

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
REPUBLIC OF THE SUDAN
UNDERFUNDED EMERGENCIES
ROUND 2 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 9 October 2018. It was attended by WHO, UNICEF, WFP, UNFPA, IOM, UNHCR, GOAL, OXFAM, Global Aid Hand. Highlights of the meeting are included in the relevant sections of this report.

- 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

If 'NO', please describe reasons

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

YES NO

The report was shared by email with ISCG and HCT for review and feedback.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 104,292,173		
Breakdown of total response funding received by source	Source	Amount
	CERF	14,169,983
	COUNTRY-BASED POOL FUND	7,000,000
	OTHER (bilateral/multilateral)	17,808,790
	TOTAL	38,978,773

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 14/09/2017			
Agency	Project code	Cluster/Sector	Amount
IOM	17-UF-IOM-035	Non-Food Items	699,999
IOM	17-UF-IOM-036	Water, Sanitation and Hygiene	500,000
UNFPA	17-UF-FPA-046	Sexual and/or Gender-Based Violence	300,000
UNHCR	17-UF-HCR-023	Multi-sector refugee assistance	1,600,007
UNICEF	17-UF-CEF-093	Nutrition	1,696,958
UNICEF	17-UF-CEF-094	Education	1,177,767
UNICEF	17-UF-CEF-095	Water, Sanitation and Hygiene	741,052
WFP	17-UF-WFP-052	Food Aid	4,499,671
WFP	17-UF-WFP-053	Nutrition	1,704,528
WHO	17-UF-WHO-035	Health	1,250,001
TOTAL			14,169,983

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	11,800,901.20
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	816,110.96
Funds forwarded to government partners	1,313,921.92
TOTAL	14,169,983

HUMANITARIAN NEEDS

The overall humanitarian response strategy for Sudan remained significant in 2017, targeting 4.8 million people in need of assistance. Sudan is plagued by multiple emergencies and this CERF grant focused on the most urgent needs within this context. The cumulative effects of armed conflict in the greater Jebel Marra have had substantial impact on the communities living in East Jebel Marra locality of South Darfur. Over 400,000 refugees arrived from South Sudan since 2013 with over 176,000 arrivals in 2017. A robust humanitarian response continued to be essential especially in South Darfur (particularly the Jebel Marra area), South Kordofan and Blue Nile. Cyclical challenges (seasonal weather shocks and climate variability) and structural challenges have resulted in crisis levels of food insecurity and chronic malnutrition. Over one in three children under five were reported as too short for their age (stunted) and more than one in six too thin for their height (wasted). According to the Ministry of Health, some 2.2 million children suffer from wasting annually (Global Acute Malnutrition, GAM) out of which over 573,000 suffer from Severe Acute Malnutrition (SAM). Eleven out of the eighteen states have a malnutrition prevalence of above 15 per cent, which is above the emergency threshold as per the WHO standards.

There were an estimated 3.1 million out-of-school aged children between 6-13 years of age in Sudan that gave Sudan the highest rate of out of school in the Middle East and North Africa (MENA) region (UNICEF, 2015). According to the 2018 Humanitarian Need Overview (HNO), about 1.7 million conflict affected children (948,141 IDP, 229,129 refugees and 85,785 returnees) lived in conflict affected states needed Education in Emergencies (EiE) support.

GBV concerns in the target areas included rape, sexual assault, sexual harassment, domestic violence, FGM and early marriage. There were no GBV response activities in two of the target localities (Kadugli and Belle El Sereif); not even the basic lifesaving components of clinical management of rape (CMR), provision of live saving package of psycho-social support (PSS) including counselling and re-integration of survivors in the community, women centres or community women protection structures to enable women to discuss, identify and resolve critical GBV problems, and benefit from services and assistance. In El Abassiya of South Kordofan state, there was only one women's centre in the town and creating a gap in the surrounding villages. This exposed women and girls to increased vulnerabilities to the GBV risks, without any reliable sources to seek support, and thereby limiting their ability to equally access and benefit from services and assistance provided by other sectors with safety and dignity, hence making this intervention time critical. East Jebel Marra was a newly accessible area thus wasn't considered in the 2017 HRP. Kadugli and Al Abassiya in South Kordofan were prioritised in the 2017 HRP but hadn't received GBV programming due to underfunding. Additionally, due to sensitivity surrounding GBV information and the scarcity of GBV actors on the ground; most assessments don't have GBV information. Therefore, information from protection actors has highlighted a major need for GBV services.

II. FOCUS AREAS AND PRIORITIZATION

This CERF allocation intended to address the most urgent and critical needs in Sudan by focusing on three areas where access limitations have prevented a full humanitarian response; namely in South Kordofan, Blue Nile and East Jebel Marra. New assessments in these areas revealed a nutrition crisis and dire need for basic services. In addition, the ongoing acute watery diarrhoea (AWD) crisis and the continuing influx of refugees was putting more pressure on the limited services. The response therefore focused on internally displaced persons (IDPs), refugees and vulnerable host populations to reduce immediate morbidity and mortality in these newly accessible areas through targeted interventions and scaling up the AWD response that is further compounding their vulnerabilities.

In 2017, it is estimated that there are about 117,000 people in East Jebel Marra, distributed among 106 villages under the four administrative units; Deribat, Jawa, Kidingeer and Belle El Sereif. East Jebel Marra remained inaccessible since 2010 mostly due to insecurity and access restrictions. The inter-agency needs assessments conducted in February 2017 had confirmed the most pressing humanitarian needs in the area as mainly driven by high rates of malnutrition, lack of basic services delivery and a collapse of basic infrastructure due to longstanding conflicts.

In June 2017, an unfolding nutrition crisis in parts of East Jebel Marra was reported, mostly in the areas on the western part bordering South Darfur that have remained inaccessible for years. An increasing number of cases of malnutrition presenting oedema, a sign of very poor prognosis and high mortality, were being reported. There were also rumours of Acute Watery Diarrhea (AWD) reported at the time, that led to investigations by World Health Organization (WHO) and State Ministry of Health (SMoH).

Access in South Kordofan was also opening up, in particular, the so-called 'grey areas' close to the Sudan People's Liberation Army Movement – North (SPLM-N) held areas. A multi-sector rapid response plan for South Kordofan had been done. The plan focused on 178,000 IDPs and 40,000 refugees facing acute food insecurity and livelihood crisis, and an additional 14,000 persons that had not received any humanitarian assistance yet.

For six consecutive years the residents of South Kordofan State (SKS) have been subject to numerous cycles of armed conflict with some areas remaining under Sudan People's Liberation Movement/North (SPLM-N) control. This has generated repeated displacement and aggravated the humanitarian situation due to disruption of provision of/and access to basic services as well as livelihoods. The State is also a transit route for South Sudanese refugees with some settling in South Kordofan while others choose to move further inland. South Kordofan has 179,137 verified IDPs and is also hosting 39,866 refugees. Of the 17 localities of SKS, there is no humanitarian

access in three localities, and 12 of the remaining 14 localities have pockets of inaccessible areas. Some areas had recently become accessible and required UNDSS to do a security risk assessment before paving the way for stakeholders to provide assistance.

Half of SKS is facing acute food security and livelihood crisis as per 2016 agricultural season outcome. The IDPs live among the host community or establish unserved settlements at the fringes of urban centres. The host share their food, school spaces, water and health facilities with the IDPs. Therefore, services provided by humanitarian actors must be designed to also meet the needs of vulnerable host community in observance of the “do no harm” humanitarian principle.

The response also focused on Blue Nile State which also has been subject to conflicts during the last six years. At the time of the allocation, a new round of fighting had erupted between the SPLM-N factions in Blue Nile. The resulting internal displacement, violence and food insecurity were the key drivers of humanitarian needs in Blue Nile State; all of which were compounded by limited humanitarian access. Conflict in the state has impacted both livelihoods and the availability of basic services such as education and health care. The government’s non-encampment policy in Blue Nile State meant that the displaced population were forced to live with host communities and aid organisations have consistently reported a deteriorating humanitarian situation, particularly in SPLM-N controlled areas. According to the 2017 humanitarian needs overview (HNO), over 150,300 IDPs, residents, refugees and asylum seekers, and returnees in Blue Nile State needed humanitarian assistance.

III. CERF PROCESS

Request for this CERF UFE was initiated by direct appeals from the Humanitarian Coordinator (HC) to the Emergency Relief Coordinator (ERC) on support needed for the newly opening areas in East Jebel Marra (EJM), South Kordofan (SK), and Blue Nile (BN) states. The HC, highlighted areas in Sudan requiring the most urgent attention through an email to the Under-Secretary General (USG). A prioritization strategy document, on what are programmatic issues and who is going to do what and where, was submitted to the CERF Secretariat.

Overall the consultation process for this application has been transparent and inclusive. During a first (Inter Sector Coordination Group) ISCG meeting, OCHA discussed the prioritisation of states and agreed with the ISCG. It worth noting that six-month response plans for both East Jebel Marra and South Kordofan state had already been under discussion by the ISCG over two months before CERF application, while discussions were starting on Blue Nile state. With different crises ongoing in the country, it was decided to target states which were severely affected by several crises with the newly accessible areas as focus. The changed situation and urgent needs had triggered these response plans and prioritization for funding allocation. In total, two rounds of ISCG meetings, which included representatives from the International Non-Government Organisation (INGO) forum, were held to discuss and agree on the most urgent needs and critical interventions. Draft outlines (based on sector inputs from the six-month response plans specific to these emergencies) were prepared by OCHA to facilitate discussions. In addition, OCHA complemented this application with a second Sudan Humanitarian Fund (SHF) allocation. Priority activities for each sector were agreed based on the assessment results summarized in the response plans. Following these meetings and further inputs from the sectors, the outcomes of these extensive consultations were presented by the HC to the Humanitarian Country Team (HCT) for further consultation and approval.

This strategy has taken into account operational constraints and possible risks hindering response. One of the anticipated constraints highlighted by the HCT is concern on the number of partners responding and their capacities; it was recommended to arrange a meeting to map implementing partners ensuring that NGOs are not stretched beyond their capacity. The prioritization was done in a consultative way where proposed areas were based on information gathered by the OCHA Coordination section and the draft response plans for EJM and South Kordofan.

This CERF prioritisation was prepared in junction with the SHF and jointly agreed which activities would be covered under each grant. In areas where CERF and SHF targeted the same localities for the same sectors, the response focused on different types of interventions. Different sectors were proposed for CERF and SHF based on the comparative advantages of both funding mechanisms to ensure complementarity between CERF and SHF funding. Several meetings have been arranged with the ISCG to reach a consensus on the prioritized sectors in each locality. SHF had received further funding of \$7 million and simultaneously prepared a call for proposals for mainly NGOs. For instance, in the FSL sector, CERF focused on immediate food assistance, while SHF focused on the livelihood component. For WASH and Health, CERF focused on the Acute Watery Diarrhoea while SHF focused on general live-saving primary health care services and water and sanitation interventions. In addition, CERF was allocated to UN agencies, which allowed for bulk-procurement of pipeline supplies, while SHF allocated funding to NGOs. The more urgent lifesaving requirements were integrated and compiled under the CERF, while interventions that had a focus on resilience were integrated under the SHF as the fund has larger flexibility and longer timeframe.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 645,253									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Child Protection	0	0	0	0	0	0	0	0	0
Education	15,279	316	15,595	16,655	284	16,939	31,934	600	32,534
Food Aid	54,980	42,293	97,273	48,897	35,305	84,202	103,877	77,598	181,475
Health	25,992	105,318	131,310	27,018	108,156	135,174	53,010	213,474	266,484
Multi-sector refugee assistance	11,106	6,510	17,616	11,106	9,574	20,680	22,212	16,084	38,296
Non-Food Items	15,367	17,663	33,030	12,692	16,321	29,013	28,059	33,984	62,043
Nutrition	24,758	15,947	40,705	23,807	0	23,807	48,565	15,947	64,512
Sexual and/or Gender-Based Violence	3,235	8,142	11,377	170	200	370	3,405	8,342	11,747
Water, Sanitation and Hygiene	94,694	78,544	173,238	83,524	68,300	151,824	178,218	146,844	325,062

BENEFICIARY ESTIMATION

Education: In 2017, UNICEF's HRP project planned to restore access to 310,000 (149,253 IDPS, 35,000 Refugees, 5,720 Returnees and 120,027 Host Communities) school aged conflict affected (IDPs/refugees and host community) children (50 per cent girls) in the targeted localities by providing access to safe learning spaces with WASH facilities, quality education and recreational materials as well as equipping teachers to provide an improved teaching and learning experience for emergency-affected children in 10 target states. As of 31 August 2017, UNICEF had managed to provide education support to 185,505 (87,590 girls, 97,915 boys) school aged children from the overall target with support from funding from UNICEF resources, SHF, ECHO, Japan Government, German Government fund in the 9 emergency affected states (the five Darfur state, South Kordofan, West Kordofan, Blue Nile and White Nile states).

ES/NFIs: Inter-Agency (I-A) Assessment Mission to East Jebel Marra (19-21 February 2017) identified several pressing humanitarian needs of the vulnerable and affected populations in the East Jebel Marra (Belle Sereif) locality, South Darfur. The team identified and strongly advocated for the need of a proper registration and verification exercise to obtain exact population figures. This was eventually reiterated as one of the key findings and proposed as a step to be taken in the I-A assessment mission report. Furthermore, as a result of consultations with local host community and IDPs, including women and traditional leaders, it was identified that the provision of ES/NFIs was a critical need of the affected populations in East Jebel Marra locality in order to provide essential shelter to the vulnerable households and to restore their dignity. The I-A assessment team estimated that at Belle Sereif, there were 13,975 internally displaced from other Jebel Marra locations, 7,500 returnees who had previously been displaced from this site itself, whereas 3,500 members of nomadic communities; reaching an estimated total of 25,000 individuals at this site.

FSL: Food security livelihood of large populations has been negatively affected by the ongoing conflicts between the government and the rebel groups in the three states. WFP estimated the number of people in need of livelihood support up to 181,475 beneficiaries including 42,000 refugees in South Kordofan state. The rest were IDPs in the three states.

Health: Evidence indicated that 99,790 people in South and West Kordofan, and 95,460 people in Blue Nile do not have access to life-saving primary health care (PHC) services. Furthermore, improved access to the previously inaccessible areas in East Jebel Marra since early 2017 has demonstrated additional health needs in the area, since infrastructure was devastated, and essential life-saving health interventions have been unavailable, especially for IDPs who are mostly settled in congested camps. Access to safe water and sanitation was also limited in camps as well as host communities in South Kordofan and Blue Nile states. Of particular concern was the ongoing Acute Watery Diarrhoea (AWD) outbreak, which recently spread to all 18 states. Between 17 August 2016 and 01 September 2017, authorities reported 32,726 cases of AWD and 739 related deaths (Case Fatality Rate 2.2 %), have been reported (Attack Rate 0.112% with 50% increased for the last three months). There had been a significant increase of AWD cases in East Jebel Marra, with more than 300 new cases and dozens of deaths recorded during Week 34 of 2017.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (< 18)	Adults (≥ 18)	Total
Female	105,800	85,054	190,854
Male	94,630	77,874	172,504
Total individuals (Female and male)	200,430	162,928	363,358

CERF RESULTS

CERF funding enabled continued support to the IDPs and affected communities in East Jebel Marra locality, Blue Nile and South Kordofan, identification of gaps in the service delivery and coverage through established coordination mechanism and close monitoring and supervision. The main results included:

- Provision of emergency Primary Health Care (PHC) services for the refugees continued throughout the implementation plan with procurement and distribution to partners and Departments of Health of emergency medicines, medical supplies and laboratory reagents (PHC level) enough to cover essential needs of 266,484 People in Belle Sereif, Keylek in East Jebel Marra and Rashad in South Kordofan, Roseries and Kurmuk in Blue Nile for eight months.
- WHO continued follow up on outbreak investigation and confirmation and supported with lab reagents and kits (such as meningitis kit, reagents for the diagnostic of cholera, malaria, etc.). Although, the CERF fund did not cover the needs for diseases surveillance and rumor verifications, it added complementarity value for the WHO to respond timely and strengthen the surveillance system with 30 medical staff being trained on outbreak investigation, case management, infection prevention and EWARS (Early warning and Alert System). The alerted identification of suspected AWD in East Jebel Marra during April 2018 was addressed by implementation of CTCs for case management and water quality monitoring.

- In the targeted localities 341,336 children under 5 years screened for acute malnutrition. 18,120 SAM children (8,516 boys & 9,604 girls) admitted for treatment, out of them 9,281 (4,370 boys & 4,911 girls) were reached with CERF support. 51,394 mothers received counselling on optimal infant and young child feeding, care and hygiene practices.
- 31,934 children and their teachers have benefitted from the distribution of educational supplies including School-in-a-Box, recreational learning kits, seating mats, and plastic sheets.
- Construction of 32 semi-permanent and rehabilitation of 48 learning spaces have resulted in 4,350 newly displaced children have access to learning spaces.
- Teacher trainings for 600 teachers in education in emergencies subjects and psychosocial support. The latter resulted in 305 children (71 girls and 234 boys) referred to specialized services.
- Construction and rehabilitation of more than 80 water stations including support structures with drinking units and washing facilities by UNICEF and WHO.
- Under this project IOM registered 62,043 beneficiaries (IDPs and other affected population), most of which were displaced from East Jebel Marra and fled to accessible areas. Out of the 26,737 reported IDPs, DTM identified 12,300 IDPs while the rest of the reported population was found to be either a duplication of figures or not IDPs. As of today, IOM still receiving reports on new IDPs arriving to different locations, mainly to Kass, Otash and Mersheng. The registration of IDPs is still ongoing and some of the reported caseloads were verified to be either returnees from East Jebel Marra or affected population by the conflict in East Jabal Mara. IOM also reached a total of 16,633 vulnerable conflict affected community members with hygiene and garbage collection campaigns.
- Total of 5,627 community members received PSS and other services from South Kordofan and EJM targeted location by UNFPA.
- UNHCR delivered shelter kits to 4,300 SSR and host community households which included 504 persons with specific needs (PSN) among the refugees, 400 host community families and 3,396 for the remaining refugee community.
- 7,545 MT of GFD rations were distributed in sufficient quantity, quality and in a timely manner to 181,475 beneficiaries over a 4-month period.

CERF's ADDED VALUE

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

YES PARTIALLY NO

Partners believe that this CERF funding supported them to provide effective, timely and coherent delivery of integrated health services. CERF funding prevented a gap in the response in place and the immediate initiation of new emergency response interventions. It was the only available funding source for the IDPs and host communities in the targeted areas for response imminent needs and allowed organizations to fill critical gaps

The delivery of assistance has not been as fast as desired due to multiple factors:

- 1- Fuel crisis affected most projects, delaying implementation of activities.
- 2- The economic situation (and fluctuating exchange rate) resulted in reluctance of contractors to commit to large projects in hard to reach/insecure areas
- 3- The area of Jebel Marra lies in the heart of Darfur and extends in more than one state. The displacement in EJM moved the IDPs into states not prioritised in the CERF allocation which affected delivery of services. In future, if this area is targeted it would be better to select Jebel Marra as an area with multiple states rather than by state only (in this case it was South Darfur only).
- 4- Delivering assistance to Blue Nile was very slow, partners had to liaise closely with state ministry of health to speed up work.
- 5- Partners requested more flexibility from OCHA with the timelines NCEs (No Cost Extensions).

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

YES PARTIALLY NO

CERF fund allowed health sector to continue provision of life-saving interventions and scale up existing services to meet the needs of affected communities. For example, access to treatment for malnutrition started immediately, lifesaving health services provided, health facilities were expanded to provide essential medical support and ambulances allowed for 24/7 availability of referral for emergency obstetric cases. In the absence of CERF funds, availability of improved drinking water would have been jeopardized.

The CERF funds have helped 31,934 children gain access to improved education through the establishment of new learning spaces, rehabilitation of existing structures as well as the distribution education supplies. The CERF funds have reached the South Sudanese refugees, IDPs as well as the host community. In addition, 600 teachers have been trained and gender sensitive WASH facilities were established at the most vulnerable schools.

1. The WASH sector faced difficulties in the response as there is no government database on the underground water levels in Darfur, therefore it was difficult to find reliable information to plan against. In the need assessments, the report confirmed the presence of wells that require rehabilitation but when it came to implementation phase, the information was outdated, and the wells were almost dry.
2. Transportation and access were a huge challenge due to poor infrastructure and the rainy season (higher than usual rainfall this year). One organisation requested a second NCE due to the rainy season
3. Market unpredictability caused many vendors to withdraw from agreements. This resulted in repeating the bidding processes to identify new vendors.
4. There were some delays in getting technical agreements signed, especially in East Jebel Marra.
5. The security situation and the break out of conflict in East Jebel Marra hindered access, and partners had to change implementation to areas where the new displacements had settled.
6. There were delays in obtaining technical agreements. Some partners already had agreements, whereas as others took considerable time for approval.

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

YES PARTIALLY NO

WHO received additional funds from SHF standard allocation 2018 for East Jabal Mara response based on established services being initiated using CERF. CERF remained the only source of fund to support health, WASH and nutrition interventions in these areas especially in East Jabal Mara.

The CERF funding bridged a critical gap and support to EIE in the target locations, this encouraged the EU to give funding to support the same target location in line with the humanitarian development nexuses and to build a long-term response to provide access to quality education in Abu Gebaha locality in South Kordofan.

1. Some of the areas were newly accessible and CERF funding allowed a response to be initiated
2. CERF funding allowed some organizations to focus on other areas with bilateral funding received from other donors
3. CERF allowed expansion of geographical coverage and activities
4. CERF was not explicitly used as a leverage for additional resources

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Overall, the CERF funds did improve coordination amongst the humanitarian community. For example, CERF assisted WHO to ensure that partners discussed priorities, planned and complemented each other, and reported on activities under the overall umbrella of health sector, WHO and the State Ministry of Health in South Darfur, Blue Nile and South Kordofan, and implemented the response in an integrated and coordinated manner, which capitalised on agency comparative advantages and resulted in reduced duplication of efforts. WHO at field level conducted more than 40 coordination meetings with partners where presentations

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.).

on situation overview were done, and at national level, the monthly health emergency meeting discussed the disease situation and response in EJM and BN.

1. Other agencies highlighted the improved coordination at the national and field level between the sectors
2. There was good coordination between IOM and UNHCR. NFIs response depends on DTM, and IOM depended on and coordinated with UNHCR to provide NFIs
3. Some partners requested stronger coordination of the CERF response by OCHA during the implementation phase.
4. At field level, most agencies reported that the coordination levels between them was adequate
5. It is important to identify the “how” in coordination, meaning that partners meet and discuss through meetings, but then go and work in silos after the meetings
6. The HC highlighted the need to strengthen CERF monitoring of projects to ensure quality and timeliness of implementation
7. OCHA highlighted the need to strengthen coordination at the implementation phase and the importance of sharing reports and the lessons learned to ensure that the quality of reporting and implementation of Sudan CERF projects remains high. And finally, agencies need to be more proactive in communicating operational constraints with OCHA.

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

The CERF played a role in building the capacity building of implementing partners that had previously not had experience responding to this type of challenges; access in East Jabal Mara has been tested with CERF fund, that has granted the continuity of business through other funding opportunities.

1. Transportation from Khartoum to the field was a real challenge due to the fuel crisis; organizations were forced to buy from the black market; this affected the planned budgets. In the South Kordofan, there was no fuel, even in the black market, which led to cessation of all the activities during the crisis period.
2. Monitoring schedules were affected and fewer visits were conducted.
3. Some organisations had exchange rate gains and were able to achieve additional activities.
4. GBV is sometimes difficult for partners to address (principles/activities) in the projects.

V. LESSONS LEARNED

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

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Protection sector is not well covered in all CERF projects	UN agencies must focus on centrality of the protection sector, and how it can be practically implemented.	All implementing partners
There is no wholistic approach to ensure synergy of the different CERF projects	Stronger coordination in the field and collective data to have a comprehensive overview.	All implementing partners
The country faced several macroeconomic and social challenges during this year. Evidently; the fluctuation of the exchange rate and the	To have stronger risk mitigation measures.	OCHA and all implementing partners

shortage of fuel have significantly affected the implementation across the whole projects.		
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VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	03/10/2017 - 30/09/2018		
2. CERF project code:	17-UF-CEF-093		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Nutrition response in newly accessible areas					
7. Funding	a. Total funding requirements ² :	US\$ 24,886,896	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 5,386,750	▪ NGO partners and Red Cross/Crescent:		US\$ 228,640	
	c. Amount received from CERF:	US\$ 1,696,958	▪ Government Partners:		US\$ 350,219	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	4,911	4,370	9,281	4,911	4,370	9,281 ⁴
Adults (≥ 18)	49,648		49,648	51,394		51,394
Total	54,559	4,370	58,929	56,305	4,370	60,675
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	1,062		1,092			
IDPs	14,851		15,290			
Host population	43,016		44,293			
Other affected people						

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.

⁴ Total number of SAM children reached in the targeted localities during project time is 18,120 (8,516 boys & 9,604 girls) out of them 9,281 were reached with CERF support

Total (same as in 8a)	58,929	60,675
<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>	N/A	

CERF Result Framework			
9. Project objective	To reduce mortality and morbidity of SAM children through early case finding, referral to the treatment and improving mothers' behaviours for optimal infant feeding.		
10. Outcome statement			
11. Outputs			
Output 1	Children aged 6-59 months with Severe Acute Malnutrition in the targeted areas are identified, referred and treated		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children under 5 years screened for acute malnutrition	272,386	341,336
Indicator 1.2	Number of children with Severe Acute Malnutrition who are admitted for treatment	9,281	Total children admitted for treatment in the targeted localities are 18,120 (8,516 boys & 9,604 girls). Out of them 9,281 were reached with CERF support while the rest were reached by other donors' support
Indicator 1.3	Proportion of children discharged cured, defaulted and died from CMAM programs	Cured >75%, defaulted <15%, died <5%	Cured 90.9%, defaulted 6.9%, died 1.1%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct early case finding for acute malnutrition among children age 6-59 months in targeted areas	UNICEF, SMOH, Almanar, NIDO, CAFA, FPDO, Concern, WVI	UNICEF, SMOH, NIDO, WV, CAFA, Mubadroon & Almanar
Activity 1.2	Procure RUTF, F75 and F100	UNICEF	UNICEF
Activity 1.3	Distribute RUTF, F75 and F100	UNICEF, SMOH, Almanar, NIDO, CAFA, FPDO, Concern, WVI	UNICEF, SMOH, NIDO, WV, CAFA, Mubadroon & Almanar
Activity 1.4	Provide lifesaving treatment services for severe acute malnutrition for malnourished boys and girls	UNICEF, SMOH, Almanar, NIDO,	UNICEF, SMOH, NIDO, WV, CAFA,

		CAFA, FPDO, Concern, WVI	Mubadroon & Almanar
Output 2	Children aged 6-59 months, pregnant and lactating mothers receive counselling and support to maintain optimal infant and young child feeding, care and hygiene practices		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of mothers received counselling on optimal infant and young child feeding, care and hygiene practices	49,648	51,394
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Establish/maintain Mothers Support Groups	UNICEF, SMOH, Almanar, NIDO, CAFA, FPDO, Concern, WVI	UNICEF, SMOH, NIDO, WV, CAFA, Mubadroon & Almanar
Activity 2.2	Conduct counselling to mothers of children younger than 2 years on infant and young child feeding, care and hygiene through MSGs and health facilities	UNICEF, SMOH, Almanar, NIDO, CAFA, FPDO, Concern, WVI	UNICEF, SMOH, NIDO, WV, CAFA, Mubadroon & Almanar

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:

Project interventions were implemented as planned. CERF fund used to secure around 50% of the needs of children with severe acute malnutrition in the targeted localities during the project validity period. Planned nutrition supplies (RUTF, therapeutic milk & MUAC tapes) were procured & transported to state/ locality level with CERF support. Regular monitoring visits had been carried out through UNICEF staff, contracted consultants & implementing partners.

In the targeted localities 341,336 children under 5 years screened for acute malnutrition, 18,120 SAM children (8,516 boys & 9,604 girls) admitted for treatment, out of them 9,281 (4,370 boys & 4,911 girls) were reached with CERF support while the rest were reached by other donors' support as ECHO, OFDA, FFP, SIDA, Global thematic & Japan. 51,394 mothers received counselling on optimal infant and young child feeding, care and hygiene practices

In South Kordofan, the project activities were implemented through SMOH & Almanar. Screening campaigns were conducted regularly to detect and refer malnourished children to OTPs/ functional CMAM programs. 184,498 children U5 were screened & out of them 6,555 U5 children with SAM were admitted to 49 OTPs in the targeted localities. Counselling was provided to mothers of malnourished children at OTPs level. On the other hand, at community level, 25,274 mothers and caregivers were reached with IYCF counselling through 1,633 MSGs. Beside the targeted localities of Abu Jubaiha, Al Abassyia, El Leri, Habila, Kadugli, Rashad, Talodi, other localities were also reached through multi-donor responses as Alliri, Kadugli, Abukarshoula, Alrief Alshargi, Gadeer, Dilling and Algouze

In South Darfur, UNICEF through CERF funds supported provision of nutrition services in EJM, through NIDO and SMOH. NIDO has opened a new OTPs Belle Elsiref area in EJM. Also, with CERF support, UNICEF and SMOH managed to extend nutrition services to Kara, Kidineer and Dirbat, in addition to mobile OTP services through local community to the non-government-controlled areas of Feina, Aya and Dulda. 55,776 children U5 were screened & out of them 5,627 U5 children with SAM were admitted to 11 OTPs in the targeted localities. 15,799 caregivers received infant and young child feeding counselling through MSGs.

Blue Nile, MUAC screening took place in different localities in BN through CAFA & SMOH, namely BAU Kurmuk, Russeiris, Gaisan and Tadamon, Wad-Almahi. 50%. Of children U5 were benefited from the quarterly MUAC screening as 101,062 children U5 were screened & out of them 5,938 U5 children with SAM were admitted to 33 OTPs in the targeted localities. 650 volunteers were trained on MUAC measurement to support the quarterly screening activities while 75 health and nutrition cadres were benefited from CMAM training to enable them provide nutrition services to the targeted communities. A total of 90 MSGs (leaders) were established based on the new IYCF strategy bringing the total number of MDG to 757.

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

The project was designed to respond to the urgent lifesaving needs of the most vulnerable population. AAP was taking in consideration during project various stages.

Project design & planning phase: UNICEF is keen to keep beneficiaries' opinions reflected in the project design/plan through UNICEF implementing partners and UNICEF team at field level. Communities were consulted/involved while implementing screening campaigns/active case finding activities and while Mothers Support Groups (MSGs) are selected. Community awareness/ sensitization sessions are effective way to ensure community engagement.

Project implementation phase: Targeted communities were actively involved in project implementation. Community leaders, health workers play key role to mobilized & engage targeted communities. Beneficiaries feedback was checked during field visits (monitoring/ supportive supervision) to ensure that project activities are on track. Communication with beneficiaries helps to ensure their ownership and the relevance of the interventions.

Project monitoring & evaluation: Monitoring visits were conducted through UNICEF staff at and UNICEF contracted consultants in Kadugli, Damazine, Nyala (EJM). Those field visits aimed to track the progress of the project activities and to provide needed technical support to service providers. Support from Khartoum level was provided as well to ensure project is implemented as planned.

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	03/10/2017 - 30/06/2018		
2. CERF project code:	17-UF-CEF-094		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Education			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Restore access to education for newly accessible/displaced school age girls & boys in South Kordofan and East Jebel Marra					
7. Funding	a. Total funding requirements ⁵ :	US\$ 4,619,831	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁶ :	US\$ 1,494,767	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 1,177,767	▪ <i>Government Partners:</i>		US\$ 326,152	
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>	17,350	17,350	34,700	15,279	16,655	31,934
<i>Adults (≥ 18)</i>	260	320	580	316	284	600
Total	17,610	17,670	35,280	15,595	16,939	32,534
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	6,468		1,140			
<i>IDPs</i>	13,232		16,330			
<i>Host population</i>	10,000		14,664			
<i>Other affected people</i>	5,580		400			
Total (same as in 8a)	35,280		32,534			

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

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

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A
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CERF Result Framework			
9. Project objective	Restoring access to 34,700 school aged conflict affected displaced, refugees, returnees and host community children (50 per cent girls) in the targeted localities.		
10. Outcome statement	This CERF allocation will contribute to the overall Education HRP and Sector strategy for Sudan		
11. Outputs			
Output 1	PROVISION OF CHILD FRIENDLY LEARNING ENVIRONMENT TO RESTORE ACCESS FOR 4,500 CHILDREN		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of newly displaced children (disaggregated by gender) benefiting from construction of learning spaces and rehabilitation of existing learning spaces	4,500 (50% female)	Total: 4530 (2,120 boys, 2410 girls) SD – 720 (Boys: 390 & girls: 330) SK - 3,810 (1,730 boys and 2,080 girls)
Indicator 1.2	Number of newly displaced children (% male and female) with access to gender sensitive WASH facilities (in line with INEE and SPHERE minimum standards).	9,000 (60% girls)	Total: 8,582 (4,475 boys, 4,107 girls) SD – 720 (Boys: 390 & girls: 330) SK - 7,862 (4,085 boys and 3,777 girls)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	The project will create a child-friendly school environment for conflict-affected girls and boys through completion of construction and rehabilitation to restore access to education for 4,800 (50 % girls), the project will support the construction of 32 semis-permanent, rehabilitation of 48 learning spaces (classrooms), South Kordofan: Construction of 26 semi-permanent (12 Kadugli, 14 Abu Jubahia), rehabilitation of 42 semi-permanent learning spaces (classrooms) (12 Kadugli, 25 Abu Jubahia), and provision of 12 gender sensitive WASH facilities (6 drops) (4 Kadugli, 6 Abu Jubahia) as well as provision of 42 water tanks and water connections (10 Kadugli, 32 Abu Jubahia) South Darfur, East JM locality (Belle El Sereif area) Construction of 6 semi-permanent, rehabilitation of	South Kordofan implemented by Global Aid Hand (GAH) South Darfur implemented by JMCO for Education CDF for Protection	SD – Abubakr Construction company SK – Direct Contractual Services for new construction (WIJ & Alfaraa companies) And State Ministry of Education South Kordofan For Rehabilitation

	6 semi-permanent learning spaces (classrooms), and provision of 3 gender sensitive WASH facilities (6 drops) as well as provision of 5 water tanks..		
Activity 1.2	Provision of 15 gender sensitive WASH facilities and 49 water tanks will be implemented South Kordofan: provision of 12 gender sensitive WASH facilities (6 drops) (4 Kadugli, 6 Abu Jubahia) as well as provision of 42 water tanks and water connections (10 Kadugli, 32 Abu Jubahia) South Darfur, East JM locality (Belle El Sereif area) Provision of 3 gender sensitive WASH facilities (6 drops) as well as provision of 5 water tanks.	South Kordofan implemented by Global Aid Hand (GAH) South Darfur implemented by JMCO for Education CDF for Protection	SK - WES project South Kordofan and State Ministry of Health South Kordofan SD - Alrawabih Construction Company
Output 2	PROVISION OF SCHOOL, TEACHER AND STUDENTS SUPPLIES FOR 34,700 CHILDREN:		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of newly displaced children who have received education in emergency supplies and recreational materials and seating mats.	34,700 (50% girls)	Total: 31,834 (16,587 boys, 15,247 girls) SD - Total: 9573 (Boys:5175 & girls: 4398) SK - 22,261 (11,430 boys and 10,831 girls)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provide teaching and learning materials for 34,700 school-aged children and 580 teachers. distribution of Education in Emergency (EiE) teaching and learning supplies to the IDPs, refugees, returnees and host communities new emergency effected children UNICEF ensures learning materials 578 School-in-a Box, 386 recreational learning kits, 463 seating mats, 578 plastic sheets as well as 578 black board will be distributed to the targeted school-aged children and their teachers as follow South Kordofan: 430 School-in-a Box (125 Kadougli, 84 Rashad, 84 EL Abasia and 137 Abu Jabiha) 285 recreational learning kits (84 Kadougli , 56 Rashad , 55 EL Abasia and 91Abu Jabiha) 342 seating mats (100 Kadougli , 67 Rashad , 66 EL Abasia and 109 Abu Jabiha) 492 plastic sheets (125 Kadougli , 84 Rashad , 84 EL Abasia and 137 Abu Jabiha) 283 black board (50 Kadougli , 48 Rashad , 48 EL Abasia and 137 Abu Jabiha) South Darfur East JM locality (Belle El Sereif area): 148 School-in-a Box , 101 recreational learning kits , 121 seating mats , 86 plastic sheets and 295 black board	Purchased by UNICEF and distributed by implementing partners (GAH in South Kordofan and JMCO in South Darfur)	Direct Contractual services for Purchase and distribution (AL CANAR Company, Alnazir business, and TECHNO Emergency company) in South Kordofan

Output 3	IMPROVING THE QUALITY OF EDUCATION FOR CHILDREN AFFECTED BY EMERGENCY		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of teachers (% male and female) trained on EiE subjects	580 teachers of whom (40% female)	Total: 600 (284 Males, 316 Females) SD - 150 (40 % female; Female 60; Male 90) teachers SK - 450 teachers (194 males and 256 females)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Capacity development of 580 teachers in education-in-emergencies, community cohesion and violence prevention enabling them to provide emergency response to provide support to, and referral of, affected children to recover and re-adapt into their daily lives ·Train teachers and volunteers on education-in-emergencies, interactive teaching, community cohesion for quality education, violence prevention in learning environment as follow: South Kordofan - (100 teachers in Kadougli, 90 teachers in Rashad, 90 teachers in EL Abasia and 150 teachers in Abu Jabiha) and 150 Teachers in South Darfur East JM locality (Belle El Sereif area)	South Kordofan implemented by Global Aid Hand (GAH) South Darfur implemented by JMCO for Education CDF for Protection	State Ministry of Education South Kordofan JMCO, supported by State Ministry of Education, South Darfur
Output 4	PROVISION OF LIVESAVING CHILD PROTECTION SERVICE FOR 34,700 EMERGENCY EFFECTED CHILDREN		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of teachers (% male and female) trained on psychosocial support, EiE subjects	580 teachers of whom (40% female)	Total: 600 (250 Males, 350 Females) SD - 150 (40 % female; Female 60; Male 90) teachers SK - 450 teachers (160 males and 290 females)
Indicator 4.2	Number of children referred for specialized services.	300 (60% girls)	Total: 305 (234 boys, 71 girls) SD - 100 (Girls 50; Boys 50) SK - 205 children

			(184 boys & 21 girls) (68 to health centres, 16 school fees, 42 birth certificates, 10 school uniform, 69 to ALP classes)
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	<p>Capacity development of 580 teachers in psychosocial support, community cohesion and violence prevention enabling them to provide emergency response to provide support to, and referral of, affected children to recover and re-adapt into their daily lives</p> <p>Train teachers and volunteer teachers to provide basic psychosocial support in coordination with child protection. The PSS training will be provided in collaboration with Child Protection sub-cluster and the Ministry of Social Welfare. The training will include agreement on referral mechanisms from the school setting to Child Protection or Social Welfare Services in the target areas.</p> <p>South Kordofan - (100 teachers in Kadougli , 90 teachers in Rashad , 90 teachers in EL Abasia and 150 teachers in Abu Jabiha) and 150 Teachers in South Darfur, East JM locality (Belle El Sereif area)</p>	<p>South Kordofan implemented by Global Aid Hand (GAH)</p> <p>South Darfur implemented by JMCO for Education CDF for Protection</p>	<p>State Ministry of Education South Kordofan And State Council for Child Welfare South Kordofan</p> <p>JMCO, supported by State Ministry of Education, South Darfur</p>
Activity 4.2	<p>300 identified children (200 in SK, and 100 SD), both boys and girls, access individual professional assistance or institutions through referral from teachers. This is to ensure the protection and assistance of child survivors of protection cases to aid in their full recovery.</p>	<p>South Kordofan implemented by Global Aid Hand (GAH)</p> <p>South Darfur implemented by JMCO for Education CDF for Protection</p>	<p>State Council for Child Welfare South Kordofan</p> <p>JMCO, supported by CDF NGO, South Darfur</p>

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:

For the South Kordofan, UNICEF has requested change of modality of implementation to the CERF secretariat, with approval, from implementing by national NGO, Global Aid Hand, to be directly implemented by UNICEF and MoE. A request for redeployment of funds was submitted and approved on 14th November 2017. The construction of learning spaces in South Kordofan has not completely been finalized and it will be finished by 15 of November. This resulted in delay of implementation, but the pace of the project soon picked up and provided best utilisation of funds allocated. Also, synergies with funds from "Educate A Child" Qatar grant and Japan grant supported upgrade of the

planned 26 semi-permanent classrooms construction to permanent classrooms. Furthermore, to have a sustainable access of water in the targeted schools instead of providing 42 water tanks as planned, 22 water facilities were upgraded to include elevated support structures with drinking units and washing units, connected with water source. This will not only provide a sustainable source of water to the targeted children but also reduce the cost of water as the school no longer need to pay daily fees to receive water by donkey and car.

Due to the unexpected of the official UN exchange rate between USD and SDG from 1 USD to 18 SDG to 1 USD to 47.5 SDG, after paying all the construction and the release of all funds in the system the resulting balance will be 29,876.84 USD. UNICEF is implementing a project in the same geographical location as CERF funded by the Japan government, reversal of the balance funds from CERF will be reverse to support to cover the cost of construction of 2 classrooms as well as purchase & distribution of recreational kits for Kadugli and Abu Jubaiha locality for 1,000 school age children, Japan grant is valid up to 28th Feb 2019. This will increase the target of access to learning spaces by 120 children and increase the target of distribution of supply by 1000 children above the current achievement.

For South Darfur planned interventions, a sudden security outbreak occurred in the Jabal Marra areas in the early stages of the project implementation, a risk which was highlighted during the intervention planning phase. The planned response was to focus on a denser GoS involvement, to swiftly assess the displaced population and plan any emergency response accordingly. The raised security hazard slowed the project implementation pace, due to the difficulty in construction and supplies transportation, and the difficulties in close community involvement and monitoring of project progress. Slowly following the immediate security crisis, the national implementing NGO (Jabal Marra Charity Organization JMCO) picked up the implementation pace, focusing on a series of monitoring visits to ensure the delivery of the projects activities. JMCO was one of the few organisations that was able to implement education programme to the affected children, and it is very successful to have completed the activities within the given security circumstances.

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

Community consultation meetings were conducted regularly to ensure community participation and feedback. This ensured accountability to beneficiaries and reinforced the linkage between the communities and what is going on as well as the impact on children's behaviour. Community representatives in terms of school management committees were also part of the start-up workshops and will be part of the evaluation workshops. Consultations with children were also conducted to ensure those children's views on the activities and their relevance to them is reviewed and gaps addressed. In South Darfur state, and due to the arisen security situation mid-way in the project planned duration suffered a halt in implementation. As soon as the immediate crisis passed, the project focused on an even community involvement to ensure that continuous relevancy of the project planned activities and the community needs.

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	06/10/2017 - 30/06/2018		
2. CERF project code:	17-UF-CEF-095		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of water, sanitation and hygiene services to people in Acute Watery Diarrhoea-affected areas in South Kordofan and Blue Nile States					
7. Funding	a. Total funding requirements ⁷ :	US\$ 10,130,398	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁸ :	US\$ 941,052	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 44,577	
	c. Amount received from CERF:	US\$ 741,052	▪ <i>Government Partners:</i>		US\$ 409,743	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	70,095	69,049	139,144	94,694	83,524	178,218
Adults (≥ 18)	41,848	43,193	85,041	78,544	68,300	146,844
Total	111,943	112,242	224,185	173,238	151,824	325,062
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	11,100		54,722			
IDPs	74,196		81,771			
Host population	138,888		188,569			
Other affected people						
Total (same as in 8a)	224,184		325,062			

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

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

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

CERF Result Framework			
9. Project objective	Ensure access to lifesaving Water, Sanitation and Hygiene (WASH) services for AWD affected/at risk population in South Kordofan and Blue Nile States		
10. Outcome statement			
11. Outputs			
Output 1	At least 224,184 (South Kordofan: 71,842, Blue Nile: 152,342) AWD affected/ at risk community member in in South Kordofan and Blue Nile States have access to safe water supply		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of AWD affected/at risk population with access to chlorinated improved water supply	149,744	75,820 (SK) 43,200 (BN) Total 119,020
Indicator 1.2	Number of AWD affected/at risk population with access to safe water through household water treatment.	24,190	50,140 (SK)
Indicator 1.3	Number of AWD affected/at risk population with access to newly constructed/ rehabilitated improved water supply source.	50,250	25,580 (SK) 43,200 (BN) Total 68,780
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Daily chlorination of improved water source in El Abassiya, Habila, Kadugli, Leri, Rashad localities in South Kordofan and Bau, El Kurmuk, EL Roseires and Geissan localities in Blue Nile.	South Kordofan and Blue Nile Water and Environmental Sanitation project (WES)	South Kordofan and Blue Nile Water and Environmental Sanitation Project, State Ministry of Health
Activity 1.2	Distribution of household water treatment chemicals to the family using unimproved water source	South Kordofan and Blue Nile State Ministry of Health, CIS and SRCS	South Kordofan and Blue Nile State Ministry of Health
Activity 1.3	Construction of 10 Water yards and one Mini Water yard with distribution system, construction 6 new hand pumps and rehabilitation of 33 non-functional water sources (Hand pumps, Water Yards, hand-dug wells and connection to schools, Treatment Centres (CTCs) and Oral rehydration therapy (ORTs).	South Kordofan and Blue Nile Water and Environmental Sanitation project (WES)	South Kordofan and Blue Nile Water and Environmental Sanitation Project (WES)
Activity 1.4	Training of water sources chlorinators and Water committee	South Kordofan and Blue Nile Water and Environmental	South Kordofan and Blue Nile Water and

		Sanitation project (WES)	Environmental Sanitation Project, State Ministry of Health
Output 2	At least 224, 184 AWD affected/ at risk community members in South Kordofan and Blue Nile States reached with sanitation and hygiene promotion interventions		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of people reached with hygiene messages and sensitization activities	224,184	140,669 (SK) 6,659 children BN 58,714 CLTS 420 206,022 Total
Indicator 2.2	Number of communities declared as Open Defecation Free (ODF)	45	55 (25 SK, 30 BN)
Indicator 2.3	Number of schools and Health facilities provided with improved sanitation facilities	64	13 (2 SK, 11 BN)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conducted hygiene promotion activity through different communication channel (Radio, TV, vehicle public announcements and social media with focus on AWD mitigation, control and preventions) with face to face hygiene promotion and environmental cleaning interventions at locality, community and household levels including the distribution of hygiene promotion material hand washing soap and water and storage hygienic jerry cans.	South Kordofan and Bule Nile State Ministry of Health, CIS and SRCS	South Kordofan and Blue Nile State Ministry of Health, SRCS
Activity 2.2	Implement Community Approaches for Total Sanitation (CATS) / Community-led Total Sanitation (CLTS) in CLTS process in 45 AWD affected communities	South Kordofan and Bule Nile State Ministry of Health, CIS and SRCS	South Kordofan and Blue Nile State Ministry of Health, SRCS
Activity 2.3	Construction of 4 school and health centres sanitation facilities	South Kordofan and Bule Nile State Ministry of Health, CIS and SRCS	South Kordofan and Blue Nile State Ministry of Health, SRCS

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

Activity 1.1 water quality activity in South Kordofan managed to chlorinate 58 water sources daily on average; the activity was conducted by both WES and MoH in South Kordofan state.

Activity 1.2 Various chlorine tablets (45kg chlorine powder, 1.67g chlorine tablets) for water source chlorination and 33mg chlorine tablets for household chlorination were procured under this project; for instance, 926 boxes of 10,000 tablet cartons (33mg) were provided for the two states.

Activity 1.3 Construction and rehabilitation of water sources: In South Kordofan, 4 Water Yards and 1 hand pump were newly constructed, the number was reduced from the originally planned quantity (6 Water Yards – 2 were not constructed). Water Yards were constructed in Al Sanadra and Megateiat in Al Abbassiya locality, where Megateiat also benefitted from new hand pump. Two Water Yards were constructed in Al Farshaya and Alnila in Dilling locality. To increase the number of beneficiaries as much as possible, 4 constructed Water Yards were connected to increased number of distribution points than originally planned. One school

and one health centre at Al Farshaya in Al Abbasiya locality were connected to water, benefitting 522 children (312 boys and 210 girls) from the intervention.

In Blue Nile, 3 Water Yards (2 in Roseries and 1 in Kurmuk), 11 hand pumps and 1 mini Water Yard in Roseries which is powered by both diesel and solar were constructed under this project. Mini Water Yard was built in Beida area of Roseries locality to serve 1,500 people with improved water. Hand pumps were established in Damazine, Roseries and Bau localities; 5 in Damazine (3 in Rayih Balak, 1 in Sika Hadeed and 1 in Elhumara village), 5 in Roseries (Agraa, Karori Jaboub, Amara Taraya, Abuzor and Dewa), and 1 hand pump in Bau locality (Shaheed Afandi) to serve total 5,500 people in Blue Nile. The main reason for the reduction of the water yard construction in South Kordofan is the continuous fluctuation of prices. During the implementation period, prices of construction materials constantly increased due to the inflation in the market in both South Kordofan and Blue Nile. The implementing partners received instalments from UNICEF according to the UN official exchange rate, while the market prices increased faster with corresponding to the unofficial exchange rates. In Blue Nile, implementation was accelerated in order to minimize the impact from the inflation.

Rehabilitation of 33 hand pumps and 1 mini Water Yard are completed in South Kordofan state; also 1 health centre and 1 school were connected to improved water sources. In addition, UNICEF partnered with Sudanese Red Crescent Society (SRCS) and State Water Corporation (SWC) rehabilitated a 4,000m water distribution line in Elzihoor neighbourhood of Damazine Town (Blue Nile) which was affected by AWD. This rehabilitation work supported 19,700 people in the urban area that had a high AWD caseload.

Activity 2.1 Hygiene promotion: Approximately 107,000 people were reached with personal hygiene and safe handling of water and food during this project period in the AWD-affected areas. One of the challenges during the project period was the unpredictability of AWD outbreak; at the time of the proposal (August 2017), El Abbasiya, Habila, El Leri and Rashad localities were mainly affected in South Kordofan; however, during the project implementation period, some localities such as Dilling were newly affected and needed urgent attention. SMOH and UNICEF worked with flexibility specially to implement hygiene promotion activities in as many areas as possible to address the urgent needs.

In Blue Nile, total of 150 hygiene promoters (72 female and 78 male) were trained by SRCS' five training sessions. This activity was state-wide activity to cover all localities even though some of the localities were not covered by water intervention under this project. The session in Damazine was attended by 11 from Damazine, 5 from Roseries, 7 each from Wad Elmahi and Bau localities. In other localities, 30 participants from each locality were trained; one in Roseries, two in Tadamon and one in Geissan locality. School hygiene awareness sessions took place at the 10 schools in the most AWD affected areas of Damazine and Geissan localities. In total, 4,205 children (2,225 girls and 1,980 boys) participated in the sessions. 7 schools are from Damazine (Sika Hadeed girls, El Radeef (1 for boys and 1 for girls), Elsafa block 61, Block 48 boys, Block 48 girls, and Elzihoor) and 3 schools are from Geissan (2 from Damtown 9 and 1 school from Abuzagoli). The hygiene promotion activities in the AWD affected areas intensified around the time of the Global Hand Washing day; celebration activities started on October 15th and concluded on November 25th with the main event organized Sika Hadeed neighbourhood in Damazine town. The event was attended by the governor of the state, line ministry officials, INGO/ NNGO partners and general public. Raising awareness on hand washing with soap and maintaining personal hygiene was the main objective of the campaign; messages were broadcasted throughout the period on local media. The SMOH estimates that around 100,000 people were reached through the course of the GHWD celebration either through direct campaign or media campaign. As in South Kordofan, the situation of AWD outbreak in Blue Nile also changed over the time; Damazine locality became newly affected area during the project period, and therefore the activities took place in Damazine additionally.

Activity 2.2 CLTS: In South Kordofan, 25 communities were triggered by State Ministry of Health during the project period and successfully achieved Open Defecation Free (ODF) status by the end of the project period. These communities are 8 each from Habila and Al Abbasiya localities, 5 from El Leri locality, 3 from Rashad locality and 1 from Kadugli locality. In Blue Nile, CERF funding contributed significantly to conduct the state-level institutional triggering to mainstream sanitation as the local government agenda. Institutional triggering was conducted on February 3rd attended by the high rank officials including the state governor himself. The advocacy workshop was an opportunity to agree on solid action points and clear commitments from the key government decisionmakers. UNICEF in partnership with SRCS and in coordination with SMOH managed to support 30 communities to achieve ODF status in Roseries locality through Community-led Total Sanitation (CLTS) approach. In total, 58,714 people gained safe access to household sanitation facilities by the end of the project period. Hygiene promotion and local leadership were the main component of CLTS approach in this project. CLTS community leaders were trained on May 12-13th 2018 regarding how to continue and sustain the behaviour change that was created in the community during the CLTS process. Direct communication was key method of communication during 50 awareness sessions (beneficiary is 16,961 people (7,928 female, 3,513 males and 5,520 children)) and 30 focus group discussions (beneficiary is 10,942 people (5,327 female, 4,315 males and 1,300 children)) in the 30 CLTS communities.

Activity 2.3 latrine construction: In South Kordofan, 1 school latrine and 1 health facility latrines were constructed in Al Abbasiya

locality. The school latrine contributed for 494 children (294 boys and 200 girls) to access safer sanitation facilities. In Blue Nile, 3 school latrines were constructed in AWD affected areas of Damazine, Roseries and Geissan localities. In total, 2,434 children (1,198 boys and 1,236 girls) benefitted in 3 schools – at El Shaheed Sakin basic school (El Safa neighbourhood in Damazine), Elmukhtar mixed school (Ganiess neighbourhood in Roseries), and Dam Villages 9 school (Geissan). In addition to the support to the public basic schools, the project also covered construction of 7 units of latrines (2 drop holes each) in informal schools of Roseries locality. Each school hosts much smaller size of children and roughly 420 children benefit from this intervention. 1 latrine compound with 2 drop holes was constructed at a health center in Mirebia neighbourhood of Damazine locality which serves 7,000 neighbourhood population.

Part of the CERF Funding was also used to co-lead and to provide technical support to the WASH sector partners for conducting the Inter-Agency Assessment in Geissan, Bau and Damazine localities for conflict and AWD affected population in February 2018.

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

The UNICEF implementing partners (WES, SMoH and SRCS) ensured transparency, communication and feedback to the beneficiaries, consultation with beneficiaries, including involvement of community leaders and representation of different groups (women, youth, ethnic and geographic) during the selection of sites new water supply, face to face meeting, selection CATS/ CLTS facilitators' selection and WASH supplies. During the project design phase, the prioritization localities in South Kordofan and Blue Nile were jointly agreed with the government (MoH and MoWRIE) according to the Integrated Acute Watery Diarrhoea (AWD) Response and Prevention Plan. When new outbreak was reported from Dilling locality (South Kordofan) and Damazine locality (Blue Nile), it was immediately agreed to respond jointly with the state ministry counterparts. The integration of activities with other sectors (Health, C4D, complimenting with Child Protection, Education and Nutrition) has been the fundamental principle for the AWD response for UNICEF; health and hygiene promotion activities were done in a way that encourages local participation, especially of women in the communities. During implementation period, the water supply responses focused on daily provision of safe, chlorinated improved water from the water sources. Capacity building of the community members was a main focus of the project, and for instance, 150 people were trained on hygiene promotion across the whole Blue Nile state. CATS/ CLTS achievement was higher than originally planned 45 communities; within a relatively short project period, 55 communities in two states achieved ODF status in cooperation with close follow-up and monitoring by Sudanese Red Crescent and State Ministry of Health. Community leaders and natural leaders played a critical role to ensure that all community members are engaged in the hygiene campaigns and latrine construction and regular use. For monitoring, the UNICEF field office WASH officers and monitoring officers regularly visited the project sites especially with health and C4D officers to ensure the quality of programme in the most AWD affected communities. Sector coordination played key role in both states to contain further spread of the disease.

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	27/09/2017 - 30/06/2018		
2. CERF project code:	17-UF-FPA-046		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Sexual and/or Gender-Based Violence			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Strengthening Comprehensive, and Multi Sectoral Response to Gender Based Violence in East Jebel Marra and South Kordofan					
7. Funding	a. Total funding requirements ⁹ :	US\$ 4,300,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁰ :	US\$ 346,248	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 153,852	
	c. Amount received from CERF:	US\$ 300,000	▪ <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>	3,680	200	3,880	3,235	170	3,405
<i>Adults (≥ 18)</i>	8,684	356	9,040	8,142	200	8,342
Total	12,364	556	12,920	11,377	370	11,747
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	10,336			10,307		
<i>Host population</i>	2,584			1,440		
<i>Other affected people</i>						
Total (same as in 8a)	12,920			11,747		

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

¹⁰ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The actual achieved target is less than the planned due to women and girls accessed and participated in the WC activities is less than estimated target in the project document and also same for the total of beneficiaries received support through direct psychosocial support services and/group Counselling.
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CERF Result Framework			
9. Project objective	Enhance access to life-saving prevention of and response to GBV, including clinical management of rape for the most vulnerable women and girls in affected localities in South Kordofan and East Jubal Mara.		
10. Outcome statement	<p>With CERF funding UNFPA succeeded to support (11,747) beneficiaries represented by IDPs and host community in East Marra area and South Kordofan namely in the affected three localities Kadugli, Elabassiya and Belie Serif</p> <p>The fund was an opportunity for UNFPA and its partners to address the most critical life-saving needs of vulnerable women and girls with different GBV interventions in the targeted localities with a major focus on IDPs. Out of these 4,400 women and girls at reproductive age received PHKs,, supported establishment and activation of 4 CBPNs., 10,096 community members reached by GBV Awareness campaigns with a focus on GBV consequences, availability of services and survivor-stigma reduction.. in addition to trained 184 medical doctors, medical assistants and social workers trained on CMR and PSS.</p>		
11. Outputs			
Output 1	Increased access to and availability of life saving GBV services for a total 12,920 IDPs, and host community members vulnerable to GBV through strengthening service provision, referral pathways and community protection structures		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of community-based protection networks established	4	4
Indicator 1.2	# of new women centres established and functioning	4	4
Indicator 1.3	# of beneficiaries received support through direct psychosocial support services and/group Counselling	6,000	5,627
Indicator 1.4	# of procured and distributed PHKs (Basic), one kit content; 2 cotton, 2 women underwear, 2 (PCs) laundry soap, toilet soap (2), Tooth brush (2PCs), Tooth paste (1 Pc) for period of a month.	4,400	4,400
Indicator 1.5	# of trained service providers and social workers on Psychosocial Support (PSS), GBV related issues and Clinical Management of Rape (CMR)	160	184

Indicator 1.6	# of procured and supplied CMR kits	6	6
Indicator 1.7	# of trained Community Based Protection Network members (50% women)	48	48
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Support establishment of 4 community based protection networks, and train the members (2 in Kadugli, 1 in Elabassiya and 1 in EJM) on GBV guiding principles, referral pathways, and PSS	Global Aid Hand (GAH) in EJM & Almanar in SK	<p>Four community-based protection networks have been established and supported; three in South Kordofan (two in Kadugli and one in Elabassiya) and one in East Jabil Mara (in Belie Serif), the CBPNWs members were selected from the local community and each committee consist of 12 members (male 6 and females 6). Clear terms of references were developed for each network to ensure clarity in roles and responsibilities among the members.</p> <p>Also supported their regular meetings.</p> <p>Total of 48 community Protection Network members (24 female and 24 male) trained on GBV case management and psycho-social support.</p> <p>The members of CBPNWs were fully engaged in the project implementation and support in the community mobilization and conduction of community awareness sessions.</p>
Activity 1.2	Support establish and activation of 4 Women Centres (2 in Kadugli, 1 in Elabassiya and 1 EJM) as entry point for the survivors to receive PSS support, GBV information, referrals, social integration and life skills trainings	GAH in EJM & Almanar in SK	<p>Four women centres established and activated; three in South Kordofan; (two in Kadugli and one in Elabassiya), and one in East Jabil Mara in Belie Serif. The Centres constructed by semi-permanent materials in consisting of two rooms, one office, latrines and fencing.</p> <p>Total of 5,200 women benefited from women centres activities (South Kordofan 3,790 and EJM 1,410) through participation in the following; (30 on food processing ,60 on hand craft , 3,700 reached by GBV awareness sessions, Tea Talks and FGD's;</p> <p>In addition to EJM (60 on efficient fuel stove making, 90 on food processing, 160 participated in</p>

			the Community consultation meetings, and 1,100 on weekly sessions and FGDs.
Activity 1.3	Provision of psychosocial support and medical treatment by trained social workers and medical personal	GAH in EJM & Almanar in SK, and SM0H	Total of 5,627 community members received PSS and other services; (South Kordofan; 373 community members included 36 GBV identified cases referred to other services included medical treatments and counselling and in EJM 5,254 included 13 GBV cases identified, referred and received direct assistance financial support covered their transportation and services)
Activity 1.4	Local procurement of basic 4,400 personal hygiene kits containing the most basic hygiene items; 2 cotton, 2 women underwear, 2 (PCs) laundry soap, toilet soap (2), Tooth brush (2PCs), Tooth paste (1 Pc)	UNFPA through Long term agreement	UNFPA procured 4,400 personal hygiene kits for the most vulnerable women and girls at reproductive age in the target location of CERF project. The kits were procured locally through Long Term Agreement (LTA). one kit content; 2 cottons, 2 women underwear, 2 (PCs) laundry soap, toilet soap (2), Tooth brush (2PCs), Tooth paste (1 Pc).
Activity 1.5	Distribution of 4,400 PHKs (Basic)	GAH in EJM & Almanar in SK	UNFPA dispatched the kits to the final destination and the kits distributed through the implemented partners of the project (1,400 kits in South Kordofan and 3,000 kits in Belie Serif).
Activity 1.6	Training of service providers on PSS and CMR	GAH in EJM & Almanar in SK, and SMoH	184 services providers trained on PSS and CMR; South Kordofan (93 social workers and 50 medical doctors and health personal (21 male, 29 female) in addition to EJM; (30 social workers and 11 medical doctors and health personal)
Activity 1.7	Procurement and supply of 6 Clinical Management of Rape kits. Each kit will directly serve 50 women and 10 children survivors of rape.	UNFPA in EJM & SK	UNFPA procured 6 CMR kits through (international procurement).
Activity 1.8	Training CBPNWs members on GBV related issues	GAH in EJM & Almanar in SK,	Total of 48 community Protection Network members (24 female and 24 male) trained on GBV case management and psycho-social support. The members of CBPNWs were fully engaged in the project

			implementation and support in the community mobilization and conduction of community awareness sessions GAH in EJM and Almanar organization in South Kordofan supported the regular meetings of CBPNWs discussed GBV concern related to reporting and referral of cases discussed many action points and plans.
Output 2	Raised community awareness on prevention of and response to GBV and mitigation of GBV risks, response to incidences and elimination of social stigma for survivors.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of beneficiaries reached by awareness campaigns on GBV	10,000	Total of estimated 10,096 community members were sensitized on GBV issues during the 16 DOA campaign and also through; awareness sessions, seminars, focus group discussions and drama; (6,796 in south Kordofan and EJM/ Belle serif 3,300 community members (2,800 females, and 500 male)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct awareness campaigns on GBV	GAH in SD and Almanar in SK	Total of 10,096 community members were sensitized on GBV issues

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:

There was delay in the start the implementation of the project activities in South Kordofan state due to delayed approval of the technical agreement between Almanar Org and HAC at state level.

UNFPA requested Non Cost Extension (NCE) of the project due to delayed implementation due to security situation in the area of Belie Serif and ongoing tribal conflict in addition, the current economic status Inflation of the market prices and fuel shortage which make difficulties in movements to follow project activities.

The CMR training supposed to continuous for 5 days but due to insecurity situation and military operations nearby in Belie Serif the training dates reduced to 4 days with comprehensive topics.

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 GBV cases, distribution of PHKs, RH and GBV awareness campaigns.

CERF supported UNFPA and implementing partners to respond in an integrated and coordinated manner particularly the GBV referral pathways builds on the availability of existing services including medical treatment of survivors through health facilities with skilled medical personnel and the supplies/ drugs.

UNFPA with the relevant ministries (MOSA, MOHs), and national NGOs working in the targted project location this include

provision of medical treatment by MOH staff as well as the MOSA contributed in the facilitation of GBV sessions in the women centres as well as provision of basic Psychosocial support.

The GBV sub sector coordination and protection fora meetings support partners to agree on intervention and support what and where to maximize on available funds and fill the gaps to the best possible extent and avoid duplication.

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

EVALUATION CARRIED OUT

UNFPA carried out internal audit to evaluate process of its projects which is aligned to UNFPA's programme cycle. CERF project under Almanar was selected and included in the evaluation for 2018 together with other projects implemented within the previous cycle. The findings report of the audit not shared yet. However, project implementation in EJM and South Kordofan was continuously monitored by UNFPA staff in the field and at national level.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	03/10/2017 - 30/06/2018		
2. CERF project code:	17-UF-HCR-023		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency shelter for South Sudanese refugees & protection services for IDPs and South Sudanese refugees in South Kordofan					
7. Funding	a. Total funding requirements ¹¹ :	US\$ 22,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹² :	US\$ 10,130,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 75,835	
	c. Amount received from CERF:	US\$ 1,600,007	▪ <i>Government Partners:</i>		US\$ 45,000	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	36,800	15,200	52,000	11,106	11,106	22,212
Adults (≥ 18)	10,000	10,000	20,000	6,510	9,574	16,084
Total	46,800	25,200	72,000	17,616	20,680	38,296
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	42,000		32,535			
IDPs	25,000		3,761			
Host population	5,000		2,000			
Other affected people						
Total (same as in 8a)	72,000		38,296			

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

¹² This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p><u>Refugees</u> - The refugee population at the end of the project was estimated to be 42,000 however the actual population was close to 39,000, leading to these numbers of people being served with most of the assistance. While the shelter target was placed at 90% at the time of the proposal, 95% of the refugees have been assisted with shelter through these funds, and UNHCR is using its own funds to support the remaining 5% with shelter kits.</p> <p><u>IDPs</u> – The number of IDPs in Kadugli as reported by IOM at the time of the proposal was some 90,000. At the time of reporting, the number of IDPs are 60,000. An accurate disaggregation of this figure was not available to any of our partners and therefore have not been included in the Beneficiaries Profile above.</p> <p><u>Host population</u> – Among the hosts, 400 vulnerable households received shelter material through this project. This is approximately 2,000 persons. The age-gender breakdown cannot be reflected here.</p>
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CERF Result Framework			
9. Project objective	Shelter assistance and protection for 45,000 South Sudanese refugees and host communities (South Kordofan), and community-based protection assistance for 90,000 IDPs in South Kordofan.		
10. Outcome statement	The project has provided emergency shelter assistance and protection services to all persons in need in South Kordofan State. This included the overall refugee population in El Leri and Abu Jubaiha, as well as the IDP population near Kadugli.		
11. Outputs			
Output 1	Shelter for 5,000 refugee households in South Kordofan		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# shelter materials procured and distributed	4,300	4,300
Indicator 1.2	% of refugee households receiving shelter assistance	90% (3,870)	95%
Indicator 1.3	# vulnerable households assisted to erect shelter	500	504
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and warehousing of shelter materials and kits	UNHCR	UNHCR/SRCS
Activity 1.2	Distribution of materials and kits to South Sudanese refugee households and identified vulnerable households in local communities	COR/SRCS	Refugees - COR/SRCS Host community - HAC
Activity 1.3	Assistance to vulnerable households to erect shelter	COR/SRCS	COR/SRCS
Output 2	Community-based protection assistance for South Sudanese refugees in South Kordofan		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# women provided with personal hygiene kits	3,000	2,883 (El Leri) for 3 months

			3,040 (Abu Jubaiha) for 1 month (11,689 kits)
Indicator 2.2	# persons with specific needs assisted	500	750
Indicator 2.3	# of community based protection trainings undertaken	3	3 (2 in El Leri and 1 in Abu Jubaiha)
Indicator 2.4	Referral mechanisms in place for community protection	1	3 (referral mechanisms established for education, health and legal services)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of personal hygiene kits	UNHCR	CIS
Activity 2.2	# host community supported through distributions	UNHCR	N/A
Activity 2.3	Undertake community based protection trainings	UNHCR	CIS
Activity 2.3	Provide training on SGBV prevention and response	UNHCR	CIS
Output 3	Community-based assistance for IDPs in South Kordofan		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# people with specific needs assisted directly through social workers or through community-based structures.	1,700	612
Indicator 3.2	# community structures strengthened (in four areas/neighborhoods hosting IDPs in Kadugli)	4	Achieved in 4 areas of Kadugli by December 2017 (Al Samma, Al Shaeer, Hajer Almak and Um Battah)
Indicator 3.3	One referral and case management system in place for the social protection of vulnerable people in neighbourhoods hosting IDPs	1	Medical cases referrals continuing with the MoH&SD
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	People with specific needs assisted by deployed social workers or through community-based networks and provided with social support in the form of information, referral, counselling, accompaniment, personal hygiene kits	AMVO	AMVO
Activity 3.2	Community structures, networks among displaced communities strengthened to identify people with specific needs and develop community response for them (at least one structure for an average group of about 4,000-5,000 people, in each neighbourhood targeted)	AMVO	AMVO

Activity 3.3	Capacity building for social workers, community networks and other stakeholders (Ministry of Social Affairs South Kordofan) on referral and case management	AMVO	AMVO
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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:

This project commenced in September 2017 to deliver emergency shelter kits and protection services for South Sudanese refugees (SSR) and IDPs in South Kordofan State. The three main Outputs of this project were: 1) Shelter for 5,000 refugee households in South Kordofan; 2) Community-based protection assistance for South Sudanese refugees in South Kordofan; and 3) Community-based assistance for IDPs in South Kordofan.

The second and third Outputs progressed as expected, however UNHCR experienced significant delays in implementing the first Output due to several challenges during the original project period (September 2017-June 2018). Subsequently, two no-cost extensions (NCE) were requested and granted, for the proper completion of activities. As the second NCE was granted, there was an agreement among UNHCR and OCHA for a joint mission to the project's site in El Leri. This mission took place on 6-12 January 2019 to SSR settlement Dar Batti in El Leri, where meetings were conducted with COR, HAC and with SSR leaders. In addition, monitoring visits were made to some SSR households who received shelters and for whom UNHCR had constructed their shelters (vulnerable people) through partner SRCS.

Output 1

The emergency shelter (ES) distribution in Sudan is somewhat non-traditional as it departs from UNHCR's regular ES activities involving distribution of tents and plastic sheeting, plus building tools. In Sudan in line with environmental and sustainability concerns, UNHCR and technical partners in the ES sector have opted to provide local materials for the building of household shelters, for families of up to seven (7) persons. The shelter packages are customised to the local housing modes; in Kordofan areas, SSR shelter kits included: (i) Side short poles/ Sheba [10], (ii) Long Poles [3], (iii) Roof beam [4], (iv) wall plates/beam [6], (v) Tarpaulin [2], (vi) Bamboo side walls [42], (vii) Bamboo curved roof [16], (viii) Grass mat [8], (ix) Shargani [12], (x) locally produced rope (Jamaica) [2]. The toolkit contained a wood saw, shovels, iron rods and axes.

Due to the multitude of items in the kit and the large size and volume of the materials to be provided to the refugees and some host community members, the procurement, transportation and distribution of the items became extremely challenging. During the course of the year, vendor negotiations became unpredictable and protracted due to the high inflation and increasing exchange rates, which pushed the actual procurement of the items up to right before the rainy season. At this time, access to the remote areas of South Kordofan became extremely challenging and vendors proclaimed their inability to deliver prior to the start of the dry season at the end of 2018. Because of the unavailability of the shelter materials in the South Kordofan local markets, many of the items had to be procured from Blue Nile State that introduced an added element of uncertainty. The second NCE was granted to complete the final delivery and distribution of the shelter kits.

UNHCR and its partners CIS and SRCS delivered shelter kits to 4,300 SSR and host community households which included 504 persons with specific needs (PSN) among the refugees, 400 host community families, 3,396 for the remaining refugee community. The shelter kits were distributed in Dar Batti and Um Kwarow refugee settlements in El Leri locality. Following the arrival of all ten shelter items and the tools, UNHCR partners distributed to the selected households between 18 November and 23 December which resulted in great satisfaction by the refugees, host community, COR and HAC.

In response to the vulnerability and specific needs of some members of the refugee community UNHCR's NGO partner Sudan Red Crescent Society (SRCS) contracted labour to build the shelters for 504 vulnerable households who were unable to erect the shelters themselves, using the CERF contribution. Through this distribution, some 95 per cent of all South Sudanese refugees living in the State, were served; UNHCR also provided shelter kits for the remaining 5% refugee households through another project using its own funds.

Output 2

The provision of community-based assistance to SSR in El Leri and Abu Jubaiha in South Kordofan was determined based on the high vulnerability of the population. Based on UNHCR's asylum registration system, it is known that some 83 per cent of SSR in South Kordofan are women and children who require additional support for their dignity and survival.

Through this project, vulnerable SSR were assisted with their individual specific protection needs through a partnership with the

Ministry of Social Welfare, Women and Children Affairs (MoSWWCA) in South Kordofan State. Notably, the MoSWWCA is currently referred to as (MoH&SD) Ministry of Health and Social Development after merging with the ministry of health.

The Ministry assisted more than 750 persons with specific needs in El Leri and Abu Jubaiha. Activities undertaken by them included Best Interest Assessments (BIA) and the subsequent provision of material support after needs were identified. The Ministry also conducted community-based protection trainings, supported by the CERF funds. Three trainings on leadership and community mobilization strategies were conducted for refugee leaders in Abu Jubaiha and El Leri between December 2017 and February 2018, benefitting some 160 refugee leaders. The training expenses covered included food and refreshments, stipend and allowances, as well as stationery costs and venue charges.

The Ministry also undertook advocacy interventions on SGBV prevention and response through advocacy campaigns in the communities on SGBV prevention and response, in parallel to group meetings with community representatives.

Output 3

The project supported IDPs in South Kordofan through NGO partner Al Manar Voluntary Organization (AMVO). In the CERF proposal, the NGO is erroneously identified as African Multipurpose Voluntary Organization (AMVO). The project supported 655 women and girls with hygiene kits, 360 community volunteers in support of social workers reaching out to the IDPs for awareness-raising, information dissemination, and mobilization, 500 vulnerable people provided direct material support to cover specific needs, including referral costs, and psychosocial activities in 4 community-multipurpose centres, including skill training, handicraft, empowerment training (literacy) production of fuel-efficient stoves, counselling, reaching 400 women per neighbourhood. The grant supported the maintenance of the community centres and mobilization of IDP populations.

N.B. – the indicator 3.1 of 1700 persons is incorrect. It should read 655 in line with the budget.

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

Accountability to affected populations (AAP) is an active commitment by UNHCR to use its position responsibly by taking account of, giving account to, and being held to account by the people we seek to assist. Responsible use of UNHCR's power in humanitarian action includes effective and quality programming that recognizes the dignity, capacity, and abilities of communities of concern.

UNHCR, with a protection function at the core of its mandate, strives to ensure in every situation, to the extent possible, the appropriate inclusion of the expressed priorities, needs, capacities and views of persons of concern (PoC) in protection, and solutions interventions and programmes, and hold itself accountable to its PoC for organizational decisions and the actions of UNHCR personnel.

Strong accountability mechanisms lead to more effective and efficient programming, and therefore AAP is an essential element of quality assurance across operational activities including programme design, implementation, monitoring and evaluation, reviews, as well as organizational learning. UNHCR's protection role already lays the foundation of its AAP, and is further enhanced by the mainstreaming of age, gender and diversity principles in all its functions. UNHCR systematically involves persons of concern in participatory assessments. The outcomes of assessments are reflected in the annual and emergency response plans of country operations, as well as their priorities, programme designs, and monitoring and reporting.

UNHCR's AAP policy includes communication and transparency; feedback and response; participation and inclusion; and learning and adaptation. The policy also standardizes the language used in reporting; informs priorities; supports assessments of the extent to which UNHCR achieves its AAP commitments; and provides criteria when evaluating learning and improvements. The main measures of AAP are intrinsically linked and build on each other, and they are implemented in Sudan, as in other operations, allowing for the practical integration of accountability into protection and assistance programming:

- i. **An AGD approach.** By applying an AGD approach systematically across all its operations, UNHCR seeks to ensure that all persons of concern enjoy their rights, have access to protection, services and assistance on an equal footing, and can participate fully in decisions that affect them and their family members and communities. AGD is a human-rights and community-based approach according to which planning, programming, implementation, and monitoring and evaluation should be guided by principles of equality and participation.
- ii. **Community-based protection.** This requires UNHCR to integrate community engagement in all aspects of its protection work, and recognize the capacities as well as needs of communities in humanitarian crises, in order to avoid harm and ensure that humanitarian programmes do not inadvertently leave people and communities worse off. A core tenet of the AGD policy, community-based protection employs a rights-based approach that puts persons of concern at

the centre of decisions that affect their lives.

- iii. **Participatory assessment.** This tool builds partnerships with refugee women and men of all ages and backgrounds by promoting meaningful participation through structured dialogue. Separate discussions with women, girls, boys, and men, including adolescents, elderly, disabled persons and others with specific needs enable UNHCR and partners to gather accurate information on the specific protection risks that different groups face, identify underlying causes, understand refugees' capacities, and hear their proposed solutions. It helps communities to take collective action to enhance their own protection and makes it possible to implement a right- and community-based approach.

Specifically, in South Kordofan, UNHCR is responsible for the protection of refugees once they arrive at the entry points, at the reception centres, and thereafter at the settlements where they stay. The majority of refugee households who arrive at reception points do not have basic items, and UNHCR provides them with NFI baskets at the reception centre, based on level one household registration by COR. The NFI basket includes blankets, sleeping mats and plastic jerry cans to support the beneficiaries while on transit to the camps. Once they reach their chosen settlements, individuals are biometrically registered, then the NGO partner conveys through a brief orientation on the type of support they will be receiving from who and when. Refugees are also briefed on the process for plot allocation / distribution of shelter materials, and they are provided with cooking sets and mosquito nets to complement the NFI basket received at the entry point. Replenishment of NFI items and rehabilitation of shelters is maintained regularly according to the items' lifespan, and this activity is implemented in coordination with the camp management, refugee leaders committees and with the implementing partner. Persons with special needs and most vulnerable families are given priority.

UNHCR has instituted a complaint mechanism managed by the NGO refugee community and the camp management. UNHCR receives reports on fire, flood or natural disasters with full details of the affected households, and based on these reports, UNHCR conducts rapid assessments involving all the concern partners to verify the information, assess the needs and provide support based on the recommendations.

During implementation of activities, beneficiaries are informed through their leaders and by mobile microphone in their own local language on the process, schedule and venue of distribution; beneficiaries are involved and contribute to the activities. During the monitoring activities, UNHCR coordinates with the partner, and they together meet with community leaders to explain the purpose of the process. Community leaders then supports UNHCR by briefing and explaining the process to their communities.

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	18/10/2017 - 30/06/2018		
2. CERF project code:	17-UF-IOM-035		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	ES/NFI assistance for the most vulnerable population of East Jebel Marra					
7. Funding	a. Total funding requirements ¹³ :	US\$ 1,403,081	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁴ :	US\$ 699,999	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 699,999	▪ <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>	19,380	18,620	38,000	15,367	12,692	28,059
<i>Adults (≥ 18)</i>	11,220	10,780	22,000	17,663	16,321	33,984
Total	30,600	29,400	60,000	33,030	29,013	62,043
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	20,000			41,128		
<i>Host population</i>	20,000					
<i>Other affected people</i>	20,000			20,915		
Total (same as in 8a)	60,000			62,043		

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

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

<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>	IOM reached approximately 2,000 more beneficiaries than originally expected as IOM was able to procure more ES/NFI kits than expected with the budget available under this CERF appeal.
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CERF Result Framework			
9. Project objective	To provide life-saving ES/NFI and (improved) emergency shelter assistance to the most vulnerable newly displaced households, vulnerable protracted IDP households, including Persons with Specific Needs (PSN)		
10. Outcome statement	35,670 vulnerable conflict affected people in East Jebel Marra were assisted through Emergency Shelter and Non-food Items		
11. Outputs			
Output 1	Registration via Displacement Tracking Matrix (DTM) for targeted provision of ES/NFI Assistance.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of individuals registered.	60,000	62,043
Indicator 1.2	Number of DTM reports produced and shared with partners.	2	8
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct training and refresher training for the IOM-DTM field teams, HAC and Voluntary Return and Resettlement Commission (VRRCC) to support the DTM activities in Darfur	IOM	IOM
Activity 1.2	Deploy tracking teams based on reports of population movements	IOM	IOM
Activity 1.3	Register the IDPs, Returnees and affected population in the areas of displacement as well as in the areas of return	IOM	IOM
Activity 1.4	Share information through OCHA and through IMWG/DTM working group and RRR Sectors via DTM reports	IOM	IOM
Output 2	Affected populations receive appropriate life-saving ES/NFI assistance.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of households who received appropriate Improved Emergency Shelters	1,600	3,088
Indicator 2.2	Number of households who received full ES/NFI kit.	3,000	4,046
Indicator 2.3	Number of ES/NFI Post Distribution Monitoring Missions conducted	3	3
Indicator 2.4	Percentage of HHs who still had ES/NFI kits at the time of a post distribution monitoring (PDM)	80% (2400 HHs)	80% (5,700 HH)
Output 2 Activities	Description	Implemented by	Implemented by

		(Planned)	(Actual)
Activity 2.1	Procure and purchase ES/NFI materials	IOM	IOM
Activity 2.2	Transportation and prepositioning of the stock in field sub-offices as needed;	IOM	IOM
Activity 2.3	Conduct pre-distribution assessments; along with DTM registrations	IOM	IOM
Activity 2.4	Transport ES/NFI Materials to the identified locations;	IOM	IOM
Activity 2.5	Distribute ES/NFI Materials to the vulnerable households;	IOM	IOM
Activity 2.6	Conduct post-distribution monitoring missions to the response sites;	IOM	IOM

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

Under this project IOM registered 62,043 beneficiaries (IDPs and other affected population), most of which were displaced from East Jebel Marra and fled to accessible areas such as Otash IDPs camp, Mersheng IDPs camp, Kass IDPs camp, Liba, Bel el Sereif, Deribat, Kidneer, Souni, Jawa and Kara. Out of the 26,737 reported IDPs, DTM identified 12,300 IDPs while the rest of the reported population was found to be either a duplication of figures or not IDPs. The IDPs displaced to the above locations were reported to arrive in different groups, nine groups of IDPs were reported arriving Otash camp, two groups in Liba, and two groups in Mersheng. As of today, IOM still receiving reports on new IDPs arriving to different locations, mainly to Kass, Otash and Mersheng. The registration of IDPs is still on-going and some of the reported caseloads were verified to be either returnees from East Jebel Marra or affected population by the conflict in East Jabal Mara.

During the project implementation period, IOM conducted multiple assessments of affected areas in East Jebel Marra and the surrounding areas, sharing regular updates of DTM verified figures with key partners and donors to ensure detailed information was used by partners (such as WFP and the Emergency Shelter (ES)/Non-Food Items (NFI) sector lead) to plan and respond to the needs on the ground. Prior to implementation, IOM also conducted training and refresher training for the IOM-DTM field teams, HAC and Voluntary Return and Resettlement Commission (VRRRC) to support the DTM activities in Darfur, benefiting over 50 persons.

The DTM information also guided the IOM ES/NFI response under this project, allowing for the provision of ES assistance to 3,088 households and NFI emergency assistance for 4,046 households. During the tendering process, the quotations IOM received for the procurement of the ES/NFI items were lower than expected, therefore IOM was able to preposition and distribute more ES/NFI kits than originally expected. Due to the resumption of conflict in East Jebel Marra, IOM extended its assistance to affected populations that fled from EJM to IDPs camps and neighboring areas in Nyala. CERF approval was requested before changing the locations of intervention to include areas outside of East Jebel Marra.

In East Jebel Marra, IOM conducted DTM Registration and NFI assessments across five locations and distributed 1,133 NFI Kits in Belle El Sereif, 480 in Liba, 2,224 in Dirbat, 164 in Kidineer and 45 in Karra. IOM also conducted six assessments to identify vulnerable conflict affected households for the distribution of emergency shelters, targeting 1,106 households in Belle El Sereif, 480 in Liba, 164 in Kidineer, 632 in Mershing IDPs camp, 356 in Otash IDPs camp and 350 in Kass IDPs camp.

IOM conducts a Post-Distribution Monitoring (PDM) mission two months after the distribution of the ES/NFIs, however, due to the lack of access in East Jebel Marra, the distribution of the ES/NFIs was only completed in September and thus IOM was not able to conduct the PDM mission during the project period. Three post-distribution monitoring missions are currently being planned to monitor the use of the items, to collect feedback from the beneficiaries on the quality and quantity of the kit contents (were the

items enough for the household, what was missing in the kit, were there any damaged items in the kit, what was the most useful in the kit and has it met beneficiaries' requirement, ect.); and to assess the satisfaction of the targeted beneficiaries with the level of assistance received.

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

Through this project IOM provided ES and NFI assistance to vulnerable conflict affected population in East Jebel Marra, supporting both returnees and new IDPs fleeing areas affected by conflict. To ensure accountability to affected populations, the following actions were taken:

- 1) During the inter-agency assessment mission to East Jebel Marra (February 2017) interviews and focus group discussions were conducted with the affected population before planning the ES/NFI response under this CERF appeal to design the project. The project's design is also informed by IOM's own regular interaction with the affected population especially during the ES/NFI assessments (before and during distribution) where interviews and focus group discussions were carried out with community leaders, affected households and community members to get feedback on the appropriateness and quality of the provided services
- 2) Population in the targeted geographical location (East Jebel Marra locality) were directly included in the implementation phase through the DTM registration (which includes a sensitization and information campaign at the beginning of the exercise and provisions for the expression of complaints from the affected community members) and subsequently via their inclusion in the ES/NFI specific pre-distribution assessments to assess the needs and identify vulnerable households (with PSN).

The ES/NFI component of this project includes a post-distribution mission to the sites where assistance is provided and directly involves the beneficiaries assisted. During the PDM missions, beneficiaries are interviewed, and their views are recorded and reported in the PDM reports. IOM was not able to carry out the PDM missions during the project period, however, three missions are currently being planned and will be carried out by the end of November to ensure that beneficiaries are interviewed, and their views are recorded and where needed, to adjust IOM future program design and implementation

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	IOM		5. CERF grant period:	24/10/2017 - 30/06/2018		
2. CERF project code:	17-UF-IOM-036		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency WASH assistance in East Jebel Marra locality					
7. Funding	a. Total funding requirements ¹⁵ :	US\$ 8,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁶ :	US\$ 699,999	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 30,000.00	
	c. Amount received from CERF:	US\$ 500,000	▪ <i>Government Partners:</i>		US\$ 3,841.30	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	9,000	9,000	18,000	4,123	4,123	8,246
<i>Adults (≥ 18)</i>	6,120	5,880	12,000	6,479	4,908	11,387
Total	15,120	14,880	30,000	10,602	9,031	19,633
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	10,000			1,700		
<i>Host population</i>	15,000			14,933		
<i>Other affected people</i>	5,000			3,000		
Total (same as in 8a)	30,000			19,633		

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

¹⁶ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>IOM reached approximately 10,000 less beneficiaries than originally planned due to the resumption of conflict in East Jebel Marra. IOM planned to complete Activity 1.3 – Rehabilitation of a water dam and installation of a water distribution network – in Derbait, to increase access to water for approximately 20,000 vulnerable people. However, due to the resumption of conflict in the area, Derbait became inaccessible in May 2018, and IOM was unable to carry out the works for the rehabilitation of the water dam. Instead, after communication with the donor, the funding was re-allocated towards the construction of 670 emergency latrines to assist both vulnerable community members and new IDPs fleeing from areas affected by conflict to neighbouring, safer villages in East Jebel Marra.</p>
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CERF Result Framework			
9. Project objective	Provision of WASH life-saving assistance to conflict affected vulnerable populations in East Jebel Marra		
10. Outcome statement	19,633 vulnerable conflict affected people in East Jebel Marra were assisted through emergence WASH assistance		
11. Outputs			
Output 1	30,000 vulnerable conflict affected community members have equitable access to water supply to ensure minimum 7.5L/c/d water quantity per day.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of persons provided with sufficient, reliable and safe water for drinking, cooking and personal hygiene (target 7.5l/p/d-sector defined)	30,000	10,000
Indicator 1.2	# of hand pump fast moving kits provided	5	5
Indicator 1.3	# of water operators trained	10	10
Indicator 1.3	# of hygiene committees trained	3	3
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Upgrading 2 hand pumps into a Solar Powered Mini Water Yard	IOM and Contractor (TBD)	IOM/Emmar Group
Activity 1.2	Drilling and Installation of 2 Hand Pumps	IOM and Contractor (TBD)	IOM/Emmar Group
Activity 1.3	Rehabilitation of 1 water dam with a water distribution network	IOM and Contractor (TBD)	n/a
Activity 1.4	Rehabilitation and development of 2 hand dug wells	IOM and Contractor (TBD)	n/a
Activity 1.5	Provision of 5 hand pump fast moving kits	IOM	IOM
Activity 1.6	Formation and Training of 10 water operators	IOM and WES	IOM and WES
Activity 1.7	Formation and Training of 3 water committees	IOM and WES	IOM and WES
Output 2	3,520 vulnerable conflict affected community members have equitable access to improved and sex-segregated and child-friendly excreta disposal facilities.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of people who have access to safe excreta	3,520	9,270

	disposal facilities		
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Construction of 11 VIP latrines	IOM and Contractor (TBD)	IOM/Emmar Group
Output 3	9,000 vulnerable conflict affected community members are reached with hygiene campaigns and sanitization activities.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of persons reached with safe hygiene sensitization messages	9,000	16,633
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Conduct hygiene mobile theatre campaigns	IOM and Implementing Partner (TBD)	IOM and SRCS

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

The activities proposed under this CERF project, aimed to increase access to WASH services for 30,000 conflict affected vulnerable communities, however, during the implementation of the project, IOM faced a number of challenges that led to the re-programming of some of the planned activities.

At the start of the project, IOM launched a tender for the selection of a contractor for the construction and rehabilitation of the water works. When the tender closed in December 2017, no companies had applied for the works due to the risky nature of the activities and market uncertainty. IOM re-launched the tender in January 2018 and selected a company for the implementation of the civil works. At the beginning of March, the conflict that broke out around Derbait and Jebel Marra, halted all on-going activities and the Government of Sudan declared inaccessible the entire area of East Jebel due to security concerns.

Between March and May, the situation in East Jebel Marra remained unresolved and the locality of Derbait was no longer accessible. The situation became even more fragile due to fuel shortages and high inflation rates, with fuel prices and market prices three times higher compared to January/February 2018. Due to the conflict, lack of access, increase in market prices and new influx of IDPs to Belle El Sereif and surrounding villages, in coordination with the donor and OCHA, IOM re-programmed some of the initially planned activities to respond to the emergency and WASH needs of hosting communities and IDPs around the area of Belle El Serief in East Jebel Marra. However, the sudden increase in market prices and fuel costs also had an impact on the type of activities that IOM could implement with the available budget.

In coordination with the Donor, four activities under Output 1 were amended to respond to the needs of hosting communities and newly displaced persons from conflict affected areas in East Jebel Marra. The location of Belle EL Sereif remained unchanged, the location of Deribat was changed to Liba, a neighbouring village to Belle El Sereif, and the village of Dobo, also neighbouring Belle El Serief. All three villages, Belle El Sereif, Liba and Dobo¹⁷ received influxes of IDPs (200 individuals verified in Belle El Serief and 200 individuals verified in Liba by IOM DTM teams), from conflict affected areas in East Jebel Marra.

The biggest programmatic changes were:

1. Activity 1.3: Rehabilitation of water dam and water network – IOM could no longer access Derbait to carry out the civil

¹⁷ An inter-agency mission conducted between 4 July 2018 and 8 July 2018, revealed the need for emergency WASH interventions around Belle El Sereif and Liba village, as water availability was not enough to cover the needs, especially in Liba where the community relies on 11 hand dug wells only (open water sources) and open defecation is practiced widely due to a lack of latrines. Hygiene campaigns in the area were also urgently needed to ensure that safe hygiene practices are maintained to mitigate the risks of future disease outbreaks.

works and replaced this activity with the construction of 670 emergency latrines in Belle El Sereif and Liba (Activity 2.2), to assist both returnees and IDPs fleeing the conflict areas.

2. For Activity 1.1: Upgrading two hand pumps into a solar powered mini water yard, Activity 1.2: Drilling and installation of 2 hand pumps and Activity 1.4: Rehabilitation of 2 hand dug wells, IOM merged activity 1.1. and 1.2 into one activity Drilling of two new boreholes and construction of 2 mini water yards, constructing two new mini water yards in on Belle El Sereif. Due to the drastic increase in market prices, IOM was no longer be able to rehabilitate 2 hand dug wells and the funds initially allocated for this activity, covered the costs for construction of two new mini water yards.

The objective of the project remained the same: to provide WASH life-saving assistance to conflict affected vulnerable populations in East Jebel Marra and a total of 19,633 vulnerable community members were assisted.

Under Output 1 - 30,000 vulnerable conflict affected community members have equitable access to water supply to ensure minimum 7.5L/c/d water quantity per day – IOM assisted 10,00 vulnerable conflict affected community members by increasing access to basic services ensuring a minimum of 7.5l/c/d per day through the completion of the following activities:

- Activity 1.1 (NEW): Drilling of two new boreholes and construction of 2 new MWYs
Two new mini water yards were constructed in Belle El Sereif, increasing access to safe water for hosting communities, returnees and IDPs (10,000 beneficiaries).
- Activity 1.5: Provision of 5 hand pump fast moving kits – 5 hand pumps fast moving kits were procured and handed over to WES.
- Activity 1.6: Formation and training of 10 water operators – a total of 10 water operators were trained to ensure the correct maintenance and operation of the water points. To ensure inclusivity and integration, 6 members from the hosting community and 4 IDPs were trained, 5 in Derbait and 5 in Belle El Sereif.
- Activity 1.7: formation and training of 3 water committees – three water committees were trained to ensure the correct management and safety of the water points, 2 in Belle El Sereif and 1 in Derbait.

Under Output 2 - 3,520 vulnerable conflict affected community members have equitable access to improved and sex-segregated and child-friendly excreta disposal facilities – IOM assisted 9,270 vulnerable conflict affected community members by improving access to child-friendly excreta disposal facilities through the completion of the following activities:

- Activity 2.1: Construction of 11 VIP latrines – IOM constructed a total of 5 VIP latrines in Belle El Sereif, 5 VIP latrines in Liba and 1 VIP latrine in Dobo,
- Activity 2.2: (NEW): Construction of 670 emergency latrines - according to the inter-agency mission conducted at the beginning of July 2018, 940 HH in Belle EL Sereif and 774 HH in Liba had no access to latrines and a total of 200 IDPs had reached both locations (IOM DTM verified figures). In response to the needs and to cover the gaps, IOM constructed a total of 670 emergency latrines (550 emergency latrines in Belle El Serif and 120 in Liba).

Under Output 3 - 9,000 vulnerable conflict affected community members are reached with hygiene campaigns and sanitization activities – IOM reached a total of 16,633 vulnerable conflict affected community members with hygiene and garbage collection campaigns.

Activity 3.1: Conduct hygiene mobile theatre campaigns – IOM, through SRCS, was able to reach and provide assistance to conflict affected communities in Derbait only through the hygiene and garbage collection campaigns. A total of 18 hygiene and garbage collection campaigns were carried out over a period of 4 months across three locations, Derbait, Belle El Sereif and Liba. A total of 7,700 beneficiaries were reached through the hygiene and garage collection awareness sessions alone, whereas a total of 16,633 beneficiaries (14,933 host community members and 1,700 IDPs) were reached through the mobile theatre campaigns – 3 mobile theatre campaigns per locality were carried out.

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

Through this project IOM provided emergency WASH assistance to vulnerable conflict affected community in East Jebel Marra, supporting both returnees and new IDPs fleeing areas affected by conflict. To ensure accountability to affected populations, the following actions were taken:

1. The locations for the water points were chosen through community consultations, encouraging and ensuring the participation of women during the consultation process. IOM also trained a total of 10 water operators (6 from the host communities and 4 from the IDPs) to ensure the correct maintenance and sustainability of the water points and trained 3 water committees to manage the water points. Finally, 5 hand pumps fast moving kits to ensure that hand

pumps could be rehabilitated in the future when needed.

2. The emergency and VIP latrines constructed were designed in a way to ensure that the needs of women were met, by ensuring both privacy and safety. To reduce the risks of GBV (especially at night), the locations for the construction of the latrines were chosen in coordination with the women, a small lock was added on the inside of each latrine pit and each latrine block built, is gender sensitive (female designated latrines are protected by a wall to ensure privacy).
3. The hygiene and garbage collection campaigns were designed in a way to involve the full participation of women and children, promoting specific hygiene and sanitation messages to raise awareness of safer hygiene and sanitation practices among women and children. A total of 180 volunteers from the community participated in the house-to-house visits, reaching 7,700 people through the following messages: the importance of clean water and water storage; personal hygiene; hand washing and safe use of latrines; public health, malaria control; and how to mitigate the risks of water borne diseases and malaria. The outreach hygiene awareness events and garbage collection campaigns were carried out over a period of four months and were very successful in involving the entire community, emphasizing the importance of collective action and collaboration. During the garbage collection campaigns, 560 community members from Belle El Sereif (including students), 218 community members from Liba and 475 members from the community in Dertbait volunteered to participate in the campaigns reached health clinics, schools, market areas and around water points.
4. Mobile theatre hygiene campaigns were very interactive and involved the entire community in all three targeted locations (Dertbait, Belle El Sereif, and Liba). Fifteen members from the community participated directly in the theatre campaigns, which specifically focused on poor hygiene and sanitation practices and conditions that pose greatest risk to the health of children and women. A total of 16,633 people were reached (14,933 vulnerable community members and 1,700 IDPs) through the mobile theatre campaigns across the three locations.



14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No external evaluation has been planned for the following project. However, the project was monitored throughout its implementation. IOM conducted a monitoring mission on 23 September to monitor and evaluate the activities that had been conducted. Due to the on-going conflict and fragile security situation, IOM was only able to evaluate the activities completed in Belle El Serief and Liba.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	27/09/2017 - 30/06/2018		
2. CERF project code:	17-UF-WFP-052		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Food Assistance to Populations Impacted by Disasters in Targeted Areas					
7. Funding	a. Total funding requirements ¹⁸ :	US\$ 10,665,524	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁹ :	US\$ 4,499,671	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 239,049	
	c. Amount received from CERF:	US\$ 4,499,671	▪ <i>Government Partners:</i>		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>	54,980	48,897	103,877	54,980	48,897	103,877
<i>Adults (≥ 18)</i>	42,293	35,305	77,598	42,293	35,305	77,598
Total	97,273	84,202	181,475	97,273	84,202	181,475
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	42,000			42,000		
<i>IDPs</i>	139,475			139,475		
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	181,475			181,475		
<i>In case of significant discrepancy</i>	N/A					

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

¹⁹ This should include both funding received from CERF and from other donors.

between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

CERF Result Framework			
9. Project objective	Save lives and protect the livelihoods of Refugees and Internally Displaced Persons (IDPs) in East Jebel Marra locality and the States of South Kordofan and Blue Nile through the provision of General Food Distributions (GFD)		
10. Outcome statement	WFP delivered life-saving assistance to the identified population in need in East Jebel Marra, States of South Kordofan and the Blue Nile in a timely and efficient manner.		
11. Outputs			
Output 1	Output 1 GFD rations (full to Refugees and half to IDPs) are distributed in sufficient quantity, quality and in a timely manner to 181,475 beneficiaries over a 4-month period		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Quantity of food assistance distributed, as % of planned distribution (disaggregated by type)	7,545 MT (100%) (i.e., 6,604 MT cereals, 765 MT pulses, 132 MT Vegetable Oil and 44 MT Salt)	7,545 MT distributed
Indicator 1.2	Number of women, men, boys and girl refugees receiving GFD food as % of planned	181,475 (100%)	181,475
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement, Distribution and Monitoring of GFD food commodities for assistance to targeted populations in East Jebel Marra locality and the States of South Kordofan and Blue Nile	Procurement WFP Distribution East Jebel Marra: Either Jebel Marra Charity Organization (JMCO), International Islamic Relief Organization (IIRO), AFAG or Sudanese Popular Committee for Relief (SPCR) (under negotiation) and World Vision International South Kordofan: MUBADIROON and	Procurement WFP Distribution East Jebel Marra: Either Jebel Marra Charity Organization (JMCO), International Islamic Relief Organization (IIRO), AFAG or Sudanese Popular Committee for Relief (SPCR) (under negotiation) and World Vision International

		Sudan Crescent Society (SRCS) Blue Nile: SRCS Monitoring Policy Assessment, Consultancy and Training (PACT) and Forcier	South Kordofan: MUBADIROON and Sudan Red Crescent Society (SRCS) Blue Nile: SRCS Monitoring Policy Assessment, Consultancy and Training (PACT) and Forcier
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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:

N/A

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

Accountability is one of the core values that help WFP to provide the best possible service to the people it assists. AAP is defined by WFP as an active commitment to give account to, take account of, and held to account by the people it assists. During the preliminary stages, WFP provides accurate, timely and accessible information to affected people about its assistance. The information provided must be clearly understandable by everyone, irrespective of their age, gender or other characteristics. Upholding the 'centrality of protection', the design and planning phase also considers food and nutrition assistance to be provided in a safe and dignified manner to the targeted population.

At all stages, every effort was made to seek the views of all segments of the affected population, including the elderly and people with disabilities, throughout the implementation stage. WFP ensured the application of AAP by seeking to engage with affected populations in the processes and decisions that affect their lives, and by ensuring the maintenance of ongoing, two-way communication and dialogue with beneficiaries throughout the project cycle. During the project, WFP monitored its food assistance regularly to ensure that implementation did not cause harm to the beneficiaries, and to ensure that safety and dignity considerations were made throughout the process.

Complaints and feedback platforms were put in place to allow beneficiaries to voice complaints and provide feed-back on areas relevant to operations in a safe and dignified manner. Each system included established procedures for recording, referring, acting and providing feedback to the concerned person

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

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	04/10/2017 - 30/06/2018		
2. CERF project code:	17-UF-WFP-053		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 IDPs in Blue Nile, South Kordofan and East Jebel Marra					
7. Funding	a. Total funding requirements ²⁰ :	US\$ 31,642,967	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²¹ :	US\$ 6,110,286	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 68,870	
	c. Amount received from CERF:	US\$ 1,704,528	▪ <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>	17,602	16,910	34,512	24,758	23,807	48,565
<i>Adults (≥ 18)</i>	8,265		8,265	15,947	0	15,947
Total	25,867	16,910	42,777	40,705	23,807	64,512
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	42,777			64,512		
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	42,777			64,512		

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

²¹ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>Population movement continued during the implementation of the CERF project for east Jebel Marra which has forced a change of localities in response. Blue Nile state which has been restricted for a long time became accessible during the implementation period and WFP managed to access beneficiaries and maximize the coverage through enrolment of new beneficiaries in both the e-BSFP and the TSFP programme. The initial period of the CERF fund was six months, however an extension of an additional three months to reach specific target in some areas have also resulted in high coverage of beneficiaries.</p>
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CERF Result Framework			
9. Project objective	To prevent morbidity and mortality associated with acute malnutrition in community affected in Blue Nile, South Kordofan and East Jebel Marra		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	To contribute to an improvement in the nutritional status of 29,423 children and 6938 PLW at 3 mentioned states		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	100% of under five children and PLW received e-BSFP ration of three months	29,423 U5 and 6,938 PLW	U5: 36,162 PLW: 12,055
Indicator 1.2	80% of under-five caregivers received basic message on food utilization and consumption.	25,000 caregivers	38,573
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Purchase and transport of specialised nutritious products and food	WFP	275.29 Mt
Activity 1.2	Screening and referral of targeted beneficiaries	WFP through Partners identified in each state above	48,217
Activity 1.3	Distribution of specialised nutritious food for the targeted beneficiaries	WFP through Partners identified in each state above	275.29 Mt
Output 2	A total of 5,089 children and 1327 PLW moderately malnourished have been identified through community screening and treated with nutrient food.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Treatment of MAM in identified children U5 and PLW	U5: 5089 PLW: 1327	U5: 11,675 PLW: 3,892
Indicator 2.2	Performance of treatment as per SPHERE standard	Cured > 75% Default < 15% Death < 3%	Cured = 89% Defaulter = 9% Death = 0.0%
Indicator 2.3	Screening and referral from community level	6416 children and PLW identified with malnutrition and referred to nutrition	15,567

		programmes.	
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Purchase and transport of specialised nutritious products and food	WFP	94.99 MT
Activity 2.2	Screening and referral for acute malnutrition, community mobilisation, defaulter tracing and counselling	WFP through Partners identified in each state above	15,567
Activity 2.3	Distribution of specialised nutritious food for the treatment of MAM	WFP through Partners identified in each state above	94.99 MT

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: To contribute to an improvement in the nutritional status of 29,423 children and 6,938 PLW at 3 mentioned states: This approach has been designed to meet the needs of children under-five and PLW through rapid response mechanism which aimed at mitigating the impact of a shock on the nutritional status of affected populations. WFP through its partners successfully implemented e-BSFP (Emergency Blanket Supplementary Feeding Programme) and reached a total of 48,217 (36,162 children U5 12,055 PLW) beneficiaries. The additional influx of populations that occurred after submission of CERF proposal and the improved accessibility to the targeted areas, resulted in an increased number of reached beneficiaries compared to the planned e-BSFP caseload. WFP was able to achieve this by using complementary funding alongside the CERF.
- Output 2: A total of 5,089 children under five and 1, 327 PLW moderately malnourished have been identified through community screening and treated with specialized nutritious food: WFP through its partners provided treatment for Moderate Acute Malnutrition (MAM) through Targeted Supplementary Feeding Programme (TSFP) to a total of 15,567 (U5: 11,675 and PLW: 3,892) individuals in the targeted locations, a number that is above the planned target. With the population movement and improved access, the active case finding at community level has identified more children and women suffering from moderate acute malnutrition than anticipated at the proposal phase. Complementary funding was put alongside the CERF to reach the additional caseload.
- Programme Outcome Indicators: The outcome indicators were maintained within acceptable level when compared to International SPHERE standard for TSFP. Recovery rate is above 89%, mortality is 0.0% and defaulters rate is 9%.

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

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	04/10/2017 - 30/06/2018		
2. CERF project code:	17-UF-WHO-035		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Access to health interventions and containment of the Acute Watery Diarrhoea outbreak in South Kordofan, Blue Nile and East Jebel Marra					
7. Funding	a. Total funding requirements ²² :	US\$ 9,400,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²³ :	US\$ 1,670,001	▪ NGO partners and Red Cross/Crescent:		US\$ 42,823	
	c. Amount received from CERF:	US\$ 1,250,001	▪ Government Partners:		US\$ 161,357	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	26,154	27,222	53,376	25,992	27,018	53,010
Adults (≥ 18)	104,617	108,887	213,504	105,318	108,156	213,474
Total	130,771	136,109	266,880	131,310	135,174	266,484
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	1,000		1,088			
IDPs	114,779		113,977			
Host population	151,101		151,419			
Other affected people						
Total (same as in 8a)	266,880		266,484			

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

²³ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No major discrepancy in different population categorise with slight reduction in the overall due to the timely control of the outbreak
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CERF Result Framework			
9. Project objective	Reduce avoidable morbidity and mortality caused by the ongoing AWD outbreak in South Kordofan, Blue Nile and East Jebel Marra, and to ensure access to integrated life-saving essential primary health care including referral services in East Jebel Marra		
10. Outcome statement	Access of IDPs and affected communities with AWD in South Kordofan, Blue Nile and East Jebel Marra to an integrated package of emergency health, Nutrition and WASH services ensured, the services expanded to cover 266484 applying health cluster standards, with provided support through monitoring the health situations of the affected people. The package of services comprises' treatment of common illnesses including admitted AWD cases, SAM cases, provision of medicines free of charge, public health interventions and monitoring the water quality		
11. Outputs			
Output 1	Timely access to essential life-saving health care services for 266,880 people including those affected by the ongoing AWD outbreak and the underserved population of East Jebel Marra		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of targeted population who have access to integrated primary health care and referral services.	240,192 (90%)	235,317 (88.17 %) out of the targeted population had access to the integrated PHC and the referral services.
Indicator 1.2	Number of new health staff and community health workers trained on case definition and management, universal precaution and infection prevention at health facility level.	30	30 health staff received a 6 days training on the case management, IP and case definition
Indicator 1.3	Utilization rate of the health services provided by the clinics supported by the WHO through this fund	At least 1.1 consultation/person per 9 months (293,568 consultation in the three states)	0.89 consultation per person per 9 months (235,317) which is below the emergency threshold for the health facility utilization rate, this was mainly due to the comprehensive approach of this project including the preventive services (WASH and Nutrition)
Output 1 Activities	Description	Implemented by	Implemented by

		(Planned)	(Actual)
Activity 1.1	Provision of medicines and medical supplies to cover 240,192 people for a period of 9 months (Rapid Response Kits (RRK), Diarrheal Diseases Kits (DDK), Diagnostic Kits and surgical supplies for referral).	WHO	WHO
Activity 1.2	Provide integrated PHC package, including curative, antenatal care, postnatal care, family planning, normal delivery, routine expanded programme of immunization, growth monitoring and identification of malnutrition, health promotion, and referral services	TBD. Preliminary: East Jebel Marra: JAMCO: National NGO – subject to security clearance) and SMOH Blue Nile and South Kordofan: SMOH	PANCARE and SMOH
Activity 1.3	Emergency training of health staff (at newly accessible areas in Jebel Marra) on case definition and management, infection prevention, and EWARS.	WHO with SMOH	WHO and SMOH
Activity 1.4	Provision of Emergency Nutrition Services in Dirbat (East Jebel Marra)	WHO with SMOH	WHO and SMOH
Activity 1.5	Water quality missions in the three targeted states (as part of the outbreak investigation and immediate response)	WHO with SMOH	WHO and SMOH
Activity 1.6	Minor Rehabilitation for the 2 clinics in East Jebel Marra locality (Belle El Sereif, Deribat clinics)	WHO	WHO
Output 2	Adequate and timely identification, prevention and control of outbreaks through effective collection, analysis and dissemination of critical health data		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percentage of alerts of outbreaks investigated and response initiated within 72 hours from notification	98% (80 alerts per mission, 15,000 cases responded to)	As planned more than 96.5% (76 rumours) of alerts of the alerts investigated and responded to within 72 hours
Indicator 2.2	Number of EWARS reports timely submitted and disseminated	160	Over the project duration 11 months, 160 EWARS report collected and analysed from the three states
Indicator 2.3	Number of households reached with health awareness messages on prevention and control of various water and hygiene related diseases	85,000	86,820 house hold reached during the health education campaigns, hygienic awareness messages were distributed

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Emergency training of health staff on EWARS alert investigation and initiation of response and recording and reporting of morbidity data	WHO	WHO
Activity 2.2	Collection, centralization, analysis of health data	WHO, MOH and partners	WHO, MoH partners
Activity 2.3	Conduct missions for investigation of alerts, collection of samples, identification of sources, active case finding, and development of local response plan	WHO, MOH, partners (Health and WASH)	WHO and MoH partners
Activity 2.4	Conduct health awareness for prevention/control of outbreaks (water/vector borne and hygiene related diseases)	WHO, MOH, partners	WHO and MoH and partners

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:

No major significant discrepancies between the planned and actual implementation of the project, the multi sectoral approach that has been used made the response more efficiently and the AWD outbreak was controlled timely.

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

The AAP was ensured by the following:

1. Recruitment of the medical staff from the local communities, all CHWs was selected from the same communities; all clinics were supported with staff who speaks same language to facilitate the access.
2. 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

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

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-UF-WFP-053	Nutrition	WFP	NNGO	\$17,166
17-UF-WFP-053	Nutrition	WFP	INGO	\$3,797
17-UF-WFP-053	Nutrition	WFP	INGO	\$3,488
17-UF-WFP-053	Nutrition	WFP	INGO	\$44,419
17-UF-WHO-035	Health	WHO	GOV	\$33,191
17-UF-WHO-035	Health	WHO	GOV	\$20,914
17-UF-WHO-035	Health	WHO	GOV	\$10,899
17-UF-WHO-035	Health	WHO	GOV	\$24,340
17-UF-WHO-035	Health	WHO	GOV	\$15,123
17-UF-WHO-035	Health	WHO	GOV	\$12,890
17-UF-WHO-035	Health	WHO	GOV	\$44,000
17-UF-WHO-035	Health	WHO	NNGO	\$42,823
17-UF-CEF-095	Water, Sanitation and Hygiene	UNICEF	GOV	\$174,033
17-UF-CEF-095	Water, Sanitation and Hygiene	UNICEF	GOV	\$137,248
17-UF-CEF-095	Water, Sanitation and Hygiene	UNICEF	RedC	\$44,577
17-UF-CEF-095	Water, Sanitation and Hygiene	UNICEF	GOV	\$72,567
17-UF-CEF-095	Water, Sanitation and Hygiene	UNICEF	GOV	\$25,895
17-UF-CEF-094	Education	UNICEF	GOV	\$343,762
17-UF-CEF-094	Education	UNICEF	NNGO	\$171,514
17-UF-CEF-093	Nutrition	UNICEF	NNGO	\$13,977
17-UF-CEF-093	Nutrition	UNICEF	NNGO	\$136,168
17-UF-CEF-093	Nutrition	UNICEF	GOV	\$227,960
17-UF-CEF-093	Nutrition	UNICEF	GOV	\$68,759
17-UF-CEF-093	Nutrition	UNICEF	INGO	\$48,829
17-UF-CEF-093	Nutrition	UNICEF	NNGO	\$16,416
17-UF-CEF-093	Nutrition	UNICEF	NNGO	\$13,250
17-UF-CEF-093	Nutrition	UNICEF	GOV	\$22,386
17-UF-CEF-093	Nutrition	UNICEF	GOV	\$27,766
17-UF-CEF-093	Nutrition	UNICEF	GOV	\$3,348
17-UF-HCR-023	Protection	UNHCR	GOV	\$45,000
17-UF-HCR-023	Protection	UNHCR	NNGO	\$75,835
17-UF-FPA-046	Gender-Based Violence	UNFPA	NNGO	\$114,139
17-UF-FPA-046	Gender-Based Violence	UNFPA	NNGO	\$39,713
17-UF-IOM-036	Water, Sanitation and Hygiene	IOM	RedC	\$30,000
17-UF-IOM-036	Water, Sanitation and Hygiene	IOM	GOV	\$3,841
17-UF-IOM-035	Shelter & NFI	IOM		\$0

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
ACT	Artemisinin-based Combination Therapies
A/HCT	Area Humanitarian Country Team
AMVO	Al Manar Voluntary Organization x
ANC	Ante Natal Care
Anhar	Anhar For Peace, Development And Humanitarian Work Organization
AWD	Acute Watery Diarrhea
BSFP	Blanket Supplementary Feeding Programme
C4D	Communication for Development
CAFA	Name of a local NGO
CAHWs	Community Animal Health Workers
CBCPN	Community Based Child Protection Network
CD	Central Darfur
CDO	Cooperation and Development Organization
CFM	Complaint and Feedback Mechanism
CFSs	Child Friendly Spaces
CHAST	Child Hygiene and Sanitation Training
CHW	Community Health Workers
CLTS	Community-led Total Sanitation
CMR	Clinical Management of Rape
COR	Commission Of Refugees
CP	Child Protection
CPMS	Child Protection Minimum Standards
CBPN	Community-Based Protection Networks
C/S	caesarean section
DM	Distribution Monitoring
DTM	Displacement Tracking Matrix
e-BSFP	Emergency Blanket Supplementary Feeding Programme
ECD	Early Childhood Development
EFP	Essential Family Practice
EiE	Education in Emergency
EJM	East Jabel Marra
EMOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
ERW	Education through Regional Working
ES/NFIs	Emergency Shelter/Not Food Items
EWARS	Early Warning and Alert Reporting System
FES	Fuel Efficient Stoves
FPDO	Friends of Peace and Development Organization
FRDN	Fasher Rural Development Network
FTR	Family Tracing and Reunification
GAM	Global Acute Malnutrition
GBV	Gender based Violence
GFD	General Food Distribution

HAC	Humanitarian Aid Commission
HCT	Humanitarian Country Team
HH	Households
HNO	humanitarian needs overview
HWT	Household Water Treatment
I-A	Inter-Agency
IDP	Internally Displaced Person
IIRO	International Islamic Relief Organization
IMCI	Integrated Management of Childhood Illness
INEE	Inter-Agency Network for Education in Emergencies
IOM	International Organization For Migration
IASC	Inter-Agency Standing Committee
ISCG	Inter-Sector Coordination Group
IYCF	Infant and Young Child Feeding
JEM	Justice and Equality Movement
JM	Jebel Marra
JMCO	Jebel Marra Charity Organization
KSCS	Kabkabiya Small Holders Charitable Society
L/c/d	Litres per capita per day
L/p/d	Litres per person per day
LLITN	Long-Lasting Insecticide-Treated Net
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MoE	Ministry of Education
MoH	Ministry of Health
MSF	Médecins Sans Frontières
MSGs	Mother Support Groups
MT	Metric Ton
MUAC	Middle-Upper Arm Circumference
MUBADIROON	Name of a local NGO
NGO	Non-Governmental Organization
NIDO	Name of local NGO
NPO	National Planning Organization
OCHA	Organization for the Coordination of Humanitarian Affairs
ODF	Open Defecation Free
OED	Office of Evaluation
OFDA	Office of US Foreign Disaster Assistance
OPT	Outpatient Treatment Center
ORS	Oral Rehydration Salt
PACT	Policy Assessment, Consultancy and Training
PDM	Post Distribution Monitoring
PHC	Primary Health Care
PHK	Primary Healthcare Kit
PHP	Primary Health Care
PLW	Pregnant and Lactating Women
PNC	Post Natal Care

PPR	Peste des petit ruminants
PSS	Psycho-Social Support
PTA	Parent Teacher Association
RH	Reproductive Health
RR	Rapid Response
RRK	Rapid Response Kits
RUSF	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
SAF	Sudan Armed Forces
SAM	Severe Acute Malnutrition
SCCW	State Council for Child Welfare
SHF	Sudan Humanitarian Fund
SIB	School-in-a-Box
SLA	Sudan Liberation Movement
SLA/AW	Sudan Armed Forces Abdul Wahid
SMoE	State Ministry of Education
SMoH	State Ministry of Health
SMoSW	State Ministry of Social Welfare
SOCs	Strategic Objectives Coordinators
SPCR	Sudanese Popular Committee for Relief
SRCS	Sudanese Red Crescent Society
SSR	South Sudanese Refugees
TLS	Temporary Learning Spaces
TT	Tetanus Toxoid
UASC	Unaccompanied and Separated children
UNAMID	United Nations African Mission in Darfur
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations“ Children Fund
UNFPA	United Nations Populations Fund
VRRC	Voluntary Return and Resettlement Commission
WASH	Water, Sanitation and Hygiene
WES	Department for Water and Sanitation (Ministry of Health)
WHO	World Health Organization
WFP	World Food Programme
WV	World Vision