

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
REPUBLIC OF THE SUDAN
RAPID RESPONSE
DISPLACEMENT 2016**

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 AAR was held on 23 March 2017. The following agencies participated in the AAR for their respective sectoral projects and activities: UNHCR (Protection, Non-food items, Multi-sector refugee assistance), WHO (Health), UNFPA (Protection and Health), WFP (Food aid and Nutrition), UNICEF (Nutrition).

- 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

- 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 CERF recipient agencies who shared and consulted with implementing partners for their review, as well as with sector coordinators for inputs.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$53,530,751		
Breakdown of total response funding received by source	Source	Amount
	CERF	7,951,140
	COUNTRY-BASED POOL FUND (if applicable)	1,053,068
	OTHER (bilateral/multilateral)	10,975,703
	TOTAL	19,979,911

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 01/06/2016			
Agency	Project code	Cluster/Sector	Amount
UNFPA	16-RR-FPA-026	Health	225,968
UNFPA	16-RR-FPA-027	Protection	380,000
UNHCR	16-RR-HCR-025	Protection	1,048,534
UNHCR	16-RR-HCR-026	Multi-sector refugee assistance	400,000
UNHCR	16-RR-HCR-024	Non-Food Items	755,339
UNICEF	16-RR-CEF-070	Health	323,585
UNICEF	16-RR-CEF-072	Water, Sanitation and Hygiene	300,000
UNICEF	16-RR-CEF-073	Education	650,000
UNICEF	16-RR-CEF-074	Nutrition	546,571
UNICEF	16-RR-CEF-071	Protection	349,478
WFP	16-RR-WFP-037	Nutrition	488,069
WFP	16-RR-WFP-036	Food Aid	1,855,270
WHO	16-RR-WHO-029	Health	628,326
TOTAL			7,951,140

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	\$5,436,801
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	\$1,934,472
Funds forwarded to government partners	\$579,867
TOTAL	7,951,140

HUMANITARIAN NEEDS

The political conflict that broke out in South Sudan on 15 December 2013 displaced thousands of civilians in South Sudan and continues to cause mass outflow of refugees into neighbouring countries, including Sudan. Sudan faced a steady influx of South Sudanese refugees throughout 2015. By the end of December 2015, nearly 195,000 South Sudanese had sought safety in Sudan, fleeing violence and insecurity in their home country. With some 109,000 new arrivals recorded in 2015, Sudan was the country that received the largest influx of South Sudanese refugees in the region. New arrivals continue to flow into Sudan reaching border areas, exhausted and with poor nutrition status and in poor health, with many traumatized after having travelled in difficult conditions to escape on-going violence.

Further affecting this population were "crisis" or "emergency" food security situations in Greater Upper Nile States of Unity, Jonglei, and Upper Nile, as well as in Northern Bahr El Ghazal and Warrap states of South Sudan. Access to food continues to deteriorate in most states owing to factors such as price inflation and market disruptions that are tied to the ongoing conflict. Food and livelihood actors in South Sudan have stressed the situation is particularly worrisome because of the increase in hunger during the post-harvest period, when the country traditionally has the most food. Given all these factors, as many as 4.9 million people current face severe food insecurity in South Sudan.

As a result, there continues to be an ongoing influx of South Sudanese refugees into East Darfur, South Darfur, West Kordofan, South Kordofan and White Nile states in Sudan since the end of January 2016. At the time of the CERF proposal, more than 58,000 new arrivals had been recorded. Of this, East Darfur had experienced the largest number of arrivals with over 46,000 unanticipated individuals fleeing into the state by 25 May 2016. It was estimated that approximately 28,000 of these had settled in Khor Omer Internally Displaced Persons (IDP) camp (near the capital Ed Deain) with newcomers continuing to arrive at a rate averaging 136 individuals per day from the beginning of May 2016. Assessments and field reports of the situation indicated that the refugees were living in critical temporary conditions in Khor Omer IDP camp, which had quickly become overcrowded, and was putting serious strain on existing infrastructure and service providers. Some assistance had been provided, including one-month emergency food rations provided to new refugee arrivals, nutritional supplements provided to pregnant and lactating women and children under five, daily water trucking and emergency Non-Food Items (NFIs). However, despite these initial interventions, the needs remained dire, as refugees continued to arrive at the IDP camp due to the ongoing conflict and insecurity in South Sudan, compounded by severe food shortages during the lean season (May through October).

Humanitarian response for South Sudanese refugees in Sudan has been chronically underfunded. A CERF Underfunded Emergencies grant in early 2016 was prioritized for White Nile State, as at that time the current emergency resulting from the influx was unforeseen. Sudan Common Humanitarian Fund (SHF) standard allocations accordingly were allocated based on the prioritization of needs present at the time. The CERF Rapid Response request was based on the new and unforeseen needs that arose in early February 2016, where large and unanticipated influxes of new refugee arrivals led to critical overstretch of already limited response resources in order to meet preexisting and ongoing needs of the South Sudanese refugee population.

II. FOCUS AREAS AND PRIORITIZATION

At the time of the proposal, East Darfur had experienced the largest number of arrivals following the start of the conflict in South Sudan in December 2013, with 78,997 refugees residing there as of 31 March 2016. The majority of these arrivals initially settled at Khor Omer IDP camp in the town of El Ferdous, where they received lifesaving assistance, including food, nutrition and emergency household supplies. However, the situation at Khor Omer was critical, and refugees in El Ferdous were also in need of urgent solutions. Open defecation was widely practiced and refugees faced persistent water shortages due to overcrowding, long distances to reach medical services, no capacity at the local school and no assistance for unaccompanied and separated children (UASC).

Additionally, an interagency assessment (10-11 May 2016) identified approximately 6,000 new refugee arrivals in Abu Jabra (106 Km south east of Ed Deain) and 800 new arrivals in Abu Matarig (63 km West of Abu Jabra). The new arrivals in Abu Jabra town were being hosted by approximately 2,000 individual South Sudanese people already living there. The humanitarian needs in the town were reported as dire, with no humanitarian assistance for food, nutrition, WASH, health or emergency shelter and/or non-food items (ES/NFIs) having been previously provided. New arrivals in Abu Matarig were spread out across different areas, struggling with a similar lack of access to critical and lifesaving services. Both areas also suffered from a lack of protection interventions, and the nutritional needs of new arrivals were identified as a priority considering the deteriorating food security situation in South Sudan.

An assessment mission conducted by UNICEF, the United Methodist Committee on Relief (UMCOR) and the United Peace Organization (UPO) in late April 2016 to Khor Omer, under the guidance of the child protection sub sector, indicated that 318 UASC had been registered by local youth committees. It was found that over 62% of new arrivals to the camp were children. The mission also indicated that women and children were at highest risk of violence, abuse and exploitation, and there was a desperate need to establish child protection systems to respond to children's psychosocial needs. Other issues identified included: psychosocial distress, support for reunification of UASC, camp management and ensuring effective community based child protection networks to identify other critical child protection needs.

Through these assessments and analysis, a multi-sector response was developed in the prioritized sectors of Protection, ES/NFI, Health, Nutrition and WASH. To relieve pressure and ease overcrowding in Khor Omer IDP camp, a new site for South Sudanese and critical lifesaving assistance was required for the 28,000 individuals and the anticipated 2,000 individuals who were expected to arrive over the remainder of 2016. In addition, 7,500 South Sudanese who had arrived into underserved areas of Abu Jabra and Abu Matarig were also prioritized for support via critical lifesaving interventions.

In June 2016, land for the new site was allocated by state authorities in East Darfur, upon which the programming for this CERF grant was based. The original site was approximately 4km from Khor Omer IDP camp in Ed Daien locality, which would have enabled site access to basic service infrastructure and supported a smooth relocation of refugees living at the IDP camp. However, the decision was later rejected by Sudan's national intelligence and security service, claiming the location would not be safe for the refugees. Following ongoing discussions and disagreement amongst different government entities, the final decision and approval on land allocation for the new refugee camp was issued only in late July 2016, with site clearance, development and plot demarcation beginning in early August. The new site was designated at Kario town in Bahr Arab locality. While this allowed partners to maintain the CERF response focus on new arrivals into East Darfur, the new site was 45km away from Khor Omer IDP camp and in a much more remote area than initially planned for and with less developed infrastructure, which presented partners with additional logistical and administrative challenges that resulted in delays, including the relocation of refugees to the new site where basic services had been initially planned to take place. These delays led to UN and implementing partners having to expand service delivery between the Khor Omer IDP camp while the refugees waited for their relocation, and implement again at the new site at Kario.

III. CERF PROCESS

The prioritization process for this CERF allocation was based on extensive consultations with partners in Khartoum and in the field through the development of the Regional Refugee Response Plan (RRRP) 2016, the supplementary 3-month Response Plan for the New Influx, existing inter-agency assessments and joint monitoring. Sector Coordinators were asked to conduct a prioritization exercise focusing on the most pressing gaps and issues in their respective areas, and to provide a realistic and well calculated budget, taking into account other funding available within the context of the 3 month Response Plan for the New Influx. These prioritizations were sent out and discussed at the Refugee Multi Sector (now referred to as the Refugee Consultation Forum [RCF]) and the Inter Sector Coordination Group (ISCG) (incorporating inputs from Inter-agency Standing Committee [IASC]), and used to develop the initial concept note sent to the CERF Secretariat. The concept note was also shared with the Humanitarian Coordinator (HC) and Humanitarian Country Team (HCT) and modified according to the feedback received.

Initially, the concept note prioritized the new influx that arrived from the end of January 2016 into East Darfur, South Darfur and West Kordofan. The high priority areas within those states were identified as Khor Omer (East Darfur), Beliel (South Darfur), and El Meriam (West Kordofan). The initial budget included: development of a site near Khor Omer for an estimated 28,000 new arrivals and 4,000 expected new arrivals over the next few weeks; implementation of initial reception services for new arrivals; registration and assistance delivery for new arrivals in Beliel (4,125 individuals); and the establishment of a reception centre with registration and delivery of basic life-saving assistance in El Meriam (3,389 individuals). The amount requested from CERF was \$9,441,925 USD, about 20% of the overall response plan budget, and about 24% of the budget covering East Darfur, South Darfur and West Kordofan (\$39,804,331).

Upon review by the CERF Secretariat, a reprioritization exercise was conducted by the ISCG and the RCF, taking into account newly available assessments and the implementation capacity of partners in the field. The overall process resulted in an agreed allocation on East Darfur, which highlights not only the most dire needs of the refugee population, but also ensures advocacy for other complementary funding streams highlighting urgent areas of intervention which could not be covered in this allocation (i.e., West Kordofan and South Darfur). Initial comments received by the field on the assessment to Abu Jabra and Abu Matarig indicated that health, ES/NFI and food assistance were the main priorities. It was agreed by the ISCG and RCF that these would be prioritized and if additional funds were available, other sectors could be considered. The detailed assessment became available and was circulated following that discussion, which led to the prioritization of protection, nutrition and WASH interventions. Nutrition was also considered as a priority given the food

security situation in South Sudan. Protection was also prioritized considering the high number of children, the overall vulnerability of the population and that no protection activities had previously been implemented in the prioritized areas. Education was not initially prioritized because a more detailed education assessment was required at the time to identify specific needs; however, in May 2016, UNICEF conducted a needs assessment to prioritize the most vulnerable sites for education response targeting. Following an RCF/ISCG meeting and further discussions with the HC, limited WASH activities were also prioritized. Capacity building activities were limited and no awareness raising activities were included. Funding for the WASH and ES/NFI sectors took into account complementary funds received from the Sudan Common Humanitarian Fund (SHF).

This project was designed within the parameters of the *Joint UNHCR-OCHA Note on Mixed Situations: Coordination in Practice*; therefore, prioritization took place at both the IASC/ISCG sector-level and within the RCF, with UNHCR providing the overall guidance of prioritization, strategy and activities. UNHCR is leading the refugee response in all areas across Sudan, supported by offices and staff in Kosti, White Nile; Khartoum; Kadugli, South Kordofan; Ed Daein, East Darfur; Nyala, South Darfur; and El Fasher, North Darfur. At the time of the proposal, UNHCR did not have regularized access to East Darfur; therefore, OCHA was facilitating the coordination of the refugee response on the ground while UNHCR worked to establish a permanent presence in the state. In November 2016, UNHCR was granted permission to establish a sub-office in Ed Daein, from which to coordinate the refugee response. Bi-weekly reporting occurs on all sectors of activity at both the national and region level with regards to the South Sudan emergency, including monthly indicator reporting.

This overall proposal was informed by the RRRP for 2016, as well as the Response Plan for the New Influx and overarching strategies for the response. This strategy has taken into account regional planning scenarios, in particular how conditions in South Sudan will affect arrivals to Sudan, the rate of new arrivals, the number of new arrivals in each site, the camps that have exceed capacity and the linkages between activities, while being realistic about what could be achieved within the timeframe, and what had potential to achieve the highest impact.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹									
Total number of individuals affected by the crisis: 41,277									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Education	1,284	40	1,324	1,686	50	1,736	2,970	90	3,060
Food Aid	5,931	13,839	19,770	4,474	10,440	24,280	10,406	24,280	34,685
Health	11,569	10,085	21,653	10,680	8,943	19,623	22,249	19,028	41,277
Multi-sector refugee assistance	3,445	3,000	6,445	3,842	3,138	6,980	7,287	6,138	13,425
Non-Food Items	3,445	3,000	6,445	3,842	3,138	6,980	7,287	6,138	13,425

Nutrition	13,612	13,356	26,968	14,221	0	14,221	27,833	13,356	41,189
Protection	11,990	4,166	16,156	14,281	4,596	18,877	26,271	8,762	35,033
Water, Sanitation and Hygiene	5,054	3,013	8,067	4,978	3,135	8,113	10,032	6,148	16,180

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

BENEFICIARY ESTIMATION

Beneficiary estimation approaches varied across sector projects, and are outlined for each below.

EDUCATION: Beneficiaries were calculated using: 1) the number of units of teaching, learning and recreational materials distributed to school children; and 2) attendance sheets compiled at the learning spaces, which helped to address double-counting by comparing material distribution lists with attendance sheets. The data was collected daily by partners and was compiled monthly and verified by the UNICEF field office through monitoring visits. Data was also validated by the State Ministry of Education (SMoE) through independent monitoring visits to the site. The data was also presented and discussed at sector coordination meetings, including both at RCF meetings facilitated by UNHCR, and at education meetings headed by SMoE.

FOOD AID: Beneficiaries were calculated using: i) individual biometric registration data collected by UNHCR and the Commission for Refugees (COR); and ii) the monthly actual distribution reports submitted by Sudanese Red Crescent Society (SRCS). WFP mitigated risk of double counting by conducting verification of all beneficiary figures submitted via distribution reports during regular on-site monitoring of food distributions.

HEALTH: Beneficiaries were derived from health partners' periodic reports (i.e., Early Warning, Alert and Response System (EWARS) weekly reports, monthly- and end-of-project reports), including: the use of information on the number of consultations at health facilities to calculate the total number of people benefiting from the different curative health services provided under this project; the number of pregnant women benefiting from anti natal care and delivery services; number of children vaccinated under the Expanded Programme on Immunization (EPI) antigens; number of pregnant women who received tetanus toxoid and access to skilled birth attendants; and the number of women who benefitted from medical supplies and drugs provided through the Emergency Reproductive Health (RH) kits. Beneficiaries reached by health promotion messages were calculated using the beneficiary figures presented in the activity reports of implementing partners American Refugee Committee (ARC) and the National Initiative For Development Organization (NIDO). To avoid double-counting, activity reports were reviewed by health officers in WHO field offices to ensure beneficiaries were only listed once, and reports were further verified by the WHO country office in Khartoum using population figure estimates. Beneficiary numbers for reproductive health services were further correlated with underlying demographics of the project catchment area population of 36,800 South Sudanese refugees (30,000 in Khor Omer camp, 6,000 in Abujabra locality, and 800 in EL Ferdous locality) and supplies provided for 40% of the direct beneficiaries (2,754) among them 1766 (24%) of target population women of child bearing age.

MULTI-SECTOR REFUGEE ASSISTANCE: Beneficiaries reached were calculated using individual biometric registration data collected by UNHCR to 30 March 2017, and compared to the initial beneficiary target estimates based on Level 1 Registration (household level) conducted for refugees living in Khor Omer IDP camp prior to the relocation exercise and submission of the CERF proposal. The biometric registration process provides information on the number of individuals disaggregated by age and gender. The use of individual biometric registration data collected after the end of the implementation period (i.e., 28 February 2017) reflects the date of completion of the individual registration exercise and so better reflects the current population statistics for refugees residing at the Kario site as an estimate of beneficiaries reached.

NON-FOOD ITEMS: The number of beneficiaries reached was calculated using final kit distribution figures for ES/NFIs. UNHCR initially calculated beneficiary target figures using a standard of 5 people per household; however, the household level registration exercise revealed that the average family-size was lower than projected at 1.7. Final kit distribution figures were compared to biometric registration data collected under the project, which also helped to avoid double-counting. Additionally, projections on the number of refugees who left Khor Omer during the implementation period to pursue casual labour opportunities (and based on mobility data) and were thus absent during the relocation were also used to further clarify the number of refugees who benefitted from the ES/NFI assistance under the project during grant implementation.

NUTRITION: The number of beneficiaries reached was calculated using the quantity of Ready To Use Therapeutic Food (RUTF) cartons distributed and consumed; and using weekly statistics shared by the state Ministry of Health and verified by UNICEF and WFP to determine cure, default and death rates. Double counting was avoided by considering the total number of children under five screened for malnutrition, which included both the total children treated for severe acute malnutrition (SAM) by UNICEF and those treated for moderate acute malnutrition (MAM) by WFP.

PROTECTION: The number of beneficiaries reached was calculated using monthly reports shared by implementing partners, Family Tracing and Reunification (FTR) database and monthly situation reports; and, during project monitoring, review (by community representatives from the Community Based Child Protection Networks [CBCPNs]) of daily attendance lists for the Child Friendly Spaces (CFSs). Beneficiary numbers were also derived from distribution lists for recipients of personal hygiene kits (PHKs), feedback reports from Community-Based Protection Committees (CBPCs) on the sensitization activities supported and the number of community members reached, as well as monitoring visits to the supported women’s centre and implementing partner reports about activities supported and beneficiaries reached. Double counting was mitigated through the review of attendance and distribution lists to ensure beneficiaries were not counted twice.

WASH: The number of beneficiaries reached was calculated using monthly monitoring reports received from implementing partners and the UNICEF field office in Nyala, South Darfur, which also covers reporting for East Darfur state. The reports include detailed information on the number of people, disaggregated by gender, who benefitted from the CERF funding. Double-counting was avoided by identifying the number of people who benefitted from more than one WASH intervention and counting them only once.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	4,712	14,316	19,028
Male	4,526	17,723	22,249
Total individuals (Female and male)	9,238	32,039	41,277

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

Site development

CERF funds enabled the development of the new Kario refugee site and funded the voluntary relocation of refugees to the new site, which began on 20 August 2016. The relocation exercise led to the decongestion of the Khor Omer IDP camp, which improved access to lifesaving assistance for both the South Sudanese refugees and IDPs living there. As referenced in Section II (Focus Areas and Prioritization), a key driver of the site development delays was the late confirmation of land allocation for the new site, which was finalized at the end of July 2016, instead of beginning of June 2016, as had been initially planned for- and committed to by local authorities. The new land allocation was significantly farther from Khor Omer and Ed Daien (45km vs. 4km), which introduced logistical challenges that were not previously planned for; notably, the reliance on 45km of dirt tracks during the rainy season to move materials to the new site, and the need to use small 4x4 vehicles for the relocation exercise as opposed to the planned for buses, which led to a slower relocation rate of about 100 – 150 persons per day. As well, implementing partners had limited capacity once site development was underway in August, with only a skeleton staff on the ground initially. Once partners were able to mobilize more staff on the ground, the site development process improved quickly.

Despite these delays and challenges, the CERF funds enabled the completion of critical components of site development, such as land preparation, plot demarcation and erection of initial temporary and semi-permanent/transitional structures, including a temporary health centre, CFSs and learning spaces, reception facilities and communal shelters, as well as the installation of solar lighting and a police post at the site to mitigate gender-based violence (GBV) risks and other protection issues at the site. Communal shelters have provided humane facilities for processing new arrivals and have provided safe meeting spaces for community members, including youth.

Reception facilities were established to provide immediate assistance including registration, nutrition care and referral to health services, provision of NFI kits to eligible households and provision of shelter materials. CERF funds helped to establish basic infrastructure at the site, which supported the delivery of essential lifesaving services across all sectors and supported the profiling and registration of the refugee population. This further helped humanitarian partners to identify persons with specific needs (PSN), UASC and extremely vulnerable individuals (EVIs) in order to facilitate their timely access to lifesaving protection services.

The CERF funds allowed for the safe transportation of an initial 3,758 refugees (2,234 households) and their belongings to the new Kario site from 20 August through to end of September 2016. The relocation figure was lower than anticipated because site development delays also impacted the target refugee population at Khor Omer, with a significant proportion of the refugee population departing during June-August as a result of the untenable living conditions due to restrictions by authorities on the types and quantity of assistance that humanitarians could provide in this location. Many of the refugees who departed Khor Omer are reported to have sought livelihood opportunities as seasonal labour in the agricultural sector, which also led to the average family size of those relocated during the project to be significantly smaller than anticipated (1.7 as opposed to the typical family size of 5). It is important to acknowledge the mobility of the South Sudanese refugees in East Darfur, which is facilitated by their historical ties to Sudan and the Government of Sudan's policy, which supports freedom of movement, and the refugees often move throughout the state seeking appropriate support. Despite delays and a relocation exercise that was smaller than anticipated, an estimated 19,500 refugees have been accommodated at the new Kario site over the grant implementation period and have benefited from improved access to lifesaving assistance provided at the site. It has been observed that since the conclusion of the project, the majority of new refugee arrivals in East Darfur go directly to the Kario site.

Protection

Support from CERF allowed partners to address vulnerabilities and identify solutions for South Sudanese refugees in Kario, with a particular focus on women, children and persons with specific needs (including with disabilities), and other vulnerable refugees. Protection mechanisms were established and helped to identify 1,440 PSNs, out of which 1,178 individuals were provided with specific assistance (i.e., with assistive devices). A no-cost extension (NCE) was requested for individual biometric registration activities due to the delays incurred by the late land allocation and its impacts on site development due to the increased distance. Upon receipt of clearances from the government on October 2016 for the transportation of registration equipment from Khartoum to Kario, the biometric registration systems were established and the biometric registration exercise was rolled out as planned, with a total of 13,425 individuals (5,565 households) registered at the site, with an additional 6,500 refugees identified through Level 1 registration during the project but who have since left temporarily to seek casual labour opportunities and whose families have indicated will return during the dry season (April – June). The completion of biometric registration for the current camp population has provided partners with an accurate count, which has improved the targeting of humanitarian assistance based on the documented needs of the Kario site population.

The CERF funds also enabled partners to respond to immediate and lifesaving child protection needs of South Sudanese refugee children who fled to Sudan. Consecutive delays on the relocation of refugees to the Kario site, as well as the need to sign new Technical Agreements due to the change in locality, slowed down the establishment of the CFSs planned for the Kario site and outreach to vulnerable children, which required an NCE request to ensure the facilities could be built by the end of the project. The NCE ensured that a total of 18,861 children benefitted from psychosocial activities which include recreational, cultural and sport activities through 7 new CFSs that were established, as well as through a total of 276 CBCPNs. These psychosocial activities were conducted on a daily basis during implementation. Additionally, 314 UASC were identified and all of them were placed under alternative care arrangements. Out of these, 12 children were reunified with their families of origin. The figure of reunified children is low because most of the children's families remain in South Sudan, and reunification continues to be too dangerous given the instability and ongoing conflict.

Education

During the waiting period prior to the delayed relocation of refugees from Khor Omer IDP camp to the new Kario site, the government imposed restrictions on the construction of learning spaces in Khor Omer, which introduced additional delays to the implementation of project activities. An NCE ensured the continuation of education in emergencies response and enabled the enrolment of children who remained out of school and at risk of violence and abuse.

A total of 2,970 South Sudanese refugee children (1,284 girls and 1,686 boys) gained access to quality education through the construction of 22 classrooms and the distribution of teaching and learning educational supplies (including 12 recreation kits, 75 school-in-a-boxes and 50 blackboards). In addition, 90 teachers (40 women and 50 men; including 50 from the refugee communities and 40 from the host community) benefitted from the CERF intervention through the knowledge and skills that they acquired from their participation in trainings on education in emergencies, psychosocial support and child centred pedagogy. Of these, 40 teachers are still working at the refugee site, while 50 are now active in the host communities. The Education response had been initially planned for an

estimated 5,500 refugee children at Khor Omer who were to be relocated to the Kario site; however, beneficiaries reached were lower than planned due to the departure of many refugee families from Khor Omer due to site development and relocation delays at Kario. The construction of learning spaces was delayed at the new Kario site due to the rainy season, which required a revised work plan and a shorter implementation period for education activities. For this reason, 32 classrooms are currently under construction; therefore, more children are anticipated to benefit from the increase in classroom spaces upon completion of the work (expected by end of May 2017). Additionally, all classrooms constructed and those remaining under construction are equipped with gender-sensitive latrines as per project plans.

ES/NFI

ES/NFI kits were distributed to 4,700 South Sudanese refugee families who settled at Kario site. The provision of ES/NFI kits significantly enhanced the living conditions of the newly arrived refugees by providing them with lifesaving shelters and contributing to the restoration of a minimum standard of human dignity, safety and privacy, previously not available to them while living at the congested Khor Omer IDP camp. Partners were not able to distribute shelter materials for the planned 6,000 households because upon the completion of the relocation and registration exercises, the average family size was significantly lower; therefore, fewer households were present on the ground to receive the designated kits. This is linked to an estimated 6,500 refugees (identified through Level 1 registration) who left Khor Omer camp temporarily during the implementation period to seek casual labour opportunities and whose families have reported will return during the dry season (April – June 2017). Therefore, it is estimated that approximately 19,500 refugees are now benefiting from the distribution of ES/NFI kits facilitated by the CERF funds.

Health

The support for the Khor Omer temporary clinic was initiated in July, however the relocation exercise began at short notice in August 2016 at a slow speed and health services needed to be provided simultaneously in Khor Omer run by the State Ministry of Health (SMoH) and at Kario. The basic health facilities in Kario were constructed with support from UNHCR. However, service provision was delayed when the implementing partner (NIDO) was required to seek new permission from the local authorities and sign a new Technical agreement with the state MOH. This required an NCE, under which the project activities remained the same but enabled the project to reach beneficiaries in need of health services by completion.

Health project activities supported refugees' access to integrated live-saving essential primary health care, mother and child care including referral services for 31,231 beneficiaries who attended curative consultation and received care in the health facilities directly supported by WHO in Khor Omer IDP camp, Abu Jabra and the new site at Kario. Additionally, 1,622 pregnant women were assisted through antenatal care (ANC) services. Capacity building activities benefited 33 state and local medical staff through their trainings on case management protocols for communicable diseases, early warning, surveillance and initial response. Trainings were completed prior to operation of the planned health clinics at the targeted sites in order to ensure that standard treatment protocols were in place and quality measures for assessment and case management were followed by all clinic staff.

A total of 9,238 children (below 18 years) were reached with immunization services, including measles, while 1,785 under-five children received polio vaccination and 3,321 were treated for childhood illnesses. In addition to that, a total of 1,275 pregnant women received a dose of tetanus toxoid. To improve family health practices and enhance utilization of the existing health services, a total of 41,277 people (17,723 male, 14,316 female and 9,238 children) were reached with health messages on essential family practices (EFP). This CERF contribution has allowed the procurement and distribution of 75 Integrated Management of Childhood Illnesses (IMCI) kits, 65 Primary Healthcare (PHC) kits, 10,580 long-lasting insecticidal nets (LLINs), 50 cartons of oral rehydration salts (ORS), 60 midwifery kits and 250 packs of 100 zinc tablets for supporting child health services and training of 20 community health workers on the standard case management of childhood illnesses at the community level. The higher number of beneficiaries reached is due to the successful implementation of the communication campaign on the Key Essential Family Practices that was able to cover the additional caseload, as more refugees than planned arrived in the project locations.

With regards to the number of emergency obstetrical cases referred, the original target was 60 cases (40 cases from Khor Omer, 10 from each of Abu Jabra and EL Ferdous). Due to the splitting of health services across both Khor Omer IDP camp and the Kario site, UNFPA and Global Aid Hand (GAH) ended up dividing the funds across 4 intervention sites (i.e., Khor Omer, Kario, Abu Matarig and Abu Jabra). The referral improved the health outcomes for these mothers who only had a temporary clinic with minimum capacity, and Kario where the health facility was not yet fully established and lacked an RH unit and delivery room. The Emergency RH kits were procured as planned and delivered to the target health facilities through GAH, including individual clean delivery/baby kits, Kit 3 - rape management, Kit 4 - family planning, Kit 5 management of sexually transmitted infections (STIs) and referral level kits. The RH kits addressed the refugees' need in the targeted locations for safe and clean delivery, management of STIs and family planning. Maternity

unit equipment was procured and delivered to Kario (operated by NIDO) and El Ferdous (operated by SMOH). The project also supported the provision of secondary care at Ed Daein hospital free of charge for 70 women referred with obstetrical emergencies. All of these referred cases were identified through the 10 midwives supported by the project, with the majority of the midwives coming from the refugee and host communities and whose capacity to provide 24-hour antenatal and postnatal care, as well as the identification and referral of high risk pregnancies, was enhanced through the health project.

Nutrition

Nutrition partners screened 19,409 children under five for acute malnutrition, out of which 3,532 were treated for SAM, made possible with CERF funding. It should be noted that the beneficiary figures do not differentiate between refugee and host community status in admission to treatment or in reporting in general, but instead focus on the needs of the targeted populations. When South Sudanese refugees are disaggregated from the total number of children treated for SAM, the number of beneficiaries reached through treatment is approximately 2,660. The overall performance indicators for the Community-based Management of Acute Malnutrition (CMAM) program are above the accepted SPHERE standards (cure rate 93%, default rate 6.7% and death rate of 0.3%). In addition, 34 mothers' support groups (MSGs) were established, through which 11,863 mothers received counselling on optimal infant and young child feeding (IYCF), care and hygiene practices.

Given the lower number of refugee children with SAM initially identified, additional investments in nutrition screenings across the surrounding host communities was conducted in order to ensure the maximum number of children were reached via CERF funding. This resulted in a total higher need within the targeted locations than initially anticipated, which were met through UNICEF's commitment of core funding. This expansion of outreach activities to support access to nutrition services for the targeted population led to more children than planned treated for SAM. The initial target of refugee children with SAM was based on planning estimate from Middle-Upper Arm Circumference (MUAC) screening data and not an actual nutrition survey. While the project resulted in a higher number of children with SAM treated, the refugee target for SAM treatment was lower than planned. This is likely due to the temporary displacement of many refugees families observed over the implementation period. To enhance the identification of children with SAM, including among refugee children, UNICEF is currently exploring cost effective SAM screening methods that can be conducted by mothers of SAM-affected children via MSGs. Also, the project results indicate that more MSGs were established than originally anticipated. MSG members voluntarily counselled nearly twice as many mothers as expected, with the number of counselled women tripling under the project.

Furthermore, 9,917 individuals with- or at-risk-of MAM were reached via treatment and/or prevention activities under the project. This comprises 92% of the original 10,680 targeted individuals as reached by project activities. Prevention assistance was delivered to 7,304 children under five and 1,363 pregnant and nursing women. MAM treatment reached 1,120 children under five and 130 pregnant and nursing women. WFP was unable to reach the remaining beneficiaries with nutrition services due to bureaucratic impediments relating to permit delays, relocation of refugees and the lack of partners with sufficient technical capacity to manage the influx of refugees.

FSL

While WFP planned to procure 2,118 MT of mixed commodities to provide assistance to South Sudanese refugees, the lower cost of commodities at the time of purchase enabled WFP to purchase an additional 68 MT with the funds available. The distribution of the food assistance was conducted from July to December 2016; however, during September, protracted lead times of commodities¹ slowed down the monthly distribution across Kario, Abu Jabra and Al Matarig refugee sites. The balance of available rations from the remaining quantity of food assistance purchased under the project was used to distribute advanced rations in December that covered the refugees' food needs for two months, to the end of January. Despite the increased quantity purchased, there were fewer beneficiaries reached because of the distribution of an extra ration than initially planned to a smaller number of refugees across the targeted locations due to the timing of the project with the agricultural season and the movements of refugees away from the locations to pursue livelihood opportunities. Additionally, the relocation exercise of refugees from Khor Omer IDP camp to the new Kario site led to a decrease in the number of refugees reached via food distributions, resulting in less beneficiaries being assisted than planned.

In 2016, many refugees arrived in East Darfur fleeing severe food insecurity and loss of livestock in South Sudan. Still in 2017, Sudan continues to witness refugees escaping the border areas of South Sudan with crisis levels of food insecurity, and entering Sudan in search of food. The prioritization of the provision of emergency food assistance is ongoing to meet the food needs of the ongoing influx

¹ Normally food dispatched to East Darfur takes about 1 month to arrive at points of distributions. However, the arrival of food for September distributions was delayed due to government GMO testing which takes 1-2 months.

of vulnerable new arrivals into East Darfur, including through the application of lessons learned and best practices from the general food distribution (GFD) intervention to which CERF contributed to in 2016.

WASH

The CERF funding enabled UNICEF to provide some 16,180 refugees and host community members (including 3,135 men; 3,013 women; 4,978 boys; and 5,054 girls) with access to adequate and safe water supply, and reached through hygiene promotion and sensitization activities. This was possible through the provision of water trucking and the rehabilitation of three existing water yards, as well as through operation and maintenance activities. Also, 7,200 people (3,605 men and 3,595 women) gained access to safe means of excreta disposal, through the construction of 200 emergency communal latrines (158 in Abu Jabra and 42 in Abu Matarig). The CERF contribution allowed partners to provide safe drinking water at 15 litres per person per day, and to ensure access to sanitation as per the SPHERE standards. Furthermore, key messages delivered through hygiene promotion campaigns enabled partners to provide refugees and host communities with key messages on the essential practices to improve their own health status. Without these interventions, these vulnerable populations would have been much more exposed to disease outbreaks.

CERF's ADDED VALUE

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

YES PARTIALLY NO

CERF funding was mobilized quickly, and was available by June 2016 for planned interventions in July 2016. The timing of the funding led to the mobilization of a multi-sectoral response with the capacity for a fast delivery. Despite the challenges encountered due to delayed land allocation and logistical issues faced by partners in the signing of new technical agreements with local authorities, there were very little service delivery gaps because the quick availability of funds meant that partners were able to mobilize supplies and staff and split the implementation across the Khor Omer IDP camp while the refugees waited to be relocated to the new site. Where the implementation was less hampered by site development delays in Abu Jabra and Abu Matarig, the CERF funding facilitated the timely delivery of lifesaving WASH and ES/NFI services to the refugees and host communities living there.

b) Did CERF funds help respond to time critical needs?²

YES PARTIALLY NO

CERF funding was essential in enabling the humanitarian community to respond to the time critical needs of the newly arrived refugees, especially where un-earmarked funds were not available and bilateral donors were initially hesitant or unable to get on board at the time of the emergency.

For example, CERF ensured that refugees received ES/NFI supplies in a timely way. ES/NFIs constitute among the most basic lifesaving items required by refugees early in a response, and CERF's support was essential in meeting these needs. CERF support also ensured that protection partners were able to respond the timely identification and reunification and/or placement into foster care of UASC, which are among the most time critical components of an effective emergency refugee child protection response.

CERF also enabled partners to meet the critical health needs of refugees in Khor Omer while they waited for relocation to the new Kario site. Refugee women and children also gained access to essential primary health care services via common diseases management and IMCI protocols. All children under 15 years and pregnant women gained access to emergency vaccination services, which helped to protect new arrivals and the IDP population by supporting early actions to reduce risk of disease outbreaks. CERF funding also enabled health partners to reach refugee, IDP and host community members at Khor Omer camp through messaging on hygiene promotion, child health and essential family practices to improve the health status of vulnerable populations.

² 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.).

The CERF contribution also helped respond to time-critical nutrition needs by facilitating the rapid mobilization and coordination of implementing partners to introduce health and nutrition screening for children upon arrival at both Khor Omer and Kario sites, and to provide life-saving therapeutic treatment children suffering from SAM. This reduced complications and mortality associated with SAM by supporting partners to identify and treat cases early.

Furthermore, CERF funding also worked to mitigate the negative social and economic impacts of being out of school via timely education interventions for refugee children, which restored normalcy, socializing with peer groups and continued learning for South Sudanese children continued their education and access to education services.

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

YES PARTIALLY NO

The commitment of the CERF funding for the prioritized areas enabled partners to demonstrate their presence on the ground and contributions to a targeted and coordinated response. In doing so, the CERF funding helped to pique bilateral donor attention to the emergency by giving it more visibility at a critical time.

Through the CERF mechanism, partners were able to demonstrate to donors a need to expand the geographical scope of funding to include the refugee crisis in East Darfur. Specifically, the CERF project results positioned partners to secure ECHO funding for the nutritional response of children under five years with SAM, to establish education facilities, provide safe access to education and provision of school supplies for refugees and host community primary school-age children, and to supplement NFI distribution and biometric registration activities. Furthermore, a funded refugee response in East Darfur meant that UNHCR was able to expand its presence in the state and support COR and other government partners to coordinate the response and to deliver on commitments. CERF funding also allowed for the inclusion of additional partners with specific technical expertise to contribute to the provision of lifesaving health interventions. Similarly, CERF funding also supported the mobilization of bilateral funding to bolster WASH activities for the East Darfur response.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF certainly worked to improve coordination amongst the humanitarian community by establishing the grounds for refugee coordination in East Darfur. CERF served as the primary mechanism through which partners coordinated their response activities in East Darfur, before the establishment of the state RWG and refugee coordination mechanisms that have since been introduced for the state, in partnership with the state government.

CERF funding worked to strengthen coordination among the main UN agencies involved in the South Sudanese refugee response in Sudan (i.e., UNHCR, UNICEF, WHO and UNFPA) at federal level and in East Darfur, including supporting improved coordination and collaboration with state government actors via coordination meetings and joint field monitoring visits, planning processes and inter-agency missions and assessments. Improved coordination has also led to better management of available resources. CERF's multi sector funding is directed to the same beneficiaries to be targeted across the sectors, which requires partners to participate in joint planning exercises to establish coordinated intervention implementation mechanisms, divisions of labour and the checking for duplication of efforts and flagging of response gaps, as needed.

One example includes the improvements under CERF to emergency coordination for nutrition programming in refugee settlements and sites in East Darfur under the RCF with strong participation and collaboration from all partners via the coordination mechanisms established by the CERF grant. Additionally, in anticipation of on-going coordination required among UN partners on the evolving South Sudanese refugee response in Sudan, UNHCR and UNICEF built upon their experience collaborating closely on the delivery of the response and signed a Letter of understanding (LoU) in August 2016 between the two agencies to facilitate a more coherent, results-based and sector-integrated refugee response moving forward.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible
The needs of the host community are as high as those of the refugee beneficiaries, which led to stretched CERF resources	Integrate host community resource needs for CERF grants on refugee response by assigning a percentage of CERF allocations to be re-directed to cover the needs of host communities.	CERF secretariat
Quality of structures and/or building materials covered by CERF grants are poor and not aligned to the longer-term needs of refugees, given the longer length of refugees' emergency status (i.e., refugees are considered to be in emergency situations for up to 5 years from their initial displacement). Temporary and/or semi-permanent structures have to be replaced and repaired within 1 year.	Add allowances for more temporary structures and/or building materials within CERF funding to ensure sustainability of structures and better value for money and reduce need to re-invest in rebuilding of temporary structures soon after installation.	CERF secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible
Maintenance and sustainability of service delivery falls on the lead agency for each sector beyond the CERF implementation period. Where lead agencies are unable to sustain services using core or bilateral funding, service gaps and quality issues will be inevitable.	CERF funding should be linked with resource mobilization at HCT-Donor Core Group (DCG) level to ensure service continuity beyond the CERF implementation period, and facilitate the improvement of service provision over time.	RC/HC, HCT, DCG
CERF works to bridge emergency funding and response gaps; however, the duration of the South Sudanese refugee situation in East Darfur and elsewhere in Sudan requires longer-term solutions.	Need to integrate refugee response within humanitarian-development nexus discussions, and improve links between the response and development planning, especially as it relates to addressing the humanitarian needs of host communities alongside the refugee response.	RC/HC, HCT, RCF, IASC, donors
High influx of South Sudanese refugees into East Darfur requires ongoing support for rapid response mechanisms across refugee locations.	The momentum provided by initial CERF funds in establishing rapid response systems should be used to maintain special support to EPI activities and health promotion of key family practices for a better sustainability of the interventions.	SMoH
Government commitment to project timelines and work plans is essential to avoid bureaucratic delays that hinder an effective refugee response.	Negotiations with government partners need to be engaged in the development of project timelines and work plans in order to establish firm commitments, with potential issues mitigated at the work planning stage. RC/HC, HCT members and donors need to push for faster government processes.	RC/HC, HCT, donors

<p>Despite ongoing education interventions, many South Sudanese refugee children are out of school. Key issues include: lack of teachers' incentives, prohibitive school fees and under funding.</p>	<p>Establish and implement a mechanism for standardized teachers' incentives pegged to the cost of living in each affected state. Establish and provide access to safe learning spaces in the absence of classrooms and/or prohibitive school fees. Explore links between school enrolment, livelihoods (i.e., for parents) and food assistance (i.e., school feeding) and advocate for integrated programming.</p>	<p>Federal and state MoE, UNICEF, UNHCR, WFP</p>
<p>Mobility of South Sudanese refugees and a lack of livelihoods in key settlement areas and/or near designated refugee sites/camps introduce challenges to ensuring access to lifesaving assistance.</p>	<p>In future proposals, ensure mobility considerations are incorporated, especially as it relates to the timing of registration and service delivery (i.e., anticipating reduced numbers of refugees at given sites and/or settlements during the agricultural labour season).</p>	<p>HCT, UNHCR</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	01/06/2016 - 30/11/2016		
2. CERF project code:	16-RR-HCR-024		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency shelter and non-food items support to newly arrived South Sudanese refugees in East Darfur, Sudan					
7. Funding	a. Total funding requirements ³ :	US\$ 8,124,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁴ :	US\$ 2,115,252	■ NGO partners and Red Cross/Crescent:		US\$ 45,999	
	c. Amount received from CERF:	US\$ 755,339	■ Government Partners:			
Beneficiaries						
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).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	11,750	3,007	14,757	3,445	3,842	7,287
Adults (≥ 18)	6,900	1,843	8,743	3,000	3,138	6,138
Total	18,650	4,850	23,500	6,445	6,980	13,425
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	23,500			13,425		
IDPs						
Host population						
Other affected people						

³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁴ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	23,500	13,425
<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>	<p>The final 'beneficiaries reached' figure is lower due to a reduction in family size observed during the relocation and distribution exercises that resulted in less refugees benefiting from each kit. Family sizes were much smaller than anticipated due to some family members having left for seasonal work during the farming season (from July through January). The project set beneficiary targets using an estimate of 5-person per household in each of the targeted locations based on initial Level 1 registration, for an anticipated 23,500 beneficiaries reached through the distribution of ES/NFI kits to 4,700 households. However, the average family size upon distribution was calculated at between 1.7 and 2.85 individuals per household, depending on the location, and the distribution of shelter kits was extended to include all families despite low family size, as these were typically single-mother households with a child. This had the impact of lowering the final beneficiaries reached to 13,425 refugees through the distribution of ES/NFI kits to the planned for 4,700 families.</p>	

CERF Result Framework			
9. Project objective	Ensure timely procurement and provision of needs based, appropriate life-saving emergency shelter and non-food items to refugees in East Darfur (Ed Daein, Abu Jabra and Abu Matarig localities).		
10. Outcome statement	Health and other protection risks (particularly for vulnerable households) are mitigated by the timely distribution of ES/NFIs for protection of refugees from the elements.		
11. Outputs			
Output 1	Some 23,500 people (4,700 households) newly arrived South Sudanese refugees are provided with life-saving emergency shelter and NFIs in a timely fashion		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of conflict affected households provided with NFIs	2,500	2,500
Indicator 1.2	# of conflict affected households provided with emergency shelter support	4,700	4,700
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of Emergency Shelter and Non Food Items	UNHCR	UNHCR
Activity 1.2	Manage the delivery, warehousing and transportation of ES/NFIs to Nyala and to distribution locations	UNHCR/SRCS	UNHCR/SRCS
Activity 1.3	Ensure partners receive and distribute ES/NFIs in a timely manner to targeted refugees	UNHCR/SRCS	UNHCR/SRCS
Activity 1.4	Post-distribution monitoring	UNHCR/SRCS	UNHCR/SRCS

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:

UNHCR procured ES/NFI kits to align with the anticipated number of households who required relocation to- and settlement at the new Kario site. These kits were distributed to 4,700 households and ensured the fulfilment of human dignity and privacy rights for 13,425 refugees living at the Kario site. However, given the high mobility of the South Sudanese refugee population and their movements into and out of the Kario site, Abu Jabara and Al Matarig as they pursued livelihood opportunities, UNHCR estimates that approximately 19,500 refugees (including unregistered absentees via temporary stays with family members in the targeted locations, and those relocated from the old caseloads living in other areas in East Darfur) have benefited from the ES/NFI distribution made possible by CERF funding.

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

AAP was ensured in the project design phase by: 1) basing the planned distribution of ES/NFIs to the targeted locations on the results of inter-agency need assessments; and 2) relying on NFI distribution best practices that underscore the importance of timely and effective distribution of NFIs to conflict-affected men, women, girls and boys as an effective strategy to reduce protection risks and enhance dignity of vulnerable refugee populations. Monitoring phases included AAP-oriented questions on the appropriateness and suitability of NFI baskets and shelter types for the beneficiaries targeted, with special attention paid to gendered refugee needs. The Do-no-harm principle is upheld throughout the project cycle and UNHCR encourages the active involvement of refugees to enhance communication and transparency. Partners liaise with refugee community leaders to identify PSNs who were also assisted with the construction of shelters. After NFI distributions, post-distribution monitoring 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 held in early November 2016 was 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. According to mission findings, this project was considered on track with satisfactory implementation to achieve the overall objective of the ES/NFI distributions. By end of the project all targets were met and any discrepancy was found to be justified by reasons backed by evidence.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	29/06/2016 - 28/12/2016		
2. CERF project code:	16-RR-WFP-036		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Life-saving food assistance to South Sudanese Influx in East Darfur					
7. Funding	a. Total funding requirements ⁵ :	US\$ 5,951,896	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁶ :	US\$ 5,951,896	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 136,854	
	c. Amount received from CERF:	US\$ 1,855,270	▪ <i>Government Partners:</i>			
Beneficiaries						
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).						
<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 (< 18)</i>	5,250	4,125	9,375	5,931	4,474	10,406
<i>Adults (≥ 18)</i>	15,750	12,375	28,125	13,839	10,440	24,280
Total	21,000	16,500	37,500	19,770	14,914	34,685
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	37,500			34,685		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	37,500			34,685		

⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁶ This should include both funding received from CERF and from other donors.

<p><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></p>	<p>The majority of food assistance under the project was targeted to refugees planned for relocation to the new Kario site. However, the lower-than-planned relocation figure of refugees from Khor Omer IDP camp to the new Kario site led to a decrease in the number of refugees reached via food distributions, resulting in fewer beneficiaries being assisted than planned.</p>
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CERF Result Framework			
9. Project objective	Save lives and protect the livelihoods of new South Sudanese refugees in East Darfur through the provision of General Food Distribution (GFD)		
10. Outcome statement	Address the urgent food needs of 37,500 newly arrived South Sudanese refugees.		
11. Outputs			
Output 1	Full GFD rations are distributed in sufficient quantity, quality and in a timely manner to 37,500 beneficiaries for three months		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Quantity of food assistance distributed, as % of planned distribution (disaggregated by type)	2,120 MT (100%)	2,186 MT
Indicator 1.2	Number of women, men, boys and girl refugees receiving GFD food as % of planned	37,500 (100%)	34,685
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Utilization of CERF funds for the procurement of food commodities (1,752 MT cereals, 221 MT pulses, 110 MT oil and 37 MT salt).	WFP	WFP (1,783 MT cereals, 264 MT pulses, 111 MT oil and 28 MT salt)
Activity 1.2	Distribution of GFD food assistance in East Darfur	SRCS	SRCS
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	WFP (WFP conducted post-distribution monitoring in Abu Jabra and Abu Matarig)

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:

While WFP planned to procure 2,118 MT of mixed commodities to provide assistance to South Sudanese refugees, the lower cost of commodities at the time of purchase enabled WFP to purchase an additional 68 MT with the funds available. The distribution of the food assistance was conducted from July to December 2016; however, during September, protracted lead times of commodities slowed down the monthly distribution across the Khor Omer IDP camp, Abu Jabra and Al Matarig refugee sites. This generated extra rations for the remaining quantity of food assistance purchased under the project, which was used to distribute advanced rations in December that covered the refugees' food needs for two months, to the end of January 2017. Despite the increased quantity purchased, there were fewer beneficiaries reached because of the distribution of an extra ration than initially planned to a smaller number of refugees across the targeted locations due to the timing of the project with the agricultural season and the movements of refugees away from the locations to pursue livelihood opportunities.

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

WFP ensures the application of AAP by seeking to engage with affected populations in the processes and decisions that affect their lives, and by ensuring the maintenance of ongoing, two-way communication and dialogue with beneficiaries throughout the project cycle. During the project, WFP monitored its food assistance regularly to ensure that implementation did not cause further harm to the beneficiaries, and to ensure that safety and dignity considerations were made throughout the process. Monitoring was completed through several visits to the refugee locations every month for general monitoring, focus group discussions with various refugee community groups (including those for women, men, youth, elderly people), and through meetings with refugee community leaders and local partners.

WFP also ensured participation and involvement of beneficiaries into programs through the formation of community-headed food management committees, representing both men and women residing in each of the targeted locations. In consultation with committee members, WFP identified distribution points that were safe and accessible for beneficiaries to collect rations. Women were consulted to determine if special packaging was required to facilitate their collection and transportation of food rations. Beneficiaries were regularly informed of their entitlements, duration, targeting criteria, time and location of upcoming food distributions and how to raise concerns with the process should they emerge.

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

EVALUATION CARRIED OUT

No evaluation was planned for this project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO UNICEF UNFPA		5. CERF grant period:	01/07/2016 - 04/01/2017		
2. CERF project code:	16-RR-WHO-029 16-RR-CEF-070 16-RR-FPA-026		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Integrated life-saving essential primary health care including maternal and child health care and referral services for South Sudanese refugees in East Darfur					
7. Funding	a. Total funding requirements ⁷ :	US\$ 7,048,220	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁸ :	US\$ 1,257,089	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 114,253	
	c. Amount received from CERF:	US\$ 1,177,879	▪ <i>Government Partners:</i>		US\$ 72,385	
Beneficiaries						
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).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	10,942	10,512	21,454	11,569	10,680	22,249
Adults (≥ 18)	9,703	9,323	19,026	10,085	8,943	19,028
Total	20,645	19,835	40,480	21,654	19,623	41,277
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	36,800			37,597		
IDPs						
Host population	3,680			3,680		
Other affected people						

⁷ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁸ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	40,480	41,277
<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>	There was a small increase in the number of refugee beneficiaries reached through the health project overall, due to the need to maintain health services to refugees at the Khor Omer IDP camp for longer than anticipated, due to land allocation and subsequent relocation delays associated with the increased site distance from 4km to 45km from Khor Omer. Furthermore, implementing partner NIDO also incurred additional delays to clinic construction at the Kario site when they were required to sign a new Technical Agreement with the SMoH. Upon the completion of the Kario site development, health partners were required to provide health services simultaneously across both the Khor Omer and Kario sites, in order to mitigate the health impacts to refugees of the delayed relocation and the risks of service losses while refugees were residing at either site.	

CERF Result Framework			
9. Project objective	Improve the health status of 40480 refugees and vulnerable host communities in East Darfur state (Khor Omer, Abu Jabra and Abu Matariq) through affordable access to integrated PHC and referral services and vital public health interventions in a six-month timeframe		
10. Outcome statement	The newly arrived South Sudanese refugees (36,800) and closest host communities (3,680) protected against diseases		
11. Outputs			
Output 1	40,480 South Sudanese refugees and affected host population have access to PHC and referral services		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of targeted refugee population who have access to a standardised primary health care and referral services.	40,000	40,700
Indicator 1.2	Number of temporary health facilities supported to deliver an integrated PHC package for the targeted new refugees	3	3
Indicator 1.3	Number of medical staff trained on universal infection prevention, case management, alert investigation and initial outbreak response.	36	33
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and distribution of medicines and medical supplies, including diagnostic tools and consumables to cover 40480 people for 6 month.; 20 rapid response kits, 30 interagency emergency health kits, 6 diagnostic tools kits for the curative care of men, women, girls, and boys in targeted communities;	WHO,	WHO
Activity 1.2	Operational support for the functioning of 3 temporary health facilities; two in Khor Omer run by NIDO and SMoH and 1 in Abu Jabra run by American Refugee Council (ARC). All clinics will be staffed with qualified medical staff and availability of at least one qualified midwife (female) in	ARC, NIDO, MOH, WHO	ARC, NIDO, MOH, WHO

	each clinic as essential for promoting attendance of pregnant women. The clinic will deliver an integrated package of PHC services as per health cluster standards. The delivery of health services in Abu Matariq (lower caseload) will be supported by distribution of medicines and supplies and supportive supervisions to allow the delivery of free of charge services for refugees.		
Activity 1.3	Referral mechanism for the medical emergencies through: a) 24/7 rented vehicle/ for the 3 clinics included in the contracts with the NGOs providing the PHC services	ARC, NIDO, MOH	ARC, NIDO, MOH, WHO
Activity 1.4	Support of the referral care for emergency surgical cases through provision of 2 trauma surgical kits to Ed Daein referral hospitals; cover the supplies for 400 major and medium complexity surgical operations	WHO	WHO
Activity 1.5	Training (directly related to project implementation) of 36 new medical staff on case management and infection prevention to ensure quality of care and community participation	WHO, MOH, NIDO, ARC	ARC, NIDO, MOH, WHO
Activity 1.6	Increase awareness and knowledge of targeted communities on vector borne and vaccine preventable diseases through campaigns and risk communication materials distribution	WHO, MOH, NIDO, ARC	ARC, NIDO, MOH, WHO
Activity 1.7	Monitoring and supportive supervisions	WHO, MOH,	WHO, MOH
Output 2	40480 newly arrived refugees and vulnerable host communities in Khor Omer, Abu Jabra and Abu Matariq are covered by essential public health interventions through early warning, alert investigations, confirmation and initial response to public health threats for the new caseload		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of alerts investigated and response initiated within 72 hours from	100%	100%
Indicator 2.2	Case fatality rate (CFR) of outbreaks maintained within accepted international standards	<1% for Acute Watery Diarrhoea (AWD) 5% for measles	0% CFR for AWD and 0.2% for measles, with only 1 death registered suspected due to measles.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Support of investigation and confirmation of outbreaks with 3 lab reagents and kits at central and state level	WHO	WHO: Lab support kits were procured and distributed to ARC, NIDO and SMoH.
Activity 2.2	Refresher training of 36 new staff in the newly established health facilities in the supported health facilities, on case definition, recording and reporting of morbidities and mortalities, and EWARS.	WHO, MOH, NIDO, ARC	WHO, MOH, NIDO (33 medical staff trained, including 3 medical doctors, 9 medical assistants, 11 midwives and 10 nurses), working

			at 3 clinics run by NIDO, ARC and MOH. Trainings were facilitated by WHO and MOH using standard modules of case management, surveillance, EWARS and reporting.
Activity 2.3	Conduct joint investigation missions (WHO/SMoH) of alerts of outbreaks with the support of health staff from the health facilities run by MOH and NGOs. The missions for alert investigation and outbreak response will cover the new refugees caseload Due to the high vulnerability of the new caseload coming from areas where the public health system is almost inexistent, it is expected to have more than usual number of alerts of outbreaks. Already measles alerts have been investigated and initial response vaccination campaigns implemented. With rainy season approaching it is expected to AWD, malaria, Viral haemorrhagic Fevers and other water and vector related diseases	WHO, MOH, ARC, NIDO	12 out of 12 alerts by NIDO, ARC and MOH clinics were investigated by WHO and MOH, with implementation of immediate response measures
Activity 2.4	Support response to outbreaks with supplies (3 Diarrheal diseases kits) and community based awareness campaigns for the prevention and control of communicable diseases in response to public health threats	WHO, MOH, ARC, NIDO	WHO procured 3 DDKs and provided them to MOH, ARC and NIDO for use in service provision
Output 3	3 health facilities (Khor Omer, Abu Jabra and Abu Matarig) are equipped with basic medical equipment and supplies to enhance access to life-saving reproductive health care services		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of emergency obstetrical cases referred	60	70
Indicator 3.2	Number of emergency Reproductive Health kits procured	94	94
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement and distribution of emergency reproductive health kits	UNFPA	GAH, NIDO and MOH
Activity 3.2	Support operation cost of the maternity space clinic in 3 health facilities (Khor Omer, Abu Jabra and Abu Matarig) (covering the midwives cost/ 24 hours/ 7 days)	UNFPA, GAH, MOH	GAH, NIDO and MOH
Activity 3.3	Procurement and delivery of maternity unit equipment and furniture for 3 health facilities (Khor Omer, Abu Jabra and Abu Matarig)	UNFPA, GAH, MOH	GAH, NIDO and MOH
Activity 3.4	Support the referral of emergency obstetrical cases from 3	UNFPA, GAH, MOH	GAH, NIDO and

	locations (Khor Omer, Abu Jabra and Abu Matarig)		MOH
Output 4	17,480 children below 15 years had access to quality PHC services in Khor Omer, Abu Jabra and Abu Matarig		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of under five children in the targeted locations provided with access to Integrated Case management services	6,270	3,321 ⁹
Indicator 4.2	Numbers of mothers and caregivers in the targeted locations provided with knowledge of at least 5 essential family practices	17,250 (98 % of the target)	10,869 ¹⁰ mothers and caregivers reached with social mobilization interventions
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Procurement and distribution essential medicines and supplies necessary for the implementation of integrated case management ; 75 IMCI kits,75 PHC Kits; 10,580 LLITNs, 50 ORS cartons; 60 midwifery kits and 250 packs of zinc.	UNICEF	UNICEF (75 IMCI kits, 65 PHC kits, 10580 LLINs, 50 cartons of ORS, 60 midwifery kits and 250 packs of 100 tablets of zinc procured)
Activity 4.2	Social mobilization interventions to support the measles immunization campaigns and enhance PHC services utilization	UNICEF and MoH	UNICEF and MoH
Activity 4.3	Training (directly related to project implementation) of 20 new community health workers on health messages and community participation	UNICEF	UNICEF 20 new community health workers trained
Activity 4.4	Monitoring and reporting	UNICEF and MoH	UNICEF and MoH Carried up as planned
Output 5	Vulnerable South Sudanese Refugees (SSR) children (22,896) have access to EPI vaccines and pregnant women (1,520) have access to TT vaccine in Khor Omer, Abu Jabra and Abu Matarig		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Number of the SSR children 6 month to 15 years of age vaccinated for measles in the targeted locations	16,606	9,238 ¹¹
Indicator 5.2	Number of the SSR children under five years of age	6,290	1,785 ¹²

⁹ All the planned medical supplies (including vaccines) were procured as planned and distributed to the targeted areas. The actual figures of children and women reached is lower than the target due to the phasing of the immunization campaigns.

¹⁰ Ibid.

¹¹ All the planned medical supplies (including vaccines) were procured as planned and distributed to the targeted areas. The actual figures of children reached through immunization is lower than the target due to the phasing of the immunization campaigns.

¹² Ibid

	vaccinated for polio in the targeted locations		
Indicator 5.3	Coverage of tetanus vaccination among the SSR pregnant women in the targeted locations	1,520 pregnant women	1,275 pregnant women
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Procurement of traditional vaccines (measles, Polio, BCG, and tetanus toxoid), vaccination devices and cold chain equipment to support provision of emergency immunization services	UNICEF	UNICEF (5,604 vials of measles vaccines, 1,047 vials of polio vaccines, 190 vials of BCG vaccines, 272 vials of TT vaccines and related syringes and safety boxes were procured).

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:

ARC, SMOH and NIDO were contracted under the CERF Health project to operate the 3 clinics planned for Abu Jabra, Kario and Khor Omer IDP camp. CERF funds provided full operational support to the clinics; however, the operation of the clinic at Khor Omer was extended for longer than planned while refugees there waited for the completion of the new site at Kario and the relocation exercise to begin. While an NCE was requested to accommodate the delays incurred to clinic construction at the Kario site, the delays enabled WHO to mobilize additional funds to expand the construction of the clinic to use semi-permanent materials, including 4 rooms, latrines, a waiting area and incinerator. Since completion, the clinic has been handed over to NIDO. A key project outcome includes the improved package of services now available at all clinics established with the CERF funding, including access to emergency obstetric, antenatal and postnatal care, as well as EPI provision to both refugee and host communities in the targeted locations. Investments in training of medical staff supports the enhancement of medical assets for the targeted communities, to support continuation of services across the clinics following the completion of the implementation period under the CERF grant. In March 2017, ECHO visited the Kario site and recommended key actions needed to improve the quality of the service provided to refugees based on mission findings, including the need to establish an incinerator for improved medical waste management and medical stock management, both of which have since been addressed by WHO in its follow-up and ongoing monitoring of the health service provision at the Kario site.

Where the 'beneficiaries reached' figures for children reached through immunization activities are lower than the planned target, this is due to the phasing of immunization campaigns that failed to capture refugee movements into and out of the targeted locations. It is worth noting that despite the lower figures, all medical supplies (including vaccine units) were procured and distributed as planned to the targeted locations; thus, contributing to extra immunization supplies at each location to meet the needs of any refugees returning to the location upon project completion.

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

AAP was ensured through partners' use of regular consultations with the refugees, their host communities and local authorities across the targeted locations, including during project design and implementation monitoring which sought to estimate beneficiary satisfaction with the health services provided under the project. AAP was also ensured through the use of community health volunteers identified through refugee community networks and who were trained to smooth daily clinic operations via community arrangements, including the provision of health consultations. The project was also implemented in full consultation and participation of the IDPs and concerned government authorities.

The selection of the community volunteers was done through the community, and community members were fully engaged in the supervision and monitoring of clinic operation activities. This was done from the approach of community participation as a way to enhance community ownership of project activities and outcomes, which in turn work to support the sustainability of any health programme.

Furthermore, the inclusion of incinerators in clinic construction plans was done to ensure that affected populations have access to proper medical waste management and are not duly harmed in the process.

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

EVALUATION CARRIED OUT

Health partners completed regular monitoring visits throughout the implementation period to assess project status and adjusted plans as required to ensure timely and complete implementation given the delays and challenges encountered.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA UNHCR UNICEF		5. CERF grant period:	5 July 2016 - 4 January 2017		
2. CERF project code:	16-RR-FPA-027 16-RR-HCR-025 16-RR-CEF-071		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Enhance Protection and Assistance for South Sudanese Refugees in East Darfur					
7. Funding	a. Total funding requirements ¹³ :	US\$ 17,496,970	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁴ :	US\$ 3,167,077	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 935,279	
	c. Amount received from CERF:	US\$ 1,778,012	▪ <i>Government Partners:</i>		US\$ 41,187	
Beneficiaries						
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).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	5,730	4,145	9,875	11,990	14,281	26,271
Adults (≥ 18)	16,855	12,390	29,245	4,166	4,596	8,762
Total	22,585	16,535	39,120	16,156	18,877	35,033
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	37,500			31,211		
IDPs						
Host population	1,620			3,822		
Other affected people						

¹³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁴ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	39,120	35,033
<p><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></p>	<p>The lower than planned 'beneficiaries reached' figure was due to the unanticipated departure of many refugees from the Khor Omer IDP camp from July – September 2016 in response to assistance gaps and congestion at the IDP camp while they waited for the relocation exercise to begin. The assistance gaps and extension of congestion issues were driven by the logistical delays associated with the land allocation, site development and relocation issues incurred during project implementation and that have been described elsewhere in this report. Furthermore, delays to delivery of protection activities also aggravated the assistance gap, because the implementation of the activities depended on the physical presence of the refugees at the new Kario site.</p> <p>Planned for refugees who were missing during the relocation exercise and protection service provision were reported by family members to have left the IDP camp and the rural locations targeted by the project in order to pursue livelihood opportunities and seek access to basic services elsewhere. While many of the families initially relocated to the new Kario site indicated that their loved ones would return towards the start of the dry season in the following year (i.e., April through June 2017), the reduced relocation figures led to a reduction in overall beneficiaries reached as compared to the initially planned targets that were based on initial Level 1 registration exercises of refugee households.</p> <p>However, it is worth noting that while the total 'beneficiaries reached' figure was lower than planned, the total number of children under 18 years reached through the project's child protection activities was higher than planned. Relocation delays required partners to adapt the project to reach refugee children scattered across many areas adjacent to Khor Omer IDP camp, whose parents had departed the camp to escape the congestion while waiting for relocation to Kario. This required the training of more social workers, animators and community volunteers in order to position the project to reach as many refugee children as possible through mobile teams and home visits.</p>	

CERF Result Framework			
9. Project objective	Enhanced protection and life-saving assistance for South Sudanese refugees in East Darfur		
10. Outcome statement	35,000 South Sudanese Refugees in East Darfur protected through urgent life-saving measures		
11. Outputs			
Output 1	Improved availability and access of vulnerable women to comprehensive GBV prevention and response services targeting an estimated number of 13,560 in Khor Omer and Abu Jabra localities.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of personal hygiene kits procured and distributed for extremely vulnerable women and girls at reproductive age (2 distributions)	10,200	10,200
Indicator 1.2	# of women protection committees identified/ established and supported	4	4
Indicator 1.3	# of people refer through functioning referral pathway mechanisms	35	35

Indicator 1.4	# of front line responders (medical staff and social workers) trained on Clinical Management of Rape and Psychosocial support	75	115
Indicator 1.5	# of people reached through awareness raising interventions	2,700	2,700
Indicator 1.6	# of supported women centre	1	1
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Local procurement and distribution of 20,400 personal hygiene kits/ Basic targeting vulnerable women and girls at reproductive age (14,280 for women above 18 and 6,120 for young women of reproductive age/adolescent girls); 2 distributions @ 10,200 (8,100 PHKs – Khor Omer; 2,100 PHKs for Abu Jabra and Abu Matariq)	UNFPA	UNFPA and GAH
Activity 1.2	Establish and support 4 community protection committees (Khor Omer / 2, Abu Jabra / 2): Strengthen capacity of affected communities to identify protection risks/ incidents, regular meetings of the committees, sensitization of the community protection committee members on GBV related issues for them to refer to adequate response, raise awareness of rights and existing services, expand the referral pathway mechanisms in the prioritized areas	Global Aid Hand (GAH)	GAH
Activity 1.3	Mapping of GBV response services in 2 targeted localities for effective coordination and timely referral of GBV survivors (Khor Omer and Abu Jabra localities)	GAH in coordination with Ministry of Social Affairs (MoSA) and UNFPA	GAH in coordination with MoSA and UNFPA
Activity 1.4	Conduct community awareness raising sessions in relation to GBV, rights and protection risks, and GBV referral pathway mechanisms with focus on medical response and Psychosocial support targeting 2,700 community members from refugee and host communities	GAH	GAH
Activity 1.5	Training of 75 medical personal and social workers on Clinical Management of Rape (CMR), and Psychosocial support and GBV guiding principles for dealing with survivors of violence	GAH	GAH
Activity 1.6	Support functionality of one Women's centre in Khor Omer: Basic centre furniture/equipment; sensitization/ GBV awareness sessions, provision of psychosocial support including recreational activities life skills sessions	GAH	GAH
Activity 1.7	Monitoring and reporting of supported activities	GAH and UNFPA	GAH

Output 2	10,476 refugee children are provided with timely lifesaving psychosocial and education support through 7 CFS		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of established child friendly spaces which are fully functional as per child protection minimum standards established in Sudan	7	6 ¹⁵
Indicator 2.2	# of CBCPN members, CFS animators, teachers, and qualified social workers who provide psychosocial support to newly displaced children	100	276 ¹⁶
Indicator 2.3	# of children that have participated in gender and age-appropriate structured/modular PSS interventions/activities consistent with CPMS and psychosocial package	10,476	18,861 ¹⁷
Indicator 2.4	# of vulnerable boys and girls followed-up by and reached by the mobile psychosocial team	1,872	3,450 ¹⁸
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Support establishment and daily running of 7 CFS	Riaheen el-Salam for Maternity and Childhood Center (REMCO), State Council of Child Welfare (SCCW), NGO partner and Ministry of Social Work (MoSW)	REMCO, SCCW and MoSW
Activity 2.2	Support activation of CBCPN members, CFS animators and social workers CPMS, psychosocial package, MRE, referral mechanism	REMCO, SCCW and MoSW	REMCO, SCCW and MoSW
Activity 2.3	Conduct daily psychosocial activities	REMCO, SCCW and MoSW	REMCO, SCCW and MoSW
Activity 2.4	Establish a psychosocial mobile team which reach children at family and community level	REMCO, SCCW and MoSW	REMCO, SCCW and MoSW
Output 3	Around 250 unaccompanied and separated children (UASC) had been reunified and/or placed in alternative care arrangement following a thorough case management, family tracing and successful mediation.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of unaccompanied and separated boys and girls identified, documented and provided with feedback on	250	314

¹⁵ The six child friendly spaces constructed were enough to cover the the needs of the affected children. As many refugees were not accomodated at the targeted locations as originally planned, resources were channelled in an outreach approach.

¹⁶ The initial plan was that the majority of the targeted refugees would be accommodated at the specific Kario refugee site. However, since this did not happen as planned and many refugees scattered across many areas, the project adapted an outreach approach to reach as many children as possible. This required the training of more social workers, animators and community volunteers to reach as many children as possible through mobile teams and home visits.

¹⁷ The training of more social workers, animators and community volunteers has enabled the project to reach more children through PSS activities.

¹⁸ The training of more social workers, animators and community volunteers has enabled the project to reach more children through PSS activities.

	the on FTR process		
Indicator 3.2	% of unaccompanied and separated girls and boys placed in alternative care arrangement	20	96 % ¹⁹
Indicator 3.3	% of unaccompanied and separated girls and boys successfully reunified with their biological families	80	4% (12 children were unified with their families after 3 months when their families came from south Sudan). ²⁰
Indicator 3.4	# of most vulnerable UASC provided with reintegration package	25	260 ²¹
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Deploy a team of trained social workers to identify, document UASC and provide them with feed back	SCCW, SMoSW	SCCW, SMoSW
Activity 3.2	Conduct placement of UASC in identified and oriented alternative care families	SCCW, SMoSW	SCCW, SMoSW
Activity 3.3	Conduct reunification of UASC with their biological families	SCCW, SMoSW	SCCW, SMoSW
Activity 3.4	Distribute procured reintegration package to UASC	SCCW, SMoSW	SCCW, SMoSW
Output 4	10,476 refugee children and their families received lifesaving information on key child protection issues (grave child right violations, FTR, risks of ERW, GBV), survival issues (nutrition, health, hand washing practices) and development issues (dropout from school)		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	# CBCPN members, social workers and CFS animators have capacity to engage with children and their families key child protection, development and survival issues	125	282 ²²
Indicator 4.2	# of community awareness initiatives (focus group discussion, house-to-house talk, tea time talk, celebration of event) conducted on key child protection, survival and development issues	20	38
Indicator 4.3	# of children identified with child protection, survival and development issues referred to needed nutrition, health, education, specialised PSS and legal services	50	45
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	# CBCPN members, social workers and CFS animators trained on key child protection, development and survival issues	REMCO, SCCW and MoSW	REMCO, SCCW and MoSW

¹⁹ More children were placed in alternative care rather than reunified with their families because most of the children separated are from areas of South Sudan where the conflict is still ongoing and the environment was not conducive for the reunification with their families.

²⁰ As most the children separated are from South Sudan, and their families are still in South Sudan and the security and humanitarian situation there in is not conducive for reunifying them with their families at the time of implementation.

²¹ UNICEF provided more packages from its own resources and that is why more children have been reached through this service.

²² A higher number of CBCPN members, social workers and animators received training than originally planned due to the adoption of an outreach approach in order to reach refugee children that were not living within the targeted locations. As a result, an higher number of community awareness initiatives were conducted.

Activity 4.2	Support community awareness initiatives on prevention and response to key child protection, survival and development issues	REMCO, SCCW and MoSW	REMCO, SCCW and MoSW
Activity 4.3	Refer to children with issues to required protection, survival and development services	REMCO, SCCW and MoSW	REMCO, SCCW and MoSW
Output 5	Biometric Individual Registration of new arrivals in East Darfur		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	# of new arrival South Sudanese refugees registered	37,500	13,425
Indicator 5.2	# of information campaigns for individual registration exercise	4	12
Indicator 5.3	# of trained registration volunteers	50	40
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Train SRCS volunteers on individual biometric registration	SRCS, UNHCR	SRCS, UNHCR
Activity 5.2	Conduct information campaigns in each site to inform refugee community of individual biometric registration exercise	SRCS, UNHCR	SRCS, UNHCR
Activity 5.3	Deploy team of trained registration staff to conduct individual biometric registration exercise in sites using UNHCR proGres database	SRCS	SRCS
Output 6	Assistance to Persons with Specific Needs (PSN)		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	# of PSN identified	1,600	1,440
Indicator 6.2	# of PSN (including women at risk) provided with material support	1,331	1,072
Indicator 6.3	# of persons with a disability provided with assistive device	219	105
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	Training of ASSIST Community Services staff including identification of PSN ²³	UNHCR	UNHCR
Activity 6.2	Identification of PSN through CBPNs ²⁴	ASSIST	ASSIST
Activity 6.3	Procurement of material support including personal assistive devices	ASSIST	ASSIST
Output 7	Provision of community based protection to South Sudanese refugees		

²³ Community Services staff were trained to identify PSN. The vulnerability assessment form is an e-tool used to identify vulnerable individuals.

²⁴ The identification of the target 1,600 individual PSN is essential to ensure targeting of specific material support such as wheel chairs etc. Social workers will be trained to identify vulnerable individuals and undertake individual vulnerability assessments as one tool to understand their needs and ensure appropriate referral to basic services, provision or material support and identification of community based support where appropriate. The individual vulnerability assessment tool ensures not only identification, follow up and targeting but is a tool designed to ensure that assistance can also be recorded in the UNHCR progress database once individual registration is undertaken and be used to inform protection planning.

Output 7 Indicators	Description	Target	Reached
Indicator 7.1	# of persons trained on psychosocial support	60	45
Indicator 7.2	# of Community Based Protection Networks (Social Care Committees)	3	3
Indicator 7.3	# of individuals trained on community mobilization and identification of PSN	50	45
Indicator 7.4	# of focus group discussions with PSN25	2	12
Indicator 7.5	# of persons trained on CCCM and community mobilization	20	20
Indicator 7.6	# of information campaigns on relocation	1	1
Indicator 7.7	# of community leadership structures	3	2
Output 7 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 7.1	Support Establishment of 3 Community Based Protection Networks with particular focus on identification of PWSN (support to regular meetings)	ASSIST	ASSIST
Activity 7.2	Training of 50 persons in Khor Omer and surrounding areas on community mobilization and identification of PWSN	ASSIST	ASSIST
Activity 7.3	Training of 60 persons in Khor Omer and surrounding areas including community leaders, site management staff, community volunteers on psychosocial support	ASSIST	ASSIST
Activity 7.4	Conduct mapping of service providers with Community Based Protection Networks to ensure coordinated referral mechanism of PWSN	ASSIST	ASSIST
Activity 7.5	Conduct 10 focus group discussions with PSN in Khor Omer and surrounding areas	ASSIST	ASSIST
Activity 7.6	Training of 20 camp management and SRCS volunteers on CCCM	SRCS, UNHCR	SRCS, UNHCR
Activity 7.7	Conduct information campaigns on relocation	SRCS	SRCS
Activity 7.8	Training of 30 community members on leadership	SRCS, UNHCR	SRCS, UNHCR
Output 8	Establishment of reception services for 30,000 South Sudanese refugees		
Output 8 Indicators	Description	Target	Reached
Indicator 8.1	# of reception centre	1	1
Indicator 8.2	# of persons screened in reception centre	30,000	19,500
Output 8 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 8.1	Establish reception facility	SRCS	SRCS
Activity 8.2	Screening of all persons upon arrival at reception centre	SRCS	SRCS

²⁵ Focus Group Discussions will be undertaken and are essential to better understanding the specific needs of communities. FGD enables collection of information used for planning, monitoring and evaluation of protection programming.

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:

Protection activities implemented were initially planned for completion within 6 months, with a target completion date of 30 November 2016. However, land allocation for the new site at Kario was delayed by local authorities, which pushed back site development and relocation processes. Furthermore, the greater distance of the new site allocation (i.e., 45km vs. the planned for 4km from Khor Omer IDP camp) led to logistical challenges to both transporting materials for site development and to the relocation of the refugees a further distance along dirt tracks during the rainy season. Moreover, the new site location within a different locality also required many partners to have to sign new partnership agreements, including Technical Agreements, with local authorities in the revised locality. These delays all contributed to the late delivery of the planned protection assistance, which reduced the number of beneficiaries reached, where many refugees responded to the resulting gaps in assistance by leaving the targeted locations between June through September 2016 to pursue livelihood opportunities and seek access to basic services elsewhere. The delivery of protection activities also took longer than expected at the Kario site because these activities were planned to begin upon refugees' relocation to the new site, with the physical presence of refugees at the new site forming the basis for the implementation of the planned activities.

The mobility of the South Sudanese refugees in East Darfur coupled with the continued influx of new arrivals during the implementation period to locations outside of Khor Omer required humanitarian partners to adapt and provide assistance at transit hubs where refugees were observed to congregate, including in Abu Sinedira, El Ferdous town and Old Raja site near Ed Daien town. This resulted in a higher than planned number of service providers receiving protection trainings (including GBV response) due to revised needs introduced by the greater spread of refugees across targeted locations with varying population densities. These additional service providers were included in the trainings at no extra cost to CERF and UN and implementing partners covered any additional funding requirements. Furthermore, where reunification outcomes were lower than planned, it should be noted that most South Sudanese UASC's families remain in South Sudan. The security and humanitarian situation there was not conducive for reunification at the time of implementation. However, all UASC identified for FTR are being supported through alternative care arrangements initiated under the project, until a time when reunification is possible.

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

A key component of AAP throughout the project cycle was achieved via the use of CBCPNs and community volunteers in order to maintain consultations with the affected population, facilitate project monitoring and support the adaptation of project activities to meet beneficiary needs, given the instability of their refugee situation and accommodation/relocation delays that the targeted refugees faced during the earlier implementation phase. CBCPNs also played a crucial role in the identification of the most vulnerable children for the targeting of protection services and referrals.

AAP was also maintained by mainstreaming age, gender and diversity considerations for the affected population throughout the project cycle, including in the ways that partnership or technical agreements were framed and/or established with implementing partners. Project planning and implementation was further informed by affected population feedback acquired through awareness campaigns, focus group discussions and capacity building trainings for refugee communities. Regular field monitoring visits by field staff also facilitated consultations with individual refugees, with protection questions posed so as to ensure sensitivity to the operating environment, minimal risk to the beneficiaries was generated during implementation and that the do-no-harm principle was applied.

The State Ministry of Social Affairs (SMoSA) also deployed a social worker who maintained constant contact with the targeted refugee communities and collected feedback on needs and preferences through beneficiary interviews and refugee committee and/or CBCPN meetings. During the course of the project, MoSA supported the refugee community networks with designated persons appointed as Complaints Response Mechanism focal person, placed in charge of receiving suggestions, complaints and feedback from project beneficiaries. The data collected by the Mechanism focal points was also used to identify vulnerable women targeted for PHK distribution activities under the project. Furthermore, AAP was also ensured when refugee women's feedback on the location of the planned Women's Centre (WC) at the new Kario site led to the changing of the WC site to be closer in proximity to the CFSs so that both mothers and their children could access services close by and reduce their protection risks.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was planned for this intervention. A mid-term CERF monitoring mission was conducted in early November 2016 in order to monitor the implementation of CERF projects prior to the expiration of the grant, as well as to identify existing gaps in each sector that required the mobilization of additional support. Monitoring results indicated the need to revise the project work plan to address and mitigate the implementation delays described above, and so an NCE was requested and approved in order to ensure that protection activities planned under the project were completed and the protection needs of the refugee communities were addressed.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	29/06/2016 - 31/12/2016		
2. CERF project code:	16-RR-HCR-026		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Site development for South Sudanese refugees in East Darfur, Sudan					
7. Funding	a. Total funding requirements ²⁶ :	US\$ 3,700,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²⁷ :	US\$ 400,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 316,117	
	c. Amount received from CERF:	US\$ 400,000	▪ <i>Government Partners:</i>			
Beneficiaries						
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).						
<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 (< 18)</i>	9,375	9,250	18,625	3,445	3,842	7,287
<i>Adults (≥ 18)</i>	5,590	5,785	11,375	3,000	3,138	6,138
Total	14,965	15,035	30,000	6,445	6,980	13,425
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	30,000			13,425		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	30,000			13,425		

²⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁷ This should include both funding received from CERF and from other donors.

<p><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></p>	<p>The lower than planned 'beneficiaries reached' figure was due to the unanticipated departure of many refugees from the Khor Omer IDP camp from July – September 2016 in response to assistance gaps and congestion at the IDP camp while they waited for the relocation exercise to begin. The assistance gaps and extension of congestion issues were driven by the logistical delays associated with the land allocation, site development and relocation issues incurred during project implementation and that have been described elsewhere in this report.</p> <p>Refugees who were initially included in the target beneficiary figure estimation but who were missing during the relocation exercise were reported by family members to have left the IDP camp and the rural locations targeted by the project in order to pursue livelihood opportunities and seek access to basic services elsewhere. While many of the families initially relocated to the new Kario site indicated that their loved ones would return towards the start of the dry season in the following year (i.e., April through June 2017), the reduced relocation figures led to a reduction in overall beneficiaries reached as compared to the initially planned targets that were based on initial Level 1 registration exercises of refugee households. Initial targets used an estimated 5-person per household planning figure; however, upon the initial relocation of refugees from Khor Omer IDP camp to the new Kario site, it was observed that actual refugee household size was between 1.7 and 2.8.</p> <p>It is expected that beneficiaries reached figure will continue to increase overtime as both returning refugees and new arrivals are biometrically registered upon arrival at the site.</p>
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CERF Result Framework			
9. Project objective	Establishment of a new site for South Sudanese refugees near Khor Omer.		
10. Outcome statement	Establishment of a new site near Khor Omer that decongests the existing IDP camp, improves standards and life-saving assistance delivery, and increases the overall capacity of the refugee response to absorb 30,000 refugees in the area of Khor Omer.		
11. Outputs			
Output 1	Establishment of new sites for 30,000 South Sudanese refugees in Khor Omer.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of South Sudanese refugees transported / residing in new site	30,000	13,42528
Indicator 1.2	# of security offices established and functioning	1	1
Indicator 1.3	# of camp management / admin offices established and functioning	1	1
Indicator 1.4	# of community services offices established and functioning	1	1
Indicator 1.5	# of multi-purpose community centres (registration and training) established and functioning	3	3

²⁸ Includes refugees both transported to- and residing at the new Kario site.

Indicator 1.6	# of community meeting spaces established and functioning	3	3
Indicator 1.7	# of women's centres established and functioning	2	2
Indicator 1.8	# of youth centres established and functioning	2	2
Indicator 1.9	# of solar lights installed and functioning	115	115
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Transportation of 30,000 individuals to the new site (50 persons per trip)	SRCS	SRCS
Activity 1.2	Transportation of luggage for 30,000 individuals to the new site (luggage for 50 persons per trip)	SRCS	SRCS
Activity 1.3	Site / plot demarcation	SRCS	SRCS
Activity 1.4	Excavation for drainage	SRCS	SRCS
Activity 1.5	Construction of security office	SRCS	SRCS
Activity 1.6	Construction of camp management office	SRCS	SRCS
Activity 1.7	Construction of community services office	SRCS	SRCS
Activity 1.8	Construction of multi-purpose community centres	SRCS	SRCS
Activity 1.9	Construction of community meeting spaces	SRCS	SRCS
Activity 1.10	Construction of women's centres	SRCS	SRCS
Activity 1.11	Installation of solar lights	SRCS	UNHCR

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:

All basic infrastructure planned for the new Kario site was implemented as planned, despite the initial delays incurred to site development activities due to the challenges associated with the delayed land allocation, the increased site distance from Khor Omer IDP camp and the unanticipated move of the new site location to a new locality in East Darfur. However, despite the lower than planned population eventually residing at the site, there exists capacity at the new site to absorb influxes of new arrivals into East Darfur, where no additional carrying capacity had existed before the site was established via CERF funding.

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

AAP was maintained by mainstreaming age, gender and diversity considerations for the affected population throughout the project cycle, including in the ways that partnership or technical agreements were framed and/or established with implementing partners. Project planning and implementation was further informed by affected population feedback acquired through awareness campaigns, focus group discussions and capacity building trainings for refugee communities. Regular field monitoring visits by field staff also facilitated consultations with individual refugees, with protection questions posed so as to ensure sensitivity to the operating environment, minimal risk to the beneficiaries was generated during implementation and that the do-no-harm principle was applied. These AAP approaches ensured that views and experiences of affected populations was reflected in partner programming, including through the improved identification of- and response to PSNs facilitated through AAP approaches applied under the project.

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

EVALUATION CARRIED OUT

No evaluation was planned for this intervention. A mid-term CERF monitoring mission was conducted in early November 2016 in order to monitor the implementation of CERF projects prior to the expiration of the grant, as well as to identify existing gaps in each sector that required the mobilization of additional support. Project implementation was found to be on track, as per the mission findings. All targets have since been met, and any discrepancies have sound reasons based on evidence and have since been addressed by partners.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	15/06/2016 - 14/12/2016		
2. CERF project code:	16-RR-CEF-072		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of lifesaving WASH assistance to South Sudanese refugees in East Darfur States					
7. Funding	a. Total funding requirements ²⁹ :	US\$ 2,865,382	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³⁰ :	US\$ 2,559,217	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> 			
	c. Amount received from CERF:	US\$ 300,000	<ul style="list-style-type: none"> ▪ <i>Government Partners:</i> US\$ 242,637 			
Beneficiaries						
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).						
<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 (< 18)</i>	2,345	2,310	4,655	5,054	4,978	10,032
<i>Adults (≥ 18)</i>	1,400	1,445	2,845	3,013	3,135	6,148
Total	3,745	3,755	7,500	8,067	8,113	16,180
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	7,500			8,480		
<i>IDPs</i>						
<i>Host population</i>				7,700		
<i>Other affected people</i>						
Total (same as in 8a)	7,500			16,180		

²⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³⁰ 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 beneficiaries reached are higher than the planned figures, due to the ways in which WASH activities benefitted additional host community members than originally planned for. The rehabilitation of two water yards benefitted both South Sudanese refugees and surrounding host communities that share the same water source, including an additional 4,700 people in Abu Jabra and 3,000 people in Abu Matarig.
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CERF Result Framework			
9. Project objective	Ensure access to WASH service for South Sudanese refugees in East Darfur		
10. Outcome statement	7,500 refugees are using improved drinking water sources and sanitation facilities and have information on improved hygiene practices.		
11. Outputs			
Output 1	7,500 refugees (6000 in Abu Jabra and 1500 in Abu Matarig) in East Darfur State have access to 15 l/p/d of sustainable, equitable and gender sensitive improved water supply.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Population of refugees access to 15 l/c/d of improved water supply	7,500 (3,745 females and 3,755 males)	16,180 (8,067 females and 8,113 males)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establishment of 6 water bladders and Water trucking/extension of water pipe from the nearest water station.	East Darfur Water, Environment and Sanitation (WES)	East Darfur WES 6 water bladders and water trucking completed
Activity 1.2	Rehabilitation of three existing water yards(Abu Jabara (2) Abu Matarig (1))	East Darfur WES	East Darfur WES Three water yards rehabilitated
Activity 1.3	Operation and maintenance three motorized systems	East Darfur WES	East Darfur WES Operation and maintenance completed on three motorized schemes.
Output 2	7,500 refugees(6000 in Abu Jabra and 1500 in Abu Matarig) in East Darfur use sustainable, equitable and gender sensitive improved sanitation facilities and practice proper hygiene as per the emergency Sphere standards.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of refugees with access to safe means of excreta disposal	7,500 (3,745 females and 3,755 males)	7,200 (3,605 males and 3,595 females)
Indicator 2.2	Number of refugees using one latrine drop hole (SPHERE standard: 1:50)	50	36
Indicator 2.3	Number of refugees and host community members reached with hygiene messages and sensitization activities	7,500(3,745 females and 3,755 males)	7,200 (3,605 males and 3,595 females)

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Construction of 200 emergency communal latrines (158 latrines in Abu Jabra and 42 latrines in Abu Matarig).	East Darfur SMoH	East Darfur SMoH 200 emergency communal latrines established
Activity 2.2	Hygiene promotion activities through home visits, periodic campaigns (around hand washing, jerrycan cleaning, safe water use and latrine use), in water points, markets, health facilities, schools, community-based general cleaning campaign and community group discussions.	East Darfur SMoH	East Darfur SMoH Hygiene promotion activities conducted as planned.

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 small increase in refugee beneficiaries reached (than originally planned for) through the WASH project can be attributed the ongoing influx of new arrivals to Abu Jabra and Abu Matarig that occurred throughout the implementation period. There was also, around 7,700 individuals among the host communities who benefited from the rehabilitation of 2 water yards in the targeted locations because they were sharing the water yards with local refugees.

For sanitation activities, the actual number reached was slightly lower than the initial target. The main reason for this discrepancy is because some of the population moved outside of the target area to seek agricultural labour opportunities during the cultivation season that also aligned with the project's implementation period.

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

AAP was ensured for this project through informing- and consulting with beneficiaries during the designing period of sanitation facilities. From the project design phase, both refugee communities were comprehensively engaged in deciding where to locate the latrines, with eventual input from the host communities once they were identified as beneficiaries. The communities provided personnel resources for construction of household latrines, while MoH and UNICEF provided construction materials. MoH also provided technical support to the communities during construction period, and community members continue to receive maintenance information via the information sharing mechanisms established by the project.

For the water supply activities, AAP was ensured through the consultation of refugee and host communities to identify maintenance approaches for the 6 water bladders established through the project. Local community leaders identified community members to serve as water guards from both communities, who receive monthly income incentives to operate and maintain the water bladders for the benefit of both refugee and host communities.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

No evaluation was planned for this intervention.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	10/06/2016 - 09/12/2016		
2. CERF project code:	16-RR-CEF-073		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Education			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Restoring access to life-saving quality education for emergency affected boys and girls in Khor Omer, East Darfur State					
7. Funding	a. Total funding requirements ³¹ :	US\$ 1,783,740	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³² :	US\$ 650,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 282,685	
	c. Amount received from CERF:	US\$ 650,000	▪ <i>Government Partners:</i>		US\$ 160,903	
Beneficiaries						
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).						
<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 (< 18)</i>	2,750	2,750	5,500	1,284	1,686	2,970
<i>Adults (≥ 18)</i>	45	45	90	40	50	90
Total	2,795	2,795	5,590	1,324	1,736	3,060
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	5,030			2,610		
<i>IDPs</i>						
<i>Host population</i>	560			450		
<i>Other affected people</i>						
Total (same as in 8a)	5,590			3,060		

³¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³² 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>	There were fewer beneficiaries reached than initially targeted due to site development delays and subsequent relocation delays to the new Kario site, which led many of the refugees to temporarily move to different sites in order to pursue livelihood opportunities and seek basic assistance elsewhere. Delays to site development meant that construction of education facilities was also delayed, which led to reduced beneficiary reached figures because refugee children were simply not present at the Kario site, as per the original project work plan, and the physical presence of the refugee children at the new site was the basis for the implementation the planned education activities.
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CERF Result Framework			
9. Project objective	To restore access to life-saving quality education for 5,500 emergencies affected girls and boys of primary school age children in East Darfur State, Sudan through (1) provision of learning spaces (2) establishing gender-sensitive school latrines with hand washing facilities and water, (3) provision of essential teaching, learning and recreational materials, and (4) provision crash course training for teachers on education in emergencies and psychosocial support.		
10. Outcome statement	Access to education restored to 5,500 (50 per cent girls) emergencies affected primary school aged children in safe learning environment in East Darfur State.		
11. Outputs			
Output 1	At least 5,500 affected refugee and host community children (50% girls) in the targeted areas are provided with 54 learning spaces in double shift schools.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	No. of school aged boys and girls accessing safe learning spaces	5,500 (2,750 boys and 2,750 girls)	2,970 (1,686 boys and 1,284 girls) ³³
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Construct 54 temporary learning spaces meeting INEE minimum and Sudan national education standards	MoE	MoE 22 classrooms were built
Output 2	At least 5,500 emergencies affected refugee and host community children (50% girls) in targeted areas are provided with 22 gender-sensitive school latrines with hand washing facilities in double shift schools.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of gender-sensitive school latrines with hand washing facilities and water constructed	22	8
Indicator 2.2	Number of children (gender segregated) accessing gender-sensitive school latrines	5,500 (2,750 boys and 2,750 girls)	2,970 (1,686 boys and 1,284 girls) ³⁴
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

³³ Lower beneficiaries than planned were reached, due to the delay in relocation of the refugees to the new location (Kario) and the consequent delay in the construction activities that could not be undertaken in the site initially planned; the revised workplan was also affected by the rainy season.

³⁴ Ibid.

Activity 2.1	Construct gender-sensitive school latrines with hand washing facilities	MoE (potential partner)	MoE, and UMCOR (Non-governmental organization)
Output 3	At least 5,500 conflict affected refugee and host community children (50 per cent girls) are assisted with essential education-in-emergencies supplies		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of emergencies affected refugee and host community children (boys and girls) received essential education-in-emergencies and recreational materials	5,500 (2,750 boys and 2,750 girls)	2,970 (1,686 boys and 1,284 girls)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provide essential teaching, learning and recreational materials	MoE	MoE and UMCOR
Output 4	At least 90 teachers trained on education in emergencies training and psychosocial supports		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number education service providers trained in conducting education in emergencies and psychosocial support	90 (45 females and 45 male)	90 (40 females, and 50 male)
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Conduct crash course to teachers on education-in-emergencies and psychosocial support	MoE	MoE and UMCOR

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:

22 out of 54 planned classrooms were constructed during the implementation period (including 6 temporary classrooms at Khor Omer IDP camp, and 16 semi-permanent classrooms at the new Kario site). The construction of the remaining 32 planned classrooms (all permanent classrooms) is still ongoing. The delay is due to the government's decision mid-project to deny the construction of additional classrooms for refugees at the Khor Omer IDP camp; a late endorsement by the government of sub-contractor operation at the Kario site (by November 2016), with federal approval only finalized in January 2017; delayed government allocation of sites for classroom construction; and ongoing negotiations surrounding East Darfur's complex land ownership frameworks and challenges.

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

AAP was ensured through the systematic and meaningful engagement with the benefiting refugee children and target community members from the project in order to support the inclusion of beneficiary voices and feedback on decision-making processes that affect their lives. Beneficiaries were included in needs assessments, and partners established open channels of communication for feedback from beneficiaries at project schools and classrooms. These components of AAP are not only fundamental to applying Inter-Agency Network for Education in Emergencies (INEE) minimum standards and humanitarian principles, but are also a practical means through which to improve the quality and effectiveness of humanitarian aid and the sustainability of basic assistance.

The do-no-harm principle was also applied throughout the project cycle, with a focus on ensuring that education-in-emergencies, gender-sensitive WASH facilities and learning materials do not exacerbate existing tensions between refugee and host communities. Instead, partners used these activities to bring both host and refugee communities together in a socially cohesive way.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was planned for this intervention.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF WFP		5. CERF grant period:	08/07/2016 - 10/01/2017		
2. CERF project code:	16-RR-CEF-074 16-RR-WFP-037		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency nutrition response to new influx of South Sudanese Refugees, East Darfur					
7. Funding	a. Total funding requirements ³⁵ :	US\$ 6,560,543	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³⁶ :	US\$ 3,879,380	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 103,285	
	c. Amount received from CERF:	US\$ 1,034,640	▪ <i>Government Partners:</i>		US\$ 62,755	
Beneficiaries						
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).						
<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 (< 18)</i>	9,490	9,315	18,805	13,612	14,221	27,833
<i>Adults (≥ 18)</i>	5,625		5,625	13,356		13,356
Total	15,115	9,315	24,430	26,968	14,221	41,189
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	24,430			41,189		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	24,430			41,189		

³⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³⁶ This should include both funding received from CERF and from other donors.

<p><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></p>	<p>Project results indicate that the project reached a higher number of beneficiaries than originally planned for. This is largely due to a higher than anticipated number of mothers and/or children's caregivers who were reached through the mothers' support groups established under the project. Given the low number of refugee children with SAM initially identified, UNICEF invested further in screening in targeted refugee locations under the project, as well as in the surrounding host communities. As a result, a total higher need was found than initially anticipated, and treatment services were provided through the use of additional funding provided by UNICEF. Therefore, more children overall were treated for SAM and more MSGs were established.</p>
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CERF Result Framework			
9. Project objective	To prevent morbidity and mortality associated with acute malnutrition at refugees settings in East Darfur		
10. Outcome statement	Increased access to services for treatment and prevention of acute malnutrition (boys and girls) for a total of 13,126 children in refugee communities.		
11. Outputs			
Output 1	3000 Children aged 6-59 months access and utilize quality services for the treatment of SAM in targeted areas		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of newly arriving South Sudanese children with severe acute malnutrition who are treated	U5: 3,000	3,532 South Sudanese Children treated
Indicator 1.2	Proportion of children discharged cured, defaulted and died from CMAM programs	Cured > 75% Default < 15% Death < 5%	Cured 93% Default 6.7% Death 0.3%
Indicator 1.3	Number of children under 5 years screened for acute malnutrition	U5 10,000	19,409 ³⁷
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure and distribute RUTF, F75, F100 and routine drugs supplies.	UNICEF	UNICEF
Activity 1.2	Provide lifesaving treatment services for severe acute malnutrition for malnourished boys and girls from south Sudan.	UNICEF / SMoH / ARC	UNICEF / SMoH / ARC
Activity 1.3	Conduct screening for acute malnutrition among South Sudan refugee children.	UNICEF / WFP / SMoH / ARC / NIDO	UNICEF / WFP / SMoH / ARC / NIDO
Activity 1.4	Support Vitamin A distribution for newly arrived SSR in refugee camps	UNICEF / SMoH	UNICEF / SMoH

³⁷ Given the low number of refugee children with SAM initially identified, UNICEF invested further in screening in the targeted refugee locations and surrounding host communities. As a result, a total higher need was found than initially anticipated, which UNICEF met through the commitment of its own core funding to bolster nutrition activities under the CERF project.

Output 2	1321 Children aged 6-59 months access and utilize quality services for the treatment of MAM in targeted areas.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Treatment of MAM in identified children U5 and PLW	U5: 1,321, PLW: 281	U5: 1,120 PLW: 130 ³⁸
Indicator 2.2	Performance of treatment as per SPHERE standard	Cured > 75% Default < 15% Death < 5%	Cured > 75% Default < 15% Death < 5%
Indicator 2.3	Screening and referral at community level	8,805 of U5 and 1,875 PLW	7,304 of U5 and 1,363 PLW ³⁹
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Purchase and transport of specialised nutritious products and food	WFP	WFP
Activity 2.2	Screening and referral for acute malnutrition, community mobilisation, defaulter tracing and counselling	WFP through ARC, ASSIST and SMoH-ED	WFP through ASSIST, NIDO and SMoH-ED
Activity 2.3	Distribution of specialised nutritious food for the treatment of MAM	WFP through its partners	WFP through its partners
Output 3	To contribute to an improvement in the nutritional status of 8805 children and 1875 PLW in Khor Omer, Abu Matarig and Abu Gabra through blanket supplementary feeding program		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	100% of under five children and PLW received e-BSFP ration of two months	8,805 U5 / 1,875 PLW	7,304 U5 / 1,363 PLW
Indicator 3.2	90% of under-five caregivers received basic message on food utilization and consumptions.	9,608 caregivers	8,667 caregivers
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Purchase and transport of specialised nutritious products and food	WFP	WFP
Activity 3.2	Screening and filtering targeted beneficiaries	WFP through its partners	WFP through its partners
Activity 3.3	Distribution of specialised nutritious food for the targeted beneficiaries	WFP through its partners	WFP through its partners
Output 4	3750 Newly arrived South Sudanese Refugee Mothers in targeted areas receive counselling and support to maintain essential breastfeeding practices.		
Output 4 Indicators	Description	Target	Reached

³⁸ The number of PLW/CU5 expected to be moderately acutely malnourished is an estimated figure based on the assessment. The actual number reached is based on the screening and referral process, and the prevalence of MAM (as a proxy) at that point in time in that population group.

³⁹ The number of PLW/CU5 screened by WFP is approximately 25% of the total number of beneficiaries reached under the Nutrition project (10,680 people), which is in line with expected population demographics.

Indicator 4.1	Number of mothers support groups providing Infant and Young Child Feeding (IYCF) counselling services in target localities	15	34 ⁴⁰
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Establish 15 mothers support group targeting 3,750 mothers	UNICEF / SMoH	UNICEF / SMoH
Activity 4.2	Maintain and supervise the 15 mothers support groups	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:

UNICEF-led activities under the Nutrition project did not differentiate between refugee and host community beneficiaries and instead targeted the needs of the entire population covered by the project. Therefore, the total number of South Sudanese refugee children who were treated for SAM under the project is loosely estimated at approximately 2,660 refugee children.

Where the number of children reached via nutrition screenings, Targeted Supplementary Feeding Programmes (TSFPs) and Emergency Blanket Supplementary Feeding Programmes (eBSFPs) were slightly lower than planned, the discrepancies can be linked to the delayed issuance of permits by local authorities and the resulting delayed interagency assessment missions required to finalize refugee population estimates and determine emergency nutrition needs in the targeted locations. Furthermore, the total number of children screened for MAM was also impacted by the mobility of the targeted refugee population and a lack of available partners to expand screening coverage to capture refugees who had moved elsewhere prior to the relocation exercise.

Additionally, the delayed relocation of refugees from Khor Omer IDP camp to the new Kario site also caused service delivery interruptions, which reduced coverage of some of the nutrition activities. Furthermore, the refugee influx into East Darfur occurred at a time when the state Nutrition Sector was struggling to identify partners with the technical capacity to take over existing nutrition sites previously managed by the Tear Fund and in need of operational support following the INGO's expulsion from Sudan in early 2016.

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

AAP was ensured throughout the project cycle through the active engagement of partners with affected populations. During the project, supplementary feeding was monitored regularly to ensure that implementation did not cause further harm to the beneficiaries, and to ensure that safety and dignity considerations were made throughout the process. Monitoring was completed through several visits to the refugee locations every month for general monitoring, focus group discussions with various refugee community groups (including those for women, men, youth, elderly people), and through meetings with refugee community leaders and local partners. Delays in food delivery and any anticipated changes to ration sizes or targeting criteria were also communicated to beneficiaries as soon as possible. Furthermore, distribution points for feeding rations were identified through consultations with women community members in order ensure that points were safe and accessible for beneficiaries who collect rations. Women were also consulted to determine if special packaging was required to facilitate their collection and transportation of feeding programme rations.

AAP was also ensured via implementation monitoring so that the affected populations' needs and priorities were reflected and considered at all stages of project implementation, from the planning until the service delivery and follow-up activities. To ensure timely monitoring, UNICEF trained staff to use an innovative web-based and mobile friendly real-time monitoring tool called KoBo.

⁴⁰ A greater number of MSGs was achieved compared to the planned figure; this was done on a need basis and as of a result fo the successful mobilization activites, without financial implications. MSG members voluntarily counselled nearly twice as many mothers as expected, with the number of counselled women tripling under the project.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was planned.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-CEF-073	Education	UNICEF	GOV	\$160,903
16-RR-CEF-073	Education	UNICEF	INGO	\$282,685
16-RR-WFP-036	Food Assistance	WFP	RedC	\$136,854
16-RR-CEF-070	Health	UNICEF	GOV	\$22,495
16-RR-CEF-070	Health	UNICEF	INGO	\$23,589
16-RR-FPA-026	Health	WHO	INGO	\$32,240
16-RR-FPA-026	Health	WHO	GOV	\$49,890
16-RR-FPA-026	Health	WHO	NNGO	\$36,480
16-RR-FPA-026	Health	UNFPA	NNGO	\$21,944
16-RR-HCR-026	Multi-sector refugee assistance	UNHCR	RedC	\$316,117
16-RR-CEF-074	Nutrition	UNICEF	INGO	\$27,230
16-RR-CEF-074	Nutrition	UNICEF	INGO	\$55,356
16-RR-CEF-074	Nutrition	UNICEF	GOV	\$62,755
16-RR-WFP-037	Nutrition	WFP	INGO	\$20,699
16-RR-HCR-025	Protection	UNHCR	NNGO	\$226,975
16-RR-HCR-025	Protection	UNHCR	RedC	\$533,020
16-RR-CEF-071	Protection	UNICEF	GOV	\$41,187
16-RR-CEF-071	Protection	UNICEF	NNGO	\$89,579
16-RR-FPA-027	Protection	UNFPA	NNGO	\$85,705
16-RR-HCR-024	Shelter & NFI	UNHCR	RedC	\$45,999
16-RR-CEF-072	Water, Sanitation and Hygiene	UNICEF	GOV	\$187,857
16-RR-CEF-072	Water, Sanitation and Hygiene	UNICEF	GOV	\$54,780

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ANC	Antenatal care
ARC	American Refugee Committee
AWD	Acute Watery Diarrhoea
CBPC	Community-based protection committee
CBCPN	Community Based Child Protection Network
CFS	Child-friendly space
CFR	Case fatality rate
COR	Commission for Refugees
CPMS	Minimum Standards for Child Protection in Humanitarian Action
DCG	Donor Core Group
EPI	Expanded Programme on Immunization
EFP	Essential family practices
eBSFP	Emergency Blanket Supplementary Feeding Programmes
ES/NFI	Emergency shelter and/or non-food items
EVI	Extremely vulnerable individual
EWARS	Early Warning, Alert and Response System
FTR	Family tracing and reunification
GAH	Global Aid Hand
GBV	Gender-based violence
GFD	General food distribution
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
IASC	Inter-agency Standing Committee
IDP	Internally Displaced Persons
INEE	Inter-Agency Network for Education in Emergencies
ISCG	Inter Sector Coordination Group
IYCF	Infant and young child feeding
LLIN	Long-lasting insecticidal nets
LoU	Letter of Understanding
MAM	Moderate acute malnutrition
MoSA	Ministry of Social Affairs
MoSW	Ministry of Social Work
MSG	Mothers' support group
MUAC	Middle-Upper Arm Circumference
NCE	No-cost extension
NIDO	National Initiative For Development Organization
ORS	Oral rehydration salts
PHC	Primary healthcare
PHK	Personal hygiene kit
PLW	Pregnant and lactating women
PSN	Persons with specific needs
RCF	Refugee Consultation Forum
REMCO	Riaheen el-Salam for Maternity and Childhood Center
RH	Reproductive health

RRRP	Regional Refugee Response Plan
RUTF	Ready To Use Therapeutic Food
SAM	Severe Acute Malnutrition
SCCW	State Council of Child Welfare
SHF	Sudan Common Humanitarian Fund
SMoE	State Ministry of Education
SMoH	State Ministry of Health
SMoSA	State Ministry of Social Affairs
SMoSW	State Ministry of Social Work
SRCS	Sudanese Red Crescent Society
STI	Sexually transmitted infection
TSFP	Targeted Supplementary Feeding Programmes
UASC	Unaccompanied and separated children
UMCOR	United Methodist Committee on Relief
WC	Women's Centre
WES	Water, Environment and Sanitation