CERF projects prior to the grant expiration and to identify existing gaps in each sector that need additional support. Despite the delays in implementation, the project was considered as being on track to achieve the overall objective. The South Sudanese beneficiaries perceived that the project was going well even though they raised some concerns on their involvement in the CFS activities, attributed to misunderstandings among the community about their role in both women centers and CFSs. The beneficiaries requested more training such live skills training, income generation activities through women centres to gain new skills taking into account the seasonality of the area and lack of income during the lean season period before starting the agricultural activities with the host communities.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF UNHCR WHO	<b>5. CERF grant period:</b>	21/08/2015 – 23/02/2016			
<b>2. CERF project code:</b>	15-RR-CEF-074 15-RR-HCR-030 15-RR-WHO-026	<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing			
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene		<input checked="" type="checkbox"/> Concluded			
<b>4. Project title:</b>	Emergency WASH support to new refugee arrivals in White Nile State					
<b>7. Funding</b>	a. Total funding requirements <sup>11</sup> :	US\$ 68,309,642	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>12</sup> :	US\$ 3,355,620	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 757,383	
	c. Amount received from CERF:	US\$ 1,711,964	▪ <i>Government Partners:</i>		US\$ 200,240	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	15,120	12,880	28,000	36,031	32,457	68,488
<i>Adults (≥ 18)</i>	6,480	5,520	12,000	20,022	11,749	31,770
<b>Total</b>	<b>21,600</b>	<b>18,400</b>	<b>40,000</b>	<b>56,053</b>	<b>44,205</b>	<b>100,258</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	30,000		54,220			
<i>IDPs</i>						
<i>Host population</i>	10,000		46,038			
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>40,000</b>		<b>100,258</b>			

<sup>11</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>12</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	A higher number of beneficiaries were reached in order to respond to the increased caseload. For this purpose, the initially planned installation of 25 water bladders with associated platforms and 120 water taps was replaced with the construction of 45 taps stands (each with six tap) and two elevated tanks.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Adequate water supply to emergency standards is provided to 30,000 refugee new arrivals in Al Kashafa, El Redis I and II, Al Alagaya, Um Sangor and Jouri		
<b>10. Outcome statement</b>	New arrivals and impacted host communities will have improved and equitable access to water and sanitation facilities to emergency standards.		
<b>11. Outputs</b>			
<b>Output 1</b>	Adequate water supply to emergency standards is provided to 30,000 refugee new arrivals in Al Kashafa, El Redis I and II, Al Alagaya, Um Sangor and Jouri		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of water bladder platforms constructed	25	45 tap stands (each with six tap) 2 elevated tanks 250 new arrivals per tap stand served
Indicator 1.2	# of new arrivals per tap stand	250	
Indicator 1.3	# of water points with functioning drainage systems	25	
Indicator 1.4	# of households receiving essential WASH items	4178	9,000
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Installation of 25 water bladders with associated platforms in refugee sites for new arrivals	UNICEF	UNICEF
Activity 1.2	Installation of 120 water taps to allow one tap per 250 new arrivals	UNICEF	
Activity 1.3	Procurement and distribution of essential WASH items (soap, aluminium chloride and chlorine tablets, collapsible tanks, hygiene kits)	UNICEF	UNICEF
<b>Output 2</b>	30,000 New arrivals in six sites and 10, 000 host communities in two small sites per refugee site have access to sanitary means for excreta and solid waste disposal and are reached with messages on improved hygiene practices.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of communal latrines constructed for new arrivals	600	600
Indicator 2.2	# of additional site cleaning campaigns for Al Kashafa, El Redis I and II, Jouri, Um Sangor and Al Alagaya with new arrivals	288	288



Indicator 2.3	# of host communities surrounding Al Kashafa, El Redis I and II, Jouri, Um Sangor and Al Alagaya become open defecation free through CATS	12	12
Indicator 2.4	# of new arrivals reached with hygiene promotion activities	30,000	54,220
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	600 latrines constructed	UNHCR and CAFOD	CAFOD and UNHCR
Activity 2.2	288 cleaning campaigns conducted	UNHCR and CAFOD	UNHCR and CAFOD
Activity 2.3	CATS implemented in 12 host communities supporting refugee sites	UNICEF	UNICEF
Activity 2.4	Household Visits, Hand washing campaigns, Water use campaigns, Jerry can cleaning and proper latrine use messaging	UNICEF	UNICEF
<b>Output 3</b>	Water quality monitoring system functioning to cover new arrivals water quality system comprises of: training of the new workers, supplies to absorb the new caseload of 30,000, in 6 camps (El Redis I and II Al Kashafa, Jouri, Um Sangor and Al Alagaya), current system serving the old caseload need to be expanded.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# of functioning and reporting water monitoring systems	6 (one for each site with new arrivals) – to cover the five new extension sites and Jouri 6 new water monitoring system will be established as extensions for the 7 existing ones	6
Indicator 3.2	# of community volunteers (men, women) from amongst new caseload of refugees (30,000 people) trained on WASH aspects related to water quality monitoring, and community based integrated vector control	30	35
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Enable regular water quality activities in all targeted locations to serve the new South Sudanese refugees caseload through: <ul style="list-style-type: none"> <li>Procurement and distribution of laboratory reagents and small supplies for the state water quality laboratories in White Nile for the testing of referred samples that need advance analysis from the camps.</li> </ul>	WHO with Ministry of Health	WHO

	<ul style="list-style-type: none"> <li>Procurement of five portable water testing kits for rapid water quality testing in camps that accommodating the new case load and as part of alerts of outbreak immediate investigation to determine the potential bacteriological and chemical cause, guiding appropriate response.</li> <li>Support joint 17 supervisory missions to undertake sanitary inspections of water sources established for the new 30,000 new Monthly distribution of the water tests results to the partners with the recommendations for needed corrective measures</li> </ul>		
Activity 3.2	Training of 30 community volunteers/hygiene promoters from amongst newly arrived refugees on water sampling, water sources cleanliness and sanitation, house hold water treatment and storage. Efforts will made so as at least 50 per cent of the trained community volunteers and hygiene promoters are female to ensure wide participation and promote the engagement of women from amongst beneficiaries.	WHO with Ministry of Health	WHO / White Nile State Ministry of Health
Activity 3.3	Print and disseminate Information Education Communication materials for community awareness on water quality, water source maintenance, and the needed templates for water quality information collection according to the national and WHO standards to cover 30,000 new refugees	WHO	WHO
<b>Output 4</b>	Integrated vector control and sanitation community management in the targeted locations in White Nile Camps to cover 30,000 new refugees		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# of Integrated vector control campaigns conducted	6	7
Indicator 4.2	# of vector surveillance sentinel sites established and reporting including treatment of existing breeding sites around areas where the new arrivals being hosted, outdoor and indoor spraying of flying stage vectors, awareness of refugees on better use of combination technology of LLINT and prevention against vector borne diseases	6 new sentinel sites	6
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	6 integrated Vector control and environmental sanitation campaigns this will include: <ul style="list-style-type: none"> <li>Conduct 20 integrated vector control campaigns including larval source management and the combination of the indoor residual spraying and long lasting impregnated nets (LLIN) putting in</li> </ul>	WHO with Ministry of Health	FMoH / SMoH under WHO technical support

	<p>consideration the awareness about the safe disposal of the LLIN after use . Areas with high vector incidence and high vector related diseases will be prioritized. Trained community volunteers from among new arrival will ensure community mobilization. Procedures that have minimum impact on the environment will be considered and promoted by WHO</p> <ul style="list-style-type: none"> <li>• Procurement of complete personal protective equipment in order to protect the environmental health workers from the contact to the chemicals during the spraying</li> <li>• Procurement of 4 fogging machines and 7 Hudson pumps to be distributed in targeted 6 camps ( ElRedies1,2, Um Sangor, Jouri, Kashafa and Alagaya to enable the implementation of integrated vector control campaigns to cover the new caseload and respond to alerts of outbreaks and .in high vectors density.</li> </ul> <p>At present, there is only one portable fogging machine and one Hudson pump provided by MOH for Jouri camp. There was no procurement of these items included in previous CERF – However with the rainy season malaria and DF will start. The maintenance will be ensured by the trained environmental health officers in MOH (previous CERF)</p>		
Activity 4.2	<p>Establishment of 6 additional entomological surveillance sentinel sites and conduction of regular vector surveillance missions for the targeted 30,000 new refugees to identify high risk areas based on vector density and resistance to insecticides for the prioritization of mitigation and response measures. Print and disseminate all the necessary guidelines, standards, SOPs. Only 2 sentinel sites are currently exist in Redis 2 and Kashafa- 4 newly established sentinel sites for surveillance is needed and expansion of the existed 2.</p>	WHO	WHO, FMOH and SMOH

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

More beneficiaries than initially planned were reached, due to the need to cover the new and old caseloads. Specifically, UNICEF replaced the initially planned installation of 25 water bladders with associated platforms and 120 water taps by the construction of 45 taps stands (each with six tap) and two elevated tank of 45m3 to increase the number of litres of improved water per capita per day, reduction of the distance from the water source and shortening of the queuing time. The water coagulant reagent was upgraded from procuring Aluminum sulfate to PAC (Poly Aluminum Chloride) that proved to be more effective and approved by the Government.

UNHCR successfully completed 600 latrines with the funds from CERF through its partner CAFOD in Um Sangour, El Redis I, Jouri and Al Alagaya. The latrines were constructed in blocks of 3 latrines and were separated according gender and are serving 38,813 South Sudanese which has reduced the open defecation in the camps. According to the baseline KAP survey conducted before this intervention, the majority of the respondents (87 per cent) in the three survey areas of the study were not using a latrine. In the post KAP survey, the majority of the respondents (93 per cent) in three survey areas of the study were using latrine.

The result shows good progress of human behaviour in the area and this progress can be attributed to the contribution being made by WASH partners in hygiene education in the area as well as greater latrine availability and inclusion of gender considerations. During the project period, 44 female and 16 males have been trained in hygiene promotion and management of WASH services. UNHCR also ensured some 206 hygiene promotion campaigns were conducted.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

The implementation of the activities was done in consultation with the beneficiaries, fully involving community leaders, and representation from different groups (women, youth, ethnic and geographic) during selection of the sites for the tap stand and selection of community representatives for training. The community leaders and hygiene promoters were trained on Participatory Hygiene Sanitation Transformation (PHAST) lead the community mobilization. In the host community the implementation of Community Approaches to Total Sanitation generate demand and leadership of the community for improved sanitation and behaviour change within a community; produce sustainable facilities and services.

Affected populations were involved in the design and construction of all WASH infrastructure constructed using CERF funds. Women groups were engaged and have actively participated in community mobilization and hygiene promotion activities. For this purpose, in each camp group discussions (including 12 to 20 women per group) were organized by the health promoters to specifically engage women in hygiene promotion; the women group discussions took place on a weekly basis. The hygiene promoters who benefitted from the training were selected among South Sudanese refugees. Accountability to the affected population was ensured especially through the hygiene committee training sessions and subsequent hygiene awareness campaigns in targeted locations. Through these trainings and campaigns, South Sudanese refugees raised concerns about the management of water. A joint monitoring of the project was carried out by the Refugee Multi-Sector in January 2016 and refugees in the sites were consulted.

WHO field coordinators and environmental officers are directly responsible for detailed planning, implementation and monitoring and supervision of the project to ensure the coordination with the sector and other relevant partners. Reports on progress of the implementation were shared weekly and monthly with the Environmental Health Officer in Khartoum; he is the overall in charge of the project implementation, monitoring and reporting. Regular, monthly supervision visits to the project sites will be conducted by Khartoum Environmental health officer and/or the WHO senior public health officer for the White Nile camps.

The RMS members were kept informed during the weekly meetings. WHO was regularly presenting the entomological surveillance data correlated with the diseases surveillance data received weekly from the health facilities in targeted locations. This allowed us to assess and monitor the impact of vector control activities on community health and also provide alerts for health facilities on imminent threats.

WHO developed the guidelines and tools for entomological surveillance and water quality monitoring system and an online vector control equipment survey and analysis endorsed by the MoH.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

A CERF monitoring mission conducted to monitor the implementation of CERF projects prior to the grant expiration concluded that the project was satisfactory as for being on track to achieve its objectives. The beneficiaries highly appreciated the implementation of the WASH activities. There was adequate collaboration and information sharing in place and the implemented activities fully showing that the concerns of men and women or of girls and boys that were identified through needs analysis and project proposal were addressed through specific actions or activities.

EVALUATION PENDING

The initiative of changing of bladders by elevated tanks and construction of additional tap stands has reduced the operation and maintenance cost as well as contributed to sustainability and indicated the needs to increase the coverage. Contribution of SMOH by technical and skilled staff facilitated project implementation and reduced overall project cost.

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	12/08/2015 – 11/02/2016		
<b>2. CERF project code:</b>	15-RR-HCR-031		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Shelter and Non-food items assistance for refugees					
<b>7. Funding</b>	a. Total funding requirements	US\$ 20,892,898	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> <li>▪ <i>Government Partners:</i></li> </ul>			
	b. Total funding received:	US\$ 5,691,000				
	c. Amount received from CERF:	US\$ 832,844				
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	3,032	3,031	6,063	3,032	3,031	6,063
<i>Adults (≥ 18)</i>	3,031	3,031	6,062	3,031	3,031	6,062
<b>Total</b>	<b>6,063</b>	<b>6,062</b>	<b>12,125</b>	<b>6,063</b>	<b>6,062</b>	<b>12,125</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	12,125			12,125		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>12,125</b>			<b>12,125</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>						
CERF Result Framework						

<b>9. Project objective</b>	Ensure timely procurement and provision of appropriate lifesaving emergency shelter and non-food items to newly arrived refugees from South Sudan to White Nile State		
<b>10. Outcome statement</b>	Minimal human dignity and privacy restored to some 7,125 SS women, men, girls and boys awaiting family shelters in the recent extensions in Al Kashafa, Redeis 2 and Al Alagaya camps in White Nile State Shelter from the elements provided under communal shelters to 5,000 expected new arrivals Health threats mitigated by the timely distribution of ES & NFIs for protection from the elements		
<b>11. Outputs</b>			
<b>Output 1</b>	Approximately 7,125 refugees (1,425 families) in White Nile State are provided with lifesaving shelter and NFIs in a timely fashion		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of refugee households provided with shelter and NFIs	1,425	1,425
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure Emergency Shelter & Non Food Items	UNHCR	UNHCR
Activity 1.2	Manage the delivery and warehousing of shelter materials and NFI in UNHCR warehouses in Kosti	UNHCR	UNHCR
Activity 1.3	Together with partners distribute ES & NFI in a timely manner to assessed and verified women, girls, boys and men in need	UNHCR and implementing partners	UNHCR/SRCS
Activity 1.4	Conduct post distribution monitoring with partners	UNHCR and implementing partners	UNHCR/SRCS
<b>Output 2</b>	5,000 expected new arrivals are sheltered from the elements under communal shelters and receive basic health and nutrition services		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of new arrivals from SS sheltered/protected under communal shelters	5,000	5,000
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procure Shelter construction material	UNHCR	UNHCR
Activity 2.2	Manage the delivery and warehousing of shelter materials in UNHCR warehouses in Kosti	UNHCR	UNHCR
Activity 2.3	Construct 15 communal shelters for new arrivals at established camps	UNHCR and implementing partners	UNHCR/SRCS
Activity 2.4	Liaise with other sectors for registration/ wet feeding/ health screening at the communal sites	UNHCR + sectors and implementing partners	UNHCR

**12. Please provide here additional informaton on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

UNHCR procured the emergency shelter and non-food items in the quantities to provide an adequate response to the new arrival needs in White Nile State. Basic domestic items and shelters were distributed simultaneously to 1,425 households. This assured minimal human dignity and privacy for some 7,125 South Sudanese women, men, girls and boys in Al Kashafa, El Redis II and Al Alagaya sites in White Nile State.

UNHCR constructed 36 communal shelters for new arrivals through its partner SRCS in Al Alagaya, Al Kashafa, Jouri, El Redis, El Redis II, and Um Sangor, ensuring that all new arrivals had access to emergency shelter support. Fifteen of the shelters were supported with funds from this CERF grant. Due to significant congestion in the sites in White Nile State in 2015, communal shelter has been a very important safeguard for new arrivals.

Overall conditions in the seven sites have significantly improved, including greater latrine construction, increased water availability and distribution within sites. Health threats were mitigated in 2015 with the distribution of emergency shelter and non-food item support, including protection from the elements and basic domestic items to collect water, or cook food.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

Distribution of emergency shelter and non-food items is based on vulnerability and need assessments. The timely and effective distribution of NFIs to conflict and disaster affected men, women, girls and boys is an effective strategy towards reducing the risk of exploitation, including sexual exploitation, of women, boys and girls. M&E exercises include questions on the type of shelter provided, appropriateness of the NFI basket and the suitability of the item to every type of beneficiary group targeted, with attention paid to specific gender needs. Environmental impact is considered through the reduction of packaging material, and encouraging beneficiaries to re-cycle old jerry cans, plastic sheets. Do No Harm principles are upheld throughout the project cycle and UNHCR encourages the active involvement of project beneficiaries throughout project cycle to enhance transparency. Partners liaise with the refugee community leaders to identify PWSNs, who are assisted with the construction of shelters. After NFI distributions, PDM is conducted to assess beneficiaries' satisfaction and ascertain that the intended beneficiaries indeed received their quota of ES/NFIs.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

The CERF monitoring mission was objectively conducted to monitor the implementation of CERF projects prior to the grant expiration and to identify existing gaps in each sector that needed additional support from 17<sup>th</sup> to 24<sup>th</sup> of January 2016.

EVALUATION PENDING

According to the mission, the project was considered as satisfactory as it's partially on track to achieving the overall objective of the project. The beneficiaries highly appreciated the implementation however they had raised some concerns related to the size of shelter and more particularly the lack of privacy especially for women privacy, the lack of space for and home activities as well as a lack of sufficient space for children's to play inside their houses. This issue was particularly concerning for South Sudanese in Alagaya camp as it was one of the most overcrowded camp in White Nile State. However, there was adequate collaboration and information sharing in place.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	01/08/2015 – 31/01/2016		
<b>2. CERF project code:</b>	15-RR-WFP-043		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Transition towards Food and Nutrition Security for Conflict-Affected and Chronically Vulnerable Populations					
<b>7. Funding</b>	a. Total funding requirements	US\$ 3,118,650	d. CERF funds forwarded to implementing partners:			
	b. Total funding received:	US\$ 1,548,984	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 41,017	
	c. Amount received from CERF:	US\$ 1,548,984	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	10,945	9,916	20,861	8,100	7,500	15,600
<i>Adults (≥ 18)</i>	5,566	3,573	9,139	7,800	6,600	14,400
<b>Total</b>	<b>16,511</b>	<b>13,489</b>	<b>30,000</b>	<b>15,900</b>	<b>14,100</b>	<b>30,000</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	30,000			30,000		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>30,000</b>			<b>30,000</b>		
<i>In case of significant discrepancy between planned and reached</i>	The distribution numbers are from August 2015 to January 2016. WFP was able to assist all 30,000 planned beneficiaries.					
CERF Result Framework						
<b>9. Project objective</b>	Save lives and protect the livelihoods of South Sudanese refugees through the provision of General Food Distribution (GFD)					



<b>10. Outcome statement</b>	Address the urgent food needs of 30,000 newly arrived South Sudanese refugees		
<b>11. Outputs</b>			
<b>Output 1</b>	Full GFD rations are distributed in sufficient quantity, quality and in a timely manner to 30,000 refugees for one month		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Quantity of food assistance distributed, as percentage of planned distribution (disaggregated by type)	1,552 MT / (100%)	1,552 MT (100%)
Indicator 1.2	Number of women, men, boys and girl refugees receiving GFD food as percentage of planned	30,000 / (100%)	30,000 (100%)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Utilization of CERF funds for the procurement of food commodities (1,282 MT cereals, 162 MT pulses, 82 MT oil and 27 MT salt).	WFP	WFP
Activity 1.2	Distribution of GFD food assistance in Al Redis I, Al Redie II, Jouri, Al Kashafa, , Alagaya and Um Sangor camps in White Nile State	Sudanese Red Crescent Society	SRCS (Sudanese Red Crescent Society)
Activity 1.3	Carry out Distribution Monitoring (DM) during distributions and Post Distribution Monitoring (PDM) between 2 – 3 following distributions to monitor 1) correct beneficiary entitlement is distributed and 2) monitor household consumption of entitlement and general food security status and coping mechanisms while receiving WFP assistance	WFP	Sudanese Red Crescent Society, WFP and food management committees.

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

In total, WFP was able to reach all 30,000 beneficiaries within the CERF grant implementation period. Of those, the number of new arrivals was 28,959 representing 97 per cent of the assisted caseload due to slightly fewer South Sudanese arriving than anticipated. The remaining 1,041 assisted were refugees that had arrived prior to August 2015. A total of 1,552 MT (100 per cent of planned tonnage) was distributed, sufficient for a full GFD ration comprising 475 grams of cereals per person per day, 60 g/pulses/p/day, 30 g/oil/p/day and 10 g/salt/p/day making up 2,100 kilo calories per person per day.

Furthermore, WFP conducted a food security assessment in April 2016 to follow up on the food security situation across the various camps. Some 1,800 households were sampled across 7 camps. The main findings from the assessment indicated the below:

- Poor food security conditions in Um Sangoor continued to be of high concern;
- The food security situation in the least food secure refugee locations improved compared to May 2015;
- Food security deteriorated in the largest refugee camps, causing the total proportion of food insecure households to increase;
- More than 80 per cent of households in Alagaya and Um Sangoor could not afford the local food basket;
- Limited labour opportunities, limited physical access to markets/jobs, and no access to land for farming severely impacted purchasing power;

The assessment showed a clear need for continues assistance to all South Sudanese.

To mitigate risks associated with poor performance during distributions, WFP provided several rounds of trainings to its cooperating

<p>partner, SRCS. Additionally, WFP was present in all distributions with the exception of distributions conducted in August and September due to inaccessibility during the rainy season.</p>	
<p><b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b></p>	
<p>WFP enabled affected people, including the most marginalized, to play an active role in the design, implementation, and monitoring and evaluation of its interventions. WFP ensures adequate participation and involvement of beneficiaries into programs, notably through regular focus-group discussions with various community groups and the formation of community-headed food management committees, representing both men and women in each of the sites. For example, in regular consultations with food committee members, WFP identifies distribution points that are safe and accessible for beneficiaries to collect rations. Women were also consulted to determine if special packaging is required to facilitate collection and carrying of food rations.</p> <p>Before, during and after distributions, through cooperating partners, community meetings, sign-boards, banners, community leaders and WFP field monitors, beneficiaries are regularly informed of their entitlements, their duration, the targeting criteria, when and where distributions will take place and how to raise concerns, if any. Delays in food delivery as well as any changes in ration sizes or targeting criteria are communicated to beneficiaries as soon as possible.</p>	
<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>An interagency monitoring mission was undertaken in January 2016 to assess implementation of all CERF projects. The assessment mission was led by the RMS sector with WFP participation.</p> <p>The project was considered on track and achieved the overall objective in line with the new arrival needs. WFP through partners used a participatory approach by the food management committees (50 per cent female) during the distribution that contributed to distribution management process, supported people with special needs and ensured crowd control.</p> <p>The beneficiaries expressed their positive perception on the food distribution process however they raised the issue of inclusion of other items such as sugar and fish as well providing more diversified food rather only 4 items. The beneficiaries said the distributed food enabled them to maintain the same number of meals as before fleeing South Sudan. The beneficiaries asked to share the information on distribution schedule ahead of time to mobilize the communities.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-CEF-071	Nutrition	UNICEF	GOV	\$39,969
15-RR-CEF-073	Child Protection	UNICEF	INGO	\$34,162
15-RR-CEF-073	Child Protection	UNICEF	NNGO	\$134,462
15-RR-CEF-073	Child Protection	UNICEF	GOV	\$2,795
15-RR-CEF-073	Child Protection	UNICEF	GOV	\$18,900
15-RR-CEF-073	Child Protection	UNICEF	GOV	\$97,095
15-RR-CEF-072	Health	UNICEF	GOV	\$46,307
15-RR-CEF-074	Water, Sanitation and Hygiene	UNICEF	GOV	\$186,978
15-RR-CEF-074	Water, Sanitation and Hygiene	UNICEF	INGO	\$128,545
15-RR-WHO-026	Water, Sanitation and Hygiene	WHO	GOV	\$13,262
15-RR-WHO-025	Health	WHO	RedC	\$95,000
15-RR-WHO-025	Health	WHO	GOV	\$50,000
15-RR-WFP-044	Nutrition	WFP	RedC	\$11,844
15-RR-WFP-044	Nutrition	WFP	INGO	\$8,102
15-RR-WFP-044	Nutrition	WFP	GOV	\$11,459
15-RR-WFP-043	Food Assistance	WFP	RedC	\$41,017
15-RR-HCR-030	Multi-sector refugee assistance	UNHCR	INGO	\$628,838
15-RR-HCR-029	Multi-sector refugee assistance	UNHCR	INGO	\$200,000
15-RR-HCR-029	Multi-sector refugee assistance	UNHCR	RedC	\$126,186
15-RR-HCR-029	Multi-sector refugee assistance	UNHCR	GOV	\$60,000
15-RR-FPA-022	Health	UNFPA	GOV	\$11,135
15-RR-FPA-023	Gender-Based Violence	UNFPA	NNGO	\$58,040
15-RR-FPA-023	Gender-Based Violence	UNFPA	GOV	\$33,281
15-RR-FPA-023	Gender-Based Violence	UNFPA	GOV	\$3,743

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ASSIST	Organization for Voluntary Humanitarian Assistance Program
BNS	Blue Nile State
CHW	Community Health Workers
CMAM	Community Management of Acute Malnutrition
DFID	Department for International Development
e-BSFP	emergency blanket supplementary feeding Program
ECHO	European Commission's Humanitarian Aid and Civil Protection
EmOC	Emergency Obstetric Care
ES/NFIs	Emergency Shelter/Non-food Items
EVI	Extremely vulnerable individual
FFW	Food-for-work
FHAC	Federal Humanitarian Aid Commission
FGD	Focus group discussions
FMOH	Federal Ministry of Health
FPDO	Friends of Peace and Development Organization
FSL	Food security and Livelihood Sector
FSMS	Food Security Monitoring Systems
GAH	Global Aid Hand
GDF	General food distributions
GHF	Global Health Foundation
HAC	Government Humanitarian Aid Commission
MAM	Moderate acute malnutrition
MoE	Ministry of Education
MoSW	Ministry of Social Welfare
MUAC	Mid-Upper Arm Circumference
MSF	Médecins Sans Frontières
PDM	Post distribution monitoring
PLW	Pregnant or lactating women
PTA	Parent Teacher Associations
PWSNs	Persons with specific needs
RMS	Refugee Multi Sector
SAM	Severe acute malnutrition
SCS	Save the Children Sweden
SKS	South Kordofan State
SMoH	State Ministry of Health
SPR	Standard Project Report
SRCS	Sudanese Red Crescent Society
TA	Technical agreement with local authorities
TSFP	Targeted Supplementary Feeding Programme
WES	Government Department of Water and Environmental Sanitation
WNS	White Nile State