

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
REPUBLIC OF THE SUDAN  
RAPID RESPONSE  
DISPLACEMENT 2017**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Marta Ruedas**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*After Action Review (AAR) meeting was held 6 February. The meeting was led and facilitated by the Refugee Consultation Forum (RCF). Participants included colleagues from WFP, IOM, UNICEF and UNHCR. WHO and UNFPA did not attend.*

- 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 ☐

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$45,010,677.00		
Breakdown of total response funding received by source	Source	Amount
	CERF	10,469,531
	COUNTRY-BASED POOL FUND (if applicable)	667,395
	OTHER (bilateral/multilateral)	9,869,686
	<b>TOTAL</b>	<b>21,006,612</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 15/05/2017			
Agency	Project code	Cluster/Sector	Amount
IOM	17-RR-IOM-023	Water, Sanitation and Hygiene	500,000
UNFPA	17-RR-FPA-029	Health	500,000
UNHCR	17-RR-HCR-014	Shelter	1,624,137
UNHCR	17-RR-HCR-015	Water, Sanitation and Hygiene	446,796
UNICEF	17-RR-CEF-061	Water, Sanitation and Hygiene	549,967
UNICEF	17-RR-CEF-059	Health	450,000
UNICEF	17-RR-CEF-060	Nutrition	389,517
WFP	17-RR-WFP-034	Food Aid	2,659,709
WFP	17-RR-WFP-035	Nutrition	1,979,926
WHO	17-RR-WHO-022	Nutrition	130,001
WHO	17-RR-WHO-021	Health	939,386
WHO	17-RR-WHO-023	Water, Sanitation and Hygiene	300,092
<b>TOTAL</b>			<b>10,469,531</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	8,075,920
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,573,168

Funds forwarded to government partners	432,060
<b>TOTAL</b>	<b>10,469,531</b>

## **HUMANITARIAN NEEDS**

The South Sudan conflict has displaced hundreds of thousands of civilians in South Sudan and continues to cause an outflow of refugees into neighbouring countries. At the time of the proposal, more than 108,500 arrived in 2017 (as of 30 April 2017). Nearly 200,000 refugees had arrived by 31 December 2017. This far exceeds the initial planning figure in 2017 of 60,000 new arrivals.

The conflict has been characterized by a disregard of international human rights and humanitarian law including perpetration of acts including extrajudicial killing of civilians; enforced disappearances; the direct targeting of civilians along ethnic lines; and extreme violence against women and children have characterized the conflict. The grim situation raises the spectre of further atrocities; and following the visit to South Sudan in November 2016, the UN Special Advisor on the Prevention of Genocide cautioned: "as the conflict is becoming ever more complex, the effects of the December 2013 outbreak of violence linger, and human rights violations committed at that time have not been accounted for. On the contrary, there is renewed violence daily, and any hope of reconciliation is elusive".

Extreme levels of food insecurity persists across South Sudan and nearly one third of the population is in need of emergency food assistance. On 20 February 2017, UN officials declared famine in parts of Unity state in South Sudan. There was another famine risk declared in September 2017, which was successfully contained and averted following improved access and a massive humanitarian response. Despite this, the food insecurity outlook continues to be dire. According to the Integrated Food Security Phase Classification (IPC) update, the food security situation is expected to deteriorate further over the course of 2018. In addition to Unity state, the states most at risk include Western and Northern Bahr al Ghazal and Upper Nile, where refugees have originated from previously. In January 2018, 5.3 million people, or nearly half of the population, were already struggling to find enough food each day and were in "crisis" or "emergency" levels of food insecurity (IPC Phases 3 and 4). This represents a 40 percent increase in the number of severely food insecure people compared to January 2017.

South Sudanese refugees cross into Sudan at numerous points along the nearly 2,000 kilometre border shared by the two countries, into South and East Darfur, West and South Kordofan, and White Nile states. Refugees are also recorded to move onwards to North Darfur, North Kordofan and Khartoum. Between January through April 2017, among the highest recipients of new arrivals included East Darfur (36,755), White Nile (36,641), and South Kordofan (18,724). Refugees arrive with very few personal possessions, often having walked for many days to reach Sudan, and even longer to reach initial reception assistance. Refugees also frequently arrive with concerning nutritional status, linked to the deteriorating food security situation and famine in South Sudan.

The unanticipated rate of new arrivals far exceeds arrival trends of previous years, and has overwhelmed government, UNHCR and other UN and NGO partners' capacity to provide lifesaving assistance to new arrivals in some of the more remote and underserved locations in the country, where communities have been sharing their extremely limited resources a toll on host communities and is still far from meeting the refugees' most basic needs. In addition to refugees living in out-of-camp settlements within host communities, they are also arriving into established camps in East Darfur and White Nile. At the time of the proposal, White Nile faced a critical lack of space to accommodate new arrivals, with the majority already beyond capacity. In addition to new arrivals, partners must also continue to provide assistance to the nearly 300,000 South Sudanese refugees already staying in the country.

Furthermore, this remains a children's emergency. Children comprise over 65 per cent of the refugee population, and the majority of new arrivals (approximately 88 per cent) are women and children. Women and girls in particular have reportedly

faced threats and exposure to sexual violence along their journey from South Sudan to Sudan, and remain vulnerable upon crossing the border into Sudan given the long distance in many cases between the border and service provision points (for example in East Darfur and South Kordofan). The vast majority of families registered are female-headed households, and the lack of access to basic services and livelihoods in certain locations has increased risk of exploitation, harmful survival strategies, and resort to illegal activities (e.g. survival sex work and alcohol brewing) in order to earn money for meeting their families' basic needs. Due to the political and legal contexts in Sudan, incidence of sexual- and gender-based violence (SGBV) among refugees is not highly reported; however anecdotal evidence indicates that it is a serious issue and threat to the wellbeing of women and girls.

## II. FOCUS AREAS AND PRIORITIZATION

The response targeted 20,000 new refugee arrivals in South Kordofan and 40,000 new refugee arrivals in White Nile, with a maximum of 20 per cent assistance directed to host communities. The targeted 'new refugee arrival' population in each state is as follows:

	Total new arrivals (1JAN – 30 APR)	CERF Target Popn.	Projected Popn by 31 DEC 2017	Actual received by 31 DEC 2017
White Nile	36,641	40,000	54,000	60,582
South Kordofan	18,724	20,000	27,000	26,810
<b>Total</b>	<b>55,364</b>	<b>60,000</b>	<b>81,000</b>	<b>87,392</b>

The breakdown by age and gender of the target population is as follows:

Age (years)	Male (%)	Female (%)
0-4	11	10
5-11	14	14
12-17	8	8
18-59	11	21
60+	1	2

An intensive prioritization process was undertaken to narrow down the focus of the CERF grant. The process involved inputs from UN operations coordinators and NGO partners under the Refugee Consultation Forum (RCF) in Khartoum, as well as field-level Refugee Working Groups (RWGs) based on their ongoing monitoring and interactions with the refugee populations. Technical sector focal points were also asked to advise on the most pressing gaps and issues in their respective area. The following factors were considered when deciding on geographic and sectoral prioritization:

- Rate of new arrivals;
- Needs and gaps based on inter-agency and rapid assessments including inputs from refugees and host communities;
- Needs and gaps based on SHF monitoring including discussions with affected populations;
- Humanitarian access trends;
- Existing service capacity and capacity to scale-up;
- Implementation capacity over the rainy season; and
- Available and projected funding.

Based on this criteria, South Kordofan and White Nile were selected as priority locations, given that they had the highest rate of new arrivals and increasingly severe gaps in service provision, with receipt of limited funding at the time of the proposal to assist new arrivals. These locations also had improved humanitarian access to ensure implementation, as well as active partners present on the ground who were able to scale-up programming. South Kordofan and White Nile were also the most impacted by new arrivals coming to Sudan as a result of the fighting in Upper Nile and surrounding areas, and together these states had received the highest number of new arrivals in 2017, totalling 55,364 by 30 April 2017, with over

87,000 by the end of 2017. South Kordofan and White Nile host similar caseloads in terms of areas of origin, tribal groups and reasons for fleeing, and share a displacement dynamic with regards to movement of refugees between the two states. South Kordofan state had also received very limited investment in terms of basic services and infrastructure to support the refugee response, and basic services indicators are dire in most locations.

In South Kordofan, an inter-agency rapid needs assessment was conducted on 21 to 27 February to El Leri, including Al Amira reception point and Darbati settlement. The assessment revealed a concerning situation in terms of Protection, Health, Nutrition, WASH and Shelter/NFI needs. High rates of family separation were reported due to the ongoing conflict in South Sudan, with many women bringing their young children and daughters, leaving behind their spouses and sons. Some 719 unaccompanied and separated children (USC) were reported among the new arrivals, as well as PSN's including 1,028 elderly persons and 48 persons with disabilities. Refugees in Darbati were reported living in overcrowded makeshift shelters, in dire need of shelter materials and household supplies or non-food items (NFIs). WASH was identified as a critical gap in this area, for example in Darbati settlement the daily average safe drinking water delivery was only 4.2 l/p/d, and an average of 270 persons per latrine with no mechanisms for solid waste collection. High tensions were reported between the local community and the refugees because of competition over water resources, with the host community at one point turning off the water pump for refugees. Mid-upper arm circumference (MUAC) screening of a 100 under-5 children among new arrivals detected one severe acute malnutrition (SAM) and 15 moderate acute malnutrition (MAM) cases. Nutritional screening is irregular (the last general screening was in August 2016), and treatment capacity was extremely limited with no BP5 available and no targeted supplementary feeding in place. The assessment also highlighted the need to monitor the health situation as the general living conditions and lack of essential services can easily trigger the transmission of communicable diseases among refugees and to the host community. The leading causes of morbidity among the refugees at the time were indicated to be acute respiratory tract infections (16 per cent), ordinary diarrhoea (15 per cent), and malaria (12 per cent) among 1 to 18 years age group. The majority of the children under one year were not protected against vaccine preventable diseases, with measles and meningitis being the most important concerns.

Following the most recent violence in Upper Nile and reports of more refugee arrivals into Abu Jubaiha locality, a rapid needs assessment was conducted on 30 April. Water is still the most critical gap in refugee hosting areas, where host communities are already struggling to support the existing refugee populations with limited water resources. Solutions for additional water in the immediate and medium terms are desperately needed. While the larger town of Sirajiya has some basic water infrastructure with the potential for expansion, other communities such as Gedeid had no water structures at all and the only available water source is ground water was not easily accessible by the refugee population. In both Sirajiya and Gedeid, there was only one health facility in each site whose facilities are very basic with little medication and no proper testing facilities. Expansion of health and nutrition services was urgently needed, as well as screening facilities and mobile clinics/outreach programmes. Of the 3,332 children screened via MUAC, 35 were identified with SAM, 286 with MAM. Reception facilities were urgently needed in Abu Jubaiha locality, as there were no communal shelters available for the arrivals in certain locations. There was also a need for NFIs, particularly plastic sheets to support new arrivals during the rainy season.

In White Nile, a lack of camp spaces for new arrivals reached critical levels. New arrivals had been transported to reception centres and been relocated to one of two established camps – Um Sangour for refugees from the Nuer tribe, and Al Waral (established in 2016) for those from Shilluk tribe. Al Waral was hosting more than 29,890 individuals as of 30 April in a site intended for 10,000, with a backlog of thousands of refugees waiting at the reception centres for relocation. There was a desperate need to expand existing sites and services to meet the needs of the unanticipated new arrivals caseload, as well as curb further deterioration of basic service standards for refugees already living in the increasingly overcrowded sites. Despite efforts to scale up service provision, Al Waral a deterioration in WASH indicators was observed; for example, from 17 persons per latrine in December to 52 persons per latrine in April. The two water tanks that receive their supply from the Nile struggled to keep up with demand, and the 14 Litres per person per day (l/p/d) of drinking water for those living in the camp is under strain. In Um Sangour, there was about 12 l/p/d of water and 44 persons per latrine. Health and nutrition facilities are reportedly struggling with limited capacity to conduct screening, referral and treatment for new arrivals. MUAC screening among new arrivals in the final week of April reported about 35 MAM and 8 SAM cases and 5 malnourished pregnant and lactating women (PLW). Health partners also flagged a mortality rate among children at about 16 deaths in a

two-week period in April, which is being urgently addressed. Refugee new arrivals also suffered from malaria and respiratory diseases, and are facing high possibility of epidemic outbreaks such as measles, skin infections and scabies. Furthermore, by July 2017, an outbreak of acute watery diarrhea (AWD, i.e., cholera) had reached refugees living in White Nile camps and in Abu Jubaiha settlements in South Kordofan.

With this in mind, the CERF response was used to provide life-saving WASH, health, nutrition, food, shelter/NFI and initial reception support to refugee new arrivals in South Kordofan and White Nile over a six month period. This involved establishing critically-needed basic services in South Kordofan, and expanding life-saving basic service provision in White Nile. These interventions were designed to complement and/or expand upon some basic services already in place for host communities or existing refugee populations. They took place alongside interventions in the Protection, Education and Livelihood sectors that are not included in this CERF grant request.

In order to ensure a fast and quality response, CERF partners divided sector responses based on each Agency's comparative advantage in terms of service delivery and geographical location. This was also done to support rapid implementation of programming, especially in light of the rainy season, and to ensure adequate geographical coverage especially in South Kordofan where refugee locations are scattered in a number of areas around El Leri and Abu Jubaiha.

CERF funding was used to complement funding received by April 2017 for the planned programming under the Regional Refugee Response Plan (RRRP) for the existing caseload, which helped to support the establishment, expansion and scale-up of activities to meet the needs of the unanticipated new arrivals. At the time of the proposal, the RRRP for Sudan was less than 10 per cent funded. While some partners had received some bilateral funding and contributions towards their respective components of the RRRP by the start of the CERF grant, this funding was allocated to the planned activities under the existing 300,000 caseload plus the anticipated 60,000 new arrivals, and not the additional 120,000 under the revised RRRP. At the time of the proposal, this included United States' Agency for International Development (USAID) and European Civil Protection and Humanitarian Operations (ECHO) contributions for general food distribution, Bureau of Population, Refugees and Migration (BPRM) support for reproductive health, the United Kingdom's Department for International Development (DFID) and Japanese International Cooperation Agency (JICA) support for NFIs, as well as Korean International Cooperation Agency (KOICA) funding for WASH.

Furthermore, under the Sudan Humanitarian Fund (SHF), a country-based pooled fund, 2017 Standard Allocation, \$1.5 million was allocated to support the multi-sector response for South Sudanese refugees in South and East Darfur, and West and South Kordofan, including for Health in El Leri, one reception centre, and procurement of reproductive health kits. No Standard Allocation was made available to White Nile. Shelter, NFI, Nutrition and WASH are not covered under SHF. It is important to note that these Standard Allocation projects were selected and planned prior to the new influx of 2017, and therefore only covered the existing caseloads. Therefore, CERF funding for new arrivals was complementary to the regular programming under SHF.

### **III. CERF PROCESS**

Following consultation with UN Heads of Agency and the RCF, it was agreed in March 2017 to increase the planning figure of South Sudanese refugee new arrivals from 60,000 to 180,000 by the end of 2017. As a result, UNHCR is in the final stages of revising the Sudan chapter in the RRRP in line with the revised planning figure, which includes an anticipated overall total of 477,168 South Sudanese refugees in Sudan by the end of 2017. In this context, and following consultation with Humanitarian Country Team (HCT) members, as well as UN and NGO operational partners, the CERF response proposes to focus on meeting the most critical life-saving needs of new arrivals in key locations of South Kordofan and White Nile state, targeting 60,000 individuals over a 6 month period – 20,000 in South Kordofan and 40,000 in White Nile – including about 55,000 current new arrivals and an additional 5,000 anticipated by the receipt of the CERF grant.

The prioritization process for this CERF allocation is based on extensive consultations and aimed to be transparent and consultative. Since South Sudanese refugees are currently arriving into five border states and recorded to be staying in eight, with needs across all

sectors, an intensive prioritization process involving UN operations coordinators, RCF and RWG partners. The final prioritization was endorsed by the Humanitarian Coordinator (HC) and HCT. This CERF application was developed under the oversight of the HC, led by UNHCR (RCF) in close communication and consultation with OCHA. Priority was given to projects that are in line with the strategy articulated in the revised 2017 RRRP. While Protection-specific projects were not included in this CERF appeal, Protection colleagues were involved in reviewing proposals to ensure appropriate consideration for age, gender and diversity mainstreaming (ADGM) as well as protection mainstreaming.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR <sup>1</sup>									
Total number of individuals affected by the crisis: 93,280									
Cluster/Sector	Female			Male			Total		
	Girls ( $< 18$ )	Women ( $\geq 18$ )	Total	Boys ( $< 18$ )	Men ( $\geq 18$ )	Total	Children ( $< 18$ )	Adults ( $\geq 18$ )	Total
Food Aid	20,085	14,280	34,365	18,915	6,720	25,635	39,000	21,000	60,000
Health	23,522	16,746	40,268	25,482	18,140	43,622	49,004	34,886	83,890
Nutrition	8,044	8,771	16,815	9,000	0	9,000	17,044	8,771	25,815
Shelter	3,500	6,474	9,974	3,641	6,221	9,862	7,141	12,695	19,836
Water, Sanitation and Hygiene	16,362	36,340	52,702	14,733	25,845	40,578	31,094	62,185	93,280

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

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

##### Shelter and site development

In White Nile, the 'beneficiaries reached' figures were calculated using the total number of shelter and NFI kits distributed to refugees settled at the Al Waral and Um Sangour site extensions, and cross checking kit distribution figures with individual biometric registration data collected by UNHCR to 31 January 2018. The use of the biometric registration data also provided disaggregated age and gender information for shelter and NFI kit beneficiaries.

In South Kordofan, the calculation of the number of refugees who benefitted from the establishment of the Gedeid Reception Centre was based on household registration data and other reception data collected on newly arrived refugees upon their arrival at the reception centre. Specifically, the number of new arrivals to the centre who also received hot meals (i.e., 'wet feeding') and transportation assistance, as reported by the state Commissioner for Refugees (COR) who manage the reception centre, was used to determine beneficiaries reached.

##### WASH

In White Nile, total beneficiaries reached for WASH was based on UNHCR's beneficiary figures because WHO's activities benefitted the same households and the scope of UNHCR's WASH activities was larger. UNHCR's figures were calculated using monthly monitoring reports from Catholic Agency For Overseas Development (CAFOD), the primary implementing partner, including the number of refugees benefitting from latrine and water tap construction/rehabilitation, as well as households reached through solid waste management campaigns. The monitoring reports included disaggregated age and gender data on beneficiaries. Double-counting was mitigated by identifying the number of people who benefitted from more than one WASH intervention and counting them only once.

In South Kordofan, total beneficiaries reached for WASH activities was calculated by comparing UNICEF's and IOM's coverage of localities in South Kordofan to ensure no overlap and summing the numbers of beneficiaries reached through each agency's health promotion activities in each location. The use of health promotion beneficiary figures helped to mitigate double counting because it



represents the highest beneficiary figure, and beneficiaries of the water supply, sanitation and vector control activities are likely to be included in households reached by hygiene promotion. UNHCR's beneficiary figures for WASH interventions in White Nile were added to the South Kordofan total.

### Health

Beneficiary estimates were calculated using the number of people who received health consultations at WHO-supported health facilities, as well as the number of health workers who received training at these facilities. Added to this was the number of children reached through outpatient vaccination services and people reached through UNICEF's health promotion activities in areas where there was no overlap with WHO's support to health facilities. This method was used to mitigate double counting, because households targeted for health promotion were also captured by curative services through their local health facilities. As well, UNFPA's beneficiaries reached and health workers trained were assumed to be captured because UNFPA's reproductive health activities were conducted through WHO-supported health facilities in all targeted locations.

### Nutrition

Total child beneficiaries reached was calculated using data on number of children who were reached through nutrition screening. This helped to mitigate double-counting, as this captures all children reached because screened children were the beneficiaries of treatment and nutrition services provided under the CERF grant by UNICEF, WHO and WFP. For adult beneficiaries reached, the figure was calculated using data on the number of PLW who received infant and young child feeding (IYCF) counselling, which includes the majority of the women reached, including those who also targeted for blanket supplementary feeding programme (BSFP) through WFP.

### Food aid

Total beneficiaries reached was calculated using individual biometric registration data collected by UNHCR and COR, and cross checking this data with monthly distribution reports submitted by Sudanese Red Crescent Society (SRCS). Double-counting was mitigated by conducting verification of all beneficiary figures submitted via distribution reports through regular on-site monitoring during food distributions.

## BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING <sup>2</sup>			
	Children ( $< 18$ )	Adults ( $\geq 18$ )	Total
Female	16,362	36,340	52,702
Male	14,733	25,845	40,578
Total individuals (Female and male)	31,095	62,185	93,280

<sup>2</sup> 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.

Note on the total direct beneficiaries reached calculation: CERF partners participating in the Reporting Meeting agreed to adopt the WASH sector beneficiaries reached figures as the total direct beneficiaries reached for the complete CERF grant. This decision was based on the understanding that WASH appeared to have had the furthest reach among the CERF-funded sectors, given the scope and scale of the activities under the WASH projects. While health projects also had a high combined reach, it can be assumed that not all people reached through WASH activities necessarily accessed health facilities.

## CERF RESULTS

### Shelter and site development

In White Nile, CERF funding enabled the development of site extensions for Al Waral and Um Sangour refugee camps, where a total of 2,500 plots (100 more than initially planned) were demarcated and prepared for the accommodation of an additional 11,750 South Sudanese refugee new arrivals. The additional plots was due to the fact that actual family sizes differed from the initial registration figures, with registration indicating that most families were +6; however, the bulk of families were between 1-5 individuals, which require less space. The site extensions mitigated congestion of existing camps and enhanced access to life saving assistance for an ongoing influx of new refugee arrivals. Additionally, CERF funding allowed for the provision and distribution of 2,400 shelter kits and 1,550 NFI kits across both camps. Worth noting is that during the implementation period, inter-communal violence broke out between refugee and host communities in both Um Sangour (June 2017) and Al Waral camps (August 2017), which led to refugee deaths and injuries, and exacerbated tensions with local host communities. The tense security situation prevented UNHCR and partners from accessing the camps and disrupted the implementation of planned activities under the CERF project. In particular, local authorities called for the reduction of Al Waral's refugee population size, and requested that a new camp in another location be established. These issues required UNHCR to request a no-cost extension (NCE) to ensure the completion of planned CERF project activities. The approved NCE enabled partners to complete the most critical activities, including the levelling of lands, excavation and demarcation of plots, as well as the construction of planned community structures. Additionally, 10 semi-temporary communal shelters were constructed (including 5 communal shelter in Al Waral and 5 in Um Sangour), which enhanced the provision of reception assistance for the new refugee arrivals. As well, 4 temporary schools were constructed (including 3 schools in Al Waral and 1 in Um Sangour), and 4 child friendly spaces (including 3 in Al Waral and 1 in Um Sangour), which enhanced refugee children's access to both education and child protection activities. The completion of the CERF project also supported preparedness for subsequent rainy seasons through construction of 3 pre-casted concrete culverts that will enable vehicles and pedestrians to cross flooded areas.

In South Kordofan, following delays in the signing of the required Technical Agreement with state authorities, it was agreed that the initial site for the CERF-funded reception centre in Sirajiya was too far from the border (115km), and the site location was changed to Gedeid, which was a main point of entry for newly arrived refugees to South Kordofan. The relocation of the reception centre has reduced newly arrived refugees' need to travel additional distances to reach reception points upon their arrival in Sudan, and has positioned the response to optimize the delivery of critical reception services to the newly arrived refugees in a more timely way. By the project end date, the new reception centre received and assisted 8,086 newly arrived refugees.

## **WASH**

UNICEF's WASH project was largely successful, with an estimated 24,000 refugees, including 1,830 school-aged children, and 15,000 host community members benefiting from improved access safe drinking water in South Kordofan through the upgrading of 2 existing water pumps to water yards, and through the rehabilitation of 4 existing water yards, instead of the initially planned 2 water yards. It is worth noting, that CERF funds were used to reach more people than initially planned due to the devaluation of the Sudanese pound (SDG) during the project implementation period, which made each CERF dollar go further. Additionally, hygiene promotion activities were scaled-up to respond to the AWD outbreak from June 2017. More than 41,291 people, including 9,458 refugees and 13,491 school children, were reached through CERF-funded hygiene promotion activities, which is more than double of what was initially planned. This project contributed significantly to the reduction, prevention and control of the AWD outbreak in Abu Jubaiha locality for both the refugee and host communities. Furthermore, CERF funds contributed to improved latrine access, with latrine congestion in the targeted settlements falling from 73 persons per latrine in Gedeid to 34 persons per latrine; and from 35 persons per latrine in Sirajiya to 22 persons per latrine. It is anticipated that the ratio will improve further over time as community members reached through the project continue to construct their own sanitation facilities. So far, it is estimated that the project's sanitation activities are benefitting over 10,500 people.

IOM's WASH project targeted settlements not covered by UNICEF in order to mitigate duplication and ensure more comprehensive coverage of WASH services in South Kordofan, including for areas hosting both refugees and internally displaced persons (IDPs). The CERF funds improved access to safe and equitable water supply for 10,169 South Sudanese refugees, 4,731 host community and 940 IDPs. It is worth noting that lower-than anticipated groundwater levels in Qurayd and Gedeid settlement areas required some modifications to water supply interventions; however, IOM was able to activate risk mitigation plans that were prepared in advance in order to adapt project plans to address the challenges presented by the local environment. This includes a switch from borehole drilling to the distribution of 'Lifestraw' water filters, women's personal hygiene kits, soap and jerry cans in these areas. As well, 5,896 refugees had improved access to safe sanitation facilities; and 6,602 refugees and 4,500 host community members benefited from hygiene promotion activities and garbage collection campaigns for increased community knowledge of safe hygiene and garbage disposal practices for improved living environments within their respective settlements. The implementation of the CERF activities were carried out through the direct involvement of all community members, contributing to the promotion of collective action between the South

Sudanese refugees and hosting communities to increase acceptance and decrease the likelihood of community tensions over scarce water and land resources, as well as sanitation facilities.

CERF funding also supported the prevention of waterborne and vectorborne disease in both South Kordofan and White Nile by enabling WHO to conduct extensive water quality and vector control activities that benefitted an estimated 57,000 refugees across both states. WHO used CERF funds to implement project activities with a view to longerterm sustainability of the interventions, including the training of 70 community volunteers from both refugee and host communities (including private well owners) on management of water, sanitation and hygiene services and practices, as well as on community-based vector control and water quality monitoring practices. CERF funds were also used to equip community volunteers with the Information, Education and Communication (IEC) materials they need to conduct 40 campaigns integrated vector control, with capacity to initiate additional campaigns past the project end date. Additionally, 6 entomological sentinel sites were established in refugee camps in White Nile, which will strengthen the response's capacity to control malaria through improved surveillance and vector monitoring in the camps.

In White Nile, UNHCR used CERF funds to improve access to latrines in congested camp settings in both Um Sangour and Al Waral through the construction of emergency latrines to meet the health and sanitation needs of over 6,000 refugees across both camps. CERF funds also ensured access to safe water in the new site extensions through the construction of 12 additional tap stands. The site extensions will support adequate hygiene conditions through the CERF project's procurement and installation of 70 garbage disposal units to ensure a clean and dignified living environment, as well as through outreach campaigns on waste management and hygiene promotion that reached an estimated 10,000 refugees at both sites, with a focus on targeting households with children at risk of malnutrition to further support nutrition outcomes in both site extensions. In total, it is estimated that CERF-funded WASH activities reached over 30,000 refugees and has contributed to the prevention of disease outbreaks among refugees in both sites.

## **Health**

According to UNICEF, CERF funding contributed to a reduction of morbidity and mortality among South Sudanese Refugee children under-five in both White Nile and South Kordofan. The CERF project enabled to procure and deliver essential health supplies (including 11,670 vials of measles vaccines, 30 Integrated Management of Childhood Illnesses (IMCI) kits, 150 cartons of Oral Rehydration Salts (ORS), 2000 zinc packages, 30 primary health care (PHC) kits and 40 Midwifery kits) to respond to the health needs of the vulnerable refugee children and women in both states. The project facilitated the access of 21,343 children to medical consultations, and reached 9,800 children under 15 years children with measles immunization, and 11,403 children under-five children were immunized against polio. Additionally, CERF funds were used to reach 9,640 households (48,200 people) with health promotion activities, including health and hygiene messaging on family practices, with outreach campaigns conducted at the public gathering spaces and primary schools to enhance campaign reach. The need to ensure the sustainability and maintenance of health outcomes beyond the project end date was addressed through the project's capacity building activities targeting front-line health care providers at the community level, including 18 village midwives who were equipped with the knowledge and skills needed to provide essential newborn care, and 48 community health workers who were trained on integrated community case management. Furthermore, 99 community vaccinators received refresher training on vaccine administration and 43 community health promoters were trained on IMCI best practice.

WHO's CERF project completed UNICEF's focus on children's health by expanding the coverage of PHC to the broader refugee and host community populations in both states. CERF funding improved access PHC and addressed the essential health needs of more than 59,050 people during the project period. This was achieved through the establishment and operation of 4 temporary health centres and the procurement and distribution of emergency medicines and medical supplies for curative, reproductive and pediatric care to health partners and state Ministries of Health (SMOHs). CERF funds also enabled WHO, SMOHs and health partners to establish effective Early Warning And Response Systems (EWARSS) in all supported health facilities, including the training of local health staff, operational support for investigative missions and the provision of laboratory reagents and transportation of samples. Additionally, CERF funds facilitated the procurement and distribution of 14 Cholera kits. These important activities enhanced the capacity of the local health systems in both states to respond to the AWD outbreak to ensure a lower attack and fatality rate among refugee and host communities. through improved surveillance, active case identification and access to timely treatment.

UNFPA's CERF project complemented WHO's support to local health facilities by ensuring comprehensive reproductive health service packages were provided across the response. The project supported improved access to life-saving reproductive health services for 10,158 beneficiaries across both refugee and host communities in both states. This was achieved through the capacity building of 155 medical doctors, medical assistants and community midwives; the provision of essential drugs and supplies to local health facilities; and through the rehabilitation and equipping of 3 delivery rooms and facilities targeted for the provision of comprehensive emergency obstetric care (CEMOC) services. Additionally, the State Ministry of Health (SMOH) requested that the local antenatal care

(ANC)/postnatal care (PNC) unit in the health centre at Qurayd was renovated instead of the delivery room, which had the effect of providing a private space for expectant women to access services. Both the Kosti CEMOC unit, referral hospital and the blood unit in Abu Jubaiha Town were also renovated and properly equipped. CERF funds were also used to maintain the Abu Jubaiha Hospital ambulance, which facilitated the emergency referral and transport of 185 people to the hospital by the project end date, and will continue to support access to secondary and emergency care. UNFPA also required an NCE to account for implementation delays due to AWD outbreaks in both states which diverted government resources away from planned activities and the security incidents in Um Sangour and Al Waral camps. The NCE helped UNFPA to ensure the project activities were implemented as planned and to maximize beneficiaries reached, despite activity interruptions and the incurred delays.

### ***Nutrition***

CERF funds facilitated the identification of- and access to treatment and nutrition services for both acutely malnourished children and children at risk. UNICEF and its nutrition partners were able to screen 17,044 refugee and host community children across both states for SAM, which was paired with the provision of Vitamin A supplementation to bolster nutrition outcomes. Out 2,400 were identified as severely malnourished and were admitted for treatment through WHO's interventions. It is worth noting that while cure rates and death rates were within the project targets, the treatment default rate was higher than anticipated, which is likely due to the high rate of movement of South Sudanese refugees within each state and could be linked with the timing of the project over the main agricultural season, with many South Sudanese refugee families relocating for to seek out temporary work opportunities. To address the default rate, UNICEF conducted community sensitization with refugee communities and signed agreements with refugees community leaders to support families' sustained access to treatment. Additionally, 8,771 mothers and caregivers received counselling on optimal infant and young child feeding, care and hygiene promotion practices, to support their children's nutrition outcomes over the longterm and beyond the project end date.

WHO's CERF project complemented UNICEF's screening and treatment outreach of refugee and host community children by ensuring access to treatment for severely malnourished children under five years who presented for treatment with complications and required support and the two therapeutic feeding units (TFUs) established under the project in El Leri, South Kordofan and Kosti, White Nile, and an additional existing TFU in Abu Jubaiha Town that was supported through the provision of medicines and nutrition products. Additionally, CERF funds enhanced the capacity of local staff at the facilities covered under the project to continue to meet the needs of severely malnourished children beyond the project end date through the production of nutrition guidelines, a training module package, job aids, registers and reporting tools to strengthen the management of inpatient case of SAM.

Furthermore, WFP's nutrition response under CERF addressed the needs of moderately malnourished children and those at risk through the use of the funds to increase the coverage and quality of nutrition services. CERF funds were used to implement a Targeted Supplementary Feeding Program (TSFP), which reached 4,848 beneficiaries, or 74% of the total targeted caseload. This can be attributed to refugee movements out of the camps in White Nile state in search of labor opportunities during the agricultural season. In South Kordofan, the nutrition programme was hindered due to partner performance, which delayed programme implementation while a replacement cooperating partner could be engaged. The Emergency Blanket Supplementary Feeding Program (e-BSFP) administered under the CERF project reached 21,865 beneficiaries, or 100% of the target. A recovery rate of above 75% was achieved, and the programme met Sphere standards for programme exit and acceptable range of mortality rates. A higher than anticipated default rate was also noted under the TFSP and is again likely linked to refugee movements during the agricultural season.

### ***Food Aid***

CERF funds improved the food security of South Sudanese refugee new arrivals in both states. WFP's general food distribution (GFD) under the project reached the planned 60,000 beneficiaries during the project period, with 4,271 metric tons (MT) were distributed across both states. CERF funds were also used to provide transit rations to newly arrived refugee children and pregnant and lactating refugee women upon their entry to Sudan, to address the food gaps many new arrivals face after traveling long distances to reach the border, often without access to food or sufficient water and arriving on foot.

### ***CERF's ADDED VALUE***

- a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?  
YES ☐ PARTIALLY ☒ NO ☐

CERF funding was mobilized relatively quickly and was available by May 2017. In particular, CERF allowed partners to begin project implementation before physical funds were received, which enabled partners to procure supplies and initiate service delivery in a more timely way. For example, WHO was able to procure medicines in bulk, for increased economies of scale, which positioned health partners to address critical needs of the communities, beyond the capacity of the rapid response kits (RRKs) also procured under the project. This was especially helpful given the timing of the start of the CERF grant with the rainy season in both states, which often makes access to refugee camps and settlements difficult, especially as it relates to the transportation and delivery of goods and services. However, many partners felt that the project proposal review process was unnecessarily lengthy and onerous, and delayed the start date of approved projects, which limited the timeliness and quick delivery of the planned interventions.

**b) Did CERF funds help respond to time critical needs<sup>1</sup>?**

YES ☐ PARTIALLY ☒ NO ☐

The CERF funding under this grant enabled humanitarian partners to respond to time critical needs of newly arrived refugees by helping to supplement an otherwise underfunded response, which made it difficult for partners to respond to new needs given the influx and the AWD outbreak. CERF enabled investments in disease surveillance and cholera prevention and treatment to be made in a timely way, which survivors of the AWD outbreak required. Additionally, investments in water quality monitoring, latrine and tap stand construction and access to safe water were also needed quickly to support AWD containment in these locations.

Given that the majority of newly arrived refugees enter Sudan in poor health and nutrition after traveling long distances and originating from areas with high food insecurity due to the ongoing conflict in South Sudan, the CERF contribution also helped to respond to time-critical nutrition needs by facilitating the rapid mobilization and coordination of implementing partners to introduce nutrition screenings for children upon arrival at site extensions in White Nile and in Gedeid in South Kordofan, 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.

However, given that the CERF funds received amounted to under 20% of total funding required for a comprehensive response, it was difficult for partners to meet all time critical needs as required within the designated time period, and given the scale of the ongoing influx of new refugee arrivals throughout the project period.

**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 their engagement in 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, especially as it relates to AWD response in both states. CERF funding also allowed for the inclusion of additional partners with specific technical expertise to contribute to the provision of lifesaving health and nutrition interventions, and strengthen the capacity of local health facilities to respond to the increased demand for health and nutrition services. Similarly, CERF funding also supported the mobilization of bilateral funding to bolster WASH activities for the response in both states. Given the scale and cost of food assistance to the targeted areas, especially over the rainy season, CERF funds were used to expand essential food distribution and supported sufficient resource mobilization to close funding gaps for the targeted locations. However, only some agencies were able to mobilize complementary funds for their activities, and agencies used core funds to plug gaps where they could. Furthermore, despite the receipt of both Rapid Response and Underfunded CERF grants, the South Sudanese refugee response remained woefully underfunded in 2017, at just 32% funded by 31 December.

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

YES ☒ PARTIALLY ☐ NO ☐

The CERF grant was a key platform through which UN agencies coordinated their response activities both at the federal level in Khartoum and in the field in both states. In particularly, the WASH and nutrition components of the CERF grant required partners to

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<sup>1</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

participate in joint planning exercises ensuring a comprehensive response in targeted areas. This improved inter-agency coordination and led to better management of the available resources through cross-checking for duplication of efforts and overlap in the planned response, as well as information sharing on response gaps in key areas as needed. Furthermore, the CERF grant supported the strengthening of working relationships both with- and between key government partners and stakeholders; for example, the expansion of SAM inpatient management by WHO required close collaboration with and between SMOH, the Federal Ministry of Health (FMOH) and national health insurance authorities in El Leri and Kosti hospitals to ensure smooth deliver of critical services.

Beneficiary lists were also shared between partners for improved targeting and to ensure the complementarity of interventions across partners for targeted beneficiaries. As well, partners conducted joint field monitoring where possible, which facilitated opportunities for review and adaption of the response in a collaborative and harmonized way.

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

N/A

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
CERF Secretariat's proposal review process is very lengthy, with multiple rounds of review and extensive comments and/or questions that are answered in other parts of the proposal. Often comments and information requests are inconsistent and suggest a lack of harmonization of the review process, with different Secretariat colleagues reviewing the budgets and narrative separately, without reviewing the proposal in its entirety for the necessary context and background information.	Suggest harmonized review process among Secretariat colleagues for a more organized review process, which will reduce the length of the review process and ensure that comments/questions fielded to country offices cannot first be addressed internally by the.	CERF Secretariat
CERF's fixed grant period of 6 months is perhaps not well aligned with the challenges that humanitarian partners face implementing large-scale interventions in Sudan. Sudan routinely faces circumstances beyond partners' control that require consideration of NCE requests (i.e., delays in signing of Technical Agreements with local authorities, renegeing by authorities on previous commitments for site locations, economic fluctuations, rainy season inaccessibility, etc.).	Consider allowing for a 9-month implementation period for Sudan CERF grants, to include 6 months of project implementation with 3-month buffer to account for potential delays. Will reduce NCE requests and the time required to prepare and approve them.	CERF Secretariat
Quality of structures and/or building materials covered by CERF grants are poor and not aligned to the longer-term needs of South Sudanese refugees in	Add allowances for more permanent 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	CERF Secretariat

Sudan. As well, refugees' emergency status covers a longer period than resident or IDP populations, with refugees considered to be in emergency situations for up to 5 years from their initial displacement, especially for those fleeing violent conflict without the possibility of return in the short-term. Temporary and/or semi-permanent structures have to be replaced and repaired within 1 year.	structures soon after installation.	
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**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
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
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
Multiple projects under each sector can both support and hinder coordination, especially as it relates to quality of infrastructure improvements and/or service delivery, and the degree to which each agency's activities can be sustained beyond project end dates.	Consider having a single joint project under each sector, with activities divided between agencies. Harmonized sector responses can further be bolstered by assigning "lead" agency focal points for each sector to support on the development of sector responses across partners.	RCF, RC/HC, HCT

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
<b>CERF project information</b>							
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	25/05/2017 - 24/11/2017			
<b>2. CERF project code:</b>	17-RR-CEF-059		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Health						
<b>4. Project title:</b>	Rapid response for Health to South Sudanese New Arrivals into South Kordofan and White Nile						
<b>7. Funding</b>	a. Total funding requirements <sup>2</sup> :	US\$ 2,076,580	d. CERF funds forwarded to implementing partners:				
	b. Total funding received <sup>3</sup> :	US\$ 450,000	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 38,359				
	c. Amount received from CERF:	US\$ 450,000	■ <i>Government Partners:</i> US\$ 90,018				
<b>Beneficiaries</b>							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Children (< 18)		16,065	15,435	31,500	19,499	21,124	40,623
Adults (≥ 18)		13,538	14,962	28,500	13,882	15,038	28,920
<b>Total</b>		<b>29,603</b>	<b>30,397</b>	<b>60,000</b>	<b>33,381</b>	<b>36,162</b>	<b>69,543</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
Refugees		60,000			60,536		
IDPs							
Host population					9,007		
Other affected people							
<b>Total (same as in 8a)</b>		<b>60,000</b>			<b>69,543</b>		

<sup>2</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>3</sup> This should include both funding received from CERF and from other donors.



<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	In West Kordofan less South Sudanese Refugees (SSRs) than planned were reached through the immunization activities; this was due to the lower number of arrivals than initially expected in the State. The procured vaccines were then utilized to reach also some host community members. The figures for out-patient consultations are also slightly lower than initially planned, due to the lower caseload of SSRs.
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CERF Result Framework			
9. Project objective	Support the provision of an integrated lifesaving health services to refugees and host communities in targeted localities.		
10. Outcome statement	At least 60,000 SSRs new arrivals in White Nile and South Kordofan States are reached with lifesaving health services (treatment of childhood illnesses, immunization against measles, safe deliveries and neonatal care).		
11. Outputs			
Output 1	Treatment of childhood illnesses among children under-fifteen years of age within the SSRs new arrivals population in White Nile (WN) and South Kordofan (SK)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of IMCI kits, PHC kits, midwifery kits and ORS procured to support lifesaving health services to SSRs new arrivals in the targeted States	30 IMCI kits, 150 ORS cartons, 2000 PAC zinc, 30 PHC kits, 40 Midwifery kits	30 IMCI kits (18 to WN, 12 SK), 150 ORS cartons (100 to WN and 50 to SK), 2,000 PAC zinc (800 to WK and 1,200 to WN), 30 PHC kits (15 to each State), 40 Midwifery kits (25 to SK and 15 to WN)
Indicator 1.2	Number of out-patients consultations for children under 5 within the SSRs new arrivals	At least 60% of the expected out-patient caseload (30,000)	21,343 outpatient consultations (9,910 in SK and 11,433 in WN)
Indicator 1.3	Number of SSRs new arrivals households or families reached with key family practices messages	At least 85% of SSRs new arrivals families (10,200 HH).	9,640 HH reached (2,700 HHs in SK and 6,940 in WN)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of 20 PHC kits, 30 IMCI kits, 150 carton of ORS & 2000 pack of Zinc tablets, 40 MW kits	UNICEF	UNICEF
Activity 1.2	Distribution of the essential health supplies to the targeted localities in WN and SK states	UNICEF	UNICEF
Activity 1.3	Training of community health care providers and community health promoters	SMOH	SMOH (48 community health workers and 18 village midwives)

			were trained in IMCI)
Activity 1.4	Health promotion activities	SMOH, SRCS	SMOH, SRCS, Sub-Saharan African organization
<b>Output 2</b>	Immunization services provided to the children under-fifteen years of age within the SSRs new arrivals population in White Nile and South Kordofan		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Quantity of measles vaccines vials procured to meet the immunization needs of SSRs children under 15 years of age	11,670 vials of measles vaccines	11,670 vials of measles vaccines were procured
Indicator 2.2	% and number of SSRs new arrivals children under 5 years receiving one dose of polio vaccine (95%)	95% (9,405 children)	11,403 (4,474 WN and 6,929 SK) under five SSR children received one dose of polio
Indicator 2.3	% and number of SSRs new arrivals children under 15 years receiving one dose of measles vaccines (95%)	95% (28,215 children)	9,800 under 15 years' children received the first dose of measles vaccine (2,497 in SK and 7,303 in WN)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Vaccines, cold chain equipment and injection supplies procurement	UNICEF	UNICEF
Activity 2.2	Training of vaccinators	SMOH	SMOH (99 vaccinators received refresher training)
Activity 2.3	Expanded Programme on Immunization (EPI) outreach and mobile services	SMOH	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:**

With CERF funding, UNICEF contributed to reduction of mortality and morbidity among the SSR women and children under-five years through increasing access to free quality primary health care services including: outpatient services, Integrated management of childhood illnesses, essential new-borne and postnatal care services and immunization services.

As the influx of the SSRs was far below the expected level, less children were reached with the immunization services especially in West Kordofan. However, the UNICEF supported the SMOH to strengthen the routine services provided to the SSRs in the host community as well.

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

During the design of this project, UNICEF ensured that the services to be provided should respond to the population' needs based on the assessment done. During implementation, UNICEF ensured that high quality services was provided to the target population. Based on the degree of population's satisfaction some changes were done for the modalities of services delivery; in particular, adapting the timing of service provision and increasing the focus on outreach services to overcome the accessibility barriers. During the monitoring, UNICEF staff used to meet the community members to ensure that their actual and perceived needs were met.

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

EVALUATION CARRIED OUT ☐

No evaluation was planned for this project. UNICEF ensured monitoring of the project through its staff, Health Officers based in WN and SK Offices, with supervision from Health Specialists and manager based in Khartoum. The monitoring activities included field visits, monthly reports and joint inspections with the Ministry of Health (implementing partner).

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNICEF		5. CERF grant period:	22/05/2017 - 21/11/2017			
2. CERF project code:	17-RR-CEF-060		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Nutrition						
4. Project title:	Nutrition refugee response in White Nile and South Kordofan						
7. Funding	a. Total funding requirements <sup>4</sup> :	US\$ 1,259,100	d. CERF funds forwarded to implementing partners:				
	b. Total funding received <sup>5</sup> :	US\$ 889,517	■ NGO partners and Red Cross/Crescent: US\$ 129,079				
	c. Amount received from CERF:	US\$ 389,517	■ Government Partners: US\$ 252				
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)		8,044	8,373	16,417	8,044	9,000	17,044
Adults (≥ 18)		6,601		6,601	8,771	0	8,771
Total		14,645	8,373	23,018	16,815	9,000	25,815
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		19,182			21,513		
IDPs							
Host population		3,836			4,302		
Other affected people							
Total (same as in 8a)		23,018			25,815		

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

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

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number reached is slightly higher than the planned target. This is due to extensive community mobilization and screening leading to higher coverage of the services
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CERF Result Framework			
9. Project objective	To prevent mortality and morbidity associated with acute malnutrition in under five years children and improve nutrition for children, pregnant and lactating women among the South Sudanese refugees population in WN and SK		
10. Outcome statement	Among the SSR population in WN and SK, the level of acute malnutrition in children aged 6-59 months of age in refugee communities is kept below WHO emergency threshold level (15%)		
11. Outputs			
Output 1	Children aged 6-59 months access and utilize quality services for treatment of SAM		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of newly arriving South Sudanese children with severe acute malnutrition who are treated	2,371	2,400
Indicator 1.2	Proportion of children discharged cured, defaulted and died from Community-based Management of Acute Malnutrition (CMAM) programs	Cured >75%, defaulted <15%, died <5%	Cured 75.5%, defaulted 20.7%, died 1.9%
Indicator 1.3	Number of children under 5 years screened for acute malnutrition	16,417	17,044
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of Ready-to-Use Therapeutic Food (RUTF), F75 and F1006.	UNICEF	UNICEF
Activity 1.2	Distribution of RUTF, F75 and F100.	UNICEF/SMOH	UNICEF/SMOH
Activity 1.3	Provide lifesaving treatment services for severe acute malnutrition for malnourished boys and girls from South Sudan.	UNICEF / SMOH / Rafaa /Concern / Al Manar /Save the Children	UNICEF / SMOH / Rafaa /Concern
Activity 1.4	Conduct screening for acute malnutrition among new arrivals of South Sudan refugee children.	UNICEF / SMOH / Rafaa /Concern / Al Manar /Save the Children	UNICEF / SMOH / Rafaa /Concern
Output 2	Children aged 6-59 months, pregnant and lactating mothers receive counselling and support to maintain optimal infant and young child feeding, care and hygiene promotion practices.		

<sup>6</sup> Please note that UNICEF is planning to procure new RUTF while utilizing existing stock to send to the field. This ensures that there is no delay in treatment as well as supports an ongoing pipeline of supplies.

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of mothers received behavioural change messages on optimal infant and young child feeding, care and hygiene promotion practices	6,601	8,771 mothers/caregivers received counselling
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of counselling on optimal infant and young child feeding, care and hygiene promotion practices. targeting 6,601 mothers	UNICEF / SMOH / Rafaa /Concern / Al Manar /Save the Children	UNICEF/SMOH/Concern/Rafaa 8,771 mothers and caregivers received counselling
Activity 2.2	Support Vitamin A distribution for newly arrived SSR in refugee camps	UNICEF/SMOH	UNICEF/SMOH 17,044 children received vitamin A supplementation during sub-national campaign in November 2017
Activity 2.3	Support iron and folic acid supplementation for newly arrived SSR pregnant women in refugee camps	UNICEF/SMOH	UNICEF/SMOH 3,301 mothers received Iron Folate supplementation.

**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 high community mobilization and intensive case-finding enabled UNICEF to reach slightly more children than initially planned with screening activities against malnutrition. Concerning the number of children treated for SAM, while the cure rates and death rates were within the project targets, the defaulter rates were rather high due to movement of South Sudanese Refugees for farm work. UNICEF conducted community sensitization and signed agreements with the representatives of the refugees and refugee authority to reduce the defaulter rates.

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

Community members were engaged at the beginning of the project, and sensitized about the services of the project, including signs and dangers of malnutrition and availability of free of charge outpatient therapeutic programme (OTP) services and other PHC services free of charge.

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

EVALUATION CARRIED OUT ☐

No evaluation was planned for this intervention. UNICEF ensured close monitoring of the project in all its stages, from the procurement and storage of the supplies, to their distribution. Monthly monitoring reports were prepared by UNICEF field offices, field visits were conducted with support from Khartoum-based Nutrition officers. Also, quarterly monitoring reports were shared by UNICEF implementing partners to keep track of the project and ensure the full achievements of results.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNICEF	5. CERF grant period:		15/05/2017 - 14/11/2017		
2. CERF project code:		17-RR-CEF-061	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 South Kordofan					
7.Funding	a. Total funding requirements <sup>7</sup> :		US\$ 1,940,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>8</sup> :		US\$ 859,967		▪ NGO partners and Red Cross/Crescent: US\$ 0		
	c. Amount received from CERF:		US\$ 549,967		▪ Government Partners: US\$ 137,678		
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)		3,500	3,500	7,000	4,109	4,149	8,258
Adults (≥ 18)		2,000	1,000	3,000	18,516	14,517	33,033
Total		5,500	4,500	10,000	22,625	18,666	41,291
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		8,500			9,458		
IDPs					10,729		
Host population		1,500			21,104		
Other affected people							
Total (same as in 8a)		10,000			41,291		

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

<sup>8</sup> 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>Overall, the project has reached more beneficiaries than initially planned. At the start of the project, Sudan's economic situation changed significantly, including re-valuation of the US – SDG exchange rate, which increased the budget released to the implementing partners. To accommodate this increase in the project budget; UNICEF increased the number of activities where applicable and based on the needs in the targeted communities (four water yards were rehabilitated, instead of two initially planned, and more hygiene promotion activities in the context of AWD were conducted).</p>
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CERF Result Framework			
9. Project objective	Ensure access to WASH service for South Sudanese refugees in South Kordofan		
10. Outcome statement	10,000 refugees and host community members are using improved drinking water sources and sanitation facilities and have information on improved hygiene practices.		
11. Outputs			
Output 1	10,000 refugees and host community members in South Kordofan 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	Refugee population access to 15l/c/d of improved water supply	10,000	24,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Upgrading of 2 existing hand pumps to Water Yards	South Kordofan Water and Environmental Sanitation Project (WES)	South Kordofan Water and Environmental Sanitation Project (WES)
Activity 1.2	Rehabilitation of 2 existing Water Yards	South Kordofan WES	South Kordofan WES
Output 2	10,000 refugees and host community members in South Kordofan use sustainable, equitable and gender sensitive improved sanitation facilities 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	10,000	10,500
Indicator 2.2	Number of refugees using one latrine drop hole (SPHERE standard: 1 to 50)	50	34
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Construction of 366 shared emergency latrines (lining with bricks)	South Kordofan SMOH	South Kordofan SMOH
Output 3	10,000 refugees in South Kordofan practice proper hygiene as per the emergency SPHERE standards.		



Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of refugees and host community members reached with hygiene messages, sensitization activities, and hygiene kit supplies	10,000	41,291
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Establishment and training of 4 community hygiene clubs, with special focus on women and children	South Kordofan SM)H	South Kordofan SMOH
Activity 3.2	Support and promote hygiene behaviour change activities for youth through awareness creation, recreational activities, etc. in each community	South Kordofan SMOH	South Kordofan SMOH
Activity 3.3	Provision of 2,000 family hygiene kits and 170 cartons of soaps to improve personal hygiene practices	Procurement: UNICEF Distribution: South Kordofan SMOH	Procurement: UNICEF Distribution: South Kordofan 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:**

The below changes on the activities has taken place:

- Increasing the number of rehabilitated water yards from 2 to 4. This increase has sustained the operation of these WYs and as well the increase of storage capacity. This was due to the devaluation of the SDG vs the USD that freed additional funds.

A significant increase in number of people reach with hygiene promotion and behaviour change activities. The additional money made available due to the change in exchange rate was invested in responding to the AWD outbreak in Abu Jubaiha locality for both SSRs and host communities.

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

The affected population was involved in the discussion during the selection of project sites. All water sources rehabilitated and upgraded under this project were selected jointly with the affected population and the locality management.

The operation of water sources within the SSRs settlement were given to the refugees themselves through the established water committee. Their responsibility covers the daily operation and monitoring. This committee is linked with WES and the rural water office to ensure a reporting channel for issues that might be encountered by the refugees. Frequent visits by UNICEF WASH officer was conducted to the project sites to conduct meetings with the refugees' representatives and the locality authorities. A communication line with the refugees' leaders, COR, and the locality commissioner with UNICEF was established as well.

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

EVALUATION CARRIED OUT ☐

No evaluation was planned. UNICEF ensured proper monitoring of project through monthly monitoring reports from the field, as well as field visits conducted by the WASH officer focal point in Khartoum and overall supervision.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
<b>CERF project information</b>							
<b>1. Agency:</b>	UNFPA		<b>5. CERF grant period:</b>	19/05/2017 - 18/11/2017			
<b>2. CERF project code:</b>	17-RR-FPA-029		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Health						
<b>4. Project title:</b>	Life-saving Reproductive Health services prevention and response for South Sudanese refugees in White Nile and South Kordofan						
<b>7. Funding</b>	a. Total funding requirements <sup>9</sup> :		US\$ 2,228,241				
	b. Total funding received <sup>10</sup> :		US\$ 834,030				
	c. Amount received from CERF:		US\$ 500,000				
			d. CERF funds forwarded to implementing partners:				
			▪ NGO partners and Red Cross/Crescent:		US\$ 35,042		
			▪ Government Partners:		US\$ 103,995		
<b>Beneficiaries</b>							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Children (< 18)		2,782	100	2,882	1,889	80	1969
Adults (≥ 18)		8,000	300	8,300	7,989	200	8189
<b>Total</b>		<b>10,782</b>	<b>400</b>	<b>11,182</b>	<b>9,878</b>	<b>280</b>	<b>10,158</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
Refugees		8,946			8,127		
IDPs					0		
Host population		2,236			2,031		
Other affected people					0		
<b>Total (same as in 8a)</b>		<b>11,182</b>			<b>10,158</b>		

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

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

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No significant discrepancy reported.
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CERF Result Framework			
9. Project objective	Improving the provision of quality Reproductive Health services for the new South Sudanese Refugees and vulnerable host Community in White Nile and South Kordofan.		
10. Outcome statement	New South Sudanese Refugees and vulnerable host Community reached by Reproductive Health services.		
11. Outputs			
Output 1	Access to quality of reproductive health care services is supported at the targeted health facilities		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# emergency reproductive health kit procured and distributed	68	68
Indicator 1.2	# referral Hospitals equipped and renovated	2	2
Indicator 1.3	# health workers trained or re-trained on RH interventions/topics	170	155 (80 WN + 75 SK)
Indicator 1.4	# emergency cases referred	170	185 (85 SK + 100 WN)
Indicator 1.5	# delivery rooms are renovated, equipped with basic medical equipment and supplies	3	2 in WN (Alwaral & Umsangour) and 1 SK (Sirajiya)
Indicator 1.6	# Safe motherhood campaign conducted	6	6 (3 in WN and 3 in SK)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of emergency reproductive health kits	UNFPA, MSF-Spain, SMOH, FMOH, SRC	UNFPA
Activity 1.2	Delivery of emergency reproductive health kits to the target areas	UNFPA, MSF-SPAIN, SMOH, FMOH, SRC	UNFPA
Activity 1.3	Minor Renovation and equipping of referral Hospitals (delivery rooms, maternity wards), including support to the blood banks referral Hospital	UNFPA, SMOH WN, SRC	SMOH WN, SRC
Activity 1.1	Training of 125 health care providers on different reproductive health (RH) topics including clinical management of rape survivors.	UNFPA, SMOH WN, SRC	SMOH WN, SRC
Activity 1.2	Support referral of pregnancy related, and delivery related emergencies	UNFPA, SMOH WN, COR WN, SRC	SMOH WN, SRC

Activity 1.3	Conduct safe motherhood campaign in 3 localities	UNFPA, SMOH WN, SRC, FMOH	SMOH WN, SRC
Activity 2.1	Rehabilitation of delivery rooms to meet the standard	UNFPA, SMOH WN, SRC	SMOH WN, SRC
Activity 2.2	Support the incentives and transportation of RH emergency team composed of Medical Doctors, Medical Assistant, Nurses, and Midwives to provide 24h/ 7days RH services in SK	UNFPA, FMOH	FMOH
Activity 2.3	Operational support to all target locations in terms of personnel travel, and delivery of equipment and supplies.	UNFPA	UNFPA

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

With CERF funding UNFPA succeed to support (10,158) South Sudanese Refugees and host community in WN and SK by improving access to integrated life-saving interventions and RH services. This was ensured through capacity building of medical doctors, medical assistants and community midwives, provision of essential drugs and supplies, and rehabilitation of CEMOC and delivery rooms. This included the training of 155 health workers trained or re-trained on RH interventions/topics; the renovation of 3 delivery rooms (Al Waral, Um Sangour, and Sirajiya) and equipping the rooms with basic medical equipment and supplies. ANC/PNC unit in Qurayd health centre was renovated instead of the delivery room as advised by SMOH, which helped the provision of private space to the pregnant women. Additionally:

- CEMOC and referral services at Kosti Hospital and Blood units in Abu Jubaiha were equipped and renovated;
- 185 Emergency cases were referred to the CEMOC hospitals, the maintenance of Abu Jubaiha hospital ambulance led to an increased of the number of referred cases from 170 to 185; and
- Emergency RH kits were procured and distributed to the targeted areas, which complete the service package.

An NCE was requested for additional two months, and which allowed UNFPA additional time to implementing the pending activities. With regards to the approved NCE:

- In South Kordofan: UNFPA faced challenges to its activity implementation due to the outbreak of AWD, with the first case reported on 22 May 2017. The outbreak increased dramatically during the 2017 rainy season (from June/July 2017 onwards, with the outbreak ongoing), which required a timely response by the SMOH and became its main priority. This meant that the SRC teams tasked with engaging with SMOH on reproductive health programming were unable to secure the necessary agreements on time due to the priority assigned to AWD response.
- In White Nile: The were delays to the rehabilitation of the delivery room in Al Waral refugee camp and the referral of the obstetric cases, which was suspended for some time (requiring nearly two months of negotiations) following the security incident in the camp. This also delayed the selection of the vendor for the rehabilitation process as many vendors were not interested in working inside the refugee camps after the incident. Secondly, the outbreak of AWD in White Nile state also challenged project implementation. The efforts and priorities of the SMOH were focused toward the AWD and most of the Directorates, staff and managers, including in HR, were mobilized to the AWD response, reducing capacity to implement the planned activities set out in the CERF-funded UNFPA project..

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

UNFPA worked closely with the SSR in WN and SK in developing and preparing of the awareness session messages, involvement of the SSR in the program and dialogue using their language, and inform them about the available services in their areas.

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

EVALUATION CARRIED OUT ☐

<p>UNFPA conducts an evaluation of its projects every three years, which is aligned to UNFPA's programme cycle. While there is no stand alone evaluation planned for this project, this project will be included in the next programme evaluation in 2020 together with other projects implemented within the current cycle. However, project implementation was continuously monitored by UNFPA reproductive health officers. The monitoring was conducted through field and site visits, and through review of implementing partners' progress reports. UNFPA provided feedback to the partners throughout the implementation phase to ensure that the project was being implemented according to the project plan.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
<b>CERF project information</b>							
<b>1. Agency:</b>	UNHCR		<b>5. CERF grant period:</b>	15/04/2017 - 14/10/2017			
<b>2. CERF project code:</b>	17-RR-HCR-014		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Shelter						
<b>4. Project title:</b>	Provision of life-saving assistance to South Sudanese refugees in White Nile State and South Kordofan State						
<b>7. Funding</b>	a. Total funding requirements <sup>11</sup> :	US\$ 8,128,576	d. CERF funds forwarded to implementing partners:				
	b. Total funding received <sup>12</sup> :	US\$ 4,039,067	■ NGO partners and Red Cross/Crescent: US\$ 575,568				
	c. Amount received from CERF:	US\$ 1,624,137	■ Government Partners: US\$ 157,760				
<b>Beneficiaries</b>							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Children (< 18)		3,528	3,672	7,200	3,500	3,641	7,141
Adults (≥ 18)		6,528	6,272	12,800	6,474	6,221	12,695
<b>Total</b>		<b>10,056</b>	<b>9,944</b>	<b>20,000</b>	<b>9,974</b>	<b>9,862</b>	<b>19,836</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
Refugees		20,000			19,836		
IDPs							
Host population							
Other affected people							
<b>Total (same as in 8a)</b>		<b>20,000</b>			<b>19,836</b>		

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

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

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No significant discrepancy
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CERF Result Framework			
9. Project objective	Enhanced protection and provision of life-saving assistance to South Sudanese refugees in White Nile State and South Kordofan State		
10. Outcome statement	20,000 South Sudanese refugees in White Nile State and South Kordofan State protected through urgent lifesaving measures		
11. Outputs			
Output 1	Expansion of Al Waral refugee site (WN) to accommodate 10,000 individuals (2,000 households)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of site extension cleared and excavation work conducted	1	1
Indicator 1.2	Number of plots demarcation process completed	2,000	2,000
Indicator 1.3	Number of pre-casted concrete culvert to enable vehicles and pedestrian to cross during the rainy season completed	3	3
Indicator 1.4	Number of semi-temporary communal shelters constructed	5	7
Indicator 1.5	Number of semi-temporary schools constructed	3	3
Indicator 1.6	Number of semi-temporary child friendly Spaces constructed	3	3
Indicator 1.7	Number of solar lights installed	15	15
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Excavation / loading and casual labours to clean and level the site area	UNHCR / SRCS	UNHCR / SRCS
Activity 1.2	Deploy skilled labour volunteers to carry out the demarcation process and identify all site facilities / distribution locations	UNHCR / SRCS	UNHCR / SRCS
Activity 1.3	Plots demarcation work of site	UNHCR / SRCS	UNHCR / SRCS
Activity 1.4	Construction of the pre-casted concrete culvert	UNHCR / SRCS	UNHCR / SRCS
Activity 1.5	Construction of 5 communal shelters	UNHCR / SRCS	UNHCR / SRCS
Activity 1.6	Construction of 3 schools	UNHCR / SRCS	UNHCR / Adventist Development and Relief Agency (ADRA)
Activity 1.7	Construction of 3 Child friendly Spaces	UNHCR / SRCS	UNHCR / ADRA
Activity 1.8	Installation of solar lights	UNHCR / SRCS	UNHCR (direct implementation)

<b>Output 2</b>	Expansion of Um Sangour (WN) refugee site to accommodate 2,000 individuals (400 households)		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of plots demarcation process completed	400	500
Indicator 2.2	Number of semi-temporary communal shelters constructed	5	5
Indicator 2.3	Number of semi-temporary schools constructed	1	1
Indicator 2.4	Number of semi-temporary child friendly Spaces constructed	1	1
Indicator 2.5	Number of solar lights installed	7	7
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Plots demarcation work of site	UNHCR / SRCS	UNHCR / SRCS
Activity 2.2	Deploy skilled labour volunteers to carry out the demarcation process and identify all site facilities / distribution locations	UNHCR / SRCS	UNHCR / SRCS
Activity 2.3	Construction of 5 communal shelters	UNHCR / SRCS	UNHCR / SRCS
Activity 2.4	Construction of 1 school	UNHCR / SRCS	UNHCR / ADRA
Activity 2.5	Construction of 1 Child friendly Space	UNHCR / SRCS	UNHCR / ADRA
Activity 2.6	Installation of solar lights	UNHCR / SRCS	UNHCR (direct implementation)
<b>Output 3</b>	Establishment of 1 reception centre in El Sirijaya (SK) benefiting an estimated 8,000 new arrivals		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# reception centre established	1	1
Indicator 3.2	# of individuals screened at reception centre	8,000	8,086
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Establish reception facility	UNHCR / COR	UNHCR / COR
Activity 3.2	Screening of all persons arriving at reception facility	UNHCR / COR / SRCS	UNHCR / COR
<b>Output 4</b>	Some 11,750 people (2,350 households) newly arrived South Sudanese refugees are provided with lifesaving emergency shelter and NFIs in a timely fashion in White Nile State		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	# of affected households provided with NFIs in Al Waral	1,250	1,250
Indicator 4.2	# of affected households provided with emergency shelter in Al Waral	2000	2,000
Indicator 4.3	# of affected households provided with NFIs in Um Sangour	350	350
Indicator 4.4	# of affected households provided with emergency shelter in Um Sangour	400	400
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>



Activity 4.1	Procurement of Emergency Shelter (ES) and Non Food Items	UNHCR	UNHCR
Activity 4.2	Manage the delivery, warehousing and transportation of ES/NFIs to Kosti and to distribution locations	UNHCR / SRCS	UNHCR / SRCS
Activity 4.3	Ensure partners receive and distribute ES/NFIs in a timely manner to targeted refugees	UNHCR / SRCS	UNHCR / SRCS
Activity 4.4	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:**

- Under Output 1, an additional 2 communal shelters were constructed to host the large number of families waiting for registration and shelter materials after the demarcation of additional plots after camp expansion in Al Waral, White Nile;
- Under Output 2, camp expansion in Um Sangour camp in White Nile State allowed for an additional 100 families after demarcation activities were completed. Total number of families reached 500 vs. the planned 400 (due to the fact that actual family sizes differed from the initial registration figures, with registration indicating that most families were +6; however, the bulk of families were between 1-5 individuals, which require less space). The total number of individuals reached is an additional 106 individuals or some 26 additional families. Family size ranges amongst South Sudanese refugees, with the average being 4 per household, accounting for some 37 per cent of families are more than 5;
- Construction of schools and child-friendly spaces in Um Sangour and Khor Alwaral Camps in White Nile states were completed by ADRA (INGO), rather than SRCS. This was done so as to allow the needs of refugee's and host communities to be met simultaneously.
- The site of the construction for the reception centre was initially planned to be Sirijaya, SK. However, due to the fact that Sirijaya is a settlement located about 115km from the boarder, it was observed that the location should be changed to better serve the needs of the South Sudanese refugees arriving in South Kordofan. Given the increased rate of new arrivals through Gedeid entry point, priority was reassessed for relocation of the Reception Centre in Gedeid.

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

UNHCR applied its mainstreamed approach to age, gender and diversity through all activities, including agreements with partners. Capacity building training and a series of focused group discussions were conducted with the beneficiaries from the South Sudanese refugees residing in the existing White Nile sites, including women, girls, boys, men, elderly, disabled persons and others. This assisted in ensuring their situation was better reflected in UNHCR's programming, including identification of the need for assessment for persons with specific needs. UNHCR and its partners and other operational actors in White Nile State have been increasing their longer-term interventions in response to the inputs of refugees to increase different livelihood activities. Regular field monitoring visits by field staff also individually consult with refugees and take action accordingly, with sensitivity to the restrictions experienced in the protection environment, and do no harm principle.

UNHCR is responsible for protection of the refugees once they arrive at the entry points and after transportation to the camps. The majority of refugee households who arrive at reception points do not have basic items, and UNHCR provides them with NFI baskets at the reception centre, based on level one registration by COR. The NFI basket includes blankets, sleeping mats and plastic jerry cans to support the beneficiaries while on transit to the camps. Once they reach the assigned camp, individuals are biometrically registered, then the implementing partner provides a brief orientation on the type of support they will be receiving from who and when. Refugees are also briefed on the process for plot allocation / distribution of shelter materials, and they are provided with cooking sets and mosquito nets to complement the NFI basket received at the entry point.

Replenishment of NFI items and rehabilitation of shelters is maintained regularly according to the items' lifespan, and this activity is implemented in coordination with the camp management, refugee leaders committees and with the implementing partner. Persons with special needs and most vulnerable families are given priority.

UNHCR has instituted a complaint mechanism managed by the IP refugee community and the camp management. UNHCR

receives reports on fire, flood or natural disasters with full details of the affected households, and based on these reports, UNHCR conducts rapid assessments involving all the concern partners to verify the information, assess the needs and provide support based on the recommendations.

During implementation of activities, beneficiaries are informed through their leaders and by mobile microphone in their own local language on the process, schedule and venue of distribution; beneficiaries are involved and contribute to the activities.

During the monitoring activities, UNHCR coordinates with the partner, and they together meet with community leaders to explain the purpose of the process. Community leaders then supports UNHCR by briefing and explaining the process to their communities.

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

EVALUATION CARRIED OUT ☐

Monitoring (on-site and post distribution monitoring) is a continuous process undertaken by UNHCR and it's partners through-out the project cycle. In 2018, an external evaluator has been contracted to evaluate UNHCR's interventions in White Nile state including shelter and NFI interventions for 2017. No evalautions are planned yet for South Kordofan due to phsycial access and security reasons.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNHCR		5. CERF grant period:	15/04/2017 - 14/10/2017			
2. CERF project code:	17-RR-HCR-015		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Water, Sanitation and Hygiene						
4. Project title:	Provision of WASH services to South Sudanese refugees in White Nile State						
7. Funding	a. Total funding requirements <sup>13</sup> :	US\$ 1,320,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received <sup>14</sup> :	US\$ 1,731,560	■ NGO partners and Red Cross/Crescent: US\$ 386,978				
	c. Amount received from CERF:	US\$ 446,796	■ Government Partners: US\$0				
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)		7,500	6,000	13,500	8,344	6,675	15,019
Adults (≥ 18)		10,500	6,000	16,500	11,682	6,675	18,357
Total		18,000	12,000	30,000	20,026	13,350	33,376
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		30,000			33,376		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		30,000			33,376		

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

<sup>14</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No significant discrepancy
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CERF Result Framework			
<b>9. Project objective</b>	Improve the water supply and sanitary conditions in extensions for Al Waral and Um Sangour refugee camps for 30,000 people		
<b>10. Outcome statement</b>	All newly arrived refugees have access to water and sanitation according to first line response.		
<b>11. Outputs</b>			
<b>Output 1</b>	Latrines constructed to serve 6,800 South Sudanese new arrivals in the 2 site extensions		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Construction of emergency of latrine blocks (4 latrines each) constructed (26 in Al Waral and 17 in Um Sangour)	35	43
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Construction of emergency of latrine blocks to serve 2,800 South Sudanese refugees hosted in Al Waral and Um Sangour site extensions	CAFOD / UNHCR	CAFOD/UNHCR
<b>Output 2</b>	Water supply improved through the construction of water taps serving 7,200 South Sudanese refugees in Al Waral and Um Sangour site extensions		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of water tap stands constructed (7 in Al Waral site extension and 5 in Um Sangour site extension)	13	12
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Construction of 12 water tap stands (10 taps per stand serving 600 individuals each in average)	CAFOD / UNHCR	CAFOD / UNHCR
<b>Output 3</b>	Solid waste management and hygiene conditions improved		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	# of drainage system constructed in Al Waral site extension to divert rain water	2	2
Indicator 3.2	# of people reached with solid waste management campaigns in Al Waral (6,000) and Um Sangour (1,000) site extensions	7,000	10,000
Indicator 3.3	# of garbage disposals established	64	70

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Re-excavation of the existing drainage trench	CAFOD / UNHCR	CAFOD UNHCR
Activity 3.2	Undertake 32 solid waste collection and disposal campaigns in the 2 site extensions	CAFOD / UNHCR	CAFOD/ UNHCR
Activity 3.3	Installation of bin and garbage collection disposals	CAFOD / UNHCR	CAFOD/ UNHCR
Activity 3.4	Establish WASH committees to facilitate the mobilization of communities and the smooth management and community ownership of the WASH facilities	CAFOD / UNHCR	CAFOD/ 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:**

Output 1: UNHCR through CAFOD started with constructing three emergency latrines in Al Waral, however due to the poor quality of the materials, those three latrines were destroyed by heavy wind. It was therefore decided to undertake the construction of permanent communal latrines, built with solid material (cement). The construction of permanent latrine had a positive impact on hygiene and health since it significantly reduced insects and flies breeding sites.

Output 3: 70 garbage pins were established and rehabilitated in Um Sangour. In Al Waral the collection system is different: a truck picks-up household wastes in front of each plots on a weekly basis.

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

Beneficiaries were consulted during the different phases of the project, from the planning to the design and implementation. Community leaders and sector committees are responsible for raising issues and requests emitted from the community. For instance:

Output 1: Refugee leaders, WASH committees and community mobilisers were involved in the weekly meeting held in camps. A focus discussion took place in order to expose any concerns. For example, refugees themselves proposed that families should be assigned a specific latrine to use and maintain (4-5 families per latrine). During the implementation, skilled and non-skills refugees were hired to conduct the work.

Output 2 and 3: concerning water taps, refugees were consulted on the preferred design, in order to ensure that UNHCR would meet the needs. Refugees also agreed on the location of the water tap stands. Concerning the garbage, WASH committees and community mobilisers represented the voices of refugees, and in collaboration with hygiene promoters, they selected the garbage bin design as well as their location. During the implantation of activities, they were involved in the overall management and oversight of the activity.

For the re-excavation of the existing drainage system, one was done by SRCS and the refugees constructed one drainage system using the tools provided by CAFOD.

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

EVALUATION CARRIED OUT ☐

Monitoring (on-site and post distribution monitoring) is a continuous process undertaken by UNHCR and it's partners through-out the project cycle. In 2018, an external evaluator has been contracted to evaluate UNHCR's interventions in White Nile state including WASH programming in 2017. Furthermore, a Knowledge, Attitude & Practice (KAP) Survey was conducted by CAFOD for WASH in White Nile towards in December 2017 to evaluate behaviour changes as a result of improved WASH facilities and hygiene.

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	IOM		5. CERF grant period:	01/05/2017 - 31/10/2017			
2. CERF project code:	17-RR-IOM-023		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Water, Sanitation and Hygiene						
4. Project title:	Emergency life-saving Water, Sanitation and Hygiene Response to South Sudanese refugees in South Kordofan						
7. Funding	a. Total funding requirements <sup>15</sup> : US\$ 2,600,000		d. CERF funds forwarded to implementing partners:				
	b. Total funding received <sup>16</sup> : US\$ 542,000		■ NGO partners and Red Cross/Crescent: US\$ 32,522.32 ■ Government Partners: US\$ 5,000				
	c. Amount received from CERF: US\$ 500,000						
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)		3,960	3,000	6,960	3,909	3,908	7,817
Adults (≥ 18)		2,520	2,520	5,040	6,142	4,653	10,795
Total		6,480	5,520	12,000	10,051	8,561	18,612
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		10,000			11,133		
IDPs		1,000			940		
Host population		1,000			6,539		
Other affected people							
Total (same as in 8a)		12,000			18,612		

<sup>15</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>16</sup> 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>IOM provided emergency WASH assistance to 1,715 South Sudanese refugees in El Leri locality, targeting the towns of Umkwaro, El Leri Town and Aljkhoba; and 9,418 South Sudanese refugees in Abu Jubaiha locality, targeting the town of Hai Al Madares, Gedeid, Abu Nowara, Qurayd and Sirajiya. The total number of direct beneficiaries is higher than originally planned as the water interventions reached a higher number of direct beneficiaries through the establishment of three mini water yards instead of two in the town of Hai Al Madares, increasing access to safe water for 3,979 residents and 940 IDPs. The hygiene and garbage collection campaigns also reached a higher number of beneficiaries than originally planned as they were designed in a way to promote collective action between the South Sudanese refugees and hosting communities to increase acceptance and decrease the likelihood of tensions.</p>
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CERF Result Framework			
9. Project objective	To reduce morbidity and suffering among 10,000 South Sudanese refugees newly arrived in the targeted localities and provide life-saving emergency WASH intervention to at least 5,000 expected new arrivals.		
10. Outcome statement	South Sudanese Refugees, IDPs and host communities are protected from suffering related to lack of adequate WASH services		
11. Outputs			
Output 1	12,000 South Sudanese refugees (10,000), host community (1,000) and IDPs (1,000) have equitable access to water supply to ensure minimum 15L/c/d water quantity per day.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of persons provided with sufficient, reliable and safe water for drinking, cooking and personal hygiene (target 15l/p/d-sector defined)	12,000	15,540
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Selection of implementing partner <sup>17</sup>	IOM/TBD contractor	IOM
Activity 1.2	Upgrading two hand pumps into Mini Water Yards	IOM/TBD contractor	IOM/Emmar Group
Activity 1.3	Construction of one hand pump	IOM/TBD contractor	IOM/Emmar Group
Activity 1.4	Rehabilitation of two hand pumps	IOM/TBD contractor	IOM/Emmar Group
Activity 1.5	Procurement of 1,000 water filters	IOM/WES/MoH	IOM
Activity 1.6	Distribution of 1,000 water filters	IOM/WES/MoH	IOM in coordination with WES and

<sup>17</sup> IOM uses three types of contracts with implementing partners:

1. Construction Agreement
2. Implementation Agreement
3. Service Agreement

For all construction work (mainly the water activities and latrine construction) IOM will be contracting implementing partners under construction agreements. For the hygiene and garbage campaigns IOM will be working with an implementing partner under an implementation agreement – as soon as CERF approves the project, IOM will launch the tender and the partner will be chosen within a week and the works will begin within two weeks.

			SMOH
<b>Output 2</b>	12,000 South Sudanese refugees (10,000), host community (1,000) and IDPs (1,000) have equitable access to improved and sex-segregated and child-friendly excreta disposal facilities.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of people who have access to adequate sanitation (latrines newly built)	5,000	5,307
Indicator 2.2	Number of latrines newly constructed	250	250
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Selection of Implementing partner	IOM/TBD contractor	IOM
Activity 2.2	Construction of 250 emergency latrines	IOM/TBD contractor/MoH	IOM/Emmar Group
<b>Output 3</b>	12,000 South Sudanese refugees (10,000), host community (1,000) and IDPs (1,000) are reached with hygiene and garbage collection campaigns and sanitization activities.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of people reached through hygiene promotion campaigns	5,000	7,093
Indicator 3.2	Number of people reached through garbage collection campaigns in targeted localities	5,000	7,093
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Selection of Implementing partner	IOM/TBD contractor	IOM
Activity 3.2	Conduct Hygiene promotion campaigns (13 in total)	IOM/MoH/TBD partner	IOM and El Goni Charitable Society
Activity 3.3	Conduct Garbage collection campaigns (13 in total)	IOM/MoH/TBD partner	IOM and El Goni Charitable Society
Activity 3.4	Procurement of female hygiene kits (1,000) and soap and jerry cans (1,000)	IOM	IOM
Activity 3.5	Distribution of hygiene kits (1,000) and soap and jerry cans (1,000)	IOM	IOM

**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:**

IOM's WASH emergency response focused on the areas outside of the refugee camps in South Kordofan, where the South Sudanese refugees are settling among the host communities, which are already hosting large numbers of IDPs. Within the targeted localities of El Leri and Abujibeha, the basic services available do not sufficiently cover the residents and IDPs, and the arrival of new South Sudanese refugees has heightened tensions among the different communities. The lack of safe water and sanitation facilities can become a source of dispute if equal access to services is not granted, therefore IOM's emergency response focused around interventions that would incentivise collective action and decrease the risks of tensions. The hygiene and garbage collection campaigns specifically focused on increasing cooperation among residents and South Sudanese refugees, accounting for an increase in beneficiaries' numbers as opposed to the previously planned ones. The selected locations for the interventions were chosen in coordination with WES, the government's Humanitarian Aid Commission (HAC), the WASH Sector, UNICEF and the local communities.



Some of the risk factors identified within the project proposal, i) rainy season and flood warnings; ii) lower water ground levels in South Kordofan (lower than 130m), affected the project's timeline and led to slight modifications of some of the water interventions. Pre-identified risk mitigation plans were therefore activated through:

1. Distribution of water filters, women hygiene kits, soap & jerry cans
2. Communities' involvement in the construction of the latrines
3. Hygiene awareness campaigns were conducted through the training of 80 community health promoters (60 South Sudanese refugees and 20 community members) to increase the beneficiaries' knowledge of potential health risks related to water -borne diseases associated to water contamination
4. Garbage collection campaigns were carried out through active community participation to increase community action for the preservation of the environment and mitigate the possibility of water contamination
5. Flexibility and adaptability within the project design: interventions, such as the rehabilitation of two hand pumps, were included in the project to be implemented on a needs basis and in support of other agencies working in localities where the gaps in water availability remain critical. Pre-selected interventions were adapted and modified to the emerging needs on the ground and ground water availability.

#### Activity 1.2: Upgrading two hand pumps into Mini Water Yards

Two hand pumps were upgraded into Mini water yards, one in Hai Al Madares East and one in Hai Al Madares West in Abu Jubaiha locality. One additional Mini water yard was also constructed in Hai Al Madares – initially IOM had planned drilling work in Umkwaro, El Leri locality due to the limited water sources available and the lack of hand pumps to upgrade into mini water yards. The water pumping test revealed that the water was not enough to feed a mini water yard, but was enough for a hand pump. Therefore, IOM installed a hand pump where the drilling was carried out in Umkwaro, El Leri Locality (Activity 1.3) and constructed the additional mini water yard in Hai Al Madares. Access to safe water was increased for 2,415 South Sudanese refugees, 3,979 residents and 940 IDPs.

#### Activity 1.3: Construction of one Hand Pump

One hand pump was constructed in Umkwaro village, El Leri Locality providing access to safe water for at least 250 South Sudanese refugee.

#### Activity 1.4: Rehabilitation of two Hand Pumps

A total of three hand pumps were rehabilitated, one in Umkwaro village (El Leri) to cover the gap in water availability providing safe access to water for at least 250 South Sudanese refugees; one hand pump was rehabilitated in Derbati Camp to cover the gap in water availability in the camp in coordination with UNICEF; and the last hand pump was rehabilitated in the town of El Leri.

#### Activity 1.5, 1.6, 3.4, and 3.5: Procurement and Distribution of 1,000 water filters, 1,000 female hygiene kits, soap and jerry cans

A total of 1,250 water filters were distributed in Abujibhea locality to cover the gaps in safe water availability. IOM distributed 250 extra water purification filters from its own stock to cover a higher number of residents that could not be covered under this project to mitigate the risks of tensions and to also ensure that the residents who were relying solely on the use of unprotected water sources could have increased access to safe water. No drilling can be carried out in both Gedid and Qurayd (Abujibhea), thus IOM prioritized these two localities and covered the entire caseload at the time of distribution – 123 water filters were distributed in Gedid, 64 in Gedid Abu Nowara, 291 in Qurayd, and 643 in Serajiya Camp to cover the gaps in coordination with UNICEF; (an additional 129 filters were distributed to households among hosting communities across the four locations). The distribution of female hygiene kits, soap and jerry cans, was done at the same time and targeted the same number of households.

#### Activity 2.2: Construction of 250 latrines

A total of 250 latrines were constructed in both El Leri and Abu Jubaiha localities to cover the gaps in sanitation as follows:

- 50 latrines in Umkwaro (El Leri locality)
- 85 latrines in El Leri Town (El Leri Locality)
- 5 latrines in Aljokhob (El Leri Locality)
- 50 latrines in Hai Al Madares (Abu Jubaiha locality)
- 60 latrines in Gedid (Abu Jubaiha locality)

#### Activity 3.2 and 3.3: Conduct Hygiene and Garbage Collection Campaigns

A total of 13 Hygiene and Garbage collection campaigns were carried out in 4 localities; Umkwaro, Qurayd, Gedid and Hai Al Madares. For each locality, 15 South Sudanese refugees and 5 members from the host community were trained as hygiene promoters and the trainings focused on the health related topics related to hygiene and safe water use, sanitation, hygiene, water storage and environmental sanitation. The hygiene promoters carried out house-to-house hygiene promotion campaigns. Two community outreach campaigns were carried out in Abu Jubaiha and El Leri, and a one-day event was organized for all community members to convey hygiene messages through the use of mobile theatre campaigns, drama and music events. The garbage collection campaigns were conducted at the same time as the hygiene campaigns through the direct involvement of the

community, along with 5 vector control campaigns.

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

Through this project IOM was able to provide WASH life-saving assistance to the South Sudanese refugees, whilst supporting the host community by ensuring that the scarce resources available did not create or further escalated tensions between the two communities. Throughout the implementation of the project, IOM ensured the direct involvement of both South Sudanese refugees and host communities to increase collaboration and dialogue between the two groups.

1. The locations for the water points were chosen through community consultations, encouraging participation of women, and in locations where the newly established water points would benefit both the South Sudanese refugees and the host communities.
2. The construction and design of the latrines was improved to support the needs of women – the locations were chosen through community consultations and in coordination with the Ministry of Health and HAC.
3. The distribution of water filters was paired to the distribution of female hygiene kits and were handed over directly to the women in the households. Trainings were conducted before each distribution to ensure the correct use and maintenance of the water filters. To mitigate the risks of tensions, IOM also included a number of households from the host communities.
4. Hygiene campaigns targeted women (also through the distribution of 1,000 women hygiene kits). For every location in which hygiene and garbage collection campaigns were conducted, at least 70% of those trained as hygiene promoters were women.

The outreach hygiene awareness events and garbage collection campaigns were in fact very successful in involving the entire community, emphasizing the importance of collective action and collaboration to increase dialogue. Both the hygiene and garbage collection campaigns were designed in a way to reach the highest number of beneficiaries through the direct involvement of the community, and supervising committees were established. Both the hygiene promoters and community members were very committed throughout the process and there was effective collaboration between the South Sudanese refugees and residents. The community also showed commitment to continue the promotion of safe hygiene practices after the completion of the project. The level of knowledge of safe hygiene and change in practices was evident in the level of cleanliness and improvements observed during the house-to-house visits. The theatre campaigns created a safe environment for dialogue and the South Sudanese refugees were able to enjoy the day through singing and dancing. During the implementation of the hygiene awareness campaigns, one of the hygiene promoters' wife gave birth and the child was named "El Goni" after IOM's implementing partner, to reflect the positive efforts and services being implemented towards the community.

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

EVALUATION CARRIED OUT ☐

No external evaluation has been planned for the following project. However, the project was monitored throughout its implementation and is still being monitored. IOM participated in a mission led by UNHCR In South Kordofan to assess the project's activities (December 2017) and another monitoring/assessment mission will be conducted by IOM in February 2018.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
<b>CERF project information</b>							
<b>1. Agency:</b>		WFP		<b>5. CERF grant period:</b>		23/05/2017 - 22/11/2017	
<b>2. CERF project code:</b>		17-RR-WFP-034		<b>6. Status of CERF grant:</b> <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>		Food Aid					
<b>4. Project title:</b>		Life-saving food assistance to South Sudanese Refugees in South Kordofan and White Nile States					
<b>7. Funding</b>	a. Total funding requirements <sup>18</sup> :		US\$ 9,051,449		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>19</sup> :		US\$ 6,703,971		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 154,640.		
	c. Amount received from CERF:		US\$ 2,659,709		■ <i>Government Partners:</i> US\$ 0		
<b>Beneficiaries</b>							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>		19,200	19,800	39,000	20,085	18,915	39,000
<i>Adults (≥ 18)</i>		13,800	7,200	21,000	14,280	6,720	21,000
<b>Total</b>		<b>33,000</b>	<b>27,000</b>	<b>60,000</b>	<b>34,365</b>	<b>25,635</b>	<b>60,000</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
<i>Refugees</i>		60,000			60,000		
<i>IDPs</i>							
<i>Host population</i>							
<i>Other affected people</i>							
<b>Total (same as in 8a)</b>		<b>60,000</b>			<b>60,000</b>		

<sup>18</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>19</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No significant discrepancy
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CERF Result Framework			
9. Project objective	Save lives and protect the livelihoods of South Sudanese refugees through the provision of GFD		
10. Outcome statement	Address the urgent food needs of 60,000 newly arrived South Sudanese refugees		
11. Outputs			
Output 1	Full GFD rations are distributed in sufficient quantity, quality and in a timely manner to 60,000 refugees for one month		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Quantity of food assistance distributed, as % of planned distribution 4,140 mt of food commodities (including 3,420 mt cereals, 432 mt pulses, 216 mt oil and 72 mt salt)	4,140 MT	4,271 MT
Indicator 1.2	Number of women, men, boys and girl refugees receiving GFD food as % of planned	60,000	60,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Utilization of CERF funds for the procurement of food commodities (3,240 MT cereals, 432 MT pulses, 216 MT oil and 72 MT salt).	WFP	WFP
Activity 1.2	Distribution of GFD food assistance in Al Waral and Um Sangor camps in White Nile State and in Abu Jubaiha and El Leri in South Kordofan State	Sudanese Red Crescent Society and Mubadiroon	Sudanese Red Crescent Society and Mubadiroon
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

<b>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:</b>
Throughout the period of CERF project implementation, WFP provided lifesaving food assistance to the new South Sudanese refugees focusing on the new arrivals in both states in both White Nile and South Kordofan States. While the procurement of the CERF-funded food commodities was being processed, WFP used existing stock to respond to the urgent needs of SSR (new arrivals) in both states.

There were no significant differences between the planned and actual outcome, outputs or activities.

An NCE was requested as WFP faced some challenges affecting food distribution and reaching the targeted number of beneficiaries (delays in food distribution due to the August security incident in Khor Alwarel camp in WN and delays due to the rainy season in SK).

In total, WFP reached the planned 60,000 beneficiaries (mainly new SSR arrivals) during the CERF grant's implementation period. A total of 4,271 MTs were distributed. WFP continued to provide technical support to the implementing partners and was present during all distributions except for those delayed in August and September in White Nile and during the rainy season in both SK and WN due to inaccessibility. Where it is not possible for WFP to attend/monitor the food distribution and, in order to maintain the continuity of activities and the associated follow-up, WFP utilized a Third-Party Monitoring Partner to conduct the distribution and provide monitoring activities.

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

WFP enables affected people, including the most marginalized, to play an active role in the design, implementation, and monitoring and evaluation of its interventions. WFP ensures adequate participation and involvement of beneficiaries into programs, notably through regular focus-group discussions with various community groups and the formation of community-headed food management committees, representing both men and women in each of the sites. For example, in regular consultations with food committee members, WFP identifies distribution points that are safe and accessible for beneficiaries to collect rations. Women are also consulted to determine if special packaging is required to facilitate collection and carrying of food rations.

Before, during and after distributions, through cooperating partners, community meetings, sign-boards, banners, community leaders and WFP field monitors, beneficiaries are regularly informed of their entitlements, their duration, the targeting criteria, when and where distributions will take place and how to raise concerns, if any. Delays in food delivery as well as any changes in ration sizes or targeting criteria are communicated to beneficiaries as soon as possible.

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

EVALUATION CARRIED OUT ☐

No specific evaluation was planned for the CERF project. However, the CERF project was included in a broader evaluation / review programme of WFP 2017 activities through Annual Country Report informs on the performance of WFP's operations across the country during the reporting year.

EVALUATION PENDING ☐

In addition, WFP was actively present during all monthly distributions and ensured a continuous follow up / monitoring reporting of/on all project activities' implementation. The project achieved the overall objective in line with the needs of newly arrived refugees. WFP used a participatory approach through food management committees set up by partners during the distribution. These committees contributed positively to the distribution management process, in supporting the vulnerable and ensuring crowd control at distribution points.

NO EVALUATION PLANNED ☒

The beneficiaries were satisfied with the food distribution process. During the distribution monitoring visits / Post distribution visits, the targeted beneficiaries were able to report on their preferences and place complaints whenever necessary. Most importantly, the distributed food enabled the beneficiaries to maintain the same number of meals they used to take before fleeing South Sudan.

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	WFP		5. CERF grant period:	23/05/2017 - 22/11/2017			
2. CERF project code:	17-RR-WFP-035		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Nutrition						
4. Project title:	Emergency Nutrition Interventions for South Sudanese refugees in South Kordofan and White Nile States						
7. Funding	a. Total funding requirements <sup>20</sup> :	US\$ 8,929,231	d. CERF funds forwarded to implementing partners:				
	b. Total funding received <sup>21</sup> :	US\$ 3,247,110	■ NGO partners and Red Cross/Crescent: US\$ 105,034.00 ■ Government Partners: US\$ 0				
	c. Amount received from CERF:	US\$ 1,979,926					
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)		7,290	8,019	15,309	6,868	6,464	13,332
Adults (≥ 18)		6,561		6,561	2,353		2,353
Total		13,851	8,019	21,870	9,221	6,464	15,685
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		21,870			15,685		
IDPs							
Host population							
Other affected people							
Total (same as in 8a)		21,870			15,685		

<sup>20</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>21</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	e-BSFP did not take place in White Nile State in October and November due to Ready-to-Use Supplementary Food (RUSF) having been found to be sold in important quantities on the market. A beneficiary verification took place to this effect in November-December and activities have resumed.
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CERF Result Framework			
9. Project objective	To prevent mortality and morbidity associated with acute malnutrition in children under 5 years and pregnant and lactating women		
10. Outcome statement	Levels of acute malnutrition in girls, boys and PLW in targeted refugee communities is kept below emergency level (15%)		
11. Outputs			
Output 1	Children aged 6-59 months and PLW access and utilize services for the treatment of MAM at Abu Jubaiha, El Leri, Al Waral, and Um Sangour refugee camps		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number children and PLW treated for MAM	6,545 (1,238 CU5 from OTP follow up; 4,644 CU5; 663 PLW)	3,460 (435 CU5 from OTP follow up; 3,103 CU5; 357 PLW)
Indicator 1.2	Proportion of children discharged cured, defaulted, and died from CMAM programs	Cured >75%; Defaulted <15%; Died <3%	WN: Cured: 75.8%, Default: 21.4%, Death 0.1% SK: Cured: 70.8%, Default: 29.2%, no death or non-respondents.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Active case-finding carried out for acute malnutrition among the SSR	WFP/State Ministry of Health/ GAH/SC-S	WFP/State Ministry of Health/ GHF, CWW and ASSIST
Activity 1.2	Distribute RUSF (Plumpy' Sup) for MAM treatment	WFP/State Ministry of Health/ GAH/SC-S	WFP/State Ministry of Health/ GHF, CWW and ASSIST
Output 2	All newly arrived children aged 6-59 months and PLW are enrolled in eBSFP for the prevention of acute malnutrition at Abu Jubaiha, El Leri, Al Waral, and Um Sangour refugee camps		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of Children aged 6-59 months and PLW receiving a monthly supply of RUSF	21,870	15,685
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identify and enroll eligible children and women	WFP/SRC/ASSIST	WFP/SRC/ ASSIST

Activity 2.2	Procure and transport RUSF for eBSFP	WFP	WFP
Activity 2.3	Distribute a monthly ration of Supercereal Plus to all enrolled U5 and PLW	WFP/SRC/ASSIST	WFP/SRC/ASSIST
<b>Output 3</b>	Children aged 6-59 months and PLW receive transit ration upon arrival at the transit centres		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of newly arrived children 6-59 months and pregnant and lactating women who receive transit ration	1,187	1,399 U5 and 478 PLW received a transit ration between May and November 2017 (fine tuning of date not possible)
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Identify and enroll eligible children and women	WFP/SRC/ASSIST	WFP/SRC
Activity 3.2	Procure and transport RUSF to all transit centres	WFP	WFP
Activity 3.3	Distribute a monthly ration of RUSF to all newly arriving children 6-59 months and PLW	WFP/SRC/ASSIST	WFP/SRC

**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:**

WFP's nutrition response in White Nile and South Kordofan was framed under the nutrition sector's response strategy aimed at increasing the coverage and quality of nutrition services for the treatment of acute malnutrition. The response adhered to the CMAM approach in the areas of South Sudanese refugees.

Output 1: TSFP Programme: WFP provides treatment services for Moderate Acute Malnutrition (MAM) through TSFP collectively with other partners to boost sector strategy objectives. WFP managed to reach through active case findings a total of 4,848 beneficiaries, representing 74% of the total targeted caseload. The Sphere standard for programme exit and individual outcomes was also achieved (recovery rate was above 75% and mortality rates were within acceptable levels). The significant increase in defaulters can be attributed to large movements of beneficiaries during the harvest/agricultural season.

Output 2: Emergency Blanket Supplementary Feeding Programme is a rapid response mechanism aimed at mitigating the impact of a shock on the nutritional status of affected populations. The intervention was successfully conducted for children from 6-59 months and PLW at targeted areas. A total of 21,865 beneficiaries were enrolled in the programme and received their entitlements, almost 100% of the target.

Output 3: Transit Ration Distribution: WFP provides a transit ration to address beneficiaries' daily needs due to the long distances walked from inside South Sudan to entry points in both White Nile and Kordofan states. A total of 1,180 children and PLW were provided with the transit ration at the entry points immediately following their registration and demonstration of MUAC.

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

WFP enables affected people, including the most marginalized, to play an active role in the design, implementation, and monitoring and evaluation of its interventions. WFP ensures adequate participation and involvement of beneficiaries into programs, notably through regular focus-group discussions with various community groups and the formation of community-headed food management committees, representing both men and women in each of the sites. For example, in regular



consultations with food committee members, WFP identifies distribution points that are safe and accessible for beneficiaries to collect rations. Women are also consulted to determine if special packaging is required to facilitate collection and carrying of food rations.

Before, during and after distributions, through cooperating partners, community meetings, sign-boards, banners, community leaders and WFP field monitors, beneficiaries are regularly informed of their entitlements, their duration, the targeting criteria, when and where distributions will take place and how to raise concerns, if any. Delays in food delivery as well as any changes in ration sizes or targeting criteria are communicated to beneficiaries as soon as possible.

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

EVALUATION CARRIED OUT ☐

No specific evaluation was planned for the CERF project. However, the CERF project was included in a broader evaluation / review programme of WFP 2017 activities through Annual Country Report informs on the performance of WFP's operations across the country during the reporting year.

EVALUATION PENDING ☐

In addition, WFP was actively present during all monthly distributions and ensured a continuous follow up / monitoring reporting of/on all project activities' implementation. The project achieved the overall objective in line with the needs of newly arrived refugees. WFP used a participatory approach through food management committees set up by partners during the distribution. These committees contributed positively to the distribution management process, in supporting the vulnerable and ensuring crowd control at distribution points.

NO EVALUATION PLANNED ☒

The beneficiaries were satisfied with the food distribution process. During the distribution monitoring visits / Post distribution visits, the targeted beneficiaries were able to report on their preferences and place complaints whenever necessary. Most importantly, the distributed food enabled the beneficiaries to maintain the same number of meals they used to take before fleeing South Sudan.

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		WHO		5. CERF grant period:		07/06/2017 - 06/12/2017	
2. CERF project code:		17-RR-WHO-021		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Health				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Provision of integrated health services for the newly arrived South Sudanese refugees in White Nile and South Kordofan					
7.Funding	a. Total funding requirements <sup>22</sup> :		US\$ 2,760,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>23</sup> :		US\$ 1,579,389		▪ NGO partners and Red Cross/Crescent: US\$ 28,000		
	c. Amount received from CERF:		US\$ 939,386		▪ Government Partners: US\$ 53,863		
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)		10,584	11,016	21,600	10617	10922	21539
Adults (≥ 18)		19,584	18,816	38,400	19511	18000	37511
Total		30,168	29,832	60,000	30128	28922	59,050
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees		60,000			52350		
IDPs							
Host population					6700		
Other affected people							
Total (same as in 8a)		60,000			59,050		

<sup>22</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>23</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No significant discrepancy
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CERF Result Framework			
9. Project objective	Ensure access to essential PHC and public health interventions, for the newly arrived South Sudanese refugees in the in the White Nile and South Kordofan States while filling in the urgent critical health gaps in the existing sites.		
10. Outcome statement	Health services for the South Sudanese refugees in White Nile and South Kordofan States are expanded to cover 60,000 people applying health cluster standards. An integrated package of emergency health services including treatment of common illnesses, provision of medicines free of charge, emergency maternal reproductive and child health, and health awareness care is available for the new refugees accommodated in the new sites and in the existing camps. Alerts of public health threats are monitored, investigated and controlled. Public health interventions to respond to the existing risks and vulnerabilities to cover 60,000 new refugees, including vaccination campaigns.		
11. Outputs			
Output 1	Timely access for 60,000 newly arrived South Sudanese refugees to essential life- saving primary and referral health care services is ensured		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of targeted population (South Sudanese refugees and adjacent host communities) who have access to integrated primary health care and referral services.	90% (about 54,000 people)	98%
Indicator 1.2	Number of new health staff and community health workers trained on case definition and management, universal precaution and infection prevention at health facility level; 100 CHW/Volunteers and 20 health workers recruited for the two supported clinics	120	114
Indicator 1.3	Utilization rate of the health services provided by the clinics supported by the WHO through this fund.	At least 1 consultation/person per six months	1.3
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of medicines and medical supplies to cover 60,000 people for a period of 6 months (Rapid Response Kits (RRK), Diarrheal Diseases Kits (DDK), Diagnostic Kits and surgical supplies for referral).	WHO	WHO
Activity 1.2	Provide integrated PHC package, including curative, ANC, PNC, FP, normal delivery, routine EPI, growth monitoring and identification of malnutrition, health promotion, and referral.	TBD (Sudanese Red Crescent Society (SRCS), or State Ministry of Health (MOH))	Pan care, SMOH in South Kordofan and White Nile, SRCS
Activity 1.3	Training of new health staff (at new clinic) and new	WHO	WHO and MOH

	Community Health Workers (CHW) on case definition and management, infection prevention, IMCI, EWARS.		
Activity 1.4	Monitoring and supervision	WHO	WHO and MOH
<b>Output 2</b>	The collection, analysis and dissemination of critical health information data to monitor health situation and disease trends is effective and used for tailoring of an adequate and timely identification, prevention and control of outbreaks with further expansion to cover the new caseload in the established new camps		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Percentage of alerts of outbreaks investigated and response initiated within 72 hours from notification.	100% (30 cases)	99%
Indicator 2.2	% of EWARS reports timely submitted and disseminated.	24 Reports	100%
Indicator 2.3	# of newly arrived children (6 months to 15 years of age) vaccinated against measles	23,450	23,500
Indicator 2.4	# of HH (New arrival) reached with health awareness messages on prevention and control of various water and hygiene related diseases	75,000 HH	72,300 HHs
Indicator 2.5	Percentage of alerts of outbreaks investigated and response initiated within 72 hours from notification.	60 Deaths which is within the acceptable fatality rate for the AWD in the complex emergency settings	Case fatality rate due to AWD was 2.1 in South Kordofan and White Nile (whole) states above acceptable emergency threshold and 0.9 in White Nile and South Kodofan SSR camps
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Training of 20 new health staff on EWARS alert investigation and initiation of response and recording and reporting of morbidity data.	WHO	WHO and MOH
Activity 2.2	Collection, centralization, analysis of health data.	WHO, MOH and partners	WHO, MOH, SRCS, MSFE, GHF, Pancare
Activity 2.3	Conduct missions for investigation of alerts, collection of samples, identification of sources, active case finding, and development of response plan.	WHO, MOH, partners (Health, and WASH)	MOH, WHO, Pancare and SRCS
Activity 2.4	Conduct mass vaccination campaign for the new arrivals against measles and polio jointly with the partners targeting children bellow 15 years of age (23,450 children).	WHO, UNICEF, MOH, health NGOs	WHO, MOH, SRCS
Activity 2.5	Conduct health awareness for prevention/control of outbreaks (water/vector borne and hygiene related diseases).	WHO, MOH, partners	WHO, MOH,SRCS

<b>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:</b>	
<p>Up to 59,050 South Sudanese refugees and their closest host communities in White Nile Camps and South Kordofan has been ensured through provision of integrated package of services that comprises; curative case management, ANC, routine immunization and implementation of vital public health interventions following national standards and as WHO norms and guidelines</p> <p>No major discrepancies, however; lack of certified medical staff within the catchment area of the project hampered the availability of enough and stand by staff where WHO needs to mobilize staff from outside the operation areas to fill in the staff needed competing with other priorities for staff in responding to AWD in other areas</p>	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>The accountability to affected communities ensured through maximum efforts to recruit the medical staff from the local communities, all CHWs were selected from the same communities; all clinics were supported with staff who speaks same language to facilitate access. Communities were consulted when designing the project and informed about the elements,</p> <p>Supervision missions in affected areas will include random interviews with patients (community members) as well as community group discussions to assess their perception of provided services and immediate needs, and identify the best solutions. Corrective measures took into account their feed-back.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
WHO doesn't evaluate standalone projects, however the WHO team in the field actively involved in CERF monitoring carried by UNHCR/RCF and OCHA for this project., WHO broader programme evaluation is planned 2020 that would include CERF and all other funding sources	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
<b>CERF project information</b>							
<b>1. Agency:</b>		WHO		<b>5. CERF grant period:</b>		31/05/2017 - 29/11/2017	
<b>2. CERF project code:</b>		17-RR-WHO-022		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Nutrition					
<b>4. Project title:</b>		Provision of critical interventions for severe acute malnutrition with complications for newly arrived refugees in White Nile and South Kordofan States					
<b>7. Funding</b>	a. Total funding requirements <sup>24</sup> :		US\$ 2,407,500		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>25</sup> :		US\$ 130,001		■ NGO partners and Red Cross/Crescent: US\$ 0		
	c. Amount received from CERF:		US\$ 130,001		■ Government Partners: US\$ 0		
<b>Beneficiaries</b>							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
Children (< 18)		525	505	1,030	513	474	987
Adults (≥ 18)							
<b>Total</b>		<b>525</b>	<b>505</b>	<b>1,030</b>	<b>513</b>	<b>474</b>	<b>987</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
Refugees		773			750		
IDPs							
Host population		257			237		
Other affected people					0		
<b>Total (same as in 8a)</b>		<b>1,030</b>			<b>987</b>		

<sup>24</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>25</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No significant discrepancy.
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CERF Result Framework			
9. Project objective	Ensure access to vital lifesaving SAM inpatient services for the South Sudanese refugees in the new sites in White Nile and South Kordofan states.		
10. Outcome statement	SAM inpatient services for South Sudanese refugees in White Nile and South Kordofan states are expanded to cover the newly arrived around 1,030 SAM inpatient under 5 children applying nutrition cluster standards. An integrated package of malnutrition treatment activities is available for the new refugees accommodated in new sites and in the existing camps in White Nile and the gatherings in South Kordofan.		
11. Outputs			
Output 1	1,030 under five children have access to treatment of Severe Acute Malnutrition inpatient care		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of health staff provided with training on management of SAM inpatient part of CMAM in WN and SK.	100% (16 women, 14 men)	35 women, 15 men
Indicator 1.2	Coverage of 1,030 under five SAM inpatient by medication for new SSR in White Nile and South Kordofan	100% (525 girls, 505 boys)	96% (513 girls, 474 boys)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of Medicines for SAM inpatient for 3 TFUs (Ahsalam, Alleri, Abu Jubaiha)	WHO	WHO
Activity 1.2	Training of 30 Health and Nutrition staff on SAM inpatient management.	WHO with MOH	WHO with MOH
Activity 1.3	Printing of the sets of standard package; guidelines, training module and job aids for inpatient case of SAM for 35 health and nutrition staff and facilitators from 3 TFUs	WHO	WHO
Indicator 2.1	Printing registers and reporting tools for 6 TFU for 6 months	WHO	WHO
Indicator 2.2	Screening and treatment of 1030 SSR Severe Acute Malnutrition inpatient children under five years in White Nile and South Kordofan states in 3 TFUs	WHO with MOH	WHO with MOH
Indicator 2.3	Minor rehabilitation and refurbishing (painting, build a break in the ward, fixing the infection prevention facilities – hand washing -beds, sheets, couch, tables, chairs and etc, for 1 TFU in White Nile and 2 in South Kordofan	WHO	WHO
Activity 2.1	Conducting 3 supportive supervisory visits jointly	WHO	WHO and SMOH

	with MOH		
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<b>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:</b>	
Due to frequent movement of the refugees from the camps to other big towns and reduced arrival rates in second half of 2017; up to 987 cases were reported in the TFUs with medical complication who were properly managed, which represents 96% planned cases.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
The communities at these operation areas were informed about the elements of WHO nutrition program, the local staff for nutrition services were recruited from the same communities and State ministry of health in addition to good coordination between WHO, UNICEF and National nutrition programme. Community leaders meetings always include discussion on nutrition issues and the concerns of communities taken into account to improve the quality of care and services during the monitoring visits WHO consult the communities and interview them about their satisfaction of the services,	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
WHO doesn't evaluate standalone projects, however the WHO team in the field actively involved in CERF monitoring carried by UNHCR/RCF and OCHA for this project., WHO broader programme evaluation is planned 2020 that would include CERF and all other funding sources	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>



TABLE 8: PROJECT RESULTS							
<b>CERF project information</b>							
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	31/05/2017 - 29/11/2017			
<b>2. CERF project code:</b>	17-RR-WHO-023		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene						
<b>4. Project title:</b>	Provision of critical WASH interventions for newly arrived refugees in White Nile and South Kordofan						
<b>7. Funding</b>	a. Total funding requirements <sup>26</sup> :	US\$ 2,310,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received <sup>27</sup> :	US\$ 300,092	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0				
	c. Amount received from CERF:	US\$ 300,092	■ <i>Government Partners:</i> US\$ 0				
<b>Beneficiaries</b>							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>		10,584	11,016	21,600	9,940	10,580	20,520
<i>Adults (≥ 18)</i>		19,584	18,816	38,400	20,110	17,200	37,310
<b>Total</b>		<b>30,168</b>	<b>29,832</b>	<b>60,000</b>	<b>30,050</b>	<b>27,780</b>	<b>57,830</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
<i>Refugees</i>		60,000			57,830		
<i>IDPs</i>							
<i>Host population</i>							
<i>Other affected people</i>							
<b>Total (same as in 8a)</b>		<b>60,000</b>			<b>57,830</b>		

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

<sup>27</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The discrepancy of 2170 beneficiaries from the targeted beneficiaries is likely due to low attendance to organized sessions on integrated vector control campaign because of frequent movement of SSR to other areas during the implementation period.
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CERF Result Framework			
9. Project objective	Ensure access to vital lifesaving WASH interventions (vector control and water quality) for the South Sudanese refugees in the new sites in White Nile and South Kordofan states.		
10. Outcome statement	WASH services for the South Sudanese refugees in White Nile and South Kordofan states expanded to cover the newly arrived and expected to arrive within the next 6 months (60,000) people while applying WASH cluster standards. The integrated packages of emergency water safety and vector control activities are available for the new refugees, accommodated in new sites and in the existing camps of White Nile and the gatherings in South Kordofan. Alerts of WASH related public health threats are monitored, investigated and controlled. Public health interventions to respond to existing risks and vulnerabilities to cover the new refugees, including effective water quality monitoring and vector control campaigns following the corrective measures.		
11. Outputs			
Output 1	Systematic water quality monitoring covers 60,000 new South Sudanese refugees including at the newly established camps in White Nile and the gathering in South Kordofan.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of weekly water quality monitoring reports timely received from the newly established camp.	24 Reports	24
Indicator 1.2	Number of community volunteers and supervisors trained on water quality monitoring, maintenance of water sources, and household safe water management in the new refugee camp.	70	70
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Training of community volunteers in the new camps including new arrivals in other camps.	WHO	WHO
Activity 1.2	Conduct water quality missions for collecting samples.	Community volunteers, WHO and MOH	Community volunteers, WHO and MOH
Activity 1.3	Printing and dissemination of information, education and communication materials IEC for communities (water source management, household safe water management) and guidelines for volunteers.	WHO for printing and community volunteers for dissemination within communities.	Community volunteers and WHO
Activity 1.4	Conduct water testing using the portable kits procured with previous funding by already trained staff to conduct Free Residual Chlorine, biological tests, turbidity.	MOH	MoH
Output 2	Integrated community vector control activities covers 60,000 new South Sudanese refugees in WN and SKS with the prevention and control of vector borne diseases.		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of integrated vector control campaigns.	40	40
Indicator 2.2	Number of entomological sentinel sites functioning in the newly established camps in WN.	6	6
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Training of 70 community volunteers from within the 60,000 new arrivals on integrated community vector control to cover the integrated vector control activities in the new camps.	WHO	WHO
Activity 2.2	Conduct integrated vector control campaigns with focus on pre- and during rainy season and guided by the entomological surveillance results as per WHO guidelines, including indoor spraying, fogging, and breeding sites elimination.	Community volunteers, WHO, field partners, and MOH	Community volunteers, WHO and MoH
Activity 2.3	Establish 3 entomological surveillance sites within the new camps.	MOH and WHO	MOH and WHO
Activity 2.4	Printing and distribution of health education material to be distributed during vector control campaigns.	WHO and community volunteers	WHO and community volunteers

**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:**

WASH services for the 57,830 South Sudanese refugees in White Nile and South Kordofan states has been ensured through support and implementation of integrated packages of emergency water safety and vector control activities for old and new caseload accommodated in new sites. Data on water related public health threats are monitored, investigated and controlled.

Some discrepancy on beneficiary figures of different interventions have been documented and can be justified as due to recurrent movement of the refugees from the camps to other areas and decreased arrival rates areas of operation in White Nile and South Kordofan.

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

The communities were consulted through WHO established field offices in White Nile and South Kordofan in project designation and its elements that has also happened prior to implementation, vector control and water monitoring is done by trained volunteers from the respective communities who have been selected by community leaders and other established committees, community leaders meetings were maintained to inform the communities where their concerns have been taken into account with corrected measures for the benefit of the affected communities.

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

EVALUATION CARRIED OUT ☐

WHO doesn't evaluate standalone projects, however the WHO team in the field actively

EVALUATION PENDING ☐

involved in CERF monitoring carried by UNHCR/RCF and OCHA for this project., WHO broader programme evaluation is planned 2020 that would include CERF and all other funding sources to measure the progress, assessments for identification of emerging needs has been done and shared in WASH sector coordination meetings, reports on all implemented elements of WASH is documented.

NO EVALUATION PLANNED ☒

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-RR-IOM-023	Water, Sanitation and Hygiene	IOM	NNGO	\$32,522
17-RR-IOM-023	Water, Sanitation and Hygiene	IOM	GOV	\$5,000
17-RR-FPA-029	Health	UNFPA	GOV	\$40,788
17-RR-FPA-029	Health	UNFPA	RedC	\$35,042
17-RR-HCR-014	Shelter & NFI	UNHCR	RedC	\$83,520
17-RR-HCR-014	Shelter & NFI	UNHCR	INGO	\$492,048
17-RR-HCR-015	Water, Sanitation and Hygiene	UNHCR	INGO	\$386,978
17-RR-CEF-059	Health	UNICEF	GOV	\$16,914
17-RR-CEF-059	Health	UNICEF	RedC	\$21,445
17-RR-CEF-059	Health	UNICEF	INGO	\$124,447
17-RR-CEF-060	Nutrition	UNICEF	INGO	\$124,447
17-RR-CEF-060	Nutrition	UNICEF	NNGO	\$4,632
17-RR-CEF-060	Nutrition	UNICEF	GOV	\$252
17-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	GOV	\$137,678
17-RR-WHO-021	Health	WHO	NNGO	\$28,218
17-RR-WHO-021	Health	WHO	GOV	\$21,966
17-RR-WHO-021	Health	WHO	GOV	\$26,083
17-RR-WHO-021	Health	WHO	GOV	\$5,814
17-RR-WFP-034	Food Assistance	WFP	RedC	\$92,946
17-RR-WFP-034	Food Assistance	WFP	NNGO	\$61,694
17-RR-WFP-035	Nutrition	WFP	NNGO	\$2,259
17-RR-WFP-035	Nutrition	WFP	NNGO	\$42,207
17-RR-WFP-035	Nutrition	WFP	GOV	\$19,805
17-RR-WFP-035	Nutrition	WFP	NNGO	\$14,597
17-RR-WFP-035	Nutrition	WFP	INGO	\$26,166

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development and Relief Agency
ADGM	Age, gender and diversity mainstreaming
ANC	Antenatal care
AWD	Acute watery diarrhoea
BPRM	Bureau of Population, Refugees and Migration
CAFOD	Catholic Agency For Overseas Development
COR	Commissioner for Refugees
CMAM	Community-based Management of Acute Malnutrition
CEMOC	comprehensive emergency obstetric care
DCG	Donor Core Group
EWARS	Early Warning And Response System
e-BSFP	emergency blanket supplementary feeding programme
ED	Emergency Shelter
EPI	Expanded Programme on Immunization
ECHO	European Civil Protection and Humanitarian Operations
FMOH	Federal Ministry of Health
GFD	General food distribution
HAC	Humanitarian Aid Commission
HCT	Humanitarian Country Team
IYCF	Infant and young child feeding
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IPC	Integrated Phase Classification
JICA	Japanese International Cooperation Agency
KOICA	Korean International Cooperation Agency
L/P/D	Litres per person per day
MT	Metric tons
MUAC	Mid-upper arm circumference
MAM	Moderate acute malnutrition
NCE	No-cost extension
NFIs	Non-food items
ORS	Oral rehydration salts
OTP	Outpatient therapeutic programme
PNC	Postnatal care
PLW	Pregnant and lactating women
PHC	Primary health care
RRKs	Rapid response kits
RUSF	Ready-to-Use Supplementary Food
RUTF	Ready-to-Use Therapeutic Food
RCF	Refugee Consultation Forum
RWG	Refugee Working Groups
RRRP	Regional Refugee Response Plan
RH	Reproductive health
SAM	Severe acute malnutrition

SGBV	Sexual- and gender-based violence
SK	South Kordofan
SSRs	South Sudanese Refugees
SMOH	State Ministry of Health
SMOHs	State Ministries of Health
SHF	Sudan Humanitarian Fund
SDG	Sudanese pound
SRCS	Sudanese Red Crescent Society
TFSP	Targeted Supplementary Feeding Program
TFU	Therapeutic Feeding Unit
USC	Unaccompanied and separated children
DFID	United Kingdom's Department for International Development
USAID	United States' Agency for International Development
WES	Water and Environmental Sanitation
WN	White Nile