

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
REPUBLIC OF THE SUDAN  
UNDERFUNDED EMERGENCIES ROUND II  
FOOD INSECURITY AND MALNUTRITION  
2018**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>GWI YEOP SON</b>
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## REPORTING PROCESS AND CONSULTATION SUMMARY

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

OCHA conducted AAR on 7 November 2019 with participation of all implementing partners, except WFP. None of the sector coordinators attended the review meeting. OCHA requested input from partners and sector coordinators on the draft report for factual checking and technical inputs. The outcomes of the AAR are included in the different parts of the report.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES  NO

Inputs from the HCT members are received from the recipient agencies through respective technical experts during review of individual draft report, AAR meeting and review of the draft consolidated report.

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

YES  NO

The report was shared with the technical staff / CERF focal person of the recipient agency and respective sector coordinators.

## PART I

### **Strategic Statement by the Resident/Humanitarian Coordinator**

The 2018 CERF UFE projects were implemented during the most critical period in Sudan, when the economic crisis was exacerbated by months of civil unrest, security instability and political turmoil and resulted into a rapid increase in humanitarian needs.

Despite the operational challenges, CERF partners managed to complete their projects and overachieved the beneficiary target by more than 30 per cent. CERF projects reached about 960,000 people (56 per cent children and 24 per cent women) or almost 17 per cent of people in emergency (IPC 4) and crisis (IPC 3) levels of food insecurity.

CERF responses have been developed in a timely manner to support the most vulnerable people from a further deteriorated condition in 2019. Nutrition services were given to almost 620,000 children under five and pregnant and lactating women, while almost 370,000 people were reached by health services. More than 450,000 people have better access to safe water and sanitation facilities. About 240,000 people received food aid and another 170,000 people received livelihoods support.

Overall, I am pleased with this achievement. I would like to convey my sincere gratitude to implementing partners for their remarkable commitment and hard work to deliver humanitarian assistance in exceptional circumstances. I also would like to extend my appreciation to the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Mark Lowcock, for his consideration of the suffering of the people in Sudan and the criticality to address their life-saving needs and to reduce their vulnerability in a challenging situation in 2019.

### **1. OVERVIEW**

**18-UF-SDN-32210 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>269,435,057</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	19,997,876
COUNTRY-BASED POOLED FUND (if applicable)	39,048,947
OTHER (bilateral/multilateral)	319,182,816 <sup>1</sup>
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>378,229,639</b>

**18-UF-SDN-32210 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

Agency	Project code	Cluster/Sector	Amount
FAO	18-UF-FAO-026	Food Security - Agriculture	1,440,000
IOM	18-UF-IOM-031	Water Sanitation Hygiene - Water, Sanitation and Hygiene	600,000
UNHCR	18-UF-HCR-031	Multi-Cluster - Multi-sector refugee assistance	2,749,050
UNICEF	18-UF-CEF-099	Nutrition - Nutrition	3,920,000

<sup>1</sup> This for all Sudan response and not only CERF targeted states.

UNICEF	18-UF-CEF-100	Education - Education	962,378
UNICEF	18-UF-CEF-101	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,400,000
WFP	18-UF-WFP-057	Food Security - Food Aid	6,350,748
WHO	18-UF-WHO-039	Water Sanitation Hygiene - Water, Sanitation and Hygiene	2,575,700
WHO	18-UF-WHO-039	Health - Health	2,575,700
WHO	18-UF-WHO-039	Nutrition - Nutrition	2,575,700
<b>TOTAL</b>			<b>19,997,876</b>

<b>18-UF-SDN-32210 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)*</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>15,801,250</b>
Funds transferred to Government partners*	\$1,986,075
Funds transferred to International NGOs partners*	\$1,417,928
Funds transferred to National NGOs partners*	\$572,716
Funds transferred to Red Cross/Red Crescent partners*	\$219,908
<b>Total funds transferred to implementing partners (IP)*</b>	<b>\$4,196,626</b>
<b>TOTAL</b>	<b>19,997,876</b>

\* These figures should match with totals in Annex 1.

## 2. HUMANITARIAN CONTEXT AND NEEDS

Sudan remained one of the world's largest protracted humanitarian crises with 5.5 million people in need of humanitarian assistance in 2018; this number includes nearly two million Internally Displaced Persons (IDPs), 1.2 million refugees, approximately 386,000 returnees, and 2.3 million children suffering from malnutrition.

Since early 2018, inflation has increased sharply mostly reflecting a significant depreciation of the national currency (Sudanese Pound). Following the lifting of the international sanctions in October 2017, which ended a trade embargo and initially resulted in increased availability and lower prices of imported items, the inflation rate temporarily declined from 35.1 percent in September to 24.7 percent in December 2017. However, the removal of the sanctions also caused an upsurge in demand from importers for the limited availability of US dollars and caused a sharp devaluation of the Sudanese Pound on the parallel market. In an effort to narrow the gap between the official and the parallel exchange rates, the Central Bank of Sudan devaluated the official exchange rate from SDG 7 to SDG 18 and to SDG 47.5 against the US dollar.

According to the latest IPC analysis (April to July 2018), food insecurity levels are high: The number of people in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) was projected at 6 million up from 5.6 million in April. Food insecurity was forecasted to worsen due to limited availability and access to food. Elevated levels of food insecurity had been reported both among the displaced people and the general population. This food insecurity was also attributed to the increase in the cost of living and chronic fuel shortages. WFP reported that the number of people requiring food assistance had increased, and those already

receiving assistance will require higher rations. The agricultural season was at risk with the continuing fuel shortages particularly for mechanized farms. Both the shortage of food and increased prices posed serious protection consequences<sup>2</sup> to communities.

Malnutrition is also chronic in many parts of Sudan. Some 2.3 million children suffer from wasting annually (Global Acute Malnutrition (GAM)) out of which over 694,000 are severely malnourished. Eleven out of the 18 states have a malnutrition prevalence above the 15 per cent emergency threshold; and higher in some states such as North Darfur where GAM was at 27.9 per cent. About 208,000 pregnant and lactating women are undernourished every year. The current economic shocks have led to shortages and increase in costs of medical supplies, further impacting the nutrition status and ability to adequately to treat malnourished children and pregnant and lactating women; further, the increase in costs for food assistance was gradually causing a knock-on effect on the ability to treat moderate acute malnutrition –all exacerbating malnutrition rates country wide. With the increase in food prices, households were also forced to compromise on the quality and quantity of meals. The combined impact also affected people's health status.

Due to reduced hostilities and intercommunal violence, 17,000 new IDPs were reported in 2017 in comparison to approximately 172,000 in 2016. In 2018, sporadic clashes in the Jebel Marra have displaced at least 22,000 people. Fighting in East Jebel Marra had also reportedly displaced people and several villages have been affected but lack of access has prevented verification of the total number. In addition, at least some 2 million people remained displaced in Sudan, with many living in camps for over a decade in Darfur. According to the Government, an estimated 386,000 IDPs and refugees returned to their homes.

While the general security situation has improved, protection threats continued as long as the causes of the conflict remained unresolved. Long-standing grievances between communities continued to give rise to clashes which were aggravated by the involvement of heavily armed tribal militias and the proliferation of small arms and light weapons. IDPs face high protection risks and they continued to be harassed, and occasionally killed or raped. This particularly affected women and girls who are often systematically preyed upon by armed men especially when engaged in livelihood activities such as collecting water or firewood or working in fields. In Jebel Marra, there was a significant military presence with reports of forced displacement, lack of freedom of movement, extortion, child recruitment, no access to justice and GBV.

As of 31 July 2018, there were 147,671 South Sudanese refugees living across 8 camps in White Nile. Results from the Standardized Expanded Nutrition Survey (SENS) for refugee camps in White Nile State released at the end of June 2018, indicated malnutrition above emergency levels. The key drivers of malnutrition include ongoing food insecurity due to pipeline breaks and the sale of food, as well as low nutrition programme enrolment and nutrition treatment adherence. In addition, the findings point to the wider effects of chronic underfunding for the response (currently about 10% funded), especially for WASH, health and livelihoods assistance. WFP has reported refugees selling their food in order to access basic services such as water, medicine, school uniforms and cooking fuel – a coping strategy to compensate for service provision gaps in other sectors, which has intensified food insecurity.

Overall, all sectors were experiencing an increase in operating costs from what was initially planned in the 2018 HRP due to inflation, e.g. in the cost of fuel, materials, supplies, transport, and price for items procured in country, such as NFIs, or food commodities. Considering the funding challenges and urgency of the situation, partners undertook a six months prioritization exercise to identify the most critical needs and requirements. Within the overall HRP requirements, the sectors focused on key interventions, states, and beneficiaries most in need. Partners need \$566 million for six months to meet the most critical needs and undertake necessary preparedness activities including prepositioning of stocks.

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<sup>2</sup> This includes GBV, child labour and sexual exploitation.

### 3. PRIORITIZATION PROCESS

This strategy aligns closely to the HRP response and more specifically the six months prioritised plan developed for resource mobilisation given the increase in needs due to the macro-economic situation in Sudan. It meant to contribute to the achievement of the HRP; the first outcome, (populations affected by natural or manmade disasters receive timely assistance during and in the aftermath of the shock); and second outcome, (people in protracted displacement, both refugees and IDPs and host communities meet their basic needs and/or access to essential basic services while increasing their self-reliance.). Under outcome 2, partners were also working to lay the foundations for durable solutions; returns, reintegration and resettlement; and under outcome 3 to improve nutrition.

As the situation continued to deteriorate, the overarching objective of the response plan was to focus on life-saving interventions to reduce immediate food insecurity and malnutrition rates for the most vulnerable population in South Kordofan, Blue Nile, Central Darfur (Jebel Marra), North Darfur, Red Sea, and White Nile. These states have been identified as highest priority states based on the most recent IPC classification (April to July 2018) and the states with the highest burden of malnutrition. It is also worth mentioning that the localities in Central and North Darfur were clustered geographically and thematically in one area but are now in different states due to the division of Darfur from three to five states.

Through a vigorous prioritisation exercise by the Inter-Sector Coordination Group (ISCG), CERF targeted only 12% of the 5.5 million people in IPC phase 3 and 4.

The response adopted an integrated and targeted multi-sectoral response through the FSL, Health, Nutrition, WASH, and Education projects. To achieve the planned objective, the response focused on providing food assistance and nutrition programmes to reduce malnutrition while integrating with health and WASH interventions that among the key causes of causes of malnutrition. These were complemented by education interventions to support children with school feeding programmes and child protection.

This CERF response enabled delivery of food assistance to affected people in the most vulnerable localities within the identified states that are in IPC phase 4 (emergency phase) and a limited number of localities that are at IPC 3 and have high cases of malnutrition. The nutrition intervention, in particular, aimed to achieve a recovery rate well above 75 per cent and death rate below 10 per cent. FSL interventions mitigated the risk of GBV, child labour and sexual exploitation and abuse through generous support to women headed households with agricultural inputs and animal re-stocking.

In White Nile, reinforcement of nutrition and health services for refugees in camps was essential, including nutrition supplies and a 'find-and-treat' initiative to ensure at-risk children are identified and enrolled in camp nutrition programmes. For health, procurement of essential drugs to address shortages and rehabilitation of health centres is needed, as well as support to ongoing referral services. Further, the SENS reports pointed to overcrowding in camps as an aggravating factor for malnutrition; over-congestion remained a serious concern in White Nile where the majority of refugees arrived in 2017. This overcrowding and consequent latrine shortage (5,000 latrines required) has serious implications for health and nutrition, noting high prevalence of open defecation alongside high instances of diarrhoea and anaemia. UNHCR led an integrated health, WASH and nutrition response in the camp areas.

Protection was central to the response, and although no standalone project has been allocated to this response, agencies integrated the protection components into each project to ensure that protection is mainstreamed throughout the response. Issues of concern such as GBV and child protection were addressed within the projects and under the guidance of the protection sector during proposal preparation.

The Sudan Humanitarian Fund (SHF) received additional funding of \$10 million dollars and is simultaneously undertook an allocation exercise. This CERF prioritisation was prepared in tandem with the SHF to ensure complementarity and synergy between the two envelopes. The SHF converged with the CERF in two states, namely South Kordofan and Blue Nile; other states have already received funding from SHF and have ongoing projects. This CERF allocation primarily built on the strength of the UN agencies, whereas the SHF predominantly allocated to NGOs. In addition, the more urgent lifesaving requirements were integrated and compiled under the CERF, while interventions that have a focus on resilience were integrated under the SHF as the fund has larger flexibility and longer timeframe.

#### **4. CERF RESULTS**

CERF allocated about \$20 million to Sudan from its window for underfunded emergencies to address the multiple crises that led to increasing food insecurity, acute and chronic levels of malnutrition, new and protracted displacement, disease outbreaks and refugee influx. This funding enabled UN agencies and partners to provide livelihoods support benefiting 172,326 people; food aid through case transfers to 234,571 people; access to safe water and appropriate sanitation to 458,744 people; access to emergency education for 43,290 school kids and teachers. Nutrition services have been provided to 619,245 children under five and pregnant and lactating women, while 369,428 persons benefited from the health services.

Through this grant, FAO procured and distributed vegetables and legumes seeds as well as the hand tools to 19,000 households in South Kordofan and Blue Nile states. Also, 500 households in the two states benefited from the distribution of 2,500 female and male goats. Added to that, 400 households provided with donkey carts as income sources.

In education, UNICEF together with its partners reached a total of 41,065 children with education in emergencies support to improve their access to and quality of education. This included 1,645 teachers who received training in education in emergencies, life skills and/or psychosocial support to further enhance their capacity to support children affected by emergencies. This result, which is above the 695 targeted teachers, was possible due to efficient planning and cost savings by field offices to increase both the number of trainings and the number of participants in each training, so that more teachers were reached. Also, 751 parent teacher association (PTA) members received training in education in emergencies. Teachers were trained and equipped to establish child clubs, which directly reached 4,810 children to enhance their knowledge on child rights and protection issues. Indirectly, the number of children reached through peer-to-peer awareness is much higher. Six enrolment campaigns were conducted resulting in increased enrolments. In North Darfur, ten classrooms were rehabilitated to support 3,613 children. In addition, ten semi-permanent classrooms were constructed. In Central Darfur, eight latrines were constructed. It was reported that these latrines supported girls' retention in the targeted school, especially for girls in grades six to eight.

UNICEF and partners provided nutritional screening for 549,254 children under-five. Of these, a total of 19,009 malnourished children were admitted for treatment with 91.5 per cent cure rate. A total of 68,159 pregnant and lactating women were reached with infant and young child feeding (IYCF) counselling. Furthermore, UNICEF supported the establishment and monitoring of 1,004 mother-support groups (MSGs) in the targeted localities. In addition, 228 health workers benefited from community-management of acute malnutrition (CMAM) / infant and young child feeding (IYCF) training, including 60 health workers who were trained on psychosocial support. CERF-funding helped UNICEF to keep intact nutrition supplies chain in term of supporting the procurement of lifesaving nutrition supplies including Ready-to-Use Therapeutic Food (RUTF), therapeutic milk and Mid-Upper Arm Circumference (MUAC) tapes as well as supporting warehousing and transportation to service delivery sites, thereby ensuring zero stock-out. Information, education and communication (IEC) materials were produced/delivered to support awareness raising on IYCF counselling. The project interventions allowed the therapeutic feeding centres to maintain performance indicators above the SPHERE standards. Additional, 87,720 children completed the full national schedule for polio

vaccination, 165,693 children were vaccinated against measles and 60,556 children received integrated management of childhood illness (IMCI) services in the targeted localities.

IOM and its implementing partners provided WASH assistance to a total of 47,114 beneficiaries. This assistance contributed to the overall improvement of hygiene and feeding practices by increasing knowledge and improving access to water, sanitation facilities and WASH kits (soap and jerry cans). In Tawilla, North Darfur, 22,671 IDPs were assisted in the camps of Debenaira, Rwanda and Alomoda, and 2,500 flood affected population in Borgo were provided with WASH assistance. The activities in North Darfur focused on improving access to, and the quality of water, improving access to sanitation facilities, and improving hygiene practices, with special attention given to mothers and children. In South Kordofan, IOM's activities assisted a total of 21,943 beneficiaries in Al Abassiya town, Hi Burri, Ohoo village and Soog Eljabel through activities that focused on increasing water availability, improving hygiene practices and targeted the water chain to decrease the risks of water borne diseases from contaminated water containers or from the shared use of waterpoints for both human consumption and livestock.

UNICEF and its partners complemented IOM WASH intervention by providing critical WASH services in five states (Blue Nile, Central Darfur, North Darfur, Red Sea, South Kordofan). The activities included the establishment of 27 new water sources, rehabilitation of 88 water sources, connection of water to four schools, training of 165 WASH committees, implementation of community-led total sanitation (CLTS) at 48 communities, hygiene promotion in 43 communities, construction of school WASH facilities at 18 schools and hygiene promotion training at both community level and at schools. The drilling and installation of two new hybrid water yard systems in Jebel Marra (Guido and Burgo) were delayed due to the security situation in the area and the difficulty to find a capable contractor to carry-out the drilling work.

Through this CERF UFE grant, WHO and its partners provided integrated PHC services included free of charge medication for most common diseases, reproductive routine services, and Integrated management of childhood illnesses (IMCI) for 369,425 for beneficiaries. Operational costs and essential medicines provided by WHO in Central Darfur (Ronagates, and Beija) North Darfur (Sartoni, Kankabya) South Kordofan (Rashad), Blue Nile (Kurmuk), and medicines and medical supplies delivered in North Darfur (MOH – Abu Shock and Gola), Red Sea (Port Sudan, Tokar, Sinkat), South Kordofan (MOH – Um Gora/Abassia), Blue Nile (Roseries) and Central Darfur (Nertiti). The services also extended to include training of 537 Community health workers in case management, Early Warning and alert investigation, clinical management of rape and psychosocial support. Fifty-nine joint Ministry of Health and WHO field missions were conducted for the rapid investigation and immediate response to alerts of measles, pertussis, Acute Watery diarrhoea, Chikungunya, Dengue fever and Rift Valley Fever contributing to the early identification and initiation of control of the confirmed outbreaks. In addition, WHO and its partners ensured vector breeding sites elimination in 25,600 households, and around 18,600 water samples analysed in the targeted areas. The WASH activities implemented by WHO assisted 302,400 people for controlling the spread of vector and water borne diseases. In addition, 105 environmental health officers were trained on water quality testing and 130 community volunteers were trained on water safety planning, and monitoring and maintenance of community water sources. Three new entomological surveillance sentinel sites established in Port Sudan, Tokar and Sinkat. The WHO nutrition activities under the CERF UFE had been coordinated through cluster with all Nutrition partners, UNICEF, WFP, and NGOs, and with Ministry of Health (MoH) and ensured geographic and programmatic synergies and complementarities. WHO provided 22 SAM Kits, 450 items of medical and kitchen equipment, and 6 packages for Stabilization Centres (SC) along with job aids and protocols. During project implementation 1,832 SAM cases had been treated for SAM with medical complications reaching as planned, representing 81% of the expected children with SAM and medical complication. The average cure rate for all targeted Stabilization Center reported at 80.6%, above the accepted SPHERE standard of 75%.

Through this CERF grant, WFP and its partners provided life-saving food assistance to 234,571 beneficiaries (161,166 refugees and 73,405 internally displaced persons); purchased and distributed specialised nutritious food to treat malnourished 43,675

pregnant lactating women (PLW) and children under 5 (U5), identified through community screening in South Kordofan, Blue Nile, Central Darfur, North Darfur, Red Sea and White Nile states; The project helped maintaining the malnutrition indicators within the SPHERE standards between October 2018 and June 2019, enabling vulnerable populations meet their minimum levels of food security through food distributions; to treat and reduce acute malnutrition in children, pregnant and lactating women (PLW) and other vulnerable populations with special nutrition needs.

The UNHCR multi-sector CERF project targeting South Sudanese Refugees (SSR) focused on two life-saving sectors: health and sanitation, in the nine camps in White Nile. Additionally, the project focused on protection activities for children and youth at risk as the South Sudanese Refugee population is primarily young (61 per cent under 18 years) and female (56 per cent are women and girls). The project reached a total of 87,401 persons of which 52,017 were refugees and 35,384 were from the host communities. Overall, UNHCR constructed 1,520 household latrines out of the targeted 2,230 serving 11,150 South Sudanese refugees. Access to primary and secondary health care services supported for 87,401 people in White Nile State while 315 persons referred to secondary and tertiary medical care. On the protection part, 7,500 children of concern with specific needs were identified.

These results were achieved despite the socio-political instability/civil unrest, cash/liquidity and fuel scarcity in Sudan in late 2018 and 2019.

## 5. PEOPLE REACHED

Through this CERF UFE allocation, 825,510 refugees, IDPs and host communities in addition to 134,732 other affected populations received a range of food aid, livelihood support, health, nutrition, WASH and education services. Health service alone had benefited 369,428 vulnerable people with free medicines and basic package of integrated PHC services. Further, 87,720 children completed the full national schedule for polio vaccination, 165,693 children were vaccinated against measles and 60,556 children received integrated management of childhood illness (IMCI) services in the targeted localities. Nutrition services are provided to 619,245 children under-five through WHO and UNICEF. The massive overachievement in linked to UNICEF project as the targets for screening of children for malnutrition and admission of Severely Acutely Malnourished (SAM) children for treatment were exceeded. There was also a slight overachievement in the number of pregnant and lactating women reached with infant and young child feeding (IYCF) counselling. The overachievement was caused by shifting funds that were reserved for 'Travel', 'General Operating Costs' and 'Other Direct Costs' to 'Supplies/Commodities' and 'Transfers and Grants to Counterparts' categories. However, this shifting remained within the 15 per cent flexibility. About 114,000 persons received agricultural inputs including seeds and tools to improve their food security and livelihood, and 234,571 refugees and IDPs received food aid as part of this CERF allocation. Education in emergency was provided to 43,290 students, teachers and parents.

**18-UF-SDN-32210 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR<sup>1</sup>**

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Education - Education	20,396	1,183	<b>21,579</b>	20,669	1,042	<b>21,711</b>	41,065	2,225	<b>43,290</b>
Food Security - Agriculture	26,366	61,520	<b>87,886</b>	25,332	59,108	<b>84,440</b>	51,698	120,628	<b>172,326</b>
Food Security - Food Aid	78,041	55,664	<b>133,705</b>	54,674	46,192	<b>100,866</b>	132,715	101,856	<b>234,571</b>
Health - Health	50,686	130,334	<b>181,020</b>	52,754	135,654	<b>188,408</b>	103,440	265,988	<b>369,428</b>

Multi-Cluster - Multi-sector refugee assistance	27,152	20,474	<b>47,626</b>	28,520	11,255	<b>39,775</b>	55,672	31,729	<b>87,401</b>
Nutrition - Nutrition	295,866	68,159	<b>364,025</b>	255,220	0	<b>255,220</b>	551,086	68,159	<b>619,245</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	85,344	144,325	<b>229,669</b>	85,037	144,038	<b>229,075</b>	170,381	288,363	<b>458,744</b>

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

**18-UF-SDN-32210 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING<sup>2</sup>**

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	163,502	229,632	<b>393,134</b>	144,993	198,355	<b>343,348</b>	308,495	427,987	<b>736,482</b>
<b>Reached</b>	583,851	481,659	<b>1,065,510</b>	522,206	397,289	<b>919,495</b>	1,106,057	878,948	<b>1,985,005</b>

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

**18-UF-SDN-32210 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY**

Category	Number of people (Planned)	Number of people (Reached)
Refugees	232,989	297,063
IDPs	220,000	623,345
Host population	152,608	864,710
Affected people (none of the above)	130,885	199,887
<b>Total (same as in table 5)</b>	<b>736,482</b>	<b>1,985,005</b>

## 6. CERF's ADDED VALUE

### a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES

PARTIALLY

NO

CERF flexibility allowed covering the gap in humanitarian needs specially the core pipelines in vaccines, nutrition supplies, medicines and medical supplies. Complementarity of CERF and SHF helped in fast delivery of assistance and cover the critical gaps. There was a delay in procuring livestock vaccines because the government imposed a regulation that the only way to get vaccines is through the ministry of animal resources and cannot be imported from outside.

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

YES

PARTIALLY

NO

CERF funds utilized immediately to cover emergency needs sensible and saved a lot of time in responding to the emergencies. CERF money served the quick initial response for Chikungunya fever in Red Sea state and to the measles outbreak in all targeted states; helping the containment of these outbreaks, saving lives and preventing illnesses.

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

YES

PARTIALLY

NO

CERF improved the coordination of the reassessment and usually it done at the beginning of the year. The coordination has been there since the preparation for the SHF projects as the preparation of the SHF and CERF projects triggered a thorough joint re-assessment of needs and time-critical gaps which is usually done at the beginning of each year. The mechanism of implementation contributed to the coordination as partners implementing the SHF projects are coordinating with UN agencies implementing CERF to achieve complementarity between the two funding mechanisms. For this year, there was an improvement between SHF and CERF complementarity. At the state level, there is a good coordination to identify and determine the priorities to fill the gaps. WASH, Nutrition and Health sectors conducted meetings to assess the impact of the interventions at the field level to avoid duplications, and to make sure that the interventions are complementing each other.

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

YES

PARTIALLY

NO

Other funds showed support because of CERF intervention. CERF appeared in areas not previously covered by humanitarian organizations. Therefore, several donors started to fund projects in areas that weren't in their list because of CERF allocation. For FSL, beyond 2018 food security wasn't covered well by CERF but from 2018, FAO witnessed increased support from other donors because of FAO's intervention funded by CERF. The major donors are restricted by their financial mechanism. Donors are focusing on certain geographical areas and CERF is doing reassessment and identifying the critical gaps and engages monitors to observe implementation; which makes donors fund SHF and the reason behind that was the reassessment done through CERF funding. Timely identification and initiation of outbreaks containment interventions with regular updates on the situation development and gaps in areas targeted by CERF UFE had promoted additional funding to optimise the response.

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

Improved information on population status, vulnerabilities, threats and perception of needs through the implementation of CERF interventions.

## 7. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
N/A	N/A

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Enhancing the coordination at the intra-sector level.	To be discussed at the ISCG meeting	ISCG
Improve the coordination and information sharing between the main offices and the sub-offices at the implementation.	Partners to discuss how to improve the knowledge sharing between the main office and sub-offices	Implementing partners
Strengthening synergy among all CERF projects at the implementation level.	Kick-off workshop after signing each CERF allocation at states level for all implementing partners to equip them with the necessary knowledge about the allocation.	Implementing partners and OCHA

## PART II

### 8. PROJECT REPORTS

#### 8.1 Project Report 18-UF-FAO-026 - FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Republic of the Sudan
3. Cluster/Sector:	Food Security - Agriculture	4. Project Code (CERF):	18-UF-FAO-026
5. Project Title:	Reducing food insecurity, restoring livelihood and building resilience in Blue Nile and South Kordofan		
6.a Original Start Date:	28/09/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	30/09/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
<b>7. Funding</b>	a. Total requirement for agency's sector response to current emergency:		US\$ 12,691,672
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,181,116
	c. Amount received from CERF:		US\$ 1,440,000
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 78,883</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners <span style="float: right;">US\$ 0</span></li> <li>▪ International NGOs <span style="float: right;">US\$ 0</span></li> <li>▪ National NGOs <span style="float: right;">US\$ 78,883</span></li> <li>▪ Red Cross/Crescent <span style="float: right;">US\$ 0</span></li> </ul>		

2. Project Results Summary/Overall Performance			
The below table summarizes the planned and procured support items under this project*:			
Type of support items	Unit	Planned Quantity	Procured Quantity
<b>1. Vegetables and legumes' seeds:</b>			
Cowpea	Ton	57	57
Pigeon Pea	Ton	38	38
Okra	kg	1,900	1,900
Watermelon	kg	950	950
Cucumber	kg	950	950
Pumpkin	kg	800	800
Tomato	kg	860	860
<b>2. Hand tools:</b>			
Rakes	Piece	7,000	7,000
Digging Hoes	Piece	7,000	7,000

<b>3. Female and male goats:</b>			
Female goats	Head	2,000	2,000
Male goats	Head	500	500
<b>4. Donkey carts with donkeys:</b>			
Donkey cart	Cart	600	400
Donkey	Donkey	600	400
<b>5. Veterinary drugs:</b>			
Ox tetracycline powder	1 kg Sacket	320	100
Wound Spray	200 ml spray	530	530
Ivomec Injection 1%	vial/50ml	810	810
Ivomec Drench	Litre	650	793
Berenil (replaced by Diminzene aceturate)	Sachet (2.6 gm0	810	1,000
Cypermithirin (Pour on)	Litre	450	802

\*It should be noted that, due to increased prices of donkeys and donkey carts, the available fund was not enough to procure and distribute the planned number of donkey carts and donkeys, so the actual number procured was less than the planned number, accordingly, the reached number of the beneficiaries was less by 200 households compared to the planned number.

Procurement and distribution of livestock vaccines supporting vaccination campaigns:

Purchase Orders had been signed between FAO and Central Veterinary Research Laboratory (CVRL) to purchase more than 4,500,000 doses of different animal vaccines (HS, BQ, Anthrax, PPR, and Sheep Pox), but FAO was able to receive only 2,635,000 doses of the mentioned vaccines, had been delivered to the field in support of livestock vaccination campaigns in South Kordofan and Blue Nile states, covered about 441,050 heads of animals of different types (goats, sheep and cattle) belonging to about 8,821 households (52,926 individuals) in the South Kordofan and Blue Nile states.

It should be noted that we were not able to reach about 48% of the planned target for livestock vaccination due to constraints faced with receipt and delivery of vaccines to the field for supporting the animal vaccination campaigns. It was planned in the project document to procure 4,500,000 doses of animal vaccines (HS, BQ, Anthrax, Sheep Pox and PPR) to cover vaccination of about 850,000 heads of animals of different types (Sheep, Goats and cattle) belonging to 17,000 households (102,000 individuals), however the actual received quantities of the vaccines received from the CVRL, the number of the vaccinated animals and the number of reached beneficiaries were as stated in the above paragraph, equivalent 52% of the target.

The veterinary drugs shown in table 4 below, had been procured for animal deworming/treatment during the conducted vaccination campaigns in South Kordofan and Blue Nile States;

The table below shows quantities and types of veterinary drugs planned, procured and distributed:

Type of veterinary Drugs	Unit	Planned Qty	Procured Qty	Distributed Qty
Ox tetracycline powder	1 kg	320	100	100
Wound Spray	200 ml spray	530	530	530
Ivomec Injection 1%	vial/50ml	810	810	810
Ivomec Drench	1 litre	650	793	793
Berenil (replaced by Diminzene aceturate)	Sachet 2.6	810	1,000	1,000
Pour on	1 litre	450	802	802

### 3. Changes and Amendments

The most important challenge was related to constraint in livestock vaccines production lines; despite of the fact that, the Purchase Orders (POs) were signed by FAO and the Central Veterinary Research Laboratory (CVRL) in Soba-Khartoum, but serious delay was experienced in receiving and delivery of the vaccines to the field for supporting the livestock vaccination campaigns in South Kordofan and Blue Nile states. Unfortunately, the CVRL is the only government source of livestock vaccines, no other alternative sources, and

CVRL is experiencing serious challenges in the vaccines production capacity. A plan was discussed with CVRL for receipt and delivery of the vaccines to be completed by 30th of May 2019; however, that plan was not successful due to the interruption happened as a result of the civil unrest situation that occurred in the Country during the period of April to August 2019 which forced FAO to request NCE for the project up to 30th of September 2019. Unfortunately, up to the new NCE of the project (30th of September 2019), FAO received only 2,635,000 doses of vaccines (HS, BQ, Anthrax, Sheep Pox and PPR), equivalent to about 52% of the planned target.

On the other hand, it should be noted that the change in the UN exchange rate from SDG 29.127 to SDG 47 for 1 dollar, led to significant increase in the actual quantities of vaccines to be procured; however, receiving the vaccines from the CVRL is a real challenge faced FAO during the implementation process as explained above.

Another main challenge was the difference between the actual and planned prices of some items due to the high inflation which resulted in reduced target versus planned target for some items; for example the price at project planning time of donkey cart with donkey was USD 300, whereas the actual procurement price was USD 458, so the actual number of the beneficiaries reached under this intervention was reduced to 400 households (2,400 individuals) instead of reaching the planned number of 600 households (3,600 individuals).

Cash problem: The FAO IPs faced serious problem of cash receipt from banks, given that cash is always needed for field transportation and distribution of the inputs to the beneficiaries. Also, there was high increase in prices of transportation compared to the prices at planning time (in some locations twice and 3 times the planned prices).

#### 4. People Reached

##### 4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	34,057	79,468	<b>113,525</b>	32,723	76,352	<b>109,075</b>	66,780	155,820	<b>222,600</b>
<b>Reached</b>	26,366	61,520	<b>87,886</b>	25,332	59,108	<b>84,440</b>	51,198	121,128	<b>172,326</b>

##### 4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	111,300	68,930
Host population	89,040	86,163
Affected people (none of the above)	22,260	17,233
<b>Total (same as in 4a)</b>	<b>222,600</b>	<b>172,326</b>

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

About 23% of the overall planned target beneficiaries, particularly some of the livestock owners that, have been planned for animal vaccination campaign were not reached yet, as some of the vaccines for conduction of vaccination campaign have not been received from the Central Veterinary Research Laboratory (CVRL), due to challenges facing the vaccines' production capacity of CVRL. Also, due to increased actual prices of donkey carts and donkeys, the planned of target beneficiaries for distribution of donkey carts with donkeys was reduced from 600 HHs (3,600 individuals) to 400 HHs (2,400 individuals).

#### 5. CERF Result Framework

<b>Project Objective</b>	Reduce acute food insecurity and save lives of vulnerable IDPs, Returnees and host communities through provision of emergency agricultural and livestock support in South Kordofan and Blue Nile States.
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<b>Output 1</b>	Improved critical and lifesaving reproductive, maternal and neonatal health services in Kigeme, Kiziba and Mugombwa refugee camp			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	No of households supported with agricultural inputs.	19,000 HHs (114,000 Individuals)	19,000 households (114,000)	FAO field monitoring and Implementing Partners' reports
Indicator 1.2	Quantity of vegetable and legume seeds procured and distributed.	98 tonnes	100.46 tonnes	FAO field monitoring and Implementing Partners' reports
Indicator 1.3	Quantity of hand tools procured and distributed	6,000	14,000 pieces	FAO field monitoring and Implementing Partners' reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of vegetables/legumes' seeds and tools	FAO		
Activity 1.2	Distribution of seeds and tools to the beneficiaries and implementation of the activities at the beneficiaries/field levels.	Humanitarian Aid and Development Organization (HAD)-South Kordofan and HAD – Blue Nile.		
Activity 1.3	Monitoring and reporting of the activities	FAO, Humanitarian Aid and Development Organization (HAD)-South Kordofan and Humanitarian Aid and Development Organization (HAD) – Blue Nile.		

<b>Output 2</b>	17,000 households (102,000 individuals) from the vulnerable pastoralists/agro-pastoralists' IDPs, Returnees and host communities provided with veterinary services (livestock vaccination & treatment) in the targeted localities in South Kordofan and Blue Nile states.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	No of households supported with veterinary and livestock inputs and services	17,000 households (102,000 individuals)	8,821 households (52,926 individuals)	FAO field monitoring and Implementing Partners' reports
Indicator 2.2	Number of animals vaccinated and treated	850,000 heads of animals	441,050 heads of animals	FAO field monitoring and Implementing Partners' reports
<b>Explanation of output and indicators variance:</b>		The number on youth accessing ASRH service in Kiziba camp is low compared to the indicator, a reason could be that the camp does not have a Youth Friendly Space that can attract them to receive the SRH-services.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Procurement of veterinary vaccines and drugs	FAO		
Activity 2.2	Distribution of veterinary vaccines and drugs to the beneficiaries and implementation of the activities (conduction of livestock vaccination & treatment campaigns).	Humanitarian Aid and Development Organization (HAD)-South Kordofan and Humanitarian Aid and Development Organization (HAD) – Blue Nile in collaboration with state ministries of animal resources in the two targeted states.		
Activity 2.3	Monitoring and reporting of the activities.	FAO and its Implementing Partners (IPs), HAD-South Kordofan and HAD Blue Nile.		

<b>Output 3</b>	500 vulnerable households (3,000 individuals) 50% women headed households and 50% poor households with big number of children under 5, to be selected from the IDPs, Returnees and the most vulnerable host communities members in the two targeted states provided with small ruminant animals (goats/sheep) together with concentrate animal feed and mineral licks to be fed to distributed animals, for livelihood diversification, contributing to protection objective.			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Total number of households received small ruminant's animals (goats/sheep).	500 households (3,000 individuals)	500 households (3,000 individuals)	FAO field monitoring and Implementing Partners' reports
Indicator 3.2	Number of women headed households received small ruminant animals (goats/sheep).	250 Woman headed households (1,500 individuals)	250 Woman headed households (1,500 individuals)	FAO field monitoring and Implementing Partners' reports
Indicator 3.3	Number of small ruminants' animals (goats/sheep) procured and distributed.	2,500 heads of animals	2,500 heads of animals	FAO field monitoring and Implementing Partners' reports
Indicator 3.4	Quantity of concentrate animal feed and mineral lick procured and distributed.	75 tons of concentrate animal feed and 5,000 kg of mineral lick.	75 tons concentrate animal feed and 5000 kg of mineral licks.	FAO field monitoring and Implementing Partners' reports
<b>Explanation of output and indicators variance:</b>		N/A		
Activities	Description	Implemented by		
Activity 3.1	Procurement of the small ruminants' animals	FAO		
Activity 3.2	Procurement of concentrate animal feed and mineral lick	FAO		
Activity 3.3	Distribution of the animals together with concentrate animal feed and mineral lick to targeted beneficiaries.	HAD-South Kordofan state and HAD – Blue Nile state.		
Activity 3.4	Monitoring and Reporting	FAO, HAD-South Kordofan state and HAD – Blue Nile state.		

<b>Output 4</b>	600 vulnerable households (3,600 individuals), 50% women headed households and 50% poor households with big number of children under 5, with unemployed youth/people of special needs, selected from the IDPs, Returnees and the most vulnerable host communities members in the two targeted states provided with donkey carts with donkeys to be used by the youth members of the targeted households as sources of income generation, and livelihood diversification, contributing to protection objective.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Total number of households received donkey carts with donkeys.	600 households (3,600 individuals).	6 400 households (2,400 individuals).	FAO field monitoring and Implementing Partners' reports
Indicator 4.2	Number of women headed households received donkey carts with donkeys.	300 women headed households (1,800 individuals).	1 100 women headed households (600 individuals).	FAO field monitoring and Implementing Partners' reports
Indicator 4.3	Number of donkey carts with donkeys procured and distributed to the beneficiaries.	600	400	FAO field monitoring and Implementing Partners' reports
<b>Explanation of output and indicators variance:</b>		N/A		
Activities	Description	Implemented by		
Activity 4.1	Procurement of donkeys with donkeys	FAO		
Activity 4.2	Distribution of the donkey carts with donkeys to targeted beneficiaries c	HAD-South Kordofan state and HAD – Blue Nile state.		
Activity 4.3	Monitoring and Reporting	FAO, HAD-South Kordofan state and HAD – Blue Nile state.		

## 6. Accountability to Affected People

### A) Project design and planning phase:

The 2018 HNO had been used for prioritization of needs and areas for funding; the 2018 FSL sector strategy focus on areas witnessing new displacement and funding gaps and then localities were ranked using the HNO. For designing this project, the strategy was initiated at the field level through FAO field offices and the FSL sector partners whether international or national NGOs operational in the targeted states; as they were well positioned to provide updated information related to gaps and prioritized needs of the vulnerable population at the localities level. Based on the above-identified needs in the prioritized localities in Blue Nile and South Kordofan states, the CERF UFE project activities, outputs and outcomes were designed to contribute to achievement of the FSL sector objective 1 and 2 by improving food and nutrition security of the most vulnerable households in the targeted localities in South Kordofan and Blue Nile states. The targeted local communities had been directed consulted for specifying the types of the implemented livelihood interventions under this project i.e. the types and varieties of the vegetables and legumes crops seeds which had been procured and distributed were prioritized according to their interest through consultation with FAO staff in the covered states. Outputs 3 and 4 of the project have been particularly designed based on the interest of the targeted local communities to integrate livelihood support to be provided to contribute to protection of the vulnerable members of the poor targeted households, especially women, children and other vulnerable members of the households through addressing their needs for livelihood diversification. The improvement of the food and nutrition security of the targeted beneficiaries under this project have been achieved through the intensification of the household production and diversification of income generating opportunities by providing support for conducted livestock vaccination/deworming campaigns for the protection of the livestock assets, especially for the most vulnerable categories of the population; distributed seeds of nutritive vegetables and legumes crops and hand tools along with on job training on the adoption of Good Agricultural Practices (GAP), targeted the beneficiaries at the time of inputs' distribution; provision of small ruminants (goats/sheep) to the poorest/neediest women headed households and households with big number of children under 5 and unemployed youth/people of special needs to enable them to source milk for their children as well as to provide donkey carts with donkey to address their prioritized need of livelihood diversification so as to eliminate/minimize children's exposure to risk/danger when they go for work as well as to enable the targeted households to enrol their children in school instead of removing them from schools for work. Empowerment of the most vulnerable targeted population categories (especially women headed households and poor households with big number of children under 5, with unemployed youth/people of special needs) through provision of diversified livelihood support, directly contributes to the protection of the different members of the targeted households, especially women, girls and children.

The total targeted beneficiaries are 222,600 individuals; 40 percent of the targeted beneficiaries are IDPs living with the host communities while 50 percent are most vulnerable host communities households including families with malnourished children under 5 and 10 percent are returnees. The targeted beneficiaries are disaggregated as follows: Children 66,780, Women 79,468 and men 76,352 (including elderly people).

### B) Project implementation phase:

The project was implemented through Letters of Agreements (LoAs) signed between FAO and two potential Service Providers/Implementing Partners (SPs/IPs) namely: Humanitarian Aid and Development Organization (HAD)-South Kordofan and Humanitarian Aid and Development Organization (HAD)-Blue Nile. The project implementation phase started immediately after the signature of the LoAs; the SPs started communities mobilization, involving the beneficiaries through their Village Development Committee (VDC) which have been activated/established in each targeted village composed of men, women and youth (3 women, 3 youth and 4 men); the members of the committee were selected by the communities of the targeted beneficiaries; these VDCs were involved in all levels of the project implementation from beneficiaries selection to the monitoring of the project at the beneficiaries' and field levels. Despite of the fact that, beneficiary's complaints' mechanism was established to report any complaint about types, varieties and quantities of inputs or any other types of interventions, however no complaint was captured during the monitoring missions conducted by the FAO field offices in South Kordofan and Blue Nile States. FAO listened to the reached beneficiaries during the monitoring missions; the beneficiaries' appreciated all livelihood assistance provided by FAO through HAD, particularly, they were very happy with the high quality distributed seeds; distribution of donkeys and donkey carts in particular improved the households' situation as reported by some of the monitored beneficiaries.

C) Project monitoring and evaluation:

The implementation of the project activities at field level was monitored by the FAO field offices in Kadugli-South Kordofan state and Damazine-Blue Nile stat, jointly with staff from the line ministries and HAC in coordination with the IPs. The monitoring and evaluation of the project was based on the project log frame; the delivery of the outcome and outputs level have been monitored and verified through efficient implementation of the activities at the beneficiaries' levels by the FAO Implementing Partners (IPs) Humanitarian Aid and Development Organizations in South Kordofan and Blue Nile States. The monitoring conducted by FAO field offices in the two states, reflected the high appreciation of the beneficiaries for the provided livelihood assistance.

**7. Cash-Based Interventions**

**Did the project include one or more Cash Based Intervention(s) (CBI)?**

<b>Planned</b>	<b>Actual</b>
No	No

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

The implementation of the project' activities was monitored by FAO field offices in Kadugli-South Kordofan state and Damazine-Blue Nile state.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

## 8.2 Project Report 18-UF-IOM-031 - IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Republic of the Sudan
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	18-UF-IOM-031
5. Project Title:	Providing Comprehensive Water, Sanitation and Hygiene (WASH) Assistance in North Darfur and South Kordofan		
6.a Original Start Date:	16/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 13,068,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,492,346
	c. Amount received from CERF:		US\$ 600,000
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 177,890</b>
	of which to:		
	▪ Government Partners		US\$ 0
	▪ International NGOs		US\$ 0
	▪ National NGOs		US\$ 177,890
	▪ Red Cross/Crescent		US\$ 0

## 2. Project Results Summary/Overall Performance

Through this CERF grant, IOM and its implementing partners provided WASH assistance to a total of 47,114 beneficiaries. This assistance contributed to the overall improvement of hygiene and feeding practices by increasing knowledge and improving access to water, sanitation facilities and WASH kits (soap and jerry cans). In Tawilla, North Darfur, 22,671 IDPs were assisted in the camps of Debenaira, Rwanda and Alomoda, and 2,500 flood affected population in Borgo were provided with WASH assistance. The activities in North Darfur focused on improving access to, and the quality of water, improving access to sanitation facilities, and improving hygiene practices, with special attention given to mothers and children. In South Kordofan, IOM's activities assisted a total of 21,943 beneficiaries in Al Abassiya town, Hi Burri, Ohoo village and Soog Eljabel through activities that focused on increasing water availability, improving hygiene practices and targeted the water chain to decrease the risks of water borne diseases from contaminated water containers or from the shared use of waterpoints for both human consumption and livestock.

## 3. Changes and Amendments

At the start of the project, IOM launched a tender to select contractors to construct and rehabilitate water points and to select implementing partners to implement the hygiene awareness and cleaning campaigns. Some of the quotations received, were lower than originally estimated, therefore, through effective planning with partners on the ground, IOM was able to use some of the unspent budget to implement three additional activities (rehabilitation of two mini water yards and construction of 600 additional latrines) to respond to the flood emergency in North Darfur, increasing the number of beneficiaries reached.

- Under **Output 1** a total of 30,293 vulnerable community members were reached and given equitable and adequate access to a water supply. Initially IOM planned to construct a new water source in Ohoo, Al Abassya locality in South Darfur, however, safe water for drinking was found after drilling work was carried out. The activity was changed from construction to upgrading of a hand pump into a solar powered mini water yard. In North Darfur, two additional activities were implemented, and IOM rehabilitated two

malfunctioning water yards in response to the severe water shortages in Borgo village and in response to the floods in Alomoda IDPs camp.

- Under **Output 2** a total of 7,000 vulnerable community members received improved access to safe sanitation facilities. As per the project plan, 250 latrines were to be constructed in Debenaira and Rwanda IDPs camps. By the end of the project, IOM and the National Planning Organization (NPO), through the direct involvement of the community in the construction work, were able to construct a total of 850 latrines. An additional 600 latrines were constructed (pits lined with bricks to reduce the risks of future damage and collapse) at the start of June 2019, in response to the high number of older latrines that collapsed due to the heavy rains and the damage caused by the floods. Thanks to the CERF funding, IOM was able to be one of the first actors on the ground to respond to the floods and construct additional latrines to ensure equitable access to safe sanitation facilities for flood affected communities.
- Under **Output 3**, a total of 30,171 community members were reached through hygiene awareness and cleaning campaigns. IOM and its IPs primarily focused on delivering the following messages: 1. correct and safe handwashing practices; 2. the importance of using latrines; 3. treating, storing and drinking water safely; 4. practicing safe food hygiene (how to safely prepare and handle food to decrease the risks of contamination); 5. ensuring a safe clean environment for children. No changes were implemented under this output, however, the IPs and volunteers from the community trained as local hygiene promoter were able to reach a higher number of beneficiaries than originally planned through the house-to-house visits and community awareness raising sessions.

#### 4. People Reached

##### 4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	5,100	8,014	<b>13,114</b>	5,100	6,071	<b>11,171</b>	10,200	14,085	<b>24,285</b>
<b>Reached</b>	9,894	15,547	<b>25,441</b>	9,894	11,779	<b>21,673</b>	19,788	27,326	<b>47,114</b>

##### 4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	12,000	22,671
Host population	10,000	21,943
Affected people (none of the above)	2,285	2,500
<b>Total (same as in 4a)</b>	<b>24,285</b>	<b>47,114</b>

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

A higher number of beneficiaries were reached than originally planned due the following reasons:

1. The hygiene and cleaning campaigns conducted in North Darfur reached a total of 20,171 IDPs, a higher number of beneficiaries compared to the estimated planned number as the community volunteers trained as local hygiene promoters were able to reach a higher number of households through a combination of household visits and community awareness campaigns.
2. The planned WASH activities in South Kordofan reached a total number of 13,193 beneficiaries, as the water points rehabilitated assisted more beneficiaries than expected due to the lack of water sources present in the areas of intervention.
3. Two additional water yards were rehabilitated in North Darfur, one in Alomoda IDPs camp and one in Borgo village. The water yard in Borgo was rehabilitated in response to the severe water shortages reported in the area and the water in Alomoda IDPs camp was rehabilitated in response to the June 2019 floods.

## 5. CERF Result Framework

<b>Project Objective</b>	To improve hygiene and feeding practices through increased knowledge and better access to water, sanitation facilities and hygiene products (soap and jerry cans).
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<b>Output 1</b>	24,285 vulnerable community members have equitable and adequate access to water supply.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of people receiving improved quality service from an existing basic or safely managed drinking water service as a result of the project"	13,035	12,100	Weekly updates, monthly monitoring reports, IP final report and monitoring missions
Indicator 1.2	Number of people who have increased access to safe water	11,250	18,193	Number of water facilities rehabilitated, weekly reports, technical assessments, monitoring and evaluation missions
Indicator 1.3	Percentage of households free of contaminated water	80% (1,000 HH are tested)	88%	Weekly updates, monthly monitoring reports, IP final report and monitoring missions
<b>Explanation of output and indicators variance:</b>		The number of people reached under Indicator 1.1 is lower than originally estimated (12,100 people reached from 13,035 targeted), whilst the number of people who have increased access to safe water is higher than originally planned as IOM was able to rehabilitate two mini water yards in North Darfur with the funding available. One mini water yard was rehabilitated in Borgo in response to the severe water shortages and one in in Alomoda IDPs camp in response to the floods in June 2019.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Conduct water testing at the source and per HH for six months (North Darfur)	National Planning Organization (NPO)		
Activity 1.2	Chlorination of 21 water points in Tawilla for five months	NPO		
Activity 1.3	Rehabilitation of five hand pumps in Al Abassiya	Amico		
Activity 1.4	Construction of one mini water yard in Al Abassiya	Manasik		
Activity 1.5	Rehabilitation of one mini water yard in Al Abassiya	Manasik		
Activity 1.6	Construction of a 2km water network with distribution points (South Korofan)	Emmar		

<b>Output 2</b>	5,000 vulnerable community members have equitable access to improved and sex-segregated and child-friendly excreta disposal facilities.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of people who have access to safe sanitation facilities	5,000	7,000	Number of latrines constructed, weekly reports, monthly reports and monitoring and evaluation missions.
Indicator 2.2	Percentage of women and girls who have access to safe and private sanitation facilities in safe locations	60% (of total number of targeted beneficiaries - 24,285 total beneficiaries)	60%	Technical assessment and monitoring missions.

<b>Explanation of output and indicators variance:</b>		A total of 850 latrines were constructed. Initially, IOM had planned to construct 250 latrines in Rwanda and Debenaira IDPs camp, however, the heavy rains and floods that started in June 2019 led to the destruction of latrines, severely heightening the risks of disease outbreaks among already vulnerable populations. An additional 600 latrines were constructed in Rwanda and Debenaira IDPs camps and in Borgo.
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Construction of 250 latrines	NPO

<b>Output 3</b>	19,035 vulnerable community members are reached with hygiene campaigns and sanitization activities.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of persons reached with safe hygiene sensitization messages	19,035	30,171	Weekly updates, monthly monitoring reports, IP final report and monitoring missions
Indicator 3.2	Number of persons reached with clean-up and garbage collection campaigns	19,035	30,171	Weekly updates, monthly monitoring reports, IP final report and monitoring missions
Indicator 3.3	Percentage of children who live in a safe and clean environment	75% (10,200 targeted beneficiaries under 18)	80%	Weekly updates, monthly monitoring reports, IP final report and monitoring missions
<b>Explanation of output and indicators variance:</b>		The IPs implementing the hygiene and cleaning campaigns were able to reach a total of 30,171 beneficiaries, more than the initial estimated number of 19,035 beneficiaries as the community volunteers trained as local hygiene promoters were able to reach a higher number of households through a combination of household visits and community awareness campaigns		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Conduct weekly hygiene campaigns for six months in North Darfur (including the distribution of jerry cans and soap)	National Planning Organization (NPO)		
Activity 3.2	Conduct weekly clean-up campaigns for six months in North Darfur	National Planning Organization (NPO)		
Activity 3.3	Conduct weekly hygiene and garbage collection campaigns for four months in South Kordofan	CDF		

## 6. Accountability to Affected People

Through this project IOM contributed to the improvement of hygiene and feeding practices among IDPs and vulnerable populations through improved access to water, sanitation facilities and WASH kits (soap and jerry cans). To ensure accountability to affected populations, the following actions were taken:

### A) Project design and planning phase:

At the start of the project, IOM and its IPs, introduced the project activities to the local authorities, community leaders and community members. The technical teams explained the project's objectives and the timeline of implementation, and together, created and designed activities and action plan for each project output. Volunteers were selected and trained for the implementation of the hygiene awareness and cleaning campaigns, and together with the community leaders, worked to sensitize and mobilize the community in preparation of the implementation of the activities. A total of 50 people, (male, female and children) participated in the discussions, and engaged in the

selection of the water points to be rehabilitated, selection of the locations for the construction of the latrines and planning for the hygiene awareness and cleaning campaigns.

**B) Project implementation phase:**

Throughout the project implementation, a community participatory approach was implemented to increase ownership of the action and create a conducive environment for community feedback. Local authorities, community leaders and community members, regularly provided feedback through observations or direct interviews, with a special focus on women and children. IOM and IPs also maintained regular coordination with the WASH and health sector leads and with relevant governmental institutions (WES and SMOH), to ensure effective and timely response and technical support where needed. The combination between a community participatory approach and regular coordination with the sector leads also allowed for the accurate information sharing among all partners. Community feedback was collected throughout the implementation of the project and where needed, amendments to the project activities were made to address the feedback received from the community. In accordance to operational plan set at the start of the project for data and information collection, and in line with the project's objective, NPO organized weekly visits to MSF and Seeker Clinics to monitor the increase/decrease of WASH related disease outbreak to inform and adapt the weekly plan for the implementation of the hygiene awareness sessions and cleaning campaigns.

**C) Project monitoring and evaluation:**

At the end of the project IOM and its IPs carried out community interviews to evaluate the impact of the project and community members reported that they observed a decrease in the number of disease cases within their families or community.

<b>7. Cash-Based Interventions</b>	
<b>Did the project include one or more Cash Based Intervention(s) (CBI)?</b>	
<b>Planned</b>	<b>Actual</b>
No	No

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
No external evaluation has been planned for the following project. However, the project was monitored and evaluated throughout its implementation.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.3 Project Report 18-UF-IOM-031 - IOM

1. Project Information			
1. Agency:	UNHCR	2. Country:	Republic of the Sudan
3. Cluster/Sector:	Multi-Cluster - Multi-sector refugee assistance	4. Project Code (CERF):	18-UF-HCR-031
5. Project Title:	Ensure life-saving assistance for South Sudanese refugees in Sudan		
6.a Original Start Date:	16/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/10/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,569,206
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,569,206
	c. Amount received from CERF:		US\$ 2,749,050
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 1,184,208</b>
	of which to:		
	▪ Government Partners		US\$ 109,432
	▪ International NGOs		US\$ 893,200
	▪ National NGOs		US\$ 0
	▪ Red Cross/Crescent		US\$ 181,576

2. Project Results Summary/Overall Performance
<p>The multi-sector CERF project focused on two life-saving sectors: health and sanitation, in the nine camps in White Nile from 16 October 2018 until 31 October 2019. Additionally, the project focused on protection activities for children and youth at risk as the South Sudanese refugee (SSR) population is primarily young (61 per cent under 18) and female (56 per cent are women and girls). The project reached a total of 87,401 persons of which 52,017 were refugees and 35,384 were from the host communities.</p> <p>Overall, UNHCR achieved the following:</p> <p><b>Output 1:</b> Latrines constructed to serve 11,150 South Sudanese refugees</p> <ul style="list-style-type: none"> <li>– 315 of persons referred to secondary and tertiary medical care</li> </ul> <p><b>Output 2:</b> Access to primary and secondary health care services supported for 85,597 people in White Nile State.</p> <ul style="list-style-type: none"> <li>– 87,401 people had access to primary and secondary health care services</li> <li>– 315 of persons referred to secondary and tertiary medical care</li> <li>– 3 health facilities equipped/ rehabilitated</li> </ul> <p><b>Output 3:</b> Strengthening protection of 2,441 at-risk children and youth through access to appropriate support services and assistance</p> <ul style="list-style-type: none"> <li>– 7,500 children of concern with specific needs identified</li> </ul>

3. Changes and Amendments
<p>An NCE was submitted on 20/6/2019 due to delays encountered in implementing the latrines in the new Al Jameya Camp where South Sudanese refugees in WNS were to be relocated from other camps in an effort to decongest the camps and also meet UNHCR emergency</p>

sanitation standards. As stated in the NCE request, this output was divided between UNHCR's two partners, CAFOD (1,680 HH latrines) and Plan International (PI) (550 HH latrines). At the time of the NCE request, PI had completed 520 latrines whereby CAFOD completed substructures of 1,500 latrines in Al Jameya camp. The first phase of refugee relocation to Al Jameya camp occurred smoothly in early 2018. The second phase of refugee relocation to the same camp in late 2018 and early 2019 was halted due to social tension and land-related issues arising between refugees and host community. This has therefore in turn affected the timely handover and latrine completion by the respective households.

Throughout the implementation of the project, UNHCR continued to address this issue through continue advocacy through COR to the State government, local authorities. This issue raised by the Representative and RC/HC through various meetings in order to find a solution. As a result of these efforts, the relocation of South Sudanese refugees started on 27th of November 2019 for 817 HHs. Since the beginning of December 445 HHs were already moved to Al Jameya camp and the handover of latrines has occurred.

#### 4. People Reached

##### 4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	26,535	21,399	<b>47,934</b>	25,679	11,984	<b>37,663</b>	52,214	33,383	<b>85,597</b>
<b>Reached</b>	27,152	20,474	<b>47,626</b>	28,520	11,255	<b>39,775</b>	55,672	31,729	<b>87,401</b>

##### 4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	51,358	52,017
IDPs	0	0
Host population	34,239	35,384
Affected people (none of the above)	0	0
<b>Total (same as in 4a)</b>	<b>85,597</b>	<b>87,401</b>

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

During the NCE, UNHCR reduced the budget related to the Child Protection component and increased the targets. This was as a result of adapting more efficient programming allowing to reach more beneficiaries with less

#### 5. CERF Result Framework

<b>Project Objective</b>	Improve the health and sanitary conditions in White Nile refugee camps and extensions for 85,597 people
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<b>Output 1</b>	Latrines constructed to serve 11,150 South Sudanese refugees			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Construction of household latrines.	2,230 latrines	1,520	Field visits and reports
<b>Explanation of output and indicators variance:</b>		Out of the 2,230 planned latrines, UNHCR completed and handed over of 1,520 latrines (160 in Al Redais 1, 160 in Al Redais 2, 100 in Jory, 100 in Alkashafa and 1,000 in Al Jameya) for 7,600 South Sudanese refugees.		

		For the other 710 latrines, they remained at slab level since June 2019 as a result of the host community halting the relocation of refugees and completion of the construction works. The procurement of all construction items was concluded during the project duration therefore expenditures related to this activity aligned with the proposed budget. The inability to complete the 710 latrines directly correlated to the issues raised in the NCE request and outlined above. Although outside the reporting perimeters of the project, the relocation of refugees restarted and that UNHCR and its partners were able to complete the remaining latrines.
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 1.1	Latrine construction in new camp and site extensions	CAFOD and Plan International

<b>Output 2</b>	Access to primary and secondary health care services supported for 85,597 people in White Nile State.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Availability of essential medicine, medical supplies and non-medical supplies, equipment, laboratory reagents and vaccines supplies including reproductive health supplies and equipment	85,597 people	87,401	HIS
Indicator 2.2	# of persons referred to secondary and tertiary medical care	315 referrals over the project period	315	HIS and partner report
Indicator 2.3	# of health facilities equipped/ rehabilitated	3 health centres	3	field visits and reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Procurement of essential pharmaceuticals and equipment in Interagency Emergency Health Kits (IEHKs) for White Nile State	UNHCR		
Activity 2.2	Medical referrals conducted	SRCS and MoHSD		
Activity 2.3	Health centre rehabilitation and support for staffing and running costs for three health centres in Um Sangour, Al Redis I, and Al Redis II	SRCS		

<b>Output 3</b>	Strengthening protection of 2,441 at-risk children and youth through access to appropriate support services and assistance.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	# children of concern with specific needs identified	2,441 children	7,500	UNHCR CP team and partner reports
<b>Explanation of output and indicators variance:</b>		In White Nile camps UNHCR prioritised the delivery of protection to all vulnerable populations particularly women and children at risk, and all other persons with specific needs (PSN) defined by standard UNHCR-specific categorisation. This was done in partnership with the State Ministry of Social Welfare. Through this grant UNHCR identified these PSN during the new arrival registration stage, and also through periodic reviews and assessments in the camps using a qualitative community-based protection approach. At-risk children and youth were continuously identified (through several methods) and were referred to the appropriate services.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 3.1	Sustain and enhance appropriate activities in safe Child-Friendly Spaces and community centres	Plan International and MoHSD
Activity 3.2	Participation of adolescents in targeted programmes	Plan International and MoHSD
Activity 3.3	Targeted support for especially vulnerable children and adolescents	Plan International and MoHSD

## 6. Accountability to Affected People

A key aspect of Accountability to Affected Populations is UNHCR's annual Participatory Assessment process, which enables the operation to build 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, 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. The Participatory Assessment process is also used to help communities to take collective action to enhance their own protection and makes it possible to implement a right- and community-based approach.

The 2018 Participatory Assessment (PA) in Sudan was conducted in November and December 2018 in Khartoum, Kassala, White Nile, South Kordofan, West Kordofan, South Darfur, East Darfur, North Darfur and Central Darfur States. A total of 7,881 refugees were consulted during the 2018 exercise. The exercise was facilitated by UNHCR, with participation and engagement from the Government of Sudan's Commission for Refugees (COR) and over 40 inter-agency UN, international non-governmental organization (INGO) and national non-governmental organization (NGO) partners.

The PA exercise is designed to gather first-hand information on protection concerns of refugees and asylum-seekers in Sudan. The exercise jointly identifies and analyses protection risks with refugees to better understand their capacities and their proposed solutions through structured dialogue. The PA exercise helps to ensure that refugees and asylum seekers are at the centre of decision making concerning their protection and welfare while in Sudan. This is a participatory process, and key findings are disaggregated by age, gender and diversity, where feasible. This process forms a key part of UNHCR's accountability to affected populations in Sudan. The PA is one phase of a comprehensive situation analysis for UNHCR operations.

The PA methodology was guided by UNHCR's Tool on Participatory Assessment in Operations<sup>1</sup>. The majority of consultations were conducted through focus group discussions (FGDs) with refugees to gather information and conduct interactive analysis. Separate FGDs were held for men, women, girls and boys, where feasible. Mixed groups were held among in some settings if identifying sufficient women and girl participants was challenging, including for Chadian refugees and refugees from Central African Republic (CAR) refugees. Groups included persons with specific needs (PSNs), and separate discussions were held with PSNs on specific issues when possible. Key informant interviews, participatory observations and site visits were also used to develop the analysis. Where possible, the PA exercises in each State were organized around key themes that emerged from the 2017 PA, with themes identified and selected through consultation with refugee communities. Multi-functional teams comprised of UNHCR, COR and inter-agency partners led the FGDs organized around these themes, which allowed for more detailed discussion of key issues and causes, and the identification of community capacities and recommended solutions to overcome these issues. Findings from the FGDs in each State were consolidated and analyzed nationally in Khartoum to support comparative analysis between population groups and locations. More detailed analysis on key issues and recommendations are summarized in State-level PA reports. The findings presented in this report are those raised by the refugees and asylum-seekers consulted. Verification of the protection and assistance concerns raised through the FGDs and interviews were not conducted as part of this exercise. We note here that issues that were raised by one group were often repeated by several other groups in more than one location, lending credibility to refugees' stated needs.

There are over 150,000 registered South Sudanese refugees living in nine refugee camps in White Nile State (as of 31 December 2018). A total of 3,627 were consulted during the assessment from Al Jamey'a, Khor Al Waral, Al Redis I and II, Jourie and Um Sangour camps. Participants from Al Jamey'a, Khor Al Waral, Al Redis I and II, Jourie are from the Shilluk tribe, and Um Sangour participants are Nuer. The FGDs were not themed; however, refugee concerns across all camps centred around protection issues, basic service gaps (education, health, nutrition and WASH), food security and livelihoods issues, shelter and NFI gaps and WASH issues.

Complaint procedures are in place to enable POC's to report issues of concern about the manner in which they have been treated, procedural unfairness and complaints about the quality, availability of services, access to UNHCR premises or staff, procedures for registration, refugee status determination, accuracy of data in UNHCR systems and other protection services.

RO Khartoum will on a regular basis undertake information sessions with NGO partners and community leaders explaining the complaints procedures in place. Complaint forms are to be provided free of charge to all POC's. Reception Staff shall ensure that complaint forms are also provided to anyone who requests one. An instruction leaflet with the basic information on what constitutes a complaint and how to lodge a complaint shall be available in the reception area of all UNHCR offices. Complaints are to be treated confidentially and with respect.

<b>7. Cash-Based Interventions</b>	
<b>Did the project include one or more Cash Based Intervention(s) (CBI)?</b>	
<b>Planned</b>	<b>Actual</b>
No	No

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
As the project end was the 31 October 2019, no evaluations have been conducted. UNHCR will conduct a monitoring exercise as part of the routine practice of verifying implementing partner's reports, expenditures, and project implementation.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.4 Project Report 18-UF-CEF-099 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Republic of the Sudan
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	18-UF-CEF-099
5. Project Title:	Nutrition Emergency Response in Sudan		
6.a Original Start Date:	18/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 51,700,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 11,000,000
	c. Amount received from CERF:		US\$ 3,920,000
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 897,286</b>
	of which to:		
	▪ Government Partners		US\$ 811,681
	▪ International NGOs		US\$ 30,837
	▪ National NGOs		US\$ 54,768
	▪ Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Thank to CERF-funding, UNICEF and partners provided nutritional screening for 549,254 children under-five (294,949 girls and 254,305 boys). Of these, a total of 19,009 malnourished children (10,223 girls and 8,786 boys) were admitted for treatment, of which 91.5 per cent was cured (18,390). A total of 68,159 pregnant and lactating women were reached with infant and young child feeding (IYCF) counselling.</p> <p>Further, UNICEF supported the establishment and monitoring of 1,004 mother-support groups (MSGs) in the targeted localities. In addition, 228 health workers benefited from community-management of acute malnutrition (CMAM) / infant and young child feeding (IYCF) training, including 60 health workers who were trained on psychosocial support.</p> <p>In addition, CERF-funding helped UNICEF to keep intact nutrition supplies chain in term of supporting the procurement of lifesaving nutrition supplies including Ready-to-Use Therapeutic Food (RUTF), therapeutic milk and Mid-Upper Arm Circumference (MUAC) tapes as well as supporting warehousing and transportation to service delivery sites, thereby ensuring zero stock-out. Information, education and communication (IEC) materials were produced/delivered to support awareness raising on IYCF counselling.</p> <p>The project interventions reached more than 600,000 people in need in in Alabasiyya, Abugebeha, Delami and El Rashad localities (South Kordofan), El Tadamon, Roseires, Geissan and Kurmuk localities (Blue Nile), Alsalam and Al Jabalain localities (White Nile), Golo, Nertiti and Rokero (Central Darfur), Toker locality (Red Sea) and Tawila (North Darfur). It allowed the therapeutic feeding centres to maintain performance indicators above the SPHERE standards.</p> <p>Further, 87,720 children completed the full national schedule for polio vaccination, 165,693 children were vaccinated against measles and 60,556 children received integrated management of childhood illness (IMCI) services in the targeted localities.</p> <p>These results were achieved despite the socio-political instability/civil unrest, cash/liquidity and fuel scarcity in Sudan in the past year.</p>

### 3. Changes and Amendments

There was not any change or amendment in the project, however, a reprogramming request was raised to CERF Secretariat regarding shifting funds between budget lines which was within the acceptable range and was subsequently approved by the UNOCHA team.

### 4. People Reached

#### 4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	163,502	55,528	<b>219,030</b>	144,993	0	<b>144,993</b>	308,495	55,528	<b>364,023</b>
<b>Reached</b>	294,949	68,159	<b>363,108</b>	254,305	0	<b>254,305</b>	549,254	68,159	<b>617,413</b>

#### 4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	49,455	83,880
IDPs	91,000	154,343
Host population	223,568	379,190
Affected people (none of the above)	0	0
<b>Total (same as in 4a)</b>	<b>364,023</b>	<b>617,413</b>

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

The targets for screening of children for malnutrition and admission of Severely Acutely Malnourished (SAM) children for treatment were overachieved. There was also a slight overachievement in the number of pregnant and lactating women reached with infant and young child feeding (IYCF) counselling. The overachievement was caused by shifting funds that were reserved for 'Travel', 'General Operating Costs' and 'Other Direct Costs' to 'Supplies/Commodities' and 'Transfers and Grants to Counterparts' categories. However, this shifting remained within the 15 per cent flexibility.

### 5. CERF Result Framework

<b>Project Objective</b>	Support provision of integrated health and nutrition life-saving services to the vulnerable children and mothers in 17 targeted localities from six states.
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<b>Output 1</b>	<b>Nutrition component:</b> Provide emergency lifesaving interventions for 13,476 children with Severe Acute Malnutrition (SAM) in 17 highly prioritised localities from six states through timely identification, referral and treatment.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of children under-five years screened for acute malnutrition.	308,495 children under-five (163,502 girls and 144,993).	549,254 children under-five (294,949 girls / 254,305 boys)	Nutrition monthly reports/database
Indicator 1.2	Number of children with Severe Acute Malnutrition (SAM) who are admitted for treatment.	13,476 children suffering from SAM (7,142 girls and 6,334 boys).	19,009 (10,223 girls / 8,786 boys)	Nutrition monthly reports/database
Indicator 1.3	Percentage of children under-five treated for SAM who have been cured (10,107	More than 75 per cent (Sphere standards)	91.5 per cent	Nutrition monthly reports/database

	children with SAM should be discharged as cured against 132,476 targeted children for enrolment).	(10,107 children out of 132,476).		
Indicator 1.4	Percentage of primary health care facilities with zero stock-out or Ready-to-Use Therapeutic Food (RUTF).	100 per cent	100 per cent	Nutrition monthly reports/database
Indicator 1.5	Number of health workers trained on psychosocial support and child protection related issues and referral mechanisms.	20 health workers (10 women and 10 men).	60 health workers trained on psychosocial support	Field reports
<b>Explanation of output and indicators variance:</b>		The targets for screening of children for malnutrition and admission of Severely Acutely Malnourished (SAM) children for treatment were overachieved. The overachievement was caused by shifting funds that were reserved for 'Travel', 'General Operating Costs' and 'Other Direct Costs' to 'Supplies/Commodities' and 'Transfers and Grants to Counterparts' categories. This allowed partners to expand the planned interventions and reach more beneficiaries through targeted screening campaigns.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provision of lifesaving interventions for under-five children with severe acute malnutrition through fixed and mobile Outpatient Treatment Programme (OTP) centres.	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision and Save the Children International).		
Activity 1.2	Support the procurement the essential nutrition supplies (RUTF, therapeutic milk, essential related medications).	UNICEF		
Activity 1.3	Ensure intact nutrition supplies pipeline for nutrition interventions in the targeted localities including timely supply delivery and monitoring of stocks situation.	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision and Save the Children International).		
Activity 1.4	Conduct early case finding for acute malnutrition among children age 6-59 months in the targeted areas.	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision & Save the Children International).		
Activity 1.5	Training for health workers on the provision of psychosocial support to who have suffered violence (sexual violence, injury, maiming), prevention of family separation and identification of violence, exploitation and abuse of children, and referral to child protection services.	Through the CERF-funding, UNICEF and the State Ministry of Health managed to train 60 nutrition workers on psychosocial support, identification of violence, exploitation and abuse of children, to ensure access to nutrition services, talk to mothers and referral to child protection services in Abugebeha, Alabasiyya, El Rashad and Delami localities in South Kordofan.		
<b>Output 2</b>	<b>Nutrition component:</b> Care givers/pregnant and lactating mothers from the targeted localities receive counselling and support to maintain optimal infant and young child feeding, care and hygiene practices.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>

Indicator 2.1	Number of mothers'/ caregivers accessing Infant and Young Child Feeding (IYCF) counselling through UNICEF-assisted Mothers Support Groups.	55,528 PLWs	68,159 pregnant and lactating women	Nutrition monthly reports/database
Indicator 2.2	Community-based child protection networks established.	Yes	Yes	Field reports
<b>Explanation of output and indicators variance:</b>		There was a slight overachievement in the number of pregnant and lactating women reached with infant and young child feeding (IYCF) counselling. The overachievement was caused by shifting funds that were reserved for 'Travel', 'General Operating Costs' and 'Other Direct Costs' to 'Supplies/Commodities' and 'Transfers and Grants to Counterparts' categories. This allowed partners to expand the planned interventions and reach more beneficiaries through targeted screening campaigns.		
Activities	Description	Implemented by		
Activity 2.1	Conduct counselling on Infant and Young Child Feeding (IYCF) practices, proper care and hygiene promotion through mother support groups and health facilities.	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision and Save the Children International).		
Activity 2.2	Establish/maintain mothers support groups.	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision and Save the Children International).		
Activity 2.3	Operational cost for mother support groups (training, printing of information, education and communication materials and travel).	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision and Save the Children International).		

<b>Output 3</b>	<b>Health component:</b> Treatment of childhood illnesses among children under-five years in the targeted localities.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of under-five children with access to IMCI/ICCM services.	At least 60 per cent of the expected out-patient caseload (66,000).	60,556 (92 per cent of the target)	IMCI monthly report
Indicator 3.2	Number of healthcare providers trained.	144 (64 women and 80 men).	256 (113 women and 143 men)	Field office reports
<b>Explanation of output and indicators variance:</b>		The number of children reached with IMCI services is slightly underachieved as there is underreporting from the State Ministry of Health (monthly SMoH reports are incomplete).		
Activities	Description	Implemented by		
Activity 3.1	Procurement of 10 IMCI kits, 5,000 bed-nets, 51 cartons of Oral Rehydration Solution (ORS) and 510 packs of zinc tablets).	UNICEF		
Activity 3.2	Distribution of the essential health supplies to the targeted localities.	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-		

		governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision and Save the Children International).
Activity 3.3	Training of the health care providers on IMCI, ICCM.	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision and Save the Children International).
Activity 3.4	Support provision of case management through integrated primary healthcare mobile clinics.	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision and Save the Children International).

<b>Output 4</b>		<b>Health component: Immunisation services provided to the children under-five years in the six targeted localities</b>		
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	No shortage of measles vaccines in the targeted localities.	Availability of measles vaccines for children in the targeted localities (62,737 vials of measles vaccine will be availed).	The measles vaccine supply chain was maintained without any stock-out in all targeted localities through the procurement of 60,000 vials of bundled measles vaccine	EPI monthly reports.
Indicator 4.2	Percentage of surviving infants receiving one dose of polio vaccine.	95 per cent (38,097).	87,720 completed the full national schedule for polio vaccination	EPI coverage report October to December 2018 and EPI coverage report from January to June 2019.
Indicator 4.3	Percentage of children under-five year receiving one dose of measles vaccines.	95 per cent (175,487).	165,693 children were vaccinated against measles in the targeted localities (94.4 per cent)	EPI coverage report October to December 2018 and EPI coverage report from January to June 2019.
Indicator 4.4	Percentage of children under-five year receiving birth certificate/birth registration.	25,000 children under-five.	100 midwives, 60 health statisticians and 30 Civil Registry staff were trained on effective and efficient registration of children's births in their respective communities/localities. As a result, 11,631 new-born children (boys and girls) were reached with birth registration services.	Civil registry statistics for 2018, and birth registration report at health facilities in the state.

<b>Explanation of output and indicators variance:</b>		Polio indicator was overachieved as the vaccine wastage was reduced and we were able to procure more vaccines as vaccine process reduced <b>There were bottlenecks prevented us from achieving the target for indicator # 2.4, this include lack of clear SOPs and adopted strategies, lack of infrastructure for BR including forms, notification versus registration, there is also a precondition for registration which is the provision of marriage certificate.</b>
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 4.1	Procurement of polio and measles vaccines, and injection devices.	UNICEF. Procurement was done by UNICEF through offshore procurement procedures.
Activity 4.2	Distribution of vaccines, and injection devices.	Federal and State Ministries of Health. Distribution was done through the national immunisation supply chain to the different locations - up to the final beneficiaries.
Activity 4.3	Refresh training for 144 vaccinators.	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision and Save the Children International).
Activity 4.4	Support immunisation outreach sessions.	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision and Save the Children International).
Activity 4.5	Increased access to birth registration for under-five children through health facilities.	State Ministry of Health and Social Welfare, State Department of Civil Registry and State Council of Child Welfare

<b>Output 5</b>	<b>Health component:</b> Social mobilisation and awareness raising campaigns conducted in the six targeted states			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 5.1	Number of households or families reached with key family practices and child protection messages.	At least 80 per cent of the total number of households (179,000).	883,504 beneficiaries reached with key family messages (approximately 220,879 households).	CHP reports/SMOH reports and partners reports.
<b>Explanation of output and indicators variance:</b>		The number of community health workers trained was increased through decentralisation of training sessions. Community health workers extended their working hours and introduced evening shifts to reach households who were not available during the daytime.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 5.1	Conduct social mobilisation and awareness raising activities.	UNICEF implementing partners (the State Ministry of Health in Red Sea, Blue Nile, Central Darfur, North Darfur South Kordofan and White Nile), national non-governmental organisations (Abu Hadiya, Pan-care, Sawa), and international non-governmental organisations (World Vision and Save the Children International).		
Activity 5.2	Training of communities on child rights and protection related issues, including prevention and response to violence, abuse	The State Ministry of Health in South Kordofan		

	and exploitation of children, prevention of family separation and child protection referral services/mechanisms.	
Activity 5.3	Provide information and space for discussion on gender-based violence and psychosocial support services to mothers accessing nutrition services for their children.	The State Ministry of Health in South Kordofan
Activity 5.4	Provide psychosocial support to children in nutrition centres.	The State Ministry of Health in South Kordofan

## 6. Accountability to Affected People

This project designed to respond to the urgent lifesaving needs of the most vulnerable population. Accountability for affected populations was taking in consideration during project various stages.

### A) Project design and planning phase:

UNICEF always strives to include beneficiaries' points of views in the project design/plan. Targeted communities were consulted and involved while designing, planning and implementing screening activities (active case finding) and selection and during the formation of mothers' support groups (MSGs). Community-based awareness raising/sensitisation sessions are also good moments to ensure community engagement and participation.

### B) Project implementation phase:

Targeted communities were actively involved in project implementation. Community leaders, and health workers play key role to mobilise and engage targeted communities. Beneficiaries' feedback is checked during monitoring field visits to ensure that project activities are on track and the needs of the targeted beneficiaries are met<sup>3</sup>.

### C) Project monitoring and evaluation:

Monitoring visits were conducted through UNICEF staff and UNICEF contracted consultants in the targeted states/localities. During those visits, beneficiaries' feedback on the implemented interventions were taking in consideration which was useful in guiding the team and highlight the relevancy and effectiveness of the interventions. Those field visits also aimed to track the progress of the project activities against the planned interventions and targets, and to provide needed technical support to service providers.

## 7. Cash-Based Interventions

Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

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

UNICEF is preparing to conduct CMAM evaluation in late 2019/ early 2020. This will cover all CMAM related interventions which are implemented through several donors' support (Not CERF specific).

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

<sup>3</sup> UNICEF and implementing partners are working on the establishment of a compliant mechanism as part of the prevention of sexual exploitation and abuse (PSEA) system. No closed-loop complaints mechanism was implemented under this project yet, though feedback from beneficiaries was checked during monitoring visits.

## 8.5 Project Report 18-UF-CEF-100 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Republic of the Sudan
3. Cluster/Sector:	Education - Education	4. Project Code (CERF):	18-UF-CEF-100
5. Project Title:	Support restoring access to Education-in-Emergencies (EiE) for school age children		
6.a Original Start Date:	16/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 12,625,763
	b. Total funding received for agency's sector response to current emergency:		US\$ 4,272,680
	c. Amount received from CERF:		US\$ 962,378
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 394,023</b>
	of which to:		
	▪ Government Partners	US\$ 374,569	
	▪ International NGOs	US\$ 0	
	▪ National NGOs	US\$ 19,454	
	▪ Red Cross/Crescent	US\$ 0	

2. Project Results Summary/Overall Performance
<p>With the support from the CERF grant, UNICEF together with its partners reached a total of 41,065 children <i>with education in emergencies</i> support to improve their access to and quality of education. More specifically:</p> <ul style="list-style-type: none"> <li>- 1,766 teachers received teaching and learning materials;</li> <li>- 1,645 teachers received training in education in emergencies, life skills and/or psychosocial support to further enhance their capacity to support children affected by emergencies. This result, which is above the 695 targeted teachers, was possible due to efficient planning and cost savings by field offices to increase both the number of trainings and the number of participants in each training, so that more teachers were reached;</li> <li>- 751 parent teacher association (PTA) members received training in education in emergencies. Teachers were trained and equipped to establish child clubs, which directly reached 4,810 children to enhance their knowledge on child rights and protection issues. Indirectly, the number of children reached through peer-to-peer awareness is much higher;</li> <li>- Six enrolment campaigns were conducted resulting in increased enrolments. For example, in South Kordofan, 223 out-of-school children were enrolled in school;</li> <li>- In North Darfur, ten classrooms were rehabilitated to support 3,613 children. In addition, ten semi-permanent classrooms were constructed (as well as four semi-permanent latrines and 19 emergency latrines) to support 966 students;</li> <li>- In Central Darfur, eight latrines were constructed. It was reported that these latrines supported girls' retention in the targeted school, especially for girls in grades six to eight.</li> </ul>

3. Changes and Amendments
<p><b>Challenges:</b></p> <p>The project was implemented during a challenging time in Sudan. Socio-political instability and the economic inflation impacted the implementation in different ways. For example, cash liquidation issues, fuel shortage and constant fluctuation of the Sudanese Pound</p>

(SDG) against the United States Dollar (USD) put an extra workload on field staff and implementing partners to adjust programming. UNICEF and its partners tried to mitigate the impact of the challenges as much as possible.

Due to the challenges with the local market - as a result of the economic inflation - UNICEF ordered the majority of the needed supplies offshore. Unfortunately, several items were delayed for long periods. In addition, there were long holding and process times for supplies in Port Sudan. A few items were hence not distributed till quarter 4 of the year 2019. Hence, a few items are yet to be distributed in some states (planned for the re-opening of the schools).

Due to the socio-political instability, school closures happened frequently in the last months and proved to be a major challenge for children's education. It also delayed and created challenges in implementing certain activities e.g. life skills club and supply distribution.

**Modification:**

In North Darfur, it was decided to change the activity of establishing 30 temporary learning spaces (TLS) in:

- Renovating 10 classrooms;
- Renovating two teacher offices;
- Providing fencing for two schools;
- Constructing 5 semi-permanent school units (10 classrooms);
- Constructing 19 emergency latrines;
- Constructing four semi-permanent latrines.

These changes were based on more recent needs-assessment and request from the State Ministry of Education. In addition, the constructed classrooms and latrines are more sustainable as the temporary learning spaces are not holding up well during the rainy season in many areas and are sometimes not approved by the State Ministry of Education.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	20,865	555	<b>21,420</b>	20,865	555	<b>21,420</b>	41,730	1,110	<b>42,840</b>
<b>Reached</b>	20,396	1,183	<b>21,579</b>	20,669	1,042	<b>21,711</b>	41,065	2,225	<b>43,290</b>
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	0					0			
IDPs	29,988					30,303			
Host population	12,852					12,987			
Affected people (none of the above)	0					0			
<b>Total (same as in 4a)</b>	<b>42,840</b>					<b>43,290</b>			
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								

5. CERF Result Framework	
<b>Project Objective</b>	Support restoring access to education-in-emergencies (EiE) for 41,730 school-aged children in four states in Sudan.

<b>Output 1</b>	Improved critical and lifesaving reproductive, maternal and neonatal health services in Kigeme, Kiziba and Mugombwa refugee camp			
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Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of children affected by emergencies (disaggregated by gender) received education-in-emergency supplies and recreational materials as well as seating mats.	41,730 (50 per cent girls)	41,065 children (20,396 girls, 20,669 boys)	Reports from the State Ministry of Education, UNICEF monitoring reports and monitoring reports from implementing partners.
Indicator 1.2	Number of teachers affected by emergencies (disaggregated by gender) received education-in-emergency supplies.	696 (50 per cent women)	1,766 teachers (957 women, 809 men)	Reports from the State Ministry of Education, UNICEF monitoring reports and monitoring reports from implementing partners.

<b>Explanation of output and indicators variance:</b>	Due to the unstable market in Sudan, most of the supplies were ordered offshore and - due to longer lead times together with delays in Port Sudan clearing supplies - arrived late to the states for distribution. Together with the schools closing over the last months, some items of supplies in some states were yet to be distributed during October and November. adjusted UNICEF reached more teachers than planned thanks to the possibility of ordering extra teacher kits, as item had a lower cost than budgeted.
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Activities	Description	Implemented by
Activity 1.1	Provide teaching and learning materials for 41,730 school-aged children and 696 teachers. Distribution of education-in-emergencies (EiE) teaching and learning supplies to IDP and host communities. UNICEF will distribute student kits, recreational learning kits, seating mats, plastic sheets, teacher kits as well as black boards to the targeted school-aged children and their teachers as follow: South Kordofan 133 student kits, 88 recreational learning kits, 106 seating mats, 17 teacher kits as well as 133 black boards; Blue Nile 213 student kits, 142 recreational learning kits, 171 seating mats, 27 teacher kits as well as 213 black boards; Central Darfur 150 student kits, 100 recreational learning kits, 120 seating mats, 19 teacher kits as well as 150 black boards; North Darfur 200 student kits, 133 recreational learning kits, 160 seating mats, 120 plastic sheets 25 teacher kits as well as 200 black boards.	Supplies were procured by UNICEF. Distribution was supported by the State Ministry of Education, in South Kordofan also by Mubadiroon and Labena (both national NGOs).

<b>Output 2</b>	Improving the quality of education for children affected by emergencies.			
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Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of teachers (percentage male and female) trained on the use of "Life Skills Training Manual", education-in-emergencies, psychosocial support,	696 (50 per cent female) teachers.	1,645 teachers (833 women and 812 men)	Reports from the State Ministry of Education, UNICEF monitoring reports and monitoring

	community cohesion and prevention of violence.			reports from implementing partners.
Indicator 2.2	Number of teachers with knowledge and skills on child rights and protection that are sustaining a protective environment for children.	696 (50 per cent female) teachers.	1,645 teachers (833 women and 812 men)	Reports from the State Ministry of Education, UNICEF monitoring reports and monitoring reports from implementing partners.
Indicator 2.3	Number of PTA (percentage male and female) trained on education-in-emergencies, psychosocial support, community cohesion and prevention of violence.	414 (50 per cent female) PTA members.	751 PTA members (228 women, 523 men)	Reports from the State Ministry of Education, UNICEF monitoring reports and monitoring reports from implementing partners.
Indicator 2.4	Number of PTA members with knowledge and skills on child rights and protection.	414 (50 per cent female) PTA members.	751 PTA members (228 women, 523 men)	Reports from the State Ministry of Education, UNICEF monitoring reports and monitoring reports from implementing partners.
Indicator 2.5	Number of children benefiting directly from establishment of life skills in school clubs.	4,200 (50 per cent girls).	4,810 children (2,474 girls, 2,336 boys)	Reports from the State Ministry of Education, UNICEF monitoring reports and monitoring reports from implementing partners.
Indicator 2.6	Number of children with knowledge and skills on child rights and protection and can articulate their views on issues affecting them.	4,200 (50 per cent girls).	4,810 children (2,474 girls, 2,336 boys)	Reports from the State Ministry of Education, UNICEF monitoring reports and monitoring reports from implementing partners.
<b>Explanation of output and indicators variance:</b>		UNICEF and its partners were able to train additional teachers due to savings made due to the exchange rate differences between the local currency (SDG) and USD.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Training on life skills education-in-emergencies, psychosocial support, community cohesion and violence prevention in learning environment for 696 teachers and volunteers to enable them to provide emergency response, support to, and referral of affected children to recover and readapt into their daily lives. Additionally, the project intends to strengthen and enhance the capacity of teachers to improve protection environment in the targeted schools. Project aims to ensure continuous provision of basic psychosocial services and prevention of violence, abuse and exploitation.	State Ministry of Education		
Activity 2.2	Training on education-in-emergencies, psychosocial support, community cohesion and violence prevention in learning environment to 414 PTAs, enabling them to provide emergency response, support to and referral of affected children to recover and readapt into their daily lives.	State Ministry of Education		

Activity 2.3	Train emergency-affected children and adolescents in the target schools on life-skills and establish school clubs and enhance Life Skills and Citizenship Education (LSCE). Life skills education will be provided through the clubs to strengthen children's coping mechanisms as well as peacebuilding education as well use the club as tools to address, the club will also be used to support the community awareness to alarmingly high rates of malnutrition, improve school hygiene, etc. There will be at least two to three clubs per school established/strengthened with at least 30 members each. Two teachers per school will be trained on how to establish and lead the provision of the life skills-based education and training to vulnerable children among the IDPs and within the target communities to raise awareness about risks and promote social cohesion.	State Ministry of Education in all states and in South Kordofan it was also supported by the State Ministry of Health and national NGO Labena.
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<b>Output 3</b>	Provision of child-friendly learning environment to restore access to education for 4,500 children.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of newly established temporary learning spaces in Sortoni and Tawilla IDP camps.	30 temporary learning spaces.	20	Reports from the State Ministry of Education, UNICEF monitoring reports monitoring reports from implementing partners.
Indicator 3.2	Number of newly established WASH packages.	Five WASH packages.	12 semi-permanent (4 in North Darfur, 8 in Central Darfur) 19 emergency latrines	Reports from the State Ministry of Education, UNICEF monitoring reports monitoring reports from implementing partners.
Indicator 3.3	Number of awareness raising campaigns.	Four campaigns (one per state).	6	Reports from the State Ministry of Education, UNICEF monitoring reports monitoring reports from implementing partners.
<b>Explanation of output and indicators variance:</b>		<p><u>For the reduction in number of Temporary Learning Spaces (TLS):</u>  In North Darfur, it was decided to change the activity of establishing 30 temporary learning spaces (TLS) in:</p> <ul style="list-style-type: none"> <li>- Renovating 10 classrooms;</li> <li>- Renovating two teacher offices;</li> <li>- Providing fencing for two schools;</li> <li>- Constructing 5 semi-permanent school units (10 classrooms);</li> <li>- Constructing 19 emergency latrines;</li> <li>- Constructing four semi-permanent latrines.</li> </ul> <p>These changes were based on more recent needs-assessment and request from the State Ministry of Education. In addition, the constructed classrooms and latrines are more sustainable as the temporary learning spaces are not holding up well during the rainy season in many areas and are sometimes not approved by the State Ministry of Education.</p>		

		For the increased number of WASH packages: In Central Darfur, UNICEF and the State Ministry of Education were able to receive a bid for 8 WASH units to a lower price compared to the budgeted 5. Hence, managed to increase the reach.
Activities	Description	Implemented by
Activity 3.1	Establishment of 30 Temporary Learning Spaces (TLS) in Sortoni and Tawilla. Due to the budget limitations and the significant increase in cost in establishing of semi-permanent learning spaces within schools, UNICEF and education sector's traditional response is to provide semi-permanent infrastructure within the schools to host IDP and host community children. In this case, focus is on the distribution of supplies and teacher training. The project will establish 30 TLS in Sortoni and Tawilla in North Darfur where the government disallows setting up any semi-permanent infrastructure. During the recent floods and rains 30 TLS (60 children per classrooms supporting 2,408 children – 1,448 girls and 960 boys) have been damaged.	State Ministry of Education
Activity 3.2	Provide five WASH packages to the most vulnerable schools in the targeted states (around 480 children per schools, will target 3 girls' schools and 2 boys' schools) to support 2,408 children (1,448 girls and 960 boys).	State Ministry of Education
Activity 3.3	Conduct awareness raising campaigns around the targeted schools to increase enrolment in schools. Mobilise the community to establish basic education activities: conduct enrolment campaigns in each of the targeted locations to ensure school-aged vulnerable children are enrolled in the target schools, Community involvement in basic education through enrolment campaigns will be promoted, targeting IDPs and host communities. By mobilising the community leaders and existing community resources and local capacities, this project aims at increasing all communities' awareness of the significance of education-in-emergencies support for affected children; and especially girl children who are often deprived and sharing increased family responsibilities due to the displacement as a negative coping strategy of the affected families.	State Ministry of Education

## 6. Accountability to Affected People

### A) Project design and planning phase:

The 2018 HNO had been used for prioritization of needs and areas for funding; the 2018 FSL sector strategy focus on areas witnessing new displacement and funding gaps and then localities were ranked using the HNO. For designing this project, the strategy was initiated at the field level through FAO field offices and the FSL sector partners whether international or national NGOs operational in the targeted states; as they were well positioned to provide updated information related to gaps and prioritized needs of the vulnerable population at the localities level. Based on the above-identified needs in the prioritized localities in Blue Nile and South Kordofan states, the CERF UFE project activities, outputs and outcomes were designed to contribute to achievement of the FSL sector objective 1 and 2 by improving food and nutrition security of the most vulnerable households in the targeted localities in South Kordofan and Blue Nile states. The targeted local communities had been directed consulted for specifying the types of the implemented livelihood interventions under this project i.e. the types and varieties of the vegetables and legumes crops seeds which had been procured and distributed were prioritized according to their interest through consultation with FAO staff in the covered states. Outputs 3 and 4 of the project have been particularly

designed based on the interest of the targeted local communities to integrate livelihood support to be provided to contribute to protection of the vulnerable members of the poor targeted households, especially women, children and other vulnerable members of the households through addressing their needs for livelihood diversification. The improvement of the food and nutrition security of the targeted beneficiaries under this project have been achieved through the intensification of the household production and diversification of income generating opportunities by providing support for conducted livestock vaccination/deworming campaigns for the protection of the livestock assets, especially for the most vulnerable categories of the population; distributed seeds of nutritive vegetables and legumes crops and hand tools along with on job training on the adoption of Good Agricultural Practices (GAP), targeted the beneficiaries at the time of inputs' distribution; provision of small ruminants (goats/sheep) to the poorest/neediest women headed households and households with big number of children under 5 and unemployed youth/people of special needs to enable them to source milk for their children as well as to provide donkey carts with donkey to address their prioritized need of livelihood diversification so as to eliminate/minimize children's exposure to risk/danger when they go for work as well as to enable the targeted households to enrol their children in school instead of removing them from schools for work. Empowerment of the most vulnerable targeted population categories (especially women headed households and poor households with big number of children under 5, with unemployed youth/people of special needs) through provision of diversified livelihood support, directly contributes to the protection of the different members of the targeted households, especially women, girls and children.

The total targeted beneficiaries are 222,600 individuals; 40 percent of the targeted beneficiaries are IDPs living with the host communities while 50 percent are most vulnerable host communities households including families with malnourished children under 5 and 10 percent are returnees. The targeted beneficiaries are disaggregated as follows: Children 66,780, Women 79,468 and men 76,352 (including elderly people).

**B) Project implementation phase:**

The project was implemented through Letters of Agreements (LoAs) signed between FAO and two potential Service Providers/Implementing Partners (SPs/IPs) namely: Humanitarian Aid and Development Organization (HAD)-South Kordofan and Humanitarian Aid and Development Organization (HAD)-Blue Nile. The project implementation phase started immediately after the signature of the LoAs; the SPs started communities mobilization, involving the beneficiaries through their Village Development Committee (VDC) which have been activated/established in each targeted village composed of men, women and youth (3 women, 3 youth and 4 men); the members of the committee were selected by the communities of the targeted beneficiaries; these VDCs were involved in all levels of the project implementation from beneficiaries selection to the monitoring of the project at the beneficiaries' and field levels. Despite of the fact that, beneficiary's complaints' mechanism was established to report any complaint about types, varieties and quantities of inputs or any other types of interventions, however no complaint was captured during the monitoring missions conducted by the FAO field offices in South Kordofan and Blue Nile States. FAO listened to the reached beneficiaries during the monitoring missions; the beneficiaries' appreciated all livelihood assistance provided by FAO through HAD, particularly, they were very happy with the high quality distributed seeds; distribution of donkeys and donkey carts in particular improved the households' situation as reported by some of the monitored beneficiaries.

**C) Project monitoring and evaluation:**

The implementation of the project activities at field level was monitored by the FAO field offices in Kadugli-South Kordofan state and Damazine-Blue Nile stat, jointly with staff from the line ministries and HAC in coordination with the IPs. The monitoring and evaluation of the project was based on the project log frame; the delivery of the outcome and outputs level have been monitored and verified through efficient implementation of the activities at the beneficiaries' levels by the FAO Implementing Partners (IPs) Humanitarian Aid and Development Organizations in South Kordofan and Blue Nile States. The monitoring conducted by FAO field offices in the two states, reflected the high appreciation of the beneficiaries for the provided livelihood assistance.

<b>7. Cash-Based Interventions</b>	
<b>Did the project include one or more Cash Based Intervention(s) (CBI)?</b>	
<b>Planned</b>	<b>Actual</b>
No	No

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

No evaluation planned or conducted to date, since there is no available funding for a specific project evaluation.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

## 8.6 Project Report 18-UF-CEF-101 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Republic of the Sudan
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	18-UF-CEF-101
5. Project Title:	Expand and sustain access to improved WASH services for vulnerable emergency affected populations		
6.a Original Start Date:	16/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/08/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 21,435,503
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,141,000
	c. Amount received from CERF:		US\$ 1,400,000
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 793,593</b>
	of which to:		
	▪ Government Partners		US\$ 580,025
	▪ International NGOs		US\$ 213,568
	▪ National NGOs		US\$ 0
	▪ Red Cross/Crescent		US\$ 0

## 2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners provided critical WASH services in eight localities of five states (Geissan locality in Blue Nile, Western and Northern Jebel Marra localities in Central Darfur, Dar El Salam and Kebkabiya localities in North Darfur, Toker locality in Red Sea, Abu Jubaiha and Rashad localities in South Kordofan). The activities included the establishment of 27 new water sources (water yards, mini water yards and hand pumps), rehabilitation of 88 water sources, connection of water to four schools, training of 165 WASH committees, 107 water chlorinators and 120 hand pump mechanics at community level, implementation of community-led total sanitation (CLTS) at 48 communities, hygiene promotion in 43 communities, construction of school WASH facilities at 18 schools and hygiene promotion training at both community level and at schools.

The total number of beneficiaries is 109,230 (21,217 men, 22,092 women, 31,961 boys, 33,960 girls) and most of the implementation was completed within the original project period (nine months) while drilling and installation of two new hybrid water yard systems in Jebel Marra (Guildo and Burgo) were delayed due to (1) the security situation in the area and (2) difficulty to find a capable contractor to carry-out the drilling work. UNICEF applied for two months of no-cost extension and completed all work within the extended project period (by 31 August 2019).

## 3. Changes and Amendments

For this project, UNICEF applied for a no-cost extension for two months (which was granted) to complete drilling and installation of two new hybrid water yard systems in Guildo (Western Jebel Marra) and in Burgo (Northern Jebel Marra) areas. Especially Burgo area in North Jebel Marra locality is very remote with rough road condition so that it was hard to find a contractor to conduct the construction work. Potential contractors quoted prices well above the initial estimation by UNICEF to compensate the possible risks and arrange security measures for implementing the work. Furthermore, the awarded work (in January 2019) was cancelled by the contractor in April

2019 due to the continuous inflation and instability within the region. It took another one and a half months for World Relief to go through the new bidding process and find another contractor who was willing to carry-out the work.

Throughout the project period, all activities in all target states were heavily affected by the continuous inflation, cash shortage, fuel shortage and political turmoil that were ongoing throughout most of the project period (December 2018 until July 2019). However, by the end of the original project period (30 June 2019) all activities except for the above Jebel Marra activities were completed. All challenges mentioned were critical for a smooth implementation of the project. Inflation of materials mainly due to local currency devaluation and reduced imported items (due to the civil unrest) caused construction costs to increase and implementing partners or their sub-contractors had to re-value the construction. Cash shortage slowed down implementation at community-level because implementation partners could not withdraw a sufficient amount of cash to visit a community (such as DSA, transportation cost, etc.) within one day, as the banks limited amount of cash withdrawal sometimes down to 1,000 SDG (equivalent of 22 USD) per day, even for government ministries. Fuel shortage posed serious logistical challenge for implementation in remote locations. While this project was awarded to alleviate burdens on the communities suffering from food shortage and malnutrition, the general economic situation has worsened in early 2019 as anti-government protests broke out throughout the country and commercial activities were disturbed for a prolonged period.

Despite all the challenges, the achieved result on this project exceeded the initial target by 122 per cent for the beneficiary number. This is partly due to the selective targeting of communities with larger number of populations, rather than the average population estimated at the time of project proposal draft. Also, for the rehabilitation of facilities, the original budgeting was done with assumption of full-scale rehabilitation, while the actual work was planned and executed depends on the condition of the existing water facilities.

#### 4. People Reached

##### 4.a Number of people directly assisted with CERF funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	20,865	555	<b>21,420</b>	20,865	555	<b>21,420</b>	41,730	1,110	<b>42,840</b>
<b>Reached</b>	20,396	1,183	<b>21,579</b>	20,669	1,042	<b>21,711</b>	41,065	2,225	<b>43,290</b>

##### 4.b Number of people directly assisted with CERF funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	0	0
IDPs	44,750	44,648
Host population	17,900	19,160
Affected people (none of the above)	26,850	45,422
<b>Total (same as in 4a)</b>	<b>89,500</b>	<b>109,230</b>

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

The total number of people reached by the project is higher than the originally planned figures; this is due to the change in number of water sources newly-constructed or rehabilitated from the original target. There are nine extra new water sources (two water yards, one mini water yard and six hand pumps), 23 extra rehabilitated water sources (all hand pumps), and five extra school latrine facilities constructed. The discrepancy is due to the rare opportunity of sudden currency devaluation in October 2018 (the official rate has changed from 29.128 SDG = 1 USD to 47.5 SDG = 1 USD suddenly on 15 October 2018). Most of the WASH construction activities could be contracted before inflation caught up with the currency devaluation. Therefore, more construction and rehabilitation works could be implemented; for community-led total sanitation (CLTS), the number of communities reached is higher than the planned figure (planned: 24 and actual: 48) because UNICEF's

	implementing partner (state Ministry of Health) has become more experienced in the community-led total sanitation approach and could conduct monitoring activities more efficiently through targeting adjacent communities (administrative unit-wide or locality-wide CLTS).
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5. CERF Result Framework	
<b>Project Objective</b>	Expand and sustain by June 2019 access to lifesaving basic water, sanitation and hygiene promotion services for 89,500 (45,645 children, 43,845 adults / 51% females, 49% males) newest and underserved vulnerable emergency affected populations

Output 1	89,500 people are using improved drinking water sources and have access to safe water every day in five states			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of people who have access to 15ℓ/c/d of improved water supply (from newly established or rehabilitated facilities)	89,500	94,000	Project report by the partner, UNICEF monthly monitoring system
Indicator 1.2	% boys, girls and women who report safe access to newly established/rehabilitated water facilities	41,700 (60% of the targeted population are children)	63,918 (60% are children)	Project report by the partner, UNICEF monthly monitoring system
Indicator 1.3	Number of community members who receive capacity building training (WASH committee, water quality, hand pump mechanics), with focus on increased participation of women	300	853	Project report by the partner, UNICEF monthly monitoring system
Indicator 1.4	Number of facilities (schools, health centres) in emergency that are connected to water source	2	5	Project report by the partner, UNICEF monthly monitoring system

<b>Explanation of output and indicators variance:</b>	As mentioned in the section 4b, the main reason for over-achievement of indicators under output one is due to the larger number of water facilities constructed or rehabilitated under this project; the beneficiary numbers have increased because of the higher number of facilities. While two key water yard construction works in Jebel Marra were delayed and partner struggled to find a contractor, most of the construction works implemented by each state's Water and Environmental Sanitation could cover more locations because works were contracted after currency devaluation but before inflation being reflected to the market price.
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Activities	Description	Implemented by
Activity 1.1	Construct five new motorised water supply systems (water yard) in Central Darfur and South Kordofan	Water and Environmental Sanitation Project, South Kordofan state World Relief (Central Darfur state)
Activity 1.2	Construct one new hybrid mini-water yard in Geissan, Blue Nile	Water and Environmental Sanitation Project, Blue Nile State
Activity 1.3	Construct twelve new hand pumps in Central Darfur and South Kordofan	Water and Environmental Sanitation Project, South Kordofan state World Relief (Central Darfur state)
Activity 1.4	Rehabilitate four water yards and three mini water yards in North Darfur, Blue Nile and Red Sea	Water and Environmental Sanitation Project, Blue Nile State, North Darfur State, Red Sea state

Activity 1.5	Rehabilitate 57 hand pumps in North Darfur, Central Darfur, Red Sea and South Kordofan	Water and Environmental Sanitation Project, North Darfur State, Red Sea state, South Kordofan state World Relief (Central Darfur state)
Activity 1.6	Train WASH committees and community volunteers in various activities including (1) encourage community-based water resource management, (2) water quality monitoring, (3) hand pump maintenance, (4) violence and abuse against women, boys, girls and referral mechanisms, (5) conducting safety audits to, at, and from WASH service provision points	Water and Environmental Sanitation Project, North Darfur State, Red Sea state, South Kordofan state World Relief (Central Darfur state)
Activity 1.7	Connect water pipeline to a school and a health centre in Blue Nile	Water and Environmental Sanitation Project, Blue Nile State

**Output 2** 18,000 people use sustainable, equitable and gender-sensitive improved sanitation facilities and 38,000 people practice proper hygiene as per the emergency SPHERE standards in five states

Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of people who receive sanitation intervention (CLTS) and live in Open Defecation Free (ODF) environment	18,000	43,679	Project report by the partner, UNICEF monthly monitoring system
Indicator 2.2	Number of school children who gains safe access to gender-sensitive and improved sanitation facilities	5,200	6,692	Project report by the partner, UNICEF monthly monitoring system
Indicator 2.3	Number of people reached with hygiene messages and sensitisation activities	38,000	47,396	Project report by the partner, UNICEF monthly monitoring system

**Explanation of output and indicators variance:** As mentioned in the section 4b, the major discrepancy on the indicators (higher achievement than the initial target) is due to increased efficiency in implementation of community-led total sanitation (CLTS) by each state Ministry of Health; the target communities are selected within the same or nearby admin units so that monitoring activities could be conducted efficiently. More school latrines are built (plan: 13, actual: 18) due to the same reason with water construction activities.

Activities	Description	Implemented by
Activity 2.1	Initiate Community-Led Total Sanitation (CLTS) to achieve Open Defecation Free community (ODF) in all five target states	State Ministry of Health, North Darfur State, Red Sea state, Blue Nile state, South Kordofan state World Relief (Central Darfur state)
Activity 2.2	Community hygiene campaigns (hygiene sessions, household visits, hygiene promoter training, cleaning campaigns, distribution of household hygiene items), with trained community promoters who are at least 50% women	State Ministry of Health, North Darfur State, Red Sea state, South Kordofan state World Relief (Central Darfur state)
Activity 2.3	Construct eleven gender-sensitive school latrines in Blue Nile, North Darfur, Central Darfur and South Kordofan	State Ministry of Health, North Darfur State, Blue Nile state, South Kordofan state World Relief (Central Darfur state)
Activity 2.4	Conduct school hygiene promotion activities in North Darfur	State Ministry of Health, North Darfur State

## 6. Accountability to Affected People

### A) Project design and planning phase:

Affected population targeted by this project were involved in the project from the planning phase, especially on the initial assessment of potential water source locations and planning of sanitation and hygiene activities. At the beginning of the project, the target water source

locations were visited by the implementation partners for assessment and they conducted meetings with community leaders to ensure community involvement and to check their willingness to take a long-term responsibility of operation and management of water sources. For community-led total sanitation (CLTS), pre-triggering visits take place at each community by the implementing partner to assess the social dynamics and existing social norm within the community regarding daily sanitation and hygiene activities. The findings from the initial assessment inform how to involve different groups of the community (such as women, people with disabilities, small children, and elderly) during subsequent intervention.

**B) Project implementation phase:**

During project implementation, participation from affected populations is essential for the success of planned activities. After the completion of water construction and rehabilitation works, water management committees are trained to take over the primary responsibility of operation, chlorination and maintenance of the surrounding environment. Different trainings are conducted to build capacity of WASH committee members, hand pump mechanics, and chlorinators who can check the water quality at regular basis.

On the areas of sanitation and hygiene, not only the traditional community leaders, but also women’s group, youth group and teachers are involved in the activities to raise awareness by using the local language and interaction with fellow community members with different concerns.

At school level, the established and trained school health club students together with trained teachers conduct hygiene and environmental sanitation activities such as distribution of solid waste baskets, delivering hand washing with soap messages at school assemblies, and promoting the clean school environment<sup>4</sup>.

**C) Project monitoring and evaluation:**

Monitoring and evaluation of the project is conducted with support from the affected population. Regular visits have been conducted by UNICEF staff and implementation partner staff to check the progress of activities. When they visit target communities, community meetings and/or individual feedback sessions were conducted to collect feedback to the different activities of the project.

<b>7. Cash-Based Interventions</b>	
<b>Did the project include one or more Cash Based Intervention(s) (CBI)?</b>	
<b>Planned</b>	<b>Actual</b>
No	No

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
For this particular project, no evaluation is pending after the project. General third-party monitoring visits may take place in 2020 but particular locations of visit have not been determined yet. This project locations may be included in the future overall office programme evaluation activities.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

<sup>4</sup> UNICEF and implementing partners are working on the establishment of a compliant mechanism as part of the prevention of sexual exploitation and abuse (PSEA) system. No closed-loop complaints mechanism was implemented under this project yet, though feedback from beneficiaries was checked during monitoring visits

## 8.7 Project Report 18-UF-WFP-057 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Republic of the Sudan
3. Cluster/Sector:	Food Security - Food Aid	4. Project Code (CERF):	18-UF-WFP-057
5. Project Title:	Emergency Food Assistance to Populations Impacted by Disasters in Targeted Areas		
6.a Original Start Date:	18/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 160,564,090
	b. Total funding received for agency's sector response to current emergency:		US\$ 120,263,786
	c. Amount received from CERF:		US\$ 6,350,748
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 580,587</b>
	of which to:		
	▪ Government Partners		US\$ 34,786
	▪ International NGOs		US\$ 380,323
	▪ National NGOs		US\$ 127,147
	▪ Red Cross/Crescent		US\$ 38,331

### 2. Project Results Summary/Overall Performance

Through this CERF grant, WFP and its partners provided life-saving food assistance to 234,571 beneficiaries (161,166 refugees and 73,405 internally displaced persons); purchased and distributed specialised nutritious food to treat malnourished 43,675 pregnant lactating women (PLW) and children under 5 (U5), identified through community screening in South Kordofan, Blue Nile, Central Darfur, North Darfur, Red Sea and White Nile states;

The project helped maintaining the malnutrition indicators within the SPHERE standards between October 2018 and June 2019, enabling vulnerable populations meet their minimum levels of food security through food distributions; to treat and reduce acute malnutrition in children, pregnant and lactating women (PLW) and other vulnerable populations with special nutrition needs.

### 3. Changes and Amendments

On 16 June 2019, WFP requested a 3-month no-cost extension (from end-June to end-September 2019) in order to fully spend the grant. Due to the internet backout in Sudan experienced as of early June, connectivity issues were faced by both WFP and its implementing partners have meant delays in clearing invoices. On the other hand, challenges faced by WFP transport contractors in terms of both movement and connectivity have prevented them from completing and submitting the necessary documentation for invoice clearance. As the no-cost extension was not related to operational activities and all planned activities were completed with targets achieved/exceeded within the original project implementation period, CERF Secretariat communicated that financial closure to settle accounts for already-implemented project activities could take place after the project end date, therefore a formal NCE request for this project was not required.

4. People Reached									
4.a Number of people directly assisted with CERF funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	77,675	55,404	<b>133,079</b>	71,665	60,548	<b>132,213</b>	149,340	115,952	<b>265,292</b>
<b>Reached</b>	78,041	55,664	<b>133,705</b>	54,674	46,192	<b>100,866</b>	132,715	101,856	<b>234,571</b>
4.b Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)			Number of people (Reached)					
Refugees	181,613			161,166					
IDPs	73,405			73,405					
Host population	0			0					
Affected people (none of the above)	10,274			0					
<b>Total (same as in 4a)</b>	<b>265,292</b>			<b>234,571</b>					
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:				The refugee number is slightly lower as the plan figures are based on projections from UNHCR; even though 2018 registered an influx of refugees in the beginning of the year, the number was stabilized throughout the year. A slightly lower number of new arrivals was reported in White Nile, which justifies the 81% of WFP assistance to refugees under CERF funds. On the other hand, WFP has assisted the 100% of the planned IDP caseload. In terms of the total number of assisted beneficiaries, WFP has assisted 234,571 (133,705 female and 100,866 male) out of 265,292 initially planned, which represents 88% of the total caseload.					

5. CERF Result Framework	
<b>Project Objective</b>	Saving lives and protecting the livelihoods of refugees and internally displaced persons in South Kordofan, Blue Nile, Central Darfur, North Darfur, Red Sea and White Nile states.

Output 1	Providing life-saving general food assistance in sufficient quantities, quality and in a timely manner to 265,292 beneficiaries over a 4 months period.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Quantity of food assistance distributed as a % of planned distribution	5,495 MT (100%)	5,967.1MT	Monthly distributed reports from cooperating partners (Sudanese Red Crescent, Catholic Relief Services, DRC)
Indicator 1.2	Number of women, men, boys and girls refugees receiving general food assistance	181,613	161,166	WFP and cooperating partners M&E reports (refugees only)
<b>Explanation of output and indicators variance:</b>		WFP Sudan started its five-year Country Strategic Programme 2019-2023 (CSP) in January 2019, which involved resources transfers from the previous portfolio and signing new Field Level Agreements with cooperating partners. In order to avoid delays in food distribution in the beginning of the year, WFP		

	<p>did advance distributions in December 2018, to mitigate that risk, achieving 88% of the total number of women, men, boys' and girls' refugees and IDPs receiving general food assistance.</p> <p>Additionally, due to security constrains following demonstration against transitional military council, riots and civil unrest happened in some CERF-funded locations (i.e. Tawilla and Korma in North Darfur; and Bakouri in Blue Nile), which forced WFP's implementing partners to suspend implementation. However, WFP purchased 5,967 MT against the planned 5,495 MT due to the change in the exchange rate and provided assistance to beneficiaries for a longer period within the grant period enabling vulnerable populations meet their minimum levels of food security through food distributions.</p>	
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 1.1	Procurement of general food assistance commodities for the targeted population in South Kordofan, Blue Nile, Central Darfur and White Nile	Procurement WFP
Activity 1.2	Distribution and monitoring of general food assistance commodities for the targeted population in South Kordofan, North Darfur, Blue Nile, Central Darfur and White Nile	Distribution done by WFP's cooperating partners and monitoring for the target population conducted by WFP and Policy Assessment, Consultancy and Training (PACT)

<b>Output 2</b>	Children from 6-59 months and PLW moderately malnourished identified through community screening and treated with specialised nutrition foods.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Treatment of MAM in identified children U5 and PLW	31,814 U5 and 11,861 PLW	31,814 U5 and 11,861 PLW	Partners Reports
Indicator 2.2	Performance of treatment as per SPHERE standard	Cured > 75% Default < 15% Death < 3%	Cured (94%) Defaulters (2%) Deaths (0%), Non-Respondents 4%	Nutrition Statistic Reports
Indicator 2.3	Number of children from 6-59 months and PLW are screened and referred.	90% of Targeted children and PLW screened (39,307)	>90% of target children and PLW screened	Nutrition Statistic Reports
<b>Explanation of output and indicators variance:</b>		<p>All beneficiaries targeted under this contribution were supposed to be reached with nutrition commodities for 9 months. However, due to security constraints, WFP was not able to reach all beneficiaries consecutively for the entire period. The main reason is attributed to suspension of nutrition activities in some of the CERF-funded locations (i.e. Tawilla ND) which experienced looting and civil unrest. Thus, WFP reached overall total number of people targeted with less amount of nutrition commodities due to inconsecutive assistance carried out over the period of the agreement.</p> <p>Exit indicators (performance indicators) are satisfied as reflected in the table (Cured rate 94%, Defaulters is 2%, Mortality remained zero).</p> <p>Mid-Upper Arm Circumference (MUAC) screening exercises which have been implemented either by Ministry of Health or WFP Cooperating Partners at targeted localities resulted in a 100% number of children and PLW screened and referred to different nutrition programmes.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 2.1	Purchase and transport of specialised nutritious products and food	WFP
Activity 2.2	Screening and referral for acute malnutrition, community mobilisation, defaulter tracing and counselling	WFP in Partnership with Pan Care, ADD, SMOH, CIS, CONCERN, PORD, PHF, SCI, GHF, IMC, IRW, CRS
Activity 2.3	Distribution of specialised nutritious food for the treatment of MAM	WFP in partnership with Pan Care, ADD, SMOH, CIS, CONCERN, PORD, PHF, SCI, GHF, IMC, IRW, CRS

## 6. Accountability to Affected People

### A) Project design and planning phase:

Accountability is one of core values that helps 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. The states and the project design was based on the HNO/HRP assessments/available data on persons in need. During the preliminary stages, WFP provided accessible information to affected people about its assistance. The information was adjusted to different groups in order to be understandable by everyone, irrespective of their age, gender or other characteristics. Upholding the 'centrality of protection', the design and planning phase also considered food and nutrition assistance to be provided in a safe and dignified manner to the targeted population.

### B) Project implementation phase:

During implementation, help desk at the project sites were available (i.e. White Nile) where beneficiaries were given the opportunity to raise complains and/or provide feedback and their concerns addressed. Regular meetings and beneficiary reference sessions were held with community leaders and representatives of different community groups. to ensure that they understood the project objectives and intended outcomes, and to solicit their feedback about any necessary changes or adaptations needed to make the programme a success. At the nutrition sites, nutrition counselling is also available in which if they have any specific concerns preventing beneficiaries to participate can be also addressed.

As part of the efforts to enhance accountability to affected population, WFP Sudan has in place complaints and feedback handling mechanisms which include help desks, suggestion boxes and call centres. 54 percent of the sites monitored had functional help desks in place. 72 percent of the beneficiaries interviewed indicated that where knowledgeable of where to report their complaints or provide feedback.

### C) Project monitoring and evaluation:

In all monitoring and evaluation exercises, WFP monitors the proportion of assisted people informed about the programme, as well as the proportion of activities for which beneficiary feedback is documented, analysed and integrated into programme improvement. This also applied for this project, with all complaints and/or feedback received through the Complaints and Feedback Mechanisms (CFMs) being addressed with relevant programme units, and appropriate beneficiaries being informed about the action taken or resolution.

The monitoring data revealed that 55 percent of the distribution sites monitored had banners in written in local language which displayed information on beneficiary entitlements. The monitoring data further revealed that 70 percent of the beneficiary's survey during the distribution process had been verbally informed about their entitlements for that day. In addition, 76 percent of these beneficiaries were able to accurately describe their entitlements for that day. WFP continues to update recipients of their rights and entitlements in hope of reaching 100%. The monitoring data also revealed that 68 percent of the beneficiaries interviewed were knowledgeable of the beneficiary selection criteria and 28 percent were knowledgeable about project duration. The table below shows the performance of each indicator per state.

## 7. Cash-Based Interventions

**Did the project include one or more Cash Based Intervention(s) (CBI)?**

Planned	Actual
No	No

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

## 8.8 Project Report 18-UF-WHO-039 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Republic of the Sudan
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	18-UF-WHO-039
5. Project Title:	Access to integrated primary health care and referral services, for vulnerable populations		
6.a Original Start Date:	16/10/2018	6.b Original End Date:	30/06/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 7,300,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 5,523,420
	c. Amount received from CERF:		US\$ 2,575,700
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 90,145</b>
	of which to:		
	▪ Government Partners		US\$ 75,582
	▪ International NGOs		US\$ 0
	▪ National NGOs		US\$ 14,563
	▪ Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF UFE grant, WHO and its partners provided direct services to 369,428 vulnerable people, including medicines and medical supplies for integrated PHC services, operational support for health facilities, and health education for healthy behaviour and community management and prevention of communicable diseases. The services included free of charge medication for most common diseases for 269,980 girls, boys, men and women, reproductive routine services, and Integrated management of childhood illnesses (IMCI). Training of 537 health staff (44% female) in Community health workers involved in the project implementation conducted by WHO on: case management, Early Warning and alert investigation, Clinical management of rape and psycho-social support. Fifty-nine joint Ministry of Health and WHO field missions were conducted for the rapid investigation and immediate response to alerts of measles, pertussis, Acute Watery diarrhoea, Chikungunya, Dengue fever and rift valley Fever contributing to the early identification and initiation of control of the confirmed outbreaks. The project improved access to affordable, essential health care and vital public health actions for more than 650,880 IDPs, host communities, and returnees in need of humanitarian support in South Kordofan, North Darfur, Central Darfur, Red Sea and Blue Nile of Sudan.</p> <p>"Through this CERF UFE grant, WHO and its partners ensured vector breeding sites elimination in 25,600 households (153600 people), and water quality for 18,600 households (148,800 people) is ensured through testing and analysing of water samples. The WASH activities implemented by WHO assisted 302,400 people for controlling the spread of vector and water borne diseases. WHO with CERF UF funds trained 105 environmental health officers on water quality testing and 130 community volunteers on water safety planning, and monitoring and maintenance of community water sources. Three new entomological surveillance sentinel sites established in Port Sudan, Tokar and Sinkat. The WHO nutrition activities under the CERF UF had been coordinated through cluster with all Nutrition partners, UNICEF, WFP, and NGOs and with Ministry of Health (MoH) and ensure geographic and programmatic synergies and complementarities. WHO provided 22 SAM Kits, 450 items of medical and kitchen equipment, and 6 packages (for 6 Targeted Stabilization Centers) along with job aids and protocols to the 6 SCs. 150 health and nutrition staff working in the 6 targeted SCs were trained by WHO. UNICEF complemented by providing the necessary therapeutic milk formulas for the severe acute malnourished children with complications (F75 and F100).</p>

During project implementation 1832 SAM cases had been treated for SAM with medical complications reaching as planned, representing 81% of the expected children with SAM and medical complication (sphere standard is above 75%). The average cure rate for all targeted Stabilization Center (SCs) reported at 80.6%, above the international accepted standard of 75%. The targeted SCs reports had been verified by the WHO field officers jointly with MOH technical field staff and Khartoum staff, and constraints identified addressed as required.

The communities had been reluctant (especially in Red Sea) to throw their water reserves for cleaning the containers of larvae, as water is an expensive commodity in the affected areas. The approach had been changed and water cleaned from larvae using strainers and teaching communities how to maintain the containers of all kinds (including clay) clean of larvae.

**Nutrition:**

The vast majority of communities living around SCs knew about the services and the benefits, and all care-takers received information on Infant and Young Child Feeding and the use of RUTF after the discharge. The inclusion of resources for mothers' food during the stay in SCs had been raised as essential for completion of treatment, especially for the ones coming from other villages/cities. WHO and UNICEF are advocating for partners to support this component in the context of increased population vulnerability due to economic crisis.

In some locations (especially) in Darfur malnutrition is seen like a stigma, leading to delays of seeking care in early stages of acute malnutrition and increased number falling into severe malnutrition. The awareness campaigns and strengthening the community and facility continuum of care became of focus of WHO, UNICEF, and NGOs nutrition programs.

**3. Changes and Amendments**

The economic crisis that aggravated during the 2018 and 2019 had a major humanitarian impact in Sudan and triggered large scale protests in Khartoum and around the country, including the 5-targeted states by this project. On April 11, after nearly four months of popular uprising a military takeover ended al-Bashir's 30-years regime. However, massive mass gatherings continued requesting the transition of power to a civilian government. Violent clashes between protesters and military forces erupted in several occasions, with around 130 death and more than 900 wounded reported. Until the agreement for a civilian government was reached with the transitional military council, the situation remained instable with significant disruption of Governmental structures at central and state level, vacuum of power for decision making, and a weakened "rule of law" in all states of Sudan. Consequently, most of the activities were directly implemented by WHO, including the operational support for running health facilities and Stabilization Centers (SCs). To address the specific health needs of mass gathering and casualties caused by occasional violence (especially in Red Sea, Central and North Darfur) WHO mobilised additional funds from HQs and other donors.

In spite of challenges, the activities were fully implemented by WHO teams/offices in the five-targeted states.

**4. People Reached**

369,425 people directly benefited from the services provided by supported health facilities (operational cost and medicines) in Central Darfur (Ronagates, and Beija) North darfur (Sartoni, Kankabya) South Kordifan (Rashad) Blue Nile (Kurmuk), medicines and medical supplies delivered in North Darfur (MOH – Abu Shock and Gola), Red Sea (Port Sudan, Tokar, Sinkat), South Kordofan (MOH – Um Gora/Abassia), Blue Nile (roseries) and Central Darfur Nertiti. Protection against vector and water borne diseases for 302,400 people who directly benefited from integrated vector control and water quality surveillance diseases in targeted localities, and 1832 boys and girls suffering from SAM with medical complications had been treated in Stabilization (inpatient care).

**4.a Number of people directly assisted with CERF funding by age group and sex**

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	89,302	229,632	<b>318,934</b>	92,947	239,004	<b>331,951</b>	182,249	468,636	<b>650,885</b>
<b>Reached</b>	93,167	237,020	<b>330,187</b>	96,925	246,548	<b>343,473</b>	190,092	483,568	<b>673,660</b>

**4.b Number of people directly assisted with CERF funding by category**

Category	Number of people (Planned)	Number of people (Reached)
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Refugees	0	0
IDPs	220,000	229,045
Host population	300,000	309,883
Affected people (none of the above)	130,885	134,732
<b>Total (same as in 4a)</b>	<b>650,885</b>	<b>673,660</b>
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	

## 5. CERF Result Framework

<b>Project Objective</b>	To improve access to integrated life-saving essential Health, WASH and Nutrition service vulnerable population in targeted localities of SK, ND, CD, RS and BN states
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<b>Output 1</b>	<b>Health:</b> Timely access for 650,886 people affected by the food insecurity, Malnutrition, IDPs, returnees and host vulnerable host communities to essential life- saving primary and referral health care services in SK, BN and ND and CD states.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Percentage of targeted population who have access to integrated primary health care and referral services.	95% of the target (650,886 people affected by the food insecurity, Malnutrition, IDPs, returnees and host vulnerable host communities)	650,000 people have improved access, if/when needed to affordable health care in supported health facilities	Donation certificates, Direct implementation reports, Letter of Agreement (LOA) and Direct Financial Cooperation (DFC) reports, Health Facility (HF) reports,
Indicator 1.2	Percentage of alerts of outbreaks investigated and response initiated within 72 hours from notification.	98%	97% (57 out of 59 missions)	Alert investigation reports and EWARS reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provision of medicines and medical supplies to cover the three clinics for a period of 6 months (Rapid Response Kits (RRK), Diarrheal Diseases Kits (DDK), Diagnostic Kits, Different Types of the Reproductive kits and surgical supplies for referral).	WHO		
Activity 1.2	Provide integrated PHC package, including curative, ANC, PNC, FP, normal delivery, routine EPI, growth monitoring and identification of malnutrition, health promotion, and referral.	SMoH and INGO - TBD		
Activity 1.3	Collection, centralization, analysis of health data.	WHO, MOH and partners		
Activity 1.4	Conduct missions for investigation of alerts, collection of samples, identification of sources, active case finding, and development of response plan and dissemination of IEC materials	WHO, MOH, partners (Health, and WASH		

<b>Output 2</b>	<b>WASH:</b> Systematic water quality monitoring and Integrated community vector control activities covers 1.33 IDPs, Host communities and Returnees in the targeted localities (North Darfur, South Kordofan, West Kordofan and Central Darfur)			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	% of weekly water quality monitoring reports timely received from the targeted locations	99 Reports (11 monthly reports from the three localities for 9 months)	93 water quality reports received	SMOH Environmental Health Monthly and weekly reports
Indicator 2.2	Number of households inspected for indoor vector breeding and covered with awareness messages on HH water quality and safe storage	22500 HHs reached (2500HH in high risk areas of each state)	25,600 HHs (129,200) reached for indoor breeding sites elimination.	Campaigns daily and final report response chikungunya
Indicator 2.3	Number of trained staff on different environmental health Topics	90 Technical staff training on Water Quality Monitoring, 120 on vector control and 120 CHWs on different EH topics	105 (35 female) WASH officers MOH trained on water quality testing and 130 (38 female) community volunteers on water safety plans and prevention of water borne diseases	Training reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Conduct water testing using the portable kits procured with previous funding by already trained staff to conduct Free Residual Chlorine, biological tests, turbidity.	WHO/SMoH		
Activity 2.2	Establish 3 entomological surveillance sites in three newly accessed localities for evidence – based vector control measures.	SMoH/WHO		
Activity 2.3	Printing and dissemination of information, education and communication materials IEC for communities (water source management, household safe water management and vector control) and guidelines for volunteers.	WHO/SMoH		
Activity 2.4	Conduct based interventions for house inspection for vectors and HH water quality and safe storage.	WHO/SMOH		
Activity 2.5	Conduct supervisory missions for environmental health risk factors assessment to predict and prevent/ mitigate diseases outbreak	WHO/SMOH		

<b>Output 3</b>	<b>Nutrition:</b> Provision of the lifesaving SAM inpatient services in the targeted localities of, Red Sea, South Kordofan, North & Central Darfur, and Blue Nile states			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Coverage of 2,251 under five SAM inpatient in the targeted above localities	100% (1,103 Girls and 1,148 Boys)	1832 (989 boys and 991 girls) received inpatient care for Severe Acute malnutrition with medical complications. This represents 81% of the projected/expected number of cases well	Stabilization Centers reports and WHO reports (field)

			above the country average of 54%
<b>Explanation of output and indicators variance:</b>		N/A	
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>	
Activity 3.1	Procurement of Medicines for SAM inpatient for 6 TFUs in the targeted above localities	WHO	
Activity 3.2	Procurement of Laboratory reagent for SAM inpatient for 6 TFUs in the targeted above localities	WHO	
Activity 3.3	Procurement of Medical equipment for SAM inpatient for 6 TFUs in the targeted above localities	WHO	
Activity 3.4	Procurement of the TFU Kitchen equipment for SAM inpatient for 6 TFUs in the targeted above localities	WHO	
Activity 3.5	Running of 6 Stabilization Centres in the targeted above localities	SMoH	
Activity 3.6	Capacity Building of the 12 TFU Staff in the 6 targeted localities (The 6 TFU staff from the same localities will be also trained)	WHO and SMoH	
Activity 3.7	Coaching and Mentoring of the SCs staff in the 6 Targeted localities	WHO	
Activity 3.8	Printing of the sets of standard packages; guidelines, training module and job aids for inpatient case of SAM	WHO	
Activity 3.9	Provision of the Operation cost to SMoH for the 6 Stabilization Centres (Hygiene and cleaning materials should be also covered under this activity)	WHO and SMOH	

## 6. Accountability to Affected People

### A) Project design and planning phase:

In the design phase, WHO field teams present in all five-targeted states, the MOH (state level), UNICEF and UNFPA had consultations with the affected communities about their perceived needs and gaps. The established community leader's meetings, including women groups mechanism had been utilised for the consultations and the main perceived needs on health, WASH, Nutrition included into the project design so as to address the most acute gaps in a culturally sensitive way. A big proportion of the project budget was allocated for medicines and medicines supplies as the medicines shortages was reported as one of main challenges in accessing essential medical care. The prices in private market almost doubled for some items, and significantly increased for others on the backdrop of high inflation rate consequent to economic crisis. Shortages of qualified staff, especially female, also reported as challenging in remote areas, and included as a component of the response plan. In addition, communities informed that the promotional and preventive actives are all together stopped in areas without partners' support, due to cash flow and fuel shortages and price increase with state MOH offices struggling with a reduced budget allocation.

### B) Project implementation phase:

The RRTs and supervision mission for investigation, confirmation and initiation of rapid response to alerts of communicable diseases outbreaks and other acute crisis (floods mainly) included meetings with communities facilitated by community leaders. WHO trained and established a Community Based Surveillance system (CBS) at key states ( South Kordofan and Blue Nile) by training of community health workers CHWs who reports to WHO field offices on alerts of communicable disease within their respective communities and also report in case of medicine rupture. Field offices in regular contact with the country office and response to complaints and gaps coordinated with emergency team at country office and community health workers. This allowed identification of the gaps as perceived by the communities, clarification of misconceptions about transmission and causes of diseases. As during the design phase, the shortages of medicines,

access to safe water and lack of support for improved sanitation emerged. These had been addressed within the resources limitation and additional funding raised from other donors (Central emergency Funds of WHO HQs, Italian cooperation, SHF reserve.

The staff and volunteers for the implementation of integrated vector campaigns included 30% female for the house to house approach, to promote acceptance addressing the local custom.

During the 13 supervisions of Stabilization Centers by joint teams WHO/SMOH the caretakers of patients and communities have been consulted.

The communities had been reluctant (especially in Red Sea) to throw their water reserves for cleaning the containers of larvae, as water is an expensive commodity in the affected areas. The approach had been changed and water cleaned from larvae using strainers and teaching communities how to maintain the containers of all kinds (including clay) clean of larvae.

The vast majority of communities living around SCs knew about the services and the benefits, and all caretakers received information on Infant and Young Child Feeding and the use of RUTF after the discharge. The inclusion of resources for mothers' food during the stay in SCs had been raised as essential for completion of treatment, especially for the ones coming from other villages/cities. WHO and UNICEF are advocating for partners to support this component in the context of increased population vulnerability due to economic crisis.

In some locations (especially) in Darfur malnutrition is seen like a stigma, leading to delays of seeking care in early stages of acute malnutrition and increased number falling into severe malnutrition. The awareness campaigns and strengthening the community and facility continuum of care became of focus of WHO, UNICEF, and NGOs nutrition programs.

**C) Project monitoring and evaluation:**

Monitoring and evaluation visits included discussion with health authorities, partners and community groups and leaders, to enhance community acceptance and participation in all actions, from active-case finding, health education, water safety planning and maintenance of water sources outside of pipe network, elimination of breeding site. WHO teams will also undertake discussions with community stakeholders including men and women and youth through Health, Nutrition and WASH Committee meetings to understand and to identify challenges, new needs and corrective measures. The information will be also useful for the regular monthly coordination meetings in Khartoum.

<b>7. Cash-Based Interventions</b>	
<b>Did the project include one or more Cash Based Intervention(s) (CBI)?</b>	
<b>Planned</b>	<b>Actual</b>
No	No

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
N/A	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-UF-FAO-026	Livelihoods	FAO	NNGO	\$43,194
18-UF-FAO-026	Livelihoods	FAO	NNGO	\$35,690
18-UF-IOM-031	Water, Sanitation and Hygiene	IOM	NNGO	\$154,855
18-UF-IOM-031	Water, Sanitation and Hygiene	IOM	NNGO	\$23,045
18-UF-HCR-031	Health	UNHCR	RedC	\$181,577
18-UF-HCR-031	Health	UNHCR	GOV	\$2,700
18-UF-HCR-031	Child Protection	UNHCR	GOV	\$106,732
18-UF-HCR-031	Child Protection	UNHCR	INGO	\$100,000
18-UF-HCR-031	Water, Sanitation and Hygiene	UNHCR	INGO	\$532,133
18-UF-HCR-031	Water, Sanitation and Hygiene	UNHCR	INGO	\$261,067
18-UF-CEF-100	Education	UNICEF	NNGO	\$19,454
18-UF-CEF-100	Education	UNICEF	GOV	\$19,000
18-UF-CEF-100	Education	UNICEF	GOV	\$15,993
18-UF-CEF-100	Education	UNICEF	GOV	\$189,675
18-UF-CEF-100	Education	UNICEF	GOV	\$109,519
18-UF-CEF-100	Education	UNICEF	GOV	\$40,382
18-UF-CEF-099	Nutrition	UNICEF	NNGO	\$18,569
18-UF-CEF-099	Nutrition	UNICEF	INGO	\$20,904
18-UF-CEF-099	Nutrition	UNICEF	GOV	\$141,573
18-UF-CEF-099	Nutrition	UNICEF	INGO	\$9,932
18-UF-CEF-099	Nutrition	UNICEF	NNGO	\$30,001
18-UF-CEF-099	Nutrition	UNICEF	GOV	\$95,969
18-UF-CEF-099	Nutrition	UNICEF	GOV	\$300,017
18-UF-CEF-099	Nutrition	UNICEF	GOV	\$77,304
18-UF-CEF-099	Nutrition	UNICEF	GOV	\$83,203
18-UF-CEF-099	Nutrition	UNICEF	NNGO	\$6,198
18-UF-CEF-099	Nutrition	UNICEF	GOV	\$51,828
18-UF-CEF-099	Nutrition	UNICEF	GOV	\$32,877
18-UF-CEF-099	Nutrition	UNICEF	GOV	\$28,910
18-UF-CEF-101	Water, Sanitation and Hygiene	UNICEF	INGO	\$213,568
18-UF-CEF-101	Water, Sanitation and Hygiene	UNICEF	GOV	\$2,337
18-UF-CEF-101	Water, Sanitation and Hygiene	UNICEF	GOV	\$52,398
18-UF-CEF-101	Water, Sanitation and Hygiene	UNICEF	GOV	\$255,271
18-UF-CEF-101	Water, Sanitation and Hygiene	UNICEF	GOV	\$55,547
18-UF-CEF-101	Water, Sanitation and Hygiene	UNICEF	GOV	\$68,447
18-UF-CEF-101	Water, Sanitation and Hygiene	UNICEF	GOV	\$26,508
18-UF-CEF-101	Water, Sanitation and Hygiene	UNICEF	GOV	\$46,599
18-UF-CEF-101	Water, Sanitation and Hygiene	UNICEF	GOV	\$23,985
18-UF-CEF-101	Water, Sanitation and Hygiene	UNICEF	GOV	\$48,933
18-UF-WFP-057	Food Assistance	WFP	NNGO	\$14,115
18-UF-WFP-057	Food Assistance	WFP	INGO	\$20,269
18-UF-WFP-057	Food Assistance	WFP	INGO	\$76,170
18-UF-WFP-057	Food Assistance	WFP	INGO	\$49,866
18-UF-WFP-057	Food Assistance	WFP	INGO	\$37,753
18-UF-WFP-057	Food Assistance	WFP	INGO	\$21,381
18-UF-WFP-057	Food Assistance	WFP	INGO	\$41,985
18-UF-WFP-057	Food Assistance	WFP	INGO	\$49,523
18-UF-WFP-057	Food Assistance	WFP	NNGO	\$42,589
18-UF-WFP-057	Food Assistance	WFP	NNGO	\$28,328

18-UF-WFP-057	Food Assistance	WFP	NNGO	\$42,115
18-UF-WFP-057	Food Assistance	WFP	INGO	\$83,376
18-UF-WFP-057	Food Assistance	WFP	GOV	\$34,786
18-UF-WFP-057	Food Assistance	WFP	RedC	\$38,331
18-UF-WHO-039	Health	WHO	GOV	\$30,768
18-UF-WHO-039	Health	WHO	GOV	\$31,132
18-UF-WHO-039	Health	WHO	GOV	\$13,682
18-UF-WHO-039	Health	WHO	NNGO	\$14,563

## ANNEX 2: Success Stories

### Photo Essay from North Darfur



The children in Masteriha mixed school were forced to have their classroom temporarily in a tent before the start of the project.

As the project started, the intention was to construct a temporary learning space using local material, but the community wanted to help. Through their support and wiliness to fill the gap it was possible to construct a semi-permanent classroom instead.



To the left is the classroom in progress and to the right is the final completed classrooms.

## Trainings North Darfur

Below is part of training of PTA and teachers training on education in emergencies, life skills and psychosocial support.



**Photos from South Kordofan**

Supply distribution in South Kordofan at Jirwa school.



### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

<b>ADD</b>	Addition for Disaster Assistance & Development Organization
<b>CBI</b>	Cash-Based Interventions
<b>CERF</b>	Central Emergency Response Fund
<b>CH</b>	Children
<b>CIS</b>	Care International Switzerland
<b>CLTS</b>	Community-Led Total Sanitation
<b>CMAM</b>	Community-based Management of Acute Malnutrition
<b>CRS</b>	Catholic Relief Services
<b>DRC</b>	Danish Refugee Council
<b>DSA</b>	Daily Subsistence Allowance
<b>EPI</b>	Expanded Programme on Immunization
<b>FMOH</b>	Federal Ministry of Health
<b>GHF</b>	Global Health Foundation
<b>HRP</b>	Humanitarian Response Plan
<b>IEC</b>	Information Education and Communication (materials)
<b>IMC</b>	International Medical Corps
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>IRW</b>	Islamic Relief Worldwide
<b>IYCF</b>	Infant and Young Child Feeding
<b>MAM</b>	Moderate acute malnutrition
<b>MOE</b>	Ministry of Education
<b>MSG</b>	Mothers' Support Group
<b>MT</b>	Metric Tones
<b>MUAC</b>	Mid-Upper Arm Circumference
<b>NGO</b>	Non-Governmental Organisation
<b>ODF</b>	Open Defecation Free
<b>ORS</b>	Oral Rehydration Solution
<b>PACT</b>	Policy Assessment, Consultancy and Training
<b>PANCARE</b>	Pan Care Organization
<b>PHF</b>	Patient Helping Fund
<b>PLW</b>	Pregnant Lactating Women
<b>PORD</b>	Peace Organization for Rural Development
<b>PTA</b>	Parent-Teacher Association
<b>RUSF</b>	Ready-to-Use Supplementary Food
<b>RUTF</b>	Ready-to-Use Therapeutic Food
<b>SAM</b>	Severe Acute Malnutrition
<b>SCI</b>	Save the Children International
<b>SDG</b>	Sudanese Pound
<b>SMOH</b>	State Ministry of Health
<b>SRCS</b>	Sudanese Red Crescent Society
<b>TLS</b>	Temporary Learning Spaces
<b>UNICEF</b>	United Nations Children's Fund
<b>UNOCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>USD</b>	United States Dollar
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WES</b>	Water and Environmental Sanitation