

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
REPUBLIC OF THE SUDAN
RAPID RESPONSE
RESIDUAL HUMANITARIAN NEEDS POST-
CONFLICT 2017**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

AAR was conducted on 15 April 2018. It was attended by WFP, WHO, UNICEF, WHO, UNFPA and FAO.

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

YES NO

The report was shared with the implementing partners and all relevant stakeholders for feedback; UN agencies and their counterparts, the Inter-Sector Coordination Group (ISCG) and the Humanitarian Country Team (HCT).

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

YES NO

The report was circulated to the members of HCT and ISCG for further circulation to the implementing partners

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 23,523,943		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,987,029
	COUNTRY-BASED POOL FUND (if applicable)	200,000
	OTHER (bilateral/multilateral)	1,412,127
	TOTAL	6,599,156

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 19/07/2017			
Agency	Project code	Cluster/Sector	Amount
FAO	17-RR-FAO-022	Livestock	560,001
UNFPA	17-RR-FPA-038	Health	442,839
UNICEF	17-RR-CEF-073	Nutrition	1,385,126
WFP	17-RR-WFP-041	Food Aid	1,036,786
WFP	17-RR-WFP-042	Nutrition	719,973
WHO	17-RR-WHO-028	Health	842,304
TOTAL			4,987,029

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	\$3,941,267
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	\$449,725
Funds forwarded to government partners	\$596,037
TOTAL	4,987,029

HUMANITARIAN NEEDS

For the past seven years, since the outbreak of hostilities between government security forces and non-state armed groups, the Jebel Marra (JM) region, which lies at the juncture between North Darfur, Central Darfur and South Darfur States, has

remained in a precarious situation and has been mostly inaccessible for humanitarian aid. Recurrent clashes have been reported almost every year, resulting in population displacements to Central Darfur State and South Darfur IDP camps. Since the beginning of 2017, access to Jebel Marra increased remarkably, partly due to improved cooperation between the Government of Sudan and the humanitarian community, and several partners were able to conduct assessments in various areas in Jebel Marra.

This CERF application was triggered by the alarming findings of a nutrition and mortality survey conducted March 2017 in Guindo Administrative area of Western Jebel Marra locality in predominantly new IDP-settled villages. The survey showed critical levels of acute malnutrition and emergency levels of child mortality; a manifestation of the impact of food insecurity, poor access to water, sanitation, health services and other underlying factors among the conflicted affected IDPs, returnees and residents. Sexual violence against women and girls in accessing farming land and fetching firewood limited their access to livelihood options, and exposed the most vulnerable to continued violence.

An immediate multi-sectoral response targeting Central, West and North Jebel Marra localities was needed to avoid further morbidity and mortality, in particular child mortality associated with malnutrition and childhood illnesses. This CERF request was based on the rapid lifesaving response components of a Multi-Sector Rapid Response Plan that was specifically prepared to target urgent humanitarian needs associated with critical-level acute malnutrition and mortality among children under five in Jebel Marra localities. The response targeted an estimated 142,906 IDPs and host communities through NGO partners and UN agencies that were already operational on the ground in the selected localities and focused on addressing the extremely high levels of malnutrition and mortality in Jebel Marra.

II. FOCUS AREAS AND PRIORITIZATION

A nutrition and mortality survey conducted March 2017 in the newly accessible area of Guindo Administrative unit, Western Jebel Marra locality revealed alarming figures. The survey showed critical levels of acute malnutrition, with Global Acute Malnutrition (GAM) rate of 15.8% and an emergency level child mortality rate estimated at 4.32 child deaths/10,000 children/day. The crude mortality rate deaths/10,000 people/day was estimated at 2.43 which was also above emergency levels. These findings coincided with a separate, independent Ministry of Health-led acute malnutrition screening campaign, which was also conducted in March, covering Jebel Marra localities. The campaign identified a high proportion of Severely Acute Malnourished (SAM) children with Oedema (severe form of acute malnutrition which causes body swelling and increased risk of death). This was a manifestation of the impact of food insecurity, poor access to water and sanitation, poor access to health services and other underlying factors among the conflicted affected IDPs, returnees and residents. Access to safe drinking water and sanitation facilities remains inadequate. Per capita water consumption is 10.6 litres per person per day in most parts of Western Jebel Marra, and an estimated 50% of the population collects water from unprotected sources.

In addition, at the end of April, a FEWSNET food security monitoring report revealed that the food security situation among new IDPs in parts of Jebel Marra had already deteriorated to Crisis (IPC Phase 3 - Integrated Food Security Phase Classification) and likely to further deteriorate to Emergency (IPC Phase 4) by May/June through September 2017 due to displacement, restrictions on movement and trade flows and limited access to normal livelihoods activities. The lean season was expected to further aggravate the malnutrition situations based on trend analysis of caseload of acute malnutrition over several years that showed an increase of 35-50% during lean seasons in most of Darfur. A multi-sectoral immediate response was needed to avoid further deterioration and an even more catastrophic situation.

Protection assessments in some localities also reported sexual violence against women and girls while accessing farming land or traveling to fetch firewood. The fear of sexual violence limited women and girl's movement curtailing their access to livelihood options, and exposing the most vulnerable ones to continued violence. There was no Gender-Based Violence (GBV) response in these localities including the basic lifesaving components of Clinical Management of Rape (CMR) and Psychosocial Support Services (PSS) despite reports of mass rapes, due to constraints in access).

CERF funding was paramount in reducing mortality and morbidity and specifically child mortality associated with malnutrition and childhood illnesses in areas of Darfur that has seen no humanitarian interventions for over seven years.

This CERF grant was based on a rapid lifesaving response components of a six months plan prepared in June 2017, 'Multi-Sector Rapid Response Plan to tackle urgent humanitarian needs associated with critical-level acute malnutrition and mortality among children under five in Jebel Marra localities, Central Darfur state'. This CERF response was planned for six months for a total amount of US\$ 5,000,000 which was 47% of the funding gap of the activities listed within the five prioritized sectors (Nutrition, Health, FSL, WASH and Protection). The below table reflects the targeting of key activities.

Agency	Nutrition	FSL	Health	WASH	Protection
UNICEF	Treatment of U5 SAM and IYCF counselling.		Treatment of childhood illnesses, immunization U15 and mobilization and awareness raising campaigns	Improve safe (drinking) water sources, sanitation facilities and hygiene practice	
WFP	Emergency Blanket Supplementary feeding (e-BSFP) and Targeted Supplementary Feeding (TSFP).	General Food Distribution			
FAO		Livelihood activities			
WHO	Stabilization Centres and treatment of SAM with medical complications		Provision of health services and health awareness	Water quality and vector control	
UNFPA			Reproductive health services		GBV response

III. CERF PROCESS

The CERF application was discussed during the ISCG meeting of 31 May 2017 at the same time when the comprehensive multi-sector response plan for Jebel Marra was finalised. During this meeting, the priority sectors for CERF were decided based on a proposition from OCHA. Initially the GBV protection component was not listed as a separate sector in the CERF grant. However, the HCT believed that given the serious protection concerns in this area and the opening up of the restrictive protection environment, it was important to list protection as a separate sector in the CERF grant in order to strengthen the protection response as well as the advocacy on protection. Although no gender experts were involved in the process, every implementing agency has taken gender considerations into account while developing the proposals where possible and continued to work with a gender lens during the implementation of the projects.

The total financial requirement for this emergency response was estimated at \$23,523,943 for a period of six months. This included nutrition, health, FSL, WASH, protection, education, ES/NFIs and coordination/common services. To date

\$6,599,156 has been received for the response. Contributions from mainly ECHO and OFDA have been considered in the planning process.

The Sudan Humanitarian Fund in 2017 had allocated US\$ 3.5 million, mainly to NGOs, in Jebel Marra areas that were accessible at the time through the SHF first allocation. During that meeting, it was agreed that protection component (GBV) under CERF would be complemented by protection components under the SHF, as the protection response is less procurement intensive and generally delivered by local responders. OCHA uses the support of the existing SHF structure and team during the CERF allocation process. The CERF process from concept note to final submission of chapeau and proposals, is largely similar to the SHF allocation process which makes the process clear and predictable to all stakeholders. In addition, the SHF had recently gone through a recent allocation process; so much of the data and information had been easily available for the CERF.

While the overall response plan for Jebel Marra included all sectors, CERF funding was limited to high-priority interventions in only five sectors (Health, Nutrition, WASH, Protection and FSL) directly related to malnutrition. In addition to having a separate GBV protection sector response, all sectors prioritized under this CERF were requested to ensure that protection concerns were integrated into their respective sector response. Education and ES/NFI were excluded as they were considered less of a priority to reduce malnutrition which was the main goal of this CERF grant.

The concept note to CERF was submitted on 15 June 2017 for an amount of US\$9,180,000. Based on the available envelope of US\$5,000,000 as communicated by CERF on 22 June 2017, OCHA proposed a division of the envelopes based on the most urgent needs and the funding gaps. This was discussed and unanimously agreed by the ISCG on 27 June 2017. The most critical and live-saving components of each sector response were prioritised for the CERF by each sector after consultation within their coordination structures at both field and national level.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹									
Total number of individuals affected by the crisis: 269,757									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	3,779	56,591	60,370	1,463	26,942	28,405	5,242	83,533	88,775
Health	28,955	25,858	54,813	27,819	23,962	51,781	56,774	49,820	106,594
Livestock	17730	26710	44,440	19,940	29,820	49,760	37,670	56,530	94,200
Nutrition	45,836	6,518	52,354	45,837	0	45,837	91,673	6,518	98,191
WASH	13,110	19,393	32,503	12,594	17,971	30,565	25,704	37,364	63,068

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

BENEFICIARY ESTIMATION

Each CERF recipient reported on their exact method of beneficiary counting to avoid double counting.

In **FSL** sector, FAO received from the implementing partners the full list of the beneficiaries who received the inputs by names, signatures or finger prints (average estimated number of persons per household is six). Furthermore, the number of boys and girls per each family was taken as 40% and was divided equally between the two categories. The remaining 60% was divided as 51% women and 49% men. Double targeting (for example, targeting a household with both livestock and crop inputs) was taken as a percent; for example, 57.3% of the beneficiaries supported with agricultural inputs, 29.9% supported with livestock inputs and the remaining 12.8% supported with both livestock and crop inputs

For **health** sector direct beneficiaries were counted as those that received services at the supported clinics (consultations, pregnant women that benefited from antenatal care sessions and children that received immunization services). Attendants of health promotion were filtered to exclude those already included in consultation files to avoid double counting.

For **nutrition** sector, inpatient direct beneficiaries were calculated as those with medical complications who were admitted to the Therapeutic Feeding Units (TFUs) and received inpatient treatment in these TFUs. For the calculation of children beneficiaries, the figure of total children screened for malnutrition was used, as this was the highest figure in order to avoid double counting, as some of these children also benefited from the provision of health and WASH services. (while no adults benefitted from the nutrition component of the intervention).

In **protection** (health) sector, UNFPA calculated the direct beneficiaries based on existing UNFPA tool to estimate the beneficiaries from Emergency Reproductive Health (RH) kits; the total number of the personal hygiene kits distributed and referral of emergency cases was also easily counted.

For **WASH**, the calculation of adults' beneficiaries, in order to avoid double counting, was the total number of people accessing safe drinking water as some of these people also benefitted from other services such as health. Gender disaggregated figures provided are estimates, since there is no mechanism to report on the gender of children supported by nutrition services and on the gender of people accessing water.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	45,836	56,591	102,427
Male	45,837	29,820	75,657
Total individuals (Female and male)	91,673	86,411	178,084

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

CERF RESULTS

Through this CERF grant, the recipient agencies were able to reach their planned targets as per the application.

FSL: Through CERF, FAO was able to catch the winter season and a total of 10,000 households supported with legume, and vegetable seeds, in addition to hand tools and trainings to produce their own diversified food and enhance their income. A total of 5,700 pastoral beneficiaries supported with animal health and production inputs and services. At least 47% out of this total received the full package of animal vaccination and treatment in addition to animal concentrate feed and mineral licks, whilst 43% of the pastoral beneficiaries received only animal health support. The animals of both groups had access to good quality legume fodder after the harvest. These services and inputs contributed to an increase in milk production by 1.5-2.5 times, healthier, heavier offspring and protection of the animals from the prevailing diseases. No doubt this nutrition sensitive package has a role to play in prevention of malnutrition.

HEALTH: A total of 106,594 beneficiaries benefitted from basic life-saving health services, including, consultations, reproductive health services, case management for the common childhood illnesses and immunizations. As access had been recently restored after long standing inaccessibility; the area was characterized by very limited and inadequate PHC services. The CERF allocation directly enabled the establishment and running of three fixed health facilities covering the essential health needs of more than 97,821 beneficiaries through provision of a full range of standard Primary Health Care (PHC) services with sufficient emergency medicines and supplies to run these facilities. CERF was also used for the establishment of effective Early Warning and Response System (EWARS) connected from the community to PHC and secondary care services.

The CERF interventions have mobilized the local communities to utilize the available reproductive health services, family planning, referral of emergency obstetric cases, safe deliveries which has scaled up the consumption rate of reproductive health services in Jebel Marra area that in turn has contributed to enhancement of maternal and neonatal health in these communities. 160 emergency obstetric and pregnancy related illnesses were referred to the CEMOC hospitals, including the maintenance of Golo and Nertiti hospital ambulances led to increase of the number of the referred cases. 41 Emergency Reproductive Health kits were procured and distributed to the targeted areas, including micronutrients supplements. A total of 12,000 women of reproductive age benefitted directly from the kits.

This funding has enabled UNICEF to procure the essential health supplies (vaccines, cold chain equipment, ORS and IMCI kits) needed for this project and timely distribute them to the implementing partners. To improve the quality of the services provided, UNICEF supported the capacity development of health workers who provided the health services at community level. 24 vaccinators have supported to refresh their vaccination skills while 72 community health workers were equipped with the knowledge and skills needed to provide quality integrated community case management for children under five. These activities have been supported by provision of health promotion activities focusing on key child health issues through awareness raising campaigns and home visits. During the project's implementation period, 27,425 people in Jebel Marra were reached with health messages aiming at improving the family's knowledge and practices in relation to the child health and enhancing utilization of the existing services.

NUTRITION: A total of 91,673 under five children received screening for malnutrition; this target is much higher than the initial target (74,656 children), and was achieved at the same cost through successful community mobilization and participation. As result of the screening, a total of 4,972 children affected by Severe Acute Malnutrition (SAM) and 9,117 affected by Moderate Acute Malnutrition (MAM) children received life-saving treatment. No shortage of drugs was reported throughout the project period. Also, a total of 15,500 mothers received Infant and Young Child Feeding (IYCF) counselling through the establishment and support of 60 mother support groups.

345 under five SAM children with complications were admitted and received treatment through two TFUs established under this CERF grant. In addition, the nutrition awareness sessions have been carried out targeting pregnant and lactating women and the referral system has been enhanced. WFP through its partners successfully reached a total of 40,777 beneficiaries exceeding the planned e-BSFP caseload due to the additional influx of populations and improved accessibility to areas which were closed at planning stage of this grant.

PROTECTION: Three women centres and protection networks were established. The shelters constructed were robust and sustainable with zinc sheeting roofing, bricks to waist height and concrete flooring. In Golo, an existing and unused space was allocated by the community and authorities and rehabilitated for use. 144 Cases of women and girls at risk were identified by community network members and through the women's centres. Due to the sensitivities within communities around reporting GBV activities, timely reporting of GBV incidents was challenging. As such, the teams were able to identify

women and girls at risk rather than specific case management of incidents, so it was deemed more appropriate to support them through provision of dignity kits. These women centres remain in use by the communities as a safe space for social activities and handicrafts for women.

Three campaigns were undertaken in the context of awareness raising sessions within communities with the Community-Based Protection Networks (CBPNs) involvement to establish their role clearly to community members. These campaigns had good attendance and interest, and information was disseminated around key GBV concepts and reporting mechanisms/options within the community.

WASH: 45,900 people gained access to safe drinking water; including 25,400 people benefitted from the construction of two hybrid water supply systems, in partnership with the INGO Norwegian Church Aid (NCA). This also included 6,000 people who benefitted from the installation of 12 hand pumps in partnership with the Water and Environmental Sanitation unit of the Ministry of Health. These construction activities were complemented by trainings for 59 hand pump mechanics to ensure sustainability of the response, reaching an additional 14,500 people.

Approximately 26,600 people (higher than the 12,000 planned) have been reached with community mobilization during Community Led Total Sanitation (CLTS) meetings in public places like schools and markets. This was due to the high interest and participation of community members in 12 villages, where almost 80 per cent of all target households have constructed and are now using household latrines.

Six hygiene promoters worked actively with their communities through home to home visits and distribution of information and communication materials at markets places reaching about 20,000 people with hygiene messages. 1,045 hygiene kits were distributed by UNICEF to vulnerable households together with jerry cans and soap cartons, which was also part of the response to the acute watery diarrhoea (AWD) outbreak in the Jebel Marra region.

Some 100 Environmental Health Officers, workers and health staff received training focusing on water safety management, water quality testing, and water sampling and sanitary inspection. Four water testing kits and water testing supplies were distributed to the state water quality laboratory and to the locality water testing units; each kit allowing tests for more than 10,000 samples for both bacteriological and chemical testing characteristics. 920 water samples were collected from the water sources, network pipelines and households then tested and reports shared with the partners and community based committees to take the needed corrective measures, 45 integrated vector control campaigns were implemented in the targeted nine locations, activities focused on the mechanical and community based component, more than 89,200 people reached by this activity and more than 13,560 households covered, in addition to six entomological surveillance sites were established in the three localities for vector identifications and sensitivity testing.

CERF's ADDED VALUE

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

YES PARTIALLY NO

CERF funding significantly enhanced partners' capacity to rapidly deliver lifesaving services. Through the CERF grant, UNICEF was able to quickly mobilize the government, NGOs and the communities in Jebel Marra to recognize the nutrition crisis and to take collective action. All actors participated effectively and in a coordinated manner during the response leading to wider reach of women and children with integrated health, nutrition and WASH services. CERF allowed rapid deployment of essential animal health and livestock supplies that were used for protection of the livestock assets and improve their access to milk and meat that are strategically important for prevention of malnutrition, together with legumes and vegetables, as well as sources of household income. Moreover, these food supplies are more likely to prevent relapse of malnutrition for families who have children recovering from malnutrition.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

In 2017, Jebel Marra area faced an unprecedented scale of Acute Watery Diarrhea (AWD) outbreak. During this outbreak, CERF support for outbreak investigation, provision of health services and availability of essential medicines saved lives by fulfilling the immediate health needs of affected communities, especially those dying and susceptible to AWD. The health facilities managed to absorb the caseload from the new waves of IDPs and refugees through provision of interventions including ambulatory services available 24/7 for referral of emergency obstetric cases.

Through the grant, UNICEF led a coordinated 'Find and Treat' campaign screening children and immediately admitting those with severe acute malnutrition. The established Stabilization Centres (SC) provided saved the lives of many severely malnourished children with medical complications. Although a few of these children died due to late case presentation, the majority were successfully stabilized, and subsequently continued treatment in the OTPs until they were cured and discharged.

CERF funding enabled the delivery of free of charge life-saving services (referral of emergency obstetric cases, provision of emergency RH kits, and support standard maternity wards and delivery rooms), and implementation of crucial GBV interventions that benefited whole communities. CERF funding has helped kick start RH and GBV interventions in Jebel Marra as it was the only available funding source at a time.

Also, without the CERF Rapid Response Fund, it would not have been possible to catch the 2017 winter agricultural season allowing targeted households to produce their own nutritious food including legumes and vegetables.

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

YES PARTIALLY NO

CERF was instrumental in initiating the response and afterwards UNFPA was able to mobilise additional funds for the response, mainly through UNFPA emergency fund, SHF, ECHO, Japan fund and SIDA which guaranteed the extension of the services to cover a larger group of people. FAO was the first organizations, together with UNICEF, to flag up the deteriorating food security situation had received funds from OFDA to cover the area of Golo, three months before the development of the CERF proposal. USAID and ECHO followed CERF funding for UNICEF to continue the humanitarian response. WHO initiated an integrated response that the MoH managed to build on for containment of AWD, surveillance systems and the three facilities that are still operating with bilateral funding.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

From the needs assessment to planning and response, coordination was key. The coordination went beyond UN agencies to include non-governmental organizations – National and International, government and state and locality levels and the community members. All parties spoke the same language of needs and work towards the common course of addressing these needs. This coordination ensured efficiency and synergies of efforts and collective outcomes. Coordination during service delivery was however weak. WHO, WFP, UNICEF went to the field at different periods. This resulted in delays in implementation of some of the activities, including delayed establishment of SCs in Rokero and Gurnei. Also, there were cases of shortage of MAM supplies, which could have been prevented with better coordination at field level (locality and sub-locality).

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

The technical staff cost funded by CERF, allowed WHO to ensure that interventions by different partners were coordinated and priorities discussed. Most of alerts of disease outbreaks were reported by partners and responded through established EWARS; MoH was actively involved in coordination and joint field missions for rumour investigations and monitoring. Weekly coordination meetings at state and field level have been maintained regularly, Early Warning and Alert Response System (EWARS) reports were prepared and shared timely along with progress made and constraints faced.

WHO and UNICEF multi-sector projects were a good example of a multi sectoral implementation which included for critical WASH, Health and Nutrition interventions in order to tackle urgent humanitarian needs.

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

FAO: The CERF funds came after the allocation of funds from other donors. However, it was possible, though the CERF funds, to complete the activities not covered by funds from other donors which helped to reduce the funding gap and to safeguard the livelihoods of border vulnerable communities.

UNICEF: The CERF funding gave visibility to the humanitarian leadership of the UN agencies. For example, during the visit of the US Ambassador to Golo, which coincided with the Find and Treat Campaign, the UN response team provided updates on the nutrition crisis, government’s cooperation and coordinated response being provided. The US Ambassador on his return to Khartoum issued press statement, acknowledging the work of the UN team and advocating for government to do more to help the populations in all conflict affected areas in Sudan. This intervention was a good example of integrated multi-sectoral response. Also, the provision of services in some areas under the SLA/AW control worked as a peacebuilding element as well.

WHO: The CERF has made the basic services of health, WASH and nutrition available to people in an area that being without services for almost 15 years due to restrictions on humanitarian operations. CERF has added value in term of timing of the response as AWD had disrupted the function of routine service delivery with added burden of life-saving needs during most critical time of a nationwide outbreak. Jebel Marra area gained access after being unreachable for seven years with huge needs to be addressed; CERF initiated the establishment health services delivery.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-	Responsible entity
Provision of services in SLA control areas contributed start dialog and scale up coordination between SLA/AW and north Jebel Mara locality authorities to scale up, this triggered by community demand and needs and both parties willing to reduce the impact of underdevelopment	To capitalize on this success	AHCT/ISCG/HAC

and deterioration of services for more than a decade.		
UNICEF's provider of last resort role in Jebel Marra through deployment of national and international staff was critical in establishing systems and platforms to respond the Nutrition crisis. Gaps, including inadequate staffing among IPs, government's demand for increased incentives for volunteer/seconded staff and shortage of supplies were detected and timely addressed. Other challenges requiring efforts outside the control of UNICEF were not resolved as quickly due to absence of staff on ground (Golo, Rokero, Nertiti)	All recipient of CERF grants should have physical presence on ground to synchronize implementation of the different project components.	OCHA
As a newly accessible area, there was very limited infrastructure (poor roads, in many cases donkeys were used) , few partners on the ground, and high technical staff turnover (in the operational areas) that seriously hampered the timely delivery of services. This was compounded by the massive exchange rate fluctuations	Realistic targets at proposal stage given the current context on the ground	OCHA/HCT/ISCG

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	21/06/2017 - 31 March 2018		
2. CERF project code:	17-RR-CEF-073		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector :	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Integrated nutrition, health and wash emergency lifesaving response project in Jebel Marra					
7. Funding	a. Total funding requirements ² :	US\$ 3,424,753	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 1,635,126	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 175,948	
	c. Amount received from CERF:	US\$ 1,385,126	▪ <i>Government Partners:</i>		US\$ 392,817	
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
<i>Children (< 18)</i>	40,770	39,172	79,942	45,836	45,837	91,673
<i>Adults (≥ 18)</i>	3,570	3,430	7,000	10,300	9,896	20,196
Total	44,340	42,602	86,942	56,136	55,733	111,869
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>						
<i>IDPs</i>	26,604		39,154			

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

³ This should include both funding received from CERF and from other donors.

<i>Host population</i>	19,823	25,367
<i>Other affected people</i>	40,515	47,348
Total (same as in 8a)	86,942	111,869
<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>91,673 children under five years of age were reached with screening more twice the screening target. These results were achieved with same cost due to effective community mobilization and participation.</p> <p>Also, the adult beneficiaries are higher than initially planned, due to the fact that initial estimates of water needs were too low and to reach more people locations of the new water sources were strategically chosen to cover high-density populated areas.</p>	

CERF Result Framework			
9. Project objective	Reduce mortality and morbidity of affected people in Jebel Marra through integrated nutrition, health and WASH emergency lifesaving interventions.		
10. Outcome statement	86,942 vulnerable and conflict-affected people in Jebel Marra benefit from improved health and nutritional status through the provision of integrated emergency life-saving services.		
11. Outputs			
Output 1	Provide lifesaving treatment and immunizations services in primary health care facilities for 79,942 affected children during six-month timeframe in the targeted locations.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children with severe acute malnutrition who are treated	4,115	4,972
Indicator 1.2	Number of out-patient's consultations for children under 15	25,245 (80% of the expected out-patient caseload).	25,361
Indicator 1.3	No shortage of measles vaccines in the targeted localities	21,465 (vials of measles vaccine will be availed).	21,465
Indicator 1.4	% of children under 5 years receiving one dose of polio vaccine (95%)	95% (26,647)	96% (26,696)
Indicator 1.5	% of children under 15 years receiving one dose of measles vaccines (95%)	95% (79,942)	50% (40,564)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide lifesaving treatment services for severe acute malnutrition for malnourished	UNICEF / SMOH / IMC	UNICEF / SMOH / IMC

	boys and girls in Jebel Marra.	/IRW/SEAKER/CRS	/IRW/SEAKER/CRS
Activity 1.2	Procurement of 4,115 cartons of RUTF	UNICEF	UNICEF
Activity 1.3	Distribution of 4,115 cartons of RUTF to implementing partners.	UNICEF	UNICEF
Activity 1.4	Procurement of 50 IMCI kits, 40 carton of ORS & 120 pack of Zinc tablets)	UNICEF	UNICEF
Activity 1.5	Distribution of the essential health supplies to the targeted localities	UNICEF	UNICEF
Activity 1.6	Support 20 integrated PHC mobile clinics. This will complement provision of case management and EPI services at community level. Each clinic will cover 300 child/month on average.	SMOH, SWA Sudan	SMoH, Sawa Sudan
Activity 1.7	Procurement of vaccines, cold chain equipment and injection supplies	UNICEF	UNICEF
Activity 1.8	Distribution of vaccines, cold chain equipment and injection supplies.	UNICEF	UNICEF
Output 2	12,500 people are using improved drinking water sources and have access to safe water every day.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of population who have access to 15l/c/d of improved water supply	12,500	45,900
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Drilling and installation of 2 new hybrid water supply systems	Norwegian Church Aid (NCA)	Norwegian Church Aid (NCA)
Activity 2.2	Drilling and installation of 10 new hand pumps	Central Darfur Water and Environmental Sanitation Project (WES)	Central Darfur Water and Environmental Sanitation Project (WES)
Activity 2.3	Rehabilitation of 25 existing hand pumps	NCA	Norwegian Church Aid (NCA)
Output 3	Effective emergency community outreach interventions through active cases identification, referral and awareness raising. (Capacity building, sanitation, hygiene, family practices).		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of children under 5 years screened for acute malnutrition.	74,565	91,673 under five children screened
Indicator 3.2	Number of mothers counselled for optimal infant feeding practices.	14,167	15,500 mothers counselled through 60 mother support groups

Indicator 3.3	Number of people who have access to safe means of excreta disposal	12,000	26,600 people gained access to safe means of excreta disposal
Indicator 3.4	Number of community members reached with hygiene messages, sensitization activities, and hygiene kit supplies	27,500	26,600 people reached with hygiene messages, sensitization activities and hygiene kit supplies
Indicator 3.5	Number of community health workers trained	24 (15 men and 9 women)	24 (15 men and 9 women)
Indicator 3.6	Number of households or families reached with key family practices messages.	130,000 (85% of total household's members)	27,425 people were reached with key family practices messages
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Conduct screening for acute malnutrition among newly displaced children in Central Darfur	UNICEF / SMOH / IMC /IRW/SEAKER/CRS	UNICEF / SMOH / IMC /IRW/SEAKER/CRS
Activity 3.2	Establish and maintain 60 new Mothers Support Groups	UNICEF / SMOH / IMC /IRW/SEAKER/CRS	UNICEF / SMOH / IMC /IRW/SEAKER/CRS
Activity 3.3	Conducting infant and young child feeding counselling to mothers of children younger than 2 years	UNICEF / SMOH / IMC /IRW/SEAKER/CRS	UNICEF / SMOH / IMC /IRW/SEAKER/CRS
Activity 3.4	Conduct CLTS for 12 activities across 3 localities	Norwegian Church Aid (NCA)	Norwegian Church Aid (NCA)
Activity 3.5	Hygiene promotion through household visits and community awareness sessions	NCA and Central Darfur State Ministry of Health (SMoH)	NCA and Central Darfur State Ministry of Health (SMoH)
Activity 3.6	Provision of 830 family hygiene kits (targeting 4,150 persons), 3,002 jerry cans and 850 cartons of soaps to improve personal hygiene practices	UNICEF	UNICEF
Activity 3.7	Distribution of 830 family hygiene kits (targeting 4,150 persons), 3,002 jerry cans and 850 cartons of soaps to improve personal hygiene practices	NCA and SMoH	NCA and SMoH
Activity 3.8	Training of community health care providers on ICCM	SMOH, SWA Sudan	SMOH, SWA Sudan
Activity 3.9	Refresh Training of 24 vaccinators	SMOH,	SMOH,
Activity 3.10	Conduct 60 EPI Outreach sessions	SMOH, SWA	SMOH, SWA

		Sudan	Sudan
Activity 3.11	Conduct social mobilization and awareness raising activities.	SMOH, SWA Sudan	SMOH, SWA Sudan

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:

A No Cost extension was granted to fully complete the WASH component of this intervention. This was caused by the following factors: high price inflation that impacted the purchase of power generators for the handpumps and construction materials, unavailability of spare parts to fix the drilling machine that was broken during the initial stage of the project, due to the remoteness of the area, difficulties in transport of heavy construction materials to the remote location, as well as ground water scarcity higher than initially envisaged. By the end of the project in March 2018 all the expected WASH outcomes were successfully achieved. The beneficiaries for the water supply were higher than initially expected, due to the fact that initial estimates of water needs were too low and to reach more people, the locations of the new water sources were strategically chosen to cover high-density populated areas.

For nutrition, 91,673 children under five years of age were reached with screening more than the original screening target. This result was achieved with same cost due to effective community mobilization and participation.

For health, the figures of children reached with measles immunization was lower than initially planned, as the Ministry of health requested to focus the services only to children under one year, rather than on children under 15 as initially planned.

For indicator 3.6: We would like to flag that this figure of 130,000 in the proposal is incorrect. It must have been an oversight at time of proposal submission. It is even higher than than the total beneficiaries for this project – and also not in line with the amounts in the budget.

In section 8b, the 40,500 is under the “others” category, but was mistakenly listed under refugees

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

UNICEF and its partners respected the local communities and ensured to involve communities throughout the programme to ensure accountability to affected populations (AAP). For WASH activities, UNICEF partners invited the community members during assessment, implementation, monitoring of the project, and collected feedback after completion of activities. To ensure sustainability and continuation of newly built and rehabilitated water points, NCA and WES supported water user committees and trained hand pump mechanics to encourage community-based operation and maintenance wherever applicable. For sanitation and hygiene promotion, community volunteers were trained for raising awareness among fellow community members. For nutrition, 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 OTP services and other PHC services free of charge. For health, 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 were 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.

Accountability was an integral part of the response also for nutrition. The government, represented by the Ministry of

Health was the lead partner for implementation and UNICEF ensured that they provided the enabling environment and operational space for other NGOs to support. Community leaders were consulted during the response planning and delivery. This ensured that no child or person in need was left behind.

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

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	FAO		5. CERF grant period:	28/07/2017 - 27/01/2018		
2. CERF project code:	17-RR-FAO-022		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector :	Livestock			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Restoring crop and livestock based livelihood productive capacity of malnourished pastoral and farming communities in Jebel Marrah in Central Darfur State					
7. Funding	a. Total funding requirements ⁴ :	US\$ 842,200	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁵ :	US\$ 672,2010	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 86,984.5	
	c. Amount received from CERF:	US\$ 560,001	▪ <i>Government Partners:</i>		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).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	17,380	16,700	34,080	17,730	19,940	37,670
<i>Adults (≥ 18)</i>	30,672	20,448	51,120	26,710	29,820	56,530
Total	48,052	37,148	85,200	44,440	49,760	94,200
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>	12,900		28,000			
<i>Host population</i>	52,200		43,500			

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

⁵ This should include both funding received from CERF and from other donors.

<i>Other affected people</i>	20,100	22,700
Total (same as in 8a)	85,200	94,200
<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>	An overreach of 9,000 beneficiaries due to the increased number of animals that received treatment services to respond to the extra demands by the local communities.	

CERF Result Framework			
9. Project objective	Enhance the capacity of 14,200 vulnerable households (85,200 people) to access, through crop and livestock based livelihood interventions, sufficient nutritious food and diversify their food basket and improve their income in the three targeted Jebel Marra localities (West, Central and North) in Central Darfur state.		
10. Outcome statement	Food and nutrition security restored for 94,200 IDPS and Vulnerable host communities in the three targeted Jebel Marra localities (West, Central and North) in Central Darfur state.		
11. Outputs			
Output 1	Improved access of 10,000 vulnerable households (60,000 people) to winter season home gardening of nutritious food and milk supplies through restoring crop and livestock based productive capacity		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of beneficiary households supported with legume and vegetable seeds and hand tools	10,000 HHs (60,000 persons)	10,000 HHs (60,000) persons
Indicator 1.2	Quantity of legume and vegetable seeds distributed	40 MT of pigeon pea and cowpea seeds; 2.2 MT of vegetable seeds	40 MT of pigeon pea and cowpea seeds; 2.2 MT of vegetable seeds
Indicator 1.3	Quantity and type of hand tools distributed	25,000 pieces of weeding hoes, digging holes and rakes	25,000 pieces of weeding hoes, digging holes and rakes
Indicator 1.1	Number of animals protected against epidemic and endemic diseases through provision of vaccination and treatment services	95,000	105,250
Indicator 1.2	Quantity of vaccines procured and distributed (sheep pox, PPR, HS and BQ)	190,000 dose	190,000 dose
Indicator 1.3	Quantity of veterinary drugs procured	1,649 unit	2,000

	and distributed		
Indicator 1.1	Quantity of animal supplementary feed provided	180 MT (175 MT animal concentrate feed and 5 MT mineral licks)	180 MT (175 MT animal concentrate feed and 5 MT mineral licks)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of improved seeds of cowpea, pigeon pea, okra, water melon, tomato and carrot, and hand tools	Procurement unit of FAO Sudan	Procurement unit of FAO Sudan
Activity 1.2	Distribution of the procured seeds and hand tools to the targeted beneficiaries in the targeted Jebel Marra localities;	SUDANESE RED CRESENT SOCIETY (SRCS) in North Jebel Marra; SIYAJ CHARITY ORGANIZATION (SCO) in Central Jebel Marra and VSF-G in West Jebel Marra	SUDANESE RED CRESENT SOCIETY (SRCS) in North Jebel Marra; SIYAJ CHARITY ORGANIZATION (SCO) in Central Jebel Marra and VSF-G in West Jebel Marra
Activity 1.3	Procurement of veterinary vaccines and drugs, and animal supplementary feed	Procurement unit of FAO Sudan	Procurement unit of FAO Sudan
Activity 1.4	Distribution of animal health and supplementary feed supplies	SUDANESE RED CRESENT SOCIETY (SRCS) in North Jebel Marra; SIYAJ CHARITY ORGANIZATION (SCO) in Central Jebel Marra and VSF-G in West Jebel Marra	SUDANESE RED CRESENT SOCIETY (SRCS) in North Jebel Marra; SIYAJ CHARITY ORGANIZATION (SCO) in Central Jebel Marra and VSF-G in West Jebel Marra
Activity 1.5	Monitoring of the agricultural and livestock activities at the beneficiary level (output and outcome level)	FAO Field staff in Zalingei-Central Darfur state;	FAO Field staff in Zalingei-Central Darfur state
Output 2	Improved access of 4,200 pastoralist households (25,200 people) to milk supplies through restoring livestock based productive capacity		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of animals protected against epidemic and endemic diseases through provision of vaccination and	105,000	109,250

	treatment services		
Indicator 2.2	Quantity of vaccines procured and distributed (sheep pox, PPR, HS and BQ)	210,000 dose	210,000 dose
Indicator 2.3	Quantity of veterinary drugs procured and distributed	1,860 units	2,000 units
Indicator 2.4	Quantity of animal supplementary feed provided	207MT (200 MT animal feed and 7 MT mineral licks)	207MT (200 MT animal feed and 7 MT mineral licks)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of veterinary vaccines and drugs, and animal supplementary feed	Procurement unit of FAO Sudan	Procurement unit of FAO Sudan
Activity 2.2	Distribution of animal health and supplementary feed supplies	SUDANESE RED CRESENT SOCIETY (SRCS) in North Jebel Marra; SIYAJ CHARITY ORGANIZATION (SCO) in Central Jebel Marra and VSF-G in West Jebel Marra	SUDANESE RED CRESENT SOCIETY (SRCS) in North Jebel Marra; SIYAJ CHARITY ORGANIZATION (SCO) in Central Jebel Marra and VSF-G in West Jebel Marra
Activity 2.3	Monitoring of the agricultural and livestock activities at the beneficiary level (output and outcome level)	FAO Field staff in Zalingei-Central Darfur state;	FAO Field staff in Zalingei-Central Darfur state

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 total number of beneficiaries increased from 85,200 to 94,200 HHs. The difference was due to the increased number of animals that received treatment services to respond to the extra demands by the local communities.

FAO procured 42.2 MT of vegetable and legume seeds and 25,000 tools and managed, through the implementing partners, to be distributed to 10,000 households (60,000 people). The CERF funds were also used to procure 400,000 doses of veterinary vaccines and 4,000 units of drugs and managed, through the implementing partners and with the support of the Ministry of Animal Resources in the Central Darfur State to complete the livestock vaccination and treatment campaigns reaching 214,500 animals against the most common epidemic and endemic livestock diseases in the targeted areas.

CERF funds also supported the procurement of animal concentrated feed (375 MT) and (12 MT) mineral licks for promotion of better feeding and animal husbandry during the dry season to achieve better fertility and milk production; this intervention benefited some 2,500 households selected among the total households targeted with livestock inputs and services targeting about 7,500 core breeding stock during the dry season.

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

Accountability to affected populations (AAP) has been ensured through adopting good implementing procedures that started with the establishment of base line information from the surveys that covered the areas of operation; agreeing on suitable criteria for the selections of locations and beneficiaries; and good consultation in identification of the needs in terms of types of inputs and varieties and estimation of the quantities of inputs for the targeted beneficiaries. This exercise was culminated with a timely delivery of inputs. The beneficiary selection and distribution of inputs was carried out in close consultation with the targeted communities including Agricultural and Livestock Village Committees. The Service Providers and the community leaders were strongly involved in the identification of the neediest households in the targeted areas based on the criteria that were set jointly. IDP households who had access to land were given priority for agricultural inputs; likewise the IDP households who have small ruminants were given priority for animal feed distribution. All the beneficiaries were involved in the selection of the village committees.

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

EVALUATION CARRIED OUT

FAO strategic results framework measures progress in delivering the outcomes and outputs that FAO is committed to achieving and for which the organization is accountable to the governing bodies. To measuring progress on outputs and outcomes of the corporate monitoring framework and to strengthen dialogue with the regions and Strategic Objectives Coordinators (SOCs) and to integrate the work and results delivered by the regional initiatives as well as the main areas of work of the Strategic objectives. FAO Sudan identified corporate outputs and indicators which are most relevant to the country programme and developed a corporate country indicator matrix against which progress are measures and reported, including those achieved under the CERF projects. In addition, FAO Sudan through the Office of Evaluation (OED) will conduct an overall programme evaluation. A chapter will focus on CERF projects.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	02/08/2017 - 01/02/2018		
2. CERF project code:	17-RR-FPA-038		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector :	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of lifesaving reproductive health interventions and prevention and response to GBV in Central Darfur areas affected by high malnutrition					
7. Funding	a. Total funding requirements ⁶ :	US\$ 660,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :	US\$ 442,839	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 87,332	
	c. Amount received from CERF:	US\$ 442,839	▪ <i>Government Partners:</i>		US\$ 20,820	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	5,754	550	6,304	4,960	400	5360
<i>Adults (≥ 18)</i>	13,724	1,253	14,977	14000	1155	15,155
Total	19,478	1,803	21,281	18,960	1555	20,515
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>			5,981		9,981	
<i>Host population</i>			2,000		9,200	

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

⁷ This should include both funding received from CERF and from other donors.

<i>Other affected people</i>	13,300	1,334
Total (same as in 8a)	21,281	20,515
<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 of planned beneficiaries per category was revised and corrected based on the project result. Most properly the first planned figures was not correct, since the project is targeting mainly host communities and new IDPs in CD.	

CERF Result Framework			
9. Project objective	Enhance access to life-saving reproductive health care services including basic and emergency obstetric and neonatal care services, referral of obstetric complications and clinical management of rape survivors and support to the prevention of and response to GBV for 21,281 of the most vulnerable and malnutrition affected communities in Jebel Marrah		
10. Outcome statement	With CERF funding UNFPA succeed to support (37,000) beneficiaries from the IDPs and host community in Jabil Marra area namely in the affected three localities Golo, Nertiti and Rokero. The fund was an opportunity to deliver an integrated life-saving interventions Reproductive Health and Gender Based Violence services in the areas. This was ensured through capacity building of medical doctors, medical assistants and community midwives, provision of essential drugs and supplies, rehabilitation of delivery rooms, procurement and distribution of dignity hygiene kits as an entry point to disseminate GBV awareness messages and other information relevant to GBV referral and operational costs. Prevention was also enhanced by awareness campaigns and community outreach activities.		
11. Outputs			
Output 1	A total of 4,655 IDPs, Returnees and vulnerable host community reached by quality Reproductive Health services in Nertiti, Rokero and Golo.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# Emergency reproductive health kits procured and distributed	35	41 Emergency RH kits procured and distributed to targeted areas, In addition to 1860 Vitamin and mineral supplement for pregnant and lactating women, to Prevent micronutrient deficiencies.
Indicator 1.2	# Health workers trained or re-trained on RH interventions/topics	125	150 health care providers trained
Indicator 1.3	# Emergency Obstetric cases and pregnancy related illness referred	150	160
Indicator 1.1	# Delivery rooms equipped with basic medical equipment and supplies	2	2 delivery rooms in Golo(SRC) and one delivery room in Rokero (CRS)
Indicator 1.2	# Safe motherhood campaign conducted	3	Three safe motherhood campaigns conducted

Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of emergency reproductive health kits (Kit No. 2A. Clean Delivery, Individual, Kit No. 3. Rape Treatment kit, Kit No. 6A. Clinical Delivery Assistance kit - Reusable Equipment, Kit No. 6B. Clinical Delivery Assistance kit - Drugs and Disposable Equipment, Kit No.8 treatment of complications of miscarriage, Kit No. 11A. Referral Level, Reusable Equipment kit, Kit No. 11B. Referral Level, Drugs and Disposable Equipment, Kit No. 12. Blood Transfusion kit); and micronutrients (haematinic preparation for prophylaxis and treatment of iron deficiency and prophylaxis of folic acid deficiency during pregnancy)	UNFPA, SMOH (in coordination with IMC and NCA)	UNFPA procured and distributed 35 Emergency RH kits. 1860 micronutrients procured and distributed.
Activity 1.2	Delivery of emergency reproductive health kits to the target areas	UNFPA, SMOH	Done by UNFPA to SMOH, and CRS,
Activity 1.3	Procurement and distribution of delivery room equipment for delivery rooms and maternity wards including support to the blood banks	SMOH	International procurement done by UNFPA
Activity 1.4	Training of 125 health care providers on different RH topics (safe motherhood training for paramedical staff; standard obstetric care; training on causes of maternal deaths; clinical management of rape survivors).	UNFPA, SMOH	Conducted by UNFPA and SMOH; 100 health care providers trained on integrated RH topics and life-saving interventions (SOC, safe motherhood, causes of maternal death), 50 health care providers from Rokero and Nertiti trained on CMR. It was aiming at improving the skills of health care providers (medical doctors and medical assistants) on CMR to be familiar with essential components of medical care after SGBV.
Activity 1.5	Support referral of pregnancy related, and delivery related emergencies through enhancement of locally initiated referral system in three target areas, targeting 150 emergency obstetrical cases including transportation through ambulances.	UNFPA, IMC, NCA, SMOH, SRC	The timely referral to Emergency Obstetric Care from rural communities to four Rural Hospitals in Golo, Nertiti, and Zalingei saved lives of 160 pregnant women whom presented with different emergencies and diseases (13 abortion, 5 antepartum haemorrhage, 23 obstructed labour, and other pregnancy related diseases like Anaemia, UTI and Malaria).

Activity 1.6	Conduct safe motherhood campaign in 3 localities	UNFPA, SMOH, SRC	Awareness raising sessions on RH and GBV successfully conducted in Jabel Marra localities, namely, Rokero, Golo, and Nertiti. Total number of awareness raising sessions conducted through drama and direct sessions reached eight sessions where over 4450 persons from targeted communities participated representing various community figures, women, men, civil leaders, police officers and army officers. Five sessions were conducted in Golo locality (four inside Golo town and one in Sorong Administrative Unit), and three sessions were carried out in Nertiti locality. 8 sessions conducted in Rokero. Moreover, three advocacy sessions were conducted as well, two in Golo and one in Nertiti with civil community leaders and Imams. The advocacy sessions aimed to gain the support of community leaders on RH and GBV interventions.
Output 2	Increased access to and availability of services for a total of 16,626 IDPs, returnees and host community members vulnerable to GBV through strengthening referral pathways and community protection structures		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of community based protection networks established (36 members 50% women)	3	3
Indicator 2.2	# of new women centres established and functioning	3	3
Indicator 2.3	# of beneficiaries received support through direct psychosocial support services and/or information through awareness sessions	1,500	1,500
Indicator 2.4	# of procured and distributed PHKs (Basic)	6,000	6,000
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Formulate 3 community based women protection networks, and train the members (36 members;50% women) on GBV guiding principles, referral pathways, and PSS	DRC	DRC: Three protection networks has been established and supported in Nertiti, Rokero and Golo, the members of the CBPNWs were selected from the local community and each committee consist of 12 members (male 6 and

			females 6.) Clear term of references was developed for each network to ensure clarity in roles and responsibilities among the members. DRC trained 60 community members (20 per each location) included the CBPNWs members and community leaders for two days on the GBV concepts and GBV consequences including protection concern and psycho-social support.
Activity 2.2	Support establish and activation of 3 Women Centres as entry point for the survivors to receive PSS support, GBV information, and social integration and life skills trainings	DRC	DRC, 3 women centres were established. In Nertiti and Rokero, due to the need for neutral space and availability of resources, initial shelter structures were set up to facilitate the start-up of emergency operations with a view to establishing more closed structures with future funding. The shelters constructed were robust and sustainable with zinc sheeting roofing, bricks to waist height and concrete flooring. In Golo, an existing and unused space was allocated by the community and authorities and rehabilitated for use. These women centres remain in use by the communities as a safe space for social activities and handicrafts for women.
Activity 2.3	Provision of psychosocial support includes training of the social workers	DRC	DRC
Activity 2.4	Procurement and distribution of 6,000 PHKs (Basic)	UNFPA	UNFPA through DRC in CD distributed 6,000PHK,
Output 3	Raised community awareness on prevention of and response to GBV and mitigated GBV risks, response to incidences and eliminated social stigma of survivors		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of trained service providers and social workers on PSS and GBV related issues	90	90 services providers trained on PSS, Referral pathway and other GBV related issues
Indicator 3.2	# of beneficiaries reached by awareness campaigns on GBV – 1 per locality.	9,000	7800 (total achieved is under the target due to AWD in Gulu thus community participation and engagement in the awareness sessions was low)
Indicator 3.3	# of awareness sessions conducted to sensitize communities on Gender based	3	3 campaigns were undertaken in the context of awareness raising sessions

	Violence and referral pathway mechanisms		within communities with the CBPNs involvement to establish their role clearly to community members. These campaigns disseminated information around key GBV concepts and reporting mechanisms/options within the community. Good attendance and interest was noted and feedback from communities showed interest and conversation initiated by the concepts presented. Campaigns were undertaken with engagement from MoSA GBV technical staff.
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Train social workers and service providers on GBV related issues. (Target 90)	DRC	DRC
Activity 3.2	Conduct Awareness campaigns on GBV – 1 per locality. (Target 3,000 community members)	DRC	DRC
Activity 3.3	Monitoring and evaluation for project performance in 3 target areas for all outputs	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:

1- 150 health workers trained on RH lifesaving interventions, including on clinical management of rape survivors. Based on the statements of the SMOH staff implemented these activities, the recent interventions have mobilized the local communities to utilize the available reproductive health services, family planning, referral of emergency obstetric cases, safe deliveries and in turn will scale up the consumption rate of reproductive health in Jabel Marra area that will definitely contribute in enhancing the maternal and neonatal health in these communities.

2- 160 Emergency obstetric and pregnancy related illnesses referred to the CEMOC hospitals, including the maintenance of Golo and Nertiti hospital ambulances led to increase of the number of the referred cases.

3- 41 Emergency Reproductive Health kits were procured and distributed to the targeted areas, including the micronutrients supplements. Total of 12,000 Women at reproductive age benefited directly from the kits.

4- Cases of 144 women and girls at risk were identified by community network members and through the women's centers. Related to the sensitivities within communities around reporting GBV activities, timely reporting of GBV incidents was challenging. As such, the team were able to identify women and girls at risk rather than specific case management of incidents, so it was deemed more appropriate to support them through provision of dignity kits.

5- 3 women centres were established. In Nertiti and Rokero, due to the need for neutral space and availability of resources, initial shelter structures were set up to facilitate the start-up of emergency operations with a view to establishing more closed structures with future funding. The shelters constructed were robust and sustainable with zinc sheeting roofing, bricks to waist height and concrete flooring. In Golo, an existing and unused space was allocated by the community and authorities and rehabilitated for use. These women centres remain in use by the communities as a safe space for social activities and handicrafts for women.

6-Three protection networks have been established and supported in Nertiti, Rokero and Golo, the members of the CBPNWs were selected from the local community and each committee consist of 12 members (male 6 and females 6.) Clear term of references was developed for each network to ensure clarity in roles and responsibilities among the members. DRC trained 60 community members (20 per each location) included the CBPNWs members and community leaders for two days on the GBV concepts and GBV consequences including protection concern and psycho-social support.

7- 3 campaigns were undertaken in the context of awareness raising sessions within communities with the CBPNs involvement to establish their role clearly to community members. These campaigns disseminated information around key GBV concepts and reporting mechanisms/options within the community. Good attendance and interest was noted and feedback from communities showed interest and conversation initiated by the concepts presented. Campaigns were undertaken with engagement from MoSA GBV technical staff.

8- 90 services providers trained on PSS, Referral pathway and other GBV related issues

9- UNFPA through DRC in CD distributed 6,000PHK, the breakdown of distribution was Nertiti: 2500 kits; Golo: 2000; and Rokero: 1500 kits. The distribution was overseen by MoSA technical staff. Beneficiaries were identified through the CBPNs and registered in a confidential database by DRC staff to facilitate future support and follow up

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

The implemented project ensured the AAP in the targeted areas, mainly through the involvement of the affected community in project design and implementation, like the creation of the community protection network, referral of SGBV cases, distribution of PHK, RH and GBV awareness campaigns.

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

EVALUATION CARRIED OUT

UNFPA implement an evaluation process of its projects every three years, which is aligned to UNFPA's programme cycle. 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 staff in the field and at national level.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	15/06/2017 - 14/03/2018		
2. CERF project code:	17-RR-WFP-041		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector :	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency General Food Distribution to Internally Displaced Persons (IDPs) in the Jebel Marra region					
7. Funding	a. Total funding requirements ⁸ :	US\$ 10,665,524	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ :	US\$ 2,692,413	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 64,169	
	c. Amount received from CERF:	US\$ 1,036,786	▪ <i>Government Partners:</i>		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).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	15,957	13,930	29,887	3779	1463	5242
<i>Adults (≥ 18)</i>	15,204	12,615	27,819	56591	26942	83533
Total	31,161	26,545	57,706	60,370	28,405	88775
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	57,706			88775		
<i>Host population</i>						

⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁹ This should include both funding received from CERF and from other donors.

<i>Other affected people</i>		
Total (same as in 8a)	57,706	88,775
<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>	During the planning period, official estimates on the caseload were utilized and comprised of 57,706 individuals. As the humanitarian situation in Jebel Marra continued along an unpredictable trend, the Government of Sudan requested that WFP scale up food assistance interventions to include both Central and North Jebel Marra and their localities, further increasing the planned caseload. IOM subsequently completed beneficiary verification exercises for Central and North Jebel Marra in October and December 2017 respectively. Verification exercises produced a total caseload much larger than anticipated. This caseload was included in the operational plan, and illustrates a discrepancy of an additional 31,069 beneficiaries between planned vs actual.	

CERF Result Framework			
9. Project objective	Save lives and protect the livelihoods of Internally Displaced Persons (IDPs) and Returnees in the Jebel Marra region through the provision of General Food Distributions (GFD)		
10. Outcome statement	The main objective of this project is to tackle urgent humanitarian needs associated with critical level acute malnutrition and mortality among vulnerable populations in Jebel Marra. With this CERF grant, WFP procured and distributed 1,812 MT of food through emergency general food distribution for 1 month. During Phase II of the Jebel Marra response, WFP provided assistance from GFD to FFA activities targeting eligible returnee households, in line with accessible returnee targets in Golo, Rokero and Fanga Souk. Returnees living in specific conditions by which they are unable to participate in FFA activities, as well as IDPs, will continue receiving support under GFD and/or seasonal support activities for 6-8 months.		
11. Outputs			
Output 1	Half GFD rations are distributed in sufficient quantity, quality and in a timely manner to 57,706 beneficiaries over a 3.5-month period		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Quantity of food assistance distributed, as % of planned distribution (disaggregated by type)	1,812 MT (100%)	1,812 MT (100%)
Indicator 1.2	Number of women, men, boys and girl refugees receiving GFD food as % of planned	57,706 (100%)	88775
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of food commodities (1,636 MT cereals and 177 MT pulses).	WFP	WFP
Activity 1.2	Distribution of GFD food assistance in Jebel Marra localities	Danish Refugee Council (DRC)	DRC and CRS

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 food assistance	WFP	WFP
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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 unhealthy pipeline situation affected food deliveries to Jebel Marra.

The unpredictability of the security situation necessitated the movement of food from main upstream hubs to Darfur with military escorts scheduled twice per month. In addition, UNAMID military escorts were needed to move food from Nertiti within Jebel Marra. The security situation remains pervasive while sporadic conflict continues to occur in North and Central Jebel Marra, thus limiting access to rural areas outside of Golo, Rokero, and Fanga Souk.

Distribution in Rokero has not happened yet and WFP is waiting for IOM to provide beneficiaries database after verification and token distribution.

Poor road conditions especially during the rainy season and inadequate commercial trucking capacity also had an impact on WFP operations. Transport delays due to the nationwide fuel crisis and insecurity within the operation areas have continually affected the delivery of food to Rokero in North Jebel Marra. Due to insecurity and poor road condition, UNAMID escorts are forced to accompany WFP fleet trucks through an elongated route that delays delivery often by one week or more.

WFP prioritized the available stock of GFD commodities to assist Jebel Marra.

Coordination meetings were put in place between WFP and UNAMID to ensure consistency in military escorts within Jebel Marra. With available military escorts, WFP prioritized food dispatched to Darfur and Jebel Marra.

To augment the limited commercial capacity and to ensure that the food is delivered during the rainy season, WFP augmented existing WFP fleet capacity with an additional 10 trucks.

WFP also established one own hub in Nertiti and a Cooperating Partner warehouse in Golo. The plan is to establish Cooperating Partner warehousing capacity in Rokero. In addition, GFD food for Rokero is being dispatched from El Obeid to El Fasher to ensure distribution as soon as possible. Severe fuel shortages have caused further delays in transporting food from El Fasher to North Jebel Marra, as WFP must reconfigure the supply route.

WFP is working closely with partners, particularly IOM to ensure that beneficiary database is finalized for all locations in Jebel Marra. Additional resources will support the use of biometric registration mechanisms throughout all of North

and Central Jebel Marra.

Population movement and confirmation from IOM have highlighted an increase in the overall caseload in North Jebel Marra. This increase has produced a deviation from the initial implementation plan caseload from 111,462 to 142,259 people; an approximate increase of 30,797 people

No distribution has taken place in North Jebel Marra Rokero and Fanga Souk because WFP is waiting for IOM to provide reverification of the beneficiary database.

Central Jebel Marra (Golo) WFP planned to reach 66,201 beneficiaries in six months, WFP managed to carry on distributions for four months with coverage 56%. Due to pipeline breakage, December ration was distributed only in Thur and Guldo whereas no food distributed in Golo and Nertiti for December 2017.

West Jebel Marra (Nertiti, Thur and Guldo) 70,520 is the total planned beneficiaries for six months, WFP managed to distribute 100% for five months.

WFP has put in place Phase II of the Jebel Marra emergency response. In addition, an assessment to determine/advise on the feasibility of FFA and resilience type of interventions in Jebel Marra has been conducted by WFP. WFP is also planning an assessment to establish the feasibility of cash based interventions in Nertiti.

A request for a No-Cost Extension or Reprogramming of Activities was submitted and endorsed by the RC/HC to the ERC on behalf of WFP. The project end date was extended from 14 December 2017 to 14 March 2018 with the below justification for reprogramming the activities:

“WFP purchased internationally 186 metric tons of pulses using funds allocated under this project. The commodities were expected to arrive in country on or about 30 November 2017 but sea transportation lead time increased unexpectedly by two weeks. In addition, the Sudanese Standard Metrology Organization (SSMO), who carries testing of imported food upon arrival, has increased its monitoring practices in a more systematic way, delaying thus land transportation and delivery to beneficiaries by one month. This delay is also foreseen to be negatively affected by recent rains that usually impact Port Sudan efficiency by causing power failures, equipment breakdowns and shortage of terminal equipment.

As soon as commodities get out of Port Sudan, it will take an additional 3 to 4 weeks to transport them from to the Jebel Mara region of Darfur. As such commodities, will be available for distribution at the Jebel Mara area by end of January / first week of February. It will take then at least two months to distribute and finalise the payment for the Cooperating Partners.

WFP also purchased 1,727 metric tons of sorghum with CERF funds granted under this project. The commodities are expected to be delivered to WFP on or about 14 November 2017. The cause for the delay is that the supplier encountered difficulties in obtaining the required stock and as such the commodities had to be sourced from the new harvest.”

This extension enabled the arrival of food commodities and the closure of the associated invoices.

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

WFP works in close coordination with CPs engaged in this project (DRC, CRS) to ensure APP through detailed protection strategies, maintaining the dignity of the affected population and by providing entitlements at the appropriate time.

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

EVALUATION CARRIED OUT

Discussion will take place between the relevant Offices/Units to initiate the planning of project evaluation, as the scope of the emergency humanitarian situation broadens and per any related project expansion.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	15/06/2017 - 14/03/2018		
2. CERF project code:	17-RR-WFP-042		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector :	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency nutrition response to new influx of IDPs in Jebel Mara					
7. Funding	a. Total funding requirements ¹⁰ :	US\$ 1,274,360.00	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹¹ :	US\$ 1,166,578	▪ NGO partners and Red Cross/Crescent:		US\$ 35,291	
	c. Amount received from CERF:	US\$ 719,973	▪ Government Partners:		US\$ 0.00	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	7,514	7,220	14,734	20,124	23252	43,376
<i>Adults (≥ 18)</i>	6,315		6,315	6,518	0	6,518
Total	13,829	7,220	21,049	26642	23252	49,894
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>	21,049		49,894			
<i>Host population</i>						

¹⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹¹ This should include both funding received from CERF and from other donors.

<i>Other affected people</i>		
Total (same as in 8a)	21,049	49,894
<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>1. During planning stage, number of beneficiaries was calculated based on actual IDPs at targeted locations. However new influx of IDPs were served and their needs addressed which explains high number of beneficiaries reported. For example, WFP conducted head count in Golo for a total of 25,567 beneficiaries in October 2017 then IOM conducted registration exercises and ended up with a total of 71,946 beneficiaries.</p> <p>2. WFP had complementary resources from other donors like ECHO that enabled us to respond to all those in need.</p> <p>3. Some areas were not accessible due to insecurity and geographical barriers mainly in North Jebel Marra and therefore were not included in the planning stage, however, became accessible later and were covered during implementation.</p>	

CERF Result Framework			
9. Project objective	To prevent morbidity and mortality associated with acute malnutrition in community affected by Jebel Marra conflict in Central Darfur State.		
10. Outcome statement	Levels of acute malnutrition in girls, boys and PLW in targeted IDPs communities in West, Central and North Jebel Marra are reduced or maintained within emergency threshold (cut-off point 15%)		
11. Outputs			
Output 1	To contribute to an improvement in the nutritional status of 12,930 children and PLW three Jebel Marra Localities		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	100% of under five children and PLW received e-BSFP ration of two months	9,051 U5 and 3,879 PLW	9,051 children U5 3,879 PLW
Indicator 1.2	90% of under-five caregivers received basic message on food utilization and consumptions.	11,636 caregivers	13,981(male: 2,796 female: 11,185)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Purchase and transport of specialised nutritious products and food	WFP	WFP
Activity 1.2	Screening and referral of targeted beneficiaries	WFP through CRS, IMC, IRW	WFP through CRS, IMC, IRW, WR
Activity 1.3	Distribution of specialized nutritious food for the targeted beneficiaries	WFP through CRS, IMC, IRW	WFP through CRS, IMC, IRW,

			WR
Output 2	A total of 5683 children and 2436 PLW moderately malnourished have been identified through community screening and treated with specialized nutrition foods as follows		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Treatment of MAM in identified children U5 and PLW	U5: 5683 PLW: 2436	Total 9,117 (U5: 7258 and PLW: 1857)
Indicator 2.2	Performance of treatment as per SPHERE standard	Cured > 75% Default < 15% Death < 3%	Cured 97.4% Default 1.3% Death 0.0%
Indicator 2.3	Screening and referral at community level	28,415 (20% of U5 and 7.5% of PLW)	57,002 (47,482 U5 and 9521 PLW)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Purchase and transport of specialised nutritious products and food	WFP	WFP
Activity 2.2	Screening and referral for acute malnutrition, community mobilisation, defaulter tracing and counselling	WFP through IRW, CRS	WFP through CRS, IMC, IRW, WR
Activity 2.3	Distribution of specialised nutritious food for the treatment of MAM	WFP through IRW, CRS	WFP through CRS, IMC, IRW, WR

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: Contribute to an improvement in the nutritional status of 12,930 children and PLW three Jebel Marra Localities

- Emergency Blanket Supplementary Feeding Programme (e-BSFP) is a rapid response mechanism aimed at mitigating the impact of a shock on the nutritional status of affected populations. WFP through its partners successfully reached a total of 40,777 (36,116 children U5 4,661 PLW) beneficiaries. Exceeding the planned e-BSFP caseload is attributed to additional influx of populations that occurred after submission of CERF proposal and improved accessibility to areas which were closed at planning stage in West Jebel Marra. WFP was able to support all those in need through complementary resources from other partners.
- CERF funds were utilised to cover a portion of the caseload, which significantly increased compared to the planned numbers. In order to address all the vulnerable populations in need, WFP utilised funds from other donors (ECHO and Canada) to maximise the programme coverage.

Output 2: A total of 5683 children and 2436 PLW moderately malnourished have been identified through

community screening and treated with specialized nutrition foods

- MAM Treatment: WFP provided treatment for Moderate Acute Malnutrition (MAM) individuals through Targeted Supplementary Feeding (TSFP) partners to boost sector strategy objectives. WFP planned to reach targeted beneficiaries through existing 12 TSFP centre in Jebel Marra at the planning stage, however, based on immediate requirements, an additional 13 new TSFP centres were established in the area where OTP services were already available (3 TSFP in Central Jebel Marra, 6 TSFP in West Jebel Marra and 4 TSFP in North Jebel Marra). The significant discrepancies between planned and actual nutrition centres have resulted in the larger number of beneficiaries being reached 9117 (U5: 7258 and PLW: 1857).
- Sphere standard for TSFP programme exit and individual outcomes have been met (recovery rate was above 75%, mortality and defaulter's rates were maintained within acceptable levels as well).
- A higher number of women and children were screened compared to the plan because of increased programme coverage. This resulted from additional centres being established and more populations being reached.

Additional information:

WFP using CERF fund implemented both e-BSF and TSFP programme at three Jebel Marra localities from June 2017 up to March 2018, however specific arrangement for each locality was designed to meet the needs of beneficiaries as below:

- **Central Jebel Marra:** IMC started e-BSFP programme in September 2017 including Golo, Boori and Jukosti (Bariary) targeting 17790 beneficiaries and were continue working in three TSFP centers at the same areas, in addition CRS integrated other three TSFP centers to existed OTPs in Jukosti and two new localities, Tero and Bardani.
- **West Jebel Marra:** IRW was conducted e-BSFP under support of WFP in Golol, Nertiti and Thour for a total of 10,779 beneficiaries and continue working in existed TSFP centers at 6 locations (Sector8, south comp, North comp, Gurnei, Thuor and Brong row) and also established three new TSFP centers in Khuramla and Dabanga and Saga Naga in November 2017. IMC conducted e-BSFP for 2612 beneficiaries in Guldo during September, October and November 2017 and started TSFP for 3 locations (Guldo, Katee and Kurifal) in December 2017.
- **North Jebel Marra:** CRS conducted three months of e-BSFP (Oct, Nov and December 2017) for 3 locations Funga Suck, Rokero and Abunga and consequently started TSFP programme in the same areas to meet the needs of MAM cases. In addition two other TSFP programme in Daya and Solo were established in December 2017 where OTP exists to provide nutrition integrated package for moderately acute malnourished individuals.
- World Relief, which was not an initially planned partner for WFP under the CERF, was contracted under additional resources to manage three TSFP centres in Central and West Jebel Marra.
- In terms of financial resource transfers to the partner, WFP disbursed a total of \$35,291 to two partners. Initially, this amount was planned to be shared across 3 partners, however, given the cost of implementation, it was only sufficient for two partners. The other partner, IRW, was supported with complementary funds from ECHO.
- Of note, in the proposal WFP expected a transfer amount of \$30,971 to CPs, however, the programming of the commodities resulted in approximately \$35,291 being able and so this amount was utilized. The more that is distributed, the more funds are generated, thus the higher tonnage distributed, the higher fund generated internally.

A request for a No-Cost Extension or Reprogramming of Activities was submitted and endorsed by the RC/HC to the ERC on behalf of WFP. The project end date was extended from 14 December 2017 to 14 March 2018 with the below justification for reprogramming the activities:

“WFP purchased internationally 128 metric tons of RUSF using funds allocated under this project. Procurement lead time was increased because commodities’ price went down, enough to procure 11 extra MT in a second phase. The commodities are expected to arrive in country end of November 2017. The Sudanese Standard Metrology Organization (SSMO), who carries testing of imported food upon arrival, has increased its monitoring practices in a more systematic way, delaying thus land transportation and delivery to beneficiaries by one month. This delay is also foreseen to be negatively affected by recent rains that usually impact Port Sudan efficiency by causing power failures, equipment breakdowns and shortage of terminal equipment. These unusual rains have also forced WFP to reroute a shipment to Jedda Port

As such, the commodities are not expected to be released by the local authorities until sometimes between 9 and 16 December 2017. It will take an additional 3 to 4 weeks to transport the commodity to the Jebel Marra region of Darfur.”

This extension enabled the arrival and disbursement of the needed nutrition assistance and the closure of associated invoices.

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 ensured 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.
- 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

While no formal evaluation was undertaken of the project, the following can be considered in better understanding the project effectiveness.

EVALUATION PENDING

- WFP undertakes a regular review of its nutrition programme through monitoring the nutrition outcomes and quality of treatment in all areas of implementation. . Analysis of partners reports showed cured rate of 97% from total exited children, only 1% of beneficiaries were defaulted from programme and 0% deaths, these rates are satisfied in compression with international sphere standards.
- In late 2017, a joint monitoring mission between OCHA and FMOH took place to the Jebel Marra and reported on the positive outcomes of the nutrition response.
- Quarterly Mass MUAC screening is implemented by MOH to follow up on

NO EVALUATION PLANNED

the trend of malnutrition cases at these locations.	
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TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WHO		5. CERF grant period:	15/07/2017 - 14/01/2018		
2. CERF project code:	17-RR-WHO-028		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector :	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of integrated lifesaving Health/Nutrition/WASH interventions in Jebel Marra					
7. Funding	a. Total funding requirements ¹² :	US\$ 1,800,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹³ :	US\$ 1,192,304	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 842,304	▪ Government Partners:		US\$ 182,400	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	14,031	13,480	27,511	17,588	18,093	35,681
<i>Adults (≥ 18)</i>	36,081	34,666	70,747	32,322	29,818	62,140
Total	50,112	48,146	98,258	49,910	47,911	97,821
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>			31,443		29,983	
<i>Host population</i>			41,268		43,100	

¹² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹³ This should include both funding received from CERF and from other donors.

<i>Other affected people</i>	25,547	24,738
Total (same as in 8a)	98,258	97,821
<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 records of beneficiaries have shown small difference in age group of people covered, as the < 18 years of age recorded 35,681 compared to 27,511 planned which tells the real picture of the population profile as most of those left behind in Jebel Marra are women and children.	

CERF Result Framework			
9. Project objective	Ensure access to vital lifesaving WASH, Health and Nutrition services for the selected population in the newly accessible areas in three localities of Jebel Marra		
10. Outcome statement	Access of IDPs and affected communities to an integrated package of emergency health, Nutrition and WASH services in East Jebel Marra has been ensured, the services expanded to cover 97,821 people applying health cluster standards, with provided support through monitoring the health situations of the affected people in Central, West and North Jebel Marra localities, through established coordination mechanism for identification of gaps in the service delivery and supporting the optimal coverage of health, nutrition and WASH services in the area. The package of services comprises' treatment of common illnesses including SAM cases, provision of medicines free of charge, emergency maternal, reproductive and child health, public health interventions and monitoring the water quality.		
11. Outputs			
Output 1	WASH: Systematic water quality monitoring and activities covers 41,170 IDPs, Host communities and Returnees in the targeted localities (North, Central and West Jebel Marra localities.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of monthly water quality monitoring reports timely received from the targeted locations	18 Reports (6 monthly reports from the three localities)	18 reports were produced and distributed to the partners Activities covered 41,170 IDPs, Host communities and Returnees in the targeted localities (North, Central and West Jebel Marra localities.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establishment of the 6-water surveillance system in the 3 targeted localities	WHO/SMoH	In each locality, 2 water quality surveillance systems were developed by WHO/SMOH and regularly reported
Activity 1.2	Conduct water testing using the portable kits (which was procured with previous funding and they are already transported	SMoH/WHO	Through the WHO CD office, 4 water testing kits and water testing supplies were distributed to the

	in the field, trained staff were identified) by already trained staff to conduct Free Residual Chlorine, biological tests, turbidity.		state water quality laboratory and to the locality water testing units. Each kit is able to test more than 10,000 samples for both bacteriological and chemical testing characteristics. 920 water samples were collected from the water sources, network pipelines and households then tested and reports shared with the partners and community based committees to take the needed corrective measures. The safe household water treatment and storage was promoted through the WHO training program at locality and village level on the house hold safe water storage and treatment in order to improve the water safety up to the consumers through the hygiene promotion campaigns and community engagement by WHO/SMOH.
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/SMOH	Printing and dissemination of information, education and communication materials and IEC for communities on water source management and household safe water management as well as guidelines for volunteers. Total of 2000 posters and IEC material printed and disseminated in response to the outbreak of AWD with total of 65,700 individuals got benefited by WHO.
Output 2	Nutrition: Access insured to vital lifesaving SAM inpatient services in Rokoro and Sunga Funga Suk targeting 248 SAM cases		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Coverage of 248 under five SAM inpatient in Rokoro and Sunga Funga Suk	100% or 248 children (136 Girl and 112 Boys)	345 (197 girls, 148 boys)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 2.1	Procurement of Medicines for SAM inpatient for 2 TFUs in Rokoro and Sunga Funga Suk	WHO	WHO
Activity 2.2	Distribution of Medicines for SAM inpatient for 2 TFUs in Rokoro and Sunga Funga Suk	WHO	WHO
Activity 2.3	Running of 2 Stabilization Centers (Rokoro and Sunga Funga Suk) in North Jabal Marrah Locality.	SMoH	SMoH
Activity 2.4	Printing of the sets of standard package; guidelines, training module and job aids for inpatient case of SAM	WHO	WHO
Output 3	Health: Timely access for 98,258 IDPs, returnees and host vulnerable host communities to essential life- saving primary and referral health care services in Nertiti, Rokoro and Baradani		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Percentage of targeted population who have access to integrated primary health care and referral services.	95% of the target or 93,345 people	99.5%
Indicator 3.2	# of alerts of outbreaks investigated and response initiated within 72 hours from notification.	28	43
Indicator 3.3	# of Kits procured and distributed	13	13
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of medicines and medical supplies to cover the three clinics for a period of 6 months	WHO	WHO
Activity 3.2	Distribution of medicines and medical supplies	WHO	WHO
Activity 3.3	Provision of health services in Rokoro, Nertiti and Barnadi for 93,345 IDPs, returnees and host communities	TBD (SMoH or IMC)	SMOH
Activity 3.4	Collection, centralization, analysis of health data.	WHO, MOH and partners	WHO, MOH
Activity 3.5	Conduct 28 missions for investigation of alerts, collection of samples, identification of sources, active case finding, and development of response plan and dissemination of IEC materials.	WHO, MOH, partners (Health, and WASH)	WHO, MOH

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 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. Establishing the Suga Fung Suk TFU took longer due to the access issue to the North Jebel Marra locality.

Overachievement in indicator 2.1: 345 SAM inpatients were admitted for treatment, out of that 197 girls and 148 boys under five were registered. These figures are as per the actual figures from the two stabilization centres of Rokero and Sunga Funga Suk, The achievement is more than the target as the project received extension from its actual ending.

The overachievement of 28 planned investigation missions to 43 happened due to ongoing AWD cases in Central Darfur

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

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 the access.

Accountability to affected communities also has been made in term of protection against environmental and biological contamination as part of safe waste disposal and improved community level sanitation. Infection prevention measures aiming to ensure the protection of staff, patient and communities has been strictly implemented by the supported clinics/activities.

Supervision missions in affected areas included random interviews with patients (community members) as well as community leader's consultation to assess their perception of provided services and immediate needs, and identify the best solutions.

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

EVALUATION CARRIED OUT

NO evaluation has been made for this particular CERF, however; the monitoring has continued during and after the implementation of CERF

EVALUATION PENDING

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-CEF-073	Nutrition	UNICEF	GOV	\$332,817
17-RR-CEF-073	Nutrition	UNICEF	NNGO	\$17,235
17-RR-CEF-073	Nutrition	UNICEF	GOV	\$60,000
17-RR-CEF-073	Nutrition	UNICEF	INGO	\$158,713
17-RR-FAO-022	Livelihoods	FAO	INGO	\$26,000
17-RR-FAO-022	Livelihoods	FAO	NNGO	\$28,985
17-RR-FAO-022	Livelihoods	FAO	RedC	\$31,999
17-RR-FPA-038	Health	UNFPA	INGO	\$87,332
17-RR-FPA-038	Health	UNFPA	GOV	\$20,820
17-RR-WFP-041	Food Aid	WFP	INGO	\$35,559
17-RR-WFP-041	Food Aid	WFP	NNGO	\$18,038
17-RR-WFP-041	Food Aid	WFP	INGO	\$1,000
17-RR-WFP-041	Food Aid	WFP	INGO	\$9,573
17-RR-WFP-042	Nutrition	WFP	INGO	\$23,401
17-RR-WFP-042	Nutrition	WFP	INGO	\$11,890
17-RR-WHO-028	Health	WHO	GOV	\$182,400

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
AWD	Acute Watery Diarrhea
CERF	Consolidated Emergency Relief Fund
CHWs	Community Health Workers
CLTS	Community Led Total Sanitation
EPI	Expanded Immunization Programme
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
INGO	International Non-Governmental Organization
IYCF	Infant and Young Child Feeding
NCA	Norwegian Church Aid
ORS	Oral Rehydration Salts
OTP	Outpatient Treatment Programme
PHC	Primary Health Care
RUTF	Ready to Use Therapeutic Food
SAL/AW	Sudan Liberation Army/Abdul Wahid
SAM	Severe Acute Malnutrition
SMoH	State Ministry of Health
SOPs	Standard Operation Procedures
SWA	State Water Authority
TFU	Theurapetic Feeding Units
WASH	Water, Sanitation and Hygiene
WES	Water and Environmental Sanitation Project, Ministry of Health