RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS REPUBLIC OF THE SUDAN RAPID RESPONSE INCREASE IN MARKET PRICES 2019

19-RR-SDN-35023

RESIDENT/HUMANITARIAN COORDINATOR	**GWI-YEOP SON**

REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	14 January 2020
After Action Review (AAR) of this allocation was conducted on 14 January 2020. All implementing partners and relevant sectors were invited for the meeting. Representatives from UNICEF, WHO, UNFPA, FAO, IOM and WFP have actively participated in the AAR discussions giving valuable inputs on how CERF Rapid Response helped them respond to the emergency situations through live-saving interventions. We lost the opportunity of sectors' participation since they were heavily engaged in the preparations for a new CERF allocation.	
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 ☒
The country is passing through difficult political situation where the RC/HC and HCT are heavily engaged in high level discussions and advocacy. Programme managers from CERF recipient agencies are fully delegated to discuss CERF funds and escalate issues when necessary.	
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 draft report is shared with all CERF recipient agencies and relevant sectors for inputs before finalization.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator
The year 2019 has been a most challenging one for Sudan, mainly due to political and economic instabilities, with a significant humanitarian impact. The CERF rapid response allocation has enabled humanitarian actors in Sudan to address the most critical lifesaving needs of affected people in livelihoods, health, nutrition and WASH sectors. Almost 1.4 million vulnerable people – 75 per cent women and children – have been reached by multiple assistance in 19 prioritized localities across seven states that have seen a significant increase in needs since the onset of the economic crisis. Sixty per cent of those reached are IDPs and vulnerable residents in host communities, while the other 40 per cent are refugees and returnees. This is a remarkable achievement as partners reached 40 per cent more vulnerable people than was the original target. Ensuring the CERF and Sudan Humanitarian Fund (SHF) complementarity was critical to maximize the impact of the two funding mechanisms. Under my supervision, a joint allocation strategy was applied where both funds focused on a set of geographic and sectoral priorities. The CERF has also proven to be an advocate for resource mobilization and leverage donor confidence. Partners managed to continue to respond beyond the CERF allocation's project duration and to complement with other components, thus allowing for longer and more comprehensive responses.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**342,318,839**
FUNDING RECEIVED BY SOURCE	
CERF	26,362,821
COUNTRY-BASED POOLED FUND (if applicable)	59,630,330
OTHER (bilateral/multilateral)	378,328,991
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**464,322,142**

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Agency	**Project code**	**Cluster/Sector**	**Amount**
FAO	19-RR-FAO-008	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	4,749,999
IOM	19-RR-IOM-007	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,492,346
UNFPA	19-RR-FPA-012	Health - Health	1,431,495
UNICEF	19-RR-CEF-026	Nutrition - Nutrition	5,001,933
UNICEF	19-RR-CEF-027	Health - Health	2,048,542
UNICEF	19-RR-CEF-028	Water Sanitation Hygiene - Water, Sanitation and Hygiene	3,595,466
WFP	19-RR-WFP-019	Nutrition - Nutrition	3,808,700
WHO	19-RR-WHO-016	Nutrition - Nutrition	684,889

WHO	19-RR-WHO-017	Health - Health	2,894,915
WHO	19-RR-WHO-018	Water Sanitation Hygiene - Water, Sanitation and Hygiene	654,536
TOTAL			**26,362,821**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**20,801,575**
Funds transferred to Government partners*	3,320,215
Funds transferred to International NGOs partners*	977,747
Funds transferred to National NGOs partners*	1,065,767
Funds transferred to Red Cross/Red Crescent partners*	197,517
Total funds transferred to implementing partners (IP)*	**5,561,246**
TOTAL	**26,362,821**

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

2. HUMANITARIAN CONTEXT AND NEEDS

Since 19 December 2018, Sudan has been experiencing ongoing demonstrations which resulted in the outage of the President on 11 April 2019. These were triggered by significant economic deterioration and price rises, which has also had a major humanitarian impact. According to recently published analysis, nearly 5.7 million people were estimated to be in crisis (IPC 3) or emergency (IPC 4) levels of food insecurity in the October – December 2018 period – which is up from 3.8 million for the same period of 2017. Despite a relatively good harvest, these high levels are driven by food prices that have more than doubled in the past year, and the price of the staple crop sorghum is more than 230 percent above the five-year average. Many people whose levels of food assistance were reduced due to improving livelihoods – including IDPs and refugees – were again in need of greater assistance. The crisis continued, with the inflation rate reaching 73 percent in December 2018 with huge fluctuation in 2019 due to the ongoing political instability and the declaration of state of emergency across the country. This had a direct implication on household nutrition security. A segment of the population has been adopting negative coping mechanisms. Lack of cash availability has also impacted many constructions related activities or the informal labour market. Vulnerable populations e.g. IDPs, refugees living in urban camps have been particularly hit as many of them rely on informal markets.

Beyond food insecurity, the economic crisis had a serious impact on all humanitarian sectors in Sudan. Higher prices for food baskets – which have typically accounted for half of household income taking up more than 65 percent of household expenditure among IDPs and refugees. Households were able to afford less nutritious food, less medical treatment, or fewer agricultural inputs. With fewer resources, negative coping mechanisms like selling of household assets and cutting of trees for charcoal production have increased, with implications for protection risks, particularly GBV. Clinical Management of Rape (CMR) is still weak, and the increased potential for GBV and harmful coping strategies of vulnerable communities required immediate attention.

According to the last Health Facility Survey (FMOH) for Sudan just before CERF allocation, 1,274 (22%) out of 5,790 PHC facilities were not fully functional either due to staff shortages (49%), poor physical infrastructure (43%) and lack of medical equipment (8%). More than half (51%) were without water supply, and 41% without latrines increasing the health threats for patients, staff and communities. The HeRAMS Jan 2019 attested that 295 (24%) out of 1,229 HFs in five Darfur States were closed in 2018 lacking funding and human resources. Of the functional HFs in Darfur, only 458 (49%) offer the minimum PHC package, with 32% (299) run by NGOs. The need for external humanitarian (health) support continued to increase in 2019. Sudan's imports of medicines, supplies and commodities during the first three quarters of 2018 had dropped by about 35 per

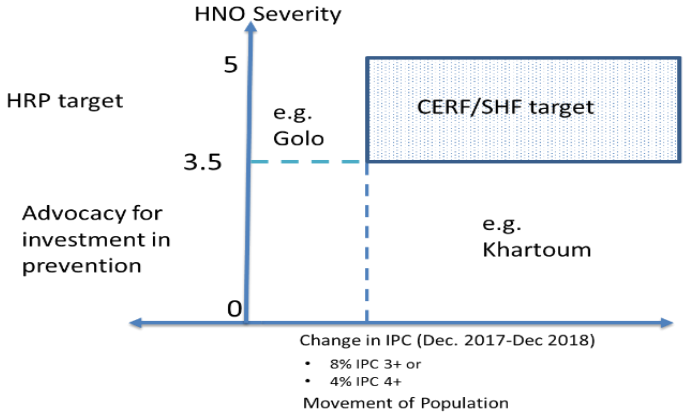
cent compared to the same period in 2017, and the significant increase (50-100%) in their cost resulted in significant restriction of access to essential life-saving health care services. Widespread shortages of medicines reported in MOH HFs at primary and also referral level, but also HFs run by NGOs (for IDPs, refugees and host communities) due to increased needs: more vulnerable people as the result of economic hardships travel long distances to attend free-of charge humanitarian services. There were stringent challenges related to availability and affordability of health services. The vulnerability and risk of mortality of pregnant and lactating women is also increasing where only 34% of HFs in Darfur region able to provide Basic and Comprehensive EmONC leaving the vast majority of women with no or limited access to life-saving services. The national measles routine immunization coverage in 2018 was 88 % (lower than 2017 – 90%), with SK 63%, ND 73%, SD 78%, CD 81% and WK 82%) well below optimal coverage (95%) creating massive risk for severe outbreaks across all Sudan.

The general nutrition situation in Sudan was dire and has progressively worsened in recent years. The nutrition situation is characterized by persistently high levels of undernutrition including 38.2% stunting among children under five years of age and a national prevalence rate of global acute malnutrition (GAM) at 16.5% (MICS 2014 and 3SM 2013) considered above the emergency threshold according to WHO criteria. About 2.3 million children suffer from wasting annually: approximately 700,000 were suffering from severe acute malnutrition (SAM) (draft HNO 2019) and around 1.5 million children were suffering from moderate acute malnutrition (MAM). Despite substantial attention to the provision of treatment services in the conflict-affected states over the past years, the majority (52%) of Sudan's acutely malnourished children live in nine non-conflict affected states (Red Sea, Kassala, Gezira, Khartoum, Northern, River Nile, Gedaref, Sennar and White Nile) where treatment in some instance has been inconsistent due to lack of donor support. Nutrition activities included case finding, screening, referral of malnourished children and pregnant and lactating women (PLW); treatment of acute malnutrition; emergency blanket supplementary feeding for children under five and PLW; provision of micronutrient supplements to children 6-59 months old and PLW and supporting infants and young children feeding programs.

WASH service coverage of States hosting South Sudanese Refugees (SSR), East Darfur, South Darfur and North Darfur, South and West Kordofan was far from the standards. Most of refugees in the settlements in East Darfur – Al Nimir and Kario – and four settlements – El Ferdous in East Darfur, El Radom and Bielel in South Darfur, and Godat in North Darfur expressed concern about the availability of water, mentioning the supply as insufficient, the quality was poor, the distribution points were far from their shelters, and the hours of access were limited. Refugees also assessed the quality of sanitation in the settlements to be poor. Refugees in Kordofan States reported that the water supply in settlements was insufficient and this exposed them to friction with the host communities over its use. Gedeid settlement-South Kordofan used to get water from a hafir, which dried up. UNICEF was supporting the SSR and host community through water trucking from water yard located at 20km which resulted the service level to be lowered to 7l/p/d. In addition, low access to improved water supply and sanitation were considerably contributing to the high incidence of diarrhoeal diseases and malnutrition, mainly stunting among children in Sudan. The cumulative effect of poor WASH service and cutting back on food consumption and/or replacing existing diets with cheaper, less-nutritious alternatives increased the vulnerability of the household to WASH related diseases. During 2016 and 2017 Sudan experienced an epidemic of Acute Watery Diarrhoea (AWD) which rapidly affected the health situation and lives of people in most of the state. The Acute Watery Diarrhoea (AWD) outbreak had spread across Sudan at an alarming speed and cases were reported in all 18 states in the country. In 2018, there were a total number of 134 cases due to Acute Watery Diarrhoea (AWD) outbreaks. The draft Sudan 2019 Humanitarian Response Plan (HRP) identified that some 3.3 million people in 106 localities within Darfur, Kordofan, Blue Nile and Abyei and Eastern Sudan, urgently require water, sanitation and hygiene (WASH) support, including to prevent future disease outbreaks. The affected populations include those affected by or at risk of conflict, WASH-related epidemics as well as floods. Out of the 106 localities which need WASH support, 19 localities have been prioritized for the CERF. These are localities that have seen a significant increase in needs since the onset of the economic crisis.

3. PRIORITIZATION PROCESS

After consultations with the HCT, the HC gave guidance on the scope of the CERF i.e. sectors to be covered and the trigger for the CERF application. OCHA then held several meetings with the Inter Sector Coordination Group (ISCG) to identify localities that fell within the defined scope. The ISCG came up with the criteria shown in the below graph, which was endorsed by the ISCG, HCT and SHF advisory board i.e.



a. **HNO severity 3.5 or higher** – The HNO severity is a compound index of sector severity scores i.e. sectors rated each locality from 1-5 based on an analysis of specific indicators and the sector ranking was averaged to come up with the HNO severity score.
b. **IPC 3 and above change of at least 8% of the total population of the locality or an increase in IPC4 of at least 4% of the population.** The IPC was used as a proxy for measuring the impact of the economic crisis.
c. **Major population movements in 2018** – the movements were used as a proxy for people moving in search for better economic opportunities
d. **No CERF or SHF allocations in the 2nd half of 2018** i.e. localities that have similar CERF or SHF projects under implementation were not considered

List of 19 prioritized localities:

State	Suggested Localities	HNO Severity	%Δ IPC 4	%Δ IPC 3+	IDPs	Refugees
East Darfur	El Ferdous	4	4	15	9,25	9,740
East Darfur	Bahr El Arab	4	3	12	0	36,193
East Darfur	Assalaya	3.8	0	11	14,1	16,401
East Darfur	Adila	3.8	5	13	13,4	10,159
East Darfur	Ed Daein	4.2	1	10	38,7	16,056
East Darfur	Abu Jabra	3.8	2	15	0	15,589
North Darfur	El Fasher	4.3	4	-2	189,	3,206
North Darfur	Kutum	4.2	4	-1	25,9	0
North Darfur	Tawilla	4.4	4	-3	72,8	0
Red Sea	El Qaneb	3.6	0	33	-	-
Red Sea	Haya	4	0	8	-	-
South Darfur	Bielel	4	5	47	191,	5,488
South Darfur	Kass	3.8	0	8	75,1	61
South Darfur	El Radoom	3.8	0	15	-	13,355
West Darfur	El Geneina	4	5	-1	95,4	318
West Darfur	Sirba	3.8	5	-7	1,22	

West Kordofan	Elmeiram	4	4	-3	-	16120
West Kordofan	Ghubaysh	3.8	4	10	-	4,904
White Nile	Kosti	3.6	5	9	0	81,538

This CERF Rapid Response window was allocated for FSL, Health, Nutrition and WASH sectors in order to respond to the growing humanitarian needs driven by the deteriorating economic situation in Sudan. The FSL sector has been prioritized for the CERF funding because of the significant increase in the need for key agricultural inputs. Higher prices for food baskets – which have typically accounted for half of household income taking up more than 65 percent of household expenditure among IDPs and refugees. Households had resorted to less nutritious food, less medical treatment, or fewer agricultural inputs. With fewer resources, negative coping mechanisms have increased, with negative implications for protection, particularly GBV. It was widely acknowledged that limited livelihoods opportunities in Darfur over the past years led to a GBV ensuing from adoption of unsafe survival strategies by women, adolescent girls and other at-risk groups. A lack of access to economic opportunities while displaced often forces women and girls to restore harmful measures to survive. There are always problems in balancing the women protection, family needs and their livelihood despite knowing the risk women and girls engaged in firewood collection, travel for distant for agriculture or to work on domestic works expose them to GBV. In Darfur particularly, women and girls are vulnerable to GBV because of the social and cultural norms, the power balance and discrimination against them knowing the existence of everyday risks of harm and violence and presence of different armed groups within and around the villages. Addressing everyday risks through concrete, primary prevention-focused and culturally accepted livelihood interventions for women and girls in the community will contribute to and reduce the exposure to the risk of violence. The program to be accompanied with awareness raising and educational sessions on GBV.

Parts of the allocation activities focused on empowering these groups to become self-reliant in order to reduce their exposure to violence and exploitation.

4. CERF RESULTS

CERF allocated $26.4 million to Sudan from its window for Rapid Response to safeguard against the sharp increase in prices due to the deteriorating economic situation as a result of the eruption in the political situation. This funding enabled UN agencies and partners to provide livelihoods support benefiting 577,378 people; health services to 1,211,071 children and adults; nutrition to 186,484 women and children under 5 years of age and WASH services to 926,300 targeted populations. These services are provided to 43% IDPs, 39% host communities, 10% refugees and 9% returnees.

5. PEOPLE REACHED

This CERF allocation reached a total of 577,242 persons with crop and livestock inputs including 186,172 IDPs, 192,470 returnees, 12,000 refugees and 186,600 vulnerable host communities. The funding enabled FAO to respond to the critical needs of these targeted groups, which included as well about 78,000 beneficiaries affected by flood in West Darfur. FSL support provided by the project assisted at least 80% of the targeted vulnerable groups to improve their food and livelihood security situation through the protection of assets, increased crop and livestock productivity, restocking, increased income and improved diets. Animal health and productivity was restored and strengthened through the availability of and better access to veterinary services, vaccinations and drugs. Disease outbreak was also greatly reduced. Moreover, provision of supplementary feeding (concentrated feed and mineral licks), has improved milk production and fertility of livestock. FAO and its implementing partners provided 3,606 dairy goats to 1,202 HHs; and 1,307.17 MT of concentrated feed and 161.2 MT of mineral licks to 8,688 HHs. This assistance contributed to improving nutritional status of the targeted families through increased consumption of milk and enhancing family income through sale of extra milk.

UNFPA provided 278 Emergency Reproductive Health Kits (ERHK) which covered more than 35,000 beneficiaries including normal deliveries and complicated deliveries and caesarean sections. UNFPA and its Implementing Partners (IPs) provided 48,475 consultations to those with limited access by SRHR mobile clinic, distributed 26,500 dignity kits to women and girls in

reproductive age, reached 11098 with integrated SRH GBV awareness raising. WHO and its partners provided free-of charge medicines for 319,250 consultations for vulnerable people communities (Internally displaced People and refugees) in seven states (19 localities) of Sudan. International procurement combined with local procurement enabled rapid delivery of supplies to fill in critical gaps. 61,376 consultations were supported with direct operational costs for the health facilities serving IDPs and refugees. Case management training for 392 health staff (MOH and NGOs) was conducted along with training of 343 staff for Early Warning and Surveillance, 168 CHWs and health staff on basic psycho-social support, 218 Community midwives on infection prevention and birth planning, and 463 Community volunteers on prevention and control of communicable diseases. UNICEF and its partners reached 805,546 people, including mothers and children, through different packages of primary health care services. A total of 748 health care providers, including medical doctors, medical assistants, and community mid-wives (CMWs) were trained by UNICEF. A total of 51,154 children were vaccinated against measles, and 43,497 sick children under-five received treatment through the Integrated Management of Childhood Illnesses (IMCI) approach.

WFP and its partners provided treatment services for Moderate Acute Malnutrition (MAM) through Targeted Supplementary Feeding Programme (TSFP). WFP manged to screen a total of 684,924 children from 6-59 months of which 51,464 were identified moderately malnourished and treated in the programme. Additionally, 225,300 of Pregnant and Lactating Women (PLW) were screened and some of 15,926 have been cured in the programme. UNICEF and its partners managed to conduct nutritional screening for 416,636 children under-five from which 32,442 children with Severe Acute Malnutrition (SAM) were admitted for treatment, out of which 92.7 per cent was cured. UNICEF supported the establishment and maintenance of 555 mother-support groups (MSGs) which provided Infant and Young Child Feeding (IYCF) counselling for 27,910 pregnant and lactating women. Also, CERF-funding supported the establishment and functioning of 106 outpatient treatment programmes (OTP) both fixed & mobile and kept intact the supply chain of Ready-to-Use Therapeutic Food (RUTF), therapeutic milk, stabilisation centre kits, essential drugs and electronic scales.

Under this CERF allocation, UNICEF and IOM provided lifesaving water, sanitation and hygiene (WASH) services to 902,140 people. This assistance contributed to the overall improvement of hygiene, feeding and garbage collection practices by increasing knowledge and improving access to the much-needed water, sanitation facilities and WASH kits (soap and jerry cans), including provision of critical humanitarian aid for those affected by floods. WHO and its partners vector control and water quality monitoring services are provided for 22,149 vulnerable people in four states. Also, 168 vector control campaigns were conducted targeting adult and immature mosquito vectors guided by entomological reports.

Also, under this allocation, 823 Persons with Disabilities (PwDs) were reached through targeted interventions. The bulk of these persons is reached through FSL sector (598 persons) by selecting heads of families with disabilities or selecting households that include members with disabilities. The majority of persons with disabilities who benefited from outcome of the crop and livestock interventions were members of households who suffer from motor disability, deafness, mental disability, and paralysis, just to cite the main types of disabilities

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY[1]

Category	Number of people (Planned)	Number of people (Reached)
Host communities	315,867	353,702
Refugees	248,902	117,384
Returnees	186,929	192,470
Internally displaced persons	300,859	730,280
Other affected persons	0	0
Total	**1,052,557**	**1,393,836**

[1] *Best estimates of the number of people directly supported through CERF funding by category.*

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE[2]					
	Men (≥18)	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Planned	228,647	241,089	286,510	296,311	**1,052,557**
Reached	478,197	557,080	167,527	191,032	**1,393,836**

[2] *Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).*

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES) [3]					
	Men (≥18)	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Planned (Out of the total targeted)	2,000	1,500	200	100	**3,800**
Reached (Out of the total reached)	378	254	66	125	**823**

[3] *Best estimates of the number of people with disabilities directly supported through CERF funding.*

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)[4]					
By Cluster/Sector (Planned)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	167,579	174,421	113,200	114,800	**570,000**
Health - Health	77,760	111,518	133,001	152,250	**474,529**
Nutrition - Nutrition	0	99,731	39,277	44,992	**184,000**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	174,027	183,391	248,962	258,748	**865,128**

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)[4]					
By Cluster/Sector (Reached)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	169,484	176,794	115,550	115,550	**577,378**
Health - Health	421,611	498,184	133,758	157,518	**1,211,071**
Nutrition - Nutrition	0	98,859	42,347	45,278	**186,484**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	209,828	230,514	230,673	255,285	**926,300**

[4] *Best estimates of the number of people directly supported through CERF funding by sector.*

6. CERF'S ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

The start of the grant in April allowed for preposition of supplies before the rainy season. The allocation followed the seasonal trend for nutrition response as the period April to October is the neediest time for nutrition response. CERF RR has played a critical role in assisting fast delivery of RH services through mobile clinics. Early in the year usually there are no enough funds allocated by donors specially for drugs. This CERF allocation helped in fast delivery of health service by funding the purchase of the required drugs. 1st and 2nd line treatments for Stabilization Centers (SCs) are fully supported by this CERF allocation. Also, the allocation assisted the recruitment of 9 nutrition staff for WHO in the targeted states which helped a lot in fast delivery of nutrition services at the SCs. CERF, in complementarity with SHF, assisted in the fast delivery of services specially for the FSL component where CERF funded the purchasing of agricultural inputs.

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

YES ☒ PARTIALLY ☐ NO ☐

There was a clear gap that CERF managed to cover specially with the time. Procurement of seeds is always challenging to procure before the rainy season as there are enough committed funds for procurement. CERF RR allocation enabled FAO to procure all agricultural inputs on time. The preposition of supplies is time critical which wouldn't be possible without this CERF RR allocation.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☐ PARTIALLY ☒ NO ☐

CERF improved the coordination specially at the field level where partners come together at the different sectors' meetings in the states. Although programme people are not engaged in the coordination at the strategy development stage which is done through ISCG and HCT, partners are satisfied with the coordination and look forward for more engagement at the strategy development stage. While the coordination is quite good within individual sectors, however inter-sectoral coordination remains as a gap and clear mechanisms need to be put in place to enhance this coordination and information sharing. Mapping of CERF partners immediately after signing agreements with few details will help in enhancing the coordination among partners and allow them for more convergence when it comes to implementation phase.

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

YES ☒ PARTIALLY ☐ NO ☐

This allocation helped in leveraging other donor support and facilitated the mobilization of resources. CERF RR allocation supported the sanitation component of IOM CLTS interventions, but the organization managed to convince other donor to support the water provision component. For FSL, beyond 2018 food security wasn't covered well by CERF but from 2018, FAO witnessed increased other donors support because of FAO's intervention from CERF. When donors are approached for support, some of them asks whether there is any kind of other donors' support. CERF RR helped in the positive answer of such questions. Some donors prefer to fill gaps in funding. CERF allocation is always there to tell what has been funded and what are the gaps. CERF allocation helped also in mobilizing internal resources. For Instance, WHO put more resources in terms of staff recruitment to ensure the implementation of the nutrition project.

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

N/A

7. LESSONS LEARNED

TABLE 8:OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
The project duration of six months is quite tight.	CERF Secretariat to negotiate longer implementation timeframe of 12 months.

TABLE 9:OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Mainstreaming of protection into other projects is quite deficient.	Partners should seek more guidance on protection mainstreaming and ensure that it is implemented.	Partners
Equal opportunity to access funding is not optimized. Programme people need to be engaged in the allocation strategy and prioritization process to ensure that all projects are sufficiently funded in a harmonized way.	Programme people need to be engaged in the allocation strategy and prioritization process to ensure that all projects are sufficiently funded in a harmonized way.	HCT and ISCG
Joint monitoring is always planned but never happened.	Plan joint monitoring and ensure its implementation	Partners and OCHA
Lack of information sharing	Develop a bulletin for each allocation to be shared with all CERF recipient agencies	OCHA

PART II

8. Project Reports

8.1. Project Report 19-RR-FAO-008 - FAO

1. Project Information			
1. Agency:	FAO	**2. Country:**	Republic of the Sudan
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	**4. Project Code (CERF):**	19-RR-FAO-008
5. Project Title:	Restoring and improving crop and livestock-based livelihoods of IDPs, Returnees, Vulnerable Resident Population and Refugees in South Darfur, West Darfur, North Darfur and West Kordofan states		
6.a Original Start Date:	17/04/2019	**6.b Original End Date:**	16/10/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	30/11/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 6,000,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 0**
	c. Amount received from CERF:	**US$ 4,749,999**
	d. Total CERF funds forwarded to implementing partners	**US$ 342,604**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 342,604
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF Rapid grant, FAO procured and then distributed through its CERF and SHF implementing partners the following agricultural and livestock inputs and provided targeted training for improving crop and livestock productivity, reaching 577, 242 vulnerable people in South Darfur, West Darfur and West Kordofan states; other states covered by the SHF partners included Central Darfur, North Darfur, and Red Sea:

- 814.4 MT of crop seeds including millet, sorghum, groundnut and sesame;
- 88 MT of legume seeds including cowpea, chickpea, pigeon pea and broad beans;
- 23.442 MT of vegetable seeds including okra, watermelon, tomato, carrot, and onion;
- 118,668 pieces of hand tools including digging and weeding hoes, and rakes;
- 6,350 pieces of donkey ploughs;
- 3,606 dairy goats;
- 1,307.17 MT of animal concentrated feed;
- 161.2 MT of mineral licks;
- 5,500,000 doses of vaccines including PPR, Sheep pox, HS, and BQ;
- 29,600 units of veterinary drugs including ivermectin injections and drench, albendazole drench, wound spay, cypermethrin pour on, diminazene aceturate and wound spray;

Eventually, a total of 2,150,000 animals (1,700,000 small ruminants and 450,000 cattle) were vaccinated against PPR, sheep pox, BQ and HS; and treated against endemic diseases.

The project reached a total of 97,207 beneficiary HH (577,242 persons) with crop and livestock inputs including 186,172 IDPs, 192,470 returnees, 12,000 South Sudanese Refugees, as well as 186,600 vulnerable host communities. Of these, it is estimated that about 117,373 persons would be covered by the SHF partners (20.3%), based on the quantity of inputs received from FAO. CERF funding enabled FAO to respond to the critical needs of these targeted groups, which included as well about 78,000 beneficiaries affected by flood in West Darfur. Project activities were implemented by FAO-CERF partners in Kass, Belial and Elradoum localities in South Darfur, Elmeram locality in West Kordofan, and Sirba and Jebel Moon localities in West Darfur. Areas covered by SHF partners included North Darfur, Central Darfur, South Darfur, West Kordofan, Red Sea states, and West Darfur states. SHF partners were only provided with in-kind inputs including 248.17 MT of crop seeds, 16 MT of legume seeds, 7.767 MT of vegetable seeds, 27,900 pieces of hand tools, 180,000 dose of vaccines and 560 units of veterinary drugs. SHF partners, which received inputs from FAO included NCA, GOAL, TGH, Plan International, MC-S, OXFAM, WCC, WR, VSF-G, and a local NGO called BPWO operating in North Darfur. Less than 5% of the seeds received by the SHF partners will be planted during 2020-2021 crop season because of delays encountered in signing their grant and technical agreements. This includes the seeds and tools distributed to Plan International.

The support provided by the project assisted at least 80% of the beneficiaries to improve their food and livelihood security situation through the protection of assets, increased crop and livestock productivity, restocking, increased income and improved diets. Focus group discussions with farmers in some of the project areas have indicated that owing to the high-quality seeds and tools, as well as improved plant and animal husbandry trainings, most of the farmers have managed to achieve increased yield. Animal health and productivity was restored and strengthened through the availability of and better access to veterinary services, vaccinations and drugs. Disease outbreak was also greatly reduced. Moreover, provision of supplementary feeding (concentrated feed and mineral licks), has improved milk production and fertility of livestock. FAO and its implementing partners provided 3,606 dairy goats to 1,202 HHs; and 1,307.17 MT of concentrated feed and 161.2 MT of mineral licks to 8,688 HHs. This assistance contributed to improving nutritional status of the targeted families through increased consumption of milk and enhancing family income through sale of extra milk.

The main objective of participation of persons with disabilities in the livelihoods activities was to combat against disability by improving targeting either through selecting heads of families with disabilities or selecting households that include members with disabilities. The majority of persons with disabilities who benefited from outcome of the crop and livestock interventions were members of households who suffer from lameness, deafness, mental illness, and paralysis, just to cite the main types of disabilities. On the other hand, male and female headed households within this category were not affected by serious disabilities that prevent their engagement in crop and livestock activities and the project did not bother to go for special treatment for this group. Furthermore, FAO included a section on its Letters of Agreements with the implementing partners to include household data about number and types of members with disabilities and obliged IPs to include heads of households with disabilities as one of the criteria for selection of beneficiaries.

Table 1: Type and quantity of crop and livestock inputs planned, procured and distributed

Type of input	Unit	Planned quantities	Quantities procured and distributed
Millet seeds	MT	450	59
Sorghum seeds	MT	300	392
Groundnut seeds	MT	400	345
Sesame seeds	MT	18	18
Cucumber seeds	Kg	50	1,000
Okra seeds	kg	6,000	13,675
Watermelon seeds	kg	4,000	6,795
Carrot seeds	Kg	500	511
Tomato seeds	kg	800	1,800
Pigeon pea seeds	MT	16	16
Chickpea seeds	MT	16	16
Cowpea seeds	MT	50	50
Broadbean seeds	MT	6	6
Digging hoes	Each	40,000	37,000
Weeding hoes	Each	40,000	42,246
Rakes	Each	40,000	39,422
Donkey ploughs	Each	9,000	6,350
HS vaccine	Dose	1,500,000	1,700,000
BQ vaccine	Dose	400,000	450,000
sheep pox vaccine	Dose	1,500,000	1,700,000
PPR vaccine	Dose	1,500,000	1,700,000
Ivermectin Injection	Vial/50 ml	8,000	8,000
Al bendazole Drench	1 litre	2,000	3,000
Ivermectin Drench	1 litre	6,000	7,000
Diminazene aceturate	Sacket 0.26 gram	10,000	8,000
Ivermectin Drench	Tube 9 gram	6,000	0
Cypermethrin (Pour On)	1 litre	2,000	2,600

Wound Spray	200 ml	1,000	1,000
Dairy goats	Each	3,000	3,606
Animal concentrated feed	MT	1,200	1,307.17
Mineral licks	MT	100	161.2

3. Changes and Amendments

The rational utilization of the project budget by FAO resulted in significant savings under the staff and contact budget lines, which led FAO to request a two- month no cost extension, which was approved by the CERF Secretariat. Accordingly, the project was terminated on 30 November 2019. The request for the no cost extension coincided with some changes in the humanitarian context in West Darfur when a large segment of vulnerable people were affected by flooding. FAO utilized that money for procurement and distribution of seeds and tools and livestock inputs reaching 13,000 floods affected (78,000 persons) in Sirba locality in West Darfur.

The political and social unrest that was prevailing in the country during the first half of 2019 had imposed some challenges on the procurement, delivery and distribution of some agricultural inputs (particularly seeds and tools) to the project beneficiaries. One of the main challenges 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 one MT of ground nut was USD 700, whereas the actual procurement price was USD 1, 230. 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 were highly increased prices of transportation compared to the prices at planning time (in some locations twice and 3 times the planned prices).

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	53,214	55,386	36,000	36,400	**181,000**
Refugees	5,290	5,510	3,000	4,200	**18,000**
Returnees	54,620	56,848	37,156	37,156	**185,780**
Internally displaced persons	54,455	56,677	37,044	37,044	**185,220**
Other affected persons	0	0	0	0	**0**
Total	**167,579**	**174,421**	**113,200**	**114,800**	**570,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	2,000	1,500	200	100	**3,800**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	54,860	57,100	37,320	37,320	**186,600**
Refugees	3,528	3,762	2,400	2,400	**12,000**
Returnees	56,586	58,896	38,494	38,494	**192,470**
Internally displaced persons	54,373	57,127	37,336	37,336	**186,172**
Other affected persons					
Total	**169,484**	**176,794**	**115,550**	**115,550**	**577,242**

Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	358	122	65	53	**598**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	There was slight discrepancy between the number of people planned (570,000) and the number of people reached (577,242), despite the fact that about a 70% reduction in the number of beneficiaries to be reached by the SHF partners is expected. The reduction happened because the quantities of the inputs requested by the SHF partners were far less than the quantities of inputs planned by FAO. As mentioned above, this would lead to a reduction in the total number of beneficiaries that are expected to be reached and reported by the SHF partners. The total number of the beneficiaries reached by the project did not differ greatly from the planned target, because of targeting and adding 78,000 flood-affected people in West Darfur. Only 598 persons with disabilities showed up and were being targeted with crops and livestock interventions.

5. CERF Result Framework

Project Objective	Enhance the capacity of 98,000 vulnerable households (570,000 people) to access, through crop and livestock-based livelihood interventions, sufficient nutritious food and diversify their food basket and improve their income in the four targeted localities in South Darfur, North Darfur, West Darfur and West Kordofan states

Output 1	Improved access of 75,000 vulnerable households (441,000 people) to summer season farming of nutritious food through restoring diversified crop based productive capacity			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of beneficiary households supported with cereal, legume and vegetable seeds and hand tools	75,000 HHs (441,000 persons)	73,967 HHs (434,802 persons)	FAO Field monitoring and service provider reports
Indicator 1.2	Quantity of cereal, legume and vegetable seeds distributed	1,168 MT of cereal and cash crop seeds; 88 MT of legume seeds; 11,850 MT of vegetable seeds	814.4 MT of cereal and cash crop seeds; 88 MT of legume seeds; and 23.442 MT of vegetable seeds	FAO Field monitoring and service provider reports
Indicator 1.3	Quantity and type of hand tools and ploughs distributed	120,000 pieces of weeding hoe, digging hoe, and rake and 9,000 donkey ploughs	118,668 pieces of weeding hoe, digging hoe and rake and 6,350 donkey ploughs	FAO Field monitoring and service provider reports
Indicator 1.4	Number of training sessions provided on improved agricultural practices	Six training sessions on improved agronomy	Six training sessions on improved agronomy	FAO Field monitoring and service provider reports
Indicator 1.5	Number of Village Agricultural Committees (VACs) revitalized and members trained on GBV	10 VACs revitalized and functional. At least 60 members trained on GBV	20 VACs revitalized and functional. 100 members trained on GBV	FAO Field monitoring and service provider reports
Explanation of output and indicators variance:		FAO procured more quantities of vegetable seeds than originally planned (<100% increase) at the expense of procuring less quantities of some crop seeds (30% reduction) such as millet and groundnut so as to mitigate their unexpected higher prices and difficulties faced their timely delivery and plantation. Such difficulties included failure of some suppliers contracted by FAO to deliver these crop seeds in time due to looting of their stores, as well as problems of logistics and cash availability. Procuring extra vegetable seeds was a good strategy since they were cultivated in the winter season. The seed package modification had a very slight impact on the number of people reached		

	with agricultural support, which amounted to 98.6% achievement rate. The modification was decided in consultation with the beneficiaries, IPs and state agricultural authorities. Some SHF partners such as Plan Sudan received their seeds in time but decided to postpone their distribution until 2020 crop season. This decision was taken because of the encountered delays in finalization of the grant agreements and approval of the technical agreements with the concerned state ministries. FAO provided advice to the IPs on good seed storage conditions.

Activities	Description	Implemented by
Activity 1.1	Procurement of certified crop, legume, and vegetable seeds, and hand tools	FAO HQ/FAO-RNE/FAO Sudan
Activity 1.2	Distribution of the procured seeds and hand tools to the targeted beneficiaries in the targeted localities	Elshiroog National Organization in Kass locality, Peace and Development National Organization (PDNO) in Belail locality, and Alradoum Charity Organization in Alradoum locality in South Darfur. Siyaj Charity Organization (SCO) in Al Geneina and Future for Community Development (FCD) in Sirba in West Darfur. Vet-Care Organization (VCO) In Elmeram locality in West Kordofan. SHF partners
Activity 1.3	Training of beneficiaries on improved husbandry practices	The above-mentioned IPs and SHF partners
Activity 1.4	Revitalization of the Village Agricultural Committees and training members on GBV	The above-mentioned IPs and SHF partners
Activity 1.5	Monitoring of the agricultural activities at the beneficiary level (output and outcome level) including GBV risk associated with these activities	The above-mentioned IPs and SHF partners/ FAO

Output 2	Improved access of 23,000 agro-pastoralist and pastoralist households (129,000 people) to milk supplies and income through restoring and improving livestock based productive capacity			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of beneficiary households supported with veterinary and livestock inputs and services	23,000 HHs (129,000 persons)	25,240 HHs (142,440 persons)	FAO Field monitoring and service provider reports
Indicator 2.2	Number of animals protected against epidemic and endemic diseases through provision of vaccination and treatment services	775,000 small ruminants and cattle	2,150,000 small ruminants and cattle	FAO Field monitoring and service provider reports
Indicator 2.3	Quantity of vaccines procured and distributed (sheep pox, PPR, HS and BQ)	4.9 million dose	5.5 million doses	FAO Field monitoring and service provider reports
Indicator 2.4	Quantity of veterinary drugs procured and distributed	27,000 units of drugs	29,600 units of drugs	FAO Field monitoring and service provider reports
Indicator 2.5	Quantity of animal supplementary feed provided	1,300 MT (1,200 MT animal concentrate feed and 100 MT mineral licks)	1,468.20 MT (1,307.17 MT animal concentrate feed and 161.2 MT mineral licks)	FAO Field monitoring and service provider reports
Indicator 2.6	Number of milking goats procured and distributed	3,000 female goats in late pregnancy and/or in early lactation	3,606 female goats in late pregnancy and/or in early lactation	FAO Field monitoring and service provider reports
Indicator 2.7	Number of households benefiting from goat restocking	1,000 HHs	1,202 HHs	FAO Field monitoring and service provider reports

Indicator 2.8	Number of training sessions provided on improved animal husbandry	Four training sessions on improved animal husbandry	Four training sessions on improved animal husbandry	FAO Field monitoring and service provider reports
Indicator 2.9	Number of Village Livestock Committees (VLC) revitalized and members of VLC trained on GBV	10 VLCs revitalized and functional. At least 60 members trained on GBV	16 VLCs revitalized and functional. 80 members trained on GBV	FAO Field monitoring and service provider reports
Explanation of output and indicators variance:		Most of the targets of the livestock component have increased by 10-12%, including the number of the targeted HHs, quantities of livestock and veterinary supplies procured, and distributed including vaccines, drugs, animal feed, mineral licks and goats. This could be attributed to the robust and competitive procurement procedure adopted by FAO and the additional procurement of livestock inputs out of the significant savings made under the consultant and contract budget lines.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement of veterinary vaccines and drugs, animal supplementary feed and goats	FAO HQ/FAO-RNE/FAO Sudan
Activity 2.2	Distribution of animal health and supplementary feed supplies to the target beneficiaries	Elshiroog National Organization in Kass locality, Peace and Development National Organization (PDNO) in Belail locality, and Alradoum Charity Organization in Alradoum locality in South Darfur. Siyaj Charity Organization (SCO) in Al Geneina and Future for Community Development (FCD) in Sirba in West Darfur. Vet-Care Organization (VCO) In Elmeram locality in West Kordofan. SHF partners
Activity 2.3	Distribution of female goats to the target beneficiaries	The above-mentioned IPs, and SHF partners
Activity 2.4	Training of beneficiaries on improved livestock husbandry practices	The above-mentioned IPs, and SHF partners
Activity 2.5	Revitalization of the Village Livestock Committees and training members on GBV	The above-mentioned IPs, and SHF partners
Activity 2.6	Monitoring of the livestock activities at the beneficiary level (output and outcome level) including GBV risk associated with these activities	The above-mentioned IPs, and SHF partners/FAO

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

FAO in collaboration with the IPs and state line ministries organized community mobilization and sensitization sessions to orient the targeted communities about the project objectives, outputs and activities, in addition to, FAO's and IPs' mandates and missions. The IPs organized needs assessments with direct involvement of community leaders and community members. As per the project document, the IPs supervised formation/or revitalization of Agricultural Committees and Livestock Committees at village level. Those entities were then deeply involved in the selection of project beneficiaries and committees' members as per the agreed upon criterion. About 40 people (25 men and 15 women) representing the beneficiaries, participated in identification of the highly preferred crop and livestock inputs' types, quantities and varieties. The needs of women and children under the age of five were given a high priority. The village agricultural and livestock committees were deeply involved in the selection of beneficiaries, distribution of inputs, and organization of services and monitoring of the project activities. Members of VACs and

	VLCs were trained on GBV and made sure that the livelihoods activities were delivered safely to the target groups, particularly women and girls.
	Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?
	FAO has been adopting the Village Agricultural Committees (VAC) and Village Livestock Committees (VLC) as suitable and relevant mechanisms for assisting the beneficiaries, line ministries and IPs in project design, implementation and monitoring. Those committees have proved to be very instrumental in capturing the needs of the local people and letting the voices of women, minor ethnicities and vulnerable groups loudly heard. The most important thing is to make sure that any category of sensitive social groups in that specific setting is represented in these committees.
6.b	**IASC AAP Commitment 3 – Information, Feedback and Action**
	How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?
	Community mobilization and sensitization sessions were used as vehicles to convey the critical messages about the mandate, vision and mission of FAO and IPs. These sessions were also used to orient the communities about the project objectives, outputs and activities. Action plans and timelines were also discussed and agreed upon in those sessions. The communities were informed to report any incidences of sexual exploitation to FAO through IPs. Members of VAC and VLC were also encouraged to report to FAO directly. Mobile phones numbers of concerned FAO staff were always made available to the members of the committees.
	Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. — Yes ☒ No ☐
	IPs contracted by FAO were required to establishing a mechanism for receiving beneficiaries' complaints, questions or clarifications through mobile phone calls.; The IPs always ensure that feedbacks and actions are provided. The IPs registered beneficiaries' complaints and feedbacks and reported to FAO. For example, some beneficiaries in Al Geneina locality informed the IP that they received some crop seeds late and could not plant it. The IP conveyed this message to FAO Al Geneina, which recommended keeping the certified seeds to the next season and provided advice on how to store the seeds in good conditions.
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. — Yes ☐ No ☒
	Reporting on sexual abuse or exploitation is always captured through the above-mentioned mechanism. There is no a specific mechanism for capturing the sexual exploitation or abuse.
	Any other comments (optional):
	No

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programming's (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
FAO Sudan identified corporate outputs and indicators which are most relevant to the country programme and developed a corporate country indicator matrix against which progress of projects' implementations are measured and reported, including CERF funded projects. In addition, FAO Sudan through the Office of Evaluation (OED) is planning to conduct an overall programme evaluation. A chapter will be dedicated to CERF projects.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.2. Project Report 19-RR-IOM-007 - 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):**	19-RR-IOM-007
5. Project Title:	Providing Emergency Water Sanitation and Hygiene Assistance to Vulnerable Crisis Affected Populations to Reduce Malnutrition and Health Risks		
6.a Original Start Date:	05/04/2019	**6.b Original End Date:**	04/10/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	04.01.2020
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 5,800,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 3,469,172**
	c. Amount received from CERF:	**US$ 1,492,346**
	d. Total CERF funds forwarded to implementing partners	**US$ 296,185**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 142,185
	Red Cross/Crescent	US$ 154,000

2. Project Results Summary/Overall Performance

Through this CERF grant, the International Organization for Migration (IOM) and its implementing partners (IPs) provided urgent and critical Water, Sanitation and Hygiene (WASH) assistance to a total of 71,500 beneficiaries in North Darfur, East Darfur, West Darfur, West Kordofan and Red Sea State in Sudan. This assistance contributed to the overall improvement of hygiene, feeding and garbage collection practices by increasing knowledge and improving access to the much-needed water, sanitation facilities and WASH kits (soap and jerry cans), for the most vulnerable households (selected based on the following criteria: female headed households, people with disabilities (a total of 25 PwD were assisted), elderly and low income households) including the provision of critical humanitarian aid for those affected by floods in North and South Darfur under this project.

More specifically, in Dali IDPs Camp, North Darfur, 10,000 IDPs were assisted through a comprehensive WASH response that included the rehabilitation of water sources, construction of household latrines and hygiene and garbage collection campaigns. In the towns of Haya and Port Sudan, Red Sea State, IOM assisted a total of 10,000 beneficiaries through activities that focused on increasing water availability, increasing access to safe sanitation facilities and improving hygiene and garbage collection practices to decrease the risks of malnutrition associated with the use of contaminated water and poor hygiene practices (Red Sea State is one of the states in Sudan with the highest malnutrition rates) and of waterborne diseases from contaminated water containers and shared use of waterpoints for both human consumption and livestock. In West Kordofan, Gubaysh town, hygiene awareness and garbage collection campaigns were paired with the construction of new water sources in an effort to improve access to water and improve hygiene practices for 3,000 beneficiaries. In El Radoom town, South Darfur, the WASH response was focused on improving access to safe water, sanitation facilities (and additional 300 emergency latrines were constructed in response to the damage caused by the floods) and hygiene practices for both South Sudanese refugees and hosting communities (assisting 12,500 beneficiaries), whereas in East Darfur, the WASH interventions mainly focused on improving the overall hygiene and sanitation practices for 15,000 beneficiaries across 15 communities, as East Darfur is one of the states with the highest rates of open defaecation. Finally, in West Darfur, the interventions implemented addressed the urgent WASH needs and gaps in the IDPs camp of Ardamata, increasing and improving access to safe water, training of hand pump mechanics,

and improving hygiene and sanitation practices. During the implementation of the activities, Ardamata camp and surroundings, were among the worst affected sites from the floods, therefore, the timing of the implementation of the activities also served a dual-purpose as a flood rapid response. To assist communities affected by the floods in Geneina, West Darfur, IOM was also able to construct an additional solar powered mini water yards in the IDPs camp of Dorsi with the remaining budget available, providing assistance to an additional 2,500 IDPs who had no other access to safe water sources except for open water sources in the surrounding area.

3. Changes and Amendments

In April 2019, at the start of the project, the security situation in Khartoum worsened due to increasing civil unrest and political change. These events forced IOM to temporarily halt all operations and services across the country. As a result, IOM's operation and completion of the tendering process for the selection of IPs and contractors for the implementation of the activities was subject to delays as they were not able to submit bidding documents on time. On 3 June 2019, a further upsurge of violence and insecurity led to the temporarily closure of the IOM office and evacuation of staff members. These uncontrollable events delayed the project once more and had a direct effect on the whole country and the mission's ability to operate at full capacity, delaying the implementation of the works once more. Further delays were also encountered due to the worsening economic situation and new bank restrictions. For example, due to the economic and financial situation in Sudan, contractors and implementing partners were unable to withdraw enough cash to cover the expenses for the purchase of the materials. Notwithstanding the delays encountered, throughout the project implementation period, IOM continued to monitor activity implementation very closely to ensure that as much work as possible could be completed within the project timeframe, however the heavy rains and floods did not allow for the heavy machinery to arrive at the various project sites under this project until October 2019, further delaying the works. As a result of these delays, a three-month No Cost Extension was approved to ensure the achievement of the planned outputs and outcomes and deliver assistance to those most in need.

By the end of the project implementation period, all activities were completed as planned, with two additional activities implemented under Output 1 and Output 2 (due to an under-expenditure within the budget) that allowed the project to respond to the emergency caused by the floods in North and South Darfur. Under Output 1, IOM was able to construct an additional solar-powered mini-water yard in Dorso IDPs Camp) and under Output 2, IOM was able to build an additional 300 emergency latrines in the South Sudanese refugee settlement in El Radoom, to cover the gaps in sanitation left as a result of the floods.

In more detail, the project's achievements were as follows:

- Under Output 1, a total of 38,500 hosting community, IDPs and South Sudanese refugees were reached and given equitable and adequate access to a water supply. More beneficiaries than originally planned were reached through the construction, rehabilitation and operation and maintenance of water sources and the additional water source built in Dorso IDPs camp, West Darfur, in response to the floods. Furthermore, an additional 10 hand pumps were rehabilitated in Ardamata IDPs camp in West Darfur and the rehabilitation of the hand pumps was paired with the training of 10 hand pump mechanics. As part of the practical component of the training, trainees were asked to rehabilitate a hand pump each, therefore contributing to both improving access to water and technical capacity.
- Under Output 2, a total of 13,660 vulnerable community members received improved access to safe sanitation facilities. As per the project plan, 500 latrines were to be constructed in Dali IDPs camps (200), North Darfur, and in El Radoom (300), South Darfur, five VIP latrines were built in Haya, Red Sea State, and four VIP blocks were built in four schools in East Darfur. The number of beneficiaries reached through the sanitation interventions was higher than originally planned as an additional 300 emergency latrines were constructed in the South Sudanese refugee settlement of El Radoom, where the floods (remaining within the SPHERE standards of 25 people per emergency latrine and 40 people per VIP pit latrine).
- Under Output 3, a total of 62,000 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; 6. Prevention and management of disease outbreaks. 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.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	5,307	7,004	4,457	4,457	**21,225**
Refugees	993	1,312	835	835	**3,975**
Returnees	0	0	0	0	**0**
Internally displaced persons	3,375	4,455	2,835	2,835	**13,500**
Other affected persons	0	0	0	0	**0**
Total	**9,675**	**12,771**	**8,127**	**8,127**	**38,700**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	6,468	6,732	9,702	10,098	**33,000**
Refugees	1,470	1,530	2,205	2,295	**7,500**
Returnees	0	0	0	0	**0**
Internally displaced persons	6,076	6,324	9,114	9,486	**31,000**
Other affected persons	0	0	0	0	**0**
Total	**14,014**	**14,586**	**21,021**	**21,879**	**71,500**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	20	5	0	0	**25**

In case of significant discrepancy between figures under planned and reached people, either in 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 clean-up campaigns conducted across all the targeted locations reached a total of 62,000 beneficiaries, 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. In particular, in East Darfur, IOM and its IP (SRCS) were able to cover a total of five villages across three different localities, Assalaya, Bahar EL Arab, and Abu Jabra. East Darfur is one of the states with the highest recorded levels of open defecation as per the reports from the Ministry of Health and in order to increase its reach to address the issue, the number of localities covered was stretched to the maximum possible within the budget available. 2. An additional 300 latrines were constructed (pits lined with bricks to reduce the risks of future damage and collapse) in September 2019, in response to the high number of 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 the 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 refugees.

	3. One additional water yard was constructed in Dorsi IDP camp, West Darfur, in response to the severe water shortages reported in the area and the complete lack of functioning water sources as a result of the floods in 2019. Furthermore, through the prepositioning of spare parts in El Radoom locality, a locality that is usually cut off from access during the rainy season, a total of 10 water sources were maintained running during the rainy season thanks to the prepositioning of spare parts on the ground before the start of the rainy season. Similarly, in North Darfur, IOM was able to cover operation and maintenance costs for four water yards instead of two, as originally planned in response to the needs on the ground.

5. CERF Result Framework

Project Objective	To improve hygiene and feeding practices through increase knowledge and better access to water, sanitation facilities and hygiene products (soap and jerry cans).

Output 1	27,550 vulnerable community members have equitable and adequate access to water supply.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
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	7,500	13,000	Number of water facilities maintained, weekly reports, technical assessments, monitoring and evaluation missions
Indicator 1.2	Number of people who have increased access to safe water	27,550	38,500	Number of water facilities rehabilitated, weekly reports, technical assessments, monitoring and evaluation missions
Explanation of output and indicators variance:		The number of people reached under both Indicators 1.1 and 1.2 is higher than originally planned as more beneficiaries were reached through the construction, rehabilitation and operation and maintenance of water sources. Through the pre-positioning of spare parts in South Darfur, El Radoom locality, before the start of the rainy season, a total of 10 water sources were maintained and remained functioning throughout the rainy season. In West Darfur, an additional water source was constructed in the IDPs camp of Dorsi in response to the floods, and in North Darfur, the operation and maintenance costs of four water sources were covered, ensuring access to safe water for a higher number of people than originally planned.		

Activities	**Description**	**Implemented by**
Activity 1.1	Upgrading of MWY to solar power MWY (Dali B IDP camp- ND)	Tihraga for Engineering
Activity 1.2	Operation and maintenance costs of 2 MWY for 4 months (Dali IDPs Camp - ND)	NPO
Activity 1.3	Refreshment training for water committee (50 members) (Dali IDPs Camp - ND)	NPO
Activity 1.4	Rehabilitation of 2 Water yards in Haya (RSS)	Omaski Sai Infra.
Activity 1.5	Construction of 1 new MWY Haya (RSS)	Omaski Sai. Infra.
Activity 1.6	Rehabilitation of MWY and Installation of water tank in El Radoom (SD)	Tihraga for Engineering
Activity 1.7	Rehabilitation of 1 MWY (Ardamata WD)	Amico
Activity 1.8	Construction of 1 MWY (Ardamata WD)	Amico

Activity 1.9	Operation and maintenance costs of 2 MWY for 4 months (Ardamata - WD)	Al Moufuin
Activity 1.10	Training of 10 hand pumps mechanics in Ardamata	Al Moufuin
Activity 1.11	Construction of new MWY (Ghubaysh town - WK)	Emmar Group

Output 2	2,400 vulnerable community members have equitable access to improved and sex-segregated and child-friendly excreta disposal facilities.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of people who have access to safe sanitation facilities	2,400	13,660	Number of latrines constructed, weekly reports, monthly reports and monitoring and evaluation missions.
Indicator 2.2	Number of people with disability who have improved access to latrines	10	25	Number of people with disabilities assisted through the construction of latrines, weekly reports, monthly reports and monitoring and evaluation missions.
Explanation of output and indicators variance:		A total of 500 latrines were constructed. Initially, IOM had planned to construct 200 latrines in Dali IDP camp, however, an additional 300 latrines were constructed in the South Sudanese refugee settlement in El Radoom locality, South Darfur.to respond to the damage caused by the heavy rains and floods that started in June 2019, severely heightening the risks of disease outbreaks among South Sudanese refugees in the settlement of EL Radoom.		

Activities	**Description**	**Implemented by**
Activity 2.1	Construction of 4 VIP school latrines (Assalaya ED)	Emmar Group
Activity 2.2	Construction of 4 VIP school latrines (Bahar El Arab ED)	Emmar Group
Activity 2.3	Construction of 200 HH latrines (Dali B IDP camp- ND)	NPO
Activity 2.4	Construction of 5 VIP latrines in Haya (RSS)	Tihraga

Output 3	23,500 vulnerable community members are reached with hygiene campaigns and sensitization activities.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of persons reached with safe hygiene sensitization messages	23,500	62,000	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	23,500	62,000	Weekly updates, monthly monitoring reports, IP final report and monitoring missions
Explanation of output and indicators variance:		The IPs implementing the hygiene and cleaning campaigns were able to reach a total of 62,000 beneficiaries, more than the initial estimated number of 23,500 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. In particular, in East Darfur, IOM and its IP (SRCS) were able to cover a total of five villages across		

	three different localities, Assalaya, Bahar EL Arab, and Abu Jabra. East Darfur is one of the states with the highest recorded levels of open defecation and in order to increase its reach to address the issue, the number of localities covered was stretched to the maximum possible within the budget available.

Activities	Description	Implemented by
Activity 3.1	Distribution of 15,000 soap bars (3 per HH)	IOM
Activity 3.2	Distribution of 3,000 jerry cans (1 per HH)	IOM
Activity 3.3	Conduct weekly hygiene and garbage collection campaigns with waste management sensitization in Bahar El Arab – EDS for 4 months	SRCS
Activity 3.4	Conduct weekly hygiene and garbage collection campaigns with waste management sensitization in Assalaya – EDS for 4 months	SRCS
Activity 3.5	Conduct weekly hygiene and garbage collection campaigns with waste management sensitization in Abu Jabra – EDS for 4 months	SRCS
Activity 3.6	Conduct monthly hygiene and garbage collection campaigns in Dali IDPs Camp – ND for 4 months	NPO
Activity 3.7	Conduct monthly hygiene and garbage collection campaigns in Haya Red Sea State for 4 months	Dosha
Activity 3.8	Conduct monthly hygiene and garbage collection campaigns in El Radoom South Darfur for 4 months	SRCS
Activity 3.9	Conduct weekly hygiene and garbage collection campaigns with waste management sensitization in (Ardamata – WD for 4 months	Al Moufuin
Activity 3.10	Conduct weekly hygiene and garbage collection campaigns with waste management sensitization in Ghubaysh town – WK for 4 months	El Goni

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Through this project, IOM contributed to the improvement of hygiene and nutrition practices among IDPs, refugees and hosting communities 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 through meetings at the local level. The technical teams explained the project's objectives and the timeline of implementation, and together, created an action plan for each project output. Volunteers were selected in coordination with the local community leaders and authorities and trained for the implementation of the hygiene awareness and clean-up campaigns, and together with the community leaders, worked to sensitize and mobilize the community in preparation of the implementation of the activities. On average, a total of 30 people in each locality, including men, women and youth, 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 clean-up 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 (Water and Environmental Sanitation Commission (WES) and the State Ministry of Health (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.

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.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Before the implementation of any intervention, for the water activities IOM carried out meetings with the WES, the commissioner officer, and the representative of the water resources on the ground in the targeted area of intervention. For the sanitation activities, IOM carried out meetings with the Minister of Local Planning, and the locality officer, and for the hygiene activities, carried out meeting with the Ministry of Health, community leaders and local community members. Through each of the meetings in each locality, the planned activities were introduced and discussions on the possible locations and needs/gaps were carried out. At the local level, IOM engaged with the community committees present to ensure that the needs of all members of the community would be taken into consideration, especially for the selection of the locations for the construction of the latrines, the water sources to be rehabilitated and for the selection of the volunteers to participate in the hygiene and cleaning campaigns.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

When visiting the project sites for the first time, IOM staff members and IPs organized meetings with community leaders, representatives and community members to introduce themselves, the organization and its mandate. During the meeting IOM staff members explained why they are visiting the beneficiaries' community, what is the objective of the mission and explain what role the staff member will play throughout the process (including standards and principles one has to adhere to). The aim of the first mission is to hear directly from the community members what their views and expectations are and whether or not the needs highlighted by the local authorities match those of the community. IOM will then introduce the project activities and will ensure to receive the consensus of the community before the start of the implementation of the activities.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☐ No ☒

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. Where possible, IOM engages directly with local community committees to also monitor the implementation of the action and as a link between the community and IOM so that referrals can be easily passed on when needed. If and when, IOM receives negative feedback or a complaint, immediate reparative action is carried out to address the issue. In one of IOM's most recent monitoring and evaluation missions, it was found that, even though a feedback mechanism was established, not all community members were aware of it. In the future, IOM will be strengthening its programme to ensure that all community members are aware of complaint mechanisms available.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☐ No ☒

Under this project, a consultative participatory approach was employed to allow for the communities to participate directly in the activities, in the decision-making process and in the identification of priority needs based on gender and vulnerability. This inclusive participatory approach included community interviews with vulnerable women and girls to open communication channels or opportunities for the reporting of SEA and to provide the necessary support through referral mechanisms. To be noted that a

	specific mechanism to report SEA-related complaints specifically was not established. However, IOM has recently conducted a PSEA training for all IOM staff members, including those who carried out activities under this project. IOM is committed to upholding a "do no harm" approach and extends its policy to IPs as well, to encourage the institutionalization of AAP and PSEA processes. Accordingly, IOM will organize a formal capacity building workshop in Khartoum for NGO partner staff on the importance of effectively addressing AAP and PSEA in their target communities and within their own organizations. The curriculum will address, at minimum, AAP and PSEA policy development and implementation, cooperative arrangements, raising beneficiary and staff awareness, establishing community-based and internal complaints mechanisms and investigation procedures.
	Any other comments (optional):
	No further comments.

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No external evaluation has been planned for the following project. However, the project was monitored throughout its implementation.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.3. Project Report 19-RR-FPA-012 - UNFPA

1. Project Information			
1. Agency:	UNFPA	**2. Country:**	Republic of the Sudan
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-FPA-012
5. Project Title:	Integrated life-saving Sexual Reproductive Health services for vulnerable populations affected by humanitarian crisis		
6.a Original Start Date:	05/04/2019	**6.b Original End Date:**	04/10/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	NA
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 11,200,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 0**
	c. Amount received from CERF:	**US$ 1,431,495**
	d. Total CERF funds forwarded to implementing partners	**US$ 280,158**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 236,641
	Red Cross/Crescent	US$ 43,517

2. Project Results Summary/Overall Performance

Through this CERF grant, UNFPA and its partners provided 278 Emergency Reproductive Health Kits (ERHK) to the health facilities in East Darfur, West Darfur, North Darfur, South Darfur, West Kordofan and White Nile States, these kits were distributed to 126 health facilities in the targeted locations, including 20,000 clean delivery kits for visibly pregnant women, 270 midwifery kits for midwives. Furthermore, the CERF-supported project accessed the women and girls in reproductive age in the targeted locations and distributed 26500 dignity kits, these standard dignity kits, containing essential items as recommended by the protection cluster, were distributed.

In addition, UNFPA with the implementing partners provided Reproductive Clinical Services to 48,475 affected people in the targeted localities with focus on women and girls in reproductive age this was achieved through 366 mobile clinics implemented through this grant. Referral services were provided to pregnant women with obstetric complications as part of both mobile clinics, and as standalone for critical cases. Within the mobile GBV Consultations were provided to 9579 women and girls in the IDP and host community in the targeted locations through the outreach sessions. Integrated Sexual and Reproductive Health Rights (SRHR) and GBV awareness raising interventions reached total of 11098 people in the targeted localities.
Total of 202 health service providers including midwives were trained in the Emergency SRHR topics including STIs, post abortion care, management of causes of maternal deaths, and CMR which enhanced their capacities for better timely and quality response to the need of the affected people in the targeted locations.

In total, the project assisted approximately 86,275 affected people in the targeted locations.

3. Changes and Amendments

In this grant, no significant changes or amendments were made despite the unstable and unpredictable political and security situation in the country as general and in the targeted locations during the period of the project implementation.

As a result of the unstable security situation during the grant period, which is further worsened by cash and fuel crises, all social services including for lifesaving SRHR were severely disturbed, hospitals and ports were in strike, frequent episodes of state of emergency with limited movement, all these negatively impacted on the timely startup of the project. However, UNFPA with the implementing partners accelerated the implementation of the activities under this grant to overcome the indicated gaps, for instance UNFPA utilized direct payment method for certain activities.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	1,440	7,615	480	3,264	**12,799**
Refugees	1,380	7,299	460	3,128	**12,267**
Returnees	0	0	0	0	**0**
Internally displaced persons	4,380	23,164	1,460	9,927	**38,931**
Other affected persons	0	0	0	0	**0**
Total	**7,200**	**38,078**	**2,400**	**16,319**	**63,997**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	3,262	8,362	512	6,118	**18,254**
Refugees	2,600	11,230	600	4,130	**18,560**
Returnees	0	0	0	0	**0**
Internally displaced persons	6,418	31,650	1,630	9,763	**49,461**
Other affected persons	0	0	0	0	**0**
Total	**12,280**	**51,242**	**2,742**	**20,011**	**86,275**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	There is overachievement in the total number of the people directly assisted with CERF funding, this is due to the high uptake of the service especially the mobile clinic services provided to the affected people in the targeted locations. It proved to be a very critical strategy of outreach given the current high demand of SRHR service, and with the background of very limited coverage with EmONC services.

5. CERF Result Framework	
Project Objective	Contribute to the reduction of maternal and neonatal mortality and morbidity through the provision of lifesaving interventions and scaling up to comprehensive services in protracted situations in the most affected locations, 2019.

Output 1	Affected population's access to essential and comprehensive integrated Sexual and Reproductive Health care services is increased including FP, EmOC, BCEmOC, GBV, and referral services			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of ERHK procured and delivered to targeted locations	278	278	Project reports and supporting documents
Indicator 1.2	Number of Dignity kits procured and distributed to affected on women and girls in reproductive age in the targeted localities with focus	26,500	26,500	Project reports and supporting documents
Indicator 1.3	Number of consultations provided by the mobile teams to the affected people in the targeted localities with focus on women and girls in reproductive age	24,000	48,475	Project reports and supporting documents
Indicator 1.4	Number of women with obstetric complications referred to Emergency Obstetric care	750	625	Project reports and supporting documents
Indicator 1.5	Number of care providers trained on different life saving RH topics including (STI Syndromic approach, Family Planning, EmONC, Clinical Management of Rape survivors).	200	202	Project reports and supporting documents
Explanation of output and indicators variance:		The number of consultations provided by the mobile team is overachieved, that is due to the high uptake of the mobile clinics' services by the affected people in the targeted locations especially women and girls and STIs patients. The patients and clients experienced limited access to facilities, hence this modality provided easy access, though the maximum women with complications was 625 which is below the target.		

Activities	**Description**	**Implemented by**
Activity 1.1	To procure and distribute 278 emergency RH kits at community, PHC and referral level, and 26500 dignity kits, to be distributed, to enable local health system to implement components of Minimum Initial Service Package (MISP) and providing emergency reproductive health services targeting women at reproductive age, and young girls, including pregnant women, patients with sexually transmitted diseases, and victims of GBV,	This activity is fully implemented by UNFPA. UNFPA directly distributed to the health facilities, and the implementing partners (FMOH, SMOH, CAFA, SRCS, and PHF). The community distribution was led by the national partners.
Activity 1.2	To support the establishment of integrated mobile teams that provide SRH services to women under high risk of obstetrical complications and SGBV survivors. The teams outreach coverage is segregated over the targeted location proportionately at state level based on the prevalence of ANC uptake, and at the specific location level based on the expected number of women being pregnant as identifier.The services are provided by directly by the contracted NGOs, however in close coordination with both UNFPA and SMoH. The NGOs coordinate with local authorities at state and locality level.	This activity is implemented by UNFPA's partners, namely; 1. In White Nile by CAFA, 2. In south, East and North Darfur by PHF 3. In west Darfur by SRCS All NGOs were working in close coordination with the authorities at state level, and with UNFPA country and field offices.

	UNFPA will provide technical assistance in terms of standard operating procedures and guidance in close coordination with SMOH, which are adapted to the context and the national policies and strategies. The SMoH will jointly select with the NGOs the list of care providers to be included within the mobile teams.	
Activity 1.3	To conduct refresher training of health care providers on different life saving RH topics including (STI Syndromic approach, Family Planning, EmONC, Clinical Management of Rape survivors). These care providers are engaged in the provision of emergency and lifesaving RH interventions in the targeted localities. UNFPA will provide direct technical assistance and facilitation of these trainings, using MISP package, and the SMOH will be directly engaged in selecting training participants (health care providers from the affected localities). Trainings will be implemented through the SMoH. NGOs in the defined locations will be directly implementing the trainings.	This activity is implemented by UNFPA's partners, namely; 1. In White Nile by CAFA, 2. In south, and North Darfur by PHF 3. East Darfur by NYD 4. In west Darfur by SRCS All NGOs were working in close coordination with the authorities at state level, and with UNFPA country and field offices.
Activity 1.4	To support the referral and treatment cost for obstetric and pregnancy related emergences, through enhancement of locally initiated referral system, support transportation cost, and hospital expenses. UNFPA provides the case definition of the in need for referral jointly with the SMOH, the direct implementation (case identification and referral) is the responsibility of the NGOs in the affected localities in close coordination with health care providers at both community and PHC level for case identification, and referral facilities for providing ERH care	This activity is implemented through UNFPA's partners, namely; 1. In White Nile by CAFA, 2. In south, and North Darfur by PHF 3. East Darfur by NYD 4. In west Darfur by SRCS All NGOs were working in close coordination with the authorities at state level, and with UNFPA country and field offices.

Output 2	The affected population are reached with demand creation services to increase utilisation of SRH and adopt safe behaviours.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of individuals from the affected population reached by outreach sessions conducted in targeted localities with demand creation for SRH/MISP services.	16,000	11,098	Project reports and supporting document
Explanation of output and indicators variance:		The indicator is underachieved due to the unstable security and political situation during the project period, including state of emergency and curfews which limited the movement.		

Activities	**Description**	**Implemented by**
Activity 2.1	To conduct outreach activities targeting most in need communities focusing of demand creation on SRH issues, including raising awareness on alarm signs of pregnancy related life-threatening complications; FP, STI & HIV, promotion to utilise ANC/PNC services, referral of critical cases, increasing understanding of GBV issues, and promote the survivors' access to services. The services are provided by directly by the contracted NGOs, however in close coordination with both UNFPA and SMoH. The NGOs coordinate with local authorities at state and locality level. UNFPA will provide technical assistance in terms of standard operating procedures and guidance in close coordination with SMOH, which are adapted to the context and the national policies and strategies.	This activity is implemented through UNFPA's partners, namely; 1. In White Nile by CAFA, 2. North Darfur by PHF 3. In west Darfur by SRCS 4. South and East Darfur by NYD 74 Outreach sessions were conducted and reached 11098 women, men in reproductive age, young girls, boys and pregnant women.

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

This project is implemented with full involvement of the crisis-affected communities in the affected areas targeted by the project, the modes of engagements were the 1) leadership in mobilizing the communities to access the service and to participate in the activities, 2) ensure the proper utilization of the resources and monitor the distribution of the RH kits and supplies to the communities through the community leaders including women and youth groups. This has contributed to the success of the implementation and ensured the uptake of the Emergency RH services provided through the CERF-supported activities in the targeted areas.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

UNFPA used the existing national mechanisms to engage the communities through the Civil Society Organizations and Non-Governmental Organizations those are exiting in the targeted communities and providing other services that meet the critical needs of the communities.
These organizations are built on the voluntarism since most of the NGOs implemented the CERF-supported interventions have volunteers from the women, youth and marginalized groups in their organization structures and they became a part of the response to their community needs.
UNFPA has been supporting these organizations to develop the capacities of the women, youth and the other vulnerable and marginalized groups to lead the emergency response and the development of their communities through the empowering them and provide the needed support.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The affected people were provided with all the relevant information about the project through the introductory meetings with the community leaders and stakeholders in the beginning of the project and within the activities especially the outreach activities in the targeted locations.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐

There were no received complains linked to the project, UNFPA country office in Khartoum, and all field offices have complaint boxes, PSEA global hotline is also provided to all IPs. UNFPA official email and contact persons form the field offices were communicated with the IPs and key stakeholders of the communities, were also shared.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐

All the partners working with UNFPA were trained on PSEA and have agreed and signed on commitment towards prevention of sexual exploitation abuse agreement. All the care providers working under the UNFPA implementing partners have enough knowledge to deal with cases of sexual exploitation and abuse (through the trainings provided by UNFPA staff. PSEA hotline is communicated with the IPs and key stakeholders form the communities.

Any other comments (optional):

No other comments

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNFPA conducts evaluation for its projects in the end of each programme cycle, and this grant came in the middle of the current programme cycle which will be closed in 2021. Therefore, no evaluation was conducted. However, close monitoring and follow up from UNFPA's field staff and under the supervision of the country office staff.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.4. Project Report 19-RR-CEF-026 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Republic of the Sudan
3. Cluster/Sector:	Nutrition - Nutrition	**4. Project Code (CERF):**	19-RR-CEF-026
5. Project Title:	Lifesaving nutrition response– SAM treatment and IYCF counselling		
6.a Original Start Date:	18/04/2019	**6.b Original End Date:**	17/10/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 47,344,176**
	b. Total funding received for agency's sector response to current emergency:	**US$ 23,100,000**
	c. Amount received from CERF:	**US$ 5,001,933**
	d. Total CERF funds forwarded to implementing partners	**US$ 1,121,763**
	of which to:	
	Government Partners	US$ 950,865
	International NGOs	US$ 119,717
	National NGOs	US$ 51,181
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners in the targeted localities managed to conduct nutritional screening for 416,636 children under-five (53 per cent girls) from which 32,442 children with Severe Acute Malnutrition (SAM) were admitted for treatment, out of which 92.7 per cent was cured. UNICEF supported the establishment and maintenance of 555 mother-support groups (MSGs) which provided infant and young child feeding (IYCF) counselling for 27,910 pregnant and lactating women during the period April to October 2019.
Further, 268 health workers and community volunteers benefited from community-management of acute malnutrition (CMAM) / infant and young child feeding (IYCF) training, including 30 health workers who were trained on inpatient care for SAM children with complications.

CERF-funding support the establishment and functioning of 106 outpatient treatment programmes (OTP) both fixed & mobile. CERF-funding also helped UNICEF in keeping intact the nutrition supply chain, especially in terms of support to the procurement of lifesaving nutrition supplies including ready-to-use therapeutic food (RUTF), therapeutic milk, stabilisation centre kits, essential drugs, electronic scales. Funds were also used to print IYCF related information, education and communication (IEC) materials, which were used during the orientation sessions conducted for caregivers as part of IYCF counselling as well as for awareness creation for 120 community leaders.
CERF supported the timely delivery of nutrition supplies, which resulted in a 'no supplies gap' and improved the stock situation in the targeted localities. Monitoring visits were conducted to further improve the quality of services.
CERF contributed to the improvement of quality of services in the targeted three stabilisation centres through securing supplies, capacity development of cadres, provision of meals for caregivers and improved sanitation and hygiene facilities and awareness.

3. Changes and Amendments

There was no change or amendment in the project. There was some shifting of funds that were reserved for 'Travel', 'General Operating Costs' Other Direct Costs' & 'Supplies/Commodities' to the 'Transfers and Grants to Counterparts' category. This allowed partners to expand the planned interventions and reach more beneficiaries. However, this shifting remained within the fifteen per cent flexibility.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Nutrition - Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	36,674	11,664	12,140	**60,478**
Refugees	0	10,999	696	725	**12,420**
Returnees	0	350	179	186	**715**
Internally displaced persons	0	34,904	2,289	2,382	**39,575**
Other affected persons	0	0	0	0	**0**
Total	**0**	**82,927**	**14,828**	**15,433**	**113,188**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Nutrition - Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	36,674	12,505	13,015	**62,194**
Refugees	0	10,999	746	777	**12,522**
Returnees	0	350	192	200	**742**
Internally displaced persons	0	34,904	2,454	2,554	**39,912**
Other affected persons	0	0	0	0	0
Total	**0**	**82,927**	**15,897**	**16,546**	**115,370**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The targets for: admission of Severely Acutely Malnourished (SAM) children for treatment, cure rate, and zero stock-out of nutrition supplies (ready-to-use therapeutic food) were overachieved. Furthermore, 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 of funds that were reserved for 'Travel', 'General Operating Costs' Other Direct Costs' & 'Supplies/Commodities' to the 'Transfers and Grants to Counterparts' category. However, this shifting remained within the fifteen per cent flexibility.

5. CERF Result Framework	
Project Objective	Lifesaving nutrition response– SAM treatment and IYCF counselling

Output 1	Children aged 6-59 months with Severe Acute Malnutrition in the targeted areas are identified, referred and treated.Nutrition - Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of children with non-complicated SAM who are admitted for treatment in OTPs (200 OTPs across these localities)	30,261	32,442	CMAM database
Indicator 1.2	Percentage of children under-5 treated for SAM who have been cured	More than 75% (SPHERE standards)	92.7	CMAM database
Indicator 1.3	Percentage of OTPs with zero stock out of RUTF	95%	99 per cent (only three OTPs reported stock outage)	Nutrition monthly report
Explanation of output and indicators variance:		The targets of admission of Severely Acutely Malnourished (SAM) children for treatment, cure rate & zero stock out were overachieved. The overachievement was caused by shifting of funds that were reserved for 'Travel', 'General Operating Costs' Other Direct Costs' & 'Supplies/Commodities' to the 'Transfers and Grants to Counterparts' category. This allowed partners to expand the planned interventions and reach more beneficiaries.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procure and distribute 36,310 carMT of RUTF	UNICEF
Activity 1.2	Procure and distribute 750 carMT of Therapeutic Milk	UNICEF
Activity 1.3	Procure and distribute 75 medical supplies kits	UNICEF
Activity 1.4	Procure and distribute of essential medicines kit for 3 SCs (Geneina, El Fasher and El Dain)	UNICEF
Activity 1.5	Procure and distribute anthropometric equipment – 100 digital scales (mother child scale)	UNICEF
Activity 1.6	Conduct early case finding and referral for acute malnutrition among children age 6-59 months in targeted areas.	UNICEF implementing partners (the State Ministry of Health in Red Sea, White Nile, West Darfur, North Darfur West Kordofan, South Darfur and east Darfur), national non-governmental organisations (NIDO, Mubadroun and RHF) and international non-governmental organisations (World Vision, ARC, CONXCREN and KPHF).
Activity 1.7	Admission of non-complicated SAM cases for treatment in OTPs.	UNICEF implementing partners (the State Ministry of Health in Red Sea, White Nile, West Darfur, North Darfur West Kordofan, South Darfur and east Darfur), national non-governmental organisations (NIDO, Mubadroun and RHF) and international non-governmental organisations (World Vision, ARC, CONXCREN and KPHF).
Activity 1.8	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, White Nile, West Darfur, North Darfur West Kordofan, South Darfur and east Darfur), national non-governmental organisations (NIDO, Mubadroun and RHF) and international non-governmental organisations (World Vision, ARC, CONXCREN and KPHF).
Activity 1.9	Ensure accurate and timely reporting on number of children 6-59 months screened for acute malnutrition, number of non-	UNICEF implementing partners (the State Ministry of Health in Red Sea, White Nile, West Darfur, North Darfur

	complicated SAM who are admitted for treatment in OTPs, percentage of children under-5 treated for SAM who have been cured and percentage of OTPs with zero stock out or RUTF.	West Kordofan, South Darfur and east Darfur), national non-governmental organisations (NIDO, Mubadroun and RHF) and international non-governmental organisations (World Vision, ARC, CONXCREN and KPHF).

Output 2	Pregnant and lactating mothers receive counselling and support to maintain optimal infant and young child feeding, care and hygiene practices.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of pregnant and lactating mothers accessing Infant and Young Child Feeding (IYCF) counselling through UNICEF-assisted Mothers Support Groups.	21,696	27,910	Nutrition monthly report
Explanation of output and indicators variance:		There was a slight overachievement in the number of pregnant and lactating women reached with infant and young child feeding (IYCF) counselling. The overachievement caused by shifting of funds that were reserved for 'Travel', 'General Operating Costs' Other Direct Costs' & 'Supplies/Commodities' to the'Transfers and Grants to Counterparts' category. This allowed partners to expand the planned interventions and reach more beneficiaries.		

Activities	**Description**	**Implemented by**
Activity 2.1	Establish/maintain Mothers Support Groups	UNICEF implementing partners (the State Ministry of Health in Red Sea, White Nile, West Darfur, North Darfur West Kordofan, South Darfur and east Darfur), national non-governmental organisations (NIDO, Mubadroun and RHF) and international non-governmental organisations (World Vision, ARC, CONCREN and KPHF).
Activity 2.2	Conduct counselling to mothers of children younger than 2 years on infant and young child feeding, care and hygiene through MSGs and health facilities	UNICEF implementing partners (the State Ministry of Health in Red Sea, White Nile, West Darfur, North Darfur West Kordofan, South Darfur and east Darfur), national non-governmental organisations (NIDO, Mubadroun and RHF) and international non-governmental organisations (World Vision, ARC, CONCREN and KPHF).
Activity 2.3	Ensure accurate and timely reporting on number of pregnant and lactating mothers accessing Infant and Young Child Feeding(IYCF) counselling through UNICEF-assisted Mothers Support Groups.	UNICEF implementing partners (the State Ministry of Health in Red Sea, White Nile, West Darfur, North Darfur West Kordofan, South Darfur and east Darfur), national non-governmental organisations (NIDO, Mubadroun and RHF) and international non-governmental organisations (World Vision, ARC, CONCREN and KPHF).

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

As this project was designed to address the needs for the most vulnerable population in the targeted localities, accountability for affected population was taking in consideration during all stages.

In the design/planning phase, beneficiaries' points of views were obtained through community-based discussion, the beneficiaries were included through awareness raising and sensitisation activities (with involvement of community leaders). During the implementation phase, the targeted beneficiaries were directly involved in project implementation. For example, they were consulted and involved while implementing screening activities as well as during the selection and formation of mothers' support groups. Community leaders and health workers played a key role to mobilise and engage targeted communities. During the project

	monitoring and evaluation stage, monitoring visits were conducted by the UNICEF team (UNICEF staff, consultants and volunteers) and implementing partners in the targeted localities. During those visits, beneficiaries' feedback on the implemented interventions was taking into consideration to highlight the relevancy and effectiveness of the interventions. Those field visits also aimed to track the progress of the project activities against the planned targets, and to provide needed technical support to service providers
	Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?
	The existing mechanism include the community awareness raising/sensitisation sessions, including focus group discussion. This is done through proper engagement of local authorities and influential persons at community-level as well as the community functional cadre such as mother support groups, community volunteers.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
Through awareness raising/sensitisation sessions. In addition, information was delivered through drama, mobile cinema, focus group discussions and the distribution of printed information, education and communication (IEC) materials.	
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☐ No ☒
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 (see for more information optional comment below).	
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☐ No ☒
The PSEA mechanism is under development.	
Any other comments (optional):	
Beneficiaries' safety and protection is one of UNICEF's key priorities in its all programming. The following prevention of sexual exploitation and abuse (PSEA) and child safeguarding initiatives have been rolled-out or will be rolled-out in the near future: Information, Education and Communication (IEC) material have already been developed for UNICEF's offices and is now displayed in all our offices. Training of UNICEF personnel on PSEA including how to report allegations in a safe and confidential manner has been conducted for all offices and focal persons have been identified in all field offices. Internal reporting mechanisms have also been established. While there have been unforeseen delays, UNICEF Sudan, with the help of a partner is preparing to roll-out trainings on child safeguarding and child safe programming for all our staff and partners. Training for sector/partners on prevention and response to sexual exploitation and abuse including gender and child-sensitive, survivor-centred responses has been completed in Khartoum and is being rolled-out in the field offices (eleven field offices). As part of its annual work plan, UNICEF Sudan Country Office will support building the capacity of frontline community workers on PSE, and the community-based complaints systems; For implementing partners, UNICEF has revised its standard Programme Cooperation Agreement (PCA) documents to include standard clauses on PSEA and safeguarding and is strengthening communication with partners on safeguarding and PSEA. To support the child helpline, 22 child helpline operators have been trained on PSEA by the subsector in collaboration with Save the Children and the National Council for Child Welfare (NCCW). UNICEF was part of the development and finalisation of the PSEA network's Joint Framework for Action, which outlines priority results which the network will work to jointly achieve in Sudan in 2019-2020. As part of the joint framework for action, one priority is an interagency hotline that's being established, and community-based complaints mechanisms being trained and strengthened. A training was already held for partners and UN agencies in Khartoum on these mechanisms and community	

	awareness materials are currently being developed, which will form an important part of the roll-out and ensuring communities know about the available channels and processes.

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The community management of acute malnutrition (CMAM) evaluation is planned to be conducted in 2020, however, this evaluation will cover the whole country and for multiple donors' contribution (not CERF specific).	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.5. Project Report 19-RR-CEF-027 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Republic of the Sudan
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-CEF-027
5. Project Title:	Support provision of life-saving health services to the vulnerable under-five years age children in 15 targeted localities		
6.a Original Start Date:	09/04/2019	**6.b Original End Date:**	08/10/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 4,156,678**
	b. Total funding received for agency's sector response to current emergency:	**US$ 567,601**
	c. Amount received from CERF:	**US$ 2,048,542**
	d. Total CERF funds forwarded to implementing partners	**US$ 381,316**
	of which to:	
	Government Partners	US$ $315,489
	International NGOs	US$ $33,232
	National NGOs	US$ $32,595
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners reached 805,546 people, including mothers and children, through different packages of primary health care services. A total of 748 health care providers (403 women and 345 men), including medical doctors, medical assistants, and community mid-wives (CMWs) were trained. A total of 51,154 children were vaccinated against measles, and 43,497 sick children under-five received treatment through the integrated management of childhood illnesses (IMCI) approach. This approach enabled health workers to screen the child's health situation holistically and address any issues systematically. A total of 190,104 households received home visits by trained community health workers and/or community mid-wives.

In addition, 710,147 people were reached through different channels of communications, such as awareness sessions during home visits or by mass media using local radios and mobile theatre in certain localities and villages. The community health workers and mid-wives transmitted key health messages. For example, they encouraged household members to practice healthy behaviours such as exclusive breastfeeding for young infants below the age of six months, appropriate complementary feeding, adherence to immunisation services, and handwashing at critical times.

3. Changes and Amendments

There was no change, deviation or amendment made in the project.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	9,316	9,696	**19,012**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	35,045	36,475	**71,520**
Other affected persons	0	0	0	0	**0**
Total	**0**	**0**	**44,361**	**46,171**	**90,532**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	139,010	156,602	17,525	22,311	**335,448**
Refugees			9,316	9,696	**19,012**
Returnees			4,725	4,980	**9,705**
Internally displaced persons	199,360	215,923	12,788	13,310	**441,381**
Other affected persons	0	0	0	0	**0**
Total	**338,370**	**372,525**	**44,354**	**50,297**	**805,546**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	UNICEF reached 94,651 girls and boys with health services and supplies, 4,119 more children than the planned target. However, despite the fact that some activities benefitting the adult population (men and women) - such as the procurement and distribution of primary healthcare kits, long-lasting insecticidal nets (LLINs), acute watery diarrhoea (AWD) kits, midwifery kits - they were initially not included in the table of direct targeted beneficiaries. Hence, in addition to the above-mentioned boys and girls, UNICEF directly reached 710,895 men and women through this CERF funding, to make up a total of 805,546 people. The overachievement is not a result of changes in the strategy or activities but rather the reporting of adults who were not included in the planned figures.

5. CERF Result Framework	
Project Objective	1. Support provision of an integrated package of health services -at both health facility and community levels- to the children (boys and girls) affected by emergencies in the targeted locations, 2. Support the health authorities (at national, state and local levels) to prepare, detect and efficiently contain the public health threats and emergencies 3. Increase demand and enhance utilization of the child health services and improve the family practices related to child health.

Output 1	Children under-five years of age in the targeted localities received quality case management for the common childhood illnesses			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of under-five children with access to IMCI/ICCM services	At least 60% of the expected out-patient caseload (90,532)	42,883	IMCI reports from the State Ministry of Health (SMOH) and health facility records.
Indicator 1.2	Number of health care providers trained	666 (320 women and 346 men)	748 (403 women and 345 men)	Ministry of Health training reports
Explanation of output and indicators variance:		The high turnover of integrated management of childhood illness (IMCI) trained staff, associated also with the socio-political unrest and instability has negatively affected the number of under-five children accessing IMCI/ ICCM services. The trainings were conducted in the second half of the project lifetime.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of 90 IMCI kits, 732 MWKs, 10 AWD kits, 70,000 LLITNs, 181 carMT of ORS, 8,450 pack of Zinc tablets)	The high turnover of integrated management of childhood illness (IMCI) trained staff, associated also with the socio-political unrest and instability has negatively affected the number of under-five children accessing IMCI/ ICCM services. The trainings were conducted in the second half of the project lifetime.
Activity 1.2	Distribution of the essential health supplies to the targeted localities	The high turnover of integrated management of childhood illness (IMCI) trained staff, associated also with the socio-political unrest and instability has negatively affected the number of under-five children accessing IMCI/ ICCM services. The trainings were conducted in the second half of the project lifetime.
Activity 1.3	Training of the health care providers on IMCI, ICCM	The high turnover of integrated management of childhood illness (IMCI) trained staff, associated also with the socio-political unrest and instability has negatively affected the number of under-five children accessing IMCI/ ICCM services. The trainings were conducted in the second half of the project lifetime.
Activity 1.4	Support provision of integrated PHC services through mobile clinics	The high turnover of integrated management of childhood illness (IMCI) trained staff, associated also with the socio-political unrest and instability has negatively affected the number of under-five children accessing IMCI/ ICCM services. The trainings were conducted in the second half of the project lifetime.

Output 2	Immunization services provided to the children under-five years in the fifteen targeted localities			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	No shortage of measles vaccines in the targeted localities (availability of measles vaccines for children in the targeted localities)	53,942 vials of measles vaccine will be availed	66,500	Reports from the State Ministry of Health (SMOH) expanded programme on immunisation (EPI) departments and, state and localities cold chain records.
Indicator 2.2	% and number of children under-one year receiving one dose of measles vaccines	95% (31,118)	150 per cent (51,154)	EPI state reports, locality records and reports
Explanation of output and indicators variance:		The overachievement is partly due to UNICEF procuring 66,500 instead of 53,942 vials, resulting in vaccination of additional children. (UNICEF procured injections with different funding sources and used the savings to procure additional vials with CERF-funding).		

Activities	Description	Implemented by
Activity 2.1	Procurement of polio and measles vaccines, and injection devices	UNICEF
Activity 2.2	Distribution of vaccines, and injection devices	Ministry of Health and NGOs in close coordination with UNICEF
Activity 2.3	Training /Refresh Training of 300 vaccinators	Ministry of Health in close coordination with UNICEF
Activity 2.4	support immunization outreach sessions	Ministry of Health and NGOs in close coordination with UNICEF

Output 3	Social mobilization and health promotion interventions campaigns conducted in the fifteen targeted states			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of households or families reached with key family practices and child protection messages	At least 85% of total households (124,368)	190,104	Field office reports, state reports.
Explanation of output and indicators variance:		Community health volunteers, the majority of them were from the community, well-respected and recognised, worked extra hours and also during weekends to reach more households (due to the many disease outbreaks in the second semester of 2019).		

Activities	Description	Implemented by
Activity 3.1	Conduct social mobilization and awareness raising campaigns	Ministry of Health in close coordination with UNICEF
Activity 3.2	Training of 300 community social mobilizers and volunteers on communication skills needed to transfer health messages	Ministry of Health in close coordination with UNICEF

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Crisis-affected people were involved through village and locality health committees who monitored the implementation of activities at state level. UNICEF and partners conducted meetings with the committees on a regular basis.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

It is the role of district health systems to engage communities, government and local authorities. A medical doctor is the leader of the district health system and responsible for the overall coordination.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Through awareness raising/sensitisation sessions. In addition, information was delivered through drama, mobile cinema, focus group discussions and the distribution of printed information, education and communication (IEC) materials.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☐ No ☒

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.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☐ No ☒

The PSEA mechanism is under development.

Any other comments (optional):

Beneficiaries' safety and protection is one of UNICEF's key priorities in its all programming.
The following prevention of sexual exploitation and abuse (PSEA) and child safeguarding initiatives have been rolled-out or will be rolled-out in the near future:

- Information, Education and Communication (IEC) material have already been developed for UNICEF's offices and is now displayed in all our offices.
- Training of UNICEF personnel on PSEA including how to report allegations in a safe and confidential manner has been conducted for all offices and focal persons have been identified in all field offices. Internal reporting mechanisms have also been established.
- While there have been unforeseen delays, UNICEF Sudan, with the help of a partner is preparing to roll-out trainings on child safeguarding and child safe programming for all our staff and partners.
- Training for sector/partners on prevention and response to sexual exploitation and abuse including gender and child-sensitive, survivor-centred responses has been completed in Khartoum and is being rolled-out in the field offices (eleven field offices).
- As part of its annual work plan, UNICEF Sudan Country Office will support building the capacity of frontline community workers on PSE, and the community-based complaints systems;
- For implementing partners, UNICEF has revised its standard Programme Cooperation Agreement (PCA) documents to include standard clauses on PSEA and safeguarding and is strengthening communication with partners on safeguarding and PSEA.
- To support the child helpline, 22 child helpline operators have been trained on PSEA by the subsector in collaboration with Save the Children and the National Council for Child Welfare (NCCW).

UNICEF was part of the development and finalisation of the PSEA network's Joint Framework for Action, which outlines priority results which the network will work to jointly achieve in Sudan in 2019-2020. As part of the joint framework for action, one priority is an interagency hotline that's being established, and community-based complaints mechanisms being trained and strengthened. A training was already held for partners and UN agencies in Khartoum on these mechanisms and community awareness materials are currently being developed, which will form an important part of the roll-out and ensuring communities know about the available channels and processes.

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation planned	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.6. Project Report 19-RR-CEF-028 - 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):**	19-RR-CEF-028
5. Project Title:	Provision of lifesaving Water, Sanitation and Hygiene (WASH) services to 805,000 people in seven States affected by deteriorating economy in Sudan		
6.a Original Start Date:	05/04/2019	**6.b Original End Date:**	04/10/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	04/01/2020
6.d Were all activities concluded by the end date? (including NCE date)		☒ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 15,186,274**
	b. Total funding received for agency's sector response to current emergency:	**US$ 11,796,240**
	c. Amount received from CERF:	**US$ 3,595,466**
	d. Total CERF funds forwarded to implementing partners	**US$ 2,379,857**
	of which to:	
	Government Partners	US$ 1,786,974
	International NGOs	US$ 376,871
	National NGOs	US$ 216,012
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Under this CERF Rapid Response project, UNICEF provided lifesaving water, sanitation and hygiene (WASH) services to 831,640 people (9.7 per cent of which are South Sudanese refugees) in areas affected by the deteriorating economic situation in East, North, South and West Darfur, West Kordofan, Red Sea and White Nile States in Sudan. The details of intervention (locality-level breakdown) is attached to the report (see annex).

The following water supply activities were completed by the end of the project:

- Support to the operation and maintenance cost of 63 motorised systems for six months;
- Rehabilitation of twelve non-functional water yards (motorised systems), one mini water yard and 94 hand pumps;
- New construction (in some cases expansion) of ten bore holes, which were fitted with hand pumps, eight water yards with a distribution system, and installation of two elevation tanks on existing water supply systems;
- Water connection to 27 schools;
- Water connection to 13 health centres;
- Training of 63 water chlorinators and subsequent water quality monitoring;
- Training of 576 WASH committee members to ensure the community management of operation and maintenance (CMOM), including of rehabilitated or newly established water system by performing preventive maintenance work as well as tariff collection;
- Training of 124 hand pump mechanics and operators (of the existing water supply systems).

Each activity targeted different localities depending on the arising needs in addition to the initial target group of people affected by economic deterioration in 2019. For instance, the project assisted a total of 82,000 people through maintaining the motorised system in Kalma camp for internally displaced persons (IDPs) in Beliel locality and in Kass IDPs camp in Kass locality between June and December 2019. The activities were conducted throughout the period of heavy flooding in South Darfur state.

The sanitation and hygiene component of the projects covered the following activities:

- Construction of 310 emergency household latrines for South Sudanese refugees;
- Rehabilitation of 450 emergency latrines for IDPs which is suitable for everyone (children, older people, and people with disabilities);
- Implementation of locality-wide community-led total sanitation (CLTS) in 158 communities surrounding the IDPs camp and underserved area to achieve open defecation free (ODF) status; out of them 98 communities were declared ODF within the project period;
- Construction of gender-sensitive sanitation facilities for eleven schools, one health centre and one child-friendly space;
- Training of 892 community hygiene promoters in different participatory approaches;
- Training of 1,132 children and teachers on Child Hygiene and Sanitation Training (CHAST), creation of school hygiene clubs and regular hygiene promotion activities at school-level;
- Hygiene promotion in twelve localities through uses of the appropriate behaviour change communication materials focusing on the key behaviours of hand washing with soap at critical times, construction of handwashing points from local material, construction, use and maintenance of latrines. Awareness was also created on the topic of water safety at household level;
- Training of 50 artisans to produce low-cost sanitation facilities.

The shared goal of the 'community-led total sanitation; approach and hygiene promotion is to help communities become open defecation free and change their behaviour so that hygienic practices become a new norm within the community. Production of sustainable facilities and services through engagement with local markets and artisans, and engagement of youth as a powerful community promoter, were encouraged during this project. Women and girls are also encouraged to actively participate in the community mobilisation activities. The needs of people with disabilities were considered during rehabilitation of household latrines and construction of school latrines in some schools; it was ensured to have wide entrance and railing for easy access.

3. Changes and Amendments

For this project, UNICEF requested a three-month no-cost extension to complete all the activities. Although UNICEF utilised 90 per cent of the funds by 8 September 2019 (one month before the original expiry date), the request was submitted due to the following reasons:

- Inaccessibility to some areas in East Darfur state due to insecurity;
- The early start of rainy season;
- Fuel and liquidity scarcity;
- Increasing cost of construction materials;
- Flooding in multiple states in late 2019;
- Bank account transfer delay in West Kordofan caused delays of implementation in multiple states.

The project concluded on 4 January 2020 for most of the activities.The only activity that could not be completed within the project period was community-led total sanitation (CLTS) in 20 communities in Red Sea state. The recent decision by the Humanitarian Aid Commission (HAC) decrees 45, 47 (issued 21 November 2019), and 49 (issued 24 November 2019) regarding the deregistration of several Sudanese, national non-governmental organisations (NGO), regrettably impacted this project, taken that one of the suspended organisations (Talaweit Organization for Development (TOD)) was an implementing partner for UNICEF in Red Sea state. UNICEF's WASH section had worked with the NGO previously in the eastern states, and this time the partner was chosen based on a competitive process (open bid) to implement an integrated project including other sectors (health, nutrition, education and child protection). The decision to suspend the operation of TOD came from the Registrar General of Organisations in the Humanitarian Aid Commission (HAC) and the Ministry of Labour and Social Development on the basis of irregularities in the organisation's operational conducts including fundraising activities. As the resolution has frozen the bank accounts of TOD with immediate effect, the balance of USD 32,586.50 that the organisation was still going to implement, could not be spent within the remaining project period. TOD was tasked to implement sanitation activities in Haya and Al Gonab localities. Given the situation, UNICEF will request for a refund from TOD to UNICEF, however UNICEF is still unsure when this refund will materialise. Therefore, UNICEF would like to inform - regrettably - that this activity needs to be cancelled due to extraordinary, force majeure, circumstances.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	56,487	58,793	84,731	88,189	**288,200**
Refugees	46,550	48,450	69,825	72,675	**237,500**
Returnees	0	0	0	0	**0**
Internally displaced persons	54,743	56,977	82,114	85,466	**279,300**
Other affected persons	0	0	0	0	**0**
Total	**157,780**	**164,220**	**236,670**	**246,330**	**805,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.bNUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	107,758	120,263	122,886	136,754	**487,661**
Refugees	16,533	17,840	21,005	25,432	**80,810**
Returnees	20,025	21,342	17,059	18,180	**76,606**
Internally displaced persons	44,525	49,550	43,798	48,690	**186,563**
Other affected persons	0	0	0	0	**0**
Total	**188,841**	**208,995**	**204,748**	**229,056**	**831,640**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	2	1	0	**3**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The number of people reached by the intervention is slightly higher than the planned number as both water and sanitation beneficiary numbers varied from the original planned figure. For the reporting, the actual people reached with the intervention is counted while standard number is used for planning (example: 5,000 people per one Water Yard) as detailed assessment is not ready by the time of CERF proposal submission.

5. CERF Result Framework	
Project Objective	Ensure access to WASH service to 805,000 people (288,200 host community, 237,500 SSR and 279,300 IDPs) in area affected by deteriorating economic situation in East, North, South and West Darfur, West Kordofan, Red Sea and White Nile States in Sudan.

Output 1	805,000 people are using improved drinking water sources and have access to safe water every day in 7 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 existing water source, rehabilitated / extension or newly established or facilities)	805,000	647,476	Project report by the implementing partner, UNICEF monthly monitoring system
Indicator 1.2	Number of community members who receive capacity building training (WASH committee, water quality, hand pump mechanics), with focus on increased participation of women	1,020	867	Project report by the implementing partner, UNICEF monthly monitoring system
Indicator 1.3	Number of facilities (schools, health centres) in emergency that are connected to water source	17	40	Project report by the implementing partner, UNICEF monthly monitoring system
Explanation of output and indicators variance:	There is a discrepancy between the planned beneficiary figure (805,000) and achieved figure (647,476). This is caused by multiple factors; one reason is that UNICEF and implementing partners discussed and shifted from short-term operation and maintenance of water yards to more medium-term and sustainable rehabilitation and construction of water facilities. As a result, the number of water yards supported with operation and maintenance (short-term) is reduced from 135 water yards to 105 water yards (150,000 people reduction) while the number of newly constructed water yards increased from seven to eight (5,000 people increase). In addition, the number of rehabilitated hand pumps increased from 75 to 94 (9,500 people increase). As shown above, more sustainable interventions were chosen, which decreased the number of beneficiaries to be reached in the short-term. Another reason is that in the planning phase, the calculated number of people benefitting from one water yard was estimated to be 5,000 persons, but the actual number of people benefitting from one water yard is closer to 3,000 to 4,000 persons.			

Activities	**Description**	**Implemented by**
Activity 1.1	Operation and maintenance of 135 motorized system in 19 targeted localities (including 71 IDPs and SSR camps)	Water and Environmental Sanitation Project (North Darfur, South Darfur, East Darfur, West Kordofan), Care International Switzerland (South Darfur), Voluntary Corps Organisation for Development, National Planning Organisation (both for North Darfur)
Activity 1.2	Rehabilitation of non-functional 7 water yards, 6 Mini water yards and 75 hand pump and Installation of new solar power system in the most vulnerable communities.	Water and Environmental Sanitation Project (all states except for White Nile), Care International Switzerland (South Darfur), Voluntary Corps Organization for Development, National Planning Organization (both for North Darfur)
Activity 1.3	Drilling of 5 new wells and fitted with hand pump	Water and Environmental Sanitation Project (North Darfur)
Activity 1.4	Drilling of 8 deep wells and construction of distribution system	Water and Environmental Sanitation Project (North Darfur, West Darfur, South Darfur, West Kordofan)
Activity 1.5	Train 1026 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	Water and Environmental Sanitation Project (all states except for West Darfur), Care International Switzerland (East and South Darfur), Voluntary Corps Organization for Development, National Planning Organization (both for North Darfur)

	women, boys, girls and referral mechanisms, (5) conducting safety audits to, at, and from WASH service provision points	

Output 2	360,000 people in area affected by deteriorating economic situation (host community, IDPs and SSR) in East, North, South and West Darfur, West Kordofan Red Sea and White Nile States in Sudan use sustainable, equitable and gender sensitive improved sanitation facilities and practice proper hygiene.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of refugees and IDPs with access to safe means of excreta disposal	50,000	4,460	Project report by the implementing partner, UNICEF monthly monitoring system
Indicator 2.2	Number of community Declared ODF (average community population of 2,000 people)	180	158 communities reached, 98 communities declared open defecation free (ODF)	Project report by the implementing partner, UNICEF monthly monitoring system
Indicator 2.3	Number of host community IDP's and refugees and members reached with hygiene messages and sensitization activities	360,000	187,062	Project report by the implementing partner, UNICEF monthly monitoring system
Explanation of output and indicators variance:	The number of refugees and internally displaced persons (IDPs) who gained access to safe means of excreta disposal is lower than the initial planned targets due to two reasons: first, the number of rehabilitated latrines was reduced from 500 to 450, and the number of newly-constructed latrines was reduced from 500 to 310. This was due to the fluctuation of the construction material prices. Second, the rehabilitated latrines were not 'shared' latrines as assumed at the time of the proposal, but they were household latrines with an average number of six users (instead of twenty users). The number of communities covered by community-led total sanitation (CLTS) was reduced from 180 communities to 143 communities. Out of the 37 communities' gap, 20 communities were from Red Sea state where partner TOD's work had been suspended during the project period. This has resulted in a reduction of 55,629 beneficiaries in the state. The rest of the gap (17 communities) are from West Darfur and West Kordofan states where water activity costs (construction and rehabilitation) went up from the initial plans due to the inflation and more resources were allocated to water activities. The total number of sanitation and hygiene beneficiaries (indicator 2.3) was adjusted according to the actual number of the community population, rather than the planning figure of 2,000 people per community.			

Activities	**Description**	**Implemented by**
Activity 2.1	Rehabilitation of 500 shared emergency latrines (typically shared by 4 households, 20 people)	State Ministry of Health North Darfur, National Planning Organization (North Darfur)
Activity 2.2	Construction of 500 emergency household latrines in school and 10 latrines in Health facilities	State Ministry of Health North Darfur, Care International Switzerland (South Darfur)
Activity 2.3	Implementation of Community Led Total Sanitation (CLTS) in 180 communities surrounding the IDPs camp and underserved area to achieve Open Defecation Free Status.	State Ministry of Health (North Darfur, West Darfur, East Darfur, White Nile, West Kordofan), Care International Switzerland (South and East Darfur), World Vision International (South Darfur), Voluntary Corps Organization for Development, National Planning Organization (North Darfur)
Activity 2.4	Training of community hygiene promoters and Training of school children on CHAST	State Ministry of Health (all states except for West Darfur), Care International Switzerland (South and East Darfur),

		World Vision International (South Darfur), National Planning Organization, Voluntary Corps Organization for Development (both in North Darfur)
Activity 2.5	Conduct hygiene promotion through trained hygiene promoters in selected community and IDPs camps	State Ministry of Health (North Darfur, East Darfur, Red Sea, West Kordofan), Care International Switzerland (South and East Darfur), World Vision International (South Darfur), Voluntary Corps Organization for Development, National Planning Organization (North Darfur)

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Before implementation, during kick-off and the baseline assessments, UNICEF's implementation partners (including the State Ministry of Health and the governmental Water and Environmental Sanitation (WES) project) conducted meetings with community members through focus group discussions and key informant interviews to ensure community participation and consultation during the project's implementation and follow-up phases.
For water activities, the target water sources for rehabilitation - as well as designated locations for new drilling - were assessed and a meeting with community leader was conducted to ensure sustainability (i.e.so that communities understand their responsibility of operating and managing the water sources). This was followed by training of water management committees, water chlorinators, and hand pump mechanics in the targeted communities. For as far as possible, equal participation of women and men, and participation of people from vulnerable groups in WASH committees took place.
For sanitation, monitoring was done through selected community hygiene promoters and community-led total sanitation (CLTS) volunteers. Hygiene promoters and volunteers were trained at the beginning of the project period to conduct regular monitoring of CLTS progress and hygiene promotion, including community cleaning campaigns.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

After the completion of construction/rehabilitation work, WASH committees took the primary role of operation, chlorination and maintenance of the cleanliness of the water sources and its surrounding. As the government line ministry (WES) does not have adequate capacity to carry-out daily operation and maintenance of all rural and urban water sources, the community WASH committees are the first-line caretaker of the newly established or rehabilitated water sources. UNICEF and partners had trained WASH committee members so that they can perform basic maintenance activities, especially for hand pumps.
On the issue of sanitation and hygiene, the community leaders and teachers were included in the process of raising awareness by using the local language and interaction with women and children.
At school level, the established and trained school health clubs - together with trained teachers - undertook hygiene and environmental sanitation awareness raising activities in the schools through the provision of solid waste baskets. They also initiated school cleaning campaigns. Children take the major role in promoting hygienic environment at school, and they are encouraged to spread the word to the wider community.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Thorough orientation meetings are held before the beginning of the project. UNICEF's implementation partners explained the planned activities in each community. The meetings were held openly, and considerations are made where local language use is preferred, especially in IDP and refugee communities.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☐ No ☒

	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 (see for more information optional comment below).
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒
	The PSEA mechanism is under development.
	Any other comments (optional):
	Beneficiaries' safety and protection is one of UNICEF's key priorities in its all programming. The following prevention of sexual exploitation and abuse (PSEA) and child safeguarding initiatives have been rolled-out or will be rolled-out in the near future: – Information, Education and Communication (IEC) material have already been developed for UNICEF's offices and is now displayed in all our offices. – Training of UNICEF personnel on PSEA including how to report allegations in a safe and confidential manner has been conducted for all offices and focal persons have been identified in all field offices. Internal reporting mechanisms have also been established. – While there have been unforeseen delays, UNICEF Sudan, with the help of a partner is preparing to roll-out trainings on child safeguarding and child safe programming for all our staff and partners. – Training for sector/partners on prevention and response to sexual exploitation and abuse including gender and child-sensitive, survivor-centred responses has been completed in Khartoum and is being rolled-out in the field offices (eleven field offices). – As part of its annual work plan, UNICEF Sudan Country Office will support building the capacity of frontline community workers on PSE, and the community-based complaints systems; – For implementing partners, UNICEF has revised its standard Programme Cooperation Agreement (PCA) documents to include standard clauses on PSEA and safeguarding and is strengthening communication with partners on safeguarding and PSEA. – To support the child helpline, 22 child helpline operators have been trained on PSEA by the subsector in collaboration with Save the Children and the National Council for Child Welfare (NCCW). UNICEF was part of the development and finalisation of the PSEA network's Joint Framework for Action, which outlines priority results which the network will work to jointly achieve in Sudan in 2019-2020. As part of the joint framework for action, one priority is an interagency hotline that's being established, and community-based complaints mechanisms being trained and strengthened. A training was already held for partners and UN agencies in Khartoum on these mechanisms and community awareness materials are currently being developed, which will form an important part of the roll-out and ensuring communities know about the available channels and processes.

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

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

There is no evaluation specifically planned for this project. In 2020, UNICEF may conduct general programme evaluation through Third-Party Monitoring and the project areas under this project may be targeted.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.7. Project Report 19-RR-WFP-019 - WFP

1. Project Information			
1. Agency:	WFP	**2. Country:**	Republic of the Sudan
3. Cluster/Sector:	Nutrition - Nutrition	**4. Project Code (CERF):**	19-RR-WFP-019
5. Project Title:	Emergency nutrition response to vulnerable populations in South and East Darfur, West Darfur, North Darfur, White Nile, West Kordofan States		
6.a Original Start Date:	08/04/2019	**6.b Original End Date:**	07/10/2019
6.c No-cost Extension:	☐ No ☒ Yes	If yes, specify revised end date:	31/12/2019
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 3,808,700**
	b. Total funding received for agency's sector response to current emergency:	**US$ 3,808,700**
	c. Amount received from CERF:	**US$ 3,808,700**
	d. Total CERF funds forwarded to implementing partners	**US$ 561,257**
	of which to:	
	Government Partners	US$ 68,781
	International NGOs	US$ 447,927
	National NGOs	US$ 44,549
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

WFP through its partners provided treatment services for Moderate Acute Malnutrition (MAM) through Targeted Supplementary Feeding (TSFP). WFP CPs manged to screen a total of 684,924 children from 6-59 months of which 51,464 were identified moderately malnourished and treated in the programme, additionally 225,300 of Pregnant and lactating Women were screened and some of 15,926 have been cured in the programme.

Sphere standard for TSFP programme exit and individual outcomes have been made (recovery rate was above 91.5%, mortality is 0.1% and defaulters' rate of 4.3%).

3. Changes and Amendments

Non-cost extension has been signed for additional two months to enable WFP and its partners to ensure aspects related to monitoring of nutrition programme and partners payment have been done.

WFP worked with other implementing partners that were not mentioned at the proposal stage due to operational convenience and presence of the implementing partner at the targeted locations. The partners are listed in the financial report.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Nutrition - Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	4,027	5,433	6,642	**16,102**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	12,777	17,245	21,075	**51,097**
Other affected persons	0	0	0	0	**0**
Total	**0**	**16,804**	**22,678**	**27,717**	**67,199**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Nutrition - Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	4,067	5,979	6,224	**16,270**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	11,865	18,673	20,588	**51,126**
Other affected persons	0	0	0	0	**0**
Total	**0**	**15,932**	**24,652**	**26812**	**67,396**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")		125		72	**197**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A

5. CERF Result Framework	
Project Objective	To treat moderate acute malnutrition and prevent morbidity and mortality associated with severe acute malnutrition in community affected in South and East Darfur, West Darfur, North Darfur, White Nile and West Kordofan States.

Output 1	A total 50,395 children moderately malnourished are identified through community screening and treated with Ready to Use Supplementary Food (RUSF).			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of children screened and referred for treatment	719,000	684,924	Monthly statistics reports
Indicator 1.2	Number of children admitted	50,395	51,464	Monthly statistics reports
Indicator 1.3	Performance indicators against the sphere standards	Cured > 75%; Default < 15%; Death < 3%	Cured 91.5%; Default 4.3%; Death 0.1%	Monthly statics reports
Explanation of output and indicators variance:		1. Number of children screened during implementation period is fully achieved more that 95% of total planned in the proposal. WFP areas offices noted some issues which contributed to under achievement and hindering access to all targeted beneficiaries such as staff security due to civil unrest. This impacted some nutrition centres in the targeted areas such as in North Darfur. 2. Number of moderately malnourished individuals reached in suggested localities are 102% of total planned caseload. 3. Performance indicators are aligned with international sphere standards for cured, defaulters and mortality rates.		

Activities	**Description**	**Implemented by**
Activity 1.1	Purchase and transport of RUSF	605 MT of RUSF purchase and dispatched by WFP to implementing partners.
Activity 1.2	Distribution of RUSF	Norwegian Church Aid National Initiative for Development Patients Helping Funds World Vision Islamic Relief World-wide Catholic Relief Services Save the Children State Ministry of Health Relief International CARE International Switzerland
Activity 1.3	Conduction of screening and referral at community level	Norwegian Church Aid National Initiative for Development Patients Helping Funds World Vision Islamic Relief World-wide Catholic Relief Services Save the Children State Ministry of Health Relief International CARE International Switzerland

Output 2	A total of 16,804 PLW moderately malnourished are identified through community screening and treated with Ready to Use Supplementary Food			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**

Indicator 2.1	Number of PLW screened and referred for treatment	240,000	225,300	Monthly Statics Report
Indicator 2.2	Number of PLW admitted	16,804	15,926	Monthly Statics Report
Indicator 2.3	Performance indicators against the sphere standards	Cured > 75%; Default < 15%; Death < 3%	Cured 95.2%; Default 3.4%; Death 0.1%	Monthly Statics Report
Explanation of output and indicators variance:		1. Number of Pregnant and lactating mothers screened during implementation period is almost 93% of total planned in the proposal. WFP areas offices noted some issues which contributed to under achievement and hindering access to all targeted beneficiaries such as staff security due to civil unrest. This impacted some nutrition centres in the targeted locations such as North Darfur. 2. Number of moderately malnourished individuals reached in suggested localities are 95% of total planned caseload. 3. Performance indicators are aligned with international sphere standards for cured, defaulters and mortality rates.		

Activities	**Description**	**Implemented by**
Activity 2.1	Purchase and transport of RUSF	RUSF purchased and dispatched by WFP to implementing partners.
Activity 2.2	Distribution of RUSF	Norwegian Church Aid National Initiative for Development Patients Helping Funds World Vision Islamic Relief World-wide Catholic Relief Services Save the Children State Ministry of Health Relief International CARE International Switzerland
Activity 2.3	Conduction of screening and referral at community level	Norwegian Church Aid National Initiative for Development Patients Helping Funds World Vision Islamic Relief World-wide Catholic Relief Services Save the Children State Ministry of Health Relief International CARE International Switzerland

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

At the planning stage WFP with its partners approached the community at targeted locations through different meetings and sensitization sessions to ensure community involvement and participations. Community leaders were suggested where the nutrition centres will be established and also selected members (Community Nutrition Volunteers) to support nutrition team to implement the programme.
During implementation, 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.

Community Nutrition volunteers have played an essential role in monitoring nutrition programmes through follow up enrolled beneficiaries for proper utilization of nutrition supplies and tracing defaulters (Defaulters is one of nutrition programme indicators and it means, absence of a beneficiary from nutrition programme for two consecutive visits our distribution) to ensure malnourished children are cured.

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

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Before, during and after distributions and through cooperating partners, community are engaged through Community Nutrition volunteers groups which have extension to both beneficiaries to ensure needs are met irrespective of gender discrepancies in addition to that local institutes at locality levels meetings, sign-boards, banners, community leaders and WFP field monitors, beneficiaries are regularly informed of their entitlements, their duration, the targeting criteria, when and where distributions will take place and how to raise concerns, if any. Delays in food delivery as well as any changes in ration sizes or targeting criteria are communicated to beneficiaries as soon as possible

WFP continues to integrate beneficiary engagement and participation through the project management cycle. In this project, assessments conducted with and amongst affected populations informed the project design. During implementation, WFP involved affected populations by working directly with community nutrition volunteers selected from the communities in which assistance was provided, and who are able to identify and represent the needs of target beneficiaries. The community nutrition volunteers are also considered as one of the most effective ways to disseminate nutrition sensitive information/messages to target beneficiaries. Additionally, project committees such as Mothers support groups were already (or put) in place for peer support in addressing moderate malnutrition amongst their children.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

WFP have been undertaking regular monitoring to CERF area of operations, which enable beneficiaries to provide feedback of existing services and area of concern.
WFP prioritizes information provision about the organization's policies and standards of conduct through discussions with community leadership as well as directly with beneficiaries in information and awareness raising campaigns and other sessions such as Camp Management and Coordination meetings.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐

Across the areas of project implementation, WFP continues to solicit beneficiary feedback through regular meetings with community representatives. WFP also ensures the presence of complaints help desks at project sites where they beneficiaries can channel complaints, as well as through a hotline established in El Fasher – North Darfur that is open to all affected populations to raised complaints or share feedback.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐

WFP has very clear procedures through which to report and handle SEA allegations that involve reporting to the focal persons, who informs the OIGI. Upon review of the allegations, investigations may be opened to either substantiate them or determine if they are incorrect. WFP is currently developing mechanisms to ensure that survivors of SEA are adequately supported through available referral pathways for specialized care.

Any other comments (optional):

N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.8. Project Report 19-RR-WHO-016 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Republic of the Sudan
3. Cluster/Sector:	Nutrition - Nutrition	**4. Project Code (CERF):**	19-RR-WHO-016
5. Project Title:	Improve the access and quality of life saving SAM inpatient care services in 11 localities in 7 states of Sudan through support of 13 Stabilization Centers.		
6.a Original Start Date:	05/04/2019	**6.b Original End Date:**	04/10/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 14,575,428**
	b. Total funding received for agency's sector response to current emergency:	**US$ 369,189**
	c. Amount received from CERF:	**US$ 684,889**
	d. Total CERF funds forwarded to implementing partners	**US$ 86,256**
	of which to:	
	Government Partners	US$ 86,256
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF Rapid Response grant, WHO and its partners provided treatment for 3,718 (1,788 boys and 1,930 girls) patients with severe acute malnutrition with medical complications in the 13 targeted stabilization centres. The target for this particular project was 3613 SAM inpatient children. The total number of health and nutrition staff trained on SAM inpatient care were 226 which includes two levels training one at the service providers level which were conducted in the states for 161 participants and 2nd level was included in the TOT training which covered 65 participants including the participants from the 7 targeted states.

3. Changes and Amendments

There was no significant change and amendment in term of the duration and original project proposals. However, due to the evolving situation in 2019 and the rapid changes at MOH, no fund was disbursed to MOH under transfer of grants as planned in the proposal, it was directly implemented by WHO.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Nutrition - Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	1,299	1,352	**2,651**
Refugees	0	0	70	73	**143**
Returnees	0	0	213	221	**434**

Internally displaced persons	0	0	190	197	**387**
Other affected persons	0	0	0	0	**0**
Total	**0**	**0**	**1,772**	**1,843**	**3,615**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition - Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	1319	1403	**2,722**
Refugees	0	0	71	82	**153**
Returnees	0	0	217	237	**454**
Internally displaced persons	0	0	191	198	**389**
Other affected persons	0	0	0	0	**0**
Total	**0**	**0**	**1,798**	**1,920**	**3,718**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	There was overachievement of the target set for the project .The reason was due to the availability of more facilities at the stabilization centres due to the support received through this project particularly free of charge medicines, and supplies, capacity built of the staff working in those SCs and close supervision from the WHO field nutrition officers including follow up from the country team. The country team had had a joint MoH/SMoH/WHO/NGOs/HAC and other state level UN agencies during the project implementation. The immigration of South Soudan refugees, and IDPs in the targeted states were also the factor in overachieving the target. The recruitment of 9 nutrition field officers by WHO including the targeted 7 states also helped in reaching the above numbers. There was also over achievement in the staff trained, as based on the need and request of FMoH, 65 staff from various states including the above 7 states received ToT training. Meanwhile the number of the staff trained on inpatient SAM were more female as compared to male, and its due to the reason of available female workfare for nutrition in the health facilities.

4. CERF Result Framework

Project Objective	To contribute to the reduction of morbidity and mortality due to SAM with medical complications among children <5 through improving access and quality to inpatient care services (SCs) in 13 localities/7 states of Sudan

Output 1	Provision of lifesaving SAM inpatient services to the under five children in the 7 targeted states of East Darfur, North Darfur, Red Sea, South Darfur, West Darfur West Kordofan and White Nile.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number and coverage of children suffering of SAM with complication treated in targeted SCs (expected number 3613)	100% (3,613 (1843 girls, 1770 boys))	105% (3,817 cases (1,843 female, 1,772 male))	[Reports from MOH data base and WHO field report]
Indicator 1.2	Number of health staff trained on SAM inpatient care	180 (92 Female, 88 male)	226 (65 male, 161 female)	Field reports
Indicator 1.3	Cure rate of hospitalised children	75% (2709)	94.1% (2540)	MOH routine data base
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement and distribution of SAM inpatient Kits for 13 Stabilization Centers (SCs) in the targeted above localities	WHO
Activity 1.2	Procurement of Medical equipment for SAM inpatient for 4 SCs in the targeted above localities in the first 6 weeks of the implementation (implementation plan)	WHO
Activity 1.3	Procurement of the SC Kitchen equipment for SAM inpatient for 4SCs in the targeted above localities in the first 5 weeks of the implementation (plan bellow)	WHO
Activity 1.4	Capacity Building of the targeted SC Staff 180 in the 7 targeted states.	WHO and SMOH
Activity 1.5	IYCF counselling for mothers and care givers in the SCs	WHO and SMoH
Activity 1.6	Coaching and Mentoring of the SCs staff in the 11 Targeted localities	WHO
Activity 1.7	Availing of the sets of standard protocol, job aids, and awareness raising material for inpatient case of SAM 13	WHO
Activity 1.8	Provision of the Operation cost to SMoH for the 3 Stabilization Centres ((Haya SC in Red Sea, Ghebiesh Hospital SC in West Kordofan and Kosti Hospital SC in White Nile) Hygiene and cleaning materials should be also covered under this activity	WHO

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

In the design phase, WHO nutrition field teams present in all 7 targeted states had consultations with the stakeholder at the state level including SMOH and affected communities about their perceived needs and gaps. The information from the stakeholders were considered during the project design so as to address the most acute gaps in a culturally sensitive way. The project was designed to cover the needs of the IDPs, Refugees, Returnees, in addition to the host communities. The project was designed to reach all people in the catchment area of the 13 stabilization centres in the targeted 7 states without any discrimination with the basics of leaving no one behind. The project considered both genders with equal opportunities and rights, therefore as a result the services received by the clients were included to high proportion of girls and women.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

	As mentioned above, WHO had close consultations with the stakeholder at the state level including SMOH and affected communities about their perceived needs and gaps. The information from the stakeholders were considered during 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 the 2nd line medicines, Lab reagents, medical equipment and supplies as there was high need of the mentioned items and shortages were reported as one of the main challenges in accessing essential medical care. Capacity building of the health and nutrition staff at the SCs were also focused as there is frequent turnover of the staff and need for the refresher trainings, so the staff be able to provide the quality inpatient services for the beneficiaries. In addition, promotive activities were also considered beside the management of severe acute malnutrition in order to avoid relapses of the cases and to reduce the number of further cases among the same clients visiting the SCSs.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

	How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?	
	The information regarding the project has been provided to the state nutrition team and communities. The mothers and care takers received information in regard to the planned programs of the project during the IYCF counselling during stay at the hospital. In addition, the community get information during leaving the hospital through an exit interview of the clients admitted to the Stabilization centres.	
	Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐
	The joint supervision missions in the affected areas carry out random interviews with patients (community members) as well as community leader's consultation to assess their perception of provided services and immediate needs and identify the best solutions. Across the areas of project implementation, feedback is sought through regular meetings with community representatives, where the beneficiaries can channel complaints. WHO nutrition officers in the states are also visiting the SCs frequently in order to know the satisfaction of the beneficiaries. Community mobilization sessions also serves as complaint mechanism and reporting tool. Local authorities, community leaders and community members, regularly provide feedback through their observations to WHO field officers. Any feedback needs action, immediate action is carried out to address the issue.	
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☐ No ☒
	N/A	
	Any other comments (optional):	
	N/A	

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

N evaluation has been made for this Particular CERF, however; the monitoring has continued during and after the implementation of CERF WHO jointly with the ministry of health carried out assessment of the SCs during Mid 2019. Meanwhile WHO Country office, Federal Ministry of health (FMoH), State Ministry of Health	EVALUATION CARRIED OUT ☐

(SMoH), HAC, NGOS had conducted joint visit of the project implementation areas in South and East Darfur States visited 6 Stabilization Centres. The team monitored the planned activities under current CERF. The team appreciated the good work and provided them with recommendations. In the remain states WHO field nutrition officers carry out the joint visit of the CERF project to ensure the proper implementation and provide support wherever needed.	EVALUATION PENDING ☐
No Evaluation has been planned for this particular project, However, Evaluation of the Community Management of Acute Malnutrition (CMAM) is planned by the FMoH this year which will cover the whole components of CMAM, showing the overall situation of the CMAM programs in the country and how it can be improved. The results of the evaluation will be disseminated.	NO EVALUATION PLANNED ☒

8.9. Project Report 19-RR-WHO-017 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Republic of the Sudan
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-WHO-017
5. Project Title:	Integrated primary health care including prevention, detection and control of public health hazards, curative, maternal and child health, and EPI for vulnerable population in 7 states of Sudan		
6.a Original Start Date:	11/04/2019	**6.b Original End Date:**	10/10/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 6,100,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 2,780,000**
	c. Amount received from CERF:	**US$ 2,894,915**
	d. Total CERF funds forwarded to implementing partners	**US$ 0**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR (2019) grant, WHO and its partners provided free-of charge medicines for 319,250 consultations for vulnerable people communities (Internally displaced People and refugees) in seven states (19 localities) of Sudan. International procurement from Dubai Hub combined and local procurement enabled rapid delivery of supplies to fill in critical gaps: In total, 181 RRK, 394 Interagency Emergency health kits, 22 Acute watery diarrhoea kits had been distributed to 65 HFs run by 7 INGOs and three NNGOs, and the State Ministry of Health of the seven targeted states. Out of this, 61,376 consultations were also supported with direct operational costs for the health facilities serving IDPs and refugees in Korma, Tawilla, Elban Jedeed, Dinka, Rashad MOH clinics. Case management (including rational use of antibiotics) for 392 health staff (MOH and NGOs) was conducted along with training on 343 staff for Early Warning and Surveillance, 168 CHWs and health staff on basic psycho-social support, 218 Community midwives on infection prevention and birth planning, and 463 Community volunteers on prevention and control of communicable disease with CERF RR funds. An average, 38% of the trained people were female and 26% NGO staff. (2,600 HHs were reached with health education messages by the trained community volunteers and community health workers. 78 alert investigation missions were conducted in the targeted states for investigation and rapid response of alerts of Dengue Fever, Measles, Diphtheria, Chikungunya, Malaria, Acute jaundice syndrome, floods and tribal conflict. and comm. unity management and prevention of communicable diseases. The project significantly improved access to affordable, essential health care and vital public health actions for more than 775,000 IDPs, host communities, and returnees in need of humanitarian support in West Kordofan, North Darfur, East Darfur, South Darfur, West Darfur, Red Sea and White Nile states of Sudan.

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 7-targeted states targeted by this project. On April 11, after nearly four months of popular uprising a military takeover ended al-Bashir's 30-yeas 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, combined with significant cash-flow issues and shortages of fuel. The situation of political instability continued (until present) as the Government re-structuring is continuing. Consequently, the activities where directly implemented by WHO, including the operational support for running health facilities. The situation of disrupted public health programs, especially expanded program for immunization and vector control, along with increased population vulnerability resulted on large scale outbreaks, such as measles (all states), Chikungunya (mainly Kassala and Red Sea), Dengue fever (Mainly Kassala, North, west and North Darfur), Cholera (Blue Nile, Sennar, Gezira) and Rift valley fever (Red Sea and river Nile. The availability of CERF RR response allowed the implementation of initial response in targeted areas, while negotiating additional funding from donors.

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

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	17,640	18,360	21,560	22,440	**80,000**
Returnees	0	0	0	0	**0**
Internally displaced persons	52,920	55,080	64,680	67,320	**240,000**
Other affected persons	0	0	0	0	**0**
Total	**70,560**	**73,440**	**86,240**	**89,760**	**320,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.bNUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	18,135	18,117	21,560	22,000	**79,812**
Returnees	0	0	0	0	**0**
Internally displaced persons	52,826	56,300	65,102	65,210	**239,438**
Other affected persons	0	0	0	0	**0**
Total	**70,961**	**74,417**	**86,662**	**87,210**	**319,250**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")					

In case of significant discrepancy between figures under planned and reached people, either in the total	The health outcomes had been reached with 750 people less than the target. Because the health interventions were integrated with WASH and Nutrition activities, which resulted in improved level of care. People covered by health promotion messages increased from 84,000 target to 92,000 reached which resulted in reduced seeking of care at supported

numbers or the age, sex or category distribution, please describe reasons:	clinics – the utilization rate of clinics initially calculated at 1 person per clinic as health standard but the records show utilization rate at 0.9976.

5. CERF Result Framework

Project Objective	To contribute to the decrease of avoidable mortality and morbidity due to illnesses and outbreaks among IDPs and refugees in 19 localities (7 states) of Sudan through improved access to affordable health services.

Output 1	Access to equitable, affordable, and integrated PHC and referral services for 775,000 vulnerable IDPs, and Refugees living in host communities affected by food insecurity and health threats in ND, SD, ED, WD, West Kordofan, Red Sea and White Nile states of Sudan.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of curative care consultations (including free of charge medication) conducted with the support of medicines and medical supplies provided with CERF funding.	320,000	319,250	Donation certificated, clinics records
Indicator 1.2	# of HFs providing an integrated PHC package as per national standards in targeted localities	95% (62 of 65 targeted HFs)	94% (61 HFs)	Health Facilities and MOH reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	International procurement and distribution of medicines and medical supplies sufficient to fill in the immediate increased needs. Around 320,000 consultations including free-of-charge medication. 183 Rapid Response Kits (RRKs), 380 Interagency Emergency Health Kits (IEHK) basic module complemented by 85 IEHK renewable module kits and bulk miscellaneous medicines, and posters and IEC material. The kits include medication for men, women, boys and girls to treat the most common diseases in appropriate dosage and formula for the delivery of a comprehensive package – curative, child care, health promotion and infection control. In addition, 30 Basic medical diagnostic tool kits to support the deal with increased caseload of patients. UNICEF (target children below 5 years of age) and UNFPA (target women of reproductive age with a focus on pregnant and lactating) will provide additional/complementing specific supplies for Integrated Management of Childhood Illnesses (IMCI), routine vaccination, Post Exposure Protection (PEP), and maternal and reproductive care.	WHO
Activity 1.2	Provision of medicines and medical supplies to support free-of charge treatment of IDPs and refugees referred to rural hospitals (secondary level care) for life threatening surgical conditions. Due to economic crisis they can't afford to pay the fees or procure from the market the necessary consumable and medicines . 40 Surgical kit and eight Trauma surgical kit (A &B) will cover 800 major surgeries and 4000 medium difficulty general surgery life-saving procedures. The supplies are complementing the UNFPA support for secondary level Comprehensive EmOC inpatient care.	WHO
Activity 1.3	Operational support (staff and running costs) provided by WHO to SMOH for running 6 HFs run by MOH for IDPs, and Refugees to ensure free-of charge services for the most affected by the economic crisis. ND – El Fasher: Said El Shohada, Abu Shouk El Hilas, Golo and Um Hajaleej HFs, and SMOH WD in Geneina: Abu Zar and Gokar HFs as per identified needs. WHO will also conduct supportive supervisions, training of the	WHO, SMOH

	staff, provision of recording and reporting tools, and HFs/MOH provide monthly reports. Other HFs are supported through UNICEF transfer to NGOs.	
Activity 1.4	Training of 360 health staff on case management (including rational use of antibiotics), and Infection Prevention (Universal Precautions at health facility level) to improve quality of care and safety of patients, staff and environment. Facilitators from WHO and MOH (Federal and state level) and the trainees are the HFs staff run by MOH and NGOs (table with details under project summary).	WHO, SMOH, FMOH, NGOs
Activity 1.5	Training of 230 community midwives on safe delivery, infection prevention and birth planning as well as referral of victims of GBV.	WHO, FMOH, SMOH, NGOs
Activity 1.6	Training of 32 trainers and 150 health staff on psychosocial issues identification and primary level counselling. Trainers from WHO, FMOH and SMOH	WHO, FMOH, SMOH

Output 2	Prevention and control of disease outbreaks in 19 targeted localities in 7 states of Sudan.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	% of alerts of outbreaks/health threats investigated and response initiated within 72 hours from notification estimated that 57 alerts (three per each targeted localities) will occur during project investigation and 54 of them will be timely investigated and response initiated (within 72 hours from notification)	95% (54)	96 % (76 out of 78)	Joint WHO/SMOH RRTs reports
Indicator 2.2	Number of households reached with health messages for prevention and control of diseases with epidemic potential by community volunteers	84,000	92,600	Health facilities report on health promotion conducted by community volunteers and community health workers
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Training of 390 health staff (NGOs and SMOH) from targeted localities, on case definition, EWARS and alert investigation to ensure standardization and expansion of EWARS in all targeted areas as per national protocol. Facilitators from SMOH, FMOH and WHO, and participants from the HFs run by NGOs and SMOH	WHO, SMOH, FMOH, NGOs
Activity 2.2	Training of 26 Rapid Response Teams (RRTs locality level 19 and state level 7) to include MOH and NGO partners staff	WHO, SMOH, FMOH
Activity 2.3	Printing and distribution of 2760 recording and reporting formats for HFs, including reporting tool (tally sheet) for community volunteers, and case investigation forms	WHO
Activity 2.4	Printing and distribution of posters for HF (case management) and IEC materials (5030) for community awareness on prevention and control of communicable diseases with epidemic potential	WHO

Activity 2.5	Support the differential diagnosis and confirmation of outbreaks with provision of lab reagents and consumables: Rapid Diagnostic Tests (RDTs) and reagents (PCR and ELIZA) for cholera, malaria, dengue fever distributed to HFs (NGOs and MOH) and reagents for PCR and ELIZA for State Labs (measles, DF, Chikungunya, etc). WHO will do the procurement and distribution, NGOs will receive basic RDTs, and SMOH lab the reagents for conducting the testing and confirmation	WHO, NGOs, SMOH
Activity 2.6	Operational support for Rapid Response Teams (RRT) alert investigation field missions - 3 alerts/targeted locality during the project period. WHO field CDC officers, SMOH trained staff and when necessary NGOs will participate to the investigation missions.	WHO, SMOH. NGOs
Activity 2.7	WHO CDC/epidemiologists at state and national level provide technical support to SMOH and FMOH for the analysis of epidemiological data and the dissemination to stakeholders/partners with trends identified and advice on response measures. During alerts and outbreaks SMOH and WHO will co-chair regular response coordination and planning meetings at locality and state level with NGOs participation. Depending on aetiology, WASH, nutrition, and protection UN and NGO partners will be mobilised to comprehensive measures.	WHO, SMOH, FMOH
Activity 2.8	Training of 420 community volunteers (at least 60% female) from the targeted IDP and refugees on an integrated approach of community prevention and control of communicable diseases. Camps and refugees in host communities reporting measles and other outbreak at the time of implementation will be prioritized. SMOH and NGOs will identify the participants, WHO and FMOH will revise the training module, Facilitators From FMOH, SMOH and WHO.	WHO, SMOH, FMOH, NGOs
Activity 2.9	Cover food and travel expenses for the community volunteers to conduct house-to-house visits (100 HHs /month/volunteer) for identification, and referral for routine vaccination and ANC services, trace TB defaulters, promote hygiene, and nutrition practices, support vector borne diseases control measures and practices and identify unmet needs/complaint from beneficiaries. They will report on monthly basis (during outbreaks can be daily/weekly) to the nearby HFs during joint monthly review and reporting meetings when the number of referred defaulters and HH visits will be reported and centralized at the HF by the in-charges. The aim is to decrease burden of vaccine preventable, water and vector borne diseases and decrease preventable maternal death through early referral to HFs	WHO, SMOH
Activity 2.10	Monitoring and supervision of WHO field staff	WHO

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The prioritization of health as one of the most urgent to be addressed in response to increased needs was based on the results of the recent vulnerability analysis (Oct-Dec 2018) with communities' participation such as community leaders' meetings and focus group discussions. The project design aim to address the growing un-affordability of medicines and life-saving medical procedures reported by the most vulnerable communities.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Consultations with the WHO field response teams, the MOH (national and state level, community leaders and NGOs identified the increase burden of communicable diseases and health threats/ongoing outbreaks as the second priority intervention to prevent avoidable mortality, morbidity and disabilities.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The community health promoters were select from the same affected communities, undergone trainings on risk communication and community best practise messages, the CHW delivered messages to their communities on role of WHO, SMOH and international community roles and responsibilities, messages on prevention and best practise is disseminated. The provision of medicines to the HFs serving the IDPs and refugees who are living with host communities (almost 70% of all refugees in targeted locations) identified as high and urgent priority, while support of MOH and NGOs for public health interventions for the prevention, early identification and control of outbreak is needed in all localities. WHO, UNICEF and UNFPA coordinated and promoted complementarities for a comprehensive approach to the specific needs of children bellow 5 years of age, pregnant and lactating women, and victims of GBV from community to referral level.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☒ No ☐

No separate complaint mechanism being established, hence the community based surveillance system is serves as complaint mechanism of diseases alerts, community health workers also are selected from the respective communities, trained and established to deliver messages on best practise, during their homes visits and group sessions the CHWs records the health needs and complaints raised by the communities. WHO monitoring visits to the clinics also check the availability of medicines and tools in addition to issues raised by medical staff. Meetings with community health promoters and community leaders also serves as complaint mechanism and reporting tool.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐

WHO signed the PSEA framework with the humanitarian country team, trained the staff and established the complaint mechanism at the country office and the work is going on to establish such mechanism at the field level.

Any other comments (optional):

No

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
N/A	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

8.10. Project Report 19-RR-WHO-018 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Republic of the Sudan
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	**4. Project Code (CERF):**	19-RR-WHO-018
5. Project Title:	Enhanced access to safe water and integrated vector control interventions for IDPs, refugee and GAM affected communities in 7 prioritized localities/locations in Sudan over a period of 6 months		
6.a Original Start Date:	17/04/2019	**6.b Original End Date:**	16/10/2019
6.c No-cost Extension:	☒ No ☐ Yes	If yes, specify revised end date:	NA
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☒ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 1,900,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 654,536**
	c. Amount received from CERF:	**US$ 654,536**
	d. Total CERF funds forwarded to implementing partners	**US$ 198,106**
	of which to:	
	Government Partners	US$ 198,106
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR (2019) grant, WHO and its partners vector control and water quality monitoring services for 22,149 vulnerable people communities (Internally displaced People and host communities) in four states (7 localities) of Sudan. Local procurement enabled rapid delivery of supplies to fill in critical gaps: In total, 40 mini water testing kits and water quality testing reagents for 56000 tests were distributed to partners and the State Ministry of Health of the seven targeted localities. 12000 IEC materials were printed and distributed to the communities for preventing and control of water and vector borne diseases. Additionally; with this project 7 water quality monitoring units were established and resulted into collection and analysis of 11,380 samples for Free Residual Chlorine monitoring and 2113 for microbial quality. Also, WHO has trained 121 technical staff and 176 community volunteers on different environmental Health/WASH topics, in addition to training of 55 (24 females) WASH Officers in Vector surveillance, and 80 (41 female) community volunteers on vector control techniques and environmental management. 168 vector control campaigns were conducted targeting adult and immature mosquito vectors guided by entomological reports conducted from 7 sentinel sites, a total of 284168 breeding sites inspected and managed.

The project assisted a total of 23,160 people and allowed for maintaining the community managed water supply systems, reduced the morbidity of vector borne diseases and the confinement of vector borne diseases in the targeted states during May and October 2019 This was achieved during the period of increased cases of malaria, dengue and chikungunya cases during the last outbreaks in 2019.

3. Changes and Amendments

N/A

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	1,818	1,877	1,310	1,437	**6,442**
Refugees	2,277	2,146	1,477	1,527	**7,427**
Returnees	0	0	0	0	**0**
Internally displaced persons	2,477	2,877	1,378	1,327	**8,059**
Other affected persons	0	0	0	0	**0**
Total	**6,572**	**6,900**	**4,165**	**4,291**	**21,928**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	1,984	1,877	1,784	1,496	**7,141**
Refugees	2,277	2,146	1,477	1,527	**7,427**
Returnees	0	0	0	0	**0**
Internally displaced persons	2,712	2,910	1,643	1,327	**8,592**
Other affected persons	0	0	0	0	**0**
Total	**6,973**	**6,933**	**4,904**	**4,350**	**23,160**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A

5. CERF Result Framework	
Project Objective	To reduce avoidable morbidity and mortality to below emergency thresholds among around 21,928 IDPs, refugee and nutritionally vulnerable populations in targeted locations over 6 months through improved access to safe drinking water and community-based vector control activities.

Output 1	Water quality monitoring system established and functioning in the 7 targeted localities in North Darfur, East Darfur, South Darfur, West Darfur, Red sea State and White Nile states			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Functioning and reporting water monitoring systems	7	7	State and locality monthly report
Indicator 1.2	Number of MOH/SMOH/NGO staff trained on water safety, surveillance and quality	350	341	training and attendance records]
Indicator 1.3	# of WASH awareness campaigns implemented	140 campaigns, about 1,2 million people (jointly implemented with the vector control campaign)	168 campaigns covered 1,247,000	SMoH weekly and monthly environmental health reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Enable water quality activities in all targeted locations and the establishment of a regular water quality monitoring through procurement and distribution of laboratory reagents.	WHO
Activity 1.2	Enable water quality activities in all targeted locations and the establishment of a regular water quality monitoring through procurement of portable water testing.	WHO
Activity 1.3	Enable water quality activities in all targeted locations and the establishment of a regular water quality monitoring through missions to undertake water sampling and testing.	WHO/SMoH
Activity 1.4	Training for the environmental health workers (MOH and WES), community volunteers and hygiene promoters on proper water sources chlorination, water safety, water testing, household water treatment and storage, sanitary inspection and cleanliness of water sources. WHO will support the training to the MoH and WES teams and then the trained teams will conduct a cascade of trainings to the promotors	WHO/SMoH
Activity 1.5	Print and disseminate Information Education Communication materials for community awareness on water quality, water source maintenance. WHO will review and print the material and FMOH & WES will do the distribution	WHO
Activity 1.6	Establishment of the water surveillance system in the targeted locations. WHO will conduct the training and will provide the technical support to the data analysis while. WES will support the surveillance of the water sources and MOH will support the household water samples collections	WHO/MOH

Output 2	Integrated vector control management system is established and functioning in the 7 locations			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**

Indicator 2.1	# of Integrated vector control campaigns conducted	140	168	Daily and weekly vector control reports
Indicator 2.2	# of Vector surveillance sentinel sites established and reporting	7	7	Monthly entomological reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Integrated Vector control and environmental sanitation campaigns. WHO will support the procurement and the technical support and MoH will implement the campaign	WHO/SMoH
Activity 2.2	Establishment of Entomological surveillance system. WHO will support the capacity building and the technical support while MoH will collect the data	WHO/SMoH
Activity 2.3	Training on integrated vector control	WHO

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The prioritization of the targeted localities to be covered by CERF was based on the risk analysis and mapping exercise which involved the communities, this is confirmed by the vector borne diseases outbreaks affected almost all targeted localities. The mosquito transmitting the prevalent arboviral diseases is preferring the indoor habitat where strategy for community engagement is prerequisite. The proposal is designed with the involvement of community in all stages with special considerations on the synergies of awareness campaigns to encourage environmental control by community and complementation with other vector control measures. The project design was aimed to highlight the risks and address them in integrated procedures to prevent morbidities.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Based on the recommendations from the analysis of previous year reports done by WHO and state Ministries; a monitoring tool for WASH risk factors was recommended to put an eye on the situation as vector control is te major intervention to prevent avoidable mortality, morbidity and disabilities. WHO as main agency having the mandate and capacity to carry out vector control measures, guided partners to include distribution of messages to the communities on house indoor vector breeding control.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The community health promoters were select from the same affected communities, undergone trainings on risk communication and community best practise messages, the CHW delivered messages to their communities on role of WHO, SMOH and international community roles and responsibilities, messages on prevention and best practise is disseminated. The support of MOH and NGOs for public health interventions for the prevention, early identification and control of outbreak is needed in all localities. WHO and UNICEF coordinated and promoted complementarities for a comprehensive approach to the specific needs of children bellow 5 years of age, pregnant and lactating women and people with other medical underlying problems.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

No complaint box or hot line yet established, but during the introduction of the project, involved communities and beneficiaries were briefed on the way to communicate any complaints. They were informed on the WHO focal point regular visits, contact and meetings and encouraged to share with him any feedback in order to handle or share with WHO country office. the community-

	based surveillance system is also sensitised to pick up any community complaints for on the services as the CBS team represent the beneficiaries. They were selected from the respective communities, trained and established to deliver messages on best practise, during their homes visits and group sessions the CHWs records the health needs and complaints raised by the communities. community health promoters and community leaders also serve as complaint mechanism and reporting tool.	
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☒ No ☐
	WHO signed the PSEA framework with the humanitarian country team, trained the staff and established the complaint mechanism at the country office and the plan is in progress to involve the field and as WHO is the front line to respond to SEA, the training, reporting and addressing the cases is within the WHO training package for medical staff to correctly deal with and ensure security and privacy, in addition to its plan to coordinate with protection sector partners to identify and contribute to the prevention of SEA among vulnerable people.	
	Any other comments (optional):	
	N/A	

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

N/A	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
19-RR-FAO-008	Agriculture	FAO	NNGO	$36,514
19-RR-FAO-008	Agriculture	FAO	NNGO	$62,686
19-RR-FAO-008	Agriculture	FAO	NNGO	$62,575
19-RR-FAO-008	Agriculture	FAO	NNGO	$58,397
19-RR-FAO-008	Agriculture	FAO	NNGO	$70,969
19-RR-FAO-008	Agriculture	FAO	NNGO	$51,463
19-RR-IOM-007	Water, Sanitation and Hygiene	IOM	NNGO	$62,185
19-RR-IOM-007	Water, Sanitation and Hygiene	IOM	NNGO	$40,000
19-RR-IOM-007	Water, Sanitation and Hygiene	IOM	NNGO	$40,000
19-RR-IOM-007	Water, Sanitation and Hygiene	IOM	RedC	$154,000
19-RR-FPA-012	Health	UNFPA	NNGO	$38,437
19-RR-FPA-012	Health	UNFPA	RedC	$43,517
19-RR-FPA-012	Health	UNFPA	NNGO	$198,204
19-RR-CEF-027	Health	UNICEF	INGO	$30,251
19-RR-CEF-027	Health	UNICEF	GOV	$29,126
19-RR-CEF-027	Health	UNICEF	GOV	$1,001
19-RR-CEF-027	Health	UNICEF	GOV	$71,409
19-RR-CEF-027	Health	UNICEF	NNGO	$12,769
19-RR-CEF-027	Health	UNICEF	GOV	$51,301
19-RR-CEF-027	Health	UNICEF	GOV	$22,666
19-RR-CEF-027	Health	UNICEF	NNGO	$17,357
19-RR-CEF-027	Health	UNICEF	NNGO	$2,468
19-RR-CEF-027	Health	UNICEF	GOV	$13,441
19-RR-CEF-027	Health	UNICEF	GOV	$66,505
19-RR-CEF-027	Health	UNICEF	GOV	$30,891
19-RR-CEF-027	Health	UNICEF	GOV	$29,149
19-RR-CEF-027	Health	UNICEF	INGO	$2,981
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$217,484
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$48,144
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	NNGO	$49,346
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	NNGO	$131,626
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$357,607
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$4,200
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	INGO	$271,983
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	INGO	$104,888
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$224,899
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$98,424
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$303,458
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$38,360
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$88,373
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$23,904

19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$251,142
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$38,768
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$32,822
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	GOV	$59,389
19-RR-CEF-028	Water, Sanitation and Hygiene	UNICEF	NNGO	$35,040
19-RR-CEF-026	Nutrition	UNICEF	INGO	$20,228
19-RR-CEF-026	Nutrition	UNICEF	GOV	$131,878
19-RR-CEF-026	Nutrition	UNICEF	INGO	$30,621
19-RR-CEF-026	Nutrition	UNICEF	INGO	$48,518
19-RR-CEF-026	Nutrition	UNICEF	NNGO	$30,111
19-RR-CEF-026	Nutrition	UNICEF	NNGO	$20,718
19-RR-CEF-026	Nutrition	UNICEF	GOV	$41,550
19-RR-CEF-026	Nutrition	UNICEF	GOV	$163,399
19-RR-CEF-026	Health	UNICEF	NNGO	$351
19-RR-CEF-026	Nutrition	UNICEF	GOV	$96,337
19-RR-CEF-026	Nutrition	UNICEF	GOV	$74,691
19-RR-CEF-026	Nutrition	UNICEF	GOV	$315,507
19-RR-CEF-026	Nutrition	UNICEF	INGO	$20,349
19-RR-CEF-026	Nutrition	UNICEF	GOV	$127,504
19-RR-WFP-019	Nutrition	WFP	INGO	$10,136
19-RR-WFP-019	Nutrition	WFP	NNGO	$44,549
19-RR-WFP-019	Nutrition	WFP	INGO	$23,169
19-RR-WFP-019	Nutrition	WFP	INGO	$70,637
19-RR-WFP-019	Nutrition	WFP	INGO	$102,032
19-RR-WFP-019	Nutrition	WFP	INGO	$107,983
19-RR-WFP-019	Nutrition	WFP	INGO	$25,606
19-RR-WFP-019	Nutrition	WFP	GOV	$68,781
19-RR-WFP-019	Nutrition	WFP	INGO	$91,549
19-RR-WFP-019	Nutrition	WFP	INGO	$16,816
19-RR-WHO-018	Water, Sanitation and Hygiene	WHO	GOV	$67,141
19-RR-WHO-018	Water, Sanitation and Hygiene	WHO	GOV	$44,492
19-RR-WHO-018	Water, Sanitation and Hygiene	WHO	GOV	$31,561
19-RR-WHO-018	Water, Sanitation and Hygiene	WHO	GOV	$54,912

ANNEX 2: SUCCESS STORIES

THE HEROINES WHO SAVE CHILDREN'S LIVES

In a small, remote village in Kassala – one of the eastern states of Sudan – women gather in front of the local health and nutrition clinic. They all wear colourful thawbs – the traditional dress for women in Sudan. They are here to address one of the most pressing issues in their community and country: malnutrition.

Sudan 2019: Abdulhafiz (7-months old) is being screened for malnutrition. ©UNICEF

Sudan 2019: 17-year old Madina holds her son Muhammadin while his mid-upper arm circumference is taken, while her two-year-old daughter and Ibtisam look on. ©UNICEF

Sudan 2019: The women of the mothers' support group discuss the referral and treatment of malnourished children. ©UNICEF

These women are part of one of the UNICEF-supported mothers' support group and go from door to door to find and treat malnourished children in their communities. Armoured with a measuring tape, the members of the mother support group screen all children in the village. When the tape ends up in the yellow or red, it means that the child is malnourished and in urgent need of treatment.

Ibtisam, one of the members of the group, tells that she just met a mother with a seven-month old son who looked malnourished. 'I told her that there is a treatment for her son, which will help him to become healthy and strong again', tells Ibtisam. The mother is now sitting in front of the health and nutrition clinic. Her young son, Abdulhafiz, indeed looks very small for his age. A quick weighting and measuring session points out that he is severely, acutely malnourished. 'I did not know that my son was in such a bad condition', worries his mother. Luckily, the boy will now receive therapeutic food, which will help him to recuperate in just a few weeks.

Afterwards, Ibtisam visits another child she referred for treatment. Muhammadin, also seven-months old, looks even more malnourished than his peer and - more worrying - has difficulties breathing. He is held by his grandmother, which can easily be assumed to be his mother. Her daughter, seventeen-year-old Madina still looks like a child herself and - besides Muhammadin - already has a two-year-old daughter.

A quick screening shows that Muhammadin's condition has not improved, besides my nutrition colleague suspects that in addition to be severe malnourished, the boy also has a medical condition. He needs to be transferred to a local hospital for specialised care.

For these two young boys – thanks to the heroes of the mother support group – treatment is coming in time. This cannot always be said for all the other 700,000 severely, acutely malnourished children in Sudan. Everyday 120 children die of causes related to malnutrition. More than 40,000 children die per year. Of causes that can be prevented.

HOWIDA'S STORY: ONE LATRINE CHANGED MY ENTIRE LIFE (NORTH DARFUR)

Howida (41 years old) was born in Tartora village in El Fasher locality (North Darfur state). When the conflicts erupted in 2006, she fled to the Abu Shouk camp for internally displaced persons (IDPs) in El Fasher city and stayed there for eleven years.

For Howida, lack of sanitation facilities was the norm as she grew up. 'When I was small, there was no latrines in the village," Howida recalls. She and her friends used to defecate across the wadi (valley), hidden by trees during the daylight. At night, they went to defecate at the border of the village, which proved to be very unsafe. Howida cannot forget about her friend, who died from a snake bite.

When Howida fled to the Abu Shouk camp, she saw latrines for the first time in her life. 'During the crisis, NGOs constructed communal latrines, but I refused to use them as I was afraid of falling into the dirty pit. And our latrine were very dirty and smelly, which made my children sick.' In 2017, Howida's family returned back to their village, which was still without toilets, and the health situation of her children failed to improve. 'My twelve-year-old son did not do well in school as he was always sick and couldn't attend the classes regularly.'

'One day, I received an invitation to attend a session called 'community-led total sanitation' triggering. Initially I was not interested to participate, but my friend Asha convinced me to the triggering session. I learned about the importance of having a latrine at home, and I committed to be the first house in the village to dig a latrine in the village'

'In the evening, my husband came back from the field I informed him about my goals to have a latrine at home. He listened to me carefully and encouraged me. We divided the work; he promised to dig the latrine pit in two days and I agreed to collect sticks, bamboos, grasses and rope to make the surrounding structure. We managed to complete a latrine in four days and I also constructed a tap for washing our hands. I encouraged all my neighbours to do the same, and within two weeks everyone had a latrine at home.

'A few weeks later, I noticed that my oldest son no longer complained about stomach pain, diarrhoea and fatigue. I always advise them to use the latrine properly and to wash their hands after using the latrine and before eating.' Since the construction of the latrine, Howida managed to save some money as they did not need to visit the doctors as often as in the past. She bought a goat and now she and her family drink the goat milk, what is left she sells at the market. She also saves time because she doesn't have to go the field three times a day for open defecation. Howida noted that her son's score improved in the first semester. His school also benefitted from the project with new school latrines currently being constructed.

'My next plan is to buy another goat as I wish to own a herd of goats, to sell milk, cheese and butter', Howida says with determination. 'Now I feel my dreams have come true, I didn't believe one latrine could change my entire life. My next goals is to have a water tap in our home.'

AHMED'S STORY: ENGAGING COMMUNITIES IN CONSTRUCTING LATRINES (EAST DARFUR)

When UNICEF and its partner CARE International Switzerland (CIS) went to Um Al Guraa village in Assalaya locality (East Darfur state) in 2019, twelve-years old Ahmed was among the participants of the community-led total sanitation (CLTS) triggering activities. 'I realised that open defection causes serious diseases and I thought; from now on my family will no longer defecate in the open and will no longer be a source of oral faecal contamination to my community.'

Ahmed proved to be a natural leader; he urged adults in his village to build latrines for all households - he and his friends went from house to house for informal, but regular follow-ups. He was also active in introducing simple "Tippy Taps" that can be used for hand washing with soap at household level.

Children's own initiatives and their energy was the obvious key for success in Um Al Guraa village. At the school, environmental health clubs were formed; members of the local parent-teachers association (PTA) were also trained to encourage sanitation and hygiene activities at the school, such as a cleaning campaign. Children and youth played the role of 'agents of change' within their families and within wider communities – they participated in 'community sanitation and hygiene brigades' to help households that face challenges with the construction of latrines. Children closely followed up on the progress of latrine construction in their own household as well as progress in the immediate neighbourhood.

At Um Al Guraa village, none of the houses initially had a latrine. Today, the village has been declared as 'open defecation free (ODF)' since all the 500 households now have latrines and "Tippy Tap" as hand washing facility. Um Al Guraa is an example of the success of hygiene promotion and health not only for children but also for the community at large.

'Success did not come easily. At first, it was very difficult to get people on board. We had some people who were very reluctant to build latrines or tippy taps with no subsidies. The link between latrine use and improved health was not immediately evident, but over time, everyone started to see the benefits and began making changes', Ahmed said.

Through the initiative, communities are now not just aware of how to use a toilet and keep it clean, but also how to wash their hands properly. Children's continuous efforts made hand washing practices enjoyable and easy.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

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

FRDN	Fasher Rural Development Network
FTR	Family Tracing and Reunification
GAM	Global Acute Malnutrition
GBV	Gender based Violence
GFD	General Food Distribution
HAC	Humanitarian Aid Commission
HCT	Humanitarian Country Team
HH	Households
HIV	Human Immunodeficiency Virus
HNO	humanitarian needs overview
HWT	Household Water Treatment
I-A	Inter-Agency
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IIRO	International Islamic Relief Organization
IMCI	Integrated Management of Childhood Illness
INEE	Inter-Agency Network for Education in Emergencies
IOM	International Organization For Migration
ISCG	Inter-Sector Coordination Group
IYCF	Infant and Young Child Feeding
JEM	Justice and Equality Movement
JM	Jebel Marra
JMCO	Jebel Marra Charity Organization
KSCS	Kabkabiya Small Holders Charitable Society
L/c/d	Litres per capita per day
L/p/d	Litres per person per day
LLITN	Long-Lasting Insecticide-Treated Net
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MISP	Minimum Initial Service Package
MoE	Ministry of Education
MoH	Ministry of Health
MSF	Médecins Sans Frontières
MSGs	Mother Support Groups
MT	Metric Ton
MUAC	Middle-Upper Arm Circumference
MUBADIROON	Name of a local NGO
NGO	Non-Governmental Organization
NGOs	Non-Governmental Organizations
NIDO	Name of local NGO
NPO	National Planning Organization
OCHA	Organization for the Coordination of Humanitarian Affairs
ODF	Open Defecation Free
OED	Office of Evaluation
OFDA	Office of US Foreign Disaster Assistance
OPT	Outpatient Treatment Center
ORS	Oral Rehydration Salt
PACT	Policy Assessment, Consultancy and Training

PDM	Post Distribution Monitoring
PHC	Primary Health Care
PHF	Patients Helping Fund
PHK	Primary Healthcare Kit
PHP	Primary Health Care
PLW	Pregnant and Lactating Women
PNC	Post Natal Care
PPR	Peste des petit ruminants
PSS	Psycho-Social Support
PTA	Parent Teacher Association
RH	Reproductive Health
RR	Rapid Response
RRK	Rapid Response Kits
RUSF	Ready to Use Supplementary Food
RUTF	Ready to Use Therapeutic Food
SAF	Sudan Armed Forces
SAM	Severe Acute Malnutrition
SCCW	State Council for Child Welfare
SGBV	Sexual Gender Based Violence
SHF	Sudan Humanitarian Fund
SIB	School-in-a-Box
SLA	Sudan Liberation Movement
SLA/AW	Sudan Armed Forces Abdul Wahid
SMoE	State Ministry of Education
SMoSW	State Ministry of Social Welfare
SOCs	Strategic Objectives Coordinators
SPCR	Sudanese Popular Committee for Relief
SRCS	Sudanese Red Crescent Society
SRH	Sexual and Reproductive Health
SSR	South Sudanese Refugees
STIs	Sexually Transmitted Illnesses
TLS	Temporary Learning Spaces
TT	Tetanus Toxoid
UASC	Unaccompanied and Separated children
UNAMID	United Nations African Mission in Darfur
UNFPA	United Nations Populations Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations‟ Children Fund
VRRC	Voluntary Return and Resettlement Commission
WASH	Water, Sanitation and Hygiene
WES	Department for Water and Sanitation (Ministry of Health)
WFP	World Food Programme
WHO	World Health Organization
WV	World Vision